



Roles Played by Advanced Practitioners in Oncology: Present Status and Future Outlook

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During the past 40 years that the Oncology Nursing Society has been in existence, the profession of advanced practitioner in oncology (APO) has grown alongside it. Today, APOs fill a wide variety of roles in numerous settings. This article will examine those roles, as well as the profession's future.



At a Glance

- Advanced practitioners in oncology (APOs) have become a vital part of cancer care.
- APOs possess various academic degrees and have undergone varied educational preparation.
- APOs are one possible solution to an anticipated physician shortage.

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The 40th anniversary of the Oncology Nursing Society is the perfect time to reflect on the role that advanced practitioners in oncology (APOs) play in the care of patients with cancer. APOs have become an important part of cancer care. This group of professionals practicing in various settings includes physician assistants (PAs), clinical nurse specialists (CNSs), and nurse practitioners (NPs). Areas of practice include inpatient and outpatient settings, emergency departments, surgical centers, and community health clinics (Leonard & Grossman, 2015), as well as academia and pharmaceutical companies. In practice, APOs typically assume a wide range of roles that can involve direct patient care, education (of patients and in a professional capacity), administration, consulting, and research. APOs often take on more than one of these roles.

Defining the Role

PAs have earned master's degrees, and prospective PAs have undergraduate prerequisites similar to those required when entering medical school. PA schooling generally takes three years to complete. During training, PAs perform more than 2,000 hours of general clinical work. After completing a master's program, would-be PAs must pass a national certification examination to be licensed by the state in which they wish to practice. No oncology-specific certification is available for PAs. About 1.5% of PAs practice in the oncology setting (American Association of Physician Assistants, 2013).

Likewise, CNSs and NPs are RNs who have obtained at least a master's degree. Many NPs have earned a doctor of nursing practice degree. CNSs and NPs must study nursing at the undergraduate level.

Similar to their PA counterparts, CNSs and NPs must also pass a national certification examination to gain licensure in the state in which they wish to practice. The Oncology Nursing Certification Corporation (ONCC) offers the advanced oncology clinical nurse specialist (AOCNS®) examination to CNSs and the advanced oncology certified nurse practitioner (AOCNP®) examination to NPs. The AOCNS® and AOCNP® examinations each carry a corresponding credential and provide evidence of the test-taker's knowledge of oncology. About 1% of NPs practice in the field of oncology (American Association of Nurse Practitioners, 2013). ONCC provides a comprehensive listing of AOCNS® and AOCNP® tasks in each examination's respective test blueprint. Although the training and certification of CNSs and NPs practicing in oncology may differ, their listed tasks are the same. No such listing or oncology certification is available for PAs. However, given the level of education and role in providing care, one could presume that the tasks of the PA would be similar to those of the CNS and NP. Tasks of the CNS and NP, as reported by ONCC, include screening, prevention, early detection, and genetic risk; diagnosis, staging, and treatment planning; cancer treatment; side effect and symptom management; oncologic emergencies; survivorship; end-of-life care; psychosocial issues; coordination of care; and professional practice (ONCC, 2013). Additional tasks of the CNS and NP include serving as a mentor, preceptor, and educator; educating patients (e.g., needs assessment, preparation of materials); and being involved in the research process (e.g., problem identification, synthesis of research literature, rights of human participants).