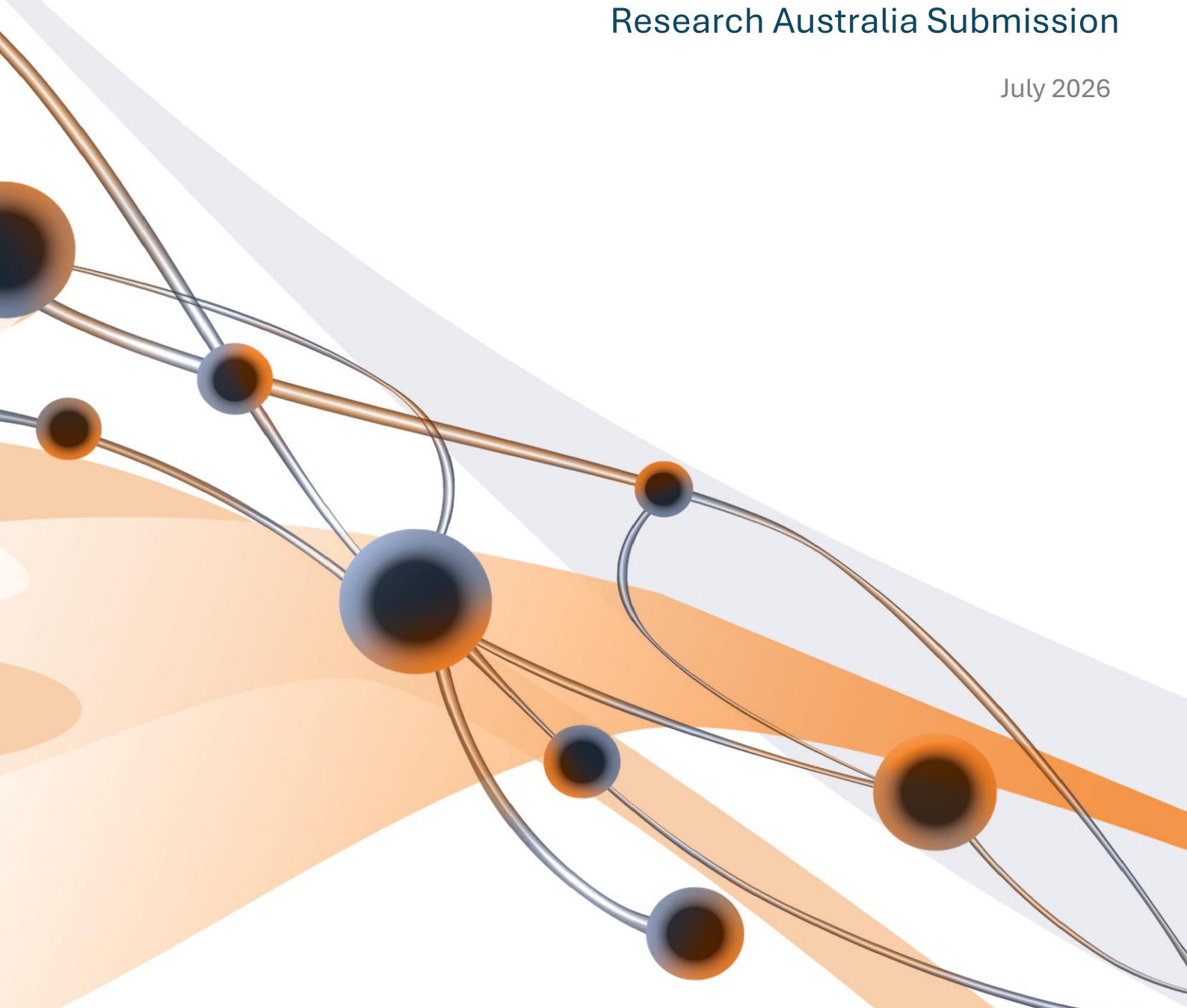


Response to the Universities Accord (Opening the Doors of Opportunity) Bill 2026 Consultation Paper

Research Australia Submission

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*Championing
Australian health
& medical research
& innovation*

Introduction

Research Australia commends the introduction of the Universities Accord (Opening the Doors of Opportunity) Bill 2026. The Bill is welcomed as an important step towards implementing the Australian Universities Accord.

