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Next in Line: Building a Succession Pipeline for Advanced Practitioners in Oncology

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Abstract

Advanced practitioners (APs; nurse practitioners, physician associates, clinical nurse specialists, advanced degree nurses, and pharmacists) are vital in providing high-quality, specialized patient care, particularly in oncology. Despite the tremendous value that APs bring to health-care systems, an aging workforce, turnover, and burnout underscore the urgent need for structured leadership succession planning. Nursing and pharmacy data reveal that 30% to 50% of leaders plan to retire within 5 years, yet few organizations have formal processes to replace them. Without proactive planning, there is a risk that clinical expertise, leadership continuity, and program stability will be lost. Advanced practitioner–specific succession planning is especially critical due to the unique clinical and operational roles that APs play in health-care systems outside of patient care, such as in quality improvement and clinical program development. A comprehensive framework includes aligning succession planning with organizational strategy, defining leadership roles, assessing the risk of future vacancies, and securing executive support, as well as talent identification focusing on diversity and inclusion. Clear career pathways and structured leadership training further strengthen the path from staffing to leadership. Barriers to succession planning include organizational resistance to career development pathways, limitations in funding, unconscious bias, and fear of talent loss. Addressing these challenges demands executive sponsorship, transparent hiring and promotion processes, and a culture that normalizes leadership development. In oncology—where APs are central to care coordination—the absence of succession planning threatens care continuity and program development. Institutions must adopt structured, inclusive succession planning models to maintain patient-centered care and ensure a resilient future AP leadership workforce.

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Advanced practitioners (APs) are nurse practitioners, physician associates, clinical nurse specialists, advanced degree nurses, and pharmacists who specialize in providing high-quality care, bringing immense value to the health-care system (Broyhill et al., 2023). Advanced practitioners require dedicated leadership focused on supporting their clinical and professional goals, especially in oncology, to prevent burnout and improve job satisfaction (Broyhill et al., 2023). Furthermore, organizations with APs who report to AP leaders experience less AP turnover (Hartsell & Noecker, 2020).

Predictions for shortages in nursing management and leadership roles have been estimated at upwards of 50% within 5 years, with 30% of those occupying these roles planning to retire (Warden et al., 2021). Pang & Mark (2018) reported that 23% of the top academic nursing leaders are 65 years or older, with another 55% between the ages of 55 and 64 (Tucker, 2017). Without diligent foresight and planning, this loss of seasoned nurse leaders could be predictive of a loss of candidates who can be identified for future leadership roles.

Pharmacy leadership structures are well established, thanks in part to a report from the 2004 American Society of Health-System Pharmacists' (ASHP's) Scholar-in-Residence program that surveyed pharmacy directors and middle managers across the country. In this survey, 80% of pharmacy directors and 77% of pharmacy middle managers said they would resign from their positions in the next decade (White & Enright, 2013). Over 20 years later, Chen and colleagues (2025) surveyed a similar population of pharmacy leaders. 39% to 43% of respondents reported plans to leave their current position in 5 years or less, with only 14% to 36% of respondents reporting a structured process for filling vacant leadership positions.

Factors such as an aging workforce, burnout, growing patient care demands, administrative complexity, patient safety, and the risk of decreased quality of care as well as high rates of turnover in the post-COVID health-care working environment require a comprehensive anticipatory leadership and staffing plan (Warden et al., 2021; Incredible Health, 2021). In addition, the desire for further career development increases turnover, possibly associated with the lack of advanced leadership positions (Warden et al., 2021). A preemptive tactical succession plan to develop new leaders is imperative as current AP leaders plan to retire, resign, or are promoted.

Succession planning is a strategic proactive approach that can allow seamless transition into critical positions. It is a key plan of action widely adopted in the identification and development of future business leaders. As a process, it remains in its infancy in the health-care leadership arena. This article is intended to provide a framework for succession planning, to illustrate the benefits of preparedness for health-care organizations and to highlight ways to identify and cultivate potential future AP leaders.

