

## How Deterritorialization through Digitization Revisions a Doctoral Programme

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Received: June 5, 2019

Accepted: August 24, 2019

Online Published: September 1, 2019

doi: 10.23918/ijsses.v6i1p1

**Abstract:** Small cities are marginalized in the city imaging literature. They rarely fit into empowering narratives of economic development and globalization. Small cities are also invisible in the doctoral studies literature. They rarely fit into the growth narratives of contemporary, urban, globalizing universities. Therefore, this article, written by a PhD supervisor and student, offers a first, key article in configuring the rationale, purpose, potential and challenges of doctoral education in small cities and large towns.

**Keywords:** City Imaging, Doctoral Studies, Doctor of Philosophy, Small Cities, Education Cities, Third-Tier Cities, Allied Health Education, Allied Health Doctoral Studies, Physiotherapy Education

### 1. Introduction

Doctoral education – from enrolment through to examination – from a regional area is under-represented in the research literature, complex to sustain and undervalued in university corporate plans and vision statements. The deficit model of teaching and learning is in place. PhDs are urban, edging and exciting qualifications. Conversely, as the narrative progresses, small cities and regional towns are depleted, challenged and invisible to university policies, procedures and regulations. When thinking about a PhD in a regional location, the clash of these ideologies is overt and problematic, but highlights a range of wide-ranging problems beyond the doctoral programme. Development is uneven (Harvey 2006).

Our article investigates the opportunities and problems that emerge when completing a doctorate from regional cities. These small – ‘third tier’ - cities and large towns are a trifling slice in the corporate cake of higher education, forming either the outlier campus of a metropolitan institution or part of a cluster of locations for a ‘regional’ university. Yet these campuses – in an environment of quality assurance monitoring and research assessment – confront multiple threats. This article – written by a soon-to-be completed PhD student and her supervisor – opens out the opportunities, joys and challenges of this complicated doctoral space. The supervisor is based in Adelaide (a second tier city in Australia), and the doctoral student is based in Mount Gambier (a third tier city in Australia). Two parts punctuate this article. The first connects the city imaging, regional development, doctoral studies and higher education studies literature to position the PhD in small cities. The second part offers an innovation in the literature, via and interview between the student and the supervisor, expressing the strengths and challenges through the gauze of the student experience.

## 2. Urbanity on the Third Tier

Third tier cities are small urban environments that do not sustain the profile or touristic branding of global cities like Cairo, New York, London or Tokyo, or second-tier cities like Adelaide, San Francisco, Manchester, Osaka or Alexandria. Third tier cities are not well known or internationally recognized, but are facing structural economic challenges worsened after the Global Financial Crisis. They require new imaginings and industries to justify their existence. To configure our analysis of educational urbanity in doctoral education requires the construction of a relational model (Brabazon, 2015).

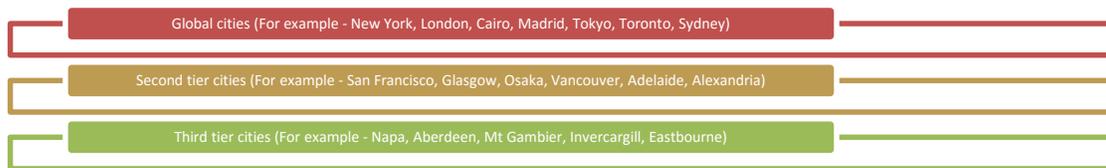


Figure 1: Global, second tier and third tier cities

After the global financial crisis, the issue remains how stability and perhaps even growth be created beyond global cities (Dekker & Tabbers 2012). How do those of us living in – and working with - small urban environments manage deindustrialization, depopulation, environmental damage and decrepit infrastructure? Global cities continue to do well, attracting the money, businesses and well-educated population. Third tier cities are left with the poor, the less educated, the less mobile and the less skilled. They are places of residuals, waste and deficits: the Edgelands (Farley & Roberts 2011). Howell (2013) confirmed that, “large populations bring their own amenities and agglomeration effects ... making consolidated cities more attractive” (p. 900). However the presence of universities can intervene in this narrative of decline and decay (Brabazon 2012; Brabazon 2015; Brabazon 2019). This article probes doctoral education in these spaces.

While the spaces and population of large cities create productive internal markets, the problems confronting small cities are not only a question of geography, but of time, through the inability to manage the speed of change and accelerated culture. The changes to economic systems - globalization, digitization, hyper consumption and increasing interests in intellectual property rights and copyright - are radical reconfigurations in cultural life. In politically conservative and economically unstable times - an unusual historical combination - it is simple to perpetuate the narrative of small cities as insular (inward), safe (dull) and dependable (lacking imagination and dynamism). But this place branding for livability has to be carefully managed for education cities in the third tier. These everyday geographies do matter and livability can slide into conformity and unproductive stability. These ideologies can be detrimental to innovation in higher education.

A provocative maxim bubbles through this article: the smaller the city the more important the university. While second tier cities encase multiple institutions, and global cities like London, New York and Sydney feature a matrix of further and higher education options, the small cities often feature only one university, or the outlier campus of a larger university. While recognizing these restrictions (of choice), this remains

a valuable contribution to a region. John Hogan, the registrar at Newcastle University in the United Kingdom, verified the accuracy of this assumption about universities and small cities.

Imperial [College London] is a fantastic institution, but if it closed, would London notice? Probably not. But if Newcastle closed, or Northumbria, Durham, Teesside or Sunderland [universities] closed, it would be a catastrophe for the local and the bigger region, because there's not a lot else going on in the North East ... The relative importance of these universities is so much more important than some of the outstanding institutions you might find in London (Cunnane 2012, p. 8).

This economic and social role is rising in its importance because regional inequality increases when public spending declines. Health and education funding is valuable far beyond those sectors. Therefore, in a declining economy, regional injustices heighten, and at such a time, the economic role and significance of a university is amplified. Considering many post-industrial third tier cities were also founded on a single industry, this means that the university is crucial to creating generational options and alternatives. Education tourism and event management – from convocations to graduation - means that thousands of people come to a city, using hotels, restaurants and visiting local sites. However, many of these 'new industries' are also casualized with short-term, contract appointments. Clearly, third tier cities are the canary in the mine of capitalism, functioning at the sharpened, mono-industrial edge. It is difficult for these areas to gain an identity and image beyond the manufacturing past.

