



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

Council briefing package



Note: To navigate this document and jump to specific sections, use the bookmarks tool.

Agenda

[Annual Plan](#)
[Governance Principles](#)
[Team Norms](#)

9:00 a.m.	1. Land Acknowledgement Statement	
	2. Agenda	
	3. Call for Conflicts of Interest	
9:10 a.m.	4. Consent agenda 4.1 Minutes: Council meetings 4.1.1 Minutes of the Council meeting of March 8 & 9, 2023 4.1.2 Minutes of the special Council meeting of May 9, 2023 4.2 Minutes: Executive Committee May 18, 2023 4.3 Annual Report – approval for submission to Minister of Health 4.4 Annual Reports of Statutory Committees 4.4.1 Patient Relations 4.4.2 Inquiries, Complaints and Reports 4.4.3 Discipline 4.4.4 Fitness to Practise 4.4.5 Quality Assurance 4.4.6 Registration 4.5 Committee appointments 4.5.1 Conduct Committee 4.5.2 Finance Committee 4.5.3 Filling Statutory Committee vacancy	Decision

	5. Strategic Issues	
9:15 a.m.	5.1 CNO's Role in Health Human Resource Planning Judy Linton , Chief Nurse Executive and Clinical Institutes and Quality Programs Executive at Ontario Health Silvie Crawford, CNO Executive Director and CEO Brent Knowles, CNO Director, Analytics & Planning	Information & discussion
10:00 a.m.	Break	
10:15 a.m.	5.2 Strategic Plan 2021-2026: update	Information & discussion
10:45 a.m.	5.3 Nursing Education Program Approval	Decision
11:00 a.m.	5.4 Modernizing Applicant Assessment	Decision
Noon	Break	
	6. Reports	
1:00 p.m.	6.1 Finance Committee meeting of May 18, 2023 6.1.1 Audited Financial Statements for the year ended December 31, 2022 Blair MacKenzie from Hilborn LLP 6.1.2 Fees By-Law	Decision
	5. Strategic Issues (Continued)	
1:45 p.m.	5.5 Modernizing Practice Standards	Decision

2:30 p.m.	5.6 Evaluation of changes to the Temporary Class and Reinstatement	Information & Discussion
	6. Reports (continued)	
2:45 p.m.	6.2 Chief Executive Officer's Update	Information & Discussion
3:00 p.m.	Break	
	7. Governance and Council operations	
3:15 p.m.	7.1 In-Camera Meetings – Preliminary discussion Rebecca Durcan, SML Law	Information & Discussion
3:45 p.m.	7.2 Nominating Committee Report Sandra Robinson, Nominating Committee Chair	Decision
	8. Discussion agenda items added by Council members	
	9. Date of next meeting	
4:00 p.m.	Conclusion	

Information Item:

[Council meeting evaluation – Pulse Check](#)

Next Meeting:

September 27 & 28, 2023

Council Annual Plan

	June 7 & 8	Sep. 27 & 28	Dec. 6 & 7	March 2024
Regular Items	Minutes: March & May Council	Minutes: June Council	Minutes: Sept. Council	Minutes: Dec. Council
	Reports: <ul style="list-style-type: none"> 2022 Statutory Committee reports CEO update Executive Committee Finance Committee <ul style="list-style-type: none"> Auditor appt. 	Reports: <ul style="list-style-type: none"> CEO update Executive Committee Finance Committee 	Reports: <ul style="list-style-type: none"> CEO update Executive Committee Finance Committee 	Reports: <ul style="list-style-type: none"> CEO update Executive Committee Finance Committee
Strategic Items	<ul style="list-style-type: none"> 2022 Annual Report 2022 Audited Financial Statements Evaluation of changes to Temporary Class & Reinstatements Fees By-Law amendments – final decision Modernizing Applicant Assessment Modernizing Practice Standards Nursing Education Program Approval Strategic Plan update 	<ul style="list-style-type: none"> Stakeholder Engagement Strategic Plan update 	<ul style="list-style-type: none"> 2024 Budget Nursing Education Program Approval (Comprehensive review) Strategic Plan update 	<ul style="list-style-type: none"> Strategic Plan update
Governance & Council Operations	<ul style="list-style-type: none"> In camera meeting policy – initial discussion Nominating Committee Report: <ul style="list-style-type: none"> Appointment of standing committees Nominating Committee Terms of Reference review 	<ul style="list-style-type: none"> Council’s Code of Conduct Dates of Council meetings in 2024 Framework for Council briefing materials In camera meeting policy – decision Orientation policy Statutory committee competencies 	<ul style="list-style-type: none"> Council’s Code of Conduct and related By-Law amendments – final decision Council evaluation: Review of progress on priority recommendations Competency screen for Council election: options 	<ul style="list-style-type: none"> Election of the Executive Committee Appointment of Statutory Committee members and Chairs Professional Development plan for 2024
Professional Development	Orientation for all: <ul style="list-style-type: none"> Nursing Regulation and Regulatory Governance at CNO Governance Manual	Diversity, Equity & Inclusion	November: Financial oversight and risk management	Council’s Code of Conduct

Governance Principles

Council is individually and collectively committed to regulating in the public interest according to the following principles:

Accountability

- We make decisions in the public interest
- We are responsible for our actions and processes
- We meet our legal and fiduciary duties as directors

Adaptability

- We anticipate and respond to changing expectations and emerging trends
- We address emerging risks and opportunities
- We anticipate and embrace opportunities for regulatory and governance innovation

Competence

- We make evidence-informed decisions
- We seek external expertise where needed
- We evaluate our individual and collective knowledge and skills to continuously improve our governance performance

Diversity

- Our decisions reflect diverse knowledge, perspectives, experiences and needs
- We seek varied stakeholder input to inform our decisions

Independence

- Our decisions address public interest as our paramount responsibility
- Our decisions are free of bias and special-interest perspectives

Integrity

- We participate actively and honestly in decision-making through respectful dialogue
- We foster a culture in which we say and do the right thing
- We build trust by acting ethically and following our governance principles

Transparency

- Our processes, decisions and the rationale for our decisions are accessible to the public
- We communicate in a way that allows the public to evaluate the effectiveness of our governance

Approved by Council, September 2016

Team Norms

As members of Council, we are committed to:

- **Being engaged, participating in Council discussion and decision-making**
- **Acknowledging and building on each other's contributions**
- **Fostering consensus**
- **Being comfortable raising dissenting views, respecting dissenting views**
- **Supporting decisions made by Council**
- **Respecting each other and the agenda**
- **Avoiding side discussions or off-line debate**
- **Being succinct**
- **Being open-minded**
- **Being genuine**
- **Being fully attentive**
- **Being kind to each other**

Adopted by Council
September 2021

Information Note – June 2023 Council

Consent Agenda

Contacts for Questions or More Information

Kevin McCarthy, Director, Strategy

Background

Recommendation 29 of the Board Evaluation Report is that *“In thinking about meetings and meeting materials”* CNO *“Use a consent agenda for items that are for approval and do not require discussion.”* ([Evaluation report](#), page 38).

Council’s Rules of Order, American Institute of Parliamentarians *Standard Code of Parliamentary Procedure*¹ include provisions for a consent agenda that is *“part of the printed agenda listing matters that are routine or expected to be noncontroversial matters to approve”* (page 120).

The agenda for the June Council meeting includes matters that fit under the above parameters for a consent agenda. Approving those items together will free up time for discussion of more substantive matters. The Executive reviewed the Council agenda and supported the items included in the consent agenda. To support informed consideration of the consent agenda, all items have background.

In accordance with Council’s rules of order:

- the President will allow for questions about items on the consent agenda. If questions are substantive, that item will be moved to the regular agenda and
- the President will ask if any member wishes for any item to be removed from the consent agenda. If there is a request, that item will be moved to the regular agenda.

Following these two steps, the President will request a motion to approve the consent agenda. Approval of the consent agenda requires a majority vote. Its approval approves all decisions linked to it (e.g. approval of minutes, committee appointments). Items provided for information (Executive minutes, statutory committee annual reports) will be accepted through approval of the consent agenda.

¹ The Rules of Order are identified in Article 7.22 of By-Law No. 1: General. These rules were selected based on an analysis by an expert parliamentarian [James Lochrie](#).

Minutes

Present

N. Thick, Chair
A. Arkell
J. Armitage
T. Crowder
S. Douglas
R. Dunn
D. Edwards
J. Farag
T. Fukushima

Z. Hamza
T. Hands
M. Hogard
C. Hourigan (Wednesday)
A. Jahangir
R. Kaur
S. Larmour
R. Lastimoso Jr.
S. Leduc

D. May
E. Mutia
F. Osime
J. Petersen
L. Poonasamy
M. E. Renwick
M. Sheculski
P. Sullivan-Taylor
D. Thompson

Regrets

P. Ankamah
S. Eaton

K. Gartshore
N. Hillier
C. Hourigan (Thursday)

M. Krauter
M. MacDougall
I. McKinnon

Guests

S. Yun, legal counsel

S. Robinson, Chair
Nominating Committee

Staff

V. Adetoye
F. Garvey
S. Crawford
J. Hofbauer, Recorder

C. Gora
E. Horlock
B. Knowles
K. McCarthy

S. Mills
A. M. Shin
C. Timmings

Land Acknowledgement

N. Thick shared a Land Acknowledgment.

Agenda

The agenda had been circulated. No additions were suggested. The agenda was approved on consent.

Conflicts of Interest

N. Thick asked if any Council members had conflicts of interest to declare. No conflicts were declared.

Motion for Closure

The Executive Committee is recommending a closed session.

Motion 1

Moved by M. Hogard, seconded by A. Jahangir,

That the Council meeting be closed at 9:00 a.m. on Thursday, March 9, 2023, under Section 7(2)d of the *Health Professions Procedural Code* because personnel matters will be considered, and

That, in accordance with Section 7(3) of the *Health Professions Procedural Code*, Council orders that materials presented as part of the closed session not be made public.

CARRIED

Minutes

Minutes of the Council meeting of December 7 and 8, 2022 had been circulated.

Motion 2

Moved by F. Osime, seconded by S. Leduc,

That the minutes of the Council meeting of December 7 and 8, 2022 be approved as circulated.

CARRIED

Strategic plan

N. Thick noted that as CNO's board of directors, Council shares a responsibility with staff to monitor the implementation of CNO's Strategic Plan. She reminded Council that in December, input was provided on the principles and considerations for a mid-term check on the implementation of the Strategic Plan.

CNO staff highlighted the findings of an environmental scan and the mid-term check, noting that the current plan supports CNO achieving its purpose and addressing the significant changes in society's expectations since the plan was first approved. New measures to support Council in monitoring the achievement of the outcomes were shared.

Staff identified their perspective that the current plan continues to support CNO's purpose and are recommending that the end of the plan be extended from 2024 to December 31, 2026.

In discussion, there was support for the direction set in the current plan and its ongoing validity. It was identified that beginning a process to develop a new strategic plan would divert resources from the significant priorities that both meet changing societal expectations and are aligned with the purpose and outcomes in the Strategic Plan.

Motion 3

Moved by D. May, seconded by J. Petersen

That Strategic Plan 2021-2024 be extended to December 31, 2026.

CARRIED

A commitment was made to keep Council updated on the status of the plan on an ongoing basis.

Registration Regulation

Council had received a decision note, with proposed amendments to the Registration Regulation. N. Thick informed Council that S. Yun, legal counsel, is attending in case there are questions about the wording in the regulation.

In December 2022, Council was informed that CNO's Emergency Assignment Class is not in alignment with recent changes made to the *Regulated Health Professions Act, 1991*. The Minister has asked all Ontario health regulators to submit regulation amendments to implement an Emergency Class.

E. Tilley highlighted the proposed changes, how they relate to the new legislative requirements and the mechanisms included to support public safety.

N. Thick noted that the question before Council is to approve the proposed regulatory change for circulation, if Council believes that the changes are in the public interest.

Motion 4

Moved by R. Dunn, seconded by T. Fukushima,

That Council approve in principle amendments to Ontario Regulation [275/94](#) (General) under the *Nursing Act, 1991*, as shown in attachment 1 to the decision note, and to direct circulation to members and other stakeholders for 60 days before being returned for Council consideration and approval.

CARRIED

Council was informed that the draft regulation changes will be circulated immediately. A special Council meeting will be held May 9 at 7:00 p.m. to review the responses to the circulation and make a final decision regarding regulatory change.

Jurisprudence Examinations

Council members had received a briefing note. N. Thick noted that one of CNO's registration requirements is successful completion of a jurisprudence exam approved by Council. She noted that the purpose of the jurisprudence examination is to measure an applicant's understanding of the expectations of a nurse in Ontario.

It was noted that another registration requirement is the successful completion of "examinations for registration" approved by Council. These are rigorous examinations that measure if applicants have the competencies required to practice safely as a beginning nurse in Ontario.

L. Mathias, Strategy Consultant, highlighted the approach and contents of the new Jurisprudence Examinations and plans for implementation.

Motion 5

Moved by M. Sheculski, seconded by P. Sullivan,

That Council approve the new Registered Nurse / Registered Practical Nurse (RN/RPN) Jurisprudence Exam (online learning module and exam) effective on July 17, 2023, as the examination in nursing jurisprudence for applicants for the issuance of a certificate of registration as a Registered Nurse or Registered Practical Nurse, under the jurisprudence examination requirements in the *Nursing Act, 1991, and*.

That Council approve the new Registered Nurse (Extended Class) [RN(EC)] Jurisprudence Exam (online learning module and exam) effective on July 17, 2023, as the examination in nursing jurisprudence for applicants for the issuance of a certificate of registration as a Registered Nurse in the Extended class.

CARRIED

Quality Assurance Program

Council received a briefing note about the current Quality Assurance program and the work being done to transform Quality Assurance for the future.

C. Mill, Manager, Practice Quality, and A. Tong, Strategy Consultant, highlighted the current program, transformation work and plans for the future. It was confirmed that the requirement for all nurses to participate in QA every day continues.

Council was informed that the participation of nurses in QA assessment will gradually increase over time to where every nurse will participate QA assessment every five to seven years.

A commitment was made to keep Council updated on the progress towards the goal of all nurses participating in QA assessment.

Modernizing Practice Standards

N. Thick reminded Council that practice standards are central to CNO's purpose to protect the public by promoting safe nursing practice. They outline what the expectations are for safe and ethical nursing care. She noted that in December, Council approved the revised Code of Conduct (Code), to come into effect on June 5th.

N. Thick noted that Council will be asked to make decisions in June regarding a new Scope of Practice standard and retiring practice standards where the content has been integrated into the Code.

C. Mill, Manager, Practice Quality, and I. Tirana, Strategy Consultant, highlighted the framework for modernizing standards, how materials from some standards are integrated into new standards and flagged the work being done to develop a new Scope of Practice standard.

There was discussion about the work being done to prepare stakeholders and statutory committees for change – including supporting statutory committees in referencing the revised Code of Conduct in decisions.

It was noted that the standards set the accountabilities of nurses. Resources, including guidelines, support application of the practice standards, they do not set out the accountabilities for nurses.

Setting the accountabilities through standards and providing resources to support application of standards gives the flexibility to keep resources updated to address changing practice.

Recess

At 5:10 p.m., Council recessed to reconvene in closed session at 9:00 a.m. on March 9, 2023.

Thursday March 9, 2023

Closed Session

Council held a closed session under Section 7(2)d of the *Health Professions Procedural Code*: “personnel matters or property acquisitions will be discussed”.

Electing the 2023-2024 Executive Committee

N. Thick informed Council that, in accordance with By-Laws, Sandra Robinson, Chair of the Nominating Committee will chair the election of the 2023-2024 Executive Committee.

Following the processes set out in By-Law, Council elected the following members of the Executive Committee:

- P. Sullivan, RN, President
- S. Leduc, Vice-President, RN
- R. Lastimoso Jr., Vice President, RPN
- J. Armitage, Public member
- F. Osime, Public member

S. Robinson left the meeting and N. Thick assumed the Chair.

CEO Update

S. Crawford shared reflections on CNO’s work and some emerging themes in the world of regulation.

She highlighted the continuing growth in registration of nurses, including those registered through the Supervised Practice Experience Partnership.

She shared the work being done to meet the changes brought into effect with the government’s passage of Bill 106, including addressing new language requirements and legislative changes regarding the Emergency Class.

Council was informed that CNO has received correspondence from government about proposals to implement changes in scope of practice for RPNs, RNs and NPs. It was noted that CNO’s role is to provide regulatory oversight to ensure that the changes in scope are implemented safely.

Council was informed that CNO has shared its feedback regarding the government’s “As of Right” plan. The work being done on interjurisdictional mobility and multijurisdictional registration was highlighted.

The work CNO has undertaken to build relationship with employers was shared. Employer engagement will support CNO in working with employers to support safe implementation of the changes to the Temporary Class.

S. Crawford highlighted CNO’s:

- Response to the 2022 College Performance Measurement Framework, which will be submitted by the end of March, and
- CNO's 2021 Fair Registration Practices Report, submitted to the Office of the Fairness Commissioner in December 2022.

The growth of engagement with CNO's social media was shared. Information was also shared on CNO's engagement with the media and particularly sharing relevant data. Council was also informed that CNO is conducting its annual employee's experience survey. The results of the survey will support continued organizational evolution.

S. Crawford invited Council members to identify issues that they might want addressed in future updates. An interest was expressed in understanding the challenges of nursing human resource planning and CNO's role in contributing to system needs and public safety.

Executive Committee

Members of Council had received the minutes of the Executive Committee meeting of February 9, 2023 for information.

Finance Committee

The report of the Finance Committee meeting of February 9, 2023 had been circulated.

Financial Statements

Council had received the unaudited financial statements for the year ended December 31, 2022. P. Sullivan noted that the year-to-date surplus of \$2.8M is \$10M more than the budgeted deficit of \$7.3M. She reported that the Finance Committee discussed the reasons for the variance from budget.

Motion 6

Moved by P. Sullivan, seconded by T. Crowder,

That Council accept the unaudited financial statements for the year ended December 31, 2023.

CARRIED

Expense policies

P. Sullivan noted that the Finance Committee is recommending changes to update the Expense Policies for Council and committee members, based on changes identified following the hybrid. These changes are recommended in advance of possible in-person meetings in the spring.

Council was informed that the regular biennial review of stipend and expense policies will be taking place in the fall, with recommendations for change coming to Council in December.

Motion 7

Moved by P. Sullivan, seconded by R. Lastimoso Jr.,

That Council approve the revised Expense Policy for Council and committee members, as it appears in attachment 3 to the Finance Committee report.

CARRIED

By-laws

P. Sullivan highlighted two proposed edits to the by-laws to align with revised Financial Policies. N. Thick reminded Council that a 2/3 majority is necessary to approve by-law amendments.

Motion 8

Moved by P. Sullivan, seconded by R. Dunn,

That the following amendments be made to By-Law No. 1: General be approved:

38. Expenditures

38.01 All expenditures will be approved in accordance with the Policy - Expenditures **and Policy - Procurement** as approved by the Finance Committee.

41. Contracts and Other Documents

41.01 Contracts and other documents requiring the signature of the College will be signed in accordance with the Policy - Contracts ~~and Other Documents~~, as approved by the Finance Committee

CARRIED

P. Sullivan noted that the Finance Committee also made recommendations regarding the membership of the Sub-Committee on Compensation and changes to fees, which are addressed separately on the agenda.

