



**Professionals
Australia**

SA Pathology Proposed Operational Configuration and Workforce Model

Professionals Australia Submission



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Our Position

Medical science capability is at the core of an efficient, functioning healthcare system. Pathology is currently utilised in 70% of medical treatment decisions, and 60% of Australians will require pathology services at least once a year. When medical science is properly resourced, treatment is more effective, hospital stays are reduced and repeat presentations for care decrease. In short, properly supported medical science saves the health system money and saves lives.

The recent cuts announced at SA Pathology seriously threaten the capability of the healthcare system in general. SA Pathology is widely recognised for the highest standards of medical testing and research, providing vital services 24 hours a day, 365 days a year. The quality of service provided is integral to patient care, as doctors rely on timely, accurate results to correctly diagnose illnesses and save lives. SA Pathology has a reputation for providing an accessible, timely and accurate service. The proposed cuts to the workforce, and the proposed reduction in experienced staff will undoubtedly see the service level decline on each one of these benchmarks.

Professionals Australia's members firmly oppose the proposed cuts, which prioritise a low-cost department over a high-quality health-care system. Members are extremely concerned about the state of medical science within SA Health. Medical scientists have reported facing increasing workloads with fewer resources, compounded by recruitment freezes, poor career progression opportunities and a lack of recognition within the health sector. Disappointingly, the proposed restructuring of SA Pathology claims to address these issues by cutting staff numbers, increasing workloads per employee, reducing the number of experienced staff and eliminating career path roles.

Professionals Australia is disappointed at the lack of transparency surrounding the review. The detail and numbers involved in the initial Ernst and Young review have not been provided, and the statistics have been found to include fundamental errors.

Members are concerned that no efforts have been made to limit cuts to areas that will actually benefit from technology and system upgrades. Additionally, no care has been made to ensure that new technologies and new systems will actually result in greater efficiency, particularly as the number of experienced staff is reduced and less-experienced untrained staff increased.

Our members are very concerned that continued pressure from SA Health to pursue savings will result in degradation of South Australia's medical science capability. They report to Professionals Australia that such degradation would likely lead to even greater workloads, lengthy waits for diagnosis, longer hospital stays, poor health outcomes and increases in repeat presentations for care.

We call on SA Health and the Government of South Australia to protect our state's medical science capability, as a key economic contributor and driver, and a vital aspect of our healthcare system.

Yours sincerely,



Sarah Andrews
SA Director, Professionals Australia



Chris Walton
CEO, Professionals Australia

The review

As noted in the May 2017 consultation paper, the reorganisation and extensive job cuts at SA Pathology stem from a review carried out by Ernst and Young in 2014. The review sought to benchmark the performance of SA Pathology against the performance of similar groups in the UK and across Australia. For such a process to yield reliable results, the review would need to ensure that comparable locations were tested, and the statistics used would need to be comparable across the different organisations or locations.

Ultimately the process found that the Microbiology and Infectious Diseases (MID) directorate was 2.4 times less efficient than comparable benchmarks. However, these results were based entirely on errors in the collation of SA Pathology statistics, which negatively affects the accuracy of the entire benchmarking process.

The MID directorate have voiced their concerns in their response to the EY review, and have clearly outlined the errors in the collation of statistics, stating:

“the major distortions in benchmarking are the result of the mistaken inclusion of the small volume of labour intensive testing data from Genetics and Molecular Pathology and the failure to include high volume (HIV, hepatitis) serological testing in the MID data.”

– MID Directorate, response to EY Review

So essentially, the lack of any standardised or transparent benchmarking process has allowed the consultants to include more labour-intensive tests in the SA Pathology figure, where similar tests are not included in the benchmarks. Similarly, it has excluded the large volume, less labour-intensive tests from only the SA Pathology figures, which have boosted the efficiency of the compared benchmarks.

