



# Cancer Registry Workforce Shortage Mounting Fast as Demand Accelerates

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## *It's time to ACT – acknowledge, commit, and train.*

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When it comes to qualified cancer registry professionals, a shrinking talent pool and skyrocketing demand among hospitals and other cancer care facilities are worsening a problem that has long challenged healthcare organizations.

As organizations increasingly acknowledge reporting backlogs and related problems in the cancer registry, administrators are finding it's not as easy to commit to fixing these problems and train qualified professionals as it used to be. Despite the growing challenges, organizations are doing whatever it takes to solve this problem and keep their organizations' cancer registry departments in good standing.

### **ACKNOWLEDGE**

#### **We need more cancer registry professionals**

The National Cancer Registrars Association's (NCRA) Council on Certification says its Certified Tumor Registrar (CTR®) credential "marks achievement, fosters professional pride and is nationally recognized in recruitment and retention of registry personnel."

No doubt, hospitals and other cancer care organizations trust the credential and the expertise it represents, but the same rigorous standards that ensure professionalism in credentialed CTRs also widen the gap between supply and demand of CTRs. First and foremost, prerequisites to sit for the exam have gotten more rigorous and now include a minimum of an associate's degree in an allied health field and other requirements.

The NCRA's rationale makes perfect sense as the organization seeks to keep its cancer registry professionals well suited for a dynamic and rapidly evolving medical specialty: "...obtaining college level education is becoming more critical as oncology physicians and researchers are becoming more sophisticated and complex in their approach to cancer

care." Unfortunately, these more rigorous requirements have reduced the number of prospective students willing to meet requirements to sit for the exam. In 2011, only 316 candidates took the exam, the lowest level for any year reported by the NCRA dating back more than ten years. Sixty-two percent of them passed the test; so just 196 credentialed CTRs joined the talent pool after passing the exam.

Compounding the supply shortfall, as fewer professionals enter the CTR talent pool, the profession also loses people each year. Over the last ten years, an average of 135 CTRs have left the talent pool, creating more open positions and a widening gap between supply and demand.

The shortage reaches far beyond hospitals and cancer care organizations to include a plethora of companies that support these organizations. Melanie Rogan, Director of Registry Services for Electronic Registry Systems since 1998 and 2011-2012 NCRA President, has faced the shortage and seen the strain it can put on organizations of all types.

"As a cancer registry software vendor, with facilities across the country, we are seeing a shortage of CTRs," said Ms. Rogan. "More and more facilities are turning to contracting services for their abstracting needs, as well as to help maintain their cancer programs and Commission on Cancer (COC) accreditations."

#### **Cancer registry departments actively seeking help**

Ms. Rogan touches on the snowball effect at work. As supply wanes, demand for cancer registry professionals continues to climb among hospitals and other cancer care providers; but unlike years before, the problem cannot always be quickly fixed with a call to a top consulting firm. In the private sector, many talented and credentialed consultants are booked



solid for the next 9-12 months, with no apparent signs of a change. Organizations waiting to address their reporting backlogs should keep this lead time in mind as part of their planning.

Economic woes have contributed to the widespread backlogs, as the stagnant nature of the U.S. and global economies over the last several years led many organizations to delay cancer registry reporting. When difficult budgeting decisions had to be made, administrators across the nation often looked to non-revenue-generating groups as ripe sources of savings. In some instances, cancer registry and other departments lost resources, and reporting backlogs almost always follow these actions.

With today's rising demand and dwindling supply of CTRs, many now face more trying hurdles than ever to correct problems and retain organizational accreditation as the economy recovers and hundreds of organizations try to simultaneously address their cancer registry backlogs. Some organizations are coming up with budgets to provide adequate cancer registry staffing, but this is often only part of the problem. Others still have not even budgeted for the required adjustments.

Unfortunately for everyone tied to the cancer registry profession, when backlogs go unaddressed, problems arise that can jeopardize individual organizations or cancer reporting as a whole. The environment has become so competitive that some organizations have chosen to give up accreditation because of the high costs associated with maintaining it. Others who want to address cancer registry backlogs but either cannot find or afford the quality cancer registry staff required to do so are forced to simply do the best they can with what they have.

