The University of Queensland
Australia
CREATE CHANGE

Stakeholder Feedback

MD2025 Stage 1

November 2019

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Introduction

The Faculty of Medicine at UQ has embarked on a transformation of its Doctor of Medicine (MD) Program – MD2025. This is a key strategic change initiative for the Faculty.

Whilst the transformation will build on the enhancements to date and underway and the learnings from these initiatives, MD2025 will involve the collaborative design of a new medical curriculum for UQ that will revisit the purpose and values; graduate attributes; learning, teaching and assessment principles; structure and approaches to delivery of the Medical Program at UQ.

It is about creating a curriculum that is innovative, progressive and meets changing student, patient and population needs.

Given the potential significance of the change, the stakeholder landscape (both internal and external) for the project is both considerable in scale and complexity.

In addition, a key focus and specified outcome of the project is *'genuine and meaningful engagement with a broad range of internal and external stakeholders who will contribute to the development of the high level design of the new curriculum'.*[1]

To achieve this outcome, the project leadership has devoted considerable effort and resource to engaging widely across both internal and external stakeholders through more than 28 workshops in Queensland and at the Ochsner Clinical School in the US. In addition, the project has written to almost 6,000 external stakeholders and has established online channels for information sharing, written feedback and submissions.[2]

This document provides a summary of the engagement activities to date and the feedback received – particularly through the workshops and written submissions. It should be read in conjunction with the MD2025 Project Plan and the MD2025 Stakeholder Engagement Strategy.

[1] Source: MD2025 Project Plan, 2.3: Project Outcomes (pp.3)

[2] The project leadership has obtained UQ Ethics approval to conduct qualitative research in relation to the design of the new curriculum. As such, the recordings from the workshops and written submissions are data sources for this research activity (and participant consent protocols have been followed).

Key Engagement Metrics

The following provides a summary of key engagement metrics for MD2025 to date.

Notably, we anticipate these numbers to increase as we progress to subsequent engagement stages for the project. Also, these metrics do not include other engagement activity in relation to MD2025 including: regular briefings at internal FoM Committees; regular updates for staff via StaffHub and students via newsletters; targeted consultation and discussions on MD2025 with internal and external colleagues; formal project governance activities including meetings of and with meetings of the Project Steering Committee

28 MD2025 Workshops Held

Commenced late July 2019
Last workshop held 2 October 2019
Workshops held in QLD and Ochsner

17 Clinical Sites and Campuses Visited (across QLD)

316 Workshop Registrants

QLD data only captured
Analysis of workshop registrants provides indication of participants

613 Workshop Participants

QLD = 413 participants; Ochsner = 200 participants
Not a 1:1 relationship with registrants (particularly for rural clinical site worksl where in some cases, team leaders managed registrations locally).

49 Written Submissions

Majority received via project email (40), 9 received via online submission chan anonymously.

>3200 Unique Views to the MD2025 Website

Available to external as well as internal audiences.
Content added regularly with all project communication including a link direct the website.

5814 invitations to contribute to MD2025 distributed

Email letters sent to:

- Specialty Colleges and Associations
- Academic Title Holders
- Recent Alumni (2014 – 2018 Graduates)
- Additional alumni identified through Advancement
- Government
- Peak Bodies and Associations
- Health-related not-for-profit organisations
- Private health providers

The following figure provides a summary **breakdown of the registrants for the Queensland based workshops.** As demographic data was not captured for workshop attendees, registrations provides a *proxy measure* only.

