College Performance Measurement Framework (CPMF) Reporting Tool

Reporting Year: January 2023 – December 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. The fourteen Standards within the seven measurement domains are listed in Figure 2.

Figure 1: CPMF Model for Measuring Regulatory Excellence

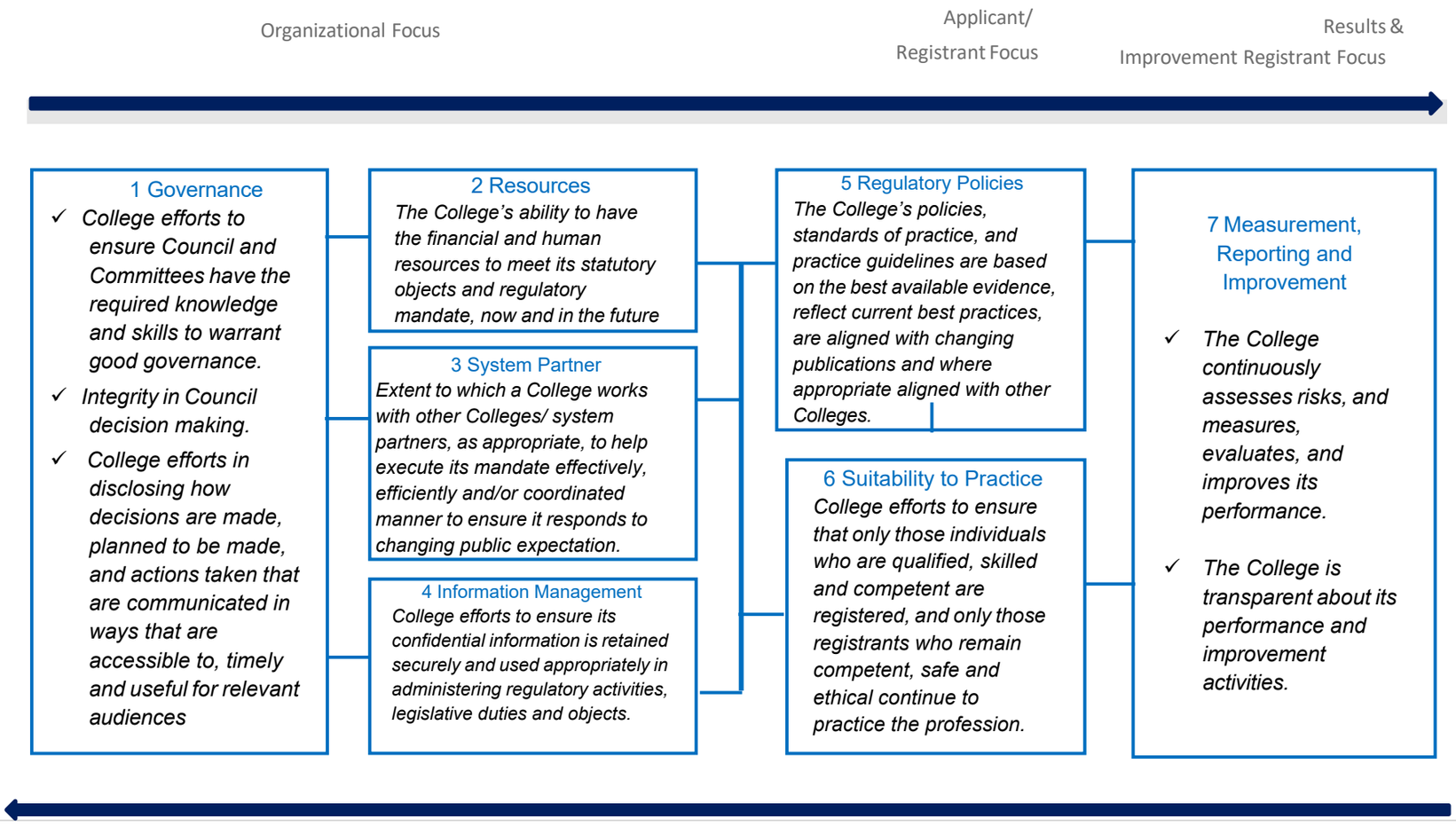

Figure 2: CPMF Domains and Standards

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 College Performance Measurement Framework (CPMF) continues to serve as a cornerstone for regulatory transparency and excellence. In the fourth iteration, the CPMF will help provide the public, the Ministry of Health, and other stakeholders with critical insights into the activities and processes of health regulatory Colleges.

For the 2023 reporting cycle, the focus remains on fostering an environment of continuous improvement. The information gathered through the CPMF Reporting Tool is intended to spotlight areas for enhancement, prompting closer attention and potential follow-up actions. As in the past, the Ministry will not assess whether Colleges meet or do not meet the Standards in the CPMF. The outcomes of the reporting will continue to facilitate meaningful dialogue on performance improvement among College staff and Council members and between Colleges and their broader communities, including the public, the Ministry, members, and other stakeholders.

In alignment with its commitment to transparency and collective advancement, the Ministry will develop a Summary Report which will underscore the commendable practices already established by Colleges, collective strengths, and areas for improvement. The Summary Report will emphasize the overall performance of the health regulatory system rather than individual Colleges, highlighting opportunities for mutual learning and growth.

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.

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.

There are eight pieces of Evidence 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. This year Colleges should report on their progress in meeting the benchmarked Evidence.

Where a College fully met Evidence in 2022 and 2023, the College may opt to respond with 'Met in 2022 and Continues to Meet in 2023'. 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**
		a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency and suitability criteria; and *Benchmarked Evidence*	The College fulfills this requirement: **Yes** • The competency and suitability criteria are public: Choose an item. *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* In keeping with current legislative requirements, nurses are elected by their peers in regional elections. Basic requirements are in the College of Nurses of Ontario's (CNO's) by-laws (Section 52 – Eligibility for Election on page 46) that articulate the eligibility to run for election to CNO Council (Council). To be eligible to run for elections, nurses must • be registered in the General or Extended Class • have no revocation in the past six years • have no Discipline or 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 ○ 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-Articles 6.10–6.14), or if they hold a conflicting position, they will resign from that position if elected Candidates are required to include in their profiles their reflections on CNO's purpose, and on the competencies and attributes required of Council. 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: • I want to serve on Council (CNO's board of directors), 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. CNO continues to recommend a competency-based appointments process. CNO is concerned this standard will not go far enough to ensure good regulatory governance for these reasons:

			• 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.
			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. *While CNO fully meets this CPMF standard, we have identified opportunities to further demonstrate excellence in this domain.* In Dec. 2023, Council approved a plan to further enhance its existing competency-based election process so Council members have the necessary competencies and attributes, and that their competencies effectively provide strategic oversight to the organization and to governing nursing in the public interest (see Dec. 2023 Council briefing package, pages 179 to 183). This approach of competency-based eligibility for the election process is based on the following principles, which were approved by Council in Sept. 2023 (see Sept. 2023 Council briefing package, pages 52 to 56): • evidence-informed • competency-based, • focused on diversity, equity and inclusion, • risk-based, • transparent, and • focused on ongoing quality improvement. The approach aims to enhance the current elections process by implementing a focused self-assessment process around competencies and attributes before candidates stand for election to Council. Candidates will self-assess their competencies and attributes, including diversity, equity and inclusion (DEI) competencies, using the Council-approved candidate profile. Candidate's self-assessment results will be made available to provide information to voters about the candidate's competencies and attributes, so the voters can make informed decisions. This approach will apply to the 2025 election cycle, which occurs in Feb. 2025. CNO Council will evaluate this approach and make any adjustments to the 2026 election cycle. The work expected to be completed in 2024 includes

			• an updated Council Profile, including the list of competencies and attributes required for board members and DEI competencies • consulting with legal counsel to determine whether by-law changes related to eligibility for election are required • developing the appropriate system(s) for the self-assessment process • developing communication and stakeholder engagement plans

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		ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	The College fulfills this requirement:	Yes
			• 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. Before nurses put their names forward, they are directed to review educational materials about serving on Council and Statutory Committees (since all Council members must also serve on at least one Statutory Committee). The education is self-directed and online. For more information, please see below: • 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	
			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): 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).	
		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• The competency and suitability criteria are public: Choose an item. • *If yes, please insert a link and indicate the page number where they can be found; if not, please list criteria.* The competencies for Statutory Committee members can be found at Learn about CNO Committees. Eligibility criteria for nurses applying to serve on a Statutory Committee are found in article 54.1 of CNO's By-Laws (page 56). Statutory Committee candidates undergo a competency assessment and validation process supported by a third-party and CNO's Nominating Committee. In Sept. 2023, Council approved updated Statutory Committee competencies (see Sept. 2023 Council briefing package, pages 39 to 52). CNO worked with a third party to do the update, who identified the following opportunities to improve the competencies and attributes: • revision of the competencies and attributes to more clearly focus on diversity, equity and inclusion	

			• addition of new competencies, such as a “demonstrated ability to remain unbiased and make decisions fairly” (see Sept. 2023 Council briefing package, page 34) • revision of the Diversity Considerations section to capture the breadth of diversity • elimination of potentially exclusionary or biased language These competencies and attributes will be incorporated into the 2024 nomination cycle, which launches in the fall.

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			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.	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement:	Yes
			• 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. Since the global pandemic, orientations have been virtual. Committee orientations are provided by Chairs, staff and, where relevant, legal counsel. Committee orientation is specific to the Committee's role, and all include the following: • committee's role and legislated mandate • relevant legislation (for example, *Regulated Health Professions Act, 1991*, *Statutory Powers and Procedures Act, 1990*, *Human Rights Code, 1990*) • 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 the Committee role. For example, ▪ content related to registration requirements; character, conduct and health outcomes and referrals and decision-making [for the Registration Committee (RC)] ▪ content related to alternative dispute resolution, complaints and reports investigations, heath inquiries, application of the risk assessment tool, interim orders and referrals to discipline [for the Inquiries, Complaints and Reports Committee (ICRC)] Additional training for specific roles: • 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. Discipline and Fitness-to-Practise (FTP) Committees	

			• Orientation is delivered by independent legal counsel and includes orientation to their roles, committee handbooks, rules and guidelines.	
			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):	

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		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.	The College fulfills this requirement:	Yes

- 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.

The Executive Committee plays a key role in Council orientation and provide their input on process and content each year. In May, all new Council members met with the Executive Committee in a half-day session. (For more information, see June 2023, Council briefing package, page 25.) The objectives of the session included

- welcoming new Council members and allowing them to meet some Council peers prior to their first meeting in June
- orienting new Council members to the unique nature of regulatory governance
- assisting new Council members in understanding Council's norms, governance principles and the Code of Conduct, including the Council's cultures and expectations
- ensuring new Council members' understanding of CNO's strategic priorities and assisting them to fulfill their role and accountability to support and move these initiatives forward
- orienting new Council members to how Council operates, including using its online meeting platform and portal
- Include Council opportunities to suggest topics to build their knowledge

All members (both public and elected, new or returning) attended an orientation day in June. The orientation covered

- regulatory governance
  - overview and context
  - public interest
  - roles
  - fiduciary duties
  - conflict of interest
  - confidentiality
- Council
  - how Council operates
  - governance role

- about CNO
    - legislative framework
    - statutory requirements
    - finance
    - technology
    - people and culture

CNO developed a governance manual and this was shared at the May 2023 orientation of new Council members. The manual gathers documentation about Council's governance role including policies Council has approved. While it is an ongoing resource for all Council members, it is also a helpful tool for supporting orientation of new Council members.

