T R A N S C R I P T

STANDING COMMITTEE ON THE ECONOMY AND INFRASTRUCTURE

Inquiry into infrastructure projects

Melbourne — 20 September 2016

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Professor Jim Bishop, executive director, Victorian Comprehensive Cancer Centre.

The CHAIR — I reopen our Standing Committee on the Economy and Infrastructure public hearing and thank Professor Bishop for agreeing to come along and provide testimony to our committee today. The committee is hearing evidence in relation to our infrastructure inquiry and the evidence today is being recorded. This hearing is to inform the third of at least six reports into our infrastructure projects inquiry, and witnesses present may well be invited to attend future hearings as the inquiry continues. All evidence taken today is protected by parliamentary privilege. Therefore you are protected for what you say in here today, but if you go outside and repeat those same things, those comments may not be protected by this same privilege. Once again, Professor Bishop, thank you very much for coming along today. At this juncture I might hand over to yourself if you might have some introductory comments you might like to make of some description, and then we will move into some questions from the committee.

Prof. BISHOP — Thanks very much, Chair. Thanks for the opportunity to talk to you about this infrastructure project. The Victorian Comprehensive Cancer Centre program was really from my perspective put into shape with the 2009 business case for its development, and the vision of the Victorian Comprehensive Cancer Centre was to really provide a world-standard cancer centre based on integration of research, teaching and clinical care, and then pursue excellence as a flagship program for Victoria. It is based on the model of the US national comprehensive cancer centre program, which does that integration of research, the types of research as well as research with clinical care and education. So it has not been invented solely from the beginning; it is based on successful models over the last 45 years in the United States. They have grown their comprehensive cancer centre program, there is approximately 62 of those across the United States. They are world-leading centres for care, but that program has also been copied in France, the UK, in other Western countries and in Asia.

The introduction of this is that the project really from an infrastructure perspective is developed into two parts. So there is the building-construction element, which is the building project, and this was managed by the Department of Health and Human Services under the project management office. Then the builder obviously was part of a private-public partnership consortium, which is the Plenary Health company.

In the building as it is set up now the major occupant or the major tenant, if you like, of the private-public partnership is the Victorian government, and the chief tenant is the Peter MacCallum Cancer Centre, and, because they occupy most of the space, they are the operators of the building. So just in terms of the questions that you might have, there are some questions in there for which I will not have your answers, and I can refer you to who does have the answers.

But I represent the second part of the project, which is to set up a collaborative joint venture company, which is called the Victorian Comprehensive Cancer Centre Limited, and that is to promote collaboration between the partners, the collaboration to establish the function of the program, which is this comprehensive cancer centre program I have described for you. What I represent is essentially 10 members. There are 10 members of the joint venture, so obviously the Peter MacCallum is one of the members, but there is also Melbourne Health — the Royal Melbourne Hospital — the University of Melbourne, the Royal Women's Hospital, Walter and Eliza Hall Institute for Medical Research, the Royal Children's Hospital, Western Health, St Vincent's Hospital, Austin Health and the Murdoch Children's Research Institute.

It has been quite deliberate to develop this network of expert cancer groups configured broadly around the University of Melbourne-affiliated hospitals, and the reason is so it also links very strongly to the opportunity that is there with the medical health research centre which is around that program. So we have good collaborative relationships with our Monash colleagues, but it is essentially as it stands at the moment around those University of Melbourne hospitals as a joint venture.

So there are three joint venture members in the building — Peter MacCallum, Melbourne Health and the University of Melbourne — and obviously the joint venture office, which is what I look after, also sits within the building but does not run the building. This joint venture under the 2009 business case was essentially developed to do three major things — that is, to reduce the burden of cancer, to develop a centre of excellence in cancer and to increase cancer research income for Victoria — and they are obviously important given the position of this state in terms of its medical research expertise.

