

November 5, 2024

Hon. Natalia Kusendova-Bashta
Minister of Long-Term Care
6th Floor
400 University Ave.
Toronto, ON M5G 1S5
natalia.kusendova@pc.ola.org

Re: Proposal to Permit Nurse Practitioners to Become Medical Directors in Long-Term Care Homes

Dear Minister Kusendova-Bashta,

Thank you for re-connecting with the OMA to seek our input regarding a proposal to permit nurse practitioners (NP) to become medical directors in long-term care (LTC) homes.

Our perspective on this issue has not changed since we last corresponded with the Ministry of Long-Term Care in 2023. Conversely, we feel that the realities in LTC homes have intensified, and this strengthens the need for medical (physician) leadership in the homes.

Senior Ministry staff have indicated that some LTC homes are having trouble recruiting and retaining medical directors. However, data presented by the Ministry at the bilateral Physician Services Committee (as surveyed by Advantage Ontario) indicates that roughly 10% of homes report experiencing this challenge. Pursuing legislative amendments to overhaul the pre-requisite to become a medical director is a blunt policy attempt to address a relatively localized issue that could benefit from easier and more effective solutions.

The current leadership triad in LTC ensures that there is a physician, nurse and administrator working together to ensure safe and quality care is provided to residents. Nursing leadership is

already, and importantly, represented in this triad as the director of care. Since its inception, the medical director role was specifically designed as a physician leadership role, to ensure that the physician perspective is captured in decisions that impact medical care delivery.

We know that the complexity of medical issues in LTC homes is increasing. Permitting NPs to serve as medical directors will likely hinder the government's objectives for the sector – which is to manage more complex medical needs in the home and avoid a transfer to hospital. Medical directors do far more than serve a necessary administrative leadership function. They drive the medical culture, informing the policies and procedures underpinning medical care delivery and often called upon for clinical consults for residents with complex care. They are the last step in the chain and the clinical resource that attending physicians, NPs and the nursing staff look to for advice and leadership. LTC residents and their families want to ensure that their medical care is being overseen by a physician.

Additionally, in situations where an attending physician needs to vacate their role, sometimes abruptly, the medical director is called upon in the interim to deliver medical care to dozens of orphaned residents. This is essential for continuity of care. Although a valuable part of the home's care team, it is unclear how an NP would be able to independently and effectively manage this increased resident load.

The proposed changes to the medical director role could also create unintentional issues in the management structures of LTC homes. It is exceptionally rare for a physician's role to be overseen by an allied healthcare professional. Attending physicians will have concerns about changes to the reporting structure and may feel uncomfortable being overseen by a NP. This could lead to true challenges in retaining or attracting physicians to continue their contracts, or potentially result in some physicians choosing not to renew their agreements. This would likely increase hospital transfers and shift strain on to other parts of the system. We know that the demand for NPs also exceeds their supply in the system and that will not change in the near term.

The greatest value of NPs in LTC homes is:

- a. working collaboratively with attending physicians to deliver quality resident care within their current scopes of practice;
- b. mentoring and supporting the home's nursing staff (RN/RPN). Especially given the government's desire to manage more complex conditions in LTC homes without hospital transport.

To be clear, the OMA strongly advises the Ministry to not pursue legislative amendments that alter the prerequisites for becoming a medical director. We are deeply concerned about the public's reaction to knowing the government is considering loosening requirements for physician leadership/medical oversight in their loved ones' LTC home. Instead, the OMA reiterates our commitment to helping the Ministry of Long-Term Care address any recruitment and retention challenges that exist for physician medical directors in LTC homes. We have and will continue to avail ourselves of the expertise of our LTC Section to support homes with medical director vacancies and ensure high quality medical care is offered in all LTC homes.

Sincerely,

A handwritten signature in black ink, appearing to read 'Kim Moran', with a stylized, cursive script.

Kimberly Moran
Chief Executive Officer
Ontario Medical Association

A handwritten signature in black ink, appearing to read 'M. Abu-Abed', with a stylized, cursive script.

Dr. Mohamed Abu-Abed
Chair
OMA Section LTC and Care of the Elderly