

A Bleak Future or a Golden Opportunity?

Here is a shortage we have not heard much about: The American Society of Clinical Oncology (ASCO) recently released a report projecting a serious shortfall of trained oncology specialists by 2020 (Association of American Medical Colleges [AAMC] Center for Workforce Studies, 2007; Erickson, Salsberg, Forte, Bruinooge, & Goldstein, 2007). In this fast-paced time of instant everything, that day seems like it is right around the corner.

The demand for well-trained oncology healthcare professionals from now on will only grow. Despite the fact that cancer deaths seem to be declining, as the baby-boomer generation continues to age and our skill at cancer detection becomes more sophisticated, more cancers will be diagnosed and successfully treated and the ranks of cancer survivors needing specialized care and long-term management will swell. According to the AAMC Center for Workforce Studies (2007) report, the numbers of people diagnosed and living with cancer will rise by 81% by 2020. We have been struggling for many years to find ways to deliver specialized cancer care, improve care, and widen patient access to care. Future shortages of well-trained physicians will not only slow our progress but potentially result in a reversal of all that has been gained.

A survey of clinical oncologists that was part of the AAMC Center for Workforce Studies (2007) report identified some potential solutions to consider. Some of the more obvious ones included increasing the number of oncology specialists and streamlining practice by decreasing paperwork and increasing the use of information technologies, but the oncologists also listed increasing the use of nurse practitioners (NPs) and physician assistants (PAs) as a remedy. ASCO has charged a task force with examining the problems and making recommendations to its board of directors (Hortobagyi, 2007). According to Hortobagyi, the president of ASCO, the group will, among many activities, collaborate with specialty societies, to focus their work. Will the Oncology Nursing Society (ONS) be one of those societies? I hope so.

The projected shortfall of oncologists is one more dimension to the problems facing the nursing shortages that we have been struggling with in recent years, but at the same time, I see this news as a wonderful opportunity for ONS and advanced practice nurses (APNs) to be part of creating a future. The news is encouraging to some degree. The survey of clinical oncologists revealed that 56% of the

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responding oncologists already work with NPs and PAs (AAMC Center for Workforce Studies, 2007). Erickson et al. (2007) noted that one potential mitigator for the physician shortage mentioned in the AAMC report might be increasing the number to 85%. This is by no means a complete solution, but it could reduce the severity of the projected problem. Oncology nurses need to seize the opportunities that are being presented.

Simple? Of course it is very complicated. We need to address our own nursing shortage problems, including our declining supply of programs to prepare APNs. We need to creatively strategize additional ways in which oncology nurses and APNs can be employed in the care of patients with cancer so that nurses are an integral part of the solutions that are implemented. We need to encourage expansion of the roles of APNs currently at work with physicians to utilize them to their full potential (currently only about 30% of the NPs and PAs working with oncologists are working in an advanced capacity [AAMC Center for Workforce Studies, 2007]). We need to do this in a systematic way in collaboration with the physicians, and we need to do it now!

Many of you will have had the opportunity to hear presentations at the ONS Annual Congress in Las Vegas, NV, about the assaults and strategies being proposed by some sectors of physicians on the scope of nursing practice. These efforts will not take us forward but, if enacted, will only serve to exacerbate the problems faced by health care today and in the future. The AAMC Center for Workforce Studies (2007) report would seem to have some encouraging elements as far as chances for collaboration between physicians and nurses go to ensure continued progress in the gains we have been able to make in the care of patients with cancer. The solutions to the problems facing the healthcare profession are too large to be addressed by one narrow segment, but oncologists and oncology nurses can be a model for health care in general if we build upon the ways in which we work together. It will take all of us to handle the volume of patient needs that we are facing.

We cannot start too soon, and nursing cannot sit back and wait for an invitation to participate. The future does seem a bit bleak, but these golden opportunities, if we seize them, can provide some hope for our personal and professional future and the future of our patients.

References

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Digital Object Identifier: 10.1188/07.ONF.603