SUBMISSION BY THE AUSTRALIAN INSTITUTE OF MEDICAL SCIENTISTS TO

AUSTRALIA'S HEALTH WORKFORCE:
PRODUCTIVITY COMMISSION POSITION PAPER

INTRODUCTION

The Australian Institute of Medical Scientist (AIMS) appreciates the opportunity to provide a submission to the Commission on this Position Paper.

The Australian Institute of Medical Scientists (AIMS) is a professional organisation representing some 2000 medical scientists from all disciplines of diagnostic 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 Australian Government, through AEI-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 programme as medical scientists or medical laboratory technical officers. AIMS carries out these assessments on behalf of AEI-NOOSR.

Medical scientists in Australia are in the unusual position of being virtually the only group of health professionals in Australia that is not subject to registration, and Australia is one of the few countries in the developed world that does not require medical laboratory scientists to be registered. While this situation raises issues of competence, in particular in relation to those scientists who are not members of AIMS, it also has relevance to any workforce study in that there is no easily accessible means of determining exact numbers and employment levels of medical scientists in diagnostic medical laboratories in Australia.

Anecdotal evidence would indicate that some 40% to 50% of people employed as medical laboratory scientists are over 45 years of age and that there is a significant lack of trained and experienced scientists in the 30 to 45 year age group. Within the next five to ten years there will be a major skills shortage as the current cohort of managers and senior scientists leaves the work force.

In response to the Commission's Position Paper, AIMS will address each of the draft proposals in turn.

RESPONSES TO THE DRAFT PROPOSALS

Draft Proposals 3.1 and 3.2

AIMS endorses the broad principles of the National Health Workforce Strategic Framework (NHWSF), but doubts that there is currently the capacity to measure outcomes of any approaches to improve workforce supply or distribution, including equity of access. We would give support to measures to assist this to occur.

Draft Proposal 4.1

AIMS supports this proposal provided that membership of the Agency includes representation from medical laboratory scientists, who form a significant portion of the health workforce. We recognise that membership of the Agency is critical and the appointments should be such that it is not, nor can it be seen to be, simply a cross section of the current health "faction".

Draft Proposal 5.1

In principle AIMS supports the transfer of the primary responsibility for allocating the quantum of funding available for university based education and training of health workers to the Department of Health and Ageing, provided that the funding transfer is sufficiently tailored to meet the objectives of the NHWSF and provided that there is no diminution of funding as a result . AIMS would also wish to see the outcomes of directed degree courses measured to ensure that professionally competent graduates are available to the health workforce.

Draft Proposal 5.2

As noted above, AIMS currently accredits twelve bachelor degree courses in laboratory medicine in Australia and New Zealand. These courses are required to meet AIMS minimum requirements in relation to entry requirements, course content, staffing, facilities and professional practice experience. Graduates of these courses are accepted for professional membership of AIMS (Graduate level) and are classified as medical scientists. AIMS also has input into the course structure and content of a number of TAFE courses in laboratory operations (pathology).

AIMS would support the establishment of an advisory health workforce education and training council with the proviso that such a council should not have the power to override the relevant professional bodies in areas such as course content. As the accrediting body for courses in laboratory medicine, AIMS is well credentialled to be a member of such a council.

Draft Proposal 5.3

AIMS supports this proposal.
In particular, AIMS wishes to comment on dot points one, two and three, in relation to payments for infrastructure support and training services, and better linking of training subsidies to wider public benefits of a well trained health work force. This issue is of major importance. Part of the AIMS minimum requirements for accreditation of bachelor degree courses is that these programmes include a clinical placement component. Clinical training is a vital part of the overall education and training programme for medical laboratory scientists and is essential for a well-trained workforce. As with many other clinical and allied health professions, workplace training for medical scientists is provided mainly on a pro bono basis by participating

laboratories. It is a matter of concern to AIMS that some universities are finding it increasingly difficult to find clinical placement positions for students. Cost restraints in pathology laboratories are obviously a major factor in this. Victoria is the only State in Australia in which there is an explicit payment to laboratories providing a training service to medical laboratory science students, and the benefit of this is evident in the significant period of clinical placement in the Bachelor of Applied Science (Laboratory Medicine) programme at RMIT.

Draft Proposal 6.1

The model of a single national accreditation agency for university-based and postgraduate health workforce education and training to develop uniform national standards upon which professional registration would be based is one that has been successfully introduced in the United Kingdom (the Health Professions Council) and, in a slightly different format, in New Zealand (Health Practitioners Competence Assurance Act). Notably, in those countries, medical scientists are included in the registration framework.

It is anomalous that medical scientists remain unregistered to practise in Australia. Comparable countries (eg. New Zealand, UK) not only provide accreditation for medical laboratories but also ensure professional standards of practice for pathology testing by requiring registration of medical scientists. While medical scientists do not generally have direct interaction with patients, the diagnostic and patient management services they produce may impact directly on the quality of patient care. For example, the provision of safe, compatible blood transfusion depends on the expertise of medical scientists performing a range of tests on both donor and patient blood samples. Appropriate blood is then issued directly for transfusion to the patient.

