

NP Infrastructure Funding for Divisions of Family Practice – Q&A

Contents

Introduction	2
Section 1: Impact on the Mandate of Divisions.....	2
Section 2: Impact on the Governance of Divisions.....	4
Section 3: Impact on the Operations of Divisions	4
Appendix A: Non-Clinical Rate for Nurse Practitioners as Division of Family Practice Members ..	7

Introduction

In July of 2021, the [Family Practice Services Committee \(FPSC\)](#) and [Nurses and Nurse Practitioners of BC \(NNPBC\)](#) jointly announced that additional infrastructure funding (known as “NP Infrastructure Funding”) from the Ministry of Health (MoH) would be available to all Divisions of Family Practice (divisions) that include Nurse Practitioners (NPs) who deliver primary and community-based care (eligible NPs) as full voting members.

The purpose of this investment is to strengthen the integrated system of team-based primary care envisioned by the FPSC. While this funding is available to any division that includes eligible NPs as full voting members the decision to do so is not mandatory and remains at the discretion of each division. More information about funding eligibility can be found in [Section 3: Impact on the Operations of Divisions](#).

This Q&A summarizes all the questions the FPSC and NNPBC have received about the inclusion of NPs as full voting members in divisions. These questions have been themed into three main categories:

- Impact on the Mandate of Divisions;
- Impact on the Governance of Divisions; and
- Impact on the Operations of Divisions.

For divisions where NPs are not full voting members, the NPs can access compensation via the NP Provincial Initiatives and Programs (NP-PIP) [NP Division of Family Practice Activity Funding](#).

If you have any additional questions or feedback, please contact your FPSC Primary Care Transformation Partner and/or Nurse and Nurse Practitioners of BC (NNPBC) at NPpracticesupport@nnpbc.com.

Section 1: Impact on the Mandate of Divisions

Is it mandatory for divisions to bring NPs into their membership?

- No, it is optional for divisions to include eligible NPs as members. The NP Infrastructure Funding is only provided to divisions that include NPs as full voting members.

Where is the NP Infrastructure Funding coming from?

- NP Infrastructure Funding is provided through a Shared Cost Arrangement (SCA) between the MoH and NNPBC. This is separate from the Physician Master Agreement between the MoH and Doctors of BC which funds the Joint Collaborative Committees, the FPSC, and the Divisions of Family Practice.

Does including NPs have implications for the mandate of divisions, particularly with consideration of embedding NPs into division governance and bylaws?

- Divisions of Family Practice were formed in 2009 under the umbrella of the FPSC with funding from the Physician Master Agreement (PMA). The intent, as originally stated, was that family physicians in the area would receive professional support and the ability to influence patient care in the region.
- Some divisions included NPs in their membership early on in their formation or evolution, and others have included NPs more recently, recognizing their role as longitudinal primary care providers in their community.

- Funding has been available since July of 2021 through NNPBC, for divisions who wish to include NPs as full members.
- Adding NPs to divisions does not change the original intent for the existence of divisions to influence patient care in the region. Including NPs will strengthen the provision of primary care services from a team-based care perspective.
- Further, NPs play a key role within Primary Care Network (PCN) service planning and implementation.
- When a division decides to include NPs as full voting members, it is recommended that they review their governance and bylaws with their legal counsel to assess if amendments are needed. NP Infrastructure Funding is available to cover any associated costs up to a maximum of \$3,500 (as described in [Section 3](#) of this document).

Divisions are physician-led, physician-centered, and represent the needs and views of physicians. How is this going to be affected by the inclusion of NPs?

- Inclusion of NPs does not change the mandate of the division where the physicians will remain the most prominent group.

Are there expectations about how divisions will support NPs?

- The role of the divisions is to support their members by providing a voice and influence in identifying community needs, improving primary care at the local and regional level, and influencing broader system integration. It is expected that divisions will continue to focus on the needs of their communities, and the needs of primary care practices regardless of the composition of the division’s membership.
- NPs are providing longitudinal primary care as ‘*Most Responsible Provider*’ with their own patient panel in communities across British Columbia and benefit from division supports and networking resources.
- NPs receive advocacy and practice support through NNPBC.

