

## Responses to Questions on Notice – Select Committee on Regional Development and Decentralisation

### University of Newcastle

#### Q1: Top Five Recommendations for Improving Equity of Access to Regional Education

Improving equity of access to higher education for students and families in regional, rural and remote areas involves university and community partners working together to provide tailored solutions to issues facing regional communities.

Access to higher education depends on having access to high quality resources, educational opportunities and materials, as well as on the development of a sense of capability and aspiration among students. Building this aspiration when students may not have had prior exposure to or family engagement with higher education must include universities working in partnership with the community and other educational providers such as TAFE.

#### **Recommendation 1: Build foundation for better regional and rural access through strong, respectful and sustainable community partnerships**

- Starting point must be one of respect, recognition and value of both individual & community assets, knowledge, history and culture
- Mutual understanding fostered via shared representation and participation in strategies that are co-developed (not a university ‘top-down’ approach)
- Working with individuals in the context of their lives, connection to family/community, material constraints they face and educational experiences (which might have undermined their aspiration)

#### **Examples**

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- *Outreach programs co-constructed with community partners to nurture a sense of capability for learning and build on, and sustain, aspirations for higher education*
  - *Continuing Professional Development for teachers and other professionals to eradicate ‘deficit’ approaches that pathologise individuals, families and communities by focusing on ‘lack’*
  - *Whole-of-community partnerships with a diverse cross section of stakeholders*
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#### **Recommendation 2: Improve information, guidance and advice about education options to be clear, accessible and relevant**

- Clear advice must be provided about navigating educational systems and pathways
- ‘Hot’ (and ‘Cold’) knowledge must be available – research has shown that groups under-represented in HE, such as regional students, often do not have access to ‘hot’ (informal) knowledge that is exchanged within local networks and community groups – (‘Cold’ knowledge is formal and tends to be complicated to ‘decode’)
- Hot knowledge must be accessible, supportive and encouraging

### Examples

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- *Tailored information sessions, open days, orientation sessions for regional and rural students*
  - *Short bridging programs to introduce students to information about higher education and discipline areas*
  - *Accessible resources co-designed with community members*
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### **Recommendation 3: Harness and extend university resources to support regional (and rural & remote) communities**

- In consultation with community partners, identify, draw on and/or generate key university resources and materials of benefit to community to develop and nurture a connection to the university
- University resources should be drawn on through multiple approaches – blended learning, digital/physical learning hubs, collaboration across community to enable learning opportunities with support from university

### Examples

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- *Open access enabling programs – such as the University of Newcastle’s Newstep and Open Foundation programs*
  - *Sites such as the University of Newcastle Department of Rural Health in Tamworth, which facilitate student placements and interprofessional learning while also enhancing the health of local communities through community engagement*
  - *Multipurpose learning hubs in community settings*
  - *Children’s University style outreach programs, such as those at the University of Newcastle*
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### **Recommendation 4: Create, maintain and nurture accessible learning pathways to higher education**

- Involves coordination between universities and other providers (eg TAFE) to develop high quality, accessible, and coordinated set of pathways that provide access to higher education
- These should be offered by both the university (enabling) and other providers, to enable multiple core pathways for the majority of students who enter through non-school programs
- Foster historically developed pathways (which have strong community support) through enabling programs. The most common method of referral for UON’s 55,000 Enabling students, including Indigenous students, entering since 1974 is ‘word of mouth’ and encouragement from community contact.
- Ensure that these pathways are institutionally valued and receive appropriate time and attention

### Examples

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- *TAFE Diploma-to-Degree programs with University of Newcastle – seamless articulation from Diploma of Nursing (enrolled nurse) into Bachelor of Nursing (registered nurse) qualifications*
- *Joint vocational/university qualifications – eg UON’s Integrated Bachelor of Engineering (Honours) (Electrical and Electronic) – Certificate III in Electrotechnology*

