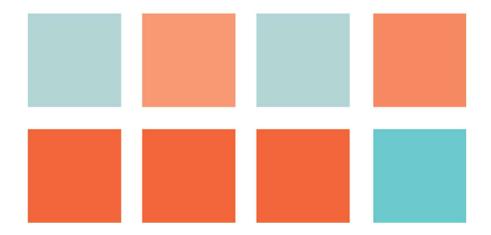


Response to College of Nurses of Ontario consultation on proposed amendments to O.Reg 275/94 and O. Reg 196/23 under the Nursing Act

Nov. 25, 2024



The Registered Nurses' Association of Ontario (RNAO) is the professional association representing registered nurses (RN), nurse practitioners (NP) and nursing students in all roles and sectors across Ontario. Since 1925, RNAO has advocated for healthy public policy, promoted excellence in nursing practice, increased nurses' contribution to shaping the health system, and influenced decisions that affect nurses and the public we serve.

RNAO welcomes the opportunity to respond to the College of Nurses of Ontario's (CNO) public consultation survey for proposed amendments to O.Reg 275/94 (General) and O. Reg 196/23 (Exemption – Restricted Titles) under the Nursing Act, 1991.

Introduction

In principle, RNAO supports the national initiative for a single registration classification under One-NP. Increasingly, NPs play a valuable role in care delivery across settings and sectors throughout Canada. The ability of NPs to improve access to primary care is essential in responding to the national primary care crisis at a time when 5.4 million Canadians – including 2.5 million people in Ontario – lack access to a regular primary care provider (Canadian Institute for Health Information, 2024; RNAO, 2024a).

RNAO is deeply concerned with the implementation of the One-NP initiative as proposed. RNAO will not support a lower educational standard for the registration of internationally educated NPs. Nor will we support implementing One-NP in the context of stark compensation differentials between Ontario and other sub-national and international jurisdictions.

RNAO urges an upwards harmonization of NP compensation and benefits across all sectors and jurisdictions in Canada. If these compensation issues are not addressed before introducing One-NP, RNAO anticipates an exodus of NPs at a point in time that the province most needs their expertise. By 2026, the number of Ontarians without a regular primary care provider is already forecasted to increase to 4.4 million (Ontario College of Family Physicians, 2023). NPs stand ready to help reverse this trend, but they need guarantees that their earning potential can be as high in Ontario as in other provinces. Indeed, competitive compensation ought to be paramount for all Canadian jurisdictions, to prevent an exodus of NPs south of the border.

RNAO's concerns and recommendations

1. The proposed standard of "substantially equivalent to" in section 4 of O.Reg 275/94 is vague and establishes a lower threshold for extended class registration.

The term "substantially equivalent" establishes a lower threshold for comparison than does "at least equivalent to" – the term currently used in the regulation. The adjective "substantially" is inherently vague and impossible to clearly define or measure. There is no clear demarcation as to what should be considered "substantially equivalent" and what would be considered "not

equivalent." In contrast, retaining the concept of "at least" lends itself to a minimum standard with known and proven benchmarks.

Consequently, CNO's proposed language runs a serious risk of leading to subjective and lower equivalency assessments from other jurisdictions. We are especially concerned that this different standard is prone to prejudices and could result in inequities when applied to credentials from international jurisdictions.

Recommendation: RNAO urges that education standards for registration to practice in Ontario remain unchanged.

2. There is a strong risk of an exodus of NPs registered in Ontario to other jurisdictions.

RNAO is concerned that CNO's support of a national framework for NP regulation to "reduce barriers and advance labour mobility across the country" without addressing wage disparities will result in NPs leaving Ontario for other Canadian jurisdictions. The proposal to increase NP mobility is perplexing, given:

