Sustaining the Cytology Workforce to 2018 and beyond

Immunisation programme for HPV has produced a 60% penetration of the target audience, and 70% vaccine effectiveness. The impact of this public health initiative to prevent cervical cancer, plus further changes to the screening programme will have a dramatic impact on the number of cytology sceeners required.

It is estimated that when HPV screening is introduced in 2018 (this date may be pushed back to 2019, but will be used consistantly throughout this paper given it reflects the earliest suggested date for transition), we will need 60-70% less cytology scientific staff almost overnight. But we will still need some; those that remain will see a higher percentage of "abnormals" than currently. Issues that arise:

- With the clear lack of job security, maintaining a viable cytology workforce until 2018 is becoming difficult.
- Post 2018, whilst fewer gynae cytology staff will be needed, we will still need some and they will need to be highly skilled in the abnormal. Note: non gynae cytology will still be required.
- Lower numbers of staff combined with higher pathological demand might impose geographical challenges as to where services can be delivered and remain clinically viable (centralisation).

The current cytology scientific workforce is described below by FTE, provider and location.

Provider	Location	Gyn	Non Gyn	Both	prep techs	in training
Labtests/SCL	Dunedin			**13**	**6**	
Path Associates	Tauranga			5	1.5	
Waitemata	Auckland		2			
Counties Manukau	Auckland		1			
Medlab Central	Palmerston North			6		
ADHB	**Auckland**			**15**	**1**	
Waikato	Hamilton		1		2	
Northland	Whangarei		0.7			
CHL	Christchurch	3.6			2	

NZ must maintain the cytology workforce to deliver on current screening demand until the changeover in 2018 and will continue to need staff post 2018. A loss of staff to the point where we are unable to sustain the demand for cytology is not an option. However at this time without a clear plan in place staff are at risk of "taking any (other) job that comes along" given the lack of job security facing them.

ACTION REQUIRED:

1. Urgent attention needs to be given to this workforce if we are to retain sufficient until 2018 and then beyond: comfort around future job security needs to be provided if these staff are to be persuaded from taking available (non lab) job opportunities that present. Options include:

a. Retraining staff in alternative laboratory services, whilst they continue to deliver a cytology service. This has the benefits of making best use of a workforce that already has skill sets after the 2018 deadline, retains some flexibility to match unforcast demand and flexibility in distribution amongst laboratory discipline demands. This process requires a clear plan and immediate engagement with staff about who is able or interested in taking this path.
b. Providing "Balloon Compensation" to keep people in the workforce despite likely termination in 2018. This can be delivered in a number of ways but sees additional remuneration tied to continued service to the end of the higher cytology demand as we know it.

2. What the configuration of and demand for services will be after 2018 needs to be forecast to give certainty and sufficient time to implement. Specifically will there be a centralisation of services? If we are to have two or more centralised service providers, where will they be located? This will have a direct impact on workforce which in turn will inform retraining, redundancy and retention options.

HWNZ has expressed concern about the sustainability of this workforce both prior to and following 2018. They are looking to investigate options to work with the industry through the transition.

RECOMMENDATIONS

The National Laboratory Round Table has made the following recommendations:

1. Retraining options need to be explored and implimented locally but supported nationally. Some providers have already sought to identify those who wish to retrain (particularly in histology) and where ongoing screening capacity exists are putting plans in place. Where capacity does not allow, providers will have to look to retraining options once current volumes drop. The latter non the less need to commit to this option for staff to give security.
2. Ballon funding where retraining options do not exist or are not taken up will require central financial support as current contracts are small volume and without capacity to fund additional up front costs.
3. Centralisation per se is not likely. Dunedin and Auckalnd will continue to be the main laboratory providers, with non gynae cytology still required elsewhere.