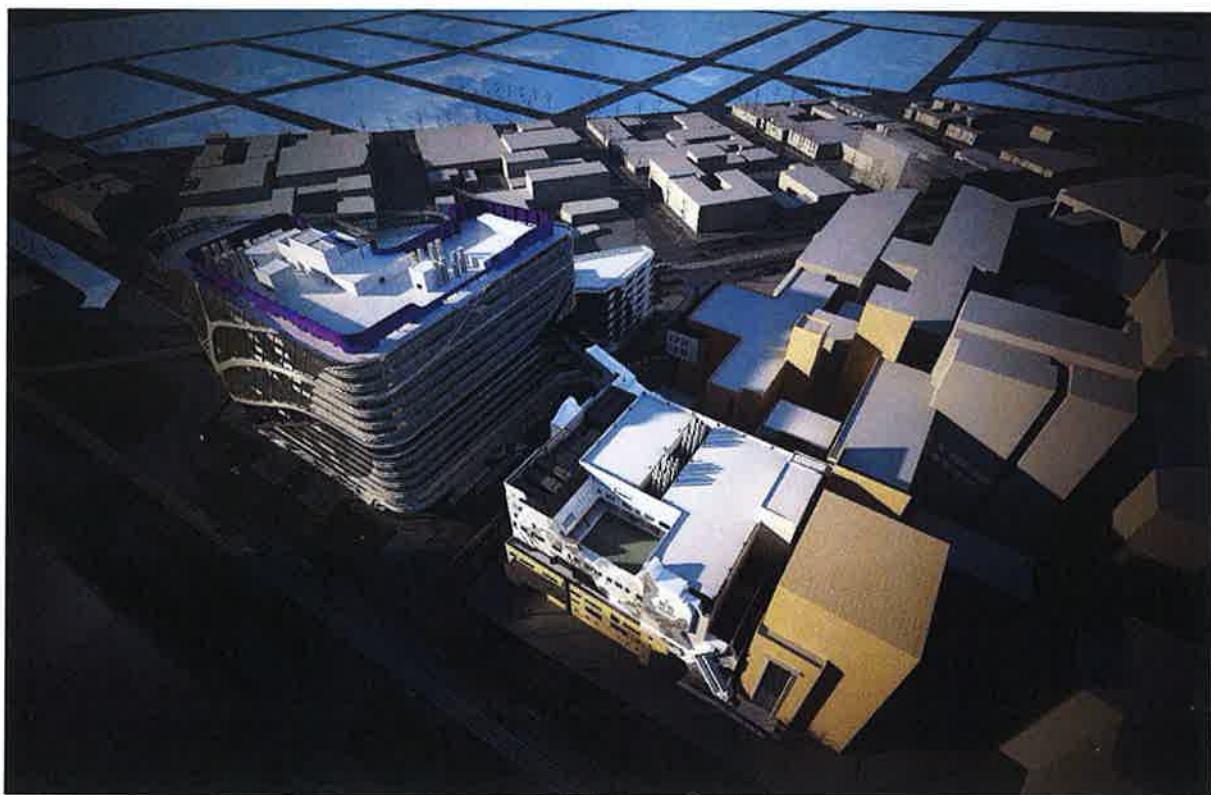


Health Precinct Steering Group

Report on Study Tour to Australia

November 11th - 13th 2013

Dr Ian Town, Senior Advisor, CCDU



Disclaimer

This report was prepared by Dr Ian Town who led the study tour on behalf of CCDU. It was circulated to the Steering Group and tour participants as a draft for comment and a number of changes were made. The conclusions and recommendations are those of the author.

The report does not constitute Government policy.

Acknowledgements

The generosity of our hosts Mr Max Roger (Melbourne) and Professor Terry Campbell (Sydney) is noted with appreciation. Dr Peter Brennan facilitated many introductions.

We gained extraordinary access to senior university and medical staff and high ranking government officials during the visit.

Executive Summary, Conclusions and Recommendations

A study tour took place in November 2013 (10th-14th) to allow participants from the Health Precinct Steering Group participating institutions to extend their knowledge of health precinct design and development in Australia. A series of visits and meetings were arranged with key players in Melbourne and Sydney. The visits included several senior academic leaders who have played a major part in the development of Academic Health Science Alliances and several senior government officials from the Victorian State Government. Members also undertook various additional meetings depending on their specific interests.

The programme is summarised in Appendix A, Participant Biographies in Appendix B and Background Notes in Appendix C. A variety of background documents and selected slide presentations are provided in further Appendices.

