

VICTORIAN CYTOLOGY (GYNAECOLOGICAL) SERVICE  
ANNUAL REPORT FOR YEAR ENDING 30 JUNE 1989

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This year has been a year of change for VC(G)S. There has been a period of relative staff stability and the fruits of the intensive training efforts of early 1988 and 1989 have resulted in an increase in productivity which is most encouraging. The Report of the Victorian Cytology (Gynaecological) Service Working Party, convened by the Women's Health Policy and Programmes Unit, Health Department Victoria was released in July 1988. It was received with great optimism but unfortunately has not yet resulted in any improvement in funding. However hopes are high that early in the 1989-90 financial year there will be resolution of many of the ongoing problems that will be detailed in this report.

**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 J. Dowling - Chairman of Pathology Services, Monash Medical Centre  
Dr Gabriele Medley - Director of the Service

During this year Dr P. Ironside and Mrs D. Sargeant resigned from the Board and were not replaced. The Working Party Report recommended extensive modification of the Board of Management of VC(G)S as follows:

That the by-laws of the VC(G)S be amended so that there is greater representation of both primary and secondary consumers of the VC(G)S services on the Board of Management;

That in addition to the current composition of the Board, the following bodies/organisations be represented:

- A woman as secondary user/client of the VC(G)S;
- A family planning nurse (experienced in conducting Pap smears);
- A general practitioner from the Royal Australian College of General Practitioners with a knowledge of community health and women's health;
- A gynaecological oncologist from the Royal Australian College of Obstetricians and Gynaecologists;
- A staff representative from the VC(G)S.

That the current representation by the Victorian Branch of the Australian Medical Association be replaced by representation by the Australian College of General Practitioners (as defined above);

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That the Board of Management review the function and effectiveness of the current Medical Advisory Committee and if necessary undertake changes in membership and advisory procedures."

With minor modifications these recommendations were accepted by the Health Department and a number of new Board members were appointed at the end of June and will remain in office until 1 December 1989 when a new Board will be appointed.

The new members are:

- Dr Elizabeth Banks  
Victorian Censor, Royal Australasian College of General Practitioners, and Consultant to WHO
- Dr Sandra Gifford  
Lecturer and researcher in public and women's health, Dept of Social & Preventive Medicine, Monash University
- Ms Heather Jarman  
Training & Research Officer, Family Planning Association
- Ms Meredith Kefford  
Manager, Brunswick Community Health Centre
- Ms Dorothy Reading  
Director of Education, Anti-Cancer Council of Victoria
- Dr Michael Salzberg  
NHMRC Public Health Fellow, Dept of Social & Preventive Medicine, Monash University
- Associate Professor Michael Quinn  
Head, Oncology Unit, The Royal Women's Hospital

### Diagnostic Activities

The number of smears received during the year was 247,925, bringing the total since inception to 4,951,841. There has been a further small drop of 3.2% which compares favourably with the previous year's drop of 8.5%. This is not surprising since there has been an aggressive marketing exercise from the private sector consequent upon alterations in the Commonwealth Pathology Schedule whereby cytology has become one of the most profitable items with an SP rebate of \$16.50 per smear and a schedule fee of \$19.40. Private services are able to offer daily pick up and delivery of smears and results by courier with a turnaround time of between one and three days. This contrasts markedly with VC(G)S where practitioners are required to mail smears (at a cost to themselves of greater than 50 cents per smear) with a turnaround time which, including mailing delays at either end, may be three weeks. Repeated representations by the VC(G)S for funds to support free mailing of smears have been to no avail.

### Financial Aspects

The operating cost of the Service on a cash basis for the year ending 30

June 1989 was \$2,242,514 or \$9.04 per specimen. This represents an increase of 9.57% per smear, a marked improvement on the previous year's increase (21.67%). The actual deficit for the year was approximately \$240,000. However an adjustment of \$130,000 representing a shortfall in grant will be made by HDV resulting in a final recorded deficit of \$110,000. Since no agreed budget was negotiated for the year and major unfunded training needs had to be met, the result is better than was anticipated.