This obviously has been set up since 2009, the joint venture company, and what we have been able to do is over the last few years develop new methodology around translational research methodology. We have set up tumour streams which go right across the partnership, which essentially focus on the research and the education — so,

remember, we are not running clinical services through the joint venture company. We have attracted new research leaders. We have 12 new professorial posts as a result of our work and we have 7 fellowships, so that is 19 high-quality researchers that we have brought to the program since it started.

We have been able to harmonise clinical trials right across the program, including out to the Austin Hospital, and that now brings in or is responsible for about 80 per cent of all cancer patients going onto clinical trials in Victoria coming through this group, so it is a very strong clinical trials program. We have been able to audit the research, look at its quality and benchmark it against international measures, and we sit very well. We produce something like 40 per cent of all the research publications that sit within the top 1 per cent of cancer publications coming out of this country. So they are a very successful group on that measure.

They bring in a lot of money as well. The total income for the group as a whole is around $110 million per annum, of which about 12 per cent is in clinical trials, and that includes a mixture of both government funding, which is the majority — that is, from NHMRC and other government funding sources for research — but also philanthropy and industry funding. So that is something to grow; that is what we have to grow. We have grown it up from about $75 million up to about $110 million, so we are doing our work in trying to bring more research dollars to Victoria, but there is more to be done there and I think we all want to do more.

We have developed a number of new research platforms, including expanding genomics. We have established clinical proteomics. We have started work on health services research, which is an area I think of great interest to make our health system more efficient, and we have developed a new primary care and screening research program which we think is important for outreach into the community. There are about 1400 researchers involved in the program as a whole, and we think it is a very large footprint in broad terms compared to, say, New South Wales. This program sits between four and six times bigger in terms of its research capability then any one program in New South Wales and therefore it is a very important asset, I think, for Victoria.

What we want to do, now that the building project is complete and the partnership is, I think, further consolidated by all this work, is to take advantage of all the infrastructure that is built to make it a catalyst — a platform, if you like, a translational or research platform — where we can do even more than what we did when we were all in bits and pieces all over the place before we came together in the new building, which has been occupied since the middle of the year.

So that is the sort of brief introduction of what I am about. So what I am not: I am not the builder, I am not a public servant, I have not been directing the project through the government and I am obviously not the operator of the building. So that might help you in terms of questions that I can help you with compared to what you may need to get answers from others about some of the other things you may be interested in.

The CHAIR — Great; fabulous. Thank you very much, Professor. You obviously spoke about your responsibilities there. A lot of it was about bringing the partners in the group together. Are there other roles that you play other than bringing those partners together?

Prof. BISHOP — Yes, well, I think our job is to essentially look for new income. So, again, we have been supported as part of the project development by the successive governments through the last period of time with our core grant, and that core grant over the last seven years or so amounts to about $8 million, which is quite substantial. We have generated an additional $40 million by going out after new research grants, doing it jointly and getting philanthropic chairs. We have now two philanthropic chairs, both worth $5 million or so each, and we have also developed some philanthropic fellowships, which is getting fundraising money or generous donors providing the money.

The CHAIR — Did you say it was $8 million over seven years that has been provided to you by government?

Prof. BISHOP — Yes, that is about right.

The CHAIR — Do you have forward projections of what government is going to give you?

Prof. BISHOP — Government is going to continue the core grant for us and I believe that we are also in the process of negotiating a research development grant, which I think will allow us to essentially build much more quickly the infrastructure that will be shared infrastructure where all the partners will benefit and therefore all

their researchers will be more successful. So we anticipate being able to receive an additional research development fund, which will help us further grow the enterprise.

The CHAIR — So, just to clarify, that $8 million over seven years has been from the state government?

Prof. BISHOP — Yes.

The CHAIR — And that has been your core grant?

Prof. BISHOP — That is it.

The CHAIR — But you are looking forward to a research and development grant?

