



**Registered
Nurses'
Union**

Newfoundland & Labrador

Budget 2026 Submission

Stabilizing the Nursing Workforce and Delivering Better Healthcare
Across Newfoundland and Labrador

Submitted by:

Yvette Coffey, RN

President

Registered Nurses' Union Newfoundland and Labrador

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Executive Overview

Newfoundland and Labrador's healthcare system remains under sustained pressure. Rural and remote communities face ongoing instability. Access to primary care remains inconsistent. Vacancy rates, mandatory overtime, and burnout continue to strain the public system.

Budget 2026 presents an opportunity to move decisively from reactive crisis spending toward structural, measurable solutions that stabilize the nursing workforce and improve access to care.

The Registered Nurses' Union Newfoundland and Labrador represents more than 6,000 Registered Nurses, Registered Psychiatric Nurses, and Nurse Practitioners across acute care, long term care, mental health and addictions, community, education, and research. Our members experience the system daily. The solutions outlined in this submission are grounded in frontline realities and informed by established models in other provinces.

We are not requesting specific dollar amounts. We are asking government to make targeted investments in structural reforms that align with its commitments to better healthcare, fiscal responsibility, and stronger rural services.

RNU is calling on government to invest in:

1. Province wide expansion and stabilization of Nurse Practitioner led primary care.
2. Replacement of the current NP compensation framework.
3. A same work, same pay framework, including physician comparability and classification equity within nursing.
4. Implementation and funding of the Provincial Travel Team Newfoundland and Labrador (PTT-NL).
5. Expansion of travel locums province wide with equitable incentives.
6. Reallocation of private agency expenditures into the local nursing workforce.
7. Completion and implementation of a modern core staffing review.
8. Paid clinical placements and strengthened student recruitment supports.

These recommendations are practical, measurable, and achievable within the existing fiscal envelope when spending is redirected from inefficient short term solutions.

1. Expand and Stabilize Nurse Practitioner Led Primary Care

Nurse Practitioners are Registered Nurses with advanced Master's level education who diagnose, prescribe, order and interpret diagnostics, and manage independent patient panels.

Government has committed to improving access to primary care. That commitment cannot be met without fully utilizing NPs across rural, remote, and underserved communities.

Budget 2026 must invest in:

- A secure, province wide funding model that enables NPs to attach and roster patients.
- Expansion of NP led clinics in high need regions.
- Operational supports and infrastructure that allow NPs to practice to full scope.
- Administrative reforms that reduce unnecessary barriers to independent NP practice.

This must move beyond pilot projects. It requires system design that embeds NPs as a permanent and scalable primary care solution.

Measurable outcomes include increased patient attachment, reduced emergency department use for primary care issues, and improved access timelines in underserved communities.

2. Replace the Current NP Compensation Framework

The current Job Evaluation System does not adequately reflect the autonomy, accountability, and clinical responsibility inherent in Nurse Practitioner roles.

NPs carry independent patient panels, prescribe, diagnose, and assume full professional liability. Compensation must reflect that level of responsibility.

Budget 2026 must initiate:

- Replacement of the current NP JES framework.
- Development of a modern advanced practice compensation model.
- A transparent and jointly developed structure that supports recruitment and retention.

Without reform, the province will continue to face recruitment challenges and out migration of highly skilled NPs.

3. Same Work, Same Pay: Physician Comparability and Classification Equity

Compensation policy must be grounded in fairness, equity, and alignment with work performed.

A. Physician Comparability

In several practice environments, Nurse Practitioners perform work that is clinically comparable in scope, complexity, and accountability to physician delivered services.

When the responsibility, risk, and clinical decision making are equivalent, compensation frameworks must evolve to reflect that reality.

Equal pay for equal work is a foundational principle of sound public policy.

Government already recognizes remoteness and responsibility through tiered physician compensation models. A similar principle must apply where NPs deliver equivalent clinical services.

Budget 2026 should initiate a structured comparability review to:

- Identify areas where NPs are delivering services equivalent in scope and accountability to physician services.
- Align compensation to responsibility and service delivered.
- Ensure internal consistency across health professions.

This is not about diminishing any profession. It is about aligning compensation with work performed and maximizing scope utilization in a publicly funded system.

B. Classification Equity Within Nursing

There are nurses within identical classifications performing the same work who are compensated differently due to legacy placement decisions.

Examples include cancer navigators, chemotherapy nurses, diabetes educators, and the Rural Nurse classification (ER/LTC/Acute care).

