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

Reference

1. Cohen M: In Response to "Future Supply and Demand for Oncologists: Challenges to Assuring Access to Oncology Services." *J Oncol Pract* 3:179, 2007

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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2. Erikson C, Salsberg E, Forte G, et al: Future supply and demand for oncologists: Challenges to assuring access to oncology services. *J Oncol Pract* 3:79-86, 2007

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