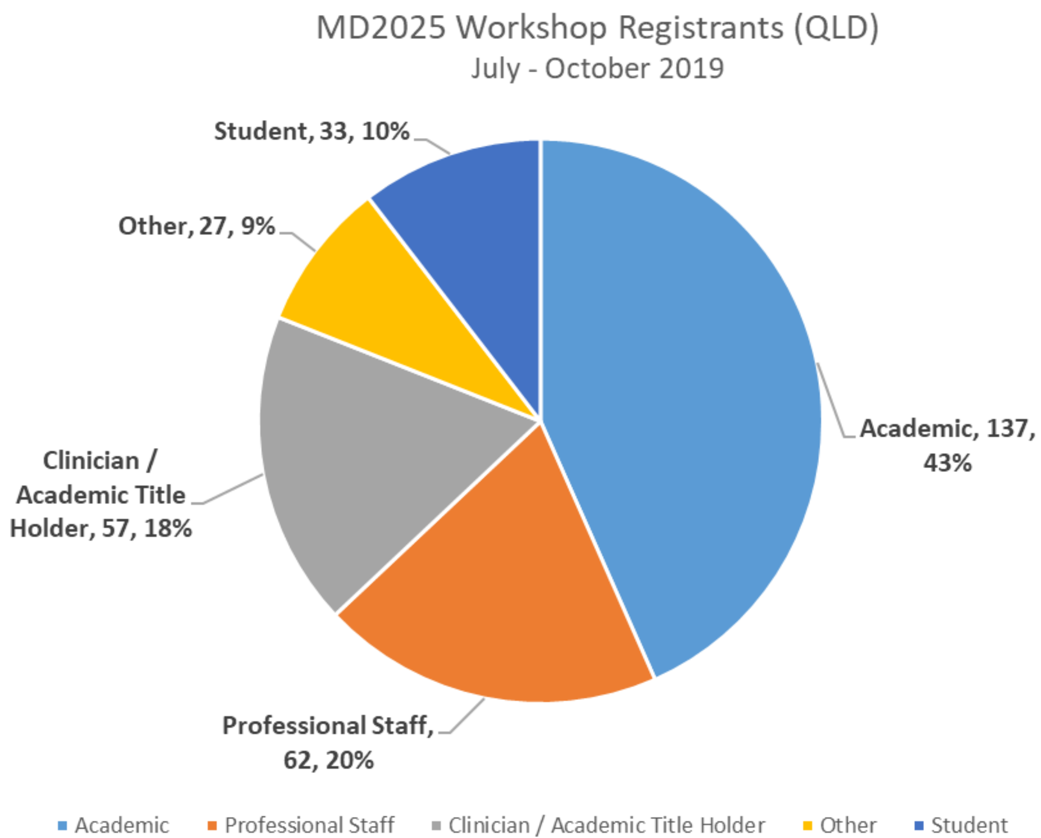

Figure 1: Workshop Registrants (QLD) Demographic Profile – 'Relationship to UQ MD Program'

Stakeholder Workshops

Approach

The purpose of the initial series of stakeholder workshops for MD2025 was to engage widely and meaningfully with a broad range of stakeholders of the MD Program including staff, students and members of the broader MD Program community. In addition, the intent was to build awareness of MD2025 and momentum around the case for change and to seek input to key questions regarding the future of the MD Program at UQ.

The workshops were typically of 90 minutes duration and were structured around:

1. An initial introduction and background to the project including an articulation of the case for change (key internal and external drivers);
2. Smaller group discussion focused on three questions:
   i. *What do we see as the major challenges on our horizon in relation to healthcare?*
   ii. *What are our current strengths? (as a Medical Program, as UQ and as a broader health community)*
   iii. *What do you see as being important future graduate attributes for our medical program?*
3. Reporting back on the discussions, sharing of ideas and opportunity for participants to ask questions / make additional comments

There was some tailoring particularly of questions two and three for specific workshop audiences (e.g. School of Biomedical Sciences, School of Public Health, Health and Behavioural Sciences Faculty).

The workshops were led by the Project Leaders (Professor Stuart Carney, Medical Dean; Professor Kirsty Foster (Director, Office of Medical Education) and / or the Faculty of Medicine Executive Dean (Professor Geoff McColl).

The smaller group discussions were recorded for transcription and research purposes. In addition, each group captured their discussion on butcher's paper which was retained and analysed by the project team.

The summary findings presented in this report is based on a preliminary thematic analysis of the written notes captured at each workshop. Key quotes were obtained from sampling of the workshop recordings. It is planned that a more detailed analysis of the verbatim transcripts of each workshop will be undertaken as part of the research activity associated with the project.

