



**Professional
Scientists
Australia**

February 2020

**UPDATING THE REGULATORY
CODE TO SUPPORT FERTILITY
SCIENTISTS' ROLE IN
DELIVERING HIGH-QUALITY
HEALTH CARE AND MITIGATING
RISK IN ART UNITS**

*Professional Scientists Australia's submission to the
Review of Australian and New Zealand Reproductive
Technology Accreditation Committee Code of Practice*

About Professional Scientists Australia

Professional Scientists Australia represents several thousand professional scientists from a broad range of specialisations including fertility science, health science, automotive design, biomedical science, ecology, veterinary science, neuroscience, mental health, genetics and genomics, astronomy, biochemistry, mineral processing, environmental science, defence research, synchrotron science, environmental science, immunology and water science.

Professional Scientists Australia is a division of Professionals Australia (formerly the Association of Professional Engineers, Scientists and Managers, Australia) which is an organisation registered under the *Fair Work Act 2009* representing over 25,000 Professional Engineers, Professional Scientists, Veterinarians, Architects, Pharmacists, Information Technology Professionals, Managers, Transport Industry Professionals and Translating and Interpreting Professionals throughout Australia. Professionals Australia is the only industrial association representing exclusively the industrial and professional interests of these groups.

Professional Scientists Australia has three key objectives:

- to provide a strong voice for professional scientists. This involves considering the kind of support, policies and practices at the enterprise and structural levels needed to create a sustainable and diverse science workforce capable of realising optimal levels of innovation and productivity;
- to ensure members' interests are protected when government policies, outsourcing and offshoring, management decisions or new technologies lead to workplace change;
- to play a leading role in encouraging dialogue between industry, government and the higher education sector. This means advocating for investment and structural reforms, building the platforms for cooperation and change and initiating and leading projects to foster collaboration; and
- to promote public understanding of science and the key role professional scientists play in ensuring Australia's future. This involves influencing public policy and resource allocation decisions and promoting the value of science to decision-makers and the wider community. We seek to highlight the critical role science plays in enabling productivity and innovation, promoting economic prosperity, protecting the environment, improving human welfare and quality of life, preventing, diagnosing and treating human disease and protecting national security. In doing so, we raise the status of the profession and the professionals who work in it.

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Preamble

In January 2020, Professional Scientists Australia conducted a survey of fertility scientists with the aims of:

- providing a measure of the current working hours, workload, staffing levels and shift arrangements of fertility scientists and to establish whether or not respondents perceived their current hours of work as reasonable;
- identifying potential barriers to training and development;
- exploring the consequences of current work levels in terms of impact on fertility scientists, patient outcomes and risk levels in Assisted Reproductive Technology (ART) units; and
- evaluating the extent to which fertility scientists see the Australian and New Zealand Reproductive Technology Accreditation Committee Code of Practice (the Code) as a vehicle for helping address staffing level issues.

The survey was conducted online using a combination of social media and direct e-mail. In total, 72 responses were used for the analysis contained in this report and the gender breakdown of survey respondents was 24 males and 42 females (with the remaining 6 identifying as neither gender).

The results of the survey provided the basis for the views set out in this submission.

Introduction

In a 2015 paper, Kathryn J. Go set out the critical role of embryologists and other fertility scientists in ensuring patient safety, positive patient experience and high-quality health care delivery in ART units:

"An axiom in virtually any human industry is that the personnel who carry out the mission of the company are its greatest resource, bringing the expertise and creativity that are vital to the product or service. So, while it is both wonderful and fortunate to have a spacious, well designed, and secure physical plant with an abundance of latest-model-year equipment and ample highest-quality supplies, the most valuable and critical asset of an assisted reproduction technique laboratory is the team of embryologists. Through their hands, safe conduct of patients' gametes and embryos is achieved."¹

Fertility scientists are critical members of multidisciplinary teams in ART units.

