

A healthy place to be

THE STANDARDS ARE HIGH, THE WORK VARIED AND THE LIFESTYLE
HUGELY APPEALING – TASMANIA HAS MUCH TO OFFER ASPIRING
AND QUALIFIED PATHOLOGISTS, WRITES TONY JAMES.

PHOTOGRAPHER: TONY MCKENDRICK

Enjoying all that Tasmania has to offer: Pathologists Dr David Challis,
Dr Lawrie Bott, Professor James Vickers and Professor Konrad Muller

Pathologists who spoke to *PathWay* were unanimous in their views: they work in a collaborative and enthusiastic medical community, have exposure to the full range of pathology for a population of half a million, maintain high professional standards, contribute to excellent undergraduate and postgraduate training programs and live in affordable cities untroubled by traffic, pollution and other “big city” hazards.

Only one in every 40 Australians is lucky enough to live in Tasmania. Australia’s “south island” tends to be dwarfed by the mainland, but the state offers a valuable opportunity to balance satisfying professional activity with a quality lifestyle.

Pathologists who spoke to *PathWay* were unanimous in their views: they work in a collaborative and enthusiastic medical community, have exposure to the full range of pathology for a population of half a million, maintain high professional standards, contribute to excellent undergraduate and postgraduate training programs and live in affordable cities untroubled by traffic, pollution and other “big city” hazards.

Dr David Challis is a staff specialist in anatomical pathology at the Royal Hobart Hospital. He grew up in Tasmania, completed his medical degree and pathology training in Melbourne and then returned to Hobart.

“The place where people grow up has a big influence on where they decide to live and work,” Dr Challis says. “It’s a reality that we tend to ignore in efforts to recruit doctors to areas of need. We need to look more closely at how people make decisions about their careers.”

“The Royal” is the tertiary referral hospital for the state and manages a full range of clinical problems. Staff pathologists are also located at Launceston General Hospital in the north, and a single pathologist is based in the

North West Regional Hospital, which has campuses in Burnie and Latrobe. But there are significant difficulties in recruiting specialists to smaller centres.

“The supply of pathologists has been declining for many years,” Dr Challis says. “Small country centres were the first to lose them, and now regional centres are struggling as well.”

Dr Challis’ unit has developed an enviable reputation for training registrars in anatomical pathology. Trainees have a very high pass rate, and applications for the three positions exceed the available vacancies. “In fact we export people – our undergraduate medical students become enthusiastic about pathology, and once they graduate they move on to training positions in other parts of Australia,” he says.

The range of pathology processed by the hospital is an advantage, as is access to autopsies, which can be difficult for trainees in other states. Trainees assist with 60 or 70 non-coronial autopsies a year at the hospital, and they can also observe 300 to 350 coronial autopsies a year.

“In the bigger cities, coronial autopsies are performed in specialist forensic medicine institutes, which tend to be stand-alone facilities isolated from hospitals,” Dr Challis says.

Hospital specialists benefit from working in a large hospital in a smaller community. “There is a very good working relationship between private and public

pathology services,” he says. “The good working relationship also applies to other disciplines within the hospital – for example, colleagues in haematology, cytogenetics and molecular genetics are just down the corridor rather than in another building.”

Like pathologists everywhere, Dr Challis can refer problems to specialists in other cities when needed. High-quality digitised images make the process easier, allowing collaboration around the world as well as around the country. “Technology has helped to reduce any sense of isolation that we might have felt in the past,” he says.

The local media and opposition politicians regularly criticise access to public health services in Tasmania but rarely the quality or commitment of their staff. Funding of health is a political issue in every Australian state, and Tasmania is little different. Dr Challis says there are some significant infrastructure deficiencies, particularly ageing and inadequate public hospital buildings, but the Government recently announced plans to investigate total replacement of the existing facilities.

Remuneration for hospital specialists lagged that of mainland colleagues for many years, but that has been at least partly rectified in the past few years.

Dr Eileen Long has just passed her final exams to qualify as an anatomical pathologist. Born in Tasmania, she obtained her undergraduate medical



Dr David Challis, staff specialist in anatomical pathology at the Royal Hobart Hospital

degree from the University of Tasmania, has never considered herself a “big city” person and feels Hobart provides an ideal combination of lifestyle and professional potential.

Dr Long decided to train in pathology following some time working in Britain after her internship.

“I always found pathology exciting as a student,” she says. “It’s about understanding disease processes at the most basic level and how disease affects humans.”

Back in Australia and with a wide range of options available, she successfully applied for a registrar position at Royal Hobart Hospital and completed her first four years under the supervision of Dr Challis.

“The training program here is excellent,” she says. “Pathology services are of a very high standard. Involvement in case meetings with other specialties meant I could keep in touch with other aspects of medicine, and I was actively involved in clinical decisions across a range of disciplines. Pathology departments in larger cities are tending to develop subspecialties, which can limit the experience of trainees aiming for wide experience.”

Dr Long is finishing her fifth and final year of training in the laboratories of Hobart Pathology, a private service. “This has given me the chance to work more with skin pathology and cytology, which tends to be limited in hospital-based practice,” she says.

Next year she will move to half-time consultant positions in both the public

and private services, reflecting the excellent co-operation between pathologists in this small city. “There’s a strong sense of camaraderie and shared experience,” she says.

