

## Nurse practitioners now able to work across Canada

With the passage of new regulations in Prince Edward Island, legislation now exists across Canada allowing nurse practitioners (NPs) to work.

All the provinces and 2 territories have passed new legislation. In the Yukon, where nurses have worked as NPs for many years, the Registered Nurses Act is broad enough to cover the extended practices of the NP.

An NP is a registered nurse with additional education in health assessment, diagnosis, treatment and management of illnesses and injuries (Box 1). Qualifications vary across Canada, but typically baccalaureate-trained RNs take additional university courses and have at least 2 years of on-the-job training. More than 20% of NPs have a master's degree.

"An NP is not a substitute or replacement for the family doctor," says Madge Applin, manager of legislation and regulation at the Canadian Nurse Practitioners Initiative. "The ideal way of using the collected knowledge and skills of an NP and doctors is having them work together in a team-based environment where competency and skills are matched to the patient's needs."

The initiative, a Canadian Nurses Association (CNA) project with \$8.9 million in funding from Health Canada's Primary Health Care Transition Fund, is developing a national framework to integrate NPs into primary health care. Its final report this spring will include recommendations on the standardization of the licensing, testing and role of the NP, plus regulations and legislation on their practice, core skill set and education.

NP initiatives began appearing in the 1970s but mostly disappeared by the early 1980s. In the past decade there has been renewed interest from provincial and territorial governments in using NPs to improve access to primary health



Canadian Nurses Association

Dr. Mary Gordon and nurse practitioner Sandra Cooper have collaborated for more than 3 years at an Ottawa sexual health clinic.

care, especially in remote communities and areas with physician shortages.

"An NP could care for non-emergency patients who are [in emergency departments] simply because they don't have access to primary care," says Applin.

In 2004, there were 878 licensed NPs in Canada, up by more than 20% from 2003, according to a September 2005 report from the CNA and the Canadian Institute for Health Information.

According to the report, 71% of these nurses say they work as NPs, 9% as staff or community-health nurse, 4% as instructor, professor or educator, and 3% as manager. Nearly a quarter (23%) of NPs worked in hospitals, and 45% worked in the community-health sector.

But as one PEI community clinic found recently, it's not always easy to mix the practice of doctors and NPs. Last summer, the PEI Health Department ended a pilot project to integrate NPs into a community clinic in O'Leary.

"The practitioners didn't understand where they stood with each other," explains Dr. Kathryn Bigsby, past-president of the Medical Society of PEI.

The Association of Registered Nurses of PEI agrees that the difficulty with that pilot was the lack of rules and regulations governing practice. "It did move us forward though," says Executive Director Becky Gosbee.

Bigsby agrees that the regulations were well considered, but PEI physicians still have mixed feelings about the need for NPs. Some are excited at the possibility of doing business differently, but others see the introduction of NPs as cause for concern about the government's commitment to increasing the number of family physicians.

PEI has a shortfall of 18 doctors; 200 physicians now practise on the island. Meanwhile, 6 NPs are "ready to go" in PEI says Gosbee.

In 2003, the Ontario government hired 117 NPs to help improve access to health care in rural and remote areas.

Linda Jones, an Ottawa NP for 21 years, says misunderstandings can be averted if roles are made clear. "Once there's an understanding that we're not doctor replacements, we complement each other's roles, then there's a lot of goodwill in a relationship," says Jones.

**Box 1: What does a nurse practitioner do?**

- Diagnose and treat common illnesses and disorders, such as colds, ear infections and the flu.
- Do follow-up care for patients with chronic problems, such as asthma, hypertension and cardiac care.
- Order and interpret the results of relevant screening and diagnostic lab tests, such as ultrasounds or mammograms.
- Prescribe (as defined by their jurisdiction's legislation) certain drugs, such as antibiotics for an ear infection.
- Focus on health promotion, disease prevention and involvement of the patient and family in their care.

Nurse practitioners can work autonomously, from initiating the care process to monitoring health outcomes, in collaboration with other health-care professionals.

Source: Canadian Nurse Practitioners Initiative.

When NP Sandra Hooper approached Dr. Mary Gordon about setting up a 6-month pilot program at the Sexual Health Clinic run by the City of Ottawa, she met no resistance. “She was actually quite receptive to the idea. She had worked in the past with NPs and enjoyed their roles.”

