

Evidence Brief: Cancer

Contents

Key publications – the big picture	3
Case Studies.....	10
The Star for workforce redesign.....	12
Statistics.....	12
National Data Programme.....	12
Published Peer Reviewed Research.....	13
Advanced Practice	13
Allied Health Professionals (AHPs)	15
Barriers.....	16
Career planning and pathways.....	17
Equality, Diversity and Inclusion.....	19
Global.....	21
Health, wellbeing and burnout.....	21
Impact.....	23
Learning from Covid-19.....	25
New and emerging roles.....	28
Lung Cancer Nurse Specialists.....	32
New ways of working.....	32
Primary Care	35
Shortages and Supply	35
Staff and patient perspectives and perceptions.....	39
Training, education and skill mix	41
Upskilling.....	49
Workforce.....	50
Workforce planning	56
Competency Frameworks	57
*Help accessing articles or papers.....	60

Produced by the Knowledge Management team Evidence Briefs offer an overview of the published reports, research, and evidence on a workforce-related topic.

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- [Complete Evidence Brief list – link for Workforce, Training and Education staff](#)
- [Complete Evidence Brief list – link for External staff](#)

Key publications – the big picture

[Independent investigation of the National Health Service in England \(the Darzi review\)](#)

Source: Department of Health and Social Care

Publication date: September 2024

Lord Darzi's report on the state of the National Health Service in England.

[Harnessing technology to address the NHS workforce challenge](#)

Source: Public Policy Projects and Philips

Publication date: 2024

Cancer Care: Implementing innovation is a Public Policy Projects (PPP) programme designed to identify opportunities for improvements and transformation in cancer care. The programme convenes key stakeholders from primary and secondary care research, pharmacy, integrated care boards (ICB's), industry representatives and other key stakeholders for focussed discussions across a series of roundtables and events. In 2024, PPP hosted the first of four roundtables, which focussed on Harnessing technology to address the NHS workforce challenge and was chaired by Dr Hatim Abdulhussein, at the time of the roundtable the National Clinical Lead for AI and Digital Workforce. The session was attended by sector leaders and key stakeholders, including innovation consultants, digital technology leads, governance leads, data and AI leads, primary care staff and key industry representatives. The findings of this paper are based on these discussions, held under the Chatham House Rule, and have been supplemented with additional research by PPP. As such, it is not an exhaustive account of NHS workforce challenges, but, rather, a succinct reflection from a key group of stakeholders focusing on the opportunities presented by technology.

[Clinical Oncology Workforce Census Report 2023](#)

Source: The Royal College of Radiologists

Publication date: 2024

This year's clinical oncology workforce census shows growing delays for patients trying to access critical NHS services. These delays are the direct result of severe workforce shortages, due to demand for services outstripping consultant growth.

[Clinical Radiology Census Reports 2023](#)

Source: The Royal College of Radiologists

Publication date: 2024

Our 2023 clinical radiology workforce census report reveals dangerous shortages of doctors essential in the diagnosis and treatment of serious conditions including cancer and stroke. These delays are the direct result of severe workforce shortages, due to demand for services outstripping consultant growth.

[The Cavendish Review Ten Years On: Are NHS support workers still 'invisible'?](#)

Author(s): Professor Richard Griffin et al.

Source: King's College London

Publication date: 23 July 2024

Comprising 28% of the total NHS workforce, clinical support staff are healthcare employees who work alongside nurses, midwives, physiotherapists, radiographers, orthoptists, and others in patient facing roles performing a wide range of clinical and nonclinical tasks. Their jobs require learning up to, but below, degree level. Their work is not regulated by bodies such as the Nursing and Midwifery Council, but they are frequently the healthcare staff patients, and their families have most direct contact with. Examples of such roles include Health Care Assistants, Maternity Support Workers, Assistant Practitioners, and Therapy Assistants.

Radiotherapy radiographic workforce UK census 2023

Source: Society of Radiographers

Publication date: March 2024

The SoR 2023 workforce census captures data about the UK radiotherapy radiographic workforce at the census date of 1 November 2023. Data collection was performed between November 2023 and January 2024, ending in January 2024, by means of an Alchemer® online questionnaire distributed to radiotherapy service managers. The census asked for the total numbers of therapeutic radiographers, assistant practitioners (APs), trainee assistant practitioners (TAPs) and clinical support workers delivering radiotherapy (together referred to as the 'radiotherapy radiographic workforce' in this report) within the budgetary control of the radiotherapy service manager. Radiotherapy helpers and administration staff are not included in these numbers. Notably, starting from 2021, the census has been expanded to include clinical support workers in its data collection.

Cancer in the UK Overview 2024

Source: Cancer Research UK

Publication date: February 2024

This annual report summarises key metrics and data across the cancer pathway, including prevention, earlier diagnosis and treatment. It looks at where progress is being made and what challenges remain in the UK.

Cancer Workforce & Education Strategy

Source: Greater Manchester Cancer Alliance

Publication date: October 2023

This Cancer Workforce and Education Strategy sets out a shared ambition for our people in Greater Manchester; will align and support organisational and locality workforce plans where possible and support the delivery of the NHS Long Term

Workforce Plan, the Greater Manchester People and Culture Strategy, and Greater Manchester Cancer Plan.

Major conditions strategy: case for change and our strategic framework

Source: Department of Health & Social Care

Publication date: August 2023

The model of care which sustained us for the past 75 years must evolve considerably to meet the needs of the public in 75 years' time. We are living longer, but for too many people that life is experienced with many years in poor health.

This major conditions strategy begins with one question: how should our approach to health and care delivery evolve to improve outcomes and better meet the needs of our population, which is becoming older and living with multimorbidity?

We have chosen 6 groups of conditions to focus on: cancers, cardiovascular disease (CVD) (including stroke and diabetes), musculoskeletal disorders (MSK), mental ill health, dementia, and chronic respiratory disease (CRD).

NHS Long Term Workforce Plan

Source: NHS England

Publication date: June 2023

The first comprehensive workforce plan for the NHS, putting staffing on a sustainable footing and improving patient care. It focuses on retaining existing talent and making the best use of new technology alongside the biggest recruitment drive in health service history.

See p. 20 Planned increase in medical specialty training places
p. 31 Responding to care and health needs rather than prevention

p. 44 Invest in training opportunities and the development of career pathways for nurses who wish to become clinical nurse specialists working with people with cancer

p. 83 Review medical career pathways and identify ways to better support postgraduate career progression for LEDs, including routes to progress their careers into high demand specialties such as cancer.

p. 93 Enhanced practitioners

p. 94 Formal pathways to facilitate the transition for the most experienced and skilled staff from advanced to consultant practice roles"

pp. 96-97 For Support Workers (including Cancer Support Workers)

See also [Blog post: NHS England's Workforce Plan \(Macmillan Cancer Support\)](#)

[Building a cancer workforce that delivers for patients today and tomorrow](#)

Source: Cancer Research UK

Publication date: May 2023

The NHS workforce is vital to the diagnosis, treatment and care of the three million people with cancer in the UK.¹ From their first GP appointment or screening invite to getting diagnostic tests and treatment, and ongoing support and care, patients rely on dedicated specialist staff across the NHS. Without their tireless work, we would not have seen such progress in cancer outcomes, including a doubling in cancer survival since the 1970s.² The COVID-19 pandemic and the ongoing reverberations through the health system have seen the cancer workforce at its best, working hard in the most challenging of circumstances to maintain cancer care.

[Diagnostic Radiography Workforce UK census 2022](#)

Source: The Society of Radiographers

The 2022 workforce census captures data about the diagnostic radiography workforce in the UK on the 1 November 2022 census date. Radiology services managers (or equivalents) were asked to answer the census on behalf of all diagnostic

radiography (medical imaging) services in their hospital/workplace or organisation. They were asked to include details of all practitioners in the career framework, from clinical support workers and assistant practitioners through to advanced and consultant practitioners, plus apprenticeship posts (England only) and trainee assistant practitioners. These are referred to collectively as the 'diagnostic radiography workforce' in this report. Excluded are clerical workers, clinical scientists, radiotherapy staff and individuals working for third-party managed services where the third party employs the staff. Please note that clinical support workers have been included since the 2021 census.

[Accelerating genomic medicine in the NHS](#)

Source: NHS England

Publication date: October 2022

A strategy for embedding genomics in the NHS over the next 5 years.

[Lung Cancer Getting It Right First Time report](#) Free log in on the NHS Futures Platform required to view

Source: Getting It Right First Time (GIRFT)

Publication date: April 2022

See p. 66 Effective multidisciplinary working

A new diagnosis of lung cancer affects nearly 50,000 people per year in the UK and lung cancer is the largest contributor to cancer-related death in both men and women, responsible for 35,000 deaths per year. Outcomes for lung cancer in the UK lag behind those for many comparable countries. Sadly, many people have symptoms for some time before seeking medical attention despite numerous public campaigns to raise awareness of the early features of the disease. Furthermore, the symptoms of lung cancer are non-specific and very common in many people without the disease. This leads to the challenging situation of the majority of newly diagnosed cases being

diagnosed at an advanced stage of disease. The armamentarium of treatment options has expanded considerably over the last ten years and continues to do so, which opens up options for treatment which can impact on survival even for advanced disease. The imperative to reach a diagnosis and subsequent treatment cannot be underplayed, both in improving survival but also the quality of life and symptom burden for those living with lung cancer. There is much evidence to demonstrate better outcomes from reaching a diagnosis and subsequent treatment rapidly. This led to the development of the National Optimal Lung Cancer Pathway (NOLCP) with key targets of 28 days to communication to the patient of their diagnosis and 49 days to commencement of the first treatment from the point of an abnormal chest X-ray report or urgent referral. However, there remain obstacles to achieving the goal of a faster diagnosis and earlier treatment in access and service configuration in primary, secondary and tertiary care.

Cancer services

Source: House of Commons and Health and Social Care Committee

Publication date: March 2022

See p. 29 Workforce

In a highly critical report on cancer services in England, MPs raise the alarm on the damaging and continuing impact of the pandemic and warn of a real risk that gains in cancer survival will reverse. Evidence provided to the Committee by the Government and the NHS demonstrates that the NHS was not on track to meet its target on early cancer diagnosis. Without progress, that would mean more than 340,000 people between 2019 and 2028 missing out on an early cancer diagnosis.

Cancer nursing on the line: why we need urgent investment across the UK

Source: Macmillan Cancer Support

Publication date: September 2021

UK cancer services are slowly recovering from the devastating blow caused by Covid-19. The pandemic has both laid bare and exacerbated the terrible strain the cancer workforce has been under for many years. When the pandemic hit, some services were forced to pause, whilst others had to quickly adapt and many have still not 'returned to normal'. Some cancer nurses were also deployed to care around the clock for the half a million people admitted to hospital with coronavirus. The practical and emotional impact of this disruption on people living with cancer has been profound. Macmillan's new research establishes that cancer nurses are being stretched too thinly, trying to be there at our time of greatest need, and coping with the physical and emotional toll of the pandemic. Cancer and the devastating impact it has on lives should not be forgotten, and neither should our nurses and NHS. Our nurses have been there for us. Now we must be there for them.

Building back cancer services in England

Source: Institute for Public Policy Research (IPPR)

Publication date: 24 September 2021

The pandemic has severely disrupted cancer services in England. While Covid-19 might not have caused our health service to 'collapse' rapidly, it has forced us to take previously unthinkable steps like cancelling cancer treatments. There have been widespread disruptions across the cancer care pathway – screening, referrals, diagnostic and treatment services have all seen reductions in activity.

[Evaluation of the Advanced Specialist Practitioner care homes project – Macmillan Cancer Support](#)

Source: Macmillan and m.e.l research

Publication date: September 2021

This report brings together evidence from a two-year evaluation of the Barnsley Advanced Specialist Practitioner (ASP) care homes pilot project, funded by Macmillan Cancer Support and run in partnership with South West Yorkshire Partnership NHS Foundation Trust (SWYPFT). The pilot has aimed to provide enhanced care planning to care home residents in the last year of life, working with care homes directly and wider health services.

[Cancer services recovery plan](#)

Source: NHS England

Publication date: December 2020

The coronavirus pandemic has presented major challenges for all healthcare systems. At the start of the pandemic, this resulted in some people facing longer waits for diagnosis, some treatments being delivered in different ways or being interrupted or stopped on the grounds of clinical safety, and some follow-up care being disrupted. One of the most significant impacts was a sharp reduction in the number of people coming forward and being referred urgently with suspected cancer and referred from screening programmes.

[Estimating the cost of growing the NHS cancer workforce in England by 2029](#)

Source: Cancer Research UK

Publication date: October 2020

Over the last 50 years, the UK has made significant progress in improving survival outcomes for people diagnosed with cancer. In the 1970s, only 1 in 4 cancer patients would survive their disease for ten years or more. By 2010, this had risen to 2 in 4, and survival outcomes continue to improve.¹ There are several

drivers for this, from the introduction of screening programmes and innovative treatments to ongoing improvements to health care pathways – all of which has been underpinned by the continued and tireless efforts of staff from across the NHS. See also [supplementary information pack](#)

[Addressing the gap](#)

Source: Macmillan Cancer Research

Publication date: September 2020

Macmillan's most recent workforce census¹ demonstrated that there are worrying vacancy rates across specialist cancer nurse roles in England,* with significant geographic variation. Subsequent patient and workforce reported data still demonstrates unmet need amongst people living with cancer.^{2, 3} The causes and impact of the crisis in the NHS workforce are multifaceted and go beyond the scope of this paper. However, the specialist cancer nurse vacancy rates and the solutions to address them must be understood within the context of a wider crisis in the general nursing population and the increasing pressures on the NHS caused by rising patient need - with the Covid-19 pandemic throwing into sharp focus the fragility of our workforce.**

[Delivering the early diagnosis of cancer PCN specification: Getting started and learning from others](#)

Source: Cancer Research UK & NHS Confederation PCN Network

Publication date: September 2020

The NHS Long Term Plan's ambition for early cancer diagnosis is that by 2028, the proportion of cancers diagnosed at stages 1 and 2 will rise from around half now to three-quarters of cancer patients. Achieving this will mean that from 2028, 55,000 more people each year will survive their cancer for at least five years after diagnosis. For 2020/21, both the (revised) quality and outcomes framework (QOF) quality improvement (QI) indicators

on the early diagnosis of cancer and the early cancer diagnosis primary care network specification recognise the pivotal role that GPs play in diagnosing cancer earlier, and focus on similar areas.

[Early detection and diagnosis of cancer: A roadmap to the future](#)

Source: Cancer Research UK

Publication date: 2020

The roadmap identifies major challenges and proposes addressing them through funding new research and technology innovation, investing in platforms and data access to support such research, developing new models of healthcare and engaging the public and patients meaningfully in designing the solutions.

[Voices from the frontline: Challenges facing cancer clinical nurse specialists right now](#)

Source: Macmillan Cancer Support

Publication date: September 2019

The NHS nursing workforce is at breaking point, with vacancies reaching 40,000 and near intolerable pressure being placed on many professionals. The causes of this crisis are multifaceted, and so too must the response be. Whilst there is no single silver bullet which can reverse current trends and much more needs to be done to grow the workforce, we also need to do more to support and retain existing nursing staff. We know too that lack of development and learning support is a commonly cited reason for nurses leaving the profession. Ensuring that nurses are up to date and able to deliver the best possible care is also fundamental to patient safety and quality of life. For these reasons, we believe prioritising CPD is critical in creating a fit-for-purpose NHS workforce.

[Progress update: Update on Phase 1 of the Cancer Workforce Plan](#)

Source: Health Education England

Publication date: August 2019

Phase 1 of the Cancer Workforce Plan was clearly defined with a focus on seven key professions within the wider cancer workforce. This paper details progress towards ambitions described by the [Cancer Workforce Plan \(Phase 1 to 2021\)](#)

[Exploring the role of allied health professionals in the care of people affected by cancer: the Patient and Practitioner Voices project](#)

Source: Health Education England

Publication date: June 2019

The project was triggered by Recommendation 70 of Achieving World Class Cancer Outcomes: a strategy for England 2015 – 2020: that HEE supports a national review of the cancer rehabilitation workforce and promotes the role of AHPs in multidisciplinary teams (NHS England, 2016). As our starting point we took existing work that showcased and promoted the role of AHPs and supported the development of AHP competencies in cancer care. This project report presents further work undertaken by Health Education England (HEE) to explore the roles of AHPs that provide care within multidisciplinary cancer care teams and to explore the experiences of people affected by cancer who have received care from AHPs.

[Allied Health Professional Workforce Report \(a survey of Dietitians, Occupational Therapists, Physiotherapists and Speech & Language Therapists\)](#)

Source: Macmillan Cancer Support

Publication date: December 2018

Our survey results are encouraging in that they highlight the important contribution of the AHP workforce in supporting people living with cancer across many different tumour types, with many

different symptoms and interventions to deliver positive outcomes.

[Securing a cancer workforce for the best outcomes: The future demand for cancer workforce in England](#)

Source: Cancer Research UK

Publication date: November 2018

This report explores how predicted changes in services would impact on the need for staff in the future. They largely reflect technology and innovation, with some service model changes also considered. They do not reflect all the potential changes in the health service, but capture those which were considered to have the most significant impact on cancer services.

[Meeting pathology demand: histopathology workforce census](#)

Source: Royal College of Pathologists

Publication date: September 2018

The report highlights the intense pressures that histopathologists face from increased workloads, such as new NHS screening programmes. In addition, services are facing more complex work as personalised medicine develops and guides new therapies. Outdated IT systems compound these pressures.

[Cancer Research UK workshop on AI and the diagnostic workforce](#)

Source: Cancer Research UK

Publication date: June 2018

It is important that this workforce plan takes into account the future impact of new technology such as AI, which has the potential to be used in clinical pathways - including those involved in cancer diagnosis. It is often assumed that AI could streamline or improve certain aspects of the diagnostic process, helping to alleviate pressures associated with staff shortages and freeing up valuable time for staff to focus on other activities, including patient care, service improvement and research. We

wanted to explore whether this assertion was true, how far away from current practice it was, and what the implications were for workforce planning.

[Cancer Workforce in England: a census of cancer, palliative and chemotherapy speciality nurses and support workers in England in 2017](#)

Source: Macmillan Cancer Support

Publication date: April 2018

Findings of its census of specialist cancer nurses and support workers, the first in depth investigation into the cancer nursing and support workforce in England since 2014.

[Full team ahead: understanding the UK non-surgical cancer treatments workforce](#)

Author(s): Burns et al.

Source: Institute for Employment Studies

Publication date: December 2017

This report published by Cancer Research UK presents the findings from research undertaken by IES in partnership with 2020 Delivery into the UK's non-surgical oncology workforce. The research identified the current and future needs, capacity and skills of this workforce to provide optimal treatment to the UK population.

[From the frontline: workforce pressures in the NHS](#)

Source: Macmillan Cancer Support

Publication date: September 2017

Current workforce pressures are affecting the level of care being delivered to cancer patients, according to a new report From the Frontline by Macmillan Cancer Support. A survey undertaken by nfpSynergy for Macmillan of over 250 GPs and nurses working in primary care across the UK, found that over half (52%) are not confident the NHS workforce is able to provide adequate care to cancer patients, given the current pressures it faces.

[The General Practice Nursing Workforce Development Plan](#)

Source: Health Education England

Publication date: March 2017

This report promotes the importance of general practice nursing, as well as providing details of potential workforce issues and provides appropriate recommendations. It sets out clear recommendations to improve the recruitment, retention and return of the general practice nursing workforce.

[Thinking Differently: Macmillan's vision for the future cancer workforce in England](#)

Source: Macmillan Cancer Support

Publication date: February 2017

In setting out our vision, this report examines the current challenges facing the cancer workforce. These include gaps in key roles such as Clinical Nurse Specialists (CNSs), inefficient use of specialist skills, and poor coordination and communication leading to lack of support both for recovery and at end of life.

[The specialist nursing workforce caring for men with prostate cancer in the UK: research report 2014](#)

Source: Prostate Cancer UK

Publication date: 2014

Prostate cancer is the most common cancer in men in the UK accounting for 25% of all new cases of cancer. It is predicted to become the most common cancer overall by 2030. This survey of the specialist nursing workforce caring for men with prostate cancer was completed across the four countries of the UK during June and July 2014. In total 302 specialist nurses completed the survey and data from 285 was used in the analysis. This is the biggest whole population survey of this workforce in recent years.