BACKGROUND

The modern health-care landscape is characterized by constant evolution, requiring organizations to adapt to shifting clinical, operational, and workforce demands. Effective leadership structures are therefore critical for sustaining high-quality, resilient health systems (Cunningham & Crosby, 2023). Succession planning—the intentional process of identifying, developing, and preparing future leaders—has long been recognized in industry as essential for organizational success. Indeed, 100% of global "top companies" maintain formal succession planning processes to ensure continuity of strategic vision and alignment through leadership transitions (Aon Hewitt, 2013). Leadership development and succession planning represent foundational components of these systems, ensuring sustainability and alignment with long-term institutional goals. Succession planning programs are associated with decreased turnover and time to fill vacancies, as well as improved staff engagement and a positive cost-benefit ratio (Morris et al., 2020). Furthermore, national agencies such as the National Institutes of Health (NIH) and ASHP have also articulated strategies for leadership pipeline development to maintain organizational excellence (National Institutes of Health, n.d.; Ellinger et al., 2014). As Wayne Gretzky observed, "A good hockey player plays where the puck is. A great hockey player plays where the puck is going to be" (Goodreads, Inc., n.d.). Succession planning embodies that foresight in health care, anticipating future leadership needs and proactively cultivating the workforce to meet them.

RATIONALE

While health-care institutions have increasingly embraced leadership development for physicians and administrators, succession planning specific to APs remains underdeveloped. Advanced practitioners often serve as clinical and operational leaders, managing complex teams, driving quality improvement initiatives, and advancing patient-centered care. Yet, few organizations have formal strategies to identify and prepare APs for future leadership or managerial roles. While there is benefit in hiring external candidates, internal hiring supports maintenance of institutional knowledge, leadership continuity, and programmatic momentum (Aon Hewitt, 2013). Developing structured succession plans for AP leadership roles is therefore essential to sustaining high-quality, team-based care and ensuring that the next generation of clinical leaders is prepared to guide the workforce as the health-care system evolves (Hills, 2024).

SUCCESSION PLANNING FRAMEWORK

There is a paucity of literature specific to AP succession planning or AP leadership in health-care organizations. Core concepts and models published in the medical, nursing, and general business sectors provide a foundation for development of AP-specific models for leadership and succession planning. Assessment of organizational and service line needs together with talent identification and cultivation of diverse leaders with structured pathways for career advancement represent core elements of succession planning (Ellinger et al., 2014; Lerman et al., 2022). Adapting these principles to the current hematology and oncology AP workforce will be essential to the growth, sustainability, and success of AP leaders.

Organizational strategic plans provide a critical foundation for succession planning by defining programmatic priorities, short- and long-term goals, budget allocation, and expected timelines for outcomes within each organization. Hematology and oncology service lines generally align their goals with the larger organizational strategic plan. Advanced practitioner leaders must learn to interpret and articulate the strategic plan and service line goals to effectively apply key elements to the growth and sustainability of the AP team, including AP leaders. Understanding how existing AP roles, including AP leader roles, contribute to the success of strategic and service line goals and where new AP roles are required to achieve these goals is a critical first step. Advanced practitioner leaders can use this information to forecast the need for new or replacement positions to ensure an agile and resilient AP workforce and galvanize an AP presence across the organization. The AP workforce plan must be adapted to the individual organization or practice to be successful. Incorporating key elements of the process into a succession planning checklist or template will provide a structured process for AP leaders to identify and cultivate new leaders.

IDENTIFYING AND CULTIVATING LEADERS

Cultivating AP leaders requires a multipronged approach and an awareness of the pipeline for potential AP leaders. Identifying future leaders requires a shift in the existing leadership lens to cultivate AP leaders reflecting the diversity and generational evolution of the AP workforce (Lerman et al., 2022). Analysis of completed APSHO membership profiles in 2023 (n = 2,160, 46% of membership) showed largely white, female, Millennial (born 1981–1996) and Gen X (born 1965–1980) nurse practitioners. Yet, a shift in the diversity of the general population, medical professionals, and APs is evident (Kurtin, 2023). Leaders who possess emotional intelligence and diversity awareness will be required for the continued success and sustainability of the AP workforce. Maintaining a stable and agile AP workforce requires and reflects effective leadership.