#### **The NCRA's workforce development efforts**

"The National Cancer Registrars Association (NCRA) is committed to developing workforce recruitment and retention programs to ensure a steady supply of

highly skilled cancer surveillance professionals and to improve awareness of the profession," added Rogan.

According to Rogan, the NCRA was recently awarded a \$1 million, five-year cooperative agreement from the U.S. Centers for Disease Control and Prevention, National Program of Cancer Registries (CDC, NPCR) to launch innovative efforts to enhance cancer surveillance data collection and use through workforce readiness, recruitment and retention. Key components of the program include high-quality, cost-effective training; recruitment and retention initiatives; and marketing and communications programs to increase awareness of the profession and the role cancer data collection plays to benefit public health.

Rogan also shared insights about a new NCRA program that was just recently unveiled. She said, "In early 2012, NCRA launched one of the recruitment and retention programs outlined in the cooperative agreement. The Workforce Development (<http://bit.ly/HePtKr>) webpage is dedicated to cancer surveillance workforce recruitment and retention resources, tools, and research. It includes NCRA-developed content, including links to download (free) the summary of the *NCRA Workload Study of Hospital Cancer Registries: Guidelines for Staffing Cancer Registries* and the related presentation from NCRA's 2011 Annual Conference."

She adds, "In the coming year, NCRA will populate the page with links to industry-partners' materials and will conduct extensive research to find additional workforce-related resources. NCRA will actively promote the webpage to cancer registrars, human resource professionals, and HIM school administrators. NCRA is also in the early stages of creating a *Cancer Surveillance Workforce Toolkit* for HIM schools and students. The package of resources is designed to inform HIM students of the cancer registry profession, and will include fact sheets on workforce trends, demographics, and how the data collected by cancer registrars is used to improve cancer research, prevention and treatment programs."



### **The cancer registry career path**

For healthcare professionals working in other specialties, a career in cancer registry can be quickly attainable, exciting, stable, and rewarding. First and foremost, strong demand exists for these skills, and this will not change any time soon. Cancer registry professionals also tend to get paid fairly well. Among cancer registry professionals responding to a 2009 salary survey from Advance for Health Information Professionals and AdvanceWeb.com, 49 percent of all cancer registrars make at least a \$40,000 annual salary. Among cancer registrars with the CTR credential, 54 percent earn \$40,000 or more annually. Among cancer registry managers, 87 percent of respondents earned at least \$40,000, and 59 percent earned \$50,000 or more. Healthcare organizations have gotten more aggressive in pursuing and securing cancer registry professionals; so these numbers have likely increased further since 2009.

Certain types of professionals are particularly well suited for cancer registry careers. Health information management (HIM) professionals top the list, and more and more people with HIM skills are considering a move to the cancer registry. This comes as no surprise to those familiar with the complementary nature of HIM and cancer registry skill sets. The predictable demand for cancer registry skills and the ability to increase earnings at a faster clip are just two of many reasons this transition makes sense for many HIM professionals.

Many other types of professionals have begun to consider transitioning to a cancer registry career path; however, the backgrounds of these people often do surprise. The growing demand and the potential rewards of this career path are attracting interest from prospective employees, and the profession appeals to more types of people than ever before.

### **COMMIT**

#### **Commit to making it right**

Hospitals and other cancer care providers who face a backlog but wish to protect their accreditation must

commit to correcting the problem. Although many variables in the cancer registry profession shift often, the general approach to correcting a backlog remains largely unchanged. Organizations should consider the following five step approach to get started:

- 1. Create an implementation plan and timeline** Consider the cancer registry workforce shortage, as well as its effect on the resource pool and pricing; be realistic about timelines required in light of these challenges and address both short and long term goals.
- 2. Prioritize the effort** Determine what needs to occur and when, as well as how day-to-day responsibilities will be accomplished while preparing for changes. Registry teams need clear direction and departmental and organizational support of those priorities.
- 3. Manage departmental time efficiently** Directly related to prioritization, cancer registry teams will need guidance to remain disciplined enough to not be distracted or veer from the plan.
- 4. Educate early and often: don't limit this to the registry** Educational efforts should extend to leadership and other affected parts of the organization and should focus on why changes are being made as well as the nature of those changes
- 5. Update** Ensure all internal policies, workflow processes, and procedure manuals remain updated for all affected departments, groups, and individuals

#### **Commit to the profession**

People considering a career change and a transition to the cancer registry field should first and foremost have a solid understanding of the requirements, whether they're coming from another healthcare profession or some completely different line of work. The NCRA's website and [www.CTRExam.org](http://www.CTRExam.org) provide excellent starting points to get a sense of what is



required to sit for the CTR exam and succeed in cancer registry.

