

ONTARIO NURSES' ASSOCIATION

SUBMISSION

ON

2024 PRE-BUDGET CONSULTATIONS

TO

**STANDING COMMITTEE
ON FINANCE AND
ECONOMIC AFFAIRS**

January 30, 2024



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Summary of ONA's Recommendations for the 2024 Ontario Budget

Address the staffing shortage:

- **Recommendation 1:** Fund and legislate safe staffing ratios where there is a minimum registered nurse (RN) to patient ratio of:
 - 1:1 in Critical Care
 - 1:2 in Mental Health Care
 - 1:3 in Specialized Care
 - 1:4 in General Care
 - Ensure that of the four hours of care received by Long-Term Care (LTC) residents, 20 per cent of the four hours is direct care provided by a RN.
- **Recommendation 2:** Commit that Ontario will reach the average RN-to-population staffing ratio in Canada by adding 24,000 net new RNs.
- **Recommendation 3:** Stop the replacement of RNs with other classifications.

Reduce burnout and prioritize the safety of nurses and health-care workers:

- **Recommendation 4:** Fully implement the recommendations from the provincial Preventing Workplace Violence in the Health Care Sector report.
- **Recommendation 5:** Educate and empower Ministry of Labour (MOL) inspectors to thoroughly investigate allegations of violations and enforce the Occupational Health and Safety Act and relevant regulations, including criminal charges for the most egregious cases.
- **Recommendation 6:** Immediately reverse changes that allow surpluses in the Workplace Safety and Insurance Board (WSIB) Insurance Fund over certain levels to be distributed to businesses.
- **Recommendation 7:** Increase supports through the WSIB for front-line and essential workers with COVID related mental stress claims and claims from those suffering with long-haul, post workplace COVID symptoms.

Pay fair wages to retain and recruit the workers patients need:

- **Recommendation 8:** Drop the costly appeal of the Bill 124 Superior Court decision, which struck down the wage suppression legislation as unconstitutional.
- **Recommendation 9:** Bargain in good faith and ensure an adequate remedy is achieved, such as backpay for wages that were withheld over the last three years due to Bill 124.
- **Recommendation 10:** Fund wage parity and pay nurses who work in primary care, home care, and community care the same as those who work in other health sectors such as hospitals.

Provide reliable provincial funding:

- **Recommendation 11:** Expand full-time nursing positions so that a minimum of 70 per cent of jobs are full-time.
- **Recommendation 12:** Increase funding for nurse practitioners in Community Health Centres (CHCs) and nurse practitioner-led primary care and continue to expand funding for nurse practitioners in LTC.
- **Recommendation 13:** Increase funding for Sexual Assault/Domestic Violence Clinics to hire additional full-time Sexual Assault Nurse Examiners (SANE) to ensure patients have access to care 24/7 at all 37 sites in the Network and any other locations SANE nurses provide services within the Network.

End privatization and ensure that funds go to patient care, not shareholders:

- **Recommendation 14:** Repeal Bill 60 and Bill 135 that expand the role of for-profit clinics and care delivery.
- **Recommendation 15:** Investigate and determine the value Ontarians receive for the dollars spent on private agency nurses.
- **Recommendation 16:** Enact Bill 144, *Healthcare Staffing Agencies Act, 2023*, into law.
- **Recommendation 17:** Prevent for-profit homes from attaining new bed licenses.
- **Recommendation 18:** Create a home and community care structure through legislation where care is delivered through a single public source, not contracted out.

Support Nursing Students, the workforce of tomorrow:

- **Recommendation 19:** Make nursing programs tuition-free across Ontario and provide financial support for nursing students through OSAP to help with the cost of living.
- **Recommendation 20:** Convert mandatory unpaid clinical placements into paid clinical placements.
- **Recommendation 21:** Increase the number of RN seats at Ontario universities and college standalone programs by ten per cent and expand clinical faculty capacity.
- **Recommendation 22:** Bring back the Late Career Initiative, and fund new jobs for late-career and recently retired nurses to mentor and support nursing students and recent graduates to reduce attrition.
- **Recommendation 23:** Expand the existing clinical preceptor program so more nurses can transition into leadership roles.
- **Recommendation 24:** Expand the Ontario Learn and Stay Grant.

