August 2024

Team Primary Care Nurse Summit: Proceedings of a Summit to develop a national plan for leveraging the Registered Nurse role in primary care

TPCN ESPI

Chaired by Dr. Julia Lukewich RN PhD, Dr. Marie-Eve Poitras RN PhD, Dr. Treena Klassen RN DBA, Anne-Sophie Langlois, Mireille Guérin & Dana Ryan, February 26-28 2024 | St. John's, Newfoundland & Labrador, Canada

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Informations en français

Bien que le présent rapport soit en anglais, si vous désirez des informations en français sur le Sommet ESPI, il nous fera plaisir de vous présenter les principaux éléments de ce rapport en français. Pour voir les recommandations en français, rendez-vous au https://www.poitraslab.com/formation-nationale-soinsprimaires-espi ou au https://fr.cfpna.ca/. Pour tout renseignement en français, vous pouvez nous joindre à l'adresse suivante : marie-eve.poitras@usherbrooke.ca.

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Tripartite Leadership

Canadian Family Practice Nurses Association

The Canadian Family Practice Nurses Association volunteer executive and provincial representatives work collaboratively to provide a national voice for nurses in primary care through leadership, mentorship and fostering expertise. The Canadian Family Practice Nurses Association's Canadian-wide membership base, collectively known as Primary Care Nurses, consists of Nurse Practitioners, Registered Nurses and Licensed/Registered Practical Nurses working in various Primary Healthcare models and academia. The Canadian Family Practice Nurses Association is very proud of its contributions to the advancement of primary care nursing in Canada through the development of the National Competencies for Registered Nurses in Primary Care and the recent launch of the Team Primary Care Nurse Post-Licensure Educational Program. We are recognized as an Associate Member of the Canadian Nurses Association and a proud partner of Team Primary Care.

For more information about CFPNA, visit https://www.cfpna.ca/

Memorial University

Memorial University is home to more than 18,000 students and 3,800 faculty and staff from 127 countries who learn, teach, research, create and engage. As the only university in the province of Newfoundland & Labrador, Memorial has five campuses throughout the province and one in England, with a special obligation to provide teaching, learning and research opportunities that are locally relevant and internationally significant. From classics to advanced technology, Memorial offers more than 300 certificate, diploma, undergraduate, graduate and postgraduate program options. A global network of more than 100,000 accomplished alumni strengthens Memorial's capacity and reputation for leadership in research, teaching and public engagement.

For more information about Memorial University, visit https://www.mun.ca/

Université de Sherbrooke

The Université de Sherbrooke has three campuses and offers 416 different programs, with more than 30,000 students and 8,291 staff members. UdS is renowned for its innovative spirit. It is a leading partner of senior and regional governments in fostering social, cultural and economic development. This university is at the heart of Quebec's three major research poles and stands out for the strong growth of its research activities in recent years. What's more, UdS is an exceptional place to study, work and live, offering the ideal conditions for everyone to succeed.

For more information about the Université de Sherbrooke, visit https://usherbrooke.ca

CRMUS Chair on Optimal Professional Practices in Primary Care

The team is led by Dr. Marie-Eve Poitras, a Registered Nurse and researcher in the Department of Family and Emergency Medicine at the Université de Sherbrooke. CRMUS Chair is located at the Université de Sherbrooke's delocalized site in Saguenay. The research program is supported by a framework structuring primary care, approaching it creatively through interprofessional, person-centered and knowledge-user research, as well as integrated and effective knowledge transfer.

For more information about the CRMUS Chair on Optimal Professional Practices in Primary Care, visit https://en.poitraslab.com/

Land Acknowledgment

Team Primary Care Nurse wishes to thank the people of Newfoundland & Labrador for welcoming us to the beautiful city of St. John's to host the Team Primary Care Nurse Summit. We respectfully acknowledge the land on which we held the Summit is the ancestral homelands of the Beothuk, whose culture has now been erased forever. We also acknowledge the island of Ktaqmkuk, Newfoundland, as the unceded, traditional territory of the Beothuk and the Mi'kmaq. We also acknowledge Labrador as the traditional and ancestral homelands of the Innu of Nitassinan, the Inuit of Nunatsiavut and the Inuit of NunatuKavut. We recognize all First Peoples who were on this land before us, those who are living on the land now and the seven generations to come. As First Peoples have done since time immemorial, we strive to be responsible stewards of the land and to respect the cultures, ceremonies and traditions of all who call it home. As we open our hearts and minds to the past, we commit ourselves to working in a spirit of truth and reconciliation to make a better future for all. We are grateful for the opportunity we have to provide evidence based post-licensure nursing education to primary care nurses working throughout Turtle Island. We commit to and request others to commit to recognizing, respecting and addressing the distinct health needs of all Indigenous Peoples.

A special word of thanks to our friends at First Light, St. John's Friendship Centre, for helping us on our journey to understand the truth of our historical and current relationship with the First Nations peoples of Newfoundland & Labrador and to strive towards reconciliation of our relationship. Their openness, support and willingness to kindly correct and/or prevent our missteps cannot be acknowledged sufficiently.

Finally, a special thanks to Elder Emma Reelis (nee Ford). Elder Emma lit the kuillk and said a prayer. Her warm personality and wise words helped open our event well and gave us a foundation upon which to strive for a culturally and psychologically respectful event.

Acknowledgments

Team Primary Care Nurse would like to thank all of the Summit speakers, participants, moderators, note-takers and organizers for attending and participating in this event. We appreciate everyone making the trip to Newfoundland & Labrador. We realize that some of you had to travel far distances, and we are glad you made the long journey to participate. Speakers, we thank you for your content-rich presentations and for sharing your expertise. Participants, we thank you for sharing relevant content and innovative ideas for improving primary care. Everyone's presence greatly contributed to the success of the Team Primary Care Nurse Summit. Without the engagement and excitement from everyone in attendance, the event could not have taken place. Further, thank you to everyone who contributed to the organization of this event.

We thank Team Primary Care for trusting us with the mandate to lead the proposal for the primary care nursing component of the project. We are grateful for the opportunity to be a partner in a novel and innovative initiative aimed at strengthening interprofessional education and training for primary care providers across the country. Without this partnership, we would not have been able to develop and host this Summit or create Team Primary Care Nurse.

We acknowledge Service Canada's Sectoral Workforce Solutions Program (SWSP) for its financial support, which permitted us to carry out this national project.

We would also like to thank the editors of this report, Catherine Deschênes and Sophia Myles, who helped enhance the quality of this document.

With the help of Amelie Fournier, Graphic Designer.

"The organization, coordination and delivery of the Summit last week was incredible. From the keynote speakers, to the panels and breakouts, all were facilitated brilliantly and the learnings and takeaways so relevant and significant for where we are- and of course networking is always wonderful.''

Executive Summary

Primary care serves as the entry point into the healthcare system for Canadians. The core functions of primary care, known as the '4Cs' (first contact, comprehensiveness, coordination and continuity), are crucial for delivering high quality services, reducing costs, minimizing healthcare disparities and improving overall population health (Government of Canada, 2011; Jimenez, 2021). The range of interventions delivered in primary care is extensive. For example, Registered Nurses working in primary care can provide care for people living with chronic diseases, as well as education and prevention for individuals across the lifespan. Within this structure, the nurse is a global expert who assumes responsibility for a range of nursing interventions according to the patient's different needs, thus offering a rich and diversified continuum of care. Evidence on the effectiveness of their various interventions with patients is emerging. Registered Nurses in primary care contribute to improved patient satisfaction, empowerment, quality of life and health behaviours (Lukewich et al., 2022).

Many Canadians face some difficulties regarding primary care, including access, equity and a lack of interprofessional collaboration (Lavergne et al., 2023; Tiran, 2022). There is a pressing need for health service delivery in primary care to be reimagined from an interdisciplinary perspective, where each professional practices optimally to better address patient and community needs. Primary care needs to be visible and contextualized to the community in which it is situated. In many provinces in Canada, Registered Nurses, in collaboration with family physicians and nurse practitioners, form the core of primary care teams. Emerging evidence indicates that teams incorporating nurses are better equipped to address health system issues. This results in improved access to and continuity of care, better patient outcomes and increased cost-effectiveness (Aggarwal & Hutchison, 2013; Health Council of Canada, 2009; Lukewich, Martin-Misener et al., 2022; Lukewich, Asghari et al., 2022). As primary care systems in Canada face many challenges, reinforcing primary care nursing is foundational to improve and optimize our healthcare system throughout the country.

Building on the work done by Team Primary Care Nurse in the 18-months preceding the Team Primary Care Nurse Summit in Newfoundland & Labrador, it became evident that the post-licensure education program addressed a significant gap with respect to preparing our Registered Nurse workforce for primary care practice, and there was also much more to understand about the opportunities and challenges surrounding the integration and optimization of Registered Nurses within primary care systems in Canada. Nursing leaders who organized the Summit recognized the need to work in a partnership-based approach with health policymakers, administrators, educators, researchers, patient partners, primary care providers and nursing students to engage in in-depth discussions and to reach agreement on recommendations and solutions on how to better utilize Registered Nurses in primary care to achieve high-quality patient care. Additionally, given the scarcity of evidence regarding the optimization of the Registered

Nurse role in primary care in Canada, the Summit allowed international experts to share their knowledge and collaborate with Canadian primary care stakeholders. The Knowledge-to-Action approach (Field et al., 2014) has been the frame of reference prioritized by Team Primary Care since its formation. To this end, the Team Primary Care Nurse Summit in Newfoundland & Labrador was conceptualized and planned as an integrated knowledge translation event to promote change with respect to the practice of Registered Nurses working in primary care.

This report presents the results of the Team Primary Care Nurse Summit, which took place from February 26 to 28, 2024, in St. John's, Newfoundland & Labrador, Canada. The discussions and activities that occurred during this event led to several key findings. The experts agreed that there is a lack of a clear description of the Registered Nurse role in primary care; there are difficulties with respect to recruitment and retention of Registered Nurses in primary care; there is a lack of training programs specific to primary care, primary care nursing, team-based care and for other professionals with whom they work (including patients) and there is a need for a governance structure conducive to a value-based care system that promotes equity, quality and evolution of the healthcare system.

The event was the first Canadian Summit by and for Registered Nurse practice in primary care. Overall, the Summit enhanced our understanding of the factors influencing the integration and optimization of Registered Nurses in primary care in Canada and featured various international perspectives and comparisons. We hope participants will remember the importance of taking concrete actions to strengthen and implement the strategies developed during collective discussions to promote Registered Nurses' roles in team-based primary care. In particular, participants should focus future efforts on the retention and recruitment of primary care nurses by promoting their specific expertise and the development of training and mentorship specific to primary care contexts and efforts to promote job satisfaction. The Summit participants also called for collective reflection on a method of funding primary care practices that does reflect to the contribution of all members of the interprofessional team, including Registered Nurses.

Recommendations

Educational Programs and Mentorship

1 **Incorporate primary care into nursing curricula** (e.g., specific theory course, creation of a primary care certificate, increase primary care clinical placements, simulation opportunities, integration of a residency option).

2 **Develop pre- and post-licensure educational opportunities and programs** which focus on imminent needs nationwide to strengthen and unify registered nursing practice in primary care. A supportive mentoring structure needs to be established by content experts and facilitators familiar with the realities faced by Registered Nurses in practice.

Recruitment and Retention

3 **Deconstruct myths about nursing practice in primary care** by educating and informing the Registered Nurse community about the Registered Nurses' role in this context, with the focus on the unique characteristics of primary care and skills required for Registered Nurses to work in primary care.

4 **Establish a supportive governance structure** of the profession to support Registered Nurses' job satisfaction and positive work experiences to favor Registered Nurse engagement in primary care.

5 **Encourage investment in primary care** to enable a fair and equitable funding model that values Registered Nurses, supports educational programs, and develops team-building capacity.

Role Optimization and Scope of Practice

6 **Support the optimization of Registered Nurses** in a team setting and identify the key factors influencing this optimization such as role clarity, role overlap, and collaborative practice.

7 **Define the essential services that every individual should be able to receive** from a Registered Nurse in primary care and establish common, shared definitions of nursing roles that meet these essential services.

Recommendations

Team-Based Care and Patient Engagement

8 **Develop and strengthen interprofessional collaboration and build a common language within the team.** All persons involved in the care team, including patients, must receive education about team-based care and each other's roles.

9 **Develop and promote a shared vision of team-based care.** Inform and explain this vision to every patient to encourage engagement in their own care and collaboration with healthcare professionals working in the primary care practice.

Engaging a Network of Nurses

10 **Build a mentoring community of practice** in which nurses can exchange, learn and grow.

11 **Add patient advisors** as needed for the community of practice.

What's Being Done Elsewhere?

12 **Establish a network for sharing clinical and research data** for informing best clinical practices around the world.

13 **Generate methods and approaches** for improved data collection and reporting for Registered Nurses in primary care.

14 **Establish an international network of primary care nurse stakeholders.** Leverage this network to strengthen the Registered Nurse workforce in primary care.

General Recommendations for Primary Care Organizations

15 **Foster collaboration between public health and primary care** to achieve better healthcare outcomes.

16 **All stakeholders** (patients, caregivers, clinicians, policymakers, researchers, and educators) **must be involved in establishing clear policies and educational programs** for primary care nursing and supporting interprofessional collaboration.

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Introduction

In March 2022, Service Canada issued a call for proposals for their Sectoral Workforce Solutions Program. This program aimed to assist organizations to implement industry solutions that address skills and employment needs. Projects needed to focus on addressing workforce challenges through (ESDC, 2023, par. 3):

- Training and reskilling to help workers gain new skills to meet the needs of employers and transition to in-demand jobs in key sectors;
- Helping employers, in particular small and medium-sized businesses, attract and retain a skilled and innovative workforce;
- Initiatives to help equity-deserving groups get the skills they need to find work and succeed in key sectors and/or
- Other creative solutions, standards and tools to address sectoral labor market needs.

The proposal was submitted in March 2022 and announced as successful in July 2022. The project started in November 2022 when funding was established at respective institutions.

The funding supported a collaboration between the Canadian Family Practice Nurses Association (CFPNA), Memorial University of Newfoundland (MUN) and Université de Sherbrooke (UdeS). It led to the creation of the Team Primary Care Nurse (TPCN) - Education and Practice Network. The team includes Registered Nurses (RNs), researchers, educators, health administrators and policymakers, patient partners and nursing students.

Purpose: The project aims to develop, implement and evaluate an accredited post-licensure educational program for RNs in primary care that aligns with the College of Family Physicians of Canada Patient's Medical Home (PMH) model (Appendix 2) and the Canadian Competencies for RNs in Primary Care, produced by the CFPNA. This bilingual educational program is implemented nationally and supported by a network of key stakeholders in primary care. The key objectives of the overall project included:

1. Completion of an environmental scan, consisting of a literature review and key informant consultations, to identify post-licensure education programs that deliver primary care nursing education across Canada (Lukewich et al., 2024).
2. Development and delivery of a national online asynchronous educational intervention to RNs in primary care across Canada (https://www.cfpna.ca/).
3. Establishment of a national virtual practice network of primary care nurse mentors.
4. Employment of integrated and end-of-grant knowledge translation activities to communicate the project and promote the role of RNs in primary care across Canada.

In January 2023, TPCN met in Montreal, Quebec. This kickoff meeting included a diverse group of knowledge users, including nurse educators, researchers, health policymakers and administrators

and patient partners. This two-day meeting set the stage for the integrated bilingual team to work cohesively. The outcome of this meeting included the broad themes of Canada-wide knowledge deficits for RNs working in primary care which would, in turn, form the learning module topics. TPCN developed the program content between January and July 2023. A gamification and e-learning company was engaged in September 2023 to begin the co-creation of the program content gamification. The program consists of six modules aimed at improving practices through a better understanding of the principles of interprofessional collaboration, patient partnership and the development of strategies for exercising one's role to its full scope. Module development has led to a robust understanding of the broad knowledge required by all RNs working in primary care, and the e-learning is expected to develop a strong primary care workforce that aligns with the PMH model and competencies for RNs in primary care. The modules were completed in February and launched in April 2024.

Additionally, RN facilitators (mentors) have undergone training to support the RN participants who will be taking the training. The e-learning is hosted through CFPNA and has a discussion board for the facilitators and participants to exchange knowledge.

TPCN Summit Background:

Primary care nursing is foundational to improving and optimizing our healthcare system. Building on the work done by TPCN in the 18-months preceding the TPCN Summit in Newfoundland & Labrador (NL), it became evident that the post-licensure educational program addressed a significant gap with respect to preparing our RN workforce for primary care, and there was also much more to understand about the opportunities and challenges surrounding the integration and optimization of RNs within primary care system in Canada.

