

EIGHTEENTH ANNUAL REPORT OF THE  
VICTORIAN CYTOLOGY (GYNAECOLOGICAL) SERVICE  
FOR THE YEAR ENDING 30TH JUNE, 1983

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The year encompassed by this report has again been one of considerable diagnostic activity. As in recent years the increased workload has created stresses but the continually increasing demands being made upon the Service are gratifying as they are indicative of its acceptance by the women of Victoria and their medical practitioners.

Board of Management:

Members of the Board, and indeed all those associated with the Cytology Service, were saddened by the death of the Chairman, Sir Lance Townsend. Sir Lance had been a major force in achieving the establishment of the V.C. (G.)S. having observed the success of cervical cancer screening programmes in other countries. When the Service was established in December, 1964, it was very fitting that Sir Lance should have been appointed Chairman of its Board of Management. He remained in this position until his death on March, 25th, 1983. During the eighteen years that he served as Chairman he guided the affairs of the Service with considerable wisdom and was responsible for many of its achievements. During 1982 he acted as Chairman of a Seminar conducted to signify the three millionth smear processed by the Cytology Service. At this meeting he indicated the personal satisfaction that he had derived from being associated with the screening programme. During his professional life Sir Lance Townsend made many contributions to community health both at a national and an international level. The success of the V.C. (G.)S. under his chairmanship must rank as one of the more significant of these contributions.

Professor Roger Pepperell was appointed by the Minister of Health to succeed Sir Lance Townsend as Chairman of the Board of Management. Professor Pepperell, who is the Dunbar Hooper Professor of Obstetrics and Gynaecology, University of Melbourne, originally joined the Board in 1978 as a nominee of the Anti-Cancer Council of Victoria.

In the previous Annual Report the resignation from the Board of Mr. Hans Eisen was recorded. During the financial year under discussion the vacancy created by this resignation was filled by Mr. Gordon W. Duxbury. Mr. Duxbury is the Senior Vice-President of Prince Henry's Hospital, having been a member of the hospital Board since 1965, and he joins the Cytology Service as a nominee of that Board. The presence of both the President and the Senior Vice-President of the hospital on the Board of Management of the Cytology Service continues the strong link that has always existed between the two organizations.

During this year also Mrs. A.M. Prytz and Dr. P.M. Dennis retired from the Board of Management. Mrs. Prytz had been a member of the Board since the inception of the Service. During her eighteen years of membership she made a major contribution to the deliberations of the Board and to the activities of the Service. Dr. Dennis was a member of the Board in his capacity as Chairman of Pathology Services, Prince Henry's Hospital and automatically retired from the Board when he ceased to hold this position. He was succeeded as a Board Member by the incoming Chairman of Pathology Services, Mr. Alistair Davidson.

#### Diagnostic Activities:

From July 1st, 1982 to June 30th, 1983 the Service received 283,270 specimens. This represents an increase of 17,873 or 6.7 per cent. on the number of specimens received in the previous financial year. It is again stressed that each individual "specimen" quite commonly comprises two or more smears.

"Major abnormalities" were detected in 748 women. As explained in previous reports the term "major abnormalities" encompasses all those conditions that are believed to immediately precede invasive carcinoma, usually referred to as severe dysplasia and carcinoma in situ, as well as all cases of invasive or established cancer. Since the inception of the Service in January, 1965, major abnormalities, as defined in this way, have been detected in 9,995 women.

The total number of specimens received since the inception of the Service now numbers 3,311,250. As indicated in the last annual report the three millionth smear was received in May, 1982. This diagnostic milestone was highlighted by a Seminar entitled "Cervical Cancer Screening - Achievements and Aspirations" held on 14th July, 1982. The Seminar was formally opened by the Minister of Health, The Honourable T.W. Roper. Six papers were presented, these dealing with topics such as the general problem of cancer control, the motivation of women to participate in a screening programme, and the difficulties of communicating with specific ethnic and social groups. The history of the Service was reviewed and its achievements documented. The changing patterns of cervical cancer mortality, both in Victoria and elsewhere, were presented and the clinical implications of the abnormal smear were discussed in detail. The Seminar was extremely well attended and attracted considerable media coverage.

