

Ms Rosemary Huxtable PSM and Mr Michael Walsh PSM
Independent Reviewers
National Health Reform Agreement Mid-Term Review
nhrareviews submissions@health.gov.au

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Dear Ms Huxtable & Mr Walsh

NHRA Mid-Term Review

Public Pathology Australia (PPA) and the Royal College of Pathologists of Australasia (RCPA) would like to thank the Review Team for allowing us to make a submission to the mid-term review of the National Health Reform Agreement Addendum (NHRA). We provide the following response which specifically focuses on the area of workforce and fits under the overarching term of reference as to 'whether the NHRA objectives are being met' and 'what would make it easier for Australians to access healthcare and relieve pressure on our public hospitals?'

Key Points

The objectives of the NHRA are more likely to be met if the NHRA has greater specificity as to respective Commonwealth and State/Territory obligations and performance metrics regarding teaching and training. The NHRA should mandate cross-jurisdictional planning and strategy implementation to traverse workforce crises.

To improve access to healthcare and relieve pressure on public hospitals there needs to be an increase in the funding of training positions in public sector laboratories with specific funding made available to the States/Territories to do so. This could be achieved by increasing funding for training places via the Specialist Training Program (STP). There also needs to be changes to how the STP operates in relation to pathology. This is because public hospital metropolitan laboratories are not eligible for STP funding, however:

1. Some pathology services have been centralised to metropolitan laboratories and are not provided onsite in rural or regional areas;
2. All pathology disciplines in which there is a critical workforce shortage are located in metropolitan laboratories; and
3. There is a lack of available supervision in disciplines (such as Anatomical Pathology) in regional Australia but an ability and willingness of pathologists to supervise additional trainees in metropolitan laboratories to assist in alleviating the current workforce crisis.

This submission relates to the following clauses of the NHRA:

19f) Reforms will also consider the impacts of health workforce matters.

Schedule A – Sustainability of Funding for Public Hospital Services

A2. The Parties agree the Commonwealth's contribution to health services in respect of this agreement will comprise funding relating to:

d. teaching and training functions funded by States undertaken in public hospitals or other organisations (such as universities and training providers).

Submission

Workforce Planning & Strategies

We acknowledge the Commonwealth's National Medical Workforce Strategy and the Workforce Plans and Strategies developed by the States and Territories. However, much is to be gained by working across jurisdictions rather than working in silos. The NHRA should mandate a nationally cohesive workforce strategy and implementation plan developed in partnership with the Commonwealth and the States and Territories in order to traverse the workforce crisis in healthcare. This should involve input from peak bodies. Duplication should be removed and greater advantage of synergies and opportunities to work together taken.

Uplift in Funding & Commitment to Medical Specialist Training

There is a serious workforce crisis in Australia. Critical shortages have already been documented by the Commonwealth in Chemical Pathology, Immunopathology and Genetics in the National Pathology Accreditation Advisory Committee (NPAAC) Requirements for Supervision in the Clinical Governance of Medical Pathology Laboratories (Sixth Edition 2021, Appendix C). There are also workforce shortages in a raft of other pathology disciplines such as Anatomical Pathology which is required to diagnose all cancers in Australia.

There must be an uplift in the Commonwealth's commitment to training all specialists via grants to the States and Territories in order to meet the demand for training the next generation of medical specialists and scientists. This should be reflected in separate allocations with stated performance metrics to improve transparency and accountability, rather than workforce measures being vaguely referenced in the NHRA. There also needs to be reform of the Commonwealth funded Specialist Training Program (STP) in order to train the number and type of specialists required.

The result of having a reference to State/Territory run public hospital training in the NHRA and having a Commonwealth funded STP, means that respective jurisdictions state that funding specialist training falls within the remit of the other jurisdiction and solutions to improve teaching and training and not progressed.

The STP is essential in funding trainees across Australia particularly in Pathology. The RCPA has been managing the STP since its inception in 2010, and before that earlier iterations administered under several Pathology Agreements with the Commonwealth. The RCPA and PPA are extremely appreciative of the Commonwealth funded STP positions in pathology which must all be retained. However, the current STP funding is restricted to training specialists in the public sector in Modified Monash Model areas (MMM 2-7) and the public sector is unable to take advantage of STP positions in the greater metropolitan areas. The funding of private pathology trainees under the STP is not restricted to geographical areas and STP funded trainees are approved for private pathology services in both metropolitan and

regional areas. Notably, however, the private sector is not readily able to provide suitable training positions in MMM2-7 areas either due primarily to the model of pathology service delivery. The private sector does under the STP, make a very significant contribution to training in pathology and the number of trainees funded this way must not be reduced.

