

Advanced Practitioners in Hematology and Oncology: A Call to Action

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The hematology and oncology field is experiencing a wave of challenges in the form of workforce shortages, increasing complexity of care, and a growing population of cancer survivors. These factors all contribute to pressure on oncology practices to improve efficiency.

Advanced practitioners (APs) in hematology and oncology have become integral members of the interdisciplinary team. They represent a specialty workforce critical to the delivery of timely, quality, expert cancer care across a broad range of services. With the growth in the AP profession in terms of numbers and services provided, it is critical for AP organizations and leaders to accurately measure AP contributions to care, describe fair compensation for AP services, deploy strategies to assess and reduce burnout among APs, and support continuous process improvement. This series of articles in the *Journal of the Advanced Practitioner in Oncology* provides data describing the growing role of the AP along with recommendations to further advance the profession and improve patient care.

ABOUT APSHO

The Advanced Practitioner Society for Hematology and Oncology (APSHO) is a 501(c)(6) nonprofit membership organization consisting of over 4,700 nurse practitioners (NP), physician assistants (PA), pharmacists, clinical nurse specialists (CNS), and advanced practice nurses, all working in hematology and oncology. The organization was founded January 2014 and was developed on the premise of the critical role APs play in multidisciplinary cancer care.

Since its inception, APSHO has leveraged a strategic plan driven by AP members' input, industry standards, current events, and the robust scientific discovery we enjoy in hematology and oncology. The work of APSHO committees and task forces, along with a communication and outreach plan managed by the APSHO Board of Directors, has led to exponential growth in membership, from just 396 in 2014 to 4,732 at the time of this writing. Members of APSHO represent the diversity of APs across practice setting, location, race/ethnicity, and years of experience (Figure 1).

Supporting APSHO members through education and professional development is at the core of APSHO's mission. JADPRO Live, the annual meeting for APSHO, the JADPRO Workshop, a forum for in-depth education, The JADPRO Podcast, and JADPRO, the official journal of APSHO, provide the infrastructure for this support.

FOCUS ON PROFESSIONAL DEVELOPMENT AND LEADERSHIP

In response to the growing complexities of cancer care, limited financial resources, and challenges in recruiting, training, and retaining APs specializing in hematology and oncology across multiple specialties, APSHO recognized the critical need to engage AP leaders to understand current events and develop strategies to meet these challenges. As such, APSHO and the APSHO Board of Directors designated a standing committee, the Professional Development and Leadership committee, and a specific initiative within the APSHO strategic plan to address the continued needs of AP leaders and the APs they support (Table 1).

IN THIS SUPPLEMENTAL ISSUE

This series of articles examines key trends in the advanced practice profession. It is supported by the latest data surveying oncology APs. The article "Advanced Practitioners in Hematology and Oncology: State of the Workforce" by Kurtin and colleagues delves into data on rates of burnout among APs. "The Value of the Advanced Practitioner in Hematology and Oncology: Establishing Benchmarks" by Kurtin and colleagues examines how metrics are currently applied to AP productivity, and the metrics that should be used to adequately describe and assign value to the broad scope of AP services. In "Understanding Advanced Practitioner Prescriptive Privileges for Anticancer Therapies: A National Survey," Ajmera and colleagues provide insight into prescribing practices for an-

Table 1. APSHO Strategic Plan Initiative: Develop and Support AP Leaders

Goals:

- Identify AP leaders within the APSHO community.
- Identify upcoming AP leaders within the APSHO community.
- Provide networking opportunities within APSHO for oncology AP leaders.
- Provide education, mentoring, and growth opportunities for upcoming oncology AP leaders.
- Promote the value of the oncology AP in the leadership suite.

Strategies:

- Support a yearly Leadership Summit.
- Develop and promote an AP clinical ladder model.
- Assist in research that defines metrics for APs in oncology.
- Support initiatives that address oncology AP burnout and resiliency.
- Incorporate leadership components into educational offerings wherever possible.
- Develop a leadership podcast series.
- Maintain a column, Advancing Leadership, in the member newsletter, the APSHO Advance.

ticancer therapies and related privileging processes. "Advanced Practitioners as Agents of Change: Leveraging Quality Improvement to Improve Practice" by Kurtin and colleagues highlights AP engagement in safety and quality initiatives. Braun-Inglis and colleagues elucidate AP involvement in clinical trials in the article, "Role of the Advanced Practitioner in Clinical Research." Finally, in "APSHO Oncology/Hematology Advanced Practitioner Compensation Survey," Vogel and colleagues provide data on AP compensation in order to address recruitment, retention, and promotion of the AP in hematology and oncology.

