

TWENTIETH ANNUAL REPORT OF THE
VICTORIAN CYTOLOGY (GYNAECOLOGICAL) SERVICE
FOR THE YEAR ENDING 30TH JUNE, 1985

As in most previous years the work-load of the Service has increased during the period encompassed by this report. In May, 1985, for example, 29,442 smears were received this representing the highest monthly total since the inception of the Service. Of course this increase must be maintained and accelerated if the objectives of the Service are to be realised. In addition it is a gratifying indication of the acceptance of the Service by the medical practitioners and, perhaps more importantly, the women of Victoria. Nevertheless the continued escalation of work-load aggravates many of the problems referred to in this report.

Board of Management and Trustees

The composition of the Board of Management remains unaltered since the last report. However, as indicated in this previous report, a vacancy for a Trustee had been created by the death of Mr. Gordon Hoadley. In March, 1985, this vacancy was filled by the appointment of Dr. John F. Funder. The appointment of Dr. Funder was particularly appropriate as he has been closely associated with the Service since its inception and indeed played a key role in the discussions that preceded its formation. As Director of Pathology at Prince Henry's Hospital he was a member of the Board of Management of the Cytology Service from 1965 until September, 1976 when he retired from his hospital position. This intimate association with the Service, particularly in its developmental years, will undoubtedly be of considerable assistance to the Trustees in their deliberations. Dr. June Howqua and Mr. Gordon Leckie remain the other two Trustees.

Diagnostic and Financial Aspects

From July 1st, 1984, to June 30th, 1985, the number of specimens received was 280,077. This represents an increase of 4,434 or 1.6 per cent. on the number of smears received in the previous financial year.

Since the inception of the Service in January, 1965, a total of 3,866,970 smears have been received. Whilst this is a most gratifying total, and a most impressive record of activity, there are clear indications that many women in the community have never participated in the screening programme and that there are specific groups that are particularly disadvantaged in this respect. If the ultimate aim of the Service is to be realised, namely, to prevent death from cervical cancer, these women will need to be identified and persuaded to have regular smear tests. Before any comprehensive efforts are made to do so, however, some of the problems referred to below will need to be overcome to avoid the existing diagnostic facilities being overwhelmed.

For the year ending 30th June, 1985, the maintenance or operating costs of the Service, on an accrual basis, was \$1,747,427. In comparison with the previous financial year the operating costs increased by \$224,875 or 14.8 per cent. The major component of the operating costs was salaries and wages these amounting to \$1,305,493.00 or 74.7 per cent. of the total. The increased expenditure on salaries and wages, as compared to the previous financial year, was \$216,633.00 or 19.9 per cent. This increased expenditure includes a disproportionately high level of overtime and penalty rate payments due largely to repeated computer failures.

Using the method applied in previous years the cost per specimen processed for the year under consideration was \$6.24. In comparison to the previous financial year the cost per specimen examined increased by \$0.72 or 13 per cent.*

* The cost per smear given in last year's Annual Report, namely, \$5.12, was incorrect. The correct cost per specimen for the financial year ending 30th June, 1984 was \$5.52.

Staff

Expressed as equivalent full time members (E.F.T.) the staff, as at 30th June, 1985, comprised 57.32 E.F.T.s and consisted of:

Technical Staff:

- Full-time: | 2 Computer Scientist
- | 20 Cytotechnologists and technicians.
- Part-time: | 27 Cytotechnologists and technicians.

Clerical Staff:

- Full-time: | 1 Secretary
- | 1 Receptionist
- | 1 Clerical Supervisor
- | 15 V.D.U. Operators
- | 1 Filing Clerk
- Part-time: | 1 V.D.U. Operator
- | 1 Filing Clerk
- | 2 Mail Clerks

The total medical staff of the Service comprising 1.75 equivalent full time pathologists are employed by Prince Henry's Hospital as is one administrative assistant. These staff members are not listed above but are seconded to the Service, the hospital recouping their salaries from the funds of the Service. Money derived from educational and research activities is used to employ an additional 1.55 equivalent full time staff members.

