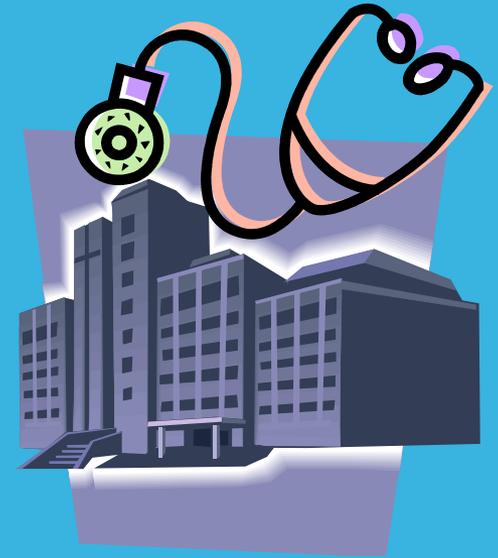


# HEALTH FACILITY PLANNING AND HEALTHCARE ARCHITECTURE: **THE CONFLICT AND THE ADVANTAGE IN PROJECT IMPLEMENTATION TOWARDS CLARIFYING THE ROLE OF ARCHITECTS AND HEALTH FACILITY PLANNERS – FOR BETTER PROJECT DELIVERY- THE MALAYSIAN EXPERIENCE**

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PRESENTED BY  
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**“The success or failure of the building will be decided by its users, the patients and staff, and **the architect** will be judged on that.....”**

Cited YTL (1985)

# PAPER'S FOCUS

...on the **role of architects in healthcare projects** and the so-called **“medical planner” as the health facility planner** in the Malaysian implementation of public healthcare projects, with the **objective of reviewing the current practice and proposes a clearer role for the two "professions" towards a betterment of the project as a "green and sustainable working relation". ....for better project delivery.**

# METHODOLOGY OF RESEARCH

Qualitative approach (exploratory /phenomenology)

Data Collection

- Secondary data : Content analysis of relevant literature
- Primary Data :  
Experience and practice based – cumulative via personal project involvement (i.e. observation, discussion, etc.) as architect and health facility planner (advisory role)

Case Studies

Structured questionnaire via email to expert participant/target population for feedback

Unstructured interviews and discussion - for feedback/triangulation for validity of data

Analyses & Findings– Deductive and comparative -simultaneously

Recommendation

# OUTLINE OF THE PRESENTATION

Introduction

Background

Definition and background of issue

Healthcare project process

Who is in the project team

Definition of the terminology of

- health facility planner, medical planner, health planner
- Architect, health facility architect