Staff were concerned about “role ambiguity” midway through the pilot so Hooper worked with staff to clarify the scope of practice for NPs. Hooper now works at the clinic and its satellite clinics in high schools full-time.

Her advice to others considering setting up a collaborative practice is to clarify roles and scope of practice. “We’re not trying to be mini-doctors,” she says. “We do have expectations of regular consultations. Anything outside our scope of practice, we have to consult.”

NPs are covered under liability insurance from either the CNA or their own regulatory body. The Canadian Medical Protective Association and Canadian Nurses Protective Society have signed a joint statement about liability. — Janis Hass, Ottawa

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## For-profit clinic founder is CMA’s new president-elect

**B**C physicians have elected the medical director of a private, for-profit clinic as the president-elect of the CMA.

Pending ratification at the CMA General Council in August, Dr. Brian Day, founder of the Cambie Surgery Centre in Vancouver, will serve as CMA president 2007–2008. The CMA presidency rotates among all the provinces, and members of each provincial medical association vote on the position when their turn arrives.

In 1996, Day, an orthopedic surgeon, founded the Cambie Centre, which treats patients willing to pay out-of-pocket, or those who are covered by third-party insurance or government plans, such as the Workers’ Compensation Board or the RCMP. Those organizations pay for the clinic’s services to avoid waits in the public system.

Day ran on a platform that included the need for doctors to have a greater say in reforming the health care system, and chastised governments for their “bullying” behaviour.

“We and our patients have suffered at the hand of governments. For 20 years they have tried to fix the system and failed. Now it is our turn,” Day states on his Web site ([www.brianday.ca](http://www.brianday.ca)). “The exclusion of market forces has allowed increased demands for services to coincide with decreased practice revenue for physicians.”

Day has previously stated that private health care should complement, but not replace, the public system. But Day was not a one-issue candidate, he told *CMAJ* in an interview.

“I think people voted for me because they support change. There’s a lot of discontent with the way the government has allowed the massive shortage of family doctors to occur,” he said.

The president of the BC Medical Association was one of 6 candidates who ran in the CMA election. Dr. Michael Golbey says he believes the surgeon won the election because “it just reflects the frustration that doc-

tors in BC have in getting care for their patients.”

“He comes along with a different way of looking at things and people just latched on to that,” says Golbey.

Day is a well-respected figure in the medical profession who has spoken to audiences around the world and has been “extremely persuasive,” says Golbey.

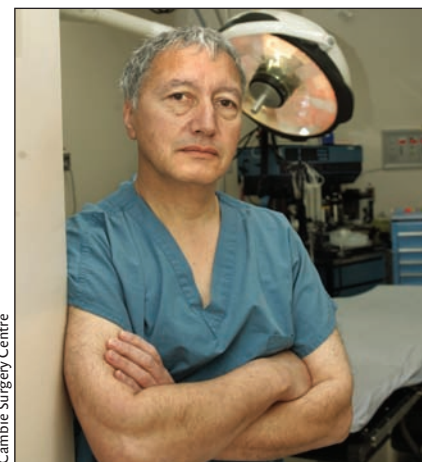
Day’s position is “different” from what CMA’s General Council has said over the years, and the president of the CMA is bound by what’s decided at General Council, Golbey pointed out.

“He will absolutely bring a different perspective to the CMA.”

However, “Dr. Day’s solutions will not provide the relief that the Canadian public seeks,” stated Dr. Sacha Bhatia, spokesperson for the New Health Professionals Network (NHPN), which represented 25 000 new health professionals. “On the contrary, they will only serve to make profits for some health care entrepreneurs and bring some richer patients to the front of the line while decreasing access to health care for the majority of Canadians.”

The fact that Day got only 17% of the total vote in BC “suggests that his ideological message does not have overwhelming resonance,” stated the NHPN.

Day says that given Quebec’s white paper calling for private health insurance for elective surgeries, Alberta’s plan to introduce a “Third Way” and the BC Throne Speech calling for an update to the Canada Health Act,



Cambie Surgery Centre

Day: “[W]e have the potential to design the best health system in the world.”