

# COUNTDOWN TO CRUNCH TIME

THE SHORTAGE OF PATHOLOGISTS IS STARTING TO HAVE AN IMPACT ON PATIENTS AND IT IS GOING TO GET WORSE. MORE GOVERNMENT FUNDING AND AN UPGRADING OF PATHOLOGY'S ROLE IN MEDICAL COURSES ARE DESPERATELY NEEDED, WRITES **BIANCA NOGRADY**.

So how did it get this bad? Dr Graves says part of the problem is that pathology is the “backroom” of medicine. “It’s not front of house and thus for hospital and healthcare administrators and politicians it is not front of mind”

It’s a pathologist’s worst nightmare. Somewhere in the steady parade of slides is one bearing the telltale stamp of malignancy, yet as it passes in front of tired, overworked eyes, the warning signs are missed and the sample is labelled normal. A cancer goes undiagnosed and a diagnosis that could save a life is delayed.

This is a rare, worst-case scenario, but experts are predicting it could become more common as a dwindling pathology workforce is stretched to its limits. The workforce crisis, which has so many in the profession dreading the next five years, is beginning to affect patients, and it will get worse over time.

The future of the pathology workforce in Australia is looking grim. According to a 2003 report by the Australian Medical Workforce Advisory Committee (AMWAC), more than one-third of the 1290 practising pathologists were over the age of 55 and nearly 10 per cent or some 130 were over 65. Currently we are only producing around 50-55 new pathologists per year. To ensure a viable workforce as the older generation retired, the committee recommended creating an extra 100 training positions a year for at least 5 years commencing in 2004.

Unfortunately, reality falls far short of this, says Dr Debra Graves, CEO of the Royal College of Pathologists of Australasia. “It’s extremely serious... we’re in year three, so we should have 300 new trainees on board,” she says. “We’ve currently got 39.”

So how did it get this bad? Dr Graves says part of the problem is that pathology is the “backroom” of medicine. “It’s not front of house and thus for hospital and healthcare administrators and politicians it is not front of mind”.

“It has been easy for hospital administrators to target pathology training positions when they have been trying to balance their budgets. It is not easy juggling priorities particularly when there are political imperatives to make sure waiting times in the Emergency

Departments are not excessive and surgical waiting lists are under control. Unfortunately investing in a workforce for the future has taken second place in their priorities. This is very shortsighted as without pathologists, hospitals and healthcare systems cannot function,” she says.

About 70 pathology training positions have been lost in the past decade, Dr Graves says. The result is that in 2004, there were at least 40 medical graduates who applied for training in pathology but were unable to get positions as there were simply no jobs available. Given that there is a global shortage of pathologists, it’s only a matter of time before these graduates are snapped up overseas.

Another factor is government restrictions on the numbers of medical students, which were imposed in the 1990s. There has been a recent recognition by the Commonwealth Government of the need to increase medical student places but the long-term repercussions of this move are now being

felt across all areas of medicine. To compound the matter, the shift to problem-based learning has seen pathology lose its prominence in the medical curriculum.

Where once it was taught as a core subject by pathologists, now it is more often taught by non-pathologists and as a small part of the bigger picture.

Awareness of pathology as a career has suffered from this downgrading and lack of exposure to mentors.

Former AMWAC chairwoman, Dr Jeanette Young, says rural areas are already experiencing shortages of pathologists, in addition to a dearth of other medical specialists. Metropolitan areas are coping, but with the pathology workforce already very efficient, Dr Young says there is little fat left to trim.

“At the moment, the pathology workforce is managing through multiple strategies to maintain services with their current numbers, but there probably will be (effects) if they don’t recruit enough new people,” she says. “The private



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sector is also starting to feel the pinch; I think they are finding it harder to recruit.”

Training costs about \$100,000 per trainee per year and has traditionally been funded by state health departments. However, Dr Michael Guerin, chemical pathologist and medical director of Symbion Health, says the states have neglected their responsibilities.

“The simple issue is the fact that the Federal Government has been paying the jurisdictions funding for years through various health arrangements and never actually bothered to specify that some of this money should be spent on the workforce in health,” Dr Guerin says.

