



**Victorian Cytology Service**

# **Report of Activities 1998**

**for the year ended 30 June**

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## Historical Background of VCS

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The Victorian Cytology Service (VCS) was founded as a joint preventative health initiative between the Government of Victoria and the Anti Cancer Council of Victoria. Activities commenced early in 1965 following an "Order to establish a Benevolent Society" under the Hospital and Charities Act 1958 (gazetted 9 December 1964) when the Minister of Health invited a group of persons to form a Board, under the chairmanship of Professor Sydney Lance Townsend. The Service was to operate with the following objectives:

- i) to provide in Victoria facilities for research and investigation with respect to the cytological examination of gynaecological specimens associated with cancer detection and to undertake such research and investigation;
- ii) to provide a free laboratory service for examination of specimens submitted;
- iii) to provide for collection of material for examination and the notification of results of such examinations through the legally qualified medical practitioner submitting such material;
- iv) to make arrangements as are necessary with any public or private hospital or the Cancer Institute or any other body or any person having a similar or allied purpose.

For its first twenty-seven years the Service was hosted by Prince Henry's Hospital under an agreement by which the Director of VCS was also Director of the Hospital's Department of Cytology. The two services operated in an integrated way such that the predominantly non-gynaecological requirements of the hospital provided training opportunities and a variety of work for VCS staff, features which are essential to develop and maintain a high level of skill in the discipline of cytology. In return, VCS provided the opportunity for Prince Henry's Hospital scientific staff and pathologists to develop skills in gynaecological cytology. A resource of pathologists who shared the autopsy and surgical pathology duties of the department of Anatomical Pathology and the varied workload of the cytology service was thus created to the mutual advantage of all.

During the first fifteen years of operation in excess of 90% of the smears performed in Victoria were reported by VCS. This proportion decreased during the early 1980s due to the expansion of private pathology services. The decline was assisted by the under-resourcing of VCS over this period resulting in delays of up to three weeks in reporting smears.

Since 1989, when VCS was once again resourced appropriately, VCS has retained approximately 45% of all smears in Victoria. This has been achieved by a program of continuing productivity and workflow improvement. There has been progressive improvement in turnaround time such that 99% of all smears received are reported by the end of their second day in the Service, and VCS is continuously striving to maintain its market share in a climate of increasing competition from a private sector which is now almost completely controlled by large commercial interests.

## Historical Background of VCS (contd)

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In June 1989 under an amendment to the Cancer Act 1958, called the Cancer (Central Registers ) Act 1989, legislation was passed in Victoria *to allow formation of a Cervical Register maintained by the Victorian Cytology (Gynaecological) Service*. Core activity of the Register, subsequently known as the Victorian Cervical Cytology Registry (VCCR) was to register tests for cervical cancer for Victorian women permitting an organised infrastructure to the screening program in Victoria. This was the first such Register in Australia. More recently most other States have established similar facilities. The separate report details the function and activities of VCCR which has continued to be maintained by VCS.

Since late 1992 VCS has contracted to implement the Registry for BreastScreen Victoria. Appointments for women, invitations to women, reminders for repeat screening and statistical reporting are among the functions of the Registry. Although this activity has resulted in a restriction of space available to the core activities of VCS, the opportunity to utilise available skills and experience in this important initiative has justified the resulting sacrifices.

In the first week of December 1991 following the closure of Prince Henry's Hospital, VCS moved to its purpose-built location on the ground floor and mezzanine of the new carpark at The Royal Women's Hospital. The location, on the corner of Faraday and Swanston Streets, opposite Melbourne University has been most beneficial in developing new links with Melbourne University, and facilitating previously existing associations with the Royal Melbourne Institute of Technology (RMIT) and the Melbourne Sexual Health Centre.

During the past four years VCS pathologists have been contracted to the Pathology Departments of the Mercy Hospital for Women and The Royal Women's Hospital (RWH) for several histopathology sessions, and during the past two years a pathologist from the RWH has spent sessions at VCS. In this way it has been possible to provide some diversity of work for VCS pathologists outside VCS.

This initiative and continuing initiatives to build scientific bridges between public hospital pathology departments aim to develop a broader framework of duties for VCS cytopathologists in order to make these positions more attractive to well trained specialists for whom the rather limited task specification previously in place was not significantly challenging. It is hoped that similar programs of staff exchange may become possible for other members of the scientific staff.

The decision to retain the RWH on its current site, and therefore the implication of secure tenure for VCS, is a welcome one which has put an end to the destabilising effect of the recent uncertainty surrounding the future of the RWH.

## **Historical Background of VCS (contd)**

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Since its inception, VCS has been the only formal training institution for cytologists (scientists specialising in cytology) and cytopathologists in Victoria. The cytology component of the Bachelor of Applied Science (Medical Laboratory Science) from RMIT has been coordinated and taught by VCS staff. Scientists and pathologists from interstate and overseas have visited the Service for initial and refresher training and to take part in these formal courses.

