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A nationwide governance model for laboratory and pathology/histology services

Tēnā koē Tim.

Te Whare Piki Ora o Māhutonga – the Royal Australasian College of Surgeons (RACS) is the leading advocate for surgical standards, professionalism and surgical education in Aotearoa New Zealand and Australia. RACS is a not-for-profit organisation that represents more than 7000 surgeons and 1300 surgical trainees and International Medical Graduates (IMGs) across Aotearoa New Zealand and Australia. RACS also supports healthcare and surgical education in the Asia-Pacific region and is a substantial funder of surgical research.

RACS is the accredited training provider in nine surgical specialities - Cardiothoracic Surgery, General Surgery, Neurosurgery, Orthopaedic Surgery, Otolaryngology Head and Neck Surgery, Paediatric Surgery, Plastic and Reconstructive Surgery, Urology, and Vascular Surgery. Surgeons in these specialties are also required by RACS and Te Kaunihera Rata o Aotearoa – the Medical Council of Aotearoa (MCNZ) to continue with surgical education and review of their practice throughout their surgical careers.

We understand you are developing a nationwide governance model to address issues around equity, consistency, and service sustainability for laboratory and pathology/histology services in Aotearoa New Zealand. Your intention is that a nationwide approach will, at a minimum, set some unified direction to achieve equity for consumers, regardless of who they are, where they live, and who orders their tests. At best it will improve efficiency, reduce waste, ensure service sustainability, and allow for future planning of the service so it can meet changing consumer needs. You are seeking the voice of stakeholders so you can consider all perspectives and take a well-thought-out approach.

Your intention aligns closely with our RACS mission to improve access, equity, quality and delivery of surgical care that meets the needs of our diverse communities. Thank you for specifically requesting the perspectives of the Aotearoa New Zealand Office of RACS. Our responses to your specific questions follow.

Scope for the Governance Group

1. Focus on designing a service delivery model that:
 - a. delivers at a minimum equity for patients, regardless of who they are, where they live, and who orders their tests
 - b. ensures test results are available in a timely manner
 - c. recognises clinicians as the critical interface between patients and the health system
 - d. anticipates changing demographics and disease, patient and workforce needs, digital and technology, integration of Artificial Intelligence
 - e. is sustainable in terms of future workforce, efficiency, environmental impact
 - f. reviews audits from laboratories to make sure that equity and sustainability, as well as quality and safety, are being delivered
 - g. reviews, consults and publicises “choosing wisely” with the aim of education of clinicians to reduce necessary and un-useful tests or test frequency
 - h. ensures key performance indicators (KPIs) are defined and consistently met.



2. The Governance Group and its work programme should take a Clinical Governance approach to design of a nationwide model for laboratory and pathology/histology services.
 - a. Clinicians should be involved at all stages of designing, implementing, and monitoring the system. Some critical decisions require clinical expertise and professional attention.
 - b. Contractual processes must include mandatory quality and safety standards and be designed to ensure sustained quality of care.
 - c. Design and implementation require particular attention to the patient experience and journey within the system – from clinician to laboratory to receipt of results from the clinician.
 - d. Clinicians should maintain an open professional culture and focus on professional values to deal with the inevitable challenges of changes within the system, particularly changes from public to private provision, or the reverse.
 - e. Education and training of the future Pathology workforce should be considered.
3. Inclusions:
 - a. Public and private laboratory services
 - b. Pathology services
 - c. Microbiologists and infectious disease consultants
 - d. Hospital and community health service representatives
 - e. IT services representatives.
4. Exclusions:
 - a. Research Laboratories
 - b. Mortuaries
 - c. Stand-alone forensic laboratories (criminal profiling).

Membership of the Governance Group

5. You have suggested “Te Whatu Ora people, supported and advised by groups including a variety of stakeholders and subject matter experts”.
6. RACS considers the Governance Group should have a strong clinical and professional representation alongside patient/lived experience representation.
7. RACS suggests:
 - a. one from Te Whatu Ora for strategic and commissioning expertise
 - b. one from Te Kaunihera Pūtaiao Hauora O Aotearoa - the Medical Sciences Council of New Zealand
 - c. one each from the Royal Australasian College of Surgeons, Royal Australasian College of Physicians, and Royal New Zealand College of General Practitioners
 - d. two from the Royal College of Pathologists of Australasia - one public, one private
 - e. one Hauora Māori Advisory Committee representative
 - f. one patient/lived experience advocate.

Which advisory groups should be appointed – form and membership?

8. The Governance Group should be supported by one Multidisciplinary Advisory Group, a formally constituted sub-committee of the Governance Group, with papers and minutes available for consideration by the wider sector.

9. Membership of the Multidisciplinary Advisory Group should include:
- a. expertise in haematology, biochemistry, immunology, microbiology, pathology, genetics, from both public and private sector laboratories
 - b. medical practitioners from the Colleges on the Governance Group, with both public and private sector experience
 - c. Hauora Māori Groups
 - d. patient/lived experience advisors
 - e. expertise in commissioning laboratory, pathology/histology services in New Zealand and internationally.

The three most pressing needs for lab delivery, access to lab services, and service sustainability?

10. Priorities covered under 3 above.

Our priorities to achieve a high-performing and accessible labs/pathology service?

11. See priorities covered under 3 above.

12. Further, the model should use and reference the health sector principles in the Pae Ora (Health Futures) Act 2022 to ensure equitable access to health services, equitable levels of service, and equitable outcomes, for Māori and other population groups. This would indicate significant emphasis on making laboratory services accessible to Māori, Pasifika, ethnic, tangata whaikaha, LGBTQIA+ populations, and people living in rural and remote locations; also providing information in a range of languages and media.

Other concerns and impacts?

13. None at this stage.

Stakeholders we consider should be kept in the loop as decisions made, but don't need to have a voice in decision making?

14. RACS undertakes to inform, consult with and represent the perspectives and expertise of the Specialist Surgery Societies, which should also receive all communications regarding decisions on changes to the delivery model for laboratory and pathology services.

Again, thank you for the opportunity to provide these perspectives at an early stage of your work.

We would also appreciate an opportunity to discuss our thinking and yours as you move into designing the new governance model for laboratory and pathology/histology services.

Nāku noa, nā

Ros Pochin
Chair, Aotearoa New Zealand National Committee