Team Primary Care Nurse Summit Goal:

The goal was to develop a consensus document outlining a national plan for leveraging the RN role to transform primary care in Canada.

Team Primary Care Nurse Summit General Objectives:

1. Explore the existing landscape of RNs in primary care across Canada.
2. Facilitate the exchange of theory-based practices and evidence-based approaches related to optimizing the RN role within team-based primary care.
3. Devote special attention to the unique challenges faced by certain provinces that have been slower at implementing RNs into primary care.
4. Collaboratively draft a comprehensive plan with participants to strengthen the integration and optimization of the RN workforce in primary care and help transform primary care across Canada.

5. Identify key strategies, policies and initiatives necessary to optimize RNs' contributions to the primary care team and the broader healthcare system.

Nursing leaders who organized the Summit recognized the need to work in a partnership-based approach with health administrators and policymakers, educators, researchers, patient partners, primary care providers and nursing students to engage in in-depth discussions and to reach agreement on recommendations and solutions on how to better utilize RNs in primary care to achieve high-quality patient care. Additionally, given the scarcity of evidence regarding the optimization of the primary care nurse role in Canada, the Summit organizing committee looked to international experts to share their knowledge and collaborate. The Summit was organized to include different activities, such as plenary presentations, panel discussions and breakout sessions. A key element to realize those activities was to establish a safe space for discussions leading to improvement of primary care nursing. Much of the event focused on how to optimize RNs in the province of NL. This was what we hoped to accomplish through private, professional conversations at the Summit, and we are convinced that kicking off the Summit with a social event, such as a local traditional NL Kitchen Party, added significant value to the event and allowed for robust critical dialogue throughout the Summit. In addition, the Summit incorporated the Knowledge-to-Action (KTA) approach, which ensured that the TPCN Summit was a knowledge translation-rich event promoting change in primary care nursing practice.

This report summarizes the proceedings of the Summit and aims to:

- Provide insights into the current state of primary care nursing in Canada (i.e., includes summaries of each plenary presentation, panel discussion and breakout session).
- Outline key takeaways, best practices and recommendations discussed during the event.
- Offer a roadmap and next steps to guide the optimization of the RN role in primary care, contributing to the overall enhancement of the Canadian healthcare system.

Part 1 – Summary of the Various Activities

Summary of the Plenary Presentations

"I was so impressed by the presentations. Many were expert researchers, and those that were not were well versed in primary care nursing and/or teamwork.''

Team Primary Care: Educating Interprofessionally in Primary Care for a Hopeful Future

- Ivy Oandasan (Biography located in Appendix 5 – Speaker Biographies)

Summary of Session

How can we strengthen the primary care system in Canada to ensure quality patient care? This was the question Dr. Oandasan sought to answer in her presentation. According to Dr. Oandasan, Canada doesn't have an organized primary care system. The current system relies mainly on solo family physicians. She described primary care broadly as care that is not delivered in hospitals. The way the healthcare system was developed centered around hospitals based on treating acute illnesses and conducting surgeries provided by physicians. Now, due to an aging population with co-morbidities and complex health conditions, more care is being placed outside of hospitals and in the hands of those who provide primary care. There is a need to define the essential services every individual should be able to attain if they have access to a primary care provider but more so a primary care team. This definition can support standardization, and push for quality to drive accountability. A better definition of the scope of services could include care from cradle to grave; prevention to acute, chronic rehabilitative and palliative care and care that spans the home, long-term and even hospital care. Knowing what these services are can inform the type of training

developed across professions to prepare the primary care health workforce to deliver these services, influence primary care practice planners and emphasize the training of healthcare professionals. Dr. Oandasan highlighted that retention alone will not solve the primary care health human resource crisis we have now. Preparing primary care providers to work in teams, leveraging their complementary skills and coaching them to work interprofessionally is the work needed urgently. Dr. Oandasan also pointed to significant gaps in workforce preparation for comprehensive team-based care. She emphasized the need for interprofessional/intersectoral consensus-building across professions and provinces/territories with support from the federal government. The work will not be easy and will require attention to policies that may need to be refined to address team-based primary care training. There will need to be guidance and incentives to implement practice and education reform. Finally, Dr. Oandasan highlighted the need for a coordinated approach to scale up and disseminate lessons on how to train providers and primary care teams.

Key Messages

- Primary care needs to be better defined by consensus across professions, governments and the public.
- We are facing a primary care health human workforce crisis, and recruitment alone will not change it.
- A key mission is to “transform primary care training and education, equipping Canada’s workforce for effective team-based care”.

Next Steps

- We need to advocate that every person in Canada should be connected to a primary care team.
- There is a need for a consensus-driven definition of primary care, agreed upon by professions, provinces, territories, the federal government, educators, policymakers and the public to support a more coordinated and standardized primary care planning process.
- The PMH vision from the College of Family Physicians of Canada provides an organizational approach with key pillars to support team-based, continuous, comprehensive and coordinated patient-centered care.
- We need to support the establishment of a primary care system that requires involvement across professions, in alignment with governments in provinces/territories and federally and with providers and the public.

- We need to advocate for and implement primary care educational standards to address the gaps and support the realization of every individual in Canada's right to comprehensive team-based care.

Team Primary Care Nurse: Education and Practice Network

- Julia Lukewich (Biography located in Appendix 5 – Speaker Biographies)
- Marie-Eve Poitras (Biography located in Appendix 5 – Speaker Biographies)

Summary of Session

In this presentation, Dr. Poitras and Dr. Lukewich presented the TPCN project, which is part of the Team Primary Care initiative to enhance the capacity of team-based and comprehensive primary care. The leadership of TPCN is shared by three institutions: the CFPNA, MUN and UdeS. The goal of the project is to reinforce the nursing workforce nationwide through the development and implementation of an accredited post-licensure educational program. This educational program has been co-developed with knowledge users in response to the considerable gap in education and training available to the primary care nursing workforce. The main objectives of their presentation were that participants: 1- gain knowledge into the background and overarching vision of the project; 2- understand the purpose of the educational program and the needs assessment strategies that were used to inform the project; 3- become familiar with the strategy, structure and content of the educational program and 4- learn about the learning and implementation, evaluation and knowledge translation strategies for this project. The TPCN Post-licensure Educational Program is aligned with the PMH vision and Canadian Competencies for RNs in Primary Care (CFPNA). Intermediate frameworks have been used to develop and evaluate the program: the National Interprofessional Competency Framework, Eco-Normalization Framework, RE-AIM Planning and Evaluation Framework, Kirkpatrick's New World Model and the KTA model. Next, they presented the four project phases which were: 1- The environmental scan to identify existing post-licensure programs that deliver primary care nursing education across Canada; 2- The development, implementation and evaluation of a national online asynchronous educational intervention for RNs in primary care across Canada; 3- The establishment of a national virtual network of nursing facilitators, nurse educators and trained nurses in primary care across Canada; 4- Integrated and end-of-grant knowledge translation activities to communicate the project and promote the role of RNs in primary care in Canada. The co-construction cycles lead to six themes for the educational program: 1- Current state of nursing practice in Canada; 2- PMH Model; 3- Scope of practice and role in primary care; 4- National competencies for RNs in primary care; 5- Patient engagement; 6- The exercise of critical thinking in primary care nursing practice. Finally, they presented a demo of the online asynchronous educational program.

Key Messages

- The development of a bilingual, asynchronous online post-licensure training program tailormade by and for RNs and patients in response to the need for standardized primary care education across Canada will help minimize gaps in primary care education, maximize nurses' scope of practice, establish the basis for patient engagement and bring attention to nurses' specific competencies in primary care.
- This initiative is the first in Canada to consider training for and by RNs in primary care across all 10 provinces.

Next Steps

- The implementation of the accredited post-licensure educational program across Canada through a network of contacts and the evaluation of its effects on RNs and other primary care stakeholders.
- Several national and provincial knowledge mobilization activities, including knowledge transfer tools and scientific presentations, will be conducted to inform knowledge users and decision-makers and reinforce the nursing workforce in Canadian primary care.

The Future of Primary Care: Evidence and Vision for the RN Role (Rural/Remote Perspective)

- Ann Marie Hart (Biography located in Appendix 5 – Speaker Biographies)

Summary of Session

In her presentation, Dr. Hart gave a snapshot of her research which is focused on the vision for the RN's role in primary care. Overall, Dr. Hart's work highlights the importance of team-based care, the role of RNs in primary care transformation and the need for innovative approaches to address challenges in healthcare delivery, particularly in rural areas. She took the example of a Downtown Clinic with nurse leaders as an initiative to address challenges in primary care. This clinic's primary objective is to focus on building relationships with clients and providing care in a team-based, community-focused manner. Dr. Hart presented a model to demonstrate this care with a strong RN-client relationship at its core. RN-led primary care teams result in important clinical outcomes. RN-led primary care teams can reduce emergency room visits, improve the quality of life for clientele, raise vaccination rates and improve overall health and quality of life. Using the RN-led primary care model, clinic attendees are supported to rise out of poverty, obtain health insurance and finally graduate from the Downtown Clinic. Despite the presence of RN-led primary care

clinics, Dr. Hart confirms that rural primary care clinics are in crisis in terms of recruitment and retention of primary care providers. Primary care providers are more likely to work where they are trained; however, there are fewer training opportunities in rural areas. Additionally, rural communities often lack work opportunities for providers' spouses, who often have graduate education and specialized skills. Rural primary care also presents challenges related to lack of privacy, lack of specialists and the long distances required for recreation, air travel and shopping. Dr. Hart affirmed that efforts to address these challenges, such as offering loan payment incentives for healthcare providers to work in rural areas, are not always effective in retaining providers.

Key Messages

- Team-based primary care can decrease the hours needed to provide care and improve efficiency.
- RNs are seen as partners in transforming primary care and are more likely to stay in a setting where they have job satisfaction and a good work environment.
- Exposing students to nursing and primary care contexts and providing mentorship opportunities to support their education and career development is necessary.
- RN-led primary care teams bring many benefits to clinical outcomes.

Next Steps

- Improve exposure of nursing students to primary care contexts.
- Develop strategies to retain healthcare providers in rural areas, such as offering incentives beyond loan repayment programs, focusing on job satisfaction and creating supportive work environments.
- Improving transportation options, such as providing funding for mobile services or expanding public transportation, can increase access to primary care services in rural areas.
- Encourage the adoption of team-based care models in primary care settings. These models have been shown to decrease the hours needed to provide care and improve efficiency.
- Continue to support nurse-led clinics, as they play a vital role in providing primary care services and building relationships with patients.
- Emphasize the importance of building relationships with patients in primary care settings, as this can lead to better outcomes and patient satisfaction.

- Advocate for policy changes that support primary care transformation, such as addressing salary disparities between primary care and private care providers.
- Conduct further research to evaluate the impact of various interventions on primary care delivery and patient outcomes, using data-driven approaches to inform decision-making.

Understanding Optimization of Scope of Practice of the RN in Team-Based Primary Care

- Suzanne Braithwaite (Biography located in Appendix 5 – Speaker Biographies)

Summary of Session

This session clarified and reduced the ambiguity of the concept of optimized scope of practice. Dr. Braithwaite illustrated critical considerations for optimizing RN roles and scopes of practice within team-based primary care settings. Dr. Braithwaite refers to the following definition to define the optimized scope of practice: "achieving the most effective configuration of professional roles, determined by other healthcare professionals' relative competencies" (Almost, 2021). She mentioned that optimized scope of practice in team-based primary care involves meeting patient needs, promoting continuity of care and ensuring safety by considering which team member(s) best suits each situation, patient and family. The key factors influencing nursing scope of practice enactment are role clarity, role overlap and collaborative practice. Finally, during this presentation, Dr. Braithwaite also emphasized the presence of barriers and facilitators to the optimization of the scope of practice. Nurse education/credentialing, innovative funding models, change management practices, interprofessional education, nurse leadership, co-location and communication were described as facilitators. In contrast, barriers were described as individual nurse competence, trust/liability concerns, payment models, professional hierarchies, professional culture, work environment and communication.

Key Messages

- RNs need to practice to their full scope of practice.
- There are some barriers and facilitators to optimizing RN scope of practice in primary care.
- The benefits of RN contributions to patient, provider and system outcomes in primary care will only be realized if RNs practice to their full and optimal scope of practice.

Next Steps

- Focus on optimizing scope of practice through clarity and visibility of RNs' roles and activities in primary care.
- Use change management principles and provide mentorship for RNs. Offer opportunities to experience examples of RNs enacting their full and optimal scope of practice in primary care.
- Moving forward, we need improved interprofessional collaboration, guided by the Canadian Interprofessional Health Collaborative model and based on trust, communication and safe learning spaces.
- Implement training: the CFPNA and the newly implemented post-licensure program for RNs in primary care offer important resources for RNs and primary care teams.

Exploring the Optimization of RNs' Scope of Practice in Team-Based Primary Care: Insight from the Brazilian PHC Model

- Clarissa Terenzi-Seixas (Biography located in Appendix 5 – Speaker Biographies)

Summary of Session

This session focused on the strengths and limitations of expanding the RN scope of practice in primary care through a discussion of insights gained from developing and refining the Brazilian public health system over the past four decades. The objectives of this presentation were to explore avenues for thoughtful reflection and to incorporate pivotal concepts such as user-centered interprofessionality, autonomy and community participation. Dr. Terenzi-Seixas addressed the Universal Healthcare System, created in Brazil in 1988, which has the Family Health Strategy as the main initiative for organizing and strengthening primary care. Implementing this strategy takes them from a hierarchical to a polyarchical network. Primary care is at the heart of this model, linking with all other types of care (hospital network, emergency, specialized care, assessment and follow-up and health surveillance). The teams at the heart of Family Health Strategy are preferably made up of community members, families and specialists in family and community health. More than 1,000 families are supported by each one of these teams deployed in pre-established geographical areas. As Dr. Terenzi-Seixas said, the nurse's scope of practice within the Family Health Strategy extends from care activities to educational and management activities. Within this model, there is a significant emphasis on health education, including the participation of collective and continuing health education activities with other team members. The nurse's scope of practice also extends to different areas, such as management activities, like

referring patients to services, providing training/mentorship to team members (e.g., community health agents, nursing techs) and implementing and maintaining procedures and protocols related to their expertise. Dr. Terenzi-Seixas highlighted many emergent benefits of this strategy. For example, it increased the autonomy of nurses, management skills, interprofessional work, the ability to take charge in complex social and health situations and actions developed at all levels (e.g., promotion, prevention, care, etc.). She also mentioned some limitations of Family Health Strategies: 1- limited user participation; 2- regional heterogeneity of teams; 3- the predominance of curative actions over public health actions and 4- a limited takeover of mental health. Fortunately, in her presentation, she highlighted many emergent benefits of this strategy which exceed the above-mentioned limits. Notably, it increased the autonomy of nurses, management skills, interprofessional work, the ability to take charge in complex social and health situations and actions developed at all levels (e.g., promotion, prevention, care, etc.).

Key Messages

- The Family Health Strategy is the main initiative for organizing and strengthening primary care in Brazil.
- Specific nursing responsibilities include care activities, educational activities and management activities.
- Implementing the Brazilian model, such as the Family Health Strategy, brings many benefits to primary care. However, the model also has some limitations.

Next Steps

- Ensure that improvement initiatives are developed at all levels of care (e.g., promotion, prevention, etc.).
- Employ initiatives to increase user participation and diversify the regional heterogeneity of teams.
- Identify ways in which insights from this model can be applied to the Canadian context to further optimize RN roles in team-based primary care.

The Family Care Teams Resource Hub: Supporting Family Care Teams in NL

- Cheryl Etchegary (Biography located in Appendix 5 – Speaker Biographies)

Summary of Session

The topic of this presentation was The Family Care Teams Resource Hub, a three-year project to support Family Care Teams implementation in NL. The primary objective of creating Family Care Teams was to improve accessibility and continuity of care for everyone in NL. The Department of Health and Community Services released a provincial policy framework setting the policy direction for teams. Family Care Teams are composed of physicians, Nurse Practitioners (NPs), pharmacists and other health professionals (e.g., RNs, social workers, occupational therapists, physiotherapists, etc.). The composition of each team is tailored to the community's needs. Family Care Teams will also link with community groups. To this day, 19 of the proposed 35 Family Care Teams have been funded. Among those, 4 are fully operational, 11 operate in partial capacity and 4 are non-operational. Providing consistent and centralized support to interprofessional Family Care Team members is a key enabler of successful transformation to effective Family Care Teams. The Resource Hub project has been created to support interprofessional collaboration within the teams. They conducted a needs assessment to examine the interprofessional team's needs. This multi-method study included an environmental scan, focus groups (Family Care Team managers and providers), key informant interviews and an online survey of Family Care Team providers. They identified several enablers, including role clarity and scope of practice, communication, co-location, dedicated time, leadership, population approach and openness to change. Some mentioned barriers are role clarity, culture change, system support, different locations, team structure (the right provider to meet patient needs) and change management. In conclusion, the essential strategies/supports/resources for interprofessional collaboration are effective communication for knowledge sharing and case management, dedicated time for team building and clear guidelines/frameworks/strategic plans.

