

Nurse Practitioner Compensation

Will you eliminate the salary and benefit inequities between primary care NPs and NPs in other sectors?

There is growing recognition that interprofessional care is the most desirable model to deliver optimal access and patient outcomes. As of September 1, 2015 there were over 1,950 primary care NPs in the province.¹ NPs are practising in all areas and are significantly improving access to comprehensive care for Ontarians. NPs improve continuity in care and offer health services in a cost effective manner by increasing efficiency and decreasing duplication.² Furthermore, a Cochrane Review concluded that "... appropriately trained nurses can produce as high quality care as primary care doctors and achieve as good health outcomes for clients."³

Sadly, there are persistent inequalities in NP compensation and benefits between primary care and other sectors, including hospitals and community care access centres (CCAC). This consistent and continuous discrepancy can be as much as \$20,000.⁴ In addition, one in five primary care NP positions is vacant.⁵ These vacancies can be attributed to the current primary care compensation structure, which has been stagnant for more than seven years. Of those leaving primary care, about 50 per cent work in acute care or other sectors.⁶ CCACs are hiring NPs to provide community care and paying them more than those who work in primary care.⁷ The result is damaging to Ontarians: sub-optimal fiscal capacity within the system; and delayed access to quality care.

According to a 2013 report to the Ministry of Health and Long Term Care, general duty nurses with more than eight years of experience would make a higher salary than NPs even though the average NP has 16 years of nursing experience and has completed a master's degree or post-baccalaureate certificate.⁶ NPs have also expanded their scope of practice over the past few years to openly prescribe most medications, order and review most diagnostic testing, communicate a diagnosis, and assume responsibility for admitting, treating, transferring, and discharging patients in hospitals.⁶ RNAO is calling on the government to make the modest investment that is needed to ensure that NPs receive equitable salary and benefits compared to colleagues in other sectors.

At RNAO's 2015 Queen's Park Day, Health Minister Eric Hoskins confirmed that his ministry is aware of this issue and pledged to review it.

References:

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²RNAO Response to HPRAC re: Scope of Practice for RNs in Extended Class (2009, January 29). *Registered Nurses Association of Ontario*. Retrieved from: http://rnao.ca/sites/rnao-ca/files/storage/related/4627_RNAO_Response_to_HPRAC_re_Scope_of_Practice_for_RNs_in_Extended_Class_Jan._29.pdf

³Laurant, M., Reeves, D., Hermens, R., Braspenning, J. Grol, R., & Sibbald, B. (2009). Substitution of doctors by nurses in primary care (Cochrane Review). *Cochrane Database of Systematic Reviews*.

⁴Nurse practitioners leaving clinics for hospitals, higher pay (2014, April 23). *CBCNews Sudbury*. Retrieved from: <http://www.cbc.ca/news/canada/sudbury/nurse-practitioners-leaving-clinics-for-hospitals-higher-pay-1.2619133>

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⁶Association of Family Health Teams of Ontario., Association of Ontario Health Centres., Nurse Practitioners' Association of Ontario. (2013). Toward a Primary Care Recruitment and Retention Strategy for Ontario: Compensation Structure for Ontario's Interprofessional Primary Care Organizations. Retrieved from: <http://www.afhto.ca/wp-content/uploads/PC-Retention-and-Recruitment-Compensation-Structure-for-IPCOs-Report-to-MOHLTC-June-2013.pdf>

⁷Community Care Access Centres. (2014). Community-based Nurse Practitioners. Retrieved from: <http://healthcareathome.ca/southwest/en/Getting-Care/Getting-Care-at-Home/Intensive-Home-Care-Team/community-based-nurse-practitioners>