Fees By-Law

N. Thick noted that as CNO's board of directors, Council is accountable for ensuring that CNO has the fiscal resources it needs to fulfil its mandate and to achieve its strategic plan. She reminded Council that last December, when the 2023 budget was reviewed, the possibility of a need to consider fee increases for 2024 was flagged.

Council members had received a briefing note, including the proposed amendments to By-Law No. 2: Fees. S. Mills, Chief Administrative Officer, highlighted the fee options considered, impacts on CNO's ongoing fiscal viability and the recommended option. It was noted that, based on recent experience, the increases will support CNO in having the financial resources to address unanticipated changes.

Council confirmed its confidence that the increases are needed to support CNO's ongoing fiscal viability and to support CNO's regulatory role and Strategic Plan.

Council was reminded that it is being asked to approve the amendments to the Fees By-Law for circulation. In June, Council will receive a report of the feedback and will be asked to make a final decision.

Motion 9

Moved by F. Osime, seconded by S. Leduc,

That Council approve the proposed amendments to By-Law No. 2: Fees, as they appear in attachment 2 to the decision note, for notice and circulation.

CARRIED

It was confirmed that CNO's intention is to move towards moderate annual fee increases. If the proposed increases are approved in June, they include increases for three years. In 2025, a proposal to consider more gradual annual increases following in 2026 will come forward to Council.

Board evaluation

N. Thick noted that in the fall of 2022, Council participated in its first in-depth evaluation in 2022. She flagged that the evaluation highlights some of Council's strengths, including its culture, respectful relationship with staff and commitment to CNO's public protection purpose.

N. Thick noted that in December Council identified five priority recommendations from the evaluation:

- a facilitated discussion about Council dynamics (held on March 7, 2023)
- enhancing orientation
- establishing a governance manual
- building on professional development and
- increasing meeting frequency.

The Executive was asked to bring a strategic and focused approach to implementation of the priority recommendations to Council.

Council was informed that the Executive discussed the recommendation for increased meetings and identified issues to be addressed before increasing the number of meetings, for example enhancing meeting effectiveness.

The Executive is recommending Council move forward the following three priorities for 2023:

- developing a governance manual
- enhancing orientation and
- building on professional development.

R. Jabbour, Strategy Consultant, reviewed the proposed approach to implementing the above recommendations, as outlined in the briefing note circulated to Council.

Governance Manual

A proposed table of contents for a new Governance Manual was shared. The Governance Manual will be available before the June orientation. Over time, the manual will be expanded as new materials are developed, including materials resulting from governance work planned for the coming year.

It was suggested that government contacts for public members seeking information about their appointment, honoraria and expenses be included.

Orientation

Council members received an outline of the content for the June orientation for all session. While most content will be provided at the June orientation for all (June 7), some orientation related content will be included in the June Council meeting and ongoing learning will take place throughout the year.

Professional Development Plan - 2023

Council received a proposed professional development plan through March, 2024. The topics addressed in the professional development plan link to needs identified through the evaluation. Each year in March, Council will establish its professional development plan for the coming year.

It was suggested that, in addition to the priorities, consideration be given to implementing other recommendations that do not require major work. For example, it was suggested that use of a consent agenda might allow for more time for discussion of strategic issues.

Motion 10

Moved by A. Jahangir, seconded by D. Thompson,

That the recommendations from Council's 2022 in-depth evaluation, as listed under 2023 priorities in the decision note, be prioritized for implementation in 2023.

CARRIED

Evaluation Policy

Council's Evaluation Policy includes a light evaluation in 2023. Council agreed that a review of the implementation of the 2023 priorities, along with identification of priorities for the coming year, will take place in December 2023.

Council was reminded that its Evaluation Policy includes a Leadership Evaluation in 2023. This is an evaluation of the President and Executive Committee. The Executive will discuss this in May.

By-law amendment re. Statutory Committee functioning

Council members had received a decision note, including notice of proposed by-law amendments regarding statutory committees. N. Thick noted that the main purpose of these amendments is to give CNO the flexibility to add members to statutory committees by removing the maximum membership.

She noted that Council had reviewed this proposal in principle in December and no concerns were expressed. N. Thick reminded Council that the 2/3 majority is required to pass by-law amendments.

Motion 11

Moved by J. Armitage, seconded by L. Poonasamy,

That Articles 17, 18 and 21 of [By-Law No. 1: General](#), be amended as shown in attachment 1 to the decision note.

CARRIED

Statutory committee chairs

The Executive recommends the 2023-2024 Statutory Committee chairs from among volunteers. Council had received a briefing note with the Executive Committee's recommendation.

Motion 12

Moved by R. Kaur, seconded by T. Crowder,

That Council appoint the following 2023-2024 statutory committee chairs:

Discipline & Fitness to Practise	M. Hogard
Quality Assurance	S. Leduc
Registration	A. Arkell

CARRIED

Filling statutory committee vacancy

N. Thick noted that the Executive fills mid-term statutory committee vacancies and those decisions need to be confirmed at the next Council meeting. Council received a briefing note related to the committee appointment of a newly appointed public member.

Motion 13

Moved by F. Osime, seconded by M.E. Renwick,

That Council confirm the appointment of Joe Farag to the Discipline and Fitness to Practise committees.

CARRIED

Sub-Committee on Compensation

The Sub-Committee on Compensation is a small, independent, expert committee that provides advice to the Finance Committee and CEO on staff compensation and Council and committee member stipends and expenses.

Council members had received a decision note with the Finance Committee recommendation regarding Sub-Committee membership and the Executive Committee recommendation regarding the Sub-Committee's chair.

Motion 14

Moved by M. Sheculski, seconded by P. Sullivan,

That Joe Nunes be reappointed to the Sub-Committee on Compensation until June 2026; and

That Bob Canuel be appointed as the 2023-2024 Chair of the Sub-Committee on Compensation.

CARRIED

Nominating Committee report

Council members had received a report of the Interim Nominating Committee (Nominating Committee). S. Robinson, Chair of the Nominating Committee joined Council to highlight the report and recommendations.

Council vacancy

The Nominating Committee recommends the approach to filling Council vacancies, within the parameters of the By-Laws. S. Robinson highlighted the committees' recommendation:

Motion 15

Moved by Z. Hamza, seconded by D. Thompson

That Jane Hess, RN, be appointed to fill the RN Council vacancy in the Central Eastern electoral district, until June 2025.

CARRIED

Statutory committee appointments

S Robinson highlighted the processes used by the Nominating Committee to recommend the membership of statutory committees. She noted that members generally remain on the same statutory committees throughout their term of office. The focus of the work of the Nominating Committee was the recommendation of:

- candidates to fill appointed committee member vacancies and
- statutory committee appointments for new Council members.

She noted that the statutory committee membership is also based on the outcome of the Executive Committee election. Slides showing the membership of each statutory committee, highlighting changes in membership, were shared with Council.

Motion 16

Moved by D. Edwards, seconded by E. Mutia,

That Council and committee members be appointed to statutory committees, effective June 7, 2023, in accordance with the list of committee appointments presented to Council on March 9, 2023 by the Nominating Committee (attached to the minutes).

CARRIED

Dates of next meetings

N. Thick noted the following dates for up-coming Council meetings:

- Special meeting of Council to address changes to the Registration Regulation: May 9, 2023 at 7:00 p.m. and
- First meeting of the 2023-2024 Council: June 7 and 8, 2023

Conclusion

At 3:05 p.m., on conclusion of the agenda and with consent, the Council meeting concluded.

2023-2024 Statutory Committee Members

Executive Committee

Patricia Sullivan, RN, President
Rodolfo Lastimoso, Vice-President, RPN
Sylvain Leduc, NP, Vice-President, RN
Jay Armitage, PM
Fidelia Osime, PM

Inquiries, Complaints & Reports Committee

Patricia Sullivan, RN, Chair
Ashely-Chandni Ahuja, NP*
Shana Anjema, RN*
Jay Armitage, PM
Mary Campbell, RN*
Samantha Diceman, RPN*
Stephen Eaton, PM
Terry Holland, RPN*
Raj Kaur, RPN
Nicole Krywionek, RN*
Rodolfo Lastimoso, Jr.
Sylvain Leduc, NP
Grace Oltmann, RN
Fidelia Osime, PM
Mary Ellen Renwick, RN
Donna Rothwell, RN*
Maria Sheculski, PM
Shelley Sheedy, RN*
Diane Thompson, PM
Amy Vandekemp, RPN*
Angela Ven den Hoven, RPN*
Heather Whittle, NP*

Quality Assurance Committee

Sylvain Leduc, NP, Chair
Helen Anyia, RPN
Lisa Connolly, NP*
Sylvia Douglas, PM
Zaheeda Hamza, RN
Ian McKinnon, PM
Diane Morin-LeBlanc, RN*
Lalitha Poonasamy, PM
Maria Sheculski, PM
Yao (Jackie) Zhai, RPN*

Registration Committee

Andrea Arkell, PM, Chair
Priscilla Ankamah, RN
Helen Anyia, RPN
Brock Cooper, NP*
Alexis Lamsen, RN*
Fidelia Osime, PM
Jennifer Skuce, RPN*
Diane Thompson, PM

* Appointed committee member

Discipline & Fitness to Practise committees

Michael Hogard, RPN, Chair

Janet Adanty, RN*

Andrea Arkell, PM

Eloisa Busto, RPN*

Antonia Colarossi, NP*

Tim Crowder, PM

Jean-Laurent Domingue, RN*

Sylvia Douglas, PM

Ramona Dunn, RN

David Edwards, RPN

Joe Farag, PM

Grace Fox, NP

Tomoko Fukushima, RN

Carly Gilchrist, RPN*

Lynn Hall, RN*

Tyler Hands, RN

Jane Hess, RN

Nazlin Hirji, RN*

Carly Hourigan, PM

Aisha Jahangir, RN

Samuel Jennings, RPN*

Morgan Krauter, NP

Sandra Larmour, PM

Sarah Louwagie, RPN*

Marnie MacDougall, PM

Mary MacNeil, RN*

Shannon Mantha, RN*

Benson Mathai, RPN*

Jane Mathews, RN*

Donna May, RPN

Ian McKinnon, PM

Ahamad Mohammed, RPN*

Sharon Moore, RN*

Edsel Mutia, RN

Kerrie Naylor, RPN*

Shakhnoz Niezova, RN*

Patricia Nowieka-Bujko, RPN*

Lalitha Poonasamy, PM

Susan Roger, RN*

Michael Schroder, NP*

Matthew Secord, RN*

Andrew Sharpe, NP*

Emilija Stojsavljevic, RPN*

Kari Van Camp, NP*

Kimberly Wagg, RPN

Terah White, RPN*

Ingrid Wiltshire-Stoby, NP*

Minutes

Present

N. Thick, Chair
A. Arkell
J. Armitage
S. Douglas
R. Dunn
D. Edwards
J. Farag
T. Fukushima
R. Lastimoso Jr.

T. Hands
N. Hillier
M. Hogard
C. Hourigan
A. Jahangir
R. Kaur
M. Krauter
S. Larmour

S. Leduc
E. Mutia
F. Osime
L. Poonasamy
J. Petersen
M. E. Renwick
P. Sullivan
D. Thompson

Regrets

P. Ankamah
T. Crowder
S. Eaton

K. Gartshore
Z. Hamza
D. May
M. MacDougall

I. McKinnon
D. Scott
M. Sheculski

Guest:

S. Yun, legal counsel

Staff

S. Crawford
J. Hofbauer, Recorder

E. Tilley
K. McCarthy
S. Mills

A. M. Shin
C. Timmings
S. Vogler

Purpose

This special meeting of Council was convened to make a final decision regarding amendments to the Registration Regulation regarding the Emergency Class that were approved and circulated on March 8th.

N. Thick welcomed Council, S. Yun, legal counsel, and CNO staff in attendance.

Land Acknowledgement

N. Thick shared a Land Acknowledgment.

Agenda

The agenda had been circulated and was approved on consent.

Call for conflicts of interest

N. Thick asked if any Council members had a conflict of interest to declare. None were declared.

Registration Regulation

N. Thick noted that amendments to the Registration Regulation related to the Emergency Class had been approved by Council on March 8, 2023 for circulation for 60 days. She reminded Council that they approved the amendments for publication because they believed the amendments were in the public interest, balancing access to registration in an emergency while providing mechanisms to support safety.

Council received a report on the feedback to the proposed regulatory changes. E. Tilley, Manager of Regulatory Policy and Research highlighted the proposed changes, including consequential amendments to the Delegation Regulation, with rationale, and the feedback.

S. Crawford, Executive Director and CEO flagged the importance of Council's decision, noting that the ability for Council to determine what defines an emergency would allow for CNO to be able to be responsive to not only system needs but also specific sector needs.

N. Thick asked Council whether anything in the feedback has caused anyone to have concerns that the proposed changes do not support public safety.

Motion 1

Moved by P. Sullivan, seconded by M. Hogard,

That Council approve Ontario Regulation 275/94 (General) as amended, under the Nursing Act 1991 as it appears in attachment 1 to the briefing note. The Registrar and President are authorized to sign any Government proposed form of the changes that implement the intent of the changes approved by Council.

CARRIED

N. Thick noted that CNO will send the proposed regulation to government and Council will be updated if and when the regulations become law.

Next Meeting

N. Thick reminded Council that the next meeting will be June 7 and 8, 2023.

Conclusion

At 7:30 p.m. on conclusion of the agenda, the meeting concluded on consent.

Minutes

Present

N. Thick, Chair
R. Kaur

F. Osime
P. Sullivan-Taylor

M. Sheculski

In-Coming Executive

J. Armitage

R. Lastimoso Jr.

S. Leduc

Guests

J. Butterfield

R. Durcan

A. Williams

Staff

S. Crawford
J. Hofbauer

J. Jabbour
K. McCarthy

L. Mathias
E. Tilley

Orientation

N. Thick welcomed J. Armitage, R. Lastimoso Jr. and S. Leduc who are attending the meeting for orientation. She highlighted the role of the Executive and how the committee functions at its meetings and at Council. She noted that the Executive is CNO's Patient Relations Committee.

S. Crawford highlighted the staff support for the Executive Committee and Council.

Agenda

The agenda was circulated in advance and approved on consent.

Minutes

Draft minutes of the Executive Committee meeting of February 9, 2023 had been circulated.

Motion 1

Moved by F. Osime, seconded by R. Kaur,

That the minutes of the Executive Committee meeting of February 9, 2023 be approved as circulated.

CARRIED

Conduct Committee Chair

The Executive had received a decision note, including information about the Conduct Committee members being recommended by the Nominating Committee and information from the Council volunteer to serve as Chair of the Conduct Committee.

Motion 2

Moved by M. Sheculski, seconded by P. Sullivan,

That it be recommended to Council that M. E. Renwick be the Chair of the 2023-2024 Conduct Committee.

CARRIED

Nominating Committee Terms of Reference

N. Thick noted that, given the Executive is Council's governance committee, the recommendations for changes to the Interim Nominating Committee's Terms of Reference are being shared for information. It was noted that S. Robinson, Chair of the Interim Nominating Committee will attend Council to present the recommended revised Terms of Reference.

Filling Statutory Committee vacancy

The Executive fills statutory committee vacancies. The Executive was informed that S. Eaton has resigned from Council, creating a public member vacancy on the Inquiries, Complaints and Reports Committee. The Executive was informed that staff are recommending that a new public member, D. Scott, be appointed to fill that vacancy.

Motion 3

Moved by P. Sullivan, seconded by R. Kaur,

That D. Scott, public member, be appointed to the Inquiries, Complaints and Reports Committee.

CARRIED

The government will be asked to appoint a new public member and consideration will be to appoint that member to the Discipline and Fitness to Practise committees.

March Council debrief

The Executive had debriefed about the March Council and had received the first Pulse-Check report. The Executive noted that the feedback was largely positive. Themes in the feedback were discussed and it was flagged where CNO was taking action.

It was agreed to share a summary of the themes from the March Council Pulse Check with Council, for information.

5.3.1 In-Camera (Closed) session policy

R. Durcan and L. Mathias joined the meeting. R. Durcan shared the proposed approach for the discussion about in-camera (closed) sessions at the June Council.

She flagged for the Executive that the legislative expectations for transparency will be fundamental to her advice.

This discussion will build on the June 7 orientation which will clearly outline how regulatory governance is unique. Discussion by Council at the business meeting will provide input to support the development of a draft policy for Council's consideration in September.

It was confirmed that a policy will support ongoing consistent decisions regarding in-camera or closed sessions that align with legislative expectations and support Council's ongoing credibility.

R. Durcan and L. Mathias left the meeting.

Council Orientation – Welcome Session

The Executive received background on plans for orientation of new Council members and reviewed the annotated agenda for the May Welcome session with new Council members.

Members of the 2023-2024 Executive volunteered to lead specific sections of the Welcome orientation. F. Osime and P. Sullivan volunteered to participate in a drop-in session over lunch on June 8. Executive Committee members agreed to be serve as informal mentors to incoming Council members.

Leadership Evaluation

J. Butterfield and A. Williams from Watson joined the meeting. Options for the leadership evaluation (President and Executive as a group) were discussed.


The Executive supported the option which included surveys and interviews of selected Council members and staff. It was identified that this would provide the most helpful information to the Executive on how to improve. Watson clarified that the survey was short and largely quantitative and the interviews should take about 30 minutes.

The Executive suggested that the leadership evaluation take place following the December Council meeting with results reviewed in February. J. Butterfield and A. Williams left the meeting.

June Council agenda

The Executive received an annotated and draft agenda for the June 8, 2023 Council meeting. It was noted that there is some orientation content included in the agenda, for example the discussion about CNO's role in health human resource planning.

Following up on a recommendation from the evaluation, a consent agenda is proposed for the June Council meeting. The Executive supported the proposed consent agenda, particularly



Executive Committee
May 18, 2023

given the number of substantive items on the agenda. The Executive provided input on the time provided for agenda items.

Motion 4

Moved by M. Sheculski, seconded by P. Sullivan,

That the agenda for the June 8, 2023 Council meeting be approved for posting.

CARRIED

Patient Relations Committee

E. Tilley, Manager of Regulatory Policy and Research, joined the meeting. She provided orientation to the Executive's role as CNO's Patient Relations Committee. The Executive received the Patient Relations Committee Annual Report for information prior to sharing with Council. E. Tilley left the meeting.

Next meeting

N. Thick reminded the Executive that the 2023-2024 Executive will meet the morning of August 24, 2023. Appreciation was expressed to the outgoing members of the Executive Committee.

J. Hofbauer, R. Jabbour and K. McCarthy left the meeting.

Executive Session

The Executive Committee met in private with S. Crawford, CNO's Chief Executive Officer.



Decision Note – June 2023 Council

Approval of 2022 Annual Report for Submission to the Minister of Health

Contact for Questions or More Information

Silvie Crawford, Executive Director and Chief Executive Officer

Decision for consideration re. recommendation of the Finance Committee

That Council approve the 2022 Annual Report, as it appears attached to this decision note, for forwarding to the Minister of Health.

Background

Attached is the 2022 Annual Report *Looking Ahead*. The Annual report is an operational accountability. It is brought to Council each year for information and for approval to forward the report to the Minister of Health.¹

Attachment

2022 Annual Report: *Looking Ahead*

¹ S.6 of the Regulated Health Professions Act requires that Colleges report annually to the Minister of Health.