Because of their diversity, it is very difficult to create uniform and proven policy solutions for these small cities and large towns. In a remarkable study, Erickcek and McKinney (2004) mapped and categorized eight types of small cities:

1. Dominated by an older industry in decline.
2. Private-sector dependent, with little public sector employment
3. Dispersed geography and function
4. Company towns attempting to survive when a company leaves
5. University and college cities where graduates leave after graduation
6. Company towns surviving after the company leaves, but with a remaining social purpose
7. Cities growing through the engine of the new economy and creative industries
8. Cities growing through university/government/business clusters (pp. 14-22).

Third tier university cities occupied two of the eight categories. The graduates remaining or vacating the urban environment is the differentiating factor between the two. This difference can also be captured by an emerging phrase in this field: Entrepreneurial Learning City Regions (James, Preece, Valdes-Cotera, 2018). Lifelong learning is the enabler of sustainable development. A workforce can grow, transform and change through the trans-local economic and educational alignments.

As Erickcek and McKinney confirm, with or without a university, problems cluster in third tier cities. Transportation and telecommunication are lacking. Because of the lack of a diverse employment base, the population is declining. Abandoned and derelict buildings proliferate. Environmental problems, hazards and pollution result from the after effects of de-industrialization. With a narrow range of jobs available, young people move away. It is difficult to attract new residents, the population declines, schools

close, hospitals close and the tax base reduces. To arch beyond these problems and challenges, to ensure that tourism links up industries, population, events and education, a four stage city modelling is required.

1. Understand the specificity of the city's history, noting the period of its greatest economic and social success, alongside with its causes, consequences and legacy.
2. Recognize the present environment and reality of living in this city, including the social and institutional gaps and challenges. Evaluate the city or regional council's structure. Is it fit for purpose or are the departmental structures blocking innovation?
3. Explore the similarities and differences with other third tier cities around the world, noting effective and inefficient strategies for change.
4. Create a city modelling strategy to import and transform a policy intervention from one location to another.

What worked in Stoke in England? What did not succeed in Windsor in Canada? How did Albany in Western Australian promote tourism (Brabazon, McRae & Redhead 2015)? City modelling takes and transforms strategies that operated well in one location and moves them to another. If the focus is as a university city, then the mistakes made by the University of Ontario or the challenges confronting the University of Bolton, are incredibly relevant (Brabazon 2012).

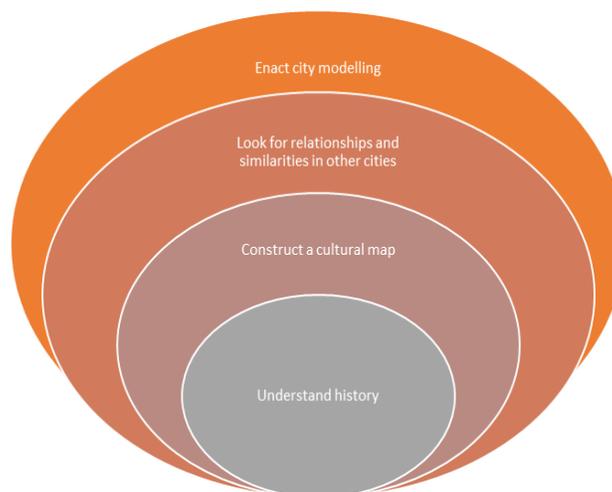


Figure 2: Stages to intervene in third tier city development (Outward development)

The key challenge is managing the lack of diversity in economic and employment options and opportunities. Flint in Michigan and Oshawa in Canada manufactured motor vehicles. Napa (still) makes wine and has flourishing wine-tourism enterprises. Blackpool was a destination for working class tourism. Rockhampton in Australia was a service hub for the cattle industry with a huge meat works. A university cannot mask these historic problems but it can provide the salve and spark for movement and change.

The place of universities in these urban environments is a very small part of the scholarship. There is innovation and interest burgeoning in this specialist field – of which Greg Richards and Lian Duif's *Small*

*cities with big dreams* (2019) is a fine example – but the role of education in this ‘placemaking’ is un(der) specified. All cities encase myriad urban experiences, for leisure, work, tourism, the night-time economy, and education. But it is the education city that remains disconnected from other specializations. There is a reason for that disengagement. Third tier cities are diverse, as are the educational institutions within them. Cambridge has little connection to Ballarat. Both are third tier cities with universities. Yet that is the end of the similarity.

Or perhaps not. Universities are employers of staff. The diversity of that staff group is often under-discussed. Because universities are so poorly represented in popular culture – with the proliferation of *Good Will Hunting* and *The Wonder Boys* model of salacious, narcissistic male professors dominating popular culture – the employees beyond academics are frequently invisible. Universities UK, in their 2014 report *The Impact of Universities on the UK economy*, dedicated an entire chapter to the Employment Profile of UK Universities. An advocacy document confirming the economic value of these institutions, the argument in this report is that a remarkable range of employment opportunities exist in institutions. While academics dominate, an array of retail and customer service, caretakers, sports and leisure workers, childcare specialists, gardeners, chefs, librarians, marketing professionals and technicians gain their living through a university (Kelly, McNicoll & White, 2014). While the Report does not differentiate between tiers of cities or geographical location, unsurprisingly as the Universities UK commissioned the research, it is not difficult to apply the argument to demonstrate that the employment generated for Bolton, Stoke and Falmouth from their universities is more valuable than that created for Manchester, Sheffield and Edinburgh because of the lack of alternative jobs in the region. In post-manufacturing industrial cities where the work has disappeared, the university remains a key, pivotal and central employer.

