

Q&A with Cate Rayner

Dr Cate Rayner, Director of the Department of Adolescent Medicine and The Royal Children's Hospital Gender Service, is an invited speaker at this year's ANZPIC. Here, she tells us about her role and what she will discuss at the conference.

Tell us about your career path and how it led to your current role.

I always wanted to pursue medicine. I enjoy working with people of all ages and collaborating with them over time. I thought when I finished high school I wanted to be a neonatal paediatrician, which was very ambitious for someone who had no idea what that job would entail!

When I started medical school, I discovered that I liked most rotations – geriatrics, general practice, adult medicine and psychiatry as well. Definitely not surgery or emergency medicine – the fast-pace and rapid turnover of ED did not suit me, and surgery did not keep me interested. You don't get much exposure to paediatrics in medical school, so I decided to do adult physician training. Then I remembered my early interest in paediatrics so I did a paediatric rotation in a rural hospital and loved it. That led to me changing direction and entering paediatric training at The Royal Children's Hospital.

After my basic training, I worked as an adolescent medicine fellow at RCH and loved it. I really enjoy working with adolescents. It's a developmental stage where they're not children and they're not yet adults, and it's very dynamic. You're working with young people as they develop their own agency and autonomy, allowing them to be active participants in their own healthcare decisions. You might start working with them when they're 12 or 13 and it's often their parents or caregivers who are making most of the decisions.

By the time you're saying goodbye to them when they're 17 or 18 years old, you have hopefully helped them reach a point

where they're driving the conversation and decisions, owning their healthcare and advocating for themselves.

Adolescence is also a time of significant physical, social and cognitive development. My work involves supporting a teen in all aspects of their life, not just their physical health. We speak about their friends, family, relationships, drugs and alcohol, school, work, their future ambitions and their mental health. It's never boring.

Tell us about working in the gender service at the RCH.

That's a particularly joyful part of my job because it involves supporting a young person within the context of their family and community. It's holistic and multidisciplinary. You get to know someone over time, supporting them along the journey over a number of years. These children and young people are not unwell; they are often courageous and authentic. It's a privilege to support them and their families.

What are you presenting on at ANZPIC?

I'll outline the key developmental changes that occur during the adolescent years, including biological/physicals changes, and their cognitive and social development. I'll discuss some of the key principles when working with adolescents so they have a better healthcare experience, engage more in the process and build trust in the healthcare system. Negative experiences in the healthcare system during childhood and adolescence are often remembered and may cause the young person to avoid seeking out healthcare in the future.

Some of the principles I'll discuss include communication techniques to build rapport. I will talk about confidential care and capacity to consent to medical procedures and treatments.

I will also discuss how to support vulnerable young people, including those with medical trauma, autistic youth and gender diverse youth.

When you ask adolescents what they want, they say that they want healthcare professionals to be patient and kind, and to slow down, listen and not judge.

Tell us a little bit more about caring for gender diverse young people, particularly as it might relate to medical imaging professionals.



There's many things that can be done throughout the healthcare system to help trans and gender diverse young people feel more comfortable. Especially in radiology, which involves entering a different and strange physical environment to have a scan or image taken of a specific body part.

Body parts may need to be discussed and exposed, and this can cause distress for some trans youth who are experiencing gender dysphoria. Providing a clear, factual explanation of the process, including the reason for the procedure, prior to it occurring, is important. If written information can be provided beforehand, even better. Giving the young person choice, such as how much they want to remain covered (when appropriate), and who remains in the room, can help. Being flexible, and postponing a test or scan is sometimes needed, and will help engagement longer term.

Having systems in place to make sure the correct name and pronoun is used consistently is important. Trans adolescents have often already accumulated years of being called the wrong name and misgendered. For example, they went to the dentist and got called the wrong name. Then they went to get their blood tested and the wrong name and pronoun was called out. The prescription and radiology form listed the incorrect gender marker. The substitute teacher read out the wrong name to the class when doing the roll. If you can have a medical documentation system that records chosen name and pronouns, and then all staff

make sure to check this, you can start off all appointments more inclusively.

What I hear from young people is that it's exhausting to have to explain who you are and what your name is, and what your pronouns are over and over again. There are some really simple things that you can easily incorporate into your daily practice. One of them is just introducing yourself. So I would say, 'Hi, I am Cate, I'm your paediatrician. That's a doctor who looks after people up until they turn 18, and my pronouns are she/her. It's really nice to meet you. What would you like me to call you?'

It's also okay to get it wrong sometimes. You don't need to stress or ruminate about it. You just need to say, 'Oh, I'm really sorry. What pronouns would you like me to use? I'll use that from now on.'

Any other tips you'd like to share?

If your service is an inclusive space, visible inclusivity can be powerful. I received a letter recently from a young person asking, 'Why don't you have a rainbow flag outside your hospital? It would improve the experience for all rainbow kids.'

I know it's hard to change things in big hospital and health systems, but it's actually not that hard to have a poster on your wall saying, 'Everyone is welcome here.' Importantly though, if doing this, the service then has a responsibility to ensure all staff have received education and training on inclusive healthcare for trans and gender diverse people.

Understand that when a young trans person comes in to a health service for a physical procedure or scan, it can be really challenging for them. We might not fully grasp the reasons behind their distress, but it is important to recognise that physical exams are often really hard for trans young people.

Another tip: don't ask about things that aren't relevant to the procedure. Young people don't necessarily want to talk about their gender identity or their affirmation journey when they come in for a procedure or scan. That part of their lives can be really private and is not something that needs to be talked about with a stranger.

There's a really good article called 'Ten Things Transgender and Gender Nonconforming Youth Want Their Doctors to Know' by Jack Turban. If you want to read more on how to support trans kids through the health system, it's a good simple article from the perspective of young people.

Finally, as a Melbourne local, top tip for best coffee for visitors to ANZPIC?

If staying onsite at the hospital, my favourite is Sandrock – right near the entrance.

The Australian and New Zealand Paediatric Imaging Conference (ANZPIC) is taking place from 24 to 26 October 2025 at the RCH in Melbourne. Registrations open in July.
