

College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2022 – December 2022

JANUARY – 2023

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Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the ministry) in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate which is to act in the public interest?” This information will:

1. Strengthen accountability and oversight of Ontario’s health regulatory Colleges;
2. Help Colleges improve their performance;

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	Measures	→ More specific requirements to demonstrate and enable the assessment of how a College achieves a Standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator.

Figure 1: CPMF Model for Measuring Regulatory Excellence

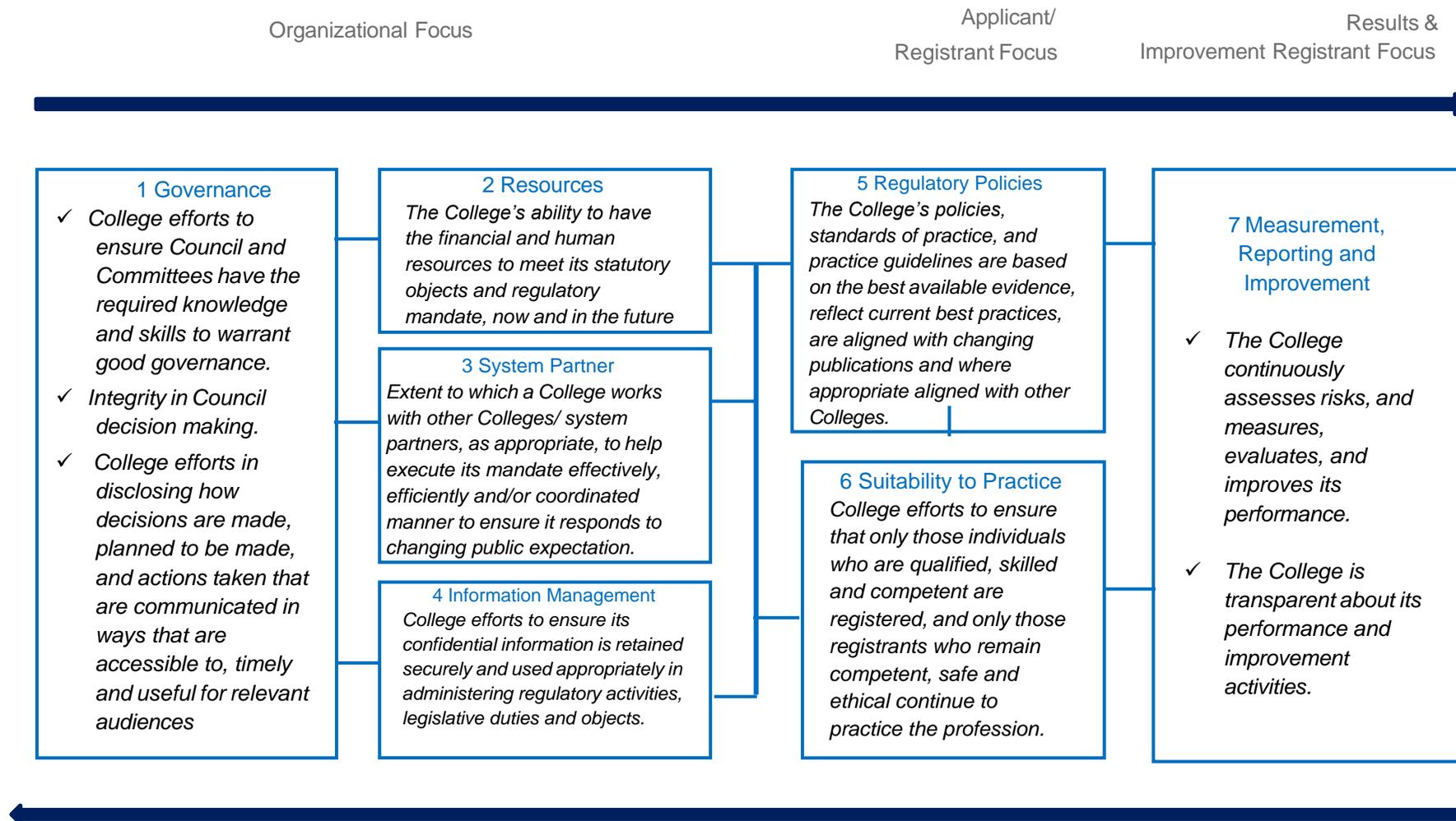


Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	1. Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	5. The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The third iteration of the CPMF will continue to provide the public, the ministry, and other stakeholders with information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. At this time, the ministry will not assess whether a College meets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tool may help to identify areas of improvement that warrant closer attention and potential follow-up. Furthermore, the reported results will help to lay a foundation upon which expectations for regulatory excellence can be refined and improved. Finally, the results may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2022 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2021 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report will be posted in English and French and weblinks to the report will be shared with the Colleges once it is published.

For this reporting cycle, Colleges will be asked to report on:

- Their performance against the CPMF standards and updates on the improvements Colleges committed to undertake in their previous CPMF reports;
- Provide detailed improvement plans where they do not fully meet a benchmarked Evidence.

Completing the CPMF Reporting Tool

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the CPMF Reporting Tool, the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

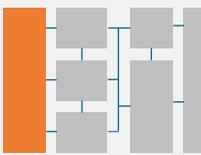
In the spirit of continuous improvement, if the College plans to improve its actions or processes related to a respective Measure or Evidence, it is encouraged to highlight these planned activities and progress made on commitments from previous years.

What has changed in 2022?

This year, eight pieces of Evidence have been highlighted within Part 1 of the Reporting Tool as ‘Benchmarked Evidence’. These pieces of evidence were identified as attributes of an excellent regulator, and Colleges should meet, or work towards meeting these benchmarks. If a College does not meet, or partially meets expectations on a benchmark, it is required to provide an improvement plan that includes the steps it will follow, timelines and any barriers to implementing that benchmark. In subsequent CPMF reports, Colleges will be expected to report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2021 and 2022, the College may opt to respond with ‘Met in 2021 and Continues to Meet in 2022’. In the instances where this is appropriate, this option appears in the dropdown menu. If that option is not there, Colleges are asked to fully respond to the Evidence or Standard. Colleges are also asked to provide additional detail (e.g., page numbers), when linking to, or referencing College documents.

Part 1: Measurement Domains

		Measure: 1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	
DOMAIN 1: GOVERNANCE	STANDARD 1	Required Evidence	College Response
		<p>a. Professional members are eligible to stand for election to Council only after:</p> <p>i. meeting pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> The competency and suitability criteria are public: Yes <p><i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i></p> <p>The competencies and attributes are publicly posted on the College of Nurses of Ontario's (CNO) website.</p> <p>Nurses are elected by their peers in regional elections. Basic requirements are in CNO's by-laws (Section 52 – Eligibility for Election on page 46) that articulate the eligibility to run for election to Council.</p> <p>To be eligible to run for elections, nurses must:</p> <ul style="list-style-type: none"> be registered in the General or Extended Class have no revocation in the past six years have no Discipline/Fitness-to-Practise finding in the past three years complete a conflict-of-interest form (given when CNO receives the candidate's nomination), and by submitting the form they confirm: <ul style="list-style-type: none"> they have read and understood the Conduct By-Law if elected, they will behave in accordance with the Conduct By-Law they do not hold a conflicting position (set out in Sub-Article 3.05e), or if they hold a conflicting position, they will resign from that position if elected <p>Candidates are required to include in their profiles their reflections on CNO's purpose and the competencies and attributes required of the board. This information may support voters in the election process to understand CNO's public interest role and assess whether candidates have the skills and attributes to contribute to Council. Candidates' profiles are limited to responses to the following statements:</p> <ul style="list-style-type: none"> I want to serve on Council (CNO's board of directors), a board whose only role is to uphold patient safety. As a member of Council, I would bring these skills to the board. As a member of Council, I would bring these attributes to the board.

			<p>CNO continues to recommend a competency-based appointments process instead of screening before an election. CNO is concerned this indicator will not go far enough to ensure good regulatory governance for these reasons:</p> <ul style="list-style-type: none"> • An election process leads to nurses on Council being perceived as representing the profession ('their electorate'), which may undermine public trust and may create confusion among Council members and the profession. • Given a separate process, members of the public are not included in a competency-based process. • Building the right complement of expertise and succession planning is more difficult with an election process. Elections also undermine the ability to ensure diversity at the Council table. <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>Council's recent evaluation resulted in recommendations that align with changes associated with this measure. Policy work and engagement with Council is needed to identify CNO's approach to meeting this measure. CNO will complete the steps identified below, in consultation with Executive Committee and Council, to work towards fully meeting this measure:</p> <ul style="list-style-type: none"> • conduct an environmental scan of other regulators to learn from their experiences (May 2023) • complete a review of applicable legislation and by-laws (May 2023) • develop options (June 2023) • decide on a preferred option (September 2023) • develop a workplan to carry out a preferred option (December 2023) <p>CNO will provide an update on key milestones and timelines for fully meeting this measure in our next CPMF report.</p> <p>For more information on Council's recent evaluation, please see 1.2a of this report.</p>
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	<p>ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>Before nurses put their names forward, they are directed to review educational materials about serving on CNO’s Council and Statutory Committees (since all Council members must also serve on at least one Statutory Committee).</p> <p>The education is self-directed and online. For more information, please see below:</p> <ul style="list-style-type: none"> • Learn about CNO’s Council includes an educational video, information about the time commitment and self-reflective questions. • Learn about CNO Committees includes educational videos and information about Statutory Committees. 	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional):</i></p> <p>All new Council members (public and nurses) took part in the orientation as described in CNO’s response below (please see 1.1c of this report).</p>	
	<p>b. Statutory Committee candidates have:</p> <p>i. Met pre-defined competency and suitability criteria; and</p> <hr/> <p><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
		<ul style="list-style-type: none"> • The competency and suitability criteria are public: Yes • <i>If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.</i> <p>The competencies for Statutory Committee service can be found at Learn about CNO Committees.</p> <p>Eligibility criteria for nurses applying to serve on a Statutory Committee are found in article 54.1 of CNO’s By-Laws (page 56).</p> <p>Statutory Committee candidates undergo a competency assessment and validation process supported by a third-party and CNO’s Nominating Committee.</p> <p>In 2022, the Nominating Committee incorporated interviews for short-listed candidates as an improvement to the competency validation process.</p>	

			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>						
		<p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities.</p>	<table border="1"> <tr> <td data-bbox="776 418 2196 472">The College fulfills this requirement:</td> <td data-bbox="2196 418 2628 472">Yes</td> </tr> <tr> <td colspan="2" data-bbox="776 472 2628 1386"> <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>Since the global pandemic, orientations have been virtual. Committee orientations are provided by Chairs, staff and, where relevant, legal counsel.</p> <p>Committee orientation is specific to the Committee’s role, but all include the following:</p> <ul style="list-style-type: none"> • Committee’s role and legislated mandate • relevant legislation (for example, <i>Regulated Health Professions Act, 1991, Statutory Powers and Procedures Act, 1990, Human Rights Code, 1990</i>) • procedural fairness and confidentiality provisions specific to the Committee • Conduct By-Law, particularly about confidentiality, bias, and conflict of interest in statutory matters • preparing for meetings • in-depth orientation for specific knowledge about Committee role. For example: <ul style="list-style-type: none"> ▪ learning modules, registration requirements, overview of character, conduct and health outcomes, referrals and decision-making [Registration Committee (RC)] ▪ alternative dispute resolution, application of risk assessment tool, interim orders, health inquiries, referrals to discipline [Inquiries, Complaints and Reports Committee (ICRC)] <p>Additional training for specific roles:</p> <ul style="list-style-type: none"> • All Statutory Chairs have a standardized orientation with the Committee staff resource. • Members who take on specific roles (for example, pre-hearing chairs, panel chairs and decision writers) have specialized training. <p>Discipline and Fitness-to-Practise (FTP) Committees:</p> <ul style="list-style-type: none"> • Orientation is delivered by independent legal counsel and includes orientation to their roles, committee handbooks, rules, and guidelines. </td> </tr> <tr> <td data-bbox="776 1386 2196 1435"> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> </td> <td data-bbox="2196 1386 2628 1435">Choose an item.</td> </tr> </table>	The College fulfills this requirement:	Yes	<ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training. • Please briefly describe the format of each orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics for Statutory Committee. <p>Since the global pandemic, orientations have been virtual. Committee orientations are provided by Chairs, staff and, where relevant, legal counsel.</p> <p>Committee orientation is specific to the Committee’s role, but all include the following:</p> <ul style="list-style-type: none"> • Committee’s role and legislated mandate • relevant legislation (for example, <i>Regulated Health Professions Act, 1991, Statutory Powers and Procedures Act, 1990, Human Rights Code, 1990</i>) • procedural fairness and confidentiality provisions specific to the Committee • Conduct By-Law, particularly about confidentiality, bias, and conflict of interest in statutory matters • preparing for meetings • in-depth orientation for specific knowledge about Committee role. For example: <ul style="list-style-type: none"> ▪ learning modules, registration requirements, overview of character, conduct and health outcomes, referrals and decision-making [Registration Committee (RC)] ▪ alternative dispute resolution, application of risk assessment tool, interim orders, health inquiries, referrals to discipline [Inquiries, Complaints and Reports Committee (ICRC)] <p>Additional training for specific roles:</p> <ul style="list-style-type: none"> • All Statutory Chairs have a standardized orientation with the Committee staff resource. • Members who take on specific roles (for example, pre-hearing chairs, panel chairs and decision writers) have specialized training. <p>Discipline and Fitness-to-Practise (FTP) Committees:</p> <ul style="list-style-type: none"> • Orientation is delivered by independent legal counsel and includes orientation to their roles, committee handbooks, rules, and guidelines. 		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.
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<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.								