Urbanization has been (too easily) aligned with economic, cultural and social development (Henderson 2010). The challenge with such easy correlations is that urbanization – like development – is not a singular, agreed entity or concept. As the argument progresses, the infrastructure of global cities creates agglomeration and economies of scale. The ease of such an argument is disrupted by third tier cities. What happens to development when agglomeration is ambivalent, at best? Depopulation is a key challenge for third tier cities. Accompanying depopulation is the loss of doctors, hospital services, childcare facilities and schools. University students and staff make a difference to this population stability. The recent Economic Contribution of the Finnish Universities report (BiGGAR Economics, 2017) confirmed that the Finnish towns and cities with universities had a population growth rate twice that of the national average.

The language used by Birch, Perry and Taylor is important here. They refer to universities as “anchor institutions” (2013). Students and staff may be mobile, but the institution is stable and remains through the vagaries of elections, policy changes and financial upheavals. For local governments, this enables planning and stable collaborations, if a strong outreach culture is in place. Jennifer Massey, Sean Field and Yolande Chan studied the consequence of ‘young, creative’ graduates leaving the small cities (2014). They argued that a positive relationship between university and city officials was crucial to the creation of local employment opportunities and the building of relationships between students and the communities in which they study. The examples of these overt relationships include the Town and Gown Committee of the City of Windsor, the Town and Gown Advisory Committee of the City of Brantford, and the 2010 Town and Gown Strategic Plan developed between the City of Kingston, the Kingston Economic

Development Corporation (KEDCO), and Queen's University. This is not simply a university 'problem.' Town and City Councils can make an incredible difference. Mark Funkhouser offered one model: a HERO (Higher Education Relations Officer). The function of this role is to strategically deploy the colleges and universities, with regard to goods and services, research funding, the arts and the development of a cultural life (2015). This process ensures that tenders and engagement opportunities are well utilized by businesses and organizations throughout the small city.

What of the students, including doctoral candidates? The options available to students in regional and rural areas are constricted economically, intellectually and socially, and even further restricted in remote areas. There is a variance in opportunity determined by the mode of university present in third tier cities:

1. A single institution. A self-standing university in a large town or small city.
2. A regional university with campuses spread through third tier cities.
3. An outlier campus of a major university, located in a third tier city.

The second and third modes of institutional organisation dominate the international numbers of third-tier cities. The challenge and problem with these models is that expectations are capped. Even in the first model, if the institution is a community college, with the great advantage of partnerships between further education and higher education to widen the participation in education, there is a cap on the capabilities and qualifications of students. The point is, "Small-Town Harvards" (Semuels, 2017) do not exist outside of Harvard. The type of university that exists in these struggling third tier cities is – so often – a struggling university. Everything is more difficult. The Vice Chancellor and senior staff that are hired are often inexperienced and it is their first post at that level. The deans appointed to faculties, similarly, are in that role for the first time. Fields of candidates for appointments are smaller. Attracting staff to live in these small cities, away from the facilities in larger urban environments, is challenging. If they are hired, then some of the staff become part of the FIFO (Fly In Fly Out) academic workforce, not living permanently in the location of their employment. Therefore, gown and town relations are truncated.

Such a problem manifests acutely in rural and remote education, where these locations are framed as appropriate for professional placements or clinical practices, but not nested, organic, situated education (Kaden, Patterson & Healy 2014). Students are sent out to regional locations. Their supervisors visit them. But the notion of students, supervisors and locations authentically contextualizing regional experiences is rare in the literature. Currently, these are places to visit for a short placement and then leave. Change and intervention is required. They are locations to live and develop situated teaching learning and research. This reality is absent for many industries and professions. Just over one quarter of nurses in Australia working in regions with populations between 5000 and 100,000 people (Mills, Francis, & Bonner, 2005). This workforce sees a churn, a rapid turnover of staff, is older than the urban nursing population, and has fewer opportunities to engage in professional development and upskilling. This problem is made worse through the lack of comprehensive education institutions in many of these towns and cities.

The more elite the qualification, the less research appears in the cross-hairs of theories of teaching and learning, doctoral studies and third-tier cities scholarship. When sourcing material on doctoral education and supervision in these small environments, the absence and silence is chilling. The focus remains on supervising placements in rural and regional areas, rather than teaching and learning in situ. Importantly,

the lack of refereed material – or even blogs – on how to supervise research masters and doctorates in regional, rural and remote environments is powerful. The Digital Doctorate project (Brabazon 2018) demonstrates how the 3 Ds (Digitization, Disintermediation and Deterritorialization) can shape a high quality learning experience for students outside of capital cities. But the capacity for a highly qualified and experienced supervisor to be living and working in Mount Gambier, Camrose or Renmark is not high. Yet with a labour surplus of academics, the ability to choose to live and work in Vancouver, Melbourne or Edinburgh may no longer exist. Currently these outlier campuses are teaching factories, pumping out undergraduate degrees in health and education in particular. Policies and procedures (and leadership) are FIFO-ed into these locations. Authentic contextualized learning for the staff and students that live and work there is rare.

Aligning critical geography, urban studies and cultural studies provides a theoretical platform for university cities to be understood. Their diversity is both troubling and remarkable. There can never be a singular model for a university city. But in each case study and context, the university offers an anchor, an employer, a font of expertise, a drawcard for (even temporary) residents and an enhanced cultural life of public lectures and events, the performing arts and book launches, to offer incidental, inspirational and conversational events that are rarely measured or presented in the research. At their best, universities in third tier cities enable not only “smart diversification” (Suwala & Micek, 2018), but also stability and perhaps growth through the corrugated iron development after the Global Financial crisis.

Learning and teaching matters. As economic development and social opportunities become more fractured and frayed, small cities hold advantages. A tough place requires Theoretical Times (Redhead, 2017), rather than small scale empiricism. One solution to the claustropolitanism framed by environmental damage, inequality, homelessness and underemployment is to see education and urbanity as complex, intricate and diverse. To fill a gap within this literature, the second half of this article summons a conversation between student and supervisor to explore the options, opportunities and challenges in regional doctoral education. We move – stridently – to doctoral education in a third tier city.

### **3. A Turn to Mount Gambier**

TB: What drove you to complete a PhD from a regional area?