VCS continues to attract visitors from abroad who are concerned with developing screening programs for cervical pre-cancer and cancer in their own countries. Recently health care professionals from Nepal and from Indonesia have spent time within VCS as part of programs of skill transfer in appropriate disciplines and there is indirect involvement in the development of a cervical screening program in Mongolia. Staff of VCS have a high profile in the professional framework of cytology in Australia and overseas, as evidenced by publications in the Australian and international medical literature, and invited participation at scientific meetings.

## 1997-98 Activity

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VCS continues to function well in its purpose built facility. The development of what was perceived by some to be a very generous allocation of space, has proven to be more than justified. The Victorian BreastScreen Registry (VBR) has required an expansion of its facility, resulting in further reduction in space available to VCS. The Victorian Cervical Cytology Registry (VCCR) has also more than filled its designated space.

The small but steady decline up to the end of 1996, in the market share of Victorian smears processed by VCS has been reversed and an increase of about 3% has been recorded since the beginning of 1997. There have been two significant changes in the health care system that have tended to alter the balance between public and private laboratory practice. Firstly the change in community care with reduction in small general practices with a defined group of partner practitioners, with whom it was possible to develop a good service relationship, to a predominance of practices which operate with a large number of employed, often casual, and frequently changing, staff. Secondly there has been a change in the nature of pathology practice, such that most of the large pathology providers are now owned by large industrial or commercial companies, which have a well developed marketing structure which can be easily applied to their pathology interests. This has necessitated a new emphasis on customer liaison not previously a formal aspect of VCS philosophy.

VCS provides a courier service to most metropolitan and some country centre practitioners. The frequency of this service is tailored to match the requirements of practitioners, within the available resources and the needs of this essentially non-urgent test.

VCS has made every attempt to improve other aspects of performance, such as freepost envelopes for practitioners who do not have a courier service, regular publication of Newsletters and statistical profiles to individual practitioners, upgrade of sampling equipment, and information leaflets about new technologies in Pap test screening. The appointment seven years ago of a liaison physician who visits practitioners to discuss issues related to sampling procedures, interpretation of reports and other matters has also been a valuable addition to the service profile of VCS. During the past 18 months a number of measures have been implemented to supplement these initiatives and where opportunities to improve the VCS market share have become evident, these have been grasped, as evidenced by the increased market share, with some success.

The prevailing medico-legal climate continues to be a threat to VCS, to the cervical cancer screening program, and indeed to screening programs in general. The importance of developing a realistic expectation of the test in the community as a whole is paramount. The Pap smear is a good screening test that has the possibility of preventing about 90% of cervical squamous cell cancer in women who are regularly screened. However, by the very nature of the test in its current form, there will be some women who develop invasive cervical cancer despite having regular Pap smears, and despite the reporting of those smears by laboratories that are performing at a standard of world's best practice.

## 1997-98 Activity (contd)

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Some of these women will have invasive adenocarcinoma, a cancer of glandular epithelium of the endocervical canal, which by its location is much more difficult to prevent. A few will have the entity of rapid onset cancer which may develop and grow in a much more rapid time frame than the more usual tumour types.

Some of these women will have a smear containing abnormal cells which are either not detected or are misinterpreted by the reporting laboratory. Some will fail to receive their report or experience failure of subsequent management. However each year in Australia approximately 1000 cancers will be prevented by the program.

VCS has a commitment to strive for continuous quality improvement and at the same time is putting in place educational initiatives for health care practitioners and women to make it clear that the Pap smear is a test which identifies among a population of apparently well women those who probably have significant disease and those who probably do not.

As indicated previously, during the past four years, three pathologists have been contracted to the Mercy Hospital for Women and RWH for a small number of regular histopathology sessions. Although this in the short term may have aggravated the shortage of cytopathologists for routine duties, the long term benefit of making VCS a more desirable workplace, with the possibility of retaining and even developing broader relevant skills makes this a necessary sacrifice. The intention to expand this initiative further and to use the funds generated by such contracting to create a larger work force with an increased scope of duties, alluded to in the previous Annual Reports, continues with the presence of a senior cytopathologist from RWH to add experience and flexibility to the VCS workforce.

Repeated attempts to recruit full time experienced cytopathologists, within the existing duty structure of VCS, have in past years rarely proved completely successful. During the past year, two such persons have joined the VCS staff, but unfortunately, as is often the case, another pathologist who for two years has been trained within VCS, has moved to a senior position in a major teaching hospital, where task diversity is much greater than VCS can achieve. It is necessary now to anticipate the retirement of the Director, Dr Gabriele Medley within the next two years, and ensure that there is in place a logical successor to this position. The maintenance of credibility of a scientific facility such as VCS would dictate that this should preferably be an experienced pathologist with well developed leadership skills, and recruitment initiatives are currently in place to further this process.

VCS continues to report all public cervical cytology for RWH, Western Hospital, Box Hill Hospital, Goulburn Valley Hospital and the Royal Melbourne Hospital. There is currently negotiation with some other centres to assume, as has been done with Wimmera Pathology, their gynaecological and non-gynaecological commitments. Unfortunately the latter, which would provide a much needed diversification of workload for the screening workforce of VCS, is almost invariably retained by hospitals.