The Issue

Experiences and feedback from the Industry

Summary and Recommendations

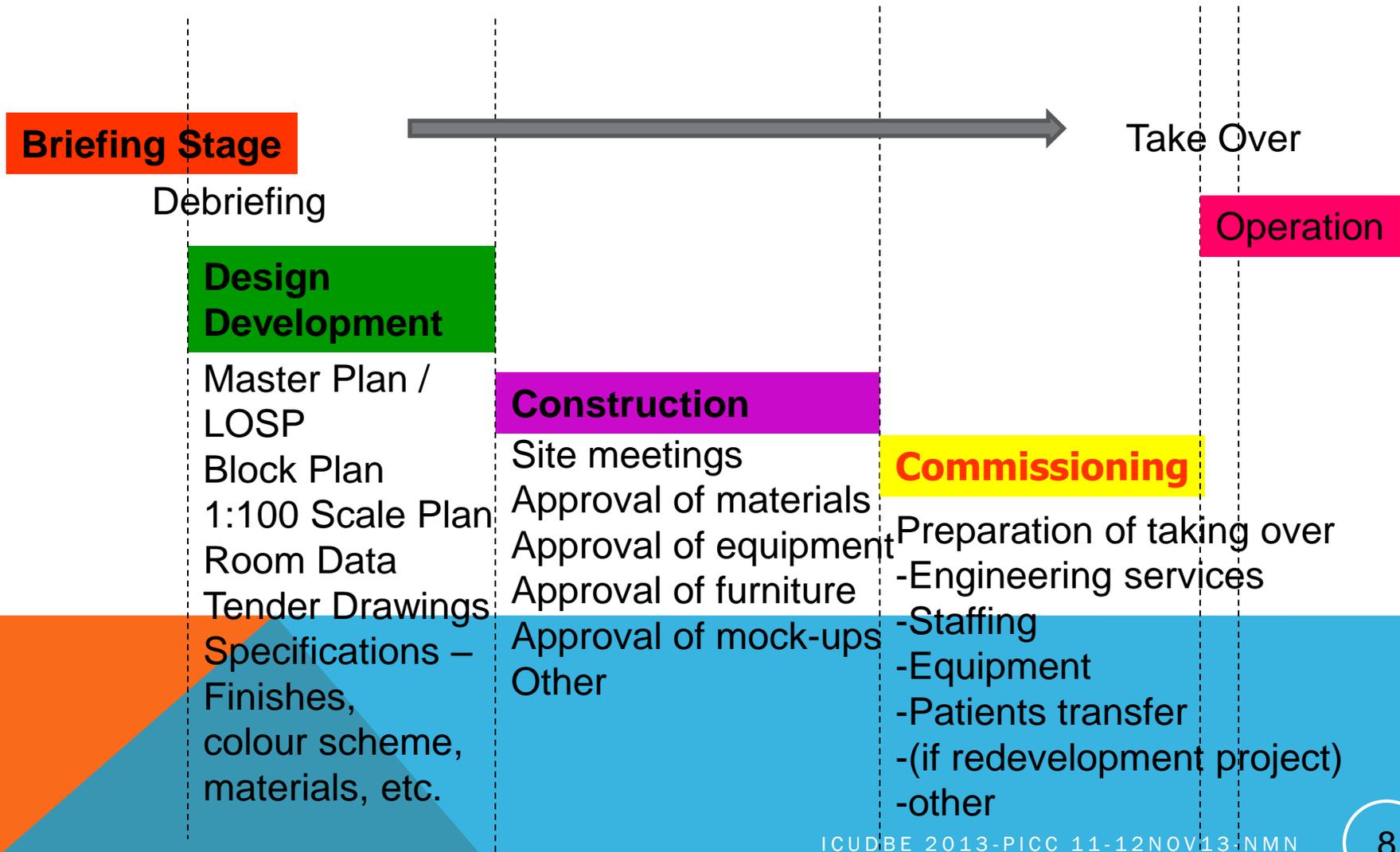
# **INTRODUCTION**

DEFINITION AND BACKGROUND OF ISSUE

# HEALTHCARE FACILITY PROJECT PROCESS

GENERIC

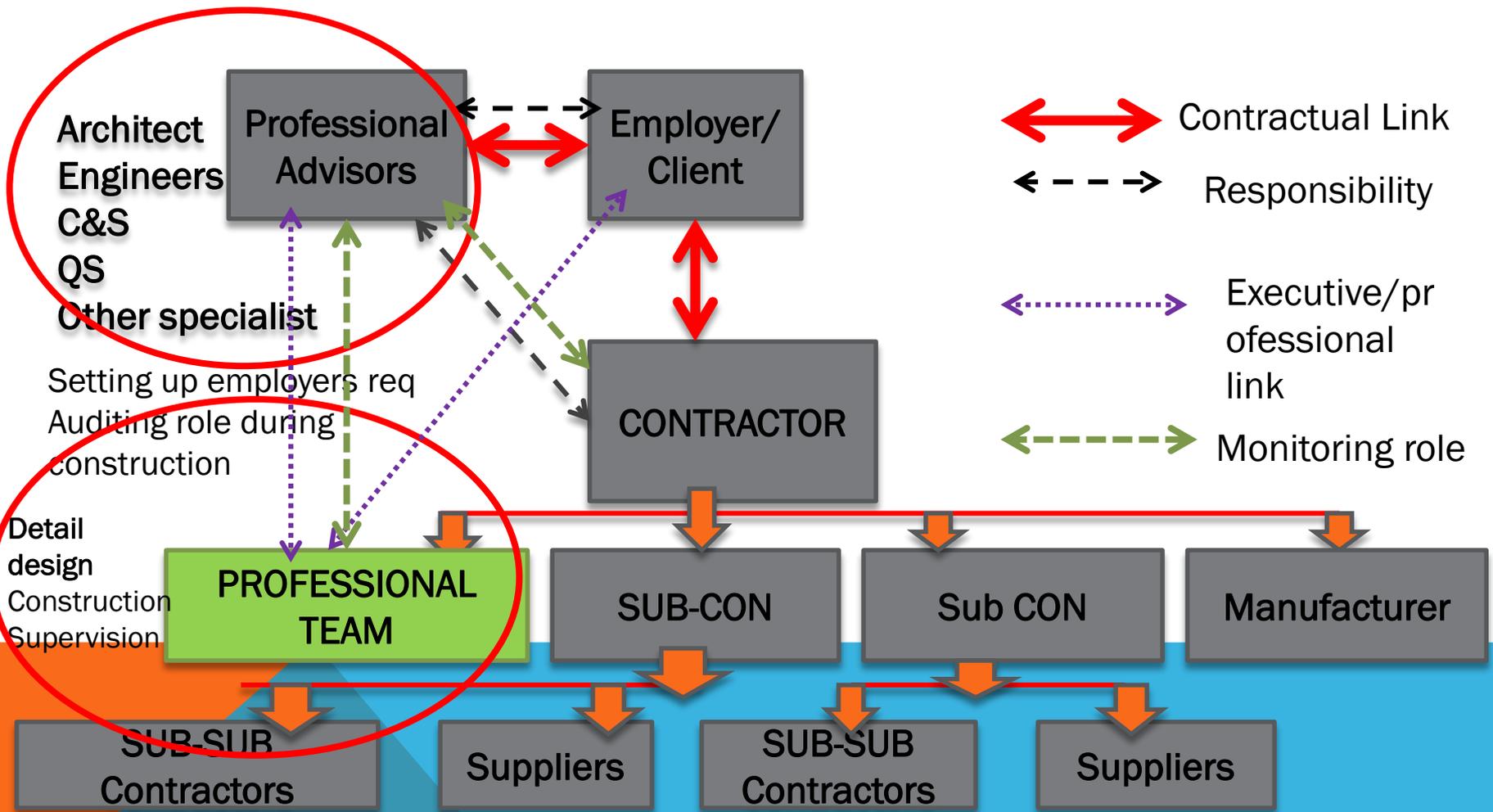
# STAGES OF HOSPITAL PROJECTS



# HEALTHCARE PROJECT ORGANISATION

GENERIC / TYPICAL

