

# NSW Health Pathology

## Brief for Strategic Leadership Team

Date of Meeting:

### PORTFOLIO / SERVICE

Clinical Operations

- For information  
 For discussion  
 For approval /endorsement

### TITLE

Request for increase staff for the department of Anatomical Pathology Royal North Shore laboratory.

- i) 2.5 FTE Staff Specialist Anatomical Pathologist
- ii) 2.0 FTE Registrar positions
- iii) 2.0 Scientific officer positions

### PURPOSE

To seek approval to create the following positions:

- i) 2.5 FTE Staff Specialist Anatomical Pathologist
- ii) 2.0 FTE Registrar positions
- iii) 2.0 Scientific officer positions

### RECOMMENDATIONS

That the Director of Clinical Operations

- **Endorse the activation of the following positions:**

- i) 2.5 FTE Staff Specialist Anatomical Pathologist
- ii) 2.0 FTE Registrar positions
- iii) 2.0 Scientific officer positions

- That the job description for the staff specialist position include the requirement to report specific areas of need (for example medical renal biopsies)
- That the job description for the two scientific officer positions include the requirement to perform (or be able to be able to be trained to perform) gross dissection of specimens (so called 'scientist cut-up')

### KEY ISSUES:

1.

#### EXCESS ANNUAL LEAVE AND TESL LEAVE AMONGST STAFF SPECIALIST

The RNS AP laboratory has a backlog of excess annual leave. Leave requests have been difficult to fulfill because of staff shortages and workload and exacerbated by decreased leave taken during periods of COVID. [REDACTED]

An audit of annual leave entitlements as of 26 December 2023 has been conducted. Most staff specialists have employment anniversaries in January, when they will receive their new leave entitlements and therefore essentially all leave entitlements at this time will become excess leave. The pathologists will also receive their new TESL entitlements.

*In summary, it is not possible to maintain service delivery and patient delivery whilst addressing the backlog of excess annual leave and allowing pathologists to access their TESL entitlements, unless there are two new appointments.*

**ANNUAL LEAVE 603 DAYS**

**TEST LEAVE 2416 DAYS**

# NSW Health Pathology

## Brief for Strategic Leadership Team

Date of Meeting:

Staff Specialist	FTE	Annual Leave (hrs)	Annual leave (no loading)	ProRata	Pro-rata no load	TESL (days)
[REDACTED]						
		1586.916	1298.885	1556.316	389.082	
<b>Total Annual Leave</b>	12.9 FTE	198.37 days	162.36 days	194 days	48.64	2416 days

**2.**

**LONG SERVICE LEAVE:**

I have received the following request for Long Service Leave 19.2 weeks of 1 FTE:

[REDACTED]

*This 19.2 weeks of 1 FTE equivalent in the first year of the increased staffing will partially offset the expenditure.*

[REDACTED]

*Although the fraction and duration of the increased backfill required is unclear, this increased backfill will likely partially offset the expenditure. It would be extremely difficult to find appropriate backfill at short notice unless action is taken now*

**4. PERMANENT VS LOCUM POSITIONS**

At times it may be difficult to fill locum positions, especially those require renal biopsy reporting. However, there are currently appropriate candidates who have expressed interest in applying for permanent positions. This is a unique opportunity for NSWHP.

*Failure to act now and advertise positions will decrease the pool of pathologists able to report renal biopsies across the state.*

**5. INCREASED NUMBERS OF RENAL BIOPSIES BEING REPORTED WITH PROJECTED FURTHER INCREASE IN BIOPSIES**

# NSW Health Pathology

## Brief for Strategic Leadership Team

Date of Meeting:

The anatomical pathology department of Royal North Shore Hospital reports all renal biopsies from within the NSLHD. Furthermore it acts a centralized referral point for renal biopsies from Lismore Base Hospital, Gosford and Wyong (Central Coast LHD) and the Sydney Adventist Hospital Wahroonga (the SAN).