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 Sept. 2023, Council approved a new orientation policy. The purpose of this policy is to provide clarity on the accountabilities and objectives associated with orienting Council members to their governance role at CNO. This policy was part of CNO's work to enhance the Council orientation process. The new policy applies to future orientations starting in 2024.

		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: i. Council meetings; and ii. Council.	The College fulfills this requirement: Yes • 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: Choose an item. • *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.* In Sept. 2022, Council approved a new Council Evaluation Policy, which set out a three-year Council review cycle, with the understanding that it would be revisited after Year 3 (see Sept. 2022 Council briefing package, pages 18 to 25). As part of the evaluation policy, a 'pulse check' survey is issued after each Council meeting, to identify what worked well in the meeting and what, if anything, could be improved. In March 2023, Council supported the following actions stemming from the initial evaluation of Council in Dec. 2022 (see Mar. 2023 Council briefing package, pages 137 to 147): • engaging in facilitated dialogue about desired Council dynamics (development workshop, March 2023) • enhancing orientation (first iteration May-June 2023) • developing a governance manual (first version completed in May 2023) • continuing professional development (topics identified by evaluation) In Dec. 2023, Council was updated on the carrying out of the above priorities (see Dec. 2023, Council briefing package, pages 184 to 188). The priorities set out for the year were met and exceeded as CNO implemented several other improvement opportunities identified by the evaluation throughout the year. These included introducing a new dashboard to monitor carrying out the strategic plan and several meeting process improvements (for example, consent agenda, ensuring sufficient time for Council to discuss strategic items, improving briefing notes and developing an in-camera meeting policy). In Dec. 2023, Council also decided on priorities for 2024, including • developing a Council purpose and role description, as well as a Council President role description and updating the Council member role description • updating Council competency and attribute profile • updating the Council and committee Code of Conduct related to compliance • updating the Executive Committee Terms of Reference • continue updating the Council evaluation policy (pre-requisite to the next third-party evaluation of Council, scheduled in 2025)

			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 keeping with the evaluation policy, CNO undertook a third-party evaluation of Executive Committee and President in 2023. The purpose is to support continuous improvement.	

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		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	Yes
			• Has a third party been engaged by the College for evaluation of Council effectiveness? Choose an item. • *If yes, how often do they occur?* • Please indicate the year of last third-party evaluation. The last third-party review of Council's effectiveness took from Oct. through Nov. 2022. In keeping with the newly approved evaluation framework, the next in-depth Council evaluation occurs in 2025.	
			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 Dec. 2023, Council noted they would update the Council evaluation policy in anticipation of the next third-party review in 2025 (see Dec. 2023, Council briefing package, pages 184 to 188).	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Yes

			• 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 over the last calendar year.
			
			Council's professional development in 2023 is outlined below. Needs were identified in consultation with the Executive Committee, using the recommendations from the Council evaluation in 2022, and supported by Council input. Topics were based on learning needed to support key activities planned throughout the year.
			• March : Council Culture and Decision Making. Facilitated discussion (by third-party). Objectives included
			  • continuing to develop an already positive Council team culture
			  • discussing best practices for making decisions
			  • understanding group think, identify when it may be happening and how to prevent it
			  • encouraging and valuing divergent perspectives, while maintaining an inclusive culture
			• June: Council orientation. The professional development workshop with all members included content that supported orientation of new Council members and ongoing learning for continuing members.
			• Sept.: DEI. Facilitated discussion (by third-party). Foundational to position Council members (individually and collectively) for future learning about diversity, equity and inclusion. (See also CNO's response to 1.2c iii below.) Objectives were
			  • promoting a common understanding of how DEI concepts apply to Council in its governance role at the CNO
			  • promoting reflection and understanding of how DEI concepts apply to Council members
			• Dec. 2023: Financial oversight and risk management. Workshop led by CNO management and staff. Objectives were
			  • supporting Council's understanding of CNO's financial framework and enterprise risk management program (including business continuity)
			  • preparing Council for its review of the 2024 budget
			
			Committee Members
			The professional development provided for committee members varied by committee, as follows:
			• Discipline and Fitness To Practice committees met jointly in May and Oct. for general orientation and education, and in March a decision-writing workshop was held. In Nov., three committee members attended a basic Health Professions Regulators Ontario (HPRO) workshop on "Conducting a Discipline Hearing Workshop", and six attended the advanced workshop.
			• Registration Committee, in 2023, had an education day refresher on character, conduct and health.
			• Quality Assurance Committee (QAC) education day was focused on CNO's new Code of Conduct Practice Standard for nurses, QAC's new Extension and Deferral policy and general committee processes. The QA Program also welcomed and orientated a new Chair and two new committee members to QAC.
			• ICRC engaged in quarterly education and topics included delivering cautions, facilitating committee meetings, case law impacting committee decision making, interim orders, remedial undertakings, reviewing the health inquiry and FTP Committee processes and updates to CNO's practice standards	

			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):

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		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. Further clarification: Colleges are encouraged to define public expectations based on input from the public, their members, and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement:	Yes
			• 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 over the last calendar year. Statutory committee members (includes Council members and nurses appointed to committees) received training in unconscious bias in Nov. 2023. Facilitated by a third-party, the half-day virtual workshop was focused on the unique decision-making role of statutory committees. The workshop included • understanding privilege • understanding what unconscious bias is, how it works and how it may present itself in the context of statutory committee work • understanding the impact of unconscious bias • strategies for confronting unconscious bias For more information on CNO's approach to risk management, please see our response to section 2.1e.	
			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):	

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**
		a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: 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 <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.	The College fulfills this requirement: — Yes • 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. The Council approved a new Council and Committee Code of Conduct in Dec. 2023. Improvements to the Code included the addition of behavioural expectations and definitions related to DEI. Significant updates were also made to the Conflict of Interest provisions to ensure they were clear and reflective of current societal expectations, including • clear guidance on what constitutes a conflict of interest • clear information on positions and actions that are prohibited for Council and Committee members (for more information see response to 2.1, b. below) • Addition of cooling off periods between holding a prohibited position and being eligible for election or appointment For more information, please see CNO's website. *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)* CNO will provide education to Council and Committee members starting March 2024. CNO also will ensure the candidates for Council and appointments meet the new requirements. CNO is planning to have updates to relevant by-Laws, including Article 16 (Code of Conduct Proceedings), approved by the end of 2024.

		ii. accessible to the public.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			• 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. Please see CNO By-Law No 3: Council and Committee Code of Conduct. Conflict of Interest is Subsection 6.	
			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)	
		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). Further clarification: Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	Yes
			• Cooling off period is enforced through: Conflict of Interest Policy • 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? – 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. The following sections of CNO's By-Law No. 3: Council and Committee Code of Conduct reference cooling off periods for Council: 6.10 A Council member must not (a) currently be employed by, contracted with, or hold any elected or appointed position with any union, advocacy group, professional association or similar entity that advances the interests of nurses in any way. This Article comes into force on June 5, 2024; and (b) within the three years preceding their election, selection or appointment as member (excluding where the election, selection or appointment as member occurred prior to December 8, 2023), have been employed by, contracted with or have held any elected or appointed position with any union, advocacy group, professional association or similar entity that advances the interests of nurses in any way.	

			6.11 A member must not: (a) currently be employed by or contracted with, the federal public service or the Ontario public service in a role that involves advocating for nurses or the nursing profession, drafting or enacting legislation the focus of which is nurses or nursing, or is in any way inconsistent with being a member or with the mandate of the College. This Article comes into force on June 5, 2024; and (b) within the three years preceding their election, selection or appointment as member (excluding where the election, selection or appointment as member occurred prior to December 8, 2023), have been employed by or contracted with, the federal public service or the Ontario public service in a role that involves advocating for nurses or the nursing profession, drafting or enacting legislation the focus of which is nurses or nursing, or is in any way inconsistent with being a member or with the mandate of the College. 6.12 A member must not currently hold, or within the three years preceding their election, selection or appointment as member have held, provincial public office and must not run for provincial public office while they are a member. 6.13 A member must not currently hold federal or municipal public office and must not run for federal or municipal public office while they are a member. 6.22 A member must not apply for employment with the College until at least one year has passed since they were a member. 6.23 An employee of, or contractor for, the College must not apply for a Council or Committee position until at least one year has passed since they were an employee or contractor.

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			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)	
		c. The College has a conflict-of-interest questionnaire that all Council members must complete annually. <u>Additionally</u>: i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; 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 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>.	The College fulfills this requirement:	Partially
			• 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. All Council members must complete a conflict of interest questionnaire on an annual basis; however, these are not attached to Council packages. Work is underway to revise the questionnaire to ensure it is appropriate to be attached to Council packages. The President, as of 2023, calls for conflicts of interest at each meeting (for a sample agenda, see Jun. 2023, Council briefing package, page 1).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) CNO plans to revise its conflict of interest questionnaire to align with the new Council and Committee Code of Conduct and plans to fully meet this requirement in 2024.	

		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).	The College fulfills this requirement:	Yes
			• 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. Decision and discussion notes for Council include a section on the public interest rationale. In Dec. 2023, CNO launched a new decision and discussion note format, based on expectations in the College Performance Measurement Framework (CPMF) and Council's 2022 evaluation (see example from Dec. 2023, Council briefing package, page 87). As one example, the new format requires the author to link what is being discussed or decided on to CNO's Strategic Plan or CNO's purpose. For example, in the above note, the author links the public interest rationale for the new RN Prescribing Practice Standard with CNO's strategic outcome that nurses' conduct will exemplify understanding and integration of CNO standards for safe practice. As another example, there are new forms of evidence in the template (for example, an equity impact assessment is included if conducted in that phase of the work). Council also asked for thought-starter questions as a way of triggering more discussion amongst Council members and including historical context on topics, to ensure all Council members are functioning with the same level of information. These are two other examples that were integrated into the revised template.	
			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)	

		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. <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. 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. 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.	The College fulfills this requirement:	Partially
			• 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. CNO assesses internal and external factors to determine the organization's level of risk exposure, and the potential impact on strategic objectives. Various risk indicators (for example, privacy breaches, cases before tribunals or insurance claims) are monitored each quarter by the Finance Committee. In 2023, CNO initiated the design and implementation of an enterprise risk management (ERM) program, which also encompasses the development of plans for (a) business continuity, (b) disaster recovery and (c) crisis management and communications. CNO's framework and process is modelled after the ISO31000 Risk Management Guidelines. CNO identified uncertainties through risk identification workshops with the Leadership Team, which supported the development of the first draft of a corporate Risk Register. CNO will be leveraging an ERM software platform to operationalize the next phase of the process workplan. This has been documented in CNO's Dec. 2023 Council briefing package, page 156).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (if needed) With the milestones completed above, the next phase of the workplan in 2024 will be the structured analysis and evaluation of risk, implementation of treatments and controls, and regularly monitoring them and reporting their status. It is anticipated that CNO's ERM process will be cyclical in nature by the end of next year.	

