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The Collaborative Roles of Nurses and General Practitioners in Advancing Preventive Healthcare: Vaccination Campaigns, Health Screenings, and Lifestyle Interventions

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Abstract

Preventive health care is crucial to addressing the global burden related to disease, and includes vaccination campaigns, health screenings, and lifestyle modifications. Nurses have a leadership role in preventive care alongside General Practitioners (GPs) in a collaborative partnership where nurses augment community engagement, patient education, and care coordination, while GPs have clinical authority for the definition of the diagnosis, treatment planning and adherence, policy implementation, and broader population health initiatives. This review intends to assess the shared role of nurses and GPs to enhance access, equity, and efficacy in preventative care through a collective approach. Nurses have a leading role in vaccinations and combating vaccine hesitancy, while GPs provide clinical supervision on processes and policies for vaccination programming. Health screenings begin with a nurse taking the patient's history and risk factors, while GPs use their role in standard practice, providing clinical assessment and diagnoses that could lead to laboratory services improving early detection and intervention rates. Lifestyle interventions involve nurses using their educational background to advise patients on behavioural modification, while GPs have the authority to prescribe. Teams of nurses and GPs together can lessen the impact of chronic disease risk factors in our patient populations. Interprofessional approaches, such as team-based care and shared decision-making, have resulted in enhanced preventive health outcomes, with studies indicating up to 25% improvement rates in vaccination coverage and up to 30% improved screening detection rates. The challenges of regulation, fragmentation, and resource limitations indicate that prevention system reform policies from the federal to the regional or local level, such as providing nurses full practice authority and a standard electronic health platform, will be necessary in the future. Tables reporting the strategies and outcomes highlight the role of integrated care models in advancing the system of public health.

Keywords: Nurses, General Practitioners, Preventive Health, Vaccination Campaigns, Health Screenings.

1. Introduction

Preventive healthcare plays a vital role in today's public health systems, working to decrease the burden of disease worldwide by addressing and managing health risks before they become chronic or acute health conditions (World Health Organization [WHO], 2023). Preventative health care includes vaccination campaigns supporting the prevention of infectious diseases, health screening for conditions such as cancer and diabetes, and lifestyle modifications to address risk factors such as obesity and smoking. Nurses and GPs play an important role in prevention services, acting together to create better access, equity, and outcomes for populations as a whole. Nurses can address public health needs because of their skills in patient education, community engagement, and care coordination; establishing trust amongst patients and promoting adherence with prevention times (Maughan et al., 2018).

Generally, GPs have medical oversight, diagnostic responsibility, prescribing authority, and can support evidence-based guidelines (Bodenheimer & Bauer, 2016). Together as a team, they help address global health issues, including misinformation-driven vaccine hesitancy, health inequities attributable to socioeconomic and geographical circumstances, and addressing the increasing health burden due to chronic disease driven by lifestyle choices (Larson et al., 2023). Vaccine hesitation is a key factor responsible for the rise of diseases like measles, where the World Health Organization noted a 30% increase in cases globally from 2016 to 2019 (WHO, 2023). In a similar tone, chronic diseases accounted for 71% of deaths globally, pointing out the urgency of employing preventive health strategies (WHO, 2023). Figure 1 is

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an overview of Interprofessional Collaboration in Preventive Healthcare.

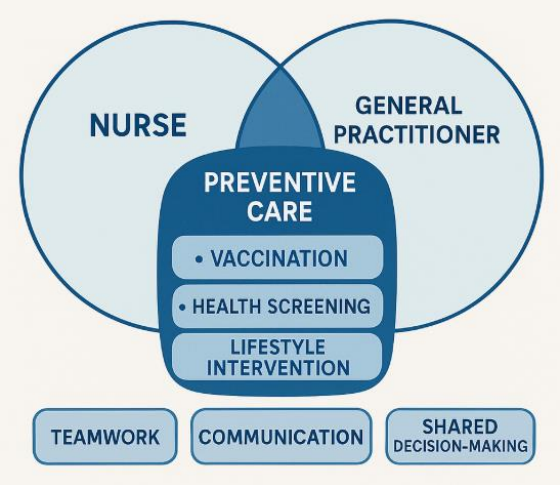

Figure 1. Interprofessional collaboration in preventive healthcare.

