

The primary care crisis in Ontario

Registered nurse (RN): A nurse with a four-year bachelor of nursing degree.

Nurse practitioner (NP): An RN with additional experience and education (two-year master’s degree and NP certificate) that authorizes them to perform advanced tasks such as diagnosing and prescribing.

Comprehensive care family physician: A family physician (commonly referred to as a family doctor or general practitioner (GP)) who provides longitudinal comprehensive care. This role is a contrast to other family physicians who do not have a panel of patients and instead practice in settings such as specialized outpatient clinics (e.g., addiction medicine) or hospitals.

Most responsible provider (MRP): A health-care provider who is authorized through their regulatory body to independently direct and coordinate the care and management of a patient. In the context of primary care, this is a physician or a NP.

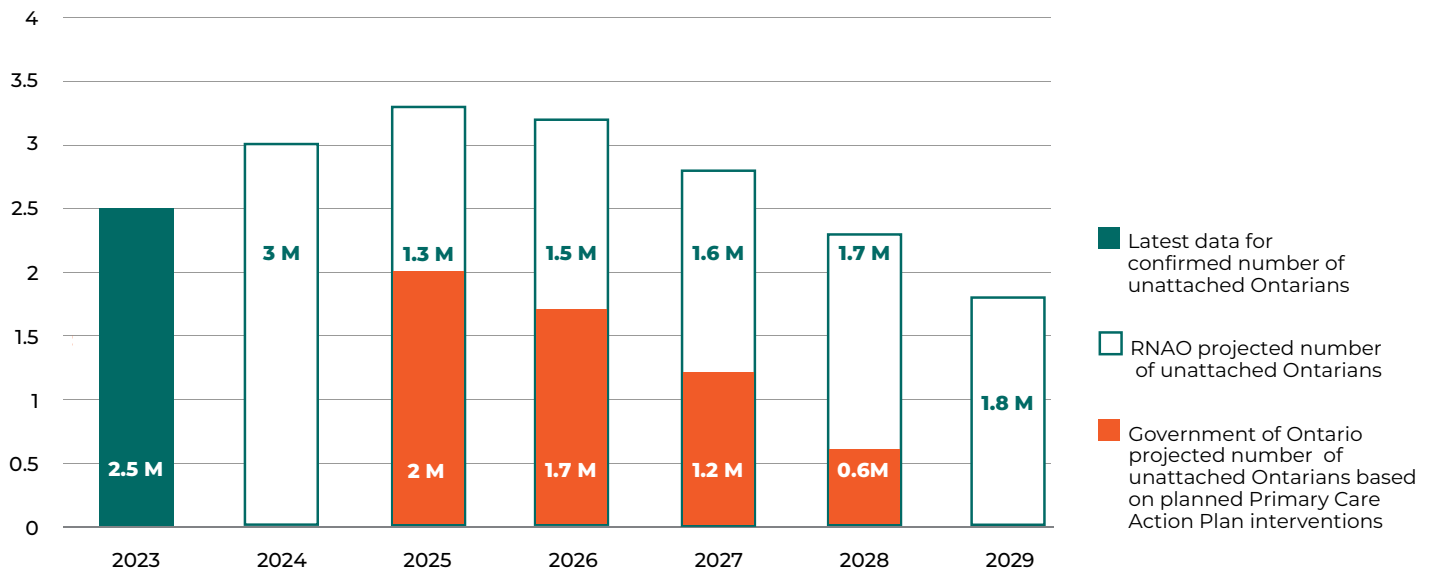
Attached: A patient who has regular access to a primary care provider such as a family physician or NP.

Unattached: A patient who does not have regular access to a primary care provider (PCP).

Panel: Patients “rostered” or attached to a specific PCP.