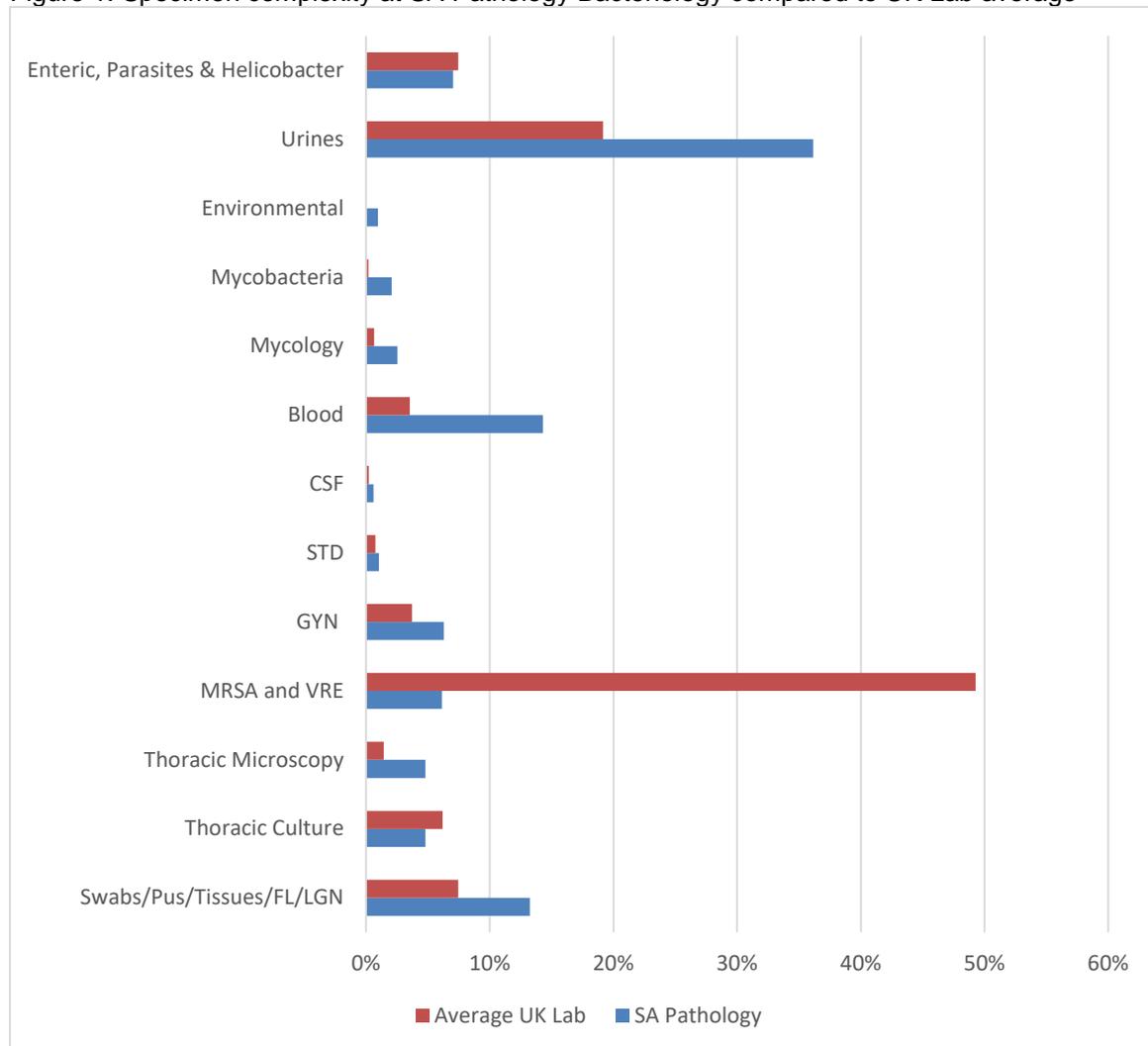
According to figures received by Professionals Australia, more than 50% of the UK lab work is MRSA, which is a screening sample, and the least complex sample for Bacteriology testing, requiring only one plate to be processed and reported on only one organism. By comparison, MRSA and VRE testing represents only 6% of testing at SA Pathology Bacteriology.

This should raise significant concerns as to the accuracy of the benchmarking process, as UK labs are very clearly not comparable to SA Pathology, and yet the benchmarking provided the foundation for the restructuring process. It is concerning that the department would continue to rely on these results, and continue the process of restructuring when there are very clear errors in the statistics underlying the process.

The May consultation paper noted the criticism of the benchmarking and suggested that “The benchmarking process was an important initial step, but is only one element of this process. This information has been used to inform, not to dictate, decision making.” However, the paper made no effort to respond to the criticisms, address the major inaccuracies, and continues to quote the findings, only a few pages earlier, stating: “SA Pathology was less productive than other pathology providers when compared against national and international benchmarks”. The review process has been predicated on the notion that there is room for improvement at SA Pathology, and the review

figures are the only evidence that has been produced to support this notion. However, the Ernst and Young figures are flawed, as is the notion that SA Pathology can continue to provide the current level of service with the proposed cuts.

Figure 1: Specimen complexity at SA Pathology Bacteriology compared to UK Lab average



Source: Member submission

Proposals

Professionals Australia’s members are very concerned that the proposals outlined for the restructuring and job cuts at SA Pathology will heavily impact service quality and patient care. Concerns have also been raised that the cuts target the wrong areas, unfairly target experienced staff, and will leave some directorates physically unable to satisfy their expected workload with allocated staffing level.

Areas targeted

If the proposed restructuring goes ahead, staff headcount will reduce across the board, resulting in a massive loss of capability and capacity across SA Pathology. The response to these issues has typically focussed on new technology and automation, and how these changes will enable greater productivity.

However, the staff reductions are not limited to areas that will benefit from new technology and systems, nor are they limited to areas with demonstrable inefficiency.

“Flinders Medical Centre has been fully automated since 1999, so the impact that EPLIS will have on the laboratory function will be minimal yet the cuts and downgrading to positions has been significant.”

