AACI

Association of American Cancer Institutes Oncology Workforce Initiative

What Cancer Centers Are Doing to Address the Oncology Workforce Shortage

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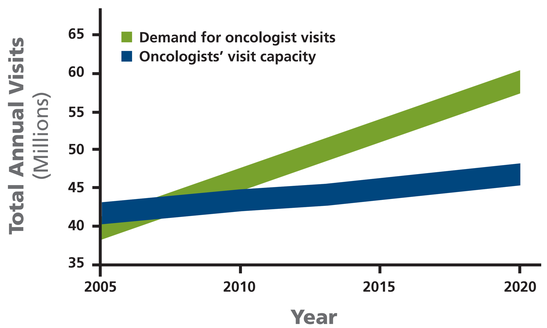
Background

Among cancer organizations, the Association of American Cancer Institutes (AACI) is the only association dedicated explicitly to representing the interests of the nation's cancer centers, both NCI-designated and emerging centers.

Beyond setting the bar for high quality cancer care, control and investigation, AACI cancer centers also serve as the training ground for the next generation of oncology workers—from researchers and physicians to oncology nurses and social workers.

Over the past decade, cancer centers have faced a growing, dual challenge — shortages in the oncology workforce coupled with greater demand for cancer care, driven in part by more and older patients, many of whom are living longer due to advances in cancer care.



Source: Warren JL, Mariotto AB, Meekins A, et al. (2008) Current and future utilization of services from medical oncologists. J Clin Oncol 26:3242-3247.

AACI is well-positioned to address the impending workforce crisis, and to be the conduit for disseminating management practices across the cancer center spectrum that support and expand the oncology workforce. To that end, AACI launched an AACI Oncology Workforce Survey in 2010.

Data Collection

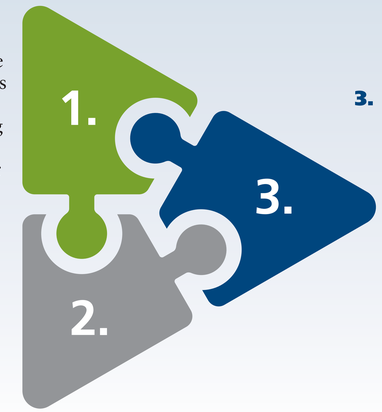
In February 2010 AACI circulated a request to administrators and directors at its member centers, seeking brief descriptions about current programs, or those under consideration, aimed at enhancing oncology workforce training, recruitment and retention. Based on submissions from 21 centers, ranging from wish lists to comprehensive program descriptions, AACI produced a report organized into three main sections: recruitment and retention; oncology workforce training; and, nursing and oncology. "Closer Look" sections focused on efforts at three major cancer centers. The report was made available at AACI's 2010 annual meeting and is posted online at AACI's website. It has not been published in a journal or directly circulated outside of AACI communication channels.

For more information contact
The Association of American Cancer Institutes
www.aaci-cancer.org

A Three-Pronged Framework for Stabilizing the Oncology Workforce

1. **Recruitment and Retention**
   Maximize the pipeline of people who possess true expertise in cancer care, including nurses, psychosocial counselors, and other caregivers who think of themselves as cancer specialists.

2. **Oncology Training**
   Expand the scope of training by increasing core competencies — the minimum level of knowledge — of oncology in all disciplines.

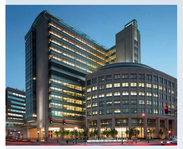


3. **Consumer Education**
   Increase health care consumers' overall oncology expertise. Such efforts would be led by oncology workers engaged in public policy, patient advocates and public officials.

A Closer Look at Recruitment and Retention from UCI Chao Family Comprehensive Cancer Center

Oncology professional workforce recruitment at the UCI Chao Family Comprehensive Cancer Center:

- Emphasizes academic partnerships and multidisciplinary teams
- Expands access to translational medicine, utilizing research to provide patients with the newest therapies/treatments and cutting-edge comprehensive health care
- Improves workplace conditions and enhances education and professional development opportunities
- Clearly defines organizational values of academic achievement, respect, integrity, service and excellence



A Closer Look at Oncology Workforce Training from The Siteman Cancer Center of Barnes-Jewish Hospital at Washington University School of Medicine

- The Cancer Biology Pathway and Molecular Oncology Training Program provides basic scientists with in-depth training in diverse aspects of basic, translational, and clinical cancer research
- The Siteman Summer Opportunities Program provides opportunities for undergraduate, pre-med and medical students enrolled at Washington University or other accredited universities to work on cancer research projects with Siteman Cancer Center research members
- Hematology-Oncology Fellowship Protocol Program provides fellows with assistance in development, initiation, and conduct of a clinical study in hematology, oncology, or hematopoietic stem cell transplantation.

Findings

The best practices contained in AACI's 2010 oncology workforce report illustrate the major strides AACI member centers are making in addressing gaps in the recruitment, retention and training of the oncology workforce, and in the dissemination of cancer knowledge.

For example, nine centers highlighted fellowship training programs, with one of those centers launching a new fellowship in 2010 and four others reporting expansions or planned growth in existing fellowships. Another training program focused on cancer center administrators.

In the area of recruitment, respondents flagged numerous oncology education programs for high school and college students as well as employment transition services and community outreach. Reported retention measures included mentorships, adjustments in faculty compensation, better start-up packages for new faculty recruits, improved workplace conditions and enhanced professional development.

Conclusion

In a recent strategic plan, The U.S. Department of Health and Human Services lists a number of "external risk factors" that stand in the way of achieving the broad goals of the U.S. health care system: changing demographics in the population and in the health, public health, and human services workforce; increased demand for services; and, difficult fiscal conditions at the state and local levels. Add in specific challenges facing the oncology workforce, such as longer periods of both intensive and less-intensive follow-up care, and, in particular, fewer people becoming oncology caregivers and researchers for shorter periods of time, and the national goal of eradicating cancer can sometimes seem unattainable.

Clearly, a transdisciplinary approach is needed to ensure that the oncology workforce remains strong in the face of such varied obstacles. Increasing supply or disseminating knowledge in only one segment of this enterprise is insufficient. As suggested by former AACI President Dr. Edward J. Benz, Jr., a broad, three-pronged framework, supported by the nation's cancer centers, could be the key to stabilizing the oncology workforce.

The first pillar, involving recruitment and retention, would require maximizing the pipeline of people who possess true expertise in cancer care, including nurses, psychosocial counselors, and other caregivers who think of themselves as cancer specialists.

The second pillar would acknowledge that even great success with the first pillar isn't likely to be enough if the number of fairly long-term cancer survivors—about 12 million people now—continues to go up. So we need to expand the scope of oncology training by increasing core competencies—the minimum level of knowledge—of oncology in all disciplines.

The third pillar would encompass interventions that would increase health care consumers' overall oncology expertise. Such efforts would be led by oncology workers engaged in public policy, patient advocates and public officials.

As illustrated by the case studies and best practices contained in AACI's report, AACI member centers are making major strides in addressing gaps in the recruitment, retention and training of the oncology workforce, and in the dissemination of cancer knowledge.