

Commentary

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Ruth Martin–Misener is cautiously optimistic that nurse practitioners (NPs) will be fully integrated into the Canadian health–care system in the long term. She describes numerous recent Canadian studies that show that NPs are making a difference and highlights the landmark randomized controlled trials of NPs conducted in Canada 35 years ago demonstrating their safety and effectiveness.

Martin–Misener reminds us about the Canadian Nurse Practitioner Initiative (CNPI) vision of a renewed and strengthened primary health care system that fully recognizes NPs and utilizes them to promote the health of all Canadians. The needs of the population must be the driving force behind NP integration. While physician shortages have historically prompted the development and introduction of NP roles in both acute-care and primary health care settings, the important complementary role that NPs play as members of interdisciplinary teams is becoming apparent. Now licensed in all provinces and territories, NPs are essential providers within the system regardless of the supply of physicians.

Martin–Misener outlines several barriers related to legislation/regulation and the education and practice of NPs. In British Columbia we have experienced all of these challenges. Initial legislation and regulation specific to the scope of NP practice was very broad and enabling. However, in the intervening years — consistent with Martin–Misener’s observation — British Columbia has been slow to make other legislative changes that would facilitate the work of NPs, such as their ability to process clients requiring long-term disability care or to admit and discharge acute-care clients.

Despite continuing legislative barriers, NPs have been able to optimize their scope of practice in a wide variety of acute and primary care settings. Part of that success is related to the funding model that British Columbia developed for the first 3 years of implementation, in which monies to support NP positions and practice flowed from the government to each of the six health authorities in the province. Unfortunately, this funding model is not seen as sustainable for new positions and the government is currently exploring other funding options. The lack of stable, ongoing funding is a threat to the continued successful implementation of NPs in British Columbia.

The autonomy of NPs and the substantial overlap with physicians in terms of their scope of practice can cause tension between the two pro-

fessions (Baerlocher & Detsky, 2009). Thornhill, Dault, and Clements (2008) summarize a decision support synthesis by Barrett, Curran, Glynn, and Godwin (2007) on interprofessional collaboration and state that the real and underlying challenge to interprofessional collaboration is a cultural one: “Effective collaboration requires a rapprochement from all of the major healthcare professionals, something often limited by the fact that each has its own history and traditions” (p. 15). Thornhill et al. suggest that addressing these deep-rooted issues requires strong, consistent leadership; readiness on the part of the providers to consider different ways of doing things; an environment of trust and respect; and interprofessional education and training before and after entry to practice and across the continuum of care. Collaboration with all team members is critical and the discussion should not be limited to NPs and physicians.

We are confident that full integration of the NP role can be achieved. However, this will require vigilant and committed leadership at all levels. As noted in the Canadian Nurses Association’s (2009) progress report on the CNPI recommendations, although progress has been made, there continues to be a need to establish the master’s degree as the required credential for entry into NP practice, to standardize mechanisms for addressing legislation that impedes effective practice, to develop true collaborative practice models with appropriate and sufficient funding, and to conduct research and develop communication and marketing strategies aimed at clarifying the NP role.

References

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