This legislation marks a significant step forward in expanding access to higher education, ensuring more diverse and inclusive opportunities for all students.

Research Australia is the national peak for the health and medical research and innovation (HMR) sector. Our membership is drawn from the whole pipeline of HMR, including universities, medical research institutes, charities and patient groups, health care providers and companies commercialising new health technologies and medicines.

Our priorities include smarter investment and value realisation for the sector, health innovation, supporting a skilled and enabled research and innovation workforce and advancing health equity.

In response to the Universities Accord (Opening the Doors of Opportunity) Bill 2026, Research Australia has prepared this submission following contributions from our members, who serve as key stakeholders in this process. Their insights and perspectives have been carefully considered to ensure a comprehensive understanding of the potential implications of proposals outlined in the Bill. We emphasise that achieving the broader vision of the Accord requires equal attention to research capability, in addition to teaching and student participation.

A strong and sustainable health and medical research and innovation workforce underpins the capacity of Australia's health and innovation system to generate, translate, and apply evidence that improves health outcomes, supports innovation, and drives economic growth. This begins with a strong and equitable education system, including the university sector. However, workforce challenges – including fragmented career pathways, inequitable access to opportunities, limited workforce data, and insufficient alignment between research skills, system and population needs – threaten the current and long-term effectiveness and competitiveness of the health and medical research and innovation sector, and in turn our nation's health and economy. The University Accord has the opportunity to contribute to addressing these challenges.

Research Australia's [Policy Discussion Paper: Workforce – Looking Ahead: Shaping the Research Workforce for Tomorrow](#)ⁱ provides a range of recommendations across 7 key priority areas the committee should consider:

Priority Area 1: Addressing job insecurity

Priority Area 2: Defining and measuring the research workforce

Priority Area 3: Taking a pipeline approach to capacity and capability development

Priority Area 4: Addressing systemic barriers for priority workforce cohorts

Priority Area 5: Developing research-active workplaces through organisational change

Priority Area 6: Addressing discrimination and embedding diversity, equity, and inclusion in workforce development

Priority Area 7: Valuing global research talent and collaboration

Specifically, in relation to the Bill, we present the following points, including recommendations for consideration.

A. Build the future health workforce through research - The recently established Australian Tertiary Education Commission (ATEC) will play a major role in allocating funding and advising Government.

Research Australia recommends that ATEC explicitly considers research capability when planning tertiary capacity. To create a health and medical research and innovation workforce for tomorrow, there needs to be clear and dynamic career pathways available to current and future researchers. A recent study highlighted that total employment in Australia is projected to grow by 13.7% between 2024-2034, with critical capacity development required in several fields relating to health and medical research and innovationⁱⁱ. According to the report, medical biotechnology, for example, will largely be necessary for addressing the needs of Australia's ageing population, with employment of life scientists projected to increase from 10,400 to 12,200 between 2024 and 2034ⁱⁱⁱ.

Health workforce shortages cannot be solved solely through increased enrolments. For example, clinician-researchers improve healthcare quality and research-active health services, achieve better patient outcomes, contributing to improved clinical standards and innovations. Clinician-researchers are trained health practitioners across fields such as medicine, nursing, midwifery, or allied health, who also engage in research. They play a critical role in bridging the gap between scientific knowledge and healthcare delivery, ensuring research addresses real-world problems, and accelerating the adoption of new evidence into practice. Expanding access as proposed in the Bill should incorporate the development of stronger pathways into clinician-researcher careers. This will support a sustainable pipeline of skilled professionals dedicated to advancing health outcomes and evidence-based practice.

To avoid skills bottlenecks which hamper career pathways into health and medical research careers, including clinician-researchers, we must ensure a seamless pipeline of skills development and progression across all education and career stages. A pipeline approach to workforce planning for the health

and medical research and innovation workforce should be implemented, spanning stages even as early as from primary and secondary education to entry and progression within the workforce.

B. Consideration of disparities - While the Bill aims to expand access to higher education and increase opportunities for diverse populations, it is essential to address several critical factors in relation to disparities.