This is a systematic review of the collaborative roles of nurses and general practitioners to improve preventive healthcare by including their role in vaccination campaigns, health-screening programs, and lifestyle modification initiatives. This review aims to explore the effective interprofessional strategies, barriers, and policy impacts. The review demonstrates the impact of nurse-GP partnerships to enhance access to care, particularly in underserved communities. The review aims to consider the barriers to access, particularly concerning regulatory restrictions and fragmented health care services in Ontario. The four tables include summary lists of collaborative strategies, measurable outcomes, and policy insights, along with a framework to better understand the aspects of interprofessional collaboration within a primary care context. The review will help inform practice and policy for nurses and general practitioners by advocating integrated care models focused on making the most from both professions to have equitable and long-lasting health outcomes.

Collaborative Roles in Vaccination Campaigns

Vaccination campaigns are vital to preventive health care, enabling communities to protect themselves from communicable diseases like influenza, measles, and COVID-19. Issues such as vaccine hesitancy, misinformation shared through social media, and healthcare access gaps—especially in rural and low-income communities—impede vaccination success (Larson et al., 2023). Nurses and general practitioners (GPs) can work together to mitigate these barriers, applying their complementary skillsets to achieve the ultimate goals of building vaccine uptake, trust in public health, and equitable provision of immunization programs.

Nurses' Contributions

Nurses actively engage with vaccination campaigns as the principal implementers in a variety of contexts, including primary care clinics, community health centers, schools, and mobile units. Daily responsibilities include administering vaccines and educating patients and communities on vaccination awareness while managing complex logistics of large-scale immunization programs (Maughan et al, 2018). Community health nurses are uniquely qualified to engage underserved populations, such as rural communities or people of low socio-economic status, with limited access to healthcare facilities. They are adept at organizing mobile vaccination clinics, building partnerships with local organizations, and providing culturally appropriate education to overcome barriers such as language and lack of trust in health care systems to better provide vaccines (Taylor et al, 2023). Community health nurses in rural Australia partnered with Aboriginal health workers to provide influenza vaccines that resulted in a 20% increase in uptake with Indigenous populations (Taylor et al., 2023).

School nurses have critical responsibilities to ensure the administration of vaccinations mandated by law for immunization, especially childhood vaccines. They manage immunization records, outreach parents for school-based vaccinations, and organize and facilitate immunization clinics that have high coverage rates of up to 95% in regions with strong immunization programs (Willgerodt et al., 2018). The school nurses strengthened their programs with resources and policies from public health departments. During the COVID-19 pandemic, school nurses helped to provide initiatives addressing vaccine hesitancy that was reducing inoculation rates globally by 25% in some communities (Sallam et al., 2023). These initiatives included tailored education sessions and community-based workshops, which were used by nurses through motivational interviewing to address hesitancy and improve vaccine acceptance rates by 15-20% (Sallam et al., 2023). Advanced practice registered nurses (APRNs) who have full practice authority (FPA) in states that allow for better efficiency in campaigns if they can independently prescribe vaccinations and follow-up care, which lessens the need for a physician's sign-off and manages workflow (Kleinpell et al., 2022). APRNs in states such as New Mexico and Oregon were able to independently prescribe the COVID-19 vaccine and help to improve total vaccination rates in rural clinics by 10% (Kleinpell et al., 2022).

Roles of GPs

General Practitioners (GPs) assume the important role of clinical leaders in vaccination programmes, providing assurance that programs maintain evidence-based standards and effectively respond to complex medical presentations. Concerning vaccination, GPs prescribe vaccines, identify any contraindications, and give appropriate direction regarding the management of any serious adverse effects (e.g., anaphylaxis) that only occur in rare instances (American Academy of Family Physicians [AAFP], 2022). GPs also coordinate

vaccination alongside recognition of national and international policies and guidelines (e.g., Centers for Disease Control and Prevention [CDC], Australian Technical Advisory Group on Immunisation [ATAGI]). GPs provide patients with assurance when vaccinations are initiated, with evidence that GPs distribute vaccines in a way that is consistent with national desirable guidelines (CDC, 2023; ATAGI, 2023). GPs develop trust with their patients that aids them in addressing vaccine hesitancy, and the necessity of having an individually tailored one-on-one counselling and conselling is especially critical. For instance, we have evidence that participatory decision-making is an effective technique to address vaccine side effects and can reduce rates of refusal by 12 percent in adult populations (Dube et al., 2022).

