

We RPN

Registered Practical Nurses
Association of Ontario

Understanding the Role and Value of RPN Care in Ontario.



Table of Contents

1.0	Executive Summary	3
2.0	Message from WeRPN	5
3.0	Introduction and Context	6
4.0	Purpose of the Report	7
5.0	Methodology	8
	5.1 Data Inputs and Sources	
	5.2 Approach	
	5.3 Limitations	
6.0	The Role of RPNs in Ontario	10
	6.1 The RPN Designation	
	6.2 Evolution of the RPN Role	
	6.3 Workforce Representation	
7.0	The Value of RPNs in Ontario	14
	7.1 Patient and Family Experiences	
	7.2 Team Contributions	
	7.3 Clinical Outcomes	
	7.4 Innovation and Leadership	
	7.5 Health System Capacity	
	7.6 Economic Impact	
8.0	Opportunities & Recommendations	24
	8.1 Opportunities for WeRPN	
	8.2 Opportunities for Nursing and Health System Leaders	
	8.3 Opportunities for Frontline Nurses and Interprofessional Teams	
	8.4 Opportunities for Researchers	
	8.5 Opportunities for Educational Institutions and Academic Partners	
9.0	Conclusion	28
10.0	Appendix	29
	10.1 Contributing Organizations	

1.0 Executive Summary

Registered Practical Nurses (RPNs) are significant and integral to Ontario’s nursing workforce, representing nearly one-third of regulated nurses practicing across hospitals, long-term care, home and community care, and specialized settings. Over time, the RPN role has evolved in step with changes to regulation, education, and care delivery. RPNs practice as autonomous professionals, providing patient care, enabling team functioning, and increasing health system capacity alongside Registered Nurses (RNs), Nurse Practitioners (NPs), and other health professionals.

Despite this evolution, the understanding of the contemporary RPN role has not advanced consistently across the healthcare system. Historical perceptions and legacy frameworks continue to influence how the role is interpreted and operationalized in practice, leading to varied utilization across similar care environments. In a health system already experiencing persistent nursing capacity pressures, these outdated assumptions place unnecessary constraints on care delivery by limiting how effectively RPNs can be integrated to meet patient and system needs.

In response, this report examines the contemporary RPN role and articulates its value in a way that is intended to support greater clarity and consistency across the system. It is designed as a resource that reflects the current realities of RPN practice and promotes alignment in how the role is understood, supported, and deployed. The report applies a structured, practice-informed framework that reflects how care is delivered and experienced in real-world settings, specifically describing RPN contributions across six interconnected domains: patient and family experience; team contributions; clinical outcomes; innovation and leadership; health system capacity; and economic impact. Collectively, these domains – informed by engagement activities with nurses and health system leaders across Ontario – represent shared dimensions of value across the nursing workforce. In examining how these dimensions are expressed through the RPN role, the report offers a practical lens for understanding the breadth and depth of RPN contributions, beyond titles or task-based descriptions alone.

Across care settings, RPNs are consistently described as central to high-functioning teams. Their sustained presence supports continuity, communication, and trust for patients and families. Their proximity to day-to-day care enables early identification of changes in patient condition, effective information sharing, and coordination that translates care plans into action. Across Ontario, health service providers are updating staffing models to better align nursing roles to patient needs, forming teams that combine RN, RPN, and other expertise to support optimal outcomes. Clear understanding of roles, including strengths and limitations, is central to expanding this work.

From a system perspective, RPNs are a critical lever for strengthening capacity and resilience. They expand the supply of regulated nursing care, support flexible staffing models, and enable organizations to better align nursing competencies with patient complexity. Their education pathway allows for more rapid workforce entry, while continued professional development and career progression support long-term

The RPN Value Framework



Patient and Family Experience

Team Contributions

Clinical Outcomes

Innovation and Leadership

Health System Capacity

Economic Impact

workforce sustainability. When appropriately integrated, RPNs also deliver economic value by supporting efficient use of resources while maintaining quality and safety.

The central opportunity identified is the need for stronger alignment between contemporary RPN practice and how the role is understood, supported, and deployed across the system. Advancing this alignment does not require redefining scope or expanding authority. Rather, it requires a clearer, consistent understanding of the role; intentional integration within staffing and care models; strengthened leadership and development pathways; and improved evidence and data to support workforce planning and system learning.

Together with the recommendations outlined in this report, this work is intended to support greater clarity and consistency in how the RPN role is understood and integrated across Ontario’s healthcare system, inform leadership and policy decisions, and contribute to ongoing research and system learning that supports workforce sustainability.

AUDIENCE	SUMMARY OF OPPORTUNITIES
WeRPN	<ul style="list-style-type: none"> • Share the narrative on the contemporary RPN role • Strengthen the evidence base and share system learnings • Support system partners through knowledge translation • Facilitate informed dialogue on union structures and compensation
Nursing and Health System Leaders	<ul style="list-style-type: none"> • Strengthen role alignment within staffing and care models • Strengthen career pathways to leadership, mentorship, and development opportunities for RPNs • Address misconceptions and build shared understanding of nursing roles
Frontline Nurses and Interprofessional Teams	<ul style="list-style-type: none"> • Elevate recognition of RPN practice • Champion contemporary practice • Engage in development, mentorship, and knowledge sharing
Researchers	<ul style="list-style-type: none"> • Strengthen data on workforce deployment and outcomes. • Advance applied research on nursing role integration • Support the development of practical, usable evidence-based tools
Academic Partners and Educational Institutions	<ul style="list-style-type: none"> • Align education with contemporary nursing roles and regulation

2.0 Message from WeRPN

For decades, Registered Practical Nurses (RPNs) have been an essential part of Ontario's health care system. Every day, in profound ways, they are present at some of the most important and meaningful moments in people's lives. But, unfortunately, too often their role continues to be misunderstood, underestimated, or overlooked.

This report was commissioned to change that.