# PACKAGE DEAL TYPE CONTRACTS –TYPICAL ORGANISATION STRUCTURE

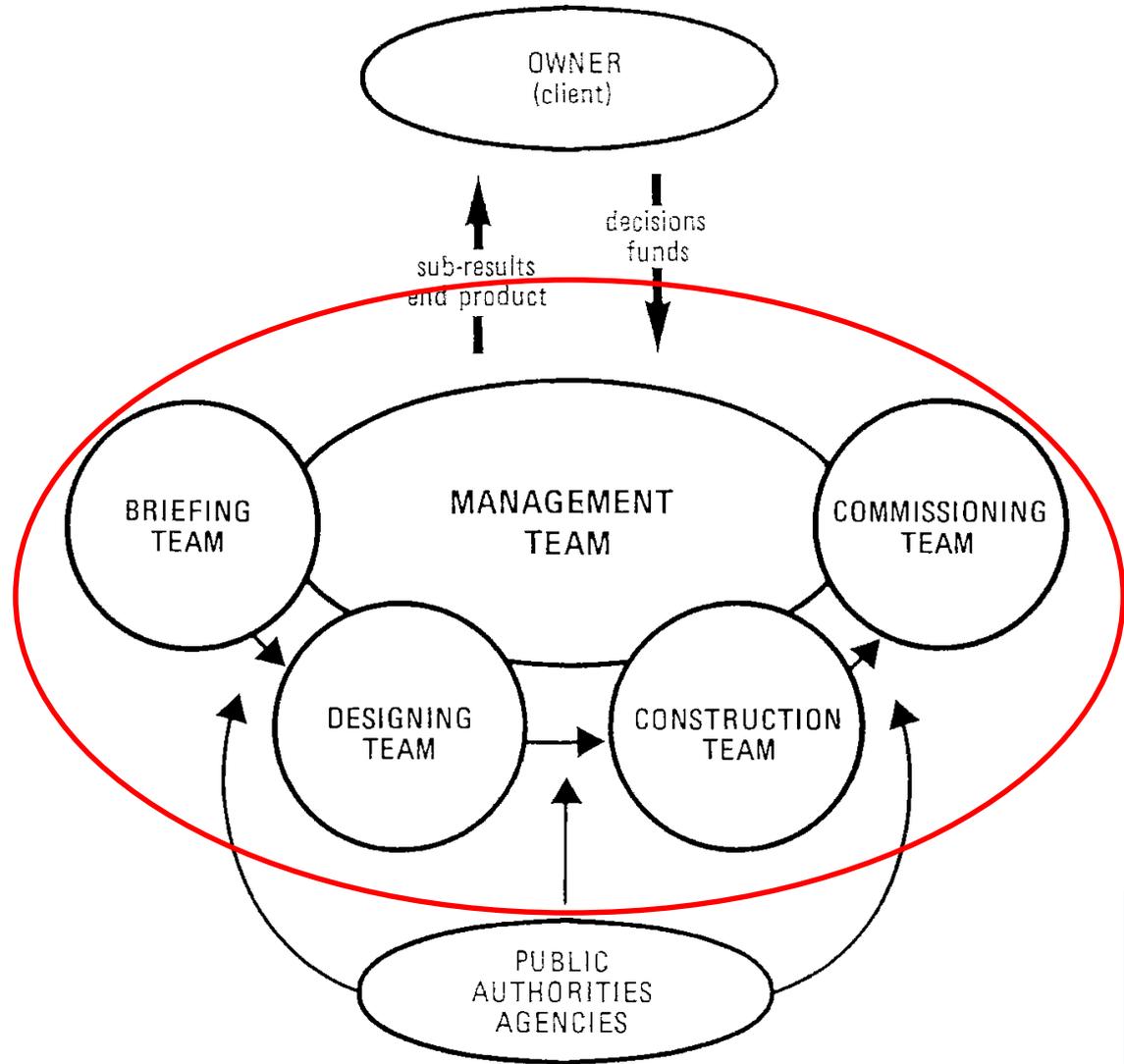


Adapted from Singh. H (2002) pg 72, fig 2-13 with revision)

# PROJECT TEAM

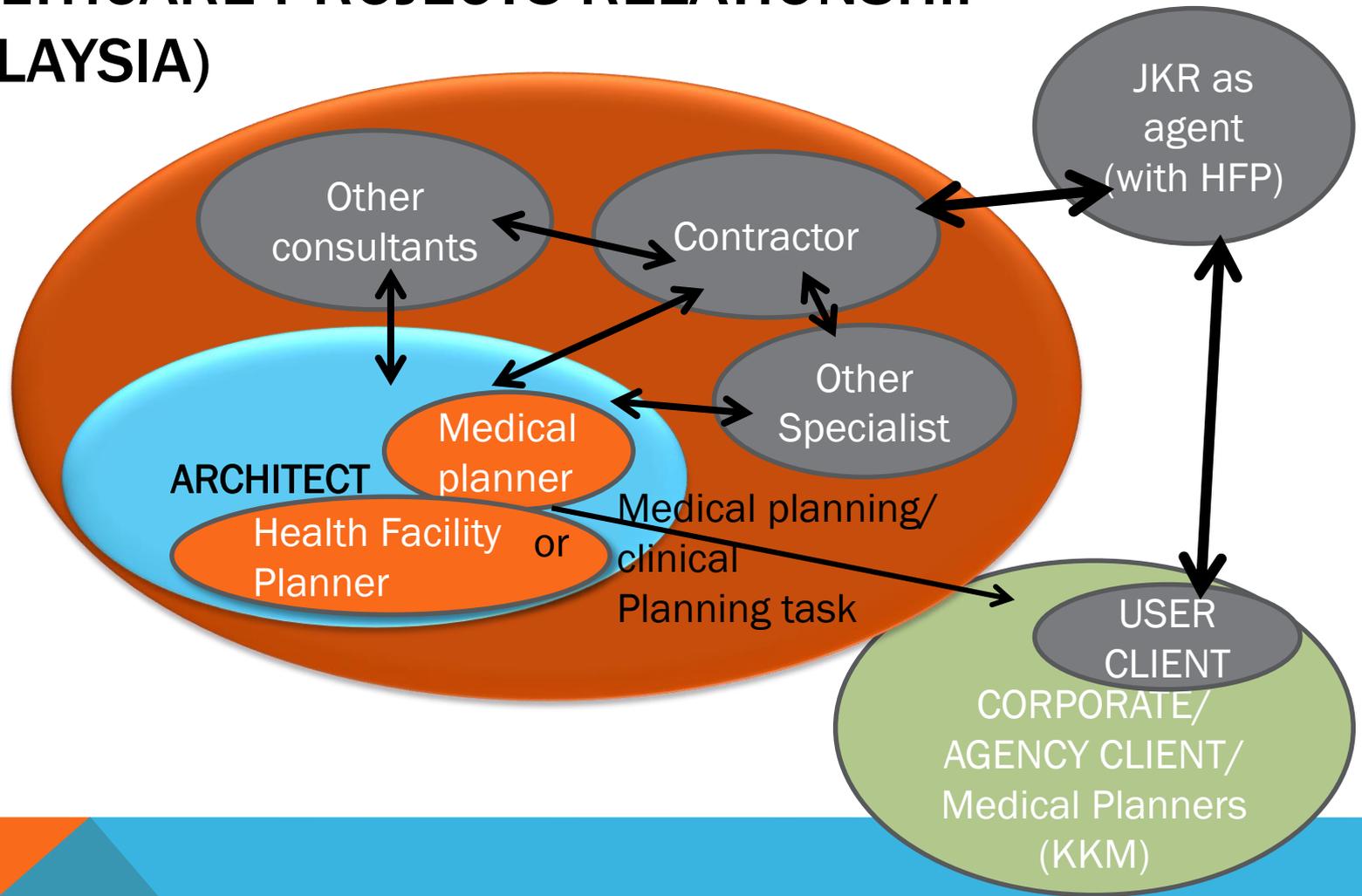
Ref:[http://whqlibdoc.who.int/php/WHO\\_PHP\\_79.pdf](http://whqlibdoc.who.int/php/WHO_PHP_79.pdf)

Fig. 5. Project teams and other parties involved in the project working process



Reproduced from reference 16.