Learnings and Conclusions

Overall a number of very consistent themes emerged from our meetings and discussions. A range of high level conclusions can be drawn:

- (i) The concept of an Academic Health Sciences System/Alliance is being used in Australia as a framework for delivering high quality health care strongly linked to research and education.
- (ii) An alliance does not necessarily infer a shared building/facility but within an alliance such projects may be one outcome.
- (iii) To deliver better outcomes for patients, new ways of working are required with partnerships replacing individual institutional projects and strategies. Relationship management was seen as critical for success.
- (iv) The Tertiary Institutions and Health Services need to commit to a shared vision as a platform for success and strong leadership from the participating institutions is critical for success.
- (v) Establishing some agreed themes for the precinct e.g. research specialisations can be powerful and help create the value proposition. Similarly a name for the precinct is important.
- (vi) With such an attractive central city location, the opportunity in Christchurch is remarkable.
- (vii) Capital investment can be successfully planned and delivered using a variety of financing models.
- (viii) The governance and financial instruments used to fund capital works should be kept as simple as possible.
- (ix) Government Departments through their senior officials can exert a positive influence and ensure that projects stay on track. Crown funding is frequently a significant factor in the success of capital projects.

Recommendations

- (i) That the Vision Statement developed in 2012 be adopted formally by all parties (some minor amendments have been suggested) and signed off by the Vice-Chancellors/CEOs.
- (ii) That a specific set of goals and objectives which will deliver on the vision be developed in consultation with the Steering Group and other interested parties. To achieve this a workshop in December 2013 is recommended to bring the key stakeholders together.
- (iii) That an MOU or Heads of Agreement be drafted, agreed and signed by the Chief Executives/Vice-Chancellors which confirms the goals and objectives and outlines the process of engagement for 2014 and beyond, including organisational role definition and named accountability for delivering clearly defined outcomes within a documented timeframe, and commits the collaborating partners to provide sufficient operational funding in 2014 to ensure executive support for the project.
- (iv) That the relevant Governing Bodies (CDHB, CPIT, UOC, UC) be briefed in detail about the next steps for the Health Precinct project no later than February 2014.
- (v) That other potential tertiary partners and research organisations be approached to determine their level of interest.
- (vi) That the redevelopment of Christchurch Hospital and the planning of health services delivery relating to the inpatient and especially outpatient care be more closely integrated with the Health Precinct Steering Group. A “whole of campus” approach is suggested.
- (vii) That CCDU/CERA agrees and progresses a land acquisition strategy based on an understanding of what the land will be used for, when it is required (to enable a smooth transition for existing landowners to new sites), and with understanding of where funding will come from.
- (viii) That CCDU/CERA develop commercially relevant material, based on well-defined stakeholder requirements, form a view on the most appropriate procurement model and introduce the opportunity to potential commercial counterparties, including those with offshore experience with PPP or similar models.
- (ix) That CCDU/CERA in conjunction with the HP Steering Group develop a comprehensive communication strategy to keep stakeholders, relevant government ministers and their departments, landowners and the general public informed.
- (x) That an informed view is developed on how the 'southern block' will be used and by whom, and that this is reflected in the goals and objectives.
- (xi) That the HP Steering Group map and obtain the skill set mix and project framework and disciplines needed to successfully deliver the project within a clearly understood timeframe and refer this to the Chief Executive of CERA.
- (xii) That consideration be given to the appointment by the lead organisations of an Executive Director to lead and coordinate the planning and decision making processes and provide linkage between CERA and the collaborating institutions.

In summary, the visit provided many powerful insights into how the opportunity presented by the Health Precinct can be successful. One of our hosts summed it up well; “be the best you can be!”

Notes from Individual Meetings

Melbourne

Meetings in Melbourne were planned and coordinated by Mr Max Roger, Director of Strategic Projects in the Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne in conjunction with Dr Peter Brennan, Principal of MA Consultancy.

Mr Max Roger – The Parkville Precinct Melbourne and the Victorian Comprehensive Cancer centre

The Parkville Precinct in Melbourne is centred around the University of Melbourne and comprises the Faculty of Medicine, a number of key Melbourne Health Research Institutes and key Hospitals including the Royal Melbourne Hospital and the Melbourne Children's Hospital. This concentration of health services and research activity has real critical mass and is highly regarded internationally. Despite this, most capital development to date has been by individual institutions rather than an integrated approach. Taking into account the Victorian Cancer Strategy, a partnership of 8 key institutions was established in 2008 to plan an integrated cancer centre the VCCC. The goal was to provide a world class centre on one site integrating service delivery, research, teaching and professional development in one world class building.

