2015 marks 40 years of publication of Independence, the biannual journal of the Association of Heads of Independent Schools of Australia. To celebrate, AHISA presents for its members and friends a special series of interviews with people of influence in education and educational leadership.

FEBRUARY 2015: PROFESSOR FIELD RICKARDS

Professor Field Rickards is Dean, Melbourne Graduate School of Education (MGSE) at the University of Melbourne. He is one of eight members of the federal government’s Teacher Education Ministerial Advisory Group (TEMAG).

Release of the TEMAG report was imminent when Professor Rickards spoke with AHISA Chief Executive, Geoff Ryan, about the MGSE model of teacher education and his own life experiences that played into its development.

Geoff Ryan is AHISA’s Chief Executive. He was AHISA National Chair in 2005-07 and Principal of Westbourne Grammar School, Victoria from 1990 to 2010.

Clinically proven

AN INTERVIEW WITH PROFESSOR FIELD RICKARDS

GR: How does someone who trained as an audiologist (and is in fact a Fellow of the Audiological Society of Australia) come to be Dean of the Faculty of Education at Melbourne University?

In 1971, with an honours degree in biophysics, I became one of the very first two research students for Professor Graeme Clark in Melbourne University’s Department of Otolaryngology (ear, nose and throat surgery).

Graeme’s belief that he could make deaf people hear again, with a ‘bionic ear’, was ridiculed by professional colleagues, which undermined opportunities for government funding through the National Health and Medical Research Council in those early years. But with the help of Dame Elisabeth Murdoch and her family, Sir Reginald Ansett and others, and a six-hour ‘telethon’ in 1974, enough money was raised to prove the concept. Cochlear implants have now helped hundreds of thousands of people.

Dame Elisabeth and her family had a personal interest in deaf children. They could see that a bionic ear on its own would not be sufficient to provide deaf children with the regular education that we want for all children. Early diagnosis, world class audiology and outstanding teachers of the deaf were the key.

In 1973, with Murdoch family support, the University established Australia’s first graduate program in
PROFESSOR FIELD RICKARDS

BIOGRAPHY

Professor Rickards was appointed Dean of the Faculty of Education at the University of Melbourne in August 2004 and has overseen its transformation to the Melbourne Graduate School of Education and establishment of the University’s Master of Teaching program.

Professor Rickards’ interest in the education of children evolved from his scientific and medical work in hearing impairment. As lecturer he led Australia’s first postgraduate training program in audiology at the University of Melbourne’s Faculty of Medicine in 1974. He was appointed Professor of Education of the Hearing Impaired at the University of Melbourne in 1994 having made the transition to the Faculty of Education in 1989.

Professor Rickards is a member of the Board of the Royal Children’s Hospital Education Institute, the Board of the Hearing CRC and of the Board of the Bionics Institute, and Chairman of the Board of the Asia Education Foundation. He was a member of the Council of Wesley College, Melbourne, for 17 years and its President from 1999 to 2003.

GR: You have developed and driven a graduate audiology program and worked intensively on early intervention strategies for the hearing impaired. How has that influenced your perspective on education and teaching?

When we started the audiology program in 1974, audiology was to a large extent a craft. Audiologists were expected to know how to test hearing and how to fit hearing aids; they weren’t really equipped to ask the diagnostic questions on what might be the underlying causes of the hearing loss. However, the way one treats the hearing loss will depend on its cause: hearing aids might be the answer, but might not.

We would send our students into the existing clinics and they were often told, ‘Forget all that stuff you are learning at the university, we’ll teach you everything you need to know about audiology’. That approach simply leads to a recycling of current practice. To overcome this, Graeme Clark and I set up an audiology clinic at the University. (This was possible because of Graeme’s medical qualifications.) I worked in the clinic, with patients and students, for up to five half-days a week, linking theory to practice and taking practice back into the lecture theatre.

By the end of the 1970s, we had established a world class graduate program and its graduates led the transformation of audiology into a true clinical practice profession.

audiology. I was appointed as the foundation lecturer to lead the program, which was to enrol its first students in 1974, and was given the opportunity to study at Manchester, in the UK. I took a Master of Education degree, providing me with a strong knowledge in audiology, parent guidance and language development.

