High-level College of Health and Medicine vision and strategy

18 June 2018
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### List of abbreviations

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<th>Abbreviation</th>
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<tr>
<td>ACT</td>
<td>Australian Capital Territory</td>
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<tr>
<td>ANUMS</td>
<td>ANU Medical School</td>
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<td>CECS</td>
<td>ANU College of Engineering and Computer Science</td>
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<td>CHM</td>
<td>ANU College of Health and Medicine</td>
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<tr>
<td>CMHR</td>
<td>Centre for Mental Health Research</td>
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<td>CRAHW</td>
<td>Centre for Research on Ageing, Health and Wellbeing</td>
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<tr>
<td>DAWR</td>
<td>Commonwealth Department of Agriculture and Water Resources</td>
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<td>DFAT</td>
<td>Commonwealth Department of Foreign Affairs and Trade</td>
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<td>DHSRP</td>
<td>Department of Health Services Research and Policy</td>
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<td>ECR</td>
<td>Early Career Researcher</td>
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<td>HDR</td>
<td>Higher Degree Research</td>
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<td>JCSMR</td>
<td>John Curtin School of Medical Research</td>
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<td>JCS</td>
<td>Joint Colleges of Science</td>
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<td>LHD</td>
<td>Local Health District</td>
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<td>MAE</td>
<td>Masters of Applied Epidemiology</td>
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<td>MRFF</td>
<td>Medical Research Future Fund</td>
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<td>NCEPH</td>
<td>National Centre for Epidemiology and Population Health</td>
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<td>NCI</td>
<td>National Computational Infrastructure</td>
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<td>NCIS</td>
<td>National Centre for Indigenous Studies</td>
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<td>NHMRC</td>
<td>National Health and Medical Research Council</td>
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<td>NIG</td>
<td>National Institutes Grant</td>
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<td>RCS</td>
<td>Rural Clinical School</td>
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<td>RSB</td>
<td>ANU Research School of Biology</td>
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<td>RSC</td>
<td>ANU Research School of Chemistry</td>
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<td>RSP</td>
<td>ANU Research School of Psychology</td>
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<td>RSPE</td>
<td>ANU Research School of Physics and Engineering</td>
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<tr>
<td>RSPPH</td>
<td>ANU Research School of Population Health</td>
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<tr>
<td>TCH</td>
<td>The Canberra Hospital</td>
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<tr>
<td>UC</td>
<td>The University of Canberra</td>
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Background, context and purpose

In August 2017, the College of Health and Medicine (CHM) was formed with the aim of strengthening health and medical research and education at the Australian National University (ANU). The formation of CHM provides better alignment for the University with local, national and international health priorities and creates a major opportunity to take a fresh look at our vision and strategy for the future.

With a global search underway for a Dean to lead the CHM, the development of this high-level vision and strategy has been undertaken as a means of accelerating the future Dean’s strategy formulation and development processes. Clearly, the University does not intend to impose the strategic directions outlined herein upon the new Dean, but allow the appointee to build upon and further shape a final and more detailed plan for the future, once they have settled in and had an opportunity to explore and understand our diverse (internal and external) health and medical ecosystem.

This document draws upon consultation of a vast internal and external stakeholder community, with more than 110 individuals participating in interviews, meetings and staff forums (refer Appendix A) lead by Mike Pepperell from Consulting & Implementation Services. The time, effort and input provided by this diverse group, and Mike, is greatly appreciated. I believe this consultative process has helped create a richer and more inclusive view of our future than would have otherwise been possible.

Professor Jane Dahlstrom
Interim-Dean, College of Health and Medicine
The emerging CHM vision and strategy takes its lead from the ANU Strategic Plan (2018 – 2021)

ANU Vision

• Contemporary ANU will sit among the great universities of the world, and be defined by a culture of excellence in everything that we do.

• We will be renowned for the excellence of our research, which will be international in scope and quality, always measured against the best in the world. Our research investment will be strategic, taking a long-term view and focus on high-quality activities, high-impact infrastructure and areas of high national importance.

• We will be renowned for the excellence of our undergraduate and graduate education: excellence in student cohort, excellence in teaching, excellence in student experience, and excellence in outcomes.

• We will be renowned for the quality of the contribution our research and education make to societal transformation. We will identify emerging areas of need for the nation and provide research and education that will equip Australia to cope with challenges not yet imagined.

ANU Values

• ANU research, education and contributions to public policy-making will change Australia and change the world. It will have impact.

• ANU research, education and contributions to public policy-making will change Australia and change the world. It will have impact.

• We bring a distinctive excellence to our work and have the confidence to pursue original ideas.

• We are inclusive, open and respectful, reflecting the diversity of our nation.

