Physician Assistants in Oncology

To the Editor: We would like to comment on the efforts of the American Society of Clinical Oncology (ASCO) in identifying the challenges and demands of treating patients with cancer, and in naming physician assistants (PA) and nurse practitioners (NP) as part of the solution.¹ At the same time, we are disappointed with two articles published in the May 2007 issue of the *Journal of Oncology Practice (JOP)*, which slight the PA profession. The first article, written by Dr Yu, describes how NPs will have an increased role in the oncology workforce, yet the role of the PA is noticeably omitted.² In the second article, a biased communication, Dr Cohen expresses his concerns over PAs in oncology.³

We cannot ignore that the section heading for the article by Dr Yu is the "Voice of ASCO." I can only hope that Dr Yu will follow his current report with a discussion of the role of PAs in oncology. Certainly, an article dedicated to describing the positive impact that PAs can have in caring for patients with cancer is warranted. Or does ASCO not have a voice for PAs? I do not believe this is the case. A liaison to ASCO was created in conjunction with the American Academy of Physician Assistants (AAPA) to represent PAs in oncology at ASCO events. In addition, a new educational symposium made its debut at the ASCO Annual Meeting in 2006. In conjunction with the AAPA, ASCO, and Oncology Nursing Society, the symposium addressed challenges that NPs and PAs face when evaluating patients.

Dr Cohen's letter deserves attention as well. PAs are educated, motivated, and caring health care providers. The University of Texas M.D. Anderson Cancer Center (MDACC) employs

over 160 PAs and relies on their skills, knowledge, and expertise to ensure the highest quality of care. The office of Physician Assistant Programs at MDACC developed a PA journal club, a PA continuing education lecture series, and a postgraduate PA program in oncology. In gastrointestinal medical oncology at MDACC, PAs have had a significant impact on oncology research, publishing original research articles and giving presentations at international oncology meetings.⁴⁻¹⁰ Other departments at MDACC have equally successful PAs.

We admire Dr Cohen's engagement with his patients. We also suggest that a PA might allow him to work part-time in his practice or see more patients as a full-time clinician. Dr Erikson et al reported that oncologists who work with NPs or PAs have higher weekly visit rates, and productivity is highest when NPs or PAs are used for advanced activities.¹ In addition, PAs provide quality care when working in non-primary care settings. For example, PAs and NPs working in specialty HIV clinics had performance ratings similar to or better than physician ratings for eight quality measures.¹¹ PAs should not diminish the role of the patient-physician relationship in oncology, but rather provide high patient satisfaction, increased revenue, and more forgiving work schedules for their supervising physicians.

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In Reply:

I am in complete agreement with Mr Tetzlaff's statements concerning the invaluable role of physician assistants (PAs) now and in the future. There are substantial differences between nurse practitioners (NPs) and PAs in terms of scope

of practice, state regulations, prescriptive authority, educational experience, and traditional practice patterns. These inherent differences must be recognized and understood, and the Clinical Practice Committee welcomes the initiatives of the American Academy of Physician

Assistants to begin working with ASCO. Next on the agenda is a separate set of discussions between the Clinical Practice Committee and the oncology PA community, to parallel efforts now in progress with the Oncology Nursing Society.

The motivation to alleviate suffering and assist in a healing process can be nurtured, but not created. In response to Dr James Cohen's Letter to the Editor in the May 2007 issue of *JOP*,¹ it is noted he expresses a concern over sharing patient care with other health care team members, and questions the willingness of the next generation of oncologists to provide patient-centered care. I am fortunate to be welcoming two new oncologists who are completing sought-after fellowship programs and with whom I have no reservations whatsoever

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Nonphysician Providers in Oncology

To the Editor: The May 2007 issue of *Journal of Oncology Practice (JOP)* contains two brief references to the use of nonphysician providers in oncology. Both deserve additional comment.

Dr James Cohen, in his Letter to the Editor regarding the findings of the workforce study published in *JOP* in March, writes that the use of physician-extenders will be detrimental to the role of the physician-patient relationship.¹ The growing body of data regarding the use of physician-extenders in the workforce suggests, in fact, that physician-extenders improve patient satisfaction, and professional satisfaction without adversely impacting the professional relationship between the patient and the physician.²

Dr Peter Paul Yu, writing for the ASCO Clinical Practice Committee discusses the potential role the nurse practitioner (NP) may play in the oncology workforce by examining what is currently understood about the background and training of the NP in oncology.³ Absent from the discussion is a similar consideration of requirements for physician assistant (PA) education. PA education is structured in the medical model. There are more than 130 accredited PA training programs. PAs must pass a national certifying examination in order to use the title Physician Assistant-Certified. Certified PAs must

regarding their work ethic nor their self-directed adherence to the highest quality standards. I believe that all of our staff, including PAs and NPs, are with us precisely because they see in the health care field the opportunities to contribute to life-sustaining and life-enriching work. It is critical that we, in our roles as physician leaders, foster a work environment that encourages the fullest expression of these desires.

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take a recertification examination every 6 years, in addition to earning 100 hours of continuing medical education credits every 2 years. Specialty certification is not required of PAs wishing to practice in subspecialties. There is currently one postgraduate residency program for PAs interested in additional oncology training. PAs work in the complete spectrum of oncology care, including medical oncology, surgical oncology, and radiation oncology, in the treatment of both pediatric and adult patients.

To represent completely the spectrum of nonphysician providers in oncology care, PAs should be included in the ASCO Clinical Practice Committee discussion regarding nonphysician provider education and training.

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3. Yu PP: Making the sum greater than its parts: Nurse practitioners and physicians. *J Oncol Pract* 3:146, 2007