The total number of renal biopsies reported in calendar year 2023 has increased 19.18% compared to 2022; and this has been a consistent trend. The majority of renal biopsies are clinically urgent.

2023 Renal Biopsy		Jan	Feb	Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Total	Comparison to 2022
RNSH	Renal Bx	17	4	7	6	8	8	8	7	11	4	10	4	94	↓9.62%
RNSH	Renal Tx	9	5	9	14	15	16	13	11	12	12	13	20	149	↑83.95%
RNSH	Donor	2	1	1	2	0	3	3	2	3	0	3	4	24	↑118.18%
Lis	Renal Bx	3	2	8	8	4	3	2	6	2	5	3	9	55	↑44.74%
Lis	Renal Tx	1	0	0	0	1	0	0	2	0	0	1	0	5	↓54.55%
Gos	Renal Bx	6	6	12	10	7	6	6	12	5	10	21	11	112	↓13.85%
Gos	Renal Tx	2	2	6	3	7	4	3	6	6	2	5	2	48	↑29.73%
SAN	Renal Bx	2	1	7	3	2	1	3	0	1	1	6	2	29	↑52.63%
SAN	Renal Tx	0	0	0	0	0	0	0	0	0	0	0	0	0	0.00%
HKH	Renal Bx	2	2	0	0	0	1	1	0	0	0	0	0	6	0.00%
NSPH	Renal Bx	0	0	0	0	0	0	0	0	0	0	0	0	0	↓100%
Monthly total		44	23	50	46	44	42	39	46	40	34	62	52	522	↑19.18%
Year to date		29	67	117	163	207	249	288	334	374	408	470	522		

Furthermore Gosford Hospital (with renal transplant biopsies increased by 29.73%) have now requested an additional weekly pathology meeting.

RNSH AP department has run a subspecialized on call roster (separating renal and general surgical pathology on call for weekend and public holidays). This system is supported by the pathologists and strongly favoured by the clinicians, but requires increased staffing in the short term to sustain.

*Failure to act now and increase the pool of pathologists able to report renal biopsies and join the renal on call roster risks the ability of the department to provide a comprehensive renal pathology service appropriate to the status of the NSLHD as a quaternary referral centre.*

## 6. CURRENT BASE-LINE WORKLOAD OF PATHOLOGISTS

The 12.9FTE pathologist have been surveyed and have indicated that, on average, they work 50% of unpaid overtime above their rostered hours to maintain acceptable service levels.

The Anatomical Pathology Relative Workload Review 2023 was structurally designed NOT to assess what is considered safe or acceptable workloads for anatomical pathologists, but rather solely to rank the degree of understaffing of each department. This review was not based on current workload, but rather on historic work during financial years 20/21 and 21/22 which were severely affected by COVID. Furthermore we provided written advise to the review (appendix 1) indicating how RNS was disadvantaged.

Despite this the review (attached as appendix 1) presented strong data that the pathologist workload was inadequate. For example, even using the 'RTU' method which does not account for the complexity of specific cases such as renal biopsies, it found that RNSH pathologists would have to spend 7.7 hours of their work day reporting ( a figure which excludes MDTs, Teaching, administration and research). Noting this figure also notes that this is based on pathologists working 47 weeks per year stating: 'Five weeks is less than the full entitlements for annual leave and TESL for staff specialists but the full amount is rarely taken'.

# NSW Health Pathology

## Brief for Strategic Leadership Team

Date of Meeting:
------------------

**Table 1.** Average Hours per day pathologists spend performing diagnostic work (excluding MDTs, teaching, administration and research).

	Average time per day on diagnostic work alone (hours)**
RPAH	10.6
JHH	9.2
Liverpool	8.7
St George	8.5
Westmead	8.3
Concord	8.2
Nepean	8.0
RNSH	7.7
Gosford	6.9
Tamworth	6.7
Tweed	6.6
POW	6.4
Wagga	6.3
Orange	5.6
Coffs Harbour	5.6

\*Dubbo excluded as pathologists also spend significant time performing cut-up.

