RNAO

POSITION STATEMENT

Nurse Practitioners

The nurse practitioner (NP) role was established in 1997 in Ontario to improve health equity and increase health access. According to the latest data from the College of Nurses of Ontario (CNO), Ontario had 3,698 NPs practising in all sectors of the health system as of January 2021, including the province's 26 NP-led clinics (NPLC). Despite this, Ontarians continue to struggle with access to health care. The COVID-19 pandemic revealed that access is particularly difficult for vulnerable populations. Thus, it is essential that the supply of NPs continues to increase across all sectors and settings, that NPs are better utilized and optimized within their current scope, and that their scope continues to expand to best serve Ontarians.

NPs, also known as registered nurses in the extended class (RN-EC), have met additional education, experience and examination requirements set out by the College of Nurses of Ontario (CNO). NPs are authorized to diagnose, order and interpret diagnostic tests, and prescribe medication and other treatment.

RNAO's leadership and unwavering advocacy for NPs throughout the decades has positively influenced the role and aided in integration of NPs across Ontario. The title of NP became a protected one in 2007. University programs with specialty streams were developed at the graduate level. These programs support NPs to practise across all sectors, including public health, primary care, home care, hospital care and long-term care. NPs have also increasingly engaged in independent practice with greater scope, caring for persons who range in age from the preterm infant to the most elderly adult.

RNAO continues to advocate for more NPs working to full scope to deal with persistent health inequities and obstacles in accessing health care in Ontario, as accessibility remains a challenge.

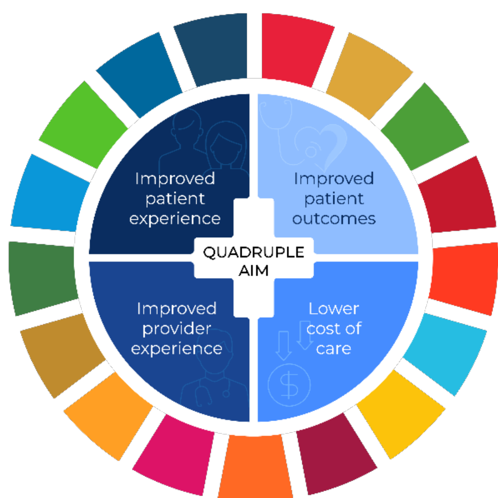
Across Ontario, timely access to a primary care provider (same day or next day) ranges from 19.1 per cent to 49.5 per cent, with lower access in rural and remote regions. The COVID-19 pandemic exposed the impact of social and economic marginalization on health outcomes. In Ontario, for example, neighbourhoods with the highest ethnic diversity rates were most negatively affected by COVID-19 and its variants. Residents of high-diversity neighbourhoods have had four times higher hospitalization rates and intensive care unit (ICU) admission rates and two times higher death rates than low-diversity neighbourhoods.[1]

> **Health inequities** are differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age.
>
> – World Health Organization, 2018

Nurse practitioner-led clinics (NPLC): A unique service

NPLCs improve access to care by providing comprehensive primary health care, including education and illness prevention. In an NPLC, patients receive all the services expected from a primary care setting (e.g., medical office). NPLCs were implemented in 2007 to enhance access to primary care. Since then, no additional NPLCs have been funded. NPLCs achieve higher than average rates of same- and next-day access, hospital discharge follow-up, client engagement and cancer screening rates.[2] Currently, there are only 26 NPLCs across Ontario. Many more are needed to improve timely access to health care.

NPs add value to the health system and advance the goals of the Quadruple Aim



NPs continue to advance the goals of the Quadruple Aim by:

1. improving the care experience, with patients reporting high satisfaction with NP-led care;

2. realizing quality health outcomes for clients across all settings, including reduction of pain in long-term care and improved overall quality of care in emergency departments;

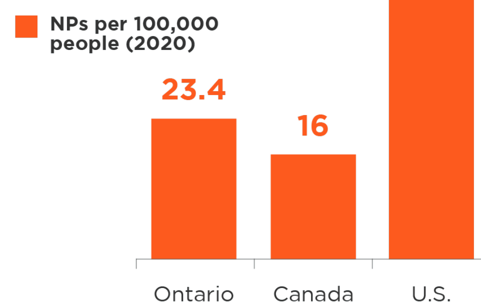
3. improving positive NP provider experiences, demonstrated by increased retention. Increased satisfaction is reported when NPs work to their full scope of practice; and

4. demonstrating the cost-effectiveness of NPs when comparing NPs to family physicians. While delivering similar quality outcomes, NPs earn significantly less than their medical colleagues. Limited evidence available shows cost benefits of NPs.[3,4,5,6]

In RNAO's NP Task Force report, *Vision for Tomorrow*, NPs are positioned as global leaders of a new wave in health care that embraces the United Nations' sustainable development goals and aims to advance an inclusive, equitable health and social system that leaves no one behind.[7]

Unfortunately, in Canada and Ontario, the number of NPs overall remains extremely low when compared to the U.S. In recent years, the number of NPs in the U.S. has grown rapidly, with approximately 63.7 working NPs per 100,000 people. By contrast, the number of NPs per 100,000 people in Canada is 16.0. That number is 23.4 NPs per 100,000 people in Ontario. The U.S. ratio is about four times that of Canada and almost three times that of Ontario.

Per capita comparison of NPs in Ontario, Canada and the U.S.



Despite their important role, significant roadblocks still stand in the way of NPs unleashing their full potential to benefit Ontarians and our province's health-system effectiveness. To achieve the objective of an integrated, accessible and equitable health system in Ontario, much more must be done to expand the number, role and scope of NPs.

Call to action

RNAO commits to, and calls on all employers and government to showcase the impact of NPs through public education campaigns to advance full utilization of NPs across all sectors and settings.

RNAO calls on the Ontario government to:

1. Develop a comprehensive health human resource plan based on optimized use and role expansion of the NP, to **increase the supply of NPs** across all sectors and settings.
2. **Optimize the utilization of NPs within current scope of practice** by scaling up funding for interdisciplinary primary care models, scaling out innovative NP models of care, and scaling out NP services and models of care to non-traditional settings with inequitable access.
3. **Expand the scope of practice for NPs**.
4. **Align NP curriculum** with expanding scope of practice.
5. **Harmonize NP compensation upward** 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.

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