Prof. BISHOP — Yes, we are in discussion. We anticipate being able to get both the core grant that we have been used to and then also get an additional research development grant. Because we have been able to do a fair bit with what we have got they think, and I think hopefully we will do that shortly, that we should be able to do more, and we agree. I should note that the core grant is funded half by the Victorian government and the 10 partners then match that. So the 10 partners have got their own commitment to the project as well, and that has been the case from the beginning. So each of these hospitals and institutions which are not flush with cash often have nevertheless put some of their funds into the joint venture, which I think we are very grateful for, and it shows that they see value in what we are doing.

The CHAIR — Great. Could you provide to the committee — obviously you may need to take this on notice — an exact amount of funding that the government has provided you with for maybe the 2015–16 financial year?

Prof. BISHOP — Yes, I will take that on notice.

The CHAIR — That would be fabulous, if you could; that would be great. With that funding you develop facilities for research and the like? That is where that funding goes?

Prof. BISHOP — Yes. So what we have done essentially — and I will take it on notice in giving you detail, but just in broad terms — our plan is to build research infrastructure that they can then all share. So we build it once but we make it highly collaborative so that they do not have to build their own essentially, and it also can be cutting edge because building allows us to put research platforms in place, so there are scientific platforms there around genomics, the animal facilities, the microscopy facilities and others. Clinical proteomics is a joint approach, for which we also have some of the equipment housed at the Bio21 Institute as well as within the building. So that money is being spent essentially to grow the shared infrastructure, the functional infrastructure.

The CHAIR — And the funding the government provides to you, are there KPIs that the government has set that you need to deliver upon? How does that accountability work?

Prof. BISHOP — Yes. The 2009 business case had a number of KPIs associated with it, and we are still reporting on those and have been throughout. In addition, as we have renegotiated this, there will be additional KPIs on what we are going forward with, which is not completed yet, so we are in the middle of that.

The CHAIR — So that is in the negotiation phase at the moment?

Prof. BISHOP — It is, but we feel confident that we are at the end rather than the beginning of that process. That will have a whole series of KPIs around it that we are very keen to make sure that we meet.

The CHAIR — In terms of the building itself — you are obviously not responsible for the build — in terms of ongoing maintenance and the like, what is the VCCC responsible for in the building?

Prof. BISHOP — We are a tenant within the building. Honeywell is the maintenance company, which has been in association with the Plenary Health set-up for the project. We sit there as a tenant doing the functional work; we do not deal with the running of the building. The building from our perspective is both well built and well managed.

The CHAIR — I was hoping just to ask you about the 13th floor of the VCCC. I am just wondering what is currently on the 13th floor?

PROF. BISHOP — The 13th floor had a little bit of building done initially because it was originally meant to be a research lab up there, and then work stopped while, I think, various governments made decisions in relation to what should be there. In July the Minister for Health made an announcement that there was going to be a development there which will include an immunotherapies laboratory and the opportunity to bring together some of the Cancer Therapeutics CRC from Bundoora, some of that program, into the building. They are the group that develops new therapeutics — new cancer drugs — and they are very well connected into industry and into UK technology and other places. They have got a number of successful agents that they are getting licensing or royalties from. The VCCC is a member of the CRC, as are most of our partners, so again it is rather like a joint venture.

The other thing that the minister announced was, firstly, that there would be a coordination centre for clinical trials, and that is certainly something we welcome. Then, finally, the commercial space there on the northern part of the 13th floor will be occupied, the minister announced, by the Australian Genome Research Facility, and I believe there is another tenant.

Again from the VCCC perspective, we proposed what should go into what I call the southern area of that floor, which is the research lab, the cancer therapeutics expertise to come into the building and the clinical trial coordination. That is essentially the area that we have been associated with, so I do not have all the details of the other parts of the set-up of that floor.

The CHAIR — We have sort of been piecing it together with other witnesses today too, so that is — —

PROF. BISHOP — What is that?

The CHAIR — We have sort of been piecing together a view of the 13th floor from other witnesses today.

PROF. BISHOP — Yes, so you are getting a view.

The CHAIR — Yes.