Key Messages

- Every person and every community in the province should have access to a Family Care Team. One of Health Accord NL's Calls to Action was to form these new teams to improve accessibility and continuity of care for everyone in NL. A provincial framework has been released to set out key provincial policy directions and expectations for teams.
- The teams connect with the community.
- The Resource Hub has been created to support interprofessional collaboration for the teams and provide educational support.

- The Resource Hub Website (https://www.familycareteamsnl.ca/) went live on December 15, 2023, and its content will evolve over time.

Next Steps

- Building a Family Care Team, adding providers and attaching the expected number of patients takes time. As such, it will take time for teams to function at the expected level, and the Resource Hub will support those teams at different stages of implementation.
- Develop an educational training program for members of Family Care Teams in NL.

Job Satisfaction and Career Intentions of RNs in Primary Healthcare

- Elizabeth Halcomb (Biography located in Appendix 5 – Speaker Biographies)

Summary of Session

In this presentation, Dr. Halcomb reported on how general practice clinics are functioning in Australia. She also presented the results of her studies and the factors related to primary care nurses' job satisfaction. Dr. Halcomb explained that the Australian primary care system combines small businesses owned mainly by general practitioners and corporate chains. The number of nurses in practice is increasing, but they are employed directly by private clinics and keeping track of the numbers is challenging. An interesting finding in Dr. Halcomb's studies is that job satisfaction is one of the most essential criteria for retention in primary care and is the only significant predictor of intention to leave. A high level of job satisfaction is linked to higher performance levels/quality of work, reduced absence, retention, quality of life/psychological and physical health. It is, therefore, essential to create an environment that fosters nurses' job satisfaction. Dr. Halcomb highlighted several factors that contribute positively to increased job satisfaction. Nurses were significantly more satisfied if they were able to work to the full extent of their skills and knowledge, had an identified nurse leader/manager and didn't feel lonely or lacking support. In contrast, some negative contributors to job satisfaction include lack of recognition, poor role clarity and poor organizational communication. These negative factors need to be addressed because 4 out of the 6 studies examined found that nearly 50% of primary care nurses intended to leave their profession. Some of the aspects highlighted lead to a risk of departure, such as satisfaction with how performance evaluations are done, staffing levels, the feeling of being paid fairly for their work and dissatisfaction with the salary they receive. Dr. Halcomb also underlined that it is a challenge for nurses to negotiate their position, scale and salary in response to their work in private clinics particularly when they are employed directly by general practitioners.

Key Messages

- In Australia, nursing in general practice has grown exponentially; however, there has been significant turnover. To build capacity, experienced nurses must be retained in the workforce. Job satisfaction is the key solution to facilitate nurse retention.
- Several modifiable factors impact job satisfaction.
- The optimum model contributing to nurse satisfaction is not known. Although different primary care models exist in Canada, many of the issues around nurse satisfaction and retention remain the same.
- Indicators of nurses' satisfaction and data about nurses in primary care are hard to find; every general practice owns its computer network (in silo), and there is limited workforce data. Work is ongoing to conduct a census of primary care nurses and to develop a tool to measure nursing work in primary care. This work is promising and should allow better access to nurses' data in primary care.

Next Steps

- Develop and implement strategies to increase job satisfaction.
- Add RN managers to general practices.
- Create nurse-friendly structures with clarity and consistency between structures to allow nurses to extend their scope of practice.

Finding a Role for All Nurses Within the Primary Care Team. Challenges and Opportunities for RNs, Licensed/Registered Practical Nurses and Nurse Practitioners

- Allison Norful (Biography located in Appendix 5 – Speaker Biographies)

Summary of Session

This session focused on challenges and opportunities for RNs, Licensed/Registered Practical Nurses (LPNs/RPNs) and Nurse Practitioners (NPs) in primary care settings. Three principal aspects were pointed out by Dr. Norful: 1- Theoretical approaches to illuminate the nursing role; 2- Existing Challenges for RNs, LPNs/RPNs and NPs; 3- Moving forward: Recommendations and Strategies. She presented some theoretical approaches for understanding the role of nurses in primary care: The Quality of Care Model (Donabedian, 1966); NP Practice Patterns (Germack et al., 2022); Co-

Management (Norful et al., 2018); Primary Care Delivery Model (Mitchell et al., 2019); Primary Care Delivery (WHO, 2020); Healthcare Normalization Process Theory (May 2006); Triple Aim Outcome Measures (Institute for Healthcare Improvement [IHI], 2014) and the job-demand-control model (Karasek & Theorell, 1990). Dr. Norful also highlighted her emerging care delivery theory of co-management, where conceptually, clinicians must have a shared philosophy of care, respect and trust and effective communication. Several challenges for NPs have been pointed out by Dr. Norful in this presentation including, but not limited to, a lack of consistent titles, poorly established competencies (responsibilities vary across practice), lack of training opportunities/clinical rotations (scarcity of training sites), absent reimbursement mechanisms (variability across practices/insurers), lack of organizational metrics to evaluate nursing effectiveness and a misalignment between practice policies and scope of practice permissions. Some additional challenges have also been highlighted, such as lack of independence/autonomy, licensure misaligned with training, lack of organizational policies, rejection from patients or clinical peers and lack of reimbursement. More positively, Dr. Norful put forward recommendations based on emerging evidence to maximize the RN role, which should include: 1- Co-managed patient visits with providers of different professions and disciplines; 2- Clear delineation of nursing roles during complex care management; 3- Running specialized care services including programs that provide disease-specific support to patients; 4- Providing the ability for independent RN-led visits and medication titration through standing protocols.

Key Messages

- Challenges remain for the expansion of nurses in primary care, but many strategies could be put forward.
- Appropriate training and simulation of team-based care may help with role clarification.
- Policies supporting the autonomy of RNs and NPs are crucial for scope of practice optimization and job satisfaction.

Next Steps

- Strategies and Recommendations: 1. Building evidence around team compositions, building or implementing care delivery models and optimizing scope of practice; 2. Identifying delineated roles and processes; 3. Diffusing beneficial impact on patient, primary care workforce and organizational outcomes.

Building an Inclusive Primary Care Team

- Vivian R Ramsden (Biography located in Appendix 5 – Speaker Biographies)

Summary of Session

This session addressed the importance of patient/community engagement in team-based primary care to ensure that integrated teams are equitable and allow issues of mutual importance to be addressed. To provide a clear understanding of the themes used, Dr. R Ramsden has taken the time to clearly define the three main themes (team-based primary care, patient-centered care and relational equity). She led us to explore patient/community involvement in practice and why research decision-making should be intentional to emphasize the importance of their role in primary care capacity building. Dr. R Ramsden highlighted two aspects for improving community interaction and engagement: 1- The need to respect the communities' cultural traditions, customs and codes of practice is essential for working with them and answering their questions; 2- Establishing an authentic, reciprocal and trusting relationship takes time. Dr. R Ramsden also emphasized that co-created research with individuals /patients and/or communities is designed to improve the health and well-being of patients and ultimately minimize health disparities. This integrated team approach equitably involves patients, caregivers, communities, healthcare providers and researchers in all aspects of the process. All stakeholders contribute their own expertise and share decision-making and ownership. Exploring questions that have been co-created allows the integrated team to identify issues of patients, caregivers and communities through a collaborative and empowering action-oriented process that builds on the strengths and assets of stakeholders.

Key Messages

- The integration of team-based primary care/primary healthcare and patient-centered care builds capacity and changes practice.
- Sustained engagement demonstrates respect for people and the traditions and norms that they share.
- Engaging with an individual, patient, caregiver and/or community results in clinically relevant and meaningful outcomes.

Next Steps

- Team-based care should equitably consider patients/caregivers as team members to build capacity in the healthcare system and shift practice towards a patient-centered approach to care.

- Community engagement should be initiated and sustained to avoid tokenism, and we should place true significance on the impact patient/community involvement can have on healthcare practice, policy and research.
- Finally, we should include patients and communities in research to ensure that the outcomes and findings are clinically relevant and meaningful to patients and providers alike.

Nursing Leadership in Primary Care: Leading, Learning and Belonging

- Sabrina Wong (Biography located in Appendix 5 – Speaker Biographies)

Summary of Session

This session focused on the importance of primary care nursing, emphasizing collaboration between public health, primary care and the role of the RN in strengthening healthcare systems. The objectives were to describe the significance of primary care nursing and how to improve collaboration between public health and primary care. Dr. Wong highlighted the RN's role in improving patient outcomes through surveillance and integrated care. Dr. Wong mentioned the need to reinforce the quality of primary care, the collaboration between public health and primary care to achieve better healthcare outcomes and the quadruple aims for improving cost and patient experience. Primary care is unique in healthcare because it is meant for everyone throughout their lifespan and is the foundation for healthcare. She highlighted the importance of nurses in participating in the healthcare sector and mentioned that only about 20% of the nursing workforce works in the community. Despite this, they are the glue between primary care and public health. Nurses lead, learn and belong in primary care. They are part of the solution in strengthening primary care and focus on the whole person. Nurses are skilled at integrating across systems, are strong team players and increase access to care. Their training in primary care and roles are essential in reducing care gaps and caring for equity-deserving populations. RNs are masters at understanding the context of care provided and at applying appropriate nursing processes. Finally, Dr. Wong highlighted some barriers and facilitators to the collaboration between public health and primary care.

Key Messages

- High-quality primary care and effective collaboration between public health and primary care are essential for achieving better healthcare outcomes and the quadruple aim.
- RN leadership is essential and critically important in healthcare systems. It addresses care gaps, allows for greater access to care and facilitates integrated care and surveillance activities.
- Challenges in collaboration between public health and primary care include interpersonal, organizational and system barriers, which can be overcome with sufficient time, resource allocation and organizational and systemic support.
- RNs contribute to strengthening primary care through their provision of holistic care, implementation of clinical guidelines and tailored treatment plans and ability to integrate across systems.

Next Steps

- Align research with policy priorities related to strengthening primary care through team-based care.
- Increase the capacity of the nursing workforce to contribute more effectively to primary care (e.g., adverse drug events and surveillance in primary care).
- Address data interoperability and data governance challenges to facilitate collaboration between public health and primary care while ensuring patient privacy and confidentiality.
- Implement simple strategies, such as obtaining patient consent and clearly communicating details about information sharing to navigate confidentiality concerns and promote collaborative care.
- Explore ways to decrease administrative burden in primary care settings, allowing healthcare providers, including RNs, to prioritize reporting adverse events and surveillance activities.

Summary of Panels Discussions

''Great content of history, research and vision. The diversity of presenters and moderators made for a fascinating understanding of the primary care nurse world.''

Myth Buster – RNs in Team-Based Primary Care

Moderator

- Maria Mathews (Western University, Ontario, CA)

Panelists (Biography located in Appendix 5 - Speaker Biographies)

- Treena Klassen, RN, Executive Director, Palliser Primary Care Network (Alberta, CA);
- Joan Tranmer, RN, Professor at Queen's University (Ontario, CA);
- Kim LeBlanc, RN, President-Elect with the Canadian Nurses Association (Ontario, CA);
- Kris Aubrey-Bassler, MD, Associate Professor of Family Medicine at MUN (Newfoundland & Labrador, CA);
- Sabrina Wong, RN, Professor at UBC (British Columbia, CA);
- Rutanya Wynes, Inuk Patient Partner (Newfoundland & Labrador, CA)

Summary of Session

This panel discussion involved the presentation of multiple myths surrounding RNs in primary care, whereby panellists shared thoughts and facilitated conversation to debunk or disprove these ideas. Much of the discussion focused on improvement strategies to enhance/optimize nursing in

primary care. More specifically, from this panel discussion, it emerged that nurses' scope of practice varies according to several factors, such as the composition of the team within which they work and their professional designation. However, all agreed their potential is paramount if they work to their full scope of practice. That is why it is essential to discuss nurses' contributions to primary care teams to ensure that they practice to their full potential and that all team members understand their roles. Clear communication and diminished power differentials may help to create a safe environment within the primary care team. It has also been stated that both new and experienced nurses have the potential to thrive in primary care teams, but nurses with advanced education should be involved as well. Finally, the strategies to enhance/optimize nursing in primary care that panellists mentioned the most addressed: 1) the utilization of primary care models that involve and value nurses; 2) role clarification; 3) inclusion of primary care and interprofessional collaboration in the nursing curriculum and 4) continuous professional development. Ultimately, an enhanced approach to care should focus on building trust between healthcare professionals.

Key Messages

- *Myth: Nurse scopes of practice do not allow for them to contribute adequately to primary care delivery.* Nurses in primary care have a scope of practice that varies based on a number of factors, including team composition and nurse designation, but their potential is quite extensive if they are working to their full scope. Nurse contributions within a team should be negotiated to ensure they are being utilized to their full potential and to ensure all team members are clear on nurse roles.
- *Myth: Primary care is an ideal spot for nurses nearing the end of their careers.* Primary care is currently one of the most complex practice settings where nurses require strong skills and critical thinking abilities. Experience in primary care is different from that in acute care, and nurses who obtain those positions have to understand primary care practice, optimize their scope of practice and demonstrate primary care competencies.
- There is a lack of primary care and interprofessional collaboration education in entry-to-practice education, which limits students' capacity and interest in practicing in primary care. Creating standard definitions in primary care education and pushing opportunities for nurse education are potential solutions.

Next Steps

- Optimize reimbursement/funding models across primary care to promote an equity-oriented perspective, in which care is driven by patient/population needs and not by time.
- Clarify roles within primary care teams to ensure the providers and patients understand nurse roles. The roles of each professional within a team should be clear and patients should have some input on the care they receive from each professional; however, this requires strong health literacy.
- Enhance primary care content within the undergraduate curriculum (e.g., by contextualizing current content to primary care) and promote interprofessional care in a learning environment.
- To enhance trust in healthcare professionals, we must remove hierarchies within the system and promote a partnership approach with communities to ensure their voices are considered in decision-making efforts.

Key Components to Optimize the Primary Care Nurse Role in NL

Moderator

- Treena Klassen (Palliser Primary Care Network, Alberta, CA)

Panelists (Biography located in Appendix 5 - Speaker Biographies)

- Lynn Power, RN, Executive Director with the College of RNs of Newfoundland & Labrador (Newfoundland & Labrador, CA);
- Ian Hodder, Program Director role with Family Practice Renewal Program (Newfoundland & Labrador, CA);
- Maria Mathews, Professor at Western University, (Ontario, CA);
- Abbie Skrove, RN, PhD(C), Patients Medical Home Optimization Director with the Palliser Primary Care Network (Alberta, CA);
- Kim LeBlanc, RN, President-Elect with the Canadian Nurses Association (Ontario, CA);
- Rutanya Waynes, Inuk Patient Partner (Newfoundland & Labrador, CA)

Summary of Session

This panel discussion involved the presentation of ideas surrounding RN optimization across primary care settings in NL. The discussions highlighted the importance of involving the right stakeholders in promoting the optimization of nurses in primary care to ensure that they are seen and heard. This means involving nurses, first and foremost, but also key organizations (e.g., the Canadian Nurses Association) and patients. It might be difficult to involve patients at times, and it requires persistence, but it is necessary. The key role of nurses is well recognized by patients, particularly in rural and remote areas. Moreover, the partnership between physicians and nurses is a cornerstone in primary care and getting support from physicians and other disciplines could contribute to optimizing nurse roles. Funding models were also discussed as having an impact on the role of nurses in primary care (particularly fee-for-service models in NL). Participants pointed out that nurses were undervalued during the pandemic when they were redeployed from primary care, leaving gaps in the delivery of care in these settings.

Key Messages

- Promoting nurse optimization in primary care requires involving the right stakeholders to ensure nurses are seen and heard.
- Current funding models tend to undervalue nurses and they are found to impact nurse roles and job satisfaction in primary care.
- Nurses can be integrated into all funding models if there is significant effort, support and mutual trust within the team.
- Primary care is underfunded and Canada tends to underinvest in this healthcare sector. We need to prevent nurses from leaving the profession and value their contributions to primary care. Great opportunities exist to partner with unions and strengthen their involvement in nurse optimization in primary care.

Next Steps

- We need high quality research to continue to acknowledge these downfalls and enhance nurse contributions in primary care, learning from our international colleagues.
- We should consider dual provider roles and invest money in teams to enable more functions to be funded. This means that all care providers in primary care teams should be funded, thus valuing the roles and contributions of each.
- Blended-capitation models should be encouraged and promoted across all systems.
- Research should use instruments like the Provider Co-Management Index to show how physicians and nurses can collaborate to produce change.
- Establish a partnership with unions and strengthen their involvement in optimizing the role of nurses in primary care.