– PA member, Haematology

The Food and Environmental lab is also targeted by cuts, despite no discernible benefits likely to accrue from the restructuring:

“One of the common arguments for the new proposed model for SA Health and the removal of 196.6 jobs is that moving into the future, new technologies become available to make pathology jobs easier, and requiring less of a workforce as a result. Automated lab equipment such as the Kiestra apparatus is boasted as being a large reason for this shift in workforce, since it can process samples and produce results with only minimal input from employees. Ergo, less need for workers. Also, the new RAH and its layout, is considered as centralising the pathology network and increasing efficiency and again less need for pathology staff; and lastly a new computer system (EPLIS) will supposedly streamline the labour as well.

None of these things above affect the Food lab. In fact, I could go so far to say that the Food lab has barely been considered during this process, and decision to cut 2.36 FTE from our lab. We are not getting an automated machine to do our work and compensate for the loss of 2.36 FTE. We are not moving to the new RAH where we could benefit from a centralised pathology network layout.

We will however, be getting EPLIS though, a computer system that has been optimised for medical pathology, not for the food, environmental, outbreak, and pharmaceutical samples that we process. If anything, this new EPLIS system will be laborious and detrimental to our work flow.

Despite the changes and reconfiguration of SA Health as a whole, our workload does not change at all, and yet we're facing the possibility of losing 20-25% of our workforce. It's really not acceptable.”

– PA member, Food Lab

Employees have vocally opposed the cuts to these areas, without any reasonable response, and while the consistent rhetoric around the cuts has focussed on inefficiency and new technology, the proposed job cuts do not appear to take any of this into account.

“The Food lab operates largely independently of the main micro lab. We do not use the same technologies or testing protocols. I cannot stress enough that our staff are not being replaced by a machine to achieve 'efficiency' but rather we are expected to simply do more work. This is a totally inadequate solution and this fact seems to have been totally disregarded in the formulation of the new structure. A reduction in staff, and thus a reduction in 'efficiency,' will have a direct and immediate impact on the profitability of the laboratory and will, somewhat ironically, cost SA Pathology money, rather than save it.”

– PA member, Food Lab

The introduction of the Enterprise Pathology Laboratory Information System (EPLIS) has been raised on numerous occasions as a major driver of productivity, enabling much of the proposed job cuts at SA Pathology. However, this argument was firmly debunked in a recent report by the SA Auditor General, tabled in the House of Assembly and ordered to be published, 20 June 2017. The report notes that the level of benefits and efficiencies likely to stem from the introduction of EPLIS is unclear and vague, with no clear estimations, not clear timing or plan for realisation, and no process of review to ensure savings are actually being achieved. Further, since the introduction of EPLIS at the Women’s and Children’s Hospital, data entry for each specimen takes five minutes, two minutes longer than the vague estimated time of three minutes per specimen.

“In our October 2015 Report, we noted the Program did not have a formal benefits realisation plan. A benefits realisation plan was completed and approved in June 2016.

In reviewing this plan, we noted it contains a number of tangible benefits. We identified that most of these expected benefits do not contain clear estimations of the extent of benefits and timing for realisation or planning for how they will be realised. In addition, there is no formal review process documented that includes timing for assessment to ensure benefits are on track to be realised.

The May 2015 EPLIS business case included staff savings of nine FTEs. Despite this, we were advised that consultation with key SA Pathology stakeholders identified there was minimal analysis of how these FTE savings were originally derived. In addition, the implementation of a Pathology Efficiency Programme may already include these EPLIS pathology savings. As such there may be some double counting in the EPLIS benefits realisation plan.”

Despite the lack of any credible estimation as to the efficiencies achievable through EPLIS, the scale of the job cuts has already been announced. SA Health responded to the scathing criticism by announcing it will review the benefits realisation plan by September 2017. However, the findings of this review will be difficult to rely on, as there will likely be a major push to “find” efficiencies in line with the proposed cuts.

The legitimacy of the inefficiency found by the Ernst and Young Review is dubious at best, and the real likelihood of achieving significant productivity gains through technological advances is highly questionable, particularly as skilled staff are cut. However, even if greater productivity were achievable, the cuts do not focus on the areas where improvements are likely to occur. This only further fuels arguments that the entire process is simply about reducing cost in a health portfolio plagued by cost blowouts, regardless of the negative impact on patient care and safety.

Staffing levels

Broadly, Professionals Australia’s members do not oppose efforts to aid productivity within SA Pathology. In recent years, the directorates of SA Pathology have made efforts to boost productivity, yielding significant results. Conversely, our members are heavily opposed to any reduction in staffing levels that will impact the capacity of SA Pathology to carry out its vital work.

At present, the proposed reduction in staff numbers will tangibly reduce the capacity and capability of SA Pathology, threatening service quality, and placing a major burden on already-overworked staff. Several directorates will struggle to satisfy their 24-7 operating hours at the proposed staffing levels, while others will be understaffed during periods of leave or illness. Members reported working regular overtime just to meet the existing workload, and they have raised concerns that they will be unable to complete their work with fewer staff and the replacement of experienced staff with less experienced staff.

“The numbers proposed by as pathology are not safe and do not allow our lab to function 24/7 as it is now. Risks to patients are high and pressure on staff members would be extreme.”