SC: This question has crossed my mind frequently throughout my candidature. Being raised in an environment of knowledge seeking, where, as children we were encouraged to investigate areas of interest and be sure that we could substantiate any discussions we held as a family, I guess that in my professional life, I had followed this early family training. Working in a solo regional private paediatric physiotherapy practice, I was concerned with the number of children with hip problems related to developmental dysplasia we were seeing. There is a marked difference over a lifetime for these children according to the timing of their diagnosis and subsequent management. A solo regional practice offers strong opportunities for continuity of care, where good outcomes can be celebrated, and bad outcomes are a constant reminder of the shortcomings of some of our health systems. It leads to a strong desire to be aware of world advances and to offer high standards of treatment and management.

Spurred by a published article in a medical journal, claiming that hip problems in children were more frequently mis-diagnosed or diagnosed late in rural and regional South Australia, I started to investigate

this situation. It became apparent that there were worldwide differences in the diagnosis and management of this condition, prompting further analysis of differences. Drawing on knowledge of this ongoing research, I was able to establish that there may be some connection between the inactivity imposed by late-diagnosed, early hip problems leading to lifelong problems such as those they were studying. I was therefore able to present results of some study I had undertaken about alternate hip management systems used in other centres in the world. With the support of the then A/Prof Adrian Schoo, I was able to discuss my findings at a regional meeting and present a paper at a national physiotherapy meeting. My discussions attracted an InFront/Outback grant from Toowoomba to continue further study into this area of interest.

On applying for further funding, I was offered the opportunity to continue my studies by embarking on a PhD. At this time, the pressure of my physiotherapy practice, my busy family life and my strong commitment to community involvement through the development of our community foundation, made this seem impossible. In retrospect, I think that I was also very unaware of the logistics of such a course of events.

I was at this time, involved in the management of the Australian Physiotherapy Association (APA) as the leader of the national paediatric group. Addressing the attrition rate of physiotherapy graduates as described by Williams the APA was working to consolidate career paths in physiotherapy (Williams, D'Amore & McMeekan, 2007). This movement was particularly noticeable regionally with qualified physiotherapists, moving to alternative jobs with higher remuneration. A pathway of specialisation within physiotherapy was developed and I became the first physiotherapist nationally to be awarded paediatric titling as a first step towards specialisation. The next step in this process was a specialist training programme with a series of exams culminating in the bestowing of the honorarium of "doctor," but in discussion with a senior member of the profession, I was advised that, "Students of today are much more research savvy than in your day" and that I might find it too difficult.

I continued my work with students on clinical placement, a position which was not without the need to be abreast of current research and am proud to say that two of my students received the highest paediatric prize in the physiotherapy final year, on their completion. The comments of the senior member of the profession continued to niggle within me and a year or so later when further studies were again proposed to me through the Flinders Rural Clinical School at Mount Gambier, I decided to apply for consideration to enrol in a PhD. It seemed to me that if successful, this would be more rewarding to me than the Association recognition.

TB: Tell us about your history in regional health

SC: On completion of my physiotherapy course, I returned to work in the physiotherapy department of the Adelaide Children's Hospital, later to become the Women's and Children's Hospital. I became a tutor in Paediatrics for the University of Adelaide, believing that my life would include a mixture of clinical and teaching positions. I commenced private paediatric practice in North Adelaide and found the combination of private, public and university work challenging but enjoyable. Marriage to a medical student at the commencement of his final year seemed to indicate that the future was shaping well, as he intended to spend at least two years in resident medical positions after graduation, thereby assuring me of several years to cement my career.

On completion of two and a half years in hospitals, looking for more adventure, we flew to Papua New Guinea, where he became a medical officer in the Department of Health, at the Wewak General Hospital – no positions there for a paediatric physiotherapist, or any other physiotherapist. I did however, see a small need for some services and so took on some volunteer work within the hospital and the community.

At the completion of his term, by mutual agreement, we decided that a return to metropolitan Adelaide was not what we wanted. He took a position as a “locum with view” in a country general practice in Mount Gambier. By now we had two children and a third on the way, so thoughts of work were not uppermost in my mind. Such thoughts were even further away from the mind of the principal of the medical practice who firmly believed that doctor’s wives do not work, they do not need to work and they create difficulties if they do work, because they are not able to look after their husbands well enough then and they cause trouble if they work in the health arena.

This attitude was rather short-lived as I quickly discovered that some young people who had previously travelled to Adelaide to consult me there, were living in the area and still needing physiotherapy. It was impossible for me not to work. So began my country physiotherapy practice and my sharp learning curve with the SA Health Department. I became increasingly aware that people with obvious hemiplegia and other conditions which deserved more intense physiotherapy, were unable to receive any inpatient treatment in their acute phase as there was very limited establishment for inpatient physiotherapy. We were able to get a marked increase in the available hours and I then set about implementing this change.

The Inpatient physiotherapy increased to include neurological, orthopaedic and general adult physio as well as allowing me to commence inpatient paediatric and neonatal physiotherapy. There was no outpatient service available through the hospital, so all outpatients were required to seek private treatment. For some this was financially not viable, but no-one was refused treatment for their child and a strong bartering system developed where services were provided in exchange for garden produce, fish or other forms of recompense where possible.

There was a visiting paediatric service provided by the Crippled Children’s Association which later became known as Novita Children’s services and our practice worked closely with them, arranging appointments for their outreach service and helping with their work when they visited. Concerned with the difficulties experienced by parents needing to travel to Adelaide for sometimes quite short appointments, my GP husband and a paediatrician colleague at the WCH set up some outreach specialist visits from WCH which allowed doctors’ appointments to be conducted over several days in Mount Gambier. Peter and Richard Cockington together developed the outreach service of the Child Development Unit which provided a multi-disciplinary clinic approach to management of services for children with developmental difficulties. Where local expertise existed, it could form part of this unit and there was the opportunity for in service training from the visiting specialists. The meetings involved teachers, parents, local medical officers, allied health staff and any other professionals the parents wished to involve. These outreach clinics were replicated across regional South Australia and are still running today, with some severe modifications and cuts to the budget.

