21 December 2009

Open Letter to Medical Scientists working in Diagnostic Pathology

Context

The Pathology Associations Council (PAC) brings together representatives of the various national organisations that are involved in Pathology service delivery, with a particular emphasis on professional issues such as workforce, training, professional development, quality and safety. PAC offers the opportunity to present a single voice to State and Federal governments on issues relating to Pathology. A Workforce Sub-committee was established in 2008 to look specifically at issues relating to the scientific workforce.

The purpose of this communication is to inform all medical scientists of what tasks the committee is undertaking and to try and answer any concerns you may have regarding those activities.

Who is on the PAC Workforce Sub-committee?

Each of the professional societies or associations with members who are scientists employed in diagnostic pathology are represented. These are: Australasian Association of Clinical Biochemists (AACB), Australian Institute of Medical Scientists (AIMS), Australian Society of Cytology (ASC), Australasian Society of Clinical Immunology and Allergy (ASCIA), Australian Society for Microbiology (ASM), Australian and New Zealand Society of Blood Transfusion (ANZSBT), Endocrine Society of Australia (ESA and Human Genetics Society of Australasia (HGSA).

What are the main areas they have been working on?

The first task the committee undertook was to update the Competency Based Standards (CBS) for Medical Scientists. The original CBS document was drafted in 1993 to define the competencies required of medical scientists and to assist in assessment of the qualifications and experience of overseas trained scientists. The requirement for competency evaluations of staff under AS ISO 15189 (5.1.2) gave new impetus to updating this into a document which can be used in all laboratories to define minimum standards for practice.

The second task the committee addressed was to clarify by activity and level of authority the Role Definitions for the various grades of non medical technical and scientific staff employed in Pathology Laboratories. This is an important and contentious area in the changing landscape of the laboratory medicine. The committee recognises there are industrial issues in which neither PAC nor its member organisations are involved. However, it is clear to us that some of the other concerns such as retention of scientists in the workforce and career structure for scientists are inextricably linked to role definition.

Professional qualifications, (Membership and Fellowship) are offered by a number of the societies represented on the committee. For many scientists these are valuable personal and career milestones that are recognised by their peers in their chosen discipline. An ongoing task for the committee and member societies will be to ensure these professional qualifications are of a comparable standard and attractive to their members, perhaps with career progression linked to their attainment

Finally, the committee has been involved in discussions around possible registration of Medical Scientists. However at this time, and for the foreseeable future, registration of scientists is not on the Federal Government's agenda. We are now considering an alternative in the form of accreditation of medical scientists in diagnostic pathology.

What is wrong with the Status Quo?

There is now widespread acceptance that there will be a crisis in the scientific workforce, beginning in the next decade. This will be particularly acute in Senior Scientist (as defined by NPAAC) positions where many incumbents are approaching retirement. There is an acute need to ensure that we can attract, and retain scientists and encourage and support them to gain the qualifications which will allow them to fill these senior positions.

The professional status of medical scientists in Australia has been highlighted as a major contributor to the problems of recruitment and retention. Issues including the lack of a clear career path, barriers to promotional progression, insufficient incentives to encourage pursuit of professional qualifications can all challenge the professional esteem of the scientific workforce. Despite the increasing complexity and significance of the tasks undertaken by scientists the profession is perceived to have low level recognition, respect and autonomy. These matters together with the pressures of increasing laboratory workloads, rationalisation of laboratory resources and unsociable rosters galvanise many scientists into professional inactivity.

Clearly, doing nothing to address these issues is not an option. Hence the professional societies represented on the PAC have come together to formulate ideas on how we can improve the career prospects and professional standing of medical scientists.

What is meant by role definition?

In any consideration of the pathology workforce we will be dealing with different groups of staff. The specific tasks these groups do will vary greatly from lab to lab, but we can look at those tasks which we consider *only* a scientist should do and those which *only* a scientist holding an appropriate higher qualification should perform. There is a clear requirement for scientific staff to have technical competencies so the definitions must make clear the *extra responsibilities* which define a scientists' role.

One of the issues raised by scientists is employers who convert scientific positions to technical positions. This may be appropriate in certain circumstances but without a role definition and minimum requirements for each level of appointment we have little hope of identifying when it is inappropriate.

The industrial relations considerations and role of Trade Unions in drafting industrial awards is not being challenged by this discussion. The awards define minimum qualifications for the various groupings but don't define clearly what each job title can or cannot do.

What changes are proposed to Memberships and Fellowships?

The individual associations/societies are responsible for any changes to their professional qualifications and this committee can only suggest the desirability of equivalence across the disciplines. However, each of the member societies have expressed in-principle support for a

"Fellowship of Laboratory Medicine" being the recognised qualification required for progression to senior positions. This concept is yet to be fully developed but a single award such as this could potentially be awarded jointly by the societies.

What is meant by accreditation and how is this different from registration?

Many countries have compulsory registration of medical laboratory scientists (US, UK, NZ). Under these schemes scientists have to show they have attained minimum academic requirements and reached defined competencies. Continued registration usually requires evidence of Continuing Professional Development. In these countries, legislation requires those scientists employed in diagnostic pathology to be registered and is designed to protect the public by ensuring only appropriately qualified and trained professionals are performing diagnostic testing.

In Australia the federal government is reviewing registration requirements for health professionals but have made it clear they will only consider adding a group where there is evidence of risk to the public if the profession is currently unregulated. The success of the NATA/RCPA laboratory accreditation scheme has given Australia one of the best pathology sectors in the world and the government's view is there is no evidence that scientist registration is required.

Under these circumstances the PAC Workforce committee is keen to see some form of voluntary accreditation/certification of medical scientists which would be similar to registration but without the legislative component. We believe such a scheme would be attractive to employers if CPD was included in the requirement to maintain certification since it would reduce an individual laboratory's administrative burden to comply with NATA /RCPA requirements. Ultimately, with the agreement of employers, certification could become a requirement for employment even without the legislative process. A model for this already exists within other health professions in Australia.

Perhaps most importantly, certification could raise the professional standing of medical scientists both with fellow professionals and the general public. A profession that sees the need to define, maintain and enforce its own standards is acting truly professionally.

The details on how such a scheme might be administered and what the costs to individuals might be have yet to be discussed but we would not anticipate costs to be prohibitive.

What does all this mean for those currently employed as Medical Scientists in Pathology?

The work of the PAC Workforce committee is to prepare aspirational documents which the PAC can present to governments or back to the member associations and societies for further consideration or implementation.

How can I contribute to the discussions?

Your representative on the PAC would welcome any feedback or suggestions for the committee to consider. This is a process led by scientists to address the issues facing our profession; your involvement is will ensure we get it right.