



They are many, will we be too few?

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The message about the ticking time bomb of new cancer cases associated with our ‘greying population’ seems now to be well understood by policy makers, even if they don’t yet have the solutions. Far less attention is being paid, however, to the ‘greying’ of the healthcare workforce, which could pose at least as great a threat to sustaining safe and high-quality cancer care in the coming decades.

The European Commission has predicted that, by 2020 – less than five years from now – there will be a nursing shortage of more than half a million and an overall clinical workforce shortage of nearly 1 million, rising to 2 million if long-term care and ancillary professions are taken into account.

The shortages will be more critical for certain specialties and in certain geographical areas, with an unequal distribution within and between countries. Migration of healthcare professionals will exacerbate the problem in some countries, and will pit wealthier European countries against the WHO Global Code on International Recruitment of Health Personnel, which seeks to protect the health systems of poorer nations struggling to retain their own health workers.

Some countries already face shortages of health professionals across a wide range of cancer control work, and this is likely to get worse.

Addressing the shortfall will require an urgent review of the best way to deliver the care needs, particularly for an aging patient population where multiple chronic conditions are not unusual. What roles, competencies and skill mix are needed? How can care be integrated more smoothly across different settings?

The demands on the workforce will also need reviewing. A contributing factor to the staff shortage has been the steady rise in the proportion of women in clinical roles, as women often put a higher premium on a good work–life balance.

Against this background, new ways of working will probably emerge, with a reconfiguration of roles across the multidisciplinary team, so that progressively scarce human resources can be used to best effect. The growth of new technologies will certainly have an impact on healthcare work patterns over the coming years, and this might ease the pressure on individual healthcare workers and the workforce as a whole. However, the introduction of new technologies also brings new problems in terms of skills and training requirements.

We are going to need to be creative in how we recruit and retain health professionals – a somewhat daunting task given the demanding working conditions and relatively low pay associated with some roles. Training will need to be overhauled significantly so that the new generation of health professionals will be equipped to work in a more collaborative way within an increasingly technological environment.

Concerted efforts are required to make oncology an attractive specialty for newly trained health workers. The European Commission has taken a number of actions to promote a more sustainable health workforce in Europe, but the cancer community has in general not been well engaged in these initiatives. We will need to do better if we are to ensure that the unique requirements of cancer care are taken into consideration when policy decisions about Europe’s healthcare workforce are made. ■