Over the forty plus years that we have worked within and alongside Country Health SA (South Australia) we have seen many changes, much of it related to funding and governance. The combination of Federal, State and Local Government funding, coupled with elections and blame shifting, has led to many changes

and cost-juggling. We have seen cutting of services, emphasis on areas of health which appear to be fashionable (or politically orientated) rather than locally driven, but perhaps one of the most damaging factors has been the over-riding feeling that Country Health SA must be uniform across the State, irrespective of local needs and personnel availability.

TB: What has your career before PhD taught you about the challenges of rural health in Australia?

SC:I have found that rural people generally have a different approach to health issues than those in the city. Our time in PNG taught us the real appreciation of knowledge sharing, living and working so far from tertiary hospitals. Any visiting specialist shared expertise and techniques with local workers whether that person was an aid-post orderly or a surgeon. On return to Australia, we were constantly surprised at the phrase, "It's not what we do here" to any suggestions of alternate management systems or treatment methods. I think this attitude not only increases costs for regional health, but also slows the development and implementation of strategies which could enhance results.

Attraction and retention of medical and allied health workers to rural and regional areas is known to be of concern and this problem seems to have increased over the forty years we have worked in the Limestone Coast. Access to specialist care can require lengthy travel to unfamiliar cities and many people find the bustle of traffic combined with the difficulty of transport and parking overwhelming and would prefer to have their problems attended to in more familiar surroundings.

Arriving in Mount Gambier, we commenced work in one of the two large medical practices in the city, where we were made to feel very welcome. Most of the doctors expected to spend their working life in the practice. Recruiting was done by the practices and doctors from Ireland, England and Pakistan worked there alongside Australian graduates. Some left for senior schooling opportunities for their children, but most were planning to retire in the area. Forty years later, we see a constant changing of faces at the same clinic as positions are taken by registrars and trainees, with some internationally trained doctors. Many of these doctors see their time here as a stepping stone to other places and staff changes are more frequent.

Funding of the hospital became a major problem as did consistency of medical staffing as the doctors sought to provide a timely service to the growing numbers of patients seeking free treatment at the hospital, while at the same time, they were keeping their own practices operational. A divide crept in between the local GPs and the hospital culminating in the removal of the GP access to the hospital. Alterations to the medical staffing at the regional hospital have contributed to the change, where once the systems worked collaboratively, but now the divide between general practice and hospital medical services is much greater.

I have learned about isolation and the tyranny of distance. In the paediatric world we have often questioned whether professionals working in Adelaide have any idea how far away Mount Gambier is. Some years ago, the mother of a child recently diagnosed with leukaemia shared her despair with her projected appointments in Adelaide. These appointments were unevenly spaced over several days across the ensuing three weeks. On questioning the hospital about the timing and necessity for all these appointments, her doctor was shocked to find that only two related to necessary investigations and treatment but the other two related to attendance at the medical students' examinations where the child was to be used as a subject in the examinations. Such a lack of empathy at the necessary travel at this sensitive time is demonstration of the lack of awareness of the difficulty of transport and the distances involved. For most patients, a trip

to Adelaide will require an overnight stay, two days absence from work and considerable fuel costs or an expensive air fare.

Regional health suffers from a lack of awareness of local expertise with a lack of collaboration between specialists in tertiary centres in Adelaide and competent local medical and allied health workers in the regions, who could work together to optimise care and minimise trips to specialist services. Recruitment and retention of medical and allied health workers in regional areas is reported to be a difficulty, reasons for this being largely attributed to lack of suitable ongoing PD, concerns about schooling for children and lack of employment for spouses. We have not experienced those difficulties but Mount Gambier is a large regional city so less likely to have such problems. Despite this, we have seen some uncomfortable changes and departures of highly skilled health workers from the region. In many instances this has been attributed to the over-riding feeling that Country Health SA must control all health services on an equal footing and the tendency for this to be at the lowest common denominator, in the attempt at equity across regions. When considering the patient journey for my families, it has steadily increased the advocacy role that I have played in assisting families to understand and manage the combination of regional and metropolitan health service requirements.

In our time in Mount Gambier we have experienced many changes of managerial staff within the hospital system, many alterations to protocols and different funding structures and reporting channels. Still the hospital runs on a deficit budget with increasing difficulty in accessing services and extending waiting lists for inpatient and outpatient services, which have impacted heavily on GP access to the hospital and thereby continuity of care with their patients even in the palliative care phase of the patient journey. The research conducted within my PhD has led to a much greater analysis of these changes and any differences between regions in South Australia.

TB: Tell us about your PhD

SC: My PhD set out to explore world differences in the diagnosis of infant hip problems, following my concern with the difference in outcome for hips diagnosed and treated early and those not diagnosed until after three months of age. Case stories of children with late diagnosed hip dysplasia were described and their patient journey compared with a group of infants in whom the diagnosis of neonatal instability was made in the first two weeks after birth. This led to a review of international research and published papers to understand more of the embryological and neonatal development of the hip. I was keenly interested in probing the differences between hip instability of the newborn, persistent hip instability and the development of dysplasia and/ or dislocation of the hip. Of particular interest was work being carried out in Scandinavia and some parts of Northern Europe and the comparison of their hip results with those in Australia and other areas of the world. Much debate is documented about cost and potential for overtreatment, but the difficulty of conducting prospective studies into cost-effectiveness needing to span forty years of a participant's life, are too great to make such a study feasible.

Instead, I sought to study two cohorts of infants in the first six weeks after birth, to understand if early knowledge of excess amounts of instability in the first weeks could lead to better positioning and management of the infant hip and thus promote better hip development than those hips in which the diagnosis was not made in the early weeks and therefore management was not so tailored to optimum hip development. As the study took place over the first six weeks after birth, it did not prevent the normal

assessment and treatment of poor hips which typically takes place at six weeks of age in line with current clinical practice guidelines.

Recognising the risk of contamination from previous experience with early ultrasound experiments in one region, it was decided to have the experimental group of the study in Mount Gambier with a control group in another regional centre in South Australia. Ethics approval was gained for the study with Site Specific Agreements to conduct the research as set out. I visited the control group region, meeting with doctors, nurses, university personnel and other staff including physiotherapists, outlining the process of the study and providing the questionnaires for distribution to participants.