The scale of Ontario’s primary care crisis

Figure 1: Number of unattached Ontarians (millions)¹⁻²



Vulnerable populations have the least access to a PCP

Figure 2: Primary care unattached rates by income quintile, 2020–2023²

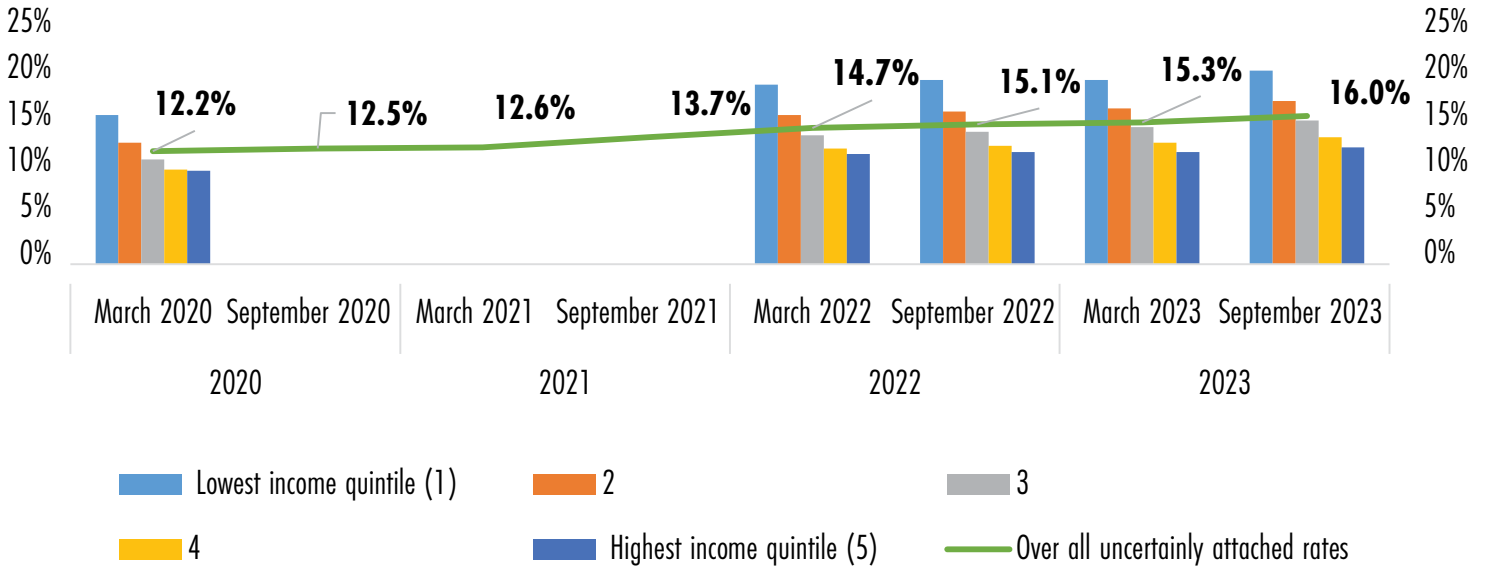
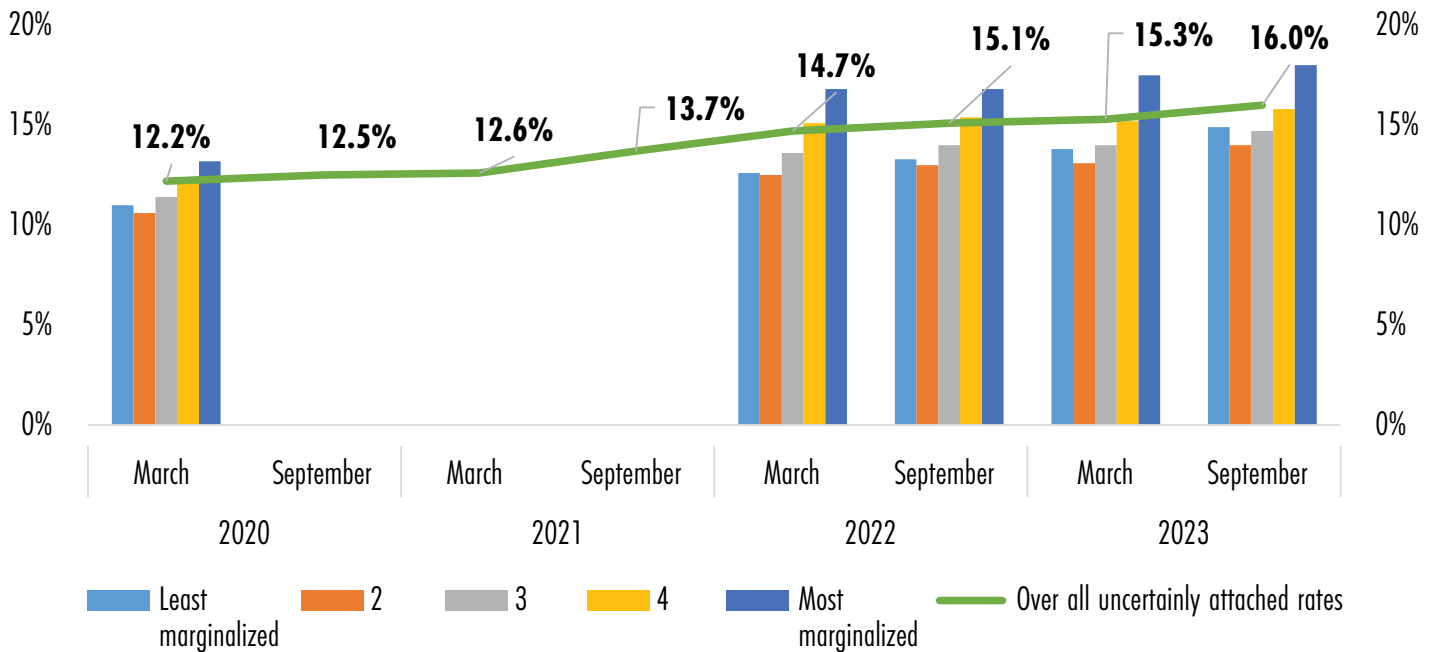