• We are committed to integrity and ethical behaviour.

• We value, enable, reward and celebrate collegiality.

• We embrace informed risk-taking in pursuit of our objectives.

• We are committed to better outcomes for our community, the environment, our nation and the world.

• We are committed to the service of our nation, through original thinking and through courage in advancing our ideas.
Strengths, weaknesses and threats – key themes arising from interviews, meetings and staff forums

**Strengths**

• ANU’s proximity to Federal Government
• ANU’s unique national responsibility
• Many individual examples of research excellence
• John Curtin School of Medical research (JCSMR) brand (and world-class facilities)
• Research School of Population Health (RSPH)’s reputation and recognition (esp. the NCEPH brand)
• Breadth of ANU-wide health and medical related research capabilities
• Significant pipeline of highly-valued doctors and clinical Psychologists enhancing our local health systems
• Loyal ACT Health, honorary and volunteer clinician community
• Leading examples of research commercialisation success

**Weaknesses**

• Lack of clearly defined points of research and teaching distinctiveness
• Inadequate leverage of proximity to Federal Government
• Sub-optimal institutional relationship with ACT Health
• Strong school bias - almost rivalry (with little sense of team)
• Small pockets of individual intra and inter College collaboration
• Poor leverage of other ANU schools, centres and expertise
• Collective hunger for external funding appears below Go8 peers
• Tendency of many staff to reflect on the past, not the future
• Quality clinical research is confined to a relatively small (but strong) group
• Higher degree Research (HDR) pipeline less than ideal
• University of Canberra (UC) allied health and nursing relationship is not where it should be

**Threats**

• Some confusion around national responsibility and local partnerships
• Ongoing funding stabilisation and sustainability (esp. with respect to ANUMS and RSP)
• Widening gap with Go8 peers with respect to research income performance
• Go8 peers (and others) arrest our proximity advantage with Federal Government
• Inability to mount a united College case for ANU investment
• Siloed approach to major infrastructure requirements may inhibit realisation of key needs
Vision and Key CHM strategic (opportunities and) priorities

Working in partnership to make Australia the healthiest nation in the world

1. The pursuit of excellence in everything we do
2. Look forward, think big, and set a bold and uniting vision
3. Identify, develop, strengthen and promote our distinctiveness
4. Reach outward and forge lasting and multi-layered strategic partnerships
5. Look beyond the College and harness the collective ANU capability
6. Transform our approach to health and medical education and lead the Go8 through innovation
7. Foster a vibrant and collegiate culture
8. Implementation is everything!
1. The pursuit of excellence in everything we do

We can’t afford to rest on our laurels, we must pursue excellence in everything we do:
- Excellence in research and education
- Excellence in our chosen fields of fundamental research and clinical translation
- Excellence in population health, preventative health and personalised medical practice
- Excellence in our national and local/regional responsibilities
- Excellence in citations/publications, and research impact and engagement
- Excellence in discovery and Technology Transfer
- Excellence in academic pursuit and professional support services
- Excellence in external partnerships and internal collaborations

The pursuit of excellence will help the College to:
- Attract and nurture the very best researchers from around the world
- Attract and educate the very best students from around Australia, and beyond
- Attract and retain the best clinicians to the ACT and region
- Establish powerful collaborations from positions of strength
- Build trusted partnerships locally, nationally and globally
- Form respectful and collegiate relationships

The pursuit of excellence is the key foundation underpinning our vision and strategy: any departure from this principle may jeopardises realisation of our vision and strategic outcomes
- We will be measured against the best in the world and will contribute to ANU sitting among the great universities of the world

“To fulfil our mandate, we must invest in, and insist on, excellence everywhere at ANU. We must be ready to adapt what we do and how we do it wherever our performance is not the best it can be. We must diversify our funding sources.”

Professor the Hon Gareth Evans, Chancellor
Professor Brian P Schmidt, Vice-Chancellor and President
ANU Strategic Plan (2018 – 2021)

“In health and medicine, like in all fields, excellence must be earned – excellence yesterday or today doesn’t mean it will always be that way”
2. Look forward, think big, and set a bold and uniting vision

Working in partnership to make Australia the healthiest nation in the world

- Working seamlessly, as one College, and one ANU across local, national and global ecosystems
- Recognised as a partner of choice in our areas of distinctiveness
- A clear alternative to the other Go8 health and medical faculties
- A diversity of funding enabling unparalleled growth in capability and capacity
- An employer of choice, with world-class facilities, infrastructure and work environments
- United by our vision and respect for the diversity of contributions toward its realisation

“Today – we’re too slow to react and simply not visionary”

“If we doubled our income in 5-10 years we’d need more people, more labs, more offices and more core facilities”

“We should put a major health and medical collaborative precinct in the campus planning frame – it would be great to pull everyone together, but we don’t currently think that big or at that scale”

“Is there a topic we could pull together that would accelerate inter-School collaboration, (say) multi-drug resistant bacteria? We could look at it from a hosts perspective – everyone else is looking at it from the organism – it’s a huge funding opportunity, working with RSC, RSB, ACT Health and others.”

