

## The AACB in the Future - Workforce Issues

(T Badrick & T Prior. Clinical Biochemist Newsletter, 171, Sept 2008)

Workforce issues have become a concern to many of us lately. Those of us who have an organisational role in recruitment or retention see the difficulty in finding new staff, particularly in certain geographical or skilled areas. But these problems in finding staff are not restricted to medical laboratories. The media have run a series of stories on current or pending shortages in many professions and employment categories ranging from general practitioners to rural workers. We are warned of future shortages of key groups and the potential economic effects of these. Again however, these labour market problems are not just a problem in the Australian economy. There have been many articles describing the acute and ongoing problems with finding suitable staff for American, Canadian and British laboratories<sup>1</sup>.

Because these common problems are being described in many skill areas and in many different Western countries, it is likely that the causes are common and relate to changes in aspirations and educational opportunities in these countries. A shift away from manufacturing to service based industries, greater educational access, increased proportion of female and casual employees in the workforce, baby boomer expectations and different work-life balance requirements of younger workers all have some causative impact on current situation. In laboratories, there have also been the impacts of greater automation, centralisation, cost constraints and perhaps increased use of point of care testing have also impacted on our sector.

The outcome of all of these environmental and technical inputs is that our current workforce is not sustainable. The average age of the workforce is increasing and it is becoming almost impossible to attract staff to shift or remote work. There are fewer people entering science degrees, and those that do are not attracted to medical science because of the relatively low pay, unsociable hours and poor professional and community recognition. Perhaps more concerning, is that, if Australia reflects what is happening in the USA, then the current situation may get rapidly worse<sup>2</sup>.

Centralised workforce planning for Australian medical scientists appears to be almost non-existent. There are no data on the numbers of medical scientists working in laboratories, their ages, gender, roles, and career plans. Indeed, there is no actual definition as to what a 'medical' scientist is!

It is against this background that the **AACB Workforce Committee** was created to investigate some of the more tractable problems and help formulate answers to ensure the community will have continuing access to high quality laboratory services into the future. There are many inter-related facets of work force planning, quality, interactions with other societies and the future of the AACB. Thus, early on in the life of the Committee it was decided that we should take a leading role in workforce issues within our broad profession and catalyse action amongst other Associations.

On the broad agenda for the **Committee** are the following issues.

### 1. Competency Based Standards (CBS)

In 1993 a broad steering group were created to produce a set of competency standards to be used to assess overseas trained medical scientists to ensure that they met the broad

Australian standard. These CBS are quite general and generic for medical scientists – see appendix.

With the implementation of ISO 15189, there is now a requirement to have regular competency assessments of staff and so these 1993 CBSs have a new life. The Committee are reviewing these standards with a view to them being adopted by NPAAC. It is important that all medical scientists are aware of these standards and their potential use as a tool linked to ISO 15189. There are useful and relevant discussions in the UK and US concerning competency, and I would commend readers to see this material<sup>3,4</sup>.

## 2. Workforce Survey

Currently there are no workforce statistics for medical laboratory staff. The Quality Use of Pathology Committee and the Department of Health and Ageing have agreed to produce a workforce survey to identify numbers of people working in Australian medical laboratories, their age, gender, role, location, duties and planned futures. This key data will allow the government and the professions to plan in a constructive and informed way how to ensure continuity of service.

## 3. Career Planning

What a junior medical scientist entering the profession can expect as far as a long term career is unknown. There is no defined career path and no correlation between the attainment of professional or further academic qualifications and improved salary or status. The Australian situation is in marked contrast to the system in the UK<sup>4</sup>.

## 4. Registration

Registration of medical scientists is a difficult and long running issue which will be considered by the workforce group.

## **5. Working with other Professional Associations**

There have been two meetings already with representatives of ASM and AIMS to discuss all the issues above. The AACB have also been in close communication with the RCPA and the Pathology Associations Committee about our work to date. It is anticipated that a workforce meeting will be held in Adelaide with representatives of AIMS, ASM, HGSA, ANZSBT, ASCIA, and the ASC to further discuss all the items above.

The **AACB Workforce Committee** will conduct workshops/seminars at future Annual Scientific Conferences as well occasional CBN articles to keep the membership informed of its activities.

## **Appendix**

### Competency Based Standards

UNIT 1: Prepare and analyse biological material

UNIT 2: Correlate, validate and interpret results of investigations using clinical information

UNIT 3: Report and issue laboratory results

UNIT 4: Maintain documentation, equipment and stock

UNIT 5: Maintain and promote safe working practices

UNIT 6: Liaise with health workers and others to continuously improve the service

UNIT 7: Participate in education and training of health workers and others

UNIT 8: Participate in research and development activities

UNIT 9: Demonstrate continuing professional development

UNIT 10: Demonstrate professional accountability for Medical Scientists practice

## References

1. Medical Scientists: Is there a future for them and their associations? T Badrick Aust J Med Sc 28(1);3-14; 2007.
2. Perceptions regarding the clinical laboratory profession and professionals. K McClure Clin Lead Man Rev 22(3); E1-12: 2008.
3. Practice levels and educational needs for clinical laboratory personnel. SJ Beck, MF Briden and PL Epner Clin Lab Sc 21(2); 68-73: 2008.
4. <http://www.dh.gov.uk/en/Publicationsandstatistics/Bulletins/Chiefscientificofficerbulletin/index.htm> – accessed 14 July 2008