Introduction

The Ontario Nurses' Association (ONA) represents over 68,000 registered nurses (RNs) and health-care professionals, and over 18,000 nursing student affiliates. Our members provide care in hospitals, long-term care facilities, public health units, the community, clinics, and industry.

Ontario is in a health-care staffing crisis. For years, Ontario has suffered from the worst RN-to-population ratio in Canada. Recent provincial policy decisions have suppressed wages and depressed morale, and this has led to a record number of nurses leaving the sector. The consequences of the staffing shortage are felt in communities across Ontario. Longer wait times and unreliable access to care have become the norm for patients. Unsafe and unmanageable working conditions have become the norm for nurses and health-care workers.

In the face of unprecedented challenges, nurses and health-care professionals are the glue that hold hospitals, long-term care and home and community care together. Our members work long hours in difficult conditions to provide care for our families and loved ones. As pressure on Ontario's health-care system increases with population growth and an ageing population, Ontario's independent Financial Accountability Office projects that there will be a province-wide shortage of 33,000 nurses and personal support workers (PSWs) by 2028.ⁱ

ONA welcomes the opportunity to participate in the Standing Committee on Finance and Economic Affairs' pre-budget consultation and provide the perspective of front-line nurses and health-care professionals. This submission includes recommendations on behalf of ONA members on how to improve our public health-care system for both patients and workers. It is essential that the government takes immediate action to retain the nurses we have first and foremost, recruit the additional nurses we need, and make Ontario's hospitals and health-care settings safe workplaces.

The staffing shortage in Ontario

Across the health-care sector, nurses and health-care workers are overworked and experiencing burn-out. Suppressed wages have resulted in nurses leaving the sector en masse to pursue other jobs or retiring prematurely. According to the College of Nurses of Ontario (CNO), the number of nurses leaving the sector has continued to increase in recent years. Since 2018, statistics show that 35,000 nurses left the sector.ⁱⁱ While the workforce is already destabilized due to high vacancy levels, we expect more instability in the absence of meaningful government action. According to a 2023 poll of health-care workers commissioned by the Ontario Council of Hospital Unions, two in five are thinking about leaving their job within the next year.

The shortage of nurses is already having a devastating impact on patient care. According to the Auditor General report released in December 2023, there were 203 emergency department closures in the past year.ⁱⁱⁱ The report concluded that this was largely due to a

shortage of nurses.^{iv} Closures and long wait times due to understaffing result in delayed or missed diagnoses, causing patients to return to the emergency department in worse health.

CNO statistics show that the RN workforce is older than other nursing designations.^v As the RN workforce retires, the proportion of RNs relative to RPNs (Registered Practical Nurses) and NPs has declined. The skillset of RNs cannot be replaced by other workers. RNs have the knowledge, skills, and judgement to provide care to unstable patients with complex medical conditions. While addressing the staffing shortage, it is crucial that the government take measures to prevent the replacement of RNs with other classifications.

Recommendation 1: As we approach the 2024 budget, we urge the government to fund and legislate safe staffing ratios where there is a minimum RN to patient ratio:

- 1:1 in Critical Care
- 1:2 in Mental Health Care
- 1:3 in Specialized Care
- 1:4 in General Care
- Ensure that of the four hours of care received by LTC patients, 20 per cent of the four hours is direct care provided by a RN.

Recommendation 2: Commit that Ontario will reach the average RN-to-population staffing ratio in Canada by adding 24,000 net new RNs.

Recommendation 3: Stop the replacement of RNs with other classifications.

Health, safety, and burnout

Nurses and health-care workers experience violence, needlestick injuries, musculoskeletal disorders and exposure to infectious diseases on a daily basis. According to the Canadian Federation of Nurses Union (CFNU), 61 per cent of nurses report experiencing violence at work in a given year. The real number is likely much higher since workplace violence and harassment remains under-reported. At one hospital, nurses became so accustomed to death threats from patients, they stopped reporting threats. ONA members pay the price for the culture of indifference towards violence that has developed in the health-care sector. We do not accept that violence is an inherent part of the job. The government must take immediate measures to address the substantial health and safety issues nurses face.

