

Nurse Practitioners and Issues for the Yukon

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Nurse Practitioners

The concept "Nurse Practitioner" is not new. In the 1970's there was a move towards developing the role in Canada, mainly because there was a perceived shortage of physicians. Although research showed positive findings in terms of quality of care, cost effectiveness, client satisfaction and nurse practitioner and physician satisfaction, the initiative ended for a variety of reasons, including a perceived oversupply of physicians and lack of formalization of the role legislatively. However, many employers have continued to hire nurses into these types of roles, providing them with criteria and guidelines within which they can operate. In the United States and in some areas of Canada, nurse practitioners are well established.

In the 1990's, there was a renewed interest in the nurse practitioner role in Canada, stemming from the desire of governments to use health human resources more effectively and to improve access to primary health care. All the provinces and territories of Canada except the Yukon have introduced, or are in the process of introducing, regulatory mechanisms to provide nurse practitioners with additional authority to diagnose and treat health problems and prescribe drugs – responsibilities which are not part of the normal practice of other registered nurses. These are health services that fall within the scope of nursing practice, but not within the scope of all registered nurses. Nursing and other health legislation in most provinces and territories did not facilitate the practice of these health services by nurses, hence the development of additional regulatory mechanisms. In some provinces, such as Newfoundland and Ontario, nurse practitioners have been practising under such regulatory structures for a number of years.

This renewed move towards developing the role has a more positive motive this time round as nursing regulatory bodies and individuals and organizations with a

better understanding of the role have been highly active in the process. There is a better understanding that the nurse practitioner's practice is strongly grounded in nursing and that the nurse practitioner is not, nor wants to be, a physician replacement, although that misunderstanding still exists to some extent. The nurse practitioner is an autonomous health professional who works in collaboration with other health care providers. Today, there is a better awareness that health care is constantly evolving and that the roles of professionals must correspondingly evolve. There is also a greater acceptance of, and understanding for, the need for overlapping scopes of practice which recognize the different approaches of different health professionals in order to provide effective, efficient, comprehensive, timely and sensible health care to the public.

With these developments in the provinces and territories, it has become urgent that there be some national framework so that there is consistency across the country in terms of regulation, role, education and public understanding. Although the provinces and territories are responsible for regulation within their own jurisdiction, a national framework is necessary for the reasons mentioned and also for ease of mobility of practitioners between jurisdictions. The majority of provincial and territorial governments support this. Other health professions and employers are also reacting favourably.

A great deal of work has taken place over the last five years in order to bring as much consistency as possible to the development of the nurse practitioner role across the country. Given that different jurisdictions are at different stages (some already have regulations, some are just developing them; some have educational programs and standards in place, some do not) this has been less than straightforward. However, led by the Canadian Nurses Association

(CNA) a number of working groups, which have included representation from the Yukon Registered Nurses Association (YRNA), have been able to develop a national framework for nurse practitioner competencies and to consolidate key elements related to regulating nurse practitioners. This will provide some consistency across Canada. A regulatory framework developed and approved by the CNA and the regulatory bodies has been used in some jurisdictions to guide the development of their regulatory approach. All registered nurse regulatory bodies have endorsed the need for a national exam. In fact, as some of their governments have provided deadlines for the introduction of nurse practitioner practice in their jurisdictions, this has become a priority for them. It is necessary to have a mechanism with which to assess the qualification of nurse practitioners and it makes sense to have one national exam for reasons of consistency and economics. At this time, CNA is well into the process of developing this exam in consultation with stakeholders and it is expected that the first sitting will be in 2005.

Community Health Nurses in Rural Yukon: Past and Present

Yukon and other remote, northern areas have had nurses practising in small communities as the sole health care provider for years. Their practice has included the diagnosis and treatment of illnesses; activities which the majority of nurses have not traditionally carried out. The *Registered Nurses Profession Act* (the Act) was passed in the Yukon in 1992 and enacted in 1994. This legislation established YRNA as the self-regulatory body for registered nurses in the Yukon and gave the association the privilege and authority to develop the appropriate mechanisms of self-regulation. Very aware of the reality of the practice in remote areas, those who designed the Act ensured that it included a broad enough definition of nursing to provide registered nurses with the authority to provide health services such as diagnosing and treating health problems and prescribing drugs. This means that nurses in the Yukon, whether in rural communities or any other setting, can legally practise to the full scope of their abil-

ity and expertise. Because the definition of nursing in the Act enables such broad practice, the Yukon has not moved towards establishing separate regulations for nurse practitioners.

Prior to the transfer of responsibility for health services from the Federal Government to the Territorial Government in 1997, registered nurses in the rural communities (Community Health Nurses) were employed by Medical Services Branch (M.S.B.) of Health Canada. These nurses, with additional northern clinical education, worked in an expanded role following M.S.B.'s *Scope of Practice for Community Health Nurses*. After the transfer, the Department of Health and Social Services of the Government of Yukon became the employer. The department continued to look for nurses with appropriate additional education and adopted the aforementioned M.S.B. *Scope of Practice for Community Health Nurses*. In 1998 the job title of the nurses in the communities was changed to Community Nurse Practitioner, in order to reflect the additional responsibilities of these nurses and the autonomous nature of their practice. Registered nurses working at Communicable Disease Control, who also work in an expanded role following the Yukon Government policy and M.S.B. Scope of Practice, also had their job title changed to Nurse Practitioner. Both of these groups of nurses subsequently had their jobs re-classified to a higher category (and correspondingly a higher salary level) than other registered nurses employed by the territorial government.

