Progress and Challenges in Oncology Advanced Practice:
The 2001 Oncology Nursing Society Advanced Practice Nursing Retreat

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Advanced practice nurses (APNs) in oncology have made great strides since the early 1990s. The role has evolved into a multifaceted one, encompassing clinical nurse specialists (CNSs), nurse practitioners (NPs), and those who practice in a blended role. APNs practice in inpatient and outpatient settings; across urban, suburban, and rural settings; as hospital and clinic employees; and as partners in private practices.

In 2000, the Oncology Nursing Society (ONS) APN Survey Team surveyed the ONS membership about issues and areas of concern for these individuals (Lynch, Cope, & Murphy-Ende, 2001). As a result of this survey, ONS organized the 2001 ONS APN Retreat as a means to operationalize solutions to some of the identified concerns. Participants developed manuscripts from this work, which will be published in future issues of the Oncology Nursing Forum (ONF). In preparation for those reports, this issue’s “Leadership & Professional Development” provides an overall view of the retreat outcomes.

The State of the Knowledge Conference on Oncology Advanced Practice Nurses

As a professional organization, ONS has a history of attention to advanced practice issues. In 1994, ONS convened the State of the Knowledge on Oncology Advanced Practice Nursing Conference to bring together clinicians, educators, researchers, and administrators to discuss the role of the APN in oncology. The members of the conference proposed 10 resolutions, which ONS later adopted (Hawkins, 1995).

- Adopt the term “advanced practice nurse” as an umbrella term.
- Explore the need for second licensure.
- Develop a model curriculum for APNs in master’s programs.
- Support increased funding and access opportunities for postgraduate education.
- Allow only master’s-prepared nurses to sit for the Advanced Oncology Certified Nurse (AOCN®) Examination.

The study analyzed the behaviors and knowledge areas that are specific to oncology APNs. No prior research had examined the differences between bachelor’s-prepared and master’s-prepared nursing roles. The most frequently performed APN behaviors (direct caregiving and education) were combined with a list of knowledge areas to create a final blueprint that guided item writing for the AOCN® Test.

In the late 1990s, focus in the industry shifted from the CNS role to the NP role and, subsequently, many CNSs returned to school for postmaster’s certification as NPs. In 1999, ONCC conducted a second role delineation study, which identified subsequent changes in the APN role (McMillan, Heusinkveld, & Spray, 1999). The AOCN® Test Blueprint was updated to more accurately reflect the prevailing oncology advanced practice role. The clinical content was increased, and the other areas (education, collaboration, consultation, and research) were redistributed.

Oncology Nursing Society Advanced Practice Nursing Survey

In May 2000, ONS established an APN Survey Project Team comprised of three members of the ONS NP Special Interest Group (SIG) and three members of the CNS SIG to ascertain the critical issues inherent in current APN roles in oncology and to plan for future ONS projects for this group. Using the State of the Knowledge on Oncology Advanced Practice from 1994 as a blueprint (Hawkins, 1995), a survey was developed focusing on clinical practice, research, education, and legislative issues. Areas of content were grouped under the following headings.

- Practice
- Outcomes
- Prescriptive authority
- Reimbursement
- Education and continuing education
- Licensure and certification
- Legislative issues
- Challenges facing the oncology APN

Respondents were asked to rank issues in importance for ONS to address. They also were given space to write in answers and identify other areas of importance. Survey results were published in ONF (Lynch et al., 2001). The top five priorities were:

1. Lack of a succinct definition of APN practice
2. Reimbursement issues
3. Difficulty in documenting outcomes
4. Prescriptive authority
5. Variance in education of APNs.

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