Success factors included:

- A strong wish by researchers to collaborate
- Strong leadership by the then University of Melbourne Dean of Medicine
- Clear strategies defining the clinical, research and teaching and facility agendas
- Establishment of an MOU then an Unincorporated Joint Venture
- A strong Board with a highly respected Chair to exert governance
- A dedicated Executive Director to ensure good project momentum
- Early contributions by all parties to meet the costs of the ED role and project management
- A sensible discussion about IP management amongst the researchers
- An agreement that permits exit and entry from the JV and dispute resolution
- A commitment of both Commonwealth and State Governments to provide multi-million dollar funding
- A robust EOI and RFP process leading to 3 outstanding bids for the design build and operation of the facility
- Strong support from the Victorian State Department of Health

Mr Tony Michele VCCC Project Director Department of Health

Tony is medically trained and is a very experienced project director who has been heavily involved in all aspects of the VCCC project. He is directly accountable to the Victorian Government for the delivery of the VCCC project which has a total cost of \$1.056M.

The VCCC will be a unique facility in Victoria and has been designed to deliver world class services and improve cancer outcomes through translational research, teaching and training. The facility will be completed in 2015 and will be linked to the Royal Melbourne Hospital by 2 air bridges.

Full details of the building design and functionality are provided in the Slide Deck in the Appendices along with fact sheets about the project.

The funding of the project is through capital grants from the Government along with the University of Melbourne and key Research Institutes. The overall programme has been overseen by the Department of Health.

Key aspects of the project include:

- Elimination of potentially duplicated infrastructure
- Shared facilities wherever possible including animal facilities
- Access to otherwise unaffordable facilities e.g. Cyclotron
- Close to transport hubs
- Shared ICT infrastructure
- Direct links to key areas of the hospital specialist services
- Shell space available for growth and later specialist fit-out
- Inclusion of tutorial and seminar rooms
- Establishment of new Masters degree programmes
- Common areas to promote interaction and collaboration

Advantages of the Public Private Partnership Approach

Given the size of the project and the growing experience of the Victorian State Government with PPPs this approach was selected.

- After the EOJ, 3 consortia were selected for the final RFP and they are estimated to have spent \$10M on their respective bids
- Bundles whole of life costs and asset management (25 years)
- All services except food and beverage are included in the operating contract
- Tender period was 14 months which included a series of 6 design cycles with user groups
- Major savings in power, heating, cooling were achieved

Plenary Group Meeting regarding the Victorian Comprehensive Cancer Centre

Ant Beverley (CCDU/John Johnston (Westpac)

Paul Crowe/David Keenan/Damien Jaipaul (Plenary Group)

Plenary provided a flip-chart presentation that sets out the vision and objectives, description of facilities, and project funding structure and background material on Plenary Health

Key points from the discussion:

- It is difficult to get the alliance agencies/groups involved in the facility to work together properly; often becomes effective with the next generation of administrators
- The project framework:
 - quite prescriptive in terms of the way the market engagement process works – very high level of probity
 - aiming to minimise future design risk by addressing all (as many as possible) of the facility use and design issues, early
 - need to watch that the framework is not too rigid to create a disconnect between the designers and ultimate users – effective process requires proper access to users – don't try and get everything in the original brief

- VCCC – access between tenderers and users every week – tended to schedule every second Tuesday to design – but not that effective as difficult to get quick answers to queries – but a free-for-all can be problematic too
- Market engagement:
 - Market is looking for certainty in process and requirement
 - VCCC – started working with consortiums in 2008, (12 mths before going to market) went to market in 2009, this involved Plenary convincing PCL (Canadian based builder) to come to Australia,
 - Pre EOI warm up – should be 6 mths for this type of project - informal, about the model and seeking feedback on approach etc, no formal announcements
 - Govt invested a lot of time in getting the process sorted before going to market – took a long time but it did mean the process and approach were well thought through and established – real benefits from this
 - Key difference between a PPP and ordinary property deal is who carries the risk
 - Projects in Australia need to be \$200m to get participants focused/involved – lower amounts will attract fewer bidders
- Commercial model
 - PPP worked well for VCCC as captured innovation and creativity that a traditional approach would not have captured (*others mentioned the atrium design outcome as an example*)
 - Involved \$190m equity (of which Plenary holder circa 10%), \$940m senior debt (held by 7 groups), 10 year refi (risk), Victorian Govt contributed \$300m to construction of South block
 - Refurbishment obligation – the bid was for a life-cycle program, with refurbishment obligations during term and prior to hand-back (focus from 5 years out with 5 year performance warranty post hand-back)
 - Includes 'modification' regime where if modification to premises is required, users specify requirement, Plenary prices this (design, construct, operate), and users/govt can require Plenary to proceed with modification or it can fund this itself. Note that any such works are priced on an open book cost plus margin basis
 - Building consumables (eg building utilities such as light fittings etc) are part of the contract/payment, personal consumables related to use are not
 - VCCC provided a future 'ward' for expansion, at Plenary's risk, with utilisation by the private sector in the interim – access triggered early

Postscript: Christchurch's market attractiveness that reinforces need for well thought through communication with market:

- from Asia-Pacific regional view, transaction pipeline is quite full
- for entities not currently in NZ, coming here requires an initial 'set-up' investment
- participating in transactions requires a deal pipeline in event bid is not successful
- Christchurch historical context - communication with market about opportunities for private sector to participate in Christchurch transactions set initial expectations high, but without expected follow through

Overall a good discussion covering a fairly wide range of issues – more (specific) detail could be useful if a PPP structure became a viable option for the Christchurch Health Precinct.