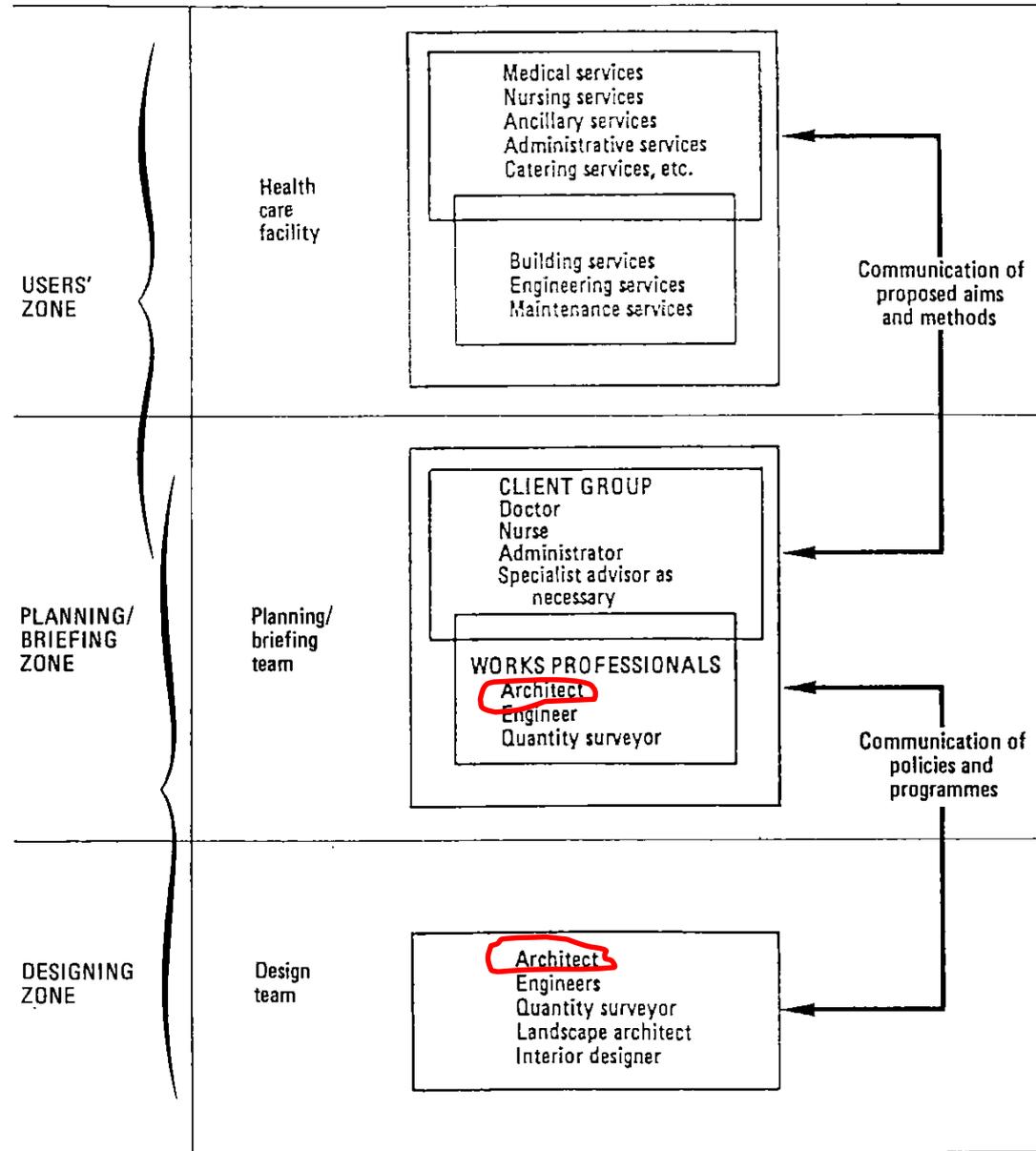
# HEALTHCARE PROJECTS RELATIONSHIP (MALAYSIA)



**HEALTHCARE FACILITY  
PROJECT TEAM**  
GENERIC/TYPICAL

# MULTI-PROFESSIONAL PLANNING TEAM (WHO)

Fig. 2. The multiprofessional planning team



Adapted from reference 14.

# CONSULTING TEAM MEMBERS FOR HEALTHCARE BUILDING PROJECTS

## **Architects**

Civil and Structural  
Engineers

Quantity Surveyors

Electrical and  
Mechanical Engineers

Acoustic Engineer

Landscape Architects

Interior Designers

Stage Designer

etc

Other Specialist : e.g.

## **Health Facility Planners**

Medical Equipment  
Planners

Green Building

Earthquake

Engineer,

Fire Engineers, etc.

# WHEN DOES THIS PROFESSION OF HEALTH FACILITY PLANNER, MEDICAL PLANNER, HEALTH PLANNER ARISE?

WHAT ARE THEIR JOB SCOPE? HOW WILL THEY INTEGRATE IN THE  
PROCESS FOR THE SUCCESS OF THE PROJECT DELIVERY?

# DEFINITION- WHOS WHO IN HEALTHCARE PROJECTS FROM LITERATURE REVIEW

Terminology	LAM (Board of Architects Malaysia)	UBBL (uniform Building By Laws	WHO	Cited in 1985 Kuala Terengganu hospital turnkey project **
Architect (Professional architect)	“Professional Architect” means a person registered under subsection 10(2); ‘	Qualified person for submission	“Produces the hospital in its physical form using materials, labour and construction equipment.” *	“The architect will probably take the chair at the design team meetings, will ensure that all members are fully briefed on their respective roles, will see to it that proper consultation with appropriate parties is continued, will organise the programme of work for each consultant and see that regular reports are made to the client on progress and cost”

\*World Health Organisation (WHO) in their publication District Hospitals: Guideline for Development (2000),

\*\* N.A. ‘ Design Team Process’ in Merekabentuk , Membina, Melengkap dan Melancarkan Hospital Besar Baru di Kuala Terengganu, “ Transfer of Technology Programme”, 6-10 May 1985, hosted by Syarikat Pembinaan Yeoh Teong Lay-Wilma JV.

# DEFINITION- WHOS WHO IN HEALTHCARE PROJECTS

Terminology	LAM	UBBL	Illinois (USA)***
health facility architect	No definition, Regard as “special supplementary services” under Architects (Minimum Scale of Fees) Rules 1986 either carried out by professional architect himself or any other specialist appointed by Client or architect in collaboration.	No definition, (hence no legal obligation)	This Act shall establish a procedure (1) which requires a person establishing, constructing or modifying a health care facility, as herein defined, to have the qualifications, background, character and financial resources to adequately provide a proper service for the community; (2) that promotes, through the process of comprehensive health planning, the orderly and economic development of health care facilities in the State of Illinois that avoids unnecessary duplication of such facilities; (3) that promotes planning for and development of health care facilities needed for comprehensive health care especially in areas where the health planning process has identified unmet needs; and (4) that carries out these purposes in coordination with the Center for Comprehensive Health Planning and the Comprehensive Health Plan developed by that Center.