#### Financial Aspects:

For the year ending 30th June, 1983, the maintenance or operating cost of the Service, on an accrual basis, was \$1,345,372. As in previous reports, expenditure on additional and replacement equipment, amounting to \$40,259 has been excluded. In comparison with the previous financial year. the

operating costs have increased by \$257,558 or 23.6 per cent. Salaries and wages represented the major component of these costs accounting for \$1,025,402 or 76.2 per cent. of the total. The increased expenditure on salaries and wages, as compared to the previous financial year, was \$197,937 or 23.9 per cent. This increase was due largely to Wages Board determinations and other obligatory increases. In addition, considerable termination payments were incurred with the retirement of several long-serving staff members as recorded elsewhere in this report. Finally abnormally high overtime payments were necessary to overcome the backlog of diagnostic work occurring as a result of staff shortages and computer failures.

Using the method applied in previous years the cost per specimen examined is derived by dividing the operating costs for the full financial year by the total number of specimens examined in that year. On this basis the cost of examination of each specimen was \$4.75. Compared to the previous financial year, the cost per specimen examined has risen by \$0.65 or 16 per cent. However, it continues to compare more than favourably with the Commonwealth Schedule fee for this laboratory investigation.

#### Staff:

The staff ceiling imposed in 1978 continues to cause considerable stress. As indicated in this and previous reports the volume of diagnostic work received by the Service increases inexorably from year to year. Since the basic diagnostic techniques cannot be automated and since maximum staff efficiency has been achieved, the increased volume of work can only be handled by making unreasonable demands upon individual staff members and by sacrificing critical activities such as continuing staff education and quality control procedures.

The employment of a number of part-time personnel, both technical and clerical, results in a constant fluctuation in the total number of staff members. However, expressed as full-time equivalents, (E.F.T's) the level of staffing remained virtually constant comprising 50.37 E.F.T's at 30th June, 1983 and consisting of:

#### Technical Staff:

<u>Full-time</u>	Two (2) computer scientists Seventeen (17) cytotechnologists and technicians
<u>Part-time</u>	Twenty-two (22) cytotechnologists and technicians

#### Clerical Staff:

<u>Full-time</u>	One (1) Secretary One (1) Receptionist-telephonist
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One (1) Clerical Supervisor  
One (1) Computer Clerk  
Five (5) V.D.U. operators  
Seven (7) Typist-clerks

Part-time

One (1) Typist  
One (1) File clerk  
Four (4) Mail clerks

In addition to these staff members 1.75 full-time equivalent pathologists, representing the total medical staff of the Service, and 1 administrative assistant, are seconded from the staff of Prince Henry's Hospital the salaries being recouped by the hospital from the funds of the Service. Finally an additional 1.52 equivalent full-time staff members are employed using money derived from educational and research activities.

In the past twelve months there has been a moderate increase in the number of full-time cytotechnologists at the expense of the part-time group. This does not reflect a major policy change but rather a fluctuation in availability of suitable people within each category. As indicated in most previous reports, there is a critical shortage of qualified and experienced cytotechnologists - this despite the vigorous training programmes conducted by the combined laboratories of the Cytology Service and the Hospital Cytology Department. During the year under discussion several part-time cytotechnologists retired most of whom had been with the Service for fifteen years or more. The loss of such experienced people is a considerable one and highlights another consequence of the staff ceiling already referred to namely, the inability to maintain a "pool" of trainee technologists. The necessity of filling staff vacancies as they occur means that a minimum period of twelve months usually elapses before a retiring staff member is functionally replaced by the new appointee. Indeed during this 12 month period of training the requirements for such training throws an additional burden on the already depleted body of experienced technologists.

Previous reports referred to the approval granted by the Health Commission to re-classify one of the hospital's anatomical pathology registrar posts to that of a specialist pathologist and the subsequent appointment of a pathologist to this newly created position. Unfortunately, in the final analysis, the approval was not ratified and consequently the combined staff of the hospital's department of Anatomical Pathology and the V.C.(G.)S. was depleted by one pathologist. This again leaves the Service with only 1.75 equivalent full-time pathologists - an inadequate number to deal with the massive work load being received currently. Thus not only has the volume of work increased, but with the increased frequency of genital wart virus infection and the incidence of D.E.S. exposure in utero, so has its complexity. Serious consideration must be given to the appointment of

another pathologist, preferably at a junior level, not only to cope with the current work load but also to ensure future availability of trained and experienced cytopathologists.

#### Teaching, Research and Other Activities:

The combined laboratories of the V.C.(G.)S. and the Cytology Department of Prince Henry's Hospital continue to conduct a vigorous teaching programme representing the major centre for cytology training in Victoria. A significant part of this activity is concerned with the Bachelor of Applied Science course conducted by the Royal Melbourne Institute of Technology the Service providing the complete cytology component of this course. In addition, the teaching facilities of the Service are used frequently by pathologists and technologists from other Victorian hospitals and for interstate and overseas visitors.