PROF. BISHOP — I would have to say that we put the proposal to government that that is what should go on that southern area. We, being the VCCC board, had put a proposal to government that they should consider an immunotherapy lab, which is the hottest topic in cancer research right now; and that there should be opportunity to expand the clinical trials opportunity, because that is more dollars but it is also better, high-quality treatments that are going to be changing practice — and we think that is what the VCCC is all about. Then we also feel that having the business expertise and the experience of the CRC on cancer therapeutics in the middle of the large research program is terribly important, because they are a group that successfully has developed new therapeutics.

The final point the minister announced — I am just sticking with the minister's announcement, because that is the world that we know — is that the overall new therapy areas will be branded as the Ian Potter Centre for New Cancer Treatments. That is important because they are a major donor for the project as a whole. I think that is apt recognition of all the support they have given, so that is a branding that we would also support. I think from the point of view of the science side, if I can put it like that — we are apolitical, obviously — that is a good result for cancer. We think all of those things are exciting possibilities.

The CHAIR — Do you know when those elements of the 13th floor are going to be operational, when they are going to be up and running?

Prof. BISHOP — No, I do not. I do not have enough information. The people who are doing this — the project team within the department of health — are responsible for the design, construction and completion of that, so they would have the timetable to give it to you more accurately. I have got a broad idea, but I am not responsible for the delivery of that area.

The CHAIR — No, indeed; that is right. We have had a chat to the department and they have taken those questions on notice as well. I have got a couple more here, but I might, in the interests of ensuring everybody has a chance to contribute, hand over to you, Ms Hartland, if you want to ask a couple of questions.

Ms HARTLAND — I think what is happening in the facility just sounds so exciting and to hear about what is happening on the 13th floor is really interesting. As I understand it, there has been a lot of controversy about

what was supposed to go there and what is going there, and I am just trying to get this all straight in my mind. So the proposal for it to be a research area is what the proposal always was?

Prof. BISHOP — My understanding — and remember, I have to say that this occurred before I came on — is the proposal was to build a research lab there. As the building got downsized a little during the project because Ludwig pulled out, for example — you remember that — and because of the way the project was being developed, that research lab was never built. You would have to check the timing, but I think following that other proposals were put forward. That is obviously an area of controversy, but really the opportunity to say what should be there came to us following the controversy, so we said what we thought would make sense. We were not involved in the controversy, but we were rather putting up a proposal of what would be a good use of it, given everything else that we now had not seen developed with the project.

Ms HARTLAND — But in the original business case in 2009 that was the original purpose for that floor?

Prof. BISHOP — That southern pod was meant to be a lab and the northern part of it was meant to be for commercial purposes, and that is the way it has actually turned out in the end.

Ms HARTLAND — So 2009 was the Brumby government, and then it was a change of government. So with that business case that has gone through those four years of a Liberal-Nationals government it was always that same proposal that the southern part of the 13th floor would be for research?

Prof. BISHOP — I am not the best person to tell you what went on with the government submissions in relation to the 13th floor. I would have to say, though, that under the previous Labor government, the Liberal-National party government and now the Labor Party again, the support for this project has been pretty solidly bipartisan. I really cannot fault it. I can say anything; I am not a public servant.

Ms HARTLAND — That is right, yes.

Prof. BISHOP — I would have to say that really we got very good support from government no matter what persuasion, and through those years where we were dealing with the Liberal-National party they were very helpful and helped us with the project as we developed up. So there were ups and downs, and you can look at the controversy as you wish, but from our point of view what we needed to do was not around the 13th floor; it was around a consistent view that we must get this thing built and signed off when it was needed under the arrangements — that the vision, if you like, that I put before you was maintained, and it was. So I think it is very much a Victorian piece of infrastructure, and I congratulate all the political people that have been involved with this. It has been fantastic.

It is very unusual. I am old enough to say this, but really it has been a dream of 40 years that we can develop a cancer centre of such depth and breadth to actually make a difference. The other states are looking at this and saying, 'Well, you know, they got it together finally'. It is not easy — all the things that you have to think about — but I have to say it is a marvellous piece of infrastructure for Victoria and puts Victoria right ahead because of the fact that we can push people together and they must come up with the solutions that the patients really expect them to come up with.

