NURSE PRACTITIONERS' ASSOCIATION OF ONTARIO

NPAO firmly believes that Nurse Practitioners (NPs) perform crucial work that can address the Canadian healthcare crisis. However, under the status quo, NPs' contributions represent a mostly untapped resource. We must work to train, retain, and integrate NPs in public health settings where they are able to deliver high-quality, timely, and life-saving care.

We are eager to work with government and a variety of stakeholders to implement the following actions that will improve health outcomes for Ontarians:

1. Modernize Public Funding for NP Integration and Patient Access to Care

NPAO calls for timely, equitable public funding of NP-delivered, medically necessary care equivalent to services publicly funded when provided by physicians. Funding must recognize NPs' clinical autonomy and accountability, enabling NPs to practice formally as Most Responsible Providers (MRPs) and within collaborative teams wherever Ontarians need care, beyond existing organizational structures and physician compensation arrangements.

Pathways, developed with NPAO, must support diverse practice and service delivery models across all health sectors, including employed and self-employed NPs. Remuneration options must include salaries, contracts, and direct reimbursement, alongside consideration of blended payment, capitation and NP billable services. NPs deserve professional parity in their ability to establish and deliver care wherever community needs exist. Ontario must expedite ministerial accountability, implementation timelines and commit to sustained investments in NP care.

2. Expedite NP Compensation Reform for Workforce Equity and Retention

Ontario must expedite compensation reform that reflects NP education, expertise, autonomous scope of practice, and professional accountability. Compensation disparities across jurisdictions, ministries, sectors and funding models undermine workforce stability, disrupt continuity, and intensify competition for NPs. Remuneration must recognize comprehensive and episodic clinical care, leadership, and responsibility for patient and team outcomes, while supporting NP recruitment and retention across all healthcare settings and sectors.

NPAO calls for a provincial NP compensation framework, developed with NPAO, that establishes competitive, market-informed remuneration and equitable treatment across publicly funded practice environments. The framework must address compensation, benefits, pay equity, incentives, professional development and transparent progression, with provisions for overhead, administrative support, and professional expenses.

3. Embed NP Leadership in Healthcare Decision-Making

Ontario must formally embed NP leadership in decisions that determine healthcare access, quality, funding and workforce capacity. NPs should have a designated role at provincial, regional and organizational governance, policy, funding and planning tables, including relevant ministries, Ontario Health, the Primary Care Action Team (PCAT), Ontario Primary Care Council (OPCC), Ontario Health Teams (OHTs), Primary Care Networks (PCNs), and hospital, long-term care and corrections leadership structures.

Representation must include NPAO as the provincial professional association exclusively representing NPs across all practice environments, and organizations representing specific service delivery models must complement profession-wide representation. Sustained NP participation will strengthen clinical governance, align investments with population needs, and translate frontline knowledge into practical reforms that improve patient care and system performance.

4. Strengthen NP Data for Accountability and Capacity-Building

NPAO calls on the Ministry, Ontario Health, and relevant partners to establish standardized NP-specific indicators and align reporting requirements across systems to understand patient access, workforce capacity, value, quality of care, and return on public investment. Priority measures must include clinical activity, patient attachment, panel size, care complexity, continuity, preventive care, patient experience, quality and health outcomes.

Provincial, OHT, PCN, hospital, long-term care, corrections and other relevant data dashboards must identify NPs and the people receiving episodic and comprehensive care. Reporting must distinguish provider accountability and capture NP contributions to leadership, quality improvement and team capacity.

About Nurse Practitioners

Nurse Practitioners are advanced practice registered nurses, who have completed a two-year Master's program in Nursing, an exam for their specialty area of practice, and significant clinical training in addition to the stringent requirements of being a registered nurse. As a result of this graduate-level preparation, Nurse Practitioners can address all core areas of patient care. They can assess, diagnose, treat and discharge patients and also order tests, prescribe medications including controlled drugs and substances and make referrals to specialists. NPs work with a health prevention and health promotion focus, treating the whole patient with a holistic approach while also having the medical knowledge. This is the reason patients often prefer NPs because of this unique role of nursing and medical background. They see the whole person. It's the approach they take with their patients that separate them from other primary care providers. They are uniquely equipped to fill labour shortages in our public healthcare system.

About NPAO

Established in 1973, the Nurse Practitioners' Association of Ontario (NPAO) represents over 6000 NPs across primary, secondary and tertiary healthcare settings. As NPs working for NPs, we advance evidence-informed policy, professional excellence and the contributions of NPs to accessible, high-quality care and Ontarians' quality of life.