

Nurse Practitioners

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BCMA Position

- *The BCMA welcomes building a collaborative relationship with nurse practitioners (NPs) as part of a multidisciplinary approach to the provision of health care in BC.*
- *To ensure the optimal integration of NPs in BC's health care system, the BCMA recommends:*
 - *Collaborative care teams as the preferred model for NP integration.*
 - *Scope of practice and roles of NPs be clearly defined and understood by each collaborative care team member. Discussions surrounding potential expansion of NP scope of practice should include meaningful physician consultation.*
 - *Standards of practice for NPs ensure there is evidence of sufficient training and demonstrated expertise; must be ethical, appropriate, and consistent with the best available scientific evidence; and must protect the quality of care and safety of patients.*
 - *A formal analysis of the economic impact of NP integration be conducted and should examine the differences in remuneration models, scope of practice, and workload, in the context of BC's health care structure.*

Background

Definition. NPs are registered nurses (RNs) with additional education at the Master's degree level who have an expanded scope of practice over traditional RN roles [1]. They are required to complete both a written exam and an Objective Structured Clinical Exam. Ongoing competency is measured by annual self-appraisal and a professional practice review occurs every five years [2].

In 2005, the Ministry of Health introduced NPs in BC to fulfill additional roles in areas such as chronic disease management, health promotion, and disease prevention [1]. NPs are employed in a variety of health care settings in the delivery of both primary and secondary care, including community-based public health.

Scope of practice. The College of Registered Nurses of BC (CRNBC) is responsible for setting the standards of practice and for licensing NPs in BC. The scope of practice for NPs in BC is outlined in the *Health Professions Act* [3]. As NPs are independent health care providers, they carry additional liability insurance administered through the CRNBC as required for their scope of practice [4]. NPs must also meet standards for

diagnosis and patient care management, prescribing, and physician consultation and referral.

Experiences with NPs. NPs in BC can practise in one of three streams: family, adult, or pediatric [5]. They provide services from a nursing perspective [5] in areas such as patient education, health promotion, and disease prevention. At some US sites, NPs are used as care coordinators, case managers, and research coordinators [6]. In BC, examples of NP integration into fee-for-service (FFS) family practices demonstrate that collaborative models can increase patient access to care and improve patient and provider satisfaction [7]. Studies reveal that patients are satisfied with the care provided by NPs [8].

A 2011 Ipsos Reid survey reveals that 62% of British Columbians want a physician to be their first point of contact compared to 12% for a NP, and 78% indicate that they want their family doctor to coordinate their overall health care compared to 7% for NPs.

It has been suggested that NPs can be a cost-effective alternative to physicians [9-11]. While NP salaries may be lower, savings may be offset by lower productivity and less efficient use of resources [8, 12].

In BC, there is no evidence that demonstrates NPs are a cost-effective alternative to physicians. In order to accurately determine the economic impact of integrating NPs, a formal analysis in BC is required. This analysis should examine the differences in remuneration models, scope of practice, and workload, in the context of BC's health care structure.

Currently in BC, NPs are paid on average, a salary of \$98,000 [13] and receive a comprehensive benefits package. Unlike physicians, NPs working in primary care clinics do not have overhead expenses such as office rent, administrative staff salaries, and utilities. Full-time NPs see 7-14 patients per day [14, 13].

In comparison, most general practitioners (GPs) in BC are paid on a FFS basis. After overhead costs, which account for 41.5% of their gross income [15], GPs earn an estimated \$117,000, while seeing on average 21 patients per day [16].

Analysis

In 2012, the provincial government budgeted \$22.2 million to hire 190 NPs over the next three years. The BCMA appreciates the opportunity to work with government and NPs to ensure appropriate NP integration through a collaborative care approach. With the intent of achieving optimal patient care, the BCMA's preferred model is a collaborative care team, whereby physicians provide clinical leadership and are responsible and accountable to patients. Greater collaboration between health care providers is essential to reduce fragmentation and enhance the quality and safety of care provided to patients [17].

NPs should be seen as complementary rather than as substitutes for physicians. The skills and training NPs have can make them valuable members of a collaborative care team. However, the practice of NPs is grounded in the knowledge and theories of professional nursing practice [5], differentiating them from physicians. By virtue of their broad and diverse knowledge, intensive training, and clinical experience, physicians have a unique appreciation of the full spectrum of health and health care delivery [17].

In order to build trust and respect within a collaborative care team, health care providers must understand and respect the professional responsibility, knowledge, and skills associated with their scope of practice within the context of the team [17]. A case study of NP role implementation in BC identified that not involving key stakeholders, such as physicians, created barriers to

integrating NPs in primary care settings [18]. The same study indicated clearly identifying intentions for the NP role, including how the role is defined and the goals and outcomes expected, could lead to better NP integration [18]. As such, the BCMA recommends that the scope of practice and roles of NPs be clearly defined and understood by each collaborative care team member. In addition, discussions surrounding potential expansion of NP scope of practice should include meaningful physician consultation.

References

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