“We need a bridge to a centre for multidisciplinary health and medical research”

“To realise this vision we must look beyond our individual Schools and develop our key points of distinctiveness”
3. Identify, develop, strengthen and promote our distinctiveness

Our enduring distinctiveness may potentially lie in our ability to seamlessly engage with our key partners; delivering significant impact by drawing upon the collaborative interdisciplinary power of ANU and selected world-class partners.

Building upon existing College strengths, the core of this interdisciplinary distinctiveness could span four interconnected ambitions:

- Delivering cutting edge genomic and biomedical science of global standing
- Being the most sought after epidemiology and population health team in the Asia Pacific region
- Recognised for our health system policy influence, healthcare practice change, and clinical research translation
- Known for our innovative education programs for tomorrow’s leaders

The size and scale of CHM (and ANU) presents us with an opportunity that few in the G08 could imagine or realise. Our proximity to the Federal Government and immediate access to a microcosm of the broader Australian health system (in an urban, rural and regional setting) adds significantly to this emerging distinctiveness.

“A strong partnership flows from two things – quality and distinctive comparative advantage in particular areas of expertise – and we think ANU has both”
Delivering cutting edge genomic and biomedical science of global standing

This means we will:

• Continue to build critical mass of academics around our chosen fundamental research themes
• Maximise our MRFF and NHMRC opportunities
• Grow and diversify our funding base through philanthropy
• Target the top 10% of journals
• Encourage Visiting Fellows
• Build stronger connections between CHM Schools
• Expand existing connections across the broader ANU campus
• Maintain a vibrant outreach and engagement program
• Foster partnerships with the world’s best universities and medical research institutes

We will also place an increasing emphasis on building our capacity in clinical research

• Recruiting only the best clinical researchers
• Working closely with ACT Health to identify the future clinical academic priorities
• Work with ACT Health to strengthen clinical academic performance management expectations and processes
• Look to build further clinical research infrastructure at The Canberra Hospital (TCH)
• Explore opportunities to encourage clinicians to do PhDs at ANU (perhaps through 3-5 year bridging scholarships)
• Establish an ACT Health Research and Translation Advisory Board
• Encouraging collaborative endeavour with other strong clinical research institutions in Australia and beyond

“We should aim to establish strong translational links with ACT Health in each of our core areas of fundamental research”

“We need to build on our precision medicine and cancer and therapeutics foundations with ACT Health”

“We should build centres of excellence that transcend School/College boundaries – for instance a new centre for cognitive research”

“Imagine if we had Federal and ACT Government support to sequence the entire population of the ACT as a microcosm of the Australian population!” “In the geoscience and climate communities of Australia we have gone from independent silos to a set of common datasets - health and genomic data should be next – it will take time, but probably quicker than anyone currently imagines”
The most sought after epidemiology & population health team in the Asia Pacific

This means we will:

• Maximise the recognised brand value of NCEPH
• Leverage the respected Masters of Applied Epidemiology (MAE) (and MAE alumni)
• Continue to pro-actively seek out opportunities across all levels of government, locally, nationally and throughout the Asia Pacific
• Work closely with NCIS and other colleagues throughout ANU to build critical mass in Indigenous health
• Be more deliberate in our pursuit of collaborative research with other Schools across the campus
• All Schools work closely with RSP to develop a broader focus on health and wellbeing, including preventative and mental health
• Take the leading role in preventative health measures in Australia
• Be a champion of the most vulnerable in our community
• Strengthen links with the Sax Institute and other respected organisations, world-wide
• Optimise the social, behavioural, cultural and environmental determinants of health

“We’re about ideas and knowledge, and systems change”

Recognised for our health system policy influence, healthcare practice change, and clinical translation

Cutting-edge genomic and biomedical science of global standing

The most sought after epidemiology & population health team in the Asia Pacific

Known for our innovative education programs for tomorrow’s leaders

“We want your experts to come and proactively pitch ideas to us – they’ll know what’s important to us”

“We should capitalise on our prevention foci and the system-wide return on investment – so valuable to the likes of ACT Health”

“We could do a lot more with RSP around ageing and mental health”

“We need to raise the profile of our population health capabilities”

“We could do more with RSP and ANUMS around their clinical programs”

“We need to help create the best social system, the fairest health system, and reduce the disparities of the treatment of chronic disease”