			<i>Additional comments for clarification (optional):</i>
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		<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Duration of orientation training. • Please briefly describe the format of orientation training (e.g., in-person, online, with facilitator, testing knowledge at the end). • Please insert a link and indicate the page number if training topics are public OR list orientation training topics. <p>In 2022, all new Council members (public and nurses) were given orientation as described below.</p> <p>In May, new Council members attended a session (1.5 hours) led by the Executive Committee. Objectives included:</p> <ul style="list-style-type: none"> • welcoming new members / building relationships • supporting new Council members' understanding of Council's norms, governance principles, Code of Conduct – how these guide behaviour and support board culture • enhancing their understanding of ongoing strategic initiatives before Council (for example, governance vision, strategic plan) • orienting them to how Council operates, including virtual meetings, using the board's portal, etc. <p>All new Council members were mentored by an Executive Committee member to support their integration onto Council.</p> <p>In June, orientation continued with a 3-hour workshop for the entire Council. Considered "orientation for all", the session helped onboard new members while supporting all Council members in understanding and fulfilling their regulatory governance accountabilities. The session included content led by the President, CNO leadership and external legal counsel:</p> <ul style="list-style-type: none"> • introduction to governance at CNO and associated expectations • overview of the Council and staff partnership and the different governance and operational accountabilities • overview of the legislative framework and statutory requirements • CNO's role as a system partner in patient safety • review of Council's role, unique nature of regulatory governance, fiduciary obligations, regulatory integrity (for example, closed meetings, conflict, bias) and various elements of role clarity (for example, Council/Statutory Committees, President/CEO, etc.) <p>For more information, please see CNO's 2021 CPMF Report (page 14).</p>	<p>Met in 2021, continues to meet in 2022</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional):</i></p> <p>In keeping with findings from the recent Council evaluation, we are planning enhancements to Council's orientation in 2023.</p>		

Measure: 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.			
Required Evidence	College Response		
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; and ii. Council. 	The College fulfills this requirement:		
	<ul style="list-style-type: none"> • Please provide the year when Framework was developed OR last updated. • Please insert a link to Framework OR link to Council meeting materials and indicate the page number where the Framework is found and was approved. • Evaluation and assessment results are discussed at public Council meeting: Yes • <i>If yes, please insert a link to the last Council meeting and indicate the page number where the most recent evaluation results have been presented and discussed.</i> <p>A third-party was contracted to support development of Council's evaluation framework. Council approved the framework in September 2022, which outlines a cycle and approach for evaluating the following:</p> <ul style="list-style-type: none"> • Council meetings • Council • Council leadership (for example, President, Executive) • Council members <p>For more information about the evaluation framework, please see the September 2022 Council meeting materials (Agenda Item 5.1, pages 18 to 25).</p>		
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>		Choose an item.
	<i>Additional comments for clarification (optional)</i>		

		<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
<ul style="list-style-type: none"> • Has a third party been engaged by the College for evaluation of Council effectiveness? Choose an item. • <i>If yes, how often do they occur?</i> • Please indicate the year of last third-party evaluation. <p>The same third-party was contracted to conduct an effectiveness evaluation of Council (completed October through November 2022). In keeping with the newly approved evaluation framework, the next in-depth Council evaluation occurs in three years. In the meantime, a third-party will be identified to support other evaluation activities identified in the framework (that is, Council member and Council leadership evaluation).</p>				
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>				<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p> <p>Work is currently underway to review the findings of Council's first effectiveness evaluation and to set priorities for implementation. Council will discuss its implementation strategy in March 2023.</p>				

		<p>c. Ongoing training provided to Council and Committee members has been informed by:</p> <p>i. the outcome of relevant evaluation(s);</p> <p>ii. the needs identified by Council and Committee members; and/or</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>Council’s professional development in 2022 is outlined below. Needs were identified in consultation with the Executive Committee and supported by Council. Topics were based on learning needed to support key activities planned throughout the year.</p> <ul style="list-style-type: none"> • June: “Orientation for all” session served as professional development for ongoing Council members (please see CNO’s response to 1.1c in the report for details). • September: Education about overseeing CNO’s financial health. Facilitated by CNO’s Chief Administrative Officer. Included an overview of CNO’s finances, Council’s oversight role, the roles of Finance Committee, auditors and management. • September: Led by the third-party vendor that supported its evaluation process. The workshop focused on different types of evaluations, methodologies, and leading practices. The purpose of the workshop was to support Council members’ understanding and participation in its upcoming evaluation. • December: Led by the same third-party vendor. The purpose of the workshop was to reflect on evaluation findings and prioritize next steps in carrying out the recommendations. <p>Statutory Committees</p> <ul style="list-style-type: none"> • ICRC: Engaged in quarterly education, topics included delivering cautions, understanding Specified Continuing Education and Remediation Program (SCERPs), CNO’s risk assessment tool, understanding CNO processes (for example, intake, investigations) and how to use CNO documents. • Discipline & FTP: Held virtual education sessions in February, May and October. Committee members attended the Health Profession Regulators of Ontario (HPRO) “Conducting a Discipline Hearing Basic Workshop” in October. Decision-writing workshops were also conducted (July, October). • Quality Assurance Committee (QAC): Education day focused on the new assessment model, coaching support, and the committee referral processes (that is, from QAC to ICRC) • RC: Education day included content about referral and monitoring processes, right-touch regulation, character, conduct and health matters. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional):</i></p> <p>Council and Committee members identified the learning needs listed above for 2022. Council’s evaluation was completed in December 2022; therefore, findings did not inform professional development throughout the year. In 2023, Council’s professional development will be informed by relevant evaluation findings and therefore this measure will be met.</p>	<p>Partially</p> <p>Yes</p>
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		<p>iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion.</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders.</p> <p>Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
			<ul style="list-style-type: none"> • Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training and indicate the page numbers. • Please insert a link to Council meeting materials and indicate the page number where this information is found OR • Please briefly describe how this has been done for the training provided <u>over the last calendar year</u>. <p>Council’s evaluation included self-reflection and assessment (through a survey, interviews and workshops) of Council’s governance accountabilities about diversity, equity and inclusion (DEI) and oversight of risk and risk-mitigation strategies. This included, but was not limited to:</p> <ul style="list-style-type: none"> • overseeing the organization’s DEI and risk management • periodically reviewing CNO’s risk register and mitigation strategies • applying concepts of DEI as part of its public interest “lens” when making decisions • promoting DEI on Council, in its governance processes and resources <p>The goal was to assist Council to articulate its governance accountabilities in the areas of DEI and to identify opportunities for ongoing improvement (for example, future development).</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
			<p><i>Additional comments for clarification (optional):</i></p> <p>In 2023, we are planning education for Council about its oversight accountabilities for DEI and risk management. Also, we are planning DEI education for CNO’s Statutory Committees.</p>	

DOMAIN 1: GOVERNANCE	STANDARD 2	Measure: 2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	
		Required Evidence	College Response
		<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is:</p> <p style="padding-left: 20px;">i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion); and</p> <p><u>Further clarification:</u> Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholders, and the public. While there will be similarities across Colleges such as Diversity, Equity, and Inclusion, this is also an opportunity to reflect additional issues, expectations, and emerging initiatives unique to a College or profession.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide the year when the Council Code of Conduct and ‘Conflict of Interest’ Policy was last evaluated/updated. Please briefly describe any changes made to the Council Code of Conduct and ‘Conflict of Interest Policy’ resulting from the last review. <p>By-Law No. 3: Conduct of Councillors and Committee Members (Conduct By-Law) was approved by Council in September 2017 and came into effect December 2017. It has not been updated since.</p> <p>Article 2 (pages 3 and 4) of the Conduct By-Law is Council's Code of Conduct and it sets out the policy and expectations for all Council and committee members with respect to conflict of interest.</p> <p>The Conduct By-Law applies to Council and committee members. It includes the following:</p> <ul style="list-style-type: none"> that all Council and committee members “<i>not act when in a conflict of interest</i>” (Article 2.03.6a on page 4) provides specific examples (Article 3, pages 5 to 12) of actions or situations that could place a Council or committee member in a conflict with further explanation provided <p>Council set its conflict of interest provisions in a by-law for enforceability. Article 5 (pages 15 to 17) sets out the process for resolving complaints that a member of Council or committee violated a provision of Council’s Code of Conduct. It includes potential resolutions and penalties, up to and including removal from Council and/or committee(s).</p> <p>As stated above, Council’s Code of Conduct has not been reviewed since 2017.</p>
			Partially
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p> <p style="text-align: center;">Yes</p> <p><i>Additional comments for clarification (optional)</i></p> <p>CNO plans to review and update Council’s Code of Conduct and other relevant governance by-laws in 2023. We anticipate that this measure will be met in 2023.</p>

		<p>ii. accessible to the public.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the Council Code of Conduct and 'Conflict of Interest' Policy OR Council meeting materials where the policy is found and was last discussed and approved and indicate the page number. <p>Article 2 of the Conduct By-Law, (pages 3 and 4) is Council's Code of Conduct. Article 2.03.6a (on page 4) sets out the specific expectation regarding conflict of interest. Article 3 (pages 5 to 12) provides further explanations about conflict of interest.</p> <p>For more information, please see CNO's 2021 CPMF Report (page 20).</p>	Met in 2021, continues to meet in 2022
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			Choose an item.	
<p><i>Additional comments for clarification (optional)</i></p>				
		<p>b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e., cooling off periods).</p> <p><u>Further clarification:</u> Colleges may provide additional methods not listed here by which they meet the evidence.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Cooling off period is enforced through: Choose an item. Please provide the year that the cooling off period policy was developed OR last evaluated/updated. Please provide the length of the cooling off period. How does the College define the cooling off period? <ul style="list-style-type: none"> Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced and indicate the page number; Insert a link to Council meeting where cooling off period has been discussed and decided upon and indicate the page number; OR Where not publicly available, please briefly describe the cooling off policy. <p>CNO's current by-laws do not include cooling-off periods.</p> <p>Sub-Article 3.05e of the Conduct By-Law (page 7) identifies situations in which holding a Council or committee member position would put them in a conflict of interest. Holding or taking on such a position would require the member withdrawing from a CNO position.</p>	No

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>CNO plans to review and update Council's Code of Conduct in 2023, including establishing cooling off periods.</p>	
	<p>c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally:</u></p> <p>i. the completed questionnaires are included as an appendix to each Council meeting package;</p> <p>ii. questionnaires include definitions of conflict of interest;</p> <p>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</p> <p>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda.</u></p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
		<ul style="list-style-type: none"> • Please provide the year when conflict of interest the questionnaire was implemented OR last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: NO • Please insert a link to the most recent Council meeting materials that includes the questionnaire and indicate the page number. <p>To be eligible to stand for election to Council or appointment to a Statutory Committee, a declaration of conflicts of interest is signed by all Council and non-Council committee candidates. The declaration confirms the following:</p> <ul style="list-style-type: none"> • they have read and understood By-Law No. 3: Conduct of Councillors and Committee Members • if elected or appointed, they will behave in accordance with the Conduct By-Law • that they do not have a position that would be a conflict of interest under Article 3.05e of the Conduct By-Law or, if they do, that they will withdraw from that position if elected or appointed <p>Each year, all Council and non-Council committee members complete a questionnaire confirming:</p> <ul style="list-style-type: none"> • they have reviewed and understood By-Law No. 3: Conduct of Councillors and Committee Members • they will behave in accordance with the expectations in the by-law • they will identify any positions they hold that they believe might result in their needing to declare a conflict of interest for making a Council or committee decision <p>The definition and examples of conflict of interest are spelled out in Article 3 of the Conduct By-Law (pages 5 to 12).</p> <p>Depending on the issue, the Council President asks Council members to acknowledge if they have a conflict of interest. When a Council or committee member declares a conflict of interest, they are required to leave the meeting for that discussion/decision. The conflict of interest and member's departure from the meeting are noted in the minutes, along with the member's return. For example, please see the September 2022 Council minutes (page 7).</p> <p>CNO's conflict of interest form was developed and implemented in 2018. This information is not publicly available.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>

			<p><i>Additional comments for clarification (optional)</i></p> <p>CNO plans to review and update Council's Code of Conduct and other relevant governance by-laws and processes, including questionnaires, in 2023.</p>
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		<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale and the evidence supporting a decision related to the College's strategic direction or regulatory processes and actions (e.g., the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
		<ul style="list-style-type: none"> • Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale and indicate the page number. <p>Decision notes for Council include the public interest rationale immediately following the proposed decision.</p> <p>For an example of how CNO references a public interest rationale, please see CNO's Modernizing Practice Standards Code of Conduct decision note in the December Council meeting materials (Agenda Item 4.3, page 22).</p> <p>Decision notes highlight links to CNO's Strategic Plan and regulatory functions, as relevant. For example, the Modernizing Practice Standards Code of Conduct decision note includes a section on the Strategic Outcome supported by the Code: "Nurses' conduct will exemplify understanding and integration of CNO standards for safe practice" (that is, part of CNO's Strategic Plan).</p> <p>For more information, please see CNO's 2021 CPMF Report (page 23).</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (if needed)</i></p>		

		<p>e. The College has and regularly reviews a formal approach to identify, assess, and manage internal and external risks. This approach is integrated into the College’s strategic planning and operations.</p> <p><u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess, and manage risk. This method or process should be regularly reviewed and appropriate.</p> <p>Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations.</p> <p>Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
			<ul style="list-style-type: none"> • Please provide the year that the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College OR Council meeting materials where the risks were discussed and integrated into the College’s strategic planning activities and indicate page number. <p>CNO assesses internal and external factors to determine the level of risk to the organization. CNO’s risk approach is reviewed annually by the Finance Committee. Various aspects of CNO’s risk profile (for example, privacy breaches, cases before tribunals, and workplace risks) are reviewed each quarter with the Finance Committee.</p>	
			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
			<p><i>Additional comments for clarification (if needed)</i></p> <p>In 2022 CNO added the role of Coordinator, Risk Management & Business Continuity to its Business Services team. A multi-year (2023-2025) workplan is now underway to develop and carry out a corporate enterprise risk management (ERM) program, plus a business continuity management (BCM) system at CNO.</p> <p>The initial focus in 2023 will be to work on identifying risks to the organization across four main quadrants [Hazard, Financial, Strategic, Operational]; this will be followed by structured analysis and evaluation, implementation of treatments and controls, and regularly monitoring them and reporting their status. CNO’s ERM process will be cyclical in nature.</p>	

Measure:		
3.1 Council decisions are transparent.		
Required Evidence	College Response	
<p>a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College’s website, or a process for requesting materials is clearly outlined.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the webpage where Council minutes are posted. Please insert a link to where the status updates on implementation of Council decisions to date are posted OR where the process for requesting these materials is posted. 	
	<p>Minutes of Council meetings are posted here. Drafts of the minutes are posted before the next meeting and, if approved by Council at that meeting, a final version is posted.</p> <p>CNO reports on Council decisions through our monthly newsletter, The Standard. For example, December’s issue of <i>The Standard</i> reported on Council’s approval of CNO’s Code of Conduct. The article includes a link to a page, which is updated, on the status of the implementation of the Code. Also, CNO provides updates on Council decisions via social media as the implementation proceeds. Please see samples of social media posts about the Code of Conduct following Council’s approval here: Twitter, Instagram, LinkedIn, Facebook. Council decisions are also reported in the CNO News section of our website.</p> <p>For more information, please see CNO’s 2021 CPMF Report (page 25).</p>	
	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
	<p><i>Additional comments for clarification (optional)</i></p>	

		<p>b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. 	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. <p>Minutes of Executive Committee are shared as part of the publicly available Council package. For example, see pages 54 to 57 in the December 2022 Council meeting materials.</p> <p>Where the Executive acts on behalf of Council, the President highlights those actions at the next Council meeting. For example, see the September 2022 Council minutes (page 8).</p> <p>The December 2022 Council meeting materials have two examples of briefings that include recommendations from the Executive:</p> <ul style="list-style-type: none"> • proposal to amend by-laws about membership of statutory committees to enhance flexibility to meet changing workloads (pages 96 to 101) • an Executive recommendation of dates of Council meetings (page 102) 	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

Measure: 3.2 Information provided by the College is accessible and timely.			
Required Evidence	College Response		
a. With respect to Council meetings: <ul style="list-style-type: none"> i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined. 	The College fulfills this requirement: <ul style="list-style-type: none"> • Please insert a link to where past Council meeting materials can be accessed OR where the process for requesting these materials is clearly posted. 	Met in 2021, continues to meet in 2022	
	Once dates for future Council meetings are approved (in September of the previous year), they are posted on CNO's Council meeting webpage.	Wherever possible the full package of Council materials is posted one week before the meeting. There may be times CNO is waiting for key information and the package may be delayed (for example, material about a timely and evolving item). Council materials for the current and previous three years are available on CNO's Council meeting webpage.	
	Before Council meetings, CNO actively promotes the meeting, key items on the agenda and how to access the live stream through all of our social media platforms. Beginning in September 2022, CNO enhanced public access to Council meetings by adding live streams on two new social media platforms, Facebook and Twitter, in addition to continuing to live stream on YouTube. CNO continues to promote joining the live streams on social media during the meeting. CNO staff monitor social media feeds to respond to questions.	For more information, please see CNO's 2021 CPMF Report (page 27).	
	<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.	
	<i>Additional comments for clarification (optional)</i>		
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	

- Please insert a link to the College’s Notice of Discipline Hearings.