Dr Amanda Caples, Director Department of Business and Innovation and Phil Marley

Dr Caples has a background in biotechnology and is a key player in driving innovation in the sector and is on the Steering Committee for the VCCC.

The VCCC is a critical project for the health and innovation strategy in Victoria. The Department has played a key role in keeping the project on track and at time resolved issues between the partners. From a state investment point of view it has been important to ensure a firm focus on the uplift benefits for the sector. A key benefit is the agreement about shared research infrastructure and technology platforms and establishing protocols for access to expensive equipment.

Some other projects in Victoria are less formal than the VCCC and are worth reviewing e.g the AMREP initiative based around the Alfred Hospital <http://www.alfred.org.au/Page.aspx?ID=282>

Professor Richard Larkins AO, Chair VCCC Governance Board

Professor Larkins is a former Dean of Medicine at University of Melbourne and former Vice-Chancellor at Monash University. He is highly respected Australia-wide for his wisdom and governance skills.

His advice included the following points:

- Tensions between parties are to be expected and need to be actively managed
- Long term commitment from key parties is essential
- Adequate operational funding must be committed by lead parties
- There is a compelling story around colocation with shared use of equipment and a unified ICT platform
- Excellence in teaching, patient care and research is a key motivator

Ms Leanne Price, Director Capital projects and Service Planning, Department of Health

Leanne is an architect by profession and is in charge of all Victorian health service capital projects. She has a strong leadership role state-wide and has a mandate to master plan health facilities and to monitor project delivery across some 86 different sites around the state.

Master planning is underpinned by service planning and she takes a strong partnership approach especially with the leading Universities, Melbourne and Monash.

The Department has used a range of procurement models and analyses the strengths and weaknesses of each. There have been 5 PPPs to date and the oversight has matured progressively. Other projects worthy of study include new facilities in the Western and Northern suburbs where population demand is increasing.

Most projects have been brown fields so the Christchurch opportunity is quite unique.

Dr Shane Huntington, Policy and Strategy Advisor to the Dean, FMDHS University of Melbourne

Shane has been a key payer within the University in planning and delivering strategic projects. Has a strong mandate and is highly respected for his experience and working with diverse internal and external clients.

His observations included that many institutions fail to fully capitalise on collaborative opportunities. He has been leading a project to establish an academic health sciences initiative in collaboration with Monash and Melbourne Universities and St Vincents Hospital (18 parties). His role has been to bring the various interested parties together and develop a shared set priorities that linked explicitly with Victorian State Government priorities for health services. He has taken a systems approach, patient centred and working extensively with both primary and secondary care colleagues.

The Victorian State Government has provide seeding funds of \$150,000 for project management and \$850, 000 for academic initiatives including a new Chair in Cancer systems. A key objective is to improve clinical outcomes and establish better systems to manage clinical trials.

The University is also project managing the initiatives in northern and western suburbs. Both involve other Universities and the goal is to develop shared teaching, training and research facilities to serve their respective regions.

It was interesting to see the strong leadership role being exerted by the University of Melbourne which indicates a very high degree of trust of the University amongst multiple stakeholders.

Professor James (Jim) Angus AO, Former Dean UM FMDHS

Jim Angus was the Dean during the initial negotiations to establish the VCCC.

He identified a number of critical success factors

- Establish a name for the precinct = a brand in waiting
- Develop an MOU to lock in commitments
- Develop the “value proposition”
- Identify key themes and specific objectives – some suggestions might be
 - Pacific health
 - Big data
 - Health systems integration/ICT
 - Health literacy
 - Other
- Ensure the strategic planning of the key institutions is aligned especially their research strategies
- Establish a governance group and appoint an independent chair
- Engage community early and develop a philanthropic opportunity

Professor James (Jim) Bishop AO, Executive Director, VCCC

Jim is world ranked oncologist and a highly respected figure in Australia having worked extensively in both NSW and Victoria including a 4 year term as Chief Medical Officer for Australia.

His key recommendation was to be evidenced based and use data to develop strategy. In the case of VCCC he started with population data on cancer incidence and outcomes, analysed variations in practice and evidence that translational research could improve statistics. Again data would be used to monitor medium and long term benefits for patients.