Summary of Breakout Sessions

> "I thoroughly enjoyed the Summit, what a wonderful bunch of people! I enjoyed the breakout sessions and had many opportunities to share ideas and brainstorm! I also made some connections and can see how we can collaborate from an NP perspective. Thank you for the invitation, really appreciate it."

The breakout sessions aimed to maximize the co-construction of suggestions around crucial themes for RNs working in primary care. These sessions allowed in-depth discussions toward establishing the next steps to optimize RN roles in primary care settings. The goal of these sessions was to identify barriers, facilitators, challenges and solutions to the integration, retention and optimization of RNs in primary care teams. We discussed recruitment, pre- and post-licensure education, interprofessional collaboration, the RN role in the PMH, the use of data for shared decision-making, role overlap and enhancement of the nursing network.

In order to achieve this co-construction work, we selected ten discussion topics divided over two days. For each topic, three sessions with different Summit participants (between 10 and 15 in each group) were carried out. The moderators supported the discussions with questions related to the various topics. This enabled us to gain a comprehensive view of the different perspectives, including those of primary care clinicians, workers in community organizations, patients, policymakers and researchers. Afterwards, we gathered feedback from all participants to validate and deepen the main findings of these discussions.

What are the barriers/facilitators that attract RNs to work in team-based primary care, and how might these be overcome?

Moderator

- Maria Mathews (Biography located in Appendix 5 - Speaker Biographies)

During this breakout session, it was discussed that certain elements, like fears and perceptions related to primary care, were holding nurses back from getting involved in this area of care. Here are some barriers to attracting RNs in primary care that were identified by participants:

- Fear of losing skills and feeling undervalued in their nursing role in primary care settings.
- Perception of primary care nurses: hierarchization within primary care teams and under-utilization of nurses.
- Regulatory and structural factors. For example, position allocation based on seniority is a barrier to newly qualified RNs.
- A lack of awareness and support for RNs transitioning into primary care, including a lack of education opportunities and mentorship.

Alternatively, a number of factors have been identified as enablers to attract RNs in primary care. Participants highlighted certain factors as being more important to them, such as:

- Better work-life balance.
- Sense of commitment to their community.
- Sharing of responsibilities within the team to reach role optimization.
- Mentoring programs that improve role clarity and interprofessional collaboration.

Solutions

- Develop specialized education programs and competency frameworks tailored to primary care nursing and incorporate primary care-focused training into undergraduate nursing education.
- Establish mentorship programs for RNs transitioning into primary care roles and advocate for organizational support structures to address the challenges faced by primary care nurses.
- Launch public relations campaigns highlighting the vital role of RNs in primary care and advocate for policy changes to recognize and prioritize this role within the broader healthcare system.

- Encourage the establishment of interprofessional teams with shared accountability and increase nursing leadership representation.
- Develop strategies to elevate primary care nursing's status within the nursing hierarchy and healthcare system and implement initiatives to change societal perceptions of this role.
- Encourage open dialogue and collaboration among stakeholders to identify and address emerging challenges in integrating RNs into primary care teams.

Most of the solutions that emerged from this breakout session focused on increasing the knowledge and visibility of primary care and, above all, the role of the primary care nurse. Increased knowledge of the primary care settings is achieved not only through training, but also through societal campaigns and collaboration between members of primary care teams.

What are the barriers/facilitators to primary care nursing integration into pre-licensure education, and how might these be overcome?

Moderator

- Deanne Curnew (Biography located in Appendix 5 - Speaker Biographies)

Primary care nursing is not integrated into the curriculum of nursing students. Many might think that integrating primary care into pre-licensure nursing programs would be a good way to go, if not a must. However, there are a number of barriers to this integration, and these were among the concerns raised by the participants in this breakout session:

- A misconception is that primary care doesn’t require special training.
- There is a misconception about the impossibility to practice primary care upon completion of nursing pre-licensure program.
- The nursing curriculum is already full of content, and there is no place to include or integrate primary care.

From their own experience, participants also revealed elements that facilitate primary care nursing integration into pre-licensure programs:

- Add a primary care lens to what already exists in the nursing curriculum.
- Embed nursing competencies for RNs in primary care throughout the nursing curriculum.
- Advocate for the importance of nursing in primary care and its broad scope of practice.

- The inclusion of opportunities for primary care training within undergraduate programs, such as clinical placements or mentoring programs in primary care settings.

Solutions

- Provide education around entry-level competencies, which can be applied/taught in any area, such as primary care.
- Take inspiration from Brazilian universities, which have a collective health department. All nursing students complete primary care internships in their first year of university.
- Ask nurse educators and nursing school staff (who are involved in curriculum development) to advocate for the integration and importance of primary care. Those teaching primary care must be nurses who are involved in, or work in, primary care. If this is not possible, we can use a concept-based curriculum for primary care nurses to provide examples for instructors to base their teachings around.
- Create a program offering a certificate in primary care nursing so that only nurses interested in this field, regardless of seniority, can get jobs in this sector. Although several personal attributes (e.g., honesty and initiative) are essential for being an effective primary care nurse, developing a certification program in primary care nursing would allow to attract and employ nurses specifically interested in this field, regardless of their level of experience.
- Promote internships and support preceptors in becoming mentors and building meaningful relationships with nursing students or early-career primary care nurses.
- Come together with other healthcare professionals (e.g., physicians, social workers, NPs) and fight/advocate for team-based care and primary care in health education programs.

All participants agreed that primary care must inevitably be incorporated into nurses' curricula rather than being the subject of a single course. Moreover, Canadian Competencies for RNs in primary care must be linked to training programs as in many situations, nurses do not realize that some of their actions fall within the scope of primary care nursing practice.

How can professional development (post-licensure) better prepare existing RNs for optimized roles in primary care (consider potential barriers and facilitators)?

Moderator

- Marie-Eve Poitras (Biography located in Appendix 5 - Speaker Biographies)

"We are building the plane while we are flying." As several participants mentioned, team-based care is increasingly implemented in primary care, but the training and preparation of the professionals, as well as the application of interprofessional collaboration principles in clinical settings are still in development. During discussions, participants agreed that there are potential barriers to the preparation of existing RNs for optimized roles in primary care. They insisted on the following:

- There is a lack of awareness about team-based primary care among professionals and patients. It is not easy to unlearn old models. Change management must be considered.
- For new nurses in primary care, there is no orientation or direction, so they feel pulled in multiple directions. Few programs are available, or there is a lack of entry-to-practice primary care preparation. The context of novelty can make role expansion difficult.
- There is a lack of a bridge between primary care and other care sectors. The learning curve is huge for new RNs in primary care. They are often less comfortable with soft skills such as navigation, collaboration, coordination and working within a community.
- Unclear professional standards or standardized procedures, professional restrictions and difficulties optimizing scope of practice, which is broader in primary care, limit the enactment of scope. Scope overlap is a big challenge within primary care teams.

Participants also discussed at length the potential facilitators for this preparation:

- A comprehensive orientation program built on core competencies to reduce the effect of geographical spread and clarify role definition.
- Ensure a mentor is present inside the clinic and inside the community of practice. A skilled expert can guide and facilitate change and improve recruitment and retention in primary care. A positive orientation experience is linked to better work satisfaction and the role becomes meaningful. The community of practice allows new nurses to connect with experienced nurses and engage in joint activities and discussions.
- Regulatory bodies should help with the development of primary care curricula.
- Employers in primary care settings should have hiring practices in place to ensure that new hires are interested and well-equipped for the role.

- It is important to recognize nurses' expanded scopes of practice. For example, nurses with more responsibilities could get a pay raise, which can encourage them to participate in research and quality improvement activities. Employers should recognize primary care-specific skills and reward when competencies are met.
- Develop guidelines, protocols and policies to navigate primary care, help with problem-solving and operationalize primary care competencies. Leaders must allocate time and space for exchange with others, education, studying complex cases and learning from experience.
- It is essential to develop a common understanding of effective team-based care that includes the patient's perspective. Interprofessional mentorship can help break down siloed practices and reduce feelings of isolation among healthcare providers. By fostering open communication, nurses will feel more empowered in their roles. Moreover, patients may contribute to this empowerment by participating as trainers. They can testify about the importance of nursing and indicate what is essential in their perspective.

Solutions - ***What form of post-licensure education should be proposed, and which elements should be included in those programs?***

- Two levels of mentoring are suitable: individual and in-practice. A parallel program for coaches, mentors and policymakers would be interesting. Champions in primary care education or interprofessional collaboration in clinical settings can help improve professional practices. Different formats are promising, such as nurse residency and monthly virtual Zoom meetings with more experienced nurses that clarify and promote post-licensure education. In a community of practice, having a discussion board with robust conversations that are monitored and evidence-based would be beneficial.
- Two indicators of success should be considered: nursing scope of practice and patient indicators.
- To increase uptake, the educational programs must be easily accessible (e.g., offered remotely). They should also be self-paced, flexible and available virtually across various devices.
- The education programs must include the development of critical thinking capacity. Students must learn how to find information and become autonomous. Psychological safety and trusting relationships must also be valued as elements of an effective team. Providing care in partnership with the patient, whether face-to-face or virtual, must be part of primary care nurses' training. The programs must contribute to a homogenized approach across Canada and be founded on shared expertise, and the goals must be set with patients. To reinforce the impact of educational programs, a class/seminar/workshop on each competency or theme could be organized.

- Educating the public about team-based care and nurses' roles in primary care is essential. Organizing learning activities about team-based care within the community offers time and exposure, such as disseminating information in a coffee shop or developing infographics.

How can health professionals working in primary care practices develop an interprofessional collaboration that enables RNs and other health professionals to work in effective and cohesive teams (consider the challenges and opportunities)?

Moderator

- Ivy Oandasan (Biography located in Appendix 5 - Speaker Biographies)

During this breakout session, participants addressed several interpersonal collaboration challenges and opportunities for RNs and other health professionals to work in effective and cohesive teams.

Here are the principal challenges to consider which have been identified by participants:

- Working in an effective and cohesive team requires consider changing to create a common language for patients, clinicians and researchers.
- Changing nurses' perceptions of their roles and negotiating them is essential to build effective teams. This can only be achieved by improving role clarity and having common definitions and understanding.
- Physician, nurse and administrative leaders must collaborate to allocate time for team building and develop a monitoring structure for the team's effectiveness.
- Primary care teams should reinforce social adaptability by including patients in the team and in the quality improvement structure.
- Training specifically aimed at leaders is rare and is not typically part of health education.
- The hierarchical barriers and siloed nature of practices represent another challenge to overcome.
- Leaders must also encourage evidence-based practice and be aware of research and clinical data that could contribute to better health outcomes.

Participants also highlighted opportunities that they felt would enable nurses and other healthcare professionals to work in effective, cohesive teams:

- Create a supportive environment that allows open communication and the building of trusting relationships. For example, offer an open-door context and develop efficient communication lines between team members and within the leadership structure. Allocate necessary time and resources for team building and team training.
- Primary care teams should reinforce social adaptability by including patients in the team and in the quality improvement structure.
- Develop specific responsibilities for a clinical navigator that would help clarify and negotiate each team member's role. Sit together to build a plan for team functioning that includes patients' perspectives. Emphasize reciprocity to establish trust among team members and ensure that evidence-based practices are integrated into the team's approach.
- Leaders must also encourage evidence-based practice and be aware of research and clinical data that could contribute to better health outcomes.
- Continue quality improvement and find the right measures to assess health outcomes, access and equity. Patient-reported experience measures (PREMs) and patient-reported outcomes measures (PROMs) are increasingly used internationally and in Canada. Implementing validated questionnaires and using the data obtained to improve the quality of care is central to a value-based health system and a promising avenue to monitor team-based care effectiveness.

By focusing on leadership development and developing leader-specific training, we could ensure a good support structure that promotes interprofessional collaboration. Moreover, it will be important to address the issue of liability insurance and accountability, ensuring that all team members are protected and accountable for their actions. Within the team, being mindful of differences in expertise and ensuring equal opportunities for all team members to contribute would allow nurses to practice to an optimized scope and have the clinical courage to try new approaches.

What are the policy and/or regulatory barriers/facilitators to optimizing the RN role in the PMH?

Moderator

- Abbie Skrove (Biography located in Appendix 5 - Speaker Biographies)

During this discussion, participants noted certain policies and regulations that hinder the optimization of the RN's role in the PMH. For them, the most important barriers to consider are the following:

- Funding models and lack of communication structure.
- Policies that are too strict or restrictive, that are not available or understood.
- Each professional must be allowed to practice to their full scope of practice, which is not always the case.
- Nurses have to perform several roles in patient care, coordination, redirecting patients and ensuring continuity of care. To do so, role clarity is essential for the nurse and all members of the primary care team, including the patient.
- Seniority prevents the selection of the most appropriate person for the role.
- The current system design is not made to provide support or to allow for appropriate training.

Participants also highlighted certain policies and regulatory facilitators to optimize the RN role in the PMH:

- Mentoring structure and allocating time for training. The mentoring structure should be designed to facilitate nurses' integration into primary care and include learning policies, nurses' competencies required in primary care and role expectations in a PMH.
- Sharing clinical data and research results for best clinical practices for effective PMH functioning.
- Providing the right infrastructure and funding to offer quality care.
- Advocating for the expanded role of nurses by mentioning the effectiveness of nurses in several activities such as case-management and patient education.
- Building capacity in the nursing workforce by developing leadership skills.
- Improving recruitment through more accurate job descriptions and an interviewing process.

Solutions

- As primary care is the entry point to the health system, the right coordination, continuity and delivery of care must be appropriately funded.
- Clarify role expectations and determine appropriate funding to support optimal care delivery structures.
- Studies are needed to understand which structure is the most suitable for the expanded role of nurses in primary care and for interprofessional collaboration.
- The nurses' value in improving health outcomes must be recognized, as well as the special skills required in primary care to enable the most appropriate person to be hired.
- Include healthcare professionals and patient partners in policy development, decision-making and creation of funding models.
- All the stakeholders must be at the table to improve professional practices and collaboration to develop the ideal format for shared decision-making.
- Interprofessional policies are needed in clinical settings, along with national guidelines for primary care.
- Sharing research findings and clinical data would enable better policies for primary care, reflecting the reality of primary care settings.

Finally, they noted that policies in primary care are different from those in acute care and must be flexible to adapt care to patient and population needs. Three priorities were established by the participants: 1- Addressing professional hierarchy, 2- Determining accountability and responsibilities in the team and 3- Clarifying roles for all professionals and patients. The inclusion of the patient as an equal partner will help elaborate team functioning that reflects patients' perspectives and needs.

What are the barriers/facilitators to retaining RNs in the primary care workforce, and how might these be overcome?

Moderator

- Lynn Power (Biography located in Appendix 5 - Speaker Biographies)

We have previously mentioned some barriers, facilitators and solutions to promote the attractiveness of primary care and encourage nurses to choose it as a career. Another crucial element discussed was how to encourage their retention. During this breakout session, participants agreed on some of the barriers they felt were hindering retention in primary care:

- Lack of time to build an effective interprofessional team.
- Funding models and nurses' remuneration often reflect a power imbalance. Whether we intend or not, compensation reflects value in the actual primary care system. Compensation is also strongly associated with quality of life, and nurses may quit working in primary care for higher-paid positions.
- Lack of mentoring. The orientation, training and fast-changing environment may be too much for some nurses. The primary care system does not support mentors.

Based on their experience, the participants were also able to name some of the elements that make retention easier:

- Enhance job satisfaction. Nurses must feel valued and have a safe place to ask questions. Better understanding of the expected roles, feeling they are part of the team and clear care pathways are important factors.
- Support structure for mentorship activities. Integrate patients as trainers to give advice on how to improve and teach professionals and how to improve their nursing practice from a patient point of view.

Solutions

- Draw inspiration from successes in other provinces or countries to implement innovative solutions in local contexts. For example, in Alberta, primary care nurses can ask questions in a discussion forum (in the presence of a moderator) and get quick answers within the network. Even if they don't ask questions themselves, they can get help and learn from the answers to other people's questions. In the United States, an official recommendation is that all nurses, whether entering nursing practice or a new area of nursing practice, should go through a formal residency period. Residency includes everything from didactic training to formal mentoring. It allows nurses to learn and ask questions.

- Create primary care programs that allow students to shadow people in clinical settings, show workplace satisfaction and market it as an option for students. Having clinical experts integrated into the system allows individuals from any region to serve as experts whom others can reach out to for guidance or support.
- Invest in primary care to support communities, education and effective team-based care.