My own research interest was the early diagnosis of deafness, and my PhD study in neurophysiology involved developing a system for measuring the hearing in babies at birth. At the beginning of the 1970s, the average age of detection and diagnosis of a child born with a hearing loss was two to three years of age, the stage when a child with normal hearing is going through an explosion in the development of language and cognition. So early detection was key. But having identified babies with a hearing loss begs the question, what needs to happen next? So, while I was developing a program in audiology I was also interested in intervention and language development.

The audiology program was delivered within the Faculty of Medicine at the University of Melbourne. When the University advertised for a Professor of Education for the Hearing Impaired within its Faculty of Education, I decided to apply. I was first appointed as a Reader. That was in 1989. Five years later, I was appointed to the professorial position.

Even though my background is basic science, in physics and physiology, I believe in the transformative power of education, in teaching and learning. This was the motivation for changing from the medical to the education faculty. I am driven by wanting to improve the lives of as many young people as possible.
What I learnt in those 16 years, from 1974 to 1989, was how to develop clinical thinking, how to use evidence, how to make evidence-based decisions that related to diagnosis and then to case management, and then how to assess whether the intervention had had an impact.

The next major influence on my thinking in my current role came from my experience with deaf education. Teachers of the deaf are diagnostic interventionist teachers, with the extraordinary challenge of developing spoken language in children with significant hearing loss. Deaf children learn because of what teachers do, not in spite of what teachers do.

The logic of the intervention and developmental paradigm goes something like this: what does this student know now; what are they ready to learn next; what are the evidence-based interventions that will take them to the next stage of development; what teaching strategies will I use to get them there; if I've had impact on their learning what will that look like; how will I know if I've had impact; and, depending on that outcome, what do I do next? If I've had no impact on learning, then I probably got the answer to one of those questions wrong. That’s clinical thinking.

So through the audiology phase of my career, I learnt how to link theory and practice in the education of professional graduate audiologists, and in the second phase of my career I came to understand how we meet the needs of individual learners. Both understandings underpin the Master of Teaching program offered at Melbourne University.

**GR: Tell us more about the Master’s program and the clinical thinking approach you advocate.**

The Master of Teaching program was introduced in 2008 in three streams – early childhood, primary and secondary – all underpinned by the same principles. The Diploma of Education was phased out immediately, and 2008 was the last intake for the Bachelor of Education program. So by 2013 the transformation to the Melbourne Graduate School of Education was complete. All students and staff have at least one degree, creating an environment with high levels of intellectual engagement.

To support our clinical approach to teacher education we have strong partnerships with 42 base schools and early childhood networks. The base schools are the hub for one or more neighbourhood schools. Each location has a staff member, whom we call a Teaching Fellow, who manages a cohort of about 25 students. The role is part-time, and we cover the salary costs, but usually the Teaching Fellow is someone who works full-time in the school or centre and half their role is with the Master’s students.

The Teaching Fellow works in partnership with a University staff member called a Clinical Specialist, to ensure the connection between theory and practice, between what is presented in lectures and how that is actually applied in a classroom.

‘Deaf children learn because of what teachers do, not in spite of what teachers do.’

Our students attend a lecture, supported by small group teaching on how to apply what they have learnt in that lecture into a classroom situation. Then they go into the schools and actually try it, supported by the Teaching Fellow and the mentor teachers.

Each candidate is in a school or an early childhood centre two days a week for the entire program so that we are able, in parallel, to talk about the theory and relate it to what's happening in practice and talk about practice and relate it to what's happening in theory. For four weeks in each semester, candidates are full-time in the school or centre.

In the very first semester, in each of the three streams, students undertake what I call an interventionist study. They identify a student or a small group of students with a particular learning need – it might be a behavioural issue or a learning issue. For the four-week placement, the students must design lessons so that they are a solution to that specific need as well as the whole class. They are then required to evaluate the impact of the intervention.

