

RNAO launched the Nurse Practitioner Task Force at its 94th Annual General Meeting in April 2019 in response to Ontario's health-system transformation. The transformation process, seeking system integration across health sectors through the creation of Ontario Health Teams, demands government's urgent review of the nurse practitioner (NP) role and the capacity of NPs to effectively advance this process. In February 2021, the task force released its groundbreaking report: *Vision for Tomorrow*.

As we progress through the 21st century, we are confronted with the challenges of a global pandemic layered over the long-standing health impacts of poverty, environmental degradation and consequent health inequities. The optimization of the NP role in an integrated health system – anchored in primary care – is critical to addressing these challenges.

NPs are global leaders of a new wave in health care that embraces the United Nations' sustainable development goals and aims to enable an inclusive, equitable health and social system that leaves no one behind. Within this context, NPs are also key in advancing the Quadruple Aim that frames the provision of care from four perspectives. These include: improving the patient experience, improving the health of populations, improving the experience of providing care and reducing the cost of health care.

### **RNAO recommends that the provincial government:**

1. Increase the supply of NPs across all sectors and settings.
2. Optimize the utilization of NPs within current scope of practice.
3. Expand the scope of practice for NPs.
4. Align NP curriculum with expanding scope of practice.
5. Harmonize NP compensation across all sectors and settings.
6. Invest in research to support NP practice and improved health outcomes.
7. Optimize access and continuity of care by ensuring all insurance benefit carriers, and other such payers, accept NP services analogous to physician counterparts.
8. Showcase the impact of NPs through public education campaigns to advance full utilization of NPs across all sectors and settings.

# Background

## NP effectiveness

The urgent focus on role optimization and scope expansion for NPs follows consistent and increasing evidence of NP effectiveness. Their contributions to health and health care include:

- improved access to primary care and acute care
- comprehensive care for vulnerable, marginalized and underserved populations
- improved health and health-care cost outcomes across all sectors
- increased access to care, particularly in rural and remote areas

Throughout COVID-19, NPs are proving indispensable — providing comprehensive assessments including diagnostic testing and the formation of a diagnosis, treatment plans including palliative care, and when necessary referrals. NPs in an expanded role are working with greater independence and serving as attending NPs, clinical and medical directors in long-term care, and as most responsible providers in hospitals, with exceptional results.

## NP share of the nursing workforce

NPs are the fastest growing classification of nursing in Canada. The number of NPs increased 8.1 per cent from 2018 to 2019 compared to a 1.1 per cent growth for registered nurses (RN) and 3.6 per cent for registered practical nurses (RPN) during the same time frame. Still, NPs account for only 1.43 per cent of Canada's nursing workforce. The NP share of the nursing workforce varies considerably by province. In 2019, Ontario had the highest percentage share at 2.2 per cent, translating into one NP for every 4,444 residents or 22.5 NPs for every 100,000 residents. This lags far behind the 61.1 NPs per 100,000 residents in the United States.

## RNAO advocacy for NPs and promotion of the role

RNAO's advocacy has advanced the NP role in both clinical settings and leadership opportunities. A brief history of NPs in Ontario includes:

- The Expanded Nursing Services for Patients Act, 1997 defined an expanded scope of nursing practice for NPs, following extensive advocacy driven by RNAO.
- The Health System Improvements Act, 2007 protected the title of nurse practitioner in Ontario. Funding for NPs in community health centres and family health teams followed, providing

increased access to primary care for Ontarians. Graduate programs with specialty streams were also developed, enabling NPs to practise in a variety of settings.

- The first NP-led clinic (NPLC) in Canada opened in 2007 in Sudbury, Ont.
- Recognizing RNAO's pivotal role in championing NPLCs, the Ontario government committed to opening 25 additional NPLCs in 2008, during a media conference held at RNAO.
- In 2010, NPs were able to enroll in Canada's first Anesthesia Care program at the University of Toronto, a response to RNAO's vision of NPs as a solution to reduce surgical wait times and improve access to care.
- In 2011, driven by RNAO the amendment to Regulation 965 of the Public Hospitals Act, 1990 enabled NPs to treat, transfer and discharge hospital in-patients – for the first time in Canada – and to order diagnostic treatments. Further amendments to the act in 2012 authorized NPs to admit patients to in-patient hospital units.
- The Ontario government responded to RNAO's advocacy, committing to hire 75 attending NPs in long-term care in 2014.
- NPs were authorized to prescribe controlled substances in 2017 and high-dose, long-acting painkillers for palliative care patients in 2018.