“It’s a multi-causal phenomena – hence not just the Departments of Health”

“Imagine ANU making major and sustainable contributions to closing the gap in Indigenous health, if we marshalled all of our expertise”

“We could lead the Go8 in Indigenous health”
Recognised for our health system policy influence, healthcare practice change, and clinical translation

We will take the lead on health policy issues by:
- Forging trusted relationships across Federal, State and Territory governments and proactively presenting evidence based theories, and ideas for new research concepts
- Drawing upon the full capability of ANU, especially Crawford School of Public Policy, RegNet, the Colleges of Law and Business and Economics, and the newly established Public Policy and Societal Impact Hub
- Maximising our relationship with ACT Health and partnering in the development and implementation of policy in what is a microcosm of the broader Australian health system
- Recruiting and partnering with the world’s best

We will take the lead on healthcare practice change by:
- Partnering with ACT Health and the Southern NSW Health LHD to create a rapid learning healthcare system and world leading Implementation Lab
- Learning from, and partnering with, organisations such as Ko Awatea (in New Zealand)
- Working with UC and University of Wollongong to develop pilots and feasibility studies that can expand in scope and reach over time
- Integrating Clinical Leadership programs into the process

We will take the lead on clinical translation by:
- Working closely with ANU Connect Ventures to identify technology transfer options and opportunities at an early stage
- Building our clinical research capabilities with ACT Health and attracting the world’s best
- Collaborating with research partners across ANU, including the new Entrepreneurial Professors

“We should aim to lead on a national health policy issues in the key fields of precision medicine, health data, ageing population and chronic disease, financing and sustainability, Indigenous health, antimicrobial resistance and biosecurity, mental health and the social, behavioural and lifestyle determinants of health”

“Imagine a future where we are offering internationally recognises Mayo Clinic-style clinical services”
Known for our innovative education programs for tomorrow’s leaders

This means we will offer:

- Executive programs targeted at the Commonwealth Government (Australia-wide market);
- Clinical leadership programs (Australia-wide market);
- Personalised medicine programs (e.g. genomics in everyday healthcare);
- Programs that build upon and expand off the success of the Masters in Applied Epidemiology;
- Programs for an elite clinician-scientist cohort co-enrolled in an MD-PhD in ANU areas of strength in JCSMR, RSPH, RSP, Crawford, and Indigenous Health etc.;
- Micro-credentialed masters;
- Opportunities to leverage the power and global standing of the edX partnership;
- Continuing professional development opportunities for academic and professional staff.

“We must ask our partners what will suit them most and how we can best deliver – don’t assume we know best.”

“We should have a MD-PhD with 3 streams – Clinical Med., Epidemiology and Basic Biomedical Science.”

“We want to build an Academy of Clinical Leadership – an ACT Health priority need – and something that will inform policy and practice.”

“We should be offering a distinctive education, emphasising ANU’s strengths in policy, systems, population and lifestyle health, precision medicine, big data, economics, technology and leadership etc.”

“We must learn from ANU’s experience rolling out the military’s Western Creek Leadership Program.”

“We need to be open to technological and pedagogical innovations in medical education.”

This potential point of distinctiveness is also one of the College’s eight strategic priorities (see also Priority 6. Transform our approach to health and medical education and lead the Go8 through innovation).
4. Reach outward and forge lasting and multi-layered strategic partnerships

**We must develop and sustain genuine partnerships with:**

- The ACT Government
- Southern NSW Local Health District
- The Federal Government
- A targeted group of diverse but strategic partners

“The development of a Centre for Innovation in Regional Health submission with ACT Health, the Southern NSW LHD, UC and Wollongong will be a great step forward – working closely in this way will advance our relationships and pave the way for greater things”

“ANU must collaborate and make everyone their friend – and be really well connected – with the RACGP, AMA, PHN, and the Commonwealth Department of Health”

“They need to interact more with ACT Health and the various clinical communities in the region”

“We need to better leverage the significant network of Masters of Applied Epidemiology Graduates across the ACT and around the country”

“At Newcastle, they sit on each others Executives”
We need to put ACT Health (and its workforce, patients and communities) at the centre of our interdisciplinary points of distinctiveness

**Imagine:**
- A strong and aligned governance framework, led by senior decision makers from each key organisation (including UC, Calvary Hospital and the Capital Health Network)
- The co-design of strategy across the territory by a governance group
- This group overseeing the key aspects of the partnership, including agreed strategic improvement programs across the health system
- Seamless teams co-developing health system policy
- Seamless teams overseeing and supporting research strategy, collaboration, development, funding, performance and outputs
- Seamless teams translating research into healthcare practice change and clinical trials
- Seamless teams overseeing workforce development, education, training and recruitment programs
- Clearer performance agreements around roles spanning multiple organisations
- Greater exposure of cutting-edge discovery (and those behind it) to clinicians
- Greater exposure of front-line clinicians to ANU researchers
- Transformational practice change in a microcosm of the broader Australian health system
- A world leading Implementation Lab
- A rapid learning healthcare system

"There’s an opportunity to pursue both radical incrementalism – coupling small incremental policy changes with small scale, tightly focussed evaluation – and health system engineering with more disruptive technologies for prevention, treatment and service delivery”

“How do we strengthen links between our research and use this knowledge to influence policy and practice?”