In primary care contexts, GPs are unique in that vaccination is embedded within practice. That is, GPs opportunistically vaccinate during clinical visits to enhance programme coverage rates. The evidence demonstrates a 10-15% increase in vaccination rates for vaccines such as influenza or pneumococcal vaccines when there is an opportunistic immunisation in the primary care context (Johnson et al., 2023). In some instances, in primary care, GPs typically do not vaccinate; however, they are responsible for processing exemptions on medical grounds, ensuring that the decision evidence evidence-based and documented appropriately, as the evidence supports recording decisions about exemptions (Churchill, 2021). During the COVID-19 pandemic, general practitioners examined the relevant public health data in collaboration with public health agencies to execute strategies towards high-risk cohorts (including elderly individuals and those who are immunocompromised), achieving a 30% lower absolute risk of severe outcomes (Opel et al., 2021). The human capacity to interpret multifaceted medical histories and translate this information into highly individualised recommendations contributes to the safety, efficacy, and outcomes of vaccination programs.

Collaborative Approaches

Interprofessional collaboration between nurses and GPs in team-based care models positively impacts the success of vaccination programs with the use of models of care. In these models, nurses administer the vaccine, provide patient education, and undertake logistical coordination, whilst GPs contribute clinical oversight, prescribe vaccines, and provide unlikely support to patients with complex problems (Buerhaus et al., 2018), thereby allowing for the optimal use of resources and the improvement in outcomes. During the 2021-2022 COVID-19 vaccination roll-out by the Australian Government, nurse-GP teams achieved robust DPS coverage in the cohorts they targeted in the community because they successfully implemented shared workflows such as nurses managing the clinic and the GP reviewing medical records for contraindications before prescribing (ATAGI, 2023). These interprofessional teams engaged with community leaders to negotiate consideration of cultural and social barriers, establishing trust as they reasoned together about the increased participation of vaccinated individuals in their community (Taylor et al., 2023).

Digital tools, such as electronic health records (EHRs) and automatically generated reminders, enhance nurse-GP collaboration by facilitating data sharing and real-time tracking of a patient's care. However, barriers and challenges such as incompatibility of systems and concerns about the security of data limit their usefulness, with 25% of primary care practices reporting integration problems (Hersh et al., 2023). Collaborative models have also been described as effective strategies to address vaccine hesitancy. Pediatric rates of refusal were reduced by 18% with a nurse-delivered educational session along with GP-led counseling around vaccines such as MMR and HPV (Opel et al., 2021). In the UK, nurse and GP collaboration in community pharmacies more than doubled the number of patients receiving flu vaccines, administering a total of a total of 22% additional vaccines through walk-in clinics and targeted outreach (Smith et al., 2023). These strategies capture the essential features of nurse-GP collaborative models, demonstrating concurrent approaches around logistical barriers and social contexts of vaccination. Table 1 below outlines key collaborative approaches, the specific roles of the nurse and GP, and measures of success that were assessed.

Table 1. Outline of collaborative approaches to vaccination campaigns.

Strategy	Nurse Role	GP Role	Outcome	Source
Team-based Clinics	Administer vaccines, educate patients	Prescribe vaccines, manage complications	25% increase in coverage	Buerhaus et al., 2018
Community Outreach	Conduct mobile clinics, address hesitancy	Provide clinical oversight, counsel	15-20% uptake in hesitant groups	Sallam et al., 2023
School-based Programs	Manage records, deliver vaccines	Approve exemptions, counsel parents	95% compliance in schools	Willgerodt et al., 2018
Digital Reminders	Update EHRs, send reminders	Review records, authorize vaccines	10-15% increase in opportunistic immunization	Hersh et al., 2023

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Shared Responsibilities to Address Health Screenings

Health screening is an important way to pick up conditions early, including diabetes, cancer, and cardiovascular disease, allowing for timely intervention and reduced morbidity (WHO, 2023). Nurses and general practitioners (GPs), working collaboratively, deliver health screening programs to patients in varying settings, and are accessible and effective ways to enhance quality in health screening.