## **1997-98 Activity (contd)**

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VCS reported 277,234 gynaecological smears during the 1997-98 year. Training of new scientists has again proceeded throughout the year, but has, in the short term, created an extra stress on the senior staff. However the recent restructuring of some private laboratories has resulted in the recruitment of several experienced scientists to VCS and shortly an experienced American scientist will join the staff. In addition a scientist from New Zealand has been seconded from his place of work to obtain further experience which will enable him to assume a senior leadership role in his laboratory.

Initiatives to improve communication with practitioners, to assist risk minimisation measures and most importantly to improve the quality of service offered to women continue to be a focus of our endeavours. As detailed previously VCS initiated the provision of an additional section at the bottom of the report form which gives a brief summary of the report, which the requesting practitioner can tear off and send to the woman. It has space for the practitioner to add specific comments relevant to the woman, such as an instruction to telephone for an appointment to discuss a report, if abnormal, or to attend for a repeat smear in two years if normal. There has been a very positive reaction from practitioners to this innovation and a number of modifications have been made in response to useful suggestions from the VCS practitioner base, leading to an increased uptake of this facility.

The addition to the request form that would be retained by the practitioner to act, like a cheque book butt, as a reminder of all women who had been tested has been taken up by practitioners. This enables a hard copy verification to be made of each smear taken, to ascertain that a report had been received and the woman notified of the result, a further step toward ensuring the safety of a system which may otherwise be difficult to monitor. The recent judgment of a South Australian court (*Kite v Malycha*, 10 June 1998) has once again drawn attention to the importance of ensuring that the results of all tests undertaken are communicated to patients in timely manner. VCS is most grateful to practitioners who offer suggestions which have the potential to improve the care of screened women.

During the past few years there have been a number of developments in relation to new technology in two broad areas relevant to the prevention of cervical cancer. The first is to provide automated and semi-automated rescreening of conventional Pap smears. The second is to utilise the cervical sample for machine made monolayer cell preparations which have stated advantages over the conventional Pap smear in both the yield and preservation of cells that have been harvested from the cervix, and the ease of screening.

These technologies have been developed in the United States, and several of them have been granted approval by the U.S. Food and Drug Administration (FDA) for a tightly specified role in sample collection, and in the laboratory reporting of cervical cells.



Since early in 1997 both the ThinPrep liquid based monolayer sample methodology and PAPNET assisted rescreening of conventional smears have been offered by VCS as optional additional tests which may be requested by women or practitioners. Whilst reporting of conventional smears of course remains free to women, a charge is made for these additional tests, this charge is not rebateable by Medicare. VCS does not actively promote such tests but, by provision of information leaflets for women and practitioners, seeks to provide a balanced view of the costs and benefits of the technologies, with updates on the evolving body of knowledge in this field. There has been a gradual increase in the uptake of these tests and the statistical evaluation within VCS is made available from time to time in the Newsletter to practitioners.

During the past year an increasing commitment of time and energy of the senior staff has been devoted to the planning and development of the new Cytology Information System which is central to the function of the organisation. The current system, commissioned in 1984 and implemented early in 1985 has been a robust and reliable one. Initially designed to handle the receipt and reporting of Pap smears, it has been expanded to service the complex data needs of an epidemiology unit, and in 1989 the programs to implement the Victorian Cervical Cytology Registry were added. In 1994 the existing software was transported onto new Unix based hardware, and in the past year modem access for several external laboratories to the VCCR has been added. However, rapid development in information technology, some of which has the potential to improve the efficiency of the VCS workplace dictates that an entirely new software and hardware solution is appropriate.

The documentation of the new project was submitted to Tender and the contract with the successful tenderer signed by the Executive of the Board of Management of VCS towards the end of 1997.

The complex and time consuming process of functional specification, with further time detailing of the many individual functions within VCS, including the Victorian Cervical Cytology Registry, has occupied both the working and leisure time of a dedicated team of staff members during 1998.

Funding of the Project, totaling \$1 million, received the approval of the Parliament in the State Budget on 21 April 1998, a successful culmination of many months of careful documentation and assessment with the joint efforts of senior officers of the Public Health Branch of the Department of Human Services and management of VCS.

## **1997-98 Activity (contd)**

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In the months to come the major workplace modifications resulting from the adoption of new technology which will be utilised will provide a major intellectual and psychological challenge to the human resources of the organisation. It is anticipated that the project will be completed at the end of 1998.

VCS has over the past two years developed a histopathology service, and an increasing number of practitioners refer cervical biopsies for processing and reporting, a logical extension of the predictive nature of cytology to the diagnostic facility of biopsy reporting. This has proven to be a successful initiative and it is intended that the service will be extended to receive a wider range of samples. The pathologists of VCS enjoy the diversification provided by this activity and it enables the scientific staff also to benefit from the ready availability of histological sections for correlation with smears at multihead microscope teaching sessions often including clinicians, which form an important part of the VCS continuing education program.

Triennial inspection in May 1997 by the National Association of Testing Authorities achieved a fault-free inspection. It was with much pleasure that senior management received the verbal and early in the current financial year, a written high commendation of the assessors who stated that they considered VCS to be a model of the standard to which laboratories in Australia should look and aspire.

