

# The Cancer Registry: Raising the Bar to Help Balance Supply and Demand

by Toni Hare, RHIT, CTR

**B**y 2020 the American Society of Clinical Oncology (ASCO) predicts a 48 percent increase in cancer incidence and an 81 percent increase in people living with or surviving cancer. Anyone working in the oncology field—including cancer registrars—will see the impact of these trends. The aging population is but one factor to consider when evaluating the future supply and demand of cancer registry staff. Value-based medicine, changes to standards and education requirements, an aging workforce, and an increased demand for quality data will also highly affect the pool of qualified cancer registrars.

## The Registrar's New Role

An estimated 7,300 cancer registrars are currently in the workforce, and by 2021, it is projected that at least 800 new registrars will be needed to meet demand.<sup>1</sup> One factor affecting both supply and demand is the new role of the cancer registrar. With both private and government payers implementing episodic bundling and pay-for-performance initiatives, the cancer registry is gearing up to be the prime source of the quality data needed for validation of care. In effect, these changes are “raising the bar” for cancer registrars. Gone are the days of basic data collection. Today’s cancer registrar is challenged to perform a higher-level, more analytical function within the comprehensive cancer program. With increased awareness of the cancer registry’s clinical utility, the demand for cancer registrars is heightened. And with a profession highly regarded as a partner in patient care, hopefully the supply of registrars will follow suit.

Many community cancer centers have realized that their registries are a hidden treasure and already use their cancer data for clinical care, outreach, compliance, and business purposes. But as a relatively new profession, cancer registrars have a challenging road ahead. To address these challenges, industry leaders and standard setters are increasing education requirements for the field.

## Changing Educational Requirements

A change to the Commission on Cancer (CoC) Standard 3.1: Case Abstracting is Performed by a Certified Tumor Registrar will become effective January 1, 2012. The new Standard 3.1 is as follows:

*Beginning January 1, 2012, all cancer registry staff who performs case abstracting at a CoC-accredited facility must either:*

1. Hold a current Certified Tumor Registrar credential. This applies both to staff who are employed by the facility and to those who work on a contract basis or through a registry service company.
2. Be in a one-time only three year “grace period” to

*actively pursue fulfillment of the National Cancer Registrars Association (NCRA) Council on Certification eligibility requirements to sit for the Certified Tumor Registrar (CTR) examination. The individual must pass the CTR examination prior to the end of the three year “grace period.” If the individual does not successfully obtain CTR credential before the end of the three year “grace period” then they may not perform case abstracting at any CoC-accredited facility until the credential is obtained.*

Note that the one-time three-year “grace period” begins on the date of employment in the cancer registry of the CoC-accredited facility. An individual is not eligible for a second three year “grace period” by transferring to another facility.

This change to Standard 3.1 is widely accepted as an important step to increasing the quality of data collected in the registries of CoC-accredited programs. Since this data is in turn entered into the National Cancer Data Base (NCDB) of the American College of Surgeons, this standard change will not only increase individual hospital’s data quality but also positively impact the quality of data nationwide.

Over the past few years, NCRA has worked strategically to elevate the profession. One objective is to reinstate the job classification code specific to the cancer registry.

NCRA has also elevated the profession by continuously advancing eligibility requirements to sit for the CTR exam (see Table 1 on page 44). In 2008, when NCRA changed the eligibility requirements for the exam, the number of exam takers decreased from 623 in 2007 down to 345 in 2008<sup>2</sup> (see Figure 1 on page 43). At first glance, increased education and experience requirements would seem to be a barrier to entry. However, without increased education, community cancer centers will find it more difficult to:

- Meet the demand for quality data
- Justify higher pay
- Recruit more qualified candidates to fill the CTR pool.

Cancer registry staff are advised to start preparing for these elevated requirements as soon as possible.

## Meeting Recruitment Challenges

Another factor contributing to a future potential registrar shortage is retirement. With a median age of 48,<sup>3</sup> cancer registrars will begin to retire in rising numbers, resulting in a need for many more replacement workers.<sup>1</sup>

Nikki Carter, regional vice president of the Oncology Service Line at Hillcrest Hospital/Cleveland Clinic Health System, acknowledged the median age of cancer registrars but said it will not be an overwhelming concern for her registry within the next five years. However, with the expand-

ing role and increased utilization of cancer registrars, Carter believes that it will be important and challenging to replace registrars as they retire or leave.

Carter is not alone. Many community cancer centers are faced with difficulties recruiting qualified candidates to the registry. In fact, because of the difficulties in recruiting qualified registrars, many jobs are filled by people with related experience but no actual knowledge of the cancer registry.<sup>1</sup>

According to the U.S. Bureau of Labor Statistics, “occupations with the most replacement openings are usually large, with high turnover stemming from low pay and status, poor benefits, low training requirements, and a high proportion of young and part-time workers.”<sup>4</sup> By increasing education, training, and pay requirements of the registrar, hospitals benefit tremendously.

The registry profession also benefits from a higher professional status by having more attractive qualities to use in recruitment and retention strategies. Offering qualified candidates a career path and not simply a job is a very useful recruitment strategy.

### Planning for the Future

Only five percent of CTR test takers are younger than age 29.<sup>2</sup> So what can be done *now* to replenish the workforce and fill the pool of qualified CTRs?