Nursing, at its heart, is both a science and an art. It is about skill and knowledge, as well as compassion, trust, and human connection. At WeRPN, we know RPNs are highly skilled, knowledgeable, and deeply compassionate professionals who make a real and lasting difference in the lives of Ontarians every single day. They are critical thinkers, clinical leaders, patient advocates, and indispensable members of interprofessional health care teams across the province.

There is a persistent misconception that RPNs work in a limited number of settings. In reality, their impact extends far beyond any single environment. Today, RPNs are providing compassionate care in nearly every place Ontarians seek healthcare, from hospitals, to long term care, primary care, to home and community and everywhere in between.

Too often, confusion about the respective roles of Registered Nurses (RNs) and RPNs has led to a diminishing of the RPN role in an effort to better define the RN role. This has not served patients, nor has it served the health system.

We must do better.

At a time when the pressures on our system are only continuing to grow, Ontario needs a nursing workforce that is fully understood, fully respected, and fully optimized—one that recognizes the unique and essential ways each nursing role contributes to safe, high-quality care.

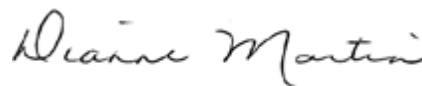
One of the most encouraging findings from this report is that there is deep appreciation and respect for RPNs among health care team members and among the patients, clients, and residents they serve. Every day, RPNs earn that trust through competence, consistency, and compassion. Yet, more work is needed to ensure this respect translates to system-level understanding, planning, and policy.

This report provides both a clear picture of the modern RPN role within the nursing profession and a practical roadmap for how to move toward greater clarity, alignment, and evidence-informed decision-making.

RPNs are different from RNs—but equal in their importance for the delivery of safe, high-quality, accessible care. When their roles are well understood and appropriately deployed, patients benefit, teams function better, and the health system becomes stronger and more sustainable.

We hope this report helps employers, policymakers, health system leaders, and the public better understand the true scope and value of the RPN role—and, more importantly, helps drive the changes needed to ensure RPNs are fully and effectively utilized to the benefit of patients, clients, and residents across Ontario.

On behalf of WeRPN, I extend my sincere thanks to the RPNs of Ontario. Your work matters. Your expertise matters. And your contribution to the health of this province is not only significant and enduring—it is deeply human, profoundly meaningful, and worthy of celebration.



Dianne Martin RPN RN MA FCAN
Chief Executive Officer
WeRPN

3.0 Introduction and Context

Ontario's healthcare system continues to operate under sustained pressure. Rising demand for services, increasing patient complexity, and ongoing workforce shortages are challenging the system's ability to maintain access, continuity, and quality of care. In response, organizations are redesigning models of care and innovating with increasingly diverse interprofessional teams in order to meet patient needs within constrained capacity.

In this environment, the effectiveness of care delivery depends not only on the availability of health professionals, but on how clearly roles are understood and how well contributions are aligned across teams. Each regulated profession brings distinct knowledge, skills, and judgement to patient care. When roles are clearly understood and appropriately integrated, teams are supported to function more effectively. When they are not, organizations risk misaligned decision-making, inefficient workflows, and under-utilization of available expertise – challenges that are amplified during periods of rapid system change and when assumptions are shaped by legacy models of care.

This context is particularly relevant for Registered Practical Nurses (RPNs), who continue to be faced with variable interpretations and applications of their role. While largely informed by historical perceptions that no longer align with contemporary regulation, education, or practice realities, the result is a fragmented landscape in which RPNs are deployed, supported, and recognized differently across similar patient populations and care environments.

As Ontario's healthcare system focuses on strengthening access, enhancing continuity, and optimizing existing capacity, a clear and contemporary understanding of nursing roles is increasingly important. For RPNs, aligning understanding with current regulatory frameworks and practice realities will support greater and more consistent integration of the role, contributing to effective workforce planning, team cohesion, and a sustained ability to deliver high-quality care for patients, clients, and residents across practice settings.

4.0 Purpose of the Report

This report, commissioned by WeRPN and informed by independent third-party analysis, aims to advance a shared, evidence-informed understanding of the RPN role and articulate how RPN practice contributes to quality and capacity within Ontario's evolving and increasingly resource-constrained healthcare system.

Specifically, this report aims to:

Clarify the RPN designation within Ontario's regulated nursing profession, including its evolution and current regulatory context.

Promote greater alignment and consistency in role interpretation and utilization across care settings, addressing misperceptions that may hinder effective deployment.

Describe the value of RPNs using a structured, thematic framework informed from stakeholder perspectives.

Illustrate RPN practice through applied, de-identified examples, supporting dialogue on various approaches to integrating and recognizing RPNs across the healthcare system.

Identify system-wide opportunities to enhance the understanding, utilization, and recognition of the RPN role.

Enhance the supports available to RPNs by strengthening system understanding of their role and contributions.

Through this purpose, the report is intended to serve as a communications-oriented resource that reflects the current realities of RPN practice and promotes greater alignment across the system. While focused on the RPN role, the insights presented are relevant to broader efforts to improve role clarity, workforce planning, and the effective use of healthcare professionals to advance system goals.

5.0 Methodology

This report draws on qualitative analysis designed to capture the depth, nuance, and contextual realities of RPN practice across Ontario's healthcare system. The methodology provides applied insights into how the RPN role is understood, deployed, and experienced within interprofessional teams.

5.1 Data Inputs and Sources

Findings are informed by two primary sources:

Semi-structured interviews and focus groups

with practicing RPNs, nursing and operational leaders, researchers, and broader system stakeholders to gather applied insights into the RPN role and its associated value. Engagement included participants from a range of care settings, roles, and levels of familiarity with RPN practice, representing diverse perspectives across Ontario. A total of 25 organizations across Ontario were represented through this process.



Targeted review of literature and related documents,

including regulatory standards, policy publications, and professional reports to situate qualitative findings within broader system trends and discourses.