DOMAIN 1: GOVERNANCE	STANDARD 3	**Measure:** **3.1 Council decisions are transparent.**		
		Required Evidence	**College Response**	
		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.	The College fulfills this requirement:	Yes
			• 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. 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. CNO reports on Council decisions through our monthly newsletter, *The Standard*. For example, the Dec. 2023 issue of *The Standard* reported on Council's approval of CNO's new RN prescribing education programs and prescribing practice standard. The article includes links to a page about the new education programs and the new standard, as well as a link to an FAQ on this expanded scope. Also, CNO provides updates on Council decisions via social media as the work proceeds. Please see samples of social media posts about the RN prescribing educational programs and practice standard being brought to Council here: X[1] (direct link unavailable), Instagram, LinkedIn, Facebook. CNO saw increased growth in social media engagement in 2023. Council decisions are also reported in the CNO News section of our website. For more information, please see CNO's 2022 CPMF Report, page 25.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

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			Additional comments for clarification (optional)

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		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). 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	The College fulfills this requirement:	Yes
			• Please insert a link to the webpage where Executive Committee minutes/meeting information are posted. Executive Committee minutes are shared as part of the publicly available Council package. For example, see the Dec. 2023, Council briefing package, pages 20 to 26. Where the Executive acts on behalf of Council, the President highlights those actions at the next Council meeting. (For example, see the Jun. 2023, Council meeting minutes, page 7). The Dec. 2023 Council briefing package has two examples of briefings that include recommendations from the Executive: • proposal to approve the proposed revised By-Law No:3 Council and Committee Code of Conduct (see pages 105 to 121) • proposal that Council approve listed governance policies and documents be ranked for implementation in 2024 (see pages 184 to 188)	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

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		matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	*Additional comments for clarification (optional)*

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		Measure: **3.2 Information provided by the College is accessible and timely.**		
		Required Evidence	**College Response**	
		a. With respect to Council meetings: 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:	Met in 2022, continues to meet in 2023
			• Please insert a link to where past Council meeting materials can be accessed ***OR*** where the process for requesting these materials is clearly posted. Once dates for future Council meetings are approved (in Sept. of the previous year), they are posted on CNO's Council meeting webpage. The full package of Council materials is posted one week before the meeting. There may be times CNO is waiting for key information and portions of 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 and older packages and minutes can be requested. 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. Council meetings are streamed over four social media platforms: YouTube, LinkedIn, Facebook, and X (formerly Twitter). CNO staff monitor social media feeds to respond to questions during the meeting. For more information, please see CNO's 2022 CPMF Report, page 27.	
			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)	
		b. Notice of Discipline Hearings are	The College fulfills this requirement:	Choose an item.

		posted at least one month in advance and include a link to allegations posted on the public register.	• 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 2022 CPMF Report, page 28.

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			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)	
		Measure: **3.3 The College has a Diversity, Equity, and Inclusion (DEI) Plan.**		
		Required Evidence	**College Response**	
		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).	The College fulfills this requirement:	Yes
			• 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. • In 2023, CNO continued progress on an internal DEI plan and advancing the plan's four objectives (see below). Major DEI milestones achieved in 2023 include the following: **Objective 1:** Achieve a welcoming, respectful and inclusive work environment where the unique perspectives, backgrounds and experiences of staff are recognized and valued o CNO conducted the Employee Experience Survey, which included DEI and demographic questions, and made a commitment to conduct it annually. Organizational and team plans were developed to carry out results. o Social Committee continues to plan inclusive events to foster an inclusive and equitable CNO community that supports our organization's values. This includes the CNO Step Challenge, an event that engaged people of all fitness abilities. Participants were also encouraged to explore diverse neighbourhoods and events through fun photo challenges. o CNO continues to build DEI resources on CNO's SharePoint for example, recognizing dates of significance as identified in the DEI calendar and to celebrate by sharing lived and learned experiences. **Objective 2:** Foster accountability for applying approaches to improve DEI o In 2023, DEI learning opportunities focused on allyship and microaggressions, including the INCLUDE workshops and Pride at Work webinar. Learning opportunities to foster Indigenous inclusion were offered throughout the spring and fall.	

- CNO shared information about adding pronouns to Outlook signatures, and about how using pronouns helps promote a culture of belonging.
- DEI was added to CNO's procurement principles, affirming CNO's commitment to DEI is reflected in the vendors it selects.
- The new policy and governance framework for CNO policies and procedures requires all CNO policies and procedures incorporate principles of DEI. It also encourages a systematic and comprehensive evaluation of policies and procedures to identify and address potential biases, inequities and barriers.

Objective 3: Recruit, develop and retain staff who reflect the demographic diversity of the Ontario population served by CNO

- Staff members, job applicants and managers provided feedback to external consultants conducting a DEI review of our recruitment process. Work is underway to implement key recommendations to identify barriers, reach more diverse applicants and create a more inclusive experience throughout the process.
- Hiring panels received anti-bias training and online refresher modules ensure the learning and reflection continues.
- Also, CNO is
  - reviewing all job postings to incorporate inclusive language and remove potential bias
  - identifying job boards beyond traditionally used sites to reach and attract diverse candidates
  - using job competencies in the hiring process to be clear and consistent on what is required to be successful in the job
  - surveying applicants about their experience with the application and selection process
- "The Faces of CNO" feature on CNO's social media channels showcasing staff with diverse backgrounds and experiences, reflecting on why the work they do at CNO is important

Objective 4: Proactively provide accessible and inclusive services

- CNO offered training sessions on using MS accessibility options in Teams.
- CNO launched emergency preparedness training, including a process for developing individual accommodation plans for those who identify barriers to evacuation.

In Aug. 2023, CNO hired its first Director of DEI, whose hiring demonstrates CNO's ongoing commitment to incorporating DEI practices in all areas of its work. The new Director will lead the next phase of CNO's DEI journey by developing, implementing and evaluating a 3-year enterprise DEI framework with specific strategies for the public, Council and Committees, registrants, applicants, broader system partners and CNO staff. This is a focused role solely overseeing DEI at CNO.

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)

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		a. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. Further clarification: 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.	The College fulfills this requirement:	Partially
			• 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. In 2023, CNO continued to use an equity impact assessment tool in some of its policy work and to develop processes to ensure broad adoption throughout CNO. (Such work commenced in 2023 for RN prescribing and for QA risk selection.) Also, to support staff in applying the tool, a procedure was drafted late in 2023 and is currently under review.		
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) CNO will finalize the procedure in 2024 and support its adoption throughout the organization.	

	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**	**College Response**	
	b. 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.	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 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: • Mar. 2023, Council briefing package, pages 16 to 69 • Jun. 2023, Council briefing package, pages 80 to 100 and pages 146 to 173 • Sept. 2023, Council briefing package, pages 57 to 93 • Dec. 2023, Council briefing package, pages 39 to 104 The Council reviewed the budget related to activities and projects. Please refer to the Dec. 2023, Council briefing package, pages 153 to 178. 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 Jun. 2023, Council briefing package, pages 111 to 129.	
		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)

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		b. The College: 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 ii. possesses the level of reserve set out in its "financial reserve policy".	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			• 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 The 2024 budget and projections through 2027 show the accumulated surplus of 5.31 months for 2024 to 4.41 months of operating costs by the end of 2027. For more information, please see the Draft 2024 Operating & Capital Budget in the December 2023 Council Briefing Package (Agenda Item 8.1.4, pages 153 to 178).. The Finance Committee developed an accumulated surplus guideline for CNO's financial reserves, which sets out the level 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. The Finance Committee set the following range for the unrestricted (available for spending) accumulated surplus: • less than or equal to six months of operating expenses or $42.04M for 2024 • greater than or equal to three months of operating expenses or $21.02M for 2024 The Council's budget approval includes the recommended ranges the Finance Committee forwarded with the proposed 2024 budget. • 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. The accumulated surplus guideline, set by the Finance Committee, and planned and projected expenditures are used to determine when a fee increase is needed. CNO's financial reserve policy was last reviewed in July 2021. CNO staff regularly discusses these policies with CNO's auditors.	
			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)

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		c. Council is accountable for the success and sustainability of the organization it governs. This includes: 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). *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• 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. **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. Determining CNO's staffing complement is part of the annual budget process, which is supported by CNO's Finance Committee and Sub-Committee on Compensation. In Dec. 2023, Council approved the 2024 Operating and Capital Budgets, after the Finance Committee advised these budgets provided the staffing complement to meet our regulatory role, Strategic Plan objectives and current and anticipated future needs. CNO has a regular schedule to review operational policies on a two-year cycle, a timing that was updated as part of the revised approach to organizational policies. Organizational policies are updated based on this review schedule or may be updated based on the following conditions: • to reflect changes in legislation (for example, changes in the Employment Standard Act 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) CNO's Sub-Committee on Compensation meets twice a year and consists of senior leaders with compensation expertise, who offer guidance to CNO about attraction and retention practices. They advise the Finance Committee whether CNO's attraction and retention practices, including those about compensation, reflect best and current practices. This is CNO's yearly objective and must be fulfilled. The Sub-Committee on Compensation supports CNO to meet its goal of being an employer of choice by advising the Executive Director and CEO, and the Finance Committee broadly, on attraction and retention practices and specifically 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. Every three years, CNO conducts a comprehensive compensation survey with other employers in its market. The next survey will be conducted in 2025. The survey identifies how CNO can remain competitive and informs changes in compensation programs. Every year, CNO conducts a salary survey with other regulators to identify the need for any changes. In 2023, CNO adjusted salary ranges for inflation and to be market competitive. Also, on an ongoing basis, CNO collects organizational-health metrics including retention and turnover rates and conducts exit surveys. Combined, these sources enable CNO to identify and address any employment practice or compensation challenges. In 2023, CNO introduced job competencies, which have been integrated into recruitment practices. Advances are being made to integrate the	

			competencies in learning and development, performance assessment and succession practices. In 2023, CNO conducted its annual Employee Experience Survey. The results provide input to attraction and retention programs, including leadership practices, DEI and compensation. The survey will be repeated in 2024 and the results, along with risk mitigation strategies, will be shared with Council. To learn more about the new budget and policies, please see Dec.2023, Council briefing package, pages 61 to 95.
			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.

