

# (Re)Building the Oncology Workforce

BY OLALEKAN AJAYI, PHARMD, MBA



It is an exciting time to be in oncology. We are learning from new therapies and technologies, such as CRISPR and artificial intelligence-enabled pathways and algorithms, and

they are revolutionizing the way we will care for our patients in the future. As a pharmacist, I remember 15 years ago when we were just beginning to scratch the surface of immunotherapy treatments. Look at how far we have come, and now imagine what the next 15 years will bring.

Yet these advances are tempered by a sobering realization, which the global COVID-19 pandemic only confirmed. One of the greatest challenges we face over the next decade is related to our oncology workforce. Specifically, will we have enough providers and staff to support and deliver these lifesaving treatments to patients? It is a question that keeps me up at night and one reason my 2023-2024 ACCC President's Theme will focus on *(Re)Building the Oncology Workforce to Deliver Next Generation Cancer Care*.

To accomplish this goal, over the next 12 months, ACCC will focus time and resources in three areas.

First, the Association will identify, develop, and deliver educational and advocacy resources to expand the capacity of the cancer care workforce, exploring innovative ways to deliver the highest quality of care. This means helping our workforce access the tools, information, and technology necessary to unlock their ability to deliver care at a higher level.

Second, ACCC will collaborate with thought leaders and key stakeholders across multidisciplinary organizations to identify, foster, and mentor future leaders in cancer care delivery.

Fifteen years ago, as a pharmacist from Nigeria—the most populous Black nation on earth—living in Wyoming, arguably the least diverse state in America, I knew that in addition to my training and education, I had to adapt my

style to successfully care for my patients. I was trained in the British system and spoke British English, but soon realized that to succeed as a practitioner, I had to speak in a way my patients could relate to, and to learn and understand what they cared about and what they valued. My experiences in Wyoming and now in Arkansas have shown me that we must meet and develop leaders where they are. This will require us to think differently about what a leader looks like, where our leaders come from, and what formal training our leaders need.

Third, we must broaden the coalition of the oncology workforce to reflect the growing complexity of cancer care and to realize more equitable cancer care delivery. This will require all of us working together to add new disciplines, diverse educational backgrounds, distinctive community voices, and unique experiences and perspectives into our cancer care delivery teams.

Making healthcare—particularly lifesaving care like cancer treatment—accessible to everyone should be our calling. Whether we are talking about race, geography, age, socioeconomic status, or other any other individual characteristics, what is better than having providers who reflect the communities where they live and work, providers with cultural humility and the desire to understand what their patients value, and providers who can walk a mile in their patient's shoes? Those are the providers we need to rebuild our oncology workforce; those are the providers who will succeed in delivering next generation care.

I invite you to be a part of this movement. Join me for informal fireside chats; read the articles in this journal and the ACCC Buzz blog; listen to the CANCER BUZZ podcast; attend in person educational opportunities like the ACCC 40th National Oncology Conference this October; and then pay it forward and share what you have learned with your colleagues. We can—and must—effect positive change in our oncology workforce. Join me in recognizing and raising up the next generation of leaders who will spearhead efforts to improve the provider and patient experience and the quality of care we deliver. 🗣️

## Coming in Your 2023 ONCOLOGY ISSUES

- ▶ Machine Learning and Predictive Analytics Platform Transforms Infusion Center Operations
- ▶ Trending Now in Cancer Care Part I
- ▶ e-Consults for Immune-Related Endocrine Toxicities Reduce Appointment Access Time and Prevent Hospital Admissions
- ▶ Pioneering a Cancer Program of the Future: Novel Approaches to Optimize the Patient Experience
- ▶ Human-Centered Design: A Solution to Rural Clinical Trial Enrollment
- ▶ Genetic Navigation: Improving Patient Outcomes and Identification for Hereditary Cancers
- ▶ Supportive Oncology in Lung Cancer: Program Development for Patients and Care Partners
- ▶ Comprehensive Cancer Risk Management Clinic for Families with Hereditary Cancer Syndromes
- ▶ Coordinating RECIST 1.1: A Community Hospital Perspective
- ▶ Therapeutic Art: Transforming Self-Awareness for Those Impacted with Cancer
- ▶ Increasing Clinical Trials Accrual Through the Implementation of a Clinical Trials Nurse Navigator
- ▶ Using Virtual Reality for Anxiety Relief in Oncology Patients during Initial Chemotherapy Treatment
- ▶ Development of a Model Tobacco Cessation Program