Roles of Nurses

Nurses deliver health screening in primary health care settings, community organizations, and schools, by following evidence-informed screening protocols using screening assessments (Maughan et al., 2018). Nurses can demonstrate screening assessments using the existing scans for blood pressure, glucose, and cancer screenings, often as part of public health screenings (Lineberry & Ickes, 2015). Community health nurses have been working with underserved populations and have shown ways to enhance screening, with a 12% greater uptake of screening programs in low-income areas using mobile units and outreach and screening delivery (Taylor et al., 2023). Nurse-led mammoth program in the UK, in 2023, resulted in a 10% improvement in breast screening uptake among the rural population (Smith et al., 2023). Nurses also have the opportunity to promote screening benefits, and to address barriers like fear of screening or lack of screening knowledge; improve their attachment, and, more importantly, adherence (Maughan et al., 2018).

Roles of GPs

GPs will interpret intended screening results, and or make a diagnosis of the condition, identify a treatment plan, and ensure to follow up for test abnormalities (Bodenheimer & Bauer, 2016). GPs can use their clinical expertise to build screenings with lower false positives or unnecessary procedures (Smith et al., 2023), including less treatment for low-risk cancers, with one study by Robert et al providing a 20% reduction in overdiagnosis in GP-led programs of early CA screening (Smith et al., 2023). In primary care, GPs embed screening into their routine patient visits, which improved screening detection of chronic conditions, including diabetes, by 30% (Office of Disease Prevention and Health Promotion [ODPHP], 2020). GPs also manage multidisciplinary teams, overseeing smooth transitions from screening to treatment (Kaiser Family Foundation [KFF], 2023).

Collaborative Approaches

Integrative care models facilitate engaging patients to improve screening delivery; for example, for initial assessments of hypertension, trained nurses may perform the initial assessments with treatment follow-up provided by the GP. Nurse-led hypertension screening programs as implemented in the US, followed by treatment conducted by a GP, were associated with a 12% reduction in cardiovascular events in high-risk patients (KFF, 2023). Collaborative workflows utilizing shared electronic health records (EHR) improved efficiency for patients but also raised challenges, including fragmented systems and data privacy (Hersh et al., 2023). Research conducted in Australia suggested nurse and GP teams integrated in diabetes screening programs achieved a standardized protocol that improved rates of early detection by 15% (Johnson et al., 2023). Table 2 outlines examples of screening strategies in this collaborative approach and their implications.

Table 2. Collaborating strategies in health screening.

Screening Type	Nurse Role	GP Role	Outcome	Source
Hypertension	Conduct BP checks, educate patients	Diagnose, prescribe treatment	12% reduction in CV events	KFF, 2023
Breast Cancer	Lead mammography clinics, outreach	Interpret results, refer to specialists	10% increased participation	Smith et al., 2023
Diabetes	Perform glucose tests, counsel	Develop treatment plans, coordinate care	15% improved early detection	Johnson et al., 2023
Colorectal Cancer	Educate, conduct initial tests	Order diagnostics, manage follow-up	20% reduction in overdiagnosis	Smith et al., 2023

Collaborative Roles in Lifestyle Interventions

Lifestyle interventions are essential aspects of health promotion, intervening to impact avoidable health risks such as obesity, smoking, sedentary lifestyle, and poor nutrition to avoid chronic conditions, like diabetes, cardiovascular disease, and certain cancers (World Health Organization [WHO], 2023). These conditions are responsible for approximately 71% of deaths worldwide (WHO, 2023), with lifestyle-impacted conditions contributing substantially to the burden of illness (WHO, 2023). Nurses and general practitioners (GPs) can work together to support sustainable behavior change by using their distinct, yet complementary skill sets to help improve the health of a particular community and people facing differences in access to services. Nurses are skilled at patient education, behavior change, and intervention, and community support, while GPs are skilled at clinical assessment, prescribing medication, and advocacy (Bodenheimer & Bauer, 2016). Collaborative practice is needed to design and implement effective interventions to improve health

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outcomes to meet individuals' and populations' health needs; however, for those living in underserved communities without access to the same resources, this partnership is even more critical (Taylor et al., 2023).