Case Studies

[Artificial intelligence helping to speed up skin cancer diagnosis in Leicester, Leicestershire, and Rutland integrated care](#)

Source: NHS England

Publication date: February 2023

Dermatology services in Leicester, Leicestershire, and Rutland integrated care system (ICS) are embracing digital innovation so that patients with suspected skin cancer can be seen more quickly.

[A strategic approach to workforce planning for the Diagnostic Imaging Workforce](#)

Source: NHS England Workforce, Training and Education Working across Wessex

Surrey and Sussex Cancer Alliance (SSCA) bring together health, social care and third sector organisations to work together to transform cancer care and improve cancer survival. They work with system partners who are responsible for commissioning and providing services and lead the transformation and improvement of cancer care and services across the local health and care systems.

[Cancer Nursing Pathway and the role of the Cancer Nurse Specialist](#)

Source: NHS England Workforce, Training and Education Working across Wessex

Thames Valley Cancer Alliance (TVCA) brings together cancer leaders, commissioners, service providers, people affected by cancer and third sector organisations to take a whole population approach to improving in cancer services across the three Integrated Care Systems of:

- Buckinghamshire, Oxfordshire and Berkshire West ICS (wholly situated within Thames Valley)

- Bath, Swindon and Wiltshire ICS (partly situated)
- Frimley Health and Care (partly situated)

Its aim is to take forward the ambitions in the [NHS Long Term Plan](#), focused on reducing variation, and improving timely access to all cancer services for all people within the Thames Valley.

[Creating a new role to help deliver improved cancer care in London with integrated care solutions across NHS Acute care, voluntary and specialist independent cancer care providers](#)

Source: Skills for Health

The South East London Cancer Network is a network of voluntary sector organisations, private cancer care providers, and NHS Acute providers who came together after the National Patient Survey found that the experience of cancer care in London is poorer than in the rest of the country.

[Enhancing Health Care Worker role helps improve waiting times for cancer clinic chemotherapy services, supporting nurses in its mobile cancer unit, improving remote patient care across the South Wales region](#)

Source: Skills for Health

A specialist oncology hospital in Cardiff has developed a Senior Health Support Worker role with the help of Skills for Health's role development consultants, to formalise new working practices, improve chemotherapy services and free up more time for registered staff.

[Inter-provider Greater Manchester Cancer Surgical Hub at Rochdale Infirmary](#) Free registration for NHS Futures Platform required*

Source: Future NHS Platform

Publication date: 2021

The aim was to establish an inter-provider service which could manage the prioritisation of referrals, scheduling surgery in a

COVID-19 secure site. Rochdale hospital, a 'cold-site', was mobilised to enable teams to treat cancer patients from across GM, making it available to multiple teams. Work moved at pace, with discussions starting in March 2020 and the implementation starting in April. Patient and staff experience was very positively reported, with 1487 patients treated in May and June 2020 alone, excellent for a site which had previously been under-utilised.

[Development of a Rapid Diagnostic Centre Service and Community Diagnostics Hub](#) Free registration for NHS Futures Platform required*

Source: Future NHS Platform

Publication date: 2021

This case study builds upon the beneficial changes narrative submitted by the Rapid Diagnostic Centre (RDC) team during the covid-19 pandemic, the patient flow network (part of the national beneficial changes programme) recognised the significant progress and improvements made by the team and requested a detailed case study be shared.

[West Yorkshire and Harrogate Cancer Alliance: tackling lung cancer](#)

Source: NHS Long Term Plan

Publication date: 2019

The Cancer Alliance is taking a whole system approach to Tackle Lung Cancer in areas with the lowest lung cancer survival rates and highest smoking prevalence.

[Diagnosing lung cancer earlier in Manchester](#)

Source: NHS Long Term Plan

Publication date: 2019

A pilot, offering smokers and ex-smokers free health checks and on-the-spot scans, has quadrupled the number of lung cancers diagnosed at an early stage. The approach targets lung cancer

testing at populations who are most at risk, using mobile scanners and teams in everyday places such as supermarket car parks.

[Supporting people to live well with and beyond breast cancer](#)

Source: NHS Long Term Plan

Publication date: 2019

University Hospitals Plymouth NHS Trust work with a range of agencies to provide personalised follow-up care that aims to reduce the impact of cancer and its treatment on people's health and wellbeing. Felicity Farah, describes how this support has helped her following her diagnosis of breast cancer in March 2018.

[Head and neck cancer clinic case study](#)

Source: NHS England

Publication date: September 2018

In September 2018, Thames Valley Cancer Alliance and our partners launched a head and neck cancer outpatient clinic at Great Western Hospital in Swindon.

The new weekly clinic provides follow up rehabilitation care closer to home for local patients and is helping to improve patient experience.

The Star for workforce redesign

More resources and tools are available in the **Cancer** section of [the Star](#)

Statistics

You can find relevant statistics on the [Health and Care Statistics Landscape](#) under “**Health and Care**” and use the “**Cancer**” filter

National Data Programme

Workforce, Training and Education staff can look at the [National Data Warehouse \(NDL\)](#) SharePoint site to find out more about datasets and Tableau products.

Published Peer Reviewed Research

Advanced Practice

[Advanced Practice Nurses and Their Roles in Swiss Cancer Care: A Cross-Sectional Study](#)

Item Type: Journal Article

Authors: Geese, Franziska; Bryant-Lukosius, Denise; Zwakhalen, Sandra and Hahn, Sabine

Publication Date: 2024

Journal: Seminars in Oncology Nursing 40(3), pp. 151626 [Switzerland]

Abstract: OBJECTIVES: To examine the advanced practice nurse workforce in Swiss cancer care and how their roles are being implemented (eg, role structures, processes) to achieve optimal outcomes for patients and their families, care organizations, and the broader health care system., METHODS: A cross-sectional study was conducted. The sample included master-prepared advanced practice nurses in cancer care, who completed an online questionnaire from December 2021 to January 2022. Thirty-nine items assessed structures (eg, role characteristics, utilization), processes (eg, role activities, interventions), and perceived outcomes (eg, for patients, the health care system) of advanced practice nurses in Swiss cancer care. Data from closed questions were analyzed using descriptive statistics. Data from open-ended questions were organized and summarized into categories related to domains of advanced practice nursing and its reported frequency by the advanced practice nurses., RESULTS: The participating advanced practice nurses (n=53), worked in half of the 26 Swiss cantons. Interventions were identified within nine categories, of which most were targeted to patients and their families (n=7), followed by health care professionals (n=2). Perceived positive outcomes were patient symptom management, length of hospital

stay, and health care costs. Participants felt less confident in cancer care (eg, autonomous practice) and reported 15 professional development needs (eg, medical interventions, teaching)., CONCLUSIONS: This study provides a comprehensive examination of 53 advanced practice nurses, detailing the characteristics of their roles and utilization across various jurisdictions and health care settings. The results highlight the diverse dimensions of advanced practice nursing and its potential to enhance cancer services and outcomes in Switzerland. Opportunities for role development support and expansion are identified., IMPLICATIONS FOR NURSING PRACTICE: More systematic health human resource planning is needed to expand the deployment of advanced practice nurses across jurisdictions, practice settings, and more diverse patient populations. Role development needs show the desire for specialized educational preparation in cancer care. Crown Copyright © 2024. Published by Elsevier Inc. All rights reserved.

[A community-based advanced nurse practitioner-led integrated oncology care model for adults receiving oral anticancer medication: a pilot study](#)

Item Type: Journal Article

Authors: Richmond, Janice P.; Kelly, Mary Grace; Johnston, Alison; Murphy, Patrick J.; O'Connor, Laura; Gillespie, Paddy; Hobbins, Anna; Alvarez-Iglesias, Alberto and Murphy, Andrew W.

Publication Date: 2024

Journal: Pilot and Feasibility Studies 10(1), pp. 46

Abstract: Oral anti-cancer medications (OAMs) are being used increasingly within cancer care. OAMs offer the potential to improve patient convenience and increase hospital capacity. The clinical assessment for each cycle of OAMs requires specialist patient review often performed in hospital-based oncology units. Consequently, any potential improvement in patient expediency or increased hospital capacity that OAMs can offer is not

realised. This study aimed to develop and pilot the specialist assessment of patients receiving OAMs by an Advanced Nurse Practitioner (ANP) in a community-based location. The primary aim of this pilot study was to assess the feasibility of a community-based ANP-led integrated oncology care model for adults receiving OAMs in Ireland who met the pre-specified eligibility criteria. The objectives were to determine the feasibility of a definitive trial of this intervention by measuring patient safety, acceptability to patients and staff and cost of the new model of care. This single-centre pilot study provided patient care (n = 37) to those receiving OAM therapies within a community setting for a 4-month period. Consent rate was high with no attrition other than for clinical reasons. There were 151 contacts with the sample during that time. Results demonstrated that the ANP-led intervention and new model for OAM care was safe, highly acceptable to patients and staff and that related healthcare costs could be captured. Based on the success of this pilot study, the authors conclude that a community-based ANP-led integrated oncology care model for adults receiving OAMs is feasible, and a definitive trial is warranted. Trial registration ISRCTN, ISRCTN10401455 . Registered 30 November 2020. Copyright © 2024. The Author(s).

[The role of the advanced clinical practitioner in breast diagnosis: A systematic review of the literature](#)

Author(s): Spacey et al.

Source: Radiography 27(2) pp. 654-662

Publication date: May 2021

Introduction: Increasing prevalence in breast cancers, workforce shortages and technological advancements have increased the need to further develop advanced practice in breast diagnosis. The Advanced Clinical Practitioner training programme has been introduced to support this need. The aim of this work was to systematically review studies that explore advanced practice

in mammography to assess the potential impact of the introduction of a specific Advanced Clinical Practitioner training programme in breast diagnosis within the UK. Methods: A systematic PRISMA review of the literature published between 1999 and January 2020 was carried out. A total of 17 studies were included in the review. Results: Four themes were identified in the literature in relation to advanced practice in breast imaging: multidisciplinary practice; roles and responsibilities associated with advanced practice; development and progression; embedding and sustaining advanced practice. It was evident across all themes that advanced practice is vital in supporting better care for patients attending breast imaging in light of workforce shortages. Although advanced practice and its benefits are well established in breast imaging, persistent barriers were acknowledged such as role ambiguity, recruitment issues, lack of support from some radiologists and poor funding. Conclusion: Findings suggest that introducing a more formalised pathway to advanced practice into breast imaging through the implementation of a specific Advanced Clinical Practitioner apprenticeship training programme may overcome many of the challenges evidenced in this review. Implications for practice: The findings of this review will help inform the development of the Advanced Clinical Practitioner apprenticeship programme specific to breast diagnosis.

[Acceptance of the Advanced Practice Nurse in Lung Cancer Role by Healthcare Professionals and Patients: A Qualitative Exploration](#) Full text available with NHS OpenAthens account*

Author(s):Serena et al.

Source: Journal of Nursing Scholarship

Publication date: September 2018

The purpose of this study was to explore the acceptance of a novel role, the advanced practice nurse in lung cancer (APNLC), from the perspective of patients and healthcare professionals in a country lacking a regulatory oversight for advanced practice nursing (APN) roles. The new role appears to be well accepted by patients and physicians, yet barriers posed by nursing colleagues remain challenging.

Role of advanced nurse practitioners in the care pathway for children diagnosed with leukemia

Author(s): Bovero et al.

Source: European Journal of Oncology Nursing

Publication date: October 2018

Purpose The development of advanced nursing practices (ANP) can meet challenges presented by evolving needs of health care. We aimed at describing the approach taken to implement ANP in a pediatric oncology-hematology unit. Conclusion The impact of the implementation can be appreciated at different levels: i) the patient and his or her family, with improvement of communication and continuity of care; ii) the interdisciplinary team, with development of a dynamic and greater motivation of the health care providers; and iii) the profession, with a greater recognition of the competencies and conceptualization of the new role. An assessment of the process, the structure and the results should be carried out to validate the role of the advanced nurse practitioner throughout the long journey of a child with leukemia.

Allied Health Professionals (AHPs)

Approaches to tracheoesophageal voice rehabilitation: a survey of the UK and Irish speech and language therapists' current practice and beliefs

Item Type: Journal Article

Authors: Sparks, Freya; Dipper, Lucy; Coffey, Margaret and Hilari, Katerina

Publication Date: 2023

Journal: International Journal of Language & Communication

Disorders 58(5), pp. 1481–1495

[UK and Ireland]

Abstract: BACKGROUND: After total laryngectomy, surgical voice restoration is used to establish communication via tracheoesophageal voice prosthesis. Once voice is established, there is a paucity of information on what speech and language therapists (SLTs) should do to improve tracheoesophageal voice quality to ensure functional communication. No existing surveys or studies investigate this specific question. There is also a disconnect between guidelines, knowledge and clinical practice, whereby clinical guidelines stipulate the requirement for SLT intervention, but do not detail what this entails in the rehabilitation context., AIMS: (1) To advance understanding of current clinical practice beyond voice prosthesis management and care. (2) To explore what approaches are implemented in clinical practice across the UK and Republic of Ireland to rehabilitate tracheoesophageal voice. (3) To investigate the barriers and facilitators to provision of tracheoesophageal voice therapy., METHODS & PROCEDURES: A self-administered 10-min online survey was developed using Qualtrics software and piloted before dissemination. Survey development was informed by the Behaviour Change Wheel to identify barriers, facilitators and additional factors contributing to SLTs' provision of voice therapy to tracheoesophageal speakers. The survey was disseminated via social media and professional networks. Eligibility criteria included SLTs with at least one year post-registration experience and with experience of working with laryngectomy in the past 5 years. Descriptive statistics were used to analyse closed answer questions. Open question responses were analysed using content analysis., OUTCOMES & RESULTS: The survey received 147 responses. Participants were representative of the head and neck cancer SLT workforce. SLTs believe that tracheoesophageal voice therapy is an

important aspect of laryngectomy rehabilitation; however, there was a lack of knowledge about therapy approaches and insufficient resources for implementing therapy. SLTs expressed a desire for more training, specific guidelines and a stronger evidence base to inform clinical practice. Some SLTs expressed feelings of frustration and lack of acknowledgement for the specialist skills required to undertake laryngectomy rehabilitation and tracheoesophageal work in general., CONCLUSIONS & IMPLICATIONS: The survey identifies the need for a robust training approach and detailed clinical guidelines to promote consistent practice across the profession. The evidence base within this clinical area is emergent, hence there is a need for increased research and clinical audit to inform practice. Under-resourcing was highlighted, which should be considered in service planning to ensure that adequate staff, access to expert practitioners or time ring-fenced for therapy are available for tracheoesophageal speakers to receive the support they require., WHAT THIS PAPER ADDS: What is already known on this subject Total laryngectomy results in life-altering changes to communication. Clinical guidelines advocate for speech and language therapy intervention; however, there is no clear information on what SLTs should do to optimize tracheoesophageal voice and the evidence base to support practice is lacking. What this study adds to existing knowledge This survey identifies what interventions SLTs provide in clinical practice to rehabilitate tracheoesophageal voice; and it explores the barriers and facilitators that influence the provision of tracheoesophageal voice therapy. What are the potential or actual clinical implications of this work? Specific training, clinical guidelines, increased research and audit are required to support clinical practice in laryngectomy rehabilitation. Service planning should address the under-resourcing of staff, expert practitioners and therapy allocated time. Copyright © 2023 The Authors. International Journal of Language & Communication Disorders published by John Wiley & Sons Ltd on behalf of Royal College

of Speech and Language Therapists.

Barriers

[The future of cancer care in the UK-time for a radical and sustainable National Cancer Plan](#) Abstract only*

Item Type: Journal Article

Authors: Aggarwal, Ajay;Choudhury, Ananya;Fearnhead, Nicola;Kearns, Pam;Kirby, Anna;Lawler, Mark;Quinlan, Sarah;Palmieri, Carlo;Roques, Tom;Simcock, Richard;Walter, Fiona M.;Price, Pat and Sullivan, Richard

Publication Date: 2024

Journal: The Lancet.Oncology 25(1), pp. e6–e17

Abstract: Cancer affects one in two people in the UK and the incidence is set to increase. The UK National Health Service is facing major workforce deficits and cancer services have struggled to recover after the COVID-19 pandemic, with waiting times for cancer care becoming the worst on record. There are severe and widening disparities across the country and survival rates remain unacceptably poor for many cancers. This is at a time when cancer care has become increasingly complex, specialised, and expensive. The current crisis has deep historic roots, and to be reversed, the scale of the challenge must be acknowledged and a fundamental reset is required. The loss of a dedicated National Cancer Control Plan in England and Wales, poor operationalisation of plans elsewhere in the UK, and the closure of the National Cancer Research Institute have all added to a sense of strategic misdirection. The UK finds itself at a crossroads, where the political decisions of governments, the cancer community, and research funders will determine whether we can, together, achieve equitable, affordable, and high-quality cancer care for patients that is commensurate with our wealth, and position our outcomes among the best in the world. In this Policy Review, we describe the challenges and opportunities that are needed to develop radical, yet sustainable plans, which are

comprehensive, evidence-based, integrated, patient-outcome focused, and deliver value for money. Copyright © 2024 Elsevier Ltd. All rights reserved.

Oncology nursing workforce: challenges, solutions and future strategies Abstract only*

Author(s): Challinor et al.

Source: The Lancet Oncology 21(12)

Publication date: December 2020

The global oncology nursing workforce is essential to achieving Sustainable Development Goals 3.4 (reduce non-communicable disease morbidity by a third by 2030) and 3.8 (universal health coverage). Unfortunately, challenges to a robust oncology nursing workforce include nursing shortages, recruitment barriers (eg, perceptions of a demanding specialty with complex care and hazardous work environments), and burnout. Innovative recruitment strategies, onboarding and continuing education programmes, occupational safety measures, and burnout prevention interventions are documented solutions. The long-term effect of COVID-19 on oncology care worldwide is unknown, but immediate therapy interruptions, workforce consequences, and threats to standard oncology nursing practice are addressed here. Retention of experienced oncology nurses is crucial for future cancer control in all countries and must be addressed, particularly in resource-constrained countries with few oncology nursing staff and continuing out-migration of nurses to resource-rich countries. As the cancer burden worldwide increases, the future of the oncology nursing workforce is reflected in the call from the International Council of Nurses, Nursing Now, and WHO for nurses to move to higher levels of leadership, advocacy, and policy making (ie, national cancer control planning) and assume responsibility for their key role in achieving global goals for cancer control.

Barriers to delivering advanced cancer nursing: A workload analysis of specialist nurse practice linked to the English National Lung Cancer Audit

Author(s): Stewart et al.

Source: European Journal of Oncology Nursing 36: 103-111

Publication date: October 2018

Health services across the world utilise advanced practice in cancer care. In the UK, lung cancer nurse specialists (LCNS) are recognised as key components of quality care in national guidelines, yet access to LCNS contact is unequal and some responsibilities are reportedly left undone. We assess whether any variation in working practices of LCNS is attributable to factors of the lung cancer service at the hospital trust.

Conclusion Working practices of LCNS vary according to service factors, most frequently associated with trust anti-cancer treatment facilities. High workload pressures and limited ability to provide key interventions should be addressed across all services to ensure patients have access to recommended standards of care.

Career planning and pathways

Career adaptability among new oncology nurses: A longitudinal exploration Abstract only*

Item Type: Journal Article

Authors: Liu, Man;Liu, Lu;Lv, Zhuoheng;Mao, Yousheng and Liu, Yan

Publication Date: 2024

Journal: International Nursing Review [China]

Abstract: AIM: This study aims to explore the longitudinal predictive effect of self-awareness on career adaptability in new nurses at a tumor specialty hospital and the mediating mechanisms of work readiness and transition shock., BACKGROUND: Career adaptability is crucial for the personal

development of nurses and also intricately linked to the retention rates among newcomers in oncology nursing. Inadequate career adaptability contributes to higher turnover, which in turn exacerbates the shortage of qualified nursing personnel in this field. There is a pressing need for dedicated research and interventions that support new nurses, especially in specialized areas like oncology, to promote their well-being and career advancement. Comprehending these challenges is essential for devising effective strategies that will retain nursing talent and ensure the sustainability of a robust healthcare workforce., METHODS: Longitudinal data from four follow-up surveys were collected from 248 new clinical nurses at the National Cancer Center/National Clinical Research Center for Cancer/Cancer Hospital, Chinese Academy of Medical Sciences, and Peking Union Medical College. Mediation analyses using R 4.1.2 were conducted to examine the pathways between self-awareness, work readiness, transition shock, and career adaptability., CONCLUSIONS: Self-awareness not only directly predicts career adaptability but also influences it through the bidirectional and chained mediating pathways of work readiness and transition shock., IMPLICATIONS FOR NURSING AND HEALTH POLICY: These findings equip nursing managers with flexible strategies to foster and enhance nurses' career adaptability, providing targeted support as nurses assimilate into their clinical roles. This not only strengthens workforce stability but also mitigates turnover, ultimately reinforcing the healthcare workforce. Copyright © 2024 International Council of Nurses.

