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SUBMISSION BY
THE AUSTRALIAN INSTITUTE OF MEDICAL SCIENTISTS TO THE

PRODUCTIVITY COMMISSION HEALTH WORKFORCE STUDY

The Australian Institute of Medical Scientists (AIMS) is a professional organisation representing some 2000 Medical Scientists from all disciplines of pathology and associated industries. It is involved in establishing and maintaining the high academic and professional standards of medical scientists employed in Australian medical laboratories. The institute also provides medical scientists with the opportunity to continually update their professional knowledge through national and state scientific meetings, a scientific journal and postgraduate programmes such as the Fellowship. AIMS has a minimum requirements standards document for degree level courses in medical laboratory science offered by Australian universities and undertakes regular reviews to ensure the courses meet these standards.

AIMS is also the body to which the National Office of Overseas Skills Recognition (NOOSR) has delegated the authority to assess the skills and qualifications of those people who are applying to migrate to Australia under the Commonwealth's General Skilled Migration Program as medical scientists or medical laboratory technical officers. AIMS carries out these assessments on behalf of NOOSR.

The Australian Institute of Medical Scientist (AIMS) appreciates the opportunity to provide a submission to this inquiry.

AIMS commends the Issues Papers in recognising the many concerns of those working in the health sector. It has identified numerous potential opportunities and the barriers to progress towards a more uniform equitable delivery of health services to the community.
Along with the similar studies such as the 2002 Canadian Paper *Steady State - Finding a Sustainable Balance Point* (International Review of Health Workforce Planning)[1] the issues paper goes a long way in developing an understanding of the challenges facing the health industry in Australia. AIMS supports the general thrust and direction of the issues paper and provides additional comments.

Workforce Participation
The aging of the health workforce is a major concern especially in states such as Tasmania where the median age of medical scientists is similar to other health professionals. Detailed analysis of the Tasmanian medical scientist workforce would indicate a relatively high number of staff entering potential retirement phases of their career.
http://www.dhhs.tas.gov.au/agency/pro/ahworkforce/documents/ah-medscience.pdf

The position would be similar in most remote and rural laboratories and may represent a problem for the future unless programmes are developed to ensure that these locations are made attractive to health professionals. The problem is not unique to Medical Science and the following issues have been identified as disincentives to retaining allied health professionals in remote rural communities:

- Lack of management support
- Lack or appreciation and/or recognition of their role
- Lack of professional supervision, support and/or mentoring
- Difficulties accessing professional development/ skills development
- Lack of support for ongoing/post graduate education
- Professional isolation
- Lack of career structure/progression/stability
- Lack of resources
- Income and terms of employment
- Difficulty obtaining locum cover
- Large caseloads and excessive travel
- Lack of orientation to the community
- Lack of employment and/or education opportunities for spouse and children
- Social and cultural isolation
- Personal safety fears. http://ijahsp.nova.edu/articles/Vol2num2/struber_rural.htm

Even in the far north coast of NSW, for example, including Tweed Heads, Byron Bay and Ballina, which are only two hours drive to Brisbane, employers experience difficulty in attracting and retaining allied health professionals, including medical scientists.

The reasons are varied but are generally included in those identified above. Another issue is the absence of extended family; many professionals are relocating from rural areas to be closer to elderly parents, adult children and grandchildren.

While pathology providers and their staff in the public sector are required to (and do) offer a service of a very high standard, they have been resource starved for decades
Within Australia health professionals work within well defined health silos with little communication or sharing of skills; this is true even within the pathology community. In contrast, in the United Kingdom shortages of pathologists have resulted in the development of training programs to utilise medical scientists' skills. The resultant Diplomas of Expert Practice have the ability to assist in meeting clinical needs without reliance on pathologists.
http://www.ibms.org/index.cfm?method=news.show_article&news_id=148

The need for these increased expert skills in large urban situations must be balanced by the growing loss of generalist services and skills in remote and rural communities. An opportunity utilised within the Canadian community is the cross training in the disciplines of medical science and medical imaging. These cross trained professionals deliver services to areas where recruitment is historically difficult. Such a professional may meet a need in the public and private sector as the latter is dominated by large corporations engaging in both areas, and the former is often the sole provider of services in remote and rural communities.

Both the above approaches would require considerably more cooperation than is currently exhibited within the health and education sectors. It would also require considerable rigor to ensure that standards and quality of care are not eroded. The drive to registration of health professionals assists greatly with the maintenance of care standards, however it blunts opportunity to develop differing approaches to the delivery of healthcare.

