Improving the Education and Training of Primary Care Nurse Practitioners to Meet the Healthcare Needs of Long-Term Cancer Survivors

Prasamsa Pandey, MSN, FNP-C, AOCNP®, and Fedricker D. Barber, PhD, APRN, ANP-BC, AOCNP®

The United States has a well-documented shortage of primary care providers (PCPs) and oncologists. Cancer survivors are living longer because of advances in treatment, and, consequently, more are seeking survivorship care from PCPs; this trend is predicted to continue. One proposed solution is to increase the use of nurse practitioners (NPs). However, most NP programs do not provide adequate training or education that is specific to the needs of long-term cancer survivors.

At a Glance

- Nurse practitioners (NPs) may help to alleviate the shortage of primary care providers and oncologists in the United States.
- An urgent need exists to provide oncology-specific education and training to NPs.
- Training NPs in the areas of primary, secondary, and tertiary prevention of cancer is key to meeting future healthcare demands.

Prasamsa Pandey, MSN, FNP-C, AOCNP[®], and Fedricker D. Barber, PhD, APRN, ANP-BC, AOCNP[®], are both advanced practice nurses at the University of Texas MD Anderson Cancer Center in Houston. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. No financial relationships relevant to the content of this article have been disclosed by the authors or editorial staff. Mention of specific products and opinions related to those products do not indicate or imply endorsement by the *Clinical Journal of Oncology Nursing* or the Oncology Nursing Society. Pandey can be reached at ppandey@mdanderson.org, with copy to editor at CJONEditor@ons.org.

Key words: cancer survivors; education; training Digital Object Identifier: 10.1188/16.CJON.334-335

he United States is heading toward a significant shortage of primary care providers (PCPs) because of the aging population and an increase in the number of patients seeking care with expanded insurance coverage following implementation of the Affordable Care Act (U.S. Department of Health and Human Services [USDHHS], 2013). Predictions show that the demand for PCPs will increase 14% from 2010 to 2020 (USDHHS, 2013). One proposed solution to the PCP shortage is to increase the supply of NPs trained to provide primary care services and allow NPs to fully practice within their scope, education, and training. A fully trained NP is competent in providing

primary care services that include health promotion, disease prevention, health maintenance, and diagnosis and management of acute and chronic illnesses.

The number of primary care NPs is projected to increase by 30% from 2010 to 2020 (USDHHS, 2013). Consequently, the PCP shortage can be addressed by effectively integrating the rapidly growing NP and physician assistant supply. For this reason, many federal and state programs provide funding to NP programs to increase the number of NPs. Many grant, scholarship, and loan repayment options are available to NPs trained as PCPs.

Trends in oncology show an increase in new cases of cancer and in the num-

ber of cancer survivors each year in the United States. The number of new cancer diagnoses that occur annually in the United States is expected to continue to surge because of the country's aging population (American Institute for Cancer Research [AICR], 2012). New diagnoses of cancer are expected to increase 55% from 2008 to 2030 (AICR, 2012).

In addition to the PCP shortage and the increase in the number of long-term cancer survivors, another factor contributing to the U.S. healthcare crisis is the dearth of on-cologists. A workforce study by the American Society of Clinical Oncology ([ASCO], 2007) projected a significant shortage of medical and gynecologic oncologists (with estimates ranging from 2,550–4,080) in the United States by 2020.

Barriers to Practice

A key barrier to primary care NPs effectively taking on the role of a PCP for long-term cancer survivors is a lack of oncology-specific courses in their educational preparation (Health and Medicine Division of the National Academies of Sciences, Engineering, and Medicine [HMD], 2005). According to the American Association of Colleges of Nursing ([AACN], 2010), faculty members of adult gerontology and primary care NP programs are expected to assess learning experiences of students to ensure that they are "prepared to provide care to the entire adult-older adult age spectrum and across the continuum of care from wellness to illness" (p. 12). In accordance with this recommendation, NPs receive didactic and clinical education about common medical conditions, such