Through their mix of technical, administrative and regulatory compliance activity, fertility scientists are, as Go says, in a unique position to impart quality to the assisted reproduction process.

This submission recommends ways to update the regulation and work practices of ART units to support fertility scientists' critical role in delivering effective, high-quality health care to patients, to address health, safety and wellbeing concerns of fertility scientists and to mitigate what appear to be high levels of unmanaged risk in ART units.

The Review is an opportunity to update the Code to take account of changed circumstances, what works well and what could be improved with a view to effectively and proactively meeting the challenges and opportunities ahead.

The Code and best practice guidelines will play a major role in determining how to balance increasing commercialisation with sound clinical practice – a key issue that has emerged since the Code was last reviewed in 2016/17.

As part of a comprehensive range of services, Professional Scientists Australia advocates for members in workforce and employment-related areas with the aim of maintaining professional standards and ensuring that the regulatory environments that govern the work of our members take into account professional services being undertaken in an increasingly commercialised environment, with the emergence of new technologies and in the face of new technical practices and protocols.

We are committed to working productively and cooperatively in a non-adversarial way with key stakeholders to ensure regulation supports the safety and well-being of the community, the maintenance of high professional service standards and a well-trained, highly skilled and sustainable professional workforce for the future.

Our submission is divided into three parts – firstly, an overview of some of the key issues that have emerged since the Code was last updated. Secondly, an analysis of work practices, arrangements for training and professional development and the range of currently unmanaged risks in the sector supported by findings from a recent survey of fertility scientists working in the field. Thirdly, a set of recommendations for consideration by the RTAC Chair and the Fertility Society of Australia Board.

Professional Scientists Australia thanks you for the opportunity to highlight our concerns on behalf of fertility scientists.

What has changed since the last review?

The terms of reference for the review of the Code acknowledge that circumstances within the fertility sector change with time. This section of the submission considers changes in the sector and how they should inform the review and the way the Code is written.

So what are the key changes in circumstances since the last Review that have affected ART units or are likely to affect ART units in the upcoming review period?

Increased commercialisation of ART units

While ART units were, in the past, mainly owned and operated by clinicians, more recently private equity groups have bought into and publicly listed some of Australia's largest IVF units. ART is now a \$545 million industry in Australia.²

With increasing concerns around the impact of commercialisation of the conduct of ART clinics, it is imperative that the Code is updated in a proactive way rather than being forced to respond and react to issues after the event.

It is critical that service quality is maintained in the face of an increasingly commercialised environment and increasing cost pressures due to, for example, the re-categorisation of consumables used in the ART process as medical devices (see below) and a drive for greater profits following the listing of some of the larger ART clinics. The IVF environment is extremely competitive, with low cost models taking an increasing market share across Australia.

With greater emphasis on driving commercial profits, staffing levels is a particular issue that is open to abuse as a means of cost-cutting.

New technologies impacting the way laboratory procedures are conducted

There have been significant changes in the complexity of laboratory techniques and procedures used by fertility scientists such as the use of micromanipulation, embryo biopsy for genetic screening, ICSI, PGD and egg vitrification resulting in additional hours being required per cycle.

It is critical to maintain high standards of patient care, patient safety and service quality in the face of the changes to technologies and the additional tasks required of fertility scientists and an updated Code could play a key role in this.

Reclassification of products used in ART as medical devices

The reclassification of the products used in ART as medical devices by the Therapeutic Goods Administration, while a positive initiative to minimise risk and improve patient safety, is likely to introduce additional cost pressures in providing ART procedures. It is imperative that staffing levels and work practices are not utilised as a mechanism for offsetting increased costs in other areas of an ART operations.

These factors need to be taken into account in the current review of the Australian and New Zealand Reproductive Technology Accreditation Committee Code of Practice

Do work practices need to be updated in line with changes in the sector?

This section of the submission considers what current work practices look like in ART units and how they impact the health, safety, wellbeing and professional development of fertility scientists, the quality of health care delivery for patients and risk management for ART units.

