# Witness Statement

**Name:** Dr Tom Morrison

**Occupation: Neurosurgery** Registrar, St Vincent's Hospital

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

**A. Role**

3. I work at St Vincent's Hospital (**SVH**) as an unaccredited registrar in neurosurgery. I have been in this role since February 2023 and have been selected for the Surgical Education and Training (**SET**) program in neurosurgery to commence in 2025.
4. I have also held multiple different roles at the Royal Prince Alfred Hospital (**RPA**). I worked as an unaccredited registrar in neurosurgery from February 2020 to February 2023. Prior to that, I was a Resident Medical Officer from February 2019 to February 2020. I began at RPA as an intern in January 2018 and was in this role until January 2019.
5. I am currently the Junior Vice-President of the Australian Salaried Medical Officer's Federation (**ASMOF**), NSW State Council.
6. I am a member of the Australian Medical Association (NSW) (**AMA**) Council. I have also been an executive member of the AMA Doctors in Training Committee since 2020.
7. A copy of my current CV is annexed hereto and marked "**A**".

**B. Maldistribution of workforce**

8. From the perspective of junior doctors, some areas of NSW are viewed as more desirable to work in than others, resulting in a maldistribution of the health workforce across the state. Medical students generally are required to study in major cities where they build social and collegial networks. There is an inherent pull factor to stay in the city and often there are not clear incentives to work in rural environments where the population need

may be. There is a perception that the quality of internship is better at inner city teaching hospitals and these receive a higher preference amongst graduating medical students.

9. Some medical schools offer longer rural and regional placements. Anecdotally, longer rural placements while at university often lead to a significantly higher number of students wanting to stay on in these areas for their internship year. I attended UNSW for example, which offers two-year placements in a student's final years of study. Out of my cohort, approximately 30-40 of 300 students spent their final two years of university in rural areas. I would estimate at least two thirds of this group took up internship in a rural location.

10. Similarly, training opportunities while rotating as a junior doctor can have a positive impact on the distribution of the workforce. Training in rural and regional areas often provides the opportunity for one-on-one supervisory attention in which the junior doctor is more involved in the treating of patients. My rotation in obstetrics was split between four weeks in Griffith and four weeks at the Royal Hospital for Women. I did not get any hands-on experience at the latter whereas in Griffith, there was only one registrar other than myself, which meant that I was able to engage more with my supervisor and patients. This was a very positive experience, because I felt like I was really practising medicine. Other colleagues I have spoken to have had similar experiences.

**C. Compulsory rural experience**

11. I believe that there is scope in recruitment processes to better link rural work to positions offered in popular metropolitan training positions. This happens to some degree in some training pathways. For example, I understand that the basic physician training program in RPA also requires trainees to undertake part of their rotations in a rural setting, which I understand to be Dubbo.

12. There are certain specialities which may be better suited to longer rural or regional training periods. Most surgical programs have at least some rural elements, but these

tend to be shorter stints. Additionally, some types of surgery are only available in metropolitan areas. By contrast, I understand that anaesthetics does not require any rural training. I believe that this is a specialty in which this requirement could be introduced. Most specialities that are able to be offered in rural settings could facilitate rural training places.

## D. Needs based planning

13. Another way to tackle the maldistribution of the workforce might be to introduce a needs assessment of the state when considering where to offer training positions. Some training positions, particularly in rural or regional areas, are less competitive than others and would therefore attract less applicants. To address this, it may be decided that there are a certain number of available training positions in NSW for a specialty. Once the number of applicants is finalised, there could be a needs assessment to then determine the distribution of offers. I believe that this could work relatively smoothy. Most applicants understand how competitive the application process is and recognise that they do not have complete choice in where they work. The culture within the junior medical workforce is not one in which people feel entitled to a role in any particular facility.