As we are emerging from the most widespread global health crisis in recent memory, the Workplace Safety and Insurance Board (WSIB) has a vital role to play in the compensation and rehabilitation of the many front-line workers who have sustained mental and physical illness as a result of the pandemic. This is in addition to the WSIB's everyday responsibility to injured workers. ONA opposed the government's decision to allow surplus WSIB funds to be distributed to employers to cope with the impacts of COVID-19. WSIB funds belong to injured workers and must go to them in their entirety. We call on the government to:

Recommendation 4: Fully implement the recommendations from the provincial Preventing Workplace Violence in the Health Care Sector report.

Recommendation 5: Educate and empower Ministry of Labour (MOL) inspectors to thoroughly investigate allegations of violations and enforce the Occupational Health and Safety Act and relevant regulations, including criminal charges for the most egregious cases.

Recommendation 6: Immediately reverse changes that allow surpluses in the WSIB Insurance Fund over certain levels to be distributed to businesses.

Recommendation 7: Increase support through WSIB for front-line and essential workers with COVID-19 related mental stress claims and claims from those suffering with long-haul, post workplace COVID-19 symptoms.

Fair wages to retain and recruit the health-care workers patients need

To achieve acceptable staffing ratios, the government must do more to keep the nurses we already have. This goal is a top priority. This requires the government to pay nurses and health-care professionals fair wages. Over the last fifteen years, wages for police officers and fire fighters have increased at rates double that of nurses. It is impossible to fix the shortage without addressing unfair wages.

The government exacerbated unfair wages when it introduced Bill 124, which suppressed wages further. The subsequent government appeal of the court ruling that found Bill 124 unconstitutional contributed to ongoing uncertainty for health-care workers. Widespread indignation continues while the government proceeds to use taxpayer dollars to fund their appeal. We now know that even the Health Minister's briefing notes acknowledged the negative effect of Bill 124 on staffing levels. We urge the government to drop their appeal and begin the process of repairing relationships with nurses and public sector workers alienated by Bill 124.

All nurses and health-care workers need to be paid fairly to address retention and recruitment issues. Those who work in primary care and home and community care, who are primarily women and workers of colour, earn considerably less than those who work in hospitals or long-term care facilities. The 2023 market salary review produced by Eckler on behalf of ten community health organizations recommended an increase in wages of 25.7 per cent for RNs who work in primary care, as well as a 16.8 per cent increase for NPs.^{vi} Wage parity across all health sectors is not only necessary to address retention and recruitment challenges, it is also needed to fairly compensate for the specialized care provided by workers in primary care and home and community care. ONA urges the government to act on the following:

Recommendation 8: Drop the costly appeal of the Bill 124 Superior Court decision, which struck down the wage suppression legislation as unconstitutional.

Recommendation 9: Bargain in good faith and ensure an adequate remedy is achieved, such as backpay for wages that were withheld over the last three years due to Bill 124.

Recommendation 10: Fund wage parity and pay nurses who work in primary care, home care and community care the same as those who work in other health sectors such as hospitals.

Reliable funding from the provincial government

The provincial government must provide substantial and stable funding to achieve the fair wages and safe staffing ratios described. While the government allocated new health-care funding in the 2023 budget, billions in unspent funding from recent years have contributed to the underfunding of Ontario's health-care system. Health spending per person in Ontario is the lowest in Canada and ten per cent lower than the average of the other provinces.^{vii} Rather than improve Ontario's standing, the government left \$1.8 billion in dedicated health-care funds unspent during the peak of the pandemic. According to the Financial Accountability Office, the province will have \$22.6 billion in excess funds by 2026.^{viii} With the 2024 budget, the government can choose to use a portion of these funds to achieve safe staffing ratios and wage parity. By withholding funds, the government is starving our public system.

Inadequate provincial funding has resulted in the need for increased funding from the federal government. Over the next few years, the FAO estimates that the increase in federal health transfers to the province is \$4.1 billion.^{ix} It is unacceptable to our members that a portion of these federal funds will go to the shareholders and owners of for-profit clinics rather than patients as intended.

Lastly, the government must recognize the essential role of Community Health Centres (CHCs) and other multidisciplinary team-based settings in providing primary care and keeping patients out of hospitals. Many CHCs have not seen funding increases in years. As a result, they are not able to offer competitive wages, and vacant positions go unfilled. There is an urgent and growing need to increase funding to compensate primary care workers.

Recommendation 11: Expand full-time nursing positions so that a minimum of 70 per cent of jobs are full-time.

