

Presidential Address, Biomedica 2010.

Minister, Distinguished Guests, Exhibitors and fellow Medical Scientists I bid you welcome to BioMedica 2010.

It gives me great pleasure to be here, again, at this magnificent exhibition and conference which pays a tribute to all that is excellent in laboratory medicine in this country.

For our Exhibitors, I am delighted to see you here in such numbers demonstrating such enthusiasm for our Exhibition and Conference. For you it is a major showcase where you can display all the current state of the art technologies that we need to provide an effective Clinical Laboratory service. In addition innovative technologies are on display allowing us to see what possibilities exist to develop our services in the future.

Special tribute must be paid to Mark Neville, Bob Kyte and their teams for ensuring that this Conference and Exhibition are presented for you here.

A lot has happened since I stood here in 2002 and a lot is still the same. I can quote you from my address at that time

“It is the theme of preparation for the future that I wish to address for you today. We are clearly living in a time of great change. Change is vital for our future, the alternative is stagnation! Since we last met at BioMedica, several reports have been issued which will have a significant impact on the way we do business and how we deliver our services. How we respond to these challenges is up to us, but it requires a concerted and coordinated approach to ensure that the strategies developed for the implementation of these reports are informed by the views of this profession and other stakeholders. What is clear, from studies of any change management initiative, is that commitment by the top management to the programme of change is vital for its success. You, as leaders of this profession must commit to this process.”

Well here we are the same sentiment applies but the enormity of the challenges is quite different and the challenges are even greater.

I noted at that time that “

We were involved in the consultative process leading to the production of the Health Strategies. We need to examine and embrace these strategy documents. We must ask the question, what the impact of these strategies will be on the pathology service as we know it. Will there be a trend towards public /private partnership in providing pathology services? We must be proactive in these debates. These reports outline a clear commitment to examine and reform the way we plan and deliver services, to modernise services through focused investment and to support the development and contribution of those of us who work within the system. Such re-engineering of the service requires and demands our attention.”

Unfortunately since that time additional reports were commissioned which did not adequately consult with the stakeholders providing the service. The final report did a

disservice to all professionals in laboratory medicine , and indeed all those who are committed to provision of a timely service that provides value for money, and has quality and service of the patient at its core.

It was short-sightedness that led to the outsourcing of all cervical cytology. Waiting lists for patients have not been shortened. The bottleneck has simply moved from waiting for a result to waiting for a smear to be taken. In addition the competence to provide the service has been decimated within this country.

Staff were redeployed to other parts of the laboratory service and the intellectual capital that took forty years to build up in this country was written off at the stroke of a pen. This decision has led to the exporting of high worth, skilled jobs. This is not smart for a knowledge economy.

It is the same short-sightedness that now seeks to transfer a significant proportion of laboratory medicine services from public provision.

It has been stated in our Dail that the cost is too high. It costs 369 million to provide 77 million tests. That is a total cost of about €4.80 per test. This is an average cost/ test including simple and complex tests. It is based on 2008 costs, which have reduced substantially in 2010.

It was stated that the main issue is quality and cost. It is well recognised, internationally, that 70% of all clinical decisions are based on the results of a diagnostic test. If this is indeed the case it does not seem reasonable to imply that €4.8 is too much, nor that we are wasting €200 million on provision of this service or to imply that the money could be better spent elsewhere.

Based on the overall cost of healthcare provision our cost is not high. It amounts to some 2% of the budget.

It is entirely disingenuous to purport that deficiencies in child protection are based on the cost of this service and that these would be adequate if we saved €200 million from laboratory medicine. Current information arising from the analysis of the data would suggest that this figure is considerably over exaggerated. Possibly €50-60million could be saved by either a cold lab model or a re-configuration of current services.

Quality and Safety is an integral part of all that we do in laboratory medicine. Accreditation is the standard by which we demonstrate our commitment to quality. We do this by developing a quality system that complies with all elements of the standards and demonstrating our commitment to quality improvement by developing Key Performance Indices and constantly improving them.

Accreditation is not; however the only mark. All laboratories have rigorous programmes of Internal Quality Control combined with the verification by External Quality Assurance. Not content with comparison with their peers within this country the majority of laboratories have participated for many years in accredited quality programmes in the UK, with excellent outcomes.

Until recently there has been no designated quality standard for laboratories identified by either the department or the HSE. Therefore many laboratories, on a

voluntary basis, applied for, and were successful in, accreditation to UK standards. Since the ISO standard was identified as a requirement here, a significant number of laboratories have been accredited successfully to this standard.

In Ireland 40 % of laboratories are accredited which compares well with the 47% in the UK. In this we have had the support of our colleagues in the industry who have assisted in validation of equipment and methods on addition to providing the necessary documentation to support their products.

An important part of quality is collaboration in a multi disciplinary team approach to patient care and presentation at national and international meetings and case conferences. User meetings and User satisfaction surveys are an important element of quality improvement and all laboratory senior staffs engage in this practice regularly.

Our quality is not poor. Indeed if we examine adherence to accredited standards it can be seen that laboratories are one of the few areas that have embarked on the accreditation process.

We should not think that it will do any service to this country to transfer the provision of public services to private providers. Public providers of services have, as their ethos, service of the public.

The pharmaceutical industry which knows how to manage a service and make a profit, would never outsource its core business. The reasons are many - Protecting safety of supply, retention of competency, retention of intellectual property and control of key business issues. The HSE's own policy is for the greater integration of health services. How can the outsourcing of laboratory services to the private sector lead to greater integration?

We should not cede control of our public services to those who wish to make a profit in their provision, those whose primary responsibility is to their shareholders. Let us not be known as a country that knows the cost of everything but the value of nothing.

Laboratory Medicine is about so much more than printed numbers on a page.

Yes the accuracy and precision of these results is very important. But these tests are not a commodity that can be bought in a cut price supermarket.

The true result of a laboratory investigation is knowledge. This transfer to knowledge is best achieved through close interaction between the examining clinician and all the providers within laboratory medicine, both the scientists and clinicians.

This interaction is well managed through clinicopathological conferences and direct interaction between scientists and clinicians.

If healthcare is seen as a continuum from primary through to tertiary care, it simply does not make any sense to disengage the service that interacts with all levels of care from close collaboration with each level.

'The life blood of industry is not capital equipment, but human capital' Bill Gates.

We can expand this truism to encompass the Clinical Laboratory Service. The life blood of our Clinical Laboratory Service is neither our automated equipment, nor our laboratory information systems. The human capital is vital to the enterprise.

How do we invest in our human capital? We can ensure that competent people are employed by insisting on specific standards for entry to the profession. In Ireland we

have done this. Our education standard, developed through dedication over many years, is the envy of Europe and the standard to which they aspire. Indeed the recent policy document of the European Association of Professions in Biomedical Science on education of Biomedical Scientists uses Ireland as its benchmark. Medical scientists have always been innovation leaders in the field, ever seeking to exploit new technologies to improve knowledge and its contribution to patient care.

Where, perhaps, they have not succeeded, is in selling the message of their expertise. We need to see evidence of a real return on our investment in our scientists.

We need to exploit their knowledge. It is past time that Medical Scientists took their place as recognised providers of healthcare expertise.

Medical Scientists should be working directly with other frontline healthcare providers and patients both within the hospital setting and in the community.

Advance practitioner programmes may assist in developing these expanded roles for medical scientists in direct provision of healthcare services and improving our return on investment.

In conclusion, I urge all involved in the modernisation process to look beyond the outsourcing option. To consider carefully other models of integrated provision of service that might better suit the needs of this country and the people.