Among 366 APSHO members participating in an online survey evaluating burnout, work-life balance, and other elements of work patterns, 24 APs identified themselves as having ≥ .75 full-time equivalent in an AP administrative role. These AP leaders reported a similar risk of burnout to non-leaders but stated a greater sense of accomplishment (Kurtin et al., 2023). Leveraging organization data for burnout, leader engagement, retention and turnover rates will provide leaders with feedback to set goals for building and retaining their team. The longevity of AP leaders is a

critical data point to understand for the redesign of the AP leader structure.

Growing internal AP leaders in a stepwise manner from expert clinician to manager/leader to executive leader is a common pathway. Many of these candidates are internal candidates but may also be external candidates seeking expanded leadership roles in organizations that lack opportunities for leadership growth. More recently, AP leaders are being cultivated through academic programs focused on hospital administration and leadership. Programmatic evaluation is necessary to determine the best fit for new leaders, including size of the organization, number of APs, AP reporting structure, and anticipated growth and expansion of the AP workforce within the organization.

Cultivating effective AP leaders requires a dedicated leadership curriculum and structure. This includes incorporating leadership training programs, preceptorships, inclusion in committees or workgroups, mentoring and coaching by other AP leaders, but also multidisciplinary leaders in the organization. In some cases, redefining AP leadership roles tailored to the organization or service line goals may be required. Talent assessment should be incorporated into regular staff feedback and performance evaluations to identify APs who may benefit from expanded opportunities for growth outside of their clinical role. Advanced practitioners who do not have interest in formal leadership roles should also be provided with opportunities to expand their clinical leadership, which is essential to organization and service line success. Advanced practitioners in traditional organizational roles (Chief Nursing Officer [CNO], Chief Financial Officer, Safety Officer, Quality Officer, VP/Director/Assistant Director of Pharmacy, etc.) may heighten awareness of the diversity of AP contributions to the organization.

IMPLEMENTATION IN ONCOLOGY AP SETTINGS

Implementing succession planning for APs in oncology and hematology requires intentional alignment with organizational goals, cultural readiness, and infrastructure to support talent development. Despite its recognized importance, succession planning remains underutilized in clinical environments, particularly for APs, whose leadership contributions often go unrecognized in traditional hierarchies. Using the APSHO-derived Advanced Practitioner Succession Planning Checklist (Table 1), health-care institutions can implement a comprehensive program that addresses leadership continuity, operational resilience, and professional growth in hematology/oncology care.

The first step in implementing AP succession planning is anchoring the initiative within the institution's strategic plan and oncology service line priorities. Strategic plans outline workforce projections, clinical expansion (e.g., survivorship clinics, infusion centers), and quality benchmarks and should help guide succession planning.

- Define AP Leadership Roles: Establish titles and scope of responsibility (e.g., Director of Advanced Practice in Oncology, Lead AP for GI Service Line, Assistant Director of Pharmacy Clinical Services). This clarity enables targeted development and forecasting.
- Track Leadership Vacancy Risk: Maintain a 3-to-5-year vacancy risk dashboard, including planned retirements, promotions, and burnout risk. This allows proactive leadership transitions and avoids disruption in care continuity.
- Secure Executive Buy-In: Ensure succession planning is championed by the executive leadership team and human resources, reinforcing its strategic importance and enabling resource allocation.

Identifying future leaders is more than naming successors; it also requires data-driven, inclusive practices. Oncology APs demonstrating leadership readiness often serve in informal clinical roles such as protocol champions, preceptors, or quality improvement leads.