		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).	The College fulfills this requirement:	Yes
			• Please insert a link to the College's data and technology plan which speaks to improving College processes ***OR*** please briefly describe the plan. In the 2023 reporting year, CNO further advanced its commitment to technological excellence and responsible stewardship of resources. Building upon the foundations laid in 2022, CNO continued to execute its technology roadmap, now entering the second year of the four-year plan. This comprehensive roadmap remains closely aligned with CNO's Strategic Plan, serving as a dynamic guide for the ongoing modernization of technology platforms across all regulatory functions. An integral addition to CNO's technological infrastructure in 2023 was the sustained operation and utilization of the Enterprise Data Lakehouse. This centralized repository continues to streamline data from various sources, fostering enhanced reporting capabilities across all business areas. The benefits realized from the Lakehouse persist, contributing to more informed decision-making processes within the organization. Furthermore, CNO has diligently progressed through the structured release management process on its primary information system, ensuring continued optimization for managing interactions with nurses, applicants and external system partners. This ongoing effort involves meticulous planning, development, testing and data migration, exemplifying CNO's commitment to staying at the forefront of technological advancements. In tandem with these technical advancements, CNO has maintained a proactive approach to staff development and support and all training manuals, reference documents and team-specific resources are regularly updated. This commitment aligns with CNO's Strategic Plan and empowers staff with tools needed to enhance efficiency and flexibility. Real-time data integration has improved collaboration between teams, ultimately enhancing services for nurses and applicants. Moreover, CNO maintains an appropriate cyber-security posture that includes both technology tools and training of all personnel. We also actively monitor the cyber threat landscape and take action as needed. Finally, CNO continued to refine and perfect the new intranet system that was implemented at the end of 2022. This secure and standardized platform serves as the foundation for internal collaboration among all CNO staff.	
			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)

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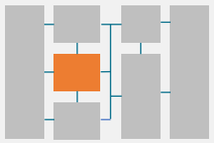
DOMAIN 3: SYSTEM PARTNER **STANDARD 5 and STANDARD 6**	
Measure / Required evidence: N/A	**College response** ***Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.*** ***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.***
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. Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the ministry. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners. -	**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.** 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: • *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.)*. **Introduction:** This section describes examples of 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. CNO's Strategic Plan positions CNO to influence the broader patient care system, in part through system partner engagement. CNO continues to advance our engagement with system partners, both leveraging existing relationships and fostering the development of new relationships. Please see below for a few examples to illustrate our key successes and achievements within this 2023 reporting year. **Example 1: RN Prescribing**

-	CNO protects the public by promoting safe nursing practice. Practice standards outline the professional expectations for nurses. They inform nurses of their accountabilities and educate the public and other healthcare providers of what to expect of nurses. Since 2020, CNO has engaged in modernizing our practice standards. In 2023, CNO developed the RN Prescribing practice standard to support safe practice by RNs with prescribing authority and associated accountabilities with this expanded scope of practice. As part of developing this new practice standard, CNO engaged system partners to obtain diverse perspectives at nursing and system levels on the draft RN Prescribing practice standard. For example, a consultation survey was sent out to a broad range of external stakeholders, including nurses, employers, academics (colleges and universities), associations, unions and the Citizen Advisory Group. A random selection of 10,000 nurses (RPNs, RNs and NPs) and 123 stakeholder organizations were invited to participate. The survey was open from Nov. 8 to Nov. 14, 2023[1]. The analysis of the survey data was provided by an external vendor. In total, we received approximately 665 completed responses from registrants (7% response rate) and 52 completed responses from stakeholders (42% response rate) for a total of 717 responses. Overall, the feedback about the RN Prescribing practice standard was positive. Approximately 95% of the respondents felt the standard was clear and concise. Qualitative feedback was thematically analyzed, reviewed and integrated into the draft, where relevant (for example, suggestions to add examples of practice-specific legislation and clarifying some of the language). For more information on the consultation survey, please refer to CNO's Dec. 2023, Council briefing package, pages 88 to 89. To further support implementation of this new practice standard, CNO developed and communicated the following resources, which were largely informed by the above stakeholders: • communicated the changes to nurses through the May, June, Nov. and Dec. issues of CNO's *The Standard*, a monthly digital publication • developed an RN Prescribing FAQ to answer common questions on this topic • shared an RN prescribing drug list to outline the medications authorized RNs can prescribe • held consultations with nurse employers to support understanding on this scope expansion and safe implementation in practice setting by employers (conducted a total of three separate engagements in 2023). **Example 2: Nursys in Canada** CNO continues to engage with other national and international nursing regulators to advance Nursys across Canada. Nursys in Canada, an online database, will let Canadian nursing regulators and nursing regulators in the U.S. share regulatory and discipline-related information about nurses. In 2023, CNO worked collaboratively with system partners to successfully connect Nursys in Canada with Nursys in the U.S. to improve public safety. This connection means that CNO now has shared unique identifiers in Nursys for Canadian and U.S. nurses, which enables staff at CNO and the British Columbia

College of Nurses and Midwives (BCCNM) to search for a nurse that has been registered in British Columbia, Ontario or the United States. This allows CNO to automate and expedite the confirmation of an applicant coming from certain jurisdictions and enables regulatory bodies to act in real-time when needed.

The following system partners were engaged to support the implementation of this work:

- National Council of State Boards of Nursing (NCSBN)
- British Columbia College of Nurses and Midwives (BCCNM)
- Canadian Nurse Regulators Collaborative (CNRC)
- Health Canada
- Joint Provincial Nursing Committee (JPNC)

Please see below for engagement that took place in this reporting year:

- On behalf of the CNRC and Canadian Council for Practical Nurse Regulators, CNO and BCCNM submitted a funding application to Health Canada in early 2023, which was approved in May 2023. For more information on this announcement, please see Health Canada's new release.
- The Nursys Program developed and shared monthly updates to share with all nursing regulators
- The Nursys Program held two webinars in 2023 to share key information on the project and the next steps to reach the onboarding milestone
- The Nursys Program developed an onboarding guide and shared it with all regulators. The guide has all the activities and milestones necessary for successfully onboarding to Nursys and was informed by system partner input (for example, the list of onboarding activities was developed by CNO and BCCNM, reviewed and updated with input from NCSBN, and reviewed by the CEOs of all three organizations).
- The Nursys Program shared CNO's and BCCNM's Privacy Impact Assessments to assist regulators in conducting their own assessments before they start onboarding
- The Nursys Program answered questions from regulators that came in through nursyscanadainfo@cnomail.org.

Example 3: Quality Assurance and the Jurisprudence Examination Evaluations

Background:

CNO's Quality Assurance (QA) Program is an accountability that assures the public of nurses' commitment to continuing competence by improving their nursing practice on an ongoing basis.

CNO requires applicants to pass a Jurisprudence Examination (JE) as part of their registration process. This exam tests an applicant's knowledge and understanding of the laws, regulations, CNO by-laws, CNO practice standards and CNO guidelines that govern the nursing profession in Ontario. In July 2023, CNO launched a new exam to assess an applicants' knowledge and understanding of the professional, legal and ethical accountabilities to provide safe nursing care. The new exam was developed in collaboration with subject matter experts and consists of online learning modules and testing components designed to support learners. For more information on the new JE, please see here.

QA and JE System Launch:

-	In 2023, CNO conducted evaluations of the QA program and the new JE. Part of these evaluations included putting a call out for registrants to participate in User Experience Testing (UET) for the new QA platform and for the new JE. The QA program and JE conducted UET on the new QA technology platform to evaluate the nurse and applicant experience using the new platform, to better understand the user experience. CNO recruited and engaged nurses and peer coaches to participate in the testing. The feedback from this evaluation directly informed changes and refinements to the platform as well as knowledge translation resources, such as guidance, to further support nurses and applicants using the platform when completing QA or JE requirements. In addition to the UET, the QA Program conducted an evaluation to assess the efficiency and effectiveness of the new tools and processes used during the June 2023 QA Assessment launch and Oct. 2023 fall selection, specifically looking at Part A: Knowledge Assessment and the coaching assessment of Part B: Practice Assessment. For this evaluation, nurses who participated in QA Assessment and CNO staff were asked to participate. Analysis of this data is ongoing, and results will be reported in 2024. Results of the evaluation were used for further program development, testing and continuous quality improvement to inform future selections. For more information, please see the May edition of CNO's monthly newsletter. **Ongoing engagement** The above examples highlight how CNO is engaging system partners to align practice and support public protection. Engagement associated with these activities is complementary to ongoing system partner engagement. Ongoing, CNO meets with nursing associations, unions, employers and other regulatory bodies. CNO works collaboratively with these groups to discuss various regulatory issues of mutual interest. An example, in 2023, CNO continued to engage employers on how best to support Temporary Class registrants and applicants in the Supervised Practice Experience Partnership (SPEP) in their practice settings. Also, CNO has continuous and collaborative engagement with Canadian Nurse Regulator Collaborative (CNRC), the Canadian Council of Registered Nurse Regulators (CCRNR), the Canadian Council for Practical Nurse Regulators (CCPNR), the International Nurse Regulator Collaborative (INRC), Health Professional Regulatory Organization (HPRO), the Citizen Advisory Group (CAG) and the Office of the Fairness Commissioner (OFC). In addition, in 2023 CNO continued to engage our Employer Reference Group and Academic Reference Group. Both groups offer an opportunity for discussion and collaboration on regulatory issues of importance to employers and educators. Another example, in 2023, CNO engaged with our international partners, through the INRC, on an international labour mobility project. This project has provided valuable insights on the similarities between international jurisdictions. In addition, CNO participated in the inaugural meeting of the International Congress of Nursing Regulators. The main topic of discussion was regulation and international mobility of the nursing profession.

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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 examples of 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 are part of our culture and enable us to achieve the outcomes in our Strategic Plan.

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

Example 1: Workforce Census

In 2023, CNO developed our first Workforce Census for Ontario nurses, which was informed by extensive engagement and collaboration with community leaders of organizations representing Black and Indigenous nurses. For more information on the specific groups that were engaged, please see here. Changes that CNO implement based on feedback from community partners included:

- Adding a preface in the beginning of the survey to inform respondents of the survey content in recognition that asking about experiences with discrimination can introduce re-traumatization
- Providing an alternative way for respondents to self-identify as Indigenous outside of existing colonial definitions (using the IPHCC Voluntary Self-identification Tool)
- Adapting existing questions/option sets to add additional examples to enhance inclusivity (e.g., questions on race, ethnicity, nursing area of practice)

The Workforce Census (released in 2024) will provide an important snapshot of the demographic composition and experiences of Ontario's nurses. The results from this census will provide CNO with a baseline for identifying gaps to inform our DEI activities in the future and help to measure progress for advancing more equitable and inclusive policies. Please see here for CNO's Workforce Census Video.

For more information related to the census, please see CNO's website.

Example 2: Proposed Amendments to the Education Requirement

CNO recognizes the ongoing health human resources (HHR) challenges faced by the nursing profession and continues to work with system partners to support the registration of new nurses to help meet the HHR needs in Ontario.

In 2023, CNO explored regulation changes to remove barriers for Internationally Educated Nurses (IENs). These changes included revising regulation 275/94 under the *Nursing Act, 1991* (Registration Regulation).

CNO notified registrants and stakeholders about the proposed changes on Sept. 29, 2023. The following material was provided:

- overview of the proposed changes
- redlined version of the proposed changes
- chart giving rationale for each proposed change
- link to an online survey to provide feedback

Notice was provided through CNO's website, social media and through *The Standard*, our monthly newsletter.

The following key stakeholders, also notified of the proposed changes by email, were invited to provide feedback:

- nursing regulators across Canada
- health regulators in Ontario
- Ontario academic stakeholders
- Ontario Fairness Commissioner
- nursing associations and unions in Ontario

The registrant and stakeholder consultation period ended Nov. 27, 2023. A total of 1,509 completed responses to the online survey were received between Sept. 29, 2023, and Nov. 27, 2023. Please see below for a summary of the findings.

Respondents who were in favour of the proposed changes noted that the amendments may

- help address the ongoing nursing shortage and get more nurses into the healthcare system

	• support reducing barriers by allowing more effective and efficient processing of applications • enable IENs to utilize their education qualifications • be cost effective for applicants • increase inclusivity and diversity in staff and management • improve patient safety by ensuring nurses have the appropriate knowledge to safely practice • support the transition process for IENs • standardize education requirements and expectations Respondents who were against the proposed changes raised concerns related to • different nursing roles and capabilities between jurisdictions • Perceived lowering the standard of nursing • risk of illegitimate credential documents • relying on an entry-to-practice exam • creating a “double standard” for IENs and Canadian/Ontario grads • one course alone would not allow for a full understanding of the healthcare system • cost and length of the course could be barriers for some applicants • given the number of applicants, the system may not be able to meet the demand For more information related to the findings from this survey, please refer to CNO’s Dec. 2023, Council briefing package, pages 56 to 77. In late 2023, CNO identified opportunities to clarify the proposed changes with some system partners where confusion had been identified. CNO’s communication and system partner engagement plan will be informed by the feedback received. In 2024, CNO is proposing changes to the regulations given the feedback received.

