The 2003 Health Accord prioritized timely access to family and community care through primary health care reform for all federal, provincial, and territorial governments. In the Accord, the first ministers set an objective that 50% of Canadians would have access to a health care provider for 24 hours daily, 7 days weekly, by 2011. The contribution of nurse practitioners, who provide health services to communities, families, and individual patients, in collaboration with physicians and other health care professionals, is crucial to achieving this goal.

A nurse practitioner is a registered nurse with additional education in health assessment, diagnosis, and management of illness and injuries (including prescribing medications within specific standards and conditions, as outlined in provincial and territorial legislation). Nurse practitioners provide a range of health services to people of all ages and focus on health promotion and prevention. They can provide care in diverse health care settings, from community clinics and health care centres to hospitals, medical practices, nursing homes, and private homes.

The nurse practitioner profession emerged 30 years ago, but it was not until the 1990s, when health system renewal became a priority, that interest in the role of nurse practitioners was rekindled. This renewed interest led to much activity; many provinces and territories pursued various approaches to education, licensing, and defining scope of practice. All provinces and territories currently have nurse practitioner legislation in place or pending.

**Pan-Canadian approach**

The Canadian Nurse Practitioner Initiative (CNPI), led by the Canadian Nurses Association and funded by Health Canada, is now in its final year of developing a pan-Canadian framework for the sustained integration of nurse practitioners in primary health care. The CNPI focuses on five component areas: legislation and regulation, practice and evaluation, education, health human resources planning, and strategic communications and change management.

The CNPI has been actively analyzing issues, involving a large group of stakeholders, and developing tools to further sustain the role of nurse practitioners in the future. In CNPI’s phase 1, an environmental scan was commissioned to inform the broader consultative second phase. In phase 2, a total of eight round-table discussions were held across the country for more than 190 stakeholders, who included physicians, employers, government representatives, educators, and other health care professionals. In addition, a public opinion poll measured Canadians’ awareness of nurse practitioners in the health system, and the first-ever Canadian Nurse Practitioner Core Competencies Framework was published. The Blueprint and Prep Guide for the Canadian Nurse Practitioner Examination: Family/All Ages have been developed and specify how the 78 core competencies for nurse practitioners will be measured in a pan-Canadian examination.

These findings and recommendations from the environmental scans and round tables (phases 1 and 2) were integrated with feedback from expert workshops to create frameworks for action in each of the five components. The pan-Canadian framework will be completed and released next spring.

Many family physicians who have worked with nurse practitioners have spoken in their support. Family physicians have expressed enthusiasm for having more time to spend with patients and to focus on more complex cases because of nurse practitioner’s contributions. For example, nurse practitioners can order and interpret the results.
of relevant screening and diagnostic laboratory tests, such as ultrasound examination or various blood chemistry samples. They can also work autonomously, from initiating care to monitoring health outcomes.

**Liability protection**

Physicians have raised some concerns, for example, over liability and collaborative remuneration models. Concerns about liability have been addressed through a joint statement on liability protection for nurse practitioners and physicians in collaborative practice by the Canadian Medical Protective Association and the Canadian Nurses Protective Society. The joint statement is linked on CNPI’s website at [www.cnpi.ca](http://www.cnpi.ca). Other global issues will be worked through as the need for multidisciplinary teams continues to grow. Legislation will alleviate some concerns, and steps are already being taken to address gray areas.

**Funding**

Health care professionals can also learn from the many local initiatives across Canada that have attained funding models beneficial for all involved. For example, the Enhancing Interdisciplinary Collaboration in Primary Health Care Initiative aims to facilitate more interdisciplinary collaboration and is looking at ways for health care professionals to work together in the most efficient and effective way. As with any new approach, there is always a transition period, but CNPI’s focus remains on improving team-based approaches and finding solutions.

**Family physicians’ consultation and advocacy**

Advancing the role of nurse practitioners depends on partnerships and collaborations from all health care professionals. Family physicians are key stakeholders and advocates; they have been consulted throughout the process. They continue to offer insight and play a critical role. With this momentum and continued support, nurse practitioners’ presence will be expected in the near future in communities and family practices throughout Canada.

For more information about the CNPI or to share your thoughts, visit [www.cnpi.ca](http://www.cnpi.ca) or contact Brenda Reilly, Project Specialist, Communications and Change Management, at breilly@cna-aiic.ca.

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**Bulletin Board**

**Continence Foundation website**

The Canadian Continence Foundation has a new and improved website that can be accessed at [www.continence-fdn.ca](http://www.continence-fdn.ca).

**Essential action plan for health care workers**

*A Canada Fit for Children* is an official Government of Canada document developed in response to the 2002 United Nations Special Session on Children. The document is designed to be used as a basis for collaborative action by all who work with or care for children or adolescents. Those who advocate for better health for children and adolescents now have an important resource to support their advocacy. This national action plan, produced with input from Canadians from every sector of society and from the Canadian Paediatric Society, calls for enhancing early childhood development; supporting parents and strengthening families; improving income security for families; promoting healthy adolescent development; and creating safe, supportive, violence-free communities. *A Canada Fit for Children* is available at [http://www.sdc.gc.ca/en/cs/sp/sdc/socpol/publications/2002-002483/page00.shtml](http://www.sdc.gc.ca/en/cs/sp/sdc/socpol/publications/2002-002483/page00.shtml)