

The College Response to Workforce Shortages

The Royal College of Pathologists of Australasia has been acutely aware of concerns over the workforce crisis in Pathology for many years. The College raised its concerns through various government channels and in particular with the Australian Medical Workforce Advisory Committee (AMWAC) requesting a review of the Pathology Workforce. This took many years and a report was finally produced and approved by the Australian Health Ministers Advisory Committee (AHMAC) in March 2004.

The Report recommended that an additional 100 registrar positions needed to be created per year on an ongoing basis in order to address the current shortfall of pathologists. (An additional 100 training positions is a large number when one considers that currently there are only some 260 trainees in Australia with an average of 50 new trainees entering the programs each year.)

BREAKDOWN OF 100 REGISTRAR POSITIONS BY STATE/TERRITORY

Queensland	Sixteen	(16)
New South Wales	Thirty Five	(35)
Victoria and Tasmania	Twenty Six	(26)
South Australia	Thirteen	(13)
Western Australia/Northern Territory	Eleven	(11)

A snapshot survey of vacancies in Pathology early in 2003 revealed some 72FTE vacancies. (These were of funded positions at the time, not positions which were potential for the future).

The College and State and Territory Governments have identified 130 potential new positions for training in laboratories throughout Australia provided there was funding available for the positions (including 16 in the private sector, which over the last five years has made a voluntary commitment to training pathology registrars).

While waiting for the AMWAC Report to be finalised the College had established a working party to identify problems contributing to the workforce crisis and to develop some possible solutions. Four areas were identified. Recruitment, Training, Retraining, and Retention.

By way of providing an update on the College's response to the Workforce Shortage actions taken to date have been detailed against potential solutions.

1. RECRUITMENT

Recruitment Problems

- Lack of training positions
- Recruits receive insufficient exposure to pathologists (in undergraduate course, in teaching, in hospitals, in one on one encouragement)
- Lack of knowledge about a career in pathology (i.e. career path and outcomes)
- Pathology does not have a high profile in medical courses
- Difficult to attract well trained overseas pathologists due to world wide shortage
- Difficult to attract recruits in some areas
- Quality of recruits not optimal
- Lack of job opportunities in some disciplines unless dual trained (RACP)

- Workforce requirement figures are essential (not necessarily available).

Recruitment Solutions

1.1 More positions need to be made available via direct government funding.

Action:

The College has been lobbying State and Commonwealth governments on this issue for the last 12 -18 months. To date, the Commonwealth has provided money for 10 positions over 5 years for training to produce pathologists for the private sector. This is part of the capped funding agreement between the DHA, the College, AAPP and NCOPP. These positions will be filled for 2005.

The distribution of the 10 positions by State are as follows:

QLD	2
NSW	4
VIC	3
WA	1

Attachment 1 provides more details of the Private Pathology Training Scheme.

There are discussions underway with the Commonwealth to obtain further funding, however it is obvious that the Commonwealth expects the States and Territories to contribute money to fund at least half of the 100 position required.

The College has had meetings with the following Ministers for Health at State level:

<i>The Honourable Morris Iemma</i>	<i>NSW</i>
<i>The Honourable Bronwyn Pike</i>	<i>VIC</i>
<i>The Honourable Jim McGinty</i>	<i>WA</i>
<i>The Honourable Lea Stevens</i>	<i>SA</i>

The College has requested a meeting with the Honourable Gordon Nuttal in QLD.

To date, Victoria has committed to providing \$50,000 for each of 6 registrars in 2005. The College also understands there are 5 extra positions in QLD and one in Tasmania.

NSW, WA and SA all expressed concern and are looking into the problem; however there are no new positions to date.

1.2 Raise the profile of pathology in Medical Schools and Hospitals via education (including hospital management), and greater exposure to pathologists during courses, in all aspects of hospital work and on a personal approach basis.

Action:

The College has had an active program to promote pathology and pathologists to the general and medical communities. The most recent activity has been the production of the magazine 'PathWay' which is sent to all GPs, Specialists, Medical Students, and Hospital Medical Officers. It is also available via selective News Agencies. The magazine is designed to promote Pathology and Pathologists and in particular, detail how attractive it is as a career option.

Career brochures and posters have been produced and the College regularly attends University Career Days etc to promote pathology.

The College also conducts Pathology Week in March each year to promote Pathology and Pathologists. In 2005 the College is collaborating with other Pathology Professional organisations to develop displays on pathology in Hospital foyers, Collection Centres and the like.

1.3 Strengthen the pathology content in medical courses.

Action:

The College developed a Core Curriculum in Pathology and has been trying to work with Universities and the Australian Medical Council to ensure that there is an appropriate amount of Pathology in Medical School curriculum.