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	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 protecting 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 it collects and is in its custody, to fulfill its obligations and activities as a regulator. CNO makes every effort to ensure personal information we hold is accurate, complete and up to date for the purposes we collect it for. 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 digitization and scanning of records. *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)*

		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information. *Benchmarked Evidence*	The College fulfills this requirement: • 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. CNO has implemented critical physical, organizational and technical measures to guard against unauthorized or unlawful access to the personal information managed and stored. 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: •secure office premises with key card access •use of encryption, such as a secure portal for document transfers and encrypted mobile devices •strong authentication processes, including complex passwords •access to personal information limited to only employees who need the information to perform their work-related duties •use of data centres with effective physical and logical data security controls •third-party service providers being required to 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 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 must be completed within 24 hours and must be submitted to CNO's Privacy Office for containment, investigation and corrective action. 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. In 2023, CNO issued a new Information Security policy that outlines CNO's accountabilities for keeping CNO information secure and protecting the personal information CNO collects and maintains. Following this, the Privacy Office reached out to teams to provide a general privacy and security refresher and policy overview. For more information, please refer to the CNO's Privacy Policy.	Yes

			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.

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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**	**College Response**
	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*	The College fulfills this requirement: **Yes** • 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 standards of practice and practice guidelines to determine whether they are appropriate or require revisions. CNO developed a process guide, which provides an overview of how standards of practice are established and maintained to protect the public interest. It includes details about • driving factors for development of standards of practice • principles guiding the development process • process for revising or developing standards of practice, including monitoring and evaluation In 2023, CNO developed a policy outlining the requirement for a five-year review cycle for all practice standards and guidelines. The policy includes sources supporting evidence-informed revisions and includes integrating DEI principles and values into practice standards. The process for revising or developing standards of practice and practice guidelines considers the broader context of nursing practice. The purpose is to address areas of risk or potential risk to the public. Furthermore, monitoring and evaluation processes examine how changes in the broader environment influence standards and help inform when revisions or updates to standards are needed for safe client care. This ensures the standards achieve their intended purpose and that they remain relevant and appropriate to public protection over time. CNO is vigilant in monitoring the environment to keep practice standards, guidelines and resources current. As needed, 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. This is demonstrated in some examples below under the Modernizing Standards Project. Additionally, CNO has an annual review process

that highlights when updates or changes are required.

Modernizing Standards

CNO's Modernizing Standards project is ongoing work and reflects the evolving healthcare needs of clients and the dynamic nature of the nursing profession. The project supports carrying out CNO's Strategic Plan, by advancing CNO's strategic outcome so that nurses' conduct exemplifies understanding and integration of CNO standards for safe practice. Our practice standards are being modernized to better reflect current practice realities, public expectations and societal values.

In 2023, the Modernizing Standards project focused on the following standards for development, evaluation and revisions:

Scope of Practice

In June 2023, Council approved a new *Scope of Practice* standard, which focuses on the legislated scope of nursing practice and other key requirements. This work was prioritized to reflect system changes including regulatory changes that expanded the scope of nursing practice, such as RPN initiation, to support safe nursing practice in Ontario. The purpose of this standard is to outline key nursing accountabilities, when a nurse is deciding whether to perform an activity, for safe client care. The development of this new standard was also influenced by key learnings from the COVID pandemic, which demonstrated the importance of nurses being able to understand and work to their full scope of practice. Using the training and expertise of nurses more effectively is vital to making health care more accessible to clients and to help lessen the pressures on the healthcare system. This standard was also revised to reflect the current practice environment (see Jun. 2023, Council meeting minutes, page 8, and Jun. 2023, Council briefing package, pages 149 to 169).

The development of the *Scope of Practice* standard led to a review of existing standards, guidelines, and resources to reduce duplication and align with the objectives of a modern standard: *accessible, relevant and defensible*. As a result, *Decisions about Procedures and Authority* practice standard, the *Authorizing Mechanisms* guideline and *RN and RPN Practice: The Client, the Nurse and the Environment* guideline were retired and relevant content was integrated in the *Scope of Practice* standard (see Jun. 2023 Council briefing package, pages 146 to 169, and Jun. 2023, Council meeting minutes, page 8).

RN Prescribing

In response to new RN prescribing regulations, a new *Registered Nurse (RN) Prescribing* practice standard was developed and approved by CNO Council (see Dec. 2023, Council briefing package, pages 87 to 99). This standard outlines the accountabilities of RNs with prescribing authority to support nurses' and other system partners' understanding of this expanded scope of practice and associated accountabilities. It is broad, principle based and speaks to the practice expectations and accountabilities for RNs who are authorized to prescribe.

			As part of CNO's response to the RN prescribing regulations, and to ensure consistency across standards, CNO also updated the *Medication* practice standard, *Medication* practice standard, *Nurse Practitioner* practice standard and *Scope of Practice* standard along with other supporting practice resources, such as FAQs and decision-tools, in 2023. Please see CNO's response to 8.1b below for information about what was taken into account when reviewing this policy, including stakeholder consultation. ***Code of Conduct*** CNO's revised Code of Conduct (the Code) took effect on June 5, 2023. The revision of the Code prompted a review of relevant CNO resources and led to the integration of relevant content from the *Professional Standards* and *Ethics* practice standards to reduce duplication and align with the objectives of modern standards. Thus, these two standards were retired in June 2023 (see Jun. 2023, Council briefing package, pages 146 to 149; and Jun. 2023, Council meeting minutes, page 8). The Code introduced a new principle on DEI. In order to provide guidance and direction for members in implementing this new principle, CNO collaborated with the College of Physicians and Surgeons of BC and the BCCNM to produce the following three video learning modules that explore different aspects of the new principle: • *Inclusive and Culturally Safe Care* • *Safer Healthcare Experiences* • *Training and Education* For more information on the learning modules, see CNO's webpage.

			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.

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		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: 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. *Benchmarked Evidence*	The College fulfills this requirement: • 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. As described in our response to 8.1a above, CNO uses our process guide to evaluate and amend standards of practice and practice guidelines. The following is an example of how CNO applied this process, and included the listed components in the CPMF's required evidence, to develop the new *RN Prescribing* practice standard. **RN Prescribing practice standard** The development of the *RN Prescribing* standard provides an example of how CNO has approached the listed components when developing or amending standards and practice guidelines. •*Evidence and Data:* The development of this standard was informed by literature reviews, member surveys and jurisdictional scans, and the approved government legislation and regulations. (see Dec. 2023, Council briefing package, pages 87 to 99; see *Nursing Act*, O.Reg. 275/94, sections 16–19.1). •*Risk Posed to Patients or the Public:* The standard was developed to outline accountabilities of nurses in response to changes in regulations, practice realities and public expectations. This ensures CNO manages risk to promote safe nursing practice and reduce client harm. In developing the standard, CNO engaged two external legal reviews to ensure the standard aligned with regulatory and professional conduct requirements and accurately reflected the legislation. •*Current Practice Environment:* CNO engaged with external stakeholders representing diverse practice settings at nursing and system levels to better understand how RN prescribing could be carried out in their setting. •*Alignment with Other Health Regulatory Colleges:* CNO conducted national jurisdictional scans of regulators, who have carried out RN prescribing, to inform this standard. •*Expectations of the Public:* Standards are developed to reflect safe nursing practice and be accessible to the public, to ensure the public also understands nurses' new accountabilities. In developing the standard, CNO sought feedback from our CAG to give insight into the draft and identify opportunities for further resources. The RN Prescribing standard, as with all CNO standards, was developed and communicated with a focus on transparency and a client-centred approach, outlining what clients can expect from RNs with the authority to prescribe. New FAQs were developed to support knowledge translation and implementation. •*Stakeholder Views and Feedback:* In development of the practice standard, a consultation survey was distributed to a broad range of external stakeholders, including nurses, employers, academic institutions (colleges and universities), associations and unions, among others. The survey's purpose was to have stakeholders give feedback on the standard and also identify potential future resources to support its application. A random selection of 10,000 nurses (RPNs, RNs and NPs) were selected along with 123 stakeholder organizations who were invited to participate. Qualitative feedback was thematically analyzed, reviewed and integrated into the draft, where relevant, including adding examples of practice-specific legislation and clarifying some of the language (see Dec. 2023, Council Dec. briefing package, pages 87 to 99).	Yes

Other examples

Below are more examples of how CNO incorporates the listed components into development and amending of policies, standards, guidelines and other practice resources.

- **Scope of Practice Standard**:
  - In developing the *Scope of Practice* standard, CNO conducted two independent legal reviews and distributed a public consultation survey to external stakeholders, including nurses, employers, academic institutions (colleges and universities), associations and unions, for input. A random selection of 16,000 nurses and 47 stakeholder organizations were invited to participate. Overall, feedback on the standard was positive, with 96% of respondents reporting the information and concepts were clear. After analysis of the findings, the feedback was incorporated into the *Scope of Practice* standard where appropriate.
  - Also, new FAQs were developed for the *Scope of Practice* standard to support knowledge translation and implementation among stakeholders, based on stakeholder feedback.

- **Implementation of modernized Code of Conduct (2023) — a practice standard for nurses**
  - CNO continues to support knowledge translation and implementation of the modernized Code, and recognizes the need to revise resources based on significant changes. For example, with retirement of the *Professional Standards* and *Ethics* practice standards, CNO recognized the need to develop additional FAQs to ensure nurses and stakeholders who relied on these standards understand how to apply the revised Code. The FAQs are available on the website, which will also be updated with future resources. Also, CNO has developed more resources and supports based on system partner feedback and engagement:
    - an introductory video that describes the key changes to the Code
    - learning modules focusing on Principle 2 of the Code (Please see more information in CNO's response to 8.1c.)
    - a webinar to help understand key features of the Code and a review of broad-based questions that helps describe how to apply the Code into practice
    - *Ask Practice* resources to address nurses and other stakeholder inquiries (for example, FAQ on Nursing Leadership).

- **Legislative Updates for NPs' Scope of Practice**
  - CNO updated its website to inform NPs about federal law changes that authorize NPs to prescribe anabolic steroids for therapeutic use. It clarified, all NPs who prescribe controlled substances remain accountable to the *Nurse Practitioner* practice standard when prescribing and dispensing controlled drugs and substances. For more information, please see CNO's website.

			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.