Survey results

Our survey of fertility scientists working in ART units aimed to provide a measure of the current working hours of fertility scientists and to establish whether or not respondents perceived their current hours of work as reasonable. The survey also investigated the impact of workload, staffing levels and shift arrangements and then explored potential barriers to training and development and whether fertility scientists felt that workload issues were impacting their career progression. In an effort to identify and quantify areas of unmanaged risk, the survey then asked respondents about the particular impacts of workload on staff health, safety and wellbeing, patient safety and service quality. The survey results were as follows:

Hours of work

- Respondents worked an average 37 hours per week.
- This was 3.8 more hours than the average weekly contracted hours.
- 74.5 per cent of respondents reported working more hours in an average week than they are contracted to perform.
- 27.5 per cent said they were regularly required to perform unpaid overtime.

Work demands

- Respondents reported that their clinic was required to perform an average 985 egg pick up (EPU) cycles annually.
- 66.7 per cent of respondents said they thought staffing was not adequate to safely support the annual EPU case load.
- The reported average number of hours worked per cycle was 20.5.

Staffing levels at peak times and shift arrangements

- 66.7 per cent of respondents said their employer did not have provisions for bringing in temporary staff in periods of peak workload or staffing shortfalls.
- 72.5 per cent had had a request for recreation/annual leave refused.
- 27.5 per cent said they were required to work shifts without enough time to allow sufficient rest in between shifts.
- 51.0 per cent said they were required to work shifts that conflicted with obligations outside work.

Training and professional development

- 72.5 per cent said they were unable to access professional development.
- 70.6 per cent had been refused leave to attend a professional development conference.
- 21.6 per cent had been refused study leave.
- 43.1 per cent said leave to conduct research was unavailable or refused.
- 56.9 per cent said their workload had led to a lack of career progression.

Female respondents were less likely than male respondents to have leave approved for study leave, attending a conference or to conduct research while male respondents were more likely to be asked to undertake shifts that conflicted with their obligations outside work and to be refused requests for annual leave.

Risk

Impact on staff health, safety and wellbeing

In the area of staff health, safety and wellbeing, the survey found the following:

- 76.5 per cent said that workload had led to increased stress.
- Working longer hours was linked to higher rates of harm to mental health.
- 66.7 per cent said that workload had led to increased anxiety.
- 56.9 per cent said that workload had harmed their mental health.
- 41.2 per cent said that workload had led to a decline in staff safety.
- 76.5 per cent said that workload had led to increased fatigue.

Impact on patient safety and risk level of ART units

In the area of patient safety and quality of service, the survey found the following:

- 21.6 per cent said that workload had led to a decline in patient safety.
- 56.9 per cent said workload had led to a decline in the quality of service provided.
- 72.5 per cent said workload had increased to possibility of human errors occurring.
- 51.0 per cent said that workload had led to less consistency in laboratory procedures.
- 45.1 per cent said that workload had led to a greater likelihood of failure to conform to protocols.

Staffing provisions in the Code of Practice

- 53.2 per cent of respondents said the Code of Practice did not contain strong enough provisions on staffing levels.
- 93.6 per cent of respondents said the Code needed to include provisions to protect against too few fertility scientists.
- 89.4 per cent of respondents said that the Code should include explicit provisions for adequate staff ratios.

Data analysis and survey findings

The survey findings were as follows:

Long working hours and unpaid overtime

Survey results suggest that many fertility scientists are working in excess of the hours set out in their contracts of employment. They also reported being routinely expected to work unpaid overtime.

Unreasonable work demands

With two-thirds of those who completed the survey reporting that they thought staffing was not adequate to support the annual EPU case load at their clinic, the survey suggests that there are some serious issues around the nature and extent of work demands in ART units.

A 2014 study found that due to the increasing complexity of laboratory procedures, the hours involved in an IVF cycle increased from 9 to up to 20³. This figure was confirmed by our survey. Using an interactive staffing calculator, the researchers found that, when applied to staffing levels in a particular laboratory, the staffing requirement calculated was quadruple the actual staffing allocation.

