



Nursing Issues: Primary Health Care Nurse Practitioners

Background

Duties and Responsibilities

Primary Health Care Nurse Practitioners (NPs) are Registered Nurses with advanced education and training that enables them to provide additional primary health care functions in health promotion, disease and injury prevention, cure, rehabilitation, and other services. NPs provide wellness care, diagnose and treat minor illnesses and injuries, screen for the presence of chronic disease and monitor patients with stable chronic disease.¹ NPs also prescribe drugs (as defined by provincial legislation), and order and interpret the results of screening and diagnostic tests.²

NPs work both autonomously, initiating care through monitoring patient outcomes, and collaborating with other health providers in community health centres, nursing outposts, specialty units, clinics, emergency departments, and long-term care facilities.³

While NPs perform additional functions, their role within the nursing profession complements (not replaces) other health providers.⁴ NPs are not second-level physicians nor are they assistants to physicians.⁵

History

In Canada, the first education program was started at Dalhousie University (Halifax, Nova Scotia) in 1967 for RNs working in northern nursing stations. During the 1970s, several reports supported an expanded role for RNs within primary health care, a development that continued into the next decade. Despite this, during the 1980s, NP initiatives ended due to a perceived oversupply of physicians, and the lack of: a remuneration mechanism for NPs; applicable legislation; public awareness regarding the role of NPs; and support from both medicine and nursing.⁶

While NPs have practiced within Canada since the 1970s and today work in most provinces and territories, Canadians are more likely to receive care from a NP if they live in areas that may have difficulty attracting physicians, e.g., rural and remote areas. This has engendered the perception that NPs should only be used when a physician cannot be accessed. NPs are now being valued as a solution to enhancing the public's timely access to quality health care, no matter where the care is delivered.



Legislation, Regulation and Education of Nurse Practitioners in Canada

While NPs are more common today within Canada, crucial issues concerning NPs such as legislation, scope of practice, title protection, registry information and licensure, education and approval of NP education programs vary across provinces and territories. The jurisdictions are at various stages in their consideration of the NP role within health care delivery.⁸

The mandate of the Canadian Nurse Practitioner Initiative by the Canadian Nurses Association (funded by Health Canada's Primary Health Care Transition Fund) includes developing recommendations and strategies in five strategic components: 1) legislation and regulation; 2) practice and evaluation; 3) health human resource planning; 4) education; and, 5) change management, social marketing and strategic communications.⁹

Across Canada, 18 post-secondary institutions offer NP programs: two in Alberta; one each in Manitoba, New Brunswick, Nova Scotia and Quebec; two in Newfoundland and Labrador; and 10 in Ontario.¹⁰ Graduation from NP programs across Canada more than doubled from 2001(70) to 2002 (159).¹¹

Benefits of the Nurse Practitioner

Research has shown that NPs provide several benefits to the health system, specifically in the areas of accessibility to care, patient care and outcomes, and cost-effectiveness. Some examples:

- In the early 1970s, a Canadian study examined a family practice in Burlington, Ontario where NPs were responsible for 67% of patient visits for two years; patients for the NPs were as healthy and satisfied with their care as the patients who were treated by physicians within the practice. Coverage by the practice was expanded to provide health services to almost 1,000 new families. In another study of a general practice in England, 86% of patients were managed by a nurse practitioner without referral to a physician, thus allowing these practitioners to see patients with more serious problems.¹² A 1999 Ontario study estimated that NPs are capable of handling 82.6% of patient care, with the remainder requiring physician referral.¹³
- Research shows that patients who see NPs about minor illnesses or injuries are just as healthy in the six months following their treatment as those who see physicians.¹⁴
- NPs are very effective in health promotion and are able to help patients with a variety of chronic health problems such as hypertension, Parkinson's, obesity, depression, diabetes and asthma. Research has demonstrated that patients with hypertension respond better to care by NPs than care by physicians.¹⁵ While physicians and NPs may treat an acute illness in an identical way, NPs evaluate the condition differently, emphasizing disease prevention, health education and health promotion.¹⁶
- Various research studies and analyses demonstrate that costs for care provided by NPs or NP/physician teams are considerably less than care provided by physicians within office visits or by physician-only teams.¹⁷ If NPs were used to their full potential, the cost-savings to our healthcare system could be significant.



Endnotes

1. Nurse Practitioner Association of Ontario (NPAO). "Role of PHC and AC NPs." Available at: www.npao.org/role.html.
2. Canadian Nurses Association (CNA). "The Nurse Practitioner," Position Statement, June 2003, p. 1.
3. Ibid.
4. Ibid.
5. NPAO, op. cit.
6. Ibid.
7. "Myth: Seeing a nurse practitioner instead of a doctor is second-class care." One of the "Mythbusters" series of essays published by the Canadian Health Services Research Foundation, 2002, p. 1.
8. CNA. "Legislation, Regulation and Education of the Nurse Practitioner in Canada," Fact Sheet, no date.
9. CNA. "The Canadian Nurse Practitioner Initiative," p. 1. Available at: www.cna-aiic.ca/_frames/welcome/frameindex.html
10. CNA and the Canadian Association of Schools of Nursing (CASN). "Table 2: Nursing Programs Offered in Canadian Schools of Nursing, 2002 - 2003," The National Student and Faculty Survey of Canadian Schools of Nursing, 2002 - 2003.
11. CNA and CASN. "Table 5: Degree Programs in Canadian Schools of Nursing, 1998 - 2002," The National Student and Faculty Survey of Canadian Schools of Nursing, 2002 - 2003, p. 2.
12. "Myth: Seeing a nurse practitioner instead of a doctor is second-class care," op. cit., p. 2.
13. CNA. "Cost-effectiveness of the Nurse Practitioner Role." Fact Sheet, 2002, p. 1
14. "Myth: Seeing a nurse practitioner instead of a doctor is second-class care," op. cit., p. 2.
15. Ibid.
16. Canadian Nurses Association "Cost-effectiveness of the Nurse Practitioner Role." Fact Sheet, p. 2
17. Ibid, p.p. 1-2.