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Dear Debbie,

RE: Feedback on consultation paper – Australasian Cytometry Society

We would like to thank the HCA for including the ACS in the stakeholder consultation process. We have engaged extensively with membership over this issue and provide a consensus response on behalf of the society.

The Australasian Cytometry Society (ACS) is the peak scientific and educational organisation for promotion of research, development and applications in, and to disseminate knowledge of, cytometry in the Australasian region. In the clinical space flow cytometry is currently NATA accredited for diagnostics. However, in future this will be expanded to include cell sorting and molecular-flow cytometry hybrids (eg FISH by flow), and possibly imaging cytometry. ACS has an active financial membership base of more than 200 scientists and engages with more than 1,000 scientists from the Australasian region, and a smaller number of international scientists. ACS is the Australasian Affiliate of the International Clinical Cytometry Society (ICCS), and have partnerships with the European Society for Clinical Cell Analysis (ESCCA) and the International Society for Laboratory Haematology (ISLH). Close to 50% of ACS members identify as having a primarily clinical role, with the vast majority of those working as medical scientists engaged in haematology, immunology or microbiology laboratory pathology services. Of those, some will be AIMS or AACB members. While we do not maintain records of professional memberships of ACS members, it is not expected to be the majority. The level of professional body membership of medical scientists in cytometry is very low. Many have let their professional body membership lapse and instead seek to engage more in scientific and educational organisations, such as the ACS. The majority of remaining “non-clinical” ACS members are primarily engaged in or support research. Entry into the ACS may be by nomination or through attending an annual scientific meeting. There is no assessment of competency as a barrier to ACS membership. The ACS is funded through membership fees as well as ticket sales and commercial exhibition sales for educational events - primarily our annual scientific meetings.

While the majority of ACS members are Australian, a significant proportion of ACS members (and ACS leadership) are from New Zealand. It should be noted that for more

than 15 years, clinical cytometrists from New Zealand have enjoyed a registration and (re-)certification scheme that is covered by an act of parliament and managed at government level by the Medical Sciences Council (MSC) of New Zealand, with support and representation of the main professional body, the New Zealand Institute of Medical Laboratory Science (NZIMLS). It is the position of the ACS that there would have been benefit in HCA engaging representatives from NZIMLS and MSC at the Project Coordination Group level from the inception. They would have invaluable experience of introduction and maintenance of certification. This would also allow at least some degree of harmonisation and, importantly, reciprocal recognition of Australian and NZ scientist certification, which would of benefit for our members.

The potential value of medical scientist certification is recognised. Benefits for ACS members in a certification scheme could include raising awareness of the role that cytometrists play in conducting safe and reliable tests and procedures that support effective health care in Australia. Australian ACS scientists may enjoy improved professional status in the workforce because of certification, though many are concerned that the process may be decades too late to make significant inroads into professional recognition. Some feel that much control of the pathology industry standards has already been ceded to the Royal College of Pathologists of Australasia (RCPA), who do not have the welfare or professional recognition of scientific staff at the forefront of their priorities.

The feasibility of certification / competency testing of medical scientists is a concern amongst our membership. The field of flow cytometry is broad, and each centre may be very discipline / centre specific. For example, in NSW public hospital cytometry labs there are ten distinctly different types of assays performed. Individual labs perform from one to seven of these, and none of these are performed by all 14 labs. The two private labs performing flow in Sydney are different again. Assessing competency across this diversity of clinical cytometry will be challenging: to design content for all assays; to allow staff to only need to show competency in the assays they perform. Nevertheless, some base level of competency assessment and certification is achievable. For a more advanced level, some options are currently available or in place for ACS members. ACS is best placed to provide guidance and content for this scheme, and some of our membership have expressed interest in contributing.

Specialist Certification in Cytometry is offered by the American Society of Clinical Pathology Board of Certification, in conjunction with the ICCS and the International Society for the Advancement of Cytometry (ISAC). The requirements for eligibility and the exam require education and experience and the content of the exam includes questions about both clinical and research applications. Ongoing requirements for maintaining the credential call for completing 36 or more hours of approved continuing education (CE) over 3 years. This may be adequate as a base level of certification testing for clinical cytometrists under the proposed Australian scheme. The current certification has only been available since 2017 (though prior recognition of previous separate ASCP or ICCS certifications is available). Nevertheless, very few ACS members currently hold this certification. Locally, recognition of competency is

also available through SydFlow and supported by ACS. Sydflow organises clinical Case Study test workshops for interpretation of flow cytometry scatterplots and disease identification for Clinical Flow Cytometry. The intention is to assist medical staff (who usually are not ACS members) and scientists with assessing their ability at interpreting clinical haematology oncology cases by flow. This information may be used by scientists for their personal development records, career resume and job applications. Tests are closed book and scoring is verified independently by Sydflow organisers. Certificates of Participation are provided with documentation of scoring. Since this is done by face to face examination it is only available to people in New South Wales. This competency assessment could be expanded nationally through ACS, however ACS is not currently structured appropriately to administer or maintain a national accreditation scheme. The cost of a certification scheme is likely to be very high, in order to establish and to maintain. The scientists are likely to carry the burden of this cost, and this is seen as a barrier, and must be carefully weighed against the potential benefits.

In summary, the majority of responses from ACS members was positive and supportive of a scheme such as is proposed. There are barriers to overcome so that certification is seen as credible and contributing to patient care, staff competence and employer confidence. The ACS is well placed and willing to contribute to this proposal with advice and content. Please keep us informed of any progress.

Kind regards,



Matthew D Linden, PhD  
*President*