5.2 Approach

A thematic analysis was used to identify recurring perspectives related to the RPN role, its value, and the conditions that influence how the role is interpreted and utilized. Participants were intentionally selected to ensure widespread representation across job positions, care environments, and degree of experience with RPN practice.

To illustrate how RPNs contribute in practice, the report draws on short, de-identified examples from themes shared during interviews and focus groups. Names and identifying details have been fictionalized, and examples reflect anonymized scenarios or composite profiles that bring together recurring experiences described by participants.

This approach provides a practice-informed foundation for understanding how RPNs meaningfully contribute to care settings across the province.

5.3 Limitations

The analysis is predominantly qualitative in nature and is not intended to quantify the magnitude of RPN contributions nor compare outcomes across nursing designations or professional roles. There remains limited Ontario-specific quantitative evidence that isolates nursing-specific outcomes related to clinical outcomes, patient and family experience, nor team contributions or differentiates the contributions of RPNs from those of the broader interprofessional team. Longitudinal evaluations in this area are also limited.

As such, findings should be interpreted as thematic representations of stakeholder perspectives rather than statistical conclusions. Even so, this approach provides a practice-informed foundation for understanding how RPNs meaningfully contribute to care settings across the province and what system conditions shape their utilization and recognition.

6.0 The Role of RPNs in Ontario

6.1 The RPN Designation

RPNs are one of three regulated nursing designations in Ontario, alongside Registered Nurses (RNs) and Nurse Practitioners (NPs [Registered Nurses in the Extended Class, RN(EC)])¹. All three are regulated by the College of Nurses of Ontario (CNO) with enabling legislation through the *Nursing Act, 1991* and the *Regulated Health Professions Act, 1991*.² Together, this legislation sets out the authority and accountability for nursing with the CNO setting the professional standards and practice expectations for nursing practice across the province.

The CNO Scope of Practice Standard, updated in 2023, further outlines the shared scope of nursing practice across designations and the principles that guide nursing decision-making. It emphasizes that all nurses are accountable for assessing patient needs, applying their knowledge skill, and judgement, and evaluating the appropriateness of care within the practice environment. In updating this standard, CNO replaced the former Three-Factor Framework with an approach that places greater emphasis on professional judgement, shared accountability, and the context of practice opposed to task-based competencies³. RPNs, RNs, and NPs are all taught and practice this same professional judgement and accountability on a daily basis. While this shift reflects contemporary nursing practice, understanding across the healthcare system has not always kept pace, with interpretations of roles continuing to reflect legacy frameworks.

Although the scope of practice is shared across nursing designations, how each designation applies this in practice varies based on the needs of the patient population and the complexity of the clinical environment. For all nurses, role expectations are shaped by educational preparation and the application of knowledge, skill, and judgement. As clinical situations become less predictable and more complex, greater depth and breadth of preparation is required to support safe and effective decision-making. This principle applies across the nursing profession, with each designation practicing autonomously within defined limits and collaborating or consulting with other professionals when patient needs extend beyond those limits. Recognizing that individual experience, expertise, and practice setting may further influence this, these limits may be understood as:

When patients have health needs that are generally predictable, with anticipated outcomes and established care pathways, RPNs are positioned to assess, plan, implement, and evaluate care. Individual experience, specialty expertise, and practice setting may further expand these contributions.

When patients present with higher levels of clinical complexity, rapidly changing or unpredictable conditions, RN preparation typically supports the broader theoretical foundation required to manage these situations, particularly in evolving care contexts.

Similarly, in situations requiring expanded clinical authority, such as diagnosis, prescribing medications, or ordering diagnostic tests, RN preparation is insufficient and NPs are regulated and authorized to lead care.

As clinical situations become less predictable and more complex, greater depth and breadth of preparation is required to support safe and effective decision-making.

6.2 Evolution of the RPN Role

The RPN role was introduced in the 1940s as a short-term, task-focused response to critical nursing shortages⁴. Over time, the role has evolved alongside changes in population needs, care delivery models, and system complexity. This evolution – from Certified Nursing Assistant (CNA) to Registered Nursing Assistant (RNA), to RPN – reflects corresponding advancements in practical nursing education, regulatory oversight, and clinical responsibility.

In Ontario, this evolution has been particularly pronounced. Today's RPNs are graduates of standardized diploma program(s), replacing the earlier and shorter 10-month training model, receiving education that is grounded in foundational nursing knowledge, clinical judgement and skill development. The result are cohorts of RPNs that are autonomous practitioners who work collaboratively with interprofessional colleagues to provide comprehensive, coordinated, and high-quality care.

6.3. Workforce Representation

RPNs represent nearly **one-third** (31.7%) of all regulated nurses under the General Class in the province, with **65,713 RPNs employed**⁶. They work across all sectors of the healthcare system, including hospitals, long-term care (LTC) homes, home and community settings, primary care, and others. Table 1 outlines the distribution of RPN employment by setting in Ontario.

Table 1:
RPN Employment by Practice Setting in Ontario – Reported at Annual Registration Renewal (General Class), CNO (2020-2025)

EMPLOYMENT SETTING	2020	2021	2022	2023	2024	2025
 Hospital	22,174	23,429	25,028	25,988	26,952	27,546
 Community	13,274	12,445	13,884	13,667	13,206	13,519
 Long-Term Care	21,698	19,655	19,412	20,088	19,805	20,080
 Other	3,330	3,470	4,551	4,383	4,612	4,548
Total	60,672	59,024	62,908	64,146	64,597	65,713

In 2025, based on employment information reported at annual registration renewal, the largest proportion of RPNs worked in hospital and LTC settings, which together accounted for more than two-thirds of all RPN employment positions. Hospitals represented 41.9% of RPN roles (27,546 positions), while LTC accounted for 30.6% (20,080 positions). Within LTC, RPNs comprised the largest share of the regulated nursing workforce, representing approximately 61% of all nurses employed in the sector.