Recommendation 12: Increase funding for NPs in CHCs and NP-led primary care and continue to expand funding for NPs in LTC homes.

Recommendation 13: Increase funding for Sexual Assault/Domestic Violence Clinics to hire additional full-time Sexual Assault Nurse Examiners (SANE) to ensure patients have access to care 24/7 at all 37 sites in the Network and any other locations SANE nurses provide services within the Network.

The cost of privatization

ONA is deeply concerned by the government's decision to further privatize components of our health-care system. We strongly opposed Bill 60, *Your Health Act 2023*, which allowed more private for-profit clinics to permanently perform publicly funded surgeries and diagnostic procedures. We also opposed Bill 135, *The Convenient Care at Home Act*, which established the structure where for-profit provider companies can operate and erode Ontario's public home care system. ONA continues to have deep concerns regarding the use of for-profit nursing agencies and for-profit LTC homes.

The additional cost to the public that comes with for-profit delivery of care is visible across Canada with respect to surgical procedures. Data shows that in Quebec, procedures performed in for-profit clinics cost 2.5 times more than the same procedure performed in public hospitals.^x In British Columbia, private clinics charged 375 per cent more for an expedited knee meniscectomy than the cost for the same surgery in a public hospital.^{xi} Wherever for-profit delivery of care exists, we witness increased costs, up-selling, and an expansion of two-tier health-care.

The nursing shortage is a sign of this government severely underfunding Ontario's public health care, resulting in hospitals and other health settings relying on for-profit nursing agencies. Private agencies are not bound by wage constraint legislation like Bill 124; therefore, they can pay nurses more competitively than the public sector. Nursing agencies were meant as a last resort in "emergencies" to provide care for Ontarians on a temporary basis. However, LTC homes and hospitals increasingly rely on private agencies, and this reflects broader issues such as staffing, staff burnout, and lack of scheduling flexibility within the public health-care system. When nurses leave permanent positions to work for agencies, they become temporary workers trading stability and benefits for flexibility and higher hourly pay. Nursing agencies do not provide the continuity of care that patients receive with permanent staff. Lastly, nursing agencies are neither accountable nor transparent to the public. This approach as a stopgap to addressing the nursing shortage results in compromised quality of care and is less cost-efficient.

The Auditor General report released in December 2023 found that nursing agencies contributed to staffing shortages at public hospitals.^{xii} This in turn forced hospitals to rely more on staffing agencies to fill vacant positions. As a result, hospitals ended up paying significantly more to meet staffing demands. For example, one hospital spent about \$8 million on agency nurses in the emergency department in 2022/23, compared with \$2.4 million in 2021/22.^{xiii} According to the CFNU, approximately 1.2 million agency nurse hours were recorded in 77 hospitals across Ontario in 2022 alone.^{xiv} This cost Ontario taxpayers \$174 million in 2022, four times more than it did in 2021.^{xv} These statistics are alarming. It costs Ontarians more taxpayer dollars to hire agency nurses than it would to bring nurses back into the public system through better working conditions, such as scheduling flexibility resulting in better staffing and eliminating the need for nursing agencies.

ONA members believe strongly that for-profit homes must be phased out in the LTC sector. For years, research has shown that these homes provide inferior care. The pandemic exposed the heartbreaking conditions in for-profit homes. The horrific death rate in these homes demonstrated the differences between public and non-profit ownership and for-profit ownership. The public and non-profit homes, which allocate funds to meet the needs of residents, are the only homes suitable for our loved ones. ONA opposed measures in Bill 37 that led to greater privatization in the sector. Instead of phasing out for-profit LTC homes, the government continues to invest substantially in building for-profit LTC homes. As of December 2023, 351 out of 626 LTC homes in the province were for-profit homes, and 41,692 out of 79,850 beds were for-profit.^{xvi}

According to the Auditor General's report released in December 2023, a quarter of the LTC homes failed to reach the provincial target of four hours of direct care and agency staff provided up to fifty per cent of a home's direct-care hours in LTCs across Ontario, reducing continuity and quality of care.^{xvii} Starting now, new bed licenses should only be awarded to public or non-profit homes. The provincial government owes this to the memory of the thousands of residents who died from COVID-19 in the LTCs.

Recommendation 14: Repeal Bill 60 and Bill 135 that expand the role of for-profit clinics and care delivery.

