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RCPA
The Royal College of Pathologists of Australasia

30 June 2005

The Commissioner
Medical Technology Study
Productivity Commission
Level 28
35 Collins Street
Melbourne VIC 3000

Email: medicaltechnology@pc.gov.au

Dear Sir / Madam

Re: Impacts of Medical Technology in Australia Progress Report

Thank you for providing the Royal College of Pathologists of Australasia (the College) with the opportunity to comment on this Progress Report. The College finds the Progress Report to be considered and wide-ranging, and concurs with preliminary findings regarding the key drivers of demand for technological advances and likely future impacts of advances in medical technology.

Technological advances have contributed to improved turn around times and accuracy for many pathology tests, and this has brought benefits such as earlier instigation of appropriate therapy, which in turn leads to savings in terms of reduced mortality and morbidity, including shorter inpatient stays. Unfortunately, in discussions regarding the costs of pathology services to the community, these reductions in other areas of health care expenditure are frequently disregarded.

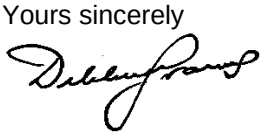
Funding of genetic tests is of particular concern to the College, with only 6 tests funded through Medicare and variable numbers funded by the states, in contrast to more than two hundred now funded through the NHS. Whilst the section on genetics (p228 of the Progress Report) is informative, it must be recognised that until the approach to funding of genetic testing in Australia is addressed, it is unlikely that the community will benefit significantly from further technological advances in this area.

Technological advances, particularly in the field of automation, have changed the practice of pathology significantly in recent years, and this may have led some people to assume that the role for pathologists has diminished as a consequence. This is not the case. High quality medical input by specialised pathologists continues to be essential in the performance and interpretation of tests across all pathology disciplines.

It should also be noted that the extent to which technology facilitates the practice of pathology varies considerably between disciplines, and technological advances may in fact increase rather than decrease the manpower required. For example, whereas breast cancer was once diagnosed using only a couple of slides, it is not uncommon now for an anatomical pathologist to review more than 50 slides in order to make a comprehensive diagnosis that will enable the patient to be given appropriately tailored treatment. This level of examination is now considered fundamental by patients and clinicians, and there are obvious consequences for pathology workforce requirements.

I trust these comments are of assistance and I look forward to seeing the final report.

Yours sincerely



Dr Debra Graves
Chief Executive Officer