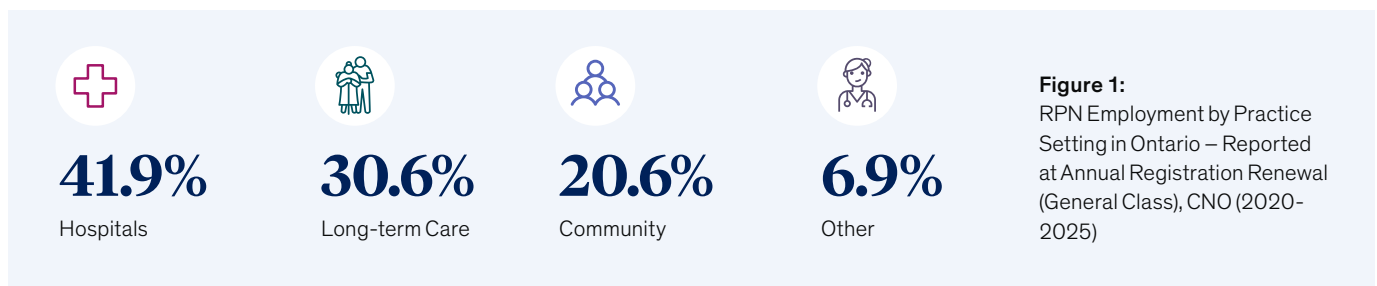
Outside of hospitals and LTC, RPNs also played an important role in providing home and community-based care, with 20.6% of RPNs (13,519 positions) employed in these settings. The remaining 6.9% (4,548 positions) of employed RPNs worked across primary care, public health, corrections, and other specialized environments, reflecting the breadth of practice contexts in which RPNs are engaged.

Beyond care settings, RPNs occupied a variety of professional positions. The majority, approximately 74% in 2025, were employed in direct care positions as staff nurses, reflecting the central role RPNs play in delivering front-line care across the system. A smaller but growing proportion now work in leadership and management roles as well, with 972 RPNs employed in middle management positions and 495 RPNs in senior management roles in 2025 – proportions comparable to that of other nursing designations.

In addition to staff nurse and formal management positions, RPNs are increasingly employed in a range of specialized and function-specific roles that support clinical quality, population health, and system operations. Examples include, but are not limited to, Resident Assessment Instrument (RAI) Coordinators in LTC, Infection Control Practitioners, Continence and Wound Care Nurses, Diabetes Educators, Occupational Health Nurses, and Case Management roles across hospital, community, and employer-based settings. These positions often leverage RPNs' clinical expertise, assessment skills, and system knowledge, and reflect how organizations are deploying RPNs beyond traditional bedside care to meet evolving service and operational needs.

Increasingly, the RPN workforce is characterized by a diverse and professionally advanced profession. While the majority of RPNs (65%) hold the two-year practical nursing diploma required for entry to practice, many bring additional academic and professional qualifications. Nearly one in four RPNs self-reported holding post-secondary credentials beyond their diploma in 2025, including but not limited to university degrees, graduate-level education, or additional nursing certificates. Notably, more than 17% hold a baccalaureate degree or higher, and over 10% have completed supplemental RPN certificates, demonstrating a strong commitment to ongoing learning.⁷

Together, these patterns illustrate an RPN workforce that spans care settings, positions, and continued professional development, contributing flexibly across Ontario's healthcare system.





RPNs in Action: Beyond Traditional Roles

RAI Coordinator

Infection Control
Practitioner

Diabetic Educator

Continance and Wound
Care Nurse

Occupational Health
Nurse

Case Management

6.0 REFERENCES

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6. College of Nurses of Ontario (CNO). Nursing Statistics Report 2025 – Appendix A. https://www.cno.org/Assets/CNO/Documents/Statistics/latest-reports/nsr-2025-appendix-a.html#5_Employment_positions_held_in_Ontario
7. Data provided by the College of Nurses of Ontario via direct correspondence (2025), used with permission.

7.0 The Value of RPNs in Ontario

Beyond their workforce representation, RPNs meaningfully contribute to the healthcare system in ways that span clinical care, patient experience, team functioning, and overall capacity and impact. These contributions are expressed across diverse practice settings and are often embedded in the day-to-day work of care teams. However, because they are woven into routine practice, they are not always recognized or understood in a consistent way. Articulating the value of the RPN role therefore requires a clear and structured approach that reflects both the range of environments in which RPNs practice and the ways they contribute to care.

To support this clarity, the findings from this analysis have been organized into six domains of value – building on and extending the principles of the Quintuple Aim, a framework developed by the Institute for Healthcare Improvement (IHI)⁸. These domains represent the areas where RPN contributions were most consistently described and provide a structured way to examine how value is expressed in practice. Collectively, they form the RPN Value Framework (Figure 1)⁹.

Each domain represents a distinct way in which RPN contributions can be understood. While presented separately for clarity, the domains are interconnected and non-hierarchical, together illustrating how RPNs support patients, contribute to high-functioning teams, enhance quality and efficiency, and position organizations to meet increasing demands.

Importantly, the domains of value outlined in this framework are not exclusive to RPNs. All regulated health professionals and members of the interprofessional healthcare team contribute across these domains in ways shaped by their roles, education, and practice context. High-quality, person-centered care is achieved through the collective efforts of these diverse professionals. As such, this report does not suggest that these domains of value are unique to RPNs; rather, it uses the RPN role as a focal lens to examine how these shared domains of value are expressed in context.

The RPN Value Framework



7.1 Patient and Family Experiences

For patients and families, care is experienced through the quality of relationships, communication, and continuity they encounter day-to-day, rather than through distinctions of professional designations. Nurses, through their consistent bedside presence and ongoing interactions, are thus central to shaping these experiences. RPNs, in particular, are often closely embedded in the daily delivery of care, making their contributions to patient and family experience a significant area of focus.