For more information, please see CNO’s [Discipline Hearings](#) webpage.

For more information, please see [CNO’s 2021 CPMF Report](#) (page 27).

		<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</p>	Choose an item.
		<p><i>Additional comments for clarification (optional)</i></p> <p>CNO posts notices of upcoming discipline hearings on its website at least 15 days and up to 45 days in advance, depending on whether the hearing date is earlier or later in the next month. Due to CNO’s registrant size, volume of matters and the dynamic nature of hearing schedules, CNO posts notices of discipline hearings and material by the middle of the previous month, for the next month (for example, hearings in January are posted by the middle of December).</p> <p>When a hearing is scheduled, CNO posts the information on our website, through the Find-a-Nurse portal.</p> <p>CNO also posts hearing schedules closer to the middle of each month, for the upcoming month’s hearings. For more information, please see CNO’s Discipline Hearings webpage.</p>	
		<p>Measure:</p> <p>3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.</p>	
		<p>Required Evidence</p>	<p>College Response</p>
		<p>a. The DEI plan is reflected in the Council’s strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g., DEI training for staff).</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved and indicate page number. <p>CNO has made an organizational commitment to embrace DEI, including the experience of CNO staff, nurses and stakeholders who interact with us, and the public’s experience of nursing in Ontario.</p> <p>In 2022, CNO implemented a comprehensive, four-year DEI Plan focused on our work community and the experience of staff. CNO’s DEI Plan identifies four broad strategic objectives:</p> <ol style="list-style-type: none"> 1. achieve a welcoming, respectful and inclusive work environment where the unique perspectives, backgrounds and experiences of staff are recognized and valued 2. foster accountability for applying approaches to improve DEI 3. recruit, develop and retain staff who reflect the demographic diversity of the Ontario population served by CNO 4. proactively provide accessible and inclusive services <p>These objectives are supported by tactics, activities and measurements to assess progress and enable reporting. CNO’s DEI Plan is designed to be dynamic</p>

and agile to accommodate changing priorities, emerging needs and opportunities.

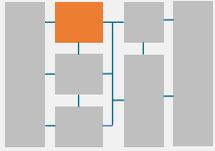
CNO achieved several major milestones in 2022 relating to our DEI Plan:

- Communicated CNO's first DEI commitment statement, developed with input from staff and now embedded into internal and external communications through our intranet, CNO's website, social media and job postings.
- Fostered Indigenous Peoples inclusion through the development and introduction of a Land Acknowledgement with guidelines, inclusive language and learning resources. CNO also piloted anti-racism Indigenous Peoples cultural safety courses with staff who work with registrants, applicants and the public to enhance knowledge, awareness and skills when working with Indigenous Peoples and communities. For example, each Council meeting begins with a Land Acknowledgement, before getting into the agenda items.
- Fostered 2SLGBTQ+ inclusion by developing and communicating learning and inclusive resources for staff, to better understand the importance of gender identity and the use of pronouns amongst staff and for those CNO serves. Many staff now incorporate pronouns in their onscreen names and email signatures.
- Enhanced inclusivity and accessibility: CNO's building redesign at 101 Davenport prioritized features to support ease of use for everyone, for example, an accessible reception desk and kitchen amenities, inclusive and barrier-free washrooms, and designated rooms for spiritual observance and wellness. Accessibility-enhancing tools are embedded in the Microsoft suite to support staff's daily work.
- DEI review of CNO's recruitment process by external consultants identified opportunities to optimize DEI in recruitment activities.
- Refreshed CNO's [organizational values](#) to represent who CNO is today and our vision for the future. DEI is woven into CNO's refreshed core values, which were developed in consultation with staff. CNO's refreshed values are now reflected as competencies and embedded into recruitment, learning and development, and performance assessment processes.
- Published results from CNO's first Staff Demographic & DEI Survey held in December 2021. The insights were used for 2022 activities, such as informing CNO's refreshed values, DEI Plan tactics, policies, processes and internal communications.
- Based on organizational and role competency needs, staff strengthened knowledge through education, with learning opportunities involving unconscious bias, mental health first aid, trauma-informed interviewing and inclusivity. Leaders and emerging leaders participated in inclusive and effective leadership workshops. Self-directed learning materials were also offered to support staff.
- Launched policies, programs and guidelines to support the diverse needs of staff. For example, introducing a comprehensive wellness program, enhancing the benefits program to offer more flexible access to paramedical services for staff and their families including an extensive mental wellness benefit and increasing reimbursement for formal learning programs.
- Teleworking principles were confirmed, allowing employees to contribute to organizational success while effectively balancing their personal commitments.

CNO's DEI Plan is an internal foundational plan. It supports objectives to foster accountability for applying approaches to improve DEI, to recruit, develop and retain diverse staff. The plan also supports proactively offering accessible and inclusive services that have external application because they broadly impact how CNO achieves its regulatory mandate. DEI training for staff enables them to assess regulatory processes incorporating DEI principles and to engage with diverse stakeholders from a knowledgeable foundation. DEI principles were embedded into consultation processes (for example, CNO's enhanced Code of Conduct – please see our responses to Standard 6 and Measure 8.2 in this report) and in December 2022, Council approved a new principle within the Code

			<p>about integrating culturally safe care.</p> <p>The proposed 2023 budget was presented to and approved by Council in December 2022. The budget contains an ongoing commitment to a full-time DEI Coordinator role to support DEI initiatives and activities across CNO, and professional development fees for DEI training. For more information, please see the following:</p> <ul style="list-style-type: none"> • March 2022 Council meeting materials (Agenda Item 7.2, starting on page 46) for the Report of the February 2022 Finance Committee meeting. Also, the Finance Committee was informed that CNO would be rolling out a four-year DEI plan. • December 2022 Council meeting materials (Agenda Item 5.3, starting on page 61) for the Report of the November 2022 Finance Committee meeting, which includes discussion around the proposed 2023 operating and capital budget (draft budgets start on page 71).
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>			

		<p>b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory.</p> <p><u>Further clarification:</u></p> <p>Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders, and patients it serves.</p>	<p>The College fulfills this requirement:</p>	<p>Partially</p>
			<ul style="list-style-type: none"> • Please insert a link to the Equity Impact Assessments conducted by the College and indicate the page number OR please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program, or process) in which Equity Impact Assessments were conducted. 	
			<p>In 2022, CNO reviewed and trialed three different Equity Impact Assessment (EIA) tools. For relevant regulatory policy matters, the team has started to apply the Race Forward Racial Equity Impact Assessment tool that was developed by the Applied Research Centre. The focus of this tool considers how different racial and ethnic groups likely will be affected by a proposed action or decision (or inaction). To broaden the DEI lens, CNO is also leveraging the Ministry of Health's Equity Impact Assessment tool as it relates to diverse populations (for example, age, disabilities, low income, sex/gender).</p>	
			<p>Further, CNO staff have developed guidance to support the application of the EIA tool. As we learn over time, this guidance will be updated.</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Yes</p>
			<p><i>Additional comments for clarification (optional)</i></p> <p>In 2023 CNO has work planned to continue rolling out these tools more broadly for other regulatory functions to adopt or adapt as needed.</p>	



Measure:

4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.

DOMAIN 2:
RESOURCES

STANDARD 4

Required Evidence

a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated.

Further clarification:

A College's strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.

College Response

The College fulfills this requirement:

Yes

- Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan **AND** a link to the most recent approved budget and indicate the page number.
- Please briefly describe how resources were allocated to activities/projects in support of the strategic plan.

At every Council meeting, there is an opportunity to keep Council informed on all the activities and/or projects that are underway to support [CNO's Strategic Plan](#). Each Council meeting includes a 'strategic issues' section, which gives a snapshot of these discussions. Please see below for more information:

- [March Council meeting materials \(pages 30 to 39\)](#)
- [June Council meeting materials \(pages 20 to 89\)](#)
- [September Council meeting materials \(pages 46 to 94\)](#)
- [December Council meeting materials \(pages 20 to 60\)](#)

To review the current budget, please refer to the [December Council meeting materials \(Agenda Item 5.3, pages 71 to 95\)](#).

CNO uses project management methodology, sequenced and budget approval processes for projects, to ensure they align with our mandate, strategic objectives and organizational capacity.

To gain a better understanding of how our financial resources are divided among various activities and projects, please see our audited financial statements presented in the [June Council meeting materials \(Agenda Item 5.3, pages 93 to 118\)](#).

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

	<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>
		<ul style="list-style-type: none"> • Please insert a link to the “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved and indicate the page number. • Please insert the most recent date when the “financial reserve policy” has been developed OR reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes 	
		<p>The 2023 budget and projections through 2026 show the accumulated surplus in the 4.56 months for 2023 to -2.82 months of operating costs by the end of 2026. For more information, please see the Draft 2023 Operating & Capital Budget in the December Council meeting materials (Agenda Item 5.3, pages 71 to 95).</p>	
		<p>CNO’s financial reserve policy was last reviewed in July 2021.</p>	
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (if needed)</i></p> <p>The Finance Committee developed an accumulated surplus guideline for CNO's financial reserves, which sets out the level that is needed to build and maintain to meet our legislative requirements. A key consideration in determining the accumulated surplus guideline is CNO's status as a not-for-profit organization. As a not-for-profit, CNO does not pay federal or provincial income taxes. CNO would risk its tax-free status by building up an unrestricted accumulated surplus that significantly exceeded Canada Revenue Agency (CRA) targets.</p> <p>The Finance Committee has set the following range for the unrestricted (available for spending) accumulated surplus:</p> <ul style="list-style-type: none"> • less than or equal to six months of operating expenses or \$36.99M for 2023 • greater than or equal to three months of operating expenses or \$18.49M for 2023 <p>The Council’s budget approval includes the recommended ranges that the Finance Committee forwarded with the proposed 2023 budget:</p> <ul style="list-style-type: none"> • our auditors informed CNO these ranges are congruent with CRA’s expectations • CNO also periodically confirms with auditors the range noted above is acceptable by the CRA <p>The accumulated surplus guideline, set by the Finance Committee, and planned and projected expenditures, are used to determine when a fee increase is needed. The 2023 budget and projections through 2026 show the accumulated surplus in the 4.56 months for 2023 to -2.82 months of operating costs by the end of 2026.</p> <p>The audited financial statements for the reporting year are expected to be ready by May 2023 for the Finance Committee to review. If recommended by the Finance Committee, the statements will be submitted to Council for approval at the June 2023 meeting.</p> <p>For more information, please see the Draft 2023 Operating & Capital Budget in the December Council meeting materials (Agenda Item 5.3, pages 71 to 95).</p>	

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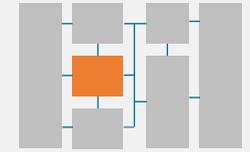
		<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes:</p> <p>i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g., processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to the College’s written operational policies which address staffing complement to address current and future needs. Please insert a link to Council meeting materials where the operational policy was last reviewed and indicate the page number. <p>Note: Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success.</p> <p>CNO’s staffing complement is part of the annual budget process, which is supported by CNO’s Sub-Committee on Compensation and the Finance Committee. In December 2022, Council approved the 2023 Operating and Capital Budgets, after the Finance Committee advised these budgets provide the staffing complement to meet our regulatory role, Strategic Plan objectives and current and anticipated future needs.</p> <p>CNO has a regular schedule to review operational policies on a three-year cycle. Organizational policies are updated based on this review schedule or may be updated based on the following conditions:</p> <ul style="list-style-type: none"> to reflect changes in legislation (for example, changes in the Employment Standard Act (ESA) around disconnecting from work prompted a review of our policy) to align with environmental shifts (for example, compensation shifts) to align with public/societal expectations (for example, policies related to DEI) <p>CNO’s Sub-Committee on Compensation meets twice a year and consists of senior leaders with compensation expertise who offer guidance to CNO about compensation practices. They advise the Finance Committee whether CNO’s compensation practices are reflective of best and current practices. This is CNO’s yearly objective that needs to be fulfilled.</p> <p>The Sub-Committee on Compensation supports CNO in meeting its goal of being an employer of choice by advising the Executive Director and CEO and the Finance Committee on compensation-related practices for staff, Council and committee members. In 2018, the Sub-Committee on Compensation was the first committee of Council to adopt a competency-based appointments process. CNO appoints individuals on a rolling three-year term to make sure there is continuity on the committee.</p> <p>In 2022, CNO conducted another comprehensive compensation survey with other employers in its market. The results of this survey informed changes to the compensation program. For example, CNO adjusted salary ranges for inflation and to be market competitive. Also, on an ongoing basis CNO monitors staff turnover and conducts exit surveys to identify and address any challenges that may unknowingly be overlooked.</p> <p>In 2022, CNO introduced our refreshed values to the organization. To support these new values, CNO is working with a third-party vendor to develop and implement new job and employee competencies for all positions in the organization. The competencies will be rolled out in 2023 and will be used to inform decisions related to performance assessment, recruitment/selection, succession planning and learning and development activities.</p> <p>To learn more about the new budget and policies, please see December Council meeting materials (Agenda Item 5.3, pages 61 to 95).</p>	<p>Yes</p>
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			<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
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		<p>ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> Please insert a link to the College's data and technology plan which speaks to improving College processes OR please briefly describe the plan. <p>In the 2022 reporting year, CNO developed and implemented a technology road map. This road map outlines CNO's year-by-year approach for modernizing technology platforms across all regulatory functions. The actions of this plan will occur over a four-year period and are in alignment with CNO's Strategic Plan.</p> <p>In addition to the technology road map, CNO also implemented an Enterprise Data Lakehouse. Some of the benefits that the lakehouse provides to the organization include the following:</p> <ul style="list-style-type: none"> centralized data repository from a variety of data sources enhanced reporting capabilities for all the business areas <p>In 2022, CNO continued updating work through a structured release management process on its main information system to support how CNO manages interactions with nurses and applicants and offers services to external stakeholders. CNO moved through many stages of the upgrade project, which included planning, development, testing and data migration.</p> <p>CNO also updated all training manuals, reference documents and team-specific resources to reflect changes from the new releases. This supported CNO's Strategic Plan by assisting staff, giving them the tools to increase efficiency and flexibility. It also improved services for nurses and applicants by providing real-time data integration for better collaboration between teams.</p> <p>Lastly, CNO completed the implementation of a new intranet system, which was successfully deployed for all internal CNO staff members. The intranet is a secure and standardized foundation for connecting and allowing all CNO staff to collaborate. The platform also helps staff by sharing organization-wide updates and news.</p>	
			<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	

DOMAIN 3: SYSTEM PARTNER

STANDARD 5 and STANDARD 6



<p>Measure / Required evidence: N/A</p>	<p>College response</p> <p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.</i></p> <p><i>Colleges may wish to provide information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of dialogue.</i></p>
<p>The two standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these two standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p>	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> • <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g., joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website, etc.).</i> <p>Introduction: This section describes how CNO engages with other health regulatory colleges and system partners to align oversight of the practice of the nursing profession and to support public protection.</p> <p>CNO’s Strategic Plan positions CNO to influence the broader patient care system, in part through stakeholder engagement. CNO continues to advance our engagement with system partners, both leveraging existing relationships and fostering the development of new relationships.</p> <p>Engagement Related to CNO’s Registration Process: CNO is committed to public protection and doing everything in our power to register nurses in Ontario. This includes working with government and continuing to collaborate with other system partners to identify new opportunities and solutions for the growing system demand.</p>

In 2022, CNO consulted with stakeholders to inform the following changes related to registration:

1. regulation changes for Temporary Class and reinstatement
2. the Supervised Practice Experience Partnership (SPEP)
3. registration changes to support internationally educated nurse (IEN) applicants
4. enhanced transparency through data sharing

The examples below illustrate CNO's engagement with the Ministry of Health (MOH) and other system partners to align oversight of the practice of the nursing profession and to support execution of our public safety mandate.