Clearly staffing levels need to take account of the increasing complexity and time involved in IVF cycles.

A survey respondent made this comment on how the expectation for fertility scientists to work additional hours creates a culture around work expectations *specific to* fertility scientists – a culture that takes them for granted and fails to recognise their skills, effort and commitment:

It has been my experience that lab staff are expected to work more hours and achieve higher KPIs than other depts at Fertility clinics. We often work above and beyond because it is the right thing to do for our patients. And this characteristic of lab staff is taken for granted and rarely acknowledged.

Inadequate staffing levels at peak times and unsatisfactory shift arrangements

The survey showed concern about staffing levels in periods of peak workload and with shift arrangements. Staffing levels and rosters need to allow for:

- periods of peak workloads and staffing shortfalls;
- periods of annual leave;
- periods of training and professional development leave;
- adequate breaks between shifts; and
- flexible work provisions (the right to request flexible work provisions are set out in section 65 of the Fair Work Act and form part of the National Employment Standards).

Barriers to training and professional development

As part of the good practice criteria, the Code currently sets out a requirement for management to show evidence of their commitment to adequate staffing, training and ongoing education. One of the most disturbing findings of the survey was how frequently requests for training and professional development leave were refused.

Respondents made the following comments about professional development:

Even just a positive attitude towards professional development would be a great start.

[It would be good to] actually be allowed to attend a conference every few years. I understand everyone can't go every year, but they are important to go to.

[We need to be able to take] time in work hours to complete PD.

Because training as a fertility scientist involves acquiring technique and practice and protocols in a specific laboratory, continuing education and networking including attendance at national or international meetings are vital to skill development and continuous improvement.

Post-graduate study in the field of fertility science is another source of extending skills and technical expertise.

Because the work of fertility scientists necessarily involves technical, IT, administrative and regulatory compliance skills, training in these areas is also required to ensure optimal competency.

The barriers to professional development found by the survey suggests that a shift in workplace culture that values professional development as an investment in the organisation rather than as unproductive time may be needed. This kind of change management needs to be a priority that is led by the senior leadership team, incentivised and embedded in management accountabilities. A failure to support the continuing professional development of staff is false economy – it leads to a workforce in which continuous improvement is compromised by lack of upskilling, skills can become out-of-date and the workforce can be marked by disaffection, lack of motivation, high staff turnover, loss of talent and burnout. Ultimately lack of commitment to professional development leads to a less sustainable and engaged workforce.

ART units should be committed to providing access to paid leave for, and adequate backup staffing to cover

- attendance at relevant conferences;
- provision for study leave;
- provision for independent research; and
- external structured training in relevant administrative, communication, collaboration and other non-technical skills.

It is critical that provision for professional development is recognised by ART employers as vital to providing evidence of individuals' competency and ongoing training and education as required under clause 1.2(e)(ii) and (ix) of the Code.

Management and leadership capability

The survey showed how vitally important it is that laboratory managers are provided with appropriate training in management and leadership skills to ensure their competency in areas such as collaboration, leading a team, dealing with conflict, developing staff, ethical decision-making, risk management and managing organisational change.

Respondents' comments suggested that a lack of leadership and management skills was linked to a failure to understand the concerns of laboratory staff and could lead to serious workplace issues:

When half your workplace is taking medication for anxiety due to specific work incidences, you think management would take notice.

It would be beneficial for scientific directors/lab managers to actually have some training/qualification in management; more so than the current PhD requirement. It is consistent in IVF that as authority rises, IQ increases and EQ diminishes. This creates toxic work cultures and can make it hard for the lower levels of staff to express problems, feel heard, and many work in fear of their superiors' tempers.

High levels of unmanaged risk

Impact of workload on health, safety and wellbeing of fertility scientists

The survey found that respondents' current workloads were linked to increased levels of stress, fatigue and anxiety for fertility scientists. Respondents reported that current workload levels had harmed their mental health and led to a decline in workplace health and safety.

