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Vice-Chancellor and President

25 October 2019

Mr David Learmonth
Deputy Secretary, Higher Education, Research, International
Department of Education
GPO Box 9880
Canberra ACT 2601

Dear Mr Learmonth

Please accept this letter as La Trobe's response to your invitation for comment on the proposed redistribution pool for medical places requested in a letter dated 20 September.

As you are aware, La Trobe warmly welcomed the announcement of the Murray-Darling Medical Schools Network (MDMSN) delivered in May 2018, and we were delighted to partner with the University of Melbourne to successfully deliver the first program within the MDMSN in 2019 (see enclosed slide deck, which provides an overview of our shared achievements).

La Trobe now welcomes and applauds the proposal to redistribute additional medical places as a key measure to continue addressing the chronic shortage of doctors in regional and rural Australia. We can advise that we are keen to enter into discussions with Government, the University of Melbourne and other key stakeholders to expand the delivery of our existing partnership model from 15 to 30 places. This would build on the initial success of the 2019 program, maximise benefits from initial government investments, and support the longer term viability of the innovative delivery model we co-designed with the University of Melbourne.

Redistribution Feedback

With regard to the request for feedback on managing the redistribution process outlined in the Discussion Paper, we note that La Trobe offers a pre-clinical, three-year undergraduate pathway degree (Bachelor of Biomedical Science (Medical)) at our Bendigo and Wodonga campuses. This provides 15 students with the opportunity to access a guaranteed place (subject to meeting course prerequisites) in a four-year Doctor of Medicine (Rural Pathway) offered at the University of Melbourne's Shepparton campus. Students are jointly selected by La Trobe and the University of Melbourne.

We look forward to exploring any opportunities reallocation may allow to enable an expansion of our pathway program as described further below.

Consistent with our focus on delivering the best health outcomes for regional and rural communities, we support reallocation of medical places to those universities demonstrating:

- a firm commitment to delivering medical training programs for regional and rural students in regional and rural campuses, and
- a track record of regional and rural health delivery suited to embedding medical training within regional communities and healthcare providers, and encouraging the development of a wider network of health students and professionals in regional and rural Australia.

Accordingly, we endorse the focus on rewarding end to end delivery as proposed in Option 3. We also acknowledge that it may be advantageous to consider a competitive element to allocations (as per Option 1), providing this is consistent with the points above, and is introduced in consultation with providers to avoid becoming unnecessarily burdensome or overly technical.

La Trobe Bachelor of Biomedical Science (Medical)

As you will be aware, since July 2018, La Trobe and the University of Melbourne have partnered to give 15 regional and rural Australians each year the opportunity to commence end to end medical training in regional Victoria at our Bendigo, Albury-Wodonga and Shepparton campuses.

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REGIONAL CAMPUSES

Bendigo

Albury-Wodonga

Mildura

Shepparton

I am extremely proud of this unique and innovative program we have co-created with the University of Melbourne. Working together, we have created an end to end rural training experience that serves the interests of our regional communities and makes the best use of existing resources and relationships.

I am pleased to advise that the pathway program has attracted a very high level of interest from applicants who come from rural backgrounds and are seeking a career in the rural health workforce. Notwithstanding the very short time frame we had to develop and market the program, we received 200 unique applications for the 15 allocated places for the 2019 intake. Following a rigorous, collaborative selection process - students must have a minimum ATAR of 85 and demonstrate residency in a regional or rural area for at least 5 years - all 15 places were filled. The high calibre of applicants demonstrates we could have successfully filled these places many times over. Indeed, our offer-to-applicant rate for the first intake of one-to-thirteen compares favourably, for example, with the Monash University rate of one-to-twelve (based on the most recent VTAC data from 2018). We expect a substantial increase in applications for the 2020 intake, with VTAC first preferences increasing by 100% in Wodonga, and 37% in Bendigo.

This is a remarkable success, clearly demonstrating that our pathway model has immediate capacity to expand to 30 students, as we foreshadowed in discussions leading to the original MDMSN announcement for 15 students in 2018.

La Trobe's Regional Commitment

The delivery of education and training outcomes for rural and regional Australians is central to La Trobe's mission. La Trobe serves close to 9,000 students from rural and regional areas at our campuses in Albury-Wodonga, Bendigo, Shepparton, Mildura and Melbourne.

Students in our MDMSN rural medical pathway program benefit from our interdisciplinary, established programs, infrastructure and networks in regional health education delivery. The La Trobe Rural Health School is Australia's newest University Department of Rural Health (UDRH) and has a significant share of rural and regional origin students enrolled in nursing, dentistry and allied health. It works in partnership with more than 336 different rural and regional health agencies across Central and Northern Victoria, offering a wide range of inter-disciplinary undergraduate and postgraduate courses including: Dentistry and oral health; Exercise physiology and exercise science; Midwifery; Nursing; Occupational therapy; Paramedicine; Physiotherapy; Social work and Speech pathology. As you note in your letter, research evidence shows that enrolling students who undertake long-term training in rural areas increases the likelihood they will practise in rural areas upon graduation. Our data indicates that 74 per cent of La Trobe students in health-related courses who study in the La Trobe Rural Health School work in a rural location following graduation.

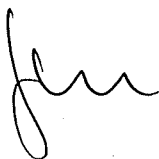
In addition to high-quality clinical programs, School staff are involved in a range of research projects on rural and regional wellbeing. The established research profiles of School staff will offer the opportunity for supervised post-graduate research projects when La Trobe students graduate from Bendigo or Wodonga and transfer to the University of Melbourne Doctor of Medicine program in Shepparton.

Conclusion

I take this opportunity to thank the Government and the Department for their assistance and efforts in delivering the MDMSN and, in particular, facilitating La Trobe and the University of Melbourne to deliver and implement a unique and innovative end-to-end program.

I look forward to expanding on this initial success and stand ready to provide any further information or assistance to enable us to increase the size of our student cohort from 15 to 30 at the earliest opportunity.

Yours sincerely



Professor John Dewar
Vice-Chancellor and President