**\*\*\*EXECUTIVE BRANCH**

(20 ILCS 3960/) Illinois Health Facilities Planning Act. (20 ILCS 3960/1) (from Ch. 111 1/2, par. 1151) (Section scheduled to be repealed on December 31, 2019) Sec. 1. This Act shall be known and may be cited as the Illinois Health Facilities Planning Act.

(Source: P.A. 78-1156.)

# DEFINITION- WHOS WHO IN HEALTHCARE PROJECTS FROM LITERATURE REVIEW

terminology	WHO	US Army Medical Department
Health-facility planner	No definition	<p>“Health Facility Planners are <b>Medical Logistics Officers</b> (70K) who are awarded an Additional Skill Identifier (9I) based on their unique skills, experiences and qualifications related to the <b>disciplines of architecture, engineering, business solutions or facilities management.</b>”</p> <p><a href="http://www.armyhealthfacilities.amedd.army.mil/70K9I.html">http://www.armyhealthfacilities.amedd.army.mil/70K9I.html</a></p>

# DEFINITION- WHOS WHO IN HEALTHCARE PROJECTS FROM LITERATURE REVIEW

terminology	Ministry of Finance Malaysia (Consultant registration) <i>KOD BIDANG 2012</i>	Malaysian industry
<p>medical planner</p>	<p><b>PINDAAN PADA DISEMBER 2012:- 2. TAMBAHAN KOD BIDANG BARU: 330210 - MEDICAL PLANNER DAN MEMBATALKAN KOD BIDANG 340701 - PENGURUSAN HOSPITAL (NOTA: Firma yang telah berdaftar dengan kod bidang yang dibatalkan ini akan menggunakan kod bidang baru secara pindahan/code mapping oleh sistem).</b></p> <div data-bbox="415 935 1081 1096" style="border: 1px solid black; padding: 5px;"> <p>07 KESHATAN 01-Pengurusan-Hospital</p> <p>} Kod Bidang Batal (Firma yang berdaftar dengan bidang ini akan dipindahkan ke kod bidang baru:- 330210 - Medical Planner</p> </div> <div data-bbox="173 1120 1081 1253" style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>- Bagi memohon kod bidang 330210: MEDICAL PLANNER Syarikat mestilah mempunyai Pemilik berkeelayakan dalam Ijazah Sains Perubatan dan hendaklah berdaftar dengan Majlis Perubatan Malaysia. * * * *</p> </div>	<p>1. Medical Planner/Consultant Medical Planner/Consultant . As a Medical Planner, XXXXXX is the consultant in architectural floor plan design, M&amp;E works and renovation / construction for new hospitals and clinics setup or for existing expansion. The standard and safety work flow of critical area such as in Operating Theatre is essential in getting approval license from the authority. This also includes other area such as wards, consultation rooms, treatment bay and labour room. With our vast experience in setting up many hospitals and clinics, XXXXXX has built the reputation as an excellent Medical Planner among the Malaysiaâ€™s healthcare service providers.</p>
<p>*** Letter to architect applying for medical planner registration with MoF dated 16/7/2013</p>		

# DEFINITION- WHOS WHO IN HEALTHCARE PROJECTS FROM LITERATURE REVIEW

terminology	WHO
Health Planner	Establishes the need for the hospital, its role in the community and the services it will offer. *
Functional Planner	Establishes the functioning of the different departments and of the hospital as a whole. *

\*World Health Organisation (WHO) in their publication District Hospitals: Guideline for Development (2000),

# DEDUCTIVE FROM MARU'S INTENTION AND INDUSTRY 'S EXPERIENCE

terminology	Medical Architecture Research Unit (MARU), UK Recognised by WHO	Participant/ Project Team Player	Deductive Analysis
Health-facility planner	The course of PG Diploma/ Masters of Arts in Health Facility Planning 63-85	Architects, Medical Doctors, Nurses, Engineers, Facility managers, allied professionals of the industry.	<p>Health facility planner (HFP), health planner or medical planner (in Malaysia) as a profession in health care facility projects has many facets depending on the <u>basic professional discipline</u> of the bearer.</p> <p>The profession is basically made up of healthcare and construction industry professional specializes in their specific area of expertise. They are required to uphold the code of conduct of their respective discipline in discharging their services and hence are morally obliged to fulfil their professional obligations.</p>

# THE ISSUE

CONFLICTING ROLES IN EXECUTION OF THE PROJECT

# ARCHITECT AND HEALTH FACILITY PLANNER/MEDICAL PLANNER – ENGAGEMENT IN PROJECT TEAM

## THEN

Historically both internationally and in the local scene architect has been the lead and the key to all building projects including hospital and healthcare buildings from initial stage to completion.

Specialist in healthcare planning are employed within the architectural scope of work on architect's purview and not as a contractual obligation by client

## NOW

Procurement method Turnkey, Design and Built, PFI, PPP and negotiated

- (i) engage architects with experience on healthcare facility project and listed “medical planner/HFP” on the team; or
- (ii) engage architects with know-how on healthcare facility project and silent on the “medical planner/HFP” on the job but require proof of their appointment; or
- (iii) Engage architect and silent on ‘medical planner/HFP’ and require result base on performance

Increasing personality claiming to be Health Facility Planner/Medical Planner based on few experiences in healthcare/hospital projects since “medical planner/HFP” as the requirements were not regulated