VCS has also achieved a very satisfactory outcome on submitted data to the RCPA Quality Assurance Program on Performance Standards for Laboratories Reporting Cervical Cytology. Performance by VCS in the regular tests of the RCPA Quality Assurance Program in Cytopathology and Histopathology has also once again been of an excellent standard in this year.

On 24 July 1997 members of the Women's and Children's Network Board of Directors visited VCS and enjoyed a tour of the facility culminating in a multihead microscope tutorial on the features of the Papanicolaou smear.

Several groups of community health workers including a group of Aboriginal Hospital Liaison Officers also visited VCS for a similar tour. Such visits including an opportunity for question and comment time, are encouraged to broaden the base of community knowledge and understanding of the principles and implementation of the Cervical Screening Program in Victoria.

## **Board of Management**

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During this year there have been two resignations from the Board of Management. Mrs Katharina Dimtscheff who had been a member since 1991 unfortunately resigned due to time constraints imposed by her professional commitments. We are grateful for the time and legal expertise she has given to the Board in past years. Professor Robert Burton replaced Dr Nigel Gray as a Board Member at the end of 1996. Unfortunately he has found that his many commitments as Director of the Anti-Cancer Council of Victoria preclude his continued membership. VCS is very grateful for the time and energy that Professor Burton was able to commit to the Board. He is sincerely thanked for his contribution.

In October 1997 the Minister for Health approved the appointment of two new Board Members. Ms Janice Carpenter is a Financial Advisor with experience in financial planning and training in related areas. Ms Kate O'Brien is a Management Consultant with particular expertise in quality assurance, information technology and customer service.

At the Annual General Meeting of VCS in September 1997 following the resignation of Ms Dorothy Reading as Chairperson, Professor Michael Quinn was appointed Chairman of the Board. Mrs Mary Murdoch was appointed Vice-Chairperson and Mrs Kerry Bradley was re-appointed as Honorary Treasurer. Ms Reading has occupied the Chair since February 1990 and has made a very large contribution to the Service both in this capacity and as an ever available wise resource on many specific issues.

The management and staff continue to be grateful for the generosity of Board Members in making themselves available both for meetings and for consultation when there is a specific need of individual expertise. At a time when public sector facilities such as VCS are implementing their commitment to high quality competitive service that is necessary for survival, the opportunity to have access to such a body of expertise is invaluable.

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### **Board Members**

Professor Michael Quinn (Chairman)  
Dr Elisabeth Banks  
Ms Kerry Bradley (Honorary Treasurer)  
Ms Janice Carpenter  
Ms Rosie Cummings  
Dr Sonia Grover

Mrs Mary Murdoch (Vice Chairman)  
Ms Kate O'Brien  
Ms Dorothy Reading  
Dr Michael Sedgley  
Dr Julia Shelley

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Membership of the Board of Management of VCS is an honorary appointment.

The Rules of Incorporation of VCS do not require Members of the Board of Management to lodge declarations of pecuniary interest.

## Senior Officers of Victorian Cytology Service Incorporated

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### **Director and Public Officer**

Gabriele Medley  
MB, BS, FRCPA, FIAC

### **Deputy Director, Epidemiologist, Medical Director of VCCR and VBR**

Heather Mitchell,  
MB, BS, MD, MSc, FRACP, FAFPHM

### **Business Manager**

Brian Salter

### **Pathologists**

Valerie Maru Surtees  
BSc, MB, ChB, PhD, FRCPA  
Jan Margaret Pyman MB, BS, FRCPA  
Prudence Elizabeth Allan MB, BS, FRCPA  
Huw Llewellyn (until July 1997)  
MB, BS, BSc, FRCPA, FRCS  
Frances Petry MB, BS, BMedSci, FRCPA  
Henry Yeung MB, BS, FRCPA

### **Trainee Cytopathologist**

John Dooley MB, BS, FRCPA  
(from January 1998)

Marek Havlat (until January 1998)  
MB, BS, BMedSci, FRCPA, Dip RCPATH

### **Sessional Pathologist**

Nick Mulvany MB, BCh, BAO, DCP,  
FRCPA, FIAC

### **Liaison Physician**

Stella Heley MB, BS, Dip Ven, FACVen

### **Chief Scientist**

Linda Brown BAppSc, HNC (MLS),  
CT(ASC), CT(IAC)

### **Coordinator of VCCR and VBR**

Vicky Higgins MRA

### **Teaching Coordinator**

Debbie Reich  
BAppSc, CT(ASC), CT(IAC) Grad Dip Ed

### **Office Services Coordinator**

Susie Cox BAppSc

### **Personnel Officer**

Yvonne Sheppard

Cytopathologists remain scarce both in Australia and overseas. VCS has been fortunate once again to receive funds from the Victorian Cervical Cancer Screening Program to employ another trainee cytopathologist, Dr John Dooley, who commenced duties in January 1998. Regrettably Dr Llewellyn, who was trained within VCS left to commence duties as a staff pathologist at the Alfred Hospital in July 1997. He was unable to be replaced until January 1998 when Dr Henry Yeung, previously a cytopathologist in private practice in Hong Kong, took up a full-time appointment. Dr Frances Petry previously in private practice in Victoria took up a part-time appointment in February this year.