COLLEGE OF NURSES
OF ONTARIO
ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

Looking Ahead

2022 ANNUAL REPORT



Table of contents

- 2 WELCOME TO CNO
- 3 NURSES IN ONTARIO
- 4 ED & CEO'S MESSAGE
- 5 PRESIDENT'S MESSAGE
- 6 LOOKING AHEAD

2022 Annual Report

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Welcome to CNO

WE ARE THE COLLEGE OF NURSES OF ONTARIO (CNO) AND WE PROTECT THE PUBLIC BY PROMOTING SAFE NURSING PRACTICE

What do we do?

WE SET THE REQUIREMENTS

for becoming a nurse in Ontario

WE INFORM

nurses of their accountabilities and tell you what you can expect from nurses

WE RESPOND

to your concerns about nurses' conduct, competence and health

WE ENSURE

nurses engage in continuous quality improvement throughout their careers





Registration

198,573
nurses across Ontario
(including Non-Practicing, as of Dec. 31, 2022)

117,545 RNs

61,041 RPNs

4,694 NPs

15,435
new registrations

**Registered more nurses
than ever before in 2022**

12,385
new nurses added to the system
including
5,125
internationally educated nurses

Engaging with Ontario's nurses

59,985
phone calls to our Call Centre

1,467 calls in French

36,504 emails

2,500
Practice Support responses to
inquiries about nursing practice

42
presentations to different audiences

72%
increase in social media engagement

**12,677 more followers across
social media platforms**

**Posts liked, commented on
and shared 257,687 times**

3,000+
responses to comments



Find out more

Find more about your Council
www.cno.org/council

Read about CNO's committees
www.cno.org/committees

For Discipline Decisions
Find a Nurse and www.cno.org



President's message

It has been such a privilege to serve as CNO's Council President during this past year.

In 2022, we experienced a lot of change. For one, we transitioned from an interim Executive Director and CEO, to a new leader for CNO, Silvie Crawford. We also were able to have an in-person/remote hybrid meeting for the first time since the start of the pandemic. Although we had been able to meet our Council accountabilities remotely, it was so incredible to meet and discuss issues in person.

Other significant developments were due to legislative framework changes we have worked on. We consulted with government on a number of occasions about changes to legislation and provided them with our input from the public safety perspective. As a Council (or board), we have been continuing to examine the evidence and ensure the changes keep public safety at the forefront.

I am very pleased that our new Code of Conduct has been approved. It has been updated so it is relevant to nurses' current

practice realities. Nurses are knowledge workers and, as we update our knowledge, the standards that guide our practice also need to be updated.

We know that integrating principles of diversity, equity and inclusion (DEI) into our work improves access to safe nursing care for all patients. I am particularly happy with the language of cultural humility added to the new Code, and I hope that it helps all nurses to examine their approach and engage in anti-racist efforts.

I hope you enjoy reading this report. You can see the results of the significant work of Council and staff members. The record numbers of new registrations and innovative solutions are the tip of the iceberg.

I want to sign off this report with an open invitation for nurses in Ontario to participate and partner in CNO efforts by providing feedback, joining a committee or running for Council.

Naomi Thick

Naomi Thick, RN, BScN, MN:ANP
Council President (June 2022 – June 2023)



Executive Director & CEO's message

By many measures, 2022 was a year of extraordinary accomplishment for the team at CNO. We responded to the immediate needs of the health care system and set a strong foundation for the future, all the while protecting the public by promoting safe nursing practice.

In 2022, working with our valued system partners, we initiated activities to register more nurses with completed applications efficiently, improve the applicant experience and reduce barriers for applicants educated in other countries. This was part of a broader goal to help build a stronger health care system. We continue to be agile in upholding patient safety, while proactively looking to the horizon for what is next.

We do this because we take our patient safety mandate seriously on behalf of all Ontario residents. We also do this to support this province's nurses in providing safe care, even during the most challenging times.

When I joined CNO as the new Executive Director and CEO in the fall of 2022, this organization's strong focus was immediately evident to me. Since then, I have seen staff committed and dedicated to this work, and together with our partners, deliver on our promise to keep patients safe.

Patient safety is nothing new to CNO – in fact, we are celebrating our 60th anniversary this year! Since 1963, CNO has evolved to regulate nursing in the public interest. Over the years, times may have changed, but our purpose has not. We are taking this time to reflect and build on all the achievements of the past 60 years – and look ahead to the next.

This report includes some of the highlights of our work in 2022. I hope you enjoy reading it.

Silvie Crawford, RN, BHSdN, LLM - Health Law
Executive Director and CEO

Looking Ahead

At CNO, we know the need to protect the public by promoting safe nursing practice never stops.

It's at the core of all we do and it involves all of our health care system partners. Together, we strengthen patient safety and we do this with agility, transparency and innovation.

In this report, we are proud to highlight some of our accomplishments and show how they set us up for further success in public safety in the years to come.

In 2022, we responded to health care system challenges and opportunities that moved us forward; we also established a new foundation for building the future.

It was this spirit of looking ahead that defined our work in 2022.

Supporting the system

At the start of 2022, CNO was already hard at work addressing the need for the timely registration of nurses with the knowledge, skill and judgment to practice safely.

It started with the Supervised Practice Experience Partnership (SPEP).

Launched in January 2022 with Ontario Health and the Ministry of Health, SPEP matches eligible applicants with a supervised practice experience, helping applicants meet the evidence-of-practice and language proficiency requirements.

We are proud of the program's success helping meet health care system needs. More than 1,000 new nurses registered through the program in 2022, and more than 1,900 were matched with one of the 549 nursing employers participating across Ontario.

Sukh Kaur, the first nurse to register through SPEP, had a great experience in the program. "I would recommend everyone who is eligible do this because it was super quick and easy to follow. Everything went super

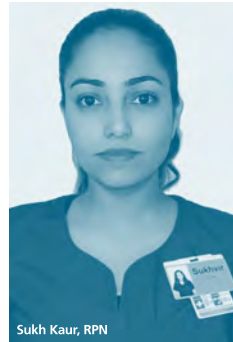
smoothly for me," Kaur said, adding she was so proud to become a nurse and share the news with her family in India.

In addition to SPEP, we focused on modernizing the way we assess applicants to improve the applicant experience and reduce barriers to registration. This included updating policies such as language proficiency, so we could balance more timely registration with public safety.

We also reached out to nursing applicants to find out why some people who were eligible to write the nursing registration exam, had not done so. Based on this survey, we identified new insights, so we could improve the process.

We analyzed our data and identified opportunities for improving the applicant experience.

And it has worked.



By the end of 2022, CNO registered 5,125 internationally educated nurses — a new record that more than doubled the record we set in 2021.

Even as we continued to look ahead to future health system needs, we also knew we wanted to keep improving.

That's why, in 2022, we worked closely with government on the Minister of Health's directive to support human resource needs in the health care system.

Commitment to continually improve

At CNO, everything we do serves to strengthen the health care system and keep public safety front and centre. Our efforts are ongoing and lay the foundation for the future.

This includes our Quality Assurance (QA) Program, which is one of our regulatory functions. QA is our commitment to the public that every practicing nurse in Ontario is engaged in continuous improvement.

We also worked with government to improve the applicant experience. We developed a plan that included making changes to Temporary Class regulations as well as reinstatement requirements for retired nurses, sharing more data about applicants on our website and building on the success of existing programs like SPEP.

These days, we continue to look to the horizon and beyond. All our initiatives build on ongoing efforts to ensure Ontarians receive safe care.

In 2022, we continued to transform QA to broaden its reach, increase its relevance to nurses and further support continuing nursing competence.

We also put an increased emphasis on peer coaching, so nurses can help guide nurses through our assessment process in a supportive way.

The efforts were appreciated. Katrina



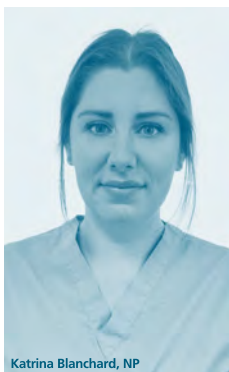
Our Strategic Plan

Our purpose is to protect the public by promoting safe nursing practice. CNO's Strategic Plan ensures we continue to deliver on this purpose and reinforce our foundation for future success.

The foundation of our Strategic Plan is proactivity, agility, insights capabilities and stakeholder engagement. The plan provides a direction for the organization by identifying the goals and activities required to meet our three strategic outcomes:

- **Applicants for registration will experience processes that are evidence-informed, fair, inclusive and effective, contributing to improved public access to safe nursing care**
- **Nurses' conduct will exemplify understanding and integration of CNO standards for safe practice**
- **CNO will be recognized as a trusted stakeholder to nurses, employers and the public**





Katrina Blanchard, NP

Blanchard, a Nurse Practitioner at Windsor Regional Hospital, said she felt worried about the QA process when she first was selected to participate. "I was very anxious and a little bit terrified," she said.

support from her peer coach, Blanchard came out of the program feeling differently. "It was very much communicated through this package that it was a learning opportunity and not a disciplinary program. They wanted to ensure your success with it," she said.

QA transformation continues in 2023 – to adjust the program proactively so it activates continuous improvement – while balancing support for nurses with accountability.

After exploring CNO's online resources, participating in a question-and-answer session and receiving "very helpful"

Celebrating 60 years

In 2023, CNO is celebrating its 60th anniversary – sixty years of protecting the public by promoting safe nursing practice. Times may have changed over the years, but the underlying values that produce our high standards in public protection have not.

These include engaging with patients and nurses so we can address their needs by leading with transparency and integrity, and demonstrating innovation.

These values have laid a foundation to be proud of and one that we can continue to build on as we celebrate and work toward additional success.



Collective impact on patient care

As CNO is a partner in patient safety, it is also important that the public sees the work we do.

That's why transparency was a theme of our success in 2022.

CNO is accountable to the public and that starts at Council The public can watch every meeting on YouTube, and can also follow along on social media.

We set new records for social media engagement, which grew by 43%. Our community grew too, with 15,251 new followers across Facebook, Instagram, Twitter and LinkedIn. By the end of the year, followers grew to more than 79,000 accounts, with members of the public and nurses engaging with us on topics like scope of practice updates, DEI, and meeting the staff members who make CNO what it is.

We posted new data reports publicly so members of the public and our partners can get accurate and timely information on key nursing trends. We reached out to our partners to share the information, becoming an authoritative resource for the public, members of the media and nurses. In an era of active health misinformation, accurate sources of nursing data are more important than ever before.

Times may have changed over the years, but the underlying values that produce our high standards in public protection have not.



CNO staff members Amanda Laird, RN, and Catriona Mill, RN

As the authoritative source of province-wide data about nursing employment in Ontario, collecting, analyzing and sharing data is one way we achieve our purpose. In addition to reports about registration, exams and renewals, we published two new reports about the number of nurses entering and leaving the profession in Ontario, as well as employment patterns of nurses.

To help get the word out, we presented to and hosted a booth at the Nurse Practitioners' Association of Ontario conference in September. This opened the door for more presentations, which continue to see us at provincial, national and international events.

We also know our work must be accessible, so we can increase understanding about public safety. This includes a significant website update to comply with the *Accessibility for Ontarians with Disabilities Act*, completed in 2023.

We do all our work supporting patient safety in collaboration with our valued partners in the health system, because we know doing so leads to better outcomes.

Right now, we are collaborating with the British Columbia College of Nurses and Midwives and the National Council of State Boards of Nursing in the U.S. on a secure Canadian-based repository for shared nursing information across jurisdictions. Called Nursys, it allows us to share and review registration and disciplinary information for nurses who are registered in Ontario or B.C. CNO's role is instrumental in maintaining the platform that operationalizes this new database and we will provide the communications support needed for Canada's nursing regulators' onboarding.

When it came to modernizing our *Code of Conduct*, we reached out to nurses in different ways, including an advisory group, focus groups, surveys and key representatives from diverse communities. In addition to 18 organizations, 723 nurses responded to our survey to help inform the standard of practice to which all nurses are accountable.

To further our DEI education, we engaged and learned with community organizations,

such as the 519 about gender inclusivity and San'yas on Indigenous cultural awareness. Throughout the year, we achieved significant DEI milestones including publishing the results of our first Staff Demographic and DEI Survey, rolling out our DEI commitment statement, introducing a land acknowledgement for staff use, and implementing a four-year DEI plan.

We are also here to respond to concerns about nurses from the public and employers. We work hard to ensure

our regulatory response is in keeping with the level of risk that is posed to the public. This is part of our core commitment to work together with the public, nurses, employers and all our partners in public safety to uphold safe care.

Leading with transparency, engaging with nurses, the public and health care partners, and ensuring accessibility are fundamental values at CNO. Such values are keys to building sustainable momentum and carrying it forward in 2023. ●

Transparency today and tomorrow



CNO is responsible for ensuring that anyone can easily access our information about the nursing profession in Ontario. It's part of our commitment to being transparent.

To share the data we collect in a timely way, we regularly update the statistics about applicants (people who have applied to CNO to become nurses, but who are not yet registered) on www.cno.org. We also do the same for statistics about registrants (nurses CNO has registered).

Visit www.cno.org for the latest statistics and reports.



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Council – June 2023

Patient Relations Committee Annual Report

Role of the Committee

The Patient Relations Committee (PRC) supports CNO's commitment to promote safe nursing practice. The *Regulated Health Professions Act, 1991* (RHPA) outlines two specific roles for the PRC:

- advise Council with respect to the patient relations program, which must include measures for preventing and dealing with patient sexual abuse
- administer funding for therapy and counselling for patients who are named in a sexual abuse complaint or report.

Executive Summary

Patient Relations Program (PRP)

There were significant additions to the patient relations program in 2019 and 2020. No changes were made in 2022. Some of the previous changes include:

- guidance for nurses and other stakeholders (e.g. a [fact sheet](#) to support understanding of sexual abuse)
- a [fact sheet](#) with warning signs so nurses can stop behaviours before they progress to sexual abuse
- [case studies](#)
- an [employer tool kit](#)
- [videos to support harm prevention](#).

Further, new [web content](#) was added to the public sexual abuse webpage including a [fact sheet](#) to understand how the public participates in CNO's sexual abuse processes and a [fact sheet](#) related to therapy funding.

Request for funding

In accordance with Ontario law, the PRC approved the one funding request it received in 2022 related to a sexual abuse complaint or report. Payment from the fund is provided directly to the therapist or counsellor. Restrictions regarding the therapist or counsellor include that: the therapist or counsellor cannot be a family member and must not be a person who has been found guilty of professional misconduct of a sexual nature, or been found civilly or criminally liable for an act of a similar nature.



Committee Members

January to June 2022

Sandra Robinson, Chair, NP

Terry Holland, RPN

Maria Sheculski, Public Member

Naomi Thick, RN

Diane Thompson, Public Member

July to December 2021

Naomi Thick, Chair, RN

Raj Kaur, RPN

Fidelia Osime, Public Member

Maria Sheculski, Public Member

Patricia Sullivan-Taylor, RN, Public Member

Staff Contact

Kevin McCarthy, Director, Strategy, KMcCarthy@cnomail.org

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE 2022 Annual Report

Introduction: Role of the Committee

The Inquiries, Complaints and Reports Committee (ICRC) investigates complaints and reports to meet its commitment to the public interest that concerns about the conduct, competence and capacity of Ontario nurses are addressed.

ICRC Dispositions

After a complaint or report is investigated, the ICRC decides what action to take. The ICRC may do any one or more of the following:

- refer allegations of the nurse's professional misconduct or incompetence to the Discipline Committee;
- refer the nurse to a panel of the ICRC for a health inquiry;
- require the nurse to attend before a panel of the ICRC to be cautioned;
- require the nurse to participate in a specified continuing education or remedial program (educational program); or
- take other action in the public interest including providing advice to the nurse, accepting an undertaking, accepting a permanent resignation or taking no action.

If the ICRC is satisfied that a complaint is an abuse of process, it is required to take no action.

Interim Orders

If the conduct of the member exposes or is likely to expose a nurse's patients to harm or injury, the ICRC may make an interim order to suspend or impose restrictions on the nurse's certificate of registration pending the disposition of a health inquiry, an investigation, a Discipline Committee hearing, or a Fitness to Practise hearing.

Complaints

Complaints come from patients and other members of the public. Complaints may be withdrawn or resolved without an investigation through a resolution agreement where appropriate. Otherwise, they must be investigated.

The ICRC investigates most complaints with the consent of the patient/complainant to obtain relevant health information. Where the investigative powers obtained through an appointment, such as the authority to issue a summons, are required to investigate a complaint, the ICRC can make a request to the Executive Director for an investigator appointment.

Investigators Appointed	2018	2019	2020	2021	2022
Complaint - ICRC request	126	128	130	220	168
Total	126	128	130	220	168

Dispositions

The ICRC disposed of 548 complaints in 2022, which is a 22.3% increase from 448 complaints dispositions in 2021, and corresponds with the number of complaints dispositions in years prior to 2020. Of the 548 dispositions made in 2022, the ICRC took no action in 52.8% of cases, adopted a resolution in 25.7% of cases and directed a remedial outcome (e.g., a letter of advice, a caution and/or an educational program) in 13% of cases. Resolutions increased 12.8%, as compared to 2021. Complaints referred to discipline remained a small proportion of dispositions at 1.1%.

Dispositions	2018		2019		2020		2021		2022	
	#	%	#	%	#	%	#	%	#	%
Adopt resolution	167	33.2	123	25.1	60	24.2	125	27.9	141	25.7
Take no action - abuse of process	64	12.7	34	6.9	31	12.5	47	10.5	32	5.8
Withdrawn with ED approval	-	-	31	6.3	24	9.7	27	6.0	9	1.6
Take no action	196	39.0	200	40.8	99	39.9	177	39.5	289	52.8
Letter of advice	44	8.7	51	10.4	16	6.5	25	5.6	37	6.8
Caution	13	2.6	12	2.4	4	1.6	9	2.0	16	2.9
Educational program	8	1.6	19	3.9	3	1.2	8	1.8	2	0.4
Caution + educational program	4	0.8	9	1.8	5	2.0	22	4.9	16	2.9
Refer to Discipline Committee	7	1.4	11	2.2	6	2.4	8	1.8	6	1.1
Total	503	100	490	100	248	100	448	100	548	100

Interim Orders

Orders	2018	2019	2020	2021	2022
Interim suspension	0	1	1	0	0
Interim restrictions	0	0	0	0	0
Total	0	1	1	0	0

Health Professions Appeal and Review Board

The Health Professions Appeal and Review Board (HPARB) is an independent agency that reviews the decisions of the ICRC. HPARB assesses the adequacy of an investigation and the reasonableness of the ICRC's decision. Both complainants and nurses can request an HPARB review.

In 2022, there were 84 requests for HPARB review, which is a 64.7% increase as compared to requests for review in 2021. Complainants requested the review in 95.2% of cases. HPARB released 32 decisions in 2022, 20 of which addressed the adequacy of the investigation or reasonableness of the decision. HPARB upheld ICRC's decision in 95% of cases (19 of 20). HPARB returned one matter to the ICRC to reconsider its decision. In the remaining 12 of 32 HPARB decisions, the request for review was either withdrawn, dismissed by HPARB as untimely or found to be an abuse of process.