1. Registration Regulation Changes

In the summer, the Minister of Health directed Council, under 5(1)(d) of the *Regulated Health Professions Act, 1991* to:

- make “every effort” to register IEN applicants as expeditiously as possible
- develop supports for IENs that will allow them to successfully register to practice in a timely way
- report, within two weeks, on the efforts CNO will be taking

In response to the Minister's directive, CNO identified innovative options, including regulation changes, to continue protecting the public while enabling CNO to register more nurses in the system at a time of growing demand. As a result, the following regulatory changes related to Temporary Class and reinstatement were approved by Council in September and implemented in the fall:

1. for Temporary Class, broadened the education requirement to successful completion of any registered nurse (RN) or registered practical nurse (RPN) program approved in any jurisdiction (there is a different education requirement to register in the General Class)
2. for Temporary Class, enabled someone in this class to take the approved registration exam twice once the registrant is fully exam eligible (for example, two exam failures would result in the certificate of registration being revoked)
3. for Temporary Class, gave the Executive Director (ED) discretion related to the timeframe to revoke a certificate of registration (for example, so the ED can give more time such that IENs have an opportunity to meet education gaps then get registered in the General Class)
4. for reinstatement gave the ED discretion related to the timeframe someone returning to practice can be out of practice

To successfully implement the registration regulation changes, CNO engaged and worked collaboratively with the following stakeholders:

- ongoing collaboration with the MOH to develop and implement the regulation changes
- proactively reached out to employers and educators [through CNO's [Employer Reference Group](#) (ERG) and [Academic Reference Group](#) (ARG)] to better understand the risks and risk mitigation strategies associated with the regulatory changes
- engaged with applicants to better understand the registration barriers/challenges as well as risk mitigation strategies

To support the implementation of the registration regulation changes, CNO developed and communicated the following resources, which were largely informed by the above stakeholders:

- shared the Minister's directive, along with our response on [CNO's website](#)
- communicated the legislative changes to nurses through the November issue of [CNO's monthly newsletter](#)
- [developed webinars](#) to provide an overview of the changes for applicants and employers

- developed two frequently-asked-questions resources, on the [registration regulation changes](#) and the [reinstatement regulation changes](#)

In addition to the resources above, CNO added and revised website content based on key themes and questions from stakeholders. For example, web content was modified or developed based on frequently asked questions and themes identified through common inquiries received by our Practice Quality and Customer Service teams and through social media.

These actions reflect CNO’s ongoing commitment to register nurses who have the knowledge, skill and judgment to practice safely in Ontario, whether educated in Ontario, Canada or internationally. CNO continues to collaborate with health system partners and work with government to build on existing successes and explore longer-term strategies to respond to growing system demand.

For more information related to the registration regulations changes, please see the following:

- [September 2022 Council meeting materials \(Agenda Item 6.1, pages 46 to 67\)](#)
- [December 2022 Council meeting materials \(Agenda Item 4.2, pages 14 to 16\)](#)

2. *Supervised Practice Experience Partnership (SPEP)*

In January 2022, CNO partnered with Ontario Health, the MOH and the Ministry of Long-Term Care (MLTC) to launch SPEP. SPEP offers applicants, who are currently going through CNO’s registration process, an opportunity to participate in a work experience, to meet their evidence of practice and language proficiency registration requirements. SPEP matches applicants, including IEN applicants, with Ontario employers. In May 2022, CNO expanded SPEP to include nurses returning to practice, which helped increase nursing resources across the province.

A key component of this initiative has been early and ongoing stakeholder engagement. CNO collaborated with many organizations to successfully implement SPEP. Some examples from 2022 include:

- collaborated with the MOH, MLTC and Ontario Health to develop and implement SPEP
- met with our ERG and organizations such as the Ontario Hospital Association, to understand the challenges and opportunities related to SPEP
- reached out proactively to share information with a variety of stakeholders (for example, ERG and ARG)
- shared information through social media, such as LinkedIn and through CNO’s monthly newsletter in the [March](#) and [May](#) issues
- hosted and recorded a [webinar](#) for employers and applicants (this information was shared via direct e-mail, web, social media – depending on the audience)
- developed a [process flow chart](#), explaining the SPEP process, to provide additional applicant supports
- addressed stakeholder needs with added/revised website content based on themes/questions heard through teleconferences
- modified/developed web content based on [frequently asked questions](#) and themes identified through inquiries received by our Practice Quality and Customer Service teams and through social media

As of November 2022, CNO has registered over 1,000 nurses through SPEP. For more information, please refer to [CNO’s website](#).

In continuing our work to modernize applicant assessments, CNO continues to find ways to proactively help nurses meet their requirements. Working collaboratively with Ontario Health and employers has expedited the opportunity for applicants and nurses returning to practice to meet their final registration requirements to respond to the current system needs.

3. *Registration Changes to Support IEN Applicants*

CNO continues to register more new IEN applicants than ever before and remains committed to improving and modernizing our registration process so applicants can safely enter practice and support Ontario's health care system.

Gap-Filler Programs for IEN Applicants

As part of CNO's ongoing efforts to register as many nurses as possible, CNO collaborates with Ontario colleges and universities to make important information about competency-based nursing education programs and courses more readily available to applicants.

Meeting the education requirement has been identified as a significant challenge to timely registration for IEN applicants. When CNO assesses applicants, public safety is of paramount importance. Before registering with CNO, IEN applicants must show they have completed nursing education at a level equivalent to Ontario nursing education programs. Applicants with gaps in their nursing knowledge, skill and judgment need to complete additional education. When an applicant has a gap in their education, CNO directs them to the programs or courses that will help them meet their education requirements for registration. The programs and courses are available on [CNO's website](#).

With a growing number of IEN applicants who desire to practice in Ontario, it is critical to assess and find solutions to this barrier. Please see below for a few examples that illustrate how CNO engaged with academic institutions to successfully implement these nursing education programs:

- On an individual basis, CNO met with every school that was delivering a gap-filler program to confirm program objectives.
- CNO has had ongoing engagement with the Council of Ontario University Programs in Nursing (COUPN) and Ontario's Colleges of Applied Arts and Technology (CAATs) to share information about posting gap-fillers, along with future education needs.
- CNO has also met with the Nursing Program Transformation Initiative, which is funded by the MLTC, to collaborate by sharing data and developing an additional 11 gap-filler courses (four courses have been completed so far). For more information, please see [here](#).
- CNO also provided ongoing updates to the Ministry of Colleges and Universities regarding the education needs for IEN applicants.

For more information on the competency-based gap-filler programs, please refer to [CNO's website](#).

CNO Survey: Barriers to Registration Exam for IEN Applicants

In August, CNO sent a survey to 3,344 exam-eligible IEN applicants who were currently eligible to write the registration exam, but had not attempted to, or who attempted to write the exam but failed. The survey outcomes supported CNO in understanding why these applicants were not writing the nursing exam and what factors influenced this decision. Of those surveyed, 1,282 applicants responded.

The survey results showed that the leading reason for IENs not writing the exam was due to the lack of time to prepare (60% of survey respondents had this as their top reason). For more information on the survey findings, please refer to [CNO's website](#).

CNO will continue to share the survey results with system partners, including government, given others' roles in supporting successful completion of this registration requirement. CNO is committed to working with our partners in the health care system to identify and break down the barriers that IEN applicants face.

Language Proficiency

CNO worked in collaboration with the Canadian Nurse Regulators Collaborative (CNRC) to review the Language Proficiency (LP) requirements for the regulated nursing profession, which included approving [updated cutscores](#) for the currently accepted LP tests.

4. Enhancing Transparency through Data Sharing

CNO has committed to publicly sharing more data so that system partners can have direct access to, and be informed by, accurate statistics.

As part of this commitment, CNO has expanded what is posted online to share more information about the following groups:

- Detailed [applicant statistics](#) about the number of applicants currently seeking CNO registration, including data on active applicants without current CNO registration residing in Ontario, SPEP participation, Temporary Class registration, and reinstatements.
- Enhanced [registrant statistics](#) providing historical data to allow for accurate year-over-year comparisons, while accounting for seasonal fluctuations. Information is given about registrants in the Temporary Class, enhanced content on registrants in the General, Extended and Non-Practising Classes, and more information on the number of new nurses.

CNO has continued to release [reports](#) that give further information about changes in the nursing workforce.

CNO continues to offer meaningful insights to system partners, which allows stakeholders a greater understanding of the composition of and changes in the nursing workforce, and progress of applicants in Ontario.

Ongoing Engagement:

The above examples highlight how CNO is engaging stakeholders to align practice and support public protection. Engagement associated with these activities is complementary to ongoing stakeholder engagement. On an ongoing basis, CNO meets with professional nursing associations, unions, employers and other regulatory bodies. CNO works collaboratively with these groups to discuss various regulatory issues of mutual interest.

Also, CNO has continuous engagement with the CNRC, the Canadian Council of Registered Nurse Regulators (CCRNRR), the Canadian Council for Practical Nurse Regulators (CCPNR), the Citizen Advisory Group (CAG) and the Office of the Fairness Commissioner (OFC). CNO works collaboratively with these groups to discuss various regulatory issues of mutual interest. In addition to these groups, in 2022 CNO continued to engage our ERG and ARG. Both groups offer an opportunity for discussion and collaboration on regulatory issues of importance to employers and educators.

CNO also has ongoing engagement with the Health Profession Regulators of Ontario (HPRO). For example, in 2022 CNO continued to participate in and contribute to the HPRO anti-Black, Indigenous, People of Colour (BIPOC) working group to explore issues related to equity and anti-racism in Ontario's health professions regulatory sector.

<p>CNO continues to engage with other national and international nursing regulators. For example, CNO is working in collaboration with the British Columbia College of Nurses and Midwives (BCCNM) to implement Nursys across Canada. Nursys Canada is an online database that will let Canadian nursing regulators and nursing regulators in the United States share regulatory and discipline-related information about nurses. CNO has taken a leadership role, working in partnership with BCCNM to leverage and implement the National Council of State Board of Nursing's (NCSBN) current, effective Nursys database system as the foundation of the new Canadian database system. In 2022, CNO achieved the first milestone in implementing the Nursys Canada pilot. CNO and BCCNM are now able to share and review registration and disciplinary information about nurses registered in these two provinces using the Nursys application. This engagement allows CNO to work toward our shared purpose of safe patient care and improves our ability to support nurse labour mobility.</p>
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Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

The intent of Standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- *Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic, mental health, labor mobility etc.). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.*
- *In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in Standard 7).*

Introduction:

This section describes collaborative relationships CNO has built to ensure it is responsive to changing public and societal expectations.

CNO remains committed to embracing DEI, as it continues to be embedded into all areas of our work. DEI is part of our culture and will enable us to achieve the outcomes in our [Strategic Plan](#). CNO has focused on education and awareness for staff and continues to make progress on integrating these principles into the way we work at CNO, to support health equity for all people in Ontario.

Please see below for a few examples to illustrate our key successes and achievements within this reporting year.

Example 1: CNO's Enhanced Code of Conduct

Background:

As part of the Modernizing Standards project, CNO has work underway to modernize practice standards to reflect the evolving health care needs of clients and the dynamic nature of nursing practice. This initiative will advance CNO's strategic outcomes so that nurses' conduct will exemplify understanding and integration of CNO standards for safe practice.

In 2022, CNO revised and enhanced our [Code of Conduct](#) (the Code) to reflect the evolving health care needs of clients and the dynamic nature of the nursing profession. The Code is the overarching practice standard and is seen as the lynchpin to all other topic specific practice standards, which is why it was prioritized as the key practice standard to modernize in 2022. The Code describes the conduct all nurses in Ontario are held accountable to, regardless of their role, job description or practice setting. The updates to the Code enhance nurses' accountabilities and clarify expectations in areas focusing on providing inclusive and culturally safe care, independent practice and professional relationships with colleagues.

A key component of the Modernizing Standards project has been early and ongoing stakeholder engagement. CNO collaborated with many stakeholders to support enhancements to the Code and knowledge translation required to successfully implement the Code. There have been many sources of input to inform the enhancements to the Code. Please see below for examples from this reporting cycle:

DEI Engagement:

Early on, based on evidence collected and stakeholder input, CNO identified gaps within the current Code. One of these gaps included enhancing and clarifying expectations on cultural humility and safety. Recognizing the importance of obtaining diverse perspectives to inform cultural humility and cultural safety content, CNO engaged stakeholder groups to capture client, nursing and/or system-level perspectives. This included the following groups:

- Alliance Ontario
- Black Nursing Communities of Practice (for example, academics with expertise in anti-black racism)
- Citizen’s Advisory Group (for example, comprised of diverse clients and caregivers)
- Indigenous Peoples Communities (for example, Indigenous Primary Health Care Council)
- 2SLGBTQ+ Communities (for example, Queer Ontario, 519 Health)
- Mental Health & Addiction Communities (for example, Centre for Addictions and Mental Health, Ontario Shores)
- Nurse Advisory Group (for example, comprised of nurses working in varied roles, practice settings, geographical areas and client care settings, including those working in rural/remote Ontario and with Francophone communities)
- Senior & Elder Communities (for example, AdvantAge Ontario, Ontario Retirement Communities Association)

CNO engaged all these stakeholders through individual interviews and/or one of three DEI focus group sessions throughout the spring and summer. CNO established focus groups representing vulnerable and underserved populations at a client/nursing or system level to identify cultural trends and themes in the health care system and related gaps with the Code. CNO collaborated with an external facilitator with expertise on DEI-related topics to support the facilitation of the three focus group sessions. Please see below for some key themes heard from these sessions:

- ensuring statements are action-oriented
- ensuring definitions are clear
- integrating new concepts (for example, anti-Indigenous racism, anti-Black racism)
- importance of self-reflection (for example, nurses understanding their position of power)
- importance of learning and unlearning behaviours
- developing an effective implementation strategy with system partners (for example, employers, academics)

Feedback from these groups informed the final version of the Code, which CNO’s Council approved.