Essentially, the STP funding model for public pathology training is not compatible with the business model of pathology, which has been driven by both Commonwealth and State and Territory governments driving efficiencies in the profession. In pathology, training in disciplines for which there are critical shortages such as Genetics, Immunology and Chemical Pathology are only provided in metropolitan laboratories. Due to a lack of Anatomical Pathologists in the regional areas, there may be inadequate supervision for training regionally and trainees would be best placed in a greater metropolitan area.

This does not mean that certain pathology services are limited to metropolitan areas as collections in rural and regional areas are couriered to central metropolitan laboratories for processing and clinical review for all pathology disciplines in which there is a workforce shortage. The clinical liaison, multidisciplinary meetings and discussion of results, therapeutic options, additional testing and interventions for these specialities are conducted from the metropolitan areas to all regional referral centres. More details of this issue are provided below.

Background

PPA is the national peak body for government owned and operated pathology services in Australia. Our members service all State and Territory jurisdictions. In addition to diagnostic and clinical consultation services, our members conduct teaching and training of pathologists, scientists and other staff. For more about PPA, go to: www.publicpathology.org.au.

The **RCPA** is the leading organisation representing Pathologists and Senior Scientists in Australasia. Its mission is to train and support pathologists and to improve the use of pathology testing to achieve better healthcare. Pathology is about the study of the causes of disease and pathologists are the specialist medical doctors involved in the diagnosis and monitoring almost of all acute and chronic illnesses. The College was first established in 1956 and has been responsible for the training and professional development of Pathologists since that time and more recently Senior Scientists. College members come from across Australasia including Australia, New Zealand, Hong Kong, Singapore, Malaysia and Saudi Arabia. The RCPA is also responsible for the promotion of the science and practice of pathology.

Centralised Pathology Service Model for Australia and its Impact on Training Settings
While PPA and the RCPA support equitable access to pathology services for all Australians, there is currently minimal infrastructure to allow rapid expansion of trainee positions in rural and regional areas. The RCPA appreciates rural training positions are valuable, however laboratory medicine has become highly centralised (and this is unlikely to change in the future), and this means that STP criteria in relation to the rural requirements, except in a few locations, are not fit for purpose for pathology.

Due to the centralisation of pathology services/laboratories, the variety of specimens available, the level of supervision, scope of practice and the case load capacity in MMM 2-7 settings is limited. Laboratories located outside major cities often have limited specimen types and scope of practice with much of the work being sent to their larger and often metropolitan based referral laboratory. As a result, trainees in rural areas have insufficient opportunity to see cases of the required complexity, diversity and volume for an appropriate education experience and for safe clinical practice.

For example, it is estimated that approximately 50% of the workload within the large metropolitan-based laboratories in Victoria comes from clinical work in regional areas (MMM 2-7). Referred cases relate specifically to microbiology, endocrinology, and morphological haematology such as bone marrows and flow cytometry. The transfer of these cases can be largely attributed to better turn-around times for patients, more sophisticated equipment, insufficient funding for public pathology providers in rural areas in Victoria, not enough workload and case variety and no rural pathologists within these sub-disciplines (and thus no supervision available for trainees). Similarly, in NSW, between 40-50% of cases within the metropolitan laboratories are received from regional areas due to centralisation of pathology services.

Pathology services provided in Western Australia and South Australia are all located within MMM1 areas and there are currently no pathologists in either of these states directly providing pathology services in MMM2-7. In Western Australia, there is only one Anatomical Pathologist working outside of Perth, and there is no capacity for a trainee to train at this setting for more than a 3-6 month period.

Furthermore all states and jurisdictional health services have centralised their forensic pathology services, and therefore all training positions are within MMM1 settings. There is currently no scope for forensic pathology trainees to be trained outside of major cities. Forensic pathology training positions are not available within private settings. Training positions in forensic pathology are crucial and training within forensic pathology is a curriculum requirement for all anatomical pathology trainees.

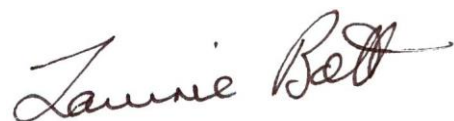
There therefore needs to be a removal of the requirement for public pathology STP trainees to be based in MMM 2-7. Trainee positions should be based where there is a need and where supervisors are located or where there is well supported offsite supervision available. This combined with an increase in funding for pathology training positions will help address the workforce crisis.

We invite you to reach out to PPA CEO [Jenny Sikorski](mailto:ceo@publicpathology.org.au) (0466576221, ceo@publicpathology.org.au) or RCPA CEO Dr [Debra Graves](mailto:debrag@rcpa.edu.au) (0417218528, debrag@rcpa.edu.au) to discuss this submission further.

Yours faithfully



Dr Petra Derrington
President Public Pathology Australia



Dr Lawrie Bott
President, RCPA

CC: Department of Health & Aged Care
Mr Martin Rocks Martin.Rocks@health.gov.au
Ms Ffine Cahill Ffine.Cahill@health.gov.au
Ms Mary Warner Mary.Warner@health.gov.au