



Position Statement

Nurse Practitioners in Primary Care

It is the position of the British Columbia Nurse Practitioner's Association (BCNPA) that British Columbians should have a Primary Health Care system that provides high quality care that:

- Is accessible, regardless of age, health status, geographic or other socioeconomic barriers.
- Is patient and community focused, engaging patients and communities as partners in decision making about their health and health care.
- Emphasizes health promotion and prevention of illness as well as managing health problems, and takes a holistic view of factors that contribute to health.
- Is efficient, affordable and utilizes effective technology and health care delivery systems such as collaborative interdisciplinary teams.

It is also BCNPA's position that all British Columbians should have the option to access primary care from a Nurse Practitioner (NP). NPs can and should be integrated into primary care settings to improve health care access, efficiency and quality. Current evidence is that primary care delivered by NPs provides:

- Health care services from a holistic nursing perspective. In BC, NPs are autonomous practitioners whose practice integrates nursing knowledge with reserved functions such as diagnosing and treating acute and chronic disease.
- Partnering with patients, families and communities to influence health promotion practices, enhance disease prevention and contribute to better self-management of chronic diseases.
- Treatment for people with complex health care needs and/or socioeconomic situations, in collaboration with other health care providers, on interdisciplinary teams.

Background and Rationale

1. In 2005, the Ministry of Health introduced Nurse Practitioners to British Columbians to improve access to primary health care especially in areas of chronic disease management, health screening and primary prevention. (BC MOH, 2011)
2. NPs in British Columbia have completed a Masters or Doctoral degree in nursing. NPs are required to complete both a written exam and an Objective Structured Clinical Exam (OSCE) to be licensed to practice in B.C. (CRNBC, 2012)
3. NPs must meet the College of Registered Nurses of British Columbia (CRNBC) annual continuing competency requirements including self and peer evaluation and continuing medical education, in order to maintain active registration (BCNPA, 2011; CRNBC, 2012)
4. Patients report a high level of satisfaction with primary care provided by NPs. They appreciate the extra time that NPs typically spend with them and NPs' expert communication skills (Cassidy, 2012; Dicenso, & Bryant-Lukosius, 2010; Sangster-Gormley, 2010).

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5. NPs provide care that reduces costs, lengths of stay and wait times. Timely access to primary care, including assessment, diagnosis and treatment, reduces costs in the care of patients with complex and chronic illnesses, which reduces the need for emergency department visits and admissions to hospital. (AANP, 2010; Cassidy, 2012; McMaster University, 2012; Newhouse et al, 2011; Nurse Practitioners Association of Ontario, 2011; Sangster-Gormley, 2010)

Glossary

- **Autonomous** – As autonomous practitioners, NPs in BC are registered to provide health care within a scope of practice that is defined and regulated by the College of Registered Nurses of BC (CRNBC) and they are liable for their own practice. (DiCenso, et al, 2010)
- **Interdisciplinary team** – A team of several different types of health care professionals who integrate their knowledge and expertise to develop solutions to complex problems in a flexible and open minded way. Effective collaboration within interdisciplinary teams requires respect, trust, a mutual understanding of one another's roles, a willingness to negotiate role functions based on the team's goals, a non-hierarchical dynamic and a perception that all team members are gaining more than they are losing (Dicenso & Bryant-Lukosius, 2010; Nolte, 2005)
- **Nurse practitioner** - Nurse Practitioners are registered nurses with additional Masters or Doctoral level education and experience, NPs possess and demonstrate the competencies to autonomously diagnose, order and interpret diagnostic tests, prescribe pharmaceuticals and perform specific procedures within their legislated scope of practice. The Canadian Nurses Association describes the NP role as being derived from blending clinical diagnostic and therapeutic knowledge, skills and abilities within a nursing framework that emphasizes holism, health promotion and partnership with individuals and families, as well as communities. NPs are positioned, due to their education and experience, to uniquely function both independently and collaboratively within a variety of settings across the continuum of care. (Canadian Nurse Association, 2011)
- **Primary Care** - "Primary care is that level of a health system that provides entry into the system for all new needs and problems, provides person-focused (not disease-oriented) care over time, provides care for all but very uncommon or unusual conditions, and coordinates or integrates care provided elsewhere or by others." (WHO, 2010)
- **Primary Health Care**-Primary health care is health care received in the community, usually from family doctors, community nurses, staff in local clinics or other health professionals. It should be universally accessible to individuals and families by means acceptable to them, with their full participation and at a cost that the community and country can afford. (WHO, 2010)

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