Figure 3: Primary care unattached rates by racialized and newcomer populations quintile, 2020–2023²



Many Ontarians cannot access timely primary care

Figure 4: Attached Ontarians who cannot get same-day or next-day appointment with primary care provider³

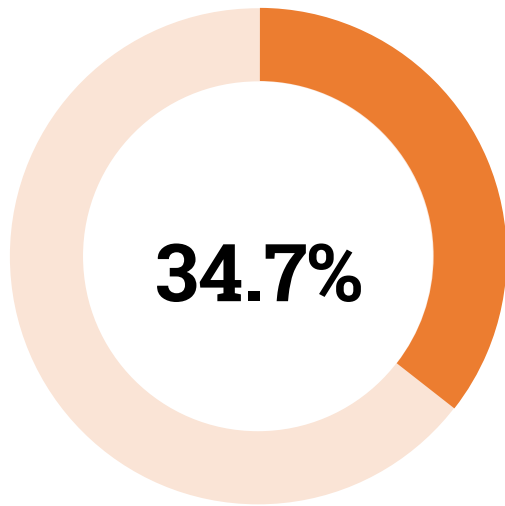


Figure 5: ED visits in Ontario that could have potentially been managed in primary care⁵

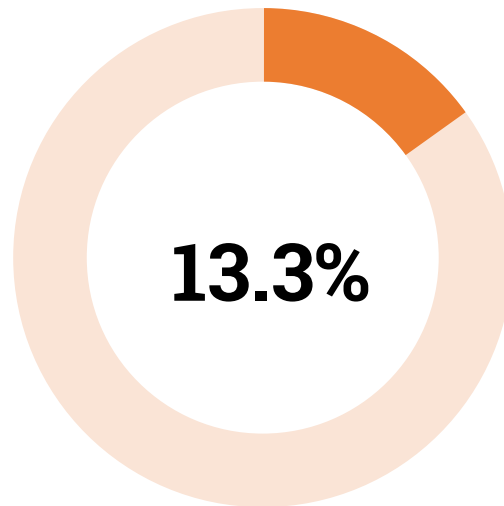
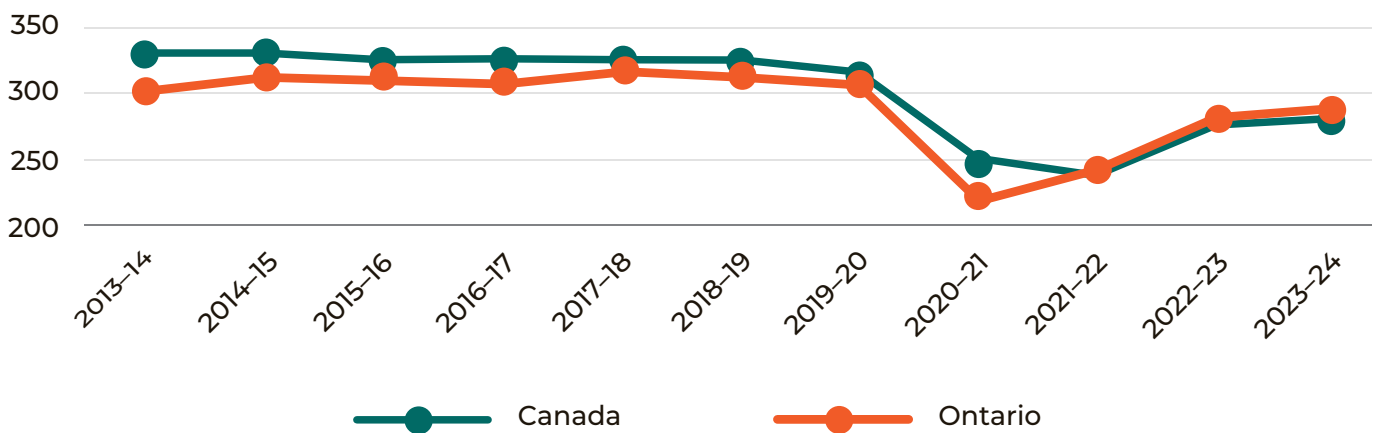