Would it be better for NPs to have their own divisions?

- Divisions are critical partners in BC’s healthcare system and play a vital role in addressing local issues, supporting the broader transformation of primary care, and developing and implementing PCNs. As community longitudinal primary care providers, establishing separate divisions for NPs would be inefficient, ineffective, and ultimately at odds with the FPSC’s vision of integrated, team-based care.
- Bringing primary care providers together will help support role clarity and cooperation, improve the provision of healthcare at the community-level, and strengthen the influence of divisions within primary care. This will lead to a more cohesive healthcare system which will better reflect local needs.

What is the current status of NP membership in divisions at the provincial level?

- As of March 31, 2026, 23 divisions include NPs as members:
 - 13 divisions include NPs as full voting members
 - 10 divisions include NPs as non-voting members

Section 2: Impact on the Governance of Divisions

Do NPs need to be full voting members for divisions to receive NP Infrastructure Funding?

- Yes.
- These NPs must also be working in primary or community-based care for divisions to be eligible for NP Infrastructure funding.

Is there an option for NPs to join divisions and not be voting members?

- Yes, divisions may choose to include NPs as associate (non-voting) members. Effective July 15, 2024, NPs who are not full voting members can be compensated via the NP-PIP program [NP Division of Family Practice Activity Funding](#) for their time spent attending division hosted primary care activities, regardless of membership status.
- Divisions who do not grant full voting membership to eligible NPs will not receive NP Infrastructure Funding.

For divisions to incorporate NPs as full voting members does there need to be society or co-op bylaw amendments? Is funding available to support this?

- It is recommended that divisions review their bylaws with legal counsel to assess if bylaw amendments are needed.
 - Divisions may use up to \$3,500 of the NP Infrastructure Funding they receive to cover any associated legal costs.

Can NPs serve on division boards?

- The division bylaws specify the manner in which directors are elected or appointed. NPs may be eligible to serve on division boards if permitted by Division bylaws. Divisions may amend their bylaws to allow NPs to do so.

If an NP is a full voting division member and wants to be a board director, will this tip the balance of those eligible for remuneration and therefore affect our restriction under the BC Societies Act? What about divisions that are co-ops?

- The [Societies Act](#) limits the number of division directors who are able to receive remuneration under contracts of employment or contracts for services; the number of division members and the disciplines of the directors are not relevant. For example, if there are 10 board directors, only four can receive remuneration for clinical services from the division.
- Divisions that are co-ops are only permitted one class of members. The division would therefore need to change its structure to allow NPs to join as equal members.

Section 3: Impact on the Operations of Divisions

How much funding are divisions eligible to receive?

- Divisions will receive \$3,000 annually for each NP that is a full voting member.
- The total NP Infrastructure Funding amount a division receives will be based on the number of NPs who are full voting members.

How does a division access the NP Infrastructure Funding?

- Divisions interested in receiving NP Infrastructure Funding should contact NNPBC at NPinvoicing@nnpbc.com for more information and to receive the relevant

How can a division find out how many NPs are practicing in the community? Is there a way the Division can contact the NPs?

- Divisions can contact NNPBC at NPpracticesupport@nnpbc.com to access this information and to be connected with the appropriate regional contacts.

How can divisions use the NP Infrastructure Funding?

- NP Infrastructure Funding can be used by divisions in the same way as their annual FPSC Infrastructure Funding. This includes:
 - Compensating NPs for actively participating in division projects;
 - Governance structures such as boards and committees, and other related work; and
 - Covering costs associated with operations.
- As noted previously, NP Infrastructure Funding can also be used for legal fees to amend division bylaws to include NPs (up to a maximum of \$3,500) and for any NP integration and engagement activities.