[Building Career Pathways for Cancer Nurses: Ensuring Cancer Nursing's Future](#)

Item Type: Journal Article

Authors: McErlean, Gemma; Paterson, Catherine and Thamm, Carla

Publication Date: 2024

Journal: Seminars in Oncology Nursing 40(3), pp. 151633

[Australia]

Abstract: OBJECTIVES: It is well established that cancer nurses and advanced practice nurses (APN) are critical to the delivery of high-quality, accessible, safe, and affordable cancer care globally. Specialized cancer nurses and APNs with a strong foundation in the pillars of nursing practice (clinical, leadership, education, and research) are essential to optimize patient outcomes, create increased cost-efficiencies through innovative models of care delivery, and can further leverage interprofessional collaboration in cancer care. To address the existing shortcomings in cancer control, Australian cancer nurses, including APNs, and cancer nurses and APNs globally, need an evidence-informed consensus drive framework to harmonize clinical, educational and career pathways leading to specialization, advanced practice, promotion, and equitable and accessible education., METHODS: Critical perspective., RESULTS: Scoping work has begun to build on the 2009 seminal Australian EdCaN framework, with ambitions to develop a contemporary practice and career framework for all cancer nurses which details clear pathways to specialized and APN roles inclusive of navigating to and through direct clinical care, research, academia, education, and management or executive leadership., CONCLUSIONS: A revised framework that is cognizant of the changing landscape of contemporary cancer care, and the growing diversity of nursing roles is needed to address the imminent nursing workforce crisis., IMPLICATIONS FOR NURSING PRACTICE: The revised framework may support the implementation of the newly released Australian Cancer Plan and provide a career pathway model that may be adopted internationally, including in low- and middle-income countries. Copyright © 2024 The Authors. Published by Elsevier Inc. All rights reserved.

Equality, Diversity and Inclusion

[The Impact of a Pilot Oncology Summer Internship on Oncology Awareness Among Early Medical Students from Underrepresented Backgrounds: A Mixed-Methods Study](#)

Abstract only*

Item Type: Journal Article

Authors: Wilden, Alexa R.;Liu, Curtis;Khuntia, Neha and Syed, Samira

Publication Date: 2024

Journal: Journal of Cancer Education : The Official Journal of the American Association for Cancer Education

[US]

Abstract: Oncology is a field of medicine projected to face provider shortages as cancer prevalence rises. Moreover, the diversity of oncologists remains subpar compared to that of the general population despite initiatives to increase the number of students from underrepresented backgrounds (UIM). Thus, first-year UIM medical students interested in oncology were invited to participate in a 4-week oncology summer internship (OSI) to gain clinical exposure and mentorship experiences. The OSI connected students with oncologists for mentorship, provided tours of oncologic facilities, and coordinated shadowing opportunities. The impact of the OSI was assessed via a mixed-methods approach. Pre- and post-survey data were collected from eight of the nine OSI students. Quantitative data demonstrated improvement of students' understanding of oncology as a discipline, for example its training pathways ($p = .02$), and awareness of patient experiences in oncology, for example socioeconomic challenges ($p = .008$). Students reported an increased ability to identify with those in oncology and identify mentors in the field ($p = .03$ and $p = .05$, respectively).

Qualitative data demonstrated continued interest in oncology with increased commentary on the patient experience and social determinants of health. Post-survey, students provided more

commentary on the need for diversity in the field and possible increased professional connections in medicine. The OSI improved students' understanding of oncology and oncology patient experiences with potentially increased identification of and connection with others in the field. Further work will focus on assessing the impact of future OSIs on professional identity formation. Copyright © 2024. This is a U.S. Government work and not under copyright protection in the US; foreign copyright protection may apply.

[Disparities in Creating a Diverse Surgical Oncology Physician Workforce: Just a Leaky Pipeline?](#) Abstract only*

Item Type: Journal Article

Authors: Clarke, Callisia N.

Publication Date: 2022

Journal: Surgical Oncology Clinics of North America 31(1), pp. 21-27

Demographic shifts in the United States population highlight the growing need for a diverse physician workforce to care for communities of color and to eliminate existing disparities in cancer care and outcomes for these potentially vulnerable patients. The current surgical oncology workforce lacks adequate racial and ethnic representation, and the pool of medical students and surgical trainees who are underrepresented in medicine (URM) is scant. This review critically evaluates data, summarizes challenges in the recruitment and retention of URM surgeons to surgical oncology, and provides strategies to address these workforce deficits.

[Addressing Equity, Diversity, and Inclusion of Black Physicians in the Oncology Workforce.](#)

Item Type: Journal Article

Authors: Winkfield, Karen M.;Levit, Laura A.;Tibbits, Michal;Melnick, Eileen;Schenkel, Caroline;Kirkwood, Kelsey;Green, Sybil and Pierce, Lori

Publication Date: 2021

Journal: JCO Oncology Practice 17(5), pp. 224-226

Improving equity, diversity, and inclusion within the care delivery and biomedical research workforces is critical to reducing health disparities in cancer care.¹ Black people are currently underrepresented at every level of the pipeline that supplies the medical oncology workforce, and their representation decreases at each stage in the pipeline. Specifically, Black people are 13.4% of the US population² but only 11% of college graduates.³ They make up only 6.2% of recent medical school graduates,⁴ 6.2% of internal medicine residents, and 3.9% of oncology fellows.⁵ Just 3% of medical oncologists are Black (Fig 1).⁶ Black representation in medical oncology fellowships has remained relatively flat between 2006 and 2018 and is lower than many other internal medicine subspecialties.⁷ Black physicians are also underrepresented in other oncology specialties, including radiation oncology, surgical oncology, and gynecologic oncology.⁸ Additionally, a similar problem exists in the health research workforce, with Black physicians being vastly underrepresented in research careers and on medical school faculty.^{9,10}

Women in oncology pharmacy leadership: A white paper

Author(s): Shillinburg et al.

Source: Journal of Oncology Pharmacy Practice 26(1) pp. 175-186

Publication date: January 2020

The purpose of this white paper is to (1) summarize key issues that were identified through a membership survey; (2) review ongoing efforts to address the needs of female oncology pharmacists in leadership development; (3) serve as a call to action for individuals and professional organizations to assist with and disseminate these efforts and highlight available resources, and (4) to provide practical steps to meet the needs of individuals, training programs, and institutions/employers.

American Society of Clinical Oncology Strategic Plan for Increasing Racial and Ethnic Diversity in the Oncology Workforce

Author(s): Winkfield et al.

Source: Journal of Clinical Oncology

Publication date: August 2017

In December 2016, the American Society of Clinical Oncology (ASCO) Board of Directors approved the ASCO Strategic Plan to Increase Racial and Ethnic Diversity in the Oncology Workforce. Developed through a multistakeholder effort led by the ASCO Health Disparities Committee, the purpose of the plan is to guide the formal efforts of ASCO in this area over the next three years (2017 to 2020). There are three primary goals: (1) to establish a longitudinal pathway for increasing workforce diversity, (2) to enhance ASCO leadership diversity, and (3) to integrate a focus on diversity across ASCO programs and policies. Improving quality cancer care in the United States requires the recruitment of oncology professionals from diverse backgrounds.

Cancer, biomedical science leaders strive to improve workforce diversity

Author(s): Printz

Source: Cancer Scope

Publication date: March 2016

National initiatives target recruiting, retaining researchers from diverse backgrounds.

Global

Global Survey of Clinical Oncology Workforce

Author(s): Mathew et al.

Source: Journal of Global Oncology 4

Publication date: September 2018

A lack of well-trained clinical oncologists can result in significant cancer health disparities. The magnitude of this problem around the world is poorly described in the literature. A comprehensive global survey of the clinical oncology workforce was conducted. Eight countries had no clinical oncologist available to provide care for patients with cancer. In 22 countries (24%), a clinical oncologist would provide care for 500 patients with cancer. In 27 countries (29%), a clinical oncologist would provide care for > 1,000 incident cancers, of which 25 were in Africa, two were in Asia, and none were in Europe or the Americas. The economic and social development status of a country correlates closely with the burden of cancer and the shortage of human resources. Addressing the shortage of clinical oncologists in regions with a critical need will help these countries meet the sustainable development goals for noncommunicable diseases by 2030.

Increasing global access to cancer care: models of care with non-oncologists as primary providers

Author(s): Rubagumya et al,

Source: The Lancet Oncology 18(8)

Publication date: August 2017

The rapidly increasing incidence of cancer in low-income and middle-income countries is compounded by a profound shortage of both oncologists and facilities with the capacity for cancer care in these settings. In a model where only oncologists treat cancer, patients-many with curable diseases-will die waiting for oncologists to be trained. [...]it is imperative to develop innovative models of care that address the immediate needs of patients with cancer. Formal oncology training programmes and

opportunities are scarce in low-income and middle-income countries.

Health, wellbeing and burnout

A Scoping Review of Compassion Fatigue Among Oncology Nurses Caring for Adult Patients Abstract only*

Item Type: Journal Article

Authors: Banks, Janneka;Lopez, Violeta;Sahay, Ashlyn and Cleary, Michelle

Publication Date: 2024

Journal: Cancer Nursing 47(4), pp. E213–E225

Abstract: BACKGROUND: Oncology nurses have frequent contact with oncology patients during their cancer journey. This long-term, recurrent contact can impact the health and well-being of the nurse through the development of compassion fatigue (CF)., OBJECTIVES: To identify what contributes to CF and what individual, interpersonal, and organizational factors mitigate CF among oncology nurses caring for adult patients., METHODS: A scoping review framework by Arksey and O'Malley guided this review. Electronic databases were searched for relevant studies. A blinded screening process was undertaken by the authors using the following inclusion criteria: English language published from January 2011 to December 2021, primary research peer-reviewed studies, and focusing on CF within oncology nurses caring for adult patients in any practice setting., RESULTS: Nineteen studies (21 articles) were identified. The review found nurses' personal beliefs around nursing care being provided, and personality traits of psychological inflexibility, neuroticism, passive coping, and avoidance contributed to CF. Workplace conflict and lack of a healthy work-life balance also contributed to CF. However, nurses' personal resilience, ability to positively reflect upon their work, a supportive team environment, and continuing education were found to mitigate CF., CONCLUSIONS: Levels of CF vary

among oncology nurses caring for adult patients. Oncology nurses may benefit from personal and organizational resources aimed at improving oncology nurses' professional quality of life while decreasing CF., IMPLICATIONS FOR PRACTICE: Consideration and future research of effective interventions are needed to sustain a future health workforce and mitigate CF among oncology nurses. Copyright © 2023 Wolters Kluwer Health, Inc. All rights reserved.

Oncology Healthcare Professionals' Mental Health during the COVID-19 Pandemic

Item Type: Journal Article

Authors: Granek, Leeat and Nakash, Ora

Publication Date: 2022

Journal: Current Oncology 29(6), pp. 4054-4067

The paper begins by reviewing the literature on oncology healthcare professionals' (HCP) mental health. We summarize and present the current data on HCP mental health in order to understand the baseline state of oncology HCPs' mental health status prior to the COVID-19 pandemic. At each juncture, we will discuss the implications of these mental health variables on the personal lives of HCPs, the healthcare system, and patient care. We follow by reviewing the literature on these parameters during the COVID-19 pandemic in order to better understand the impact of COVID-19 on the overall mental health of HCPs working in oncology. By reviewing and summarizing the data before and after the start of the pandemic, we will get a fuller picture of the pre-existing stressors facing oncology HCPs and the added burden caused by pandemic-related stresses. The second part of this review paper will discuss the implications for the oncology workforce and offer recommendations based on the research literature in order to improve the lives of HCPs, and in the process, improve patient care.

Burnout or Fade Away; experiences of health professionals caring for patients with head and neck cancer. Abstract only*

Item Type: Journal Article

Authors: Gibson, Chandrika;O'Connor, Moira;White, Rohen;Baxi, Siddhartha and Halkett, Georgia

Publication Date: Feb ,2021

Journal: European Journal of Oncology Nursing 50, pp. 101881

Purpose: The oncology workforce has been found to have high risk of burnout; however, limited research has explored the experiences of health professionals working with head and neck cancer patients. The objective of this qualitative study was to explore the experiences of health professionals who work directly with patients diagnosed with head and neck cancers, with a focus on work-life balance, mental health and wellbeing. Method: A total of 21 in-depth semi-structured interviews were conducted with health professionals including radiation oncologists, medical oncologists, nurses, and associated medical and allied health professionals. A qualitative research approach based on social constructionist theory was used. Thematic analysis was used to identify and code themes. Results: Five main themes emerged: 1. Conscientiousness; 2. Empathy; 3. Challenges; 4. Coping; and 5. Burnout or Fade Away. Challenges included sub-themes of Time & Resource Constraints, Work-Life Imbalance, Patients with Complex Needs, and Lack of Self-Care. Conclusion: It is vital to the sustainability of head and neck oncology services that this highly skilled workforce is retained. The development of interventions that will reduce the risk of burnout and improve retention and capacity of health professionals may include advanced communication skills training, trauma sensitivity training, self-compassion and stress management skills.

Factors contributing to burnout and work-life balance in adult oncology nursing: An integrative review. Abstract only*

Item Type: Journal Article

Authors: Gribben, Louise and Semple, Cherith Jane

Publication Date: Feb ,2021

Journal: European Journal of Oncology Nursing 50, pp. 101887

Purpose: Occupational stress and burnout are highlighted as the most prevalent workplace issues for adult oncology nurses. With today's global nursing workforce shortage; coupled with oncology being an inherently challenging and complex speciality, this clearly indicates the need to understand factors that contribute to burnout in adult oncology nurses and improve work-life balance. The aim of this integrative review is to synthesis the evidence on burnout and work-life balance for adult oncology nurses. Method: A systematic search of four databases (CINAHL, Ovid Medline, PsycINFO and Scopus), identified 17 quantitative and three mixed-method studies. Studies were critically appraised using the Mixed Methods Appraisal Tool. Following data extraction, a qualitative evidence synthesis utilising an inductive approach was adopted to better understand influential factors, generating analytical themes. Results: One study had a specific focus on what ameliorates work-life balance for oncology nurses; depicting an area that warrants further study. All studies reported on burnout, of which six analytical themes were further categorised into two broad themes, namely: (1) 'Inability to thrive': struggling with workplace burnout due to organisational challenges and (2) 'Personal perspectives influencing burnout', for adult oncology nurses. Burnout was influenced by multiple oncology-specific factors due to quantitative workload demands and disease acuity. Workplace culture, shift in additional hours being worked remotely and personal characteristics of the nurse, also influenced susceptibility for the development of burnout in oncology nurses. Conclusion: Confronting burnout and promoting wellness are the shared responsibility of both

individual adult oncology nurses and their organisations to build resilience and help sustain and build workforce capacity.

Impact

Do working practices of cancer nurse specialists improve clinical outcomes? Retrospective cohort analysis from the English National Lung Cancer Audit.

Item Type: Journal Article

Authors: Stewart, Iain;Leary, Alison;Khakwani, Aamir;Borthwick, Diana;Tod, Angela;Hubbard, Richard;Beckett, Paul and Tata, Laila J.

Publication Date: Jun ,2021

Journal: International Journal of Nursing Studies 118, pp. 103718

Background: Cancer nurse specialists are advanced practitioners who offer continuity of care and expert support for people diagnosed with specific cancers. Health Education England's Cancer Workforce Plan prioritises expansion of cancer nurse specialist numbers by 2021 as part of the Cancer Taskforce Strategy for England. Objective: To assess whether working practices of advanced practice specialist nurses are associated with clinical outcomes for people with lung cancer. Methods: Adults with non-small cell lung cancer followed from 30 days post-diagnosis in English secondary care were obtained from the English National Lung Cancer Audit, 2007 to 2011. A national survey of lung cancer nurse specialists provided information on self-reported working practices. Mortality and unplanned admissions from 30 days to 12 months post diagnosis were respectively analysed using Cox and Poisson regression. Outcomes were assessed according to patients' receipt of initial assessments by a lung cancer nurse specialist and according to trust-level reported working practices. Regression models were adjusted for individual sociodemographic and clinical characteristics, error adjusted for intracorrelations within regional

cancer networks, and presented separately according to patients' treatment pathways (surgery, chemotherapy, radiotherapy, or no anti-cancer therapy). Results: Data for 108,115 people with lung cancer were analysed and associations with mortality and unplanned admissions were infrequent. Among people receiving only radiotherapy, however, the hazard for death was 17% lower among those who received an assessment by a lung cancer nurse specialist, compared with no assessment (hazard ratio = 0.83, 95% confidence interval 0.73-0.94; $p = 0.003$). The hazard was also lower among those receiving surgery (hazard ratio = 0.91, 0.84-0.99; $p = 0.028$). Among those receiving radiotherapy, nurse specialists' reported confidence within multidisciplinary team settings was associated with a lower risk of death (hazard ratio = 0.88, 0.78-1.00; $p = 0.049$) and a lower rate of unplanned cancer-related admissions (incidence rate ratio = 0.83, 0.73-0.95; $p = 0.007$). Lung cancer nurse specialist assessments before/at diagnosis, were associated with a 5% lower rate of unplanned admissions, compared to when assessments occurred after diagnosis. Conclusion: The contribution of nurse specialist working practices was occasionally associated with better outcomes for people with lung cancer. These were not limited to a single treatment pathway, but do indicate discrete relationships within pathways. Our study provides initial measures of overall lung cancer nurse specialist working practices at trusts, however, more detailed studies with longitudinal measurement of lung cancer nurse specialist-patient interaction are needed to better ascertain impacts on long-term patient outcomes. The findings highlight opportunities for potential improvement in effectiveness of service and care management.

[Nurse Practitioners and Physician Assistants: An Underestimated Workforce for Older Adults with Cancer](#)

Author(s): Coombs et al.

Source: Journal of the American Geriatrics Society

Publication date: July 2019

Previous research underestimated the number of PAs and NPs providing cancer care to older adults, especially to lower-income older adults, those in rural settings, and those in the South. Any solution to the rising demands for cancer care will need to maximize every healthcare provider's contribution and support his/her practice at the full scope of his/her license. Findings from this study offer a starting point at which future workforce surveys can be compared. Solutions that address the shortage of cancer care providers for older adults need to be based on a realistic understanding of who is providing that care. NPs and PAs can help improve care access.

[How Nurse Practitioners Are Enhancing the Oncology Workforce](#)

Source: ONS Voice

Publication date: January 2018

The article offers information on American Society of Clinical Oncology Practice Census survey that advanced practice providers play pivotal clinical roles like ordering and administering chemotherapy to managing pain and other adverse effects or symptoms, and provide primary care to patients with cancer and survivors. Topics discussed include access to high-quality oncology care; need to meet the unique care needs of patients with cancer; and enhance the oncology workforce.

[Palliative care teams' cost-saving effect is larger for cancer patients with higher numbers of comorbidities](#)

Author(s): May et al.

Source: Health Affairs 35(1)

Publication date: 2016

Patients with multiple serious conditions account for a high proportion of health care spending. Such spending is projected to continue to grow substantially as a result of increased insurance eligibility, the ever-rising cost of care, the continued use of nonbeneficial high-intensity treatments at the end of life, and demographic changes. We evaluated the impact of palliative care consultation on hospital costs for adults with advanced cancer, excluding those with dementia. We found that compared to usual care, the receipt of a palliative care consultation within two days of admission was associated with 22 per cent lower costs for patients with a comorbidity score of two to three and with 32 per cent lower costs for those with a score of 4 or higher. Earlier consultation was also found to be systematically associated with a larger cost-saving effect for all subsamples defined by multimorbidity. Given ongoing workforce shortages, targeting early specialist palliative care to hospitalized patients with advanced cancer and higher numbers of serious concurrent conditions could improve care while complementing strategies to curb the growth of health spending.