"We should work together on the creation of a rapid learning health system – the combination of a health system and a research system that is: anchored on patient needs, perspectives and aspirations; driven by timely data and evidence; supported by appropriate decision supports and governance, financial and delivery arrangements; and enabled with a culture of, and competencies for, rapid learning and improvement”

"Be bold and tell us what you think the partnership could look like – and we’ll provide the feedback”
We need to put the Southern NSW LHD (and its workforce, patients and communities) at the centre of our interdisciplinary points of distinctiveness

Imagine:
- An efficient and effective governance framework
- The joint development of research capability
- The co-development of policy and practice change
- More clinical academic joint appointments
- Seamless teams overseeing workforce development, education, training and recruitment programs
- Greater exposure of front-line clinicians to ANU researchers from a variety of disciplines
- Transformational practice change in a microcosm of the broader Australian health system
- A world leading regional Implementation Lab
- A rapid learning regional healthcare system
- Improved network connections with ACT Health enabled by ANU

“We need relationships and touch points at various levels”
“We need to build some hard indicators of goals for the next 6, 12 and 18 months”
“We want to ramp up our research across medicine, nursing and allied health”
“How can our epidemiologists and population health people play a greater role with Southern NSW?”

“We need to build some hard indicators of goals for the next 6, 12 and 18 months”
“The Otago District Health Board may provide a good example of the ideal partnership”
“Excellence in Primary care isn’t on anyone’s radar”
“A medical workforce plan is critical for us – it needs to be more strategic”
We need to put the Commonwealth Government (and its various Departments and Agencies) at the centre of our interdisciplinary points of distinctiveness

Imagine:
- A pro-active, rather than reactive, relationship with key Departments and Agencies
- A network of relationships at multiple levels in these key organisations
- A deep understanding and appreciation of the priority health issues
- Pitching for policy development ideas and innovative research concepts
- The co-development of policy
- The translation of ACT Health policy and practice changes to the broader health system
- Greater awareness of ANU CHM research capability at key Ministerial levels
- Greater MRFF influence and success
- Greater ANU CHM representation on technical committees and advisory boards
- Leverage of the Masters of Applied Epidemiology alumni network
- How we could train and educate the 60% of Commonwealth public servants that reside outside Canberra
- Harnessing the full breadth of capability at ANU to influence Federal policy
- Embedding public servants at ANU and some of our academics in Departments

“We need to have a much better knowledge of the policy processes of government – maybe this is where RegNet can play a role?”

“We have had conversations with the armed forces about training doctors – perhaps we could reinvigorate these?”

“The NHMRC environment will be volatile for a while – we’ll need help to navigate the new schemes”

“We’ve worked in many portfolios, not just Health – DFAT, Defence, Social Services, Ageing, Families, Employment and Treasury”

“We need to have more productive dialogues with MRFF networks and agitate for access”

“We want the Feds to think of ANU as a the major think tank for shaping health and medical policy”

The Chief Medical Officer has 90 doctors in his Department – it’s a huge resource for ANU”
We must develop and sustain genuine partnerships with a targeted group of diverse but strategic partners

Imagine:

- A partnership with UC that enables seamless and end-to-end health system capabilities
- Partnering with the University of Wollongong to help drive healthcare practice change in Southern NSW
- A partnership with Peter Mac that sees ACT Oncologists rotating through their organisation
- A partnership with edX that positions ANU alongside Harvard and Stanford micro-credentialed education offerings
- A partnership with the National Computational Infrastructure and the CSIRO that brings Australia’s silos of genomic data and health records into a secure environment enabling a huge leap forward in precision medicine
- A partnership with Ko Awatea in New Zealand that helps accelerate the transformation of healthcare practices in the ACT (and ultimately other health jurisdictions)
- A philanthropic partnership that could underpin the next generation of our cancer and therapeutics research
- Continued partnerships with the World Health Organisation and throughout the Asia Pacific region and beyond
- The $200m Go8 IP (intellectual property) Group venture fund enabling multiple global technology transfer opportunities

“We need to link with some of the best universities in the world”

“We are trying to raise $15m in philanthropic funding for cancer research – this is just the beginning – we’ll expand into other fields from there”

“Our major program grant was with WEHI – without ANU it wouldn’t have got up”

“Health data and genomics may well be the next major wave of activity for the NCI”
5. Look beyond the College and harness the collective breadth and depth of ANU capability

Imagine the potential of the ANU ecosystem working in harmony to address the needs of our key external partners.