- Use Competency-Based Reviews: Assess leadership competencies (e.g., systems thinking, emotional intelligence, communication) during annual evaluations.
- Create Feedback Loops: Solicit peer, physician, and staff input through 360-degree feedback tools to identify emerging leaders.
- Promote Equity in Leadership Pipelines: Embed diversity, equity, and inclusion (DEI) principles to ensure inclusive identification

Table 1. Advanced Practitioner Succession Planning Checklist

1. Strategic Foundation

☐ Succession planning is embedded in the organization's strategic plan
☐ Leadership roles for APs are clearly defined (e.g., Lead AP, Director of APPs, Clinical Program Lead)
☐ Anticipated vacancies or retirements are tracked (3–5 year forecast)
☐ Executive and HR leadership support the AP succession strategy

2. Talent Identification

☐ APs with leadership potential are identified through performance reviews, peer input, or self-nomination
☐ A competency framework for AP leadership is in place (clinical, administrative, communication, strategic thinking)
☐ DEI principles are applied in identifying and promoting talent
☐ APs are encouraged to share career goals during annual evaluations

3. Development Infrastructure

☐ Formal leadership development opportunities exist for APs (courses, fellowships, leadership tracks)
☐ APs have access to mentors or executive sponsors
☐ APs are involved in committees, quality projects, or administrative initiatives
☐ Shadowing and interim leadership opportunities are available to build experience

4. Succession Pathway Mapping

☐ Key AP leadership roles have clearly defined pipelines
(e.g., Senior AP → Lead AP → AP Manager → AP Assistant Director → AP Director
☐ Internal candidates are prioritized for development before seeking external hires
☐ Potential successors are matched to development plans based on readiness (short-, mid-, long-term)
☐ A central talent database or tracking system is maintained

5. Organizational Culture & Support

☐ Succession planning is discussed openly and positively (not seen as threatening)
☐ Departing or retiring leaders are engaged in knowledge transfer and mentoring
☐ Time and funding are allocated for leadership development activities
☐ Recognition is given for leadership growth and contributions outside of clinical care

6. Evaluation and Sustainability

☐ Program metrics are in place (e.g., internal promotion rate, readiness assessments, leadership retention)
☐ Feedback is gathered from APs on leadership development resources and needs
☐ The succession planning process is reviewed and updated annually
☐ Successes (and challenges) are shared to build engagement and buy-in

of talent. This is especially critical given the underrepresentation of women and minorities in oncology leadership.

- Formal Leadership Tracks: Provide intentional, tiered programming with options such as internal leadership academies, external fellowships (e.g., American Society of Clinical Oncology Leadership Development Program), or hospital-based certificate programs in health management.
- Protected Time for Development: Build in non-clinical time for committee involvement, mentorship, or cross-training. Oncology AP leaders in APSHO surveys identified lack of time as a key barrier to leadership growth (Beaton et al., 2025).
- Mentoring & Coaching: Pair emerging AP leaders with experienced AP directors or executive leaders (CNO, Medical Director) to foster skills, broaden perspectives, and prepare for organizational visibility.

Clear, visible pathways motivate high-potential APs to grow their careers within the organization.

- Visual Career Ladders: Define roles such as Senior AP → Clinical Coordinator → Lead AP → AP Manager → Director of Advanced Practice. Specify expectations, readiness criteria, and support tools at each level.
- Short-, Mid-, Long-Term Mapping: Identify which APs are ready now, in 1 to 2 years, or in 3 to 5 years. Build corresponding development plans.

- Internal First Philosophy: Prioritize internal development over external hires when feasible, supporting morale and retaining institutional knowledge.

The culture in an organization can make or break initiatives in succession planning. Oncology environments are often emotionally taxing and fast-paced; therefore, teams must be intentional about cultivating a culture that values growth and leadership development.

- Normalize Succession Planning Discussions: Encourage transparent conversations about leadership aspirations and succession readiness. Destigmatize interest in advancement.
- Recognize Non-Clinical Leadership: Highlight and reward contributions to mentorship, patient navigation redesign, safety committees, etc.
- Knowledge Transfer: Engage retiring or transitioning AP leaders in mentoring, job-shadowing, and documentation of key workflows.

To ensure longevity, succession planning must be reviewed, refined, and funded like any other operational initiative.

