

CANCER CONTROL COUNCIL  
OF NEW ZEALAND

*Te Kaunihera Whakahaere Mate Pukupuku o Aotearoa*

19 December 2007

Dr Richard Steele  
Vice-President for New Zealand  
The Royal College of Pathologists of Australasia  
Private Bag MBE 407  
Takapuna  
New Zealand

Dear Richard

Thank you very much for your letter of 25 October 2007 relating to the workforce issues for pathologists as well as the funding of laboratory services in New Zealand. The Council met on 13 December and discussed the issues you raised. To help us, the Council considered a number of documents available on the New Zealand Committee of Pathologists' website including *Workforce Analysis: Pathologists in New Zealand 2007*.

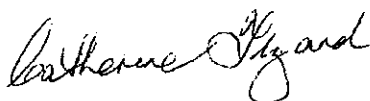
Workforce is pivotal to the successful implementation of current and future efforts for New Zealand's cancer control programme. The pathologist workforce is no exception. The Cancer Control Council is an independent advisory body that provides strategic advice to the Minister of Health and the cancer control community. The Council also has a key role in monitoring and evaluating the implementation of the New Zealand Cancer Control Strategy. Outcome 88 of the New Zealand Cancer Control Strategy Action Plan 2005-2010 directly relates to an increase in training and retention of anatomic pathologists. Your letter is important as it reinforces the need for the Council to continuously monitor areas of the Action Plan that have been delayed.

In its discussion, the Council was interested in finding out about the current and previous vacancy numbers for pathologists in New Zealand. The Council would be grateful if you could send us any relevant information on this issue.

The Ministry of Health's Principal Advisor for Cancer Control, Dr John Childs, is an ex officio member of the Cancer Control Council. Similarly, the General Manager of the Council is an ex officio member of the Cancer Control Implementation Steering Group which is the governing body for the implementation of the Cancer Control Strategy. The sharing of information on critical issues such as workforce is an outcome of this cooperative and collaborative relationship.

Thank you once again for your letter and we look forward to receiving further information on the pathologist workforce.

Yours sincerely



Dame Catherine Tizard  
Chair  
Cancer Control Council of New Zealand



**NEW ZEALAND COMMITTEE  
OF PATHOLOGISTS**

*Affiliated to the Royal College of Pathologists of Australasia  
and incorporating the New Zealand Society of Pathologists*

6 February 2008

Dame Catherine Tizard  
Chair  
Cancer Control Council of New Zealand  
P O Box 5013,  
WELLINGTON

Dear Dame Catherine

Thank you for your letter of 19 December 2007 and thank you for the concern shown with respect to the situation with anatomical pathology in New Zealand.

Unfortunately due to the limited resources of the New Zealand Committee, we do not monitor the current vacancy numbers for anatomical pathologists in New Zealand. This information is not readily available due to the fragmented nature of laboratory services in New Zealand. This information is held within individual DHBs and community laboratories and the historical data would be difficult to find given the changes that have occurred both in laboratory services and the NZ health system over the past 10 years.

Pathologists have generally responded to the increased workload by working harder, longer and more efficiently. In addition there has been significant job substitution with non-pathologists taking over some of the roles (particularly in sample processing) previously performed by anatomical pathologists. Furthermore, Pathologists are spending more time in routine laboratory work and less time in teaching, meetings with clinical colleagues, research and continuing medical education. As a result, the workforce situation remains generally hidden both from the public, other medical groups and those who decide on workforce numbers.

I can however give you some comparison data with Australia from 2006. As noted in our workforce survey report, New Zealand has 1 pathologist per 20,000 of the population, compared to 1 pathologist per 15,925 of the Australian population. At that time Australia had 70 funded vacancies to fill. To bring the per capita ratio of pathologists up to Australian levels (not taking into account the 70 vacancies), New Zealand would require an extra 58 pathologists.

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Suite 407, 2A Byron Avenue, MBE Takapuna 407, Private Bag 93512 North Shore City, Auckland ,  
New Zealand. Tel: (64 9) 489 1289  
Email: [rcpanz@rcpanz.org.nz](mailto:rcpanz@rcpanz.org.nz)

We will continue to share what information we have with the Cancer Control Council and support the important work that you are involved in. Please do not hesitate to contact us if there is anything else we can be of assistance with.

Yours sincerely

A handwritten signature in black ink, appearing to read 'R Steele', written in a cursive style.

Dr Richard Steele  
Vice-President for New Zealand  
The Royal College of Pathologists of Australasia