The experimental group recruited to the required number of 100 participants within three months, with extreme interest in the study from the beginning. Most parents were pleased to discuss the study and enrolled to participate if they were able to attend the ultrasound screening offered. Compliance quickly lessened once the result of the ultrasound was known and many participants were lost to follow up. The result in the control group region was disastrous with not one person enrolling to take part in the study. This led to some changes in protocol, seeking participation by having the physiotherapists and the mothercraft nurses trying to enlist participants, but these measures were also unsuccessful. This was undoubtedly the lowest point of my PhD and some changes in supervisors had not helped the situation. I was floundering but had become involved with the Write Bunch<sup>i</sup> and was receiving support and advice from the Dean of Graduate Research. It was decided that a deeper examination of the reasons for the failure of the research project may shed more light on possible differences in regional health between the two regions. Closer examination of the two regions involved had revealed some marked differences which had not initially been observed and these coupled with the differences in radiological services between the two areas led to a qualitative study on regional health as seen in the two regions concerned in the original study.

Concurrently, in the experimental region, we have had difficulty stopping the early assessment and advice to parents which was part of the study. It has been possible to continue to offer this to any infant with one of the accepted risk factors for having a hip problem. This continuation with the risk group has encouraged closer examination of advances in availability and portability of ultrasound machines, with the benefits that this may offer to regional and rural centres where such a service has previously been unavailable.

TB: What issues have you confronted in completing a PhD from a regional centre?

SC: I undertook a part time PhD with three supervisors. My principle supervisor had not previously supervised a PhD student to completion, although he had two students currently nearing that stage. He was therefore obliged to have a senior academic overseeing the supervision as well as an assistant supervisor. He was an academic with a doctorate in exercise management and compliance in osteoarthritis. Together, we had co-authored some papers on infant hips. His particular areas of interest and further study were more closely aligned to regional and rural staffing and retention of medical and allied health workers in the regions. The majority of his published papers and research were quantitative studies.

The second supervisor was an associate professor with more history in qualitative studies and clinical supervision of medical undergraduate students. She was based in Mount Gambier and was more accessible for discussion in an informal setting. The person who agreed to oversee the supervision held a senior

professorial role with Flinders University in Adelaide, but visited the Mount Gambier site several times per year to oversee the medical students clinical programme. I was able to meet with him on two occasions, when he offered considerable support. He has published in the area of infant hips and shared his concern that this was a much-researched area, with a multitude of published papers and warned that it needed care to focus on a specific area of concern and work to establish an original contribution to knowledge.

Despite many years of clinical work and supervision, I was naïve in my new role of student. The different expectations of an undergraduate and a post-graduate student were new to me and my ability to have a more active role in this situation was compounded by the changes within undergraduate student experience since my undergraduate days. In looking back on the first few months of my post-graduate study, I wish that I had spent more time understanding and establishing the requirements and supports for post-grad study, gaining confidence in my own knowledge and abilities and developing the skills of distilling my knowledge requirements to enhance the time spent in discussion with my supervisors. My candidature commenced in September, not a good time of year to commence at a University. I believe that several days spent at the university in those early weeks, familiarising myself with library resources, personnel in the Office of Graduate Research, opportunities and peers, would have set research up much better.

My overriding feeling at this time, was one of isolation. I had access to video conferencing facilities and a fortnightly research session was commenced, linking students from regional centres. These sessions combined staffing discussions between the rural clinical schools, distance students at different levels of study, upcoming conferences, reports on past conferences and meetings. Much conversation occurred around student projects with seemingly little relevance to my allied health study. Over the course of attendance at the video sessions, I presented short reports of my progress on three occasions and presented on my research project in detail on one occasion. I found discussion about research design helpful and was pleased to establish ongoing contact with members in the Riverland where I proposed to conduct some of my research.

Perhaps the two most difficult things about distance education were familiarisation with the library, with the assistance one could gain there, and the opportunity to engage in informal discussions with other students at similar stages of their studies or familiar with research life. World views on infant hip management have great variation and there does not seem to be one satisfactory recommended outline of “best management”. In such a situation alternative views are regarded with suspicion by many within the field, as researchers struggle to provide the definitive answer. I found very little support through the physiotherapy lecturers at the University, as there was a feeling that my subject of study was not directly a physiotherapy domain and perhaps was seen as crossing the barriers between medical and physiotherapy expertise (and, anyway, who is this old chook from the country?)

TB: What digital platforms have you used to enable your candidature?

SC: One of the most difficult areas for me has been my computer literacy. I am an extremely ‘pre-computer’ person, having undertaken my previous education in the long-hand writing phase, with copious notes, re-writes and addenda. How much simpler it now is, with the ease of alterations, spelling corrections and layout alterations! What has taken longer to develop is confidence with all the amazing shortcuts, online tutorials and advice that one can find. This has necessitated a rapid growth in digital literacy.

The amazing ability to source references and seek copies of articles and books through the Flinders University Library and Findit@flinders is of inestimable value to distance students. The timeliness of response and delivery is paramount in maintaining continuity of study and writing. Perhaps though, in some small way, this contributes to a lack of familiarity with the library and the librarians, as visits in person there are limited. I have used the Flinders website, taking part in occasional chat communications and online discussions as well as the online learning programmes. I have found recordings of educational sessions to be very helpful and have used online tutorials in Endnote and Excel to advantage. Search engines such as Medline and Google Scholar have been in frequent use and the ability to download articles through Findit@flinders has enabled a good research support.

Having supervisors separated by large distances, Skype has been a very useful digital platform. We have used it for regular meetings in an effort to co-ordinate discussion with two supervisors in different States of Australia. One of the problems I have encountered with the use of Skype is that it is not an allowable platform through the public hospital system in South Australia. We have also attempted to use this platform to assist in collaborative meetings between patients, families and specialist doctors in tertiary institutions in Adelaide, but this has only been possible if the doctor concerned could attend the meeting from his home computer, as access was denied on the hospital system for security reasons.