To conclude, to improve primary care and increase retention, the right people must be in the right positions. A participant stated: “We keep coming back to recruitment because if we recruit the right people, retention won’t be a problem.” Further, the patients and nurses build strong relationships over time and nurses stay in primary care because they appreciate the patients they’re serving. Patient/family and provider success stories should be highlighted. Stories show value and outcomes, which are ultimately the goal of providing quality care in partnership with patients and families.

How to use data to support integration and optimization of RNs in primary care and facilitate shared decision-making in team-based primary care?

Moderator

- Abbie Skrove (Biography located in Appendix 5 - Summary Biographies)

The use of data is one solution among many to support the integration and optimization of RNs in primary care and facilitate shared team decision-making. However, there are several elements that can hinder the use of data. The participants in this breakout session attempted to shed some light on these barriers to be in a better position to highlight possible solutions.

Here are the barriers that were identified:

- Lack of uniformity in effective data use and analysis.
- Difficulties in accessing and integrating data from a variety of sources, including Electronic Medical Records, population health surveys and provincial/regional health authority data. The timeliness and quality of data were also mentioned.
- There are limitations in capturing the contributions of individual professions in team-based care, particularly those of nurses. Discrepancies in data coding and the compartmentalization of information prevent accurate assessment of the impact of RNs on patient outcomes.

Solutions

- Have better access to and share diverse data sets from systems and research.
- Use the data to inform staffing decisions based on community needs.
- Collect both qualitative and quantitative data to inform decisions and facilitate research efforts.
- Develop education/training programs to improve providers' data collection skills.
- Emphasize the value of accurate data collection and its impact on research and promoting health outcomes.
- Establish standardized data collection methods and terminology within Electronic Medical Records and encourage shared ownership and commitment to data quality initiatives across healthcare teams.
- Invest in data management specialists and equip teams with the necessary resources and support.
- Promote patient engagement in accessing and utilizing personal health records (e.g., MyHealthNL) to enhance health literacy and empower patients in managing their healthcare needs.

Finally, participants agreed that data collection methods, particularly in Electronic Medical Records, need to be standardized to resolve issues related to terminology and definitions. Globally, to improve primary care, mechanisms for ongoing evaluation and feedback must be established to monitor data quality and encourage a culture of continuous improvement to adapt data collection processes to evolving healthcare needs. As we began at this Summit, creating opportunities for knowledge exchange is essential for capacity building and helps develop innovative solutions for data sharing, standardization and utilization across healthcare teams.

How can RNs support PMH optimization?

Moderator

- Ivy Oandasan (Biography located in Appendix 5 - Speaker Biographies)

First, participants saw a move towards improving and revising the PMH vision. Participants discussed their perception of the vision at length, revealing several elements they felt needed to be modified or improved:

- The term "medical" reinforces the idea that doctors are the only ones in charge and that equity among health professionals should be a core value of the PMH model.
- Despite the house-like structure of the vision, the model does not place the patient at its center.
- The importance of the social determinants of health is not emphasized.
- The lack of integration of governance structures that support learning, health systems and continuous quality improvement.
- The vision should include a section on the well-being of healthcare professionals. Burnout and workforce sustainability are important concerns regarding retention in primary care.
- Develop more communications and promotion about the PMH vision and comprehensive team-based care to the public.

Solutions

- Language and PMH Model Revision: Consider changing the term "medical" in the model to "health" to avoid implying that doctors are the sole leaders and to promote a more inclusive approach. Ensure that the patient is truly at the center of the model, both conceptually and in practice. Consider ways to represent this visually, such as in the model's design (i.e., the patient is an equal partner with all the professionals). Incorporate an equity lens throughout the vision and the pillars.
- Develop a workforce surveillance system to better understand and utilize existing resources.
- Implement dissemination structures to share with the public the benefits of being part of an effective PMH. Ask patients for feedback about their understanding of the roles of different healthcare providers in the model.

- Collaborate with international experts to exchange knowledge regarding best practices in patient-centered care. For example, different models of team-based care approaches were mentioned, such as some in Singapore and New Zealand. Team-based care in Singapore employs a ratio of five professionals to one doctor, and New Zealand focuses on continuity between patient and provider.
- Establishing a supportive governance structure would allow everyone (including patients) to participate in the quality improvement process and then contribute together to a learning health system.

Emphasis placed on comprehensive team-based care highlights the need for effective interprofessional collaboration. To deliver care according to the PMH, we need to better understand and utilize existing human resources. Finally, participants agreed on the necessity of developing mechanisms to measure primary care outcomes and advocate for funding allocations. Working to improve the value-based primary care system in accordance with the PMH will contribute to more equity in care delivery.

How can role overlap be leveraged to support effective team-based care and role optimization?

Moderator

- Suzanne Braithwaite (Biography located in Appendix 5 - Speaker Biographies)

Participants agreed that overlapping roles have many benefits like improving access to care and helping patients find the right professional to address their needs. Negative perceptions around role overlap must be changed to support effective team-based care and optimize roles within the team. Furthermore, discussions took place concerning the barriers to the smooth functioning of interprofessional teams and role optimization:

- Hierarchy.
- Different remuneration.
- Funding and evaluation models.

For participants, role overlap has many benefits. They notably discussed the elements that they considered to be facilitators:

- Management has a major role in supporting the workforce, teamwork and role optimization. It can provide leverage by enabling risk-taking, supporting the creation of a learning environment, conflict management and creating a safe space within the team. Secondly, management must allocate time and space to clearly understand each team member's roles and scope of practice.
- Open communication is required as the enactment of each role depends on the context, core competencies and the team's program and care delivery model.
- Nurses must take their place as positive leaders, promoting interprofessional discussion, respecting shared learning and demonstrating the value of the team.

Solutions

- Redefine the role of the primary care team as a whole and negotiate team functioning.
- Build trust between team members by giving them the time and space to communicate, exchange ideas and get to know each other's roles, limitations and strengths. In this sense, it becomes necessary to bring people together and integrate newcomers.

Finally, as primary care evolves, we must change our perspectives and preconceptions. Overlapping roles aren't a problem; they're an advantage. It is possible to create a comfortable team with overlapping roles, but only in a trusting climate and with open communication.

Strategies to engage a stronger network of nurses

Moderator

- Robin Devey-Burry (Biography located in Appendix 5 - Speaker Biographies)

Networking occurs in many ways (e.g., between primary care nurses, with other teams within the primary care network, wider healthcare systems and other sectors) and is necessary to promote mentoring, education and communication to break down isolation. The participants of this breakout highlighted several relevant strategies/solutions for the engagement of the nursing network. However, before determining these strategies/solutions, they revealed certain elements that they perceived as barriers to this engagement:

- There is a lack of clarity about primary care nursing's roles and identity (the newness of primary care teams and nursing roles).
- There is a lack of understanding about the responsibility to initiate and promote primary care nursing and a lack of a clear local and national networking point.
- The financial cost of membership to join primary care associations/organizations.
- Limited time for networking and under-valuation of networking.
- There is an overreliance on organic processes to cultivate networking. Rather, the process must be intentional. The content discussed must be evidence-based and monitored.

Solutions

- Develop and improve existing structures. Working with CFPNA to establish a community of practice could be a first step. Developing relations with other organizations was most often mentioned as essential to building a strong network of primary care nurses. The Federal Director of Nursing and the Canadian Nurses Association are other potential contributors to stronger networking.
- Reinforce electronic infrastructure. Carefully crafted electronic communications, accessible and reliable virtual platforms to access resources and support in a timely manner, opportunities for regular face-to-face or virtual meetings and leveraging pan-Canadian resources.
- Pursue support for Team Primary Care and TPCN's continued work to facilitate learning from other providers, teams, provinces and countries.
- Create guidelines for establishing a community of practice.
- Identify opportunities to showcase primary care nursing at Summits, with particular emphasis on sharing stories of RN practice experiences.

Finally, everybody can contribute to reinforcing the nursing network. It requires intentional planning and prioritization at the leadership level, such as clearly representing primary care from academics, policymakers and practicing nurses.

Part 2 – Results of the Various Summit Activities

The Summit's various formal activities (e.g., plenary presentations, panel discussions, breakout sessions) were organized around a central question raised by Dr. Oandasan: *How can we strengthen Canada's primary care system to ensure quality patient care?* Defining the essential services that every individual should be able to obtain and the roles of each professional in primary comprehensive team-based care, including RNs, were key topics discussed at this event. We aimed to provide an overview of the current state of primary care nursing in Canada, emphasizing provinces where primary care nursing practice is in its first stage, such as NL, while providing a view on practices across and outside the country. The activities also shed light on the challenges and impending difficulties in primary care, the barriers and facilitators to these challenges and concrete solutions to mitigate the challenges, with the collective goal of strengthening primary care capacity and increasing the quality of care delivered to patients. Six major themes emerged from the various activities presented: 1- Educational programs and mentorship; 2- Recruitment and retention; 3- Role optimization and scope of practice; 4- Team-based care; 5- Patient engagement and 6- Engaging a stronger network of nurses. In this part of the report, we directly refer to the plenary presentations and research of our invited speakers to highlight international practices and comparisons to help support the movement towards improved integration and optimization of RNs within team-based primary care.

Educational Programs and Mentorship

Dr. Oandasan emphasized the relevance of establishing a coordinated approach to developing and disseminating lessons on how to train primary care providers and teams. The Summit's various activities revealed the importance of adequate training for both current and future RNs in primary care. To this end, it has become essential to create and integrate primary care-specific knowledge and competencies into entry-to-practice programs in nursing. Moreover, post-licensure education and mentoring for RNs in primary care must be improved.

Pre-licensure programs: Participants agreed that primary care must inevitably be integrated into nursing curricula rather than being the subject of a single course. To facilitate the integration of primary care into the nursing curriculum, it is important to contextualize learning for both primary care and other care sectors. In this sense, it will be important for primary care experts to be involved in the creation of courses to reinforce the primary care component. Another promising solution mentioned by Summit participants is to develop student internships/placements in primary care settings. To this effect, Dr. Terenzi-Seixas reinforces this idea with the functioning of Brazilian universities, which have a collective health department, where all nursing students complete primary care internships in their first year of university. As the literature suggests, infusing primary care content in the pre-licensure curriculum contributes to building a nursing workforce to meet healthcare demands and promote health equity (Hawkins et al., 2023).

Post-licensure programs: The Summit highlighted the importance of building and integrating post-licensure educational programs in a flexible format that is adapted to primary care nurses, responds to their needs and integrates Canadian competencies for RNs in primary care to help nurses realize what falls within the scope of primary care nursing practice. In correlation with the comments that emerged, an environmental scan by Lukewich et al. (2024) identified the need to reinforce and create a post-licensure educational program for nurses in primary care. In the process of conducting this environmental scan, the key informant consultations identified the need to standardize primary care training across Canada. In fact, the literature review revealed only one national program for nurses in primary care. It also revealed the need to integrate some specific subjects in those post-licensure programs. The following topics were identified as being essential: patient engagement, interprofessional collaboration, role clarity and scope of practice (Lukewich et al., 2024). Dr. Lukewich and Dr. Poitras reassured participants that it was possible to develop training programs to unify primary care nursing practice in Canada. Developed in response to clearly identified needs of the nursing workforce, managers and key knowledge users, they presented the TPCN Post-Licensure Educational Program. This is a project combining the PMH's vision (CFPC, 2019) and the National Competencies for RNs in Primary Care (CFPNA, 2019). The TPCN program is part of the solution to the issues raised by Dr. Oandasan and other invited experts. This TPCN program aligns with the feedback provided by the Summit participants.

Mentorship: Consistent with recent literature, Summit participants prioritized establishing mentorship programs for RNs transitioning into primary care roles and advocating for organizational support structures to address the unique challenges faced by primary care nurses. "Sustainable mentoring programs will be an important mechanism for supporting the expanding roles required of nurses working in primary health" (Rossiter et al., 2024, p.1). We agreed that the structure developed must allocate time for training and align with community needs. Focus should be made on important themes like role clarity and interprofessional collaboration. Moreover, interprofessional mentorship is recommended to break down siloed practices and foster a good understanding of each team member's roles, strengths and limitations. Mentors themselves must receive support from the organization and training tailor-made for their teaching needs. To this end, patients should be included in all steps of new training development and team building. Some innovations proposed are promising, such as champion positions in clinical settings to orient team members toward the right educational pathway, including post-licensure education, mentorship and supportive networking.

Finally, the addition of a primary care program and/or training specifically dedicated to primary care in Canada, considering the needs identified through consultations, could be a solution to strengthen RN practice in primary care.

Recruitment and Retention

During discussion and activities, we observed that recruitment and retention were two major interdependent themes. Recruiting the right person to work in primary care seems strongly linked to retaining them. Addressing this issue is crucial since adequate staffing levels (in terms of both numbers and positions) are a prerequisite for improving the quality of patient care.

Unfortunately, difficulties with recruitment are a major challenge we need to resolve. According to Summit participants, primary care workforce recruitment is hampered by myths and misconceptions about primary care, preventing some professionals from engaging in this care context. These include the fear of losing a part of their nursing scope of practice, which is closely linked to certain preconceived ideas about nurses, such as the "ease" of primary care. Moreover, problems related to the perception of nursing practice in primary care, such as prioritization, previous under-utilization, seniority-based assignments and the feeling of being undervalued in one's role as a nurse in a primary care setting, are the main obstacles to staff shortages. On the other hand, a sense of commitment to the community and a better work-life balance were identified as factors that could increase the attractiveness of primary care.

Concerning retention, current literature attests that it is influenced by two global factors: 1- individual factors and 2- organizational factors. Individual factors relate to work-life balance, emotional exhaustion and depersonalization. Organizational factors concern working conditions (lack of autonomy, lower wages and salaries, lack of training opportunities and increased administration) and lack of appreciation by managers (application of knowledge and skills and granting of benefits) (Chamanga et al., 2020). As mentioned in several of our activities, the remuneration model is also a barrier to job satisfaction and, in many cases, it often renders nurses' work invisible, as many of their roles (e.g., checking on patients, assessing infections, teaching patients how to care for themselves) are not billable. In this sense, their "invisible" work hinders the attribution of value to the nurse (Scott, 2022). Although it has been noted that the fee-for-service model can have a negative impact on job satisfaction, it is currently unclear how different funding models support or hinder the integration of family practice nurses into primary care systems. However, funding models have important mediating effects on the healthcare system. They can influence both nursing roles and health outcomes (Lukewich et al., 2019; Mathews et al., 2022).

Finally, difficulties in recruiting and retaining nurses can also be explained by factors inherent in the job satisfaction of primary care nurses (Halcomb, 2020). This is one of the points raised by Dr. Halcomb in her plenary presentation. On a more positive note, the quality of life associated with work is a very important individual factor in recruiting and retaining primary care nurses. To foster a sense of job satisfaction, Dr. Halcomb stresses the importance of creating an environment that promotes nurses' job satisfaction. She proposes several solutions to increase this sense of job satisfaction: working to the full extent of one's scope of practice and knowledge, support,

recognition, etc. (Halcomb, 2024). Once again, role clarity was highlighted as a key aspect of improving primary care and a key factor not only in the effectiveness of interprofessional teams but also in nurses' job satisfaction (Halcomb, 2020).

Role Optimization and Scope of Practice

Scope of practice is described as the outer limits to the practice of a profession for which a person is educated and authorized to perform, and which is influenced by the context, the patient's needs and the professionals themselves. It is important to note that the legislated scope of practice differs from the professional scope of practice. Nurses need to be familiar with both concepts and differentiate them. The legislated scope of practice represents the external limits determined by the set of laws and professional standards. The professional scope of practice refers to the knowledge and skills of the professional (in this case, the nurse) to perform the tasks assigned to him or her within the legally prescribed scope of practice. The legislated scope of practice is broader than the professional scope of practice, which is shaped by professional development and experience, legislation and regulatory requirements, patient demographics and health goals, the characteristics of the work environment and systemic factors (Almost, 2021; Braithwaite et al., 2022; Oelke et al., 2008; Poitras et al., 2018).

The scope of practice correlates with job satisfaction and helps strengthen primary care by promoting nurse retention. In this regard, Halcomb (2020) reports that nurses are generally satisfied with the nature of their work, and more specifically, with pride in their work, personal fulfillment, enjoyment and providing high-quality care. On the other hand, her study shows that the factor with the highest rate of dissatisfaction with the nature of their work is the ability to use their skills and abilities fully (i.e., to work to the full extent of their scope of practice). Essential considerations for optimizing the roles and scopes of practice of RNs within a primary care team were discussed at the TPCN Summit. For this purpose, Dr. Braithwaite illustrated those essential considerations. She emphasized the relevance of optimizing primary care scopes of practice in a team setting and identified the key factors influencing this implementation as role clarity, role overlap and collaborative practice (Braithwaite, 2024). These three factors are an integral part of the Canadian Interprofessional Collaboration Health framework (CICH, 2016).