(a) Requests to Review ICRC decisions

Requests	2018	2019	2020	2021	2022
From complainants	31	69	47	44	80
From members	6	5	2	7	4
Total	37	74	49	51	84

(b) HPARB Outcomes

Decisions Received	2018		2019		2020		2021		2022	
	#	%	#	%	#	%	#	%	#	%
No review - request withdrawn	6	14.3	4	11.8	1	2.1	3	4.8	7	21.9
No review - abuse of process	1	2.4	4	11.8	3	6.3	9	14.3	3	9.4
No review - time limit exceeded	-	-	-	-	1	2.1	1	1.6	2	6.3
Confirm ICRC decision	29	69.0	15	44.1	38	79.2	47	74.6	19	59.3
Make recommendations to ICRC	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Return - further investigation	4	9.5	4	11.8	0	0.0	0	0.0	0	0.0
Return - reconsider decision	2	4.8	6	17.6	2	4.2	1	1.6	1	3.1
Direct ICRC to change decision	0	0.0	1	2.9	3	6.3	2	3.2	0	0.0
Total	42	100	34	100	48	100	63	100	32	100



Reports

Reports come from nursing employers, facility operators, nurses and others. CNO's Executive Director reviews a report of a preliminary investigation and may appoint one or more investigators to conduct an investigation, if they believe on reasonable and probable grounds that the nurse has committed an act of professional misconduct or is incompetent. The ICRC approves Executive Director investigator appointments. Also, it is informed of Executive Director emergency investigator appointments, which are made if they believe on reasonable and probable grounds that the nurse's conduct exposes, or is likely to expose, their patients to harm or injury.

Reports from the Quality Assurance Committee

The ICRC can also request the Executive Director to appoint an investigator if it receives a report about a nurse's professional conduct or competence from the Quality Assurance Committee (QAC).

Reports - Executive Director Investigations

Investigator Appointments

In 2022, the ICRC approved the appointment of investigators to conduct Executive Director investigations in 389 matters. The ICRC requested the Executive Director to appoint investigators for 10 matters referred by the QAC.

Investigators Appointed	2018	2019	2020	2021	2022
Report - Executive Director	443	667	343	306	389
Report - Emergency appointment by Executive Director	4	4	0	1	0
Report - Quality Assurance Committee	14	5	4	0	10
Total	461	676	347	307	399

Dispositions

The ICRC disposed of 576 Executive Director investigations in 2022, which is an increase of 13.2% as compared to 2021 and corresponds with an increase in the number of investigator appointments since 2018 and the completion of those investigations.

Of the 576 dispositions, ICRC directed a remedial outcome (e.g., letters of advice, cautions, educational programs and remedial undertakings) in 56.5% of cases, a 1.7% decrease from 58.2% in 2021. The percentage of cases referred to discipline was 15.6% in 2022, a decrease of 0.5% from 16.1% in 2021.



Dispositions	2018		2019		2020		2021		2022	
	#	%	#	%	#	%	#	%	#	%
Take no action	20	15.5	26	10.4	29	7.5	72	14.1	116	20.1
Letter of advice	27	20.9	47	18.7	40	10.4	65	12.8	97	16.8
Oral caution	3	2.3	28	11.2	38	9.9	42	8.3	50	8.7
Educational program	15	11.6	30	12.0	54	14.0	31	6.1	26	4.5
Caution + educational program	15	11.6	36	14.3	46	11.9	140	27.5	143	24.9
Refer to Discipline Committee	46	35.7	50	19.9	67	17.4	82	16.1	90	15.6
Accept permanent resignation	3	2.4	12	4.8	31	8.1	13	2.6	18	3.1
Accept remedial undertaking	-	-	9	3.6	44	11.4	18	3.5	9	1.6
Accept undertaking	-	-	-	-	-	-	-	-	-	-
Take no action on account of member status ¹	-	-	13	5.2	34	8.8	46	9.0	27	4.7
Take no action - enrolled in NHP	-	-	-	-	2	0.5	0	0.0	0	0.0
Total	129	100	251	100	385	100	509	100	576	100

Interim Orders

In 2022, the ICRC made 13 interim orders in relation to Executive Director investigations: two imposing interim suspensions and 11 imposing interim restrictions on the nurse's certificate of registration.

Outcomes	2018	2019	2020	2021	2022
Interim suspension	4	6	4	3	2
Interim restrictions	5	1	6	13	11
Total	9	7	10	16	13

¹ This disposition applies to nurses who have either resigned their certificate of registration or allowed it to expire and are not entitled to practice nursing. If the nurse makes an application for registration in the future, the information from the nurse's file related to the report will be reviewed and assessed through CNO's Entry to Practice (ETP) process. As part of the ETP process, the Executive Director has discretion to refer an applicant to the Registration Committee for further review.

Health Inquiries

The ICRC also conducts inquiries into whether a nurse has a mental or physical condition or disorder that impacts the nurse's capacity to practice safely. The ICRC makes inquiries and may require the nurse to undergo medical examinations and may suspend the nurse's certificate of registration until they submit to the examinations. The ICRC, after reviewing the results of its inquiries, may refer the matter to the Fitness to Practise Committee or take other action, including no action.

The ICRC disposed of 130 health inquiries in 2022, a 32.7% increase as compared to 2021. The ICRC took no action in 45 matters (34.6%). The ICRC accepted undertakings by nurses to enter the Nurses' Health Program (NHP)² in 11 (8.5%) matters and referred 54 nurses (41.6%) to the Fitness to Practise Committee for a hearing.

Dispositions	2018		2019		2020		2021		2022	
	#	%	#	%	#	%	#	%	#	%
Take no action	28	23.1	25	24.3	14	18.2	27	27.6	45	34.6
Take no action - enrolled in NHP	-	-	21	20.4	15	19.5	22	22.4	11	8.5
Take no action - non-practising class	-	-	-	-	5	6.5	0	0.0	0	0.0
Suspend until medical assessment complete	11	9.1	13	12.6	4	5.2	14	14.3	12	9.2
Refer to Fitness to Practise Committee	76	62.8	37	35.9	31	40.3	31	31.6	54	41.6
Accept undertaking/ agreement	0	0.0	0.0	0.0	3	3.9	0	0.0	3	2.3
Cease inquiry ³	6	5.0	7	6.8	5	6.5	4	4.1	5	3.8
Total	121	100	103	100	77	100	98	100	130	100

² NHP was launched in January 2019. It is a voluntary program that provides an opportunity for Ontario nurses with substance and/or mental health disorders to receive support to recover and practice safely. NHP is an alternative to the health inquiry process.

³ ICRC loses jurisdiction to conduct health inquiries for deceased or resigned members.



Interim Orders

The ICRC made a total of 41 interim orders in relation to health inquiries: 22 imposing interim suspensions and 19 imposing interim restrictions on the nurse's certificate of registration.

Outcomes	2018	2019	2020	2021	2022
Interim suspension	15	11	10	14	22
Interim restrictions	16	18	10	9	19
Total	31	29	20	23	41

Quality Improvements

Committee Education and Panel Chair Meetings

The ICRC continued its commitment to Committee governance and performance with quarterly Panel Chair meetings and Committee education sessions. These sessions focused on process improvements to enhance Committee efficiency and effective decision-making. Foundational to this education cycle, the Committee held its annual orientation in June 2022.

Committee members:

July to December 2022

Naomi Thick, RN, Chair
Patricia Sullivan-Taylor, RN
Raj Kaur, RPN
Stephen Eaton, Public Member
Fidelia Osime, Public Member
Judy Petersen, Public Member
Mary Ellen Renwick, RN
Maria Sheculski, Public Member
Diane Thompson, Public Member
Shana Anjema, RN
Mary Campbell, RN
Samantha Diceman, RPN
Nicole Krywionek, RN
Donna Rothwell, RN
Shelley Sheedy, RN
Kathleen Tabinga, RPN
Amy Vandekemp, RPN
Heather Whittle, NP

January to June 2022

Sandra Robinson, NP, Chair
Shana Anjema, RN
Mary Campbell, RN
Samantha Diceman, RPN
Stephen Eaton, Public Member
Ryan Henderson, RN
Terry Holland, RPN
Nicole Krywionek, RN
Judy Petersen, Public Member
Mary Ellen Renwick, RN
Donna Rothwell, RN
Maria Sheculski, Public Member
Shelley Sheedy, RN
Kathleen Tabinga, RPN
Naomi Thick, RN
Diane Thompson, Public Member
Amy Vandekemp, RPN
Heather Whittle, NP

Staff contacts

Carolyn Gora, Director, Professional Conduct
Jocelyn Loosemore, Manager, Intake
Alison Gorham, Team Lead, ICRC

Discipline Committee

2022 Annual Report

Introduction: Role of the Committee

The Discipline Committee supports the College's commitment to the public to address concerns about practice and conduct.

Executive summary

The Discipline Committee's hearings and activities continued to be impacted by the global pandemic in 2022. Hearings of both contested and uncontested matters were conducted virtually.

A. Panel Activities

1. Completed Matters¹ (Table 1)

Disciplinary matters are resolved by way of non-contested or contested hearings. Matters are resolved or disposed of when:

- all allegations are withdrawn or dismissed;
- no findings of professional misconduct and/or incompetence are made by a panel;
- findings of professional misconduct and/or incompetence are made and a penalty is ordered;
- reinstatement requests are granted, not granted or abandoned; and
- removal of information requests are granted, not granted or abandoned.

In 2022, Discipline Committee panels made findings of professional misconduct in 75 matters involving 75 members. In addition, three matters were withdrawn. One reinstatement request was abandoned. In total, 79 matters were completed in 2022.

¹ The number of completed matters reported in this report will differ from the number in the College Performance Measurement Framework ("CPMF") report to the Ministry due to a difference in the definition of when a matter is completed.

(a) Non-contested Matters (Table 2 and Table 3)

73 matters were resolved by panels accepting agreed statements of facts and/or joint submissions on penalty presented by the College and the member. This represents 92.4% of all completed matters. On average, 0.75 hearing day² was required per matter.

(b) Contested Matters (Table 2 and Table 3)

Two contested matters, involving a total of 7.50 hearing days, were resolved. In addition, 9.25 hearing days were held for two matters that are continuing in 2023. The number of hearing days for contested matters ranged from two days to 5.5 days with an average of four hearing days per matter.

(c) Penalty Orders (Table 4)

Discipline Committee panels made penalty orders in 75 matters where findings of professional misconduct were made. The penalties that were ordered included:

- 4 revocations;
- 67 suspensions;
- 67 terms, conditions and limitations
- 74 reprimands; and
- 2 fines

Terms, conditions and limitations ordered included monitoring and/or supervising of members' practices and members' education/remediation.

2. Hearing and Deliberation/Decision-Writing (Table 5)

Discipline Committee panels met on 72 days for hearings, deliberation and decision-writing for 80 matters (includes 9.25 hearing days for two matters that are continuing in 2023 and 0.75 days hearing three motions to withdraw allegations).

The administration of reprimands commonly occurs immediately following hearings, and the time spent on this administration is included in the calculation of hearing days. In 2023, the Discipline Committee spent an additional 1.75 days administering reprimands at three proceedings specifically convened for that purpose.

² A hearing day is approximately seven hours.

3. Release of Decision and Reasons (Table 6)

For agreement hearings, the Discipline Committee may deliver its decision on the day of the hearing or within 24 hours after the conclusion of the hearing. Subsequently, the Committee releases its written reasons for decision (“reasons”).

The Discipline Committee released 59 written reasons in 2022, some of which related to matters that were heard in 2021. The Discipline Committee Guidelines set out that the Committee’s written reasons be released within 60 days of the conclusion of the hearing. The time period for the release of the written reasons can be impacted by the complexity of the legal and evidentiary issues in the case, or logistical issues, such as the availability of panel members. In 2022, the cascading effect the continuing global pandemic resulted in the release of almost all the written reasons after the 60-day guideline.

(a) Released decisions and reasons for non-contested matters (Table 7)

In three matters, the written reasons were released in 60 days or less. In 23 matters, the written reasons were released between 61 and 90 days, and in 29 matters, they were released in 91 days or more.

(b) Released decisions and reasons for contested matters (Table 7)

Two contested matters had written reasons released between 61 and 90 days, and the written reasons in two matters were released in 91 days or more.

B. Committee Activities

1. Matters in Progress (Table 8)

The number of matters in progress varies in relation to:

- the number and timing of matters referred;
- requests for postponements of hearings and pre-hearings;
- adjournments granted; and
- the length of time required for decision writing.

On December 31, 2022, three hearings were ongoing, 14 pre-hearings and 31 hearings were scheduled for 2023. 47 pre-hearings were to be scheduled. Eight hearings were in the process of being scheduled. Decision-writing was underway for 26 matters. Three hearings were adjourned.

2. Length of Time from Referral to Pre-Hearing/Hearing

The Committee guidelines for matters moving through the discipline process require pre-hearings to be scheduled within four months and hearings to commence within nine months from the referral by the ICRC. The length of time from referral to a pre-hearing and hearing is affected by several factors, including:

- holding a matter in abeyance until the conclusion of related matters within the criminal justice system or other jurisdiction;
- communication and logistical matters with self-represented members; and
- accommodating scheduling issues of legal counsel, for one or both parties.

(a) Referral to Pre-Hearing (Table 9)

Of the 59 matters, where pre-hearings were completed in 2022, 16 matters (27.1%) had pre-hearing conferences held within four months or less from the date of referral.

(b) Referral to Commencement of Hearing (Table 10)

Of the 69 hearings that were scheduled in 2022, 32 hearings (46.4%) were scheduled in nine months or less from the date of referral from the ICRC and 31 hearings were scheduled between 10 and 12 months. Six hearings were scheduled 13 months or more from the referral date.

(c) Referral to Conclusion of Hearing (Table 11)

The average number of months from the ICRC's referral to the conclusion of a hearing for matters resolved by agreement between the parties was 11.2 months, with a range of five to 22 months. The average number of months from referral to the conclusion of a hearing for contested matters was 16.5 months, with a range of 13 to 20 months.

C. Discipline Committee Meetings

The DC & FTP Committees held virtual meetings on February 4, May 6, and October 17 & 18, 2022 for general education of Committee members. A virtual meeting was held on May 5, 2022, to orient new members to their roles on the DC & FTP Committees. A Decision Writing workshop was conducted on July 27, 2022.

On October 14, 2022, 11 Committee members attended the “Conducting a Discipline Hearing Basic Workshop” hosted virtually by the Health Profession Regulators of Ontario (HPRO).

One Committee member attended HPRO’s “Reasons Writing Workshop” virtually on October 7, 2022.

Committee members:

July to December 2022

Michael Hogard, RPN, Chair
Janet Adanty, RN
Andrea Arkell, PM
Jay Armitage, PM
Eloisa Busto, RPN
Tina Colarossi, NP
Tim Crowder, PM
Jean-Laurent Domingue, RN
Sylvia Douglas, PM
Ramona Dunn, RN
David Edwards, RPN
Tomoko Fukushima, RN
Carly Gilchrist, RPN
Shaneika Grey, RPN
Lynn Hall, RN
Max Hamlyn, RPN
Tyler Hands, RN
Neil Hillier, RPN
Nazlin Hirji, RN
Carly Hourigan, PM
Aisha Jahangir, RN
Morgan Krauter, NP
Karen Laforet, RN
Sandra Larmour, PM
Sarah Louwagie, RPN
Marnie MacDougall, PM
Mary MacNeil, RN
Benson Mathai, RPN
Jane Mathews, RN
Donna May, RPN
Ian McKinnon, PM
Sharon Moore, RN
Edsel Mutia, RN
Shakhnoz Niezova, RN
Andrea Norgate, RN

January to June 2022

Dawn Cutler, RN, Chair
Janet Adanty, RN
Andrea Arkell, PM
Jay Armitage, PM
Eloisa Busto, RPN
Margarita Cleghorne, RPN
Tim Crowder, PM
Jacqueline Dillon, RPN
Tanya Dion, RN
Sylvia Douglas, PM
Ramona Dunn, RN
David Edwards, RPN
Kerry Gartshore, RPN
Carly Gilchrist, RPN
Karen Goldenberg, PM (to May 2022)
Shaneika Grey, RPN
Max Hamlyn, RPN
Neil Hillier, RPN
Michael Hogard, RPN
Carly Hourigan, PM
Aisha Jahangir, RN
Karen Laforet, RN
Sandra Larmour, PM
Rodolfo Jr. Lastimoso, RPN
Marnie MacDougall, PM
Mary MacNeil, RN
Benson Mathai, RPN
Jane Mathews, RN
Donna May, RPN
Ian McKinnon, PM
Sharon Moore, RN
Andrea Norgate, RN
Fidelia Osime, PM
Lalitha Poonasamy, PM
Susan Roger, RN

Committee Members (contd.):

July to December 2022

Patrycja Nowicka-Bujko, RPN
Lalitha Poonasamy, PM
Susan Roger, RN
Michael Schroder, NP
Emilija Stojsavljevic, RPN
Sherry Szucsko-Bedard, RN
Kari Van Kamp, NP
Terah White, RPN
Ingrid Wiltshire-Stoby, NP

January to June 2022

Martin Sabourin, RN (to June 2022)
Michael Schroder, NP
Heather Stevanka, RN
Emilija Stojsavljevic, RPN
Patricia Sullivan-Taylor, RN
Sherry Szucsko-Bedard, RN
Shafrina Tarani, NP (to Jan 2022)
Kari Van Kamp, NP
Jane Walker, RN
Terah White, RPN
Colleen Wilkinson, RN
Ingrid Wiltshire-Stoby, NP

Staff contacts:

Veronica Adetoye, Director, Business Services
Kurt Maben, Hearings Administration Coordinator
Lesley Wright, Hearings Administrator
Adrienne Kang, Hearings Administrator
Saad Siddiqui, Hearings Administrator
Vipa Pandya, Hearings Assistant

STATISTICAL TABLES

A. Panel Activities

Table 1. Completed matters

Matters with:	2018		2019		2020		2021		2022	
	#	%	#	%	#	%	#	%	#	%
Findings	35	100	43	100	53	93.0	46	97.9	75	94.9
All allegations withdrawn	0	0.0	0	0.0	3	5.3	1	2.1	3	3.8
All allegations dismissed	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Reinstatement Abandoned	0	0.0	0	0.0	1	1.7	0	0.0	1	1.3
Total	35³	100	43	100	57	100	47⁴	100	79	100

Table 2. Types of completed matters

Completed cases	2018		2019		2020		2021		2022	
	#	%	#	%	#	%	#	%	#	%
Non-contested matters	25	71.4	31	70.5	46	80.7	36	76.6	73	92.4
Contested matters	10	28.6	13	29.5	7	12.3	10	21.3	2	2.5
All allegations withdrawn	0	0.0	0	0.0	3	5.3	1	2.1	3	3.8
Reinstatement Abandoned	0	0.0	0	0.0	1	1.7	0	0.0	1	1.3
Removal of Information Abandoned	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	35	100	44⁵	100	57	100	47⁶	100	79	100

³ For one matter, liability findings were made in 2018 but the penalty was heard in 2019.

