26 September 2011

Mr Peter Wills AC
NSW Health & Medical Research Strategic Review
Population Health Division
NSW Department of Health

Email to: omr@doh.health.nsw.gov.au

Dear Mr Wills,

RESPONSE TO THE NSW HEALTH AND MEDICAL RESEARCH STRATEGIC REVIEW – ISSUES PAPER

The University of New South Wales (UNSW) and The University of Sydney welcome the opportunity to put forward this joint submission to the **NSW Health and Medical Research Strategic Review – Issues Paper**, and look forward to continuing to work with the State Government in the implementation of the 10-year health and medical research strategy for NSW.

Executive Summary

1. NSW must invest more substantially and competitively in health and medical research, in comparison to its fellow States, in order to realise its full potential in Health and Medical Research.

2. NSW should support the full costs of medical research in NSW. Medical and Health Research is not a short-term initiative, we must have a commitment to a long-term sustainable strategy that properly supports a high-quality health and medical research program in NSW.

3. The current model of investment in health and medical research in NSW is not delivering what it should. NSW leads in only a few output indicators, despite being the largest state.
4. We endorse a series of specific enabling mechanisms and reforms that will improve the effectiveness and capacity of health and medical research in NSW:

a. the designation of “Centres of Health and Medical Research Excellence” within a health system that purposefully integrates research and training with care delivery. Such a concept is based on the well-established idea of an Academic Health Sciences Centre\(^1\) founded in North America, taking off in Europe and the UK.

b. The State could develop a matrix of Centres of Health and Medical Research Excellence across NSW, and this would, in turn, facilitate more systematic development of networks and strategies around specific diseases or priorities.

c. The Centres of Health and Medical Research Excellence would have governance structures that integrate structures for the delivery of health care in NSW – the Local Health Districts (LHDs) and Medicare Locals, The hospitals, providers of allied health and primary care, the Universities undertaking health and medical research, and the Medical Research Institutes in NSW.

d. The Centres of Health and Medical Research Excellence would need to be resourced appropriately with support linked explicitly to research excellence and the State’s strategic priorities.

e. Research and training are core functions across the system. We propose establishment of a Research and Teaching Committee within each of the Local Health Districts to oversee health and medical research programs and to ensure that these are aligned with State priorities.

5. There are a number of enabling issues that should be addressed as part of the review.

a. **Indemnity for Health and Medical Research Workers** – the need for a consistent approach to indemnity for all researchers involved in Health and Medical Research in NSW.

b. Restoration of a **Workable Low/Negligible Risk Research Policy** for low-risk research health and medical conducted in NSW.

c. **Multi-site ethics approvals** for health and medical research conducted in NSW – there are two different systems designed to streamline ethics approvals operating across multiple sites in NSW. Neither of them works effectively.

d. **Biospecimen Banks and Cohorts** – we fully endorse any proposal to recognise the importance of essential biorepositories for tissues banks underpinning health and medical research conducted in NSW.

e. **Data Linkages and Health and Medical e-Infrastructure** – we fully endorse proposals to develop e-health infrastructure to better coordinate health-related data bases and information underpinning health and medical research conducted in NSW.

f. **Research Training and Career Development** - we strongly support the need to strengthen the research workforce through a range of fellowship programs.

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\(^1\) The Canadian Academic Health Sciences Centre is an example of this model.
General Comments

Our Universities congratulate you on the analysis, conceptual framework and comprehensiveness of the Issues Paper. We are keen to see NSW build on the current momentum for reform in health and medical research. While broadly supportive of the review’s recommendations so far we focus this joint response to advance three principal outcomes.

The Review has already demonstrated that **NSW must invest more substantially and competitively in health and medical research**, in comparison to its fellow States, in order to realise its potential. Increased real investment would deliver increased benefits to the people of NSW far greater than the additional expenditure. The single most important step towards achieving this goal will be to recognise that ensuring support for the full costs of medical research in NSW is not a short-term project, and thereby commit to a sustainable strategy that properly supports a high-quality health and medical research program in NSW.

We advocate a **reformed model of health and medical research funding**. A new model would remove existing perverse incentives that fragment the research enterprise, and instead create formidable new partnerships between universities, medical research institutes and health care facility-based researchers. When integrated across the State, the new system would guarantee alignment of NSW investment with health benefit, and effectively position NSW to capitalise on opportunities presented by health reform nationally.