In 2019, APSHO hosted the first APSHO Leadership Summit in conjunction with the JADPRO Live annual meeting. Based on the success of that first meeting, the APSHO Leadership Summit is now an annual event. The projects highlighted in this supplement are a result of this commitment to APs, AP leaders, and the patients they care for. ●

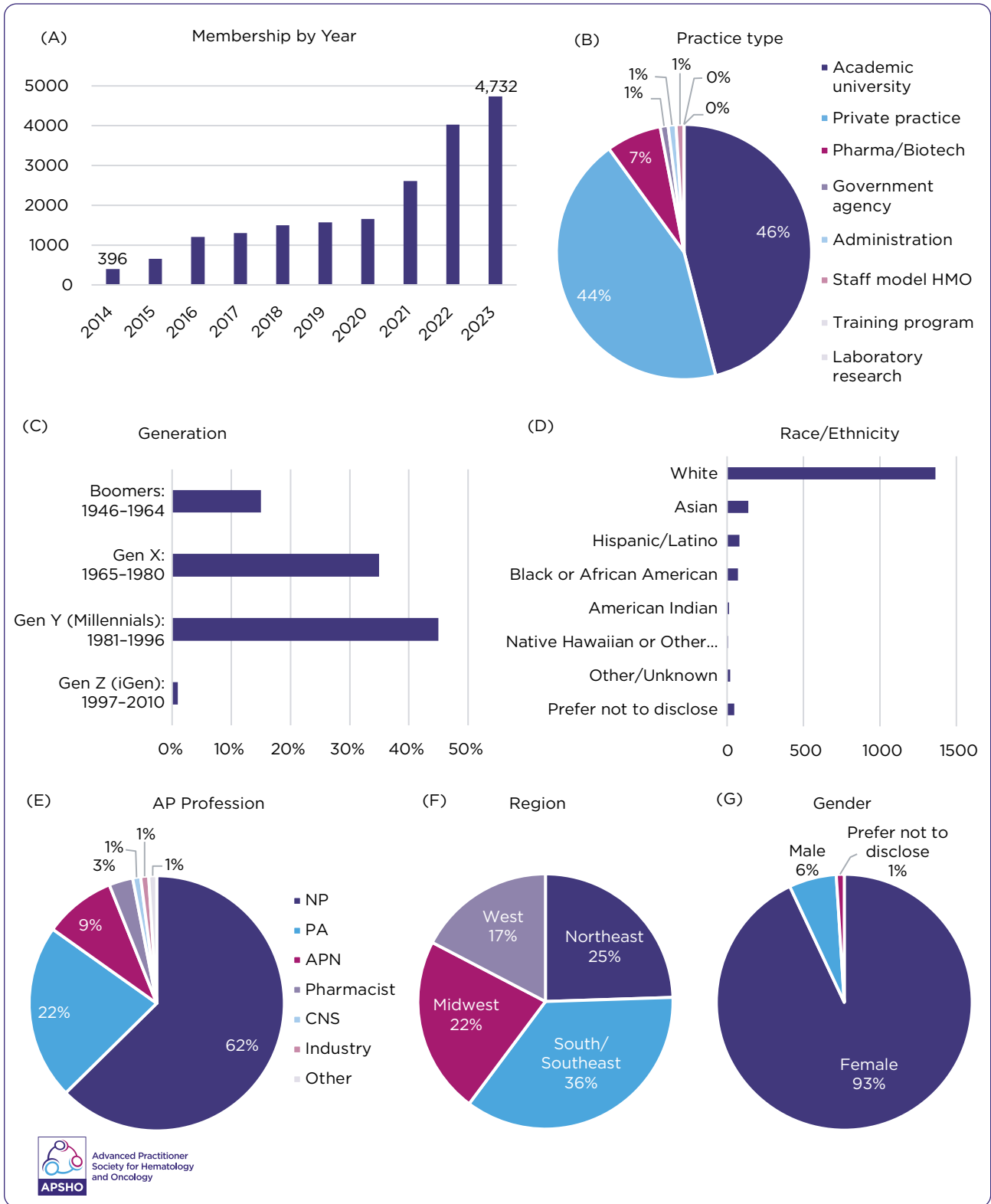


Figure 1. Key statistics of the Advanced Practitioner Society for Hematology and Oncology membership. Data pulled on September 5, 2023. (A) Membership by year; (B) Practice type (*n* = 2,160, or 46% of membership); (C) Demographics: generation (*n* = 2,711); (D) Demographics: race/ethnicity (*n* = 1,660); (E) Profession (*n* = 3,355, or 71% of membership); (F) Region (*n* = 2,160, or 46% of membership); (G) Gender.