Dr Lawrie Bott, a general pathologist, is a new recruit to the Tasmanian pathology community. As CEO of Sonic Healthcare in the state, he will manage three private practices - Hobart Pathology, Launceston Pathology and North West Pathology in Burnie. Previously working in Wollongong, NSW, Dr Bott says he was attracted by the lifestyle of Tasmania and the challenge of managing a network of practices serving a diverse state.

“The objective is to provide a high quality service across diverse and sometimes isolated areas, at an affordable cost to the community,” he says. “All centres in the state need pathology services with a quick turn-around, including emergency services. People think Tasmania is small in terms of distance, but travel times to more isolated towns can be quite long. There is also a mix of city and rural environments, and all need substantial pathology services.”

Dr Bott says the public and private pathology services in Tasmania can fulfil 99 per cent of the state’s needs, and the standard is as high as anywhere in Australia – and indeed the world. “We have an excellent, committed team with a high degree of expertise, many of them trained in Tasmania,” he says. “When you combine this with quality lifestyle at an affordable cost, it’s a very attractive proposition.”

Dr Bott says the public and private pathology services in Tasmania can fulfil 99 per cent of the state’s needs, and the standard is as high as anywhere in Australia – and indeed the world. “We have an excellent, committed team with a high degree of expertise, many of them trained in Tasmania,” he says. “When you combine this with quality lifestyle at an affordable cost, it’s a very attractive proposition.”



Professor James Vickers, head of the discipline of pathology at the University of Tasmania

Tasmania also performs well in medical research. Its smaller size results in some limits on expensive infrastructure, but organisations such as the University of Tasmania’s Menzies Research Institute have shown that a focus on achievable results can lead to internationally significant outcomes.

Founded in 1988 as the Menzies Centre for Population Health Research, it quickly made its mark by defining the links between sleeping position and the risk of sudden infant death syndrome. The findings, since replicated and widely disseminated to parents and health professionals around the world, have saved countless lives. In Tasmania, the reduction in cot deaths has been so dramatic that there are now too few to allow further epidemiological research.



**Dr Lawrie Bott, a general pathologist,
CEO of Sonic Healthcare for Tasmania**

In Tasmania, the reduction in cot deaths has been so dramatic that there are now too few to allow further epidemiological research.

Other successes include demonstrating the importance of vitamin D to bone development in children and adults, linking early-life sun exposure with susceptibility to multiple sclerosis (a disease that is more prevalent in higher latitudes) and showing links between infant bedding and asthma.

The epidemiological work is based on Tasmanian attributes including a stable and well-defined population, excellent genealogical records and generous co-operation from the community.

The institute is growing rapidly, with increased funding, closer links with university and hospital-based biomedical researchers and a new building. Major research groups in the University of Tasmania's medical school will be amalgamated into the institute's structure.

The Menzies Institute is a World Health Organisation Collaborating Centre for Research and Training in Non-Communicable Diseases, such as cardiovascular disease and cancer. Since 1990 it has had WHO responsibility for assisting countries in the region to implement programs for the prevention and control of cardiovascular disease.

Professor James Vickers, head of the discipline of pathology at the University of Tasmania, is well aware of the pros and cons of leading research in Australia's smallest state.

"The scale of investment in research is different, but we have become skilled at multidisciplinary co-operation, crossing some of the traditional barriers between disciplines to take advantage of the skills

and expertise we have here," Professor Vickers says.

"Amalgamation of research under the umbrella of the Menzies Institute will strengthen that trend. The days of individual researchers working in isolation are long gone. Although we lack some expensive pieces of equipment and we receive little State Government funding compared to the rest of Australia, it's a misconception that Tasmania is too small for research."

University-based research programs have developed special expertise in respiratory medicine, cancer immunology and neurosciences. Professor Vickers' own interest is in neurodegenerative diseases and acquired brain injury. The cross-discipline NeuroRepair group combines the talents of pathologists, cell biologists and biochemists to study the cellular basis of degeneration and regeneration in the nervous system.

With funding sources including the National Health and Medical Research Council, the Tasmanian Masonic Medical Research Foundation and the Royal Hobart Hospital Research Foundation, the group aims to understand the mechanisms by which neurons grow, and how to encourage their repair following a traumatic injury, or during the onset of Alzheimer's disease, Parkinson's disease, motor neurone disease and other conditions.

The group works on experimental models in cells and cultures and in genetically engineered mice, as well as human brain tissue acquired from nationally co-ordinated "brain banks".

"In Alzheimer's disease we are looking at the earliest pathology in nerve cells," Professor Vickers says. "This is a time when there is some prospect for intervention to stop or delay the degenerative process. We are working with cell culture models to follow changes in the cytoskeletal proteins that give neurons their structure and are damaged in the disease process."

A close and collaborative biomedical community in Hobart facilitates teaching as well as research in pathology, with active involvement by private and public clinical pathologists in undergraduate and postgraduate programs.

"We have excellent relationships between the university and local pathologists," Professor Vickers says. "One or two lectures from a person at the coal face during an undergraduate degree can enthuse a person for life about a discipline like pathology. We also have a number of "champions" who are working to make sure pathology is given proper emphasis as our medical degree is redesigned into a five-year curriculum. We have also been able to attract a stream of really excellent postgraduate students to pathology research."

The University of Tasmania is now offering a Bachelor of Medical Research, the first such program in Australia. It covers the fundamentals of health and disease in human tissues, providing options for specialisation, and allowing students to complete their own research projects in their final year. 📌