⁴ For one matter, liability findings were made in 2020 but the penalty was heard in 2021

⁵ Includes the matter where liability findings were made in 2018 but penalty was ordered in 2019

⁶ Includes the matter where liability findings were made in 2020 but penalty was ordered in 2021

Table 3. Hearing days⁷ for 2022

Completed matters	Matters	Total days	Min. days/case	Max. days/case	Average days/case
Non-contested matters	73	54.50	0.5	1.0	0.75
Contested matters	4	16.75	2.0	5.5	4.00
All allegations withdrawn matters	3	0.75	0.25	0.25	0.25
Total	80	72	-	-	-

Table 4. Penalty Orders

Penalty Types	2018		2019		2020		2021		2022	
	#	%	#	%	#	%	#	%	#	%
Reprimand	32	37.2	42	36.2	53	37.6	46	39.7	74	34.6
Suspension	22	25.6	32	27.6	41	29.1	32	27.6	67	31.3
Terms, conditions, limitations	22	25.6	33	28.4	41	29.1	32	27.6	67	31.3
Revocation	10	11.6	9	7.8	6	4.2	6	5.1	4	1.9
Fine	0	0.0	0	0.0	0	0.0	0	0.0	2	0.9
Total	86	100	116	100	141	100	116	100	214	100
# of matters with penalty orders	34		44		53		46		75	

⁷ A hearing day is approximately seven hours, measured in 0.25 day increments.

Table 5. Hearing and deliberation/decision-writing days

Activity days	2018		2019		2020		2021		2022	
	#	%	#	%	#	%	#	%	#	%
Hearings (including ongoing matters)	41.0	94.3	60.25	91.6	58	94.3	55.25	97.0	72.00	97.6
Hearing - Removal of Information Request	0.0	0.0	0.0	0.0	0	0.0	0	0.0	0	0.0
Reinstatement hearings	0.0	0.0	0.0	0.0	0	0.0	0	0.0	0	0.0
Deliberation/decision-writing	2.0	4.6	4.5	6.8	2	3.3	1.25	2.1	0	0.0
Administering Reprimands	0.50	1.1	1.00	1.5	1.5	2.4	0.5	0.9	1.75	2.4
Total	43.5	100	65.75	100	61.5	100	57.0	100	73.75	100
# of matters	35		44		57		47		83	

Table 6. Time from conclusion of hearing to release of decision and reasons

Time	2018		2019		2020		2021		2022	
	#	%	#	%	#	%	#	%	#	%
60 days or fewer	18	54.5	4	9.5	2	8.0	1	1.4	3	5.1
61 days or more	15	45.5	38	90.5	23	92.0	71	98.6	56	94.9
Total	33	100	42	100	25	100	72	100	59	100

Table 7. Time from conclusion of hearing to release of decision and reasons in non-contested and contested matters

Time	Non-contested Matters		Contested Matters	
	#	%	#	%
60 days or fewer	3	5.5	0	0.0
61 days or more	52	94.5	4	100.0
Total	55	100	4	100

B. Committee Activities

Table 8. Matters in progress on December 31, 2022

Matter Status	2018		2019		2020		2021		2022	
	#	%	#	%	#	%	#	%	#	%
Pre-hearing to be set	15	34.0	9	16.1	21	23.1	58 ⁸	54.2	47	35.6
Pre-hearing scheduled	4	9.0	13	23.2	11	12.1	6	5.6	14	10.6
Hearing to be set	3	6.8	8	14.3	1	1.1	4	3.7	8	6.0
Hearing scheduled	14	32.0	20	35.7	21	23.1	13	12.2	31	23.5
Hearing in progress	1	2.2	0	0.0	0	0.0	1	0.9	3	2.3
Deliberation	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Decision-writing	7	16.0	6	10.7	35 ⁹	38.4	11	10.3	26	19.7
To be determined	0	0.0	0	0.0	1	1.1	1	0.9	0	0.0
Adjournment	0	0.0	0	0.0	1	1.1	13	12.2	3	2.3
Total	44	100	56	100	91	100	107	100	132	100

Table 9. Time from referral to pre-hearing

Time	2021		2022	
	#	%	#	%
4 months or less	17	50.0	16	27.1
5-9 months	16	47.1	42	71.2
10-12 months	0	0.0	1	1.7
13 months or more	1	2.9	0	0.0
Total	34	100	59	100

Table 10. Time from referral to commencement of hearing

Time	2018		2019		2020		2021		2022	
	#	%	#	%	#	%	#	%	#	%
9 months or less	26	74.3	33	76.7	37	70.0	42	79.2	32	46.4
10-12 months	3	8.6	10	23.3	11	21.0	7	13.2	31	44.9
13 months or more	6	17.1	0	0.0	5	9.0	4	7.6	6	8.7
Total	35	100	43	100	53	100	53	100	69	100

⁸ includes 55 matters that were referred between November and December 2021

⁹ includes one Decision on Liability written for a matter that continued in 2021

Table 11. Time from referral to conclusion of hearing

	Minimum months/case	Maximum months/case	Average months/case
Matters with agreements	5	22	11.2
Contested matters	13	20	16.5

Fitness to Practise Committee

2022 Annual Report

Introduction: Role of the Committee

The Fitness to Practise Committee (“the Committee”) supports the College’s commitment to the public by addressing concerns about the impact of a nurse’s health on public safety.

The Committee holds hearings to determine if members are incapacitated due to a mental or physical condition or disorder, such that they should not practice, or their practice should be restricted.

If a member is found to be incapacitated, the Committee can revoke, suspend, or impose terms, conditions or limitations (TCLs) on the member’s certificate of registration.

The Committee also determines members’ requests to return to practice and matters of alleged breach of the terms of an Order of the Committee or the terms of an Undertaking to the College.


The Committee endorses the resolution of matters by agreements that protect the public and provide for the member’s safe return to practice when possible.

Based upon approved procedure and protocol, agreements between the College and the member are reviewed by panels of the Committee and, if found appropriate, approved as Consent Orders, eliminating the need for formal hearings.

Executive Summary

Fitness to Practise (FTP) Committee Caseload

There were 60 new matters referred to the Committee in 2022. In addition, 36 matters were carried over from the previous year, for a total caseload of 96 matters.



As of December 31, 2022, there were 78 matters in progress as follows:

- 4 matters were adjourned;
- 2 matters are ongoing and have hearings scheduled in 2023 (includes one matter that commenced in 2021);
- 12 hearings were to be set; and
- 60 matters were awaiting determination whether to proceed by hearing or Consent Order review.

Matters Completed

Matters are completed when a determination of a member's capacity is made and a disposition is ordered. Matters may be resolved by Consent Order or by way of contested hearing.

In 2022, a total of 18 matters related to 18 members were completed. These were resolved as follows:

- 17 Consent Orders;
- 1 contested hearing completed.

Dispositions Ordered

Resolution by Consent Order (Table 1)

- 3 consent orders involved the member voluntarily surrendering their certificate of registration;
- 5 related to Return to Practice requests and breach of Orders;
- 9 had no finding of incapacity. In 8 of these matters, the member entered into an undertaking with the College and in one matter, the member moved into the non-practising class.

Hearings

Panels of the FTP Committee spent 12 days hearing three FTP matters in 2022, as follows:

(a) Contested Matters

- 1 hearing completed and a suspension was ordered (Table 2)
- 1 hearing began in 2021 and 1 hearing began in 2022. Both will continue in 2023

(b) Removal of Information matters (Table 3)

No Removal of Information matters were heard in 2022



Return to Practice (RTP) Requests

Requests to Return to Practice are made by members who have surrendered their certificates of registration.

These requests are made in accordance with specified terms of the original Order, requiring the member to provide up-to-date information demonstrating that they are ready to return to practice, with or without TCLs on their certificate of registration.

Where the College and the member agree that the member may return to practice and, to any terms required, the matter proceeds by way of Consent Order.

Where the parties do not agree, the matter is heard by a panel at a contested hearing.

In 2022, as seen in Table 5, three RTP requests were granted and no requests were denied. All requests were resolved by Consent Order.

Breaches

It may be alleged that a member has failed to comply with the terms of an Order of the Committee or their Undertaking to the College. A failure to abide by or comply with the terms of an Order or Undertaking is commonly referred to as a breach.

If the member and the College agree that a breach has occurred and on the appropriate conditions required to protect the public, the matter is resolved by way of Consent Order.

Where there is a dispute whether the Order or Undertaking has been breached, or about the appropriate conditions required to protect the public, then the matter proceeds to a contested hearing.

In 2022, as seen in Table 6, two matters related to members who were alleged to be in breach of the terms, of a Panel's Order were resolved by Consent Order.



Committee Meetings

The DC & FTP Committees held virtual meetings on February 4, May 6, and October 17 & 18, 2022 for general education of Committee members. A virtual meeting was held on May 5, 2022, to orient new members to their roles on the DC & FTP Committees. A Decision Writing workshop was conducted on July 27, 2022.

On October 14, 2022, 11 Committee members attended the “Conducting a Discipline Hearing Basic Workshop” hosted virtually by the Health Profession Regulators of Ontario (HPRO).

One Committee member attended HPRO’s “Reasons Writing Workshop” virtually on October 7, 2022.

Committee members:

July to December 2022

Michael Hogard, RPN, Chair
Janet Adanty, RN
Andrea Arkell, PM
Jay Armitage, PM
Eloisa Busto, RPN
Tina Colarossi, NP
Tim Crowder, PM
Jean-Laurent Domingue, RN
Sylvia Douglas, PM
Ramona Dunn, RN
David Edwards, RPN
Tomoko Fukushima, RN
Carly Gilchrist, RPN
Shaneika Grey, RPN
Lynn Hall, RN
Max Hamlyn, RPN
Tyler Hands, RN
Neil Hillier, RPN
Nazlin Hirji, RN
Carly Hourigan, PM
Aisha Jahangir, RN
Morgan Krauter, NP
Karen Laforet, RN
Sandra Larmour, PM
Sarah Louwagie, RPN
Marnie MacDougall, PM
Mary MacNeil, RN
Benson Mathai, RPN

January to June 2022

Dawn Cutler, RN, Chair
Janet Adanty, RN
Andrea Arkell, PM
Jay Armitage, PM
Eloisa Busto, RPN
Margarita Cleghorne, RPN
Tim Crowder, PM
Jacqueline Dillon, RPN
Tanya Dion, RN
Sylvia Douglas, PM
Ramona Dunn, RN
David Edwards, RPN
Kerry Gartshore, RPN
Carly Gilchrist, RPN
Karen Goldenberg, PM (to May 2022)
Shaneika Grey, RPN
Max Hamlyn, RPN
Neil Hillier, RPN
Michael Hogard, RPN
Carly Hourigan, PM
Aisha Jahangir, RN
Karen Laforet, RN
Sandra Larmour, PM
Rodolfo Jr. Lastimoso, RPN
Marnie MacDougall, PM
Mary MacNeil, RN
Benson Mathai, RPN
Jane Mathews, RN



Committee Members (contd.):

July to December 2022

Jane Mathews, RN
Donna May, RPN
Ian McKinnon, PM
Sharon Moore, RN
Edsel Mutia, RN
Shakhnoz Niezova, RN
Andrea Norgate, RN
Patrycja Nowicka-Bujko, RPN
Lalitha Poonasamy, PM
Susan Roger, RN
Michael Schroder, NP
Emilija Stojsavljevic, RPN
Sherry Szucsko-Bedard, RN
Kari Van Kamp, NP
Terah White, RPN
Ingrid Wiltshire-Stoby, NP

January to June 2022

Donna May, RPN
Ian McKinnon, PM
Sharon Moore, RN
Andrea Norgate, RN
Fidelia Osime, PM
Lalitha Poonasamy, PM
Susan Roger, RN
Martin Sabourin, RN (to June 2022)
Michael Schroder, NP
Heather Stevanka, RN
Emilija Stojsavljevic, RPN
Patricia Sullivan-Taylor, RN
Sherry Szucsko-Bedard, RN
Shafrina Tarani, NP (to Jan 2022)
Kari Van Kamp, NP
Jane Walker, RN
Terah White, RPN
Colleen Wilkinson, RN
Ingrid Wiltshire-Stoby, NP

Staff contacts:

Veronica Adetoye, Director, Business Services
Kurt Maben, Hearings Administration Coordinator
Lesley Wright, Hearings Administrator
Adrienne Kang, Hearings Administrator
Saad Siddiqui, Hearings Administrator
Vipa Pandya, Hearings Assistant

Appendix 1 – Statistical tables

1. Disposition of Matters

■ Table 1. Resolution by Consent Order

Outcomes	2018	2019	2020	2021	2022
Agree to terms, conditions or limitations	0	1	0	0	0
Voluntary surrender of Certificate of Registration	34	11	7	9	3
Return to Practice / Breach	15	10	9	9	5
No Findings	39	18	21	20	9
Variance	0	0	0	0	0
Total	88	40	37	38	17

■ Table 2. Contested matters

Outcomes	2018	2019	2020	2021	2022
Suspension	7	2	2	2	1
Terms, conditions or limitations	0	0	0	0	0
Re-instatement Granted/Not granted	1	0	0	0	0
No Findings	0	1 ¹	0	0	0
Total	8	3	2	2	1

■ Table 3. Removal of Information matters

Outcomes	2018	2019	2020	2021	2022
Removal of Information	0	0	0	0	0
Total	0	0	0	0	0

■ Table 4. Motions

Motion	2018	2019	2020	2021	2022
Adjournments	0	6	4	4	4
Total	0	6	4	4	4

¹ This matter started as a hearing but an agreement was reached and no finding was made after the Member signed an undertaking with the College.



Return to Practice Requests and Breaches

■ Table 5. Return to Practice (RTP) Requests and Outcomes

Resolution	2018	2019	2020	2021	2022
RTP requests granted	13	8	5	8	3
RTP requests denied	0	0	0	0	0
Total	13	8	5	8	3

■ Table 6. Breach dispositions

Resolution	2018	2019	2020	2021	2022
Breaches resolved by Consent Order	2	2	4	1	2
Breach hearings	0	0	0	0	0
Total	2	2	4	1	2

Quality Assurance Committee

2022 Annual Report

Quality Assurance Program

CNO's Quality Assurance (QA) Program promotes continuing competence among nurses, assesses individual knowledge, skill and judgment and monitors nurses' participation and compliance with the program. There are three components to the program.

- 1) **QA Everyday¹**, which requires all nurses registered with the College to reflect on their practice, identify professional learning needs, and develop and maintain a learning plan annually;
- 2) **QA Assessment²**, which requires selected nurses to submit their learning plan and complete other QA activities which are then assessed by a CNO QA Peer Coach; and,
- 3) **Remedial Support**, which is offered to nurses who have been unsatisfactory in QA Assessment based on their submitted activities and are required to meet with a QA Peer Coach³ to address any gaps identified gaps in knowledge, skill and judgment.

Nurses are randomly selected to participate in QA Assessment. Selected Nurses are required to submit their Learning Plan and complete a Code of Conduct Practice Activity. In addition, Nurse Practitioners (NPs) complete a Case Example activity. Optional coaching support is provided to nurses as an opportunity to receive support and feedback from a Peer Coach. Peer Coaches assess the nurses' QA activities according to set criteria and write a report for the QA Committee. Submitted activities are either assessed as satisfactory, needs more information or unsatisfactory.


The Role of The Committee

The QA Committee receives and reviews the individual Peer Coach Reports for decision making. Based on the Peer Coach's assessment, QA Committee will direct nurses to either exit

¹ This is referred to as *self-assessment* within legislation.

² This is referred to as *member assessment* within legislation.

³ To align with the integration of the coaching component in QA Assessment a change was made to from the Peer Assessor title to QA Peer Coach.



the program if satisfactory, resubmit if needs more information, or receive remedial support if unsatisfactory.

The QA Committee, composed of nurse and public members, is responsible for administering the QA Program as legislated in the *RHPA, 1991*. The QA Committee supports the College's commitment to the public that nurses are engaged in continuous quality improvement.

2022 QA Committee Summary

The QA Committee met twelve (12) times in 2022. All meetings were held virtually using video conferencing. In addition, a new committee member orientation session was held on June 20th and an education session for new and existing committee members was held virtually on August 11th.

In 2022, there were two random selection cycles for **QA Assessment** in April and September. A total of **371** members were selected. This included: **350** nurses who were randomly selected using risk-based selection criteria, and an additional **21** nurses who were directed to participate due to outstanding QA matters from previous years. Nurses were notified and given six weeks to complete their activities. Short-term extensions and deferrals were available to all nurses.

As of March 31, 2023, a total of **305** nurses have been assessed by the QA Peer Assessors as satisfactory and directed by the QA Committee to exit the QA program. Sixteen (**16**) nurses are still in progress with their QA Assessment. Three (**3**) nurses received remedial support. Twenty-one (**21**) nurses deferred their participation to a later date throughout the program. Nine (**9**) nurses were referred to Investigation, Complaints and Reports (ICR) Committee. No Terms, limitations and conditions were imposed by the QA Committee on a nurse's certificate of registration. Ten (**10**) nurses moved to the non-practicing class. As non-practicing nurses, they are not required to participate in QA Assessment. If these nurses reinstate to the active class, they will be required to complete their outstanding QA Assessment activities. Seven (**7**) nurses resigned from the CNO.

Please see table 1 below for a summary nurses' QA Assessment outcomes from 2018-2022.

STAFF CONTACTS

Catriona Mill, Manager, Practice Quality

Amanda Laird, Team Lead, Practice Quality

George-Ann Watt, Quality Assurance and Registration Committee Administrator

Committee Members:

JULY TO DECEMBER 2022

Lalitha Poonasamy, Public Member, Chair

Diane Morin-LeBlanc, RN

Ian McKinnon, PM

Katie Condon, RPN

Kerry Garthshore, RPN

JANUARY TO JUNE 2022

Lalitha Poonasamy, Public Member, Chair

Diane Morin-LeBlanc, RN

Ian McKinnon, PM

Katie Condon, RPN

Maria Sheculski, RN

Lisa Connolly, NP
 Maria Sheculski, RN
 Sylvia Douglas, PM
 Sylvain Leduc, NP
 Zaheeda Hamza, RN

Monica Klein-Nouri, RN
 Neil Hillier, RPN
 Sylvia Douglas, PM
 Zaheeda Hamza, RN

Table 1.

Historical QA Assessment Outcomes (RNs, RPNs, NPs)

QA Assessment Outcomes	2018		2019		2020 ⁴		2021		2022	
	#	%	#	%	#	%	#	%	#	%
Satisfactory	758	87.1	912	91.2	28	46.7	312	79.6	305	82.21
Still In Progress	-	-	-	-	-	-	33	8.4	16	4.31
Remediation	45	5.2	15	1.5	8	13.3	-	-	3	0.81
Deferred	24	2.8	24	2.4	15	25	22	5.6	21	5.66
Referred to the ICRC	8	1.0	7	0.7	-	-	2	0.5	9	2.42
Impose TCL	5	0.6	10	1	-	-	-	-	-	-
Non-Practicing	15	1.7	8	0.8	7	11.7	14	3.6	10	2.70
Resigned	15	1.7	16	1.6	-	-	8	2.0	7	1.89
Suspended	-	-	2	0.2	-	-	-	-	-	-
Deceased	-	-	3	0.3	-	-	1	0.3	-	-
Changed Registration Class from NP to RN	-	-	3	0.3	2	3.3	-	-	-	-
Total	870	100	1000	100	60	100	392	100	371⁵	100

⁴ There was no random selection in 2020 due to the pandemic. Only nurses with activities in progress from previous cycles participated in the QA Assessment.

⁵ Due to the ongoing COVID-19 pandemic, the selection numbers were kept low to meet the needs of nurses during such an unprecedented time in health care.

Registration Committee

2022 Annual Report

Introduction: Role of the Committee

The Registration Committee supports CNO's commitment to the public that individuals entering the profession have the competence and character to practise safely.