– PA member, MID Microbiology, 33% of staff cut

“My job is safe, but if these job cuts go ahead to the extent proposed then I cannot operate the infection control and antibiotic unit in a safe effective manner. I will

not have the support that I need in order to operate the unit and I don't have enough staff to fill afternoon and weekend shifts”

– PA member, MID, 36 FTE cut

Members also raised major concerns regarding their ability to manage workload during periods of peak demand, such as disease or poisoning outbreaks, particularly where timely results are crucial.

“In relation to the Food Lab, the proposed cuts will have a risk to Public Health and Safety as the proposed job cuts will impact on the lab's ability to process efficiently suspect food samples causing the food poisoning outbreaks, or the water samples causing the latest Legionnaire's disease outbreak. The last major food poisoning investigation involved the lab processing over 2,500 samples of bean sprouts to stop a major outbreak.”

– PA member, Food Lab, 2.36 FTE cut

Overall, the level of job cuts proposed will place patient safety and service quality at risk. SA Pathology prides itself on the provision of accessible, timely and accurate services. However, the restructuring of SA Pathology will negatively impact accessibility and timeliness of service, and ultimately, with greater pressure, more work, reduced staff numbers and less qualified staff, the quality of results is also likely to suffer. SA Pathology staff are being asked to work in an environment that is actively working against them, forcing them to work under poor conditions, and pressuring them to provide world-class results while tangibly reducing their capacity to do so. Ultimately, this is likely to push more skilled staff out of SA Pathology, as they seek a workplace that supports high quality pathology, rather than one that hinders it.

“I cannot and will not work in place of employment who does not provide adequate employees to do the work that is required and thus results unreasonable workloads. This is ultimately about patient safety but we can't provide health care for our patients if we can't provide care in the workplace for ourselves and colleagues.”

– PA member, MID, 36 FTE cut

Experienced staff

The stated goal of the overall restructuring at SA Pathology is to improve productivity while providing world-class pathology services. With that in mind, it is contradictory that the review has slated the

replacement of many experienced staff with inexperienced and lower qualified staff. Science degrees are making way for diplomas, and years of experience and first-hand knowledge are being cast aside in the name of cost cutting. Cost savings are the only reason to replace experienced staff, however service quality and accuracy will suffer as a result.

Experienced staff are vital to lab accreditation, staff training, and have the experience and skill required to carry out testing, research and test design, that other staff simply cannot do. They are also required to accurately interpret results, and spot errors before they have serious consequences. The cuts to experienced staff and the downgrading of positions will have a major effect on quality at SA Pathology

“Overworked staff will have to spend time they don't have supervising unqualified and in-experienced people that are proposed on the new configuration. Less experience means slower and less efficient turn-around times for results.

Support in patient services like stem cell transplants, liver transplants are performed by staff that are already trained and have the knowledge to provide the best service possible to the clinicians and for patients. The proposed changes mean nearly everyone who performs these services will be gone and what happens then? Re-training new people when there are perfectly good staff are left without a job or forced to work in a department in which they have no experience.”

– PA member, Haematology, 7.6 FTE cut

Flow Cytometry is highly specialised, with staff requiring years of experience to be able to report complex results. If less qualified and experienced staff are used in place of our current group of highly skilled staff, there will be delays. Less experienced staff would mean repeating of tests, resulting in unnecessary consumption of expensive reagents.

Senior scientists would be needed to do more bench work to minimize the impact on patients, reducing their time available to conduct quality control measures appropriately. You would have staff on higher wages doing the bench duties of lower salary staff so as not to compromise patient safety. And then the senior staff would not be able to do their quality management duties.

– PA member, Immunology, 5 FTE cut and downgrading of positions

The consequences

Changes such as those proposed for SA Pathology will not occur without consequence. The scale of funding and staffing that is to be pulled out of SA Pathology will undoubtedly have a significant and negative effect on patient care, patient safety, and may cost lives. Further, while the cuts will mean a cheaper pathology system, they will also mean lower-quality pathology, and as a result, costs will build up elsewhere in the healthcare system as results are delayed, diagnoses missed, and hospital stays lengthened.

Patient safety

The single greatest concern stemming from the proposed cuts to SA Pathology is the risk to public safety. While much of the review has focussed on efficiency, productivity and cost, no effort has been made to ensure that public safety will not be impacted by the cuts. Conversely, many members have raised grave concerns that the reduction in staff, and the replacement of experienced staff, will have a very real impact on public safety, and will place lives at risk.

Pathology services save lives. When patients present with urgent conditions, doctors require fast and accurate results in order to diagnose and treat illnesses. When food poisoning or Legionella outbreaks occur, rapid investigation is required, and thousands of samples must be tested to prevent more outbreaks and possibly deaths. When young children are gravely ill and adult testing kits cannot derive accurate results, expert skills are required to develop tests and save lives. When complex tests are required, skilled staff can provide fast answers, instead of sending samples interstate or abroad, and losing crucial days.