Learning from Covid-19

[Exploring the impact of COVID-19 on the psychological well-being of oncology healthcare professionals](#)

Item Type: Journal Article

Authors: Appleton, Lynda; Atkins, Courtney; Watmough, Sarah; Cherry, Mary Gemma and Poole, Helen

Publication Date: 2023

Journal: Journal of Advanced Nursing 79(10), pp. 3787–3799 [England]

Abstract: AIMS: To explore how psychological well-being is maintained by healthcare professionals (HCPs) employed in a cancer setting during the COVID-19 pandemic., DESIGN: A qualitative design using diaries and interviews to collect data was

used to gain insights into how HCPs managed their well-being during the pandemic., METHODS: Interpretative Phenomenological Analysis (IPA) was used to analyse diaries and interviews completed by 66 HCPs during the second pandemic lockdown period (December 2020-April 2021). A total of 102 HCPs were recruited, drawn from five groups: nursing staff, radiographers, medical staff, allied health professionals (AHPs) (non-radiographers) and support staff., RESULTS: The majority of participants adjusted to the challenges of the pandemic using positive coping strategies, although difficult days required the mobilization of additional resources. Emotion management was regulated through peer relationships, professional roles and the workplace, sustained through communities of practice involving knowledge exchange, shared goals and social interactions. Maintaining high-quality patient care was a source of job satisfaction, providing a route through which positive emotions could be channelled; however, it was juxtaposed with threats to well-being from busy workloads and variable organizational responsiveness. Work routines provided a platform for well-being, underpinned by the sharing of problems and solutions within peer networks., CONCLUSION: This study has highlighted the dynamic nature of well-being amongst HCPs during the pandemic. Well-being interventions should build on the preferred coping strategies of HCPs, focusing on the way individuals coalesce in groups to learn from and support one another., IMPACT: HCPs may experience different psychological responses when exposed to a pandemic situation. This study identifies the strategies used by HCPs to maintain positive psychological well-being within professional roles, whilst adjusting to emerging well-being threats. Key components of HCP's well-being are addressed, which are relevant to clinical practice and the broader healthcare workforce., PATIENT OR PUBLIC CONTRIBUTION: Research team members included public representatives who contributed to the development, methods, data collection and analysis of the

study. They supported the development of the Research Assistant by providing mock interview skills training. Copyright © 2023 John Wiley & Sons Ltd.

[Burnout, coping and resilience of the cancer care workforce during the SARS-CoV-2: A multinational cross-sectional study](#)

Item Type: Journal Article

Authors: Cloconi, Constantina;Economou, Mary and Charalambous, Andreas

Publication Date: 2023

Journal: European Journal of Oncology Nursing : The Official Journal of European Oncology Nursing Society 63, pp. 102204 [Cyprus]

Abstract: PURPOSE: Over the past year, the SARS-CoV-2 pandemic has significantly increased the demand placed on health care professionals around the world. The already complex cancer care has been complicated further by the restructuring of services (e.g., working processes, treatment allocation). This study was designed to explore the level of burnout, coping and resilience of the cancer care workforce during SARS-CoV-2., METHODS: Cross-sectional, multinational study undertaken between March-May 2021. In total 271 healthcare professionals were recruited in the study. These were specialized and/or working in the oncology sector from around the globe. Data were collected with an online survey with the Connor-Davidson Resilience Scale, Brief-COPE (Coping Orientation to Problems Experienced) Scale and The Maslach 's Burnout Inventory., RESULTS: The majority of the participants were cancer nurses followed by oncologists. The mean overall Burnout score was 64.86 (SD 17.15), the overall COPE score was 31.72 (SD 12.39) and the overall Resilience score was 69.48 (SD 12.4). Positive correlations were found between the COPE dimensions and the burnout overall score (0.316, 0.388, 0.398). The burnout overall score was negatively correlated with the resilience score ($p = 0.126$)., CONCLUSION: The findings showed significant levels

of burnout, diminished coping abilities and reduced resilience among cancer care professionals. This study emphasizes the need for a timely and appropriate preparation of the healthcare systems to better support cancer care professionals in the event of a new SARS-CoV-2 healthcare emergency. Copyright © 2022. Published by Elsevier Ltd.

[Evaluation of changes to work patterns in multidisciplinary cancer team meetings due to the COVID-19 pandemic: A national mixed-method survey study](#)

Author(s): Soukup et al.

Source: Cancer Medicine 12(7) pp. 8729-8741

Publication date: April 2023

[UK]

Background: It is not well understood the overall changes that multidisciplinary teams (MDTs) have had to make in response to the COVID-19 pandemic, nor the impact that such changes, in addition to the other challenges faced by MDTs, have had on decision-making, communication, or participation in the context of MDT meetings specifically. Methods: This was a mixed method, prospective cross-sectional survey study taking place in the United Kingdom between September 2020 and August 2021. Results: The participants were 423 MDT members. Qualitative findings revealed hybrid working and possibility of virtual attendance as the change introduced because of COVID-19 that MDTs would like to maintain. However, IT-related issues, slower meetings, longer lists and delays were identified as common with improving of the IT infrastructure necessary going forward. In contrast, virtual meetings and increased attendance/availability of clinicians were highlighted as the positive outcomes resulting from the change. Quantitative findings showed significant improvement from before COVID-19 for *MDT meeting organisation and logistics* ($M = 45$, $SD = 20$) compared to the *access* ($M = 50$, $SD = 12$, $t(390) = 5.028$, $p = 0.001$), *case discussions* ($M = 50$, $SD = 14$, $t(373) = -5.104$, $p = 0.001$),

and *patient representation* ($M = 50$, $SD = 12$, $t(382) = -4.537$, $p = 0.001$) at MDT meetings.

Discussion: Our study explored the perception of change since COVID-19 among cancer MDTs using mixed methods. While hybrid working was preferred, challenges exist. Significant improvements in the meeting organisation and logistics were reported. Although we found no significant perceived worsening across the four domains investigated, there was an indication in this direction for the case discussions warranting further 'live' assessments of MDT meetings.

[Impact of Covid-19 on lung cancer and mesothelioma specialist nurses: A survey of experiences and perceptions.](#)

Item Type: Journal Article

Authors: Hargreaves, Sarah;Clayton, Karen;Creech, Lorraine;Darlison, Liz;Ejegi-Memeh, Stephanie;Fenimore, Jackie;Gardiner, Clare;Taylor, Bethany and Tod, Angela
Publication Date: Dec ,2022

Journal: European Journal of Oncology Nursing 61, pp. 102207
Purpose: The covid-19 global pandemic has impacted on nurses who have rapidly adapted to new ways of working, and experienced negative impacts due to over-stretched services. Two surveys captured the experiences of lung cancer and mesothelioma specialist nurses in the United Kingdom (UK) in 2020, but the impact of later stages of the pandemic was unknown. This study aimed to explore the impact of covid-19 on lung Cancer and mesothelioma nurses since January 2021, the second wave of the pandemic. Methods: An online cross-sectional survey with both open and closed questions explored the impact of covid-19 on ways of working and workload, quality of care, and health and wellbeing. The survey was open to UK based lung cancer and mesothelioma advanced or specialist nurses. Results: 85 nurses responded to the survey. The majority were Clinical Nurse Specialists, based in England. Respondents reported changes in ways of working due to

redeployment, staff shortages, and home working. Widespread adoption of virtual working practices led to concerns of negative impacts. Perceived excessive workload impacted on care with two-thirds of the sample (57, 67%) reporting they had been unable to provide the same quality of care to patients. Impacts on nurses' health and wellbeing were reported with two-thirds of the sample (56, 66%) reporting a deterioration in emotional wellbeing and mental health. Coping mechanisms employed included online team support to share experiences and increased uptake of exercise; however, impacts on lifestyle and access to coping mechanisms varied. Conclusion: Nurses have stepped up to the challenges of the pandemic with teamwork and innovation, but pressure arising from the pandemic and high workloads led to negative impacts on wellbeing. The authors have provided recommendations to improve patient care and support the wellbeing of nurses, which will be key to a resilient workforce living with covid-19. Whilst this study focussed on lung cancer and mesothelioma specialists, the findings have wider implications for other cancer specialties.

[The impact of COVID-19 on oncology professionals-one year on: lessons learned from the ESMO Resilience Task Force survey series.](#)

Item Type: Journal Article

Authors: Lim, K. H. J.;Murali, K.;Thorne, E.;Punie, K.;Kamposioras, K.;Oing, C.;O'Connor, M.;Elez, E.;Amaral, T.;Garrido, P.;Lambertini, M.;Devnani, B.;Westphalen, C. B.;Morgan, G.;Haanen, J. B. A. G.;Hardy, C. and Banerjee, S.
Publication Date: 2022

Journal: Esmo Open 7(1), pp. 100374

Background: COVID-19 has had a significant impact on the wellbeing and job performance of oncology professionals globally. The European Society for Medical Oncology (ESMO) Resilience Task Force collaboration set out to investigate and monitor wellbeing since COVID-19 in relation to work, lifestyle and support

factors in oncology professionals 1 year on since the start of the pandemic.

Methods: An online, anonymous survey was conducted in February/March 2021 (Survey III). Key outcome variables included risk of poor well-being or distress (expanded Well-Being Index), feeling burnout (single item from expanded Well-Being Index), and job performance since COVID-19. Longitudinal analysis of responses to the series of three surveys since COVID-19 was carried out, and responses to job demands and resources questions were interrogated. SPSS V.26.0/V.27.0 and GraphPad Prism V9.0 were used for statistical analyses.

Results: Responses from 1269 participants from 104 countries were analysed in Survey III: 55% (n = 699/1269) female, 54% (n = 686/1269) >40 years, and 69% (n = 852/1230) of white ethnicity. There continues to be an increased risk of poor well-being or distress (n = 464/1169, 40%) and feeling burnout (n = 660/1169, 57%) compared with Survey I (25% and 38% respectively, P < 0.0001), despite improved job performance. Compared with the initial period of the pandemic, more participants report feeling overwhelmed with workload (45% versus 29%, P < 0.0001). There remain concerns about the negative impact of the pandemic on career development/training (43%), job security (37%), and international fellowship opportunities (76%). Alarming, 25% (n = 266/1086) are considering changing their future career with 38% (n = 100/266) contemplating leaving the profession. Conclusion: Oncology professionals continue to face increased job demands. There is now significant concern regarding potential attrition in the oncology workforce. National and international stakeholders must act immediately and work closely with oncology professionals to draw up future-proof recovery plans.

New and emerging roles

[Change agents in the oncology workforce: Let's be clear about community health workers and patient navigators.](#)

Item Type: Journal Article

Authors: Battaglia, Tracy A.;Zhang, Xiaochen;Dwyer, Andrea J.;Rush, Carl H. and Paskett, Electra D.

Publication Date: 2022

Journal: Cancer 128(Suppl 13), pp. 2664-2668

Despite efforts of professional organizations and government agencies to solidify the professional identities of community health workers and patient navigators in the oncology workforce, the scientific literature perpetuates wide variation in the nomenclature used to define these natural change agents, who have proven efficacy in improving access to quality cancer care for historically marginalized populations. To disseminate, sustain, and scale-up these life-saving roles in cancer care, the oncology field must come together now to adopt clear and consistent job titles and occupational identities.

[Integrating genetic assistants into the workforce: An 18-year productivity analysis and development of a staff mix planning tool.](#) Abstract only*

Item Type: Journal Article

Authors: Krutish, Angela;Balshaw, Robert F.;Jiang, Xuejing and Hartley, Jessica N.

Publication Date: 2022

Journal: Journal of Genetic Counseling 31(5), pp. 1183-1192

In recent years, genetic (counseling) assistants have been integrated in the genetics workforce, such that one-third of genetic counselors now report working with a genetic assistant. While several studies showed that adoption of the genetic assistant model leads to an increase in patient volume, the impact of this role substitution has not been studied quantitatively beyond the cancer genetics workforce. This study

utilized 18 years of data from a publicly funded genetics clinic with multiple specialties and varying staff mix. Time series regression modeling was applied to describe the evolving impact of genetic assistants on genetic counselor and clinical geneticist productivity (measured as patient volume). The regression models suggest that the integration of genetic assistants led to a sustainable increase in genetic counselor patient volume, while clinical geneticist patient volume was unaffected. Importantly, the models also demonstrated an interaction between the number of genetic counselors and genetic assistants, whereby the impact of adding a genetic counselor was greater as more genetic assistants were employed in the clinic, and vice versa. The main regression model was used to create "ClinMix: A Genetics Staff Mix Planning Tool," an Excel application that allows users to explore how different staffing plans could affect patient volume, by applying the parameters estimated from this data or their own. We hope this report and the ClinMix tool can be employed by the genetics workforce to advocate for further implementation and evaluation of genetic assistant positions. Adoption of the genetic assistant model may provide clinics the support needed to meet increasing service delivery demands and subsequently foster genetic counselor practice at "top of scope."

[Trends in the delivery of care to oncology patients in the United States: Emphasis on the role of pharmacists on the healthcare team](#)

Author(s): Ignoffo et al.

Source: Journal of Oncology Pharmacy Practice 27(1)

Publication date: January 2021

Anticipated increases in demand for oncology pharmacists strongly suggest the need for more PGY2 oncology residency programs and on-the-job oncology training programs. Oncology pharmacists are currently involved in many clinical and administrative functions including multidisciplinary management. While a core set of clinical functions has been identified,

oncology pharmacists must prepare for the increased use of oral oncology agents and immunotherapy. Pharmacist involvement in value-based reimbursement and other data-based quality outcome measurements should be increased to optimize involvement in team-based patient care.

[Physician associate/assistant contributions to cancer diagnosis in primary care: a rapid systematic review.](#)

Item Type: Journal Article

Authors: Sheringham, Jessica;King, Angela;Plackett, Ruth;Khan, Anwar;Cornes, Michelle and Kassianos, Angelos P.

Publication Date: 2021

Journal: BMC Health Services Research 21(644), pp. (3 Jul 2021)

Background: Symptom recognition and timely referral in primary care are crucial for the early diagnosis of cancer. Physician assistants or associates (PAs) have been introduced in 18 healthcare systems across the world, with numbers increasing in some cases to address primary care physician shortages. Little is known about their impact on suspected cancer recognition and referral. This review sought to summarise findings from observational studies conducted in high income countries on PAs' competence and performance on processes concerned with the quality of recognition and referral of suspected cancer in primary care. Method: A rapid systematic review of international peer-reviewed literature was performed. Searches were undertaken on OVID, EMBASE, Web of Science, and CINAHL databases (2009–2019). Studies were eligible if they reported on PA skills, processes and outcomes relevant to suspected cancer recognition and referral. Title and abstract screening was followed by full paper review and data extraction. Synthesis of qualitative and quantitative findings was undertaken on three themes: deployment, competence, and performance. Preliminary findings were discussed with an expert advisory group to inform interpretation. Results: From 883 references, 15 eligible papers

were identified, of which 13 were from the USA. Seven studies reported on general clinical processes in primary care that would support cancer diagnosis, most commonly ordering of diagnostic tests (n = 6) and referrals to specialists (n = 4). Fewer papers reported on consultation processes, such as examinations or history taking (n = 3). Six papers considered PAs' competence and performance on cancer screening. PAs performed similarly to primary care physicians on rates of diagnostic tests ordered, referrals and patient outcomes (satisfaction, malpractice, emergency visits). No studies reported on the timeliness of cancer diagnosis. Conclusion: This review of peer-reviewed literature combined with advisory group interpretation suggests the introduction of PAs into primary care may maintain the quality of referrals and diagnostic tests needed to support cancer diagnosis. It also highlights the lack of research on several aspects of PAs' roles, including outcomes of the diagnostic process.

[What are the motivating and hindering factors for health professionals to undertake new roles in hospitals? A study among physicians, nurses and managers looking at breast cancer and acute myocardial infarction care in nine countries](#)

Author(s): Koppen et al.

Source: Health Policy Journal 122(10)

Publication date: October 2018

Many European countries experience health workforce skill-mix changes due to population ageing, multimorbidity and medical technology. Yet, there is limited cross-country research in hospitals. Managers need to know the motivational factors of their employees and enabling versus hindering factors within their organisations to govern change effectively.

[New professional roles and patient satisfaction: Evidence from a European survey along three clinical pathways](#) Health Policy, October 2018

This paper reports the results of an empirical analysis exploring the impact of new professions (e.g. a physician associate) and new professional roles on patient experiences of and satisfaction with care. A subset of data from a patient survey conducted as part of the MUNROS programme of work was used. For patients with breast cancer, high levels of satisfaction are associated with the involvement of new professions/professional roles in the provision of conditions specific education and monitoring. For patients with heart disease, the involvement of new professions/professional roles is likely to have a negative impact on satisfaction. For patients with Type 2 diabetes results are ambivalent. Patients belonging to countries experiencing innovative models of healthcare delivery and with high levels of involvement of new professions/professional roles are generally more satisfied. In conclusion, the introduction of new professions does not affect patient satisfaction negatively, therefore introducing new health professional roles is a pursuable strategy from a patient satisfaction perspective, at least for breast cancer and type 2 diabetes.

[The Experiences of Specialist Nurses Working Within the Uro-oncology Multidisciplinary Team in the United Kingdom](#)

Author(s): Pushon et al.

Source: Clinical Nurse Specialist (CNS)

Publication date: 2017

United Kingdom prostate cancer nursing care is provided by a variety of urology and uro-oncology nurses. The experience of working in multidisciplinary teams (MDT) was investigated in a national study. Despite expertise and experience, nurses had a variable, often negative, experience of the MDT. It is necessary to ensure that all participants can contribute and are heard and

valued. More emphasis should be given to patients' nonmedical needs.

[Reconfiguring health workforce: a case-based comparative study explaining the increasingly diverse professional roles in Europe](#)

Author(s): de Bont et al.

Source: BMC Health Services Research 16(637)

Publication date: November 2016

Over the past decade the healthcare workforce has diversified in several directions with formalised roles for health care assistants, specialised roles for nurses and technicians, advanced roles for physician associates and nurse practitioners and new professions for new services, such as case managers. Hence the composition of health care teams has become increasingly diverse. There are considerable differences in the number and kind of extended roles between both countries and care pathways. The main drivers for new roles reside in the technological development of medical treatment and the need for more generic competencies. Extended roles develop in two directions: 1) specialised roles and 2) generic roles.

[The impact of the introduction of a palliative Macmillan consultant radiographer at one UK cancer centre](#)

Author(s): Goldfinch et al.

Source: The British Journal of Radiology 89(1065)

Publication date: September 2016

OBJECTIVE The UK radiotherapy (RT) workforce needs novel strategies to manage increasing demand. The appointment of a palliative RT (PRT) consultant radiographer (CR) offers a potential solution to enhance patient pathways providing timely RT. This article examined the impact of one such appointment. **CONCLUSION** A CR has the potential to impact on the patient pathway, enabling quicker times from DTT to treatment. Continued audit of the role is required to ensure that it complements SpR training.

[Role of care co-ordinators in cancer clinical nurse specialist teams](#) Abstract only*

Author(s): Barber

Source: Cancer Nursing Practice

Publication date: April 2016

Strategic interest in the skill mix of the healthcare workforce has acknowledged the increasingly important role of non-registered staff, with care for cancer patients provided by teams comprising clinical nurse specialists (CNSs) at bands 6 and 7 and care co-ordinators at bands 3 and 4. This article outlines the development and role of care co-ordinators in cancer CNS teams in Leeds Teaching Hospitals NHS Trust, using the example of a gynaecological oncology care co-ordinator as a case study. With the support of CNS colleagues, the Leeds care co-ordinators provide high-quality patient care through telephone and face-to-face contact and holistic needs assessments. Care co-ordinators act as named key workers for patients, developing good relationships and providing support at diagnosis, through treatment and beyond to survivorship. Patients and carers have welcomed the role and its development has enabled CNSs to focus their specialist skills on those patients requiring higher level interventions.

[The specialist nursing workforce caring for men with prostate cancer in the UK](#)

Author(s): Leary et al.