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		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.	The College fulfills this requirement:	Yes
			• 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. 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. A number of factors influence development of standards of practice and guidelines, including the societal and healthcare context. **Code of Conduct – a practice standard for nurses** As described in other sections, the modernized CNO Code establishes a new principle focused on DEI. As described above, to support knowledge translation and implementation of this principle, in 2023 CNO launched three online learning modules (see response to 8.1a for more details). **RN Prescribing** The draft *RN Prescribing* practice standard was distributed to diverse system partners representing equity-deserving groups, to provide feedback on the standard and identify future resources and supports needed. Also, in fall 2023, in anticipation of the implementation of RN prescribing, CNO initiated an equity impact assessment to consider how this expansion in RNs' scope of practice may impact equity-deserving groups to inform implementation activities. This included an environmental scan and broad literature review. The work is expected to continue in 2024 as the project unfolds. **Inclusive and Culturally Safe Care Resources** CNO continues to review practice resources to ensure they reflect DEI principles and make changes as needed. In 2023, CNO updated to our inclusive and culturally safe care web-page based on feedback from stakeholders and to ensure alignment with CNO's enhanced Code of Conduct (for more information see CNO's webpage).	
			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)

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	Measure: **9.1 Applicants meet all College requirements before they are able to practice.**	
DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 9**	**Required Evidence**	**College Response**
	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].	The College fulfills this requirement: — Met in 2022, continues to meet in 2023 • 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.). For more information, please see CNO's 2022 CPMF Report, page 58.

[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.

			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)	
		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.).	The College fulfills this requirement:	Yes
			• 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. 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 work is related to an outcome of CNO's Strategic Plan. One way CNO is doing this is through the Modernizing Applicant Assessment (MAA) initiative, a program to improve applicant experience by streamlining and reducing delays in the application process, which ultimately will decrease wait times for applicants to become registered. The goals of the MAA initiative are to • implement changes and efficiencies in the application process to create efficiencies for applicants in meeting registration requirements who wish to register as nurses in the General Class • update relevant policies associated with the process • improve the applicant experience CNO previously provided information on some MAA initiatives, which occurred in 2022. Please see below some examples that occurred within the 2023 reporting cycle: A couple other changes were made later in the year. For more information on the changes to the Emergency Class, please see • May Special Council Meeting (re: Emergency Class) • Aug. Special Council Meeting (re: Emergency Class) Jurisprudence Exam (JE) In March 2023, Council approved a new JE for RNs and RPNs, and for NPs. These exams assess an applicant's knowledge and understanding of the	

			laws, regulations, CNO by-laws and practice standards that govern the nursing profession in Ontario. This format replaces the previous open-book test with a learning module that contains the exam within it. This was done to enhance the exam delivery and promote applicant assessment experience through an interactive, user-friendly learning approach. The new JE came into effect on July 17, 2023. For more information, see Mar. 2023, Council briefing package, pages 56 to 58. Labour Mobility In July 2023, CNO simplified the application process for applicants already registered in another Canadian jurisdiction. Instead of having to submit a Verification of Nursing Practice form, to demonstrate having practiced nursing in the last three years and provide Verification of Registration from their current nursing regulatory body, applicants can 1. give information about their current and/or past nursing employment as part of the online application. CNO will rely on the declared employment information to meet the evidence of practice requirement, as long as on-line verification of registration in the jurisdiction is confirmed. CNO may choose to audit details of some applicants' employment 2. sign a declaration of good standing and request the regulatory body submit the required verification of registration to CNO after they are registered. For more information, please refer to CNO's website. Language Proficiency: Accepted under the *Immigration and Refugee Protection Act* (Canada), as required by legislative changes, benchmarks were set for the International English Language Test System (IELTS): General and the Test de connaissance du francais pour le Canada (TCF). For more information, please refer to CNO's website. This gives applicants another option to meet the language proficiency requirement. 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 and support applicants in completing their registration in a timely way, while protecting public safety.

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			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)	

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		Measure: **9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.**		
		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.).	The College fulfills this requirement:	Yes
			• 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. As part of registration requirements, applicants must prove currency (recent practice) and good character (see registration requirements on CNO's website). Recent practice is one requirement that can expire. The applicant must have practiced nursing in the last three years on the day they meet 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, practicing in another jurisdiction where an applicant is registered or completing the SPEP Program. For those registration requirements that expire (for example, evidence of practice, language proficiency and jurisprudence exam), there are safeguards in place: applicants can view the status of their registration requirements in the Applicant Portal, which indicates the date on which a requirement will expire; and CNO's systems track expiry dates and CNO staff, or the system, will advise applicants via messaging of required next steps, once that occurs. Applicants become eligible for registration once all requirements are met, which includes registration requirements not having expired. For a good character requirement, CNO must be satisfied the applicant will practice nursing with decency, honesty and integrity, in accordance with the law and must display an appropriately professional attitude. Applicants might be asked to send in documents about findings of guilt or professional misconduct, current investigations, inquiries, refusals of registration or proceedings for professional misconduct or other offences. To determine if an applicant could meet this requirement, CNO would use questions such as the following: • What is the nature and severity of the conduct? • What is the relationship of the conduct to nursing? • Is there a pattern of conduct (for example, an escalation in frequency or severity)? • Does the conduct reflect poorly on the profession? • When did the conduct occur and what were the circumstances at the time of the conduct? • How much time has elapsed since the conduct last occurred?	

- Did the applicant assume accountability and take responsibility for their actions?
- Has the applicant shown evidence of remorse?

Declaration of Practice

In terms of registrants' ongoing currency, CNO's website describes the declaration of practice requirement. It is a legal requirement for registrants in the General or Extended Classes to declare, on an annual basis (as part of annual renewal), whether or not they have practiced nursing within the previous three years. For RNs and RPNs, practice includes both clinical and non-clinical practice, while, for NPs, practice must include a clinical component. Under the provisions of Ontario Regulation 275/94 (Subsection 11(9)) the Executive Director has the authority to request information from a registrant to verify the declaration. Providing false or misleading information is grounds for an investigation. Where a registrant has not practiced within the past three years or is unable to provide evidence of nursing practice in the last three years, they have the option of applying to register in the Non-Practising Class, or resigning their registration with CNO. They cannot continue to practice nursing in Ontario.

Quality Assurance (QA)

As part of the annual self-declaration done with Annual Membership Renewal, nurses also must declare they have met their 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.

Furthermore, reporting requirements 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.

In 2023, CNO undertook an evaluation of the SPEP via surveys circulated to applicants, employers and preceptors who had participated in and been eligible to participate in SPEP. CNO staff who supported the program were also included. The evaluation gave applicants and system partners with an opportunity to provide feedback about their experience, the process, the tools available on the web and other areas of the SPEP. CNO's goal is to identify any opportunities for change that further support and enhance the SPEP. The data and responses will be analyzed in 2024.

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)	

[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).

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		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 2022, continues to meet in 2023
			• 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: Choose an item. In 2023, 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 Risk-Informed Compliance Framework, are being met. Please see a few specific examples below: • The 'time to first contact for applications' is now being reported to Council at each meeting. This is part of CNO's Data Dashboard , which provides Council with an 'at-a-glace' summary of the CNO's progress towards meeting its strategic goals (See Sep. 2023 Council briefing package, pages 57-69). For more information, please see CNO's 2022 CPMF Report, page 64.	
			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)

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DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 10

Measure:
10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.

Required Evidence	College Response	
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). Further clarification: 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.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023

- Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:
  - 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
  If not, please provide a brief explanation:

A recent example of how CNO has assisted its registrants in the uptake of a new or amended standard is its work in promoting and educating members and the public about the new *Scope of Practice* standard. For more information on this standard please see CNOs response to 8.1a and 8.1b.

The *Scope of Practice* standard was approved by Council in June 2023 to support safe nursing practice in Ontario through outlining key nursing accountabilities, when a nurse is deciding whether to perform an activity, for safe client care. To support registrants with implementing this standard, CNO

- conducted webinars explaining the new standard and recorded and posted one on the website as an ongoing resource. As of Feb. 2024, the video has garnered 1.8 K views. Webinars also were held in 2024
- an 'Ask Practice' question and answer, Understanding Scope of Practice and Your Nursing Accountabilities, was written to assist registrants in applying the new standard. It introduces three questions a nurse must ask to determine if they can perform an activity and gives more details on answering and interpreting those questions
- announced the approval and implementation of the Scope of Practice, through its social media channels (see CNO's response to 3.2a for more information) and through *The Standard*, the College's newsletter.

Other examples of CNO supporting registrants when implementing changes to standards of practice or guidelines include

- for the implementation of the new *Registered Nurse (RN) Prescribing standard*, CNO developed
  - an RN Prescribing Decision Tree
  - an FAQ webpage dedicated to RN Prescribing
  - a webpage explaining who can prescribe, what can be prescribed, how to become authorized to prescribe, authorized practice settings and the standard itself
- the modernized Code of Conduct went into effect on June 5, 2023 (a practice standard for nurses). CNO published a video on the modernized Code of Conduct, which has 5.3 K views as of Feb. 2024, a longer webinar that has 3.1K views as of Feb. 2024, and a webinar series on Principle 2 in the Code of

Conduct (“Nurses provide inclusive and culturally safe care by practicing cultural humility”) consisting of three videos on Inclusive and *Culturally Safe Care* (3 K views), *Safer Health Care Experiences* (2.1 K views), *Training and Education* (1.3 K views). For more information please see the Jun. 2023, Council briefing package, pages 141 to 146 and the Dec. 2023, Council briefing package, pages 87 to 90.	
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)	

		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].**		
		a. The College has processes and policies in place outlining: 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;	The College fulfills this requirement:	Met in 2022, continues to meet in 2023

- 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: Choose an item.
- *If yes, please insert link to the policy.*

CNO continues to work on modernizing the QA Program, using a quality improvement approach. The main driver in this work is to scale up QA Assessment so more nurses are selected and participate annually. The three main components of CNO's QA Program are as follows:

- QA Everyday (Self-Assessment) – required for all nurses registered in the General and Extended Classes. 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 completing this requirement as part of the Annual Membership Renewal process each year.
- QA Assessment – CNO randomly selects and notifies a limited number of practicing nurses from the General and Extended Classes to participate in a QA Assessment. In 2023, the structure of CNO's QA Program was revised and two components were launched in QA Assessment: Part A (Knowledge) and Part B (Practice). In Part A, selected nurses are required to complete learning modules that assess regulatory knowledge, and complete a knowledge check and attestation. In Part B, selected nurses complete a more in-depth assessment of knowledge, skill and judgment by the submission of a learning plan, completion of the Code of Conduct Activity and NP Case Example (if applicable). Optional coaching support is available with a Peer Coach (also known as "Assessors" in the regulations), 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.

In 2023, CNO implemented a more user-friendly technology platform and process improvements to better support nurses completing the QA Assessment. The new Learning Management System (LMS) allows QA to process more users at a time, helping CNO to meet its goal of having more nurses go through the QA assessment annually. These systems have emerged as a platform with the ability to support regulatory learning, self-reflective practice and ongoing improvement and also provide robust monitoring and the ability to easily introduce new assessment tools and activities, which will allow the QA Program to remain agile over time and support the evolving nature of nursing practice. The changes to the QA assessment had a successful soft launch during the summer and a larger number of nurses were randomly selected to participate during the Fall QA cycle. A process evaluation of the changes made in 2023 was conducted with the changes implemented. For more information on the changes to QA assessment, please see CNO's response to standards 5 and 10.3.

			For more information, please see the Mar. 2023, Council briefing package, pages 59 to 64.	
			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)	

[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).