Recommendation 15: Investigate and determine the value Ontarians receive for the dollars spent on agency nurses.

Recommendation 16: Enact Bill 144, *Healthcare Staffing Agencies Act, 2023*, into law.

Recommendation 17: Prevent for-profit homes from attaining new bed licenses.

Recommendation 18: Create a home and community care structure through legislation where care is delivered through a single public source, not contracted out.

Nursing students, the workforce of tomorrow

ONA has repeatedly highlighted the hurdles faced by nursing students and recent graduates. These include challenging learning conditions, lack of mentorship, the burden of costly post-secondary education, lack of mental health support, skyrocketing cost of living, mandatory unpaid placements and increasing levels of debt. Students feel the adverse effects of a struggling economy and inflation. The government must act now to support the future of our nursing workforce.

Statistics Canada reports that for the 2023/24 academic year, undergraduate students will experience a three per cent rise, with an average tuition of \$7,076, and full-time graduate students will experience a 2.2 per cent increase, paying an average of \$7,573, compared to the previous academic year.^{xviii} Among the provinces, Ontario stands out for having one of the highest graduate tuition fees, amounting to \$9,445. This figure represents a substantial 24.7 per cent difference above the national average.^{xix}

The government has yet to provide undergraduate and graduate nursing program students with financial support that matches the increase in tuition and living costs.

Due to the lack of recognition for their value, the unmanageable workloads, trauma and burnout, many recent nursing graduates are leaving the profession prematurely. At a time when we have a shortage of nurses far more significant than police officers, the government must make nursing programs tuition-free, just like police programs. Furthermore, police program graduates receive compensation for their internships and placements, while nursing students incur personal expenses to fulfil their mandatory unpaid placements. This is inequitable. The government must convert mandatory unpaid clinical placements into fully paid clinical placements, a proven and cost-effective policy proposal to attract and retain new nursing graduates to address the nursing shortage in Ontario.

The government must look at solutions holistically to address the intersectional challenges contributing to the nursing shortage in Ontario. For example, last year, the government announced the addition of 121 extra training positions to the Primary Health Care NP Program. However, the announcement accompanied no direct financial support for students pursuing graduate studies through Ontario Student Assistance Program (OSAP) grants.^{xx}

Recommendation 19: Make nursing programs tuition-free across Ontario and provide financial support for nursing students through OSAP to help with the cost of living.

Recommendation 20: Convert mandatory unpaid clinical placements into paid clinical placements.

Recommendation 21: Increase the number of RN seats at Ontario universities and college standalone programs by 10 per cent and expand clinical faculty capacity.

Recommendation 22: Bring back the Late Career Initiative, funding new jobs for late-career and recently retired nurses to mentor and support nursing students and recent graduates to reduce attrition.

Recommendation 23: Expand the existing clinical preceptor program so more nurses can transition into leadership roles.

Recommendation 24: Expand the Ontario Learn and Stay Grant.

Accountability and quality care

In 2023, the government based its approach to policy-making on proposing regulations rather than through legislation. It is a regressive approach that removes oversight, democratic accountability, and transparency. Bill 60, Bill 135, and subsequent regulations pertaining to these bills lacked standards and accountability measures for "Integrated Community Health Service Centres" and for-profit "client providers," which have

fundamentally reshaped the landscape of health care and the delivery of home care services.

The private clinics expanded under Bill 60 are not required to follow any of the standards that apply to public hospitals when it comes to patient records and privacy, quality assurance and safety, oversight from regulatory bodies such as the CNO, employee record keeping and oversight, or governance and financial accountability. If these privately owned clinics are to deliver the same services as public hospitals to the same patients with the same funding source, they should be subject to the same oversight provisions. There are no requirements to disclose private investors in privately owned clinics that receive public funds. Since these clinics receive funding from the Ministry of Health, Ontarians must have access to information regarding the individuals or entities investing in and profiting from these facilities.

Additionally, Bill 135 lacked details on the functional and organizational restructuring of Ontario's home and community care. The legislation does not set a minimum standard of service concerning home care. Section seven of the Bill allows the Minister of Health to indemnify the directors of "client providers" against any liabilities, expenses, or other costs incurred while performing their duties on behalf of the organization but fails to highlight the circumstances under which the Minister may do so. ONA highlighted these concerns in its [submissions](#) to the government. However, nurses and health-care professionals on the frontlines who are well-positioned to provide feedback are consistently ignored. The government must not allow private profits and corporate interests to take precedence over patient safety and care.

