

VICTORIAN CYTOLOGY (GYNAECOLOGICAL) SERVICE
ANNUAL REPORT FOR YEAR ENDING 30 JUNE 1988

This year has been difficult due to the loss of a considerable number of the most experienced scientists (including the Chief Scientist) most of whom have been recruited to the private sector.

Despite a prolonged period of Australian and world wide advertising the position of Director attracted few suitable applicants, reflecting the difficulty experienced by the public sector in recruiting skilled staff. The Acting Director, Dr Gabriele Medley, reversed her previous decision and accepted the position of Director in November 1987. The Service was fortunate in recruiting Ms Mary Seyfang, an extremely able and experienced cytologist, as Chief Scientist and it is hoped that an intensive programme of training new scientists will over the next two years result in a return to staff stability.

Board of Management

Professor R.J. Pepperell - Chairman
Mr L.P. White - Board of Monash Medical Centre
Ms Eileen Sims - Board of Monash Medical Centre
Dr N. Gray
Associate Professor E.P. Guli
Mr. A. Bond
Dr P. Ironside
Mrs D. Sargeant
Dr J. Dowling - Chairman of Pathology Services, Monash Medical Centre
Dr Gabriele Medley - Director of the Service

Diagnostic Activities

During this year there has been a considerable reduction in the number of specimens received, this being 257,195 - a drop of 8.5%. This has reflected aggressive marketing by the private sector including personal recruitment of the doctors supporting the VC(G)S and provision of a service which VC(G)S is unable to match with the limited resources available. If VC(G)S is to regain its share of the market there will need to be attention to the several aspects of "consumer attractiveness" not previously considered. There has been over this period a considerable increase in the percentage of abnormal smears (previously of the order of 6%) to the order of 11%. This has resulted partly from a true increase in abnormalities related to viral infection. However it partly reflects the extremely heavy loss in experienced staff which has been replaced by relatively inexperienced staff with a consequently increased sensitivity of reporting benign changes. This has been accentuated by publication of some evidence that such changes increase a woman's risk of developing more significant lesions. It is becoming increasingly evident that the role of cytology must be extended to delineate a group of women who do not require investigation or treatment, but who do require closer surveillance than women without

contd...

such changes, if the adoption of a three year screening interval for women with normal smear history is to be a safe option.

It is evident of course that such a change in pattern, with its consequent increase in follow-up activities results in a relative loss of productivity, but the economic gain of a "safe" three year screening interval would undoubtedly outweigh this.

Other initiatives of course must be taken if a universal screening programme of this type is to be effective, and the assessment of sample quality has become a far more stringent procedure. Specific indicators of an "optimal" smear must be sought and the Service has initiated a study to evaluate the relevance of the presence of endocervical cells in a smear in relation to the rate of diagnosis of significant abnormality. It is anticipated that this study will be completed by early 1989, and will form the basis of a rational reporting and educative strategy to the doctors who use the Service.

Financial Aspects

The operating cost of the VC(G)S on a cash basis for the year ending 30 June 1988 was \$257,195 or \$8.25 per specimen, representing an increase of 21% over the previous year.

It must be remembered that this includes the cost of training of scientific staff and the provision of an epidemiological monitoring and evaluation programme; neither of these activities form part of the provision of the private pathology practitioner service which currently attracts a schedule fee of \$17.20 and a rebate of \$14.65 per smear in the private sector.

The increased costs which resulted in a deficit of \$179,334 were once again predominantly in the area of salaries and wages, a consequence of a marked loss of per capita productivity. This was the result of the loss of a large proportion of experienced staff with the requirement of training new staff (since recruitment of trained staff to the public sector is virtually impossible) and the increased need for supervisory "double handling" to compensate for this relatively low level of experience in screening staff.