The position of Liaison Physician with VCS, held since its inception by Dr Stella Heley, has once again been funded by the Victorian Cervical Cancer Screening Program. Dr Heley has the responsibility of visiting practitioners to discuss issues surrounding their utilisation of the program, to assist in further development of sampling skills, and to familiarise them with VCS reporting, follow-up, and other new initiatives as they occur. In particular there continues to be considerable interest and uncertainty amongst referring practitioners surrounding the issue of the new technologies for Pap smear reporting. Dr Heley joins with the Director and senior medical staff in being available for consultation on these and other matters of concern. This is a most important function in the task of maintaining a responsive, user-friendly Pap smear reporting service in a highly competitive market.

## Diagnostic Activities

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The number of Papanicolaou tests received during the year was 277,234. The monthly totals were:

|           | 1997  |          | 1998  |
|-----------|-------|----------|-------|
| July      | 22599 | January  | 19786 |
| August    | 21575 | February | 24797 |
| September | 22006 | March    | 24221 |
| October   | 24851 | April    | 21546 |
| November  | 21757 | May      | 26140 |
| December  | 20805 | June     | 27151 |

301 non-gynaecological cytology specimens were processed. These included urine samples, bronchial brushings and washings, and fine needle aspirates of lesions for diagnosis, in particular breast aspirates for early detection of abnormalities. It is important to continue to attract samples representative of this other aspect of cytological detection. The lack of such experience has been one of the main reasons that experienced cytologists move to private laboratories which report a much higher percentage of such samples.

444 histology specimens were processed. The majority of these specimens were cervical biopsies from a small number of colposcopists working in Metropolitan Melbourne. VCS is expanding this service gradually within the constraints of staff resources, as this will enhance its reputation as a highly specialised gynaecological pathology service provider.

In this financial year there have been 5737 PAPNET and 9158 ThinPrep adjunct tests requested. Although VCS offers these tests there has not been active promotion, and it is of interest that women and their practitioners have elected to take them up in increasing numbers.

## **Financial Activities**

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These are considered in the attached papers.

In this financial year the target for base funding was set at 275,000 smears. This estimate was based on the previous year's total of 270,368. There was an expectation that there may be a small increase in smear numbers, but that anticipated greater compliance with the two yearly screening policy would restrict the size of such an increase.

The Budget for the financial year was approved in early December and the Service is grateful for the continuing excellent relationship with relevant staff of both the State and Commonwealth funding agencies.

VCS has worked hard to operate within its agreed budget, and the cooperation of staff to introduce greater flexibility to the workplace has permitted a responsive management of the rather unpredictable fluctuation in workload.

The provision of funds from the Victorian Cervical Cancer Screening Program has enabled important training and quality assurance initiatives, unachievable within the base funding, to be implemented. This has enabled the organisation to continue its pivotal role in the Victorian Cervical Screening Program.

## Space and Equipment

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In a continuing quest for technology which may improve the quality of Pap smear reporting, the *Pathfinder® Cytology System* as described in the previous annual report continued to operate on six microscopes within VCS. Marketed by an American company, NeoPath Inc, the technology monitors the actual screening coverage on each slide, identifying the areas screened and not screened, the areas selected for special examination and the time taken. This data may be visualised by the screener on a computer screen, in real time during the process, or at the end of the slide screening. The networked system also records and sorts the data providing a computer generated comprehensive quality assurance report, identifying workload and performance trends. The technology will continue to be utilised for primary training and continuing education within the Service. The *Pathfinder® Cytology System* is helpful in identifying some slides with a higher than usual probability of receiving a false negative report.

During the year there has been a serious stress on the availability of space within the organisation. The presence on-site of the team which is developing the new Cytology Information System has necessitated extensive rearrangement of staff within the existing finite resources.

During this year, after many years of testing a number of prototypes, VCS purchased a machine which applies the coverslip to the glass slide after staining. Purchase of a new staining machine (which stains 300,000 slides each year) completed an integrated state-of-the-art unit for the preparation of conventional Pap smears.

In the climate of rapidly evolving technology associated with the Pap test it is a challenge to anticipate the direction of such developments and incorporate these into the planning process.

## Staff

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The staff is the most important resource of the Service and this year has seen a number of significant changes in workplace strategy and structure particularly in the clerical and support areas. In early 1998 the Office Services Coordinator, Ms Susie Cox was appointed. Susie has a background in medical record administration.

Smear numbers have increased slightly and there has been continuing emphasis on the quality assurance program, so important in risk minimisation

As stated elsewhere in this report, the process of business re-engineering begun in 1996/97 in preparation for design and implementation of the new information technology system has escalated. Such a venture must be careful to utilise optimisation of existing human resources as well as investing in appropriate new technology. Input to the process by staff at all levels is vital to a successful outcome. Change in the workplace has the potential to be threatening, and it will be a challenge to the whole community of VCS to negotiate the next half year in a spirit of optimism and commitment to a common goal.