		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	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			• 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). *If evaluated/updated, did the college engage the following stakeholders in the evaluation:* – *Public* Choose an item. – *Employers* Choose an item. – *Registrants* Choose an item. – *other stakeholders* Choose an item. For more information, please see CNO's 2022 CPMF Report, page 68	
			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 continued its QA modernization work, focusing on implementing an LMS and a new process related to QA Assessment Selection (please see CNO's response to 10.2a). Work is continuing to enhance and update the method used to identify the subset risk groups. For more information, please see the Mar.2023, Council briefing package, pages 59 to 64.	
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			• Please insert a link to the document that outlines criteria to inform remediation activities and indicate page number ***OR*** list criteria. For more information, please see CNO's 2022 CPMF Report, page 68.	
			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)	
		Measure: **10.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgement.**		
		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.	The College fulfills this requirement:	Yes
			• 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. CNO tracks all evidence of remediation for QA Assessment. For those registrants who demonstrate unsatisfactory knowledge, skill and judgment through the QA Assessment process, coaching and support are offered to the nurse in the spirit of continuing competence and continuous quality improvement (that is, not a punitive approach). Remedial activities are tailored to specific gaps or concerns identified through QA Assessment. Nurses are provided with supportive tools and required coaching sessions with a QA Peer Coach. Nurses are referred to professional conduct processes only if they fail to co-operate with the directions of the QA Committee despite multiple opportunities and reminders as well as encouragement from staff to complete it. CNO's Monitoring team ensures that nurses are following through with the decisions from CNO's statutory committees (including the Discipline, Fitness to Practice, and Quality Assurance committees) and undertakings. Examples of outcomes that are monitored include: • agreements or undertakings between a nurse and CNO; • nurses whose certificates of registration have been surrendered, suspended or revoked; • nurses whose certificates of registration are subject to terms, conditions or limitations; and • completion of Specified Continuing Remediation and Education Programs (SCERP) and/or attendance at cautions.	

			• Monitoring may include gathering documentation and conducting calls with employers, treating health care professionals, regulatory experts and/or the nurses themselves. CNO's public register, Find-a-Nurse, gives detailed information about every nurse practicing in Ontario. For example, it tells a member of the public if there are any restrictions on a nurse's practice or any involvement in a disciplinary hearing.	
			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)	

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DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 11	**Measure 11.1** **The College enables and supports anyone who raises a concern about a registrant.**	
		Required Evidence	**College Response**
		a. The different stages of the complaints process and all relevant supports available to complainants are: 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; 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;	The College fulfills this requirement: Yes • 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 polices/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. CNO's website has resources to support members of the public who want to make a complaint about a nurse's conduct. CNO offers an online guide, Addressing Complaints at the College of Nurses of Ontario, which includes information to support making a complaint and about the complaints process and possible outcomes. CNO has contact details on our website to answer any questions about the complaints process. 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. CNO's Managing a Complaint at Intake Procedures: To ensure a consistent approach to managing complaints at the intake stage, CNO applies the same procedure to all new complaints received. The procedure outlines three different stages: initial receipt of complaint, intake stage and post-intake. Upon initially receiving a complaint, CNO assesses the complaint and sends an acknowledgement 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. CNO's Managing Alternative Dispute Resolution (ADR) Process: Under section 25.1 of the *Health Professions Procedural Code* (Code), a complaint may be resolved through an ADR process. CNO has a procedure outlining steps for ADR in appropriate cases. CNO's Managing a Complaint Investigation Procedure: Following a review at the intake stage, some matters may require an investigation. To ensure staff have consistent, efficient and effective means of managing complaint investigations, CNO uses a procedure that applies to all complaints. This includes complaints either not suitable for ADR, where one party does not consent

			to ADR or the ADR has been unsuccessful. The procedure outlines 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. <u>CNO's Sexual Abuse Funding for Therapy and Counselling Procedure:</u> A procedure provides consistent and appropriate guidance to investigators to advise complainants regarding access to funding for therapy.	
			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)	

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		iii. evaluated by the College to ensure the information provided to complainants is clear and useful. *Benchmarked Evidence*	The College fulfills this requirement:	Yes
			• Please provide details of how the College evaluates whether the information provided to complainants is clear and useful. In 2023, CNO met this requirement and continued exploring opportunities to further enhance the complaints process and ensure clear and useful information is provided to complainants at each stage of the process. Some examples of activities in 2023 include • streamlined process for obtaining consent to collect health information, including discussion with complainants to ensure understanding • streamlined third-party complaints process and the complaints withdrawal process, including providing process steps to complainants verbally and in writing • revised correspondence to align with principles of compassionate regulation and to ensure clear, consistent language and useful, accurate information • enhanced French Language Services, including review and streamlining of all correspondence and communications to complainants and registrants CNO has conducted surveys with complainants and registrants for a number of years regarding their experience of the process encompassing both ADR and complaints investigation.	
			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. In 2023, CNO evaluated prior survey questions and results, updated survey questions to align with CPMF benchmark requirements and explored strategies for administering the survey to enhance the quality of results. An updated survey will be conducted in 2024, which will inform further actions, including a potential formal evaluation in the future. CNO will provide a further update on progress in our next CPMF report.	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Met in 2022, continues to meet in 2023
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures). For more information, please see CNO's 2022 CPMF Report, page 72.	
			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)

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		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.).	The College fulfills this requirement:	Yes
			• 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. For more information, please see CNO's 2022 CPMF Report, page 72.	
			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)	
		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.**		
		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.).	The College fulfills this requirement:	Yes
			• 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. 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. See CNO's response to 11.1 above. CNO staff provide the complainant with support throughout the process. This includes regularly sending status letters to complainants. 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 CNO. 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 guide for witnesses on CNO's website.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

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			Additional comments for clarification (optional)
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 2022, continues to meet in 2023 • 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 2023, CNO continued to use the risk tool as revised in 2021. CNO continues to revise the risk tool as needed to maintain relevance to the complexities and risks of contemporary nursing practice and the healthcare environment. For more information, please see CNO's 2022 CPMF Report, page 73.
			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)

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 2022, continues to meet in 2023
			• 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 2022 CPMF Report, page 76.	
			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)	

DOMAIN 7: MEASUREMENT, REPORTING & IMPROVEMENT	STANDARD 14	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**
		a. Outline the College's KPIs, including a clear rationale for why each is important.	The College fulfills this requirement: Yes

- 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.

Amid various external environmental directives and requirements, CNO has developed robust measures for outcome statements aligned with CNO's Strategic Plan. CNO identified the measures to help report on and track progress toward our Strategic Plan outcomes.

Since the last report in 2022, these measures have been further refined to ensure they are appropriate for assessing the Strategic Plan. Details for each measure are included indicating whether the measure was retained, added or removed from the list provided in 2022.

Outcome 1: Applicants for registration will experience processes that are evidence-informed, fair, inclusive and effective, contributing to improved public access to safe nursing care.
The measures for Outcome 1 are

1) overall score from 'Applicant Experience' survey
   - retained — assesses perceived fairness, inclusivity and effectiveness of the application process
2) time between receipt of application and fee, and issuance of direction and next steps (or Time to first contact for applications)
   - retained — assesses effectiveness and fairness of application process
3) application processing ratio
   - new — ratio of applications received versus processed measures the effectiveness of the registration process

The following Outcome 1 measures (reported previously in 2022) were removed:
o audit rating
   - removed due to unfeasibility — scope undefined and significant changes are expected

			o fairness and transparency measure • removed due to duplication — already captured in the 'Applicant Experience' survey score o OFC risk rating • removed due to unfeasibility — rating is not frequent enough for purposes of strategic plan o time between applicant completion of all requirements and offer to register • removed as not relevant — the process is already automated and performing optimally; no room for improvement **Outcome 2: Nurses' conduct will exemplify understanding and integration of CNO standards for safe practice.** The measures for Outcome 2 are 1) results from QA assessment module • retained — proportion of participants who satisfactorily complete the module measures understanding and integration of CNO standards 2) results from participant perception survey • retained — perception of participants regarding their understanding of CNO standards is a proxy measure for understanding 3) results from nurse perception survey • retained — familiarity with CNO standards is a proxy measure for understanding 4) professional conduct remediation dispositions • new — proportion of professional conduct investigations with a remedial outcome assesses action to improve understanding of the standards of practice The following Outcome 2 measures (reported previously in 2022) were removed: o results from employer and public perception surveys • removed due to unfeasibility — not measured frequently enough for purposes of strategic plan **Outcome 3: CNO will be recognized as a trusted stakeholder to nurses, employers and the public.** The measures for Outcome 3 are 1) results from registrants, employers and public perception surveys • retained — measures stakeholder perception and awareness of CNO as an organization and its regulatory mandate 2) trust score and survey that measures different factors that contribute to trust from the perspectives of nurses, employers and the public • retained — measures the level of trust in CNO from the perspective of stakeholders 3) social media audience growth • new — growth in the number of social media followers measures awareness of CNO The following Outcome 3 measures (reported previously in 2022) were removed:

			o measure trust of the complaints process • removed as not relevant — small sample is not representative o measure of registrant's awareness and perception of CNO's role • removed due to duplication — already captured in results from the registrant perception survey o usefulness of their interaction with the website • removed as not relevant — measures usefulness and effectiveness of CNO website, which are not necessarily proxies for trust	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

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			Additional comments for clarification (if needed)	
		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e., the objectives set out in a College's strategic plan); ii. regulatory outcomes (i.e., operational indicators/targets with reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	The College fulfills this requirement: • 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. Throughout 2023, CNO has shared ongoing updates with Council to show our progress in carrying out our Strategic Plan. Council also approved the extension of the Strategic Plan to 2026 (see Mar. 2023, Council meeting minutes, pages 2 to 3). Within CNO's Strategic Plan there are three outcomes: 1. Applicants for registration will experience processes that are evidence-informed, fair, inclusive and effective, contributing to improving public access to safe nursing care. 2. Nurses' conduct will exemplify understanding and integration of CNO's standards for safe practice. 3. CNO will be recognized as a trusted stakeholder to nurses, employers and the public. There are four pillars that enable these outcomes: • build and operate insights capabilities • operate with agility • enable proactivity • engage and mobilize our stakeholders At every Council meeting, we take the opportunity to keep Council informed on all the activities or projects that are underway to support CNO's Strategic Plan. Please see below for more information: • Mar. 2023, Council briefing package, pages 16 to 69 • Jun.2023, Council briefing package, pages 80 to 100 and pages 146 to 173 • Sept. 2023, Council briefing package, pages 57 to 93	Met in 2022, continues to meet in 2023

- Dec. 2023, Council briefing package, pages 39 to 104

Recently, CNO implemented a data dashboard for Council to aid in tracking progress toward CNO's strategic outcomes. For more information, see CNO's response to standards 1.2, 9.3, 14.2, and 14.3.

About our risk management approach, CNO continued to make improvements in 2023 that will continue to be augmented in 2024. Some improvements include investing in an ERM software system (please see CNO's response to 2.1e for more information) to make risk visible to various stakeholders, better claims and litigation management processes and initiating discussions with our Finance Committee to better define its governance accountabilities relating to enterprise risk. Lastly, the first in a regular series of staff education sessions on ERM and business continuity was offered during the Fall and a professional development was offered to Council members in Dec. (please see CNO's response to 1.2c for more information).

Please see below for details on implementation of ERM (Sept.) and Dashboard (Dec.):

- Sept. 2023, Council briefing package, pages 95, 98 and 99
- Dec. 2023, Council briefing package, page 4

For more information, please see CNO's 2022 CPMF Report, page 79.