Applicants, who do not meet a registration requirement, are referred to the Registration Committee ("the Committee") by the Registrar¹ or can request to have their application reviewed by the Committee.² They may make written submissions to support their application. Once the Committee has reviewed all information, the Committee may do any of the following:

- direct the Registrar to issue a certificate of registration;
- direct the Registrar to issue a certificate of registration if the applicant successfully completes an examination set or approved by the panel;
- direct the Registrar to issue a certificate of registration if the applicant successfully completes additional training as specified by the panel;
- direct the Registrar to impose specified terms, conditions, or limitations (TCLs) on a certificate of registration of the applicant and specifying a limitation on the applicant's right to apply under subsection 19(1); or
- direct the Registrar to refuse to issue a certificate of registration.³

Where an applicant is not yet eligible for registration, the Committee may determine whether the applicant's evidence meets a specific requirement.

¹ The *Regulated Health Professions Act, 1991* (RHPA) refers to the "Registrar". In Section 1 of the *Nursing Act, 1991*, it states that the "Executive Director and CEO is the Registrar".

² Ontario Regulation 275/94, made under the *Nursing Act, 1991* (as amended). Amendments to Ont. Reg. 275/94 came into effect on January 1, 2013.

³ RHPA, *Health Professions Procedural Code*, s. 18(2).



Executive Summary

In 2022, the Committee held a total of 20 meetings. The Committee sat as two panels with each panel meeting on either a monthly or bimonthly basis to review applications. The full Committee met for:

- orientation in May 2022; and
- policy approval of the following:
 - a one-year extension by staff of an applicant's language proficiency where it expires prior to their registration; and
 - revising the decision-making criteria for approval of non-Schedule 1 facilities from which CNO receives offers of employment for Temporary Class registrants. Certain facilities (e.g., hospitals and long-term care homes) are already approved under legislation; however, other facilities (e.g., retirement homes, specialty clinics, prisons, etc.) are not. These facilities must be reviewed to determine if they are an appropriate practice setting and have appropriate resources to support a Temporary Class registrant's competent and safe practice.

As seen in Table 1, the Committee reviewed 1,259 applications. This represented a 54% decrease in matters reviewed in 2021, which was due in great part to CNO's new language proficiency policy which came into effect on March 7, 2022. In addition to passing language proficiency tests, applicants could also meet the requirement through nursing or healthcare related education or experience. The new policy ensures public protection by focusing on evidence that specifically demonstrates an applicant's ability to communicate within a health care environment. The applicant experience has been streamlined since much of the language proficiency evidence can be reviewed and accepted by staff instead of requiring review by the Registration Committee.

Of the applications reviewed, the Committee determined that an applicant met a registration requirement in 1,149 matters – 1,136 language proficiency and 13 conduct/health - as seen in Table 2. After the Committee's review, some applicants became eligible for registration if all other registration requirements were met. As seen in Table 3, the Committee also determined that a registration requirement was not met in 20 matters and refused registration to one applicant.

Table 3 also shows the Committee's decisions included the following:

- directing 11 independent medical assessments to determine if an applicant had a health condition that could impact their ability to practise nursing safely;



- directing 11⁴ applicants to meet with a regulatory expert to discuss conduct/practice concerns and to review relevant standards, prior to becoming eligible for registration;
- registering six⁵ applicants subject to an undertaking, which reflects an agreement between the applicant and CNO to ensure safe practice and public protection; and
- directing four applicants to be registered with TCLs placed on their certificate of registration in relation to a character, conduct or health matter. Generally, such TCLs end once a registrant has complied with the specific requirement or the registrant requests removal or variance of the TCL.

As outlined above, changes in processes resulted in a decrease in the volume of matters reviewed by the Committee in 2022. We anticipate that this decrease will continue in 2023 with CNO's continued focus on modernizing applicant assessment.

Reviews or Hearings by the Health Professions Appeal and Review Board (“the Board”)

The Board can review decisions of the Committee. In 2022, three appeals were in process with the Board, as seen in Table 4. In each of these cases, the Committee had refused to register the applicant as they had not met one or more of the following non-exemptible registration requirements:

- Nursing education requirement
- Registration examination requirement
- Conduct requirement

Of the matters in process during 2022⁶, one matter has been withdrawn by the Applicant prior to a Board Decision as of December 31, 2022, and the College was awaiting hearings on two matters.

⁴ See breakdown of “Other” in Table 3.

⁵ See breakdown of “Other” in Table 3.

⁶ Including matters filed before January 1, 2022, but resolved in 2022.



Committee members:

June to December 2022

(Current Committee)

- Diane Thompson, Public Member, Chair
- Alexis Lamsen, RN
- Andrea Arkell, PM
- Brock Cooper, NP
- Fidelia Osime, PM
- Judy Petersen, PM
- Linda Bishop, RPN
- Rodolfo Lastimoso Jr., RPN

January to May 2022

(2021-2022 Committee)

- Diane Thompson, Public Member, Chair
- Andrea Arkell, PM
- Brock Cooper, NP
- Carrie Heer, NP
- Fidelia Osime, PM
- Judy Petersen, PM
- Linda Bishop, RPN
- Priscilla Ankamah, RN
- Raj Kaur, RPN

Staff contacts

- Suzanne Vogler, Manager, Entry to Practice
- Tracy Bardell, Team Lead, Entry to Practice
- Kristopher Librera, Team Lead, Entry to Practice
- George-Ann Watt, Quality Assurance and Registration Committee Administrator



STATISTICAL TABLES

Table 1. Registration Committee decisions

	2018		2019		2020		2021		2022	
	#	%	#	%	#	%	#	%	#	%
Requirement Met	750	81.5	1,269	82.0	1,062	86.7	2,503	92.2	1149	91.3
Other Decisions	170	18.5	278	18.0	163	13.3	213	7.8	110	8.7
Total	920	100	1,547	100	1,225	100	2,716	100	1259	100

Table 2. Registration Committee decisions: Requirement met

Requirement Met	2018		2019		2020		2021		2022	
	#	%	#	%	#	%	#	%	#	%
Language Proficiency	744	99.2	1,265	99.7	1,051	99.0	2,485	99.3	1136	98.9
Health/Conduct	5	0.7	4	0.3	10	0.9	17	0.67	13	1.1
Evidence of Practice	1	0.1	0	0.0	1	0.1	1	0.03	0	0.0
Nursing Education	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Nursing Exam	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	750	100	1,269	100	1,062	100	2,503	100	1149	100

Table 3. Registration Committee decisions: Other decisions

Other Decisions	2018		2019		2020		2021		2022	
	#	%	#	%	#	%	#	%	#	%
Refuse registration	83	48.8	111	39.9	5	3.1	0	0.0	1	0.9
Directed to complete further study or an approved exam	4	2.3	0	0.0	0	0.0	0	0.0	1	0.9
Impose terms, conditions or limitations	17	10.0	21	7.6	25	15.3	1	0.5	4	3.6
Modify terms, conditions or limitations	1	0.6	0	0.0	0	0.0	0	0.0	2	1.8
Complete independent medical assessments	11	6.5	6	2.2	4	2.5	8	3.8	11	10
Language Proficiency – Requirement not met	16	9.4	55	19.8	14	8.6	26	12.2	18	16.4
Nursing Education – Requirement not met	2	1.2	6	2.2	3	1.8	1	0.5	1	0.9
Health/Conduct – Requirement not met	0	0.0	0	0.0	3	1.8	2	0.9	1	0.9
Evidence of Practice - Requirement not met	0	0.0	2	0.7	1	0.6	0	0.0	0	0.0
Other	36	21.2	77	27.7	108	66.3	175	82.2	71 ⁷	64.5
Total	170	100	278	100	163	100	213	100	110	100

⁷ The “Other” category includes:

- 51 applications deferred by the Registration Committee for additional information or further review (5 Character, Conduct and health; 46 language proficiency);
- 11 Character, conduct and health applications deferred by the Registration Committee to enable the applicant to meet with a regulatory expert;
- 3 Character, conduct and health applications where the applicant were deferred subject to an undertaking/agreement;
- 6 Character, conduct and health applications where the applicant were registered subject to an undertaking/agreement;



Table 4. Reviews or hearings by the Health Professions Appeal and Review Board⁸

	2018		2019		2020		2021		2022	
	#	%	#	%	#	%	#	%	#	%
Decision confirmed by the Board	24	30.8	6	35.3	6	54.5	0	0	0	0
Review withdrawn by applicant	31	39.7	0	0	2	18.2	1	33.3	1	33.3
Application returned by the Board for Registration Committee review	7	9	1	5.9	1	9.1	0	0	0	0
CNO opted to return the application to Committee	4	5.1	1	5.9	1	9.1	0	0	0	0
Awaiting Board Decision	12	15.4	8	47.1	1	9.1	2	66.7	2	66.7
Matters closed – No jurisdiction or abandoned	-	-	1	5.9	0	0	0	0	0	0
Total	78	100	17	100	11	100	3	100	3	100

⁸ A dash “-” indicates that data was not available or collected for that year.

Decision Note – June 2023 Council

Conduct Committee

Contacts for Questions or More Information

Kevin McCarthy, Director, Strategy

Decision for consideration re. recommendation of the Nominating and Executive committees:

That Council appoint the following Chair and members of the Conduct Committee:

- M. E. Renwick, RN, Chair
- D. Edwards, RPN
- M. Hogard, RPN and
- D. Thompson, public member

Background

The Conduct Committee is a standing committee of Council. Its role is to screen formal written complaints filed with the Chair of the Conduct Committee and the Executive Director and CEO about a Council or committee member breaching Council's Code of Conduct (Article 2 of By-Law No. 3: Conduct of Councillors and committee members). It only meets if a formal complaint is received.

The Conduct Committee's membership set in its [Terms of Reference](#) is three nurse and two public Council members. The members are recommended by the Nominating Committee and the Chair by Executive.

Following two calls for volunteers, the Nominating Committee (see agenda item 7.2) was able to recommend the above four members. The Nominating Committee notes that there were sufficient members for a quorum, should the committee need to meet. It was also noted that other standing committees have been appointed previously with a vacant position.

The Executive reviewed information submitted by volunteers to Chair and is recommending M. E. Renwick be appointed as Chair.

Decision Note – June 2023 Council

Appointment of Council members to the 2023-2024 Finance Committee

Contacts for Questions or More Information

Jenna Hofbauer, Council Affairs Coordinator

Decision re Recommendation of the Nominating Committee

That J. Farag, public member, M. Hogard, RPN and M.E. Renwick, RN be appointed to the 2023-2024 Finance Committee.

Background

The Finance Committee is a standing committee of Council. It supports Council in meeting its accountability to ensure CNO's ongoing fiscal well-being.

The committee is made up of ex officio members (see below) and three Council members appointed from among volunteers. The membership section of the Finance Committee's [Terms of Reference](#) identify that the three members must include one nurse and one public member of Council.

Ex officio members – selected by Council in March:

- Council Officers
 - President Patricia Sullivan, RN
 - Vice-President, RN Sylvain Leduc, NP
 - Vice-President, RPN Rodolfo Lastimoso Jr.

- Chair of the Sub-Committee on Compensation
 - Bob Canuel

The two Vice-Presidents co-chair the committee.

The Nominating Committee considered the information submitted by Council member volunteers, including their input on how they would contribute to the Finance Committee's role, in coming to the above recommendation.



Decision Note – June 2023 Council

Filling statutory committee vacancy

Contact for Questions or More Information

Kevin McCarthy, Director of Strategy

Decision

That Council confirm the appointment of Diane Scott to the Inquiries, Complaints and Reports Committee.

Background

The Executive Committee fills mid-year committee vacancies ([Article 31.03](#)). Those appointments come into effect immediately and need to be confirmed by Council at its next meeting.

Diane Scott, public member, joined Council in early May.

The Executive was informed that Stephen Eaton resigned from Council. Stephen was a public member on the Inquiries, Complaints and Reports Committee (ICRC). As a result of his resignation, there will be four public members on ICRC effective June 7th. This number is less than the minimum of five members set out in By-Law (Article 18.01 iii) and is insufficient to support effective ICRC functioning. For that reason, the Executive is recommending Diane be appointed to ICRC.

It was noted that the government will appoint a new public member in the future. At that time, consideration will be given to appointing the member to the Discipline/Fitness to Practise committees.

Guest Speaker

Judy Linton

Executive Vice-President, Clinical Institutes & Quality Programs, Chief Nursing



Judy Linton is a seasoned nursing executive who works in partnership with Dr. Chris Simpson, Ontario Health’s Executive Vice-President, Medical to advance evidence-based clinical excellence, help set standards that drive consistency, and enable the delivery of quality care and positive health outcomes.

Judy began her career as a registered nurse in critical care. She has since held key clinical care leadership positions in academic centres and community hospitals. Most recently, Judy was the Senior Vice-President, Patient Experience, and Chief Nursing Executive at Halton Healthcare. She is also former Vice-President, Clinical Services, and Chief Nursing Executive at Grand River Hospital in Kitchener. Judy has held leadership positions with provincial agencies, including Cancer Care Ontario and the Ontario Renal Network, as well as clinical operational and consulting roles at The Hospital for Sick Children, PricewaterhouseCoopers and the Queen Elizabeth Hospital in Toronto.

Judy brings vast expertise to Ontario Health’s Mental Health and Addictions Centre of Excellence, as well as clinical programs that include palliative care and more. Her focus is on the provision of high-quality care and the best possible patient and family experience. Judy values collaborative relationships with clinicians to plan and deliver evidence-based care, and has extensive experience engaging others, particularly physicians, to work together to achieve the best care as close to home as possible for patients.

Information Item – June 2023 Council

Update on the Strategic Plan: 2021-2026

Contact for Questions or More Information

Silvie Crawford, Executive Director and Chief Executive Officer

[In March](#), Council approved extending CNO's Strategic Plan by two years, to end December 31, 2026.

In June, Council will be updated on the Strategic Plan. During the presentation, staff would ask that you consider the following discussion questions:

- Have you seen examples where CNO has played an active role in the health care system?
- Are there other ways CNO could make its Strategic Plan more relevant?
- Are there any stakeholder groups that you would like to know more about?



Decision Note – June 2023 Council

Nursing Education Program Approval

Contact for Questions

Katie Dilworth, Manager, Education Program

Decisions for Consideration¹

Decision 1:

That the annual monitoring review recommendations of nursing programs be approved as listed in [Attachment 1](#) to this decision note.

Decision 2:

That the comprehensive review recommendations of nursing programs be approved as listed in [Attachment 2](#) to this decision note.

Decision 3:

That the preliminary review recommendations of new nursing programs be approved as listed in [Attachment 3](#) to this decision note.

Public Interest Rationale

Program Approval is a mechanism that allows for rigorous assessment of entry level education programs to ensure their graduates have knowledge, skill, and judgment to practise safely. The *Nursing Act, 1991* includes a requirement that in order to be eligible for registration, applicants must:

“successfully complete a program that was specifically designed to educate and train persons to be practising” nurses and that the “program was approved by Council or a body approved by Council for that purpose” [Subsections 2(1)1i, 3(1)1i, and 4(1)2i of Ontario Regulation 275/94].

Approving nursing education programs is an important part of the Council’s accountability to protect the public.

¹ Due to the type of approval being sought (annual, comprehensive, or preliminary), decisions have been divided into three separate categories.

Background

Program Approval

In accordance with [the Program Approval Framework](#) approved by Council, all entry level nursing programs, including practical nurse diploma (PN), baccalaureate nursing (BScN or BN) and nurse practitioner (NP), come to Council annually for consideration for approval.

Existing Nursing Programs:

Each year, all existing nursing programs undergo an annual monitoring review or comprehensive review. Program approval methodology is described in Attachment 4.

- Annual monitoring review is completed for all programs and includes assessment of outcome indicators. Outcome indicators are calculated on a rolling 3-years of aggregate data. This includes a review and update to program scores. Annual monitoring recommendations are in Attachment 1.
- Comprehensive reviews, evaluate all nine indicators, and are completed for all programs every seven years. CNO is transitioning to the new Program Approval process. All schools will have their initial comprehensive review by 2025. Comprehensive review recommendations are in Attachment 2

New Nursing Programs:

All new nursing programs must receive preliminary approval before admitting students. Preliminary approval review includes a detailed review of the program's curriculum (the same rigorous curriculum review as in the comprehensive review). Full approval for all new nursing programs, including meeting the other indicators, occurs the year after the initial cohort graduates.

Two academic institutions' new programs are presented for preliminary approval: a baccalaureate program from Niagara College as well as baccalaureate program from Sheridan College which has an early exit option to obtain a Practical Nursing Diploma, Education and Leadership Focus. Preliminary Approval recommendations are in Attachment 3.

Program recommendations are forwarded to Council for approval. Program Approval Scoring Methodology is described in [Attachment 4](#).

Next Steps:

Following Council's decisions CNO will provide:

- A letter to each of the Nursing Programs addressing the program's approval status and the upcoming dates for the next annual or comprehensive reviews as well as:
 - A Program Approval report indicating the annual review outcome indicator scores (first-time exam pass rates);
 - A Program Approval report outlining the results of a program's comprehensive review; or
 - A Program Approval report outlining the results of the preliminary program review.

Each program's approval status will then be posted on CNO's website.

Attachments:

Attachment 1: Annual approval of nursing programs in Ontario: Detailed Review Scoring

Attachment 2: Comprehensive approval of nursing programs in Ontario: Detailed Review Scoring

Attachment 3: Preliminary approval of new nursing Programs in Ontario: Detailed Review Scoring

Attachment 4: Program Approval Scoring Methodology

Attachment 1 – Annual approval of nursing programs in Ontario: Detailed Review Scoring

Practical Nursing Programs: Annual Reviews¹

Institution	Nursing Program	Indicator 7: First-time Pass Rate ²	Approval Status Recommendation
Cambrian College	Practical Nurse Diploma	Partially Met	Approved
Canadore College	Practical Nurse Diploma	Partially Met	Approved
Durham College	Practical Nurse Diploma	Met	Approved
Fanshawe College	Practical Nurse Diploma	Met	Approved
Lambton College	Practical Nurse Diploma	Met	Approved
Mohawk College	Practical Nurse Diploma	Partially Met	Approved
Niagara College	Practical Nurse Diploma	Partially Met	Approved
Northern College	Practical Nurse Diploma	Met	Approved

Practical Nursing Programs: Comprehensive reviews updated with Annual approval data.

Institution	Nursing Program	Indicator 7: First-time Pass Rate	Total Approval Score >=75%	Approval Status Recommendation
Algonquin College	Practical Nurse Diploma	Partially Met	Met	Approved
Centennial College	Practical Nurse Diploma	Partially Met	Met	Approved
	Practical Nurse Diploma for Internationally Educated Nurses	Met	Met	Approved
Collège La Cité	Practical Nurse Diploma	Not Met	Met	Approved
Fleming College	Practical Nurse Diploma	Met	Met	Approved
George Brown College	Practical Nurse Diploma	Partially Met	Met	Approved
Georgian College	Practical Nurse Diploma	Partially Met	Met	Approved
Humber College	Practical Nurse Diploma	Met	Met	Approved
Sault College	Practical Nurse Diploma	Not Met	Met	Approved
Seneca College	Practical Nurse Diploma	Not Met	Met	Approved
Sheridan College	Practical Nurse Diploma	Partially Met	Met	Approved
St. Lawrence College	Practical Nurse Diploma	Met	Met	Approved

Baccalaureate Nursing Programs: Annual Reviews

Institution	Nursing Program	Indicator 7: First-time Pass Rate	Approval Status Recommendation
University of Toronto	Bachelor of Science in Nursing	Met	Approved
Western University	Western-Fanshawe Collaborative Bachelor of Science in Nursing Program	Met	Approved
	Bachelor of Science in Nursing Compressed Time Frame Program	Met	Approved

¹ Based on a program's evidence, each indicator is evaluated against a rubric (see Attachment 4) that determines whether the indicator is met, partially met, or not met. A 'partially met' or 'not met' indicator score will not impact approval recommendation if the indicator is not mandatory, and the program continues to meet a total score of 75%. For PN and BN programs you will see two charts. This represents those that have, and have not, gone through a comprehensive review. The second chart reflects those that have already been through a comprehensive review and their scores are updated with the annual approval data.