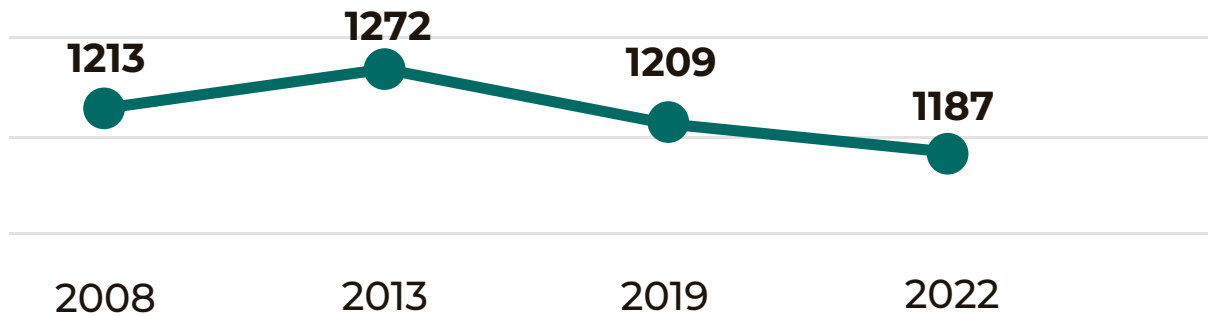
Figure 6: Hospitalizations due to ambulatory care sensitive conditions (per 100k population)⁴



The rate of hospital admissions in Ontario that could have been avoided with proper primary care management is increasing and it now surpasses the Canadian average.

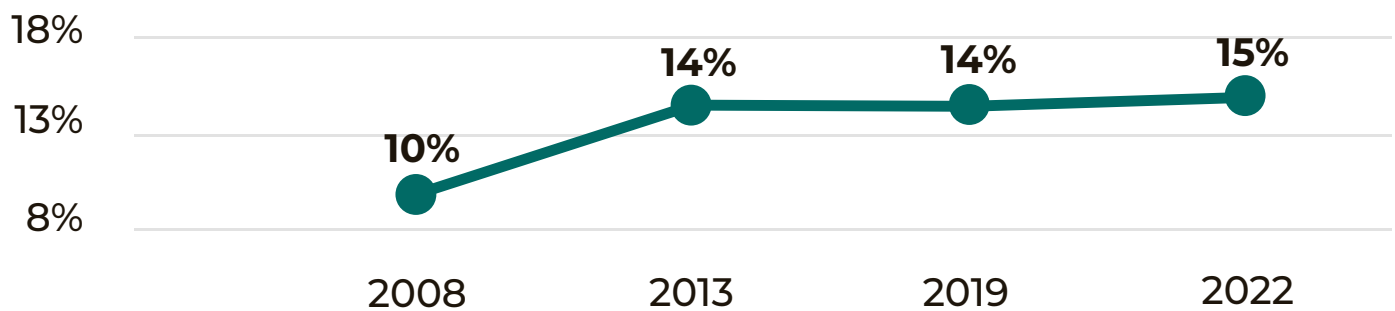
Ontario's primary care needs cannot be met by physicians alone

Figure 7: Average panel size of comprehensive care family physicians in Ontario⁶



Family physicians are taking care of fewer patients.