The quality of service provided by SA Pathology will be negatively impacted in every one of the aforementioned examples, and patient safety will decline as a result. The consultation paper notes that these concerns have been raised by staff previously, and responds by reiterating SA Pathology's commitment to safety and quality as a priority. However, the response provides zero detail as to how the concerns of staff will be addressed, and how patient safety will be guaranteed. This further supports the reality that cost cutting is the real driver of this review, and not patient care.

The consultation paper does note that changes would be monitored and evaluated for any impact on patient care or safety, however it is difficult to retrospectively address errors that result in delays, incorrect diagnosis or death. A more appropriate response would be to monitor the scale of efficiency achieved, and develop a workforce plan on the basis of these improvements, rather than making cuts before any improvement is realised or measured.

“The proposed cuts will cause longer waiting time for results, possibly incorrect or incomplete results, longer waiting times in hospital and in extreme cases death due to delayed results.”

– PA member, MID Microbiology, 33% of staff cut

“Mistakes will happen and in the scope of Transfusion this can have catastrophic consequences, even death. The number of significant SLS/ q-pulse incidents will rise or simply incidents will go unnoticed, and therefore not reported, as staff will not have the knowledge to recognize the errors.”

– PA member, Haematology, 7.6 FTE cut

“Patient results both delayed and at risk of compromised quality due to unsustainable workloads.”

– PA member, MID Microbiology, 33% of staff cut

“Lack of appropriately experienced scientists will result in reduced quality of results, with the possibility of misleading interpretation with potential impacts on clinical decisions. Further problems will occur, similar to recent testing problems with the prostate specific antigen (PSA), when there were problems with a new batch of kits used in the automated machines.”

– PA member, Haematology, 7.6 FTE cut

Delays and cost

Cost is clearly the single largest motivating factor behind the restructuring and job losses at SA Pathology. However, cutting costs at SA Pathology represents a short-sighted approach to reform, and will ultimately cost the wider health-care system much more through delays. Diagnostic testing conducted by SA Pathology staff allows doctors to make fast, informed decisions when determining the best treatment for patients. This enables patients to receive quality care when they need it most, and reduces their time in hospitals, as they can begin treatments, and get better faster. It is accepted that the quicker an outpatient can be treated the less likely they are to become an inpatient. Equally, pathology is essential for ensuring short term inpatients are treated quickly so they do not become mid and long term inpatients, and thus beds are available to better assist with the flow of patients from the emergency department and decrease the likelihood of ramping.

Our members are concerned that the proposed staff cuts will introduce additional delays throughout the diagnostic process, with fewer staff available to carry out the necessary tests. Turn-around times will increase, operating hours will suffer, and staff will have less time available to liaise with doctors to interpret results. Additionally, by replacing experienced staff with inexperienced staff, SA Pathology will lose a large body of experience and knowledge crucial to the diagnostic process. Experienced staff can more quickly determine which tests are required, what follow-up testing may be needed, and can

rapidly interpret results and spot potential errors. Every stage of this process will be much slower if experienced staff numbers are cut in the name of cost reduction.

“The job cuts will have a devastating effect on our department. We will not be able to offer the current hours of service or range of services. Turn-around times for results will be increased, results for patients will be delayed. Essential activities like bioterrorism services will be impacted, our ability to monitor and help act on outbreaks will be compromised.”

– PA member, MID Microbiology, 33% of staff cut

There is also a very real possibility that the reduction in capacity at SA Pathology will prevent vital testing from occurring, especially in cases where samples are time-critical. This will tangibly reduce the timeliness of results, and will place patient safety at risk. Members have also suggested that some vital services may have to be cut altogether. These include bioterrorism services, meeting surge capacity during outbreak investigations, profitable commercial testing that boosts revenue

“The job cuts will also delay the processing of water samples used in various renal units in our public hospitals - in fact there is a huge potential for these water samples to be rejected because they must be tested within 24 hours of being taken.”

– PA member, Food Lab, 2.36 FTE cut

“The laboratory provides a commercial testing service. This generates a surplus for SA Pathology to the amount of approximately \$200,000 per year. Without staff, this surplus will be very difficult to maintain.”

– PA member, Food Lab, 2.36 FTE cut

Ultimately, cost cutting will not result in savings, as any reduction in cost at SA Pathology will be more than met by the costs associated with longer hospital stays, increased strain on medical staff, wastage of costly consumables, and the need for more serious and costly medical treatments as illnesses and diseases are not diagnosed and treated at early stage.

“Tired staff working and making mistakes costs money. In Flow Cytometry at the end of the day I was very fatigued due to the mental exhaustion of the work, requiring high attention to detail. Flow requires making antibody cocktails for fluorescence on their machine. Antibodies are very costly, and a fatigued worker

making the cocktails wrong results in wastage of reagents and time troubleshooting problems.”

– PA member, Immunology, 5 FTE cut and downgrading of positions

Reduced capability

One of the greatest concerns raised during our consultation process was a reduction in capability at SA Pathology. The level and quality of work currently carried out by SA Pathology staff simply will not be achievable with the proposed staffing cuts. Profitable, surplus-raising commercial work will have to be turned away, while the loss of NATA accreditation will leave departments unable to provide reports for court hearings. The loss of many of SA Pathology’s most experienced staff will render many departments incapable of carrying out more-specialised tests, forcing samples to be sent interstate or overseas.