We endorse **specific enabling mechanisms and reforms** that will improve the effectiveness and capacity of health and medical research in NSW.

1. Investing to restore the competitive position of NSW

We draw the following conclusions about the performance of NSW health and medical research from the data compiled by the Review (Section 3). Considering outputs first, on many indicators our performance is close to national averages, however NSW leads in only a few output indicators despite being the largest state. Funding inputs reflect this: both Commonwealth and State expenditure on health and medical research per capita are at the national average and the disparity is so great with Victoria that their total investment exceeds that in NSW by $100m p.a. (Exhibit 2). The consequences for NSW are seen most acutely through the data on NHMRC funding and relative market capitalisation of biomedical industries. These are not only inputs to the health and medical research system but are indicators of overall scale, quality and a verdict on our attractiveness to public and private investment.

NSW was awarded one third less funding than Victoria by NHMRC for 2011 (Exhibit 3). Awards to NSW medical research institutes (MRIs) directly and through the IRIIS scheme are most likely underestimated because very few NSW MRIs appear to have been counted, due to the way grants t MRIs are administered in this state compared to Victoria, for example (Exhibit 6). The quality of individual research publication outputs from MRIs, Universities and Hospital researchers, is similar to that in other states (citations/publication, Exhibit 8). The overall deficit in NHMRC support received by NSW researchers is as much a problem of scale and organisation across the health and medical research sector, as it is of the quantum of funding input.
The data on life science indexed companies confirms this analysis, in our view (Exhibit 12). Apart from the outstanding success of the medical devices sector, NSW has fewer, smaller firms and only half the market capitalisation in biotech and pharma (excluding CSL) that Victoria enjoys. Critical factors in successful spinning-out of new firms and attracting investment from established firms in the health and medical sector are the extent to which quality research partners and infrastructure in the public sector are co-located and capable of being mobilised together.

The qualitative data and comments in the Issues Paper confirm that fragmentation and barriers to engagement by researchers across Universities, MRIs and health facilities, quality of and access to research infrastructure, and the widening gap between the true costs of research and infrastructure funding are key issues.

We conclude that the current model of investment in health and medical research is not delivering what it should in NSW. The fundamental structural problem to be addressed is how to make the health research system of our largest state more fit for purpose, with its various sectors acting in concert while playing to their distinct strengths. There are many areas of strong capacity and high performance in health and medical research in this state and these indicate we have the potential to do much better. In the next stage of the Review we recommend that there be a deeper analysis of specific research strengths and gaps in NSW, and how they might best be supported or addressed. There is an irrefutable case for reform of both the structure and quantum of investment by NSW in health and medical research.

2. A New Model of Health and Medical Research for NSW

UNSW and The University of Sydney propose a new model of health and medical research for NSW. The Model directly addresses the desired outcomes for health and medical research in NSW which are clearly articulated in Section 6 of the Issues Paper i.e. i) high quality, globally relevant research; ii) Research that supports a high quality health system; and iii) research that generates health, social and economic outcomes. The implementation of COAG's national reforms to the governance and funding of the health system, including those for health research and clinical training, provides a pivotal opportunity for NSW to embed a research and innovation culture as a fundamental part of its overall strategy to improve public health and the quality of patient care.

The proposed new health and medical research Model for NSW suggests the designation of "Centres of Health and Medical Research Excellence" within a health system that purposefully integrates research and training with care delivery. Such a concept is based on the well-established idea of an Academic Health Sciences Centre10 founded in North America, taking off in Europe and the UK, and recently strongly endorsed by Australian Health Deans11.

There is currently a perversely competitive culture within NSW and this has evolved over time, primarily as a result of scarce funding for research and research infrastructure within the State. This culture has often seen the health and medical research players jostle against each other for access to resources, rather than working together for better health research outcomes for NSW. The competitive culture has not been helped by funding schemes at the state and national levels that have often driven behaviour in opposing directions, and which have arguably contributed to fragmentation and dilution of our research effort, rather than to collaboration, coherence and scale that is essential to maximise impact.