As with all nursing designations, RPN contributions extend beyond the clinical tasks they perform. Through ongoing involvement in care, RPNs support continuity, communication, and relational connection – elements that strongly influence how care is experienced day-to-day. These contributions are not unique to RPNs but reflect core aspects of nursing practice expressed within the context of the RPN role. Specifically:

Consistency: Frequent and sustained interactions allow RPNs to develop familiarity with patients' routines, preferences, and patterns. This predictability contributes to comfort and stability, particularly for individuals managing chronic or evolving care needs.

Trust: RPNs are often among the most visible members of the care team as they contribute to a substantial share of direct patient contact hours. This day-to-day presence supports open communication and fosters confidence among patients and families.

Illustrative Example of RPN Value in Practice

When Mr. Davis began attending his local primary care clinic for support managing a chronic condition, he was seen regularly by the same RPN. Over time, she became familiar with the patterns in his symptoms, the routines that shaped his health, and the questions he hesitated to ask. She noticed when he was having a hard week, when his confidence wavered and when small changes in his condition required coordination of an early check-in with the broader team. For Mr. Davis, this steady presence offered clarity and reassurance; for his family, it meant trusting that someone was consistently attentive to the details that mattered.



Responsiveness: Regular proximity to patients enables timely responses to questions, concerns, and emerging issues, reducing anxiety and contributing to a greater sense of safety throughout the care journey.

System navigation: Familiarity with patient's values, concerns, and communication styles enables RPNs to help interpret information, clarify expectations, and connect patients and families to appropriate supports.

Advocacy: Through ongoing relationships, RPNs often develop a clear understanding of what matters most to patients and families. This insight allows them to bring forward concerns, preferences, or observations to the broader team, helping ensure care approaches remain responsive and person-centered.

Continuity: Whether during changes in health status, adjustments in care plans, or movement between settings, RPNs' familiarity with patients helps maintain continuity and reduce stress for families navigating uncertain or unfamiliar stages of care.

Taken together, these aspects of practice illustrate how RPNs contribute to patient and family experience through the consistency, communication, and relational approach they bring to care. Their sustained presence within teams and across care settings supports feelings of comfort, stability, and trust – elements consistently identified by patients and families as central to feeling supported throughout their care journey.

7.2 Team Contributions

Effective care relies on an interdisciplinary team with clear role alignment, shared accountability, and contributions that support both clinical delivery and coordination. Within this context, RPNs practice autonomously within their role and are relied upon to deliver nursing care safely and effectively. Depending on the setting and position, this contribution may involve providing direct patient care, serving as a consistent point of coordination, offering clinical leadership, acting as a mentor or preceptor, or helping translate care plans into day-to-day clinical action. While the expression of these contributions varies across roles and environments, clinical leaders consistently describe RPNs as integral to effective team functioning.

Across care settings, these contributions are reflected in the following ways:

Core nursing: RPNs assume responsibility for delivering nursing care, applying clinical judgement, and being accountable for their practice. Teams rely on RPNs to carry out essential nursing work that sustains day-to-day care delivery and supports patient needs.

Daily coordination: Through their involvement in daily care activities, RPNs help connect patient needs, care plans, and broader team actions. Their understanding of what is happening at the bedside supports alignment across nursing, personal support workers (PSWs), physicians, and allied health professionals.

Clinical insights: Regular and sustained contact with patients allows RPNs to recognize emerging issues early and identify when consultation with another professional is required. This attentiveness helps ensure patients benefit from the full depth and breadth of expertise available within the team.

Effective communication: RPNs often play a key role in ensuring that observations, updates, and concerns are communicated clearly to the appropriate team members. This supports shared situational awareness and coordinated decision-making.

Collaboration: Consultation flows in multiple directions, shaped by nurses' entry-to-practice education, continuing professional development, and accumulated experience. RPNs seek input from RNs, physicians, and allied health colleagues when patient needs extend beyond their knowledge, skill, or judgment, while team members often consult RPNs whose familiarity with the patient practice, context, and/or specialized expertise informs decision-making. This reciprocal collaboration reinforces safe, high-quality practice.

Team momentum: In many settings, RPNs help align daily clinical activities with team and organizational priorities by sharing practical insights about patient needs, workflow pressures, or care complexities. This grounding supports teams in adapting plans and maintaining cohesive operations.

The impact of these contributions is shaped by how consistently RPNs are recognized and reinforced across organizations and sectors. In environments where RPNs are intentionally embedded as core contributors, teams often report stronger cohesion and mutual respect. In settings where expectations are unclear or the role is inconsistently leveraged, ambiguity can influence both how RPNs perceive their contributions and how teams' function.

Team dynamics are influenced by broader employment structures that differ across nursing roles. Variations in union representation, pay scales, and employment arrangements can affect how nursing roles experience mobility, access to development opportunities, and workplace support. Although these structural differences are beyond the control of individual teams, they shape how role clarity, collaboration, and career progression and experienced across healthcare teams.

Regardless, RPNs contribute to core elements of effective interprofessional practice. Their continuity, communication, and collaborative approach advance shared understanding, coordinated care, and cohesive team environments – reinforcing their role as integral contributors to team-based care across settings.

Illustrative Example of RPN Value in Practice

When he arrives on the unit each morning, George, an RPN in a long-term care home, already has a clear sense of which residents slept poorly, whose mobility has changed, and which family member requested an update overnight. By mid-morning, he has coordinated with PSWs to adjust routines. George has also shared patient observations with an RN colleague, consulted with a physician about a medication-related question, and clarified elements of a care plan for a concerned family member. Throughout the day, colleagues seek his clinical insights and team members rely on his ability to translate bedside observations into actionable information for the broader care team.



7.3 Clinical Outcomes

Strong team functioning and clear role integration are foundational to the delivery of safe, high-quality care. In this context, RPNs contribute to clinical outcomes through their day-to-day participation in nursing care and application of knowledge, skill, and judgement in support of quality and patient safety.

