

Nurse practitioners to lighten FP load in New Brunswick

Nurse practitioners (NPs) may soon be a familiar part of health care in New Brunswick — but not soon enough to meet existing needs, the New Brunswick Medical Society (NBMS) says.

Legislation due to be passed this fall will allow NPs to perform additional duties, including prescribing. The government hopes this will cut costs and improve retention of both physicians and nurses. The NPs will be authorized to diagnose common diseases and disorders, order some laboratory tests and diagnostic procedures, and prescribe certain drugs. “Until now these services have been outside the scope of practice for nurses,” says Premier Bernard Lord. The new legislation will allow NPs to work with FPs in a network of new community health centres. Fifteen NPs are expected to be hired this year.

That may be too little too late, says NBMS President Les Allaby. He says the society supports community health centres and the use of NPs in collaborative care settings, but it will take a long time for these initiatives to improve access to care. “We think RNs and registered nursing assistants could do [more] in physician offices that would result in more patients being seen.”

The society has proposed that nurses take on a larger role in physicians’ offices by seeing patients who would otherwise be seen by the doctor. Funding would come from the \$4.5 million earmarked for health care renewal initiatives in the recent provincial budget.

At present, if the physician does not see the patient, the service is not covered by medicare. The NBMS is recommending that nursing services be billed to the provincial health insurer so that both physicians and nurses could see patients. “This would allow FP practices to take on more patients and shorten waiting lists for specialists, and the structure exists to allow implementation of the new system quickly,” says Allaby.

NB will join Nova Scotia, Newfoundland, Ontario and Alberta in legislating the use of FPs. About 500 NPs work in Canada, compared with 70 000 in the US. — *Donalee Moulton, Halifax*

HEART & SOUL

Doin’ the locum motion

Chris Rolton grew up on the outskirts of big-city life and first practised medicine just outside London, England. At age 28, however, she said good-bye to the urban hustle and bustle and flew to Goose Bay, Labrador, where she spent 2 years. That experience — and others that have taken Rolton into communities across the country — has been recaptured in her book, *Doin’ the Locum Motion* (Creative Publishers, 2002).

During those 35 years Rolton learned that being a locum in Canada means the visiting physician is expected to handle everything — and she means *everything*. “Fairly regularly I would treat a cat or dog with a fish hook in its mouth,” she says.

And she recalls going ice fishing for the first time — and falling in. “Kicking my legs furiously I tried to grab onto the ice,” she writes. “The first time it broke away. The same thing happened the second time. But the third time it held, and I was able to haul my elbows up onto it. Assisted by encouraging yells from my friends, and still kicking like mad, I somehow heaved myself out.”

That immersion led to a quick emersion into community life. “The episode caused quite a stir in the community, and patients invariably inquired, ‘Was it you fell in the river, miss?’”

But she learned much more than how to stay upright on ice, remove fish hooks and stitch up a gash from a harp seal. She discovered that she enjoyed working in small communities and that she could do so without having a permanent practice — that’s why she spent the next 35 years filling in for physicians in Newfoundland, Manitoba, and Ontario. “I simply couldn’t hack the way most doctors work — 60 patients a day, every day,” says Rolton. “Also, if you’re single, there is no point in working a lot. The government just takes your money.”



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“Was it you fell in the river, miss?”

The life of a fill-in physician also came with built-in flexibility, which appealed to her. “I liked the freedom of being able to say no to assignments,” she says. And there was no lack of them, with referrals coming in from physicians, colleagues and even drug company representatives.

But there were downsides to this peripatetic life. “You were dealing with patients you don’t know and staff you haven’t worked with,” says Rolton. And, she adds, she was often reading doctors’ notes that she couldn’t understand. Still, she contends, “it’s much more interesting than seeing the same old faces every day.”

Rolton stopped doing the locum motion 11 years ago, when she settled in Carbonear, Nfld. She is actively involved with the local heritage board and may write a second book, a series of stories about the region. Rolton also spends time relaxing with her cat. She’s discovered it’s nice to have an animal nearby that doesn’t have a fishhook in its mouth. — *Donalee Moulton, Halifax*