Observations

Whilst a similar approach was taken for all the workshops, the focus of the discussions and feedback provided was different at each session. In terms of general observations from the workshop process and discussions, participants consistently expressed:

- **Support** for the approach being taken to engage widely with stakeholders – they were appreciative of the opportunity to contribute and expressed a desire to continue the dialogue and remain engaged as the project progresses
- A strong **sense of pride** in the UQ medical program and a **commitment to excellence**
- Some **'change fatigue'** when reflecting on the series of improvements and changes that have happened with the UQ medical program the past few years. There was also

recognition of ongoing issues associated with implementing recent changes to the Program (e.g. Phase 2 Integration; introducing selectives; changes to Admissions) and that there was a **need to learn from these past change processes**

- Recognition that a **major change** was now required however this was balanced with concerns regarding how such a change could be implemented in parallel with continuing to deliver the current program
- Concern regarding the **timeframe for implementation** – some stakeholders challenged the extent of the 'transformation' that would be practically achievable given the proposed 2025 graduate timeline
- A desire to see a **reduction in the student cohort size** as this is seen as a current barrier to creating a learner-centred, optimal student experience at UQ
- Acknowledgement that our **relatively large international cohort** as well as our **partnership with Ochsner Health System** is a point of difference for UQ and a key strength to build from

Key Quotes

- *"We really appreciate the opportunity to have our say and commend the Faculty on the approach taken"*
- *"The need to reform the course to meet the needs of the community is clear"*
- *"Thank you for the opportunity to voice my opinion regarding the curriculum review…I am very passionate about how medicine is delivered"*
- *"We have been through lots of changes to the medical program in recent times - why do we need to keep changing?"*
- *"What are the non-negotiables for MD2025? Will we still have a 4 year post-graduate program? Can we reduce the number of students?"*
- *"Will we be keeping the Phase 1 / Phase 2 structure?"*
- *"The 2025 timeframe seems ambitious – is this realistic?"*
- *"In general, Faculty of Medicine, with all the medical students, it seems like no one really knows each other, it's not very intimate"*.

Q1: Future Challenges in Relation to Healthcare

Workshop participants identified a wide range of major challenges on the horizon in relation to healthcare. The following table provides a summary of the broad themes in relation to challenges.

Broad Theme	Details
Demographic and healthcare trends	• Ageing population – people are living longer • Increasing incidence of chronic disease and comorbidity • Personalised medicine, genetics and prevention • Rise of mental health conditions as well as substance abuse
Socioeconomic considerations	• Increasing health inequity and social disadvantage associated with cultural factors, regional or remote location, social, environmental, economic factors • Rising costs of healthcare and need for alternative delivery models to address sustainability issues
Changing role of the Doctor	• Greater focus on prevention and health promotion / education • Increasing health awareness and literacy in the community • Prevalence of unreliable health information – 'Dr Google' • Expectations of greater involvement in their care and clinical decision making - greater self-management, move to a partnership model • Re-scoping of role with emergence of artificial intelligence, potential for broadening of roles of other members of healthcare team • Increasing diversity in community – importance of cultural competence
Emerging knowledge and skill areas for future Doctors	• Personalised medicine / genomics • Clinical informatics – use of data to inform clinical decision making; technology and digital literacy; artificial intelligence • Ability to manage 'whole' person – multiple concomitant conditions; mental health and wellbeing; social situation and context including families and carers • Need to return to skills that relate to caring and empathy – particularly with the emergence of technology
Workforce issues	• Need for more general practitioners and general physicians – particularly in regional and remote locations • Shortage of doctors in regional and remote areas • Need for a more coordinated approach to workforce planning across all stages of the medical education continuum • 'Bottlenecks' at key points in training pathway from internship to specialty • Importance of inter professional practice and working effectively as part of a team
Health system stewardship and sustainability	• Recognition of rising healthcare costs and responsibility of the doctor in using / allocating finite resources – 'value based healthcare'

Broad Theme	Details
	• Medical schools play an important role in advocating for the health system and in educating medical students about how they system works (e.g. funding, complexity, levels of care, regulation)
Climate change	• Climate change increasingly recognised as a driver of ill health and a global public health issue • The role of the doctor in advocating for change and reducing the impact of health services on the environment
Medical Education	• Recognition of the need for a major change to make UQ's MD more contemporary and progressive • Importance of early clinical exposure and development of clinical reasoning skills • Recognition of the competing demands on clinical teachers and potentially an 'over-reliance' on academic title holders to teach into the program • Need for UQ's MD Assessment framework to undergo a major change to reflect contemporary best practice

Notably, the feedback from stakeholders in relation to challenges is well aligned with the findings from the environmental scanning activity completed in parallel by the project team. (See Current State Analysis Report for more information)