“Disease diagnosis will be delayed and even impossible. Samples will have to be sent interstate or overseas. Diagnosis will be impossible for some of the more complex cases that would have been possible with the senior MeS in the picture.”

– PA member, Immunology, 5 FTE cut and downgrading of positions

The massive staff reduction will also leave SA Pathology unable to respond to surges in demand, such as outbreaks, when rapid responses are crucial. The ability to quickly investigate and identify the causes of an outbreak plays a major role in preventing further illnesses, and can save lives.

Additionally, many specialised areas will lose some of their most skilled staff, with experience and knowledge that cannot easily be replaced. For example, in the paediatric immunology team, the MeS6 and MeS4 positions are replaced by a MeS3 position. New, inexperienced staff will not have the level of knowledge required to properly interpret results, as paediatric normal ranges differ significantly to normal adult ranges. And yet the proposed cuts presently seek to cut experienced MeS who have years of knowledge, and who developed the appropriate values to begin with. With this in mind, it is relevant to question which part of this decision was concerned with the quality of patient care, and which part is based on heartless cost cutting. At some point, a child will die because an accurate diagnosis was not available, and cutting the most experienced staff from areas like the paediatric immunology team will no doubt be the cause.

Professionals Australia’s members are concerned that the reduction in capability at SA Pathology will cost lives, as crucial work goes undone, as delays in diagnoses mount, and as critical staff knowledge is lost in the name of cost cutting.

“Loss of leadership in the paediatric immunology will have a massive effect on our team. The immunopathologists do not have the experience needed to run most of the tests conducted by the paediatric team. These immunopathologists also do not

have any clue of the paediatric normal ranges that are needed to interpret the results as they were not involved in generating these values. There will be no credible/relevant supervision of the team in my area.

Troubleshooting problems will take more time - meaning delays in testing, and development of new tests will be affected as there is no one sufficiently qualified with the experience and expertise to guide this development. New test development is what makes the paediatric service complex and different from the adult service. The adult service uses kits and instruments from commercial sources; the paediatric service depends on the development of new tests de novo in disease diagnosis as there are no commercial kits for the cutting-edge service that is required in the paediatric arena. The MeS4 and MeS6 have the research background to guide the development of the new tests."

– PA member, Immunology, 5 FTE cut and downgrading of positions

Staff morale

As expected, in the wake of the announced cuts, staff morale throughout SA Pathology remains at an all-time low, with members expecting to lose their jobs, friends and colleagues, or have to reapply for positions at a lower level. While this process is understandably stressful for staff, it is made more so with the transition to heavier work-loads and fewer staff in already overloaded directorates. At the same time staff are expected to learn EPLIS and, for staff who move to the nRAH, orientating themselves with a new workspace .

"Staff are already stressed and have been in tears. To expect staff to train for moving to the nRAH and have an uncertain future is insulting, as is the down grading of positions."

– PA member, Haematology, 7.6 FTE cut

"Staff will be required to work harder and for longer hours. Staff morale will become worse, increase chances of error, and lack of checking data and results due to short cuts being employed. This will certainly lead to disaster and incorrect treatment"

– PA member, Immunology, 5 FTE cut and downgrading of positions

The vast majority of our members reported being required to work overtime already just to get their current workload completed. This is only going to increase as staff numbers are cut and more-productive experienced staff are replaced by less-experienced staff. The need to train new staff will place an additional burden on existing staff, forcing more overtime and taking them away from their core role.

“We are already short staffed as maternity leave positions have not been replaced and staff are leaving work stressed and overworked now. I can’t imagine what impact even fewer staff will have. It is already hard enough working shift work at times and lump on top of that all these cuts and the expectations on staff will be astronomical.”

– PA member, Haematology, 7.6 FTE cut

Members have reported that the cuts will reduce their directorate to below the minimum required to staff their opening hours, placing a massive strain on employees, and further impacting morale. These issues will only be exacerbated during periods of leave or illness, as some areas will not have the numbers to cover for lost staff. SA Pathology needs to be able to complete their work during surges in demand and while employees are on leave, as these are the realities that all workplaces must face. However, the proposed cuts set unrealistic targets, reducing staff levels to such an extent that many areas of SA Pathology will not be able to effectively perform their function. As a result, staff morale will suffer further, as they are pushed to perform additional overtime and pressured to work faster, placing accuracy at risk.

“Staff will be pressured into delivering a much higher workload with much more overtime and demanding rosters, impacting their personal lives and patient care and results will ultimately be the losers. This is a worrying time for health care in SA and should be given more priority in the eyes of government.”

– PA member, MID, 36 FTE cut

“In Paediatric Immunology, the four staff members currently put in a combined overtime of at least 20 hours per week, and yet we are facing cuts.”