At the conclusion of the study, students undertake a clinical praxis exam. After giving a 20-minute presentation, they are ‘grilled’ by three examiners – who represent the core subjects presented in the first semester of the course.
At this early stage of the course, the examiners are testing not only the early craft skills of teaching, but more importantly clinical thinking and clinical judgement: what did the student know at the point of intervention; what were they ready to learn next; what evidence-based interventions would get them there; what is research going to tell you about what you should be doing; what strategies did you actually use; what was the impact and how did you know what the impact was; and, what would you do next.

The clinical praxis exam takes place at the end of first semester because we really want this clinical approach bedded down early in the program. It is key. In fact, the clinical approach has led to the transformation of thinking in a number of schools that are working with us, which is very exciting.

**GR: MGSE was ranked #2 in the world in the discipline of education in the QS World Rankings by Subject in 2014, after the University of London’s Institute of Education and before Harvard's Graduate School of Education. What strategic decisions and cultural changes have led to this achievement?**

The QS World Rankings are based on four factors: the quality of research, the impact of research, the quality of graduates rated by employers and the esteem of the faculty rated by international peers.

In relation to research, something I learned with Graeme Clark was the importance of having a big vision, a major question. His big question was, how do we make deaf people hear again? A whole team was built up around that – physiologists, audiologists, engineers, psychologists, otologists and so on, and they worked together. It was large-scale, team-based, high impact, multidisciplinary research.

By contrast, education had a tradition of small-scale research, probably with a single researcher, and likely to have less impact on policy or practice. So, when in 2005 we set a target to be recognised internationally as the #1 ranked Faculty of Education in Australia, scaling up our research was our first key challenge – and opportunity – for development.

We are now home to several genuinely world class research centres. The new Science of Learning Research Centre, has about 15 chief investigators. Our E4Kids (Effective Early Educational Experiences) study is just in the writing up phase, and that covers Queensland as well as Victoria. So we have very large programs with multiple investigators answering really important questions such as, how do children learn?

We also identified in 2005 that we had to shift from supply driven to demand driven graduate specialist programs for professional learning that meet the current needs of the teaching workforce. The Master of Instructional Leadership and the Master of Applied Positive Psychology have been recently introduced and were immediately in high demand.

The third challenge set in 2005 related to pre-service teacher education. We decided that if ever we got an opportunity do something about pre-service teacher education we'd grab it and endeavour to make it world’s best. At this time, there were reports that suggested that teaching needed to be reconceptualised as a clinical practice profession, a notion that sat comfortably with me.

That opportunity came very soon, in 2006, when our Vice-Chancellor, Glyn Davis, flagged a move to offering only six undergraduate degrees (from 100), with professional training to be offered at the graduate level. With my background in developing and delivering professional training for clinical audiologists at the graduate level, the Faculty had no hesitation in jumping straight on board for a Master of Teaching program.

**‘Something I learned with Graeme Clark was the importance of having a big vision, a major question.’**

To develop the Master’s program, we began at the end – by identifying what attributes we wanted our graduates to have – and then worked back. We wanted to develop a new generation of teachers who could be interventionist practitioners capable of using evidence or data to identify and meet the learning needs of individual learners. Everything flowed from that.

I had early meetings with governments and systems about the need for strong partnerships with schools. The partnerships are fundamental to our success in linking theory and practice. And we needed resources. We got initial grants from the
Commonwealth, the Victorian Department of Education and support from the Catholic Education Office Melbourne, which contributed to the first year of Teaching Fellows. A diversity and structural adjustment fund grant of over $8 million from the Commonwealth was awarded at the end of 2008 and this supported the Teaching Fellow program for the next four years.

The Teaching Fellow role has proven to be fundamental to the efficacy and quality of the clinical Master’s degree, and is now resourced out of teaching revenue with some support from the state government.

‘Ultimately, teaching in Australia should be self-governing, just like any other profession.’

The #2 world ranking is dependent on a number of things, including the quality and impact of our research, and on our researchers. When I became Dean, we already had some fantastic people – Patrick Griffin, Richard Teese, Lyn Yates, Joe Lo Bianco and others were key – and as we became more focused on the big questions and our intent to make a real difference to every child’s learning experience, we attracted others, people like Barry McGaw, John Hattie and Collette Tayler.