He has collected data on:

- Cancer incidence
- Nature and effectiveness of clinical services
- Research productivity, gaps and opportunities
- Education

He recommended benchmarking to judge standards internationally.

New funding from the participants and government has been used to:

- Establish 6 new Professorial Chairs in Cancer
- Establish new research fellowships for training
- Establish a new centre for coordinating clinical trials

Outcomes will be judged by:

- Patient experiences
- Patient outcomes
- International research rankings

Other points about the building:

- A welcoming environment for patients and families
- Good facilities for the 220 PhD students
- Emphasis on coffee and meeting spaces
- Excellent ICT systems – patient portals and a virtual education environment

Sydney

Meetings in Sydney were planned and coordinated by Professor Terry Campbell, Senior Associate Dean, Faculty of Medicine, UNSW. UNSW has been the coordinating body for the Academic Health Sciences Alliance based across Sydney (see slide presentation, Appendices)

Mr Wayne Cahill, Partner Ashurst Australia

Wayne was the key advisor to Macquarie University in the development of the first privately funded teaching hospital in Australia. Starting initially as a joint venture with a small private health provider the project had to be rescued by the University who took over governance and financing of the project, when the partner failed to deliver the agreed funding. The facility includes the Australian School of Advanced Medicine which contributes to speciality medical training in a variety of disciplines. More recently a very successful Australian Hearing Hub has been established.

Lesson learned included:

- Choosing the partners carefully
- Keep the legal structures simple
- Clinical leadership is vital to secure quality appointments to the medical and nursing staff

See slide presentation in Appendices.

Professor John Mattick, Director, The Garvan Institute

The Garvan Institute is approaching its 50th Anniversary and has been highly successful in several areas of research notably endocrinology including diabetes, obesity, and osteoporosis. The Institute started as a research off shoot of St Vincents private hospital.

He strongly supports the alliance model and noted that it is similar to the big centres in the US most notably John Hopkins in Baltimore <http://www.jhu.edu/>

Closer to home he recommended looking at the University of Queensland Institute of Molecular Bioscience <http://www.imb.uq.edu.au/index.html?page=11662>

He referred to a recent study tour and evaluation of academic health alliances by Professor David Lloyd from the Baker Institute. He later provided the slide set from Prof Lloyd's presentation. (Appendices)

His recommendations were as follows:

- Be the "best you can be"
- Establish research themes and ensure they reach critical mass and achieve success
- The key capacity to develop is **genomics** which has revolutionised medicine and is providing vital clues about disease pathogenesis and helping target drug therapy and other treatments.

Professor Terry Campbell, UNSW

Prof Campbell provided a through overview of the elements of the Health Alliance which is emerging at several sites across greater Sydney. Various colleagues joined the discussion and gave insights into their role. His slide presentation is in Appendices

The history of the alliance was reviewed and seemed to have research excellence as the major driver – as opposed to clinical care. The process has been led and managed by the Faculty of Medicine at UNSW. A series of workshops help set the agenda in 2011-2 and an MOU developed (See Appendix). The group have agreed to appoint an **Executive Officer** in early 2014 to lead and coordinate the various elements including:

- Speed up coordination (full-time committment)
- Develop baseline performance measures
- Initiate collaborative projects
- Establish international connections

Joint projects have included:

- Biobanking including a shared cancer tissue bank
- Research governance and ethics
- Shared biostatistics resources
- Simulation suite
- Seminar series

Major initiatives are underway in Neurosciences (the Mindgardens Project - Neuroscience Research Australia <http://www.neura.edu.au/>) led by Professor Philip Schofield and Cancer at the Lowy Cancer Research Centre (Bright Alliance - <http://www.lowycancerresearchcentre.unsw.edu.au/>) led by Professor Robin Ward. Both projects involve major new facilities and an expansion of the research agenda. The cancer project has a strong focus on developing a world class clinical trials unit which will be the only one in NSW authorised to undertake Phase 1 clinical trials (Pre-clinical). The proposed unit has already garnered interest international from the pharmaceutical industry.

Appendix A – Programme for the Study Tour

Canterbury Earthquake recovery Authority – Central City Development Unit

Health Precinct Steering Group - Study Tour to Australia

Overview

The Health Precinct Project is now moving from an initial concept to a more detailed planning phase where the key participants are being asked to work closely together and develop an integrated approach. The high level objective of a world class precinct integrating clinical care, research, education and training has been agreed. To assist develop more structured ideas a study tour to key sites in Melbourne and Sydney has been arranged in conjunction with Dr Peter Brennan and Abbie Galvin.

Dates

The confirmed dates are November 10th to 13th 2013 inclusive.