Both the Epidemiology Unit, which includes monitoring and evaluation of the screening programme, and much of the training programme which continues to be responsible for both inhouse training and the cytology component of the RMIT degree of Bachelor of Applied Science (Medical Laboratory Science) are included in the cost of operating VC(G)S. Although not part of the production cost of screening smears, these activities remain an integral part of the wider role and function of VC(G)S and were so recognized by the Working Party.

As previously noted, the VC(G)S cost per smear is still less than half the Commonwealth Schedule SP fee of \$19.40.

The improvement in financial performance has been achieved as a result of developing staff stability and an internal review of work practices which occurred during 1989. The Working Party recommended that "a work flow and time and motion study ... should be carried out by a person with the necessary expertise in pathology ...." This was initiated by VC(G)S in February 1989, following a meeting with the Minister of Health. Dr John Maynard conducted the study in February in order that it could form a basis for internal restructuring of the Service. However the report had not been made available by the end of the financial year and thus an ongoing internal detailed review of all aspects of the Service was conducted by senior staff with the introduction of many changes in procedures.

### Space and Equipment

During 1988 the building operations to develop the Epidemiology Unit, the Training Unit and the new filing facility were completed on the sixth floor of the Clinical Sciences Block. The Lektriever system was installed and has made a considerable difference to what was previously a clumsy and cumbersome activity. The files were extensively improved and maintenance of this improvement will be an ongoing benefit of the new equipment. Conditions within the body of the Service have been markedly improved as a result of the extra space available.

With the granting of an extra room and a small storage area contiguous to the other development on the sixth floor, there is now sufficient space for the Victorian Cervical Cytology Registry to be housed and the minor improvements required have been completed, ready for commencement of registry activity in August 1989.

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## Staff

During 1989 a period of staff stability was achieved for the first time in three years. Young scientists trained within the Service have formed a new nucleus of productive primary screeners. There is still concern that there is an insufficient resource of cytopathologists to sustain the daily routine, training, and quality control requirement of the VC(G)S, but this will again be addressed with the funding authority. A continuing programme of upgrading of the computer facility has resulted in improved clerical throughput releasing some resources to meet the increasing follow-up demands resulting from the increased percentage of abnormal smears.

Expressed as equivalent full time staff members the staff at 30 June 1988 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

36.65 EFT

### Administrative and clerical staff

25.06 EFT

### Training and Education

Both external training at RMIT and an ongoing internal training programme for scientists have continued. With changing patterns of disease and evolution of new cytological criteria of viral disease, it is necessary to provide ongoing inservice continuing education.

Both the Director and the Acting Deputy Director have attended scientific meetings and formal and informal meetings with community groups and doctors. An ongoing programme of education of smear-takers to improve the quality of smears has commenced. Nurse and medical student teaching remain an important educational responsibility.

### Future Role and Function of VC(G)S

"The Working Party was of the opinion that VC(G)S should aim to maintain its role in processing the majority of smears taken in Victoria. To do this the VC(G)S should provide a high quality screening service that

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maintains a follow-up service for abnormal smears, and a central registry providing data for evaluation and recall at a cost that is acceptable to the community."

Three issues were addressed:

1. **Turnaround time for smear results.** Previous agreements with the Health Department had established a target of a mean turnaround time of eight working days which had been generally maintained. However the Working Party felt that a five day turnaround time was desirable. Although this has been achieved during the last month of the year, this has been a period of reduced workload and maximum staff attendance and additional funding will be required to achieve this result in the longer term with an anticipated fluctuating workload.
2. **Increased demand for services in relation to statewide screening.** Currently the uptake rate of women is far lower than the maximum level and it was recommended that the Anti-Cancer Council should by educational and marketing activities aim to increase the uptake. If state and national screening policies are introduced VC(G)S must be properly funded to cope with the increase.
3. **Statewide registry for cervical smears.** Since 1965 the VC(G)S has served as the central Victorian registry for smears. With the recent expansion of private laboratories the ability of VC(G)S to provide comprehensive information has been diminished. A comprehensive database is necessary if a population perspective on cervical cancer is to be maintained.

