

Public Consultation - Application for recognition of a new field of specialty practice: Genetic Pathology

Your details

Name: Community Advisory Council

Organisation (if applicable): Ahpra

Are you making a submission as?

- An organisation
- An individual medical practitioner
- An individual nurse
- Other registered health practitioner, please specify:
- Consumer/patient
- Other, please specify:

The Community Advisory Council (CAC) of Ahpra represents an independent community voice within the organisation. This submission is a compilation of responses from the CAC membership.

Do you give permission to publish your submission?

- Yes, with the name Community Advisory Council
- Yes, without my name
- No, do not publish my submission

1. Has the claim that regulatory action is necessary to recognise genetic pathology as a field of specialty practice been substantiated?

The need to recognise genetic pathology as field of specialty practice is not clearly substantiated.

The Office of Impact Analysis (formerly the Office of Best Practice Regulation) has determined a Regulatory Impact Statement (RIS) is not required to support the public consultation on this proposal. It is unclear why this is so??

The consultation paper states that without the protected title, it may be more difficult to encourage medical practitioners to undertake the necessary training program. However, medical practitioners already complete additional training to work in this field. It is unclear if the workforce in this field is in short supply.

It is noted that that technologies in genetics and genomics are rapidly expanding, however there is no evidence provided to support this.

The claim would perhaps be more greatly substantiated by the inclusion of more up-to-date evidence to support statements around the increase in demand for genetic & genomic testing, and by countering this with the number of sufficiently trained Genetic Pathologists available to cope with this demand (both currently, and into the future). In regard to increased demand, as it stands the proposal only includes evidence from the 2017 'National stocktake by the Australian Health Ministers' Advisors Council' indicating a 73% increase in molecular test requests between 2011 and 2017. Has this increase plateaued or is it still rising? How do we know?

2. Have the positive consequences of recognition of Genetic Pathology as a field of specialty practice under the National Law been stated? Are there additional positive consequences that should be considered?

If Genetic Pathology were approved as a new field of specialty practice, the title 'Specialist Genetic Pathologist' would become a protected title under the National Law. The CAC acknowledges that this would ensure that only qualified and trained practitioners (new and existing) can practice in this area; this is a definite positive consequence for public safety.

Statements of positive consequences relate primarily to the limited disruption to existing arrangements, no or low competition from other medical fields, and low cost of implementation to practitioners, consumers and governments. The potential extra demand for, and increase in, training positions in this field is noted and welcomed.

However the document does state that the "demand is expected to be small, perhaps a few additional positions each year, but not likely to be noticeable in the short term." (p8) What are the projected numbers? How do they compare with the projected needs? The positive consequences seem to relate directly to an anticipated increase in the number of practitioners choosing to specialise in genetic pathology as a result of formal recognition of the field. Has this effect been experienced with other fields of specialty within pathology? If so this should be stated, if not it should be explored.

3. Have the potentially negative consequences of recognition of Genetic Pathology as a field of specialty practice under the National Law been stated? Are there additional negative consequences that should be considered?

The potential for negative consequences of the proposal do not seem to have been explored so remain unknown.

4. Are there specific issues that should be the focus of the AMC assessment of the proposal?

Nil

5. Are there any impacts for patients and consumers, particularly vulnerable members of the community, that have not been considered in the application for the recognition of Genetic Pathology as a new field of specialty practice?

The document asserts that Health Ministers will only consider a recommendation for a new or amended specialty if a public benefit has been demonstrated.

The document suggests that there may be a more timely referral of patients to the right specialists (p9), presumably because general practitioners will be able to readily identify them from the Ahpra register?

Reference is made to referring general practitioners, particularly those in rural and regional areas, having enhanced access to Genetic Pathologists to support genetic diagnosis of patients, however it is not sufficiently articulated how this would happen. Would general practitioners servicing traditionally under-serviced rural & remote communities be provided with equitable – or potentially streamlined - access to GenPath services? How would information & education be provided to these practitioners to ensure they are aware of what, how and when to refer to a GenPath?

In addition it is unclear from the document if the training and CPD of the new speciality will contain education around priority groups, especially those with chronic medical conditions, CALD persons and those in remote areas. Presumably where the lab is situated is where the specialists will practice and this is likely to disadvantage certain population cohorts.

6. Are there any impacts for Aboriginal and Torres Strait Islander People that have not been considered in the application for the recognition of Genetic Pathology as a new field of specialty practice?

Organisations that represent Aboriginal and Torres Strait Islander People should be consulted to answer this question, however they do not currently appear on the proposal's stakeholder list.

7. Are there specific stakeholder groups that should be consulted further as the proposal is assessed and what would that add to understanding of the proposal? (please see Attachment B for the stakeholder groups for this consultation)

RACGP Rural – to gain more understanding around what impact the proposal might specifically have on rural and remote communities

NACCHO – to explore potential issues and impacts on First Nations people and communities

The document states that education providers with programs of study in Genetic Pathology would be able to seek accreditation of their programs, should the specialty be approved. These stakeholders need to specifically explore the competencies required for the specialty to ensure it is comprehensive and consistent.

8. What are the interactions now between genetic pathologists and other medical and health practitioners? How are these likely to change if Genetic Pathology is recognised as a medical specialty?

Nil

9. Your views on how the recognition of Genetic Pathology will impact on the following:

- **balance of the workforce to undertake genetic testing**
- **unnecessary fragmentation of health care knowledge and skills**
- **unnecessary deskilling or restrictions in the scope of practice of other practitioners**
- **flexibility in the deployment of the pathology, other medical and health workforce**
- **provision of care and increase and/or decrease in the volume of genetic testing**

If the recognition of Genetic Pathology as a specialty results in increased numbers of genetic pathologists, and consumer demand also increases, has the need for proportionally more (specialised & expensive) lab equipment to cope with increased volume been considered? (and is this a potential barrier to supporting specialty field recognition?)