Source: International Journal of Urological Nursing 10(1)

Publication date: March 2016

A national survey of the specialist nursing workforce caring for men with prostate cancer was completed across the four countries of the UK during June and July 2014. In total 302 specialist nurses completed the survey and data from 285 was used in the analysis. This is the biggest whole population survey of this workforce in recent years. The most common job title was clinical nurse specialist (185) and the most common band was

agenda for change band 7 (174). However in Scotland 50% of the respondents stated that they were paid on band 6. Over half the group (158) had worked in prostate cancer care for more than 10 years. Few (48) had come into specialist posts from a specific specialist nurse development role. There is wide geographic variation in the provision of specialist nursing for men with prostate cancer. This is reflected in available hours and caseload sizes. The respondents reported frozen and vacant posts across the UK. This equated to 58.3 full time equivalents. The work of specialist nurses caring for men with prostate cancer is clinically complex and appears to cover most key times in the cancer journey. However workload appears to be limiting the care that the nurses are able to provide with over half the respondents (163) saying that they left work undone for patients.

Lung Cancer Nurse Specialists

[Are working practices of lung cancer nurse specialists associated with variation in peoples' receipt of anticancer therapy?](#)

Author(s): Stewart et al.

Source: Lung Cancer 123

Publication date: September 2018

Treatment choices for people with lung cancer may be influenced by contact and engagement with lung cancer nurse specialists (LCNSs). We investigated how service factors, LCNS workload, and LCNS working practices may influence the receipt of anticancer treatment. LCNS assessment, workload, and working practices are associated with the likelihood of patients receiving anticancer therapy. Enabling and supporting LCNSs to undertake key case management interventions offers an opportunity to improve treatment uptake and reduce the apparent gap in receipt of surgery for those suitable.

[Which patients are assessed by lung cancer nurse specialists? A national lung cancer audit study of over 128,000 patients across England](#)

Author(s): Khakwani et al.

Source: Lung Cancer 96

Publication date: June 2016

Lung cancer nurse specialists (LCNS) are integral to the multidisciplinary clinical team, providing personalised physical and psycho-social interventions, and care management for people with lung cancer. The National Institute of Health and Care Excellence (NICE) recommend that all patients have access to a LCNS. We conducted a national study assessing whether there is variation in access to and timing of LCNS assessment. LCNS assessment varied by patient and Trust features, which may indicate unmet need for some patients. The current workforce needs to expand as well as retain experienced LCNSs.

New ways of working

[Implementation and evaluation of a shared care model between oncologists and pharmacists for breast cancer patients at a Canadian regional ambulatory cancer centre](#) Abstract only*

Item Type: Journal Article

Authors: Goh, E.;Labelle, S. and Chan, A.

Publication Date: 2024

Journal: Journal of Oncology Pharmacy Practice 30(4), pp. 622–627

Abstract: Background: The introduction of CDK 4/6 inhibitors for breast cancer patients has contributed to increased ambulatory patient visits for oncologists. The Medication Assessment by Pharmacist program aims to evaluate the impact of oncology pharmacists performing medication assessment follow-up visits. Method(s): Breast cancer patients on a CDK 4/6 inhibitor deemed suitable by their oncologist for pharmacist assessment

could be booked for a pharmacist medication assessment appointment at alternate treatment cycles. Result(s): Between February 2019 to November 2021, 29 of 128 patients (22.7%) were selected for 46 total Medication Assessment by Pharmacist visits resulting in 920 min of clinic time savings for physicians. There were similar rates of adhering to provincial protocols for scheduling visits (99% vs. 96%, $p = 0.12$) and monitoring investigations (98% vs. 98%, $p = 0.96$) between those enrolled in Medication Assessment by Pharmacist or not. Surveys completed by medical oncologists and pharmacists demonstrated that nine of nine oncologists felt Medication Assessment by Pharmacist reduced workload and wanted Medication Assessment by Pharmacist expanded to additional oncology drugs. Pharmacist-completed surveys revealed that nine of nine pharmacists felt Medication Assessment by Pharmacist increased job satisfaction, and allowed further application of clinical skills. All agreed that patients were receptive to meeting with pharmacists. According to survey results, 33% of oncologists versus 100% of pharmacists routinely asked about medication adherence, new medications or supplements. Conclusion(s): Integrating pharmacists into a shared care model reduces ambulatory patient visits for oncologists without deviating from provincial protocol guidelines for monitoring and visits for patients on CDK 4/6 inhibitors. Leveraging the medication expertise of pharmacists also increases the frequency of addressing medication adherence and concurrent therapies. Medication Assessment by Pharmacist may be an effective strategy in alleviating projected shortages of oncology providers. Copyright © The Author(s) 2023.

[American Society of Clinical Oncology Road to Recovery Report: Learning From the COVID-19 Experience to Improve Clinical Research and Cancer Care](#)

Author(s): Pennell et al.

Source: Journal of Clinical Oncology 39(2)

Publication date: January 2021

This report presents the American Society of Clinical Oncology's (ASCO's) evaluation of the adaptations in care delivery, research operations, and regulatory oversight made in response to the coronavirus pandemic and presents recommendations for moving forward as the pandemic recedes. Its specific goals are: (1) ensure that clinical research is accessible, affordable, and equitable; (2) design more pragmatic and efficient clinical trials; (3) minimize administrative and regulatory burdens on research sites; (4) recruit, retain, and support a well-trained clinical research workforce; and (5) promote appropriate oversight and review of clinical trial conduct and results. Similarly, ASCO also organized its recommendations regarding cancer care delivery around five goals: (1) promote and protect equitable access to high-quality cancer care; (2) support safe delivery of high-quality cancer care; (3) advance policies to ensure oncology providers have sufficient resources to provide high-quality patient care; (4) recognize and address threats to clinician, provider, and patient well-being; and (5) improve patient access to high-quality cancer care via telemedicine.

[Cancer Nursing's Potential to Reduce the Growing Burden of Cancer Across the World](#)

Author(s): Yates et al.

Source: Oncology Nursing Forum 47(6)

Publication date: November 2020

The incidence of cancer globally is expected to exceed 27 million new cancer cases per year by 2040 in part due to the aging of the population and greater susceptibility to aging-related diseases such as cancer. This estimated increase in cancer incidence will occur in all countries, but the predicted increase will be proportionately greatest in low and medium countries.

Oncology workforce skills and competencies required for molecular medicine

Author(s): Groves

Source: European Journal of Hospital Pharmacy. Science and Practice 27(5)

Publication date: September 2020

Increasing the wider workforce knowledge and understanding of molecular medicine is an enormous task and requires significant investment. This editorial is aimed at raising awareness of the workforce configurations and new roles required to deliver molecular alteration-specific treatments. Individualised patient care has never been so important, and the cancer services' workforce must develop the capacity and expertise to keep pace with advances in technology in order to improve outcomes and support for patients with cancer.

Developing and Sustaining an Effective and Resilient Oncology Careforce: Opportunities for Action

Author(s): Takvorian et al.

Source: Journal of the National Cancer Institute 112(7)

Publication date: April 2020

Considering the widening gap between the number of patients needing cancer care and the limited capacity of the current workforce to meet these demands, a crisis is looming, which will hinder access to timely, high-quality care if left unchecked. Because recruiting and training more cancer clinicians is unlikely to solve this problem alone, we posit that the most critical and feasible solution is to improve the efficiency with which cancer care is delivered, leveraging the strategies described above. Organizations should embark on practice-level changes to improve the effectiveness and resilience of their workforces, but system-level changes are also urgently needed and will require national will and coordinated efforts from regulatory agencies, payers, and practitioners.

Task shifting between physicians and nurses in acute care hospitals: cross-sectional study in nine countries

Author(s): Maier et al.

Source: Human Resources for Health 16(24)

Publication date: May 2018

BACKGROUND Countries vary in the extent to which reforms have been implemented expanding nurses' Scopes-of-Practice (SoP). There is limited cross-country research if and how reforms affect clinical practice, particularly in hospitals. This study analyses health professionals' perceptions of role change and of task shifting between the medical and nursing professions in nine European countries. **CONCLUSIONS** Higher levels of changes to staff roles and task shifting were reported in the Netherlands, England and Scotland, suggesting that professional boundaries have shifted, for instance on chemotherapy or prescribing medicines. For most tasks, however, a partial instead of full task shifting is practice.

Development and testing of the cancer multidisciplinary team meeting observational tool (MDT-MOT)

Author(s): Harris et al.

Source: International Journal of Quality in Health Care 28(3)

Publication date: 2016

OBJECTIVE: To develop a tool for independent observational assessment of cancer multidisciplinary team meetings (MDMs), and test criterion validity, inter-rater reliability/agreement and describe performance. **CONCLUSIONS:** MDT-MOT demonstrated good criterion validity. Agreement between clinical and non-clinical observers (within one point on the scale) was high but this was inconsistent with reliability coefficients and warrants further investigation. If further validated MDT-MOT might provide a useful mechanism for the routine assessment of MDMs by the local workforce to drive improvements in MDT performance.

Primary Care

[Factors associated with cervical screening coverage: a longitudinal analysis of English general practices from 2013 to 2022](#)

Item Type: Journal Article

Authors: Urwin, Sean;Gillibrand, Stephanie;Davies, Jennifer C. and Crosbie, Emma J.

Publication Date: 2024

Journal: Journal of Public Health 46(1), pp. e43

Abstract: BACKGROUND: Cervical cancer remains an important global public health concern. Understanding the factors contributing to a decline in screening uptake in high-income countries is fundamental to improving screening rates. We aimed to identify general practice and patient characteristics related to cervical screening coverage in England between 2013 and 2022. METHODS: We analysed a panel of 59 271 General Practice (GP)-years from 7881 GP practices. We applied correlated random effects regression to examine the association between cervical screening uptake and a rich set of GP practice workforce, size, quality and patient characteristics. RESULTS: Our results show a decline in overall screening rates from 2013/14 to 2021/22 from 77 per cent to 72 per cent. We find GP workforce and list size characteristics are strongly related to screening rates. An increase in 1 FTE Nurse per 1000 patients is related to a 1.94 percentage point increase in cervical screening rates. GP practices located in more deprived areas have lower screening rates. CONCLUSIONS: GP workforce and patient characteristics need to be considered by decision-makers to increase screening rates. The implementation of self-sampling screening methods could help address some of the current barriers to screening, including lack of healthcare staff and facilities. Abstract]

Shortages and Supply

[Radiation Oncology Workforce: Supply and Demand](#) Abstract only*

Item Type: Journal Article

Authors: Amini, Arya;Luh, Join Y.;Bush, Aaron and Rosenthal, Seth A.

Publication Date: 2024

Journal: Journal of the American College of Radiology : JACR 21(7), pp. 1141–1144

[US]

Abstract: Since 2017, the specialty of radiation oncology has experienced its fifth consecutive year of decline in residency applicants, resulting in a high number of unmatched positions. The cause of this precipitous decline is multifactorial. Factors cited include concerns about future job opportunities, the decreased pass rate in the ABR radiation biology and physics boards examinations in 2018, and the continued lack of formal exposure to radiation oncology during medical school training. We summarize the issues facing the field of radiation oncology and discuss how we could learn from similar experiences in diagnostic radiology and other specialties to address these concerns. We propose potential solutions to ensure an adequate and diverse number of residency applicants to serve the future workforce needs in radiation oncology. Copyright © 2024 American College of Radiology. Published by Elsevier Inc. All rights reserved.

[Supply and Demand for Radiation Oncologists in Canada: Workforce Planning Projections From 2020 to 2040](#) Abstract only*

Item Type: Journal Article

Authors: Loewen, Shaun K.;Ruan, Yibing;Wu, Che Hsuan David;Arifin, Andrew;Kim, Michael;Bashir, Bashir;Halperin, Ross;McKenzie, Michael;Archambault, Jean;Thompson,

Robert;Ringash, Jolie;Brundage, Michael;Brenner, Darren and Stuckless, Teri

Publication Date: 2024

Journal: International Journal of Radiation Oncology, Biology, Physics 119(3), pp. 756–770

[Canada]

Abstract: **PURPOSE:** The number of Canadians diagnosed with cancer, and subsequent demand for radiation therapy, are expected to increase over time. This study aimed to update our needs-based workforce planning model to ensure appropriate staffing levels in the future., **METHODS AND MATERIALS:** The supply of radiation oncologists, by age group, sex, and full-time equivalent status, was projected from 2020 to 2040 using a recursive-aging, input-output model developed with seeding parameters derived from national sources. The demand for radiation oncologists until 2040 was estimated using referral patterns for radiation therapy and consultation workload metrics applied to projected annual cancer incident cases to calculate required full-time equivalent positions. Baseline model parameters were also applied to the 2005-2019 workforce and incident case data to evaluate preprojection supply and demand trends., **RESULTS:** Preprojection trends for 2005 to 2019 revealed accelerated staffing growth that transitioned from a workforce shortage to a surplus state in 2014 followed by substantial growth slowdown in 2016. The model predicts a transient surplus of radiation oncologists until 2026 followed by a projected deficit in subsequent years. Sensitivity analyses using the plausible range for each parameter continued to favor an undersupply, suggesting a trainee shortage unable to meet workforce expansion needs. Considering possible future declining trends in radiotherapy utilization and workload, calculations to inform corrective efforts in resident numbers resulted in 25 entry positions per year, up from 21 per year currently. Geographic distribution of trainees, relative to workforce and cancer incidence distributions, could be improved

with more residency positions in Canadian regions outside Ontario., **CONCLUSIONS:** Demand for radiation therapy and radiation oncologists in Canada are expected to grow more quickly than future expansion in staffing levels. Our workforce planning model provides evidence for more trainee requirements to inform stakeholders of possible corrective actions to training programs and recruitment. Further research is needed to explore additional strategies to expand capacity and high-quality delivery of radiation therapy to meet the foreseeable increase in Canadian patients with cancer. Copyright © 2023 Elsevier Inc. All rights reserved.

[Factors Influencing Pediatric Hematology/Oncology Nurse Retention: A Scoping Review.](#) Abstract only*

Item Type: Journal Article

Authors: Macintyre, Madeleine R.;Brown, Brandon W. J. and Schults, Jessica A.

Publication Date: 2022

Journal: Journal of Pediatric Hematology/Oncology Nursing 39(6), pp. 402-417

Background: Nursing staff retention is an ongoing concern within pediatric hematology/oncology settings globally. Work-related stressors cause emotional burden, psychological distress, and burnout to which nurses respond by leaving their workplace. Consequently, workplace culture and functionality are negatively impacted, quality of care reduces, and potential harm to patients increases. This paper aims to identify the "most" influencing factors for intention to leave among pediatric hematology/oncology nurses. Methods: A systematic search was undertaken on 29 July 2021 across five electronic databases, Cumulative Index to Nursing and Allied Health Literature, Joanna Briggs Institute, MEDLINE, PubMed, and Web of Science, using MeSH and keywords related to pediatric hematology/oncology nurse retention. Results: The initial search yielded 283 articles. Following abstract and full-text review, nine articles met inclusion

criteria. Across all studies, strong links between health service organizational factors (e.g., unit acuity and time constraints), clinician demographics (e.g., age, education, experience, and coping mechanisms), and nursing retention within pediatric hematology/oncology settings were observed. Direct patient care and long-term relationships with pediatric hematology/oncology patients were identified as the most frequent and intense stressors, while also presenting the most rewarding aspect of the nurse's work. Discussion: Clinician burnout and retention were found to be complex and multifaceted organizational and individual issues, which most importantly evolved from accumulative exposure to specialty-specific stressors. Interventions to prevent clinician burnout and improve staff retention, therefore, need to comprise individual and organizational level strategies specific to the healthcare context.

[Assessment of attrition and retention factors in the oncology pharmacy workforce: results of the oncology pharmacy workforce survey](#) Abstract only*

Author(s): Kamakshi et al.

Source: Journal of the American College of Clinical Pharmacy 59(11)

Publication date: August 2022

Introduction: Hospital departments of pharmacy are experiencing significant challenges in the recruitment and retention of trained hematology-oncology pharmacists. The reasons for these challenges are varied, but one consistent challenge is the growing attrition of clinically-trained pharmacists from the patient care environment. Methods: An electronic 21-item survey was distributed to oncology pharmacists across the United States. The survey assessed work environment, board certification, clinical commitment, and other factors. How those factors might be associated with reported job satisfaction and risk for attrition was examined. Results: A total of 607 individuals responded to at least one of the survey questions, with the majority

representing those actively in clinical practice. The results demonstrate that the oncology pharmacy workforce is a highly trained and capable one, with a high level of satisfaction with their work. That said, over 60% of those who responded indicated that they were either actively seeking or open to alternate employment outside of the patient care environment. The largest contributing factors to attrition risk include untenable work burdens, burnout, lack of work-life integration, and ineffective leadership, while commitments to clinical work were associated with improved job satisfaction and decreased attrition risk. Conclusion: These results bring to light the current state of satisfaction and attrition risk for the oncology pharmacy workforce nationwide. A significant opportunity exists to improve the experience of these pharmacists, particularly in the patient care environment. Based on these findings, departmental, organizational, and national leadership must pursue more tenable work burdens, better value and recognition measures, and more accurate and meaningful metrics for clinical pharmacists in order to retain this important workforce.

[Cancer care: Staff shortages are limiting progress in England, says expert panel](#). Full text available with NHS Open Athens account*

Item Type: Journal Article

Authors: Griffin, Shaun

Publication Date: 2022

Journal: Bmj 376, pp. o862

The UK government has been given an overall rating of "inadequate" by a panel of experts for its progress against commitments on cancer services in England.

The panel, which was commissioned by the House of Commons Health and Social Care committee, gave Care Quality Commission-style ratings to five specific pledges in four policy areas: workforce, diagnostics, living well with and beyond cancer, and technology and innovation.

[Shortages of radiology and oncology staff putting cancer patients at risk, college warns.](#) Full text available with NHS Open Athens account*

Item Type: Journal Article

Authors: Limb, Matthew

Publication Date: 2022

Journal: Bmj 377, pp. o1430

Patients in the UK with cancer are at risk from “devastating” effects of shortfalls of key radiology and oncology staff, leading specialists have warned. The Royal College of Radiologists said that current workforce problems were “unsustainable” and that every month delayed cancer treatment raised the risk of death by around 10%. It highlighted service heads’ concerns for safe patient care, high levels of staff stress and burnout, affecting retention, a growing reliance on staff from overseas, a worrying use of expensive locums, and regional inequalities in the ability to deliver lifesaving cancer care.

[Mentoring Medical Students Towards Oncology: Results from a Pilot Multi-institutional Mentorship Programme.](#) Abstract only*

Item Type: Journal Article

Authors: Rallis, Kathrine S.;Wozniak, Anna;Hui, Sara;Stammer, Adam;Cinar, Cigdem;Sun, Min;Fulton-Ward, Taylor;Clarke, Alison A.;Papagrigoriadis, Savvas;Papalois, Apostolos and Sideris, Michail Ch

Publication Date: 2022

Journal: Journal of Cancer Education 37(4), pp. 1053-1065

The mounting global cancer burden has generated an increasing demand for oncologists to join the workforce. Yet, students report limited oncology exposure in undergraduate medical curricula, while undergraduate oncology mentorships remain underutilised. We established an undergraduate oncology society-led mentorship programme aimed at medical students across several UK universities to increase medical student oncology exposure. We electronically recruited and paired

oncologist mentors and medical student mentees and distributed a dedicated questionnaire (pre- and post-mentorship) to compare mentees' self-reported cancer specialty knowledge and oncology career motivation after undertaking a 6-week mentorship. We also determined students' interest across specialties and subspecialties and measured mentor availability via percentage programme uptake. Statistical analysis included univariate inferential tests on SPSS software. Twenty-nine (23.4%) of 124 oncology specialists agreed to become mentors. The mentorship was completed by 30 students across three medical schools: 16 (53.3%) Barts, 10 (33.3%) Birmingham, and 4 (13.3%) King's; 11 (36.7%) mentored by medical oncologists, 10 (33.3%) by clinical/radiation oncologists, and 9 (30%) by surgical oncologists. The mentorship generated a statically significant increase in students' knowledge of the multidisciplinary team and all oncology-related specialties including academia/research but not interest towards a career in oncology. Undergraduate oncology mentoring is an effective educational, networking and motivational tool for medical students. Student societies are a valuable asset in cultivating medical student oncology interest by connecting students to faculty and increasing mentor accessibility. Further research should focus on developing an optimal mentorship structure and evaluating long-term outcomes of such educational initiatives.

[Failure to tackle workforce shortages threatens cancer survival progress in England.](#)

Item Type: Journal Article

Authors: Wilkinson, Emma

Publication Date: 2022

Journal: Lancet Oncology 23(5), pp. e208

The absence of any serious plan to tackle workforce shortages is threatening efforts towards improving early cancer diagnosis and overall survival rates in England, a crucial report from the Health and Social Care Committee has warned.