CNO also engaged key informants in DEI at other health regulatory colleges in Ontario (College of Audiologists and Speech-Language Pathologists of Ontario), and across Canada (College of Registered Nurses of Alberta) to leverage their experiences in developing standards that reflect DEI principles and values. For example, sharing any lessons learned from developing DEI content and obtaining feedback on how to establish a safe environment. These learnings were applied to our DEI engagement approach. Another example is CNO collaborating with BCCNM for our new principle ([Principle 2](#) on pages 6 to 7 of the Code) which focuses on nurses providing inclusive and culturally safe care by practicing cultural humility.

Nurse, Employer and Academic Engagement:

Nurse Advisory Group:

CNO established a Nurse Advisory Group for modernizing standards. The Nurse Advisory Group helped identify themes and trends within the nursing profession and gaps within CNO's practice standards. The group provided line-by-line feedback on every principle in the draft Code to identify gaps and areas where further clarification was required. For example, the Nurse Advisory Group identified terms that required definitions to support the application of the Code. In response to this feedback, CNO added definitions of terms, such as resilience, to the Code glossary (please see the [Glossary](#) on page 18 of the Code). In addition, the Nurse Advisory Group identified the need for more content in the Code regarding nurses working with other health care team members using a DEI lens (see [Principle 4](#) on pages 10 to 11).

Employer Reference Group (ERG):

CNO sought feedback from our established ERG on the draft Code to identify knowledge translation resources to support the Code's integration into nursing practice at the employer level. For example, the ERG provided input into where the draft Code had gaps or barriers, such as providing clarity around the cultural expectations, as the term culture has different meanings to different people.

Academic Sector Engagement (ARG):

CNO also received feedback from the ARG, COUPN and CAATs on the draft Code to identify resources to support the Code's integration into nursing program curriculum.

Public Engagement:

Citizen Advisory Group (CAG):

Working with the College of Physicians and Surgeons of Ontario (CPSO), CNO conducted several CAG engagements to understand how the public perceives nursing care and to clarify their expectations of nurses caring for them. For example, the CAG identified the need to integrate the concept of "empathy" throughout the Code. This is now seen in Principle 1, [statement 1.1](#) (on page 5): "Nurses treat clients with respect, empathy and compassion."

Public Consultation Survey:

The public consultation survey was one of many data sources to inform and validate revisions to the Code. The survey was open from September 12 to September 30, 2022. Stakeholders were invited to participate through several channels, which included:

- targeted email invitations to a random sample of 12,000 nurses and organizations servicing vulnerable communities
- CNO shared the survey through the September issue of our [monthly newsletter](#)
- CNO promoted the survey through our social media channels, such as LinkedIn

In total, 783 stakeholders completed the survey comprised of 723 nurses, 53 others (for example, members of the public, educational institutions, other health care organizations, regulated health professionals), three health professional regulators, three nursing unions and one nursing association.

CNO reviewed and conducted analyses on all survey responses. Overall, the engagement feedback was positive. Based on the results, the following key themes emerged:

- clarifying definitions (for example, culturally safe versus culturally safer, cultural humility, offences)

- integrating key concepts (for example, empathy, advocacy)
- general support for new principle focused on DEI
- ensuring the language used in the Code is action-oriented so that nurses can explicitly know what actions need to be taken
- importance of developing resources to support the Code’s application for various stakeholders including nurses, public and employers (for example, online and asynchronous educational resources, synchronous training, digital communications studies)

Stakeholder feedback was applied and is now reflect in the draft Code, which was approved by CNO’s Council in December 2022. The new Code will take effect on June 5, 2023, to allow the system time to prepare for this change. For more information, please see [CNO’s website](#).

Example 2: Revised Entry-Level Competencies for Nurse Practitioners

Background:

National Entry-Level Competencies (ELCs) for nurse practitioners (NP) are used in several CNO processes (for example, Program Approval, Quality Assurance, Entry-to-Practice Requirements, Practice Standards, Professional Conduct matters). The competencies were initially developed by the CCRNR in 2016, of which CNO is a part.

ELCs are the foundation for nursing practice. The NP competencies encompass and build on the RN competencies and serve as criteria against which entry-level NPs are measured upon initial registration with CNO and entry-to-practice in Ontario. The competencies also guide the assessment of registrants’ continuing competence for maintaining registration with CNO.

ELCs are revised periodically to reflect evolving population needs, the health care system and NP practice. CNO has been actively participating in revision of the NP ELCs. Developing the revised NP ELCs included an environmental scan, targeted literature searches, focus groups, subject matter expert interviews and stakeholder consultation. In 2022, in addition to national consultation strategies, CNO consulted with NPs in professional associations and in academia in Ontario. CNO also provided updates to our ARG on NP ELCs (please see the [June](#) and [October](#) summary notes for more information).

DEI Engagement:

Part of the consultation strategy was engaging with subject matter experts who gave voice to perspectives on Indigenous, 2SLGBTQ+ and other groups that experience racism. The goal was to aid in drafting competencies that would appropriately address the following: Indigenous cultural safety, cultural humility, anti-racism and anti-ableism. The information gathered through stakeholder consultation indicated that competencies needed to be explicit in addressing Indigenous Peoples, and that racism is a big part of oppression. This indicated that there should be a specific competency for curriculum to address colonialism and racism. Information also indicated that NPs should be leaders and role models. The revised NP ELCs have a new Advocate Role with competencies that address Indigenous Peoples and other groups that face racism within the healthcare system.

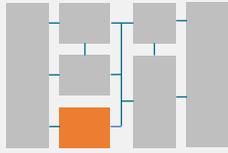
A national bilingual competency validation survey was shared with all registered NPs in jurisdictions involved in the project (that is, NPs in Ontario were included). The validation survey asked NPs to rate the frequency and importance of each competency in their practice.

The revised NP ELCs reflect the autonomous and advanced practice of NPs. They capture roles and competencies relevant in today’s environment, while positioning NPs for the immediate future. They are broad but still have sufficient detail to guide NP entry-level curricula and education programs in Canada.

Each nursing regulatory body is responsible for reviewing, approving and implementing the proposed NP entry-level competencies within their own jurisdiction. In early 2023, CNO will consult with our academic partners to enable implementation of the revised NP ELCs.

For more information, please see [December 2022 Council meeting materials \(Information Items, page 103\)](#).

Similarly, to Standard 5, the above examples highlight how CNO collaborates with stakeholders to ensure it is responsive to changing public and societal expectations.



Measure:

7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.

DOMAIN 4: INFORMATION
MANAGEMENT

STANDARD 7

Required Evidence

College Response

a. The College demonstrates how it:
i. uses policies and processes to govern the disclosure of, and requests for information;

The College fulfills this requirement:

Yes

- Please insert a link to policies and processes **OR** please briefly describe the respective policies and processes that addresses disclosure and requests for information.

CNO is committed to the protection of personal information of anyone who shares their information with us. This includes members of the public, nurses, past nurse registrants, applicants, website visitors and other individuals whose personal information is entrusted to CNO.

CNO makes publicly available its [Privacy Policy](#), which describes the full lifecycle management (collection to disposition) of personal information (PI), personal health information (PHI) and other sensitive data that it collects and is in its custody to fulfill its obligations and activities as a regulator.

CNO makes every effort to ensure that the personal information we hold is accurate, complete, and up to date for the purposes which we collect it. An individual's written request for access to their own personal information can be made at any time, and a request can also be made to correct inaccuracies (if any). For more information, please refer to CNO's [Request for Access to Personal Information Form](#).

CNO continues to enhance our records management capabilities and to facilitate timely access to information requests handled by the Privacy Office. For example, CNO continues to engage a third-party vendor to support the digitization and scanning of records.

In 2022, CNO met all deliverables associated with CNO's 2021 Privacy and Security Road Map. This roadmap enhanced CNO's ability to protect against and address potential unauthorized disclosures of information.

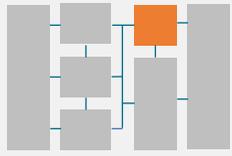
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?

Choose an item.

Additional comments for clarification (optional)

In 2023, CNO plans on developing and implementing a new Privacy and Security Road Map.

		<p>ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and</p> <p>iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to policies and processes OR please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. <p>CNO has implemented critical physical, organizational and technical measures to guard against unauthorized or unlawful access to the personal information managed and stored.</p> <p>CNO has taken steps to avoid accidental loss or destruction of, or damage to, personal information. The measures taken by CNO significantly reduce the likelihood of a data security breach. Some examples of security controls in place include the following:</p> <ul style="list-style-type: none"> secure office premises with key card access the use of encryption, such as a secure portal for document transfers and encrypted mobile devices strong authentication processes, including complex passwords limited access to personal information by employees who need the information to perform their work-related duties use of data centers with effective physical and logical data security controls requiring third-party service providers contractually commit to protecting the personal information entrusted to them annual privacy and data security training for all employees to raise awareness of data protection responsibilities ongoing monthly campaigns around phishing awareness <p>CNO takes privacy complaints very seriously. Our breach management process supports the organization should unauthorized disclosure of information occur. All incidents, including near misses, require completion of a formal document to gather pertinent information about the potential breach. This form needs to be completed within 24 hours and must be submitted to CNO's Privacy Office for containment, investigation, and corrective action.</p> <p>All incidents, including near misses, are tracked by CNO's Privacy Office. Each incident is categorized based on the level of risk. CNO prepares a report to summarize the type of breaches that occurred. These reports are prepared on a quarterly basis and presented to CNO's Finance Committee.</p> <p>For more information, please refer to the CNO's Privacy Policy.</p> <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	<p>Yes</p>
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Measure:

8.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g., where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).

DOMAIN 5: REGULATORY POLICIES

STANDARD 8

Required Evidence

a. The College regularly evaluates its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.

Benchmarked Evidence

College Response

The College fulfills this requirement:

- Please insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment and indicate the page number(s) **OR** please briefly describe the College’s evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).

CNO has processes in place for evaluating its policies, standards of practice and practice guidelines to determine whether they are appropriate or require revisions.

A [process guide](#), developed in 2017, provides an overview of how standards of practice are established and maintained to protect the public interest. It includes details about:

- the driving factors for the development of standards of practice
- the principles that guide the development process
- the process for revising and/or developing standards of practice, including monitoring and evaluation

The process for revising and/or developing standards of practice considers the broader context of nursing practice. The purpose is to identify ways nursing practice is posing or may pose potential risk to the public. Furthermore, monitoring and evaluation processes examine how changes in the broader environment influence standards. This ensures the standards achieve their intended purpose, and that they remain relevant and appropriate to public protection over time.

CNO constantly monitors the environment to keep practice standards, guidelines and resources current. Over time, CNO has revised, retired and introduced new standards in response to changes in legislation, nursing practice, the health system, best practices in regulation and public expectations.

CNO also regularly updates standards to ensure alignment with legislative changes and other changes in the health system. For example, in 2022 CNO replaced references to the *Long-Term Care Homes Act, 2007* with references to the *Fixing Long-Term Care Act, 2021*.

CNO also undertakes an annual review of all practice resources, and changes are made where it is identified that an update is required.

Partially

Modernizing Standards

CNO's [Modernizing Standards](#) project is ongoing work to reflect the evolving health care needs of clients and the dynamic nature of the nursing profession. Our practice standards need to be modernized to better reflect current practice realities, public expectations and societal values.

This initiative supports the implementation of CNO's [Strategic Plan](#). Specifically, modernizing practice standards advances CNO's strategic outcome so that nurses' conduct will exemplify understanding and integration of CNO standards for safe practice.

Given the Code of Conduct is central to all other topic specific practice standards, it was prioritized as the key practice standard to modernize in 2022. In 2023, CNO will start work on modernizing other practice standards.

Code of Conduct

Recent work to modernize [CNO's Code of Conduct](#) (the Code) provides an example of a substantive update.

A focused evidence review identified gaps within the Code, including enhanced and clarified expectations on the following: DEI (including cultural humility and safety); independent practice; professional misconduct behaviours (for example, abuse, misappropriation, lack of cooperation with CNO); professional relationships with colleagues; and social media use.

Please see CNO's response to 8.1c below for information related to stakeholder consultation.

The revised Code now reflects the following: new content to address identified gaps; a new principle focused on cultural humility and providing inclusive and culturally safe care; clarified statements to address areas of high risk (for example, describing what nurses do not do); reorganized principles and statements; and direct links to topic specific practice standards where applicable to support greater usability.

Council [approved](#) CNO's enhanced Code of Conduct on December 7, 2022. The new version of the Code will take effect on June 5, 2023, to allow time for CNO to develop resources to support implementation of the modernized Code and the system to adapt to this change.

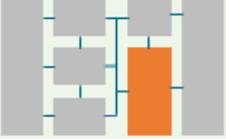
For more information, please see the [September 2022 \(Agenda Item 6.3, page 79\)](#) and [December 2022 \(Agenda Item 4.3, page 22\)](#) Council meeting materials.