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8 Page 10 NSW Health and Medical Research Strategic Review – Issues Paper
9 Section 6.1, NSW Health and Medical Research Strategic Review - Issues Paper, Page 24
10 Section 6.2, NSW Health and Medical Research Strategic Review - Issues Paper, Page 24
11 Section 6.3, NSW Health and Medical Research Strategic Review - Issues Paper, Page 25

10 The Canadian Academic Health Sciences Centre is an example of this model.
11 See Academic health science centres in Australia: let’s get competitive. Nicholas M Fisk, Steven L Wesselingh, Justin J Beilby, Nicholas J Glasgow, Ian B Puddey, Bruce G Robinson, James A Angus and Peter J Smith. MJ A 2011; 194 (2): 59-60
The proposed new health and medical research Model for NSW is based on our conviction that the best health care for NSW is delivered in an environment where there is a critical mass of active research. The formation of Centres of Health and Medical Research Excellence would remove the existing tensions that too often exist between key stakeholders: health services, research institutes, universities and primary care practitioners and organisations. The formation of Centres of Health and Medical Research Excellence would reduce the siloing that currently exists by supporting these players to come together to work towards common goals. The creation of such Centres would however, still allow each of the partners to retain their independence, identity and their own respective “brands”.

The creation of Centres of Health and Medical Research Excellence would make NSW more attractive to researchers. The model is based on the principle of “porosity”: increasing the freedom of researchers to move between universities, hospitals and institutes which would, in turn, lead to an increased ability to collaborate and access information and common research infrastructure and achieve more effective translation of research from bench to bedside and back again. Furthermore, the NHMRC has flagged plans to recognise a small number of such Advanced Health Research Centres. If NSW were to take the proactive approach we propose, it would be much better positioned to receive such recognition and any national funding that might flow to them in the future. However NSW would benefit, whether or not an Advanced Health Research Centre (AHRC) scheme is implemented by NHMRC.

While building critical mass around Centres of Health and Medical Research Excellence is most easily applied to physically co-located or nearby metropolitan health campuses, of which NSW has several excellent examples, it can be applied to centres that are regionally-based or more virtual in scope and location, addressing vital concerns in population, indigenous and rural health.

Finally, the coherence of new arrangements would help drive much-needed reforms in research governance and development of a common approach to managing intellectual property and commercialisation. A more uniform approach to IP and to commercialisation would make NSW health research players more effective and attractive partners in development of health-related industries, services and products.

Details of the new health and medical research Model for NSW are that:

- The State should identify **Centres of Health and Medical Research Excellence** across NSW. Centres would be created over time where there are natural synergies of existing critical mass of research excellence, or where the State wished to build a critical mass of research excellence in health and medical research.

- The membership of each Centre would bring together under the one umbrella: Hospitals, Medical Research Institutes, Universities, and providers of allied health and primary care including general practice.

- Each Centre would require strong governance and leadership. There are challenges in specifying how they would work with the emerging new governance structures for the delivery of health care in NSW – the Local Health Districts (LHDs) and Medicare Locals. The Health and Medical Research Model for NSW will need to integrate with those structures; for example each designated Centre could establish a MoU with its local Medicare Local(s), to provide an umbrella agreement for health service research, pharmaceutical trials and other research partnerships between general practice and primary health care on the one hand, and hospitals and MRIs on the other. Alternatively, it could be built into them, with designated LHDs also becoming designated Centres of Health and Medical Research Excellence, with governance structures that sit under the LHD’s board. We strongly advocate that your Review addresses how its recommendations for NSW relate to the National

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Health and Hospitals Network Agreement, as agreed by COAG, and we look forward to assisting the Review in that task.

- The new Centres of Health and Medical Research Excellence would need to be resourced appropriately. We propose that, over time, a new funding model be developed and that it ensures that the full costs of high-quality, strategically important research are met, wherever it occurs. While the Commonwealth Sustainable Research Excellence (SRE) funding scheme is a welcome move towards recognising the full cost of research programs, the SRE will fund 50c/$ at best, and it is widely recognised that the SRE will still be well below the full costs of doing research. Additional support must be committed by the State.

- Support for health and medical research in NSW should be allocated transparently and linked explicitly to research excellence and the State’s strategic priorities. Any funding would be leveraged against Commonwealth support, but there is still work to do to ensure that the intent of the National Health Reform Funding Framework to provide up to 60% of the additional cost of research and clinical training above the current base is realised. That funding will be delivered direct to health service providers, not via the States, but there is uncertainty about the exact way in which this will be calculated, which will have a significant effect on the quantum of this funding stream. Again we look forward to assisting the Review in its work to address this complexity and its risk to the support of research and training.