## E. Streamlining the application process for junior doctors

14. The Ministry of Health mandates the campaign dates for Junior Medical Officer (**JMO**) roles within a clinical year. Most prospective trainees will submit multiple applications for a training position at various hospitals within this period. The application process is quite long and repetitive. Although many hospitals will ask similar questions, they are not uniform, and a lot of time must be spent in tailoring answers, in my case for up to 30 different roles. Many of these roles only have one year contracts and I myself have been through this process of multiple applications 5 times. There would be utility in

centralising the application process to some degree so that the written component at least is more uniform.

15. Each year, there is a fixed period in which prospective applicants can submit applications for training roles and receive offers. This period is set to try and regulate early offers and outbidding between hospitals for candidates. However, there is a practice of early verbal offers which can lead to some wasted time within the system. For example, I have gone to interviews after having been given a verbal offer from another hospital. I could not be certain that the verbal offer would translate to something more formal, so attended these interviews knowing that it was unlikely that I would accept an offer for a role there. This system should be revisited to ensure that less time within the system is wasted.

**F. Accredited and unaccredited training roles**

16. It is my understanding that the colleges and hospitals work together to determine the number and location of accredited training positions available, but I am not aware of the role (if any) played by the Ministry of Health in this process.

17. Unaccredited registrars play an important role within a team. I currently work as an unaccredited registrar within the neurosurgery team at SVH. The neurosurgical society of Australasia requires 400 major surgeries a year to accredit a registrar position as suitable to train a surgeon. At SVH there are also outpatient clinics, consults, and on-call requirements that surgeons must comply with. Multiple registrars are needed to ensure that the entirety of this workload is met, but not every registrar can gain the full experience required to become a surgeon by virtue of the number of operations performed at SVH per year. There is sufficient on-call work, for example, to be shared amongst accredited and unaccredited registrars, but there are not sufficient surgeries. This situation is common across many hospitals.

18. The factors that make a role attractive to a junior doctor vary depending on the stage of their career. If one is currently in an unaccredited registrar position and wanting to get onto the training program, they will tend to prefer a workplace that is supportive in which more senior staff members take an interest in your professional development and who will assist you in the process of obtaining an accredited position. In my experience, the consultants who are interested in you are the ones who will help you gain some good experience and attain selection on a training program. The unaccredited roles are therefore useful to the hospitals in meeting staffing needs but also to junior doctors in building networks and experience. Unaccredited registrars often discuss which roles have a supportive culture and supportive consultants and they develop a reputation as desirable.

**G. Pay and conditions in NSW**

19. The Public Hospital Medical Officers (State) Award 2023 governs the pay and conditions of JMOs in NSW. There has been no substantial variation to the award since the 1980s. Junior medical officers in NSW have the worst pay and conditions of any state or territory in Australia. Junior doctors in NSW are aware that if they go interstate they would be paid significantly more for the same work. There is also no professional development leave in NSW. NSW is the only state to take half of any tax benefit realised through salary sacrificing. Wages and conditions have not kept pace with the rest of the country. Most of the young doctors that work in NSW are here because they grew up here and have family or social ties, rather than because it is known to have the best training or be the most attractive place to work.

**H. Changing attitudes towards work**

20. In addition to junior doctors becoming more aware of the disparity in conditions between states, there have also been changing attitudes towards the expectations at work. I believe is the confluence of two factors. Firstly, during the Covid-19 pandemic junior

doctors worked significantly harder than usual with limited opportunity for professional development. Secondly, there is an increasing sense that there are limited opportunities for selection to training programs and ultimate selection for consultant positions in some specialities. Previously there was a broad acknowledgement that these positions would be relatively attainable provided you worked hard during your training years, however this is no longer certain. The response seems to have been a transition from seeing medicine as a vocation to a job. Part of the cultural change ensuing is a move towards exercising doctors' full entitlements, such as leaving work on time and lodging overtime worked.

21. There has also been an increase in junior doctors taking on locum work either before they get an accredited training position, as a break during their training program or as an alternative to training entirely. Previously it was not considered a viable career path to locum permanently or semi permanently however this is becoming increasingly prevalent. There are anecdotal reports of resignations from full time positions to take up locum contracts in the same district for significantly increased pay.

**Signature:**

**Name:** Dr Tom Morrison

**Date: 4/10/24**