Staff

As previously indicated, the loss of a significant number (50% over two years) of experienced screeners to the private sector where salaries, working conditions and staff structure are much more attractive, resulted in an extremely difficult period. Fortunately we were able to recruit a high standard of trainees who have reached productive activity

contd...

as the year ends, and this augurs well for the future. The heavy training requirements have placed great strain on a small number of extremely dedicated and loyal scientists, and reduced the overall productivity of the VC(G)S.

Expressed as equivalent full time staff members the staff at 30 June 1987 comprised:

Medical staff

2.75 EFT pathologists derived from 4 persons employed by Monash Medical Centre, Prince Henry's Hospital site, seconded to the Service
1.0 Medical Epidemiologist

Scientists, technologists and technicians

37.19 EFT

Administrative and clerical staff

23.87 EFT

Space and Equipment

Approval has been received to make the necessary alterations in newly allocated space on the sixth floor of the Clinical Sciences Block. This will provide areas for the Epidemiology Unit, the Training Unit and accommodate an automated filing system. Funds to purchase three Lektriever electric filing units have also been approved. It is anticipated that this system will be of very considerable benefit in the maintenance of our hard-copy abnormal cases, a valuable resource of the Service.

Teaching Activities

The VC(G)S together with the Cytopathology Department of Prince Henry's Hospital campus continues to provide the cytology component of the Royal Melbourne Institute of Technology course for the degree of Bachelor of Applied Science (Medical Laboratory technology), bearing much of the financial burden of this. However it is recognized that the gradual upgrading of the level of expertise of cytotechnologists in the community, coping with an increased demand for cervical screening services, requires this of the VC(G)S, the only training institution in Victoria.

Several pathologists and scientists from other institutions have visited the VC(G)S for variable periods, using the highly developed self-education resource material. This is an important role of VC(G)S as a leader in standard-setting for the discipline in Australia.

contd...

The inordinate demands of inhouse training of staff have severely strained the teaching resources of the Service and this must be addressed in future funding.

Research Activities

Although small research projects are conducted directed towards improved techniques, the major research activity has been directed at establishing the VC(G)S as an important epidemiological centre for cervical cancer screening within Australia. The granting of research monies from the National Health and Medical Research Council and the Anti-Cancer Council of Victoria has allowed the employment of a research assistant to the epidemiologist and the computer facilities provided by VC(G)S have been upgraded to meet the extra requirements.

Research into the rate of decline in levels of protection with time after a negative Pap smear was ongoing. The preparation of a document outlining the facts concerning cervical cancer screening in Australia was undertaken to assist those attending a consensus conference on the rescreening interval to be held at the Anti Cancer Council of Victoria in July 1988. A cost effectiveness analysis of different screening intervals was performed, using VC(G)S data as the resource material.

Other areas of research concerned formal measurement of quality control measures within the VC(G)S, rates of HPV infection among teenagers during the 1980s, a study of recurrence rates after radical diathermy of the cervix and an evaluation of the subsequent smear history in a cohort of women who were screened negative in 1971.

Dr Drake has removed the New Zealand Contraception and Health Study to his private cytopathology laboratory and has elected to cease the DNA quantification project due to advice from the University of Chicago regarding doubt regarding the validity of the methodology.

Papers published from the VC(G)S during 1987-88

Mitchell H, Medley G.
Age trends in Pap smear usage, 1971-1986
Community Health Studies, 1987, 11, 183-185

Mitchell H, Medley G.
Delay times to definitive diagnosis after an abnormal Pap smear.
Aust. NZ. J. of Obstet. Gynaecol., 27, 283-286

Mitchell H, Drake M., Medley G.
Pap smears in Victoria: Are the wrong women being screened?
Med. J. Aust., 1987, 147, 559-560

contd...