Ms HARTLAND — That is an interesting way to put it, and I think that whole Parkville precinct having so many high-quality medical and research facilities in the one spot is really quite inspiring.

Prof. BISHOP — I used to be the chief cancer officer for New South Wales, so I know how the cancer program is configured there. It is very fragmented. They are also very good — they have great programs — but the trick for Victoria is called co-location. I do not think we should de-emphasise the importance of pushing people together and expecting them to collaborate and actually answer the big questions. That is not just for cancer; it is actually for everything. The Monash hub, the Melbourne hub, the new work around Monash Medical Centre et cetera — I think they are all things that work. It is a great idea, and other states cannot do this very well. Obviously South Australia is attempting to do this through their North Terrace development.

Ms HARTLAND — When it is all open I would love to come and visit. I think it will be fantastic.

Prof. BISHOP — Certainly. It is very much a public building, and it is a piece of infrastructure for all of us — and I think quite an iconic piece, frankly.

Mr LEANE — Thanks very much, Professor, for helping the committee today, and congratulations to you on what is just amazing. I know you call it infrastructure, but it is more than that. I think you have probably answered the questions that I was going to ask you. I might rephrase it. So what does it mean for Victoria? You have had a long history in research in this area yourself, so I think you would probably be in a good space to tell us what it actually means for Victoria as far as this sort of research?

Prof. BISHOP — I mentioned the comprehensive cancer centre model at the beginning, the US style. When you put population health research, laboratory research and clinical research together with a strong teaching program — and there are 1200 people in training at any one time in this group — it is a winning combination, and no-one else in the country has this. It provides an edge that we have in terms of attracting dollars, but, perhaps more importantly, attracting the best people who really are going to make a difference.

Those people we have attracted through our Leaders in Cancer program, which we have cobbled together during the formative set-up period, are people who would not be here if it was not for this infrastructure, this program. Certainly we were able to attract our most recent person, Professor Sean Grimmond. He set up the genomics program in Scotland, and was originally from the University of Queensland. He came here because of the facility and what that offered to him and the networking that we had.

We will see this time and time again. We will be a magnet for the best researchers, and that is the difference. We have now got an edge, but can we take advantage of it in terms of making sure that people are fully collaborative, that we are using these shared bits of infrastructure and not buying a whole lot of duplicate equipment and duplicate activities. It is still human nature, it is still change management, it is still getting people to work together, which is what we have been doing, but that is not easy. Nevertheless the dynamic is working in our favour because of the great amount of support we have had from the Parliament and the governments as they have come through to do this. It really is the right idea.

Mr LEANE — Yes. I think you have probably crystal-balled the other question I was going to ask you. You mentioned research leaders and fellowships. I assume they have come from all around the world?

Prof. BISHOP — Yes. For example, of our PhD students, which are our future, around 40 or 43 per cent are from overseas. We take our best local people, our best from Sydney et cetera, but we are really attracting a group of people now — from China, UK, US, western Europe, everywhere — that want to come here, and we have got to make that happen at all levels, including the postdocs, the PhDs as well as the clinicians and the professors.

Of the ones that we have attracted, the 12 professorial positions, a lot of them are international, and you will see more and more of this. We have got to be the place people come to in this country if they want to do research, but, not only that, one of the world places that they would think of coming to. Melbourne will sell itself, because it is a beautiful place to be. I think the research is now at a level where we are attracting people who are heavy hitters, if you like, in the Northern Hemisphere.

Mr LEANE — You mentioned 1200 people in training?

Prof. BISHOP — About 1200 anyway.

Mr LEANE — Can I ask what professions they are being trained in?

Prof. BISHOP — To give you an example, 360 of those are PhD students who are enrolled at the University of Melbourne doing cancer work. These are the future leaders. These are the people that will make the difference in 10 years time.