Key Quotes – Challenges
• *"We are going to have to potentially upskill our doctors so that they really understand patient centricity and that patients need to be co-creators and co-designers in their healthcare"* • *"Another major challenge is emerging new technology. If you want to actually put that as an implication, there's two things there: one of which is keeping the teaching up to date with emerging technologies, and the second one is about the relationship of students to technology. And their expectations, and their behaviour, and how that then translates to patients".* • *"It's not going to go away. Google's not going to go away. So it's a matter of, instead of seeing it as a threat, seeing it as an opportunity."* • *"…with an aging population, with an increasing population, the workloads are going to get bigger for clinicians"* • *"The role that consumerism is playing is moving at an incredible pace. This has created a problem for our current model for the care and delivery of healthcare that is based on brick and mortar and a fee-for-service model that continues to have its grasp strongly within the practice of medicine. The latter in particular, has influenced providers to have an increasing number of patients and visits, but patients want instantaneous access to their providers and no longer want to physically come into an office. "* • *"Medical care being controlled more and more by corporations, insurance companies with less stress on education and research. The lack of preventive services and basic health care for the poor in USA is striking."* • *"The Silver Tsunami! An aging population with higher rates of stroke, heart disease, dementia, cardiovascular disease, etc."*

Q2: Strengths

Workshop participants identified a wide range of strengths in relation to the current UQ MD, as UQ and as a broader health community. The following table provides a summary of the broad themes in relation to strengths. Whilst workshop participants were not specifically asked to also identify weaknesses, some groups did capture these also. These have been included here in the summary in italics and noted as 'Opportunities for improvement'.

Broad Theme	Details
UQ MD Program	
Our people and culture	• Passion and commitment, dedication and engagement of academic and professional staff • Knowledge and experience of teaching staff including clinical tutors • Relationships with students • Supportive culture - for staff and students • Ability to adapt to change
Teaching and learning	• Phase 2 clinical teaching • Evidence-base and strong linkages with cutting edge research • Case-based learning • OSCE preparation and support to students *Opportunities for improvement:* • *Greater focus on life-long and self-directed learning* • *Need for a stronger focus on early clinical experience (and more clinical exposure / time overall)* • *Need for more clarity on learning outcomes* • *Preparation for transition to Internship* • *Integration of curriculum across four years (not 2x2)* • *Indigenous health and cultural competence*
Program structure	• Post-graduate level program • Rural and Remote Medicine experience – quality, depth and breadth of rural offering • Introduction of greater choice – selectives and electives • Integration and improvements in Year 4 specifically • Opportunities to develop other skills – e.g. Medical Leadership Program, creative writing selective
Diversity – of students and learning environments / contexts	• Global reach • International student cohort – multi-cultural community • Varied student experiences and teaching locations (including hospital size and type, urban v. rural, overseas)
Program size	• Economies of scale • Rural, metropolitan and global reach • Geographical distribution of campuses and clinical sites • Networking opportunities and extensive alumni network
UQ MD Students	• Engaged, high achieving • Research-minded • Maturity – given graduate entry

Facilities and Resources	• Co-location of clinical sites and campuses with hospital precincts • Student accommodation in rural settings • Rural Clinical Schools • Financial support for rural students • Travel grants for students
Rural Clinical School	• Connection to the community • Quality of placements • Individualised experience • Academic Title Holders associated with Rural teaching
University of Queensland	
Reputation	• Prestige of being a research-intensive GO8 university • UQ brand and history of University and Medical Program • International recognition
UQ Community	• Large and supportive Alumni community • Access to research institutes • Partnerships with private hospitals, other universities, research institutes • Partnership with Ochsner
Spectrum of health professions available at UQ	• Point of differentiation re: inter professional practice • Relationships and collaborations across Faculties are building (e.g. ClinEd2U)
Broader Healthcare Community	
Queensland Health	• Provides diverse training opportunities • Employs staff for teaching (e.g. Medical Training Registrars) • Quality of tertiary care facilities and teaching hospitals co-located with UQ clinical sites • Academic Title Holder network across QH • Alumni network across QH
Primary Care	• Primary Care networks are working well