Members of Parliament warned there was a real risk that gains made in cancer survival would be reversed as pressured health care services continue to grapple with the ongoing impact of the COVID-19 pandemic.

[Oncology nursing workforce: challenges, solutions, and future strategies](#)

Author(s): Challinor et al.

Source: The Lancet Oncology 21(12)

Publication date: December 2020

Innovative recruitment strategies, onboarding and continuing education programmes, occupational safety measures, and burnout prevention interventions are documented solutions. The long-term effect of COVID-19 on oncology care worldwide is unknown, but immediate therapy interruptions, workforce consequences, and threats to standard oncology nursing practice are addressed here. Retention of experienced oncology nurses is crucial for future cancer control in all countries and must be addressed, particularly in resource-constrained countries with few oncology nursing staff and continuing out-migration of nurses to resource-rich countries.

[Management of Medical Oncology Services in Canada: Redefined Workload with a Novel Supply-and-Demand Workforce Projection Model](#)

Author(s): Yip et al.

Source: Journal of Oncology Practice 14(7)

Publication date: July 2018

We developed a workforce-planning model to predict Canadian medical oncologist (MO) supply and clinical demand during the next 10 years. We have developed a forward calculation MO workforce model that predicts a growing Canadian MO workforce and redefines MO workload dynamics. MO providers will increasingly support more follow-up care with the initiation of multiple lines of systemic therapy relative to the medical

management of patients at the time of initial cancer diagnosis. Workload metrics, including follow-up and new therapy initiation rates, must be measured to appropriately to meet increasingly complex and growing care demands.

[The characteristics of oncology social work in Australia: Implications for workforce planning in integrated cancer care](#)

Author(s): Pockett et al.

Source: Asia-Pacific Journal of Clinical Oncology 12(4)

Publication date: December 2016

AIMS To describe the demographics, professional characteristics, self-reported professional development needs and research involvement of oncology social workers in Australia and to describe perceived barriers to provision of quality psychosocial care. In this first Australian study of the social work oncology workforce, the results demonstrated active, well-qualified and experienced social workers providing frontline services to people with cancer and their caregivers in geographically diverse locations across Australia. Inadequate resources and a lack of integrated psychosocial care were identified as barriers to comprehensive cancer care. The need for Aboriginal and Torres Strait Islander social workers was identified as an urgent workforce priority.

Staff and patient perspectives and perceptions

[Cancer Nurses' Voices and Recommendations to Address Workforce Challenges: A Qualitative Analysis](#)

Item Type: Journal Article

Authors: Bradford, N.;Kirk, D.;Taylor, K.;Williams, N.;McErlean, G.;Cook, O.;Gent, L.;Monterosso, L.;Lokmic-Tomkins, Z.;Ross, X. S.;Pitt, E.;Still, J. and Moore, E.

Publication Date: 2024

Journal: Seminars in Oncology Nursing 40(5), pp. 151722

[Australia]

Abstract: Objectives: Amidst the fulfilment of making a positive impact on patients' lives, cancer nurses also contend with high workloads, limited resources, and barriers to career advancement. Understanding the perceptions of cancer nurses is essential in addressing these challenges and fostering an environment that promotes both professional satisfaction and optimal patient care. Our aim was to explore Australian cancer nurses' experiences and perspectives of workforce challenges and their proposed solutions to address them. Method(s): The Cancer Nurses Society Australia workforce cross-sectional survey was distributed online in 2022 through professional networks and social media. Free text responses to open-ended questions were analyzed using qualitative content analysis and inductive processes. Result(s): Responses from 601 cancer nurses highlight the intricate interplay between rewards and obstacles experienced by the profession and identify key areas for improvement. Positive and negative quotes highlight the passion of cancer nurses which were summarized into themes and subthemes: 1) Finding fulfilment while struggling against the tide. While feeling undervalued and facing workload pressures, burnout and limited opportunities for career progression, nurses express love for their jobs, finding it rewarding yet emotionally challenging. 2) Grassroots solutions versus organizational inertia. Proposed solutions included addressing nurse-to-patient ratios, proactive succession planning, more specific education, dedicated time for learning, and mentorship and career development programs. Perceived barriers to initiatives included lethargic management and resistance to change. Networking opportunities, appropriate remuneration, and interdisciplinary teamwork with an appreciation of individual expertise are desired. Conclusion(s): Our findings give a voice to the cancer nurses of Australia. Nurses identified a range of solutions to address workforce challenges. Implications for nursing practice: Addressing the systemic issues that contribute to high workload

and impede nurses' well-being and their recognition, and promoting policies to support professional growth will increase satisfaction, enhance patient care outcomes, and contribute to a sustainable workforce. Copyright © 2024 The Author(s)

[Perceptions of the cancer care left undone in primary and community services: A mixed methods evaluation](#)

Author(s): Lawler et al.

Source: Health & Social Care in the Community 28(6)

Publication date: May 2020

This service evaluation aimed to elucidate some of the views of the workforce in this sector of what work in cancer care is left undone, and what they would like to be able to offer more of. An exploratory sequential design was taken including a questionnaire and interviews asking primary and community care staff in London about their workload in cancer care.

Respondents identified psychological care for people with cancer (PWC), and bereavement care for families and carers of PWC as the most common areas that were left undone. They would like to do more proactive work, in place of the current reactive 'firefighting' they are doing. For example, signposting available services to PWC and access to nutritional support.

[Nurses' Perspectives on the Personal and Professional Impact of Providing Nurse-Led Primary Palliative Care in Outpatient Oncology Settings](#)

Author(s): Feldenzer

Source: International Journal of Palliative Nursing 25(1)

Publication date: January 2019

Nurses reported a sense of personal and professional fulfilment from providing primary PC, while noting the risk of increased emotional attachment to patients. Participation improved nursing communication skills. A supportive workplace helped to minimise stress related to incorporating primary PC into busy treatment schedules. Conclusion: Providing primary PC challenges the

task-oriented paradigm of nursing practice and will potentially alter the professional roles and workloads of infusion room nurses.

[A mixed methods analysis of experiences and expectations among early-career medical oncologists in Australia](#)

Author(s): Wong et al.

Source: Asia-Pacific Journal of Clinical Oncology 14(5)

Publication date: January 2018

A viable and sustainable medical oncology profession is integral for meeting the increasing demand for quality cancer care. The aim of this study was to explore the workforce-related experiences, perceptions and career expectations of early-career medical oncologists in Australia. Perceived diminished employment opportunities in the medical oncology profession, and shifting expectations to be "more qualified," have increased uncertainty among junior medical oncologists in terms of their future career prospects. Structural factors relating to adequate funding of medical oncology positions may facilitate or inhibit progressive change in the workforce and its sustainability. Workforce planning and strategies informed by findings from this study will be necessary in ensuring that both the needs of cancer patients and of medical oncologists are met.

[A national survey exploring UK trainees' perceptions, core training experience, and decisions to pursue advanced training in breast radiology](#)

Author(s): Lowes et al.

Source: Clinical Radiology 72(11)

Publication date: November 2017

To investigate UK radiology trainees' perceptions of breast radiology and the factors that influenced their decision whether or not to choose breast radiology as an area of special interest. Breast radiology faces a significant workforce shortfall that is predicted to worsen in the coming years. There has never been

a greater need to recruit specialty trainees into this field, and action is urgently needed to help ensure the sustainability of breast services and drive further improvements to patient care. The findings from this survey should be regarded as a challenge to all breast radiologists to engage with trainees from an early stage in their training and to enthuse them with the many positive aspects of a career in breast radiology.

[Patient Perspectives on Nurse Practitioner Care in Oncology in Canada](#)

Author(s): Stahlke et al.

Source: Journal of Nursing Scholarship 49(5)

Publication date: September 2017

The purpose of this study was to add to what is known about patient satisfaction with nurse practitioner (NP) care, from the perspective of breast cancer patients who were followed by an NP. Conclusions and Clinical Relevance Today's healthcare system is characterized by accessibility issues, unmet patient need, workforce issues, and funding pressures. This research supports and enriches what is known about the benefits and usefulness of NP-provided care from the viewpoint of those receiving the care. The findings offer guidance to NPs in the clinical setting regarding patient needs and optimal care strategies.

Training, education and skill mix

[Healthcare professionals' knowledge, understanding and confidence to manage chronic pain after cancer treatment: A UK survey](#)

Author(s): Armoogum et al.

Source: European Journal of Oncology Nursing 71

Publication date: August 2024

[UK]

Introduction: Healthcare professionals are vital in preparing people living with and beyond cancer about the risks of chronic pain after cancer treatment. To do so, healthcare professionals need to be knowledgeable and confident about chronic pain after cancer treatment, yet little is known about their understanding or confidence of this common long-term and late side effect of cancer treatment. Aim: To identify healthcare professionals' knowledge and understanding of chronic pain after cancer treatment and consider how confident they are to inform, listen and signpost people living with and beyond cancer to appropriate information and support. Method: A cross sectional online survey was distributed to healthcare professionals in the UK via cancer and primary care networks, cancer alliances and social media. The survey consisted of four domains: 1) knowledge and understanding, 2) information and support, 3) confidence and 4) barriers. Quantitative data were analysed with descriptive statistics and free text comments were analysed using qualitative content analysis. Results: Healthcare professionals reported limited knowledge and understanding of chronic pain after cancer treatment. Healthcare professionals lacked confidence to talk to people about chronic pain after cancer treatment and viewed their lack of knowledge as a barrier. Additional barriers included 'Limited service provision', 'Conflict between services', 'Not my role' and 'Challenges in diagnosing chronic pain in cancer survivors'. Conclusion: Chronic pain after cancer can be a significant issue for those living with and beyond cancer, yet healthcare professionals report limited knowledge of it or understanding of the impact. More education is needed to increase healthcare professionals' knowledge and confidence in chronic pain after cancer treatment.

[What are the perceived unmet needs for patient care, education, and research among genitourinary cancer nurses in Australia? A mixed method study](#)

Item Type: Journal Article

Authors: Paterson, Catherine;Anderson, Helen;Rosano, Michelle;Cowan, Donna;Schulz, Diana;Santoro, Kerry;Forshaw, Tina;Hawks, Cynthia and Roberts, Natasha

Publication Date: 2024

Journal: Asia-Pacific Journal of Oncology Nursing 11(9), pp. 100564

[Australia]

Abstract: Objective: Specialist genitourinary (GU) nurses provide care to a broad and diverse group of patients diagnosed with kidney, bladder, prostate, testicular, adrenal, and penile cancer. The purpose of this study was to identify GU cancer nurse perspectives of perceived unmet needs in service provision, specific educational and research priorities., Methods: A concurrent mixed methods study design incorporated quantitative and qualitative data collection from the GU Cancer nurses workforce in Australia. Quantitative data collected using an electronic survey instrument and were analysed using descriptive statistics. Qualitative data collected through semi-structured interviews and coded for thematic analysis. Ethical approval was gained., Results: Fifty responses were received from the electronic survey. 39/50 (78%) were female and 35 (70%) were metropolitan based. The highest domains of perceived unmet needs related to psychological/emotional needs - 17/23 (74%), intimacy needs - 15/23 (65%) and informational needs - 13/23 (57%). The themes from the qualitative interviews identified: (1) Patient needs - lack of tumour specific contact for cancer patients, fragmented delivery of cancer care, perception of better access to supportive care for public patients, lack of access to supportive care screening tools for needs assessment. (2) Educational needs - lack of GU specific cancer educational resources/learning opportunities and barriers to accessing

educational opportunities. (3) Research priorities - impact on carers/partners, specific needs of different GU cancers, future focus on genetic testing/counselling, interventions for financial toxicity and development of models of care for geriatric GU patients., Conclusions: Specialist GU cancer nurses support a broad group of patients. Given the prominence of addressing unmet cancer care needs among people with GU cancers in this study, cancer nursing as a discipline alongside the multidisciplinary team, requires innovative solutions to overcome fragmented care which is often highly complex, and develop individualised and integrated care across the cancer care continuum. We encourage clinicians, researchers, policy makers, people affected by cancer, and their care networks, to continue to drive innovation by (1) Embedding an integrated approach to cancer nursing, (2) Implementation of shared care, (3) Implementation of patient navigation, (4) Embracing emerging technologies, (5) Future focus on education, and (6) Future focus on nurse-led research. Copyright © 2024 The Author(s).

Global challenges and initiatives in oncology nursing education

Item Type: Journal Article

Authors: Galassi, Annette;Anwarali, Shenila and Challinor, Julia

Publication Date: 2023

Journal: Annals of Palliative Medicine 12(3), pp. 633–645

Abstract: Oncology nursing requires specialized education and clinical training. It is not possible to deliver safe cancer nursing care across the cancer continuum with only a general nursing education and experience. Complex cancer therapies, e.g., immunotherapies, and technologies, e.g., radiotherapy, and advanced surgeries, demand nursing support delivered by knowledgeable and skilled professionals. To achieve this required workforce, necessitates cancer education that begins at pre-licensure, strong onboarding training, competency standards, continuing education and oncology nursing leadership across cancer control activities, e.g., national cancer control

planning. Nevertheless, current nursing shortages, the lack of qualified oncology nursing faculty and adequate nursing schools, as well as government accreditation of oncology nursing specialties threaten appropriate cancer nursing care in the future. Given the exponential growth of the public health burden of cancer everywhere, prompt attention to the single largest workforce to support this patient population is urgent. Guidance from international authorities such as the World Health Organization, International Council of Nurses, and oncology nursing associations/societies allows governments to appropriately scale up their oncology nursing workforce to improve survival. We present the challenges in oncology nursing education and successful interventions to address those challenges to provide an overview of the current status of oncology nursing education from around the world.

Training General Practitioners in Oncology: Lessons Learned From a Cross-Sectional Survey of GPOs in Canada

Item Type: Journal Article

Authors: Gyawali, Bishal;Carson, Laura Mae;Shuel, Sian;Wilkinson, Anna Nathalie;Ostic, Heather;Savage, Colleen and Berry, Scott

Publication Date: 2023

Journal: JCO Global Oncology 9, pp. e2200421

[Canada]

Abstract: PURPOSE: Many countries face a significant shortage of medical oncologists. To mitigate this problem, some countries, including Canada, have established training programs for general practitioners in oncology (GPOs), which train family physicians (FPs) in the fundamentals of cancer care. This type of GPO training model may be useful in other countries facing similar challenges. Therefore, Canadian GPOs were surveyed to learn from their experiences and inform the development of similar programs in other countries., METHODS: A survey was designed and administered to Canadian GPOs to understand the

methods and outcomes of GPO training and practice in the Canadian context. The survey was active from July 2021 to April 2022. Participants were recruited through personal and provincial networks and an email list provided by the Canadian GPO network., RESULTS: The survey received 37 responses for an estimated response rate of 18%. Although only 38% of respondents indicated that family medicine training sufficiently prepared them to care for patients with cancer, 90% indicated that GPO training did. Clinics with oncologists were found to be the most effective mode of learning, followed by small group learning and online education. Critical knowledge domains and skills most relevant for GPO training were identified as the treatment of side effects, symptom management, palliative care, and breaking bad news., CONCLUSION: Participants in this survey felt that a dedicated GPO training program offered value beyond family medicine residency in preparing providers to adequately care for patients with cancer. GPO training can be done effectively through virtual and hybrid content delivery. Critical knowledge domains and skills identified as the most important in this survey may be valuable for other groups and nations implementing similar training programs to increase their oncology workforce.

[Geriatric Oncology as an Unmet Workforce Training Need in the United Kingdom-A Narrative Review by the British Oncology Network for Undergraduate Societies \(BONUS\) and the International Society of Geriatric Oncology \(SIOG\) UK Country Group](#)

Item Type: Journal Article

Authors: Khoury, Emma G.;Nuamek, Thitikorn;Heritage, Sophie;Fulton-Ward, Taylor;Kucharczak, Joanna;Ng, Cassandra;Kalsi, Tania;Gomes, Fabio;Lind, Michael J.;Battisti, Nicolo M. L.;Cheung, Kwok-Leung;Parks, Ruth;Pearce, Jessica and Baxter, Mark A.

Publication Date: 2023

Journal: Cancers 15(19)

[UK]

Abstract: Cancer is a disease associated with ageing. Managing cancer in older adults may prove challenging owing to pre-existing frailty, comorbidity, and wider holistic needs, as well as the unclear benefits and harms of standard treatment options. With the ongoing advances in oncology and the increasing complexity of treating older adults with cancer, the geriatric oncology field must be a priority for healthcare systems in education, research, and clinical practice. However, geriatric oncology is currently not formally taught in undergraduate education or postgraduate training programmes in the United Kingdom (UK). In this commentary, we outline the landscape of geriatric oncology undergraduate education and postgraduate training for UK doctors. We highlight current challenges and opportunities and provide practical recommendations for better preparing the medical workforce to meet the needs of the growing population of older adults with cancer. This includes key outcomes to be considered for inclusion within undergraduate and postgraduate curricula.

[Like Frying Multiple Eggs in One Pan: a Qualitative Study Exploring the Understanding of Inter-speciality Training in Cancer Care](#)

Item Type: Journal Article

Authors: McInally, W.;Benstead, K.;Brandl, A.;Dodlek, N.;De Munter, J.;Gasparotto, C.;Grau-Eriksen, J.;Kelly, R. G.;Lecoq, C.;O'Higgins, N.;Oliver, K.;Popovics, M.;Rollo, I.;Sulosaari, V. and dede la los RiosSerna, C. D.

Publication Date: 2023

Journal: Journal of Cancer Education

[Europe]

Abstract: High-quality cancer care is a key priority worldwide. Caring for people affected by cancer requires a range of specific

knowledge, skills and experience to deliver the complex care regimens both within the hospital and within the community environment. In June 2022, the European Cancer Organisation along with 33 European cancer societies began working together to develop a curriculum for inter-speciality training for healthcare professionals across Europe. As part of the project, this research consisted of a qualitative survey distributed to the European Union societies via email. The aim of this paper is to disseminate the qualitative findings from healthcare professionals across Europe. Questionnaires were sent out to a convenience sample of 219 healthcare professionals and patient advocates with a response rate of 55% (n = 115). The findings identified that there were four key themes: 'What is inter-speciality training?', 'Barriers and challenges', 'Support throughout the cancer journey' and 'New ways of working'. These results are part of a larger needs analysis and scoping review to inform the development of a core competency framework which will be part of an inter-speciality curriculum for specialist cancer doctors, nurses and other healthcare professionals across Europe. Healthcare professionals will be able to access education and training through the virtual learning environment and workshops and by clinical rotations to other specialties. Copyright © 2023, The Author(s).

Education of the cancer surgical workforce: Gaps, priorities, and strategies

Item Type: Journal Article

Authors: Murthy, Shilpa S. and Are, Chandrakanth

Publication Date: 2023

Journal: Journal of Surgical Oncology 128(6), pp. 938–942

[US]

Abstract: Cancer is a leading cause of noncommunicable disease-related mortality. The predicted number of new cancer cases will increase from 19.3 million in 2020 to 30.2 million by 2040. To mitigate the cancer burden, it is critical to build capacity

of the cancer workforce, especially in systems with limited resources. We provide a global overview of gaps and implementation strategies that can increase the quality and quantity of the global surgical cancer workforce. Copyright © 2023 Wiley Periodicals LLC.

Investigating the self-perceived educational priorities among oncology nurses. Abstract only*

Item Type: Journal Article

Authors: Tapsall, Doreen;Thamm, Carla;Paterson, Catherine and Cancer Nurses Society of Australia

Publication Date: Oct ,2022

Journal: Nurse Education in Practice 64, pp. 103426

Aim: To understand the self-perceived educational priorities among oncology nurses.

Background: Oncology nurses are the main providers of care to people affected by cancer. However, little is known about the educational needs and priorities of oncology nurses when providing care to people living with cancer. Design: A national online survey. Setting: The Cancer Nurses Society of Australia (CNSA) is an Australian wide professional body for cancer nurses. At the time of conducting the research, there were approximately 1300 members. All members were invited to participate in the survey. CNSA provided access to nurses working in all areas of cancer care, including inpatient wards, outpatient centres, ambulatory day oncology units, radiation oncology, bone marrow transplant units, educational, and research units. Participants: Registered nurses involved in direct care of people affected by cancer who were members of CNSA, and ability to communicate in English. Methods: The instrument consisted of a 15-item online questionnaire which included demographic and professional questions related to the self-perceived oncology educational needs which were free-text. This survey was hosted using an online electronic data capture system (i.e., SurveyMonkey®), and the electronic link was sent

to the CNSA who then sent an email invitation to the 1300 members. Results: 610 educational needs were identified and ranked. These individual answers were grouped into seven overarching categories with various sub-categories within each group. The oncology nurses identified important educational topics which included: a) cancer biology, b) treatments, c) direct patient care, d) age-specific cancer care, e) leadership and research, and f) law and ethics. Conclusion: As the number of people affected by cancer continue to rise, addressing the educational needs and priorities of oncology nurses has never been so important. Higher educational institutions and healthcare institutions should consider these findings in addressing the learning needs for the current oncology nursing workforce.