What is the non-clinical remuneration rate for NPs participating in division activities?

- The non-clinical remuneration rate for NPs is \$122/hour. See [Appendix A](#) for more information.

Can a division choose to compensate NPs at a higher or lower rate?

- No. The non-clinical rate has been set at \$122/hour by the MoH. For more information about how this rate was determined, please see Appendix A.

Will other FPSC funding streams (e.g., PSP) be aligning with the new NP compensation rate? Will all the Joint Collaborative Committees be aligning with the new NP compensation rate?

- NP Infrastructure Funding is provided exclusively to support NP participation and integration in division activities. Other funding streams are not impacted.
- Additional funding for NPs to participate in [PSP Quality Improvement activities](#) is provided through other MoH-funded NNPBC programs as outlined in the SCA.

How will divisions be accountable for the funding?

- Divisions that receive NP Infrastructure Funding will sign an Infrastructure Funding Agreement with NNPBC which establishes accountability requirements.
- Funding can be rolled over each fiscal year until the SCA between the MoH and NNPBC expires on March 31, 2027.

How will divisions report on the funding? Will the reporting be the same as to the FPSC?

- NNPBC will provide a reporting template to each division that receives NP Infrastructure Funding.
- Divisions are required to submit annual reports.

Which NPs are eligible to become division members?

- Any NP can become a division member. However, to receive NP Infrastructure Funding these NPs must be:
 - Licensed to practice (this includes provisionally licensed NPs);
 - Actively practicing in primary and community care with a valid MSP number; and
 - Registered and in good standing with the BC College of Nurses and Midwives (BCCNM).

- Any requests for exemptions to the above will be considered on a case-by-case basis by NNPBC. For more information, please contact NPpracticesupport@nnpbc.com.

If an NP becomes a division member, will they be entitled to FPSC incentives (e.g., long term care or inpatient care)?

- No. NPs are not eligible for any FPSC incentives.

With this funding, can health authority employed NPs be compensated for participating in division activities?

- Yes, NPs who are employed by health authorities are eligible for compensation paid by the division, but only if they are a division member **and they are not being paid through their employer or other sources**. See [Appendix A](#) for more information.

If there are additional questions, please contact your FPSC Primary Care Transformation Partner and/or Nurse and Nurse Practitioners of BC (NNPBC) at NPpracticesupport@nnpbc.com.

Appendix A: Non-Clinical Rate for Nurse Practitioners as Division of Family Practice Members

Overview of the development of the non-clinical rate for Nurse Practitioners (NPs):

1. The non-clinical rate for NPs has been developed by the Ministry to reflect a fair and equitable compensation for non-clinical engagement work. It is based on a review of various rates and salary averages for NPs and the non-clinical/committee rates for other providers (e.g. midwives).
2. Consideration was given to the non-clinical rate for family physicians and how that rate was derived, which for NPs resulted in a calculation of a percentage of the median compensation rate for contracted NPs.
3. Consideration was also given to the total compensation for employed NPs, which includes benefits, pension, sick time, vacation, etc.
4. The non-clinical rate was the subject of consultations with select external stakeholders such as the Nurse and Nurse Practitioners of BC (NNPBC) prior to being finalized through internal Ministry of Health processes.

Applying the non-clinical rate for health authority employed and contracted NPs:

The following guidelines apply to all NPs who are accessing the non-clinical rate:

1. NPs can access the non-clinical rate of \$122/hour when they participate in eligible division activities.
2. NPs seeking to access the non-clinical rate for activities associated with their division should follow existing processes or, if no processes exist, invoice their division directly.
3. NPs cannot access the non-clinical rate if they are compensated for the above through other means – this includes wages provided by health authorities and other employers. No double-billing is permitted. If the NP is expected to participate in the above as a representative of their employer or another organization, they should be compensated by that party and not the Ministry of Health through NNPBC.

Any questions regarding eligibility criteria should be directed to NPpracticesupport@nnpbc.com.