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## PRESIDENT'S MESSAGE

### Family practice nurses

*Unsung heroes*

Louise Nasmith, MD CM, MED, CCFP, FCFP

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Across Canada, there are thousands of family practices with registered nurses who are integral parts of the health care teams providing critical primary care services to patients.

Family practice nurses (FPNs) carry out key functions that include the following:

- advocating for and assisting patients in the health care system;
- providing health promotion, disease prevention, and health education;
- providing telephone triage;
- counseling patients about immunization and diet and other lifestyle factors;
- performing procedures such as giving injections, changing dressings, and providing ear syringing;
- providing well-baby and well-family care;
- following up on patients' laboratory tests and treatment plans; and
- assisting with completion of health records.

They are frequently the "glue" or steady presence in practices, offering stability for patients when their family physicians are absent or unavailable.

In Ontario alone there are more than 5000 FPNs, of whom 1000 have formed the Ontario Family Practice Nurses' Association (OFPN) to advocate for FPNs. This organization began in 1982 when a group of registered nurses working in family practice teaching units in London, Ont, held a conference. A few years later, the OFPN was officially established and has grown to become an Associate Interest Group in the Registered Nurses' Association of Ontario. The conference, now a biennial event attracting nurses from across the country, is held in various regions of the province and focuses on promoting high-quality practice and providing opportunities for FPNs to network and exchange knowledge and information. The OFPN has

become active politically, aiming to become recognized by the government as a branch of nursing that specializes in generalism.

In Nova Scotia, a recent survey demonstrated that FPNs work primarily in private offices and perform key functions, such as triage, health education, and immunizations. They feel isolated, unrecognized, and underpaid and are asking for greater support from government. As a result of this initiative, key stakeholders are meeting in October to validate and revitalize the work to enhance the role of registered nurses in primary health care.

In June 2006 I was invited to meet with a few FPN leaders in Toronto at their biennial conference. Instead of 2 or 3 key individuals, I was greeted by 40 dedicated nurses whose passion for their work was palpable. We discussed how the OFPN could build on existing relationships with the Ontario College of Family Physicians and some of the university departments of family medicine, and ways the College of Family Physicians of Canada could collaborate with the OFPN. We proposed several possible activities that might be beneficial, including promoting attendance of FPNs at Family Medicine Forum; speaking with chairs of departments of family medicine about academic appointments for FPNs in teaching units; developing curricula for collaborative practice; and lobbying other organizations. Leaders from the CFPC and the OFPN will meet this autumn to develop concrete strategies.

I thank Ms Marilyn Howlett, Ms Ann Alsaffar, Ms Judie Surridge, and Dr John Maxted for arranging this first encounter—the beginning of an important and fruitful relationship.

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