1.4 Special attention to promotion at the intern/resident level.

Action:

In addition to the PathWay Magazine the College is encouraging all Fellows to take active interest in talking to Interns and Hospital Medical Officers about careers in Pathology. Further formalised programs are planned over the next 12 months.

1.5 Separate the service and training components of the funding for training jobs.

Action:

There has been discussion concerning this issue with State Health Ministers. The College proposed the development of a centralised training agency for Pathology Training to the Commonwealth as part of the MOU negotiations. If adopted this would be part of a program of Global Funding for Pathology and this is something which the profession is having ongoing discussions with government about.

2. TRAINING

Training Problems

- Insufficient training positions and inadequate funding for them (in public and private), centralised funding is needed with funds allocated specifically for pathology
- Insufficient consultants who are too overworked to train registrars, who are themselves overworked and too busy to train properly (especially in cut up)
- Some flexibility required in training positions (could allow for other specialties as well (eg. GP vocational training, physician training)
- High failure rate (AP1) lengthens training to 6 years, some drop out
- Some laboratories not suitable for training
- Single discipline training
- There is a need for training in Forensics and general pathology
- Trainees unaware of training requirements and expectations
- Problem based learning for undergraduate/postgraduate appears to produce a lower standard of candidate for pathology training
- Increasing age of recruits (due mainly to prior degrees, deferments etc), means it is harder for them to take on specialty training, harder to learn and thus less likely to achieve original contributions and discoveries. Often complete specialty in mid 30's and many opt to work part time (especially women).

- Mismatch between job requirements and training positions
- Lack of controls of the training system
- Allocation of jobs to trainees is not efficiently handled
- All aspects of academic training need to be upgraded

Training Solutions

2.1 Create additional positions (public and private), Governments to provide direct funding.

Action:

See Recruitment Section Actions.

2.2 Improve quality of training.

Action:

The College has developed a Supervisors Module to train Supervisors as to the requirements of training. In addition the Chief Examiners in each discipline currently offer sessions to Trainees and Supervisors on the specific requirements of their discipline. Requirements for training are in a check list format and have been published in the College Trainee handbooks for several years.

Further, over the last 18 months the College has been working with the University of Sydney's Medical Education Unit to develop detailed curriculae for each discipline. These are projected to be completed mid 2005. Once completed the College is to hold seminars for Supervisors and Trainees to educate them on the new more detailed Curriculum.

2.3 Ensure trainees finish in 5 years by reviewing training, examinations & requirements.

Action:

There have been several actions of note in relation to this;

Firstly, the College introduced repeat examinations in November (the normal exams are in August) for Part II candidates and also Overseas Trained Specialists in order to offer further opportunities for the completion of Fellowship. This has been very successful with many trainees who had failed in August, passing the second attempt in November.

Secondly, there had been considerable concern over the Part I AP slide failure rate. A workshop was held with AP supervisors on this issue in February 2004.

There were a number of issues identified;

- *Supervisors not understanding that the exam tested what is normal practice and not esoteric cases as had been the case when many of them sat exams. As a consequence a session at the College update was provided to Trainees and Supervisors on the type of cases to expect and the approach to take.*
- *The Trainees felt that there was not enough time to complete the exam. As a consequence the exam time was extended from 3 hours to 4 hours for the 2004 exam.*

- *The Part I pass rate in 2004 increased to 75%. Of note, this change was a control based change as the same exam was used 10 years ago when the pass rate was 60%, i.e. the exam was still the same level of difficulty.*

2.4 Separate service and training components of the funding for training jobs.

Action:

See Recruitment Section Actions.

2.5 Clarify reasons for drop outs, introduce better selection process.

Action:

Interviews have been conducted with a number of the Trainees who have dropped out of training. One of the major reason that has been put forward is that trainees had considered Pathology would have been an easier option than some specialties than they anticipated, when they realised this was not the case they chose to change courses. Further, there have also been concerns over the lack of supervision in some areas due to insufficient Pathologists to train them. The College is actively encouraging a more centralised recruitment process so selection of trainees can be more standardised. The College has developed a guideline for centralised recruitment that includes selection criteria for training, (Attachment 2).

2.6 Ensure sufficient pathologists available to supervise registrars.

Action:

This is an ongoing issue. Of note, by using the private sector for training there has been an increase in the number of pathologists available for supervision.

2.7 Establish pathway for training Forensic Pathologists (possibly with o/s experience).

Action:

A Forensic Review Working Party was established and the Review was reported to Council. One of the recommendations was for a slanted Anatomical Pathology exam to be developed at the Part 1 level for Forensics. Previously Trainees had to do AP Part I first before being able to commit to Forensics. Council approved the change in principle. The Forensic Advisory Committee is developing a curriculum by July 2005.

2.8 College to redesign training program for general pathology and to provide better program to produce clinical pathologists.