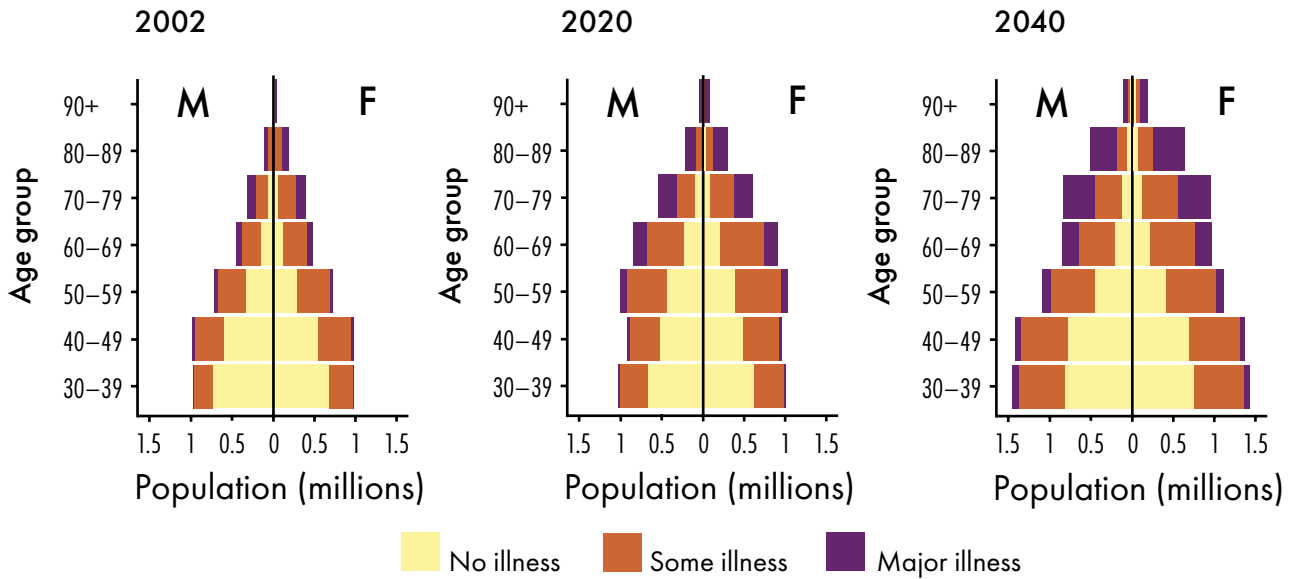
Figure 8: Percentage of comprehensive care family physicians in Ontario nearing retirement (those aged 65–70+)⁶



More comprehensive care family physicians are nearing retirement; ~2 million Ontarians are at risk of losing attachment to their family physician due to retirement.