Also we are training surgical oncologists, we are training radiotherapists, we are training radiation oncologists, medical oncologists, haematologists and cancer nurses. We are training allied health staff, we are training social workers — we are training everybody. We want to make this a place where you can actually come to know everything you need to know about cancer for your particular discipline, and not only that, but you will get linked across to all the other disciplines just by the fact that we have pushed things together. If you are coming as a physiotherapist interested in cancer problems, you will be talking to the best cancer nurses, the best oncologists, the best surgeons as part of the environment.

There is a very large program there of cancer imaging. That is really cutting edge; it is to do with new radiopharmaceuticals that are PET products. These are world-beating opportunities, and linked through various grants across to the University of Melbourne brain centre, which has a lot of imaging as well, you will see that the co-location will start to work for itself. We do not have to invent the co-location opportunities, because people bump into each other and then start talking and doing things. That is the opportunity.

Mr LEANE — I am just trying to imagine the nature of the building. You have got the ground level, which is the foyer. Is there parking underneath?

Prof. BISHOP — Seven hundred cars and 400 bikes.

Mr LEANE — That is underneath. You have parking, ground level foyer, then patient services for so many levels — —

Prof. BISHOP — Up to six. Seven is the mixing floor, so that is education. That is where the medical staff offices are, it is where the nursing education is, it is where the lecture theatres are and it is where the tearooms are. This is the mixing floor. It is also a public floor, so the public is up at that level. Above that is mainly laboratory and dry research, not just laboratory research. It has people on computers doing population health work as well as people in labs doing genomics research et cetera.

Mr LEANE — This is probably a hard question, but what is the capacity? How many researchers can be in that?

Prof. BISHOP — Well, the 1400 figure is really for the whole of the VCCC. It might even be a little bit bigger than that with the Austin and ONJ coming on board with us, but essentially there are about 1200 researchers in the building. A lot of the researchers are also on the clinical floors, remember, because they are doing clinical trials there. They are taking samples from patients, sampling their tumours for genomics and other things. The whole program — not just the building, but the whole program — should be driven by evidence, the new evidence, research and putting research into practice as quickly as we possibly can to get the benefit straightaway rather than waiting 10 or 15 years for the research to filter down into the clinical practice. We want it immediately there. That is the opportunity.

Mr LEANE — Just one last question, and then I think I am finished. You said level 7 is a public level — —

Prof. BISHOP — It is also an educational floor.

Mr LEANE — It is an education and public level, and then above that is research, so if someone just walked in off the street, there would be some sort of barrier, given the nature of research, to them ending up on level 8 or somewhere like that where there is some serious research going on.

Prof. BISHOP — Yes, the builders have thought about this. They have got the public lifts going up to level 7. The research lifts go up to level 12.

Mr LEANE — Thank you very much. Congratulations again. It is fantastic.

Ms HARTLAND — I just wanted to talk a little bit about population health. You were saying that there will be work done in that area. I live in Footscray and am concerned about diesel emissions and environmental health. I have worked a lot with firefighters around the range of cancers they get because of their work. Is the kind of work you are doing also in that environmental and industrial cancer?

Prof. BISHOP — The way we have done this is that we have linked our aspirations in population health directly to the University of Melbourne school of population and global health. So if you immediately bring in a whole lot of researchers who were not thinking particularly about cancer — some of them were — we can then involve them. We are developing within the VCCC building a node which relates directly to the school of population and global health, so we have all of the university's expertise bought as a node to us. That has been the principle. We have a CRE, a centre of research excellence, in bowel cancer screening, run by Professor Jenkins, who is part of the population school but actually sits physically within the VCCC building. We have a professor of primary care, who I mentioned, who is doing a lot of population health work and sits within the VCCC building that links and is directly at home within the school of general practice within the

university. The idea is to actually break down the institutional barriers by putting the people together that need to be put together.