Addressing disparities caused by systemic (and intersectional) discrimination embedded in the tertiary education system, including in disciplines related to health and medical sector, requires targeted action across multiple levels, including attitudinal and behavioural changes, supported by systemic and institutional monitoring and evaluation, and capacity building approaches to support changes to address bias and deficit discourses. This needs to be underpinned across all aspects of institutions and systems (policy, funding and data), including leadership and values (beyond mission statements); governance, systems, policies and procedures; workforce – capabilities and capacity; and service offers (e.g. whether that be funders; research institutes; health service systems; research infrastructure such as ethics committees). This needs to align with existing national priorities and frameworks, such as the National Agreement on Closing the Gap, Australia's Disability Strategy, the Women's Health Agenda, as well as existing work, such as Women's Health Research Roadmap^{iv}.

In addition, we specifically note the importance of ethical, culturally safe, responsive and locally informed teaching and research, data, governance and accountability approaches, including working with Aboriginal and Torres Strait Islander leadership and community-controlled organisations. The international and national policy landscape of both the UNDRIP (including recent Sessions of the UN Permanent Forum on Indigenous Issues (UNPFII) focussing on Indigenous determinants of health and Closing the Gap National Agreement), offer frameworks for ensuring genuine partnerships and self determination, including in teaching and in research activities.

As another example, despite 28% of the population in Australia live in Regional, Rural, Remote and very Remote (RRRvR) communities, as well as the strengths of RRRvR areas, Australians living in these communities face unique challenges. Specifically, disparities in health workforce recruitment and retention between RRRvR and non-RRRvR communities are well documented. Compared to the overall population where 27% live in RRRvR areas (26% of all employed individuals work in RRRvR locations), only 13% of the HMR workforce live in regional or remote areas. Specifically for the health and medical research and innovation workforce, the 2024 Australian Health and Medical Research Workforce Audit highlighted researchers in regional areas often raised the difficulty of accessing the same opportunities available to researchers in metropolitan locations, citing training and funding as difficult

to access. For further detailed focus on RRRvR communities, see [Research Australia's Policy Discussion Paper Advancing Health and Medical Research and Innovation across Regional, Rural, Remote and very Remote Communities: Policy Discussion Paper^v](#).

Specific responses include:

- 1. Place-based placement and regional disparities** – This is key to ensuring equitable access and placement opportunities across diverse geographical areas. In relation to regional disparities, developing targeted place-based initiatives that support students from regional and rural communities, including scholarships, mentorship, and local industry partnerships will be a vital part of allocating places. Infrastructure and support services investing in regional campuses, online learning platforms, and local industry collaborations to facilitate place-based placements will equally be critical in reducing regional disparities.

This will not merely be a matter of allocating places; rather, it involves comprehensive planning and strategic coordination to ensure that the allocation aligns with broader workforce needs, regional development goals, and sustainable community outcomes.

- 2. Mobility between metro and non-metro regions** – Mobility will be crucial for balancing placement allocations and ensuring that regional communities are not left behind as a consequence of the allocations proposed by the Bill. Transportation support, flexible learning options which promote online and blended learning models to allow students from remote areas to access higher education without relocating and offering incentives and support such as relocation allowances, housing support, and career development programs will be useful wraparound provisions to support the proposals in the Bill. Facilitating mobility not only helps address regional shortages in workforce development ultimately but also promotes a more balanced and resilient national workforce.

- 3. Population requirements for workforce planning** – the underlying workforce planning requirements necessary to support these goals effectively. We question if considerations have been made for demographic projections, industry needs, skill gaps, and population growth and decline. Without detailed population data and projections, there is a risk of either over- or under-supply of qualified graduates, leading to workforce shortages or unemployment.

Successful implementation of the Universities Accord's vision of opening access depends heavily on meticulous workforce planning. This includes understanding demographic and industry needs, addressing regional

disparities through place-based initiatives, and promoting mobility between metropolitan and rural areas. Without these strategic considerations, expanding access may lead to mismatches in supply and demand, exacerbating existing inequities rather than alleviating them.

C. Equity within research pathways - While the Bill emphasises access to university, it overlooks the importance of research career pathways. To foster a truly inclusive research and university teaching environment, universities should develop clear pathways from undergraduate studies into honours, higher degrees by research, and clinician-research careers. Such initiatives would encourage broader participation and support the development of diverse talent in research fields. This approach aligns with Australia's need to build a strong future health and medical research workforce, ensuring innovation and excellence in healthcare and scientific discovery.