² The first-time pass rates used for program approval purposes are calculated based on the total number of first-time writers that pass the registration exam based on a rolling 3-years of aggregate data expressed as a percentage.

Baccalaureate Nursing Programs: Comprehensive reviews updated with Annual approval data

Institution	Nursing Program	Indicator 7: First-time Pass Rate	Total Approval Score $\geq 75\%$	Approval Status Recommendation
Brock University	Bachelor of Science in Nursing: Honours Program	Partially Met	Met	Approved
Lakehead University	Bachelor of Science in Nursing Program	Partially Met	Met	Approved
	Bachelor of Science Nursing Compressed Program	Partially Met	Met	Approved
McMaster University	Bachelor of Science in Nursing Program – Basic Stream	Met	Met	Approved
	Bachelor of Science in Nursing Program – Accelerated Stream	Met	Met	Approved
	Bachelor of Science in Nursing Program – Post Diploma Registered Practical Nurse (RPN) Stream	Met	Met	Approved
Nipissing University	Bachelor of Science in Nursing Collaborative with Canadore College Program	Met	Met	Approved
	Bachelor of Science in Nursing Scholar Practitioner Program	Partially Met	Met	Approved
	Registered Practical Nurse (RPN) to Bachelor of Science in Nursing Program	Partially Met	Met	Approved
Ontario Tech University	Bachelor of Science in Nursing Collaborative Program	Not Met	Met	Approved
	Bachelor of Science in Nursing – RPN Bridge Program	Partially Met	Met	Approved
Queen's University	Bachelor of Nursing Science Program	Met	Met	Approved
	Bachelor of Nursing Science Program – Accelerated Standing Track	Met	Met	Approved
Toronto Metropolitan University (formerly known as Ryerson University)	Bachelor of Science in Nursing Collaborative Program	Partially Met	Met	Approved
	Bachelor of Science in Nursing – Post Diploma Completion Program	Not Met	Met	Approved
Trent Fleming School of Nursing	Collaborative Bachelor of Nursing Program	Met	Met	Approved
	Compressed Bachelor of Nursing Program	Met	Met	Approved
	Post-RPN Bridging Pathway Bachelor of Nursing Program	Met	Met	Approved
University of New Brunswick at Humber College	Collaborative Bachelor of Nursing Program – Regular 4 Year Pathway	Met	Met	Approved
	Collaborative Bachelor of Nursing Program – Second-entry Pathway	Met	Met	Approved
	Collaborative Bachelor of Nursing Program – Bridge Pathway	Met	Met	Approved
University of Ottawa	Bachelor of Science in Nursing	Met	Met	Approved
	Registered Practical Nurse Bridging Program	Partially Met	Met	Approved
	Bachelor of Science in Nursing Second Entry Program	Met	Met	Approved
York University	Bachelor of Science in Nursing Collaborative Program	Partially Met	Met	Approved
	Bachelor of Science in Nursing Compressed Program	Met	Met	Approved
	Post RN for Internationally Educated Nurses Program	Partially Met	Met	Approved

Nurse Practitioner Programs: Annual Reviews

Institution	Nursing Program*	Indicator 7: First-time Pass Rate	Total Approval Score >=75%	Approval Status Recommendation
Lakehead University	Primary Health Care Nurse Practitioner	Met	Met	Approved
Laurentian University	Primary Health Care Nurse Practitioner	Met	Met	Approved
McMaster University	Primary Health Care Nurse Practitioner	Met	Met	Approved
Queen's University	Primary Health Care Nurse Practitioner	Met	Met	Approved
Toronto Metropolitan University (formerly known as Ryerson University)	Primary Health Care Nurse Practitioner	Met	Met	Approved
University of Ottawa	Primary Health Care Nurse Practitioner	Met	Met	Approved
University of Toronto	Primary Health Care Nurse Practitioner – Global Health	Met	Met	Approved
University of Toronto	Primary Health Care Nurse Practitioner – Adult	Met	Met	Approved
University of Toronto	Primary Health Care Nurse Practitioner – Pediatrics	Met	Met	Approved
University of Windsor	Primary Health Care Nurse Practitioner	Met	Met	Approved
Western University	Primary Health Care Nurse Practitioner	Met	Met	Approved
York University	Primary Health Care Nurse Practitioner	Met	Met	Approved

* Approval includes masters and post-master's programs, as well as French programs as relevant.

Attachment 2 – Comprehensive approval of nursing programs in Ontario: Detailed Review Scoring

Practical Nursing Programs: Comprehensive Reviews¹

Institution	Nursing Program	Mandatory Indicator 4: Curriculum	Mandatory Indicator 2: Client & Student Safety	Indicator 7: First-time Pass Rate ²	Total Approval Score >=75%	Approval Status Recommendation
Collège Boréal	Practical Nurse Diploma	Met	Met	Met	Met	Approved
Conestoga College	Practical Nurse Diploma	Met	Met	Met	Met	Approved
Confederation College	Practical Nurse Diploma	Met	Met	Met	Met	Approved
Loyalist College	Practical Nurse Diploma	Met	Met	Met	Met	Approved
St. Clair College	Practical Nurse Diploma	Met	Met	Met	Met	Approved

Baccalaureate Nursing Programs: Comprehensive Reviews*

Institution	Nursing Program	Mandatory Indicator 4: Curriculum	Mandatory Indicator 2: Client & Student Safety	Indicator 7: First-time Pass Rate	Total Approval Score >=75%	Approval Status Recommendation
University of Windsor	Bachelor of Science in Nursing	Met	Met	Met	Met	Approved
	Bachelor of Science in Nursing for Graduates of Lambton College and St. Clair College Practical Nurse Program	Met	Met	Met	Met	Approved

* Laurentian University's Comprehensive Review recommendation will be presented to Council in December 2023.

¹ Based on a program's evidence, each indicator is evaluated against a rubric (see Attachment 4) that determines whether the indicator is met, partially met, or not met. A 'partially met' or 'not met' Indicator score will not impact approval recommendation if the indicator is not mandatory and the program continues to meet a total score of 75%.

² The first-time pass rates used for program approval purposes is calculated based on the total number of first-time writers that pass the registration exam over a three-year period of time expressed as a percentage.

Attachment 3 – New Baccalaureate Programs: Detailed Review Scoring

New Baccalaureate Nurse Programs: Preliminary Review

Institution	Nursing Program	CNO Program Category	Indicator 4: Curriculum	Approval Status Recommendation
Niagara College	4-year Honours Bachelor of Science in Nursing Program	Direct entry	Met	Preliminary Approval
Sheridan College	Honours - Bachelor of Science in Nursing <ul style="list-style-type: none"> • Optional exit pathway at end of Year 2 - Practical Nursing Diploma, Education and Leadership Focus* <p>*Students who opt to exit the BScN program, at Year 2 will be eligible for a Practical Nursing, Education and Leadership Diploma, which would make them eligible to apply for registration as a Registered Practical Nurse. This PN Diploma program has been reviewed and it's also recommended for preliminary approval as part of the BN program.</p>	Direct entry	Met	Preliminary Approval

Attachment 4 – Program Approval Scoring Methodology

The registration regulation requires that all CNO applicants have graduated from a nursing program approved by Council. Making sure this accountability is consistently and effectively applied to all nursing education programs is fundamental to protecting the public and ensures individuals who enter nursing have the knowledge, skills and judgment to practice safely.

The Program Approval Framework is a standardized, objective, and evidence-based approach to evaluating all entry-to-practice nursing education programs. It is based on the three standards (Structure, Curriculum and Outcomes) and 9 associated indicators.

The three types of review are done slightly differently, but all use this framework.

- *Preliminary Review* includes a rigorous assessment of the new program's proposed curriculum. For full approval, programs receiving preliminary approval must undergo a comprehensive review in the academic year following the first class of graduates, when outcome information is available.
- The criteria used for an *Annual review* are based on the outcome indicators: (e.g., first time pass rate for the regulatory exam). This is calculated on a 3-year rolling average.
- *Comprehensive review* is based on all nine indicators and is completed on all schools every 7 years. A score is calculated for each indicator, standard and overall for each program leading to entry-to-practice. Once a program has been through a comprehensive review their scores are updated with the annual approval data.

1. Program Approval Scorecard Overview

Nursing program approval is based on the total program score achieved on the program approval scorecard (see Table 1 next page).

2. Mandatory Indicators

Two indicators have been defined as “mandatory” from a regulatory perspective and need to be fully met for the program to receive an Approved status. The mandatory indicators include:

- Client and student safety; and
- Entry-to-practice (ETP) competencies and foundational standards integrated into the curriculum.

3. First-time pass rates on registration exams (rolling 3-year average of aggregate data)

Schools are scored based on their exam results which contributes to their overall approval score. Exam results are scored based on the following rubric:

The first-time pass rate used for program approval purposes is calculated based on the total number of first-time writers that pass the registration exam over a three-year period expressed as a percentage. Using three years of data provides a larger denominator of students for the calculation and helps to mitigate single-year result variations – both commonly seen in smaller programs.

CNO NURSING EDUCATION PROGRAM APPROVAL SCORECARD	
Structure Standard (Total weight 25%)	
Indicator¹ (Sub-indicator)	Weight
1. Nursing program governance	6
1a. Nursing program governance structure	2
1b. Curriculum review structure	2
1c. Annual review of program outcomes	2
2. Client and student safety (mandatory indicator)	13
2a. Orientation of student and faculty to clinical setting	2
2b. Student supervision in all clinical placements	3
2c. Regular evaluation of student performance in clinical setting which includes documented assessments and mechanisms for remediation as required.	3
2d. Processes are in place to manage safety incidents involving clients and students.	5
3. Qualified Faculty	6
3a. Faculty who are RN, RPN and NP's have current certificate of registration in Ontario	2
3b. Regular process to evaluate teaching	4
Sub-total – Structure Indicators	25%
Curriculum Standard (Total weight 40%)	
4. Curriculum incorporates entry-to-practice competencies and foundational standards (mandatory Indicator)	25
5. Clinical learning opportunities support learners to attain and demonstrate acquisition of program objectives	10
6. Processes in place to communicate expectations for the student placement to preceptor for the integrated practicum.	5
Sub-total – Curriculum Indicators	40%
Outcome Standard (Total weight 35%)	
7. Registration exam scores – 1 st time pass rates (3-year cumulative total)	7
8. Recent graduates' ratings of their preparation to practice safely, competently and ethically ²	18
9. Preceptor ratings of student's readiness to practice	10
Sub-Total -Outcome Indicators	35%
All Standards and Indicators (Total weight 100%)	100%

¹ Based on a program's evidence, each indicator is evaluated against a rubric that determines whether the indicator is met (has met indicator criteria), partially met (has partially met indicator criteria), or not met (has not met indicator criteria). A partially met Indicator score will not impact approval recommendation if the indicator is not mandatory and the program continues to meet a total score of 75%.

² Collection of outcome Indicators 8 and 9 commenced in 2021. Program approval outcome indicators' scores are based on a rolling 3-years of aggregate data, these indicators will be part of annual assessments presented to Council in the future.

For each program, one of four approval statuses are granted:

Status	Criteria
Approved	Granted when the program meets a score of 75% and the mandatory indicators for program approval are met. Graduates from a program with this status are considered graduates of an approved nursing program and eligible for registration in Ontario.
Approved with Conditions	Granted when the program does not meet the score of 75% OR does not meet the mandatory indicators. Graduates from a program with this status are considered graduates of an approved nursing program and are eligible for registration in Ontario. Programs that receive conditional approval status are required to develop an action plan to address the gaps based on the recommendations and schedule provided by CNO.
Preliminary Approval	Granted to a new program with curriculum that meets required criteria. For full approval, programs receiving preliminary approval must undergo a comprehensive review in the academic year following the first class of graduates. Graduates from programs with this status are considered graduates of an approved nursing program and are eligible for registration in Ontario.
Not Approved	The program fails to meet the score of 75% OR does not meet the mandatory indicators over a number of consecutive years and does not demonstrate improvement in meeting the requirements. Graduates of a program with this status are not eligible for registration in Ontario.

Decision Note – June 2023 Council

Proposed changes to education requirement

Contacts for Questions

Kevin McCarthy, Director of Strategy
Anne Marie Shin, Director of Professional Practice

For Decision

That Council support, in principle, that revisions be made to regulation 275/94 under the *Nursing Act, 1991* (Registration Regulation) to amend the education requirement for registration in the General Class from education equivalent to Canadian education to relevant nursing education recognized or approved in any jurisdiction.

That Council support, in principle, the requirement for General Class applicants to successfully complete a course to support the successful integration of applicants to the healthcare system in Ontario and that this expectation be integrated into the Registration Regulation¹.


Under the *Regulated Health Professions Act, 1991* (RHPA), in section 95 of the *Health Professions Procedural Code*, Council has regulation-making authority related to “prescribing standards and qualifications for the issue of certificates of registration”. In other words, it is the role of Council to set registration requirements, which is why staff are seeking support prior to any regulatory drafting.

Summary

This summary provides an overview of what is proposed and why.

Council has demonstrated a commitment to putting in place mechanisms that are evidence informed, fair, inclusive and effective to register applicants who can demonstrate that they have the knowledge, skill, judgment and character to practice safely. The first outcome of our Strategic Plan is all about that commitment.

¹ Canadian graduates will meet the requirement given this content is already integrated in Canadian programs.



A particular focus is on internationally educated nurse (IEN) applicants. IENs report that it can be a long and difficult journey for them to become registered in Ontario. And our data shows that the biggest barrier for IENs is the education equivalency requirement.

There are two Council approved registration exams that are valid, reliable, secure and fair: the NCLEX-RN and the REx-PN. Passing the exam indicates that the individual has the required nursing knowledge, skills and judgement. Those who fail the exam receive information about areas of the exam where they did not perform well, which allows them to address gaps and try the exam again.

In 2021, Council decided that if an IEN successfully completed the NCLEX-RN in another jurisdiction, they are deemed to have met the education registration requirement². We have over 4,750 applicants who have met the education requirement using this pathway and you will see below that we have data that shows that the risk of receiving an inquiry is extremely low for all new registrants.

The 2021 policy does not help IEN applicants to CNO because our regulation requires they meet the education requirement *first* to become eligible to write the exam. Many have applied to other jurisdictions (e.g., U.S.) and written and passed the exam through that jurisdiction so they can meet CNO's education requirement. This creates added complexity, time and costs for the applicant. And this option does not exist for RPN applicants which could be unfair for these applicants.

Other Canadian jurisdictions are changing their registration requirements to remove barriers for IENs. Once registered, nurses from other provinces can move to Ontario through labour mobility. There are much fewer qualifications to register under labour mobility. Some of those nurses who apply to other jurisdictions may be lost to Ontario; conversely, this process could add time and costs for applicants who wish to practice in this province and come through labour mobility.

The proposal Council is considering is that any IEN applicant who has graduated from a recognized or approved RN or RPN program in the jurisdiction in which it was taken will meet the education requirement (allowing the IEN to write the registration exam). They must meet all registration requirements, including the exam, to indicate they will be safe to enter practice in Ontario. In addition, it is proposed they complete a course that, based on research, will further support patient safety and success in entering practice in Ontario.

² Currently, for programs completed outside of Canada, education is assessed for equivalency. If the program is assessed as having education gaps (e.g. compared to an Ontario graduate), these gaps must be met and there are different pathways to meet those gaps – including successful completion of the NCLEX-RN.



Discussion Question

Do you believe this proposed change will support CNO in meeting its strategic outcome that “applicants for registration will experience processes that are evidence-informed, fair, inclusive and effective, contributing to improved public access to safe nursing care”? Why or why not?

Public Interest

Meeting evidence-informed registration requirements ensures CNO registers applicants who have the knowledge, skills, judgment and character to practice nursing safely in Ontario. It is all the registration requirements together, including the proposed course, that demonstrate someone will be safe to enter practice in this province.

Background

Registration requirements

These are the registration requirements for the General Class under the legislation:

- nursing education
- successful completion of the registration exam (i.e., NCLEX-RN or REx-PN)
- nursing practice in the last three years
- successful completion of the jurisprudence exam related to Ontario laws and standards
- language proficiency in English or French
- evidence of good character, conduct and health
- authorization to work in the province

As previously shared with Council and external stakeholders, meeting the current education requirement is the greatest barrier for IENs to register in Ontario.

Legislative framework: Education requirement

Under *the Nursing Act, 1991*, RN and RPN applicants who are educated in Ontario or Canada successfully complete a baccalaureate degree in nursing for RNs or a diploma in practical nursing for RPNs approved by Council or Registration Committee³.

IEN applicants, who are educated outside of Canada and have not completed an approved program, undergo an evaluation approved by Council⁴. The regulation states that this evaluation assesses whether the applicant possesses competencies that are equivalent to the above nursing programs.


Previous Council decision: Current state for IEN applicants

In March 2021, Council approved amendments to the nursing education assessment process to include passing the NCLEX-RN (i.e., on or after April 1, 2013) as one way to determine education equivalency. In other words, the NCLEX-RN was approved as one way for IENs with competency gaps to demonstrate they have met the gaps to meet the education requirement.

Since our regulations require that an applicant meet the education requirement to become exam eligible, applicants would successfully complete the NCLEX-RN in another jurisdiction (e.g., the

³ Sections 2(1)1.i., 2(1)1.ii, 3(1)1.i. and 3(1)1.ii, *Ontario Regulation 275/94*

⁴ Sections 2(1)1.iii.B. and 3(1)1.iii.B., *Ontario Regulation 275/94*.



U.S.). This pathway is not an option for REx-PN since that exam is only offered in Ontario and B.C.

Since this decision in 2021, approximately 4,750 IEN applicants have met the education requirement leveraging their successful completion of the NCLEX-RN. They have done this by applying for registration with another nursing regulator to gain access to the exam. After passing the exam, they then apply to CNO and the combination of nursing education completed in their home jurisdiction and successful completion of the NCLEX-RN gave them educational equivalency to meet the education requirement. So, what is being proposed to Council is similar to what is already happening through this policy decision.

The registration exam tests competencies, which are the knowledge, skills and judgment nurses must have to practice safely (e.g. entry-to-practice competencies). They are revised regularly to ensure they keep up with current evidence and changes in the practice environment.

Successfully passing the NCLEX-RN or REx-PN is an indication that applicants have the competencies to support safe, effective and ethical practice. The exams are:

- computerized adaptive and use item response theory, which improves the precision of measuring the applicant's ability to practice safely
- designed and administered to prevent applicants from becoming familiar with exam content (e.g., if an applicant rewrites an exam, they will not see a single question from a previous attempt)
- safeguarded with robust security features

The development and administration of these exams align with evidence and best practice as it relates to a reliable, valid, secure and fair exam, which was one consideration when Council made the above policy decision. The exams also meet the needs of writers, such as year-round access to the exams internationally and fast issuing of exam results.