– PA member, Paediatric Immunology, MeS6 and MeS4 positions replaced by an MeS3

Career paths

The reduction in experienced staff numbers, and replacement of many senior staff with lower-paid less-experienced staff will, in reality, have a negative effect on career progression, with fewer roles of leadership and management, and fewer senior experienced staff to provide leadership, training and mentoring. The consultation paper suggests that these cuts will somehow aid career progression and build career paths, while simultaneously removing positions to which staff might progress. As such, there is no validity to this stated benefit, and Professionals Australia's members reject it in its entirety.

Skilled staff will effectively be pushed out of the organisation as they seek to progress in their field, further impacting the quality and expertise of SA Pathology. While replacing experienced staff with lower-paid positions will negatively impact the organisation in the short term, the exodus of skilled professionals over the years ahead will ensure that the skill level never recovers.

“All senior jobs (MES1, MES2 and all TGO3 positions) have been significantly cut or completely removed. We have also had an increase of two TGO0 and three TGO1 positions. Currently we have no staff in these roles. They have touted that career progression will be a benefit in the new structure, yet these staff have gotten into these positions through this progression and they are being penalized for it.”

– PA member, Haematology

“The claim that the new structure provides a career path for scientists is unfounded as many scientist positions have been abolished or downgraded to base level Mes1, with very few opportunities for progression and/or succession planning.

There is no longer a career path for those with a degree in this field in this state. We have recently had three good workers move interstate to secure their future. This will probably be what a lot of young people will have to do to get a job in the field.”

– PA member, Haematology

NATA accreditation

NATA is the authority responsible for the accreditation of laboratories, inspection bodies, calibration services, producers of certified reference materials and proficiency testing scheme providers throughout Australia. NATA provides independent assurance of technical competence, and formally recognises that facilities produce reliable technical results. NATA accreditation increases community confidence and trust in a facility's services, mitigates risk, improves tendering success and facilitates trade.

Many of our members have raised their concerns regarding the loss of NATA accreditation after the cuts take place, and the loss of NATA signatories within their directorate. This is heavily impacted by the loss of experienced staff and their replacement with less experienced staff.

Results from pathology services play an important role beyond the diagnosis of illnesses and conditions. Results are often used in court hearings, providing key forms of evidence, and only NATA signatories can validate and authorise reports for release. The loss of experienced NATA signatories also provides major grounds for results to be challenged in courts if the majority of work is performed using lower-paid junior staff.

South Australia requires a pathology service that it can rely on for accuracy and technical competence. The proposed cuts will undermine SA Pathology's ability to deliver this level of service, and place their accreditations at serious risk.

"If we lose our NATA accreditation, our results will not be considered in a court hearing and that will have serious consequences for future prosecutions."

– PA member, MID, 36 FTE cut

"The MeS1 is an essential position not only for being a technical supervisor, but also a NATA signatory for the lab. They play a vital role in the technical competence of the lab and provide a number of support functions both for management and staff. And only NATA signatories can validate and authorise reports for release. Without sufficient NATA signatories, the lab is unable to issue reports."

– PA member, Food Lab, 2.36 FTE cut

"If senior positions are removed from the lab, we will not be able to function appropriately. The lab will not have sufficient expertise to operate and will not be able to process samples effectively. Staff will not have the time to perform other support functions such as auditing, calibrations, verifications, materials ordering and checking or other functions as required by the Australian Standards AS 17025. This will jeopardise its NATA accreditation and TGA licence and therefore have an impact on revenue."

– PA member, Food Lab, 2.36 FTE cut

Benefits of proposed changes

In the consultation paper, the key benefits of the proposed changes are outlined, including:

1. A multi-skilled workforce led by specialist scientist/managers to allow greater flexibility to respond to clinical and service needs; and opportunities to explore areas of special interest and career progression;
2. Workforce co-location and integration to allow sharing of skills, ideas and knowledge and provide high quality research and training and optimal service delivery;
3. New laboratory space at the new RAH and use of new technology to enhance quality and improve consistency without compromising clinical turnaround times;
4. Co-location of equipment to provide more efficient use of capital and operational costs; and
5. New IT systems through the introduction of EPAS and EPLIS to improve sample tracking, process standardisation and evidence based care.

While some aspects of these benefits are evident in the proposal, none of the stated benefits justify a reduction in headcount, and instead, many of the benefits will be negated by a loss of expertise and skills. Our members firmly reject the supposed benefits associated with the restructuring, and are disappointed with the lack of transparency and rigour surrounding the estimation of any efficiencies or savings. The review process has proposed massive staff reductions, without any real effort to determine whether the suggested benefits will offset the loss of staff. The scale and timing of the cuts is concerning given the vague nature of the benefits, with no quantification or timelines outlined. It is the view of our members that no such cuts should occur until new systems have been introduced, and the scale of any benefits properly measured and understood.

- 1. A multi-skilled workforce led by specialist scientist/managers to allow greater flexibility to respond to clinical and service needs; and opportunities to explore areas of special interest and career progression;**

The reduction in experienced staff numbers, and replacement of many senior staff with lower-paid less-experienced staff will, in reality, have a negative effect on flexibility and the ability to respond to clinical and service needs. Opportunities for career progression will also deteriorate, as there will be fewer roles of leadership and management, and fewer senior experienced staff to provide leadership, training and mentoring. It is somewhat ridiculous to suggest that career progression will be aided by the removal of positions to which staff might progress. As such, there is no validity to this stated benefit, and Professionals Australia's members reject it in its entirety.

