

**AUSTRALIAN INSTITUTE OF MEDICAL SCIENTISTS
RESPONSE TO THE HOUSE OF REPRESENTATIVES STANDING
COMMITTEE ON EMPLOYMENT AND WORKPLACE RELATIONS
INQUIRY INTO INCREASING PARTICIPATION IN PAID EMPLOYMENT**

The Australian Institute of Medical Scientists (AIMS) thanks the Standing Committee on Employment and Workplace Relations for the opportunity of responding to the inquiry into increasing participation in paid employment.

The Australian Institute of Medical Scientists is the professional association representing medical scientists working in hospitals, universities and private medical laboratories in Australia. Professional membership of the Association is restricted to qualified medical scientists. One of the benefits of membership of AIMS is that it is recognised by employers as indicating professional status.

Medical scientists perform medical laboratory tests on blood and other body tissues to assist in the diagnosis, treatment and prevention of disease. Medical scientists work in hospital laboratories, private pathology laboratories, state health laboratories and universities. In larger hospitals and laboratories, medical scientists usually specialise in a specific discipline, such as immunology, cytology, haematology, microbiology or blood transfusion. Based on the Commonwealth Government's census figures there were 9,514 medical scientists in Australia in 1996.

The academic training for medical scientists in Australia is a Bachelor of Science or Applied Science degree in which the majors include specialised medical science subjects. There are currently eleven bachelor degree courses in medical laboratory science conducted by universities in Australia and New Zealand that have been accredited by AIMS. These courses are assessed against AIMS Minimum Standards for Professional Degree Courses in Medical Science by a team of specialist assessors; the accreditation is usually for a period of five years. Graduates of these courses are eligible for membership of the Institute upon graduation, and to be classified as medical scientists. Graduates of other relevant science degrees, both in Australia and overseas, are assessed individually and normally require a minimum of two years' post graduate professional experience, in addition to a relevant degree equivalent to at least an Australian bachelor degree, before they can be classified as a medical scientist.

Continuing professional education is one of the major platforms of the Institute. The AIMS CPD programme, APACE, is a self-directed voluntary programme that recognises continuing education, formal courses and a wide range of professional activities that contribute to professional growth and to the maintenance of professional skills.

AIMS conducts scientific meetings, conferences and seminars at national, state and local levels, all of which contribute to the continued professional development of members of the profession.

AIMS is also the body to which the National Office of Overseas Skills Recognition (AEI-NOOSR) has delegated the authority to assess the skills and qualifications of those people who are applying to migrate to Australia under the Commonwealth's General Skilled Migration Program as medical scientists or medical laboratory technical officers. AIMS carries out these assessments on behalf of AEI-NOOSR.

As is the case with most health professions, the demand for medical scientists in regional, rural and remote areas of Australia generally far exceeds the supply. With the exception of the tax concessions offered to residents in some remote areas, there are few incentives for professionals to relocate to country areas, or for young people from country areas to return there once qualified.

It is difficult for medical scientists who are located in country areas to retain and enhance their skills, or to acquire additional skills and qualifications for professional advancement. Travel and accommodation costs to attend seminars and training courses are frequently prohibitively expensive. There are many disincentives to maintaining skills in these areas, including difficulty of access to post graduate studies and general lack of support structures to further knowledge and skills

For pathology laboratories to maintain accreditation by the National Association of Testing Authorities (a requirement for Medicare rebates), laboratory staff must undertake adequate continuing education. In rural and remote areas, the cost of such continuing education is particularly high, and this is often a factor in decisions to close small rural laboratories.

Older medical scientists in rural communities are faced with particular problems in attempting to upgrade their skills to keep pace with rapidly developing new technologies. The valuable knowledge and experience of older workers is frequently lost to the profession because of a lack of opportunities to up-skill.

An additional difficulty for medical scientists in rural and remote areas is presented by the fact that most State government scholarships or assistance for allied health professionals in rural and remote areas currently exclude medical scientists from the definition of allied health professionals. The Commonwealth Allied Health Rural and Remote Scholarships Scheme (CAHRRS) at first excluded medical scientists from its application criteria, but then reversed the decision and extended the scheme to include all health professionals except doctors, nurses and dentists, for 2003. It is possible that a definition of allied health professional adopted in future may exclude medical scientists.

Medical science is a profession with relatively high female representation, approximately 60% on average. The female/male ratio is highest in the under 25 year age bracket, and then decreases gradually until the 45 year plus age group, where the numbers are approximately equal. A major reason for this is the (temporary) retirement of women from the workforce to bear and raise children. The rate of technological advance in the health professions is extremely rapid, and this progress is

particularly evident in pathology. A medical scientist who is out of the profession for even a relatively short time will find it very difficult to return to the workforce without significant retraining. While this is always a costly exercise, it is particularly so for people residing outside a major population area. Measures to assist professionals who wish to return to the workforce, particularly those outside metropolitan areas, could increase the level of participation in the paid workforce.

In summary, there are few incentives for professionals such as medical scientists to relocate to rural areas or for young people from country areas to return there once qualified. There are barriers for mature age people to remain in, or return to, the workforce generally, and for medical scientists and other professionals who have been out of the profession for some time to return to the workforce. These difficulties are particularly severe in rural and remote areas, where distance and additional costs mitigate against up-skilling and re-skilling.