The Working Party resolved to develop a proposal to establish a statewide registry which should be independently managed but auspiced by VC(G)S. A working party was convened by the Women's Health Policy and Programmes Unit, HDV and the proposal was duly developed and was successful in obtaining Commonwealth funding. During 1989 a steering committee was formed and legislation was adopted and passed by Parliament in May to enable the registry to be set up. Using the data processing facility of VC(G)S additional hardware and software has been put in place to enable the registry to function. The coordinator, Ms Vicky Higgins, has been appointed and it is anticipated that its activities will commence by August 1989.

#### **Epidemiologic Research Activity**

As recommended by the Working Party, the major research activity continues to be of an epidemiologic type. The large database of nearly 5,000,000 smears covering a time of 24 years is a unique resource for continuing studies on the natural history of cancer of the cervix and its precursor lesions. The epidemiology unit also has an important advisory role in the formulation of health promotion goals and targets and screening policies.

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### Papers Published from the VC(G)S during 1988/89

Mitchell H, Medley G.

Adherence to recommendation for early repeat cervical smear tests.  
Brit. Med. J., 1989, 298, 1605-1606

Mitchell H.

Is there a role for screening by cervicography in Australia?  
Med. J. Aust., 1989, 150, 441-444

Mitchell H.

Pap smear screening in Australia.  
Mod. Med., 1989, March, 27-31

Mitchell H, Medley G.

Evidence against diathermy as a beneficial treatment for human papillomavirus infection of the cervix.  
Submitted for publication

Mitchell H.

Statistical measurements of accuracy in cervical cytology.  
Submitted for publication

Mitchell H.

The prevention of breast and cervical cancer - A textbook of preventive medicine. In press.

### Future Location of VC(G)S

The Working Party determined that, given the current lack of space and the impending move of Prince Henry's Hospital to the Monash Medical Centre Clayton, relocation of VC(G)S was both inevitable and necessary. Key requirements for relocation were developed.

Two major options were considered by the Board of VC(G)S during June and July 1988:

- i) As part of the relocation of Prince Henry's Hospital to Clayton, to a purpose built location of approximately 625 square metres nett (excluding storage).
- ii) One floor of the old Services Block of The Royal Women's Hospital, being approximately 588 square metres nett (excluding storage).

Both sites offered similar guarantees with regard to the important issues of scientific and administrative relationships between host site and VC(G)S. The Minister of Health met with the Chairman of the Board

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and instructed the Board to make a decision. Both options fell well short of the space requirements developed and recommended by the Working Party of approximately 1200 square metres (including the Registry).

Although it was recognized that The Royal Women's Hospital may be a more appropriate site, the inferior facilities offered made a choice difficult. On 8 July 1988 the Board voted by a small majority that the preferred site of relocation was the Monash Medical Centre Clayton and detailed planning for this relocation proceeded during the latter part of 1988.

Subsequently, in view of the changing terms of reference of VC(G)S, some anxiety was expressed by HDV about the ability of VC(G)S to function and develop under the proposed conditions. In June 1989, an entirely new proposal, considerably expanded, from The Royal Women's Hospital was received by Health Department Victoria who then instructed the new Board of VC(G)S to reconsider the future location of the Service and develop a preferred site following consideration of the new proposal. This will occur following the first meeting of the new Board of Management in August 1989.

### Conclusion

The performance of VC(G)S has improved considerably during this year both in financial terms and in progress towards achievement of the specific targets. If this improvement is to consolidate and the VC(G)S is to recover an additional share of the screening market, adequate funding must be negotiated. Since there is considerable saving to the public purse if VC(G)S performs a significant percentage of all screening activity, it would be appropriate to obtain some commonwealth funding for such marketing activities as reply-paid postage, decreased turnaround time, and improvement in kits to practitioners. Achieving this should be an early initiative in the next financial year.

It is to be hoped that the relocation issue is determined speedily as this remains the major destabilising influence in the VC(G)S.

The new Board of Management will provide leadership for the formulation of wider terms of reference which will reflect the continued development of VC(G)S as a major community health resource for the women of Victoria. Continuing evaluation and monitoring of performance will be an ongoing stimulus for optimal utilization of valuable resources that must be sought by the Board.

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(Chairman)

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Director