Key Quotes - Strengths

- *“It's a large community and like, there's a lot of opportunities for networking, and we all do come from diverse backgrounds …. and that's exciting”*
- *“The whole team of teaching staff is... I think it's excellent.”*
- *“The fact that despite we have a cohort of 500 students in phase one…. those small group experiences, I've always had very positive interactions with students in those small groups”*
- *“The cutting edge research that's happening at UQ, both in the basic sciences as well as clinical sciences. It's, I think, a real plus for the students”*
- *“We've got really top class facilities. The anatomy facility, practical class facilities, access to first class hospitals for clinical teaching. The one thing we know that with both of those things is that currently, we are pretty much stretched to capacity, and so we need to keep ahead of that stretch.”*
- *“Strong teaching ethos at this program, this hospital, particularly everyone’s very keen to teach and that’s great”.*

- *"UQ, as a name, as a brand, as a reputation, I think that it is a strength."*
- *"UQ also trains allied health graduates, which is a potential strength I think, because there's not a lot of integration between allied health degrees and the medical degree. No one knows what each one does- and so, moving forward, it would be really good to get some integration between the two because, yeah, I mean, we all got to Phase Two and went, "Hang on, what do... What does an OT do?"*
- *"The rural clinical schools are a strength"*
- *"UQ-OCS has an extremely advanced digital medicine footprint with many patients equipped with portable devices to facilitate their care"*
- *"Faculty and clinical sites in two nations, Australia and the USA, is a unique niche not found at other medical schools."*

Q3: Future Graduate Attributes for our Medical Program

Workshop participants identified a wide range of future graduate attributes for our medical program. The graduate attributes identified have been categorised and included in the following table. Notably, some key observations from these discussions are as follows:

- There was **greater focus on personal qualities and values** rather than knowledge and skills (acknowledging that a certain minimum knowledge and skill requirement was taken as a 'given' for a medical graduate from a Go8 University)
- The **emerging 'advocacy' role of the doctor** was identified – particularly in relation to advocating for individuals, communities, the broader healthcare system as well as for the environment as a whole
- The **'doctor of the future'** will not be required to retain and recall the same content knowledge that historically has been required of medical doctors – it will be more about knowing where to go to get information and how to interpret it effectively and apply it to specific client contexts
- The **'traditional' skills of caring, empathy and listening** are re-emerging as being fundamental and critical to effective medical practice – particularly as there is a shift towards greater use of technology and artificial intelligence
- There were **differing views** as to the **relative importance of knowledge in both basic and applied science** – some argued that this knowledge is fundamental to the practice of medicine whereas others felt that it was less relevant to contemporary clinical practice
- It was acknowledged that the **scope of 'scholarly activity' is broader** than traditional laboratory or clinically based research and can include other activities such as clinical audits
- **Emerging and 'non-traditional' knowledge** areas were identified – e.g. financial literacy, business management, medical engineering, big data, genomics and personalised medicine and digital informatics. These may present opportunities for greater collaboration across UQ and the potential for inter-collation of existing programs (e.g. MD-MBA; MD-M.Eng)

Attribute Category	Details
Knowledge	• Basic sciences – anatomy, physiology, pathology, pharmacology • Research and critical thinking ability • Financial literacy and acumen • Global healthcare issues, trends, perspective • Scope of practice – for medical practitioners • Cultural awareness • Ethics and legal frameworks • Health system awareness – including sustainability, resource allocation (value based healthcare)
Skills	• Ability to work effectively as part of a multi-disciplinary **team** • Ability to **communicate** with patients and their families as well as colleagues – building rapport, demonstrating caring and showing empathy and compassion • **Self-awareness and reflection** including self-care, ability to give and receive constructive feedback and manage own career and learning • **Clinical skills** including analytical skills, history taking, physical examinations, differential diagnoses, selecting appropriate investigations • **Tech-savvy -** ability to adopt and learn new technologies and work with data and data systems • **Commitment to life-long learning** • Ability to think **creatively and critically** • **Adaptability, resilience and ability to think logically** under pressure • **Cultural competence and sensitivity**
Personal Qualities	Ability to show / demonstrate: • Empathy – caring • Humility – being grounded, humble • Compassion • Integrity To be: • Advocates for individuals, communities and the healthcare system as a whole • Respectful • Motivated – enthusiastic, reliable • Curious – creative • Insightful – discerning, well-rounded • Open-minded – able to change / be flexible • Representative of the populations we will serve – e.g. diverse in terms of gender, culture, ethnicity
Values	• Ethical; professional • Socially accountable; committed to the community and to 'service' ; patient-focussed; recognise privilege to serve