A change in principal supervisor in the last eighteen months of my candidature has increased the use of Skype as both a supervisory adjunct and as a means of engaging in discussion and support from other PhD students. The ability to regularly keep in touch with other researchers and writers, both visually and in conversation, has been a great asset. A considerable benefit of the use of Skype has been the ability to share links to videos and articles of mutual interest and to share in presentations without the requirement to spend two days in travel.

I have found podcasts a most useful digital platform for information sharing. A well-planned podcast discussion of my research and reasons for the study has been of inestimable value in keeping my research focussed (Brabazon & Charlton, 2018). It has provoked interesting discussion and allowed elaboration of ideas, assisting in keeping the writing of my thesis consistent.

Perhaps the strongest focus for my candidature has been in becoming aware of the weekly vlogs by the Dean from the Department of Graduate Research at Flinders University. The advice and recommendations emanating from these vlogs has considerably expanded my reading, not only of my subject, but also of philosophy generally, persuading me to read more widely and more critically. For any new student embarking on a PhD, I would strongly recommend starting at the beginning with these vlogs, which are all available on YouTube.

I have used LinkedIn and recognise that there are benefits from the social contact and information one can gain from this platform. I have found the time necessary to fully upload my information and to set the platform up correctly has not been a priority for me at this time. It is always on the “to-do” list. Likewise, Twitter. I admire the ability of some to communicate so succinctly and regularly through this medium but must spend some time in learning the optimum ways of using Twitter. Webinars and e-Books are useful educational platforms, particularly interactive webinars where it is possible to pose questions of clarification and sometimes discussion.

TB: Talk to us about the Write Bunch

SC: In my discussions of digital media, I resisted discussion of the Write Bunch, because this amazing group of people deserve a discussion of their own. Approximately eighteen months ago, in June 2017, I was invited to join a writing group known as the Write Bunch. The group consisted of a small number of higher degree students at various stages of their candidature, under the baton of the Dean of Graduate Research, Professor Tara Brabazon. We meet via Skype, once per week on a Friday morning. Our meetings begin with a quick roll call followed by a short personal catch-up and then heads down as we write solidly for the next 30 minutes. At the conclusion of our writing time, we discuss what we were writing and how our candidature is progressing. It is a wonderful time to share successes, discuss setbacks and problems, support each other in times of difficulty and share joyous family occasions.

The Write Bunch is an international group representing different nationalities, both within Australia and overseas. We are all in different time-zones and different countries. Brief discussion is often held about sunshine or snow. We are all at different points in our writing and research. It is not unusual for those who have submitted their thesis for examination to continue to attend, as they write follow on articles and papers. It is indeed, a family of researchers and has filled the void of isolation which is not only peculiar to those of us in distance education, but which can be a part of isolating research and writing at any level.

Sometimes there may only be two or three of us, while at other times there may be seven or eight. Everyone gets the chance to share what information they would like to and to gain support and suggestions from others. We have learned that the difficulties are similar in any discipline and it is surprising how helpful it can be to discuss these issues with others who understand and empathise. It is remarkable how often some very useful tips and contacts can flow from those who are studying such variable subjects. The peer support from the Write Bunch is truly amazing

The focus of this group is very much on the writing and we are charged to just write, without referencing or correction, for the prescribed length of time. The product of that time can then form the basis of a fully referenced article or part of a chapter in a thesis, or simply be a plan for future writing. It has been amazing to me the depth of thoughts which find their way to the screen when one is concentrating on following an uninterrupted line of writing. Yes, there are many typos and other corrections to be applied afterwards, but very often these writings form the basis of a strong argument and are written with more passion than those where words are being searched for and references are being sought.

I have been privileged to take part in the Write Bunch from locations all around Australia and consider that something is seriously wrong if I am unable to attend. Some of our trips to inland Far North Queensland have been designed around internet access and the ability to be stationary for long enough to connect, while the other travelling companions on the trip arrange coffee or some other way to fill in their time. Friday mornings would not be the same without the Write Bunch.

TB: What advice would you offer to future students using synchronous digital interface meetings?

SC: For me, such meetings are extremely useful. It is important that these meetings are well-planned so that important time is not wasted. At the very least, a list of topics for discussion should be shared. In my work book, I have a page dedicated to questions and clarification I would like to raise at the next meeting

with my supervisor. It is very easy to forget a concern if discussion moves in a different direction. It is equally important to make brief notes, (sometimes one word) during conversations, to remind one of discussions and advice. Documents can be shared with Skype and it lessens the likelihood of not being able to access necessary references and supportive material if the meeting can be conducted with each member in their own work space.

For future students, I would advise to begin using platforms such as Skype on a regular basis from the start of their candidature. Such regular meetings should be planned in advance, have an agenda with items from all participants, have a time limit and should be followed up by a short report of the meeting by the student to the supervisors. In this way a permanent record of the meeting is available and can be referred to between meetings.

TB: Tell us about the experience of supervision and research from a regional centre

SC: I have found the journey through my PhD extremely rewarding on a personal level. I entered the candidature with little idea of what was involved or the difficulties that I would encounter along the way. Entering as a part-time student involved greater time management than I had expected and the process was extremely unclear to me at the start. It seemed that there were varying requirements at every turn and I found it difficult to clarify the opportunities and expectations in the early months. The early meetings with supervisors were brief and in retrospect it seems that there was an expectation of more knowledge of the process than I had at the time. My experience over the past decades had been largely in clinical work and any research I had undertaken over this period had been closely related to clinical and student work. There was a similar problem with my writing which had largely been clinical notes and case reports, with some student paper presentations plus the study I had undertaken for my physiotherapy titling. I quickly realised that this was the area which needed the most urgent attention, so the early study and reading in my candidature was largely about writing and critical appraisal skills. It would have been a great advantage to have been able to spend some time in Adelaide at Flinders University with the opportunity to take part in some workshops and library experiences at this time of my candidature.