You mentioned diesel fumes and other things like that. It is a great area for research and an area of importance. I have previously been chair of the scientific committee of IARC (International Agency for Research in Cancer) that did the monograph on diesel fumes, so I know a fair bit about that. A group spontaneously formed in the VCCC family, if I can say that, which wanted to think about air pollution and diesel fumes, so they bought the respiratory physicians, the lung cancer doctors and the population health people together in a workshop symposium, which I was very happy to open for them, and they are starting to work together on issues like that. That just happened because they wanted to think about it. The ability to take an issue and start to think about how we can bring the research together and how we can deal with it came spontaneously from the staff that were interested in what the research was telling them.

The good thing about the program is that you can get the people actually having to deal with the consequences, the lung cancer doctor and nurse, also directly talking to the scientist, who is directly talking to the person who knows a lot about carcinogenesis. That is what I mean by having a research project that goes across rather than just one silo. We are all in silos in various ways, and we aim to try to work across them.

Ms HARTLAND — Is that group then talking to the community? Having lived there for a long time, it is very difficult to get doctors or experts to talk. We know that there is something wrong, but we are laypeople and we cannot prove that there is something wrong. How do you connect them to those affected communities?

Prof. BISHOP — I think, to put it in context, the VCCC is a program that has been under construction. It was under construction like the building was under construction, which I am not talking to you about. We have started along these routes. We have not got everything. I said to a number of people that I think it is the end of the beginning. We have only just got our act together to get some of this stuff done. The fact is that groups are coming together around important issues. One of our leaders is actually talking about grand challenges now. The grand challenges are not what you might think. They are how you actually tackle diesel fumes or how you tackle the incidence of melanoma — those sorts of grand challenges.

Now that the building busyness is behind us — and it took a lot of time; people worked for a decade on building construction and user groups — I think they are now looking at the freedom of actually starting to do what the program should be doing, which is starting to deliver for the people of Victoria. I think we are at that stage where these sorts of ideas are now something that we can start to develop and talk about.

Ms HARTLAND — I will definitely be emailing you. It sounds very exciting.

Prof. BISHOP — Yes, sure. I can put you in touch with the people who are starting to think through some of what the research is telling them. But we are going to be producing the research evidence; it is really our job, I think, and to do that as quickly and relevantly as we possibly can.

Ms HARTLAND — It is very exciting. Thank you.

Mr BOURMAN — Thanks for your presentation, Professor. Pure speculation: do you see this as revolutionary or evolutionary, the concept — obviously not the building — of having everyone in the same area? Given what has happened overseas, are we likely to see steps or is this just the end of the beginning sort of thing?

Prof. BISHOP — I think it is transformational. In Victoria we have a tradition of individual hospitals and hospital boards, and it has been like that forever, and we have got a very high-quality system as a result of that, so it has benefits. I come from New South Wales, so there they have health services across a number of hospitals. But I have to say that the permission that we give as part of working as a VCCC network is permission for people to work more closely together. So a person from Peter Mac can just go and start talking and working with their Austin peer, with their peer from St Vincent's and hopefully more broadly. So we have given permission for people to get out of their silos, think about the issues that should be confronting them and see if they can do something about it. We provided a vehicle which should transform.

I would have to say that, just looking at the reports on the NCI program — and really they call that their flagship program; that is their flagship solution to control cancer, their CCC program — we think there is more to that.

We have a much better, I think, public health program in this country than in the US. I worked in the US, and they do not have public screening for breast cancer, for example; it is all paid for by private doctors. So we have a lot of, I think, private infrastructure that is to the benefit of our population. Having said that, I do think the CCC is a great idea. We can make it work and we can change it to make it more Australian, but it is transformational in my opinion.

Mr BOURMAN — I guess the way I am seeing it is it is removing barriers.

Prof. BISHOP — It is.

Mr BOURMAN — As you said, you have one specialist able to go to another specialist almost over lunch and talk about something rather than having to wait for a conference, or make a phone call or email or whatever.