Through a discussion of information drawn from the development and improvement of the Brazilian public health system, Dr. Terenzi-Seixas reinforces the importance of expanding the scope of practice of nurses in primary care, enabling nurses' increased autonomy, enhanced management skills, better interprofessional teamwork, greater capacity to take charge of complex social and health situations and actions developed at all levels of care (e.g., health promotion, preventative care) (Terenzi-Seixas, 2024). The positive effects of the expansion of the nurse's scope of practice reported by Dr. Terenzi-Seixas align with those that Dr. Braithwaite reported in her presentation. She states that we should optimize the scope of practice of RNs in primary care to

increase patient outcomes (health outcomes, patient satisfaction and access to care), nurse outcomes (job satisfaction and retention) and system outcomes (efficient/effective utilization of scarce health human resources) (Braithwaite, 2024).

The nurses' scope of practice is closely connected with the nurse's role, a subject discussed at length during the Summit and mentioned during several discussions. There was general agreement between participants that optimizing the nurse's role is a significant factor in improving the quality of patient care. However, these roles must, first and foremost, be well-defined. In her plenary presentation, Dr. Norful offered some useful theoretical approaches for understanding nursing roles in primary care (Donabedian, 1966; Germack et al., 2022; Institute for Healthcare Improvement [IHI], 2014; Karasek & Theorell, 1990; May, 2006; Mitchell et al., 2019; Norful et al., 2018; WHO, 2020). She identified some interesting avenues for countering certain difficulties, including maximizing the nurse's role. Among her suggestions, the following are particularly promising: 1- Co-managing patient visits with providers from different professions and disciplines; 2- Clearly delineating nurses' roles when managing complex care; 3- Managing specialized care services, including programs that provide patients with disease-specific support and 4- Allowing independent visits led by the RN and titration of medications through permanent protocols (Norful, 2024). However, we must remember that elements such as context, core competencies of the team and care delivery models can cause the nurse's role to fluctuate. Concerning the nurse's role in the PMH, participants report a lack of flexibility regarding policies and regulations. They point to a lack of awareness, understanding or availability of primary care policies. Finally, it was discussed by the participants that this flexibility, along with a more precise job description, primary care-based selection process and leadership skills are facilitators to optimizing the RN's role.

Team-Based Care

During her plenary presentation, Dr. Hart raised awareness of the importance of team-based care, highlighting the role of nurses in transforming primary care and the need for innovative approaches to meet the challenges of healthcare delivery. Defined as several health workers from different professions who provide comprehensive care by working with patients, their families and other caregivers, team-based care is a solution for improving primary care (Bouton, 2023). Dr. Hart emphasized the benefits of team-based care and its relevance to primary care challenges, using the example of an inner-city Wyoming clinic staffed by nurse leaders. Dr. Hart's words concerning the benefits of teamwork align with the existing literature. Indeed, several experts confirm that team-based care reduces wait times and improves access to care, health outcomes and patient satisfaction (Bouton, 2023; CFPC, 2012; Dinh et al., 2014; Virani, 2012). Dr. Hart focused on the RN-led primary care team, highlighting the numerous benefits of this team-based structure. Her research confirmed that RN-led primary care teams can effectively reduce emergency room visits, improve patient quality of life, increase vaccination rates and improve overall health (Hart, 2024).

While we are aware of these beneficial effects for the system and patients, there are still some aspects to consider to make interprofessional teams effective. In her plenary presentation, Ms.Etchegary confirmed that teamwork is beneficial and can improve primary care; however, she emphasized that certain key factors must be considered for teamwork to be effective: role clarity and scope of practice, communication, co-location, dedicated time, leadership, population approach and openness to change (Etchegary, 2024). Her discussion is in line with the Canadian Interprofessional Health Collaborative framework (CIHC, 2010), which described six competency domains that need to be prioritized: role clarification, team functioning, interprofessional communication, patient/client/family/community-centered care, interprofessional conflict resolution and collaborative leadership.

Indeed, when Summit participants discussed the need to foster the development of interprofessional collaboration for effective and cohesive teamwork, they emphasized that leaders (physicians, nurses and other administrators) must collaborate and create a supportive structure for team building. They should ensure open communication and trust between team members and address concerns such as accountability and remuneration. Also, time and space dedicated to the team is essential and will allow an understanding of each team member's roles and scope of practice. Interprofessional mentorship is an avenue to break siloed practice and isolation. Open communication helps people feel empowered. Including the patients and their view of the team functioning is essential.

Team-based care must be assessed appropriately with the right indicators. The data from research and systems can be used and shared to facilitate the integration and optimization of nursing within care teams. However, data collection methods need to be standardized to maximize their full potential and thus maximize the contribution of nurses in interprofessional teams. While sharing research data between team members is relevant, it is possible to further maximize their potential by sharing them between researchers and countries to nurture primary care worldwide.

Patient Engagement

The above findings demonstrate the importance of teamwork, role clarity and the optimization of nurse's scope of practice towards the success of primary care nursing. Many studies also show that patient engagement is another important factor in strengthening primary care. Moreover, when engaged in their care as active partners, patients are the main drivers of cost reduction, efficient use of human and material resources and patient and provider satisfaction (Hickmann et al., 2022). More precisely, patient engagement is defined as ''the desire and capability to actively choose to participate in

care in a way uniquely appropriate to the individual, in cooperation with a healthcare provider or institution, for the purposes of maximizing outcomes or improving experiences of care.'' (Higgins et al., 2017, p.1) Indeed, the engagement level of the patient may change with time depending on their health condition and their needs. According to the literature, patient engagement contributes to greater patient and provider education and policy, as well as improved service delivery and governance (Bombard et al., 2018). At this TPCN Summit, patient engagement, just like collaboration between public health and primary care, was also discussed by the experts. Dr. R Ramsden emphasized the importance of patient and community engagement in primary care capacity building. She outlined two key factors to consider in fostering community interaction and engagement: respect for community cultural traditions, customs and codes of practice and the establishment of an authentic, reciprocal and trusting relationship.

When participants discussed optimizing PMH, they expressed that the patient was not really placed at the center of the vision and discussed the importance of the patient being an equal partner. Consistent with the Montreal Model, there are 4 levels of patient engagement: 1- Information; 2- Consultation; 3- Collaboration and 4- Partnership and co-construction (Pomey et al., 2015). Moreover, patients may be involved in all spheres of the healthcare system as partners. For example, participants raised the point that the use of the term "medical" within the PMH reinforces the idea that the doctor is responsible for the care provided, failing to place the patient as a partner. To improve team-based care capacity, participants agreed that a shared vision of team-based care is needed and must be promoted. It becomes necessary to inform and explain this vision to every patient to encourage engagement in their own care. Caregivers must ensure that they understand and engage in this approach to care. Another crucial element mentioned was the social determinants of health, which should be given greater consideration in the PMH vision. In addition, governance structures should support learning health systems and continuous quality improvement co-constructed with patients. Patient inclusion and participation are particularly relevant in reinforcing social adaptability and the quality improvement structure. The literature indicates that collecting the most accurate and relevant information on the social determinants of health from patients fosters their engagement in improving their care experience (American Nursing Association [ANA], 2023).

Patients should be viewed as equal partners in team-based care. Their experiences can serve as valuable teaching tools for other team members, particularly in assisting RNs in adopting a patient engagement approach. Recent literature confirms that educational interventions involving patients as trainers positively impact nurses' patient engagement practices in primary care. Patient educational interventions support the inclusion of the patient's perspective to enable RNs to focus on the real needs of patients (Morin et al., 2023).

Given patient partners' undeniable benefits, we wanted them to be represented at this Summit. Toni Leamon and Marie-Dominique Poirier took part in the discussions and enabled participants to recognize the role of a patient partner within a primary care team. Here's what they thought of the event:

The TPCN Summit was an **incredible opportunity** for me as a patient. Nursing practice is in a period of change to **better develop primary care** and **interdisciplinarity.** All Summit participants had a **common goal,** to strengthen primary care. As a patient-partner, all the activities presented **enabled me to increase my knowledge** of nursing practice both in Canada and elsewhere in the world.

I also had the opportunity to **express my views** and d**iscuss the role of patients** in this change of practice. The Summit was the **culmination of a year's hard work** by the whole team to deliver this formidable project. I learned a lot about nursing practice, and Toni and I's input on patient engagement tinged the whole course. Nursing practice **values a holistic approach** to health, and the **participation of patients** in this Summit demonstrated this perfectly.

Personally, this project was a great achievement both professionally and personally.

MARIE-DOMINIQUE POIRIER
PATIENT PARTNER

The TPCN Summit was the most innovative nursing event I have ever attended. Not only were FPNs [Family Practice Nurses] present, but all stakeholders in the field of primary care, including policy-makers, union representatives, family physicians, government, and patients. **The Summit allowed all perspectives to come together in a shared space to advocate and make changes where it matters - in the heart of primary care in Canada.** The Summit was even more impactful, being in my home province of Newfoundland & Labrador, where primary care is essential in our rural and remote communities.

Our healthcare system may be in crisis, but the Summit gave me renewed hope that when dedicated people come together with a shared passion for change, improvement is not far behind. As a patient partner, the most exciting part of this process was being involved from the very creation of the idea. This level of engagement can be rare, but TPCN was eager for patient involvement from the beginning, which shone through in their eagerness for patient involvement in areas of their project and Summit. Patient input was present and valued throughout all aspects of the project and Summit, including in the celebration of achievements and appreciation that closed the event. **Valuing patient partners in such a holistic way is the key to change for patients and providers in primary care.**

TONI LEAMON
PATIENT PARTNER

Engaging a Stronger Network of Nurses

Finally, networking is necessary to promote mentoring, education and communication and to break isolation, but this term is poorly defined (Carmone et al., 2020). In a discussion to this effect, participants emphasized that there are many possible ways to promote networking. Among other things, participants noted that the network can be made up of primary care nurses, other primary care teams, the wider healthcare system and other sectors. These include interprofessional collaborations, but also intraprofessional collaborations. Even though obstacles need to be overcome to strengthen the network of primary care nurses, the formation of a network remains paramount. The obstacles discussed at the Summit related more specifically to the lack of role clarity, the absence of a clear networking point and financial costs. Summit participants put forward several suggestions for overcoming these obstacles. Among them, the creation of communities of practice was one of the suggestions named by participants. Taking into consideration the definition of several authors, the Institut national de santé publique du Québec (2017) defined the community of practice as a valuable mode of collaborative work to support stakeholders in their practice and to advance "practice" in their field of knowledge. Three dimensions emerge from most definitions. These three dimensions are: Community, Domain and Practice. Of course, the idea of learning in interaction with others is at the heart of the community. Communities of practice enable professionals to use evidence in a timely manner. In this regard, some authors emphasize that professionals often prefer to learn from their peers rather than consult written resources (Institut national de santé publique du Québec, 2017). This notably reinforces the idea of establishing a support and mentoring structure guided by peers as a means of growing the nursing network.

According to the principles of andragogy and change management (Graham et al., 2018), for a program to be effective in changing professional practices, it must be accompanied by a mentoring structure. The literature confirms that a virtual community of practice optimizes knowledge and skills and facilitates the implementation of evidence-based practice (Field et al., 2014; Shaw et al., 2022; Straus et al., 2013). Including a network of facilitators, subject matter experts, patient partners and trained nurses with the TPCN post-licensure educational program presented by Dr. Lukewich and Dr. Poitras is a fine example of the integration of a community of practice. In addition to helping learners, we hope that this new community of practice will become a place for robust, evidence-based exchanges. In this way, nurses will benefit from a place to ask questions and be supported in their enhanced primary care nursing practice.

What's Being Done Elsewhere?

The diverse backgrounds of the invited experts and participants enabled a rich exchange and learning experience for all Summit participants. The Summit highlighted best practices in primary care around the world and shed light on some of the challenges faced by certain countries/regions.

First when we look at the challenges primary care nurses face in different countries, we see a certain similarity between them. Challenges perceived in the Canadian primary care context, such as lack of recruitment/retention, lack of recognition, use of research data and lack of clarity of roles (CNA, 2014; Halcomb, 2021) were also identified by Dr. Halcomb in Australia, by Dr. Hart and Dr. Norful in the United States and by Dr. Terenzi-Seixas in Brazil. Fortunately, these experts have also named solutions, theories and strategies that have been put in place to counter these challenges in their respective countries. These challenges persist. However, they do offer some ideas to overcome the challenges facing primary care in Canada.

Dr. Halcomb's work highlights the importance of job satisfaction in maximizing retention in primary care. She suggests, among other things, that the Australian primary care system and funding models should be reviewed and revised to foster a sense of reward. Nurses should not have to negotiate their pay scale and salary themselves and should feel they are being paid what they are worth (Halcomb, 2024). Regarding teamwork, Dr. Halcomb also gave some examples from Singapore and New Zealand to highlight different approaches to team-based care. Singapore employs a ratio of 5 professionals to 1 doctor and New Zealand focuses on continuity between patient and provider.

In turn, Dr. Terenzi-Seixas presents a strategy that demonstrates very interesting results in Brazil concerning interprofessional care in partnership with the patient, autonomy and community participation of the primary care nurse (Terenzi-Seixas, 2024). Implementing a care model such as the Family Health Strategy of the Brazilian public health system could be a useful way of countering some of the challenges facing primary care in Canada and promoting care equity.

In the United States, specifically in the state of New York, Dr. Norful has developed a theory to address multiple challenges faced by primary care nurses in this country, focusing more on the exercise of the nursing field of practice. The Emerging Care Delivery Model (Norful, 2018) could apply to Canada and help us gain a deeper understanding of the scope of nursing practice. Dr. Hart, for her part, presented an innovative team-based solution from Wyoming. RN-led clinics have been shown to improve accessibility of care, reduce emergency room visits, increase vaccination rates and improve overall health and quality of life for patients and should be considered in the optimization of Canadian primary care (Hart, 2024).

More research in primary care nursing is needed and working together as we did during the Summit clearly demonstrated the benefits of our collaboration to strengthen and optimize primary care.

Learnings for Newfoundland & Labrador and Other Provinces or Jurisdictions Wanting to Integrate Registered Nurses in Primary Care

Healthcare professionals are committed to strengthening primary care in their respective province. For NL, the desire to improve access and quality of care and close the gap with other provinces drives stakeholders to integrate the best of their knowledge regarding primary care practice. However, due to its politicization and rapid evolution, the integration of nurses in primary care is experiencing some difficulties. Numerous concerns and challenges have been identified in several jurisdictions as observed in the NL region, and the need for support to integrate knowledge efficiently is clear.

First and foremost, staff recruitment and retention is one of the first issues to emerge in primary care nursing practice in many regions/countries, and NL is no exception. To this end, NL must focus on this challenge as a priority. Without it, the other challenges will be difficult to surpass. During the various activities, Summit participants highlighted that an increased sense of job satisfaction and the presence of residencies/mentorships/training in a primary care setting can positively impact the retention and recruitment of primary care nurses. Initially, we find that fee-for-service models in this province often undervalue nurses, undermining this sense of job satisfaction (Scott, 2022). In addition, nurses in NL are paid very differently based on the geographical zone in which they practice. Pay scales vary and nurses often apply for higher pay/positions in order to feel they are being paid accordingly. There is a need to evolve and unify payment models to support the retention and recruitment of nurses across the region.

The lack of support, mentoring and training is another barrier to job satisfaction, reducing access to and quality of patient care. Notably, few mentors are available to support learners, which may be explained by the fact that there is no clear networking point or a strong relationship with the CFPNA. We understand that increasing job satisfaction through training, mentoring and networking will lead to greater staff retention and recruitment in the region's primary care clinics.

Increased staffing levels will also help to foster team-based care, another issue we perceive as hampering the improvement of primary care in NL. The development of Family Care Teams is a good strategy that has been developed and adopted by NL to promote accessibility and continuity of care for the province's inhabitants, emphasizing teamwork. This structure is important for healthcare professionals and patients alike, but there are several difficulties that hamper its efficiency. As with any new concept, those affected by it need to be well informed. There is a lack of understanding among team members, and especially patients, of what team-based care is and how it works. It is therefore important to educate all team members, staff and patients alike to reduce misunderstandings and promote patient engagement in their care. In addition, the Canadian Interprofessional Health Collaborative Framework (CIHC, 2010) highlights several

competencies that should be prioritized in team-building efforts. The primary care teams from Newfoundland will benefit from integrating these competencies (role clarification, team functioning, communication, patient/client/family/community-centered care, interprofessional conflict resolution and collaborative leadership) to enhance their teamwork.