PAPNET assisted screening and ThinPrep adjunct sample preparation have been associated with modification of the existing information technology system to introduce scientific staff to direct-to-screen reporting for these tests. This has been a useful precursor to the conversion of all result entry to this form in the new system. The very extensive change in work practices, of which this is but one, will necessitate major staff structure modification over the next half year, which will be a testing time for all staff. It is anticipated that gains in accuracy and efficiency associated with the new IT system will more than justify the cost in money and energy that will be required.

New technology and self funding initiatives such as the histopathology service, and contracting senior staff to other institutions, are initiatives which have improved the quality and diversity of scientific activity. It is incumbent on all who operate in the public sector of health care to recognise that there is an imperative to achieve the conventional standards of **quantity** of service such as speed of service delivery, advertised by the private sector. However this is not enough. To retain and further develop the credibility of public funded health care delivery in the important functions of training, monitoring, advising and rational research planning, the **quality** of performance must be continually measured and improved. VCS continues to be committed to such a leadership role.



## **Training and Education**

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### **Cytopathologists - Internal Initiatives**

The internal program of continuing staff education centres around four main areas:

1. Consistency of reporting of abnormalities.
2. Correlation of cytological prediction with subsequent histological diagnosis of cervical lesions.
3. Productivity in relation to reporting of smears.
4. Maintaining and improving relationships with consumers including telephone and face to face presentation.

Regular meetings and review of cases at the multi-head microscope are an ongoing element of the quality assurance process. Follow-up of smears received is correlated with cytology predictions and returned for review to scientists and cytopathologists. Elements of inconsistency not available in the pursuit of a subjective discipline such as cytology are discussed and addressed by quality assurance test sets followed by multihead microscope consensus discussions. Biopsy material kindly lent by other pathology laboratories enables staff to review the biopsy and smears together. Pathologists are encouraged to meet with peers from other laboratories to exchange information. Attendance and participation in meetings of learned societies is encouraged.

Regular sessions with the pathologists and members of the oncology unit staff from RWH are held at the multihead microscope. Clinico-pathological correlation of cytology with biopsy specimens form the basis of clinical decision making to optimise future management of women who may pose problems.

### **External Initiatives**

The annual in-depth practical two week course for pathologists wishing to report cytology was held in July 1997. The course as usual was over-subscribed, largely due to recommendation from previous participants. The course, designed and coordinated by Associate Professor Valerie Surtees is self funding and utilises the extensive teaching resources of VCS and external lecturers who contribute in areas of their individual expertise. It will not be held in 1998 due to the constraints of time and space imposed by the process of development of the new information technology system, but applications for 1999 are already listed.

VCS pathologists take part in the Quality Assurance Protocols of the Royal College of Pathologists of Australasia and the American Society of Clinical Pathologists in both histopathology and cytopathology.

## **Training and Education (contd)**

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The senior medical staff of VCS now also take part in the undergraduate teaching of Pathology in the Medical Course of the University of Melbourne and the Public Health teaching of Monash University. There is continuing participation in educational activities of the RCGPA, Family Planning Victoria, the College of Venereologists, the continuing education programs of the Anti-Cancer Council of Victoria and other bodies involved in continuing education of medical and nursing practitioners. There is also a commitment to initiatives to inform women in the Victorian community of the value and limitations of screening programs.

The Director, Dr Gabriele Medley, has over the past three to four years played an active role in the Royal College of Pathologists of Australasia development and implementation of a post graduate diploma in cytopathology. This initiative will permit identification of a new generation of pathologists who have been specifically trained and have demonstrated competency in the discipline of cytopathology, a further step in the purposeful upgrading of the quality of service in this important element of a successful cervical cancer prevention program.

Medical students attached to the Royal Women's Hospital are all offered the opportunity to view the working operations of VCS. A Senior Cytopathologist provides, on a weekly basis, a guided tour which follows the path of a Pap smear through the laboratory. The session concludes with a short session at the multihead microscope.

### **Scientists - Internal Initiatives**

The internal program continues to have three elements, viz:

The training of scientists as screeners of cervical smears continues to be funded by the Health Development Infrastructure Unit of the Department of Human Services. As stated previously in this report, there are five trainees who have been recruited and are currently being trained on a six month contract.

The in-service continuing staff education is designed to communicate scientific advances to staff, and to ensure that there is feedback and remedial education as a result of data generated by the computer in the areas of diagnosis and productivity of screeners. The *Pathfinder*® technology described earlier in this report, has been a most interesting tool both for self monitoring and assessment of scientists who have been screening for some years, and in the early training of new recruits. Scientists who join VCS from other screening laboratories or return after maternity leave undergo a period of retraining prior to achieving authority to report smears.

The comprehensive internal quality control protocols which have been established within VCS continue to operate. Participation by the scientists in the Cytopathology Quality Assurance Protocols of the Royal Australian College of Pathologists, has again yielded excellent results.

## **Training and Education (contd)**

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### **External Initiatives**

Once again four VCS scientists have been preparing for the examination for the CT(ASC) - the certificate of competence issued to successful candidates by the Australian Society of Cytology. It has been VCS policy to encourage all scientists to present for this examination as soon as they have fulfilled the specified criteria of experience, and VCS staff have in past years performed extremely well in these examinations.