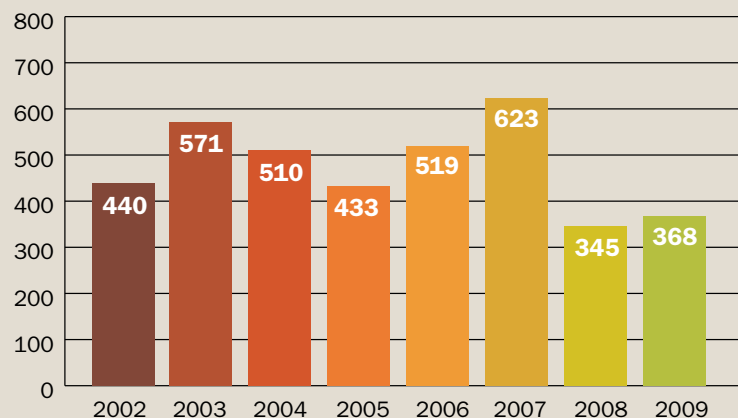
Community cancer centers can apply a variety of strategies to address the possible shortage of registrars. These include mentorship programs, outsourcing, online education programs, and awareness campaigns.

- NCRA’s *Partners In Education* is a collaboration between cancer registry professionals, schools, and students in order to help experienced CTRs become mentors and help students find mentors and clinical placements.<sup>5</sup>
- Outsourcing is an option; however, be selective. A vendor should be a partner, understand how your facility works, and have good communication with your cancer care team.

“ I believe that the quality of the data collected by a CTR is equally as important as patient care. If we want to understand our care, to analyze it and improve outcomes, then we must have good data. And the quality of the registrar professional is vitally important to having this quality data. ”

—Asa Carter, CTR, manager of accreditation and standards section, American College of Surgeons Cancer Programs

**Figure 1. Total Annual Number of CTR Exam Candidates**



Source: Neuman J. Results of 2009 CTR Exam. The National Cancer Registrars Association. The Connection: The Office Newsletter of the NCRA. Spring 2010:10-11.

- Community cancer centers can also fill the CTR pool by encouraging and rewarding current non-credentialed registrars to attend a two-year accredited program in Cancer Information Management. Interested employers or registrars can find available programs online at: [www.ncra-usa.org](http://www.ncra-usa.org).<sup>6</sup>
- To increase awareness of the profession, community

cancer centers can seek opportunities for CTRs to visit local HIM (Health Information Management) colleges to introduce students to a career in cancer registry.

To avoid a shortage, the profession must be perceived as a partnership in patient care. And to achieve this outcome, industry leaders, standard setters, service providers, and community cancer centers must collectively raise the bar. 📌

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## References

<sup>1</sup>Chapman SA, et al. Frontline workers in cancer data management: Workforce analysis study of the cancer registry field. *National Cancer Registrars Association Workforce Study*. June 2006.

<sup>2</sup>Neuman J. Results of 2009 CTR exam. *The Connection: The Official*

“ Turnover, particularly within the first year of employment, is an expensive proposition. So is competing for external candidates. By providing existing employees an opportunity to build skills, expand knowledge, and become certified, a natural path for career development emerges within the Cancer Registry. ”

—Jeff Heffelfinger, D-Min, FACHE, administrative director of Clarian Health Cancer Program, Indianapolis, Ind.

*Newsletter of NCRA*. Spring 2010.

<sup>3</sup>Jusinski L. 2008 Salary Survey Cancer/Tumor Registrar Summary. *Advance for Health Information Managers*. Available at: [http://health-information.advanceweb.com/SharedResources/Downloads/2008/121508/HI\\_Salary08\\_CancerRegistrar.pdf](http://health-information.advanceweb.com/SharedResources/Downloads/2008/121508/HI_Salary08_CancerRegistrar.pdf). Last accessed July 6, 2010.

<sup>4</sup>Bureau of Labor Statistics, U.S. Department of Labor. Career Guide to Industries, 2010-11 Edition, Healthcare. Available at <http://www.bls.gov/oco/cg/cgs035.htm>. Last accessed July 6, 2010.

<sup>5</sup>The National Cancer Registrars Association. Partners in Education-Mentors. Available at <http://www.ncra-usa.org/i4a/pages/index.cfm?pageid=3315>. Last accessed July 6, 2010.

<sup>6</sup>The National Cancer Registrars Association. Schools. Available at <http://www.ncra-usa.org/i4a/pages/index.cfm?pageid=3299>. Last accessed July 6, 2010.

**Table 1. 2011 NCRA Eligibility Requirements to Sit for CTR Exam**

### Route A

Experience: Successful completion of 160 hours of work practicum in a CTR-staffed cancer registry (may be part of a NCRA-approved program curriculum) **AND** Education: NCRA-Accredited Associate Degree Program.

**OR** Successful completion of an NCRA-Accredited Formal Education Program **AND** successful completion of a minimum of an Associate's degree or equivalent [60 college-level credits].

### Route B

Experience: Minimum one year full-time (12 months or 1,950 hours) or equivalent experience in the cancer registry field.

Education: Successful completion of a minimum of an Associate's degree [or equivalent (4 semesters/6 quarters)] in an approved college-level curriculum in a recognized allied health field as determined by NCRA's Council on Certification.

### Route C

Experience: Minimum one year full-time (12 months or 1,950 hours) or equivalent experience in the cancer registry field.

Education: Successful completion of a minimum of an Associate's degree [or equivalent (4 semesters/6 quarters)] that includes 2 semesters of Human Anatomy and/or Physiology.

License/Credential: Attainment of a license or certification in a recognized allied health field as determined by NCRA's Council on Certification.

### Route D

Experience: Minimum one year full-time (12 months or 1,950 hours) or equivalent experience in the cancer registry field.

Education: Successful completion of a Master's level or higher college-level curriculum in a recognized allied health field as determined by NCRA's Council on Certification.

Source: The National Cancer Registrars Association. Eligibility Requirements. Available online at: <http://www.ctrexam.org/eligibility/index.htm#sub1>. Last accessed July 6, 2010.