

Draft CHM Town Hall Change Plan Narrative

Dear Colleagues

I acknowledge the Ngunnawal people as traditional owners of our beautiful university campus, and that we have a lot to learn from the ways they looked after this land for thousands of years.

I also acknowledge that, for the past 15 months, we have all had little rest, being 'on' most of the time through fire, hail, the pandemic, and then the uncertainty of change. Just as I am hugely impressed with how well you've stood up to support our nation and our community, I am also very grateful to see how well you have supported each other through this stressful period.

I'm here today to introduce the College of Health and Medicine's Change Proposal, which is part of the ANU Recovery Plan. I want to give you a high-level overview of the changes proposed, and their rationale, which will take about 15 minutes. As soon as the zoom finishes, the written proposal – all 31 pages of it – will be available on the ANU Organisational Change website, and I will email everyone on the College email list a link to it from the CHM Dean email address. The order of doing it this way is important – I want you to hear from me the broad outline and reasons, then have time to read and digest the changes. We will then have further opportunity to discuss the details of the proposal in meetings in each school over the next two days, and I am genuinely looking forward to your constructive feedback during the consultation period, which lasts for two weeks starting today. This is your College, and I want your input to help make it the best it can be, as you have done in all our strategic planning activities over the past two years.

The first thing to say is that a College change proposal is necessary because the financial impact of the global pandemic meant all Australian universities had to reduce their operating costs. As you have heard from the Vice-Chancellor, our University ran a large deficit in 2020 – around \$200m - and is expecting to run deficits in 2021 and 2022 that pretty much take us up to our debt ceiling. All Colleges and portfolios have been allocated reduced operating budgets for 2021 and beyond – the College of Health and Medicine's allocation for 2021 is \$54.7m. This is almost \$12m less than the \$66m we expected to need for 2020 at this time last year, and \$6m less than the \$61m we actually spent in 2020, after our expenditure was highly constrained and we were working in ways none of us would want to work going forward.

What I'm talking about here are the recurrent operating funds, not the externally won research and contract funds, but those which pay most of our salaries, enable our teaching, and generally keep the lights on. Even with a possible additional \$2m in transition funds to get us through this year, we are working on having \$9m less than we thought we would have to support our activities. \$9m is almost 15% of our total operating budget, and is more than the total operating budgets of 2 of our 4 schools.

Given that, across the College, 84% of our operating costs are staff salaries, this means we simply cannot afford to employ all our people. Through voluntary separations, natural attrition and not backfilling vacant positions, we have already reduced our staffing by 29 positions since July last year. The change proposal being released today includes reduction of our staffing by a further 22 jobs. Those whose jobs are affected have all already been contacted prior to this Town Hall meeting.

There is no way of gilding this. Losing 10% of our people is not something we want to do, we would not do it if we had a choice, and is not something that, 12 months ago, we had contemplated having to do. It pains me, as your Dean, to stand before you and tell you this is what we have to do. But unless we were to have an additional source of \$5m or more per year, guaranteed in perpetuity, that we could devote entirely to salaries, it's what we now have to do.

We – and when I say 'we', I mean your College Executive Committee and leadership team - have examined many different options for dealing with this situation. All along our goal has been to minimise the impact of job losses, and to ensure we can deliver on our core activities and strategic priorities.

One option we considered was to stop doing medicine, or psychology, or population health altogether – meaning stop teaching and research in a whole discipline. But we all felt these are vital core disciplines that must flourish at ANU, and in fact the synergies between physical health, mental health, public health and human behaviour are really coming to the fore in light of the pandemic. By ensuring the disciplines flourish, and fostering the interdisciplinary and interprofessional connections, we felt ANU has an opportunity to be a global leader in adapting to a new frame.

Another option was to apportion the cuts across all four schools. However we all felt that no school could absorb a 15% reduction without major damage to their teaching and research missions, and that most likely such a strategy would contribute to ever increasing workloads on already overstretched academic and professional staff, and in the end a slow and painful demise of each school at ANU.

Instead of these options, we are proposing an approach that minimises the impact of job losses, and ensures we can deliver on our core activities and strategic priorities, by first narrowing the focus of activities that core funds support, and second, undertaking significant reorganisation to consolidate and create efficiencies. These changes are aimed to make it possible to work within a smaller budget, continue to deliver the excellence that we demand of each other, and also open up opportunities for new sources of income. In the end we want to optimise our staff and student experience - the job of the Dean and the College Executive is to do all we can to enable our community to flourish.

There are four major parts to the proposed changes:

First, we propose that the John Curtin School of Medical Research will narrow its focus and concentrate its resources within biomedical research. This means that some areas that are both strong and highly valued at the JCSMR cannot be continued, and painful choices have to be made. We propose to continue our core investment in immunology, genome science, cancer and related advanced medical technologies, and to strengthen the relevant clinical and commercial translation capabilities that are needed for revenue generation. In considering which areas of research should be the focus for ANU biomedicine, it has been concluded that neuroscience research, while high quality, is not at a scale that enables it to be competitive with larger and more comprehensive centres of brain research elsewhere. Nor could it become so with the available resources.