Action:

Proposal to develop a Clinical Pathology Fellowship and a post Fellowship Diploma in Clinical Pathology. Curriculum are being developed for presentation at the July 2005 Council meeting.

2.9 Offer rotation through several disciplines to increase general knowledge.

Action:

Trainees are able to do rotations as part of Fellowship (currently for 12 months). The problem is finding funded positions. This has been raised at Commonwealth and State Government level during lobbying for extra training positions.

2.10 Consider UK system of House Officer for pathology posts.

Action:

The College is aware that with the increase in the number of medical student places that there will need to be more intern places available. The College has written to the Post Graduate Medical Education Council offering pathology rotations as a term for interns. The College considers such a rotation would be very useful for all doctors not just those interested in pathology as a career. The College is still to be advised if this will be supported.

2.11 Registrar rotations arranged at State or regional level.

Action:

In Anatomical Pathology this occurs in NSW, WA, SA, and QLD (including the private sector in 2006). The Commonwealth Private Training Scheme has a requirement for rotations between both the public and private training locations and is encouraging such rotations in other States. It is hoped a rotation will be established in Victoria in 2005.

2.12 Consider medical student projects and holiday studentships.

Action:

The College offers medical students Scholarships to each of the medical schools in Australia and New Zealand.

2.13 Advise public and private areas of acceptable levels of cut up for registrars, try to utilise scientists, medical assistants for cut up and transfers.

Action:

The College during training accreditation visits actively encourages the use of scientist and medical assistants for cut-up in accordance with NPAAC guidelines. There are more and more laboratories doing this.

2.14 College to promote, encourage and seek funding for general training.

Action:

This is an ongoing part of lobbying for funding.

2.15 Encourage private sector to offer more training.

Action:

The private sector has embraced the Commonwealth Private Sector Training Program. The scheme provides \$75,000 of funding per trainee. The private laboratories are having to contribute top up salary for the trainee, equipment and pathologist's time for training and are doing so willingly.

2.16 Change training programs in AP from 1/1 requiring 500 hrs/year to more emphasis on teaching aides like digital photos, computer programs, and formal assessment as in pattern recognition with computers.

Action:

The College has developed a learning tool called 'Inview' (an electronic module for AP) which is to be launched in March 2005 which will assist in this process. This is a start, but more work will be needed.

2.17 Consider OTS training and integration into workforce as additional.

Action:

The OTS interview process is to be centralised so as to improve consistency of the process. The OTS exam exemption tables and training time credits are now published on the College website to increase transparency.

3. RETRAINING

Retraining Problems

- Pathologists wishing to retrain in another area
- Problems of re-examination and recertification
- Eligibility to retrain
- No adequate system at present
- Continuing education
- People contemplating retraining are much older, likely to learn more slowly
- Less willing/able to make major lifestyle changes (have more family commitments at this stage) and have less working life left
- Take up new graduate posts

Retraining Solutions

3.1 Review existing College guidelines and make specific recommendations.

Action:

The College now offers retraining programs to Fellows as required. A number of Fellows in recent years have retrained in different disciplines.

3.2 Introduce supernumerary posts for retraining.

Action:

With the increased number of training positions in general, the retraining post requirements should be able to be addressed within these positions as there is not a huge demand.

3.3 Encourage part time work.

Action:

This is encouraged by the College and seems to be adopted widely in some organisations.

3.4 Retraining via continuing education and quality control programs (eg virtual microscope when operational).

Action:

This forms part of any retraining program.

4. RETENTION

Retention Problems

- Some go overseas and then do not return
- Conditions sometimes not conducive to remaining (public and private), as roles appear to be undervalued by many organisations
- Disincentives provided by costs of medical insurance, inadequate CMB remuneration (surgical pathology/cytology/microbiology)
- Too many jurisdictions involved
- Inadequate funding reflected in insufficient manpower therefore being overworked, thus more likely to retire early
- Inflexible working arrangements in some areas
- Insufficient continuing education on offer
- Lifestyle choices, now more acceptable to work part time and pursue other interests.
- More women involved (but not necessarily as full time for a full working life)
- Ageing workforce
- Management requirements giving added work and stresses

Retention Solutions

4.1 Survey current conditions for research, study, conferences, remuneration, workload, guidelines, employment (including flexible working arrangements), and develop basic 'minimum' recommendations for all these areas.

Action:

To be undertaken in 2005.

4.2 Provide exchange posts opportunities overseas (USA/UK).

Action:

To be investigated in 2005.

4.3 College to work at alleviating medical indemnity and CMB remuneration problems.

Action:

The College is actively working on issues of Medical Benefits Scheme remuneration problems and is currently undertaking a relative value study.

4.4 Employ retired people as a temporary solution to ease strain.

Action:

The College actively encourages this and provides facilities for Fellows to advertise their availability for locums.

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