- 2. Workforce co-location and integration to allow sharing of skills, ideas and knowledge and provide high quality research and training and optimal service delivery;**

Workforce co-location and integration may indeed provide benefits of skill sharing and knowledge diffusion, however, the cutting of senior staff is removing a vast body of knowledge from which junior staff can learn. As such, the benefits appear to be more than offset by the loss of knowledge that will occur, and it is therefore difficult to accept this as a benefit of the proposed changes at SA Pathology.

3. New laboratory space at the new RAH and use of new technology to enhance quality and improve consistency without compromising clinical turnaround times;

The introduction of new technology is always welcome in the scientific field, especially where it can contribute to better, more accurate results. However, technology is not without its flaws, and requires skilled staff to understand and interpret errors, to ensure that they are rectified before they reach the bedside. Errors do occur, such as the recent testing problems with the prostate specific antigen (PSA), when there were problems with a new batch of kits used in the automated machines. However, the proposed cuts will cut the very staff capable of using this technology to its full potential.

4. Co-location of equipment to provide more efficient use of capital and operational costs;

The co-location of equipment can decrease capital and operational costs, although there are risks associated with the crowding of equipment. These benefits will only be realised if staff access to equipment and facilities is not diminished by sharing with other groups. Cost savings should not be sought where they negatively affect wait times, and cause delays in patient diagnosis.

5. New IT systems through the introduction of EPAS and EPLIS to improve sample tracking, process standardisation and evidence based care.

The new IT systems have the potential to deliver some benefit for SA Pathology. However, no effort has been made to quantify the benefit, estimate the scale for each directorate, or determine whether these benefits are likely to be realised in practice. As a result, we have proposals for major staff reductions, based on the notion that efficiency will be improved by new technology and systems, and yet SA Pathology have no firm idea as to how much these systems will improve efficiency, if at all. This view was supported by the SA Auditor General, who outlines the lack of any firm estimations regarding savings. Job cuts have also targeted areas that will not benefit from new technology or new locations.

Recommendations

1. Stop the cuts

Professionals Australia recommends that the proposed cuts be scrapped. SA Health and SA Pathology have not adequately considered the consequences of the widespread job losses, and there has not been adequate effort made to measure what the impact is likely to be on the quality of service and on patient safety.

The cuts have been based on an inaccurate benchmarking process and the introduction of new technology and facilities, however the level of efficiency and savings that is likely to be realised is still unknown, as underlined the SA Auditor General's report. As such we recommend that all cuts are stopped.

2. Monitor efficiency

Professionals Australia recommends that a system be put in place to review how the various directorates and groups in SA Pathology respond to new technology and facilities, to better understand the scale of savings that are likely to be achieved. By doing so, any operational

changes required within SA Pathology will be based on actual evidence of need, rather than an inaccurate estimation.

3. Working Party

Professionals Australia recommends that a working party be established, comprised of representatives from SA Pathology and the relevant unions, to monitor progress and ensure that any further changes at SA Pathology are in the best interests of patients and the wider public.

4. Phasing in and attrition

Professionals Australia recommends that any reduction in headcount at SA Pathology be phased in over 3 to 4 years, through natural attrition of the workforce. By doing so, vital experience and skills will not be needlessly lost, and a transition period will enable the transfer of skills.

If there becomes genuine grounds for staff reductions, then the phasing in process will enable these to be delivered, in conjunction with the monitoring and review process, and without the massive negative impact on staff and services that would occur through the “big bang” approach.

Conclusion

The proposed revised configuration and workforce model presented in the consultation document is indeed the result of a substantial body of work. However, it is unfortunate that this body of work was predicated on a flawed review, which cannot be relied on to identify inefficiency. The process of identifying, estimating, quantifying and timing the proposed benefits has been similarly flawed, and little evidence or transparency has been provided throughout the process. While SA Pathology has provided assurances that thorough business bases have been compiled, a review from the Auditor General for South Australia found serious issues with this process, and found a lack of credible evidence to support the supposed efficiencies and savings.

Given the dubious nature of the report upon which this process was based, given the equally doubtful nature of any benefits to be realised, and given the lack of any reliable method to ensure that public safety is maintained and lives are not lost, it is imperative that the proposed cuts do not go ahead as planned. SA Pathology, together with a working group, should instead monitor the real efficiencies and improvements derived as new systems and technologies are introduced, and allow for any workforce adjustments through a process of natural attrition of the next few years, to avoid the mass loss of skills and knowledge proposed by the review.



**Professionals
Australia**

STREET ADDRESS

163 Eastern Rd, South Melbourne
Victoria 3205, Australia

POSTAL ADDRESS

GPO Box 1272, Melbourne
Victoria 3001, Australia

TELEPHONE

1300 273 762

FAX

+61 3 9695 8902

EMAIL

info@professionalsaustralia.org.au

WEB

www.professionalpharmacists.com.au