- Track Metrics: Monitor promotion rates, retention of developed leaders, development plan completion, DEI representation, and succession gap closure.
- Annual Review: Conduct a succession planning audit during budget and strategic planning cycles. Adjust based on AP team growth, service line needs, and leadership turnover.
- Feedback from APs: Use anonymous surveys or facilitated listening sessions to understand AP perspectives on leadership opportunities, barriers to advancement, and sources of support.

Succession planning for oncology APs is not just a talent search; it is a care quality imperative. Using the APSHO checklist as a structured, scalable guide allows organizations to cultivate diverse, prepared, and resilient leadership teams. Investment in intentional succession planning results in greater continuity, higher retention, stronger quality outcomes, and more fulfilled AP professionals.

CHALLENGES IN SUCCESSION PLANNING

Organizational resistance and/or lack of prioritization are contributory barriers to successful succession planning. A critical factor influencing the effectiveness of developing a succession planning program is obtaining human resources and current leadership endorsement. The organization must be committed to a succession planning proposal, and the value add of upholding workplace processes, protocols, and quality care while maintaining staff adaptation and satisfaction.

Once leadership alignment is obtained, a crucial next step is securing dedicated funding. Financial resources are necessary for training, education, and mentoring. Additional funds may also be allocated for mentors or for promoting the program (Dappa, 2019).

Identifying prospective candidates with demonstrated skills and interest is a crucial component of developing an efficient succession planning proposal. This preemptive vetting enables the development of a customized educational training and mentoring program. For emerging leaders, this process may present challenges such as potential delays in assuming the role or the possibility that advancement does not materialize. Additionally, for individuals who have been thoroughly prepared, there remains the risk that they may depart from the organization to pursue leadership roles elsewhere. This outcome could result in a loss of invested time, effort, resources, and financial investment for the organization (Tucker, 2020).

Roadblocks within an organization may exist in selecting a suitable successor, including favoritism, bias, ethical challenges and baseline inherent leadership/management issues. Ashghali-Farahani and colleagues (2025), through their qualitative study of succession planning within nursing management, identified further obstacles to effective succession planning. These included apprehension regarding succession planning, the suppression of individual talents, and hesitancy to advance others, all of which contributed to the avoidance of succession planning initiatives.

Moreover, unforeseen circumstances such as sudden resignations, health crises, or unexpected departures can further destabilize organizational leadership structures, compounding the urgency

for deliberate succession planning (Tucker, 2020). These abrupt changes not only challenge continuity but also expose gaps in knowledge transfer and mentorship. By fostering a culture that values proactive mentorship, ongoing professional development, and transparent communication, health-care organizations can mitigate disruptions, ensuring that expertise and vision persist even amid transitions. Ultimately, embedding succession planning as a core organizational priority strengthens adaptability, supports staff morale, and positions institutions to maintain excellence in patient care and operational effectiveness.

CALL TO ACTION

The evolving health-care landscape demands robust leadership from APs to navigate complex challenges, such as population growth, technological advancements, and persistent workforce shortages intensified by the COVID-19 pandemic. Up to one-third of nursing faculty and leaders are projected to retire by 2025, exacerbating faculty shortages that limit student enrollment and nurse generation, while burnout and competitive salaries divert high-potential individuals from academic and clinical leadership roles (Tucker, 2020).

This review synthesizes evidence from nursing, medical, pharmacy, and organizational literature, highlighting intrapersonal factors (e.g., self-leadership and cognitive abilities) and interpersonal elements (e.g., team building and vision development) that shape AP leadership (Alwazzan, 2024). Current disparities are stark: in cancer centers, non-Hispanic White individuals dominate 72% to 82% of leadership positions, with women underrepresented at 16% to 45%, underscoring the need for diverse pipelines to address health inequities and improve culturally competent care (Lerman et al., 2022). Without systematic and proactive succession planning, organizations face annual losses of $8 million from vacancies, suboptimal recruitment, underrepresentation of leadership from diverse populations, and diminished patient outcomes (Lerman et al., 2022; Al Hajri, 2024).