This comment is indicative of a number of respondents' concerns around workload and mental health:

Not enough focus is given to staff mental wellbeing. We are in this state due to unrealistic workload expectations.

Impact of undertaking multiple tasks and interruptions on wellbeing of fertility scientists

A 2008 study found that interruptions can increase mental workload, psychological distress, frustration, perceptions of time pressure and perceptions of necessary effort⁴

A 2013 study found that objective interruptions were linked to physical symptoms, increased levels of emotional exhaustion and increased anxiety.⁵

It is impossible to overstate how vital it is that ART employers recognise hours of work, workload, staffing levels, task allocation and interruptions as serious health, safety and wellbeing issues and commit to working with relevant stakeholders to urgently address them.

Impact on patient outcomes

The survey found that workload issues were impacting patient safety and quality of service. Respondents noted that heavy workload was likely to increase the possibility of human errors occurring in the laboratory, decrease consistency in laboratory procedures and result in a greater likelihood of failure to conform to protocols.

While there is limited research available on the effect of understaffing and fatigue on error rates in the fertility sector, there is little doubt that high levels of stress, anxiety and fatigue are likely to result in a higher likelihood of errors and adverse events.

In *Quality Control: Maintaining Stability in the Laboratory*, the authors suggest that "Uniformity of procedures and enforcement of uniform performance will aid in confirming that every procedure is performed consistently." They note that stability and uniformity are the bases of quality control, and

critically that "The effect of fatigue in this environment has not been evaluated, despite the possibly severe consequences of an error such as specimen misidentification."⁶

Our survey found that there was a significant increase in *perceived* workload but at the same time a moderate report of overtime hours. This suggests that scientists are likely to be pressured not only by increased hours but by performing many tasks at once. A 2010 study in nursing⁷ found that each interruption was associated with a 12.1 per cent increase in procedural failures and a 12.7 per cent increase in clinical errors. Error severity increased with interruption frequency. Without interruption, the estimated risk of a major error was 2.3 per cent. With 4 interruptions this risk doubled to 4.7 per cent and tripled when interrupted 6 times. Thus, distractions and interruptions have major consequences in healthcare.

Staffing levels and workload are significant areas of exposure with inadequate staffing levels likely to be linked to increased occurrence of adverse events and compromised patient outcomes. The work practices identified by the survey as problematic simply must be addressed to minimise risks to patient safety and compromised patient outcomes.

Proper regulation of staffing levels that seriously impact both fertility scientists and patients will be fundamental to managing what are currently high levels of unmanaged risk in ART units.

Staffing provisions in the Code of Practice

Respondents overwhelmingly held the view that the Code did not currently contain sufficiently strong provisions on staffing levels, and that it should be amended to include explicit provisions on staff ratios that accounted not only for EPU's but the full range of additional tasks undertaken by fertility scientists including frozen cycles, administration and data entry work.

What would a sector-wide strategy to address these concerns look like?

Ensuring that:

- the Code and best practice guidelines are updated to require adequate staffing levels including specific ratios;
- ART units operate from a cost base that factors in reasonable hours of work and adequate staffing levels to allow for peak periods, staff leave and professional development;
- stakeholders commit to enterprise-based agreement-making to address the work practices currently creating serious occupational health and safety issues; and
- a sector-wide approach is adopted to address the current high levels of unmanaged risk that potentially compromise the quality of health care to patients.

should, in our view, be part of a sector-wide strategy for a sustainable and well-managed Australian ART sector that takes account of changes since the last Review of the Code.

Updating the Code of Practice

On the basis of the results of our survey of fertility scientists, and in light of the changes in the fertility sector since the Code was last reviewed including the increased commercialisation of ART units, new technologies impacting the way laboratory procedures are conducted, increasing cost pressures arising from the reclassification of the products used in ART as medical devices, we propose amending the Code alongside enterprise-based industrial agreements as dual mechanisms for ensuring adequate staffing levels, staff development and wellbeing, optimal patient outcomes and proper risk mitigation.