*Electrician, which combines a university electrical engineering program with TAFE trade qualification and one year industry placement to deliver graduates who are fully licenced electricians as well as engineers. TAFE fees paid by industry sponsor.*

- *Online learning designed to build connection and ‘community of learners’ – blended learning (ie face to face learning combined with online sessions) with a tutor or ‘navigator’ is valuable to provide that sense of community*
  - *International example - British Open University system invests much into Associate Lecturer role, which develops strong pedagogical relationships with distance learners*
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**Recommendation 5: Support good practice with enhanced research on the challenges and possibilities of access and participation, in partnership with local regions**

- Sophisticated understanding of ongoing social contexts is crucial for building equitable access, participation and success in higher education
- Universities must be committed to long-term, nuanced research *in partnership* with local communities that is respectful, participatory, practice-informed, long-term, and builds capability
- Dedicated support to regional universities (through government, philanthropic or other sources) required to conduct long-term research with local communities

**Examples**

- *The Children’s University Evaluation project at the University of Newcastle (supported by philanthropic funding)*
  - *Programs such as the Excellence in Teaching for Equity in Higher Education (ETEHE) research program and the National Writing Program for Equity Practitioners*
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**Q2: Outcomes of Medical School Training for Rural and Regional Engagement**

The Joint Medical Program (JMP) is a collaboration between the University of Newcastle (UON) and the University of New England (UNE). The JMP was established in partnership with the Hunter New England Local Health District and the Central Coast Local Health District. This unique combination of two Universities and two Local Health Districts (LHDs) has enabled the provision of medical training across rural, regional and metropolitan footprints across NSW.

**Regional and rural engagement**

Through the JMP, UON is delivering strong results for rural and regional engagement:

- 25 percent of the UON medical student cohort originate from rural and remote communities. In total 37.5 percent of the combined UNE and UON JMP students originate from rural and remote areas.
- Approximately 25 percent of all clinical experience is currently undertaken within a rural and regional setting.
- Almost one-quarter of JMP graduate doctors express an intention to practice in a rural and remote location, in contrast to only sixteen percent of current medical students more generally expressing this intention.
- Current estimates indicate that the JMP approach will graduate more than 250 new doctors practising in rural and remote communities over a 10-year period.

- Since 2006, the JMP has provided a pathway for rural and Indigenous students into medicine, with targeted outreach to attract low social economic status students addressing the core UON value of ensuring equity of access to high quality education.
- An ongoing commitment to Indigenous education has produced sixty Aboriginal and Torres Strait Islander (ATSI) enrolments in 2016 across the five years of the Medical program, and 80 ATSI doctors. 10.6 percent (60 students) of the total medical student cohort in 2016 identifying as Indigenous.

The JMP specifically aims to deliver in remote, rural, regional and metropolitan areas across northern NSW and was designed to address the workforce needs in rural and remote Australia with targeted outreach to students within these communities. The current distribution to regional medical schools (particularly the 536 Commonwealth Supported Places (CSP) to UON and 300 CSP to UNE enrolling in the only JMP in Australia) has enabled the JMP to deliberately address the maldistribution of medical practitioners in Australia.

### Distribution of clinical schools and clinical rotations

JMP students engage in rural and remote clinical placements affirming our commitment and intent to train the next generation of health practitioners who respond to the changing health environment. The JMP has three Rural Clinical Schools in NSW (Tamworth, Armidale and Taree) with at least 25 percent of the combined UON/UNE cohort undertaking a full year of clinical placement within one of our Rural Clinical Schools. Figure 1 below shows the location of JMP teaching facilities and clinical placement distribution across NSW.

**Figure 1: Location of JMP teaching facilities and clinical placement distribution**



All JMP students have an opportunity to attend a regional, rural & remote clinical rotation with students completing over 116,000 hours of clinical placement in a rural or remote location across 6 states & territories in 2015 (see Table 1 overleaf for placement events in terms of Remote Area Code according to the rural, Remote & Metropolitan Areas classification).