Mitchell H, Medley G, Drake M.
Quality control measures in cervical cytology laboratories.
Acta Cytol., 1988, 32, 288-292

Mitchell H, Medley G.
Pap smear results of Victorian teenagers, 1980-1987.
Aust. N.Z. J. of Obstet. Gynaecol., 1988, 28, 213-215

Drake M, Mitchell H, Medley G.
Human papillomavirus infection of the cervix in Victoria, 1982-1985.
Med. J. Aust., 1987, 147, 57-59

Assistance from other organizations

Prince Henry's Hospital campus of Monash Medical Centre has continued to provide a very supportive environment for the VC(G)S in terms of the scientific relationship within the Division of Diagnostic Services. The Director remains the campus divisional chairman. General relationships within the hospital remain comfortable. However, it is a matter for regret that in the larger hospital community little interchange occurs.

Administrative relationships have changed somewhat in that there is no longer administrative support for VC(G)S from the Finance Department, although the hospital continues to support the VC(G)S deficit by variable transferrals of funds as necessary.

With the resignation of Mr Gordon Edwards as the Chief Executive Officer of Prince Henry's Hospital, there has been no replacement and the Director of the VC(G)S now acts as its Chief Executive Officer.

The Anti-Cancer Council continues to have an important relationship with VC(G)S, not only by a process of interchange of resources with the Epidemiologist, but also in relation to community cervical cancer screening initiatives in rural areas.

Members of the Floral Group of Prince Henry's Hospital continue to provide invaluable assistance in the packing of kits supplied to users and VC(G)S is again most grateful to them.

Health Department Victoria Working Party

In response to ongoing anxiety within the VC(G)S with respect to perceiving under-resourcing of the Service, HDV has convened a Working Party to look into the matter.

The Terms of Reference are

1. To examine the role of the VC(G)S in relation to the potential increased demand for cytology services;

contd...

2. To address strategies for the development and maintenance of a statewide database for cervical cancer;
3. To address strategies for the development and maintenance of an epidemiologic component for cervical cancer, pre-cancer and associated risk factors;
4. To address the criteria for the future location of the VC(G)S;
5. To examine options for cytology services in Victoria including funding;
6. To examine the composition and role of the Board of Management in relation to the major users of the VC(G)S.

The members of the Working Party are:

Dr Sandra Gifford (Chair)
 Women's Health Policy and Programmes Unit, Health Department Victoria
 (Department of Social and Preventive Medicine, Monash University; from
 November 1987)

Dr Patricia Wilkinson
 Chief Medical Officer, Health Department Victoria

Dr Michael Quinn
 Oncology Unit, Royal Women's Hospital

Dr Nan Presswell
 Broadmeadows Community Health Centre and the Department of Community
 Medicine, Melbourne University (to November 1987)

Dr Denise Ruth
 Broadmeadows Community Health Centre (joined the Working Party in
 November, replacing Nan Presswell)

Dr Gabriele Medley
 Director, Victorian Cytology (Gynaecological) Service

Dr Judith Lumley
 Department of Paediatrics, Monash University and Consultant
 Epidemiologist, Health Department Victoria

Dr Robin Marks
 Anti-Cancer Council of Victoria

Ms Alexandra Jones (Secretary)
 Women's Health Policy and Programmes Unit, Health Department Victoria

contd...

The report of this group is eagerly awaited since it is expected to redefine the aims and objectives of the VC(G)S and make proposals for achievement and funding of these objectives.

Conclusion

VC(G)S appears to be at a watershed in terms of its aims and objectives and its ability to reach the goals that are set. The maintenance of a significant market share of cervical cancer screening in Victoria is important if universal screening is to be a viable goal. The differential between the cost per smear within the VC(G)S (\$8.25 per smear including training and epidemiological component) and the schedule fee of \$17.20 in the private sector attests to this.

The training burden created in the community by increasing awareness of cervical cancer prevention is currently born entirely by the Service, an appropriate responsibility having regard to the total sum of experience and teaching resources that have developed over 23 years.

Appropriate funding must be negotiated if this valuable women's resource is to continue to operate.

(Chairman)

(Director)