“Materials science should be another focus area spanning Chemistry, Physics, Engineering and Earth Sciences – particularly as it relates to biomedical devices”

“We have capability in the Institute of Communication in Healthcare”

“We have staff in Health Systems and Healthcare and part of the Asia Pacific Health Observatory”

“Human health and well-being is one of four RegNet themes”

“We have an amazing group of scholars involved in Indigenous affairs across campus – all of whom relate to health in some shape or form – we need to connect this network to RSPH’s capability”

“We are looking for more joint submissions around major infrastructure”

“The Menzies Centre for Health Policy sits within RegNet and is an under-utilised ANU-wide asset”

“Our NIG submission spoke to a Biological Data Science Institute leveraging biostatistics for ACT Health and our own biology disciplines”

“Why don’t we create a specialised Hadron Therapy Endocrinology Clinic – no-one comes close to our unique facility”:

“Our CT lab under the JCSMR is the best micro CT facility in the world”

“We must connect with the new Policy Hub”

“The JCSMR screening facility is focussed on discovery and we want to do more on drug development - we need to make sure we build synergies between the Cancer and Therapeutics team and the Research School of Chemistry”

“We are small enough to connect and co-ordinate this diverse ANU expertise”

“The new Go8 IP Group fund is a significant opportunity”

“We need to connect with the new Public Policy and Societal Impact Hub”

“We need to ensure that our infrastructure investments yield maximum value for ANU, and are vehicles that promote cross-School collaboration – and learn from others who have implemented robust and transparent approaches to governance, financing and utilisation, and central support of platform managers and capital renewal (Monash for instance)”

“We could be the Go8 leaders in Indigenous health”

“Beta Therapeutics has been a great success story for ANU Connect Ventures”

“We should better leverage Crawford and the College of Business and Economics”

“The new Go8 IP Group fund is a significant opportunity”

“We need to connect with the new Public Policy and Societal Impact Hub”
6. Transform our approach to health and medical education and lead the Go8 through innovation

Our size, proximity (and relative youthfulness) creates an opportunity to reposition as an (Ivy-league-style, small University town) elite medical and health training College offering:

- Executive programs targeted at the Commonwealth Government (Australia-wide market);
- Clinical leadership programs (Australia-wide market);
- Personalised medicine programs (e.g. genomics in everyday healthcare)
- Programs that build upon and expand off the success of the Masters in Applied Epidemiology
- Programs for an elite clinician-scientist cohort co-enrolled in an MD-PhD in ANU areas of strength in JCSMR, RSPH, RSP, Crawford, and Indigenous Health etc.
- Micro-credentialed masters through the Stanford and Harvard linked online edX platform

"The centre for Energy Futures is a great example of cross-School collaborative effort built around first looking at the education approach"

"We want to build an Academy of Clinical Leadership – an ACT Health priority need – and something that will inform policy and practice"

"We should have a Masters of Indigenous Health"

"We must deliver a world-class student experience in terms of study, lifestyle, enrolment, access to housing, accommodation and scholarships"

"What about a new Masters program – a Masters of Mental Health – drawing upon biomed, primary healthcare, psychology, public health and epidemiology?"

"We need a College teaching strategy and the resources to deliver it"

"Targeted at clinicians, bureaucrats, and the rural workforce – there’s a major gap in Australia teaching leadership to clinicians"

"Imagine if we could be renown for our elite medical degree – the Cleveland Clinic model"

"Attracting a high quality workforce to ANU, ACT Health and the Southern NSW Local Health District"
7. Foster a vibrant, inspiring and collegiate culture

We must foster a vibrant, inspiring and collegiate culture

- Establishing fora that help ignite the seeds of inter-disciplinary collaboration and enable a broader appreciation of the diversity of our health and medical research and training capabilities.
- Celebrating success and recognising achievement as a natural aspect of the way we do things.
- Maximising opportunities to connect ACT Health employees, honorary and volunteer clinician communities with the College and ANU.
- Opening our doors to Federal Government and other key partners.
- Making our work environment ‘a great place to work’.
- Developing our leaders, and all staff, on the path to excellence.

“We need to keep the best and brightest and provide better support to our ECRs”

“We could invite you to our talks and you could invite us to yours!”

