

11 August 2023

To whom it may concern,

I am writing this submission in response to the Interim Report of the Australian Universities Accord Panel.

Background

I am currently a third-year postgraduate medical student at the University of Melbourne with a domestic full fee-paying place.

In 2014, the Abbott Government was forced to ditch plans to introduce a mandatory minimum \$7 'co-payment' for GP consultations. The measure was widely condemned as unjust and contrary to the principles of universal healthcare. Today, a GP practice that only charged a \$7 out-of-pocket fee for an appointment would find itself in very high demand. In much the same way as this, many issues in higher education (and elsewhere in society) have come about insidiously, in a way reminiscent of the parable of the boiling frog.

I will focus this submission on such issues relating to placements and to full fee-paying places.

Placements

I appreciated the recognition by the Panel of the issue of unpaid placement requirements, particularly in healthcare-related courses. They cause significant financial stress, they contribute to course attrition, they act to reduce social mobility, and they are unfair.

Many student placements in healthcare-related courses provide actual value to the healthcare system. Students commonly perform tasks that, in the absence of a student, would instead have to be done by a paid employee. Instead of this contribution being recognised with fair pay, students are expected to pay for this 'privilege' in the form of course fees.

In stark contrast to the system as it exists today, my mother was being paid (in the form of not only money but also accommodation) from her very first day of nursing school. As I understand, she paid essentially no course fees for her qualification whatsoever.

Full Fee-Paying Places

A University of Melbourne full fee-paying medical degree beginning in 2024 will cost a total of over \$365,000. The HELP loan limit for students studying medicine is a little over \$160,000, from which a student would likely have already borrowed many tens of thousands from in order to pay for their undergraduate degree.

Obviously, this funding model almost exclusively increases opportunity for those from wealthy backgrounds only and acts to reduce social mobility.

Full fee-paying domestic medical students are guaranteed a job once they graduate. Most full fee-paying international medical students readily find employment once they graduate. Full fee-paying domestic medical places therefore do not exist in surplus to the needs of the healthcare system for its supply of junior doctors. Surely, it is unconscionable for the

Australian healthcare system to be so dependent on this such greatly inequitable funding model.

While the HELP loan limit referred to earlier increases yearly with CPI, the course fees for a full fee-paying medical place at the University of Melbourne have generally increased by around four or five per cent every year. Over time, this has resulted in the fees increasing substantially faster than CPI and wages. A full fee-paying student beginning the course in 2014 would have only expected to pay about \$247,000 for their degree (somewhere on the order of \$300,000 inflation adjusted). As previously mentioned, a full fee-paying domestic student beginning their course in 2024 can now expect to pay a total of over \$365,000 for their degree.

Final Remarks

Thank you for taking the time to read my submission.

Kind regards,
Joseph Kneebone