Teaching and Research Activities

Teaching continues to be a major activity of the Cytology Service. As in previous years the combined laboratories of the V.C.(G.)S. and the cytology department of Prince Henry's Hospital have continued to provide the entire cytology component of the Bachelor of Applied Science course conducted by the Royal Melbourne Institute of Technology. Such teaching is, of course, of great value to the practice of cytology in Victoria as graduates of the course are employed by laboratories throughout the State. As a major employer of cytotechnologists the cytology service also derives considerable benefit.

Training is provided for pathologists and technologists from other States of Australia and from overseas. Later this year, for example, pathologists from New Zealand and Hong Kong will spend several months studying diagnostic cytology in the laboratories of the Service.

The Director, Dr. Michael Drake, and the Deputy Director, Dr. Gabriele Medley, continue to lecture frequently on topics related to diagnostic cytology in general and cervical cancer screening in particular. These lectures are given at a local, national and international level.

The Service continues to participate in the New Zealand Contraception and Health Study. This study is one of the largest of its kind undertaken and involves the observation of three groups of women on different contraceptive regimes, over an extended period of time. One of the aims of this observation is to detect the development of cervical cancer or its precursors and to relate the frequency of this development to the type of contraception used.

Although not a primary objective of the study it has yielded a great deal of information regarding the limitations of cytological techniques. Thus it has become apparent that some method of "objective" assessment of cell and tissue abnormalities is essential and accordingly D.N.A.

quantification procedures have been introduced into the study. Such procedures could become of paramount importance in the future assessment and management of patients and there could be considerable benefit in developing them within the V.C.(G.)S. Such development would be facilitated greatly by the experience gained from the New Zealand Study.

Medical Advisory Committee

When the Cytology Service was first established in December, 1964, a Medical Advisory Committee was formed. This committee is composed predominantly of specialist gynaecologists and includes representatives of the universities, hospitals and relevant colleges. Its function is to advise the Board of the Service on all medical matters relating to the operation of the Service and in this capacity it is responsible for the general format of the diagnostic reports and, in particular, the recommendations that accompany these reports. At a meeting held in August, 1984, the Medical Advisory Committee made very significant changes to these recommendations. The changes were based on the current beliefs regarding the development of cervical cancer and, in particular, the role of the human papilloma or wart virus in this development. Whilst the new recommendations will lead to increased investigation of patients there should be a commensurate increase in the efficacy of the screening programme.

Assistance from Other Organisations

It is always a pleasure to acknowledge the many people who, in a variety of ways, assist the work of the Service. Tribute must be paid to the members of the staff of Prince Henry's Hospital who provide so much help, both directly and indirectly, throughout the year. The harmonious relationship that exists between the hospital and the Service has always been greatly appreciated.

The work of the Service has always been supported most vigorously by the Anti-Cancer Council of Victoria and this support is again acknowledged with gratitude.

In every Annual report since the inception of the Service gratitude has been expressed for the contribution of the Floral Group of Prince Henry's Hospital Auxiliaries. This group of dedicated workers continues to pack the kits of materials used for the collection of specimens by the medical practitioners throughout Victoria. The cheerful and efficient performance of this task has been of immeasurable value to the cytology service since its inception.

Problems Relating to Space, Staff and Equipment

Previous reports have referred to the serious problems that exist with relation to the space, staff and equipment of the Service. These problems remain and indeed are being constantly exacerbated by the increasing volume of diagnostic work submitted to the Service.

The most serious and fundamental problem that confronts the cytology service is a lack of space. The Service continues to be accommodated in an area of just over 5,000 square feet planned in 1965 and occupied in March, 1969. At the time of occupying the new building the Service was receiving just over 100,000 smears each year and had a total staff of 43, both full and part time, technical and clerical. The Service now processes approximately 300,000 smears annually and has a total staff of approximately 80 people. In order to accommodate the diagnostic and clerical activities it has been necessary to sacrifice teaching areas, pathologists' offices and virtually all staff facilities. The clerical and diagnostic areas are crowded, particularly the former, and this has resulted in considerable industrial unrest. In addition, there is insufficient space to accommodate the active files of the unit.