- The significant investment in NP education made by the province. Ontario is currently supporting 700 NP student program seats across nine Ontario universities to graduate 350 NPs per year. While RNAO urges the government to further increase seats in NP education, Ontario's investments relative to other provinces is considerable (CCRNC, 2015).
- The disproportionate number of Canada's NPs registered to practice in Ontario. Fifty-five per cent of Canada's NPs are registered to practice in Ontario (CNO, 2024c). The NP per population ratio in Ontario is 26.7 NPs per 100,000 persons 17.9 NPs per 100,000 persons for the rest of Canada (RNAO, 2024b).
- Compensation for NPs in Ontario relative to other Canadian jurisdictions. NPs in Ontario are compensated poorly compared to NPs in other jurisdictions. For example, NPs contracted within the longitudinal primary care program in British Columbia (BC) receive an annual salary of \$166,537 or more, depending on patient panel size and practice location. It is anticipated that compensation for NPs in Alberta's newly-approved primary care program will exceed BC compensation (Government of Alberta, 2024; Primary Care Network British Columbia, 2023). In comparison, ministry-funded NPs in Ontario who work in primary care settings such as nurse practitioner-led clinics and family health teams have an average annual salary of \$122,178 25 per cent lower than NPs in B.C.

RNAO supports, subject to the recommendations provided herein, the removal of registration and regulation inconsistencies that act as barriers to NP mobility. RNAO asks that any such changes follow – not precede – fair, competitive compensation for Ontario's NPs.

Recommendation: RNAO calls for compensation for NPs in Ontario to be harmonized upwards before implementing One-NP. Compensation should be raised across all sectors to levels competitive with other Canadian and international jurisdictions.

3. There is a need for formal post-graduate integration programs designed to support NPs in specialty roles.

RNAO is concerned that the academic training for NPs to become generalists under a single classification will minimize the in-depth learning required for NPs to provide sub-specialized care – placing emphasis on post-graduate programs to support NPs with care delivery (Audet et al., 2023).

Ontario's health care system is complex, with a rapidly aging population and an increasing prevalence of chronic disease with multimorbidity, creating a growing demand for specialized care in several areas, such as oncology, respirology, cardiology, mental health and gerontology (Marchuck, 2024; Rosella et al., 2024). Moreover, the retention and recruitment of NPs can be negatively impacted by the experiences of NP as they transition throughout the career trajectory. The transition from RN to NP can be especially stressful. Similarly, professionally mature NPs experience pressure and uncertainty as they transition into new clinical specialties. Retention supports are required through these transitions (Hart et al., 2022; Martsolf et al., 2017; McDonough, 2024).

As Ontario universities begin phasing out NP specialty streams in adult, pediatric and primary health care to make way for NPs to practice across the lifespan under a single registration classification, the CNO and education system partners, such as the Canadian Association of Schools of Nursing (CASN), must turn their attention towards paid post-graduate NP integration programs (Canadian Council of Registered Nurse Regulators, 2024). Formal post-graduate integration programs are not new concept for NPs, with continuing support for NPs through paid residency and fellowships provided in other jurisdictions such as the United States (Audet et al., 2023; Hart et al., 2022; McDonough, 2024).

NPs are central to a high-performing health system. Extending availability, access and financial support for continuing education beyond conferences and weekend courses is critical to formalize their post-graduate training. Post-graduate integration programs typically offer mentorship within the clinical setting combined with theoretical learning (Audet et al., 2023). Evidence shows that formalized post-graduate training has several benefits, including improved confidence of NPs to help mitigate stress, improved retention and recruitment, and better productivity with decreased costs and improved patient outcomes (Audet et al., 2023).

Recommendation: Before implementation of One-NP, RNAO urges the CNO to work with education and other health system partners – including RNAO – to develop paid post-graduate integration programs to support NPs in delivering specialized care to Ontarians.

Conclusion

A high-performing Canadian health system demands the full integration of NPs. The One-NP initiative can improve equitable access and health outcomes for all Canadians by supporting NPs in their practice. Implementing it without due consideration may undermine the health system and NPs across the country, especially here in Ontario.

The success of the initiative and the safety of patients in Ontario depends on retaining – not compromising – educational standards for NP registration. RNAO is concerned that the proposed amendment to replace the term "at least equivalent" with "substantially equivalent" in the regulation will result in inequities when applied to the registration requirements for a RN in the extended class from international jurisdictions.

Establishing specific conditions is crucial. If the goal is effectively to create a single labour market for NPs across Canada, Ontario NPs need first to be fairly and competitively compensated. NPs also need to be supported professionally with opportunities to access post-graduate integration programs. Doing otherwise risks an exodus of NPs from Ontario to other jurisdictions at a time they are desperately needed in our province.

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