

May 8, 2025

Hon. Natalia Kusendova-Bashta
Minister of Long-Term Care
6th Floor, 400 University Avenue
Toronto, Ontario M5G 1S5

Re: OMA Opposition to NP Eligibility for Clinical Director Roles in LTC

Dear Minister Kusendova-Bashta,

On behalf of Ontario's 43,000 physicians, the Ontario Medical Association (OMA) is writing to reiterate our opposition to the proposed legislative change, which would allow nurse practitioners (NPs) to serve as Clinical (Medical) Directors in Ontario's long-term care (LTC) homes.

Our concerns are not new and were expressed to your office multiple times. We have further expressed our concerns at the bilateral Physician Services Committee and in a written submission regarding Bill 235, which died on the order paper once the election was called this year. We are disappointed, despite the deep concerns we have raised, that the Bill was re-introduced in the legislature.

The OMA supports collaborative, team-based care and recognizes the valuable contributions of NPs. The Medical Director role is a physician role and requires advanced clinical expertise, grounded in extensive physician training, to manage the rising complexity of long-term resident care. It is not merely administrative, as has been incorrectly assumed by some system planners. Today, 75% of LTC residents take eight or more medications and nearly one-third take 13 or more. These residents need access to expert medical leadership that only physicians are trained to provide.

Furthermore, regulations under the *Fixing Long-Term Care Act* set out all NPs working in LTC homes must have a "consultative relationship" with a physician. It is clear by this requirement that physicians form an integral support role for NPs in their provision of care to residents and raises the question of how NPs would be able to independently offer comprehensive medical oversight for all residents in a LTC home in the Clinical Director role.

Replacing physician Medical Directors with NPs not only risks lowering the quality of care but will also undermine confidence in the LTC system. This is a system that cares for some of Ontario's most vulnerable and frail population, and the residents of these homes and their families deserve the best possible care. Despite our repeated requests, the ministry has

provided no evidence of a shortage in physician coverage that this legislation proposes to solve. Without evidence to support that there are widespread recruitment and retention issues for physician Medical Directors—and despite anecdotal claims—this sweeping legislative change is both premature and harmful to the frail elderly and their families.

While we realize that LTC homes are free to set their own compensation rates, it is important to note that most LTC physician Medical Directors have not received a pay increase since 2013, despite rising pressures, especially post-pandemic. This undoubtedly impacts recruitment and retention. The current model also does not provide additional compensation for rural and northern homes, making recruitment and retention particularly difficult.

Moreover, the unintended consequences of this change are significant. It may discourage physicians from participating in LTC. While NPs are valued clinicians, the proposed Clinical Director role would mark a unique instance in the system whereby medical oversight of physicians could potentially be assigned to a professional (NP) with vastly different education, both in content and length. A consequence is that attending physicians may seek not to renew their contracts and leave the sector.

The College of Nurses of Ontario reported only 100 NPs being unemployed at renewal in 2024; within this figure is likely a smaller number of NPs who are actively seeking employment. At the same time, however, NPs remain in short supply system-wide, making this approach unsustainable. It is unlikely that assigning NPs to Clinical Director roles would provide the most value to the health-care system, especially in comparison to high-demand areas like primary care and hospitals.

We are also concerned that LTC homes receiving the Attending Nurse Practitioners in Long-Term Care funding will assign the Clinical Director responsibility to these NPs as a cost-savings exercise. The Ministry should instruct homes that the funding is intended to follow the program guidelines as of January 9, 2024, and not for Clinical Directors.

For the safety of LTC residents and the integrity of their care, we strongly urge your Ministry to stop the proposed legislation that enables NPs to become Clinical Directors. Now is the time to reinforce—not dilute—physician leadership in LTC. We look forward to renewed consultation and engagement with your office, including examining impactful ways to remedy physician recruitment challenges.

Sincerely,



Kimberly Moran
Chief Executive Officer



Dr. Zainab Abdurrahman
President



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