Attribute Category	Details
	• Evidence-based; committed to educating others and continuous improvement • Inclusive; open-minded; non-judgemental; good team player • Balanced / well-rounded with a global perspective

Key Quotes – Graduate Attributes
• *"You need to know your anatomy, you need to know physiology, you need to know all of that. If you can do all that, you can, you can look at any problem and come up with a solution if you've got the fundamentals right. Increasingly with technology you're not going to need to know every aspect of it, you can just look it up very simply."* • *"It's not really about the individual, it's about how you work together."* • *"I just want to make sure it's in the program, teaching us like, practical skills, because as a junior doctor, a lot of our role is the practical, like cannulation, stuff like that. I don't want that to be lost in the course"* • *"Actually, in terms of important graduate attributes as a healthcare administrator, I'd love them to have an understanding of health funding models. A basic understanding of activity based funding, or what Medicare is, and when you can use it, and what drives the system, how you actually get paid, then how you get funded for what you're doing."* • *I'd like to see more indigenous doctors, because, you know, it's, health care needs in Aboriginal and Torres Strait Islander community are really high, but the number of Aboriginal and Torres Strait Islander doctors we have is really low".* • *"Clinical courage describes the ability of a clinician to make decisions, big decisions, based on the information in the front of them without having to rely on extensive investigations or on other things….. Being able to accept that sometimes they might get it wrong, but doing it in the patient's interests"*. • *"Practicing evidence-based medicine, self-care techniques and coping mechanisms. Trying to focus on interpersonal and teamwork and communication skills is pretty crucial. And we also said intellectual curiosities. So, whether that leads to asking a question that will turn into a research project or asking a question that just kind of turns into learning and better patient care but always just needing to be curious."* • *"I would hope that they're somebody who can understand lifelong learning, because I think that's the big thing that we don't do enough of"*. • *"Willing to ask for help. I think they need to understand that. We don't expect everybody to know everything".* • *"I think the graduate in 2025 is going to have to be pretty savvy with this technology. And also not afraid of big data, and being able to understand how to, how to use data to your advantage. Much more data savvy."* • *"They need to better understand population health, targeting health metrics, and fiduciary responsibility. Given some of the data regarding the millennial generation, I think we need to be directly teaching more to the concept of grit, and, given the data on burnout, we need to be discussing management of burnout as well."* • *"Compassion, the ability to stay up to date on information, learning how to collaborate with other physicians locally and globally."* • *"Patients first, teamwork, compassion, integrity, excellence….. good communication skills, desire to continually learn, desire to positively impact the local community."*

Written Submissions

Approach

Staff, students as well as interested stakeholders across the broader UQ medical program community were invited to submit written feedback, ideas and any other relevant information to the project via the project mailbox or via the project webpage (anonymous channel).

These channels for providing written feedback were promoted at stakeholder workshops, through student newsletters and at other forums where MD2025 was profiled or discussed.

In addition, invitations to submit feedback were sent via email to over 5,800 external stakeholders including Academic Title Holders, recent Alumni (graduates from the past 5 years), government, peak bodies, not for profit organisations and industry. As the submissions were received, they were reviewed by the project team and added to the submissions database. To date, 49 submissions have been received – 40 via email and 9 through the webpage.

Observations

The submissions received to date have varied considerably in length, detail and in the issues they have raised. A number of observations can be made when reviewing those submissions received to date:

- There is a strong sense of **energy and enthusiasm** in relation to the curriculum review with recognition that a major change is required and welcomed and offers to have follow up discussions / involvement in the design forthcoming
- The majority of the submissions received were from academic staff of UQ or clinicians who either teach into the program, work with UQ graduates or who may be UQ Alumni. As such, the feedback received to date has had a **strong focus on the content and delivery of the future medical curriculum**
- **Specific knowledge and content areas** for greater future focus or consideration have included: health prevention and public health; health system stewardship, financial sustainability and value-based healthcare; technology and health informatics; inter professional practice; genomics and personalised healthcare
- There was recognition of the importance of a **solid foundation in anatomy, physiology and pathology** to underpin clinical skill development – some submissions argued that there had been a diminution in emphasis on these knowledge areas in recent times and that they would like to see greater emphasis in the future curriculum
- Support for **greater integration across the full four years of the program** with the future curriculum being designed around specific themes including: research and scholarly activities; ethics, law and professionalism; clinical skills
- Recognition of the **changing and increasing role of technology** in both medical education and in the practice of medicine
- Acknowledgement of the **broader context** including trends in healthcare (ageing; chronic disease; rising costs) as well as recognition that a medical program is just the first step in a life-long continuum of medical education
- Some submissions provided **specific suggestions for the future design of key curriculum elements** including: assessment; admissions (criteria and process); research; pedagogy including teaching styles and approaches – these ideas have been captured and will feed into subsequent stages of the design process.