		<p><i>If the response is “partially” or “no”, describe the College’s plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>As described above, CNO’s Modernizing Standards project is ongoing work to modernize practice standards to reflect the evolving health care needs of clients and the dynamic nature of the nursing profession.</p> <p>In 2023, CNO is focusing on developing a Scope of Practice practice standard which will integrate other CNO standards and guidelines. “Standards” describe the behaviour expected from nurses contained within the practice standard. They outline and inform nurses of their professional accountabilities. They also inform the public of what they can expect from nurses. “Guidelines”, which often address specific practice-related issues, help nurses understand their responsibilities and how to make safe and ethical decisions in their practice.</p> <p>Further, building on CNO’s multi-year Modernizing Standards project, and based on evidence and best practice, in 2023 CNO is looking to implement a process for ongoing cyclical review that will support ensuring standards and guidelines continue to be up to date and relevant to the current practice environment.</p>
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	<p>b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines:</p> <ul style="list-style-type: none"> i. evidence and data; ii. the risk posed to patients / the public; iii. the current practice environment; iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap); v. expectations of the public; and vi. stakeholder views and feedback. <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components and indicate the page number(s) OR please briefly describe the College’s development and amendment process. <p>As described in our response to 8.1a above, CNO uses our process guide to evaluate and amend policies, standards of practice, and practice guidelines.</p> <p>Below we have highlighted some work that occurred in 2022 to illustrate how CNO develops or amends standards of practice and guidelines to support the profession:</p> <ul style="list-style-type: none"> • Substantially updated CNO’s controlled substance webpage (launched in February 2022). The updates were driven by the current practice environment of the pandemic coupled with the opioid crisis. The updates clarify nurses’ accountabilities for harm reduction and share best practices for working with clients in this area. CNO engaged nurses working in the harm reduction practice setting and conducted a regulatory body review. CNO also collaborated with the Registered Nurses’ Association of Ontario (RNAO) and the Nurse Practitioners Association of Ontario (NPAO) to gather information on resources that nurses use for opioid prescription and harm reduction, and feedback on supports for safe opioid prescribing practices. The findings from the meetings with RNAO and NPAO helped inform revisions of CNO’s controlled substances webpage, and the drafting of a statement on the opioid crisis and nurses’ accountabilities in this area. • CNO continues to support nurses through challenges resulting from the ongoing COVID-19 pandemic. A few examples include: updating/contextualizing the standard of care message to reflect current system pressures and updating COVID-19 practice resources. • At the request of the Ontario’s Chief Medical Officer of Health, CNO disseminated information about monkeypox and nurses’ reporting requirements, as the situation was evolving, through our website and social media channels, as well as through a direct email blast to NPs. • CNO has developed new resources and updated existing resources/communications for NPs related to a legislative change that authorized NPs to perform point-of-care tests, and order Magnetic Resonance Imaging (MRI) tests and Computerized Tomography (CT) scans (resources available here – click under ‘Diagnostic Tests’). Additionally, CNO reached out to stakeholders (for example, MOH, NPAO, College of Medical Radiation and Imaging Technologists of Ontario) to get information about accountabilities and billing. • CNO also updated resources regarding understanding restraints, driven by work with the Office of the Chief Coroner for Ontario and system level trends around patient death inquiries. Our work supported application of existing standards and guidelines and promoting this information with registrants. <p><u>Code of Conduct</u></p> <p>Related to the Code of Conduct, CNO leveraged information about gaps and trends that CNO’s Professional Conduct team shared internally to inform development of explicit statements related to the professional misconduct regulation and reported matters from the public and employers. For example, Principle 5, statement 5.8 in the modernized Code (on page 13) states: “Nurses do not physically, verbally, emotionally, financially or sexually abuse, harass or neglect their clients as set out in CNO’s <i>Therapeutic Nurse-Client Relationship</i> [TNCR] practice standard and the <i>Regulated Health Professions Act, 1991</i> [RHPA].” This statement was revised from the original Code of Conduct so that it is a negative prohibition as per external legal feedback and better aligns with the Professional Misconduct regulation (for example, “Abusing a client verbally, physically or emotionally”). A direct link to the TNCR practice standard and RHPA was added for enhanced usability.</p>	<p>Yes</p>
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			<p>Extensive stakeholder engagement also highlighted additional risks and trends. For more information, please see CNO's response to Standard 6 in this report (on pages 45 to 46).</p> <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>
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		<p>c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity, and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. <p>As described in above in our response to 8.1a, CNO uses our process guide to evaluate and amend policies, standards of practice, and practice guidelines. A number of factors influence the development of standards of practice and guidelines, which includes societal and health care context.</p> <p><u>Code of Conduct</u> CNO has work underway to embed the DEI principles into all our standards of practice and guidelines. The process to update the Code of Conduct is an illustrative example of this work.</p> <p>Recognizing the importance of obtaining diverse perspectives and to inform cultural humility and cultural safety content in the Code, CNO targeted specific groups to contribute client, nursing and/or system-level perspectives.</p> <p>CNO identified relevant stakeholder groups based on the Stakeholder Engagement Pillar work of CNO's Strategic Plan and the Government of Canada's research on vulnerable populations. Stakeholders were invited to participate in individual interviews or one of three DEI focus groups, or to complete the Code's public consultation survey, and to participate in future work to modernize practice standards and develop additional resources for their respective communities.</p> <p>For more information, please see CNO's response to Standard 6 in this report (on pages 45 to 46).</p> <p><u>Ask Practice Resource – Culturally Sensitive Care</u> CNO continues to review practice resources to ensure that they reflect DEI principles and make changes as needed. In 2022, CNO made updates to our culturally sensitive care web content based on feedback from a stakeholder. To ensure alignment with CNO's enhanced Code of Conduct, this webpage will be revised further in 2023 to reflect new content related to cultural humility and providing inclusive and culturally safe care.</p>	<p>Yes</p>
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional)</i></p>		

		Measure: 9.1 Applicants meet all College requirements before they are able to practice.	
		Required Evidence	College Response
DOMAIN 6:	STANDARD 9	<p>a. Processes are in place to ensure that those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.)¹.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements and indicate page number OR please briefly describe in a few words the processes and checks that are carried out. • Please insert a link and indicate the page number OR please briefly describe an overview of the process undertaken to review how a College operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.). <p>For more information, please see CNO's 2021 CPMF Report (page 52).</p>
			Met in 2021, continues to meet in 2022

¹ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

			<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
			<p><i>Additional comments for clarification (optional)</i></p>	
		<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g., how a College determines language proficiency, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>
			<ul style="list-style-type: none"> • Please insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g., how to assess English proficiency, suitability to practice etc.), a link to Council meeting materials where these have been discussed and decided upon and indicate page numbers OR please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>CNO continues to update how applicants can meet their nursing registration requirements to ensure application assessment processes are informed, fair, and inclusive and to contribute to improved access to safe nursing care. This is work related to one of the outcomes of CNO's Strategic Plan.</p> <p>One of the ways CNO is doing this, is through the Modernizing Applicant Assessment (MAA) initiative. CNO recognized some internationally educated applicants experience barriers to timely registration, such as increased wait times for assessment. This highlighted the need to review our processes and we identified opportunities to make meaningful improvements. Doing so is intended to improve the applicant experience by streamlining and reducing delays in the application assessment process, which will ultimately decrease wait times for applicants to become registered.</p> <p>The goals of the MAA initiative are to</p> <ul style="list-style-type: none"> • implement changes and efficiencies in the application process to reduce the time it takes to register nurses in the General Class • update relevant policies associated with the process • improve the applicant experience <p>Part of this work includes a comprehensive review of four registration requirements:</p> <ul style="list-style-type: none"> • evidence of practice • nursing education • language proficiency • police criminal record checks <p>Please see below some examples that occurred within the 2022 reporting cycle.</p>	

Evidence of Practice:

Supervised Practice Experience Partnership (SPEP)

SPEP is one of several ways CNO is modernizing its applicant assessment processes. In January 2022, CNO launched SPEP in partnership with Ontario Health, the MOH, the MLTC and employers. As described above in Standard 5 (page 40), the program offers applicants the option to complete a supervised practice experience in Ontario to demonstrate current nursing knowledge, skill and judgment and language proficiency skills.

In May 2022, CNO expanded SPEP to include nurses returning to practice. For more information, please refer to [CNO's website](#) and see [here](#). As of November 2022, CNO has registered more than 1,000 nurses after completing SPEP.

Temporary Class Registration Regulation Changes

In collaboration with the MOH, CNO amended the Temporary Class registration and reinstatement regulations, to help register more qualified applicants to give nursing care, as quickly as possible. For more information, please see Standard 5 (on page 39).

For more information on the Temporary Class and reinstatement changes, please see the following:

- [September Council Meeting Minutes](#) (page 6)
- [December Council Meeting Package](#) (page 14)
- [Registration Regulation Changes Frequently Asked Questions](#)
- [Temporary Class webinars.](#)

Education:

Regulatory Exam – Practical Nurse (REx-PN)

In January 2022, CNO implemented the Regulatory Exam – Practical Nurse (REx-PN) entry-to-practice examination for those applying to become a RPN in Ontario. The REx-PN tests for the knowledge, skill and judgment Practical Nurses need at the beginning of their careers to practice safely. For more information, please refer to [CNO's website](#).

Gap Filler Programs for Internationally Educated Applicants

As part of MAA, CNO is widely sharing information about currently accepted gap-filler courses and what competencies can be met through each course or program. This enables applicants to accurately determine which course or program best meets their individual competency gaps, to fulfil the nursing education requirement. Meeting the education requirement has been identified as a significant challenge to timely registration for internationally educated applicants. To accept gap-filler courses or programs, CNO completes a comprehensive review of the curriculum. This includes identifying if the program or course addresses both the theoretical component about the competencies and opportunities for application and evaluation. For more information, please see [CNO's website](#). Please refer to Standard 5 in this report for supplementary information.

Language Proficiency:

In March 2022, CNO's new Language Proficiency policy took effect. The new policy outlines a variety of mechanisms as options for applicants to provide

		<p>evidence of Language Proficiency for registering to practice as nurses in Ontario. The policy strikes a balance between fairness to applicants through providing multiple routes to meet this requirement while ensuring public safety. For more information, please refer to CNO's website.</p> <p><u>Canadian Police Criminal Reference Check (PCRC):</u> In December 2022, CNO approved an updated policy for Police Criminal Record Checks. While PCRCs were always required, the updated policy reduces duplication by recognizing PCRCs given to Immigration Canada; therefore, the applicant does not have to give a duplicate PCRC to CNO if they have not resided outside of Canada since immigrating. Applicants who currently reside outside of Canada must provide an international PCRC.</p> <p>The examples highlighted above show our commitment to supporting applicants in moving forward in their registration journey. CNO continues to collaborate with partners across health care, academia, and government to develop long-term solutions for reducing barriers, to support applicants in completing their registration in a timely way, while protecting public safety.</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>		<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p> <p>To align with CNO's modernization of applicant assessment and current approaches with entry-to-practice, CNO is exploring adaptive learning modules to review and assess relevant jurisprudence content and applicant knowledge, in lieu of the current online jurisprudence exam.</p> <p>In 2022 CNO conducted an evidence-based analysis and engaged with regulators in Ontario, Canada, and international jurisdictions. The proposed revised jurisprudence exam will consist of online learning modules with an exam component. It will take an instructional approach to review and evaluate an applicant's understanding of nursing law and its application within the patient care system.</p> <p>CNO will continue to engage with stakeholders and partners, review evidence and best practices and engage in user experience testing to support the development of this work in 2023.</p>		

Measure: 9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.		
		Yes
	c. A risk-based approach is used to ensure that currency ² and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g., self-declaration, audits, random audit etc.) and how frequently this is done. <p>As part of registration requirements, applicants must demonstrate currency (recent practice) and good character (see CNO's website, which describes the registration requirements). Recent practice is one requirement that can expire. The applicant must have practiced nursing in the last three years on the day they met all registration requirements. If it has been more than three years, there are options to meet this requirement including completion of a nursing refresher program that has a clinical practice component or SPEP. In terms of the registration requirements that expire, there are safeguards in place, such that our system will show that the requirement is now unmet. The applicant can only register when all registration requirements are met, and they are current.</p> <p>In terms of ongoing currency, CNO's website describes the declaration of practice requirement. To practice nursing in Ontario, nurses in the General or Extended Classes, as part of annual renewal, must declare that they have practiced nursing within the previous three years. Self-declaration is part of annual renewal. It is required by law (subsection 11(1) of Regulation 275/94). As part of this law, CNO has the authority to request information to verify the declaration. If there is information reported to CNO indicating an individual may have made a false declaration, this is investigated by CNO. If the individual cannot provide evidence of nursing practice in the last three years, they are asked to move to the Non-Practising Class, or their certificate of registration is revoked. They cannot practice nursing in Ontario if they have not practiced nursing in the last three years in any jurisdiction.</p> <p>As part of the annual self-declaration done with Annual Membership Renewal, nurses also must declare they have met their Quality Assurance (QA) requirements. CNO continues to promote the concept of engaging in QA everyday, and supports this by sharing QA resources and FAQs on the CNO website.</p> <p>Furthermore, reporting requirements also support patient safety. For example, nurses have self-reporting requirements under Regulation 275/94, including reporting a charge or a finding of guilt. CNO would assess this information to ensure there is no risk to the public. The Regulated Health Professions Act, 1991 also has reporting requirements that need to be met by nurses and organizations that employ nurses. For example, reports are required if a nurse has a condition that may prevent them from providing safe care. Again, this is assessed by CNO to see if any action is needed to keep patients safe.</p>

			<p>Currency and competency requirements inform the declaration of practice requirements. A literature review was conducted on knowledge retention (to understand how quickly knowledge can be lost). Also, CNO consulted provincial health regulators and international nursing regulators. The policy was updated, as part of broader Registration Regulation changes (under the <i>Nursing Act, 1991</i>) in 2012. In 2022, the literature review was conducted anew along with a review of other regulators to inform potential future evidence-informed changes.</p>
<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>			

² A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up to date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g., during renewal of a certificate of registration, or at any other time).