**Division of Work Between Medical Planner/HFP and Architect**

FULL SCOPE OF HFP

<b>Development Plan/Preliminary Schematic</b>		<b>Medical Planner</b>	<b>Architect</b>
<b>A Design</b>	Review of Medical Brief/ Hospital Functions and		
	1 Operational Policies	Full Involvement	Nil
	2 Site Considerations /Survey/Utilities	Partial Involvement	Full Involvement
	3 Site Analysis/ Land Use	Partial Involvement	Full Involvement
	4 Inter-Departmental Relationships	Full Involvement	Partial Involvement
	5 Traffic System	Partial Involvement	Full Involvement
	6 Intra-Departmental Relationships	Full Involvement	Nil
	7 Preliminary Schedule of Accommodation and Finishes	Full Involvement	Partial Involvement
	8 Building Form and Fabric	Advisory	Full Involvement
	<b>B Schematic Design</b>	1 Site Plan	Partial Involvement
2 Floor Plans		Full Involvement	
3 Elevations/ Sections		Advisory	Full Involvement
4 Submission to Authorities for DO		nil	Full Involvement
5 Outline of Construction Materials		nil	Full Involvement
6 Schedule of Accommodation and Finishes		Full Involvement	Partial Involvement
7 Coordination with other Consultants		nil	Full Involvement
8 Submission to Authorities for Building		nil	Full Involvement
<b>C Design Development</b>	1 Site Plan	Partial Involvement	Full Involvement
	Floor Plans	Partial Involvement	Full Involvement
	Elevations / Sections	Advisory	Full Involvement
	Wall Sections and Details	nil	Full Involvement
	Reflected Ceiling Plans	Partial Involvement	Full Involvement
	Loaded Drawings	Full Involvement	Partial Involvement
	Schedules :	Full Involvement	Partial Involvement
	Sanitary	Full Involvement	Partial Involvement
	Fixed Furniture	Full Involvement	Partial Involvement
	Iron Monggery	Partial Involvement	Full Involvement
	Doors	Partial Involvement	Full Involvement
	Windows	Partial Involvement	Full Involvement
	Finishes	Partial Involvement	Full Involvement
	2 Submission to Authorities	nil	Full Involvement

(2006)

**DIVISION OF WORKS BETWEEN HEALTH FACILITY PLANNER (HFP) AND ARCHITECT**

ITEMISE SCOPE OF WORK			
STAGES OF WORK		HFP Advisory Scope *	
<b>A.</b>	<b>CONCEPTUAL PROPOSAL</b>	<b>Health Facility Planner</b>	<b>Architect)</b>
1.	Review and develop Brief for Hospital with Client /Hospital Functions and Operational Policies	Full Involvement	Partial Involvement
2.	Concept Development	Full Involvement	Full involvement
3.	Site Considerations / Surveys / Utilities	Partial Involvement	Full involvement
4.	Site Analysis	Partial Involvement	Full involvement
5.	Zoning and Land Use	Partial involvement	Full involvement
6.	Inter-Departmental Relationships	Full Involvement	Full involvement
6a.	Traffic Systems	Full Involvement	Full involvement
6b.	External	Partial Involvement	Full involvement
	Internal	Full Involvement	Full involvement
7.	Intra-Departmental Relationship	Full Involvement	Full involvement
8.	Preliminary Schedule of Areas	Full Involvement	Full involvement
9.	Building Forms, Fabric and Massing	Advisory	Full involvement
10.	Finishes	Advisory	Full involvement
11.	Liaison with Authorities	Advisory	Full involvement
<b>B.</b>	<b>SCHEMATIC DESIGN</b>	<b>Health Facility Planner</b>	<b>Architect)</b>
1.	Site Plan	Partial Involvement	Full Involvement
2.	Floor Plans	Full Involvement	Full Involvement
3.	Elevations / Sections	Advisory	Full Involvement
4.	Liaison with Authorities		Full Involvement
	4a Submission of Development Order	Nil	Full Involvement
5.	Outline of Construction Materials	Nil	Full Involvement

ADVISORY/PARTIAL SCOPE OF HFP

ITEMISE SCOPE OF WORK			
	STAGES OF WORK	HFP Advisory Scope *	
6.	Schedule of Accommodation	Full Involvement	Full Involvement
7.	Finishes	Advisory	Full Involvement
8.	Co-ordination with other Consultants	Advisory	Full Involvement
9.	Coordination with User-Clients	Advisory	Full Involvement
10.	Submission to Authorities for Building	Nil	Full Involvement
11.	Submission to Contractor/JKR & KKM	Advisory	Full Involvement
<b>C.</b>	<b>DESIGN DEVELOPMENT</b>	<b>Health Facility Planner</b>	<b>Architect</b>
1.	Site Plan	Partial Involvement	Full Involvement
2.	Floor Plans	Partial Involvement	Full Involvement
3.	Elevations / Sections	Advisory	Full Involvement
4.	Wall Sections and Details	Nil	Full Involvement
5.	Reflected Ceiling Plans	Advisory	Full Involvement
6.	Loaded Drawings	Partial Involvement	Full Involvement
7.	Room Data Sheets and 4 Walls Drawings	Advisory	Full Involvement
8.	Coordination with User-Clients	Advisory	Full Involvement
9.	Schedules : Sanitary	Advisory	Full Involvement
	Fixed Furniture	Advisory	Full Involvement
	Ironmongery	Advisory	Full Involvement
	Doors	Advisory	Full Involvement
	Windows	Advisory	Full Involvement
	Finishes	Advisory	Full Involvement
10.	Security	Advisory	Full Involvement
11.	Submission to Authorities	Advisory	Full Involvement
12.	Submission to Contractor/JKR & KKM	Advisory	Full Involvement

ADVISORY/PARTIAL SCOPE OF HFP

ITEMISE SCOPE OF WORK			
	STAGES OF WORK	HFP Advisory Scope *	
<b>D.</b>	<b>CONTRACT DOCUMENTATION</b>	<b>Health Facility Planner</b>	<b>Architect</b>
1.	Plans	Partial involvement	Full Involvement
2.	Elevation / Sections	Advisory	Full Involvement
3.	Details	Advisory	Full Involvement
4.	Update Schedule of Accommodation	Partial involvement	Full Involvement
5.	Schedules	Advisory	Full Involvement
6.	Specifications	Advisory	Full Involvement
7.	Room Data /Loaded Drawings	Partial involvement	Full Involvement
8.	Coordination with other consultants	Advisory	Full Involvement
	8a. Furniture	Advisory	Full Involvement
	8b. Security	Advisory	Full Involvement
	8c. M &E services	Advisory	Full Involvement
	8d. Structural	Advisory	Full Involvement
	8e. Medical Equipment	Advisory	Full Involvement
9.	Coordination with User-Clients	Partial involvement	Full Involvement
10.	Submission to Contractor/JKR & KKM	Advisory	Full Involvement
<b>E.</b>	<b>CONTRACT IMPLEMENTATION</b>	<b>Health Facility Planner</b>	<b>Architect</b>
1.	Construction Management	Nil	Full Involvement
2.	Updating of Information / Drawings / etc.	Advisory	Full Involvement
3.	Variation to space use	Advisory	Full Involvement
4.	Issuance of Instruction	Nil	Full Involvement
5.	Room Data/Loaded Drawings	Partial Involvement	Full Involvement
6.	Liaison with and Applications to Authorities	Partial Involvement	Full Involvement