\*\*Calculated based on RTUs and presuming pathologists work 47 weeks per year. (Five weeks is less than the full entitlements for annual leave and TESL for staff specialists but the full amount is rarely taken).

Furthermore this figure does not include MDTs. We have audited the MDTs that pathologists attend at RNSH and found that this accounts to 2938 hours per annum. This MDT time alone accounts for 1.56FTE pathologist (using a baseline 40 your working week and assuming 47 weeks at work per pathologist).

A list of all MDTs attended by pathologists is attached below.

# NSW Health Pathology

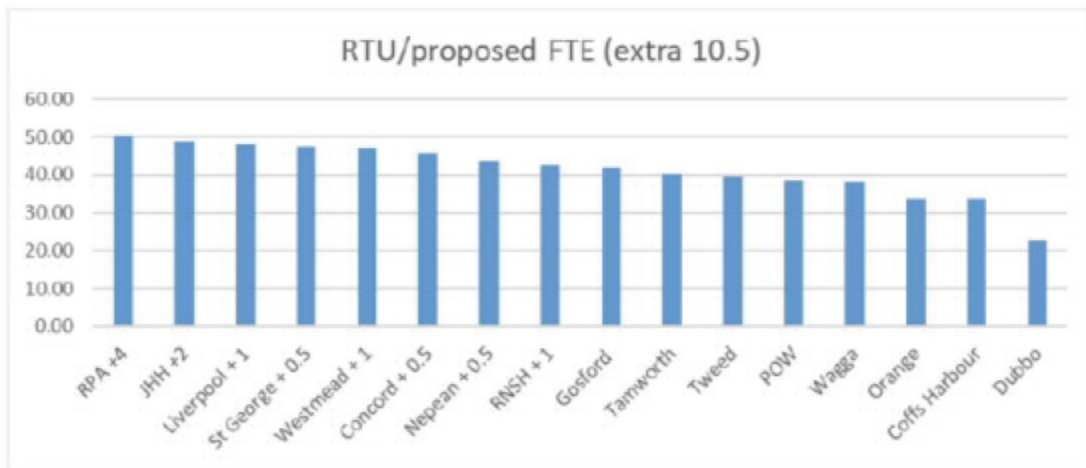
## Brief for Strategic Leadership Team

Date of Meeting:

Laboratory	Meeting	Pathologist	Registrar	Preparation - YES/NO	Presentation - YES/ NO	Frequency	Patients/ Cases per meeting	Total/Year	How total number of hours were calculated by MDT (number of meetings X no of pathologists who attend MDTs x hours of meeting)	Hours per meeting per year
<b>Teaching and Education Sessions attended. Include in house training, education of your and other st</b>										
RNS AP	Lung Cancer MDT		1	1 Yes	yes	weekly	12	48	48 x 4	192
RNS AP	Endocrine Cancer MDT		1	1 Yes	Yes	second weekly	12	20	20 x 4	80
RNS AP	ILD MDT		1	1 yes	yes	Monthly	8	12	12 x 2	48
RNS AP	NET MDT		1	1 yes	yes	second weekly	12	25	25 x 4	100
RNS AP	Panc MDT		1	1 Yes	YES	Second weekly	12	25	25 x 4	100
RNS AP	Gastro MDT		1	1 yes	yes	weekly	5	48	48 x 2	96
RNS AP	Endocrine Surgery		3	1 ve	yes	Third monthly	30	4	4 x 4 x 3	48
RNS AP	Haematopathology		3	0 yes	yes	weekly	10	48	48 x 4 x 2	384
RNS AP	Gynaecology		2	1 yes	yes	weekly	20	48	48 x 4 x 2	384
RNS AP	Renal RNSH		5	0 yes	yes	second weekly	12	25	25 x 4x 2	200
RNS AP	Renal Lismore		5	0 yes	yes	Monthly	10	11	11 x 2 x 2	44
RNS AP	Neuropathology		1	0 Yes	Yes	Monthly	6	10	10 x 4	40
RNS AP	Pituitary		1	0 Yes	Yes	Second or third monthly	5	5	5 x 2	10
RNS AP	Head and Neck		1	1 Yes	Yes	weekly	10	48	48 x 2	96
RNS AP	RNSH breast MDT		1	1 yes	yes	second weekly	15	26	26 x 4	104
RNS AP	NSP breast MDT		1	1 yes	yes	second weekly	15	26	26 x 4	104
RNS AP	Ophthalmology MDT		1	1 yes	yes	Quarterly	12	4	4 x 4	16
RNS AP	Dermatology registrar teaching		1	0 yes	yes	fortnightly	12	26	26x4	104
RNS AP	Plastic surgery registrar teaching		1	0 yes	yes	Quarterly	12	4	4x4	16
RNS AP	Cytology case reviews		6	0 yes	yes	Monthly	5	12	12x2x6	144
RNS AP	Immunology		1	0 yes	yes	Monthly	12	12	12x4	48
RNS AP	Urology MDT		1	1 yes	yes	fortnightly	3	26	26x2	52
RNS AP	BreastScreen Northern MDT		1	0 y	y	Monthly	40	12	12x4	48
RNS AP	Staff Specialist Meeting		10	0 n	n	Monthly	0	12	12x10x1	120
RNS AP	Journal Club		10	5 Y	y	Monthly	0	12	12x10x1 =	120
RNS AP	M&M meeting		10	0 Y	M	Monthly	5	12	12x10x1	120
RNS AP	Quality Assurance Meeting		10	5 y	Y	Monthly	10	12	12x10x1	120
<b>TOTAL HOURS FOR MDT:</b>										<b>2938</b>

One proposal from the RTU review was to provide an additional pathologist at RNS. Although we understand that additional pathologist were provide to each of RPAH, JHH, Liverpool, Westmead and Concord; no additional pathologist was provided to RNSH. The model from the RTU audit (appendix 2) is attached.

**Model 1** involves an additional 10.5 FTE across 8 sites with 4 at RPAH, 2 at JHH, 1 each at Liverpool, Westmead and RNSH and 0.5 each at St George and Nepean Hospitals (figure 9), creating a more even workload across NSWHP.

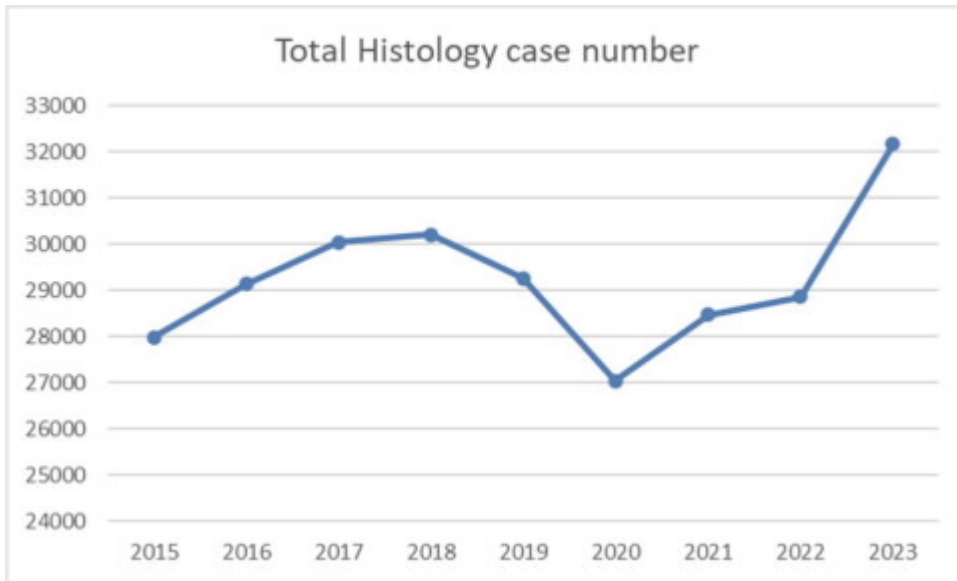


**Figure 9. Total Relative Time Units per Funded FTE pathologists across labs with 10.5 additional FTE.**

By data already provided to the SLT via the 2023 RTU audit, staffing levels were inadequate during financial years 20/21 and 21/22. Since then, there has been a consistent and predictable increase in workload of between 10 and 15% per annum