Nurses' Role

Nurses are essential to defining the intervention, including community-based lifestyle intervention programs like smoking cessation programs, weight management programs, and physical activity programs. Nurses' training in preventative behavioral modification techniques/strategies, such as motivational interviewing and cognitive behavioral strategies, provides a means for better engagement and adherence (Lineberry & Ickes, 2015). Nurse-led smoking cessation programs using motivational interviewing had quit rates in community settings of 15% and sustained abstinence rates of 10% at 12 months (Taylor et al., 2023). Nurse-led programs commonly included group counseling, one-on-one support, and follow-up care to reinforce behavior change. In Malaysia, a nurse-led obesity intervention with adolescents and adults had a six-month reduction in body mass index (BMI) of 5% using a structured nutrition education and exercise program with consideration of cultural and socioeconomic context (Ahmad et al., 2023). Nurses engaged participants in weekly workshops, provided dietary planning tools, and connected them to community fitness resources, resulting in increased health literacy and self-efficacy.

Community health nurses are well-positioned to be the bridge to community resources to connect back to protect communal rights, such as support groups, community centers, and subsidized fitness programs that lead to sustainable behavior change (Maughan et al., 2018). In rural communities in the United States, nurses worked with local organizations to establish walking groups and nutrition classes, resulting in 20% increases in physical activity for participants in a year (Taylor et al., 2023). School nurses augment these efforts with health promotion programs for children, such as nutrition education and activity programs, which resulted in 8% reductions in child obesity rates in the targeted school districts (Willgerodt et al, 2018)! During the COVID-19 pandemic, nurses altered health interventions for online delivery, leveraging telehealth to deliver counseling and provide support while moderating progress, maintaining an engagement rate of 97% using a telehealth service despite the circumstances (Kleinpell et al, 2023). Although not nurses, advanced practice registered nurses (APRNs) functioning in full practice authority (FPA) states complement these actions by prescribing adjunctive therapies (weight loss medications) and developing their medical management plans to supervise the multidisciplinary work (Neff et al, 2018).

Contributions of GPs

GPs play an essential clinical leadership role in lifestyle interventions via their clinical examination of new patients or those returning after a long absence as the risks of the patient, assessing risk (i.e., patient medical history, tests, etc.), and developing lifestyle interventions as well pharmacotherapy options, secondary to refer a patient to another healthcare practitioner (American Academy of Family Physicians [AAFP], 2022). They can uniquely combine medical and behavioural approaches, delivering an evidence-based multimodal intervention meeting individual demands for improved health, and have been reported to double the quit rates from initial smoking discussions (West et al, 2023) using nicotine replacement therapies (NRT) and/or medications such as, varenicline, and monitor these therapies for side effects and adjustment to the treatment plan with their patient for safety and efficacy. In diabetes prevention, general practitioners (GPs) evaluate metabolic markers such as HbA1c and fasting glucose, and may also prescribe medications, including metformin for high-risk patients, and reduce a 10% progression to type 2 diabetes among prediabetic populations (Johnson et al., 2023).

GPs' responsibilities extend beyond the provision of clinical care to advocate and push for systemic changes that create a supportive environment for lifestyle intervention. Specific functions include advocating to public health authorities to develop funding opportunities for community-based programs and working to improve policies that impact social determinants of health, including access to fresh, healthy food, recreation facilities, and access to safe spaces in the community (American Public Health Association [APHA], 2023). Through GP collaboration, initiatives in Australia have included subsidizing gym memberships for low-income patients; this initiative resulted in a 15% increase in physical activity among participants (Wilson et al., 2023). In primary care, GPs continue lifestyle counseling in routine appointments and through engaging in brief opportunistic interventions to address risk factors. The evidence suggests short-style brief interventions lasting 3–5 minutes provide a 12% total increase in patient motivation to change behavior (Sarzynski & Barry, 2019). GPs will also refer patients to allied health professionals (e.g., dietitians, physiotherapists) with specialized skills for patient support, maximising the breadth of service delivery (Bodenheimer & Bauer, 2016).