Budget 2026 must support:

- A province wide classification audit.
- Correction of inequities where nurses in the same classification performing the same work are paid differently.

- Alignment of classification structures with actual responsibility and complexity.

Fair internal structures are essential to workforce stability.

4. Implement and Fund the Provincial Travel Team Newfoundland and Labrador (PTT-NL)

RNU has submitted a detailed, implementation ready proposal for a publicly employed, unionized Provincial Travel Team housed within Newfoundland and Labrador Health Services.

Budget 2026 must fund and implement this model.

The PTT-NL establishes a coordinated, province wide nursing travel system designed to reduce reliance on costly private agency staffing and stabilize rural and remote services.

Key features include:

- A transparent four tier remoteness framework.
- Tier assignments based on objective criteria including travel burden, isolation, and service fragility.
- A tier structure that mirrors the physician remoteness compensation model currently in use.
- Tier based premiums paid as either a flat hourly amount or a percentage of base pay, whichever is greater.
- Preservation of the Labrador \$25 per hour locum premium as a non disadvantage floor.
- Paid travel time, employer funded transportation, accommodations, and per diem.
- Fatigue management and rest protections.
- Protection of permanent staffing complements and posting obligations.
- A Joint Steering Committee with annual review and quarterly reporting on vacancies, agency usage, mandatory overtime, and retention metrics.

This model converts unpredictable agency expenditures into a stable, publicly governed workforce strategy.

It improves continuity of care, enhances safety, and keeps public dollars in the public system.

5. Expand Travel Locums Province Wide With Equitable Incentives

Travel locums remain a useful tool when properly structured.

Budget 2026 must ensure:

- A province wide locum framework.
- Incentives that reflect real travel time and cost.
- A Labrador equity lens that ensures no region is disadvantaged.
- Clear safety and fatigue protections.

Incentives must be meaningful to generate uptake. Otherwise, instability will persist.

6. Reallocate Private Agency Spending Into the Local Workforce

The province has spent significant sums on private nursing agencies in recent years. This approach is costly and does not build long term capacity.

Budget 2026 must:

- Commit to a structured reduction in private agency reliance.
- Redirect those funds into the PTT-NL, rural retention incentives, and permanent staffing stabilization.
- Publicly report on agency reduction progress.

Every dollar invested in the local workforce reflects fiscal responsibility in the prudent usage of the public's money while generating sustainable value; be it through developing loyalty through employment, enhancement of expertise by way of familiarity with the complex healthcare setting, and more. Every dollar spent externally is at the expense of long term systemic development while perpetuating volatility.

7. Complete and Implement a Modern Core Staffing Review

Core staffing levels currently rely on outdated assumptions that do not reflect modern acuity, population aging, documentation requirements, and rural service realities.

Budget 2026 must fund:

- Completion of a comprehensive evidence based core staffing review.
- A phased implementation plan with measurable benchmarks.
- Alignment of staffing establishments with safety and quality standards.

Modern staffing models are foundational to safe care and workforce sustainability.

8. Support Nursing Students, Including Paid Clinical Placements

Government has committed to paid work terms in hard to fill professions, including nursing.

Budget 2026 must deliver on this commitment by:

- Establishing paid clinical placements for nursing students.
- Strengthening recruitment to hire pathways.
- Enhancing transition supports for new graduates.
- Supporting preceptors to maintain educational quality.

It is unacceptable that nursing, a profession predominantly composed of women, continues to lag behind other fields in paid training supports.

Supporting students is both a workforce sustainability strategy, a matter of equity and enhances the recruitment of nurses into the provincial healthcare system.

Conclusion: A Shift From Crisis Response to System Design

Budget 2026 can mark a turning point.

By investing in NP expansion, fair compensation frameworks, the Provincial Travel Team, rural retention supports, staffing modernization, and student pathways, government can shift from reactive crisis management to strategic system building.

These proposals are aligned with commitments to improve healthcare access, stabilize rural services, and restore fiscal balance through smarter allocation of existing resources.

RNU stands ready to work with government to implement these reforms in a responsible, transparent, and measurable way.

On behalf of the Registered Nurses' Union Newfoundland and Labrador and the more than 6,000 Registered Nurses, Registered Psychiatric Nurses, and Nurse Practitioners we represent, I respectfully submit these priorities for consideration in Budget 2026.

Respectfully submitted 16 February 2026,



Yvette Coffey, RN

President

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