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)	

Measure: **14.2 Council directs action in response to College performance on its KPIs and risk reviews.**			
a. Council uses performance and risk review findings to identify where improvement activities are needed. *Benchmarked Evidence*	The College fulfills this requirement:		Yes
	• 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. • 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 2023. Following our strategic initiatives, updates and progress through the year, Council gave feedback and direction toward key improvement areas. Beginning in 2023, Council approved the Strategic Plan Outcome Dashboard and Strategic Plan Smartsheet dashboard that provided a regular update on key performance indicators linked to CNO's strategic objective (for more information see our response to 14.1b). This came after Council extended the duration of the Strategic Plan from 2024 through to the end of 2026 as the plan remained relevant and aligned with CNO's purpose and evolving public expectations, and CNO committed to giving Council more details on carrying out the plan to assist them in their responsibility to oversee it. Council asks for additional information, data, context or background about activities associated with the Strategic Plan, if interested, and, in those instances, staff would gather evidence, including about risk, to support decision making and include it as part of briefing material for the next Council meeting. CNO stays agile, as the healthcare system continues to be under tremendous pressure, including ongoing impacts of the global pandemic and the health human resources challenges. Council's approach to risk management is based on emerging needs. For more information please see: • Sept. 2023, Council briefing package, pages 33 to 37 • Dec. 2023 Council briefing package, pages 20 to 26 and 105 to 121		
	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.		
Measure: **14.3 The College regularly reports publicly on its performance.**			
a. Performance results related to a	The College fulfills this requirement:		Met in 2022, continues to meet in 2023

		College's strategic objectives and regulatory outcomes are made public on the College's website.	• Please insert a link to the College's dashboard or relevant section of the College's website. As noted in CNO's response to 14.1b, the new Strategic Plan Outcome Dashboard and Strategic Plan Smartsheet dashboards will be published and made available to the public through its inclusion in Council Meeting Briefing Packages. These performance results are tied directly to CNO's strategic outcome. For an example, please see the Dec. 2022 Council Meeting Briefing Package, page 42. Also, CNO regularly provides and updates statistics and reports on its regulatory outcomes. System partners can access the self-serve Nursing Data Dashboard, which allows users to access and analyze CNO data through a reliable, transparent, accessible and easy-to-use portal. The dashboard includes information about registration classes (General, Extended and Non-Practising), demographic data and employment data, such as areas of practice and working status. It is possible to view nursing trends in Ontario between 2014 and 2023 and the dashboard can be accessed through CNO's website. For more information, please see CNO's 2022 CPMF Report, (page 81).	
			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)	

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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.

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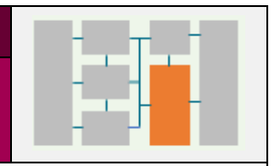
Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 10**	
Statistical data collected in accordance with the recommended method or the College's own method: Recommended *If a College method is used, please specify the rationale for its use:*	

Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2023*		
Type of QA/QI activity or assessment:	#	
i. Learning Modules*	1,150	*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).* *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 2023. 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.*
ii. Learning Plan	608	
iii. Code of Conduct Activity	609	
iv. NP Case Example	53	
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 2023, 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 2023, regardless of whether they completed the activities by Dec. 31st, 2023. These statistics were reported using the same criteria as the previous year. *In 2023, the structure of CNO's QA Program was revised and two components were launched in QA Assessment: Part A (Knowledge) and Part B (Practice). In Part A, selected nurses are required to complete learning modules that assess regulatory knowledge and address professionalism. Part B, which includes submission of a learning plan, the Code of Conduct Activity, NP Case Example (if applicable) and remedial activities (if applicable), is a more in-depth assessment of a nurse's knowledge, skill and judgement. Nurses selected for Part A were required to also complete Part B activities if they were non-compliant with Part A learning modules by a predetermined deadline. Nurses selected for Part B only, were not required to complete Part A activities.	

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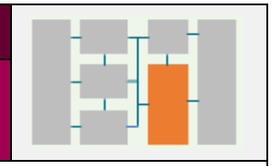
Table 2 – Context Measures 2 and 3

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)			
	#	%	*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.* *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 2023, understanding that some cases may carry over.*
CM 2. Total number of registrants who participated in the QA Program CY 2023	1630		
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 2023.	NR	NR	
NR			
Additional comments for clarification (if needed) - CM 2. The total number of participants includes registrants who were selected to participate in QA Assessment in 2022, but were given a deferral or were required to complete remedial activities in 2023.			
CM 3. This number includes registrants who were directed to undertake remediation in the previous year and completed remediation in 2023.			

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 *If a College method is used, please specify the rationale for its use:*			
Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2023:**	#	%	*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. Registrants who demonstrated required knowledge, skills, and judgement following remediation*	NR	NR	
II. Registrants still undertaking remediation (i.e., remediation in progress)	0	0%	
NR ** This number may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY 2023.* ***This measure may include any outcomes from the previous year that were carried over into CY 2023.*			
Additional comments for clarification (if needed) CM 4. This number includes registrants who were directed to undertake remediation in the previous year and completed remediation in 2023. -			

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
If a College method is used, please specify the rationale for its use:

Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2023	Formal Complaints received		Registrar Investigations initiated		
Themes:	#	%	#	%	
I. Advertising	0	0	0	0	
II. Billing and Fees	0	0	0	0	
III. Communication	381	30.3%	72	9.0%	
IV. Competence / Patient Care	530	42.1%	234	29.2%	
V. Intent to Mislead including Fraud	13	1.0%	65	8.1%	
VI. Professional Conduct & Behaviour	104	8.3%	174	21.7%	
VII. Record keeping	112	8.9%	164	20.4%	
VIII. Sexual Abuse	6	0.5%	9	1.1%	
IX. Harassment / Boundary Violations	6	0.5%	27	3.4%	
X. Unauthorized Practice	6	0.5%	27	3.4%	
XI. Qther <*please specify*>	101	8.0%	30	3.7%	
Total number of formal complaints and Registrar's Investigations**	**738**	**100%**	**408**	**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.

Formal Complaints *NR* Registrar's Investigation ***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.*	
Additional comments for clarification (if needed) **Other:** abuse of process, failure to intervene with respect to and/or report of unsafe practice or unethical conduct, finding in another jurisdiction, found guilty of offence relevant to suitability to practice, incapacity and other.	

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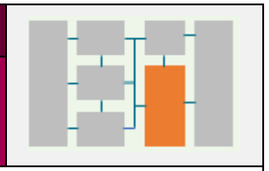
Table 5 – Context Measures 6, 7, 8 and 9

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 2023	860		*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.*
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2023	485		
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 2023	383		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2023**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	132	19.4%	
II. Formal complaints that were resolved through ADR	103	14.4%	
III. Formal complaints that were disposed of by ICRC	695		
IV. Formal complaints that proceeded to ICRC and are still pending	155	18%	
V. Formal complaints withdrawn by Registrar at the request of a complainant	6	0.9%	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	35	5.3%	

VII.	Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	NR	NR	
ADR Disposal Formal Complaints Formal Complaints withdrawn by Registrar at the request of a complainant *NR* Registrar's Investigation *# May relate to Registrar's Investigations that were brought to the ICRC in the previous year.* *** 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.*				
Additional comments for clarification (if needed)				

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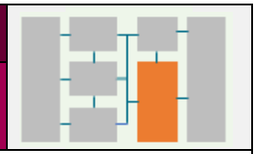
Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 12**	
Statistical data collected in accordance with the recommended method or the College's own method: Recommended *If a College method is used, please specify the rationale for its use:*	

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2023	1,026						
Distribution of ICRC decisions by theme in 2023*	# 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	211	30	NR	23	NR	9	74
IV. Competence / Patient Care	394	75	15	73	9	28	108
V. Intent to Mislead Including Fraud	33	11	6	10	NR	10	0
VI. Professional Conduct & Behaviour	107	31	19	45	NR	35	22
VII. Record Keeping	127	44	9	45	NR	16	29
VIII. Sexual Abuse	7	NR	0	NR	0	13	0
IX. Harassment / Boundary Violations	13	0	0	8	0	12	NR

X.	Unauthorized Practice	10	NR	NR	6	NR	11	NR
XI.	Other <*please specify*>	91	21	NR	9	NR	14	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 2023.*

++ 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: abuse of process, charge or conviction (against person, drug related), failure to intervene with respect to and/or report of unsafe practice or unethical conduct, finding in another jurisdiction, found guilty of offence relevant to suitability to practice, incapacity and other.

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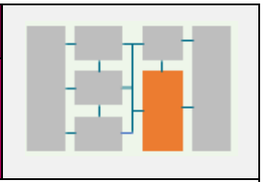
Table 7 – Context Measure 11

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. 90th 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 2023	381	
II. A Registrar's investigation in working days in CY 2023	913	

Disposal

Additional comments for clarification (if needed)

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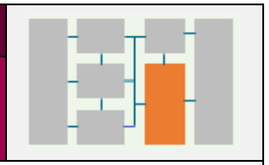
Table 8 – Context Measure 12

DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 12**	

Statistical data collected in accordance with the recommended method or the College's own method: Recommended

If a College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	*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.* *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. An uncontested discipline hearing in working days in CY 2023	366	
II. A contested discipline hearing in working days in CY 2023	426	

Disposal
Uncontested Discipline Hearing
Contested Discipline Hearing

Additional comments for clarification (if needed)

Hearings in which neither the registrant nor their representative are present are considered contested hearings.

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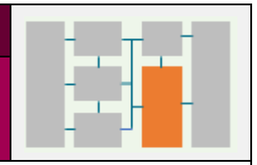
Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE	
STANDARD 12	

Statistical data collected in accordance with the recommended method or the College's own method: Recommended

If College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type		#
I.	Sexual abuse	NR
II.	Incompetence	0
III.	Fail to maintain Standard	68
IV.	Improper use of a controlled act	0
V.	Conduct unbecoming	0
VI.	Dishonourable, disgraceful, unprofessional	70
VII.	Offence conviction	NR
VIII.	Contravene certificate restrictions	NR
IX.	Findings in another jurisdiction	NR
X.	Breach of orders and/or undertaking	0
XI.	Falsifying records	36
XII.	False or misleading document	36
XIII.	Contravene relevant Acts	NR
XIV.	Abuse	8

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.

XV. Failure to cooperate with the College	NR
XVI. Misappropriating property	36
XVII. Other	10

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** 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. Findings created by CNO: • **Abuse:** emotional abuse; physical abuse; physical and emotional abuse; physical, verbal and emotional abuse; verbal and emotional abuse • **Failure to cooperate with the College:** failure to cooperate with QA; failure to cooperate with CNO investigation • **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 about competence; failure to advise beyond scope; failure to fulfill agreement for services; false or 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; practicing while impaired; selling or assigning debt; using other member's name

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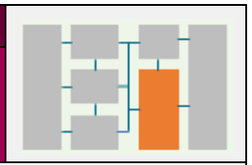
Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 12**	

Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d

If a College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		
Type	#	*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. Revocation	6	
II. Suspension	55	
III. Terms, Conditions and Limitations on a Certificate of Registration	55	
IV. Reprimand	69	
V. Undertaking	0	

** 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.*

Revocation
Suspension
Terms, Conditions and Limitations
Reprimand
Undertaking
NR -

Additional comments for clarification (if needed)

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