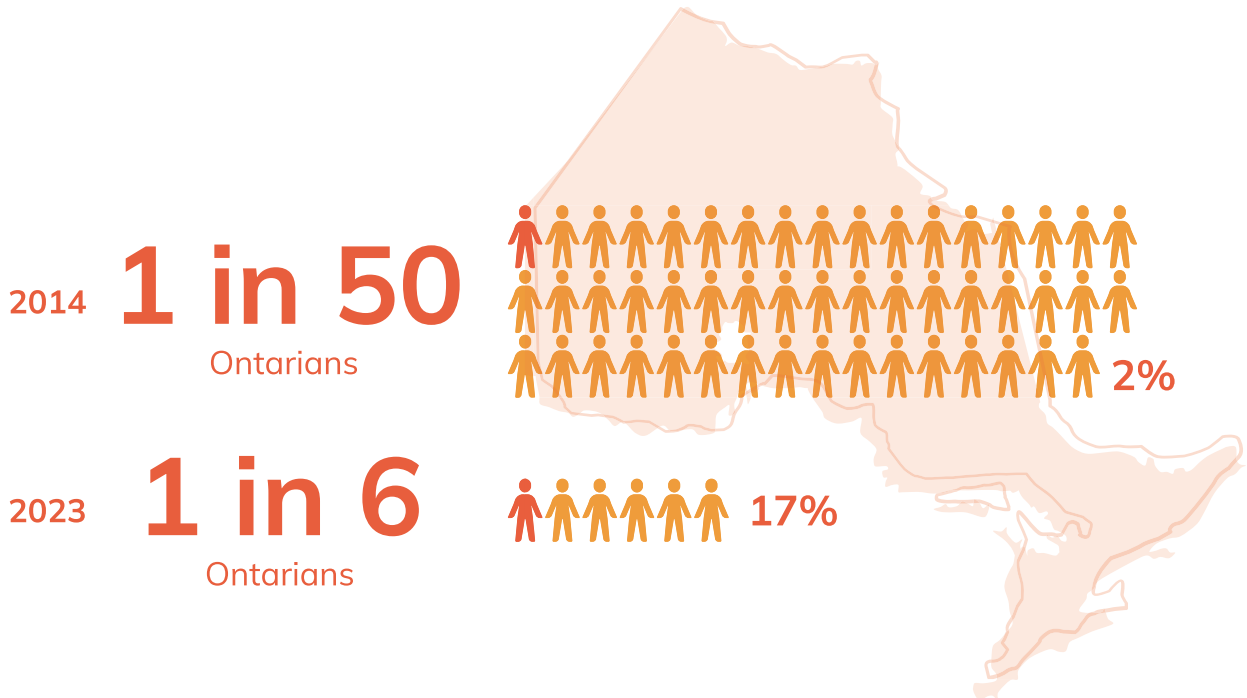
Rising burden of chronic diseases will require more primary care resources

Figure 9: Projected patterns of illness for Ontarians aged 30 and older⁷



The number of people with chronic conditions such as diabetes and cancer nearly doubled over the past 20 years, reaching 1.8 million in 2020, and is projected to rise to 3.1 million by 2040.

Figure 10: Number of Ontarians who have experienced serious psychological distress over the last decade⁸



Anxiety, high blood pressure, and diabetes are the top three reasons for primary care visits in Ontario.⁹

Nurses of all classifications are essential to solving Ontario's primary care crisis

We need more nurses working with expanded scope and in expanded roles in the context of interprofessional team-based care.

NURSES CONTRIBUTE TO:

Increased access to care

Increased productivity

Larger provider panel sizes

Decreased health-care costs

Improved outcomes, especially for chronic conditions

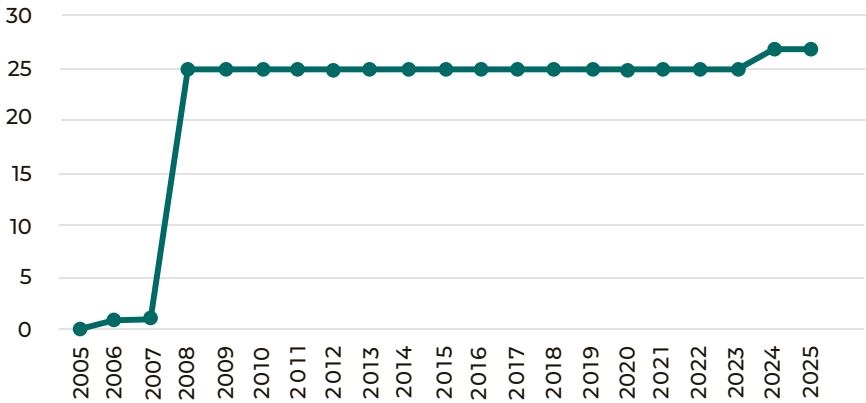
RNs and NPs have different and vital roles to play in addressing the primary care crisis

	RNs	NPs
Education requirement	<ul style="list-style-type: none"> • Four year bachelor of nursing degree 	<ul style="list-style-type: none"> • Four year bachelor of nursing degree AND • 2+ years of experience working as an RN AND • Master's degree and NP certificate
Scope of practice includes, but is not limited to, the following:	<ol style="list-style-type: none"> 1) Providing patient care (including exercising currently limited diagnostic and prescribing authority) 2) Coordinating patient care 3) Triageing patients 4) Connecting patients to social services 5) Educating patients 	<ol style="list-style-type: none"> 1) Serving as MRP 2) Diagnosing acute and chronic illnesses 3) Prescribing medications 4) Ordering/reviewing results of testing such as diagnostic imaging