The JCSMR has a long history of excellence in neuroscience research dating back to the work of our 1963 Nobel Laureate, Sir John Eccles. With the weight of history and the quality of the present work being done, this proposal weighs heavily, and is all the more difficult to put forward because it would impact not just on research but also on students studying the Masters of Neuroscience, undergraduate, honours and PhDs. As part of such a change, the university would need to do all it can to enable these students to complete their programs.

The second part of the proposal is that research in the Research School of Population Health, the Research School of Psychology, and the ANU Medical School would come together in an expanded entity called the National Centres for Epidemiology, Psychology and Population Health, building on the recognised brand of NCEPH, to provide an ongoing externally-facing intellectual powerhouse for the nation and the world to navigate major health-related challenges. The proposed National Centres would raise our profile, strengthen our engagement and partnering opportunities with government and national agencies, and enhance our ability to deliver our mission as the national university. What we would want to see within it is a set of national centres that are world leading – we would propose a process for establishing such centres, and would look forward to working with all of you over the coming months on what the centres might focus on and what they might look like.

The third part of the proposal is that the ANU courses in medicine, psychology, and public health will be strengthened by elevating them to be run as College-level programs, led by a Deputy Dean in each discipline, and enhancing the student experience by potentially bringing in teachers from right across the College and the University. It is proposed that these programs be supported by the current Deputy Dean, Education, the existing STLC and Student Administration, the new disciplinary Deputy Deans, and a new consolidated Centre for Health Professional Education and Leadership. While the proposed structure will replace the former ANU Medical School, the Research School of Psychology, and the Research School of Population Health, these schools will be closed in name only, as ANU reaffirms its unflinching commitment to be among the great universities in the world in these disciplines, and to advancing the health and wellbeing of the people of the ACT and southern NSW through our long-established and valued partnerships with health services and others. We believe the proposed changes future proof these commitments and, through a more consolidated and efficient support structure, better prepare them for future growth and success.

And fourth, we propose to enhance our professional services through consolidation and some reorganisation that delivers efficiencies in service delivery.

In addition, we propose a name change of the College to the College of Health, Medicine and Psychological Science, to better capture the disciplinary expertise.

Now that is a lot to take in. To recap:

- We face a major reduction in our operating budget, and unfortunately the loss of a further 22 core-funded positions, and we propose to meet this through a combination of narrowing the focus of our activities, and consolidation and restructure;
- We propose that the College be renamed the College of Health, Medicine and Psychological Science, and that it would have two research school entities - the JCSMR, and the NCEPPH - in which academic staff will have a research home;

Draft CHM Town Hall Change Plan Narrative

- We propose to elevate all education activities – undergraduate, postgraduate, masters, PhD, continuing professional development, and executive education – to be College level programs, supported by the current Deputy Dean (Education), and new Deputy Deans of Medicine, Psychology and Population Health, as well as the existing STLC and Student Administration, and a new Centre for Health Education and Leadership;
- in the JCSMR we propose to continue investing core funds in immunology, genome science, cancer, and in the related translational capabilities, clinical sciences and technology research platforms, but not in neuroscience;
- In NCEPPH we propose to bring together the research capabilities of the RSPH and RSP, and the non-biomedical research in the ANU Medical School, and would plan to have individual national centres formed and designated down the track; and
- We propose efficiencies in service delivery through consolidation and some reorganisation of our professional services.

Through all of the discussion about reduction in positions, I emphasise that we are talking about core operating funds and positions that are paid for from these funds. We are not proposing to reduce the number of staff funded through grants or employed on externally-funded contracts. However such externally-funded staff could, of course, be part of any reorganisation and proposed restructure of the whole College.

It's also important to emphasise that, at this stage, we are only putting forward a proposal. While we face an absolute budget imperative, and have given it our best shot to find a way to continue our core activities and preserve our strategic opportunities, no decisions have been made, and I am confident that you will have good suggestions for improving the proposal and better achieving our goals. I genuinely welcome your constructive suggestions and feedback during the two-week consultation period, that begins today.

The consultation process formally begins with release of the change proposal on the Organisational Change website, a link to which will be sent shortly. I urge you to read it, think about it, talk about it. Tomorrow and Friday the School Directors and I will have school-based meetings, and there will be other opportunities for discussion over the next fortnight.

The ways to respond are clearly described in the proposal - we ask for written submissions so they can be properly considered. Written submissions will be accepted up until March 31st, after which all the feedback will be collated and considered by the College Executive Committee. When we have fully done so, sometime in April, we will issue a revised proposal and an implementation plan. I will detail how any of your suggestions and ideas have been incorporated.

The last thing I want to say today is this is really tough. Waiting has been tough for all of you, as may have been what you've heard today. While it is a carefully considered document, the Change Proposal will be confronting to read. In putting it together we have contemplated some pretty terrible scenarios, and have proposed what is, in many ways, a least worst option. There are many people affected by proposed job losses or changes – good people, smart and well-intentioned, who've given a lot to the University, to the community and to their colleagues. It's been especially hard for the School Directors, who have had to travel down paths they never thought nor wanted to explore. In our upcoming deliberations, let's continue to be a supportive community and kind to each other.