The Department of Health and Social Services has consulted YRNA on the use of M.S.B.'s Scope of Practice document as a way of guiding the practice of the nurses in the communities and at Communicable Disease Control. YRNA has been supportive of this and has continued to emphasize that the Act provides the appropriate authority for nurses practising in these roles and that there is no legal requirement for additional regulations and separate rosters. Legal opinion sought by the government in 1995 stated that the definition of nursing in the Act was broad enough to encompass activities such as diagnosing and treat-

ing illness and prescribing drugs. Other jurisdictional registered nurse regulatory bodies have expressed their envy that the Yukon has the broad definition of nursing in the Act and that we have not had to resort to separate regulations for nurses working in these expanded roles which are, in the eyes of many stakeholders, nurse practitioner roles. However, there is not unanimous agreement that nurses working in Community Health Centres and Communicable Disease Control are practising as nurse practitioners. Some nurses have told YRNA that the M.S.B. Scope of Practice is not as extensive as that of a nurse practitioner and that it limits them from working to their own individual scope of practice which they have developed through education and experience. On the other hand, not all nurses who are recruited to the communities are prepared or equipped to engage in advanced practices such as prescribing.

Looking Ahead

Because of the foresight of those who developed YRNA's legislation, the association should not have to move in the direction of adopting additional regulations and separate rosters for nurse practitioners. However, it has become apparent that the status quo is not sufficient or practical in the long term. There are a number of reasons for this.

A. Consistency within the Yukon

There is increasing interest among the public, employers, other health professionals and nurses themselves in establishing nurse practitioners in arenas other than the rural communities. There are a number of areas within health care where nurse practitioners could practise in Whitehorse independently or in partnership with other health care providers. Some examples are health clinics, gerontology, palliative care and the emergency department. As the number of nurse practitioners increases in urban areas in the rest of Canada, it is likely that the demand for nurse practitioners will increase in Whitehorse. It would be untenable for each individual workplace to decide what was appropriate in the way of education, scope of practice, role, continuing competence require-

ments and other necessary guidelines. The inconsistency that would ensue would not be in the interest of public safety and would lead to confusion in all quarters. As the regulatory body, YRNA has the responsibility to work with various partners in developing a process for the safe and effective implementation of nurse practitioners.

B. Recruitment and retention of nurses in rural communities

Another reason to explore possible alternatives to the status quo at this time relates to the Yukon's ability to recruit and keep nurses in rural communities. It is well understood that we are only on the brink of a serious nursing shortage which is going to affect Canada over the next decade. When M.S.B. was the employer of Community Health Nurses, there was a large pool of qualified nurses to draw from for staffing purposes. An M.S.B. nurse employed in another part of the country could relocate to the Yukon or provide short-term relief quite easily under the umbrella of the single employer. That is no longer the case. Also, as the nurse practitioner role becomes more formalized across the country it is likely that at some point in the future most nurses working in the rural and northern areas in an expanded role will become regulated nurse practitioners. In time, it is unlikely that the provinces and territories in Canada will have anyone other than regulated nurse practitioners working in expanded roles because it will not be permissible legislatively. This means that the Yukon will be looking to formally qualified nurse practitioners from other jurisdictions to fill positions in rural Yukon. (There are already some working here.) If the Yukon wants to attract these nurses, it will be necessary to have some mechanisms in place to recognize them as nurse practitioners and to show that they have maintained their competence and met their clinical hours as nurse practitioners. If we do not do this, we will not attract them here because of the danger that they will lose their status as nurse practitioners with other provincial/territorial regulatory bodies.

C. Clarity of role/scope of practice

From time to time, Community Nurse Practitioners themselves have expressed their unease with the status quo. They see what is happening everywhere else in the country and they are concerned that they are not appropriately regulated in the Yukon. Information about the provisions in the Act and the M.S.B. Scope of Practice does not always satisfy their concerns. It is interesting to note that although the 1995 legal opinion said that nurses performing in an expanded role were covered by the Act, it did advise that a separate class of nurses be defined for reasons of clarity.

The issue of some rural nurses feeling that their practice is limited is a concern if the Yukon wants to hold on to well qualified and experienced individuals. This creates a dilemma for the employer who has to set common standards and criteria so that the public is well served and has a realistic and consistent understanding of the level of care available.

Conclusion

YRNA believes that, given local and national trends and issues, it is important to discuss the issues raised above and to explore possible solutions. As a self-regulating profession, it is incumbent on nurses themselves to prepare for the future and to provide leadership in this issue in the interest of the public. However, there are other important stakeholders who must be engaged in this debate. YRNA does not have any preconceived idea of how to resolve this issue in the Yukon. The end result may indeed be additional regulations. Or, perhaps there is a way to satisfy local and national requirements within a policy framework that does not necessitate additional regulations. Decisions on future legislative, policy and program directions must be made as the result of thoughtful and informed discussion. YRNA looks forward to working on this issue with a variety of stakeholders locally and nationally.

References

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