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New Zealand's specialist union for allied, scientific and technical employees

New Zealand Resident Doctors' Association

Report from the National Laboratory Roundtable

1 November 2017

Dear Colleagues

The National Laboratory Roundtable meets every four months; the last meeting was held on 30 October 2017. Participants include APEX and NZRDA as representatives of the workforce, along with the College of Pathologists, laboratory managers and pathologists from all of our sector (public and community), DHB CEOs, ESR and Ministry of Health.

The group was first established to write a plan and underlying requirements for pathology services nationally, in an environment of increasing concern over the wider implications of laboratory contracting-out processes. The group has become a central reference point for matters laboratory. During the most recently meeting, we considered the following topics:

- The inevitable ballooning of genomics; demand for testing with or potentially without clinical indication or benefit. A survey on current state is planned, following which we recommended a paper be drafted outlining the core principles that should underpin decision making in this area. Issues such as equity of access, testing that can add value to patient care and outcomes (if the drug isn't funded, why do the test?) and availability of test development come under this heading – just for starters.

- National maternity collection of health information within a single patient record. This has become a separate process from the national health IT record, which enables all NZers to access their own health record. This raised a few questions about why (why have 2 records?) and how the data will "interact": the risk to the care of a pregnant woman who has a simultaneous medical condition, RTA etc seems obvious!

- Implementing NZPOCS in lab systems – ongoing.

- Implementation of a Health Practitioners Index (HPI) and how that is (or more accurately, is not) progressing. The National Screening Unit uses another system, which is one significant barrier that needs resolution; that isn't likely before their new register is established (see below).

- Mining Hep C data to ensure all those who can benefit from treatment have it made available to them.

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- Impact on Cytology workforce as a result of changes to the cervical screening programme: HPV introduction . . . See below

- Postgraduate training for scientists to expand scopes of practice and remain future fit for laboratory services. HWNZ[1] has provided some project management resource to gather information on what the industry wants in terms of post graduate options. That will further inform us as we consider how to deliver on education for scientists in the post graduate space. We expect the data gathering to be completed by Christmas so definitive work on what is needed can start in earnest in the new year.

- The College of Pathologists has decided that, due to the limited experience pathology (medical) trainees are getting at autopsy, they will cease this requirement for completion of training in anatomic pathology. Forensic pathology trainees will henceforth be the only certified autopsy pathologists. You can imagine the implications of this given the very small number of forensic pathologists we have in NZ – a matter that has been referred to HWNZ.

HPV introduction impact on Cytology workforce

The workforce subgroup of the roundtable engaged with the National Screening Unit on the following issues:

1. Timeframes for the change, and
2. The number of labs we will have going forward, and
3. The type and number of cytologists we will need post change.

Timeframes have been problematic. It is very hard for anyone to plan when we just don't know when the change will happen. We have cytology staff in a kind of limbo, knowing the workload will drop practically overnight by up to 80%, with impact on their jobs as a result, but not knowing when.

Whilst there is immense pressure to "get on with this", the previous "plan" of October 2018 is no longer considered realistic. We are now talking the 2019/2020 financial year. The main barrier is the register: a new one needs to be built and the RFP for that has only just closed. The Ministry should decide on the successful vendor early in 2018, and then they will have to build the register and transport the current data into it . . . hence the 2019/2020 timeframe.

The number of labs we will have should be a little clearer mid next year as the RFP will go out ~May 2018. Successful labs will have to do both HPV and gynae cytology work. Fewer labs than the current 6 are expected to be the outcome, although 2 of the 6 are run by ADHB and will probably "merge" in any event.

[1] Health Workforce New Zealand

Margaret Sage is to produce a discussion document on quality standards for consultation before Christmas. This will give us a clearer picture of the number (although the original forecasts on this have remained "true") of cytologists we will need going forward, plus a clearer picture of the impact on work as we change from looking at lots of normals to lots of abnormals.

A couple of other considerations include laboratories needing to maintain non-gynae cytology services and the increasing growth in Histology courtesy of the bowel screening programme: we believe their projected workforce needs as far as scientific staff are concerned were out by a factor of two!

Training in cytology has ceased, so we are entirely reliant on our current workforce to maintain the service until the changeover. Laboratories are working hard to retain staff, some have been offered incentives, and active retraining is also occurring. If we can retrain cytologists in histology, non-gynae cytology or electron microscopy then ongoing job security is improved. It has also been suggested that we cease screening under 25s as the workforce diminishes to manage through the transition, but there is no definitive decision on that yet. Redundancy will be available for those who do not carry on after the change.

If any members in cytology are concerned or confused and want more information or help, please don't hesitate to contact APEX.

Dr Deborah Powell
APEX representative on the Laboratory Roundtable