The efficiency of the cytology service depends upon a continuous flow of work and hence space in continuity is desirable. Since the V.C.(G.)S. occupies the whole of one floor of a free-standing building this cannot be achieved in the existing area unless a major re-building programme was undertaken. With the uncertainty regarding the future of Prince Henry's Hospital the possibility of such major structural alterations would appear remote.

Because of the serious space problems facing the Service, and the apparent lack of a satisfactory solution at Prince Henry's Hospital, re-location to another site was considered. However, this was not possible and hence it would seem advisable for the Service to remain on its present site until such time as the future of Prince Henry's Hospital is decided. The Hospital has agreed to make additional space available to the Service. Although not in continuity with the existing space, and hence not optimal, this additional space will allow for some expansion of activities and will relieve the more serious areas of overcrowding. Unfortunately this additional space will not be available for at least a further 12 months.

In the previous report reference was made to problems that were being experienced with the computer. During the twelve months under review these problems escalated and threatened the whole operation of the Service. During the first half of 1985 an ICL System 25 computer was installed, supported by software developed by HOSPRO. This system is now fully operational and should make a major contribution to the efficiency of the Service. The computer installation has caused some industrial problems as the terminals do not satisfy the new requirements of the relevant union. However it is believed that this difficulty can be overcome.

Staff problems have always existed within the cytology service, these being related largely to the continually increasing work-load. Since diagnostic cytology is an extremely labour-intensive branch of laboratory medicine any increase in work received demands a commensurate increase in the number of staff required for its evaluation. Since the inception of the Service difficulties have existed in relation to the medical staffing. During the financial year under discussion permission was granted to appoint another full-time pathologist. An appointment has now been made this increasing the medical staff from 1.75 E.F.T. to 2.75 E.F.T. pathologists. The new appointee, Dr. Prudence Allan, will commence duty towards the end of 1985 and should make a significant contribution to the work of the Service. The shortage of qualified technologists within the community continues to create difficulties although the teaching activities already discussed are providing some relief in this area.


Although these quantitative problems have always been, and remain, cause for concern, more serious problems have emerged in recent months. Thus the industrial unrest referred to above has been complicated by an increasing incidence of repetitive strain injuries. These have been experienced by V.D.U. operators, file clerks and microscopists and have resulted in a massive loss of "man hours" in both the technical and clerical areas of the Service.

Extensive ergonomic assessments have been carried out and these have revealed a number of problem areas. In particular the use of "standard" desks and benches for all workers is no longer acceptable and individual work stations for V.D.U. operators and microscopists would appear to be essential. In addition many of the microscopes still in use are relatively old and do not incorporate recent improvements designed specifically to lessen postural strains. Finally the manual filing systems used currently cause considerable difficulties for staff and should be replaced by mechanized files.

Some improvements have already been achieved but obviously the complete eradication of these problems would require additional financial assistance. Submissions have been made for this assistance. It must be emphasized again, however, that the fundamental problem is a lack of space since, for example, individual work stations, even if available, could not be accommodated in the existing laboratories. More importantly, perhaps, the overcrowding of all work areas leads to an undercurrent of industrial unrest that threatens constantly to overwhelm the Service.

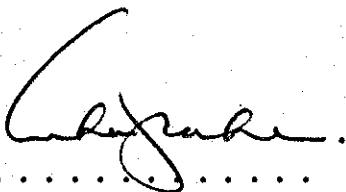
Conclusion

It is unfortunate that this, the twentieth report, must conclude with a description of major problems that exist and the threat that these problems pose to the continued functioning of the Service. Despite these problems it is a matter of satisfaction, and indeed some pride, that we can report that the Service continues to operate both efficiently and economically and that it will shortly process its four millionth specimen. During the course of its twenty years of operation the Service has made a major contribution to the health of the women of Victoria. With comparatively modest additional help this contribution can be both continued and enhanced and the world-wide reputation of the Service can be maintained.



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PROFESSOR R.J. PEPPERELL
Chairman



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DR. MICHAEL DRAKE
Director