Prof. BISHOP — Yes. We are also putting some structures in place, if I may say. We are putting down research leads that have a VCCC label. So they are VCCC research leads, and they will be on particular cancers and things like that. That person has permission to go and ask what they are doing at St Vincent's or Western Health about a particular cancer and then assist them in linking across to research that they might know about in another centre or working together to develop a new opportunity or do a new clinical trial. You sort of give them the ability to work across because of the structures that we are hoping to develop, and we have developed a number of these now.

Mr BOURMAN — Excellent; thank you.

The CHAIR — Just a couple of final questions, if I might. Obviously there are a lot of exciting things happening on the 13th floor, but I am just wondering if there is still any empty space on the 13th floor that has not been allotted to a potential tenant as they come in.

Prof. BISHOP — As far as I am aware, I think the space is allocated. The project team would be the one to get all the detail, but, as far as I am aware, the VCCC board had put forth a proposal for the southern pod, if you like. And the northern pod, which could occupy two groups, I believe has been allocated. The minister made that announcement. So I do not think there is additional space there now.

Having said that, the building has been built for some future developments and, without putting too fine a point on it, you can actually build a second tower above the garden if you actually ever wanted to spend another $400 million. I am sure there will be others who will think there is a better way to spend that.

The CHAIR — Great. Obviously there are opportunities for future expansion of the VCCC. Are there any other spaces currently unused at the VCCC. Are there any spaces unallocated to a future use?

Prof. BISHOP — There is some shell space still in the building, but it is tending to shrink as time goes on, as you might expect. The real opportunity for the future is around the site now in terms of what might happen with the future development of the Royal Melbourne Hospital, which I think would offer new opportunities for a higher level of infrastructure support. Obviously the university has quite a lot of land around there, which surprisingly is available, particularly the Ford site and other sites. If you are talking to the railway people, they think they would need that, but I think there are other sites around.

The trick is co-location. I think it is really important to do this carefully so you put together the right people who can actually make a difference to our health. I think that whole precinct is becoming very precious the way it is designed and built for the future, and you are going to have a lot to say about that, I am sure, as time goes on.

The CHAIR — Indeed. Has that future shell space that you refer to got an allocated purpose into the future?

Prof. BISHOP — No. It is relatively small now, but the answer is no. It is not very much anymore. The main space was the 13th floor.

The CHAIR — Where is that current shell space at the moment?

Prof. BISHOP — I just have to check. I do not run the building so there is additional space there somewhere, but it is just a small amount of space. There have been some recent developments, as you know,

with the Sony Foundation expanding the adult, young adult and adolescent cancer program, which is taking up some of that space.

The CHAIR — Great. Just one final question from me: in your view, would the co-location of a private hospital in the VCCC have improved access to care for patients?

Prof. BISHOP — Well, I come from the Royal Prince Alfred Hospital. They have a very good approach to private-public medicine in my opinion in that they co-locate substantial private activity next to public facilities, and that has been the New South Wales approach if you look at the Royal North Shore, for example, or some of the other hospitals in Sydney.

My own view about private medicine is that we want the best people to be geographically full time on site; whether they are on-site in a private activity or a public activity is probably less important than having their expertise there. That applies to whether you are talking about Monash or The Alfred or anywhere, because I think we benefit from people who work both in private and in public. This is different from Singapore, for example, where you cannot do both; you have got to do one or the other.

My view would be that you need to build a proper private hospital there. I am actually unfortunately thinking bigger than you might think about. I do think to develop an optimal medical model where you build the opportunity to expand both public and private medicine you need to think a lot bigger than a floor; you need to think a hospital. I think there needs to be a co-located private hospital of substantial size in the precinct to take full advantage of bringing in all the people that you need to populate these programs in the future. I would build a proper private hospital there. But what am I? I have no say. I am here just to answer your questions.

The CHAIR — Indeed. Thank you so much, Professor. Certainly I think and concur with all my colleagues when I say it is very exciting what is happening. It is great to see that Melbourne is on the cutting edge of cancer research. So thank you for all the work that you do, and thanks for your attendance today.

Witness withdrew.