The Accord is intended to improve workforce capability and economic productivity. Australia's future productivity relies not only on increasing graduates but on universities producing world-class research and translating discoveries into health, industry, and economic benefits. Research-intensive universities play a vital role on this front.

Further to this, current data on the health and medical research and innovation workforce is fragmented and incomplete, limiting ability to accurately assess capacity, skills gaps, and future needs. The same is true for publicly available workforce data for priority populations within the health and medical research workforce, however broader data collections such as the STEM Equity Monitor highlights persistent inequities in Australia's STEM research workforce. Aboriginal and Torres Strait Islander people comprised 0.5% of STEM teaching and research staff at Australian universities in 2024, remaining well below their 3.4% share of the Australian population^{vi}. The report also identifies continuing gender disparities in NHMRC research funding. In 2025, 184 women received NHMRC funding in STEM fields, including 78 as Chief Investigator, compared with 277 men, including 107 as Chief Investigator.^{vii}

D. International students - Research Australia acknowledges that, while reducing international student numbers is not the primary aim of the Bill, its provisions could potentially be used to constrain or redirect international student growth if the government opts to set a lower National Planning Level. It is important to note that future allocations under the Bill could impact university revenue available to support research, influence research workforce pipelines (including international higher-degree researchers) and affect

institutional planning and research capacity. It is also essential that allocations recognise universities' research intensity, infrastructure, and alignment with national skills needs.

E. Monitoring and Evaluation of outcomes - As the Bill progresses from implementation to evaluation, Research Australia recommends the development of a rigorous monitoring and evaluation framework be inclusive of the Bill's impact on research outcomes. Measures to be considered could include:

- a. Research career pathways by marginalised and traditionally excluded students
- b. Progression into higher degrees by research
- c. Research workforce diversity
- d. Health and medical innovation outcomes, including translation and commercialisation outcomes
- e. Industry collaboration
- f. Community collaboration

F. Sustainability of research funding – Although outside the primary scope of the Universities Accord Bill 2026, it is important to acknowledge that Australian universities rely on cross-subsidising research from various revenue sources. Expanding student numbers without simultaneously addressing research funding risks compromising research quality and capacity.

The government should therefore implement the remaining Accord recommendations relating to research sustainability, full funding of competitive research grants, and long-term research investment. These issues, highlighted in the Universities Accord Final Report, are vital to ensuring Australia's research and development (R&D) system remains robust and globally competitive.

Conclusion

Research Australia supports the Bill's objective of opening university opportunities as an important step towards a fairer and more accessible higher education system. However, education and research are inseparable components of a world-class university system.

While to date the policy discussion and thus the Bill, is silent on future workforce both for population needs but also global competitiveness, our tertiary education

system needs to be producing graduate programmes that are domestically and globally relevant and importantly, competitive. The long-term success of the Universities Accord will depend not only on increasing participation in higher education, but on strengthening Australia's research and innovation capability.

Thus, equity should extend beyond access - to participation in discovery, innovation and research careers. Australia needs both more graduates and stronger research capability to meet future health, economic and productivity challenges.

Additionally, the legislation should be implemented in a way that ensures expanded participation also builds the next generation of researchers, clinician-scientists and innovators who will drive improvements in health, productivity and economic prosperity.

For further information regarding this document please contact Dr Talia Avrahamzon, Head of Policy, Projects and Advocacy at talia.avrahamzon@researchaustralia.org, or policy@researchaustralia.org.

Warm regards,



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ⁱ Research Australia. (2026). Policy Discussion Paper: Workforce – Looking Ahead: Shaping the Research Workforce for Tomorrow

ⁱⁱ Australian Academy of Science. (2025). 'Australian Science, Australia's Future: Science 2035'. Australian Academy of Science.

ⁱⁱⁱ Ibid

^{iv} Research Australia. (2025) Shaping the future of Women's Health Research: A roadmap for system reform to drive better health outcomes

^v Research Australia (2026) Policy Discussion Paper Advancing Health and Medical Research and Innovation across Regional, Rural, Remote and very Remote Communities

^{vi} Department of Industry, Science and Resources (DISR) 2026, *STEM Equity Monitor: Data summary report 2026*, Australian Government

^{vii} Australian Academy of Science. (2025). 'Australian Science, Australia's Future: Science 2035'. Australian Academy of Science.