Attendees

Representatives from the CCDU, Health Precinct Steering Group and others nominated by their organisation. Dr Peter Brennan and Max Roger (Melbourne) and Abbie Galvin (Sydney) will act as our hosts in Australia.

Programme

Sunday November 10th

Travel to Melbourne Australia. Base will be at the Mercure Treasury Gardens, 13 Spring St, Melbourne. Phone number (+61) (03) 92059999

Melbourne - Monday November 11th

0830 Meet with Dr Peter Brennan and Max Roger at Mercure Treasury Gardens Hotel to discuss objectives. Melon Function Room booked 8.00 -12.30. Informal discussion, introductions, Q and A with CCDU staff.

Dr Peter Brennan is an Independent Consultant who contributed to the Master Planning process. Contact 0419 589 052. Max Roger is Director, Strategic Projects, Faculty of Medicine, Dentistry and Health Sciences at the University of Melbourne. Contact 0417 107 947.

0930 Presentation from Max Roger on the Victorian Comprehensive Cancer Centre (VCCC) and the Parkville precinct more generally.

1130 Presentation from Mr Tony Michele (Public Private Partnership lead) to discuss commercial funding models.

1230 Working lunch with Tony Michele and colleagues at Mercure Hotel (To be arranged with hotel restaurant).

1500 Meeting with Dr Amanda Caples (Director, Department of State Development, Business and Innovation) and Mr Phillip Marley. Dr Caples is responsible for Research Infrastructure and is a member of the VCCC Steering Committee. Level 27, 121 Exhibition St. (Security Passes to be issued on arrival).

- 1600 Meeting with Professor Richard Larkins (Former Vice-Chancellor at Monash and Chairman of the VCCC Board). Meeting to take place at Mercure Hotel. Venue TBC. Ian Town to meet Prof Larkins in hotel foyer at 1600.

Melbourne - Tuesday November 12th

- 0800 Meet over breakfast at Lime Café, Mercure Treasury Gardens Hotel.
- 0900 Meet Ms Leanne Price (Director, Capital Projects and Service Planning, Victorian Department of Health). Level 4, 50 Lonsdale St. (Security Passes to be issued on arrival).
- 1100 Meet Dr Shane Huntington, Principal Policy and Strategy Advisor, Faculty of Medicine, Dentistry and Health Science, University of Melbourne. Level 2, Alan Gilbert Building, Cnr Barry and Grattan Sts, Parkville.
- 1200 Lunch and walking tour of Parkville precinct.
- 1300 Meet Professor James Angus (Former Dean of Medicine at University of Melbourne and Director of the Peter MacCullum Cancer Institute and VCCC Director). Level 2 Alan Gilbert Building.
- 1430 Meet Prof Jim Bishop (Executive Director VCCC, former Chief Medical Officer of Australia). Level 4, 766 Elizabeth St, Parkville.
- 1800 Fly to Sydney VA 875/ NZ 7650.
- 1930 Transfer to Amora Sydney Jamison Hotel
- Base in Sydney is the Amora Hotel Jamison at 11 Jamison St, Ph (61) (02) 96962500.

Sydney - Wednesday November

- 0800 Breakfast meeting with Abbie Galvin, Principal, BVN Donovan Hill Architecture http://www.bvn.com.au/pages/abbie_galvin.html at Amora Sydney Jamison Hotel in the Gallery Restaurant, Level 1.
- 0900 Walk to Ashurst Law firm, Level 36, 225 George St, Sydney.
- 0930 Presentation on Macquarie University Hospital Project – Wayne Cahill, Partner at Ashurst. http://www.ashurst.com/people-detail.aspx?id_Content=6636
- An overview of the issues involved in the development of Macquarie University Hospital as part of a hub/ precinct for health sciences and an overview of the Australian Hearing Hub at Macquarie University.*
- 1030 Travel to Garvan Institute by taxi, 384 Victoria St Darlinghurst, (61) (02) 9295 8100. <http://www.garvan.org.au/about-us/about-us/overview/>

- 1100 Meeting with John Mattick, Director Garvan Institute.
<http://www.garvan.org.au/about-us/our-people/professor-john-mattick>
- 1200 Travel by Taxi to University of New South Wales. For UNSW, get the taxi to enter via Gate 11 on Botany Street, Randwick and drop you at the AGSM Building (first building you come to on the left, just 50 metres inside the gate). We are meeting on Level 2 where the Faculty Offices are (Room 240).
- 1230 Lunch and Discussion with Professor Terry Campbell (Associate Dean UNSW Faculty of Medicine and Health Sciences) <http://med.unsw.edu.au/senior-associate-dean>
Contacts Kathy Sagris (61)(02) 9385 3067, Terry Campbell 0416 141 163.
Colleague joining the discussion include:

Professor Robyn Ward (Chair of Medicine at Prince of Wales and Head of Cancer). Plans for a major integration of Cancer services and Clinical Trials under the Health-Science Alliance (HSA), umbrella.