Scientists are encouraged to attend and participate in meetings of learned societies such as the regular local workshops of the Victorian Branch of the Australian Society of Cytology. Reference material is available and facilities provided for photography and preparation of presentations. Financial support for registration expenses for participants in interstate scientific meetings is offered.

The external program of teaching cytology as a component of the Bachelor of Applied Science (Medical Laboratory Science) at RMIT continues. The Director has been a member of the Advisory Committee for this course and has now been replaced by Associate Professor Valerie Surtees. It is considered that this is an important initiative by which VCS has continuing input into the recruitment and training of cytologists statewide and thus has a significant role in the setting and maintenance of cytology standards.

The annual two-week course in gynaecological cytopathology for scientists, similar to the course for cytopathologists was also canceled for 1998 but will be re-instituted in 1999. This initiative is self-funding and provides an opportunity for exchange of information with staff from other centres as well as a challenge to teaching skills.

## **Victorian BreastScreen Registry**

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Victorian Cytology Service continued in 1997/98 to operate this Registry under contract to the Victorian BreastScreen Coordination Unit.

The BreastScreen Registry is now well-established and in a mature state. It operates with approximately 14 EFT of staff, although as most of the telephonists work part-time, the actual number of staff employed is in excess of 20.

More than 235,000 telephone calls from women seeking appointments or information about BreastScreen were handled during the year. 70,000 of these calls were from country Victoria, this number comprising 30% of all calls received. Calls from country Victoria are made for the cost of a local call via the 13 2050 phone number which applies across Australia. The appointment phone line is open from 8.30 am to 5 pm, Monday to Friday. Extending the hours of operation has not proved effective as it appears most women telephone during daytime hours.

Appointments were made for 162,600 women to attend for screening. Women are booked for screening at the site which is most convenient to them. Screening is offered through 30 fixed clinics, six clinics from a mobile van, and two clinics from a relocatable x-ray machine.

The BreastScreen Registry posted 313,000 items of mail during the year. This number comprised 134,000 letters providing women with written confirmation of their appointment, 125,000 routine reminder letters to women who were due for rescreening (generally around two years from their previous attendance), 15,000 second reminder letters to women who had not responded to the first routine reminder letter, and 39,000 invitation letters to women who were apparently unscreened. This latter group is identified by matching the electoral lists against the BreastScreen Registry database. The electoral lists are made available to BreastScreen under a formal arrangement with the Victorian Electoral Commission.

In August 1997, a poster displaying the results of BreastScreen in Victoria was presented at the First National Breast Screening Conference which was held in Canberra. This was a very large conference with excellent representation from around Australia and internationally. Dr Mitchell presented an invited paper on the topic 'Participation rates and interval cancers. What do they tell us about mortality effects?'

The Annual Statistical Report for the 1996 calendar year was published in December 1997. This was a quality production with the text and tables being provided by the Registry and the Coordination Unit providing the layout and the printing. As in previous years, the Annual Statistical Report has been very well received with many compliments being received.

## **Victorian BreastScreen Registry (contd)**

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During 1997/98, the performance of the four staff members who support the Information System was excellent. The range of work done was substantial with major projects involving

- redesign of the computer system in relation to the storage of information about assessment;
- file extraction and resolution of cases to allow identification of interval cancers;
- development and release of 18 Accreditation reports for Services.
- automation of letter processing and mail merging at both the Registry and the eight networked Services using macro and push buttons;
- introduction of a fully automated and end-user operated data-audit system;
- a re-write of the overnight indexing program which together with new hardware has allowed the time for this task to be reduced from 7 hours to 40 minutes;
- set-up of Internet facilities for Registry and BreastScreen Coordination Unit and email access for senior Registry staff;
- updated modem exchange including the implementation of On Ramp technology at the Registry and all Services, automatic sending and receiving of files between the Registry and Services at increased speed, and automatic notification of any security breach from Services to Registry Information Technology staff;
- instituting a workplan to deal with the Year 2000 issue across the computer system of the Registry and the eight networked Services.

In addition to the above, sixty data requests were handled during the year and many software programs and items of hardware were upgraded.

Finally it is appropriate to express sincere thanks to each member of staff of the BreastScreen Registry, all of whom performed admirably during the year and without whom the Registry could not function. The performance of the Coordinator, Ms Vicky Higgins was outstanding. Thanks are also expressed to Victorian Cytology Service for assistance through the year, particularly the Business Manager Mr Brian Salter, the Personnel Officer Ms Yvonne Sheppard and the Accountant, Mr Chris Platford.

## **Publications from VCS during 1997/98**

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**Mitchell H, Medley G**

**Differences between false negative and true positive Pap smears on Papnet-assisted review**

**Diagnostic Cytopath Accepted for publication**

**Mitchell H, Medley G**

**Notification of Pap smear results - A Victorian survey**

**Aust Family Physician 1998;27 (Suppl 1):S7-S10**

**Mitchell H, Medley G**

**Detection of unsuspected abnormalities by PAPNET assisted review**

**Acta Cytologica 1998;42:260-264**

**Mitchell H, Medley G**

**Detection of laboratory false negative smears by the PAPNET cytologic screening system**

**Acta Cytologica 1998;42:265-270**



## Other Activities

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During this year both the Director, Dr Gabriele Medley and the Deputy Director, Dr Heather Mitchell have continued to participate in activities associated with the national screening program in both professional development and community education.