RA CODE	Placement Events	Hours
2 – Inner regional	348	101616
3 – Outer regional	94	12901
4 – Remote Australia	12	2121
5 – Very remote Australia	2	220
<b>Total</b>	<b>456</b>	<b>116858</b>

  

State	Placement Events	Hours
NSW	416	111478
QLD	16	1731
VIC	11	1543.5
NT	5	1000
TAS	2	110
WA	6	995.5
<b>Total</b>	<b>456</b>	<b>116858</b>

**Table 1: 2015 UON Medicine Rural & Remote Placement Summary**

### Graduate outcomes – Joint Medical Program

Data from the MSOD (Medical Students Outcomes Database) highlight that 23.3 percent of JMP graduates indicate that their first preference for future practice would be in a regional or rural area. This has increased significantly from the 5.3 percent who indicated this in 2010 and is in contrast to the overall response of 15.6 percent across all medical schools. The Bonded Medical Places (BMP) scheme, since 2016, has required 28.5 percent of all CSP medical students to be part of the BMP. Graduating BMP students have return of service obligations of up to 5 years creating opportunities for immersion in non-metropolitan areas. BMP students are required to spend 12 months in a district of medical workforce shortage.

Table 2 below shows the origin of domestic Joint Medical Program students, with significant proportions of the enrolments coming from regional and rural areas of New South Wales.

2016 Area of origin	Student Numbers
Capital Region	2
Central Coast	22
Central West	12
Coffs Harbour - Grafton	1
Far West and Orana	3
Hunter Valley excluding Newcastle	31
Illawarra	6

Mid North Coast	15
New England and North West	17
Newcastle and Lake Macquarie	191
Richmond - Tweed	5
Riverina	3
Southern Highlands and Shoalhaven	2
Sydney	193
<b>TOTAL</b>	<b>503</b>

**Table 2: Origin of UON domestic Commonwealth supported medical students**

### Q3: Higher education attainment in UON's regions

According to the latest Census data from the Australian Bureau of Statistics, educational attainment in UON's catchment regions remains well below NSW and Australian averages for higher education. The lowest level of higher education attainment is found in the Hunter Valley (excluding Newcastle) and Mid North Coast regions, where bachelor degree (or higher) attainment for members of these communities is less than half the NSW average.

For advanced vocational qualifications, UON's catchment regions were largely on par with NSW and Australian averages, and a higher than average proportion of residents across all catchment regions held Certificate IV or Certificate III qualifications, reflecting a higher take-up of vocational education compared with university education.

A significantly higher proportion of residents across all of UON's catchment regions had Year 10 qualifications as their highest level of educational attainment compared with the NSW and Australian averages, with the Hunter Valley and Mid North Coast having the highest levels of Year 10-only education in these regions.

	Newcastle & Lake Macquarie	Hunter Valley (excluding Newcastle)	Central Coast	Mid North Coast	NSW	Australia
Bachelor degree and above	18.9	10.6	14.0	11.0	23.4	22.0
Advanced Diploma and Diploma	8.8	8.0	9.2	8.0	8.9	8.9
Certificate IV	3.7	4.1	3.7	3.3	2.8	2.9
Certificate III	16.0	18.9	16.7	17.1	12.0	12.8
Year 12	12.4	10.7	13.0	9.8	15.3	15.7
Year 10	14.4	17.2	15.5	17.0	11.5	10.8

**Table 3 – Highest level of educational attainment (2016 Census), UON catchment regions**

The median weekly household income also falls well below NSW and Australian averages for all of UON's catchment regions, reflecting relative levels of socioeconomic disadvantage in these region.

	Newcastle & Lake Macquarie	Hunter Valley (excluding Newcastle)	Central Coast	Mid North Coast	NSW	Australia
Median weekly household income	1,331	1,286	1,258	936	1,486	1,438

**Table 4 – Median weekly household income – UON catchment regions**