Staffing levels

Professional Scientists Australia sees staffing levels as a significant area that is underdeveloped in the Code.

Recommendation 1 – clarify staffing levels as a risk management issue in the Code

In the Code, the *Quality management system (QMS)* (a good practice criterion audited triennially) includes a section on *Risk management* at 1.2(g).

We recommend that an additional item referring to adequate staffing levels be included at (g)(vi) in the Risk management section as follows:

The ART Unit must ... provide evidence of:

- (g) Risk management:
- (i) Assessment of risks,
 - (ii) Review of risk,
 - (iii) Incident reporting and response,
 - (iv) Corrective and preventative action,
 - (v) Workplace health and safety, and
 - (vi) *Adequate staffing levels (new item).*

Recommendation 2 – staffing levels as a critical criterion to be audited annually

The optimal approach to ensuring adequate staffing levels appears to be the inclusion of an agreed method(s) for calculating the number of qualified fertility scientists according to the number of cycles performed and other factors in the annually audited critical criteria of the *Personnel* section (1.4).

The Code currently mandates the requirements for senior positions in on and off-site situations but is silent on staffing levels for fertility scientists.

We recommend that a clause similar to that included in the ESHRE is the European standard which contains staffing guidelines) be added to the *Personnel* section of the Code as follows:

1.4.4 – Staffing levels

Personnel are one of the most important parts of an ART unit. Staffing levels for fertility scientists should take into account the number of cycles performed per year, the number of treatments, the complexity of procedures, techniques and tasks undertaken within the laboratory and administrative, training, education, quality management and communication requirements. Staffing levels should provide for all laboratory tasks being completed in a timely manner and to ensure patient safety and quality care, in times of peak workload, during periods of sick leave and annual leave and periods of professional development.

The ART Unit must provide evidence that they are maintaining adequate staffing levels with reference to the benchmark ratios set out in the good practice standards.

Recommendation 3 – scientists per case number ratios

The introduction of ratios in the field of nursing has led to a significant decrease in bed days, re-admissions and avoidable deaths, and a reduction in burnout⁸ and the European regulatory code includes recommended minimum staff per case number.⁹

On that basis, in addition to the inclusion of a clause on the need to maintain adequate staffing levels for fertility scientists in the critical criteria, we recommend the inclusion of an agreed benchmark method or methods for calculating the number of qualified fertility scientists required in an ART laboratory according to the number of cycles performed and other relevant factors be included in the Code in some form.

Recommendation 4 – Employers to recognise inadequate staffing levels as a serious occupational health and safety issue

We recommend that ART units recognise staffing levels and workload as serious occupational health and safety issues that, left unaddressed, could and should threaten their accreditation and viability.

Training and professional development

In the Code, the **Quality management system (QMS)** is a good practice criterion that is audited triennially. It includes a section on **Personnel training and competency** and item 1.2(e)(ii) refers to a requirement for management to show evidence of their commitment to adequate staffing, training and ongoing education. With evidence that opportunities to enhance and maintain the competency of fertility scientists are being limited with access to leave for study, to attend conferences and leave to undertake training and professional development being refused, we see this as an area needing urgent attention.

Recommendation 5 – evidence of professional development

We recommend that auditors assess evidence for attendance at conferences and access to training, study and conference leave.

Beyond updating the Code

Staffing budgets

Recommendation 6 – Cost adequate staffing into ART unit staffing budgets

We recommend that ART unit budgeting for staffing levels should operate from a cost base which adequately factors in leave for recreation and continuing professional development and for backup staffing at times of peak workload as a means of ensuring adequate staffing levels and mitigating the risk arising from inadequate staffing levels.