Associate Professor Murray Wright, Director of Mental Health for the South-Eastern Sydney Local Health District and plans for a similar integration of "Brain Sciences".

Professor Peter Schofield, Neuroscientist and Director of the Neuroscience Institute, Australia. Member of Board of the HAS.

Prof Jeremy Wilson, Clinical Dean of the South-West Sydney Clinical School.
- 1500 Tour of Randwick-UNSW-Prince of Wales Hospital Campus.
- 1700 Formal programme concludes.

Appendix B. Biographies of Delegation Members

Professor Ian Town

Ian Town is an independent management consultant specialising in health and higher education. He has been retained by the Christchurch Earthquake Recovery Authority (CERA) to provide advice on the development of the Health Precinct, one of the anchor projects being managed by the Central City Development Unit (CCDU). Professor Town was formally the Deputy Vice-Chancellor at the University of Canterbury (2005-2013). Throughout his time at UC, he led the University's academic strategy with responsibility for both teaching & learning and research as well as strategic projects around the performance based research fund, innovation strategy and links with commercial companies. Professor Town led the post-earthquake University renewal and transformation project entitled "UC Futures". This project included renewal of the University's graduate profiles and a recently announced capital injection of \$260M to support the expansion and renewal of the Engineering precinct and a new Regional Science and Innovation centre.

Rob Stevens

Rob is a NZ registered architect and holds a Bachelor of Architecture (Honours), Bachelor of Science and Bachelor of Building Science. With a background of over 15 years in architectural practice Rob has a wide experience in the design and delivery of institutional, public and cultural facilities. Transitioning in 2002 from a consultancy role to client side development director, Rob has managed major building, related infrastructure and organisational change programmes for a number of Government departments/agencies. His current position (since February 2013) is as Development Director for Anchor Projects for the Christchurch Central Development Unit (CCDU) involves leading and supporting redevelopment of the central city including the Health Precinct, Metro Sports Facility, South Frame and Justice & Emergency Services Precinct.

Anthony Beverley

Ant is a professional director and consultant, consulting to both the private and public sector on a wide variety of property matters. Anthony's other directorships include Marlborough Lines Limited, Harbour Quays A1 Limited, Harbour Quays D4 Limited and Harbour Quays FIF2 Limited. He was formerly head of property for AMP Capital Investors (New Zealand) Limited.

Fiona Haynes

For Fiona Haynes working life began in Architecture. Family brought a change of direction into teaching at secondary and tertiary level. A call to be part of the development of a national curriculum subject in Technology led to setting up of the training for teachers from Years 1 through to 13 at Christchurch College of Education a journey that lasted 10 years and included international consultancy. A move into management as Dean of Trades and Engineering at CPIT provided an opportunity to be innovative. The development of cutting edge facilities for experiential learning in trades was a project of 7 years. Design and development of a national degree in Engineering – Structural, Mechanical and Electrical was a catalyst for collaborative delivery by 6 Institutes of Technology. The need to master plan for the future needs of the organisation both regionally and nationally then offered a position that was made even more critical by the seismic events of September 2010 and February 2011.

Judith Brown

Judith is the Director of Education and Applied Research at CPIT. In July 2012 Judith moved from Wellington to join the CPIT team. Judith's career in the education sector has included teaching, special education advisory, consultancy, and management and leadership roles. In her current role, Judith provides institutional leadership in the delivery of the portfolio of programmes of teaching and learning and research. The nine Heads for Department report to Judith.

Becky Hickmott

Becky is a Nurse Manager for Workforce Development for Canterbury District Health Board and reports to the Executive Director of Nursing. This position oversees undergraduate through to postgraduate nursing, providing training and career development opportunities for over 3000 nurses. Becky's role also examines staff retention, future workforce strategies and projections. Becky is involved in project work and has been assisting the Executive Management Team and the Health Precinct Clinical Leaders group in the development of projects for the new Health Precinct, such as the Simulation and Clinical Skills Service Design and the education and teaching collaboration between universities and clinical practice currently being examined. Becky has been involved in previous study tours to the USA looking at hospital design, simulation and education facilities and different ways of working. She is currently undertaking her Masters thesis at University of Canterbury on "Responding to the Needs of Vulnerable People during the Christchurch Earthquake".