ADVISORY/PARTIAL SCOPE OF HFP

ITEMISE SCOPE OF WORK			
	STAGES OF WORK	HFP Advisory Scope *	
7	Commissioning and Handing Over	Advisory	Full involvement
	7a. Inspection of Room/Space	Advisory	Full involvement
	7b. Inventory of Room/Space	Advisory	Full involvement
	7c. Briefing on operational policies	Advisory	Full Involvement
<b>F.</b>	<b>DEFECTS LIABILITY PERIOD/ MAINTENANCE PERIOD</b>	<b>Health Facility Planner</b>	<b>Architect)</b>
1	Space amendments	Advisory	Full Involvement

# WHEN HFP/MEDICAL IS AN ARCHITECT -ENGAGEMENT /CONTRACTUAL SITUATION

## CASE STUDY 1 (NEGO)

When HFP is a different organisation (happen to be an architectural firm) and contracted to the Contractor but work closely with the Architect of the Project

Architectural firm has no healthcare experience

## CASE STUDY 2 (NEGO)

When HFP as an advisory contracted to an Architectural firm. An architectural firm form own HFP firm and contract to Contractor

Architectural firm has no healthcare experience

## CASE STUDY 3 (PPP)

When HFP is silent and Architectural firm selected has healthcare project experience .

UKAS appoint another organisation of HFP/medical planner and Equipment Planner to monitor

# WHEN HFP/MEDICAL IS AN ARCHITECT -PROCESS OUTCOME –THE ISSUE

## CASE STUDY 1

HFP dominates and architects only does administrative and technical role

Contractor insist to use HFP drawings to construct and not architects' coordinated drawings

Project managers take HFP responsible for some architectural works/even non clinical spaces

## CASE STUDY 2

Architects runs the show and seek HFP advise where necessary on the clinical and medical planning issues. However, some issue raised is not necessary e.g. Pipe running at sterile area...., ironmongery, specification, ubbl requirement

Architects prepares HFP drawings as HFP wing of the firm.

## CASE STUDY 3

Architects runs the project based on past experience and some interaction with user-clients.

Independent HFP and Equipment planner vet and monitors.

# EXPERIENCES AND FEEDBACK FROM THE INDUSTRY

FROM INTERVIEWS AND EMAIL QUESTIONNAIRE

# DEFINITION ADOPTED FOR THE STUDY

## Definition:

**Architect** - Overall Qualified Person for the project. Design and manage the construction of the project from A-Z. Responsible for the whole project,

**Health facility architect** - Specialised in designing (not planning!) healthcare projects. May or may not be the project architect or the Qualified person of the project.

**Health Facility Planner** - Specialised in planning of health facility and not a designer per se ( as HFP can be from many profession- nurse, doctor, etc.) HFP advise planning based on health procedures. Responsible in ensuring the spaces work in terms of circulation and placement of equipment, furniture etc for the said function but not responsible on Equipment planning or architecture. May advise on ambience and may intercept interior planning for ergonomic and medical function. Not responsible for the building design.

Question	Response Architect 1	Response Architect 2
<p>A. Background</p> <p>(i) What are your role in healthcare projects?</p> <ul style="list-style-type: none"> <li>-Architect?</li> <li>-Health Facility Planner?</li> <li>-Health Facility Architect?</li> <li>- All the above?</li> </ul>	<ul style="list-style-type: none"> <li>-Health Facility Planner</li> <li>-Health Facility Architect</li> </ul>	<p><b>Architect:</b> Registered professional architect but not necessary with Health facilities planning expertise.</p> <p>Health facility <b>Architect</b> : Registered professional architect with Health facilities planning expertise</p> <p><b>Health Facility Planner</b> : Professional with Health facilities planning expertise and can be from architectural training or medical professional such as nurse, doctors and etc. with the necessary projects experience.</p> <ul style="list-style-type: none"> <li>- All the above</li> </ul>
<p>(ii) Indicate size of project experience.</p> <ul style="list-style-type: none"> <li>- hospital?</li> <li>- clinic?</li> <li>- both?</li> </ul>	<ul style="list-style-type: none"> <li>- both</li> </ul>	<p>RM 600 mill</p> <p>RM10 mill</p> <p>-both</p>

Question	Response Architect 1	Response Architect 2
(iii) sector - public? -private? -both?  if public? How do you register with the Ministry of Finance Malaysia (i) as part of architect's firm? (ii) as different health facility firm? (iii) other? (please state)	-both          as different health facility firm	-both          as part of architect's firm

Question	Response Architect 1	Response Architect 2
<p data-bbox="227 187 510 219">B. Subject Matter</p> <p data-bbox="227 277 778 354">(iv) What do you understand of the following roles?</p> <ul data-bbox="227 411 629 572" style="list-style-type: none"> <li data-bbox="227 411 417 444">- Architect?</li> <li data-bbox="227 454 624 486">- Health Facility Planner?</li> <li data-bbox="227 496 629 529">-Health Facility Architect?</li> <li data-bbox="227 539 349 572">-Other?</li> </ul>	<p data-bbox="879 277 1277 396">Health Facility Planner? - same as you defined earlier</p> <p data-bbox="879 444 1309 564">- Health Facility Architect? - same as you defined earlier</p>	<p data-bbox="1336 277 1682 358">Please refer to the above</p>

Question	Response Architect 1	Response Architect 2
<p>(v) Do you agree that there is a conflicting role in the 2-3 tasks of architect, health facility planner and health facility architect?</p> <p>if no, why ?</p> <p>If yes</p>	<p>Yes, between role of architect against HFA/HFP.</p>	<p>NO: Base on my definition above, there is no conflict in health facility architect as one body is doing both tasks.</p> <p>If Architect and Health facility Planner are of different firms then the scope of works need to be fully defined.</p> <p>If the Architect is without health facility project experience and is playing the lead role of the project. Then the architect may face some difficulties due to the project required a good understanding of the special requirement of a health facilities project. Some client nominate the health facilities planner to lead instead.</p>