[Workforce development will bolster cancer services: The updated RCN career and education framework will help to develop the cancer nursing workforce](#) Abstract only*

Item Type: Journal Article

Authors: Taylor, Vanessa

Publication Date: 2022

Journal: Cancer Nursing Practice 21(2), pp. 10

Abstract: Workforce development needs regular review as part of an overall strategy to ensure nurses provide high-quality care for people with cancer. Even before the COVID-19 pandemic, calls had been made to address staff shortages in cancer nursing and to develop the workforce in specialist cancer services and roles.

[Enhancing skill mix in the clinical oncology workforce – capturing impacts of consultant therapeutic radiographers in the UK](#) Title only*

Author(s): Tsang et al.

Source: Clinical Oncology 33(5)

Publication date: May 2021

[Embracing Skill Mix in the Clinical Oncology Workforce – Capturing Impacts of Consultant Therapeutic Radiographers in the UK](#) Abstract only*

Item Type: Journal Article

Authors: Tsang, Y.;Roberts, N.;Wickers, S. and Nisbet, H.

Publication Date: 2021

Journal: Clinical Oncology 33(5), pp. e239-e242

About 3.7 million new cancers are diagnosed annually in Europe, with more than 1.9 million associated deaths [\[1\]](#). Radiotherapy is an essential treatment modality in cancer management and is recommended in more than 50% of cases [\[2,3\]](#). In the UK, there is a growing demand for radiotherapy services due to the reported 3% increase in cancer prevalence per year [\[4\]](#). This increase in demand is set against a background of declining growth in the non-surgical oncology medical workforce. Vacant consultant clinical oncologist posts have more than doubled over the past 5 years to a 10% vacancy rate in 2019, with this shortfall predicted to rise over the next 5 years [\[5\]](#). An emphasis on skill mix and collaboration with the multidisciplinary team has been highlighted as one way to help meet demand and patient expectation.

[Nurturing a Research-active Clinical Oncology Workforce: A Trainee Perspective](#) Abstract only*

Author(s): Jones and Spencer

Source: Clinical Oncology 33(1)

Publication date: January 2021

In recent years the number of clinical oncology consultants who hold research posts has fallen. There is a need to develop a training environment in which all clinical oncologists are enthused and enabled to participate in research. This will depend not just on providing every trainee with exposure to research or with the space and time to undertake it; but on doing so from the earliest stages of training within an environment rich in incentives, support, and mentorship.

Oncology workforce skills and competencies required for molecular medicine

Author(s): Groves

Source: European Journal of Hospital Pharmacy 27(5)

Publication date: 2020

In the past decade, the costs associated with DNA sequencing technology, known as Next Generation Sequencing (NGS), have significantly declined.¹ The declining cost of technology and increased knowledge of the human genome have had a major impact within oncology. As an oncology pharmacist I have witnessed the growing number of targeted agents and immunotherapies available to patients. Recognising this, I completed a Masters qualification in genomic medicine and sit on the Newcastle Genomics Tumour Advisory Board (GTAB). However, I still find it challenging to maintain up-to-date clinical knowledge regarding the biology, prognostic impact and treatment implications of oncogenic gene mutations. The impact of 'personalised oncology' on the cancer services' workforce requires careful assessment and this editorial will address the challenges and subsequent training requirements for healthcare professionals working in oncology.

The multidisciplinary pediatric psycho-oncology workforce: A national report on supervision for staff and training opportunities

Author(s): Kazak et al.

Source: Psycho-oncology 27(12)

Publication date: December 2018

A properly trained and supported psychosocial workforce is essential to providing evidence-based care consistent with the Psychosocial Standards. Psychosocial providers are appropriately licensed. However, supervision opportunities are variable and may be inadequate for the intensity of the work. It is important to address the limited opportunities for trainees in pediatric cancer programs, which may influence the pipeline for ongoing and future work in this area.

Skill sharing and delegation practice in two Queensland regional allied health cancer care services: a comparison of tasks

Author(s): Passfield et al.

Source: Australian Health Review 42

Publication date: November 2018

Delegation and skill sharing are emerging service strategies for allied health (AH) professionals working in Queensland regional cancer care services. The aim of the present study was to describe the consistency between two services for the types and frequency of tasks provided and the agreement between teams in the decision to delegate or skill share clinical tasks, thereby determining the potential applicability to other services. Conclusions: Strong consistency was apparent for the clinical tasks undertaken by the two cancer care AH teams, with moderate agreement for the frequency of tasks performed. The proportion of tasks considered appropriate for skill sharing and/or delegation was similar, although variation at the task level was apparent. Further research is warranted to examine the range of factors that affect the decision to skill share or delegate.

Oncology Nurse Practitioner Role Full text available with NHS OpenAthens account*

Author(s): Mackey

Source: Clinical Journal of Oncology Nursing 22(5)

Publication date: October 2018

As the need for cancer care in the United States continues to grow with advances in treatment options, aging of the population, changing workforce demographics, and new cancer care delivery models, ONPs will be integral to the delivery of high-quality care. Efforts to promote their practice at the fullest extent of the license and across various cancer care settings are imperative. Resources should be devoted to ONP education, onboarding, and retention to ensure that they not only are able to effectively integrate themselves into the healthcare system, but also establish themselves as leaders of the interprofessional team.

[The Hidden Costs of Medical Education and the Impact on Oncology Workforce Diversity](#)

Author(s): Vapiwala and Winkfield

Source: JAMA Oncology 4(3)

Publication date: March 2018

The staggering burden of US physician debt, combined with the demands of our proliferating cancer patient census, documentation requirements, and regulatory hurdles, are leading to staggering rates of depersonalization and emotional exhaustion among oncologists. These stressors, magnified by a broken health care system that has become a political football, can leave many oncologists lamenting the gradual transformation of a noble career into one fraught with uncertainty, bureaucratic checkboxes, and diminished checking accounts.

[Physician Training in Cancer Prevention and Control: A Population Health Imperative](#)

Author(s): Moore and Goodman

Source: American Journal of Preventative Medicine 54(3)

Publication date: March 2018

Cancer is the second leading cause of morbidity and mortality in the U.S. Although reducing the number of new cancer cases is a national health goal, the continuing growth of the older adult population ensures that the burden of cancer will increase. Despite documentation of the shortage of oncologists to meet the growing need, relatively limited attention has been focused on increasing the physician workforce trained in the prevention and control of cancer.

[What Competencies Are Required for Oncology Nurse Generalists?](#)

Author(s): Becze

Source: ONS Voice

Publication date: January 2018

The article offers suggestions to oncology nurse to ensure high-quality care. Topics discussed include training programs that focus on increasing and building competency can strengthen and multiply the workforce of nurses; need of performance goals for themselves and engage in learning opportunities to achieve those goals; and oncology nurses integrate patient-centered care across cancer trajectory.

[Building A High Quality Oncology Nursing Workforce Through Lifelong Learning: The De Souza Model](#)

Author(s): Esplen et al.

Source: International Journal of Nursing Education Scholarship

Publication date: January 2018

Cancer is one of the leading causes of death in the world. Along with increased new cases, cancer care has become increasingly complex due to advances in diagnostics and treatments, greater survival, and new models of palliative care. Nurses are a critical resource for cancer patients and their families. Their roles and responsibilities are expanding across the cancer care continuum, calling for specialized training and support. Formal education prepares nurses for entry level of practice, however, it does not provide the specialized competencies required for quality care of cancer patients. There is urgent need to align the educational system to the demands of the health care system, ease transition from formal academic systems to care settings, and to instill a philosophy of lifelong learning. We describe a model of education developed by de Souza Institute in Canada, based on the Novice to Expert specialty training framework, and its success in offering structured oncology continuing education training to nurses, from undergraduate levels to continued career development in the clinical setting. This model may have global relevance, given the challenge in managing the demand for high quality care in all disease areas and in keeping pace with the emerging advances in technologies.

What is important for student nurses to know about cancer treatment and care: a qualitative study of student nurses' and stakeholder perspectives

Author(s): Edwards et al.

Source: Journal of Clinical Nursing 26

Publication date: July 2017

AIMS AND OBJECTIVES: To explore the views of student nurses' and stakeholders of what is important for student nurses to know about cancer treatment and care. CONCLUSIONS: Collaborative working with people affected by cancer and educationalists has allowed the patient and carer experience to be placed at the centre of the undergraduate cancer education.

Social networks and expertise development for Australian breast radiologists

Author(s): Taba et al.

Source: BMC Health Services Research 17(131)

Publication date: February 2017

In this study, we explore the nexus between social networks and expertise development of Australian breast radiologists. Background literature has shown that a lack of appropriate social networks and interaction among certain professional group(s) may be an obstacle for knowledge acquisition, information flow and expertise sharing. To date there have not been any systematic studies investigating how social networks and expertise development are interconnected and whether this leads to improved performance for breast radiologists. We argue that radiologists' and, in particular, breast radiologists' work performance, needs to be explored not only through individual numerical characteristics but also by analysing the social context and peer support networks in which they operate and we identify multidisciplinary care as a core entity of social learning.

Work engagement in cancer care: The power of co-worker and supervisor support

Author(s): Poulsen et al.

Source: European Journal of Oncology Nursing 21

Publication date: April 2016

Co-worker and supervisor support can provide knowledge, advice and expertise which may improve motivation, confidence and skills. This exploratory study aimed to examine the association of co-worker and supervisor support, and other socio-demographic and practice variables with work engagement for cancer workers. The study surveyed 573 cancer workers in Queensland (response rate 56%). Conclusions This study emphasises that health care managers need to promote co-worker and supervisor support in order to optimise work engagement with special attention to those who are not directly involved in patient care.

Upskilling

Digital skills of health care professionals in cancer care: a systematic review

Item Type: Journal Article

Authors: Leena, Tuominen; Jenna, Poraharju; Carme, Carrion; Leeni, Lehtiö; Helena, Leino-Kilpi; Sònia, Moretó; Virpi, Sulosaari and Heli, Virtanen

Publication Date: 2024

Journal: Digital Health 10

Abstract: BACKGROUND: The digital transformation of healthcare enables new ways of working in cancer care directing attention on the digital skills of healthcare professionals. This systematic review aims to identify existing evidence about digital skills among health care professionals in cancer care to identify the needs for future education and research. METHODS: Database searches were conducted in PubMed, CINAHL, Web of Science, Scopus, Cochrane and ERIC to identify studies until

March 2023. The inclusion criteria were digital skills of health care professionals in cancer care as described by themselves, other health care professionals, patients or significant others. The CASP tool was used for quality assessment of the studies. Data was analysed following inductive content analysis. RESULTS: The search produced 4563 records, of which 24 studies were included (twelve qualitative, ten quantitative, one mixed methods design and one strategy paper). Four main categories were identified describing HCPs' required skills, existing skills and development areas of digital skills in cancer care: Skills for information technology, Skills for ethical practice, Skills for creating a human-oriented relationship and Skills for digital education and support. In development areas, one more main category, Skills for implementing digital health, was identified. CONCLUSION: The digital skills of health care professionals in cancer care are multifaceted and fundamental for quality cancer care. The skills need to be assessed to provide education based on actual learning needs. The review findings can be used for education and research in this field. Abstract]

Workforce

[Policy strategies for capacity building and scale up of the workforce for comprehensive cancer care: a systematic review](#)

Item Type: Journal Article

Authors: Trapani, D.;Murthy, S. S.;Hammad, N.;Casolino, R.;Moreira, D. C.;Roitberg, F.;Blay, J-Y;Curigliano, G. and Ilbawi, A. M.

Publication Date: 2024

Journal: ESMO Open 9(4), pp. 102946

Abstract: BACKGROUND: Patients with cancer in low- and middle-income countries experience worse outcomes as a result of the limited capacity of health systems to deliver comprehensive cancer care. The health workforce is a key component of health systems; however, deep gaps exist in the

availability and accessibility of cancer care providers., MATERIALS AND METHODS: We carried out a systematic review of the literature evaluating the strategies for capacity building of the cancer workforce. We studied how the policy strategies addressed the availability, accessibility, acceptability, and quality (AAAQ) of the workforce. We used a strategic planning framework (SWOT: strengths, weaknesses, opportunities, threats) to identify actionable areas of capacity building. We contextualized our findings based on the WHO 2030 Global Strategy on Human Resources for Health, evaluating how they can ultimately be framed in a labour market approach and inform strategies to improve the capacity of the workforce (PROSPERO: CRD42020109377)., RESULTS: The systematic review of the literature yielded 9617 records, and we selected 45 eligible papers for data extraction. The workforce interventions identified were delivered mostly in the African and American Regions, and in two-thirds of cases, in high-income countries. Many strategies have been shown to increase the number of competent oncology providers. Optimization of the existing workforce through role delegation and digital health interventions was reported as a short- to mid-term solution to optimize cancer care, through quality-oriented, efficiency-improving, and acceptability-enforcing workforce strategies. The increased workload alone was potentially detrimental. The literature on retaining the workforce and reducing brain drain or attrition in underserved areas was commonly limited., CONCLUSIONS: Workforce capacity building is not only a quantitative problem but can also be addressed through quality-oriented, organizational, and managerial solutions of human resources. The delivery of comprehensive, acceptable, and impact-oriented cancer care requires an available, accessible, and competent workforce for comprehensive cancer care. Efficiency-improving strategies may be instrumental for capacity building in resource-constrained settings. Copyright © 2024 The

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[Trends in nuclear medicine and the radiopharmaceutical sciences in oncology: workforce challenges and training in the age of theranostics](#) Abstract only*

Item Type: Journal Article

Authors: Scott, Andrew M.;Zeglis, Brian M.;Lapi, Suzanne E.;Scott, Peter J. H.;Windhorst, Albert D.;Abdel-Wahab, May;Giammarile, Francesco;Piaez, Diana;Jalilian, Amirreza;Knoll, Peter;Korde, Aruna;Vichare, Shrikant;Ayati, Nayyereh;Lee, Sze Ting;Lyashchenko, Serge K.;Zhang, Jingjing;Urbain, Jean Luc and Lewis, Jason S.

Publication Date: 2024

Journal: The Lancet.Oncology 25(6), pp. e250–e259 [Global]

Abstract: Although the promise of radionuclides for the diagnosis and treatment of disease was recognised soon after the discovery of radioactivity in the late 19th century, the systematic use of radionuclides in medicine only gradually increased over the subsequent hundred years. The past two decades, however, has seen a remarkable surge in the clinical application of diagnostic and therapeutic radiopharmaceuticals, particularly in oncology. This development is an exciting time for the use of theranostics in oncology, but the rapid growth of this area of nuclear medicine has created challenges as well. In particular, the infrastructure for the manufacturing and distribution of radiopharmaceuticals remains in development, and regulatory bodies are still optimising guidelines for this new class of drug. One issue of paramount importance for achieving equitable access to theranostics is building a sufficiently trained workforce in high-income, middle-income, and low-income countries. Here, we discuss the key challenges and opportunities that face the field as it seeks to build its workforce for the 21st century.

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those for text and data mining, AI training, and similar technologies.

[Cancer Workforce Fund launched to address oncology workforce crisis](#) Abstract only*

Item Type: Journal Article

Authors: Wilkinson, Emma

Publication Date: 2024

Journal: The Lancet.Oncology 25(5), pp. 545 [Europe]

On April 4, 2024, the European Cancer Community Foundation launched the Cancer Workforce Fund to resource frontline projects across Europe and the UK, to help alleviate the strain on staff working in oncology services. The goal of the Fund is to identify meaningful solutions to the staffing crisis in cancer services across Europe, which has worsened since the COVID-19 pandemic.

[The cancer nursing workforce in Australia: a national survey exploring determinants of job satisfaction](#)

Item Type: Journal Article

Authors: Bradford, Natalie;Moore, Elizabeth;Taylor, Karen;Cook, Olivia;Gent, Lucy;Beane, Theresa;Williams, Natalie;Alexander, Kimberly;Pitt, Erin;Still, Jemma;Wellard, Cameron;McErlean, Gemma;Kirk, Deborah;Monterosso, Leanne;McCarthy, Alexandra;Lokmic-Tomkins, Zerina;Balson, Jessica and Gates, Priscilla

Publication Date: 2023

Journal: BMC Nursing 22(1), pp. 461 [Australia]

Abstract: BACKGROUND: To maintain and improve the quality of the cancer nursing workforce, it is crucial to understand the factors that influence retention and job satisfaction. We aimed to investigate the characteristics of cancer nurses in Australia and identify predictors of job satisfaction., METHODS: We analysed

data from an anonymous cross-sectional survey distributed through the Cancer Nurses Society Australia membership and social media platforms from October 2021 to February 2022. The survey was compared to national nursing registration data. Data were analysed with non-parametric tests, and a stepwise, linear regression model was developed to best predict job satisfaction., RESULTS: Responses were received from 930 cancer nurses. Most respondents (85%) described themselves as experienced nurses, and more than half had post-graduate qualifications. We identified individual, organizational, and systemic factors that contribute to job satisfaction and can impact in workforce shortages. The findings include strategies to address and prioritize workforce challenges. There were 89 different titles for advanced practice nursing roles. Managing high workload was a reported challenge by 88%. Intention to stay less than 10 years was reported by nearly 60%; this was significantly correlated with job satisfaction and age. Significantly higher scores for job satisfaction were associated with those who had career progression opportunities, career development opportunities, adequate peer support and a clearly defined scope of role. Conversely, job satisfaction scores decreased the more people agreed there was a lack of leadership and they had insufficient resources to provide quality care., CONCLUSION: Cancer nurses are critical to the delivery of cancer care however, the workforce faces multiple challenges. This study provides an understanding of the Australian cancer nursing workforce characteristics, their roles and activities, and highlights important considerations for retaining nurses in the profession. Copyright © 2023. The Author(s).

Future Proofing the Clinical Oncology Workforce

Item Type: Journal Article

Authors: Charlton, T. G. and Hindocha, S.

Publication Date: 2023

Journal: Clinical Oncology (Royal College of Radiologists (Great

Britain)) 35(5), pp. 314–317

[UK]

Clinical oncologists play a key role in the delivery of cancer care, with 60% of cancer patients receiving radiotherapy as part of their treatment [1,2]. Their work is time sensitive, critical to delivering good patient outcomes and innovation in cancer care and imperative to clearing the cancer backlog [2]. Despite this, the UK consultant clinical oncologist workforce is suffering a 17% shortfall, amounting to 189 full-time equivalent (FTE) posts nationally and which is set to reach 28% (401 FTE) by 2025 [3]. Similar concerns are noted with clinical and radiation oncology workforces internationally [4–8] and within some regions of the USA, despite a perceived national excess of radiation oncologists [9]. As populations age and cancer incidence increases alongside the development of more complex treatments, this workforce crisis is set to multiply [2].

Profile of the Oncology Physician Workforce and the Characteristics of Attrition Abstract only*

Item Type: Journal Article

Authors: Tuia, Jordan;Haslam, Alyson and Prasad, Vinay

Publication Date: 2023

Journal: JCO Oncology Practice 19(7), pp. 465–472

[US]

Abstract: PURPOSE: To determine the prevalence of attrition and the frequency of transition from a primarily clinical role to an industry-related role among oncology physicians., METHODS: We tracked yearly Centers for Medicare & Medicaid Services (CMS) billing between 2015 and 2022 to estimate attrition of oncology physicians. A subanalysis of a random sample of 300 oncologists with fewer than 30 years of experience and who had stopped billing were used to conduct a more thorough assessment of current employment. Employment was primarily found through LinkedIn; otherwise a secondary search was done through a Google search. Type of employer was categorized as

industry (pharmaceutical or biotechnology), nonindustry (academic/clinical/government), others, or no information found. The results are provided separately by sex., RESULTS: Of the 16,870 oncologists who billed to CMS in 2015, 3,558 (21%) had stopped billing by 2022. Among a randomly selected 300 oncologists, we found current employment information for 223 (74%); 78 of the 223 (35%) were most recently employed within industry. Among all CMS-billing oncologists, 30% (5,126 of 16,870) identified as female. Women stopped billing at the rate of 18% (929 of 5,126) by 2022. Surgical oncologists had the lowest overall attrition (17%, 149 of 855). Radiation oncologists had 21% (881 of 4,244) overall attrition and 7% (5 of 71) sampled attrition to industry., CONCLUSION: By 2022, 21% of oncology physicians billing to CMS in 2015 had stopped. 78 of the 300 sampled physicians were found to be working in industry. In total, 1 in 17 oncologists (5%) moved to industry over a 5-year period.