Clinical and system leaders did not identify differences in clinical outcomes associated with any single nursing designation when roles are appropriately aligned and supported. Instead, discussions consistently emphasized that excellence in clinical care is achieved through appropriate role alignment, ongoing monitoring of practice, and access to continuous professional development across the nursing workforce. In this context, quality is understood to be driven by the competence and judgement of individual nurses and the effectiveness of broader staffing models, rather than by designation alone.

In practice, RPNs are involved in a wide range of clinical activities that support safe and effective care provision. These include, but are not limited to, delivering routine and planned care, completing assessments, supporting patients before, during, and after interventions, reinforcing care plans and education, and monitoring for changes in patient condition. Through this direct involvement in care, RPNs are well positioned to recognize when a patient is not progressing as expected and to initiate appropriate care actions, reassessment, or timely communication with the broader care team.

Decisions about the safe and effective use of nursing roles are guided by patient needs, clinical complexity, and a shared commitment to quality. Increasingly, organizations use validated, evidence-based tools to support decisions about nursing role integration. These tools include, but are not limited to, Safer Nursing Care Tool (SNCT), Patient Care Needs Assessment, and WeRPNs Knowledge Process Model. When applied thoughtfully and alongside professional judgement, these tools help ensure that RPNs, among other nursing professionals, are positioned to practice to their competencies as part of high-functioning teams and to contribute to positive clinical outcomes.

While Ontario-specific, role-differentiated patient outcome data for nursing is not available, evidence from practice environments demonstrates a clear pattern: RPNs contribute meaningfully to clinical quality by supporting the assessments, interventions, communication, and vigilance that ensure patient safety.



Evidence-Based Tools:

Safer Nursing Care Tool (SNCT)

Patient Care Needs Assessment

WeRPN Knowledge Process Model

7.4 Innovation and Leadership

Innovation in healthcare occurs at multiple levels, ranging from large-scale system redesign to daily improvements in clinical practice. Across all designations, nurses and other healthcare team members contribute to innovation through leadership, critical thinking, and continuous adaptation to patient and system needs. RPNs contribute to this innovation in both formal and informal ways, in part dependent on the opportunities available to them in the context of their position.

Much of RPN-led innovation is grounded in their proximity to care delivery. Their day-to-day involvement in patient care, positions RPNs to identify gaps, inefficiencies, and opportunities for improvement, often innovating through refined workflows, adjusting care routines, improving communication, and introducing practical changes to enhance the patient experience and broader team functioning.

RPNs also contribute to innovation by taking on leadership roles that extend beyond direct care. Informally, many act as mentors, preceptors, and clinical resources for peers, students, and interprofessional colleagues. Formally, RPNs are increasingly represented in educator roles, simulation labs, quality improvement initiatives, research functions, and operational leadership roles, contributing to practice development and organizational improvement.

Access to innovation and leadership opportunities, however, is inconsistent. In some environments, where organizations have created inclusive pathways for leadership and innovation, RPNs are intentionally supported to participate in improvement work and pursue expanded leadership opportunities. In others, limited professional development pathways, outdated policies, and restrictive job criteria constrain RPN involvement and growth, regardless of interest, capability, or broader experience. For example, some job descriptions continue to explicitly specify RN, OT, or PT qualifications, despite the role centering on education and competencies common across nursing practice.

Illustrative Example of RPN Value in Practice

In a busy community health program, Cheryl, an RPN noticed recurring gaps in follow-up for patients managing multiple chronic conditions. Drawing on her familiarity with patients' routines and barriers to care, she worked with the team to create a simple tracking process that flagged patients needing outreach. The changes implemented reduced missed follow-ups and improved continuity, while also easing workload pressures for the broader team.



This approach unintentionally excludes RPNs who possess the requisite skills to perform the posted role effectively.

Despite these constraints, RPNs consistently demonstrate initiative, adaptability, and a strong commitment to advancing the healthcare system. Many express a desire to grow their skills, contribute to improvement processes, and take on formal leadership responsibilities when opportunities are available.

7.5 Health System Capacity

Across the province, health system capacity continues to be under significant strain, with emergency department closures, service disruptions, and persistent surgical and diagnostic backlogs signaling limitations in current health human resources capacity. In response, nursing leaders are actively re-examining staffing models to add much-needed capacity, including the intentional integration of RPNs.

Decisions about staffing models and skill mix have taken on heightened importance in this context as nursing leaders work to ensure the right professional is caring for the right patient. While optimal skill mix varies by organization, care setting, and patient population, teams are most effective when nursing roles are aligned to patient needs and service demands. By intentionally integrating RPNs and unlocking the full potential of regulated nursing roles, nursing leaders are better positioned to expand capacity, strengthen flexibility, stabilize coverage, and support more responsive models of care. **They do so by:**

Increasing nursing supply: RPNs represent a substantial portion of Ontario's nursing workforce, increasing the total number of regulated professionals available to deliver care and helping organizations maintain safe coverage as system demand surges.

Enabling diverse staffing models: When teams draw on complementary nursing roles, organizations can match provider competencies to patient needs more precisely. This flexibility strengthens the system's ability to assign staff where their knowledge, skill, and judgement is most appropriate.

Increasing rapid workforce entry: Through accelerated education pathways and quicker time to licensure, RPNs can enter the workforce faster than other nursing designations and begin addressing immediate staffing gaps in support of system recovery.

Strengthening retention through career pathways: As in many professions, some individuals choose to pursue additional education over time. The RPN designation provides an accessible entry into nursing, through shorter, flexible education pathways. From this foundation, RPNs can continue to develop within the role or pursue bridged RN education, retaining nursing expertise within the system. Reflecting this progression, as of 2025, the number of dual RN/RPN registrants grew by 21.9% year-over-year, supporting long-term workforce resilience.¹⁰



Illustrative Example of RPN Value in Practice

When staffing pressures intensified on a large medical inpatient unit, nursing leadership reassessed how the team could best meet rising patient demand. The unit was experiencing ongoing challenges recruiting and sustaining sufficient staffing levels, which were further compounded during vacancies and periods of surge. By re-evaluating patient needs and the mix of skills required to provide optimal care, the manager redesigned the staffing model to include both RNs and RPNs. The shift created greater flexibility across the unit and the organization ensuring care was delivered where skills were most needed.