- A major proportion, say 70-80%, of available funding be provided to Centres of Health and Medical Research Excellence by competitive allocation, and delivered through a mission, and Key Performance Target (KPT)-based Compact with the State. While there are still complexities to resolve in the coming era of the National Health Reform Funding Framework, we believe this is a critical strategic step that must be made to work. A compact-based approach would ensure that the Centres remain accountable to the State for the expenditure of State funds, and that State-set KPTs are met. The remaining proportion of State support would be used for strategic priorities and for competitive allocation to strategically significant health research that for one reason or another cannot be efficiently located within Centre structures.

- A step-change is needed that embeds innovation through research and training as core functions across the system. Therefore we propose that all LHDs, by default, establish a research and teaching committee that is multidisciplinary, involves the key academic stakeholders including Universities, MRLs and Medicare Locals with the LHD’s area. Having embedded committees dedicated to research and training would provide the vehicles for accountability of LHDs back to Ministry of Health for the additional COAG expenditure on research and teaching. These would provide the basis for creation of the proposed Centres of Health and Medical Research Excellence.

The new Health and Medical Research Model addresses all of the key themes identified in the issues paper including:

1. Infrastructure funding
2. Multi-disciplinary and cross-sector collaboration
3. Clinical, health service and population health innovation
4. Commercialisation
5. Governance
The new Health and Medical Research Model would allow the State to develop a matrix of Centres of Health and Medical Research Excellence across NSW and State priorities. This would also in turn facilitate more systematic development of networks and strategies around specific diseases or priorities.

The Cancer Institute NSW provides a strong example of the effectiveness of strategic action by the NSW Government through initiatives in research, prevention and care to deal with a major health problem. The Cancer Institute NSW has recently designated and funded specific Translational Cancer Research Centres that in many ways rehearse the linkages and governance arrangements specified in our Health and Medical Research Model. Our Universities have many other examples of theme-based reorganisation that position us well to respond quickly to such a reform. Possible examples of Centres for Health and Medical Research Excellence can be seen in Attachment 1.

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<th>Health Examples</th>
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Each priority area can cross multiple Health & Medical Research Centres to create "Networks" around a specific priority.

Each Health & Medical Research Centre can cross multiple health priorities.

A possible example of a “network” centred around Child Health can be found at Attachment 2.
Proposed new Governance Model for Centres of Health and Medical Research Excellence in NSW.

Governance Model
Advisory Group for Strategic Investment

* Based on good world practice models
3. Enabling Issues

There are a number of enabling issues that should be addressed further by this Review for NSW to realise its vision of a global reputation as a centre of excellence for health and medical research that supports a high quality health system and generates social and economic benefits. These include research governance, biospecimen banks and cohorts, data and e-infrastructure, the role of clinical trials and evidence in quality care, workforce training and career development etc.

Research Governance

A range of issues generally referred to under the banner of “Research Ethics” are nearly always more accurately labelled as “Research Governance” matters. These matters cause a disproportionate amount of angst to researchers, and distract them from their core responsibilities – creating better health outcomes for NSW. Research Governance needs to be addressed in as comprehensive a manner as possible as part of this review.

A well-defined central resource is required for timely consultation and guidance to Research Offices within Hospitals/Local Health Districts. The purpose of this central resource would be to facilitate research, not be seen as a roadblock as is currently the case.

Particular broad issues that need to be addressed and resolved in a State-wide manner include:

a. Indemnity for Researchers

Indemnity for researchers is a significant issue for NSW researchers. Indemnity is currently handled in a piecemeal and inconsistent way. A sensible coordinated approach to indemnity for researchers must be driven from the Ministry of Health avoiding the current situation with inconsistent interpretation of and application of guidelines.

It should be made clear upfront what is, and is not, covered, and who is, and is not, covered. Denial of cover should be by exception. If local Governance is appropriately set up and approved, then the researchers should be covered. Clinical Academics, both medical and non-medical (including Nursing, Pharmacy and Allied Health professionals, even architects wanting to talk to patients about better hospital design), doing clinical research should generally be indemnified whether they are employees of the relevant Hospital or not. Currently the only one of these categories of researchers who enjoy more or less automatic cover are the medically-qualified University staff also employed by the Local Health Districts as ‘Clinical Academics’ under a specific NSW Health scheme. Nursing or Pharmacy Academics for example, are not covered unless separately employed by the hospital as well as their university (and this is not the norm). Medically qualified staff of Universities or MRIs who are not also employed by the LHD as a ‘Clinical Academic’ are likewise not normally indemnified.