Deans around the world are also surveyed to determine the rankings, so we’re obviously held in high esteem by other deans. And employers are asked what they think of the quality of our graduates. That’s a small but significant factor and we rate very highly on that.

**GR: What are MGSE’s immediate goals and priorities for 2015?**

Our work in 2015 will be a continuation along the developmental path set in 2005, and engagement with schools, governments and systems is key if we are to remain relevant and for our teaching and research to have a significant impact.

One legacy we want to leave as a graduate school of education is to have lifted teaching in Australia to true professional status, to a level where it has the same respect and trust as the medical profession, or the engineering profession. In Finland, the hardest graduate program to get into is teaching, ahead of medicine and law; teachers are held in incredibly high esteem. We are not there yet.

There is another aspect of professionalism we are trying to address. It seems to me that, in teaching, professional status is often taken to be a licence for idiosyncratic practice. Teacher education embedded exclusively in practice enshrines that view. But, as Richard Elmore of the Harvard Graduate School of Education has pointed out, ‘Within a true profession, an individual does not have autonomy over its body of knowledge and its practice’. In a true profession, there is a shared corpus of knowledge and practice around which initial and continuing professional development are organised.

Elmore also says a profession is defined by its ability to control who is authorised to practice, control over its body of knowledge and control of the development of its professionals. Ultimately, teaching in Australia should be self-governing, just like any other profession. The profession itself should evolve a body that governs all three areas.

Our ongoing work, including the networks we are building between schools, is aimed at helping develop a shared corpus of knowledge and practice. I am also hoping that some of the graduates coming out of the Master of Teaching program will make the profession think a bit differently about the roles and responsibilities of exemplary teachers, and how we reward them.

**GR: You are the only Dean of Education on TEMAG. I know you can’t pre-empt the report, but what are your personal views on changes in teacher education that would have the most impact on teaching quality in schools?**

From my experience, a necessary condition for quality teaching in schools is quality graduates entering the profession. The evidence that demonstrates the achievement of the AITSL graduate attributes must be rigorous and objective, and it is important that universities are able to demonstrate the processes for collecting that evidence. If that can
be achieved, there would in time be impact in schools.

MGSE’s clinical praxis exam is an example of an objective measure of the rigorous thinking students must have and evidence that graduates can identify and meet the individual needs of learners.

I would like to think that I could be comfortable with any one of our Master’s graduates teaching my grandchildren. That's the test for us as teacher educators: would you have these people teaching your children? If the answer is no, then are the assessment protocols rigorous enough? Assessment has to be relevant, but it must be rigorous and repeatable.

NAPLAN has given us a very real sense of the distribution of achievement among students and has demonstrated that we do not yet have a system that readily allows for differentiation in teaching. Nor does the traditional approach for the preparation of teachers develop the professional attributes necessary to meet the diverse range of students’ needs in each class. I’m certainly not talking about streaming here; I’m talking about growth. We need at least a year’s growth – and more if possible – in every student in every calendar year. And we need to teach our graduates how to develop and measure that growth.

GR: Looking back on your own schooling, was there anything about it that has had a particular influence on your life?

‘That's the test for us as teacher educators: would you have these people teaching your children?’

I had the time of my life in school. It was fun. I went to Wesley College in Melbourne and it was an extraordinarily supportive, positive environment. My father was a tremendous encouragement as well. I sometimes tell the story of when he watched me in the Under 11s football, on the back turf in Mowbray Street. I’d come off the ground having had three kicks and a couple of tackles and he’d say, ‘That was fantastic. That tackle you laid on that guy over on the wing there, the ball spilled free, someone picked it up and it created a goal.’ Well, of course next week I wanted to do four kicks and three tackles.

Wesley’s motto is Sapere Aude, dare to be wise. I think having the courage to make right decisions is a pretty important attribute. I was also influenced by that sort of tradition where everyone is considered an equal and every human being has infinite worth. Those sorts of values inform everything I do, and that’s why I'm interested in every single individual in our schools, not just the bright students or the ones in the middle.

GR: Thank you.