The Service continues to participate in the New Zealand Contraception and Health Study. As indicated in a previous report this study is designed to determine whether the occurrence of abnormalities, particularly those of the uterine cervix and detectable by cytological means, are related to the method of contraception used. In the course of the study approximately 12,000 women will be observed over a period of ten years. The project is controlled by an Executive Committee with representatives from New Zealand, Australia and North America and is funded by the Upjohn Pharmaceutical Company. The Director of the Service, Dr. Michael Drake, acts as the Consultant Cytopathologist to the study whilst the Service comprises the "Central Study Laboratory".

During the first six months of 1983 the Deputy Director, Dr. Gabriele Medley, was granted Sabbatical Leave. Her main activity during this period of leave was a study of certain aspects of the sexually transmitted diseases due to the human papilloma or wart virus and the organism chlamydia. Of particular interest were community attitudes to, and the epidemiology of, these diseases with reference to cervical screening programmes. The relevance of these diseases to the development of cervical cancer was also investigated. In pursuing these matters Dr. Medley worked at the Sexually Transmitted Diseases Clinic in Melbourne, the Pasteur Institute in Paris and St. Mary's Hospital, London. At the latter hospital she conducted, by invitation, a seminar on the detection of chlamydial infection. Dr. Medley also attended the Conference held to denote the 100th anniversary of the birth of Dr. George Papanicolaou, held in Athens, and the triennial International Congress of Cytology, held in Montreal.

Dr. Drake also attended the International Congress of Cytology in Montreal acting as moderator of, and participating in, a panel presentation dealing with various aspects of cancer of the uterine cervix. He also attended a

meeting of the Executive Council of the International Academy of Cytology. In October, 1982, Dr. Drake participated, as a faculty member, in the 10th International Tutorial of Cytology. This tutorial, which is sponsored by the International Academy of Cytology, is held in Vienna every two years. In the latter part of 1982, Dr. Drake was elected President of the Australian Society of Cytology and Vice-President of the International Academy of Cytology.

#### Assistance from Other Organizations:

The activities of the Floral Group of Prince Henry's Hospital Auxiliaries are again acknowledged with gratitude. As in previous years this group has undertaken the rather onerous task of packing the kits of materials used by the medical practitioners throughout Victoria. This work, which has been carried out cheerfully and unobtrusively, has been a significant factor in the efficient and economic operation of the Service.

The Anti-Cancer Council of Victoria is always most supportive of the work of the Service and this support is also gratefully acknowledged.

Finally tribute is again paid to the many staff members of Prince Henry's Hospital who assist the Service both directly and indirectly throughout the year. The value of the harmonious relationship that exists between the Hospital and the Service is considerable.

#### Problems Relating to Space, Staff and Equipment:

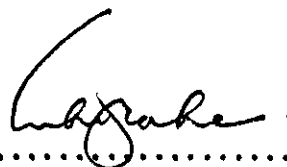
Previous reports have referred to the serious and escalating problems concerning both space and staff and indeed concern regarding the latter is reiterated in the earlier part of this present report. The unit is essentially well equipped but in recent months considerable problems have been encountered with the computer installation. To a large extent these problems are due to the increased work load and the unsatisfactory area in which the computer is housed. Accordingly a submission for new computer equipment has been made and it is hoped that this will be dealt with both sympathetically and expeditiously. It need hardly be emphasized that the performance of the Service is largely dependent on the efficient functioning of its computer which is used for all file searching, report generation and follow-up procedures. With the restrictions of both space and staff, and the large volume of work handled, it is impossible to maintain a satisfactory manual back-up system. Consequently any failure of the computer results inevitably in a disruption of the work flow. During the year under discussion one such disruption resulted in a serious delay in the issuing of reports which caused considerable inconvenience to the medical practitioners who use the Service and great anxiety to their patients.

Conclusion:

It is gratifying to note that the Victorian Cytology (Gynaecological) Service continues to operate both effectively and economically despite the considerable problems due to shortages of both staff and space. However, there is no doubt that the Service is becoming increasingly vulnerable and that a major disruption to its activities could occur at any time. As emphasized in the previous annual report, the additional support required is modest but such support is essential if the Service is to continue to fulfil its role in the area of preventive medicine.



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PROF. R.J. PEPPERELL  
Chairman



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DR. M. DRAKE  
Director