Above all, this Summit hosted in NL resulted in a wealth of learning and ideas to help strengthen the province's primary care system. To promote accessibility and continuity of care, NL must take concrete action and build on the strategies currently developed locally, nationally and internationally.

Conclusion

> ''I just wanted to extend my thanks for including me in such an inspirational and invigorating event. I am leaving St. John's with so many ideas that I'm hoping we can implement together in future research and project initiatives.''

In collaboration with various primary care stakeholders from Canada and other countries (e.g., health policymakers, administrators, educators, researchers, patient partners, primary care providers and nursing students) strategies and recommendations were developed at the TPCN Summit to support a collective movement towards better integration and optimization of RNs in primary care. Ideas and opportunities were shared, and relevant research and projects were presented, all resulting in rich discussion that led to robust recommendations and lessons learned.

More specifically, the general objectives of the TPCN Summit were as follows:

1. Explore the existing landscape of RNs in primary care across Canada.
2. Facilitate the exchange of theory-based practices and evidence-based approaches related to optimizing the RN role within team-based primary care.
3. Devote special attention to the unique challenges faced by certain provinces that have been slower at implementing RNs into primary care.
4. Collaboratively draft a comprehensive plan with participants to strengthen the integration and optimization of the RN workforce in primary care and help transform primary care across Canada.
5. Identify key strategies, policies and initiatives necessary to optimize RNs' contributions to the primary care team and the broader healthcare system.

These objectives were met through a range of activities that generated a great deal of sharing and in-depth discussion. More specifically, the traditional NL kitchen party served as an icebreaker and helped foster professional and friendly exchanges conducive to partnership and the development of nursing practice in primary care. The plenary presentations delivered by ten invited experts in the field of primary care nursing enabled us to better identify priority needs based on existing literature and current research, learn about practices outside the country and obtain an overview of projects currently under development. The two discussion panels and the ten breakout sessions enabled rich, structured exchanges between experts and participants, uniting everyone's expertise with the shared goal of furthering the integration and optimization of RNs in primary care.

Participants left the Summit with a comprehensive overview of the challenges and issues facing RNs in primary care across Canada, including primary care best practices and a wealth of ideas and suggestions for countering and surpassing the challenges and issues that are often faced with the integration of this role. The development of the TPCN Post-Licensure Educational Program supports the idea that it is possible to meet the needs of nursing professionals in primary care settings, and thus unify practice across Canada.

For the future of primary care, we will aim to build on what has been learned at this TPCN Summit, to draw upon practices that have proved successful in other countries and to develop and expand both large and small projects that will grow primary care and enhance the quality of patient care. We also hope that, in the near future, teamwork - an essential factor in the development of primary care - will be understood by all health professionals and patients and become an integral part of all primary care clinics in Canada. Let's remember that we need to join forces, clarify everyone's role, broaden the scope of nursing practice, encourage patient engagement, develop education programs specific to primary care, make the most of mentoring, capitalize on personal and organizational factors that lead to job satisfaction, build on collaboration between public health and primary care and finally, engage a strong nursing practice network. We now have some innovative suggestions and we need to work together to put them into practice. We must continue to advance primary care practices by leveraging research, implementing programs and measuring their concrete effects at organizational, professional and patient levels.

This TPCN Summit was greatly appreciated by the participants. Through questionnaires and email follow-ups, we noted that participants thoroughly enjoyed their experience and found the Summit to be highly relevant to the improvement of primary care. We hope that our approach will inspire nurses, other healthcare professionals and researchers to pursue their work towards improving primary care. In conclusion, we view this report as a valuable tool that can be replicated for other projects to further advance practice and science.

"Thanks for a fantastic meeting. Lots of excitement, enthusiasm and potential for the future.''

Appendix 1 – List of Abbreviations

TPCN: Team Primary Care Nurse

NL: Newfoundland & Labrador

CFPC: Canadian Family Physicians of Canada

CFPNA: Canadian Family Practice Nurse Association

MUN: Memorial University of Newfoundland

UdeS: Université de Sherbrooke

RN: Registered Nurse

PMH: Patient Medical Home

NPs: Nurse Practitioners

LPN/RPN: Registered Practical Nurses/Licensed Practical Nurses

PHC: Primary Health Care

CNA: Canadian Nurses Association

KTA: Knowledge-to-Action

PREMs: Patient-reported experience measures

PROMs: Patient-reported outcomes measures

Appendix 2 – PMH Vision

Patients say that patient-centred family practices are where they are most comfortable—most at home—discussing their personal and family health concerns.

Family practices serve a vital role caring for patients and communities across Canada. The Patient's Medical Home (PMH) 2019 is a vision for the future of family practice that emphasizes patient-centredness, community adaptiveness, and interprofessional collaboration. In PMH 2019, every family practice across Canada offers the medical care that Canadians want—seamless care that is centred on individual patient's needs, within their community, throughout every stage of life, and integrated with other health services. A PMH aims to provide each patient with a central hub for all their health care needs.

These foundations are necessary to enable the PMH practices to thrive within their communities

1. Administration and Funding
Practices need financial support delivered through appropriate remuneration models that enable governance, leadership, and management.

2. Appropriate Infrastructure
Physical space, staffing, electronic records and other digital supports, equipment, and virtual networks facilitate the delivery of timely, accessible, and comprehensive care.

3. Connected Care
Practice integration with other care settings and services across the health care system, a process enabled by effectively integrating health information technology.

Care provided in a PMH is characterized by the following functions

4. Accessible Care
Advanced and timely access, virtual access, and team-based approaches ensure care that's there when it's needed.

5. Community Adaptiveness and Social Accountability
A PMH responds to the needs of a community it serves on the patient, practice, community, and policy level.

6. Comprehensive Team-Based Care with Family Physician Leadership
A broad range of services is offered by a well-connected interprofessional team. The team might not be co-located but the patient is always seen by a professional with relevant skills who can connect with a physician (ideally the patient's own personal physician) as necessary.

7. Continuity of Care

Patients live healthier, fuller lives when they receive care from a provider who knows them and how their health changes over time.

8. Patient- and Family-Partnered Care

Family practices respond to the unique needs of patients and their families within the context of their environment, involving them as active partners in care.

Commitment to these ongoing development areas keep PMH practices constantly growing and improving

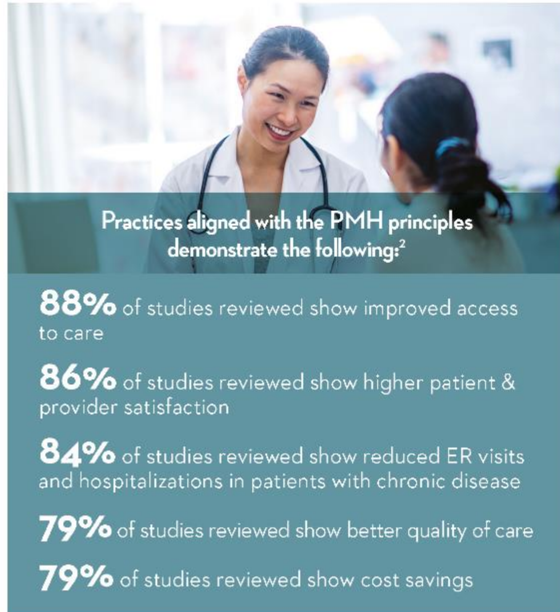
9. Measurement, Continuous Quality Improvement, and Research

Family practices strive for progress through performance measurement and CQI. Patient safety is always a focus, and new ideas are brought in through patient engagement.

10. Training, Education, and Continuing Professional Development

Emphasis on training and education ensures that the unique knowledge and expertise of family physicians can be shared with the broader health care community, while ongoing development ensures constantly staying at the forefront of best practice.

PMH 2019 outlines 10 pillars with key attributes that make up a PMH and is intended to support all family practices to be better aligned with the PMH principles. PMH 2019 is a vision to which every practice can aspire. Strong patient-provider continuity in primary care results in improved health outcomes and cost-savings to the health care system, and it is also of great importance to patients.[1]



Visit **www.patientsmedicalhome.ca** for:

Practical Best Advice tools for family physicians

Province-specific PMH Implementation Kits

Self-assessment tool to measure how well a practice fits the Patient's Medical Home model

More information about the PMH vision and its benefits

The Patient's Medical Home is an initiative championed by the College of Family Physicians of Canada (CFPC). The CFPC represents more than 38,000 members. It is the national professional organization responsible for establishing standards for the training, certification, and lifelong education of family physicians and it is the voice of family medicine.

1. Association of Family Health Teams of Ontario. *Optimizing the value of team-based primary care: Review of the literature*. Toronto, ON: Association of Family Health Teams of Ontario; 2015. Available from: www.afhto.ca/wp-content/uploads/Optimizing-the-value-of-team-based-primary-care-LIT-REVIEW.pdf. Accessed 2019 March.
2. Toward Optimized Practice. *Benefits of a Patient's Medical Home-A Literature Summary of 115 Articles | 2017 Update*. Edmonton, AB: Toward Optimized Practice; 2017. Available from: www.topalbertadoctors.org/file/top--evidence-summary--benefits-of-pmh.pdf. Accessed 2019 March.

Appendix 3 – Summit Agenda

Team Primary Care Nurse Summit - Agenda

Day 1: February 26th, 2024

Check-in & Registration!

1600 - 1700	• Check-in & Registration at the hotel
1730 - 1900	• Wine and appetizer networking at hotel (cash bar, a variety of hot and cold appetizers will be served).

Day 2: February 27th, 2024

Let's kick start the summit!

0700 - 0800	Breakfast
0745 - 0805	• Event Introduction, Land Acknowledgement & Opening Indigenous Prayer
0805 - 1050	• Opening Remarks ◦ *Kim LeBlanc - President Elect Canadian Nurses Association*
	• *Team Primary Care: Educating Interprofessionally in Primary Care for a Hopeful Future* ◦ *Dr. Ivy Oandasan*
	• *Team Primary Care Nurse: Education and Practice Network* ◦ *Dr. Julia Lukewich & Dr. Marie-Eve Poitras*
	• The Future of Primary Care: Evidence and Vision for the Registered Nurse Role (Rural/remote perspective) ◦ *Dr. Ann Marie Hart*
	• Understanding Optimization of Scope of Practice of the Registered Nurse in Team-Based Primary Care ◦ *Suzanne Braithwaite*
	• Exploring the Optimization of Registered Nurses' Scope of Practice in Team-Based Primary Care: Insights from the Brazilian PHC Model ◦ *Dr. Clarissa Terenzi Seixas*
1050 - 1105	BREAK
1105 - 1215	• Panel Discussion: Myth Buster – Registered Nurses in Team-Based Primary Care ◦ *Dr. T. Klassen, Dr. J. Tranmer, Kim LeBlanc, Dr. Kris Aubry-Bassler, Dr. S. Wong, Rutanya Wynes*
1215 - 1300	LUNCH

1300 - 1430	• BREAKOUT SESSIONS
Breakout 1	• *What are the barriers/facilitators to attract registered nurses to work in team-based primary care, and how might these be overcome?*
Breakout 2	• *What are the barriers/facilitators to emphasizing primary care nursing integration into pre-licensure education, and how might these be overcome?*
Breakout 3	• *How can professional development (post-licensure) better prepare existing registered nurses for optimized roles in primary care (consider potential barriers and facilitators)?*
Breakout 4	• *How can health professionals working in primary care practices develop interprofessional collaboration that enables RNs and other health professionals to work in effective and cohesive teams (consider the challenges and opportunities)?*
Breakout 5	• *What are the policy barriers/facilitators to optimizing the registered nurse role in the Patient's Medical Home (PMH)?*
1430 - 1445	**BREAK**
1445 - 1645	• Quality Care in Newfoundland & Labrador – Family Care Team Resource Hub ○ *Cheryl Etchegary*
	• Report/discussion from Breakout Sessions
	• Summary of the day and plan for tomorrow
END OF DAY	

Day 3: February 28th, 2024

Let's start with a mood check!

0700 - 0800	Breakfast
0745-0805	• Event Introduction, Land Acknowledgement & Opening Indigenous Prayer
0805 - 1015	• Introduction to Day 2, Answering any outstanding questions from day 1 & Welcoming suggestions for day 2
	• Job satisfaction and career intentions of registered nurses in primary health care ◦ *Dr. Elizabeth Halcomb*
	• Finding a role for all nurses within the primary care team. Challenges and opportunities for registered nurses, licensed/registered practical nurses and nurse practitioners. ◦ *Dr. Alison Norful*
	• Panel Discussion: Key Components to Optimize the Primary Care Nurse Role in NFLD & L ◦ *Lynn Power, Ian Hodder, Maria Mathews, Abbie Skrove, Kim LeBlanc , Rutanya Wynes*
1015 - 1030	BREAK
1030 - 1200	• BREAKOUT SESSIONS
Breakout 1	• *What are the barriers/facilitators to retaining registered nurses in the primary care workforce, and how might these be overcome?*
Breakout 2	• *How to use data to support shared decision making in team-based primary care?*
Breakout 3	• *How can registered nurses support PMH optimization?*

	• *How can role overlap be leveraged to support role optimization?*
	• *What are the continuing education needs for registered nurses working in primary care?*
	LUNCH
	• Building an Inclusive Primary Care / Primary Health Care Environment ○
	• *Nursing leadership in primary care: leading, learning, and belonging.* ○
	BREAK
	• Report/discussion from Breakout Sessions
	• Summit conclusions, identification of missing themes and recommendations, call to action, & evaluation reminder.

Appendix 4 – Team Primary Care Nurse

Treena Klassen, RN, DBA, Palliser Primary Care Network, Alberta, Canada.

Julia Lukewich, RN, PhD, Faculty of Nursing, Memorial University of Newfoundland, Newfoundland & Labrador, Canada.

Marie-Eve Poitras, RN, PhD, Department of Family Medicine and Emergency Medicine, CRMUS Research Chair on Optimal Professional Practices in Primary Care, Université de Sherbrooke, Quebec, Canada & Centre Intégré Universitaire de Santé et de Services Sociaux du Saguenay–Lac-St-Jean, Québec, Canada.

Robin Devey-Burry, RN, PhD, Faculty of Nursing, Memorial University of Newfoundland, Newfoundland & Labrador, Canada.

Suzanne Braithwaite, RN, PhD, School of Nursing, Trent University, Ontario, Canada.

Sheila Epp, RN, MSN, University of British Columbia Okanagan, School of Nursing, British Columbia, Canada.

Dana Ryan, MA, Faculty of Nursing, Memorial University of Newfoundland, Newfoundland & Labrador, Canada.

Mireille Guérin, MSc., Department of Family Medicine and Emergency Medicine, CRMUS Research Chair on Optimal Professional Practices in Primary Care, Université de Sherbrooke, Quebec, Canada & Centre Intégré Universitaire de Santé et de Services Sociaux du Saguenay–Lac-St-Jean, Québec, Canada

Anaëlle Morin, RN, PhD(c), Department of Family Medicine and Emergency Medicine, CRMUS Research Chair on Optimal Professional Practices in Primary Care, Université de Sherbrooke, Quebec, Canada & Centre Intégré Universitaire de Santé et de Services Sociaux du Saguenay–Lac-St-Jean, Québec, Canada

Deanne Curnew, RN, MN, PhD(c), Faculty of Nursing, Memorial University of Newfoundland, Newfoundland & Labrador, Canada.

Crystal Vaughan, RN, MN, Faculty of Nursing, Memorial University of Newfoundland, Newfoundland & Labrador, Canada.

Donna Bulman, RN, PhD, Faculty of Nursing, Memorial University of Newfoundland, Newfoundland & Labrador, Canada.

Anne-Sophie Langlois, MA, Department of Family Medicine and Emergency Medicine, CRMUS Research Chair on Optimal Professional Practices in Primary Care, Université de Sherbrooke, Quebec, Canada & Centre Intégré Universitaire de Santé et de Services Sociaux du Saguenay–Lac-St-Jean, Québec, Canada

Monica McGraw, RN, PhD(c), Department of Family Medicine and Emergency Medicine, CRMUS Research Chair on Optimal Professional Practices in Primary Care, Université de Sherbrooke, Quebec, Canada.

Marie-Dominique Poirier, Department of Family Medicine and Emergency Medicine, CRMUS Research Chair on Optimal Professional Practices in Primary Care, Université de Sherbrooke, Quebec, Canada & Centre Intégré Universitaire de Santé et de Services Sociaux du Saguenay–Lac-St-Jean, Québec, Canada

Toni Leamon, RN, Faculty of Nursing, Memorial University of Newfoundland, Newfoundland & Labrador, Canada.

