

THE NURSE PRACTITIONER

CNA POSITION

A nurse practitioner (NP) is an advanced practice nurse¹ whose practice is focused on providing services to manage the health needs of individuals, families, groups and communities. The NP role is grounded in the nursing profession's values, knowledge, theories and practice and is a role that complements, rather than replaces, other health care providers. NPs have the potential to contribute significantly to new models of health care based on the principles of primary health care (PHC).

NPs integrate into their practice elements such as diagnosing and treating health problems and prescribing drugs. NPs work autonomously, from initiating the care process to monitoring health outcomes, and they work in collaboration with other health care professionals. NPs practise in a variety of community, acute care and long-term care settings. These include, but are not limited to community health centres, nursing outposts, specialty units and clinics, emergency departments and long-term care facilities.

The Canadian Nurses Association believes a NP's practice requires in-depth knowledge of nursing gained through additional clinical practice, education and experience. The completion of graduate education in nursing is the most effective means of acquiring NP competencies. A formal graduate degree in nursing covers the growing theoretical base of nursing, evaluates and documents nurses' achievements and promotes nursing research and the incorporation of new knowledge into practice. A graduate degree also provides a credential that can be evaluated for equivalency across jurisdictions.

CNA believes the NP role has the potential to contribute significantly to resolving some of the current health care issues, such as access to, delivery and coordination of services and improvements in health outcomes. Carefully thought out, appropriate approaches to implementing the NP role will foster this contribution and help to sustain the nursing work force. To maximize and sustain benefit to the health care system, the NP role must be formalized through the availability of appropriate education, supportive legislation and remuneration mechanisms.

CNA recommends that governments, policy-makers, employers, unions, regulatory bodies, nursing organizations, education providers and other health professionals work together to achieve a national, coordinated framework. This framework would guarantee a coordinated approach to ensure effective integration of the NP role into the health care system, facilitate competency verification, enhance labour mobility for NPs, strengthen educational programs and foster research that contributes to evidence-based practice.

Background

Stakeholders, including the Federal/Provincial/Territorial Advisory Committee on Health Human Resources, are studying issues concerning the most effective utilization of nurses. Research confirms that NPs improve the public's access to high quality care at cost savings to the system.² Most provinces and territories are considering or are at various stages of introducing a NP role.

¹ For the purpose of this position statement, the term "nurse" refers to a registered nurse.

² Examples of studies showing cost-effectiveness, quality care and excellent client outcomes by NPs include: Feldman, Ventura and Crosby, 1987; McGrath, 1990; Mundinger, 1994; Mundinger, Kane, Lenz, Totten, Tsai, Cleary, et al., 2000; Kinnersley, Anderson, Parry, Clement, Archard, Turton, Stainthorpe, et al., 2000; Shum, Humphreys, Wheeler, Cochrane, Skoda and Clement, 2000.



Provincial/territorial nursing regulatory bodies are responsible for the regulation of all registered nurses (RN), including NPs. Regulation allows NPs to practise as autonomous and collaborative practitioners.³ Only RNs who demonstrate the competencies for NP practice and meet the regulatory requirements of the respective regulatory body should use the title “nurse practitioner.” Regulatory bodies determine whether or not to pursue title protection in legislation.

In Canada, there is wide variability as to entry-level requirements for NPs. Because of the lack of NP educational programs in the 1980s and 1990s, some nurses have acquired NP competencies through a combination of experience and a variety of educational programs. There is a growing consensus in the international nursing community that the NP role is an advanced nursing practice role and, accordingly, the appropriate educational preparation is at the graduate level.⁴ Many nursing groups in Canada support this position, while acknowledging the importance of recognizing the expertise that currently exists in the nursing community.

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³ Autonomy describes ultimate accountability for practice. Collaboration implies the use of the expertise of all members of the health care team. One can be autonomous and collaborative at the same time (Arcangelo, Fitzgerald, Carroll and Plumb, 1996).

⁴ (International Nurse Practitioner/ Advanced Practice Nursing Network, 2001; Royal College of Nursing Australia, 2000; Barton, Thome and Hoptroff, 1999).



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Replaces:

CNA Position Statement: *The Nurse Practitioner* (2002)

Also see:

CNA Position Statements:

- *Educational Support for Competent Nursing Practice* (1998)
- *Financing Canada's Health System* (2001)
- *Framework for Canada's Health System* (2000)
- *Nursing Professional Regulatory Framework* (2001)
- *Quality Professional Practice Environments for Registered Nurses* (2001)

CNA Fact Sheets:

- *The Primary Health Care Approach* (2000)
- *Nurses as First Call* (2000)
- *Cost-effectiveness of the Nurse Practitioner Role* (2002)
- *Development of the Nurse Practitioner Role Around the World* (2002)
- *Legislation and Regulation of Nurse Practitioners in Canada* (2002)
- *Funding for Nurse Practitioner Role in Canada* (2002)
- *Legislation, Regulation and Education of the Nurse Practitioner in Canada* (2003)