“We need help to navigate the new NHMRC schemes”

“We need to create a high quality work environment where our people love coming to work”

“We’d be up for collaborative work with Psychology”

“RSPH and RSP could team up on an online mental health program building on their e-resources”

“RSPH and RSP could do more with RSP around their clinical program and they could do more with JCSMR around neuroscience and the brain”

“Is there a topic we can pull together as an inter-School collaboration – for instance multi-drug resistant bacteria – there’s huge funding opportunities and everyone tends to look at it from the organism – we could look at it from the host’s perspective”

“We should be the champions of medical professionalism, promoting resilience, endurance, and wisdom and the challenging aspects of modern healthcare practice”

“ANUMS, JCSMR and RSPH could combine around infection and immunology, and also cancer”

“It would be good to have one pot of professional development funding”

“We (RSPH) could do more with RSP around their clinical program and they could do more with JCSMR around neuroscience and the brain”

“We need to make sure we build synergies between Ross’ Cancer group and RSC”

“What about a translation centre for mental health – Preventative Mental Health – with lots of RSP input, intervention and research”

“We need to train our ECRs in the business side of running a lab (budgets, grants, people, personal brand etc.) – that education is not here at the moment”

“My one wish – everyone is playing together” “Our people love working here”

“ANUMS, JCSMR and RSPH could combine around infection and immunology, and also cancer”

“It would be good to have some seed funding to foster collaboration – along the lines of the Frontiers program in Engineering”

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“My one wish – everyone is playing together” “Our people love working here”
8. Implementation is everything!

We must:

- Focus on a few things and apply the philosophy of excellence to execution
- Start small, pilot and pre-test, learn and adjust, and expand our horizons over time
- Resource according to need in each strategic priority
- Build strong business cases around the major programs of change, establishing stretch, but achievable, targets and milestones
- Not rely on the new Dean to single-handedly pull this off; we must encourage a small army of CHM and ANU staff to help shape the detailed plans and undertake the necessary actions to make it happen (under the sponsorship of the new Dean and CHM Executive)

“We must enable access to MRFF, NHMRC and other health funding, and create new coursework, Exec.-Ed., consultancy, innovation and philanthropic revenue streams”

“We want a fearless and amazing leader – with all the Heads of School behind the vision and our strategy”

“We want stability AND exciting things – roots AND wings”

“We need to be better at sharing our research with the public”

“The ACT is a real microcosm (and laboratory) of the broader health system - we’ve talked a lot about it, but not much has happened”

“The Peter Mac collaboration shouldn’t be the last one we do – our clinicians will be far better for it”

“Start small, do it well, pre-test then expand”

“We need better communication from the top down and the bottom up”

“Start small, do it well, pre-test then expand”

“We need to embed a language of philanthropy in all our communities”

“We need to be more of a well oiled machine on a day to day basis”

“We’re working up a Centre for Innovation in Regional Health with Wollongong, UC, ACT Health and Southern NSW LHD”

“The Centre for Energy Futures is a great example of cross school collaborative efforts built around first looking at the education opportunities”

“We must increase the number of clinical academics”
Interviews and meetings conducted (in broad order of individual and group meetings)

- Paul Martin, Dir. RSP
- Mike Smithson, ADR RSP
- Michael Platow, ADE RSP
- Bruce Christensen, AD Clinical RSP
- Donnelle Claudianos, RSP Manager
- Sean Smith, Dir. NCI
- Ross Hannan, ED Res., ACT Health
- Bruce Shadbolt, DD Res., ACT Health
- Kirsty Douglas, Prof. of Gen. Practice
- Thinus Van Rensburg, GP, ANUMS
- Kerrie Bradbury, GP, ANUMS
- Rashmi Sharma, GP, ANUMS
- Katrina Anderson, GP, ANUMS
- Tim Senden, Dir. RSPE
- John Carver, Dir. RSC
- Jeff Fletcher, CMO, ACT Health
- Imogen Mitchell, Snr. Staff Specialist, TCH
- Chris Nolan, Dir. Diabetes Serv. ACTH
- Michael Peek, Snr. Staff Specialist, TCH
- Paul Pavli, Snr. Staff Specialist, TCH
- Paul Craft, Snr. Staff Specialist, TCH
- Hannah Clarke, Pre-Clinical Res. & Ed.
- Jane Dahlstrom, Snr. Staff Specialist, TCH
- Paul Kelly, CHO, ACT Health
- CHM Dean candidate
- Michael Cardew-Hall, PVC Innovation
- Robin Fieldhouse, Snr BDM
- Sharon Friel, Dir. RegNet
- Allen Rodrigo, Dir. RSB
- Stefan Broer, RSB
- Susan Howitt, RSB
- Matthew Cook, Group Leader ANUMS
- Anna Cowan, DD (Educ.) JCS
- Imogen Mitchell, Dean ANUMS
- Zsuzsoka Kecskes, DD ANUMS
- David Kramer, AD Med. Ed. ANUMS
- Nicholas Taylo, AD Phase 2 ANUMS
- Karin Messerie, AD Phase 1 ANUMS
- Carolyn Droste, SD Calvary Hosp. ANUMS
- Michael Peek, AD Translational Res. ANUMS
- Paul Pavli, SD TCH ANUMS
- Kirsty Douglas, Snr Fac. Clinical Rep ANUMS
- Katrina Chapple, ANUMS Mgr.
- Mike Calford, ANU Provost
- Margaret Harding, ANU DVC R&I
- Karen Strickland, HoS N&M, UC
- Mary Gray, Grants Specialist CHM
- Sharyn McFarlane, Grants Specialist CHM
Interviews and meetings conducted (cont.)