Instead, funds have been diverted to other areas of need within state health, leaving pathology high and dry. It’s a short-sighted strategy, he says, because pathology is a cornerstone of medical science, and as the population ages and

new tests are developed, demand for diagnostic services will only increase.

Since AMWAC’s pathology workforce report was released, some states have acknowledged the seriousness of the problem and taken at least preliminary steps to fix it. One of these is Queensland. Dr Michael Whiley, director of Queensland Health Pathology Service, says that three years ago the situation was critical in Queensland. There was a 50 per cent vacancy rate in pathology, and several senior pathologists had resigned. Then the State Government came up with funds for eight positions across the state and across all pathology specialities, and for 16 pathology registrar positions.

“We’ve still got a wee way to go in terms of the right total number of staff...” Dr Whiley says. “We’ve got 70

pathologists in Queensland and we probably need about 80.”

However, the record for other states is poor. The NSW Government has given seed funding for four registrar positions for 12 months but has not guaranteed the money beyond that. Victoria committed one year of seed funding for six positions but has failed to extend it. South Australia has funded two positions, Western Australia three, ACT one and Tasmania one.

Dr Whiley attributes the Queensland Government’s response to the fact that public pathology services in the state are united as a single entity. As director of this entity, he is just two steps away from the director-general of health, “so the voice of pathology is heard loud and clear”.

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Western Australia has made similar moves to rationalise public pathology services. Director-general of WA Health, Dr Neale Fong, says the state is undergoing a major health restructure, including a merger of all public sector pathology in one entity called PathWest, which is expected to lead to significant savings that hopefully can be used to support more workforce initiatives. While the state has so far only funded three registrar positions, Dr Fong says it plans to fund another 10 trainees over the next five years.

Pathology groups are also looking to alternative funding sources. The Federal Government, via its Memorandum of Understanding with the Pathology

## The Emil von Behring scholarship

The global shortage of scientific and medical staff in pathology prompted international diagnostics manufacturer Dade Behring to look at ways it could relieve the pressure. So the company created the Emil von Behring scholarship – a global scholarship fund for students wanting to undertake pathology training. In Australia, the funds go towards paying the cost of training one chemical pathologist, with Symbion Health and the Pacific Laboratory Medicine Services (PaLMS) also contributing and hosting the registrar – a unique arrangement bringing together industry, public and private pathology.

Erica Flynn, general manager of Dade Behring ANZ, says the fund is only a small drop in the ocean, “but at least it allows us to get some people into the medical technology field and into the pathology area that might otherwise not have been able to do it”.

Professor Leslie Burnett, director of PaLMS, says he was very impressed with the far-sightedness of Dade Behring in recognising the looming crisis.



profession (RCPA, the Australian Association of Pathology Practices (AAPP) and the National Coalition of Public Pathology (NCOPP)), has stepped in with money for 10 pathology training positions for five years. The arrangement is an unusual one in that the money goes to the private pathology sector to provide the training for private employees, with the RCPA setting the criteria for the training. Registrars must spend at least two years of training in the public sector but the rest is in the private sector. The positions are divided up by state – two go to

Queensland, four to NSW, three to Victoria and one to WA.

The RCPA has welcomed this commitment, although it had originally hoped to get 50 such positions. In fact the profession had a budget submission before the Commonwealth for an additional \$13.75 million for an additional 40 position for five years in this year's budget. Unfortunately there was no further money forthcoming. This funding is urgently needed.

Professor Leslie Burnett, director of Pacific Laboratory Medicine Services and clinical professor in pathology at the

University of Sydney, while delighted with these positions, would like to see the system being opened up to public sector organisations as well as private.

“The public pathology sector has a long and proud tradition of being the major training ground for registrars nationwide and we train the workforce for both the public and private sectors – we don't distinguish.”

Dr Guerin says “The College, AAPP, NCOPP have set up an excellent model of public-private co-operation, the Federal Government has been excellent in funding this pilot project,” he says. “It's

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# Workforce statistics

A review of the RCPA database indicates how critical the situation has become: 20% of the practising pathologists across Australia and New Zealand are over 60 years of age.

In the state of NSW, 44% of general pathologists – the workforce that generally services rural areas – are over the age of 60.