At a basic level, people interested in sitting for the CTR exam will need to either successfully complete an NCRA-approved Cancer Information Management associate's degree or successfully complete an NCRA-accredited formal education program and a minimum of an associate's degree or equivalent. Depending on the backgrounds of various candidates, some may want to prepare for the exam even more aggressively to ensure a successful transition.

Prospective candidates should also talk to as many cancer registry professionals working in the field as possible. When deciding whether or not to pursue a cancer registry career, candidates should ask others about the requirements of the field, how their own strengths and weaknesses will apply in the field, etc. While rewarding, careers in the cancer registry are just one viable option for many of these prospects, and careful consideration in early planning stages can save valuable energy and time that could otherwise be wasted.

## **TRAIN**

### **Train to be successful**

Administrators of hospitals and treatment centers must consider several important needs for training that span many departments and individuals throughout the organization.

Policies, procedures, and workflows will all require some adjustments. People too will undoubtedly need to be trained. Cancer registry professionals must become mentors to more junior cancer registry teammates and others throughout the organization. Many organizations have taken this practice further by establishing training programs to create their own qualified professionals.

Workforce development programs inside hospitals and health networks, while still quite rare, are increasing. For the right organizations, these programs can be a great way to aggressively boost employee

retention and address various departmental workforce shortages, often in a more cost effective manner than simply recruiting more aggressively.

Organizations that incorporate effective training programs as part of their planning processes and follow through to execute in a timely manner position their organizations well to overcome the challenges and eliminate inefficiencies that led to backlogs in the first place. In the short term, they can expect to see backlogs eliminated outright or at least reduced, which goes a long way to protect an organization's good standing and accreditation with the American College of Surgeons Commission on Cancer (ACoS CoC). Long-term benefits can include overcoming the workforce shortage with good old fashioned planning and execution, as well as innovative new programs that may be in place. Like an effective plan, good training programs should work to position organizations for immediate and ongoing success in light of pressing industry challenges.

For people interested in starting a career in the cancer registry profession, training and education can be extremely important depending on one's background. Those coming from HIM or other closely related healthcare fields have a clear educational advantage over candidates moving from unrelated career paths. Still, taking four steps can help anyone prepare for a transition to a career in cancer registry:

1. **Self-educate** Prospective candidates should be sure to understand the educational requirements, responsibilities and duties of cancer registry professionals.
2. **Meet the requirements** With an understanding in place, commit to meeting the educational requirements.
3. **Prepare to sit for the exam** Prospective exam applicants should take advantage of all opportunities for review prior to taking the exam. Some of the available options include attending NCRA's CTR Exam Prep Workshop (<http://bit.ly/HePtKr>), utilizing review guides and resource



books, and/or attending State or other recognized sponsored exam prep workshops.

4. **Never stop learning** Continuing education is critical; no one should expect the rate of change in cancer care to slow down any time soon, and registry professionals need to invest in their own skills and knowledge on an ongoing basis.

### **In Conclusion**

Today's cancer registry workforce shortage has expanded the challenge of overcoming reporting backlogs and maintaining organizational compliance; however, associations and healthcare organizations are taking aggressive measures to overcome the shortage and attract more qualified professionals to the field.

A career in cancer registry services means more than just a good, reliable paycheck. It gives people a chance to make a real difference in the lives of others. As our industry works hard to help more and more people understand the advantage of a cancer registry career, we will no doubt attract more talented professionals to our field. Until then, we must ACT – acknowledge, commit, and train – our organizations and our industry to succeed in the face of these challenges.



## Resources

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*American College of Surgeons Commission on Cancer (ACoS CoC) and the CoC's Flash newsletter*

*National Cancer Registrars Association and the NCRA's Connection newsletter*

*North American Association of Central Cancer Registries*

*National Cancer Institute's Surveillance Epidemiology and End Results Program*

*Cancer registry meetings from any of the 50 state associations*

*CTRExam.org*



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