Measure:			
9.3 Registration practices are transparent, objective, impartial, and fair.			
a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022	
	<ul style="list-style-type: none"> • Please insert a link to the most recent assessment report by the OFC OR please provide a summary of outcome assessment report. • Where an action plan was issued, is it: Completed <p>In 2022, additional steps were taken as part of CNO's ongoing commitment to transparency to show how the Office of Fairness Commissioner (OFC) recommendations, including the newly launched Risk-Informed Compliance Framework, are being met. Please see a few specific examples below:</p> <ul style="list-style-type: none"> • CNO recently expanded statistics published online to include 'real-time' data about the number of Temporary Class registrants and reinstatements. Please refer to CNO's website for more information. • Additionally, CNO's new registrant statistic webpage now has historical data to allow for accurate year-over-year comparisons, while accounting for seasonal fluctuations. CNO also added information about registrants in the Temporary Class, enhanced content on registrants in the General, Extended, and Non-Practising Classes and gives more information on the number of new nurses. <p>For more information, please see CNO's 2021 CPME Report (page 58).</p>		
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?		Choose an item.
	Additional comments for clarification (if needed)		

<p>Measure: 10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.</p>	
Required Evidence	College Response
<p>a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).</p> <p><u>Further clarification:</u></p> <p>Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> Name of Standard Duration of period that support was provided Activities undertaken to support registrants % of registrants reached/participated by each activity Evaluation conducted on effectiveness of support provided Does the College always provide this level of support: Yes <i>If not, please provide a brief explanation:</i> <p>As of July 1, 2022, NPs have an expanded scope of practice. Regulation changes made under the <i>Laboratory and Specimen Collection Centre Licensing Act, 1990</i> grant NPs the authority to perform point-of-care testing. Regulation changes made under the <i>Healing Arts Radiation Protection Act, 1990</i> and the <i>Regulated Health Professions Act, 1991</i> grant NPs the authority to order CTs and MRIs.</p> <p>CNO supported NPs to implement these changes as follows:</p> <ul style="list-style-type: none"> communicated legislative changes to NPs through CNO's website and monthly newsletter created new resources and updated existing web resources (click under 'Diagnostic Tests') attended NPAO Annual Conference in September 2022 to present and answer questions from registrants communicated with system partners (NPAO, RNAO) to ensure awareness of changes <p>For more information, please see CNO's 2021 CPMF Report (page 59).</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p> <p>CNO is developing knowledge translation resources to support implementation of the updated Code of Conduct in 2023. For more information about updates to the Code of Conduct, please see our responses to Domain 3 and Domain 5 of this report.</p>
	<p>Met in 2021, continues to meet in 2022</p>
	<p>Choose an item.</p>

Measure: 10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation ³ .		
		<p>a. The College has processes and policies in place outlining:</p> <p>i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice;</p>
	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please list the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR please insert a link to the website where this information can be found and indicate the page number. • Is the process taken above for identifying priority areas codified in a policy: Yes • <i>If yes, please insert link to the policy.</i> 	<p>Met in 2021, continues to meet in 2022</p>
	<p>To balance QA accountabilities with the demands of ongoing system challenges nurses face, CNO continues to take a right touch, supportive approach by emphasizing “QA Everyday”. There is a focus on nurses’ individual accountability for continuing competence and engaging in ongoing practice reflection.</p> <p>The three main components of CNO’s QA Program are as follows:</p> <ul style="list-style-type: none"> • QA Everyday (Self-Assessment) – Required for all nurses registered in the General or Extended Class. This includes daily practice reflection, developing an annual Learning Plan, and actively updating their knowledge and skills to maintain their continued competence. CNO offers reflection questions to support daily practice reflection. Nurses confirm/attest to completing this requirement as part of the Annual Membership Renewal process each year. • QA Assessment – CNO randomly selects and notifies a limited number of nurses from the General and Extended Classes to participate in a QA Assessment. Nurses selected for QA Assessment are required to identify two learning goals, complete and submit a Learning Plan, and complete a <i>Code of Conduct</i> practice activity. NPs selected for QA Assessment will complete the <i>NP Case Example</i>, which is an additional assessment based on the NP Practice Standard and uses a case example from their own practice. Optional coaching support is available with a Peer Assessor/Coach, which gives nurses participating in QA Assessment an opportunity to receive feedback on their submitted activities and have more meaningful engagement with CNO. • Remediation – Nurses who have not satisfactorily completed the QA Assessment activities are directed by the QA Committee to complete remediation. Please see our response to 10.3a below for more detail. <p>CNO continues to work on modernizing the QA Program, utilizing a quality improvement approach. In 2022, CNO built on findings from a process evaluation about the changes made to the QA program in the previous year. The findings guided further modifications to the assessment tools, resources and processes to better support nurses selected for QA Assessment in the 2022 cycle.</p> <p>For more information on this evaluative work, please see the December 2022 (Agenda Item 6.1, page 58) Council meeting materials.</p> <p>For additional information, please also see CNO's 2021 CPMF Report (page 60).</p>	

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
		<p><i>Additional comments for clarification (optional)</i></p> <p>Under the direction and support of Council, CNO has been working to modernize and enhance the QA program. We anticipate changes to the QA Program in 2023 including the implementation of a new QA learning management system.</p>	

³ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<p>ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type of multiple assessment activities); and</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to document(s) outlining details of right touch approach and evidence used (e.g., data, literature, expert panel) to inform assessment approach and indicate page number(s). OR please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable). <i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i> <ul style="list-style-type: none"> - <i>Public</i> Choose an item. - <i>Employers</i> Choose an item. - <i>Registrants</i> Choose an item. - <i>other stakeholders</i> Choose an item. <p>For more information, please see CNO's 2021 CPMF Report (page 61).</p>	Met in 2021, continues to meet in 2022
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.	
		<p>iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number OR list criteria. <p>As described above in 10.2a(i) above, remediation activities are informed by QA Assessment activities (that is, Learning Plan, <i>Code of Conduct</i> practice activity, and <i>NP Case Example</i> if relevant). Remediation is a personalized process based on knowledge gaps identified in a nurse's submitted QA activities. Remediation also includes mandatory coaching with a Peer Assessor/Coach.</p> <p>For more information, please see CNO's 2021 CPMF Report (pages 61 to 62).</p>	Met in 2021, continues to meet in 2022
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.	

			<i>Additional comments for clarification (optional)</i>
Measure: 10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.			
<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practicing.</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	<ul style="list-style-type: none"> • Please insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR please briefly describe the process. • Please insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR please briefly describe the process. <p>CNO tracks all evidence of remediation for QA Assessment.</p> <p>Coaching and support are offered to the nurse in the spirit of continuing competence and continuous quality improvement (that is, not a punitive approach).</p> <p>Nurses are only referred to professional conduct processes if they fail to co-operate with the directions of the QA Committee despite multiple opportunities and encouragement from staff.</p> <p>CNO’s public register, Find-a-Nurse, gives detailed information about every nurse practising in Ontario. For example, it will tell a member of the public if there are any restrictions on a nurse’s practice or any involvement in a disciplinary hearing.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>
<p><i>Additional comments for clarification (if needed)</i></p>			

Measure 11.1

The College enables and supports anyone who raises a concern about a registrant.

Required Evidence	College Response
<p>a. The different stages of the complaints process and all relevant supports available to complainants are:</p> <p>i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up;</p> <p>ii. clearly communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g., funding for sexual abuse therapy); and;</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> • Please insert a link to the College’s website that clearly describes the College’s complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant. • Please insert a link to the policies/procedures for ensuring all relevant information is received during intake OR please briefly describe the policies and procedures if the documents are not publicly accessible. <p>CNO’s website has resources to support members of the public who want to make a complaint about a nurse’s conduct. CNO also provides an online guide, Addressing Complaints at the College of Nurses of Ontario, which includes information to support making a complaint, information about the complaints process and information about possible outcomes.</p> <p>CNO also has contact details on our website to answer any questions about the complaints process.</p> <p>CNO has formal procedures in place that guide our intake and investigation processes. Please see below for a brief description of relevant procedures that guide the complaints process.</p> <p><u>CNO’s Managing a Complaint at Intake Procedures:</u> To ensure a consistent approach is used when managing complaints at the intake stage, CNO uses a procedure that applies to all new complaints received. The procedure outlines three different stages: the initial receipt of complaint, the intake stage and post-intake. Upon initial receipt of a complaint, CNO assesses the complaint and sends an acknowledge correspondence letter to the complainant, enclosing the Addressing Complaints Process Guide. CNO also contacts the complainant via telephone to explain the complaints process. Once a complaint is assessed, an investigator is responsible for completing a Complaint Intake Assessment Memo, with a recommendation for next steps.</p> <p><u>CNO’s Managing Alternative Dispute Resolution (ADR) Process:</u> Under section 25.1 of the <i>Health Professions Procedural Code</i> (Code), a complaint may be resolved through an ADR process. CNO has a procedure outlining steps for ADR in appropriate cases.</p> <p><u>CNO’s Managing a Complaints Investigation Procedure:</u> Following a review at the intake stage, some matters may require an investigation. To ensure staff have a consistent, efficient and effective means of managing complaints investigations, CNO uses a procedure that applies to all complaints. This includes complaints that are either not suitable for ADR, or</p>

			<p>where one of the parties does not consent to ADR, or the ADR has been unsuccessful. The procedure outlines the steps the assigned investigator must follow. CNO staff are responsible for assessing every complaint on a case-by-case basis. However, CNO has specific procedures in place when addressing complex matters.</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
<p><i>Additional comments for clarification (optional)</i></p>			

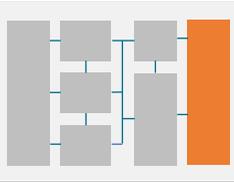
	<p>iii. evaluated by the College to ensure the information provided to complainants is clear and useful.</p> <hr/> <p><i>Benchmarked Evidence</i></p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. <p>In 2022, CNO undertook an internal evaluation and proactively carried out the following improvements to streamline the complaints process. Some examples that took place in the 2022 reporting cycle included:</p> <ul style="list-style-type: none"> Evaluating correspondence and consent forms to make the process more accessible. For example, CNO reviewed all correspondence to complainants, and made revisions for clear language purposes and to ensure useful content. CNO uploaded the consent form to appear alongside CNO's complaint form so that it is easier to access (that is, the consent form loads automatically as part of the complaint form) on CNO's website. CNO also made updates to allow for electronic signatures. <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p> <p>For a number of years, CNO conducted surveys with complainants and registrants regarding their experience of the process encompassing both ADR and complaints investigation.</p> <p>In 2023, CNO will identify the steps needed to implement a formal evaluation of the complaints process. As a first step, we will review these previous surveys and their results, as well as lessons learned from this time. This will inform further actions, eventually leading to a formal evaluation in the future.</p> <p>CNO will provide an update on progress in our next CPMF report.</p>	<p>Partially</p>
	<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement:</p> <p>Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).</p> <p>For more information, please see CNO's 2021 CPMF Report (page 65).</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p> <p><i>Additional comments for clarification (optional)</i></p>	<p>Met in 2021, continues to meet in 2022</p> <p>Choose an item.</p>

	<p>c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g., translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Met in 2021, continues to meet in 2022</p>	
		<ul style="list-style-type: none"> • Please list supports available for the public during the complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. <p>For more information, please see CNO's 2021 CPMF Report (page 66).</p>		
		<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	<p>Choose an item.</p>	
		<p><i>Additional comments for clarification (optional)</i></p>		
<p>Measure: 11.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>				
	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).</p>	<p>The College fulfills this requirement:</p>	<p>Yes</p>	
		<ul style="list-style-type: none"> • Please insert a link to document(s) outlining how complainants can contact the College during the complaints process and indicate the page number(s) OR please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process and indicate the page number(s) OR please provide a brief description. <p>As described in the Addressing Complaints guide found on CNO's website, CNO contacts the complainant to acknowledge receipt of the complaint and explain the complaint process.</p> <p>See our response to 11.1b above. CNO staff provide the complainant with support throughout the process. This includes regularly sending status letters to complainants.</p> <p>CNO has designated bilingual investigators who offer services in French or English. If a complaint is made to CNO in French, communication from CNO to the complainant is continued in French. A complainant may also elect to use French in their dealings with the College.</p> <p>If the matter is referred for a hearing before the Discipline Committee, staff help a complainant (who wishes to participate in the process) to understand their role in a discipline hearing. CNO gives complainants information about the hearing process, such as supports available if the complainant is required to testify, and CNO updates the complainant on the status of the hearing. Information about what to expect at a hearing can be found in a fact sheet and a</p>		

			guide for witnesses on CNO's website. <i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
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			<i>Additional comments for clarification (optional)</i>	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	Measure: 12.1 The College addresses complaints in a right touch manner.		
		a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g., risk matrix, decision matrix/tree, triage protocol).	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
			<ul style="list-style-type: none"> • Please insert a link to guidance document and indicate the page number OR please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented OR evaluated/updated (if applicable). 	
			In 2022, CNO continued to use the risk tool as revised in 2021 and would revise as needed to maintain relevance to the complexities and risks of contemporary nursing practice and the health care environment. For more information, please see CNO's 2021 CPMF Report (page 68).	
			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (optional)</i>			

DOMAIN 6: SUITABILITY TO PRACTICE STANDARD 13	Measure: 13.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).		
	a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	The College fulfills this requirement:	Met in 2021, continues to meet in 2022
		<ul style="list-style-type: none"> Please insert a link to the policy and indicate page number OR please briefly describe the policy. Please provide an overview of whom the College has shared information with over the past year and the purpose of sharing that information (i.e., general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). 	
		For more information, please see CNO's 2021 CPMF Report (page 69).	
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
	<i>Additional comments for clarification (if needed)</i>		

		Measure: 14.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.			
		Required Evidence	College Response		
DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	a. Outline the College’s KPIs, including a clear rationale for why each is important.	The College fulfills this requirement: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"></td> <td style="width: 20%; text-align: center;">Yes</td> </tr> </table> <ul style="list-style-type: none"> • Please insert a link to a document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), a link to Council meeting materials where this information is included and indicate page number OR list KPIs and rationale for selection. <p>Amid various external environmental directives and requirements, CNO developed robust measures for the outcome statements aligned with CNO’s Strategic Plan. CNO identified the following measures to help report on and track progress toward our Strategic Plan outcomes:</p> <ul style="list-style-type: none"> • Outcome 1 (Applicants for registration will experience processes that are evidence-informed, fair, inclusive and effective, contributing to improve public access to safe nursing care.): <ul style="list-style-type: none"> ○ overall score from 'Applicant Experience' survey ○ audit rating ○ fairness and transparency measure ○ OFC Risk Rating ○ audit rating ○ time between receipt of application and fee, and issuance of direction and next steps ○ time between applicant completion of all requirements and offer to register • Outcome 2 (Nurses’ conduct will exemplify understanding and integration of CNO standards for safe practice.): <ul style="list-style-type: none"> ○ results from QA assessment module ○ results from participant perception survey ○ results from nurse perception survey ○ results from employer and public perception surveys • Outcome 3 (CNO will be recognized as a trusted stakeholder to nurses, employers and the public.): <ul style="list-style-type: none"> ○ results from registrants, employers and public perception surveys ○ measure trust of the complaints process ○ measure of registrant’s awareness and perception of CNO’s role ○ the usefulness of their interaction with the website ○ Trust Index that measures different factors that contribute to trust from the perspectives of nurses, employers and the public 		Yes
			Yes		

			<i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i>	Choose an item.
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			<p><i>Additional comments for clarification (if needed)</i></p> <p>CNO will continue to report on and track progress toward our Strategic Plan initiatives that are described above.</p>
		<p>b. The College regularly reports to Council on its performance and risk review against:</p> <p>i. stated strategic objectives (i.e., the objectives set out in a College’s strategic plan);</p> <p>ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and</p> <p>iii. its risk management approach.</p>	<p>The College fulfills this requirement:</p> <ul style="list-style-type: none"> Please insert a link to Council meeting materials where the College reported to Council on its progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes and indicate the page number. <p>Throughout 2022, CNO has shared ongoing updates with Council to show our progress as it relates to implementing our Strategic Plan.</p> <p>Within CNO’s Strategic Plan there are three outcomes:</p> <ol style="list-style-type: none"> Applicants for registration will experience processes that are evidence-informed, fair, inclusive and effective, contributing to improve public access to safe nursing care. Nurses’ conduct will exemplify understanding and integration of CNO’s standards for safe practice. CNO will be recognized as a trusted stakeholder to nurses, employers and the public. <p>There are four pillars that enable these outcomes:</p> <ul style="list-style-type: none"> build and operate insights capabilities operate with agility enable proactivity engage and mobilize our stakeholders <p>CNO continues to make progress on implementing the above outcomes. For example, our work on the Modernizing Applicant Assessment project has allowed CNO to explore and implement processes that are evidence-informed, fair, inclusive and effective. Furthermore, CNO’s Modernizing Standards project ensures nurses’ conduct will exemplify understanding and integration of CNO standards for safe practice.</p> <p>At every Council meeting, we take the opportunity to keep Council informed on all the activities and/or projects that are underway to support CNO’s Strategic Plan. Each Council meeting includes a ‘strategic issues’ section which gives a snapshot of these discussions. Please see below for more information:</p> <ul style="list-style-type: none"> March Council meeting materials (pages 30 to 39) June Council meeting materials (pages 20 to 89) September Council meeting materials (pages 46 to 94) December Council meeting materials (pages 20 to 60)