### 7. PROJECTED FURTHER INCREASE IN WORKLOAD

From the data above, it is clear that the current staffing is inadequate for the workload. However we project workload to continue to increase. There was a 12% increase in case workload in calendar year 2023 versus calendar year 2022. There is every expectation that the workload will continue to increase at the same rate. The figures below details the consistent rate of increase of workload (2019/20 dip corresponds to loss of Manly/Mona Vale with the opening of NBH).



For example the amount of immunohistochemistry reported has increased by 16.99% year on year.

IHC No. of Stained Slides 2023						
2023	Ventana	Bond	Monthly Total 2023	Monthly Total 2022	Monthly Total 2021	comparison 22/23 (%)
Jan	951	3388	4339	3591	3510	↑20.83
Feb	1090	4065	5155	4035	4308	↑27.76
Mar	1224	4516	5740	4421	5767	↑29.83
Apr	955	3584	4539	3509	5087	↑29.35
May	1180	4478	5658	4449	4923	↑27.17
Jun	1255	4253	5508	4799	4917	↑14.77
Jul	1047	4364	5411	4363	5120	↑24.02
Aug	1263	4830	6093	5195	4874	↑17.29
Sep	1246	3953	5199	4863	4464	↑6.91
Oct	1042	3991	5033	4801	4540	↑4.83
Nov	1204	4761	5965	5434	4659	↑9.77
Dec	966	4186	5152	5071	4681	↑1.60
Yealy Total	13423	50369	63792	54531	56850	↑16.99
Monthly Ave	1119	4197	5316			

There is evidence that with a consistent trend towards for increased workload of 10 to 15% per annum on an establishment of 12.9FTE; there will be a regularly requirement for 1.5 to 2.0FTE new positions to be created annually.

### 8. CURRENT BASE-LINE WORKLOAD OF REGISTRARS

The 6.0FTE registrars have been surveyed and have indicated that, on average, they work 50% of overtime above their rostered FTE positions just to maintain safe service levels. Only some of this overtime is paid. Without additional staffing it will be impossible to fulfill college recommendations for a maximum of 20 hours cut up per week.

### 9. EMPHASIS THAT THIS IS A REQUEST FOR APPROPRIATE STAFFING FOR CURRENT WORKLOAD

It is emphasized that the above figures are request for *minimum* staffing to deal with current workload.

### CONSULTATION

1. All the pathologists in the department of anatomical pathology have been consulted and endorse the recommendation for a minimum increase in 2.5FTE permanent positions with duties that include renal biopsy reporting; 2.0 Registrar positions and 2.0 Scientific Officer provisions.

# NSW Health Pathology

## Brief for Strategic Leadership Team

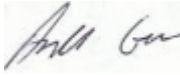
---

Date of Meeting:

### IMPACT OF RECOMMENDATIONS

- **On services:** Without this increase in staff, the department will be unable to maintain service.
- **On patients:** Tissue pathology reporting times and service level will be maintained. This is important particularly in the lead up to the NSP contract renewal (due to expire June 2024)
- **On staff:** Improved support for the remaining AP staff particularly in a department. After a difficult period in the RNS department where workload and allocation of work have been critical issues, the provision of a locum at this juncture is critical to the recovery of the department.
- **On Finances:** N/A. With increased workload, we expect this 2.5 FTE in pathologists, 2.0 FTE increase in registrars and 2.0FTE in scientists to be self-funding.
- **Other implications:**

Author: Anthony Gill

Phone: 

Date 16.1.2024