Because I had worked in senior clinical roles with both my supervisors, I believe that they may have held some assumptions about my skill level in this area, which may have made it difficult for them to assist me with this in the early time of my candidature. My principle supervisor attended Mount Gambier periodically and joint meetings were organised when he was in Mount Gambier. Further meetings were held on teleconference and I was able to contact him by arrangement on Skype or Jabber. Skype was always the most successful of these platforms. I always felt that there was a competitive air to the joint meetings with one or other of the supervisors taking control and this was compounded when there were two of us at one site and the other person at a distance. Although there were agendas for the meetings it was difficult to stick to these and meetings were limited by administrative disruptions. Despite these problems, I believe that the supervision was very helpful over the early years, once the ground rules became clearer to me and they understood my needs more.

During this time, I had completed my literature review, was attempting to write an article for publication on the literature review and beginning to design my research study. In retrospect, this is a time when I could have gained considerably from openly discussing my proposals in a forum. I did have two discussions with this group, one outlining my thoughts about how the project might work and another

describing the study in more detail and presenting the ontology, epistemology and methodology for the research. Unfortunately, there were only two other people who were present at that videoconference, a fact which should have raised greater alarm bells about the collaboration I was hoping to receive from the control group area in my research. Perhaps this should have triggered action and a review of the plan with my supervisors, but I did not recognise that at the time. I had travelled to the Riverland and was presenting from there as I prepared to meet with hospital staff and doctors to discuss the research.

Once the study commenced, I felt that my meetings with supervisors became less frequent. I was always able to contact them for advice, but it was very much left to me to make the contact. My focus was on data collection and storage and I was making daily visits to the experimental site with weekly visits to FURCS to enter data and contact the control group site. Conducting this research study with such great distances between the two sites, where access was only possible via a 5-hour road trip, was much more difficult than anticipated. Although the second site had agreed to take part in the study, there were unforeseen problems which led to failure of the study as a quantitative study. This caused considerable dismay with my supervisors and the supervisor based in Mount Gambier withdrew from her supervisory role. A replacement supervisor was found in Adelaide and I made two trips to Adelaide to meet her. She had recently completed her PhD and was a physiotherapist. She was a quantitative researcher and had no experience with paediatric hip problems. Following the stats meeting, she also withdrew from the supervisory role. This was a particularly low part of my candidature, saved only by being invited to join the Write Bunch and to learn that such difficulties were not uncommon. With the support I received from this group, I was able to see a way forward with my thesis and a change of direction to a more qualitative analysis of the differences in regional health in South Australia. It has emphasised the need we have as students to share our concerns and ideas gaining encouragement from open discussion, which does much to alleviate the feelings of isolation.

I have sometimes considered that being a full-time student on campus would be a simpler and quicker way to achieve completion. The advantage of being a part time distance scholar is the practical experience one can gain from living the knowledge of how one's work may impact society.

TB: What would you recommend to supervisors, students and universities attempting to improve the services and experience for regional candidature

SC: Throughout my candidature the pervading feeling has been a feeling of isolation. This does not only relate to isolation from the campus with the advice and support so readily available there, but also the personal isolation from friends and family. In a busy regional centre there are few people who understand the amount of reading and writing involved in achieving one's goals over the course of the candidature. I have found that it takes strong discipline to maintain a regular study programme and requires great commitment to regular programming. To any new student embarking on a PhD I would strongly advise that they find a secure workspace, which in my case has become the dining room table, where it is possible to have the computer in operational mode, references books and papers close by and little need to leave the area over the allotted space of writing time. Leaving the area in a busy household will quickly introduce a plethora of other Urgent tasks requiring instant attention and precious hours may elapse before writing is resumed. A few days like this will lead to despondency and a stale feeling about the important

work which should be happening. It is much easier for a family to accept the writing hours if there is a pattern to it and slowly interruptions will cease when it is known that you are in writing mode.

A very valuable part of the study programme is discussion about the work you are undertaking. This can be accomplished at regular supervisory meetings, but informal discussion expanding on the implications and extensions of your subject are also most useful and sometimes difficult to achieve when those around you are not familiar with the topic or the study. Access to other students through chat groups or Skype and phone calls can be very stimulating at these times. I think that there would be great benefit in the use of discussion groups which could be arranged at regular intervals, when a student could present some part of their study or a query they may have and the group could discuss these together.

Writing groups such as the Write Bunch have presented a very valuable forum for peer support and information sharing as well as a strong incentive to adopt a good writing timetable. I believe that such groups should not be too large but should have enough members to ensure that there are between three and eight at each session. Although students may be studying diverse topics there is much commonality amongst a group of writers from the same university being in contact on a weekly basis.

I regret that I have not used the library to full advantage and would recommend that a personal familiarisation library tour should be part of the induction visit. This feeling is compounded by not being involved in undergraduate education at Flinders and therefore not knowing my way around the library and all the facilities on offer there. Perhaps I should have identified these problems earlier in my candidature or perhaps this should be a strong recommendation from a supervisor in the early weeks of study.

The outstanding attribute which would have been of benefit in early in my candidature would be more interactive online sessions and some regional IT training sessions. Using my own notebook computer has presented difficulties with interactive IT support, but a visit to the IT department when possible has been able to assist me when there has been a problem. The support I have received from the university has been great. My biggest regret is that I did not appreciate early enough just how much the Office of Graduate Research was there to help and encourage and support students and supervisors and I wish that we had become more involved earlier in my candidature.

#### **4. Conclusion**

A detailed review of Sue Charlton's candidature highlights the scale of regional inequalities, absences, mis-communications and challenges. Yet what is clear is if an Office of Graduate Research or Graduate School is aware of these issues, then early interventions can be implemented in training, the availability of online resources, and peer support. Further, the training of doctoral supervisors to manage these regional candidates, ensuring a parity of on-campus experience, can be transformative of their candidature. What is clear is that business as usual is not an option. To consider regional education with seriousness and clarity necessitates a reconsideration of the vision and trajectory of doctoral education.

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<sup>i</sup> The Write Bunch is an international PhD writing group, meeting weekly, via skype. It is an opportunity for students – from all disciplines – to meet and support each other.