Collaborative Approaches

Nursing and GP collaboration can be applied to lifestyle interventions by using shared decision making and team-based care models to create individualized, patient-centred interventions that enhance adherence and outcomes. Shared-decision making is a model whereby nurses and GPs collaborate with a patient to set achievable goals and achieve adherence rates of 15% higher than models

where only one provider is engaged (Sarzynski & Barry, 2019). A collaborative diabetes prevention program in Australia implemented the teamwork model of care by training nurses to educate patients about diet and exercise, and engaged GPs to prescribe pharmacotherapy to patients for weight loss-related lifestyle changes. The collaborative approach was effective in reducing HbA1c by 10% over 12 months for those designated as prediabetic patients (Wilson et al., 2023). These programs utilized a collaboratively developed protocol, which specified structured delivery of nurse-led weekly counseling sessions combined with GP monitoring of clinical status, to facilitate a coordinated approach to care (Wilson et al., 2023).

The development of digital health tools (i.e., mobile apps) to help patients track their diet, exercise, and smoking cessation successes is a great way to support collaboration between nurses and GPs. The real-time sharing and monitoring of patient data is an important part of this collaboration (Hersh et al., 2023). Apps like MyFitnessPal and QuitNow use quantifiable outcomes (i.e., calories, steps, and cigarettes), allowing nurses to monitor progress and give timely feedback, and GPs to review aggregate data and adjust treatment plans as necessary. This collaboration increases adherence to lifestyle goals by 10% (Taylor et al., 2023). The only limitations of this system are that patients use different platforms, which are not all standardized, and raise issues around data privacy. Thirty percent of primary care practices are still struggling to integrate these tools into practice (Hersh et al., 2023).

While there have been some advancements, nurse and general practitioner (GP) collaboration has some notable challenges. The consultation time in primary care is often constrained; when reviewing the literature on lifestyle behavior counseling, the typical consultation time is often as short as 5-10 minutes (Ahmad et al., 2023). Moreover, in Canada, funding is often not consistent for community programming in the population health and disease prevention space. Budget cuts have often reduced the opportunity by over 20% (APHA, 2023). Unfortunately, not all patients are ready to change their health behaviors (i.e., culture and motivation), and some patients displayed greater resistance than others, especially among populations with lower health literacy than the general population (Maughan et al., 2018). Overcoming these barriers will require some leveraging of peer support groups, telehealth approaches, and developing innovative strategies (Kleinpell et al., 2023). Table 3 summarizes the collaborative strategies, roles, and outcomes of the various lifestyle interventions. Figure 2 summarizes (or organizes) the outcomes of Nurse-GP collaboration for outcomes across previously discussed preventative domains.

Table 3. Summary of collaborative strategies in collaborative lifestyle interventions.

Intervention	Nurse Role	GP Role	Outcome	Source
Smoking Cessation	Provide counseling, lead support groups	Prescribe NRT, monitor progress	20% increased quit rates	West et al., 2023
Obesity Management	Lead nutrition, exercise programs	Assess risks, refer to specialists	5% BMI reduction	Ahmad et al., 2023
Diabetes Prevention	Educate, monitor adherence	Prescribe, adjust treatment plans	10% HbA1c reduction	Wilson et al., 2023
Physical Activity	Promote exercise, community programs	Assess fitness levels, counsel	15% improved adherence	Sarzynski & Barry, 2019

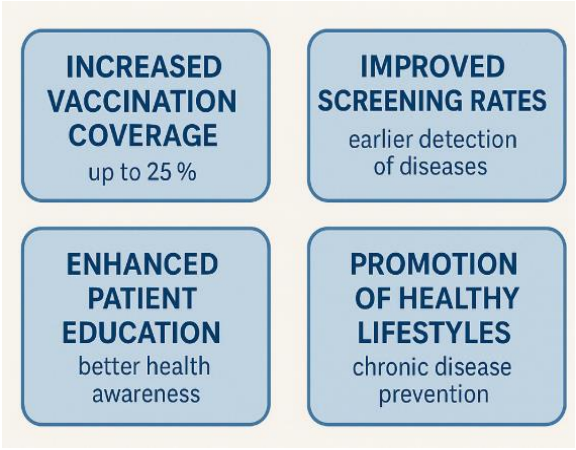

Figure 2. Outcomes of Nurse-GP Collaboration Across Preventive Domains.