[Using national data to model the New Zealand radiation oncology workforce.](#)

Item Type: Journal Article

Authors: Dunn, Alex;Costello, Shaun;Imlach, Fiona;Jo, Emmanuel;Gurney, Jason;Simpson, Rose and Sarfati, Diana
Publication Date: Aug ,2022

Journal: Journal of Medical Imaging & Radiation Oncology 66(5), pp. 708-716

Introduction: Demand for radiation therapy is expected to increase over time. In Aotearoa/New Zealand, the radiation oncology workforce experiences high numbers of clinical hours but an intervention rate that is lower than in comparable countries, suggesting unmet treatment need. Accurate models on the supply and demand for radiation oncologists (ROs) are needed to ensure adequate staffing levels. Methods: We developed a demand model that predicted the future number of ROs required, using national data from the Radiation Oncology

Collection (ROC) and a survey of ROs. Radiation therapy intervention and retreatment rates (IR/RTRs), and benign and non-cancer conditions being treated, were derived from the ROC and applied to Census population projections. Survey data provided definitions of treatment by complexity, time spent in different activities and time available for work. Results were linked to radiation oncology workforce forecasts from a supply model developed by the Ministry of Health. Results: The demand model showed that 85 ROs would be needed in 2031, if current IR/RTRs were maintained, an increase from 68 in 2021. The supply model predicted a decrease in ROs over time, leaving a significant shortfall. Model parameters could be modified to assess the impact of workforce or practice changes; more ROs would be needed if average working hours reduced or IR/RTRs increased. Conclusion: Workforce models based on robust data collections are an important tool for workforce planning. The RO demand model presented here combines detailed information on treatment and work activities to provide credible estimates that can be used to inform actions on training, recruitment and retention.

[Distribution of the head and neck surgical oncology workforce in the United States](#) Abstract only*

Item Type: Journal Article

Authors: Talwar, Abhinav;Gordon, Alex J.;Bewley, Arnaud F.;Fancy, Tanya;Lydiatt, William M.;Weed, Donald;Moore, Michael G. and Givi, Babak

Publication Date: 2022

Journal: Head & Neck 44(11), pp. 2537-2544

Background: The recent trends in education and geographic distribution of the head and neck surgery workforce have not been studied extensively. Methods: We reviewed publicly available sources to locate all fellowship-trained head and neck surgeons and recent graduates. The number of surgeons in each state was compared against head and neck cancer incidence

data from the Centers for Disease Control. Results: The number of graduates increased annually by 1 per 100 000 000 people from 2011-2020. The average number of fellowship-trained surgeons per state was 10 (SD: 12). The average number of new head and neck cancer cases per surgeon was 247 (SD: 135). Ten states (20%) had cases >1 SD above the national average/surgeon, while 3 (6%) had cases >1 SD below the national average. Conclusion: Head and neck surgeons are located in most states, but not uniformly. Most states have approximately average density of surgeons; however, several states are outliers.

[Building a Sustainable and Resilient Cancer Nursing Workforce: The Power of Story.](#)

Item Type: Journal Article

Authors: Yates, Patsy

Publication Date: 2022

Journal: Cancer Nursing 45(3), pp. 249-250

Last week, I was privileged to conduct a series of interviews with 4 leaders in cancer nursing from different parts of the world. The interviews were presented as part of the final session of the virtual International Conference on Cancer Nursing that was hosted by the International Society of Nurses in Cancer Care. The aim of the session was to explore these nurses' perspectives on the impact of the COVID-19 pandemic on nurses and people affected by cancer, as well as what needs to be done to ensure a sustainable nursing workforce as we face the growing burden of cancer across the globe.

[Distribution of the workforce involved in cancer care: a systematic review of the literature](#)

Author(s): Trapani et al.

Source: ESMO Open 6(6)

Publication date: December 2021

Background: A skilled health workforce is instrumental for the delivery of multidisciplinary cancer care and in turn a critical component of the health systems. There is, however, a paucity of data on the vast inequalities in cancer workforce distribution, globally. The aim of this study is to describe the global distribution and density of the health care workforce involved in multidisciplinary cancer management. Methods: We carried out a systematic review of the literature to determine ratios of health workers in each occupation involved in cancer care per 100 000 population and per 100 cancer patients (PROSPERO: protocol CRD42018095414). Results: We identified 33 eligible papers; a majority were cross-sectional surveys (n = 16). The analysis of the ratios of health providers per population and per patients revealed deep gaps across the income areas, with nurses gradients of workforce density, highest in high-income countries versus low-income areas. Benchmark estimates of optimal workforce availability were provided in a secondary research analysis: mainly high-income countries reported workforce capacities closer to benchmark estimates. A paucity of literature was defined for critical health providers, including for pediatric oncology, surgical oncology, and cancer nurses. Conclusion: The availability and distribution of the cancer workforce is heterogeneous, and wide gaps are described worldwide. This is the first systematic review on this topic. These results can inform policy formulation and modelling for capacity building and scaleup.

[A look at the gynecologic oncologist workforce - Are we meeting patient demand?.](#) Abstract only*

Item Type: Journal Article

Authors: Ackroyd, Sarah A.; Shih, Ya-Chen Tina; Kim, Bumyang; Lee, Nita K. and Halpern, Michael T.

Publication Date: 2021

Journal: Gynecologic Oncology 163(2), pp. 229-236

Objective: to examine the geographic distribution of gynecologic oncologists (GO) and assess if the GO workforce is meeting the demand for oncology services for patients with gynecologic cancers. **Methods:** We identified GO by National Provider Identifiers (NPI) and calculated county-level density of GO. County-level gynecologic cancer rates were derived from the U.S. Cancer Statistics to represent demand for GO services. A spatial data plot compared GO workforce to gynecologic cancer service demand. U.S. census county-level demographic information was collected and compared. **Results:** In 2019, 1527 GO had a registered NPI. Of 3142 counties in the US, 2864 (91.2%) counties had no GO in their local county and 1943 (61.8%) counties had no GO in local or adjacent (neighboring) counties. As the gynecologic cancer rate increases (described in quintiles) in counties, there are fewer counties without a GO or adjacent GO. However, county-level GO density (number of GO per 100,000 women) did not significantly increase as the county-level incidence of gynecologic cancer increased ($r = -0.12$, $p = 0.06$)... Women living in counties with the highest gynecologic cancer rates and without access to a GO were more likely to reside in a rural area where residents had a lower median income and were predominately of White race. **Conclusion:** There are a significant number of counties in the U.S. without a GO. As county-level gynecologic cancer incidence increased, the proportion of counties without a GO decreased; GO density did not increase with increasing cancer rates. Rural counties with high gynecologic incidence rates are underserved by GO. This information can inform initiatives to improve outreach and collaboration to better meet the needs of patients in different geographic areas.

The impact of the aging population and incidence of cancer on future projections of general surgical workforce needs

Author(s): Ellison et al.

Source: Surgery 163(3)

Publication date: March 2018

Assessments of the future general surgery workforce continue to project substantial shortages of general surgeons. The general surgery workforce is targeted currently to maintain a surgeon/population ratio of 6.5-7.5/100,000. The analysis supports the hypothesis that an increasing incidence of cancer in the future will exceed the potential capacity of the general surgeon workforce. Regionalization of cancer care may be one solution to projected access issues.

A scoping review of the nurse practitioner workforce in oncology

Author(s): Coombs et al.

Source: Cancer Medicine

Publication date: August 2016

The quality of cancer care may be compromised in the near future because of work force issues. Several factors will impact the oncology health provider work force: an aging population, an increase in the number of cancer survivors, and expansion of health care coverage for the previously uninsured. Results demonstrated that NPs are utilized in both inpatient and outpatient settings, across all malignancy types and in a variety of roles. Academic institutions were strongly represented in all relevant studies, a finding that may reflect the Accreditation Council for Graduate Medical Education (ACGME) duty work hour limitations. There was no pattern associated with state scope of practice and NP representation in this scoping review. Many of the studies reviewed relied on subjective information, or represented a very small number of NPs. There is an obvious need for an objective analysis of the amount of care provided by oncology NPs.

Workforce planning

[Simulating the healthcare workforce impact and capacity for pancreatic cancer care in Victoria: a model-based analysis](#)

Item Type: Journal Article

Authors: Gao, Lan;Ugalde, Anna;Livingston, Patricia M.;White, Victoria;Watts, Jennifer J.;Jongebloed, Hannah;McCaffrey, Nikki;Menzies, David and Robinson, Suzanne

Publication Date: 2024

Journal: BMC Health Services Research 24(1), pp. 239

[Australia]

Abstract: BACKGROUND: The incidence of pancreatic cancer is rising. With improvements in knowledge for screening and early detection, earlier detection of pancreatic cancer will continue to be more common. To support workforce planning, our aim is to perform a model-based analysis that simulates the potential impact on the healthcare workforce, assuming an earlier diagnosis of pancreatic cancer., METHODS: We developed a simulation model to estimate the demand (i.e. new cases of pancreatic cancer) and supply (i.e. the healthcare workforce including general surgeons, medical oncologists, radiation oncologists, pain medicine physicians, and palliative care physicians) between 2023 and 2027 in Victoria, Australia. The model compares the current scenario to one in which pancreatic cancer is diagnosed at an earlier stage. The incidence of pancreatic cancer in Victoria, five-year survival rates, and Victoria's population size were obtained from Victorian Cancer Registry, Cancer Council NSW, and Australian Bureau of Statistics respectively. The healthcare workforce data were sourced from the Australian Government Department of Health and Aged Care's Health Workforce Data. The model was constructed at the remoteness level. We analysed the new cases and the number of healthcare workforce by profession together to assess the impact on the healthcare workforce., RESULTS: In the status quo, over the next five years, there will be 198 to 220

stages I-II, 297 to 330 stage III, and 495 to 550 stage IV pancreatic cancer cases diagnosed annually, respectively. Assuming 20-70% of the shift towards pancreatic cancer's earlier diagnosis (shifting from stage IV to stages I-II pancreatic cancer within one year), the stages I-II cases could increase to 351 to 390 or 598 to 665 per year. The shift to early diagnosis led to substantial survival gains, translating into an additional 284 or 795 out of 5246 patients with pancreatic cancer remaining alive up to year 5 post-diagnosis. Workforce supply decreases significantly by the remoteness levels, and remote areas face a shortage of key medical professionals registered in delivering pancreatic cancer care, suggesting travel necessities by patients or clinicians., CONCLUSION: Improving the early detection and diagnosis of pancreatic cancer is expected to bring significant survival benefits, although there are workforce distribution imbalances in Victoria that may affect the ability to achieve the anticipated survival gain. Copyright © 2024. The Author(s).

[Canadian Perspectives on Radiation Oncologist Workforce Planning and the Job Market](#). Abstract only*

Item Type: Journal Article

Authors: Keilty, Dana;Malik, Nauman;Ringash, Jolie;Halperin, Ross;Brundage, Michael;Doll, Corinne M. and Loewen, Shaun K.

Publication Date: 2022

Journal: International Journal of Radiation Oncology, Biology, Physics 112(2), pp. 282-284

Despite fundamental differences in the organization and funding of health care systems in Canada and the United States, these neighboring North American countries have both experienced cyclical patterns of radiation oncology (RO) supply-demand imbalance in the physician workforce. A recent academic debate, presented by Shah and Royce [1](#) and Potters, [2](#) proposes RO training program regulation and reform to address a perceived oversupply situation in the United States. Social media and the academic literature have focused on workforce concerns, citing

the increasing number of RO trainee positions and training programs, decreasing medical student interest in the discipline, changes in fellowship patterns, uncertainty due to the COVID-19 pandemic, declining radiation therapy utilization, and payment model changes. ¹ Despite growing unrest and calls for action, ³ the vast majority of US RO graduates in 2020 received multiple job interviews and employment offers before the end of residency and 89% were satisfied with the offers they received, suggesting graduates' employment prospects in the United States met their expectations. ⁴

[Tracking the Workforce 2020-2030: Making the Case for a Cancer Workforce Registry.](#)

Item Type: Journal Article

Authors: Srivastava, Archita;Jalink, Matthew;de Moraes, Fabio Ynoe;Booth, Christopher M.;Berry, Scott R.;Rubagumya, Fidel;Roitberg, Felipe;Sengar, Manju and Hammad, Nazik
Publication Date: 2021v

Journal: JCO Global Oncology 7, pp. 925-933

Existing literature has described the projected increase in cancer incidence and the associated deficiencies in the cancer workforce. However, there is currently a lack of research into the necessary policy and planning steps that can be taken to mitigate this issue. Herein, we review current literature in this space and highlight the importance of implementing oncology workforce registries. We propose the establishment of cancer workforce registries using the WHO Minimum Data Set for Health Workforce Registry by adapting the data set to suit the multidisciplinary nature of the cancer workforce. The cancer workforce registry will track the trends of the workforce, so that evidence can drive decisions at the policy level. The oncology community needs to develop and optimize methods to collect information for these registries. National cancer societies are likely to continue to lead such efforts, but ministries of health,

licensing bodies, and academic institutions should contribute and collaborate.

[Radiographer reporting: A literature review to support cancer workforce planning in England](#)

Author(s): Culpan et al.

Source: Radiography 25

Publication date: May 2019

Radiographer reporting is well established in the United Kingdom. Scope of practice varies individually and geographically. Deployment of appropriately trained reporting radiographers is helping the NHS maintain high quality clinical imaging service provision and deliver a cost-effective increase in diagnostic capacity. Working within multiprofessional clinical imaging teams, within a defined scope of practice and with access to medical input when required, reporting radiographers augment capacity in diagnostic pathways and release radiologist time for other complex clinical imaging responsibilities.

Competency Frameworks

[Nursing career pathways and competency framework toolkit](#)

Source: Clatterbridge Cancer Centre NHS FT

Publication date: 14 March 2024

The Clatterbridge Cancer Centre NHS Foundation Trust has ambitious goals to transform the way we deliver cancer care to our patients in new, innovative and exciting ways. We have opened a new flagship hospital in Liverpool in 2020 and are committed to being recognised as the leaders in cancer care delivery across Cheshire & Merseyside and beyond.

[Gyna-oncology Nurse Competency Framework](#)

Source: British Gynaecological Cancer Society

Publication date: February 2024

This competency framework has been written by members of the British Gynaecological Cancer Society (BGCS) Nursing Forum and is based on the MacMillan Competency Framework for Nurses. It incorporates gynae-oncology specific competencies on all five gynaecological cancers. Whilst they are not an exhaustive set of competencies, they will help registered nurses to support people affected by gynaecological malignancies.

Prostate Cancer Specialist Nurse Practice and Capability Framework

Source: Prostate Cancer Foundation of Australia

Publication date: June 2023

[Australia]

In undertaking the review of the 2013 Practice Framework and Competency Standards for the Prostate Cancer Specialist Nurse and subsequent development of the new PCSN Practice and Capability Framework, the authors led an extensive consultation process involving the national PCFA PCSN team.

Career Pathway, Core Cancer Capabilities and Education Framework for the Supportive, Assistive and Registered Nursing and Allied Health Professions Workforce

Part of the Aspirant Cancer Career and Education Development (ACCEND)

Programme

Source:

Publication date: January 2023

This Career Pathway, Core Cancer Capabilities in Practice (CiP) and Education Framework for the Nursing and Allied Health Professions Workforce (the 'Framework') has been developed as part of a UKwide programme called the Aspirant Cancer Career and Education Development programme (ACCEND) (Appendix 1). The ACCEND programme aims to provide transformational reform for the career pathways and associated education, training, learning and development opportunities for the workforce providing care to people affected by cancer.

Competency Framework – Cancer Care Coordinator

Source: Wessex Cancer Alliance

Publication date: 2022

A competency framework is a structure, which sets out and attempts to define the key knowledge, skills and behaviours required for an individual to be able to perform a particular task or job. Pathway Navigators, Cancer Care Coordinators and Cancer Support Worker roles, job titles and day-to-day tasks vary depending on local context, including organisation function, peoples' existing skills and local population need. There is no 'one size fits all' and whilst flexibility and variation to meet local need is appropriate and expected in job roles this competency framework seeks to articulate some common generic 'threads', to promote consistency. These competencies have been taken and amalgamated from several documents.

Career Pathway and Education Framework for Cancer Nursing

Source: Royal College of Nursing

Publication date: March 2022

The RCN's Career Pathway and Education Framework for Cancer Nursing for UK nursing staff incorporates cancer-specific nursing outcomes. The framework and outcomes are intended to be used as part of professional, educational and workforce development to support improvements in the delivery of high-quality care to people affected by cancer.

Career and Education Framework for Children and Young People (CYP) Cancer Nursing V3.0 Guidance

Source: Young Lives vs Cancer; Royal College of Nursing and European Oncology Nursing Society

Publication date: 2022

The framework is intended for use by nurses who provide care to children and young people (CYP) with cancer, or cancer-like disease, in paediatric services, or services that are unbound by age which may encounter CYP with cancer. It includes CYP

cancer nursing in multiple settings including principal treatment centres, shared care units, community care and generalist settings such as emergency departments and wards where CYP with cancer may occasionally be located for surgery or to manage oncology capacity overflow (outliers).

Developing a Cancer CNS Capabilities Framework in the North West

Source: Skills for Health

Publication date: August 2021

Cancer CNS are a key contact for patients to support them during their treatment. They are the main person in charge of patients' care and are able to address important questions about their diagnosis, treatment, and support. For CNSs to thrive in their roles, and organisations and patients to fully benefit from their knowledge and experience, it is important that managers and workforce departments understand the scope of the role. In 2017, UKONS with the Royal College of Nursing (RCN) developed the Careers and Education Framework for Cancer Nursing, which aimed to provide some clarification of the CNS role; at the time of writing of this report (June 2021), it is being updated¹. Additionally, Macmillan Cancer Support has also developed the Macmillan Competency Framework for Nurses Supporting People Living With Cancer and Affected by Cancer². Despite this, inconsistencies remain.

The EONS Cancer Nursing Education Framework

Source: European Oncology Nursing Society

Publication date: 2018

The EONS Cancer Nursing Education Framework comprises eight modules which identify the fundamental knowledge and skills required for post-registration nurses working with people affected by cancer (PABC). The overall purpose of this Framework is to provide guidance regarding the knowledge, skills and competencies required by nurses who care for PABC

as part of multi-professional teams across Europe. This Framework is particularly intended to provide guidance for structuring the learning content of cancer nursing programmes to those individuals and teams who are involved in the education, training and professional development of cancer nurses across Europe.

End of Life Care Core Skills Education and Training Framework

Source: Health Education England, Skills for Health and Skills for Care

Publication date: February 2017

The framework builds on the Government's National End of Life Care Strategy and response to the Review of End of Life Care, which stated that everyone has access to 'high quality, personalised end of life care built around their needs'. This person-centred approach is key to current thinking and policy around end of life care: considering each patient's individual needs, preferences and available support networks and involving them and their families and carers in decisions around their care.

Macmillan AHP Competency Framework

Source: Macmillan Cancer Support

Publication date: 2017

The framework is designed to support managers, teams and individuals by identifying competences that apply to the majority of AHPs working with people affected by cancer. It will assist individuals and organisations to use competence to support recruitment, workforce planning and development, career progression and role design. This document is designed for use by and with registered AHPs including; arts therapists, dietitians, drama therapists, music therapists, occupational therapists, orthoptists, paramedics, physiotherapists, podiatrists, prosthetists and orthotists, radiographers (therapeutic and diagnostic) and speech and language therapists.

There's also a table to help AHPs to:

- Highlight the competences they wish to focus on
- Record how these link to appraisals/personal development reviews
- Describe evidence to demonstrate achievement of the competences chosen

Record how the activities link to the Health and Care Professions CPD standards

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