Lack of investment in Ontario's nursing workforce

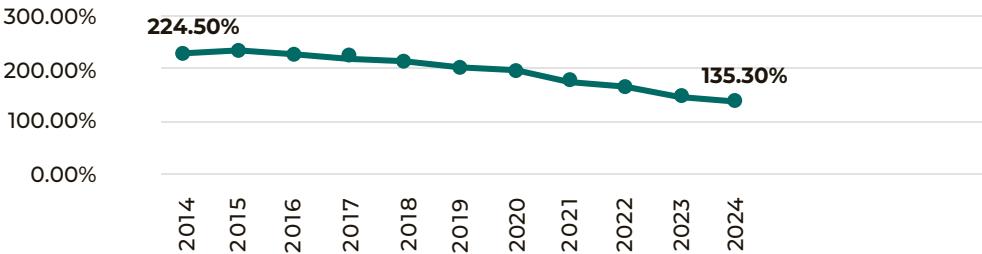
NPs IN PRIMARY CARE

Figure 11: Funded Ontario nurse practitioner led clinics



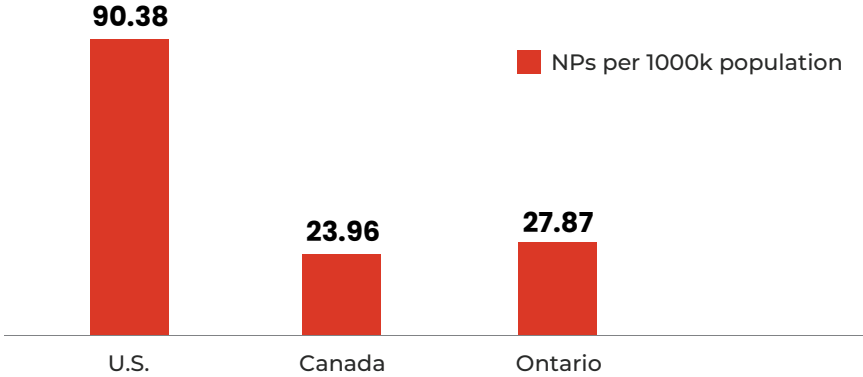
Despite early investment in nurse practitioner led clinics (NPLCs), progress has stagnated in the last 15+ years.

Figure 12: Percentage of NPs in Ontario versus rest of Canada^{10,11}



Ontario leads the country in the number of NPs but the gap between Ontario and the rest of Canada is decreasing.

Figure 13: Comparisons of NPs per 100k population in Ontario, Canada and the U.S., 2024¹⁰⁻¹³



Compared to Ontario, the U.S. has more than 3 times as many NPs per 100k population.

RNs IN PRIMARY CARE

Figure 14: Ontario RN deficit compared to rest of Canada, 2011-2024^{10, 11}

Ontario would need almost 29,000 additional RNs to catch up to the rest of Canada in terms of RNs per capita.

