GATESHEAD MEDICAL PRECINCT PLANNING PROPOSAL

RAIA NSW Chapter response to proposed changes to the draft plan.

ROYAL AUSTRALIAN INSTITUTE OF ARCHITECTS

Submission date: 9th November 2026

ABOUT THE INSTITUTE

The Royal Australian Institute of Architects (Institute) is the peak body for the architectural profession in Australia. It is an independent, national member organisation with more than 13,500 members across Australia and overseas.

The Institute exists to advance the interests of members, support professional standards and contemporary practice, and advocate the value of architects and architecture to the sustainable growth of our communities, economy and culture.

The Institute actively works to maintain and improve the quality of our built environment by promoting better, responsible and environmental design.

+ At the time of this submission the National President is David Wagner FRAIA.
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The Royal Australian Institute of Architects recognises the unceded sovereign lands and rights of Aboriginal and Torres Strait Islander peoples as the First Peoples of these lands and waters.

This recognition generates acknowledgement and respect for Aboriginal and Torres Strait Islander Countries, Cultures and Communities, and their ways of being, knowing and doing.

Caring for Country practices including architecture and place shaping have existed on this continent since time immemorial.

The Institute recognises a professional commitment to engage and act meaningfully through reciprocal partnership and relationships with Aboriginal and Torres Strait Islander peoples. Together we will support and develop the emergence of new possibilities for our shared future.

RAIA NSW Chapter Policy Position

The Royal Australian Institute of Architects (RAIA) NSW Chapter supports Lake Macquarie City Council's strategic intent to expand healthcare services, create employment opportunities and increase housing diversity. The proposed reforms present an important opportunity to establish a well-designed, adaptable and enduring health precinct.

RAIA NSW Chapter supports the reforms in principle, subject to refinement of the proposed planning controls to ensure they enable design excellence, respond to the specialised requirements of healthcare development and remain proportionate to the scale and impact of individual proposals.

Key Advocacy Priorities

Building Heights, Setbacks and Development Capacity

- Review the proposed street-frontage controls, particularly the interface illustrated in Figure 4, Section 3.2.2 (Street Frontage Type 1), to allow a greater diversity of architectural responses rather than prescribing a uniform built form.
- Undertake and publish representative building-envelope testing to demonstrate that the proposed development capacity can be practically achieved across a range of site configurations and development types.
- Assess how the proposed height limits of 22 metres and 37 metres accommodate the specialised floorplates, servicing requirements and floor-to-floor dimensions commonly required by healthcare facilities.

Flexible, Performance-Based Design Controls

- Replace unnecessarily prescriptive street-wall and upper-level setback requirements with performance-based provisions that can accommodate the differing functional and architectural needs of commercial, medical and supporting uses.
- Ensure maximum building heights account for evolving waterproofing, structural and building-services standards.
- Consider identifying an indicative or permissible range of storeys alongside maximum heights, while retaining a clear pathway for proposals that demonstrate superior design and planning outcomes.

Proportionate Visual Impact Assessment

- Review the requirement for a landscape and visual impact assessment for all buildings of four storeys or more, as this may impose disproportionate costs on smaller developments and affect project viability.
- Adopt a risk-based assessment threshold linked to building scale, location, visibility, sensitivity of the receiving environment and likely visual impact.
- Provide a streamlined assessment pathway for proposals below the revised threshold, supported by clear submission requirements.

Site Amalgamation and Coordinated Renewal

- Retain the proposed height incentives for site amalgamation and consider expanding them where this would support coordinated redevelopment, improved public-domain outcomes and higher-quality architecture.
- Ensure the controls also support viable incremental development so that smaller or constrained sites are not sterilised pending amalgamation.

Recommendations

1. Commission independent urban-design and building-envelope testing across representative sites and development scenarios.
2. Convene a design-led technical working group to review the proposed controls before finalisation.
3. Introduce clear performance criteria and an alternative design pathway for proposals that depart from numerical controls but achieve equal or better planning outcomes.
4. Calibrate assessment requirements to project scale and risk, including a proportionate approach to visual impact assessment.
5. Review the controls at defined intervals following implementation to respond to changes in healthcare delivery, construction standards and market conditions.

Stakeholders for Engagement

RAIA recommends a broad cross-section of the built-environment and health sectors be consulted to test the practical operation of the reforms. Relevant stakeholders may include:

- architects, urban designers and landscape architects;
- planning, property and development industry representatives;
- health-infrastructure providers, hospital operators and medical service organisations;
- engineers, building-services specialists and construction industry representatives;
- housing, accessibility and community-sector organisations;
- local business groups, landowners and affected community representatives; and
- relevant state agencies and neighbouring councils.

Conclusion

RAIA NSW Chapter encourages Lake Macquarie City Council to progress the reforms through a collaborative, design-led process. With targeted amendments, the planning framework can provide certainty while preserving the flexibility required for innovation, changing healthcare needs and high-quality place outcomes.

The Institute welcomes the continued opportunity to participate and provide solution-focused input as the Plan is refined and implemented.

Yours Sincerely,





Elizabeth Carpenter
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