- Jane Dahlstrom, Interim Dean CHM
- Imogen Mitchell, Dean ANUMS
- Simon Foote, Director JCSMR
- Lyndall Strazdins, Director RSPH
- Paul Martin, Director RSP
- Jan Provis, CHM Res. Comm. Chair
- Lyndall Strazdins, Dir. RSPH
- Darren Gray, DD/Head, Global Health, RSPH
- Luis Salvador-Carulla, Head CHMR, RSPH
- Robyn Lucas, Head NCEPH, RSPH
- Nic Cherbuin, Head CRAHW, RSPH
- Emily Lancsar, Head DHSRP, RSPH
- Peter Ward, School Manager, RSPH
- Andrew Newton, CEO Sth’n NSW LHD
- Dennis Pisk, Director of Med. Serv.
- Amanda Barnard, AD RCS ANUMS
- Malcolm Moore, AP Rural Health ANUMS
- Simon Foote, Dir. JCSMR
- David Tremethick, Genome Sciences, JCSMR
- Ross Hannan, Cancer, Bio. & Thera. JCSMR
- Greg Stuart, Neuroscience, JCSMR
- David Tscharke, Immun. & Infect. Dis., JCSMR
- Matt Cousins, School Manager, JCSMR
- Robin Davies, Head Indo-Pacific Centre for Health Security, DFAT
- Stephanie Williams, Health Sect. Specialist, DFAT
- Elanor Huntington, Dean CECS
- Marnie Hughes-Warrington, ANU DVC Academic
- Duncan Craig, Imported Food Policy, Compliance Div., DAWR
- Anne Mitchell, Snr Staff Specialist, TCH
- Sharon Kolek, Office of the Australian Chief Veterinary Officer, DAWR
- Michael De’Ath, A/g DG ACT Health
- Ricardo Natoli, ANUMS
Staff forum participants

**Academic staff forum**
- Rosalie Aroni (ANUMS)
- Emily Banks (RSPH)
- Anneke Blackburn (JCSMR)
- Nic Cherbuin (RSPH)
- Vincent Daria (JCSMR)
- Amy Dawel (RSP)
- Julia Ellyard (JCSMR)
- Tamas Fischer (JCSMR)
- Katie Glass (RSPH)
- Darren Gray (RSPH)
- Martyn Kirk (RSPH)
- Robyn Lucas (RSPH)
- Leonie Quinn (JCSMR)
- Alice Richardson (RSPH)
- Katie Thurber (RSPH)

**Professional staff forum**
- Sasha Banjivac-Booker (JCSMR)
- Ellin Bye (JCSMR)
- Penny Calvert (JCSMR)
- Nathan Canizaries (ANUMS)
- Matt Cousins (JCSMR)
- Soon Wong Davis (ANUMS)
- Cathy Day (RSPH)
- Robin Dearlove (RSPH)
- Anne-Sophie Dielan (JCSMR)
- Anna Fitzgerald (JCSMR)
- Anna Flanagan (ANUMS)
- Jerry Gay (CHM)
- Catherine Gillespie (JCSMR)
- Mary Gray (CHM)
- Tim Gray (JCSMR)
- Rebecca Hawkins (ANUMS)
- Misha Hutchings (JCSMR)

- Malalai Khalidi (JCSMR)
- Michele Lamb (JCSMR)
- Eva Lerable (JCSMR)
- Amelia Maddock (ANUMS)
- Mateusz Malzacher (JCSMR)
- Melonie Martin (CHM)
- Mitch McKenzie (ANUMS)
- Susan Murray (CHM)
- Stephen Ohms (JCSMR)
- Ruth Petit (ANUMS)
- Jun Sasoh (JCSMR)
- Julia Sharwood (CHM)
- Ragini Singh (JCSMR)
- James Walsh (JCSMR)
- Shelley Watson (ANUMS)
- Victoria Worley (ANUMS)
- Timothy Yap (JCSMR)