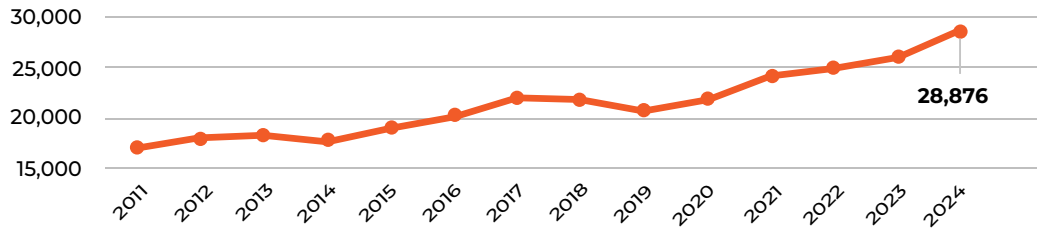


Figure 15: RN hourly wage rates and ratios across sectors (2024)^{14, 15}

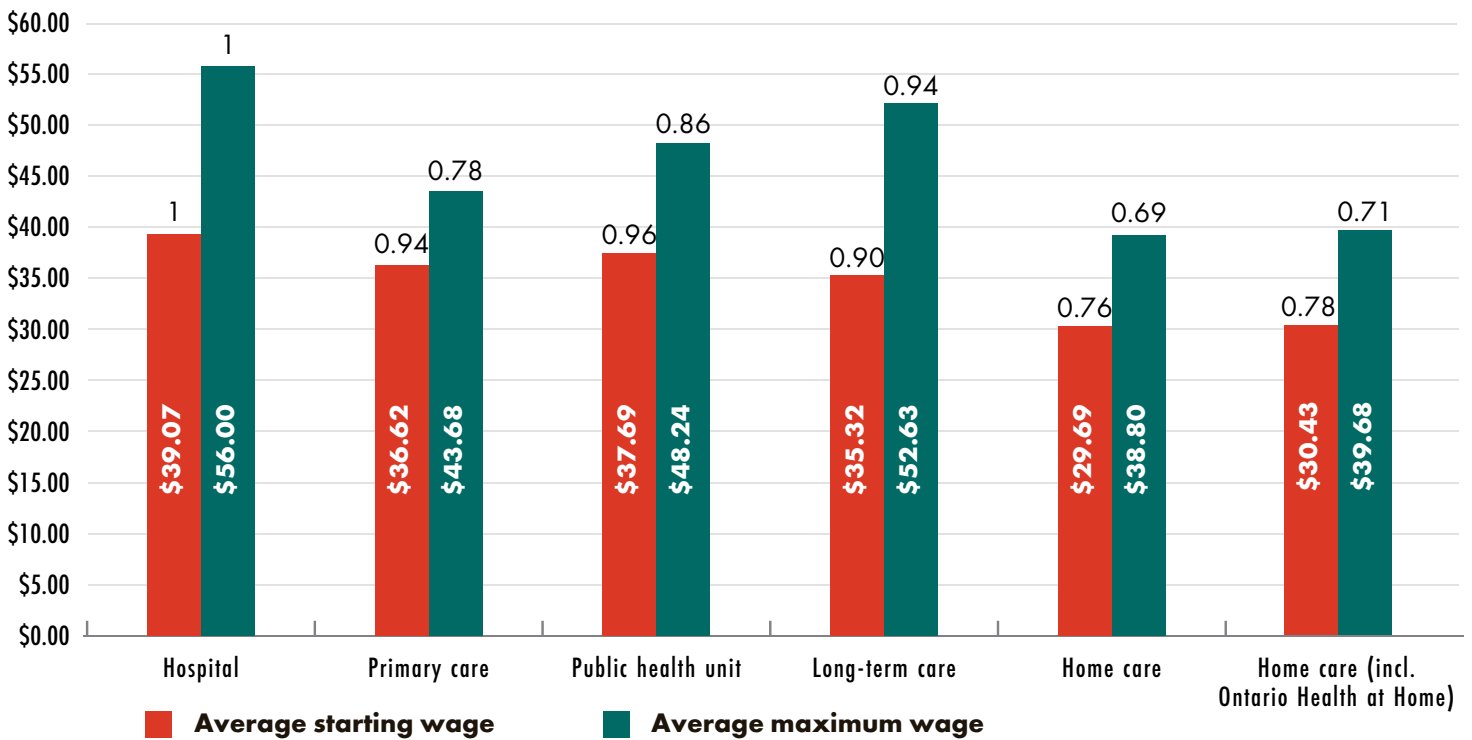
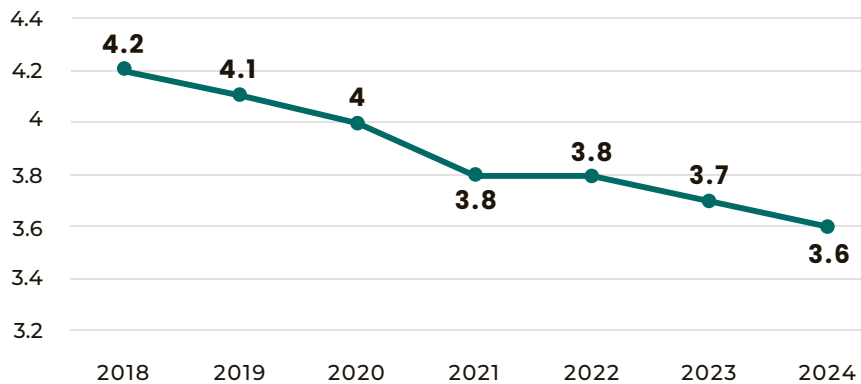


Figure 16: Percentage of RNs working in primary care in Ontario¹⁶



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