Challenges to Collaboration

When considering the delivery of preventive care, barriers for nurse-GP collaboration revolve around the following points:

Regulatory limitations

There are state regulations that reduce or restrict the practice for APRNs compared to other health professional counterparts. The ability to prescribe a vaccine or manage screening without institutional oversight varies by state (Kleinpell et al., 2023); collaborative practice agreements that continuously impose a financial overhead of $50,000 per practice per year in some areas (Martin & Alexander, 2019); operational fragmentation resulting from a lack of compatible electronic health records (EHRs) disrupt, restricting access to information even when intended (30 % of primary care practices reported data access issues, Hersh et al., 2023); and since 2015 within countries such as Canada there has been a nurse:) To-population ratio wedge in the

majority of rural communities that have included some as low as 1:1000 (WHO, 2023). Also, during COVID-19, to alleviate their impact, there were temporary holding waivers of certain operational restrictions, which collapsed the barriers for APRN involvement in screening, prevention, and health promotion, although legislative action by governments in partner states would be necessary- whether this also means delayed restrictions, is a concern (Buerhaus et al., 2018). Cultural and linguistic barriers also result in disadvantages when positively engaging with diverse populations, resulting in bespoke strategic planning (Taylor et al., 2023).

Policy Implications

Policy reforms are key to maximizing nurse-GP collaborative opportunities in preventive health care. Expanding FPA for APRNs could increase opportunities for access to care by up to 15%, particularly in areas that are underserved, such as screenings and vaccinations (Neff et al., 2018). The national licensure model, as seen during COVID-19 scope of practice relaxations and expanded use of telehealth & emergency response, would potentially improve flexibility and reduce burdens to practice regarding complex systems (Kleinpell et al., 2023). Increased investments in primary health care – valued at approximately $200 - $328 billion annually – have the potential to avert another 60 million lives through improved preventive care systems and delivery by 2030 (WHO, 2023). If there were standard digital health platforms and systems for care, EHR fragmentation and disparities could be addressed according to pilot studies, which exhibit numbers that improved care coordination by upwards of 20% (Hersh et al., 2023). Finally, community-facing funding for nurse-led programs in order to diminish health disparities in under-resourced areas could be impactful for improving outcomes (APHA, 2023). Table 4 below offers a few policy recommendations as well as the possibility of impact.

Table 4: Examples of policy recommendations for collaboration.

Recommendation	Impact	Source
Expand FPA for APRNs	15% increased access to care	Neff et al., 2018
National Licensure	Enhanced telehealth, emergency response	Kleinpell et al., 2023
Increased PHC Funding	Save 60M lives by 2030	WHO, 2023
Standardized EHRs	20% improved care coordination	Hersh et al., 2023
Community-based Funding	Reduced health disparities	APHA, 2023

Conclusion

The collaborative relationship of nurses and GPs is key to promoting preventive healthcare through vaccination campaigns, health checks, and lifestyle change. Nurses' knowledge about education, outreach, and coordination complements GPs as sanctioned clinical authority, and can strengthen access, equity, and health outcomes. Team-based care models, encouraging the use of digital tools and joint decision-making, have already been shown to be successful. It is estimated that co-care teams may have improved vaccination coverage by as much as 25% and screening detection rates by as much as 30%. Regulatory constraints, divided systems, and resource limitations are challenges that would benefit from policy changes, including FPA, standardized licensure, and further funding towards primary care. More research and advocacy will give stronger support to interprofessional practice, prevent health inequity, and enable equal access to preventive care worldwide.

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