

Professional input into a national pathology service provision strategy

Terry Taylor

One of the most apparent and disappointing aspects of my 30 years working in pathology in Aotearoa New Zealand has been the complete lack of voice from professional expertise in operational service decisions. The irony of political interference, vested interests, fiscal dominance, and poor professional knowledge has left our country with a pathology structure that is fragmented, poorly controlled, and embedded in competitive and anti-trust issues. The only saving grace has been the professionalism of a workforce that has continued to operate at a consistently high level despite the governance mess that hangs above them. But the cracks that widened during the pandemic are now breaking apart and the reality for our Pathology sector is that we are in an unprecedented crisis.

One of the questions I get asked most by health and political leadership, is 'how did things get this bad?' We all know there are several reasons that have led to where we are, but I am going to stress that one of the big ones has been the lack of an authoritative professional voice at the political and health leadership level.

Medical laboratory professionals are by their nature typically introverts with a strong systems approach to what is in front of them. No fuss, no need to speak outside of their expert scope, and most certainly not ones to chase publicity and attention. Unfortunately for our sector this has been taken advantage of by many in health and business management, particularly during the well documented 'contracting wars' that began in 2007. It is fair to say at that time the New Zealand Institute of Medical Laboratory Science (Inc.) (NZIMLS), unions and our other professional colleagues were just not equipped to deal with the massive financial and contracting changes that were thrust upon the pathology sector under our noses. I well remember at that time thinking this is all too big and we just need to adapt and get on with what has been put in front of us. The benefit of hindsight has clearly shown that we all should have done more to provide a professional perspective of what history has clearly shown, and that the decisions that were made had a detrimental effect on the pathology sector in Aotearoa New Zealand.

From my first meeting with a Health Minister in 2017 to my last correspondence with the Prime Minister and Governor General in August 2023, it is fair to say the pathology sector is now seen in the light it should always have been. We have respect and knowledge across all of Parliament, and this needs to continue to be harnessed and developed. Politicians sign off policies, so they are important to lobby to advocate for the staff and the sector, despite what many may think. Manatū Hauora (Ministry of Health) has had their wings clipped significantly since the middle of the pandemic when Sir Ashley Bloomfield had considerably more governance clout than the current Director General of Health, Dr Diana Sarfati. But their primary role is still to write and finalise policy to go to Parliament, so they remain important for our sector to be engaged with. And now we have Te Whatu Ora and Te Akai Whai Ora who provide the operational governance for all health sectors, who currently lack operational pathology expertise apart from the input from professional organisations like the NZIMLS and the Royal College of Pathologists Australasia (RCPA).

Your professional body, the NZIMLS, has spent literally thousands of volunteer hours and numerous in-person and virtual meetings to get us in the door at the leadership level of these important national entities. My frustrations continue to be around national strategy and governance, and the lack of progress on this has been incredibly disheartening. This has led to the 'posturing' within providers and stakeholders in our sector to gain favour

for future service provision. Entirely predictable but this could have been addressed with strong direction from government and then Te Whatu Ora, through an integrated national strategy approach in mid-2022, as recommended by the Manatū Hauora - directed post pandemic testing review (1). Put simply this led to the profession's inherent problems being swept and hidden from public, political and health leadership scrutiny until mid-2023 when workforce and service issues hit the mainstream media with full impact.

My expectation is that as part of any national pathology strategy there needs to be genuine input from the professional leads who represent the workforce and are directly involved in service delivery. This process should never again be solely driven by fiscal or vested interests, every part of the strategy should always reflect the expectations of Te Mauri o Rongo (NZ Health Charter) (2) and Te Pae Tata (NZ Health Plan) (3). These may well be foreign words to many in corporate and health bureaucracy but when we look at the result of the many past poor service decisions without professional input there is one massive chance to put things right for the pathology sector in Aotearoa New Zealand.

I encourage all practitioners to utilise the new situation we have in our sector. We need to keep having our say and taking solace that as a prominent professional group we deserve to sit at the same table as all other stakeholders when strategies and decisions are worked through. There is simply no excuse for the 'one way' approach to be tolerated in 2023. A major role of the NZIMLS is to continue to advocate and promote our professional voice while providing the context of the historical damage that past closed processes have caused. I am confident that we have the seasoned professional experience in our ranks that will drive our involvement forward.

One thing you can do as a medical professional is to provide a strong consistent expert voice for the direction that the pathology sector needs to aspire towards. It is no longer a time to sit back and put up with processes and strategies that are not in the best interest of our expert workforce and the patients we provide this expertise for. If a previously hidden flow cytometry bench scientist from Dunedin can discuss issues on equal terms with health and political royalty, then what is stopping any of you from doing the same thing?

AUTHOR INFORMATION

Terry Taylor, BSc, DipMLS, MNZIMLS, Immediate Past President, New Zealand Institute of Medical Laboratory Science
Correspondence: terry.taylor707@gmail.com

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