In April 1998, Dr Mitchell was appointed Chair of the National Advisory Committee of the National Cervical Screening Program, an appointment which reflects the important role that she has played since the beginning of the Program.

Dr Medley continues to be spokesperson for PapScreen Victoria and also continues to be an Examiner for the Diploma of Cytopathology Examination of the Royal College of Pathologists of Australasia. She was also appointed to the NPAAC Subcommittee to Review the Requirements for Gynaecological Cervical Cytology.

In addition to lectures for Melbourne University, Royal Melbourne Institute of Technology and The Royal Women's Hospital, Dr Medley presented the following talks or participated in the following initiatives during 1997/98.

- ◆ September 1997 Invited Lecturer, *Cervical Cytology*, Nurse Practitioners, Sexual and Reproductive health Part II, Family Planning Victorian Inc.
- ◆ November 1997 Invited Speaker, *Update on Breast and Cervical Screening* St Vincent's Hospital.
- ◆ March 1998 Invited Speaker BLEC Medico-Legal Conference, Melbourne.
- ◆ March 1998 *Member of IAC Committee* deliberating to update the 1984 IAC Guidelines, 5th International Conference on Computerised Cytology & Histology Laboratory, Chicago.
- ◆ March 1998 *ThinPrep Training Course for Cytopathologists*, Cytyc Corporation, Boxwood, Massachusetts.
- ◆ May 1998 Invited Speaker, *Know Well - an Update of Breast and Cervical Cancer*, The Royal Women's Hospital

Dr Medley is a member of the following committees.

- ◆ Board of Management, Prince Henry's Institute of Medical Research.
- ◆ Australian Health Technology Advisory Committee (AHTAC) Working Party on Automated and Semi-Automated Screening Devices.
- ◆ Evolving Technologies Committee of the International Academy of Cytology
- ◆ The Royal Women's Hospital Ethics Committee
- ◆ General & Long Range Planning
- ◆ Committee of the International Academy of Cytology
- ◆ Advisory Committee for PapScreen Victoria
- ◆ Executive Committee of the Medico-legal Society of Victoria
- ◆ Executive Committee of the Australian Society of Colposcopy and Cervical Pathology
- ◆ NPAAC Subcommittee to Review the Requirements for Gynaecological Cervical Cytology

## Other Activities (contd)

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Apart from teaching activities within Melbourne, Dr Mitchell presented the following talks or participated in the following panels during the year:

August 1997 *Participation rates and interval cancers. What do they tell us about mortality effects?* First National Breast Screening Conference, Canberra.

September 1997 Invited speaker to Cervical Screening Planning Conference, Malaysia.

September 1997 Guest speaker in Northern Territory for PapScreen Awareness Month.

September 1997 *Guidelines, probabilities and the usual case.* Forum on the Legal Implications of Clinical Practice Guidelines, Sydney.

October 1997 *Performance measures in gynaecological cytology.* Australian Society of Cytology, 27th Annual Scientific Meeting, Canberra.

Dr Mitchell was also a member of the following committees:

- ◆ National Strategies Coordination Committee, National Public Health Partnership.
- ◆ Chair, National Advisory Committee, National Cervical Screening Program
- ◆ New Technologies Working Group, National Cervical Screening Program.
- ◆ Policy and Cost Effectiveness Working Group, National Cervical Screening Program
- ◆ National Screening Information Advisory Group, Australian Institute of Health & Welfare.
- ◆ Monitoring Working Group, National Breast Cancer Centre.
- ◆ Executive Committee, Australian NHMRC Twin Registry.
- ◆ National Advisory Committee for Preventing Cancer of the Cervix, Department of Human Services & Health.
- ◆ National Advisory Group, CAMEO-B Project.

Associate Professor Valerie Surtees has continued to take an active role in the planning strategy of the Medical Laboratory Science Program of the Royal Melbourne Institute of Technology, further strengthening the bonds between this institution and VCS. By membership on committees of professional bodies, VCS senior staff have the opportunity to develop communication channels between the various disciplines involved in cancer prevention.

The pathologists of VCS now take weekly tutorials for medical students in the Department of Pathology and the Department of Obstetrics & Gynaecology of Melbourne University. This has benefits for VCS including access to the excellent library facility of the University, and communication with the academic staff of the Department.



## **Conclusion**

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The Victorian Cytology Service has completed another year in which the ability to change, both within the organisation and in the broader context of the community, has been of paramount importance. It has done so with the support of the Health Development Infrastructure Unit of the Department of Human Services, and the referring base of practitioners who send smears to VCS.

Responsiveness to the requirements of both these sectors and even more importantly, of the women of Victoria, must be an ongoing commitment so that the organisation will be able to fulfill its role as a provider of quality care at a competitive price across a range of preventive health services to the community.

Maintenance of the Victorian Cervical Cytology Registry and the Victorian BreastScreen Registry, and more recently the implementation of new educational and service initiatives are tangible evidence of the policy of utilising core competencies to compete not only for market share, but also opportunity share in the changing field of health care delivery.