



Population-Based Advanced Practice Nursing: Where Does Oncology Fit in?

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A national work group met in 2004 to discuss the future of advanced practice nursing. The representatives were nursing education, certification, accreditation, and regulation experts, and the goal was to develop a consensus model for advanced practice nursing regulation (Nevidjon et al., 2010). As a result, a set of recommendations was published in an article that defined a new consensus model for advanced practice registered nurse (APRN) regulation (APRN Consensus Workgroup, 2008; Goudreau, 2009). The new model included six population-based focuses of practice (i.e., family and individual across the lifespan, adult and gerontology, neonatal, pediatrics, women's health- and gender-related, and psychiatric and mental health) (Johnson, Dawson, & Brassard, 2010). A goal of the new model was to standardize the licensure, certification, and regulation of nurse practitioners into specific focuses. State boards were facing an increasing number of requests to recognize nurse practitioner specialties (e.g., organ specific, body systems, diseases) (Johnson et al., 2010). The new model helped standardize education programs, which may help certifying agencies set up curriculum review processes to ensure appropriate credentials for APRNs (Johnson et al., 2010). It also supported the mission of nursing to meet future healthcare needs of the public and to protect the public (Johnson et al., 2010). Some advantages exist to delineating into population-based focuses, but the new model leaves out many specialties (e.g., oncology) that encompass the whole person as well as concentrate on certain diseases.

Cancer is the second leading cause of death, and it accounts for about one in

four deaths in the United States (American Cancer Society, 2013). According to the American Cancer Society (2013), the lifetime risk for developing cancer in the United States is one in two for men and one in three for women. Given the high prevalence of cancer, frequency of contact, and special needs of patients with cancer in the healthcare system, categorizing oncology as a specialty, rather than a population-based focus, was an oversight. Cancer encompasses different body systems as opposed to one or two specific organs in other diseases, so it would be logical to consider patients with cancer as a population requiring a specific focus.

Primary care nurse practitioners (PCNPs) provide an array of patient care, concentrating on the whole person (Johnson et al., 2010). PCNPs focus on providing disease prevention and surveillance, and they refer patients to specialists when diseases become more complicated. Oncology nurse practitioners (ONPs) provide care to patients throughout the cancer continuum. ONPs participate in medical assessment, diagnosis, and treatment, including symptom management and supportive care. Many ONPs lead survivorship clinics, facilitat-

ing patients' transition to survivorship. ONPs deliver medical and psychosocial care for patients by counseling them through the crisis of the diagnosis of cancer, arranging psychological care, obtaining medication and homecare services, and providing support through palliative and hospice care. Oncology nursing is not just a specialty practice, and it does not focus on a singular body system or organ in the body, which was part of the rationale when creating the consensus model. Oncology should be a population-based focus recognized in the consensus model.

The American Society of Clinical Oncology ([ASCO], 2007) reported a significant shortage of oncologists by 2020 in the United States because of an aging and growing population, an increasing number of cancer survivors, and a decreasing number of oncologists. ONPs are filling the gap in the oncology workforce and will continue to do so. ASCO (2007) urged the development of an oncology workforce with new strategies to increase the number of nurse practitioners and physician assistants in oncology and expand their roles to continue to provide high-quality care and to meet current and projected cancer care needs (Nevidjon

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et al., 2010). ONPs also will help fill the need for cancer care, and therefore, they require proper, structured education.

Because of the consensus model, nurses who want to be ONPs may not have access to specific oncology programs. ONP students need to study primary and geriatric care or acute care, followed by oncology education. Although primary care is important, it does not always leave dedicated time to focus on oncology. In 2005, 23 academic programs in the United States offered graduate programs for ONPs and clinical nurse specialists (Young, 2005). Because of the new regulations as well as accreditation and certification requirements, schools are changing their oncology programs to minors. Only 11 institutions currently offer nurse practitioner master's degree programs in adult and gerontology or acute care with a focus in oncology, an oncology post-master's degree, or an oncology minor. This serves as a barrier to the education and practice of ONPs and to the quality of care for patients with cancer.

Although the consensus model created a barrier to oncology practice, focusing on strategies to strengthen advanced oncology practice is important. Nurses should work with universities to provide programs for students who want to practice oncology. Although only 11 graduate programs exist for advanced practice in oncology, those programs allow students to obtain a quality education in oncology. The University of Pennsylvania and

Loyola University Chicago now provide online programs where students can receive high-quality oncology education from anywhere in the country. The Oncology Nursing Society offers online courses in advanced oncology practice (www.ons.org/about/FAQ/courses). In addition, the National Comprehensive Cancer Network and ASCO have the opportunity to create training modules and programs that would standardize oncology training (Levy, Gagnet, & Stewart, 2013).

Another concern of the current model is that all advanced practice nurses should have general knowledge. It may be more appropriate to consider oncology like gerontology, which is a population-based focus as well as a specialty. Advanced oncology nursing practice is an integral part of the care of patients with cancer. One of the most important reasons for developing the consensus model was to meet the future healthcare needs of the public (Johnson et al., 2010). Because of the increase in diagnoses and treatment of cancer and the need for a larger oncology workforce, oncology should be re-evaluated as a population-based focus as well as a specialty.

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