## RNAO recommendations

*Vision for Tomorrow's* eight recommendations reflect RNAO's unwavering advocacy for the NP role. The implementation of these recommendations must begin immediately with co-ordinated action among government, academic, health service and association stakeholders.

### Increasing supply

The number of NPs in Ontario must increase in order to meet the demand for their competencies, knowledge and skills. Many of these growing demands relate to social determinants of health and an aging population, reflecting the needs of vulnerable and underserved populations. That's why RNAO recommends the supply of NPs be increased by more than 50 per cent by 2030 to address these needs. Immediate attention to recruitment, education and retention of NPs is imperative to meet this objective.

### Optimizing utilization

NPs improve timely access, outcomes and patient satisfaction across all care settings. However, existing legislative and regulatory barriers prevent NPs from functioning to their full scope. For example, Ontario's Health Insurance Act (1990) prevents NPs from ordering critical mental health and other medications when working in a capacity affiliated with or within a hospital. Consequent physician oversight duplicates services, adding service delays and costs.

### The attending NP (ANP)

The ANP in LTC is an on-site provider and is considered the most responsible provider in a LTC home. The ANP has overall responsibility for managing and co-ordinating care for residents in the home. The ANP helps increase access to and quality of primary health care by providing proactive screening and assessment, timely specialist referrals, follow-up care, ongoing chronic disease management and end-of-life care.

Government must expand funding to create more ANP positions and NPs as most responsible providers across all sectors. Funding must also be allocated for inter-professional team-based primary care models such as NPLCs and Aboriginal Health Access Centres. Such roles and models of care enable NPs to work to their full scope delivering timely care and improved health, organization and financial outcomes.

### Nurse practitioner-led clinics (NPLC)

NPLCs improve access to care by providing comprehensive primary health care inclusive of education and illness prevention. In an NPLC, patients receive all the services expected from a primary care setting (e.g., family doctor office).

## Expanding scope

Existing legislative and regulatory constraints, as well as organizational barriers within the health-care system, limit the use of NP competencies, knowledge and skills.

### Outstanding NP scope issues

#### Scope of practice changes pending Ministry of Health approval:

- point-of-care-testing (POCT)
- ordering of computed tomography (CT scans) and magnetic resonance imaging (MRI)

#### Additional scope changes for NPs recommended by RNAO include:

- initiate legal forms for mental health services under the Mental Health Act
- order additional forms of energy, such as electroencephalograms (EEG)
- certify death in all circumstances

## **Aligning curriculum**

NP education and professional development must be expanded and aligned with NP scope of practice changes and increased NP utilization. Academic institutions must continue to review and update curricula, incorporating relevant theory, competencies, skills and clinical practice sites. The number of qualified faculty in NP programs must also increase to ensure NP students graduate ready to practise with expanded scope across roles and settings. Preceptors must have protected time in their role descriptions to teach, mentor and precept students as their physician counterparts do for medical residents and students.

## **Harmonizing compensation**

Retention and recruitment of NPs is essential for their successful integration and utilization within the health system. In order for the system to reap the benefits of existing NPs and to grow the number of NPs, it must be able to attract and retain them through fair, harmonized compensation across the system.

## **Investing in research**

NP-led research is critical to optimizing and expanding the NP role. Investing in an NP and clinical nurse specialist (CNS) research chair will enable creation of a research agenda focusing on NP/CNS contributions across settings and the system.

## **Broadening insurance coverage**

Major Canadian insurance carriers do not recognize NPs as diagnosticians and treatment prescribers. This causes delays in care and/or discontinuation of service, as well as duplication of service, which contributes to reduced quality and increased costs. Governments must ensure NP contributions are recognized and optimized by requiring insurance carriers to maintain policies consistent with health provider legislation and regulations.

## **Showcasing impact**

Broad public and health system education in the form of awareness campaigns will facilitate a better understanding of the role and benefits of NPs to population health and a transformed health system.

# Conclusion

*Vision for Tomorrow* is a blueprint for the concerted and collaborative efforts required across the system to fully optimize the leadership role of NPs in advancing Ontario's transformed health system for better patient, population, organization and health-system outcomes.

There is no time to wait and no time to waste. Ontarians are in desperate need of timely access to quality care. Every person in every community deserves that care, especially the most vulnerable among us.

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