Enterprise-based agreements across the sector

Recommendation 7 – enterprise bargaining – ensure access to paid leave for professional development

Given that the emphasis in the Code is on what is to be achieved rather than how, setting out enterprise-based work practices in an industrial agreement with the assistance of the relevant industrial association alongside amendments to the Code is likely to be the most effective way to put in place workplace practices and conditions that will ensure optimal staff competency, protection for patients and sound risk management for ART units.

Access to leave for further study, training, conference attendance and research are all areas that can be included in negotiations between ART management and staff in the enterprise agreement process.

Access to leave to attend conferences was named by 90.2 per cent of respondents as important or very important. Support and provision for fertility scientists to access leave to attend relevant conferences should be a priority.

Recommendation 8 – enterprise bargaining – provide for career pathways for fertility scientists

Training and professional development needs to focus on offering fertility scientists career pathways, not just skills for their current roles. Investing in developing staff and providing for career progression reflects growing experience, breadth of expertise and responsibility level and, in turn, supports an engaged and sustainable workforce. Ensuring relevant classification structures that provide for skills development as a basis for not only ensuring competency but for career advancement involves a commitment to investment in the sector and can form part of agreement negotiations.

Recommendation 9 – enterprise bargaining – ART units to invest in staff skills, continuous improvement and service quality by covering cost of professional registration

54.2 per cent of the survey respondents maintained professional registration and yet of those only 25.8 per cent of ART units covered the cost. This is also an issue that would be suitably included in agreement negotiations.

Properly-managed risk

Recommendation 10 – stakeholders to commit to addressing high levels of unmanaged risk

Professional Scientists Australia sees the key factors outlined in this submission – that is:

- the increased commercialisation of ART units;
- new technologies impacting the way laboratory procedures are conducted;
- long working hours and unpaid overtime;
- work demands in terms of the cycles completed in the laboratory;
- staffing levels and shift arrangements;
- barriers to staff training and competency;
- the impact of workload on health, safety and wellbeing of fertility scientists; and
- the impact of workload on patient safety and the quality of health care

as contributing either directly or indirectly to high levels unmanaged risk for ART units.

We recommend that each of these factors be acknowledged as impacting staff and patient outcomes and addressed by updating the Code and supporting enterprise-agreement negotiations as the optimal means of minimising the opportunity for adverse events, ensuring patient safety and staff wellbeing and addressing the risks identified.

We also recommend that ART employers recognise that, left unaddressed, the high levels of unmanaged risk in ART units as suggested in our survey could and should threaten the accreditation and viability of organisations.

Summary of recommendations

- **Recommendation 1**
Clarify staffing levels as a risk management issue in the Code
- **Recommendation 2**
Staffing levels as a critical criterion to be audited annually
- **Recommendation 3**
Scientists per case number ratios to be included in the Code in some form
- **Recommendation 4**
ART employers to recognise inadequate staffing levels as a serious occupational health and safety issue that, left unaddressed, could and should threaten an ART unit's accreditation and viability
- **Recommendation 5**
Auditors to assess evidence for conferences, access to training, study and conference leave
- **Recommendation 6**
Cost adequate staffing into ART unit staffing budgets
- **Recommendation 7**
Enterprise bargaining – ensure access to paid leave for professional development
- **Recommendation 8**
Enterprise bargaining – provide for career pathways for fertility scientists
- **Recommendation 9**
Enterprise bargaining – ART units to invest in staff skills, continuous improvement and service quality by covering cost of professional registration
- **Recommendation 10**
Stakeholders to commit to addressing high levels of unmanaged risk

Conclusion

Professional Scientists Australia sees the Review as a potential opportunity to include adequate staffing levels in the Code as part of a broader sector-wide strategy for addressing problematic work practices and unmanaged risk in the ART sector.

In our view, this is the only way to ensure a properly-trained, sustainable fertility scientist workforce alongside practices and protocols in the Code that will best ensure patient safety, high-quality health care delivery, staff competency, safety and wellbeing and optimal risk mitigation in ART units.

Submission preparation and contact

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Endnotes

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