Witness Statement

Name: Dr Sanjay Hettige

Occupation: Fourth Year Registrar Radiologist at Nepean Hospital

1. This statement sets out the evidence that I am prepared to give as a witness to the Special Commission of Inquiry into Healthcare Funding.
2. This statement is true to the best of my knowledge and belief.

A. My Role

3. I am a fourth-year registrar and am currently in my penultimate year of training in radiology. I am currently based at Nepean Hospital.
4. I am currently the Chair of the Training Committee for the Royal Australian and New Zealand College of Radiologists (**RANZCR**).
5. I am also currently the Co-Chair of the Australian Medical Association (NSW) (**AMA(NSW)**) Doctors-In-Training Committee, a position I have held since 2021, an AMA(NSW) Councillor and until May 2024, a non-Executive AMA(NSW) Board Director.

B. Need for Regional Training Programs

6. During my time as Co-Chair of the Doctors-in-Training Committee, I have spoken with many medical students and doctors-in-training. While the number of medical students wanting to stay in rural and regional areas has increased, most specialist training programs require a large proportion of training time to be completed in metropolitan areas. Many Colleges have strict training requirements requiring most training to be completed in metropolitan areas.
7. The average age of medical registrars is increasing as more doctors undertake postgraduate study and spend more time in pre-vocational training positions before undertaking specialist training. Therefore, most registrars are in their thirties by the time they are nearing the conclusion of their training, by which time many have families or are ready to settle down. This can deter people from moving to rural and regional areas to practice once they obtain

Fellowship, despite any prior intention to do so, and they end up settling in the metropolitan areas they trained in, and where their life partners work and their children go to school.

8. In my view, in order to attract trainees to rural and regional locations, Colleges need to be more flexible with their training requirements so that the training programs may be delivered in rural and regional areas. For example, in the case of radiology, there are two streams: clinical and oncological. In many rural, regional or remote areas, there may be a general radiologist who works across both these streams. The training requirements could be amended so that a larger portion of the supervision of trainees could be undertaken by a general radiologist, rather than a sub-specialist. That would assist in having training delivered in rural and regional areas.

9. Another example of how colleges could be more flexible in order to better facilitate rural training is to better utilise training opportunities outside the public system. For example, smaller public hospitals often subcontract to private radiologists. Colleges can accredit private companies to do training, as in the case of the I-Med Radiology Network in Orange which is accredited as part of the radiology training program. In my view, there is scope for that approach to be expanded in other locations.

C. Coordination between Local Health Districts and the Colleges

10. I also consider that the Colleges and LHDs could better collaborate in relation to the length of training contracts.

D. For example, in radiology generally, a trainee is initially given a two-year contract, followed a three-year contract which completes the five-year training program. This reduces the amount of administrative work a trainee has to undertake, and provides certainty. In comparison, there are other training programs in which trainees are required to move hospitals and LHDs more frequently and are required to apply for positions, enter new contracts and complete administrative paperwork each time they move, creating a heavy administrative burden on the trainee, as well as uncertainty as to contractual arrangements. I am also aware that this affects

other specialities including anaesthesia, emergency medicine and intensive care medicine, where trainees must reapply for positions each year.

E. Issues of Supply and Demand for Trainees

11. Training requirements and an imbalance in the number of training positions available across the state creates issues with the supply of staff.
12. For example, radiology training requires a three-month rotation in paediatric radiology. The available options to fulfil this training requirement are currently limited to John Hunter Children's Hospital, Prince of Wales Hospital and the Children's Hospital at Westmead (**CHW**). The former two hospitals only accept trainees already in their program, so every other trainee radiologist in the state has to rotate through CHW, creating a bottleneck in the training process which limits the number of trainees able to complete their training at any given time. I understand that a similar bottleneck occurs for trainee orthopaedic surgeons.
13. There are regional radiology training opportunities in Dubbo, Orange, and Coffs Harbour. Of these, I understand at least Coffs Harbour has a busy paediatric ward in which a trainee radiologist could obtain at least some of their paediatrics experience. If this experience was recognised, this could reduce the length of time needed to be spent in a specialised paediatric rotation, and limit the effect of the bottleneck of the paediatric rotation.
14. In order for training places to be accredited by the College, there needs to be sufficient consultants to supervise the trainees, as well as sufficient procedures.
15. In radiology, the workload is high. This high demand results in many hospitals hiring unaccredited registrars to assist with the workload. Unaccredited registrars are doctors who to are not yet in a training program and therefore are not in an accredited training position. Many doctors-in-training complete a number of years of unaccredited training before being accepted into a training program. Many unaccredited trainees are engaged on one year contracts and must apply for a position each year, sign a new contract and complete the relevant paperwork. An unaccredited registrar is a doctor-in-training employed as a

registrar to work in a specialised area in the hospital system, but who is not working in a College-accredited training position. Many unaccredited registrars are working to gain relevant experience to get into a training program, many of which are very competitive, and there are more candidates for training than there are accredited training places. Unaccredited registrars are key part of the workforce in the public hospital system.

16. Generally, there is a shortage of consultants available to supervise trainees. The demand for training positions therefore outstrips supply. For radiology this is problematic in circumstances where there is a shortage of radiologists in the public system. Remuneration in the private system is significantly more than in the public, and many work across both systems, or solely in the private system. One option is for more sites in the private system to be accredited for training.

E. Need for Flexible Training

17. In my view, there is a need for more flexible training, particularly in light of the increasing average age of trainees.

18. Currently, if a trainee is seeking flexible training hours, for example, a reduction of their days, because training is largely conducted in a clinical setting under an employment contract with the LHD there are effectively two approvals required: approval from the College; and approval from the employing LHD.

19. In my experience, while Colleges, through their directors in training, are usually willing to accommodate requests for reduced hours of between 0.2 and 0.5 FTE for the purposes of the trainee meeting their training requirements, it is the LHD as the employer that effectively makes the final decision. Due to a lack of available workforce, these requests are often rejected by the LHD. Even when such requests are approved, the trainee needs to renegotiate their hours every time they rotate to a different LHD, as part of their contract negotiations.

20. Leave can also be limited for trainees who are on rotation, which can pose difficulties for working parents. For example, my daughter was born just before I started a rotation in August 2022. This was before the current parental leave policy was introduced so I was only entitled to two weeks parental leave. I requested an additional two weeks' annual leave but was denied this as the hospital did not have the capacity to cover the workload. The current parental leave policy provides flexibility and options for families.
21. This lack of flexibility can create disillusionment in trainees. In my experience this may also potentially discourage some from training in certain specialities, for example, there is increased competition to get into radiology training as it is seen as a more flexible program and career pathway. Trainees request leave or flexible hours for good reason and can be effectively prevented from progressing in their training because they cannot commit to positions without approval of the requested leave or reduced hours. This can result in increased overall lengths of training, and a reduction in the number of consultants qualified in a timely manner.

Signature:

Name: Dr Sanjay Hettige

Date: 31/07/2024