7.6 Economic Impact

The value of the RPN role would not be fully articulated without consideration of its economic impact. As regulated nurses with a shorter education pathway and a lower hourly wage compared to RNs and NPs, RPNs expand the supply of regulated nursing care in a way that is both clinically appropriate and financially efficient for organizations and the health system. This efficiency is not driven by reduced value, but by the ability to align nursing competencies to patient needs while maintaining high standards of care.

By providing stable, regulated nursing support across sectors, RPNs help reduce reliance on higher-cost staffing options such as agency nurses or overtime, both of which can significantly increase operational costs. Their presence also contributes to workforce continuity, reducing turnover-related expenses and disruptions associated with persistent vacancies. When appropriately integrated, the RPN role enables more predictable staffing models and supports longer-term financial sustainability for organizations.

At the same time, while the RPN role delivers clear economic value to the system, compensation for RPNs has not consistently reflected the level of education and responsibilities carried in practice. RPNs complete a two-year diploma program with defined clinical hours and professional obligations compared to unregulated staff. Despite this difference in preparation and accountability, mandatory wage enhancements for PSWs, ranging from \$2–\$3/ hour, have narrowed the compensation gap between regulated and unregulated roles, while wage growth for RPNs has remained comparatively modest.

This imbalance is further reinforced by the widening compensation gap between RPNs and RNs, which influences perceptions and professional recognition. As compensation becomes increasingly misaligned with contemporary RPN practice, there is growing risk that the role is perceived as undervalued. Evidence from workforce research demonstrates that perceived wage inequity is a key driver of attrition – carrying it with it cost considerations in the form of recruitment, onboarding, and lost workforce stability.

Importantly, addressing compensation pressures does not negate the economic advantage of the RPN role. Even with improved and more equitable wage structures, RPNs continue to represent a vital, cost-effective and a high-value component of the nursing workforce. Economic considerations are therefore two-fold: RPNs support financial sustainability for organizations, but fair and appropriate compensation remains essential to sustaining a strong, confident, and committed practical nursing workforce.

Cost efficiency should not be mistaken for justification to undercompensate a role with increasing regulatory accountability and expanding expectations and value. As the system continues to rely on RPNs to meet growing demand, compensation structures must reflect the role, preparation, and contributions of the profession to ensure long-term workforce stability and recognition.

7.0 REFERENCES

8. Institute for Healthcare Information (IHI) is a globally recognized not-for-profit organization dedicated to improving health and healthcare worldwide.

9. The RPN Value Framework is not a validated tool but rather a framework that has been co-developed by WeRPN to support in articulating the qualitative domains of value that RPNs contribute to, as identified through semi-structured engagement activities.

10. College of Nurses of Ontario (CNO). Nursing Statistics Report 2025. <https://www.cno.org/Assets/CNO/Documents/Statistics/latest-reports/nursing-statistics-report-2025.pdf>

8.0 Opportunities and Recommendations

Effective and efficient healthcare delivery depends on a clear understanding of how professional roles contribute across Ontario’s healthcare system. While the contributions described in this report are shared across nursing and interprofessional roles, they are not consistently recognized across settings. For RPNs, this inconsistency often results in uneven role utilization, limiting the system’s ability to fully use existing capacity to care for patients and in some cases hinder role satisfaction.

In a system under sustained pressure, gaps have practical consequences – limiting effective workforce planning, affecting team functioning, and constraining efforts to optimize available resources across the system. Addressing these challenges does not require redefining the RPN role; rather, it requires stronger alignment between current regulation, education, and how the role is understood and integrated in day-to-day practice.

To support this alignment, a common set of opportunity areas has been identified that, if advanced, would strengthen clarity, consistency, and integration of the RPN role across care settings. They center around a subset of recurring themes:

- 1. Shared understanding of the contemporary RPN role**
- 2. Intentional role integration within staffing models**
- 3. Workforce sustainability and capacity optimization**
- 4. Leadership, development, and recognition**
- 5. Evidence, data, and system learning**



While these opportunity areas are system-wide, the actions and opportunities available to advance them differ by audience. The recommendations that follow are therefore organized by stakeholder group – including nursing and system leaders, frontline nurses, researchers, and WeRPN itself to illustrate how these themes can be meaningfully advanced within different roles and spheres of influence.

The recommendations are offered as guiding considerations opposed to prescriptive solutions. Their relevance and application will inherently vary by organization, care setting, and local workforce context but are intended to support reflection, dialogue, and action that complement professional judgement and existing processes.

8.1 Opportunities for WeRPN

As the professional association representing RPNs in Ontario, WeRPN plays a distinct role in shaping understanding, advancing evidence, and supporting alignment across Ontario's healthcare system. The opportunities below build on WeRPN's existing work and focus on clarifying and advancing understanding of contemporary RPN practice, amplifying the RPN voice, translating evidence into practice, and supporting informed dialogue on workforce issues that influence the experience and sustainability of the RPN profession.

Share the narrative on the contemporary RPN role: Continue to act as a trusted source by clearly articulating how the RPN role is practiced today, reflecting current education, regulation, and system realities. This includes challenging legacy perceptions, amplifying the voices and experiences of RPNs themselves, and fostering professional pride by reinforcing the value of today's RPNs to patients, teams, and the broader health system.

Strengthen the evidence base and share system learnings: Advance WeRPN's research strategy by supporting the collection, synthesis, and dissemination of applied insights related to RPN utilization, leadership roles, and workforce evolution.

