

Bowel Cancer Screening Programme Forgets the Screeners – Who Will Provide the Diagnosis?

While the Royal College of Pathologists of Australasia (RCPA) applauds the Government's intent in fast tracking implementation of a national bowel cancer screening programme, it warns that the impact of the programme on an already stretched pathology workforce has not been properly taken into account, and that the programme may be destined to fail before it even begins.

The New Zealand Vice President of the RCPA, Dr Richard Steele, says that in 2006, the Ministry of Health's Colorectal Cancer Screening Advisory Group reported that NZ's capacity to provide many components of the colorectal screening, including interpreting Faecal Occult Blood Tests (FOBT), the recognised screening test, and capacity to diagnose biopsies, was uncertain.

The Ministry of Health's *Cancer Control Workforce Stocktake and Needs Assessment* in July 2007 also concluded in its section on diagnostics that the impact of workforce 'constraints' on the service delivery of a screening programme was not understood.

"The RCPA has been highlighting the fact that pathology is in crisis in New Zealand for a number of years. We have brought these issues to the Ministry of Health and other government bodies to find solutions," says Dr Steele, "however, to date they have not addressed the core problems in a meaningful way or acted on any of the suggestions we have made to them.

"The Ministry of Health has failed, yet again, to consider the requirements of pathology when promising the bowel cancer screening programme.

"Pathologists cannot be left out of the equation – put simply, without pathology, there can be no cancer diagnosis – and subsequently, no cancer treatment.

"This is as valid for bowel cancer as it is for breast cancer, or any other form of cancer.

"The Associate Health Minister Damien O'Connor has said that at least 20 extra clinicians would be needed for the national programme, but has not outlined the additional pathology input that would be required.

"Based on the outcome of an Australian pilot conducted between 2002 and 2004, the additional workload was significant.

"Of the initial 56,907 people invited to participate in the Australian programme, 1,273 required colonoscopies – which then required pathologists to provide the definitive diagnosis on the biopsies taken.

"Processing and interpreting biopsies from colonoscopies is not a quick process – on average, each biopsy would require at least half an hour – so the screening

programme has the potential to add hundreds of hours of work to an already stretched workforce.

“The worth of the pilot programme was that for people who had a positive FOBT and proceeded to colonoscopy, there was nearly a one in five chance that an advanced adenoma or suspected cancer was identified – so we know the programme saved lives.”

New Zealand has a ratio of approximately one pathologist per 20,250 people. In Australia, which has a recognised pathology workforce crisis, the ratio is 1:15,500.

“The New Zealand numbers are actually more dire than the statistics show,” says Dr Steele.

“A considerable number of pathologists are also working as physicians, which means the true ratio of full time equivalent working pathologists is actually 1:26,200, and due to geographical disparity, in some areas of New Zealand, the figure is even more startling.

“Colorectal cancer diagnosis is not undertaken by all pathologists – diagnosis of cancer is usually the domain of the anatomical pathologist – and we have just over 80 anatomical pathologists across the country, sharing an increased workload of potentially hundreds of hours.

“It will undoubtedly result in increased stress levels, and will impact the turn around time on the diagnosis of a range of other cancers and diseases.

“This is at a time when 14% of our pathologists work 60 hours a week, and a further 30% work more than 50 hours a week.

“The working environment for pathologists in New Zealand is highly fractured and stressful. It has been exacerbated by the lack of a national framework and the onerous District Health Board tendering process and contracts.

“The RCPA again calls on the Ministry of Health to work constructively with the profession – and to consider the role of pathology in its strategies for providing quality healthcare for New Zealand.

“An over arching National Framework for pathology would be a good first step.

“After all, Medicine *is* Pathology.”

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