Conclusion

ONA demands the provincial government take the recommendations of its 68,000 members and 18,000 nursing student affiliates seriously. Through Budget 2024, the government has the power to invest in a robust, publicly funded and publicly delivered health-care system and address Ontario's critical nursing shortage by focusing on retention first and recruitment second. The government must implement policies addressing the root causes of the shortage of nurses and health-care professionals: uncompetitive wages and untenable working conditions that deplete the workforce. These policies include repealing Bill 124, so workers are compensated fairly, funding wage parity for nurses who work in primary care, home care, and community care to be the same as those who work in other sectors such as hospitals and taking immediate measures to reduce violence against health-care workers. In addition, the government must enact Bill 144, *Healthcare Staffing Agencies Act, 2023*, as law, bring back the late-career initiative to provide mentorship to new nurses, increase hospital base funding, and make nursing programs tuition-free. We need timely and thoughtful investments in health care as Ontario experiences population growth. Privatization is not the solution.

Ontario Nurses' Association 2024 Pre-Budget Submission

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- ⁱⁱ College of Nurses of Ontario. August 2023. *Registration Renewal Statistics Report 2023*. [cno.org/globalassets/2-howweprotectthepublic/statistical-reports/registration-renewal-statistics-report-2023.html](https://www.cno.org/globalassets/2-howweprotectthepublic/statistical-reports/registration-renewal-statistics-report-2023.html)
- ⁱⁱⁱ Office of the Auditor General of Ontario. December 2023. *Value-for-Money Audit: Emergency Departments*. https://www.auditor.on.ca/en/content/annualreports/arreports/en23/AR_emergencydepts_en23.pdf
- ^{iv} Ibid.
- ^v College of Nurses of Ontario. *2022 Registration Statistics* <https://www.cno.org/globalassets/2-howweprotectthepublic/statistical-reports/registration-statistics-report-2022.html>
- ^{vi} Eckler. November 2023. *Ontario Community Health Compensation Market Salary Review*.
- ^{vii} Financial Accountability Office of Ontario. April 2022. *Comparing Ontario's Fiscal Position with Other Provinces after the First Year of the COVID-19 Pandemic*. 2020-21 Interprovincial Comparison (fao-on.org)
- ^{viii} Financial Accountability Office of Ontario. July 2023. *Media Release: FAO projects budget surplus of \$0.5 billion in 2022-23 followed by growing surpluses*. <https://www.fao-on.org/en/Blog/media/MR-EBO-SP2023>
- ^{ix} Financial Accountability Office of Ontario. May 2023. *Ontario Health Sector: 2023 Budget Spending Plan Review*. Ontario Health Sector: 2023 Budget Spending Plan Review (fao-on.org)
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- ^{xi} Mieke Koehoorn et al. 2011. *Do private clinics or expedited fees reduce disability duration for injured workers following knee surgery?* Healthcare Policy Vol. 7, No.1.
- ^{xii} Office of the Auditor General of Ontario. December 2023. *Value-for-Money Audit: Emergency Departments*. https://www.auditor.on.ca/en/content/annualreports/arreports/en23/AR_emergencydepts_en23.pdf
- ^{xiii} Ibid.
- ^{xiv} Canadian Federation of Nurses Union. October 2023. *Agency Nursing Across Canada: We Need Answers*.
- ^{xv} Ibid.
- ^{xvi} Office of the Auditor General of Ontario. December 2023. *Value-for-Money Audit: Emergency Departments*. https://www.auditor.on.ca/en/content/annualreports/arreports/en23/AR_emergencydepts_en23.pdf
- ^{xvii} Ibid.
- ^{xviii} Statistics Canada. *Key Trends in Elementary to Postsecondary Student Enrolments, Graduations and Tuition Fees* (statcan.gc.ca)
- ^{xix} Ibid.
- ^{xx} Ontario Ministry of Health. November 2023. *Media Release: Ontario Helping More Students Become Nurse Practitioners*. Ontario Newsroom. <https://news.ontario.ca/en/release/1003850/ontario-helping-more-students-become-nurse-practitioners>.