			<p>Regarding our risk management approach, CNO continues to meet this requirement in 2022 and is making further improvements. Staff are developing the resources, templates and process structures that will be necessary to integrate an ERM system into our corporate operations. Please refer to 2.1e in this report for supplementary information.</p> <p>For more information, please see CNO's 2021 CPMF Report (page 71).</p>
<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>			<p>Choose an item.</p>
<p><i>Additional comments for clarification (if needed)</i></p>			

Measure:		
14.2 Council directs action in response to College performance on its KPIs and risk reviews.		
<p>a. Council uses performance and risk review findings to identify where improvement activities are needed.</p> <hr/> <p style="text-align: center;"><i>Benchmarked Evidence</i></p> <hr/>	<p>The College fulfills this requirement:</p>	Yes
	<ul style="list-style-type: none"> Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities and indicate the page number. 	
	<p>As mentioned in 14.1b, the goals and outcomes identified in our Strategic Plan have been guiding Council to respond to CNO's performance through 2022. Following our strategic initiatives, updates and progress through the year, Council gave feedback and direction toward key improvement areas.</p>	
	<p>As part of their oversight of the plan's implementation, Council asks for additional information, data, context and/or background about activities associated with the Strategic Plan. In those instances, staff would gather evidence, including related to risk, to support decision-making and include it as part of briefing material for the next Council meeting.</p> <p>CNO has stayed agile, as the health care system continues to be under tremendous pressure, including ongoing impacts of the global pandemic and the health human resource challenges. Council's approach to risk management is based on emerging needs.</p> <p><i>If the response is "partially" or "no", describe the College's plan to fully implement this measure. Outline the steps (i.e., drafting policies, consulting stakeholders, or reviewing/revising existing policies or procedures, etc.) the College will be taking, expected timelines and any barriers to implementation.</i></p>	
Measure:		
14.3 The College regularly reports publicly on its performance.		
<p>a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.</p>	<p>The College fulfills this requirement:</p>	Met in 2021, continues to meet in 2022
	<ul style="list-style-type: none"> Please insert a link to the College's dashboard or relevant section of the College's website. 	
	<p>For more information, please see CNO's 2021 CPMF Report (page 73).</p> <p>Please refer to 14.1b in this report for supplementary information.</p>	
	<p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i></p>	Choose an item.

			<i>Additional comments for clarification (if needed)</i>
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Part 2: Context Measures

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College’s performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are ‘good’ or ‘bad’ without having a more in-depth understanding of what specifically drives those results.

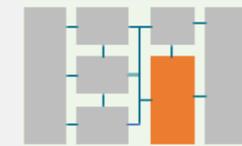
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures.” However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g., due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: ‘Nil’ and indicate any plans to collect the data in the future.

Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 10		
Statistical data collected in accordance with the recommended method or the College's own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2022*		
Type of QA/QI activity or assessment:	#	<p><i>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient-centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g., changing roles and responsibilities, changing public expectations, legislative changes).</i></p> <p><i>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2022. The diversity of QA/QI activities and assessments is reflective of a College's risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 10.2(a) of Standard 10.</i></p>
i. Learning Plain	370	
ii. Code of Conduct Activity	369	
iii. Case Example of Practice Standard	NR	
iv. NP Case Example	52	
v. Other remedial activities	NR	

** Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College's QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.*

[NR](#)

Additional comments for clarification (if needed)

In 2022, all nurses were accountable to reflect on their practice and develop a learning plan but were not required to submit their learning plans to CNO unless requested by CNO when selected for QA Assessment.

The statistics are based on the registrants selected and notified to participate in QA Assessment in 2022, regardless of whether they completed the activities by December 31st, 2022. These statistics were reported using the same criteria as last year.

The Case Example of Practice Standard was replaced by the Code of Conduct Activity in 2021. Moreover, CNO did not complete a QA selection in 2020 because of the system pressures that occurred as a result of the pandemic. As a result, the last time registrants were selected to complete the Case Example of Practice Standard was in 2019. These registrants were originally selected to participate in QA Assessment in 2019 and due to change of registration or deferral, did not complete their QA Assessment at that time. They were then notified to participate in QA Assessment in 2022 to complete their remaining QA Assessment activities.

Table 2 – Context Measures 2 and 3

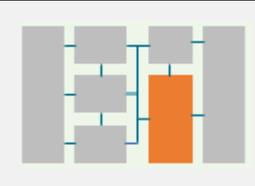
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College own method: Recommended If a College method is used, please specify the rationale for its use:			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2022	372		<i>What does this information tell us? If a registrant’s knowledge, skills, and judgement to practice safely, effectively, and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer them to the College’s QA Committee.</i>
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation in CY 2022.	NR	NR	<i>The information provided here shows how many registrants who underwent an activity or assessment as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program as of the start of CY 2022, understanding that some cases may carry over.</i>
<u>NR</u>			
Additional comments for clarification (if needed)			
CM 2.: The total number of participants includes registrants who were selected to participate in QA Assessment in 2021 but were required to complete remedial activities in 2022. CM 3.: This number includes registrants who were directed to undertake remediation in the previous year and completed remediation in 2022.			

Table 3 – Context Measure 4

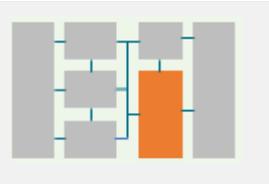
DOMAIN 6: SUITABILITY TO PRACTICE			
STANDARD 10			
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2022:**	#	%	<i>What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.</i>
I. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	NR	NR	
II. Registrants still undertaking remediation (i.e., remediation in progress)	0	0%	
<p>NR</p> <p>* This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2022.</p> <p>**This measure may include any outcomes from the previous year that were carried over into CY 2022.</p>			
<p><i>Additional comments for clarification (if needed)</i></p> <p>CM 4.: Includes registrants who were directed to undertake remediation in the previous year and completed remediation in 2022.</p> <p>-</p>			

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE				
STANDARD 12				
Statistical data is collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>				
Context Measure (CM)				
CM 5. Distribution of formal complaints and Registrar’s Investigations by theme in CY 2022	Formal received	Complaints	Registrar Investigations	initiated
Themes:	#	%	#	%
I. Advertising	0	0	0	0
II. Billing and Fees	0	0	0	0
III. Communication	437	29.3%	70	9.5%
IV. Competence / Patient Care	616	41.2%	221	29.9%
V. Intent to Mislead including Fraud	11	0.7%	55	7.4%
VI. Professional Conduct & Behaviour	126	8.4%	166	22.5%
VII. Record keeping	176	11.8%	142	19.2%
VIII. Sexual Abuse	6	0.4%	14	1.9%
IX. Harassment / Boundary Violations	6	0.4%	23	3.1%
X. Unauthorized Practice	NR	NR	25	3.4%
XI. Other <please specify>	115	7.7%	23	3.1%
Total number of formal complaints and Registrar’s Investigations**	799	100%	389	100%

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.

<p>Formal Complaints NR Registrar's Investigation</p> <p><i>**The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar's Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or Registrar's Investigations.</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p> <p>Other: Charge/conviction (against property, against person), drug related, substance abuse, mental health, no assessed nature - frivolous & vexatious, no assessed nature – other, finding in another jurisdiction, incapacity, found guilty of offence relevant to suitability to practice, abuse of process, failure to intervene with respect to and/or report unsafe practice or unethical conduct.</p>	

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended If a College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2022	532	
CM 7. Total number of ICRC matters brought forward as a result of a Registrar’s Investigation in CY 2022	575	
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2022	386	
CM 9. Of the formal complaints and Registrar’s Investigations received in CY 2022**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	181	22.7%
II. Formal complaints that were resolved through ADR	118	14.8%
III. Formal complaints that were disposed of by ICRC	437	
IV. Formal complaints that proceeded to ICRC and are still pending	123	23.1%
V. Formal complaints withdrawn by Registrar at the request of a complainant	NR	NR
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	21	4.7%
<i>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s Inquiries, Complaints and Reports Committee.</i>		

<p>VII. Formal complaints and Registrar’s Investigations that are disposed of by the ICRC as a referral to the Discipline Committee</p>	<p>NR</p>	<p>NR</p>	
<p>ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant NR Registrar’s Investigation</p> <p><i># May relate to Registrar’s Investigations that were brought to the ICRC in the previous year.</i> <i>** The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at the ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by the ICRC.</i></p>			
<p><i>Additional comments for clarification (if needed)</i></p>			

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE								
STANDARD 12								
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended								
<i>If a College method is used, please specify the rationale for its use:</i>								
Context Measure (CM)								
CM 10. Total number of ICRC decisions in 2022		931						
Distribution of ICRC decisions by theme in 2022*		# of ICRC Decisions++						
Nature of Decision		Take no action	Proves advice or recommendations	Issues a caution (oral or written)	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations, or by-laws.
I.	Advertising	0	0	0	0	0	0	0
II.	Billing and Fees	0	0	0	0	0	0	0
III.	Communication	112	19	9	38	NR	11	115
IV.	Competence / Patient Care	158	40	27	82	16	18	105
V.	Intent to Mislead Including Fraud	25	6	NR	17	NR	5	NR
VI.	Professional Conduct & Behaviour	80	25	22	56	7	27	13
VII.	Record Keeping	64	22	9	52	10	13	42
VIII.	Sexual Abuse	19	NR	NR	0	0	17	NR
IX.	Harassment / Boundary Violations	29	8	5	5	NR	10	NR

X. Unauthorized Practice	11	NR	NR	NR	NR	NR	0
XI. Other <please specify>	100	48	11	53	7	53	NR

• Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2022.
 ++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or decisions.

[NR](#)

What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)

Other: charge/conviction (against property, against person), drug related, substance abuse, mental health, no assessed nature - frivolous & vexatious, no assessed nature – other, finding in another jurisdiction, incapacity, found guilty of offence relevant to suitability to practice, abuse of process, failure to intervene with respect to and/or report unsafe practice or unethical conduct.

Table 7 – Context Measure 11

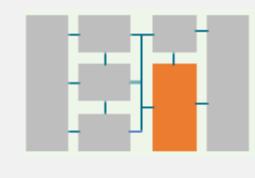
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended If College method is used, please specify the rationale for its use:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College. The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.
I. A formal complaint in working days in CY 2022	494	
II. A Registrar’s investigation in working days in CY 2022	934	
Disposal		
Additional comments for clarification (if needed)		

Table 8 – Context Measure 12

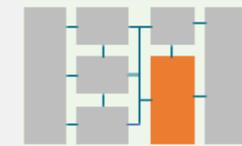
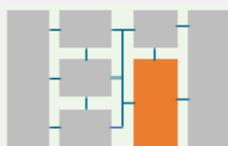
DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	<i>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.</i> <i>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry, and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</i>
I. An uncontested discipline hearing in working days in CY 2022	489	
II. A contested discipline hearing in working days in CY 2022	445	
Disposal Uncontested Discipline Hearing Contested Discipline Hearing		
<i>Additional comments for clarification (if needed)</i> Hearings in which neither the registrant nor their representative are present are considered contested hearings. -		

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College’s own method: R e c o m m e n d e d <i>If College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type	#	
I. Sexual abuse	NR	
II. Incompetence	0	
III. Fail to maintain Standard	74	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	76	
VII. Offence conviction	NR	
VIII. Contravene certificate restrictions	5	
IX. Findings in another jurisdiction	NR	
X. Breach of orders and/or undertaking	0	
XI. Falsifying records	51	
XII. False or misleading document	50	
XIII. Contravene relevant Acts	NR	
XIV. Abuse	NR	

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.

XVI. Misappropriating property	47
XVII. Other	16

* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.

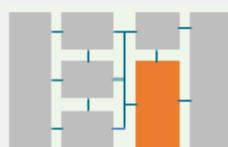
[NR](#)

Additional comments for clarification (if needed)

CNO has added three additional categories to better reflect its other discipline findings.

- **Abuse:** emotional abuse, physical abuse, verbal abuse, or a combination of the three.
- **Misappropriating property:** misappropriating property.
- **Other:** conflict of interest, discontinuing services, failure to keep records, failure to report unethical conduct, failure to report unsafe and unethical conduct, treatment without consent, failure to inform re competence, failure to advise beyond scope, failure to fulfill agreement for services, false/misleading account, improper direction, inappropriate use of term and title, inappropriate use of term, title and designation, inappropriate use of title, influencing change to will, practising while impaired, selling or assigning debt, using other registrant name.

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE		
STANDARD 12		
Statistical data collected in accordance with the recommended method or the College own method: Recommended <i>If a College method is used, please specify the rationale for its use:</i>		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		<i>What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.</i>
Type	#	
I. Revocation	NR	
II. Suspension	67	
III. Terms, Conditions and Limitations on a Certificate of Registration	67	
IV. Reprimand	74	
V. Undertaking	0	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not equal the total number of discipline cases.</p> <p> Revocation Suspension Terms, Conditions and Limitations Reprimand Undertaking NR - </p>		
<p><i>Additional comments for clarification (if needed)</i></p> <p>Not listed above, but in some instances in 2022, fines have been ordered where the monetary amount of the fraud has been large, and the registrant has not paid restitution to the facility/employer.</p>		

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to: [Table 5](#)

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: [Table 8](#)

Disposal: The day upon which all relevant decisions were provided to the registrant by the College (i.e., the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).

Return to: [Table 5](#), [Table 7](#), [Table 8](#)

Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.

Return to: [Table 4](#), [Table 5](#)

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.

Return to: [Table 5](#)

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: [Table 1](#), [Table 2](#), [Table 3](#), [Table 4](#), [Table 5](#), [Table 6](#), [Table 9](#), [Table 10](#)

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professions Act, 1991*, (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent, they can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.

Return to: [Table 4](#), [Table 5](#)

Revocation: Of a member or registrant's Certificate of Registration occurs where the discipline or fitness to practice committee of a health regulatory College makes an order to "revoke" the certificate which terminates the registrant's registration with the College and therefore their ability to practice the profession.

Return to: [Table 10](#)

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g., doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: [Table 10](#)

Reprimand: A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with their practice.

Return to: [Table 10](#)

Terms, Conditions and Limitations: On a Certificate of Registration are restrictions placed on a registrant's practice and are part of the Public Register posted on a health regulatory College's website.

Return to: [Table 10](#)

Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.

Return to: [Table 8](#)

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: [Table 10](#)