Support system partners through knowledge translation: Build on existing efforts to help health service providers and health system planners interpret and apply evidence, research, and workforce planning tools in ways that are practical and accessible. This may include translating complex tools into clear guidance, examples, and shared learning resources that support thoughtful workforce planning and role integration.

Facilitate informed dialogue on union structures and compensation: Support neutral, evidence-informed discussion on how differences in union representation, collective agreements, and wage structures shape RPN experiences related to mobility, compensation, access to opportunities, and consistency of support.

8.2 Opportunities for Nursing and Health System Leaders

Nursing and health system leaders play a central role in translating role clarity into day-to-day practice through staffing models, workforce planning, and leadership structures. The opportunities below, therefore, focus on strengthening role alignment, optimizing workforce capacity, and expanding access to formalized leadership and development pathways in ways that reflect contemporary RPN practice and local organizational context.

Strengthen role alignment within staffing and care models: Increase awareness of how RPN roles, matched to patient needs and care complexity, support high-functioning teams. Leverage existing validated staffing and workforce planning tools that explicitly account for RPN practice, alongside professional judgement, to support appropriate nursing skill mix decisions and promote consistent role alignment across comparable settings.

Strengthen career pathways to leadership, mentorship, and development opportunities for RPNs: Review eligibility criteria for leadership, quality improvement, education, and innovation roles to ensure they are based on qualifications, experience, and competency rather than designation alone, supporting RPN access to formalized development and leadership pathways.

Address misconceptions and build shared understanding of nursing roles: Actively identify and correct misinformation or misunderstandings about RPN practice when they arise in the workplace. Support ongoing education within teams about nursing roles, competencies, and contributions – including reinforcing the value of RPN practice and promoting a shared understanding of roles and responsibilities within teams.

8.3 Opportunities for Frontline Nurses and Interprofessional Teams

Frontline nurses are central in advancing how their roles are understood and regarded. The opportunities below focus on strengthening team functioning, professional confidence, knowledge sharing, and individual accountability to support a contemporary understanding of their role and value.

Elevate recognition of RPN practice: Foster and engage in dialogue with colleagues that highlights the contemporary RPN role, competencies, and consultation processes. This includes moving away from legacy or deficit-based narratives and actively recognizing the value RPNs bring to the healthcare system.

Champion contemporary practice: Take ownership of professional practice by staying current with regulatory standards and practice guidance to support a culture where nursing roles are accurately understood. Take opportunities to advance learning and education in your areas of clinical interest.

Engage in development, mentorship, and knowledge sharing: Participate in mentorship, preceptorship, and peer learning opportunities that reinforce confidence, competence, and continuous learning.

8.4 Opportunities for Researchers

Researchers play a critical role in strengthening system-wide understanding of how nursing roles are deployed, integrated, and their outcomes across care settings. The opportunities below focus on building applied evidence and improving measurement to support system learnings across nursing designations.

Strengthen data on workforce deployment and outcomes: Support the development of provincial and sector-level data sources that capture nursing role utilization, team configuration, leadership roles, and workforce outcomes. This may include environmental scanning to identify where RPNs are most effectively integrated to further inform workforce planning and policy discussions.

Advance applied research on nursing role integration: Prioritize quantitative and mixed-methods research that examines how different nursing roles contribute within healthcare teams, including the scope, limitations, and areas of practice where each designation is best positioned to add value. This work should move beyond designation-based comparisons to explore how role clarity, team design, and organizational context influence outcomes.

Support the development of practical, usable evidence-based tools: Work with system partners to translate research findings into accessible formats that support real-time decision-making by leaders and organizations. This includes aligning evidence with operational realities and identifying opportunities to coordinate data collection efforts, including through existing mechanisms such as membership, workforce, or organizational data sources.

8.5 Opportunities for Educational Institutions and Academic Partners

Educational institutions are foundational in shaping how nursing roles are understood, taught, and enacted. The opportunity below focus on ensuring that nursing education reflects contemporary regulation and practice realities to support graduates entering the workforce with clarity, confidence, and role-appropriate competence.

Align education with contemporary nursing roles and regulation: Ensure nursing education prepares learners to understand not only their own designation, but how all nursing roles function together in practice. Specifically, RN and RPN programs should equip graduates to practice confidently and recognize the full opportunity of the RPN designation, while also developing a clear understanding -of the responsibilities and consultation relationships of RNs, RPNs, and NPs.

9.0 Conclusion

Ontario's healthcare system depends on the collective expertise, commitment, and contributions of its nursing workforce, of which RPNs are an integral component. Despite practicing across care settings and within diverse staffing models that support patients, families, and organizations every day, the RPN role remains inconsistently understood and, as a result, often underestimated and unevenly recognized.

Strengthening a shared understanding of how RPNs contribute within contemporary models of care is not about redefining roles or expanding capabilities. Rather, it is about aligning perceptions with current regulation, education, and practice realities. Doing so supports a more consistent interpretation of nursing roles and reinforces a foundational principle of equity in the health workforce: that contribution, not designation alone, should guide how roles are understood, supported, and respected.

From a systems perspective, this alignment is increasingly urgent, even as it is already taking shape across the province. Many organizations are re-examining staffing models, strengthening role clarity, and integrating RPNs more intentionally within staffing models, demonstrating that alignment between role and contribution supports high-functioning teams, responsible use of public resources, and sustainable workforce planning. The opportunity now is to extend this progress more consistently across Ontario. As system pressures continue to grow, organizations that move forward with a contemporary understanding of the RPN role will be better positioned to deliver patient-centered care and sustain a resilient nursing workforce, reflecting a direction that needs to become standard practice.

10.0 Appendix: Contributing Organizations

Association of Family Health Teams (AFHTO)

CHEO

Corporation of the Town of Kirkland Lake

Extendicare/Ontario Tech

Holland Bloorview

Hospice Georgian Triangle

Jarlett Health Services

OCSA

Promyse Home Care

Sinai Health

UHN

VHA Home Healthcare

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