ASCO's Clinical Practice Committee

Making the Sum Greater Than Its Parts: Nurse Practitioners and Physicians

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Nurse practitioners (NPs) are destined to play an increasingly important role within the oncology workforce. ASCO's Oncology Workforce Taskforce has evaluated the capacity of today's physician pool to provide for the future needs of cancer patients and survivors. It is very likely that physicians will need to leverage their knowledge base in some fashion to meet those needs.¹ In an article previously published in the *Journal of Oncology*

Practice, Akscin et al¹ found a median of 0.5 nonphysician practitioners (generally NPs and physicians assistants) for each full-time equivalent physician among 178 practices surveyed.² In the future, will there be a sufficient number of these nonphysician practitioners interested in oncology practice? How will those providers acquire the skill set needed? How will physicians understand the most effective way to incorporate these providers in a collaborative practice that best meets the needs of all? Further, what is the physician's role in contributing to the ongoing educational requirements of these nonphysician practitioners?

Currently, NPs are a dominant type in medical oncology practices. They enter the workforce through several pathways, and bring heterogeneous skill sets. Physicians, who are accustomed to an intensely standardized educational system through medical school, residency, and fellowship with national certification testing at each step, must understand that there is not a similar process for NPs. There are only 22 oncology-specific NP programs in the United States and many of these graduates stay on at the cancer center where the program is based. These programs specializing in the education of oncology NPs represent a declining number from a few years ago. Most oncology NPs today entered oncology with a general advanced NP background and primary care clinical practice experience. Although many NPs enter their program with extensive prior oncology nursing experience, it is also possible to enter an NP program without any previous nursing experience. In either case, there is limited oncology context in most general NP curricula. Although the Oncology Nursing Certification Commission, a subsidiary of the Oncology Nursing Society (ONS), will administer advanced practice nursing certification exams in oncology for NPs and clinical nurse specialists, this is a voluntary certification and limited to only those advanced practice nurses with masters level certification. Many NPs who entered practice more than 10 years ago are certified but not masters level

certified. It is up to each state to determine the scope of practice and regulation of NPs, and with a few exceptions, states do not recognize the oncology NP as a distinct subspecialty.

On the other side of the equation, what responsibilities do medical oncologists envision for NPs and what are the corresponding educational needs? This is dependent on the type of collaborative practice with which the oncologist and NP are most comfortable. A careful matching of job expectations between the physician and the NP is critical for the career satisfaction of the NP who has invested considerable time and money in pursuing his/her career goal. Supporting the educational needs of the NP to meet the role requirements is in part the responsibility of the practice itself. For example, a practice should explore development of a curriculum and educational tools for continuing education at the practice site, possibly using internet technology to accommodate a more flexible experience.³

Data are needed as well. We need to better understand the numbers of nonphysician practitioners, NPs, and physician assistants required to match future needs, how to attract those individuals to select oncology as a career path, and how to enhance the current educational process so that a common knowledge and skill base is reached and maintained through a continuing education process. Input from ASCO members will be critical to finding the correct answers. Outreach to other ASCO committees of jurisdiction such as Education has begun.

The ONS Board of Directors, under the leadership of their President, Georgia Decker, have met with the Clinical Practice Committee leadership both in Washington, DC, and at ONS headquarters in Pittsburgh, Pennsylvania, to initiate discussions that we hope will lead to greater cooperation between the two societies in these areas of common interest. A new nonphysician practitioner module for the Practice Management Curriculum will be introduced in spring 2007 for the benefit of the state affiliates, and the *Journal* will continue to maintain focus on this emerging issue of great relevance to all who receive *JOP*.

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References

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