Appendix 5 – Speaker Biographies

Abbie Skrove is the Patient's Medical Home Optimization Director with the Palliser Primary Care Network in Alberta. She has been a RN for 23 years, working in numerous areas of nursing throughout her career, but has settled into primary care since 2008. Abbie has been a PCN RN assisting family physicians in managing chronic disease and has had multiple administration roles at Palliser Primary Care Network in Medicine Hat. She also has significant history with the CFPNA, becoming the founding President of the Alberta Primary Care Nurses Association, where she recently stepped down after 6 years. Abbie feels that working in primary care has been the most rewarding part of her career.

Ann Marie Hart is a professor and the Doctor of Nursing Practice program director at the University of Wyoming's School of Nursing in Laramie, Wyoming. She has been teaching nurse practitioner students since 2003, where her scholarship has focused on improving health through better nurse practitioner education and postgraduate nurse practitioner training. In recent years, Dr. Hart has developed a keen interest in primary care nursing. She is a member of the American Association of Ambulatory Care Nursing, a fellow in the American Association of Nurse Practitioners and the Chair (Accreditation Commission) of the Consortium for Advanced Practice Providers. Dr. Hart spends some of her time practicing at a progressive clinic for uninsured, low-income adults and advocates for primary care nursing every chance she gets!

Cheryl Etchegary is a health policy analyst with Quality of Care NL, where she currently manages the Family Care Team Resource Hub: a partnership between Memorial University and the Department of Health and Community Services (Government of Newfoundland & Labrador), designed to enhance and support interprofessional collaboration on Family Care Teams. Previously, she provided Secretariat support for the Community Care Committee of Health Accord NL: a ten-year health transformation for Newfoundland and Labrador.

Clarissa Terenzi-Seixas is a RN, a professor at the Department of Nursing Sciences at the University of Paris Cité and a researcher at the ECEVE/Inserm laboratory. She holds a bachelor's and master's degree in nursing (Brazil) and a PhD in sociology (France). Clarissa has spent time as a professor and researcher at the Department of Public Health of the School of Nursing at the State University of Rio de Janeiro (UERJ), a researcher at the Ecole des Hautes Etudes en Santé Publique (Paris) and a guest professor in the professional master's program in Primary HealthCare at the Federal University of Rio de Janeiro. She also coordinates the Observatory of Health Policies and Care at UERJ. Clarissa has extensive experience in teaching and research in primary healthcare, health policies and home care.

Deanne Curnew is a RN and a PhD Candidate in the Faculty of Nursing at Memorial University. She is passionate about preparing nurses to practice within evolving social and healthcare contexts. Her program of research focuses on nursing career development and workforce preparation, with a particular focus on nursing in primary care settings. Deanne is a Nurse Educator at the Centre for Nursing Studies, where she teaches in the Memorial University Bachelor of Science in Nursing program. She also has substantial experience teaching in continuing nursing studies and practical nursing programs. Deanne is a member of *Team Primary Care Nurses – Education and Practice Network* and the President-Elect of the CFPNA. She previously served as Student Representative on the CFPNA executive. Deanne collaborates with nurse educators across Canada to enhance and strengthen Canadian undergraduate education as a member of the Canadian Association of Schools of Nursing Nurse Educator Interest Groups in Community Health and Nursing Education Research.

Ian Hodder is the Acting Program Director of the Family Practice Renewal Program, a joint initiative of the Newfoundland & Labrador Medical Association and the Department of Health and Community Services, whose mandate is to improve the delivery and effectiveness of family practice in the province as part of a more integrated primary healthcare system. Since joining the program, Ian's focus has been on organizational design to support the development of Family Practice Networks and the Collaborative Services Committees to address common population health priorities between Family Practice Networks and NL Health Service. He has completed his B.Sc. (Health Education), B.Ed. and Masters of Adult Education (Dalhousie University). Ian returned to Newfoundland in 2009, where he joined the NL Centre for Health Information to create a Change Management Division in support of ehealth provincial projects to enable use in clinical practice.

Ivy Oandasan is a Full Professor at the Department of Family and Community Medicine at the University of Toronto (U of T). As an active family physician, she has been involved in teaching and research since 1997, where her main scholarship has been in curriculum development, evaluation and research related to interprofessional education and competency-based family medicine education. She is also the Director of Education at the College of Family Physicians of Canada (CFPC). Dr. Oandasan was the inaugural Director of the Office of Interprofessional Education at U of T, where she led the development of the requisite IPE curriculum for all of U of T's health professional students, which has been replicated internationally. Dr. Oandasan's burning platform remains to foster a generation of competent and caring healthcare professionals who believe in the practice of interprofessional patient-centered care.

Joan Tranmer is a Professor in the School of Nursing and Department of Public Health Sciences, as well as an affiliated scientist with the Centre for Health Services and Policy Research and a senior adjunct scientist with ICES (formerly the Institute for Clinical Evaluative Sciences). She received her PhD in Nursing from University of Toronto and her MSc and BNSc from Queen's University. Dr. Tranmer has clinical and epidemiological research expertise in the conduct of cohort and intervention studies and in the use of health administrative databases. Her research has been supported by granting bodies, including the Canadian Institutes of Health Research, Ontario Ministry of Health and Long-term Care and others, and she has published in a wide range of scientific journals. Dr. Tranmer is currently working with local regional planners to implement and evaluate the implementation of primary care based integrated healthcare services.

Julia Lukewich, Associate Professor, Faculty of Nursing, Memorial University, is leading high-quality research programs focused on improving the delivery of primary healthcare through the optimization of nurses within team-based models. Dr. Lukewich led the national team that developed competencies for Registered Nurses in primary care. This cutting-edge research is being used by nursing schools to inform curriculum for work in primary care. Recently, Dr. Lukewich was invited by the College of Family Physicians of Canada to lead the nursing component of a multi-million-dollar interdisciplinary project to better the delivery of team-based collaborative primary care across Canada. Dr. Lukewich has produced many refereed publications in national and international journals, and presented her findings at wide range of conferences.

Kimberly LeBlanc is the current Academic Chair of the Association for Nurses Specialized in Wound Ostomy and Continence Canada's Wound Ostomy and Continence Institute. She is also an Advanced Practice and Certified Wound, Ostomy and Continence Nurse. Dr. LeBlanc holds a PhD in Nursing from Queen's University. She is an Affiliate Lecturer at McGill University and an Honorary Senior Lecturer at Cardiff University. She has lectured extensively on wound and ostomy care and is considered a global expert on wounds and ostomy issues in the aging population, having numerous publications and book chapters on wound, ostomy and continence related topics. Notably, she is the President-Elect (2022-24, President 2024-26) of the Canadian Nurses Association. Dr. LeBlanc is known globally as an innovative nurse leader.

Kris Aubrey-Bassler is a practicing family physician, Associate Professor of Family Medicine, Director of the Primary Healthcare Research Unit and interim Chair of the Discipline of Family Medicine at Memorial University. He came to Newfoundland & Labrador in 2008, after practicing full scope rural medicine for 4 years in a small remote community in Northern Ontario. While there, the practice he worked in implemented one of the first multi-disciplinary Family Health Teams in rural Ontario, including RNs, RPNs and a social worker, dietitian and epidemiologist. Since that time, Dr. Aubrey-Bassler has been a strong believer in the value of team-based primary care. Presently, he is the clinic lead for PRIME, the Newfoundland & Labrador participant in the Canadian Institutes of Health Research-funded National Primary Care Research Network. His research interests include the effect of different models of primary care and of primary care reform on costs, health outcomes and health service utilization.

Lynn Power is the Executive Director of the College of Registered Nurses of Newfoundland & Labrador (CRNNL). This role is accountable to provide strategic leadership and uphold the College's commitment to regulatory excellence. Before this role, she also worked with CRNNL as a Practice Consultant and Director of Policy and Practice. Lynn is a RN with graduate level preparation from Memorial University of Newfoundland. Pursuing governance continuing competency in 2021, she completed the Institute of Corporate Directors Director Education Program. Lynn is the co-Chair of the NL Health Regulator Network (Canadian Council of RN Regulators). She has a long history of working collaboratively with many stakeholders, recently being a member of the team that developed the Newfoundland & Labrador Health Accord. Lynn is a spokesperson on nursing regulation on numerous provincial, national and international initiatives and committees.

Maria Mathews is a Professor and Canada Research Chair in Primary Healthcare and Health Equity in the Department of Family Medicine and the Department of Epidemiology & Biostatistics at Western University's Schulich School of Medicine & Dentistry. Dr. Mathews leads a program of research on primary healthcare with interconnecting themes of the health workforce; the organization, integration and delivery of care and healthcare in rural communities. Her research has been supported by peer reviewed grants from tri-council, national, provincial, and university funding agencies. Dr. Mathews leads research teams, which include distinguished researchers from across Canada, as well as policymakers from provincial health systems and Canadian health professional organizations.

Marie-Eve Poitras is a RN and Junior 2 research fellow at the Quebec Health Research Fund. She has a postdoctoral degree in knowledge transfer and patient-centered research. Dr. Poitras is an associate professor in the Department of Family Medicine and Emergency Medicine at Université de Sherbrooke and holds the CRMUS Research Chair role on optimal professional practices in primary care. She is the lead for the Quebec branch of PaRIS-Canada and is the Canadian representative at the OECD with Sabrina Wong. She also leads Team Primary Care Nurse, a national initiative focused on implementing a Canadian continuing education curriculum for primary care nurses. Dr. Poitras' work has two aims: 1- the integration of patient and healthcare professional perspectives in clinical and decision-making contexts and 2- to develop and implement strategies for integrating the patient perspective among key players in Canadian research.

Allison Norful is a board-certified adult nurse practitioner and health services researcher with a focus on interdisciplinary care delivery models and the impact of work environment factors on physiologic stress that precipitates adverse psychological outcomes in nurses. She is jointly appointed as an Assistant Professor at Columbia University School of Nursing and as a nurse scientist across the New York Presbyterian Hospital enterprise in New York City. She is the developer of several instruments including the Provider Co-Management Index, now being used across 5 countries in both research and clinical settings. Dr. Norful is recognized as a leading international researcher and expert consultant in latent construct measurement, care delivery model analysis, nurse work environments and psychometric testing.

Liz Halcomb is the inaugural Professor of Primary Health Care Nursing at the University of Wollongong. She leads a strong research program in primary care nursing, with particular emphasis on nursing in general practice, chronic disease and nursing workforce issues. Dr. Halcomb has led the writing of two national professional practice standards for primary care nurses. She has authored over 230 peer-reviewed papers, is in the top 460 nurse authors (World's Top 2% Scientists) and is the most published author globally in primary care nursing. She has supervised 13 PhD students, 1 Masters of Philosophy and 10 Bachelor of Nursing Honours students to completion. In 2019, Dr. Halcomb was the first nurse to ever be awarded the Australasian Association for Academic Primary Care Bridges-Webb Medal for her international-standard research contributions to primary care.

Rutanya Wynes is an Inuk woman living in St. John's since 2009. Rutanya earned her Bachelor of Science and Master of Public Health degrees, which she applies in her professional career, as well as in her position as a Volunteer Community Advocate with First Voice Urban Indigenous Coalition. Rutanya uses an Indigenous, harm-reduction and inclusive approach to assess the effects of high-level policies at the individual level, starting with herself and her family. Having interacted with health systems across Canada, in both a professional capacity and as a patient, she advocates for implementing anti-racism interventions in healthcare to make changes at the system level.

Sabrina Wong is a professor at the University of British Columbia in the School of Nursing and at the Centre for Health Services and Policy Research. She is also the co-chair of the Canadian Primary Care Research Network and co-Director of the BC Primary Health Care Research Network. Dr. Wong's research career began at University of California, San Francisco School of Nursing. Since this time, Dr. Wong's research has focused on the delivery and organization of primary healthcare with a particular focus on examining processes to decrease healthcare inequities seen in groups/populations who are made vulnerable by multiple intersecting determinants of health. She has an added focus of work in building a primary care information infrastructure that can be used for measuring performance in primary care, with particular attention on the clinical electronic medical record data and organizational and patient surveys.

Suzanne Braithwaite is an Assistant Professor in the School of Nursing at Trent University (Ontario), where her research is focused on optimizing nursing scope of practice within primary care settings. Suzanne received her PhD from Queen's University. She is also a Registered Nurse and certified Community Health Nurse with over 10 years of experience working in Ontario's primary care sector. Suzanne is currently President of the Canadian Family Practice Nurses Association, supporting family practice/primary care nurses across the country.

Treena Klassen is the Project Manager for the Team Primary Care Nurse national post-licensure education program for RNs in primary care. She is a RN with a specialty certificate in advanced mental health, a graduate degree in education and a doctorate in business administration. Dr. Klassen started her career in primary care providing in-home care for the chronically and persistently mentally ill. Since then, she has been involved in regional mental health education, governance curriculum design and holds an executive director role with a rural Alberta primary care network. Dr. Klassen was a key member of the national team that developed competencies for RNs in primary care and currently supports the Canadian Nurses Association as Chair of the Specialty Nursing Council. With over 30 years of experience, Dr. Klassen is a recognized expert in primary care nursing.

Vivian Ramsden is a RN, as well as a Full Professor and Research Director in the Department of Academic Family Medicine, University of Saskatchewan. She has a BSc in Nursing, a Master of Science in Community Health Administration and Wellness Promotion and an Interdisciplinary PhD (primary healthcare & curriculum studies). Dr. Ramsden is the facilitator of a partnership with a nursing college in Chennai, India and the Immediate Past President of NAPCRG (North American Primary Care Research Group). Her work as a participatory health researcher resulted in the co-creation of research with individuals and communities that address issues that impact their health and well-being. Dr. Ramsden is involved in long standing collaborations with Indigenous communities in northern Saskatchewan and South India and with women released from prison, which has subsequently transformed their health and wellness.

Appendix 6 – Summit Participants

Abbie Skrove
Palliser Primary Network

Allison (Allee) Clark
NL Health Services

Allison Norful
Columbia University

Amanda Jennings
NL Health Services

Anaelle Morin
Université de Sherbrooke

Andrea Watkins
Memorial University

Anne-Sophie Langlois
Université de Sherbrooke

Anne Marie Tracey
Centre for Nursing Studies

Ann Marie Hart
University of Wyoming

Ashley Dicker
First Light – Health Sciences Center

Bernadette Doyle-Follett
Government of NL – DHCS

Carol Anne Wight
NL Health Services

Cheryl Etchegary
Quality of Care NL

Clarissa Terenzi-Seixas
Université Paris Cité

Crystal Vaughan
Memorial University

Dana Ryan
Memorial University

Daphne Osborne
Government of NL

Darla King
NL Health Services

Deanne Curnew
Memorial University

Dena Trask
NL Health Services

Devonne Ryan
Government of NL – DHCS

Donna Bulman
Memorial University

Donna Hardy Cox
Memorial University

Elizabeth Halcomb
University of Wollongong

Emilie Dufour
Dalhousie University

Emily Gard Marshall
Dalhousie University

Emma Dalley
Memorial University

Ian Hodder
Family Practice Renewal Program

Ivy Oandasan
University of Toronto

Jacinta (Budgell) Reddigan
Government of NL

Jacqueline Nikpour
University of Pennsylvania

Janet Morgan Little
NL Health Services

Jill Bruneau
Memorial University

Joan Tranmer
Queen's University

Julia Lukewich
Memorial University

Karen Randell
NL Health Services

Karla Simmons
Memorial University

Kathleen Stevens
Memorial University

Kathy Watkins
Centre for Nursing Studies

Kelly Kean
College of Registered Nurses of NL

Kim Parsons
Registered Nurses' Union NL

Kimberly Leblanc
Canadian Nurses Association

Kris Aubrey-Bassler
Memorial University

Lynn Power
College of Registered Nurses of NL

Margot Antle
Registered Nurses' Union NL

Maria Mathews
Western University

Marie-Dominique Poirier
Université de Sherbrooke

Marie-Eve Poitras
Université de Sherbrooke

Megan Carey
NL Health Services

Mireille Guerin
Université de Sherbrooke

Monica Bull
Government of NL – DHCS

Monica McGraw
Université de Sherbrooke

Nelly Oelke
University of British Columbia – Okanagan

Nicole Stockley
NL College of Family Physician of Canada

Paula Hanrahan
Family Practice Renewal Program

Patrick Chiu
University of Alberta – Faculty of Nursing

Peggy Colbourne
Memorial University

Peggy Rauman
Memorial University

Rutanya Wynes - *Community Advocate*
First Voice Urban Indigenous Coalition

Ruth Martin-Misener
Dalhousie University

Sabrina Wong
University of British Columbia

Sonya Clarke-Casey
First Light – Indigenous Health Clinic

Suzanne Braithwaite
Trent University

Toni Leamon
Team Primary Care Nurse

Treena Klassen
Team Primary Care Nurse

Vanessa House
Community Health Nurses of Canada

Vivian R Ramsden
University of Saskatchewan

Yvette Coffey
Registered Nurses' Union NL

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