

Registered Nurses in Primary Care: Your Time Is Now

Primary care is described as the front door of the healthcare system (Kiran 2022). Defined more than 30 years ago, primary care is a model of healthcare that includes first-contact care, continuity of care, comprehensiveness and coordination (Starfield 1994). For a patient, it is their entry point to the rest of the healthcare system, and ideally, the place where they go to have most of their healthcare needs met by the same provider over time. Primary care is a component of primary healthcare, which is a broader approach that includes public health as well as policy, action and empowerment strategies involving multiple sectors (WHO n.d.). While Canada has made improvements in primary care delivery, its performance still lags behind that of other countries (Duong and Vogel 2023). One of its shortfalls is accessibility. More than 6.5 million people in Canada do not have access to primary care (Duong and Vogel 2023). This is concerning, and even more so because the population is aging, and many people have one or more chronic illnesses needing ongoing follow-up (Public Health Agency of Canada 2022) and social determinants of health requiring action (Andermann et al. 2016).

This special issue of the *Canadian Journal of Nursing Leadership (CJNL)* has a specific focus on the role of registered nurses (RNs) in primary care. While the role of nurse practitioners (NPs) in primary care is well established, and their numbers are growing rapidly (CIHI 2024b), less is known about RNs in primary care. Except in the North, where they have had a longstanding expanded clinical role in primary care for many years RNs were commonly thought of as administrative support to physicians. However, over the past decade, that is changing, particularly with the expansion of team-based primary care (Bodenheimer and Bauer 2016).

Team-based care offers a solution to primary care accessibility challenges, but its impact depends on every provider practising their optimal scope of practice (Canadian Academy of Health Sciences 2012). This poses challenges for RNs in primary care in Canada because their role is still unclear to many other healthcare providers and is underutilized, under-researched and without articulated

theoretical underpinnings. To begin to address this gap, the idea of a special issue of *CJNL* was conceived in conversations with Julia Lukewich, Treena Klassen and Marie-Eve Poitras when I attended a TEAM Primary Care conference in St. John's, Newfoundland and Labrador, in 2023. The concept was to profile current research that demonstrates the vital role that RNs can play in team-based care. It is exciting to see the idea transform into a reality.

The special issue begins with an insightful commentary written by Ivy Bourgeault and Ivy Oandasan who provide an overview of the importance of primary care in the healthcare system and the *Team Primary Care: Training for Transformation* initiative. Their commentary concludes with a sentence that I think will resonate with readers of this special issue – “Primary care – what ought to be the front door to our health system – will benefit from greater and strategic involvement of nursing” (Bourgeault and Oandasan 2025: 12).

Norful et al. (2025) provide the first paper in the special issue. Titled “Theory-Informed Strategies to Guide Policy, Practice, Education and Research About Registered Nurses in Primary Care,” this article describes the process and results of a deliberative dialogue involving 68 diverse decision makers at the Team Primary Care Nursing (TPCN) Summit in February 2024. The group's first task was to identify the challenges associated with implementing RNs in primary care. They then identified theoretical models that could guide work to address these challenges. The paper discusses the application of two selected models – Donabedian's (1966) quality of care model and Norful et al.'s (2018) co-management model.

Next, in “Education for Registered Nurses in Primary Care: Current and Future Trends,” Lukewich et al. (2025a) discuss education for RNs in primary care, a field that until recently has been neglected in nursing programs. The authors describe the rather bleak state of pre- and post-licensure education for RNs to practise in primary care and the development of an asynchronous bilingual competency-based education program that transformed the education terrain along with a community of practice and an evaluation.

Following this is the paper from Poitras et al. (2025) who write about the implementation of a “train-the-trainer” (p. 42) intervention led by an RN, social worker and patient partner. Their article titled “Key Elements for Implementing a Train-the-Trainer Intervention for Registered Nurses and Social Workers in Primary Care” discusses the development and implementation of this interprofessional, patient-engaged train-the-trainer intervention and its qualitative developmental evaluation.

Spencer et al.'s (2025) paper, "Primary Care Team Funding, Compensation and Practice Models Across Canadian Jurisdictions: An Environmental Scan" is next. It uncovers what is known about team-based practice models and how they are funded, including provider compensation. Importantly, it sheds light on how RNs are compensated in primary care team-based models of care. Understanding funding models and their influences on provider behaviours, including collaboration and work allocation, is an important consideration when evaluating team functioning and outcomes.

In the next paper, Lukewich et al. (2025b) report on their study of nursing leadership in primary care in the context of the COVID-19 response. Their qualitative case study involving a total of 76 RNs, NPs and licensed/registered practical nurses from regions in four provinces probes the relationship between nursing leadership and healthcare system preparedness, identifying the value of nursing leadership during a public health emergency and how nurses' expertise can be better used in primary care settings – important messages to inform system readiness for the next public health crisis.

Prescribing is a new responsibility added to the scope of practice for some RNs in some provinces. MacQuarrie et al.'s (2025) commentary discusses the planning and implementation of RN prescribing in Nova Scotia, and the importance of leadership to make significant change. Their commentary describes the processes and frameworks used to inform the components of the prescribing approach and the importance of partnerships for planning, implementing and evaluating the scope of practice changes.

Scope of practice is the focus of Morin et al.'s (2025) paper in which they report on a scoping review conducted to identify, describe and map self-reported questionnaires for evaluation of RNs' scopes of practice in primary care. Their search yielded 12 articles adding to the knowledge about primary care RNs' scope of practice and about the toolbox of questionnaires available for research and other activities to strengthen RN practice to meet the needs of patients.

In the next commentary, patient partners, Leamon and Poirier (2025) draw on their lived experience and expertise to present a vision for a future in which patients and RNs work together in partnership to drive change in primary care. They discuss the importance of trust between RNs and patients and how it can grow over time because of the longitudinal nature of patient-provider relationships in primary care. Fundamental to the development of trust is respect that patients "are the true experts in their care journey" (Leamon and Poirier 2025: 126).

Next Braithwaite et al. (2025) write about the critical importance of nursing leadership in primary care. They embrace the philosophy of “every nurse a leader” (p. 134) and the affirmation that leadership is a core competency for all RNs in primary care. Their paper identifies challenges and opportunities for leadership to advance the role and impact of RNs in primary care.

The special issue closes with a commentary from the past president of the Canadian Nurses Association, Sylvain Brousseau, who reminds us of the important social mission of RNs in primary care. Beginning with the title, “Empowering Primary Care Nurses – Unlocking Access, Enhancing Quality and Addressing Social Determinants of Health,” past President Brousseau leaves readers with a powerful reminder that RNs are essential to strong primary care systems that improve accessibility, equity and quality. Brousseau (2025: 143) leaves us all with a call to action: “The time to act is now. Enough talk, it is time for real and concrete action.”

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