It would appear inconsistent that while pharmacists must be registered to ensure public safety in accurately dispensing drugs as prescribed by doctors, medical scientists can also provide a potentially fatal (in the event of error) therapeutic product (blood and blood products) without any regulated control over individual professional practice.

This is a situation that has been of concern to medical laboratory scientists, and to AIMS, for a number of years. AIMS has, indeed, sought some form of registration from various State and Federal governments on a number of occasions.

AIMS would support the establishment of such an agency that would provide consistent standards and procedures across the professions and close existing loopholes in the regulation of individual professional practice as currently exists with medical scientists. Such a body must, however, be representative of all the professions, and the legislation structured in such a way that the primary responsibility and accountability for accreditation must remain with the relevant registration authorities.

AIMS is well placed to provide the infrastructure to support registration of medical scientists. Apart from accrediting university courses and being the assessment body for AEI-NOOSR for overseas qualifications, AIMS provides a system of accountability for continuing professional development (APACE) which is currently adopted by three professional associations. But at present this can be only voluntary, without any regulatory teeth.

AIMS would welcome the establishment of a national body as providing an opportunity to establish a system of registration for medical laboratory scientists.

Draft Proposal 6.2
AIMS, in common with many health professional bodies, assesses the qualifications and skills of overseas trained practitioners wishing to migrate to Australia under the Government's Skilled Migration programme; as such, AIMS is the standard-setting body for the profession in Australia. The assessment is conducted on a national basis and AIMS has established national standards to evaluate the qualifications and competence of applicants, utilising the education guidelines provided by AEI-NOOSR in their Country Education Profile booklets. The extensive experience of AIMS and other assessing bodies should be utilised in the development of a national approach to the assessment of overseas trained health professionals. Most importantly, the responsibility for assessment must remain with the professional bodies.

Draft Proposal 7.1
AIMS supports this proposal. The issue of professional standards is an important one. Professional standards can be enforced only where adequate sanctions are in place to ensure their enforcement. In cases where there is no registration or comparable regulatory system as is currently the case with medical scientists, there can be no truly effective mechanisms to ensure the maintenance of professional standards. Again, the UK HPC approach provides an appropriate model to progress matters.

Draft Proposal 7.2
AIMS supports this proposal. While medical scientists can move freely from State to State, there remain some problems unique to pathology in which case material may be transferred between States for a second opinion or further testing.

Draft Proposal 7.3
AIMS supports any mechanism that assists with ensuring competence of practitioners. The development of standards for all health professions that define the scope of practice would be a major development. The regulatory framework to allow task delegation where the delegating practitioner retains clinical responsibility could be formalised appropriately with a uniform health professions registration system.

Draft Proposal 8.1
AIMS does not support this proposal. Under current arrangements there is a significant lag time between development of tests and their inclusion in the MBS. Any reform should aim to streamline the current processes. It is our opinion that to be fully representative such a body would be so large as to be cumbersome, slow to respond and administratively unwieldy to the point of paralysis.

Draft Proposal 8.2
AIMS supports this proposal. As discussed in our original submission to the Commission, the provision of Approved Pathology Provider status to non pathologists, such as medical scientists, 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.

In the United Kingdom biomedical scientists who have attained advanced practitioner status undertake some of the tasks previously considered the role of pathologists. The introduction of a similar scheme in Australia could have economic benefits as outlined above, and could also assist in addressing the critical shortage of pathologists in Australia.

Draft Proposal 9.1
AIMS supports this proposal. Such a secretariat should have adequate representation from all sectors of the health workforce.

Draft Proposal 9.2
AIMS supports this proposal.

Draft Proposal 10.1
AIMS supports this proposal. In particular AIMS recommends the provision of special undergraduate and post graduate training places for people from rural and remote areas, and funding for opportunities for continuing professional development (CPD).
AIMS conducts a CPD programme, APACE, which has recently been extended to cover members of other medical science associations. AIMS is very conscious of the difficulties faced by its members in rural and remote areas of Australia in accessing CPD and is currently implementing a series of measures, including on-line education and travelling workshops, to address these difficulties.

Draft Proposal 10.2
AIMS supports this proposal and would be happy to provide assistance and advice in the area of job design.

Draft Proposal 10.3
AIMS supports incentive-driven approaches for health workers to practice in rural and remote areas. Two AIMS accredited medical laboratory science programmes in regional universities, James Cook University and Charles Sturt University, have been particularly successful in providing training for medical scientists who wish to practise in rural areas. The optional distance education delivery of the Charles Sturt programme provides a very effective model.
The extension and better use of technology can be of considerable assistance. The slow and sometimes non-existent delivery of internet services to some remote areas does little to help alleviate the isolation of rural practitioners.

Draft Proposal 11.1
AIMS supports this proposal.

Authorised by AIMS National Executive 7 November 2005