Further, investigator-initiated research projects, duly approved by Ethics Committees cannot proceed without the relevant Research Governance Officer seeking case-by-case rulings from the Treasury Managed Fund (TMF) as part of the due diligence process associated with Site Specific Approval. This is tedious, time-consuming and often denied without consistent or reasonable justification. Conversely some hospitals have adopted the unsatisfactory policy of simply not seeking approval, potentially leaving themselves in a legal limbo should issues arise later.

As another example of NSW exceptionalism, NSW Health recently announced that the standard Insurance cover for Sponsored trials should be $20M per claim, rather than the previous figure of $10M which still holds in all other States. Such disparity between the States makes potential sponsors look outside NSW as more fertile ground for their trials.

13 See Jan 2011 Policy Directive 2011_0006
Streamlined State-wide Standard Operating Procedures should be set up to allow the processes of trial approval to flow seamlessly in the background rather than becoming a regular source of frustrating delays. We realise the issues are complex but the complexities should be addressed and sorted through systematically. Victoria (through Victorian Managed Insurance Authority (VMIA)), has managed to do this well, and the Victorian approach should be explored.

b. Restoration of a Workable Low/Negligible Risk Research Policy

Literally thousands of small (but potentially important) research projects that represent essentially zero risk to patients or to hospitals, are proposed annually in NSW hospitals. There have been widely varying approaches to how these are handled. NSW must have a coordinated and consistent approach to streamlining low and negligible risk research protocols that are consistent with the National Statement, but does not delay the commencement of research by requiring a full ethical review.

The same comments can also be extended to many epidemiological research proposals, audits, quality improvement projects and other Health Services Research proposals. These projects are often encouraged by the Health sector but then falter when trying to navigate an overly legalistic system which at times seems to be entirely about risk avoidance rather than advancing health care provision.

c. Multisite Ethics Approvals

NSW currently has two systems that purport to solve the problem of multi-site clinical trials. The NSW Lead Committee model and the NHMRC’s HOMER model. The latter was intended to replace the former and to allow approvals beyond NSW borders - a laudable goal. For reasons that are not at all clear, this has not happened. The lack of a single “working” system for multi-site ethics approvals is a severe handicap for collaborative medical research programs in NSW and again limits our competitiveness against other States in this area. UNSW is a HOMER Accredited institution, and yet in practice, researchers still require the approvals of all institutions before research can commence. This can take months, delaying valuable research and health outcomes for NSW.

Biospecimen Banks and Cohorts

We strongly endorse the recommendations in Options for Action14 supporting the development and support of tissue and blood biobanks, especially those based on population cohorts. The Cancer Institute NSW has previously reported results of extensive consultation and analysis about cancer banks and their value to NSW and we refer the Review to CINSW for more detailed proposals in that space. We note that other categories of biobank, notably those based on donors or volunteers, may have different needs and cannot as easily make use of embedded capacity within the health system. For example, tissue banks in neuropathology, critical for supporting research and translation in mental health and dementia are dependent on mortuary facilities and services, with most costs falling on scarce research funds.

Other states, notably Victoria, are investing heavily in high value-added biobanks and we encourage the Review to recommend a strategic analysis of opportunities in NSW to consolidate support for biobanking and embed it even more firmly and efficiently within the health and medical research system. In the coming era of personalised medicine it will become ever more important to understand our community through the biomarkers they carry, and without ready the availability of systematically collected and annotated tissue these data will only be gathered slowly and at greater expense.

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14 Section 5.2.4, NSW Health and Medical Research Strategic Review - Issues Paper, Page 20
Health Data Linkage and e-Infrastructure

Data linkages and health and medical e-infrastructure represent a key investment in efficiency of the health system and patient safety. However, data linkage and e-health developments represent a major opportunity to foster and develop the research enterprise as a core part of these reforms. The potential for health and medical research e-infrastructure highlights the need to build the opportunity to capture and interrogate clinical data addressing aspects of the health system and selected interventions to assess their impact on patient outcomes and even health investment. For example, researchers from the University of Sydney and UNSW have led research into the implementation of electronic medication management (eMM) systems in NSW public hospitals. This eMM system has been an exemplar of interprofessional collaboration between medicine, nursing, pharmacy and allied health professionals from hospitals and universities. Research into the eMM system has highlighted the efficiencies that e-infrastructure can provide, as well as informing refinement and successful implementation of eMM systems in other hospitals.