Key Quotes – Written Submissions

Curriculum Structure and Content:

- *"Knowledge is so vast that anyone can only hope to have a broad understanding and know where to search for it"*
- *"There needs to be integration across the 4 years of the curriculum based around vertical (as well as horizontal) themes – the current separation of Phase 1 and Phase 2 doesn't work"*
- *"The phase one curriculum should have a direct clinical or clinically applied focus, not the pre-med focus it currently has which so often just rehashes what students have learnt in their pre-med science programme"*
- *"High level integration of disciplines will be problematic and simply does not gel with what happens in the clinical environment… "*
- *"the only exposure to surgery I experienced in phase one was when my Mum had her gallbladder removed" (Re-telling a student's experience)*

Pedagogy

- *"Reinvest in clinicians who are able to deliver bedside teaching - this will increase both clinician and student belonging, it will allow clinicians to nurture students, longitudinally assess their current capabilities, teach and remediate deficits."*
- *"Returning to the apprenticeship model will increase sense of belonging of the student to a clinical team and improve engagement in patient care that than seeking answers to the exam"*
- *"We need longitudinal contact between the clinician and an individual student"*
- *"You need to strike a balance between 'direct' teaching and 'bedside' teaching"*

Digital Health Implications

- *"We need to harness our student's interest in digital technology to improve their engagement with learning rather than detracting from learning experiences"*
- *"Make teaching medical students 'trendy' again – invest in the rebirth of medical education culture for the digital age"*
- *"Students need to be taught digital literacy skills so they can search and make informed judgements and decisions"*

Graduate Attributes:

- *"A key aim for the course should be to (produce) a graduate with sufficient skill and knowledge to be able to practice usefully upon graduation"*
- *"Need for financial training and health economics – junior doctors and registrars have said that this is an area that they graduate with no or minimal knowledge in and it quickly hits them as a deficiency area"*
- *"My hopes for the future UQ graduate is that they are skilled in cross-disciplinary understanding of the whole person; more than bio-technicians; whole people with lives beyond medicine; confident in the cross-cultural tasks of integrating ways of seeing reality – philosophically robust; more than service providers for individuals – are advocates for community health - especially those less able to speak for themselves"*
- *"Graduates need to be research-aware in a way that they feel comfortable solving problems that they encounter in clinical practice"*
- *"It is in the first few postgraduate years that the doctor becomes fully formed…"*

Next steps

The project team will continue to receive and analyse submissions as the project progresses. Those submissions that have included specific suggestions for the future design of key curriculum elements will be revisited at subsequent stages of the design process.

All colleagues who provided written submissions through the email channel (and were identifiable) have been added to a database of project stakeholders and have been included in the distribution of invitations to subsequent stakeholder workshops.

Concluding Remarks

The findings presented in this report provide a summary of the feedback received to date in relation to the curriculum review.

Notably, there is good alignment between the feedback received via the stakeholder workshops, written submissions and also the key findings from the current state analysis (which was largely a literature review / desk-based exercise – refer to Current State Report for more information).

From the engagement to date, the passion and commitment of the broader UQ medical community to training future medical doctors and making a positive contribution to healthcare has shone through.

Whilst there are some concerns regarding the practical challenges associated with designing and implementing a major transformation of the medical curriculum whilst continuing to deliver the current curriculum, there is general agreement that major change is needed.

There is considerable energy and enthusiasm around MD2025. It will be important to channel this energy into ongoing meaningful dialogue as the project progresses.

The findings in this report will help inform the next stages of the project which are focused on targeted discussions on specific themes identified to date as well as early drafting of the key elements of the design.

A subsequent series of workshops have been scheduled for November 2019. The focus of these workshops will be on sharing the feedback from the stakeholder engagement to date and discussing early drafts of the key elements of the design.