Question	Response Architect 1	Response Architect 2
<p>(vii) From experience, how does the contractor/project management team (pmt) address the situation?</p> <p>Planning and Design stage</p> <p>(a) Who presented the overall project scheme to the client?</p> <p>-the principal architect? OR</p> <p>-the project architect/health facility architect?</p> <p>- health facility planner?</p>	<p>-the principal architect</p> <p>-the project architect/health facility architect</p>	<p>- health facility planner</p>

Question	Response Architect 1	Response Architect 2
<p>(b) Who make the final decision on the overall planning and design of the facility?</p> <ul style="list-style-type: none"> <li>- the principal architect?</li> <li>- the project architect/health facility architect?</li> <li>- health facility planner?</li> </ul>	<p>the project architect/health facility architect</p>	<p>- health facility planner</p>
<p>(c) Who does the contractor hold the project responsibility to at Planning and Design stage?</p> <ul style="list-style-type: none"> <li>- the principal architect?</li> <li>- the project architect/health facility architect?</li> <li>- health facility planner?</li> </ul>	<p>the project architect/health facility architect?</p>	<p>- health facility planner</p>

Question	Response Architect 1	Response Architect 2
<p>(d) Who does the contractor hold the project responsibility to at Room Data stage?</p> <ul style="list-style-type: none"> <li>- the principal architect?</li> <li>- the project architect/health facility architect? OR</li> <li>- health facility planner?</li> </ul>	<p>the project architect/health facility architect? OR</p> <ul style="list-style-type: none"> <li>- health facility planner?</li> </ul>	<ul style="list-style-type: none"> <li>- health facility planner</li> </ul>
<p>(e) Who does the contractor hold the project responsibility to at Construction stage?</p> <ul style="list-style-type: none"> <li>- the principal architect? OR</li> <li>- the project architect/health facility architect?</li> <li>- health facility planner?</li> </ul>	<ul style="list-style-type: none"> <li>- the principal architect</li> <li>- OR</li> <li>- the project architect/health facility architect</li> </ul>	<ul style="list-style-type: none"> <li>- both principal architect and health facility planner</li> </ul>

Question	Response Architect 1	Response Architect 2
<p>(f) Do you know the what the following drawings are for? (Please state)</p> <ul style="list-style-type: none"> <li>- Construction drawings?</li> <li>- Loaded drawings?</li> <li>- 4 Wall drawings?</li> <li>- Room data drawings?</li> <li>- Tender drawings?</li> <li>- As built drawings?</li> </ul>	<p>Yes, for construction</p> <p>Yes, for design development, space planning and construction reference</p> <p>Yes, for design development coordination, setting-out and construction reference</p> <p>Yes, for functional, finishes, fitting and fit-out, and services requirement</p> <p>Yes, for tender</p> <p>Yes, measured dwg &amp; completed building</p>	<p>Of course</p>

Question	Response Architect 1	Response Architect 2
<p>(g) Which drawings does the contractor refer to in the final construction of the project ?</p> <ul style="list-style-type: none"> <li>- Architect's construction drawings?</li> <li>- Room Data and 4 Wall drawings?</li> <li>- Loaded drawings?</li> <li>-other (please state)</li> </ul>	<p>All the above</p>	<ul style="list-style-type: none"> <li>- Architect's construction drawings</li> <li>- Room Data and 4 Wall drawings</li> <li>- Loaded drawings</li> <li>All the above</li> </ul>
<p>Any Other Comments</p>		<p>Agreed that the profession need a bit of regulatory. Even the terminology need to be better defined. Agreed that Health Facilities Planner is a better terminology then medical planner. I am of the opinion that if title "<b>architect</b>" to be used, then it should be a registered member with the LAM.</p>

# RECOMMENDATIONS

PRELIMINARY

# RECOMMENDATIONS (PRELIMINARY)

Lessons learned from the scenario for the purpose of this paper above the following are :

**ARCHITECTS must lead** the project delivery from inception to completion professionally, morally and legally....whatever the situation of the project

Clear the scope of work :

If HFP/Medical Planner is himself, the job scope can be intertwined.

If HFP/Medical Planner who is him/herself of architectural background from an independent organisation or body (appointed by the architect or client) the job scope/Terms of Reference (TOR) should be clearly designated so as not to bound in be responsible for architectural work e.g. Fire requirement, finishes, structure. etc.

If HFP/Medical Planner is not from architectural background, the scope is basically pertaining to adjacency of space, adequacy of space ( not spatial), space adjacency, equipment installment for clinical functionality only . He or she is NOT responsible for physical structure , spatial configuration or dimensions.

Perhaps another name for the “profession” to avoid confusion and registration with LAM such as Interior designers ..

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## EXECUTIVE BRANCH

(20 ILCS 3960/) Illinois Health Facilities Planning Act. (20 ILCS 3960/1) (from Ch. 111 1/2, par. 1151) (Section scheduled to be repealed on December 31, 2019) Sec. 1. This Act shall be known and may be cited as the Illinois Health Facilities Planning Act.

(Source: P.A. 78-1156.). Excerpts from Illinois General Assembly. Retrieved 7 September 2013 at <http://www.ilga.gov/legislation/ilcs/ilcs3.asp?ActID=407&ChapterID=5>

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# APPENDIX: ARCHITECTS (SCALE OF MINIMUM FEES) RULES 1986 (LAM)

*Appointment of an independent specialist consultant to work in collaboration with the Architect*

- 6A. Notwithstanding the services as may be provided by the Architect as described in this part of the Rules, and where an independent specialist consultant is appointed directly by the Client or by the Architect, such services that would otherwise be provided by the Architect alone shall be performed by the specialist consultant, in collaboration with the Architect, whose terms of appointment shall be in accordance with the relevant rules.

## Part III Scale of Minimum Fees

*Fees for advisory services*

7. The Architect in providing any of the advisory services described in Rule 4 shall be paid on either the basis of time spent by the Architect and his staff or on a lump sum derived from an estimate of time likely to be spent at not less than the scale of fees as prescribed hereunder and in either case, the Architect shall be reimbursed for all other incidental and out of pocket expenses -
- (a) the principals shall be paid at the hourly rate or rates deduced from the salary times the appropriate multiplier;
  - (b) the technical and supporting staff shall be paid the salary times the appropriate multiplier;
  - (c) the cost of staff other than technical staff shall not be charged unless otherwise agreed; and
  - (d) reimbursable expenses are paid as set out in Part IV.