

The Critical Role of Oncology Nurse Practitioners in Cancer Care: Future Implications

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According to the Association of American Medical Colleges (2007), the numbers of people diagnosed and living with cancer will rise by 81% by 2020, yet the American Society of Clinical Oncology (ASCO) released a report projecting a serious shortfall of trained oncology specialists by 2020 (Association of American Medical Colleges). Visit demands are projected to grow at a much quicker pace than the number of visits oncologists can provide (Erikson, Salsberg, Forte, Bruinooge, & Goldstein, 2007; Yu, 2007). The pivotal role that oncology nurse practitioners (NPs) will play in improving patient care and increasing access for patients with cancer to oncology care must be addressed. Oncology NPs should become leaders in clinical management of patients with cancer now and in the future, particularly in view of the anticipated shortage of oncology specialists.

Opportunities

The shortfall of oncologists is viewed by many as an opportunity for oncology NPs to become part of a major solution in caring for the future oncology population (Carroll-Johnson, 2007; Erikson et al., 2007; Hortobagyi, 2007; Yu, 2007). A survey of practicing oncologists in 2006 found that 54% of oncologists surveyed already worked with either an oncology NP or a physician's assistant; however, the exact role of the midlevel providers is less clear (Erikson et al.). Only a small percentage of oncology NPs is estimated to act in an advanced role, providing services such as autonomous symptom management to a select population; performing invasive procedures such as bone marrow biopsy, paracentesis, and intrathecal chemotherapy; writing chemotherapy orders; seeing new patients; and making hospital rounds. In fact, no standardized role description exists for

oncology NPs (ASCO, 2005; Bush & Watters, 2001; Maluso-Bolton, 2006). Furthermore, the role is somewhat dependent on the collaborative agreement between a physician and an oncology NP, the experience of the NP, the comfort level of the oncologist in terms of delegating responsibilities, and the prior experiences the physician has had working with NPs (ASCO; Bush & Watters; Yu).

Advanced oncology NPs are considered experts in oncology nursing and practice in the medical and nursing domains to provide nursing and medical care to the cancer population (Oncology Nursing Society [ONS], 2003). Maximizing the unique talents of oncology NPs and allowing them to function to the fullest extent of their education and state practice acts will provide one solution to the projected shortfall of oncologists. Examining this solution of using oncology NPs to their fullest extent is important to minimize interruptions in care and unequal access for future patients with cancer.

Historical View of Nurse Practitioners

The first NP program was developed in 1965 by Loretta Ford at the University of Colorado. The NP program was based on a model for health promotion and disease prevention for a pediatric population (Mezey, McGivern, & Sullivan-Marx, 2004). In the 1970s, graduate programs began to offer NP education. By 1979, the National League for Nursing published a position paper stating that NPs needed a master's degree in nursing to practice competently; yet NP education also takes place in post-master's programs. The original primary-care specialties have evolved to include other specialties, such as psychiatric and mental health, acute care, palliative care, and oncology (National League for Nursing; Wheeler

& Haber, 2004). The impact and value of pediatric, family, and adult NPs are studied frequently and are well established in the literature. Early and continued research evaluating the roles has validated the quality, cost-effectiveness, patient satisfaction, and competency of NPs in primary practice settings (Landro, 2008; U.S. Congress, Office of Technology Assessment, 1986). However, the newer, emerging specialties such as oncology are less defined and require exploration and discussion.

Oncology Nurse Practitioners

The oncology NP role is expanding and becoming increasingly important in meeting the needs of patients with cancer and in partnering with oncologists to meet patients' diverse and specialized needs (Bush & Watters, 2001; Young, 2005). Many cancers now are treated as chronic disease (Young). With more treatment options available, including many targeted therapies, patients are being treated for longer periods of time and, in fact, living longer. They will need to have ongoing care.

Oncology NPs are uniquely qualified to fill the gap between supply and demand in providing excellent care to the cancer population. In fact, most oncology NPs practiced as oncology nurses before returning to school to earn an advanced degree and must have a graduate degree either at the master's or doctoral level (ASCO, 2005; Yu, 2007). The increase in doctorate of nursing practice programs likely will produce many doctorally prepared oncology NPs and add to the pool of highly qualified individuals to help provide care for the cancer population. In addition, oncology NPs must be nationally certified by the American Academy of Nurse Practitioners or American Nurses Credentialing Center, and some hold an additional certification