The Centre for Health Record Linkage (CHoReL) is an example of enabling data infrastructure that enhances the productivity and feasibility of research in NSW. CHoReL manages access via a 'one-stop shop' to disparate health data collections such as the Registry of Births Deaths and Marriage, State Cancer Registries, perinatal data collections and so on. Such a service can neither be maintained, as it is now, nor developed strategically when resourced solely by user charges and institutional subscriptions.

We recommend that an investment plan be developed that would support competitive allocation of funds to key enabling health and medical research e-infrastructure.

Clinical Trials and Evidence in Quality Care

The following principles need more emphasis in the next stages of the Review.

(i) First it is essential to ensure that clinical trials research is an integral part of NSW health care in order to improve health outcomes and clinical practice. In that way we can build on the existing and unique strengths of health and research in NSW. For example, NSW has been a national and international leader in clinical trials research through groups including the NHMRC Clinical Trials Centre, the George Institute and the National HIV centre. Improving research infrastructure in NSW can ensure it remains globally competitive in such key areas.

(ii) We need to further develop strategic alliances and relationships between academic research groups, government and industry especially in translational research. Partnerships are of value in both taking new scientific discoveries into the clinic (and new clinical problems to the lab) and in improving the quality of care by better translating new clinical evidence into practice and policy.

(iii) We advocate further integration of quality R&D programmes into quality health care in NSW hospitals by:

a. the greater development and implementation of evidence-based health practice and policy;

b. the evaluation of quality of care through controlled trials funded from within the healthcare budget; and

c. the accreditation and funding of hospitals linked to the level of clinical trials research as an integral part of quality health care delivery.
Research Training and Career Development

Our Universities strongly support the need to strengthen the research workforce through a range of fellowship programs, many of which are rehearsed in the Options for Action. Such fellowships would make NSW more attractive to the best research talent at all stages of career and in particular are necessary to promote the development and recruitment of clinical practitioners as active researchers. These new fellowships could target priority areas or skill gap areas for the State and would contribute immeasurably to enhancing and sustaining a research culture in all areas of health care in NSW, with direct and tangible benefits to patient care.

Under the more integrated health research system proposed in this document, the conditions will be right to develop a state-wide workforce development strategy. People are the engine and the most important asset of the health research enterprise, and for too long the disconnects in the system in NSW have allowed other States to drain talent from NSW to benefit their own institutions and communities. We look forward to working with the Review, and the Minister, to planning in detail how to restore NSW as the place to work in health and medical research in Australia, for the benefit of all.

The University of New South Wales and The University of Sydney look forward to working with the Review, and with the Minister, to planning in detail how to restore NSW as the place to work in health and medical research in Australia, for the benefit of all. Further, we would welcome the opportunity to discuss this submission further, and look forward to receiving the Draft Interim Report at the end of October.

Yours Sincerely,

Original Signed

Professor Richard Henry
Acting Vice-Chancellor
The University of New South Wales

Original Signed

Professor Michael Spence
Vice-Chancellor
The University of Sydney

15 Section 5.3, NSW Health and Medical Research Strategic Review - Issues Paper, Page 21
ATTACHMENT 1 - Example of a Possible Centre of Health and Medical Research Excellence - Randwick
Example of a Possible Centre of Health and Medical Research Excellence - Westmead

Universities
- The University of Sydney
- The University of Technology Sydney

Hospitals
- Westmead Hospital
- Blacktown Hospital
- Children's Hospital Westmead

Medical Research Institutes
- Westmead Millennium Institute
- Children's Medical Research Institute
- Kids Research Institute

Primary Care Providers
- WentWest, the Western Sydney Medicare Local
- Community Services, District Mental Health Services
ATTACHMENT 2 – Example of a possible “Network” around a NSW Health Priority – Child Health

Centre of Health & Medical Research Excellence A

Centre of Health & Medical Research Excellence B

Centre of Health & Medical Research Excellence C

Child Health Network

Universities
- The University of Sydney
- The University of New South Wales
- The University of Technology Sydney
- Macquarie University
- University of Western Australia
- University of Notre Dame

Hospitals
- Children’s Hospital Westmead
- Sydney Children’s Hospital

Medical Research Institutes
- Children’s Cancer Institute Australia
- Children’s Medical Research Institute
- Kids Research Institute

Primary Care Providers
- SCHN Community & Mental Health Network