Effective succession planning for APs requires a structured, evidence-based approach that assesses critical roles, builds talent pipelines, and integrates development strategies. Drawing on models from academic nursing and hospital management, key steps include identifying vulnerable positions through retirement forecasts and skill gap analyses, developing eligibility criteria via competency assessments and 360-degree feedback, and nominating successors for targeted interventions (Alwazzan, 2024; Kamali et al., 2024). Best practices emphasize a blend of formal training, such as workshops on emotional intelligence and conflict resolution, and informal mentorship, coaching, and experiential rotations, which enhance managerial competence and reduce turnover (Aon Hewitt, 2013; Yudianto et al., 2023). Diversity-focused initiatives ensure emerging leaders reflect served populations, fostering innovation and resilience. Bibliometric analyses from 2000 to 2023 reveal a surge in research (n = 326 studies) on these themes, emphasizing talent pipelines to cut recruitment costs and elevate care standards (Al Hajri, 2024).

Health-care leaders must act urgently, conduct organizational assessments, embed plans into strategic budgeting, and evaluate annually using metrics like retention and promotion readiness (Kamali et al., 2024). By prioritizing inclusive development, institutions can bridge clinical and administrative goals, mitigate burnout, and cultivate visionary AP leaders equipped for future demands. This call to action urges immediate adoption of NIH- and APSHO-guided succession planning frameworks to secure leadership continuity and equitable care (NIH, n.d.; Kamali et al., 2024).

CONCLUSION

As oncology and hematology care evolves amid increasing complexity, workforce shortages, and expanding demands for value-based care, leadership continuity among APs has become a strategic imperative. This article illuminates the urgent need for structured succession planning as a proactive, evidence-based approach to identifying, developing, and sustaining the next generation of AP leaders.

Drawing from literature in nursing, healthcare administration, and organizational leadership, succession planning improves operational stability, staff morale, and care quality, while reducing turnover-related costs and leadership gaps. In the oncology setting, where APs function

as key team members serving as essential connectors across interdisciplinary teams, the absence of succession infrastructure presents a risk to program continuity and innovation.

A tailored framework utilizing the Advanced Practitioner Succession Planning Checklist (Table 1) to guide implementation across health-care institutions provides clear, actionable domains: (1) embedding succession into strategic plans, (2) identifying and cultivating diverse AP talent, (3) providing structured leadership development, (4) mapping transparent advancement pathways, (5) fostering supportive leadership cultures, and (6) continuously evaluating impact. When embedded into oncology service lines and aligned with organizational goals, this model equips institutions to anticipate leadership transitions, rather than react to them.

Despite the recognized value of succession planning, barriers remain, including cultural resistance, limited funding, and inequities in leadership pathways. Overcoming these challenges requires committed executive sponsorship, protected time and resources, and a mindset shift toward inclusive, long-term leadership development. Advanced practitioners must be recognized not only as expert clinicians but also as current and future leaders shaping oncology practice, policy, and systems of care.

The call to action is clear: oncology leaders, academic centers, and healthcare systems must institutionalize AP succession planning as a core operational priority. This means initiating internal audits, forecasting leadership risk, investing in AP development, and creating diverse leadership pipelines that reflect and serve varied patient populations. Without this foresight, there is a risk of losing institutional knowledge, care continuity, and the very momentum required to meet the demands of modern cancer care.

Ultimately, succession planning is about sustaining vision, values, and excellence. For APs in oncology and hematology, it is the difference between reacting to a leadership void and cultivating a thriving legacy of innovation, inclusivity, and impact. This article urges immediate adoption of frameworks listed as described by the Advanced Practitioner Succession Planning Checklist to secure leadership continuity and equitable care (Kamali et al., 2024). As health care continues to evolve, it is clear that succession planning will ensure the future competency of AP leaders. The authors encourage institutions, academic centers, and professional organizations to prioritize AP succession planning to continue providing high-quality, patient-centered care in the future.

Disclosure

The authors have no conflicts of interest to disclose.

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