

9 September 2020

Submission to the senate inquiry for the Higher Education Support Amendment (Job-ready Graduates and Supporting Regional and Remote Students) Bill 2020 from The Australian Society for Medical Research (ASMR)

Thank you for the opportunity to comment on the draft legislation enabling the Government's Job-ready Graduates Higher Education Reform Package.

Founded in 1961, the ASMR is the peak organisation representing the Australian health and medical research sector through its public, political and scientific advocacy. In addition to its core membership of health and medical researchers, the ASMR has affiliations with specialist societies, medical colleges, and patient foundations/groups that effectively expand ASMR's network to more than 100,000 stakeholders of Australian health and medical research.

Australia's strong legacy of producing high-quality scientists and research outputs is built on the foundation of a robust tertiary education sector, with a third of our national research coming out of our universities. **The ASMR has serious concerns regarding various aspects of the Bill and how it will likely adversely affect the future of health and medical research in Australia, and opposes its passage into legislation.**

First, the Bill proposes to decouple Government support for teaching and research by removing the 'base research' component from the Commonwealth Grants Scheme (CGS). This research funding is critical for supporting indirect costs and shortfalls associated with competitive research grants, among other research activities. Removing this component from the CGS without simultaneously introducing a parallel scheme to support university-based research will have serious ramifications for the capacity of universities to undertake world-class research, thereby compromising the intended benefit to be gained by prioritising STEM streams. Before supporting any aspect of this Bill, a detailed strategy to support research is required in parallel.

The recent underfunding of health and medical research has destabilised the sector and the proposed removal of 'base research' funding in the Bill would undoubtedly destabilise it further. The precariousness of the health and medical research sector has seen at least a 20% decline in researchers over recent times. These are researchers that contribute to teaching undergraduate courses and providing diverse and contemporary contributions to the teaching of these undergraduate courses. It would therefore seem counterproductive to remove research funding and jeopardise academic research jobs.

We foresee that the current Bill will impart further pressure on an already under-supported sector and lead to outcomes contrary to the Bill's intentions. We recommend that base research funding be maintained, either as part of the CGS or through the introduction of a parallel and complementary research funding stream.

If the latter, the current Bill should be withdrawn until a complementary Bill relating to research support is developed and presented for consideration.

Second, the proposed restructure of course fees appears certain to create perverse financial incentives for universities to preference certain educational offerings in a manner that runs contrary to the Government's stated policy objectives of driving more students into STEM subjects. For example, the base funding to universities (the combination of Commonwealth contribution and student contribution) for students enrolling in Science courses will decrease by \$4,758 (16.4%) under the revised scheme, while funding for students enrolling in Maths will decrease by \$3,513 (17%). Of particular relevance to the health and medical research sector, Medical Science courses (FoE code 0199) have been re-classified from the Medicine cluster into a lower cluster (as "Other Natural and Physical Sciences), **resulting in a funding reduction of \$11,601 (32.4%) per student.** While the reduction in student contribution might incentivise students to enrol in these STEM course, the corresponding financial disincentive for universities will result in universities prioritising their educational offerings to fields where the student contribution is comparatively high.

We recommend retaining Medical Science within the Medicine cluster (as has been done for Pathology, a discipline of Medical Science) to avoid financial disincentives to universities enrolling students in Medical Science courses. Fee structures for broader Science and Maths courses should also be reconsidered.

We believe that the best research and, consequently, the best health and economic outcomes, are underpinned by scientific excellence that is achieved by a well-supported and accessible tertiary education sector. The COVID-19 pandemic has highlighted the importance of a diverse and well-trained health and medical research sector. Now, more than ever, we need to ensure that the brightest minds are attracted to this vocation and that universities are sufficiently resourced to provide expert education and training. The proposed Bill falls short of achieving that goal.

Do not hesitate to contact the ASMR for further discussion of the concerns raised here.

With best regards,



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