A Canadian study titled *An Environmental Scan of Human Resource Issues Affecting Medical Laboratory Technologists and Medical Radiation Technologist 2001*[2] identified many of the issues that affect the recruitment and retaining of medical scientists in the health sector such as:

- Declining enrolments in Directed Medical Science Courses
- Technological Advances
- Workplace Changes
- Employer needs
    - Use of generalists/core laboratory
    - Cross training
    - Devolution of responsibilities to lower gradings.
    - Type of work
    - New skill requirements

This would be little different to the concerns within the sector in Australia.

Education and Training

Recruitment into many health professions relies on University programmes to provide sufficient entrants. Universities battle with pressures to meet funding targets and attempts to broaden degrees. The loss of directed degrees such as laboratory medicine owing to their relatively low numbers has consequences with regard to quality of professional care. If this trend to broaden degrees continues, professions will need to assess how entrants enter the profession and how they may act as gatekeepers to quality.

Where inadequate intakes are identified consideration should be given to developing HECS free options, directed rural recruitment and indigenous health schemes. A number of studies have identified that recruitment of rural students into programmes enhances the likelihood of retaining healthcare professionals in these settings.

Retention of Health Professionals

The retention of such of health professionals is difficult once the less attractive aspects of health careers become apparent:

- Twenty-four hour shifts
- Verbal and physical abuse
- High stress levels

These and other stressors contribute to staff burnout and the loss of key personnel; but what is little appreciated is the impact on hospital errors and effects on the general quality of healthcare. Research into this aspect of healthcare delivery would assist with developing programs to support and nurture health care professional research such as those listed at http://www.ahrq.gov/news/workfact.pdf

Regulation of the Workforce
Options exist to open areas to alternative providers, but mechanism to ensure quality must be implemented; for example point of care testing will be performed by non laboratory professionals with little understanding of the quality control/management issues. Cooperation between professionals would allow medical misadventures to be avoided, preventing litigation and an erosion of patient care. Similar testing outside the HIC system is currently being performed with individual patients paying for the inferior product and consequences of poor interpretation. Regulation of testing to appropriate personnel would provide less community risk and potential hazard.

The provision of Approved Pathology Provider to non pathologists might allow a mechanism to remodel charging costs in pathology along the lines of technical and clinical components. For example a blood film with morphology - technical , guidance from a haematologist - clinical.

Migration Issues
Currently many professional organisations assess overseas graduates to ensure standards are met. The review of these procedures should be conducted from time to time to ensure fairness and that standards set are not simply mechanisms to restrict trade and allow monopoly situations to continue.

Productivity and Demand
The demand for additional testing as the community ages and with the advent of genomics will not see any lessening of demand. It is reassuring that one of the few areas that has met its obligations in terms of maintaining costs is the pathology industry. The capped funding environments and the introduction of technology have assisted in this; the Productivity Commission's review of medical technology will identify cost drivers further. Significant data are available to establish current and past pathology expenditures.

Regional, Remote and Indigenous Issues.
Models to ensure point of care testing to indigenous groups have been successful when they have involved the community. The need for good communication and training of indigenous health workers to deliver such programmess is critical. That the healthcare system fails the indigenous population is indisputable. Issues in retaining indigenous health workforce are addressed in the following paper; little can be added until such issues are addressed and servicing remote and rural indigenous communities will remain a challenge
http://www.nrha.net.au/nrhapublic/publicdocs/conferences/7thNRHC/Papers/general%20papers/goold.pdf

As a positive example, Northern Rivers Pathology Lismore has for the past six or so months been the part of an indigenous outreach programme . Once a month a team visits the local remote indigenous communities to provide early diagnosis, treatment and management of diabetes. The benefits of this programme will not have any effect for at least a decade, when rates of renal failure etc hopefully start to decline in the regions indigenous population.

Workforce Planning

While we have discussed specifics issues of concern to the medical scientist community the greatest difficulty in any progression in healthcare planning will remain the failure to apply uniform approaches to recruitment and retention within the current political environment. Many state government agencies spend significant energy essentially poaching health professionals from each other, devising packages to draw recruits from their state of primary training. This is essentially a soul destroying operation and in the long term of minimal benefit to the overall healthcare system. While there are many deficiencies within the UK NHS it allows a more uniform development of information on the skills and numbers and location of health professionals. Similar information is less freely available in Australia, as often the workforce information is spread among states, and the private and public sectors . Mechanisms to achieve good data inputs are a particular challenge, and possibly task forces designed to review each health professional area might assist. The issues paper addresses many of these problems including some of the mechanism for finding solutions, but there are many barriers to success. Further debate and the cooperation of strong interest groups will be required to achieve success.

References

1. *Steady State - Finding a Sustainable Balance Point* (International Review of Health Workforce Planning) Health Canada 2002.
2. *An Environmental Scan of Human Resource Issues Affecting Medical Laboratory Technologists and Medical Radiation Technologist 2001* Health Canada, 2001

Approved by AIMS National Executive 28 July 2005.