AUSTRALIAN & NEW ZEALAND WORKFORCE	Totals	30-45 yrs	46-55 yrs	56-60 yrs	61-65 yrs	(61-65 yrs)	66+ yrs	(66+ yrs)	Total over 60
<b>Total Pathologists</b>	<b>1459</b>	<b>474</b>	<b>488</b>	<b>209</b>	<b>149</b>	<b>10%</b>	<b>139</b>	<b>10%</b>	<b>20%</b>
NSW WORKFORCE	Totals	30-45 yrs	46-55 yrs	56-60 yrs	61-65 yrs	(61-65 yrs)	66+ yrs	(66+ yrs)	Total over 60
<b>Anatomical Pathologists</b>	<b>186</b>	<b>72</b>	<b>48</b>	<b>19</b>	<b>17</b>	<b>9%</b>	<b>30</b>	<b>16%</b>	<b>25%</b>
<b>Chemical Pathologists</b>	<b>22</b>	<b>5</b>	<b>9</b>	<b>4</b>	<b>1</b>	<b>5%</b>	<b>3</b>	<b>14%</b>	<b>18%</b>
<b>Forensic Pathologists</b>	<b>8</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>0</b>	<b>0%</b>	<b>1</b>	<b>13%</b>	<b>13%</b>
<b>General Pathologists</b>	<b>50</b>	<b>6</b>	<b>15</b>	<b>7</b>	<b>8</b>	<b>16%</b>	<b>14</b>	<b>28%</b>	<b>44%</b>
<b>Genetics</b>	<b>2</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>	<b>0%</b>
<b>Haematologists</b>	<b>120</b>	<b>39</b>	<b>37</b>	<b>21</b>	<b>11</b>	<b>9%</b>	<b>12</b>	<b>10%</b>	<b>19%</b>
<b>Immunologists</b>	<b>35</b>	<b>15</b>	<b>11</b>	<b>5</b>	<b>1</b>	<b>3%</b>	<b>3</b>	<b>9%</b>	<b>11%</b>
<b>Microbiologists</b>	<b>55</b>	<b>14</b>	<b>24</b>	<b>6</b>	<b>5</b>	<b>9%</b>	<b>6</b>	<b>11%</b>	<b>20%</b>
<b>TOTAL</b>	<b>478</b>	<b>153</b>	<b>149</b>	<b>64</b>	<b>43</b>	<b>9%</b>	<b>69</b>	<b>14%</b>	<b>25%</b>

a model that works, so fund it and let's get on with it."

The diagnostics industry is also helping out, with international diagnostics manufacturer Dade Behring contributing a substantial amount towards a registrar training position in chemical pathology (see box).

Even the equally cash-strapped world of academia is getting involved - the University of Queensland has provided funds for one training position.

But such steps do not solve the underlying problem of pathology fading into the background of medical curricula, Dr Whiley says. "The universities are demolishing their pathology departments all over the country and that hasn't helped because there haven't been any pathologists to put into them anyway."

The other unfortunate effect of pathology's invisibility is that medical students are less aware of the work involved in diagnostics.

Some universities are bucking the trend and are working to rebuild pathology into the clinical problem-based learning program and looking at having junior doctors doing residencies in pathology. Others are starting to employ pathologists passionate about teaching medical students pathology. Both are initiatives the College applauds.

Crystal ball gazers might be excused for feeling that the future of pathology is hardly bright. Despite AMWAC's call to arms in 2003, so little action had been taken that chairwoman Dr Young used her 2005 annual report to criticise all parties for failing to make progress.

Some, such as Professor Burnett, doubt the situation will be adequately

resolved. "It's entirely fixable but I'm not optimistic that governments are so far listening and understanding as much as they need to do," he says. "The RCPA is doing a sterling job in trying to inform the governments, but the most likely outcome is we will have a partial fix and then we'll have a crunch."

"It needs to be very clearly understood that when the crunch comes, it will be the governments that have failed to fund."

Others, such as Dr Guerin, are more optimistic that the squeaky wheel will eventually get the grease. "The only way you're going to get rid of me is to shove money in my mouth," he says. "We're going to keep coming back until we get funding support for workforce." 🔥

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