REPORT OF LABORATORY MEDICINE PROGRAM TO CLINICAL CHIEFS AND MAC
November / December, 2005

(1) **Service Change:**

- Nil to report

(2) **New Technology / Equipment:**

- Nil to report

(3) **Human Resource Issue:**

- This issue of pathology manpower in the Division of Anatomical Pathology will become a critical problem at the end of this year. Due to retirements and other issues, the division will face a 30% reduction in our manpower levels on January 1, 2006. Despite aggressive recruitment efforts, we have only been able to recruit one new pathologist; this individual is currently in the city and is awaiting approval of his work permit and licensure. Not only are we dealing with a manpower shortage, we are dealing with increasing volumes (approximately 20% increase in surgical specimens over the last year) and increasing complexity of cases. Although three of our residents are interested in the vacant positions, there is no firm guarantee that all will accept these positions at the end of training, especially considering the competitive market nation wide.

  In the interest of safety and quality, the leadership team of the Division of Anatomical Pathology will have no other option but to place limits on the daily workload of each pathologist. This will mean an approximate backlog of at least 600 to 700 cases per month. The only other option is to find an outside lab willing to take these cases. The leadership team has made many calls to labs across Canada; most labs are at capacity and are either facing pathologist and/or technologist manpower shortfalls. Two Directors of Labs have verbally indicated a willingness to accept selected cases; however, this would require Executive approval.

  This is indeed a serious situation. If we are unable to stabilize the work environment in this division, we may very well face losing additional pathologists to a competitive market and face a worsening situation.

4. **New Approaches to Care:**

- Nil to report.

5. Quality Initiatives:

- Work is continuing on the Estrogen and Progesterone Receptor review. We are frustrated by the slow reporting of cases from Mount Sinai. This is primarily due to the fact that Mount Sinai is operating at full capacity and has limited resources, a fact that mirrors the general state of Laboratory Medicine in Canada today, and highlights the lack of flexibility in the system. In communicating with Dr. Ken Pritzker, Director of Lab at Mount Sinai, he has indicated to me that his lab has just received a new piece of equipment which may become operational within the next week. This should increase the number of slides being stained; however, the bottleneck will continue on pathological interpretation of these slides. Dr. Pritzker has indicated that Mount Sinai will do their best to report these cases as soon as they can.

  I am confident that the recommendations on the immunohistochemistry service and the costs associated with this as submitted by the Leadership team of the Laboratory Medicine Program, will be approved at the executive level. My hope is to eventually pattern our immunohisto-chemistry service with that of Mount Sinai, with whom we are now forging strong links and lines of communication, both at a pathologist and technologist level.

  Further to this, the issue of "National Standards for Immunohistochemistry Testing" will be on the agenda for our next Executive Meeting of the Canadian Association of Pathologists (CAP) in late November. I am hoping that the CAP will take the lead in this issue and bring it to the Federal Minister of Health as well as issues of patient safety and development of "National Standards" for all aspects of Laboratory Medicine.

Respectfully submitted,

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