John Johnston

John is Westpac's Executive Director, Head of Christchurch Recovery, a pan-bank role. The position is focused on finding ways for the bank to unlock post-earthquake complexity to realise the underlying opportunities. Much of the focus of the role to date has been on addressing insurance-related issues in finance. John is excited and very keen to inform the thinking around realising the potential of the Health Precinct. Prior to moving to Christchurch in June 2012, John headed up Government Relations for Westpac. While in Wellington, he had concurrent responsibilities as President of the Employers' Chamber of Commerce Central (lower North Island equivalent to the Canterbury Employers' Chamber of Commerce), and prior to that, was on the Board of the Wellington Employers' Chamber of Commerce. Before joining Westpac Regulatory Affairs in 2006, John held policy roles in the public service.

Professor Tim Wilkinson

Tim Wilkinson is director of the MBChB programme, Professor in Medicine and Associate Dean (Medical Education) at the University of Otago, Christchurch. He chairs the Otago Faculty of Medicine Curriculum Committee, and its assessment committee. He completed a Master in Clinical Education in 2001, which looked at characteristics of borderline final year medical students. His PhD in 2005 was on the educational impact of a change to standards based assessment in a medical course and his MD in 2010 was on programmatic assessment. He is a past president of the Australian and New Zealand Association for Health Professional Educators. He also works as a consultant physician in geriatric medicine. His research interests are assessment of clinical competence and performance, workplace learning, selection into medical school, and professionalism.

Dr Chris Kirk

Chris is the Director of Strategic Projects at the University of Canterbury. The Health Precinct is one of the University's key strategic initiatives and Chris has been a member of the Working Group for the Health Precinct since its inception in 2012. Chris recently retired as Deputy Vice-Chancellor of Lincoln University. His professional career has been spent in universities, initially as an academic and then in various managerial roles, primarily in managing research and innovation. He recently helped to establish the NZ Health Innovation Hub and currently works with *Via Innovations*, the innovation unit at the Canterbury District Health Board.

Appendix C - Background Notes

The Victoria Comprehensive Cancer Centre

The Victorian Comprehensive Cancer Centre (VCCC) Project will deliver a new, \$1 billion facility purpose-built for cancer research, treatment and care in the Melbourne suburb of Parkville, Victoria.

Construction is under way to create a brand new home for the Peter MacCallum Cancer Centre and new cancer research and clinical services for Melbourne Health and The University of Melbourne.

In addition to the new facilities being built, eight world-leading cancer organisations have come together to share knowledge and resources and drive the next generation of cancer research, education, treatment and care.

Based on the site of the former Royal Dental Hospital (corner Grattan Street, Flemington Road and Royal Parade) and linked by bridges across to new facilities at The Royal Melbourne Hospital, the VCCC Project will assist building partners to accelerate the discovery of new cancer treatments, attract the nation's leading cancer researchers and provide a centre of excellence for people affected by cancer.

The VCCC Project is jointly funded by the Victorian and Australian governments. Construction of the new \$1 billion facility will begin in 2011 and be completed by the end of 2015.

<http://www.vcccproject.vic.gov.au/>



The Macquarie University Hospital

Macquarie University Hospital and Specialist Clinic is the first private teaching hospital to be located on a university campus in Australia, delivering training, medical research and quality patient care in select specialty areas.

The hospital is one of the most 'digitally integrated' of its class and houses a 'cyclotron' for the production of radioactive isotopes for medical imaging.

Macquarie University Hospital is strategically important as it is a 'cornerstone' in the establishment of a major medical precinct within the University to complement the Allied Health teaching services offered by it. The [Australian School of Advanced Medicine](#) (ASAM) is located within two levels of the clinic building.

Macquarie University Hospital complements the University's prior specialisations including cognitive neuropsychology, telemedicine, teleradiology, speech therapy and audiology. It also enhances the University's capabilities in the area of spinal research with the new centre for Spinal and Medical Imaging.

The project was a large, complex project that aligns with the [MQ@50 \(PDF\)](#) vision for engagement with industry and capitalising on the University's CORE strengths. The project was completed and handed over to Hospital administrators by the then Office of Major Projects (now Property) early 2010.



<http://www.muh.org.au/>

The Health Science Alliance

SAHRT (Sydney Alliance for Healthcare, Research and Teaching)

A growing International trend is for Academic Health Centres which are regionally related to each other to come together to form Networks of AHC's. This is particularly the case in Canada and the USA. It provides a level of scale unattainable by a single Centre and hence potentially allows truly large collaborative research to be carried out where appropriate. It also facilitates development of consistent, "best practices" across a State or region. For this reason the Health-Science Alliance plus the three other Academic Health centres which share an affiliation with UNSW Medicine (St Vincent's-Darlinghurst, St George-Sutherland and South-West Sydney) have agreed to come together under an MOU as the Sydney Alliance for Healthcare, Research and Teaching.

<http://www.thehealthsciencealliance.org>

<https://tv.unsw.edu.au/video/sydney-alliance-for-healthcare-research-and-teaching4>