Recently, the NCLEX-RN was modernized. Many questions will be case studies that reflect nursing practice today. They test the writer's clinical judgment, specifically critical decisions nurses must make in a variety of healthcare settings. As described on [NCSBN's website](#): it will "better measure nursing candidates' clinical judgment and decision making abilities through the use of innovative item types". You can read more about these changes [here](#).

Legislative framework: Labour mobility

Under the *Nursing Act, 1991*⁵ labour mobility provisions enable nurses registered in other Canadian jurisdictions to register in Ontario while only meeting limited registration requirements (e.g. education is not one of the requirements assessed for labour mobility applicants). Labour mobility applicants can be educated anywhere in the world.

Accountability to the Office of the Fairness Commissioner (OFC)

Under the RHPA, CNO has a legal duty⁶ to ensure registration requirements are transparent, objective, impartial and fair. The OFC has a [Legislated Obligations and Best Practices Guide](#) for

⁵ Sections 2.1, 3.1 and 4.1.

⁶ Section 22.2, Health Professions Procedural Code, Schedule B, *Regulated Health Professions Act, 1991*



Ontario health regulatory bodies to support the application of this. The guide describes how the OFC will evaluate regulatory compliance with the legal obligations contained in the RHPA. The education requirement is mentioned in the guide:

- the OFC will consider whether the regulator recognizes international educational credentials unless there is evidence of substantive differences between those and Canadian credentials
- to advance the spirit and intent of legislative obligations, to provide for a better experience and outcomes for all applicants, the regulator should establish a process to periodically evaluate the educational programs it assesses to ensure that its criteria remain relevant and valid

Following the Council meeting in March 2021, CNO was contacted by several stakeholders including Ontario's Fairness Commissioner who were supportive of the opportunity for more assessment methods so IEN applicants can demonstrate they meet the education requirement.

Internal data

Our data tells us that meeting the education requirement is a barrier for IENs. For example, data from 2022 tells us that 70% of RNs registered that year did not meet the education requirement at initial application. As previously shared with Council, it takes up to two years for an applicant to meet education gaps.

The tables below compare professional conduct data among registrants who met the education requirement using different pathways. Table 1 shows the average rate of inquiries/year for new registrants based on how they met the education requirement. This data shows the absolute risk of receiving an inquiry is extremely low for all new registrants.

Table 1.

		Internationally educated (IEN) applicants		
	ON applicants	Met education gaps with NCLEX-RN	International education deemed equivalent	Met education gaps with OSCE or additional education
N	7572	1441	1223	1341
Mean # of Inquiries	0.0108	0.0111	0.0089	0.0119
Mean Years in Practice	1.36	1.04	1.25	1.26
Mean Rate of Inquiries/Year	0.0078	0.0088	0.0067	0.0090

In Table 2, the rates are controlled for age and gender to account for demographic differences between groups. After adjustments, there was no statistical association between how an



applicant met the education requirement and their likelihood of receiving a professional conduct inquiry. While more time in practice is needed to fulsomely evaluate risk, there does not appear to be an early indication that nurses who use different pathways to meet the education requirement are at an elevated risk of receiving a professional conduct matter in their first years in practice.

Table 2.

Variable	Incident Rate	p-value
Education pathway (REF = ON)	-	-
Met education gaps with NCLEX-RN	1.11	0.73
International education deemed equivalent	0.8	0.5
Met education gaps with OSCE or additional education	0.96	0.9
Gender (male)	1.64	0.02*
Age	1.02	0.1

* Indicates statistical significance at the 0.05 level. (In other words, with this level of significance, this finding is unlikely due to random chance.)

CNO Research


CNO conducted a research project in 2021 to understand the most common competency gaps of IEN applicants. The study was focused on RN applicants whose education was deemed not equivalent. The findings indicate that the areas where IENs have the largest gaps include ethical practice, professional responsibility and accountability, and self-regulation.

This is what the course is proposing to address. Building an evidence-based curriculum designed to address the most common competency gaps of IENs will ensure nurses meet the competency areas to support safe nursing care.

Literature

CNO conducted two relevant literature reviews. First, we conducted a literature review with the aim of exploring factors that hinder a new nurse in successfully integrating into the workforce, with a particular focus on IENs. Second, a similar review was conducted that focused on transition to practice for IENs. A number of platforms were searched (e.g. CINAHL, Scopus and PubMed). Terms and phrases included “international,” “nursing,” “licensure,” and “internationally educated”.

Findings reveal that IENs face unique barriers including related to unfamiliarity with:

- 
- scope of practice⁷
 - care routines⁸
 - the healthcare system including the nurse's level of autonomy and patients having the right to make choice concerning their treatment⁹

The proposed course would address barriers these nurses face.

Review of Nursing Regulators

In terms of nursing regulators outside of Canada, there is variation with respect to nursing education that is recognized or approved by that jurisdiction. For example, a jurisdiction may have different entry-to-practice competencies depending on the nursing expectations in that jurisdiction.

Given reported nursing shortages, several nursing regulators across the country are implementing changes to make it easier to register as a nurse. For example, the Nova Scotia College of Nursing [announced](#) changes that only require specified IENs to demonstrate good standing and current licensure, and pass the registration exam to register (i.e. no other registration requirements). As another example, the College of Registered Nurses of Alberta is implementing [similar changes](#). Once registered in another Canadian jurisdiction, nurses can register with CNO through labour mobility.

As another example, the College of Physicians and Surgeons of Ontario (CPSO) announced steps they are taking to address the physician shortage in Ontario. They will remove barriers making it easier for international educated physicians to practice in Ontario. You can read more about these changes [here](#).

Next Steps

- Subject to Council support, CNO will draft regulation changes for Council consideration
- Given both Council and Government have a role in approving regulation changes, CNO will engage the Ministry of Health throughout
- Subject to Council support, CNO will engage stakeholders to get their input including as it relates to potential risks and ways to mitigate risks, and potential unintended consequences
- Subject to the changes taking effect, CNO will conduct a rigorous evaluation related to the impact of the potential change

⁷ Chun Tie, Birks & Francis, 2019; Ghazal et al, 2020

⁸ Safari, McKenna & Davis, 2022

⁹ Ghazal et al, 2020; Iheduru-Anderson & Wahi, 2018; Kane, Tait & Arcus, 2019; Lee et al, 2021; Safari, McKenna & Davis, 2022



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- Safari, K., McKenna, L., & Davis, J. (2022). Transition experiences of internationally qualified health care professionals: A narrative scoping review. *International Journal of Nursing Studies*, 129.

Report of the May 18, 2023 Finance Committee Meeting

Contact for questions or more information

Stephen Mills, Chief Administrative Officer

The Finance Committee met on May 18, 2023. Blair MacKenzie, senior audit partner and Geoff Clute, Principal, from Hilborn LLP attended the meeting. Attachment 1 is the draft minutes of the meeting.

1. Audited Financial Statements

The Finance Committee reviewed the results of the audit of CNO's financial statements for the year ended December 31, 2022 with Blair MacKenzie from Hilborn LLP. As part of the review, the committee had an in-camera meeting with the auditor.

The auditors' report was presented without qualification. In the opinion of the auditors, the financial statements are a fair presentation of CNO's financial position on December 31, 2022. The Finance Committee is recommending that Council accept the audited financial statements (Agenda Item 6.1.1).

2. Unaudited Financial Statements

The unaudited financial statements for the three-month period ended March 31, 2023 ([Attachment 2](#)) were reviewed. The deficit for the period is \$0.4M, which is \$2.1M less than the budgeted deficit of \$2.6M. Based on a detailed discussion of the statements and the Management Discussion and Analysis, the Finance Committee recommends:

That the unaudited financial statements for the three-month period ended March 31, 2023 be approved.

3. Auditor Appointment

The Finance Committee received a briefing from management on the performance of the current auditor. The committee confirmed that the auditor communicates with it effectively and is independent of CNO.

The Finance Committee is recommending:

That Hilborn LLP be reappointed as CNO's auditors for 2023.



4. Fees By-Law

The Finance Committee received a preliminary report on the feedback to the proposed amendments to the Fees By-Law. The circulation period will end on May 23 and Council will receive a report of all of the feedback (Agenda item 6.1.2)

The Finance Committee identified that there was nothing in the feedback that was unexpected or that would change its perspective that the fee increase is needed to support CNO's ongoing fiscal well-being.

5. Self-Monitoring Tool

The Finance Committee reviewed the self-monitoring tool for the year and confirmed that the committee met its terms of reference as reflected in the tool.

Attachments:

1. Draft minutes of the Finance Committee meeting of May 18, 2023
2. Unaudited Financial Statements for the three-months ended March 31, 2023

Minutes

Present

R. Kaur, Chair
C. Halket

F. Osime
M. Sheculski

P. Sullivan-Taylor
N. Thick

Regrets

N. Hillier

Guests

B. Canuel
G. Clute

R. Lastimosa
S. Leduc

B. MacKenzie

Staff

V. Adetoye
S. Crawford

J. Hofbauer
M. Kelly, Recorder

S. Mills

Chair

R. Kaur chaired the meeting. She welcomed next term's new Finance Committee members R. Lastimosa, S. Leduc and B. Canuel attending as part of their orientation, as well as G. Clute and B. MacKenzie from Hilborn LLP.

Agenda

The agenda had been circulated and was approved on consent.

Minutes

Minutes of the Finance Committee meeting of February 9, 2023 had been circulated.

Motion 1

Moved by F. Osime, seconded by C. Halket,

That the minutes of the February 9, 2023 meeting of the Finance Committee be accepted as presented.

CARRIED

Audited Financial Statements

The Finance Committee received the draft audited financial statements for the year ended December 31, 2022.

B. MacKenzie outlined the audit process, explaining that the purpose of the audit is to ensure the financial statements are free of material misstatement. He assured the Finance Committee of Hilborn's independence from CNO and confirmed that CNO has a conscientious management team that follows best practices in accounting for non-profit organizations. He noted that it is the role of the auditor to add credibility to the financial statements and confirmed that the statements represented CNO's financial position at the end of 2022.

B. MacKenzie identified a few adjustments that were made to the audited financial statements which cumulatively increased the surplus by \$0.83M when compared to the unaudited financial statements presented in February. He noted that some of these adjustments were expected and confirmed that none are unusual or concerning.

After reviewing the post-audit communication with the Finance Committee, B. MacKenzie recommended that the Committee bring the financial statements forward to Council for approval.

In camera session

The Finance Committee held an in-camera discussion with the auditors. As CNO staff are not present, this session allows the auditors an opportunity to identify any concerns about CNO management that arose during the audit and allows the members of the Finance Committee to ask the auditors questions and raise any concerns.

Motion 2

Moved by N. Thick, seconded by M. Sheculski,

That approval of CNO's audited financial statements for the year ended December 31, 2022 be recommended to Council.

CARRIED

B. MacKenzie and G. Clute left the meeting.

Unaudited financial statements

V. Adetoye reviewed the unaudited financial statements for the three months ending March 31, 2023. The statement of financial position depicts a decrease in assets when compared to the beginning of the year as it represents the cost of operations for the first three months of 2023. She also noted that short-term investments increased to \$0.33M to take advantage of rising investment rates.

The first quarter of 2023 was budgeted to be a deficit of \$2.57M, however the actual financial result for the first quarter was a deficit of \$0.43M, which is a positive variance of \$2.14M

compared to the budget. V. Adetoye noted that the total revenue for the first quarter was higher than budgeted by \$0.57M due to a higher number of registrations and renewals than expected. The total expenses were \$1.58M less than budgeted, with the main contributor being unfilled staff positions. It was noted that some of this favourable variance is offset by the use of contractors and consultants, however allowances have also been made in the 2023 budget to account for the expectation of some vacancies over time. V. Adetoye highlighted that the employment market remains competitive, however CNO is currently working with management to address vacancies and are expecting to see improvements in the next quarter.

The committee reviewed and discussed the confidential Management Discussion and Analysis document. V. Adetoye highlighted various projects and initiatives that are outlined in the document.

Motion 3

Moved by C. Halket, seconded by N. Thick,

That it be recommended that Council approve the unaudited financial statements for the 3 months ended March 31, 2023.

CARRIED

Auditor Appointment

Staff are recommending that Hilborn be reappointed as auditors for the coming year. It was noted that CNO goes to market occasionally, in line with best practice, to ensure high quality audit services are received. The last time this occurred was in 2017, renewing the appointment without a market review at this time is within the industry standard.

The Finance Committee noted that the information provided by the auditors is clear, relevant and comprehensive, and confirmed their confidence in the auditor's independence.

Motion 6

Moved by M. Sheculski, seconded by F. Osime,

That it be recommended to Council that Hilborn_{LLP} be appointed as CNO's auditors for the 2023 fiscal year.

CARRIED

Fees By-Law Feedback

The Finance Committee reviewed a preliminary report of the feedback for the proposed amendments to the Fees By-Laws that were received between March 23 – April 30, 2023. Council will receive an updated report, as the deadline for responses has not yet passed. The committee noted that even though there was a high volume of feedback received to the online survey during above noted timeframe, there were fewer responses than anticipated given the overall number of nurses impacted. The committee suggested providing statistics outlining what

percentage of the nursing population responded to the survey when presenting the full synopsis to Council.

In reviewing the feedback, the committee highlighted that deferring the fee increases for another year, following 5 years of fee stability, would likely result in the need for higher increases in the following and subsequent years. Various strategies are currently being explored to help alleviate any potential financial burden associated with fee payments at year-end. The committee also noted that CNO's financial statements are made publicly available and suggested that communications clearly highlighting what the fees are used for, and the risk associated with not increasing fees be continued.

In their review of the report, the committee noted that there was nothing in the feedback that was unexpected or that would change its perspective that the fee increase is needed to support CNO's ongoing fiscal well-being.

Self-Monitoring Tool

The Finance Committee reviewed the self-monitoring tool. They concurred that their fiduciary responsibilities have been fulfilled and that members are well prepared to make informed decisions at meetings.

In reviewing the tool, the committee also noted that although not a concern, a review of internal financial controls would be beneficial and should be considered at some point in the future. It was noted that some of this review takes place during the audit when examining transactions, and also by utilizing robust systems where these controls are often built in. Staff committed to following-up with the auditors to discuss further.

The committee confirmed that they have met their terms of reference for the year.

Next meeting

The first meeting of the 2023-2024 Finance Committee meeting will be held on August 24th at 1:00pm. An orientation meeting will also take place the afternoon of July 26th.

R. Kaur acknowledged and expressed appreciation to the outgoing members.

Conclusion

At 3:13 p.m., on completion of the agenda and consent, the meeting concluded.

Chair

College of Nurses of Ontario
Statement of Financial Position (\$)
As at March 31

	2023	2022	2022
	March	March	December
ASSETS			
Current assets			
Cash	28,798,390	52,152,023	60,754,331
Investments	33,267,581	11,053,529	21,266,239
Sundry receivables	64,335	113,723	131,138
Prepaid expenses	1,243,735	1,165,630	1,175,257
	<u>63,374,041</u>	<u>64,484,904</u>	<u>83,326,967</u>
Investments	<u>18,139,711</u>	<u>14,810,124</u>	<u>15,019,079</u>
Capital assets			
Furniture and fixtures	1,751,444	3,077,359	1,694,086
Equipment - non computer	559,934	1,449,671	552,871
Computer equipment	4,723,793	6,720,039	4,721,628
Building	6,835,907	6,835,907	6,835,907
Building improvements	5,530,987	7,062,592	5,501,486
Land	3,225,009	3,225,009	3,225,009
Art	44,669	44,669	44,669
Construction in progress	-	-	-
	<u>22,671,742</u>	<u>28,415,244</u>	<u>22,575,655</u>
Less: Accumulated amortization	<u>(10,026,119)</u>	<u>(15,845,737)</u>	<u>(9,615,386)</u>
	<u>12,645,623</u>	<u>12,569,508</u>	<u>12,960,269</u>
Intangible Assets	4,041,298	4,228,843	4,041,298
Less: Accumulated amortization	<u>(3,866,026)</u>	<u>(4,036,541)</u>	<u>(3,845,323)</u>
	<u>175,272</u>	<u>192,302</u>	<u>195,975</u>
	<u>94,334,647</u>	<u>92,056,839</u>	<u>111,502,291</u>
LIABILITIES			
Current liabilities			
Accounts payable and accrued liabilities	6,091,944	7,941,863	14,329,241
Deferred registration and examination fees	37,876,518	36,618,124	46,385,841
	<u>43,968,462</u>	<u>44,559,987</u>	<u>60,715,083</u>
	<u>43,968,462</u>	<u>44,559,987</u>	<u>60,715,083</u>
NET ASSETS			
Net assets invested in capital assets	12,820,895	12,761,810	13,156,244
Unrestricted net assets	37,545,290	34,735,042	37,630,964
	<u>50,366,185</u>	<u>47,496,852</u>	<u>50,787,208</u>
	<u>94,334,647</u>	<u>92,056,839</u>	<u>111,502,291</u>

College of Nurses of Ontario
Statement of Operations (\$)
Three Months Ended March 31

	2023 Year to Date March			2022 Year to Date March			2023 Budget	
	Budget	Actual	Variance Fav/(Unfav)	Budget	Actual	Variance Fav/(Unfav)	Remaining	Approved
REVENUES								
Registration fees	13,703,022	13,992,840	289,818	13,181,405	12,998,263	(183,142)	41,382,220	55,375,060
Application assessment	1,310,848	1,313,900	3,052	1,305,200	1,296,700	(8,500)	4,407,050	5,720,950
Verification and transcripts	54,325	56,740	2,415	40,050	44,595	4,545	71,135	127,875
Interest income	537,036	789,827	252,790	168,000	184,354	16,354	971,254	1,761,081
Examination	148,800	150,000	1,200	145,200	144,280	(920)	208,000	358,000
Other	79,200	96,691	17,491	12,383	28,129	15,746	273,477	370,168
Total Revenues	15,833,231	16,399,998	566,766	14,852,238	14,696,321	(155,917)	47,313,136	63,713,134
EXPENSES								
Employee salaries and expenses	13,506,792	12,097,655	1,409,137	11,322,495	10,345,428	977,067	42,068,749	54,166,404
Contractors and consultants	838,825	1,148,146	(309,321)	1,119,921	1,055,910	64,011	2,966,295	4,114,441
Legal services	781,008	731,691	49,317	834,728	580,754	253,974	2,509,929	3,241,620
Equipment, operating supplies and other services	1,459,220	1,214,468	244,752	1,103,257	1,117,505	(14,248)	5,409,392	6,623,860
Taxes, utilities and depreciation	505,279	481,161	24,118	486,844	496,903	(10,059)	1,521,467	2,002,628
Exam fees	45,100	40,466	4,634	42,075	40,387	1,688	79,984	120,450
Non-staff remuneration and expenses	165,108	117,857	47,251	148,523	115,943	32,580	591,026	708,883
Total Base Operating Expenses	17,301,332	15,831,444	1,469,888	15,057,843	13,752,830	1,305,013	55,146,842	70,978,286
Project Expenses	1,097,757	989,578	108,179	494,569	620,058	(125,489)	2,010,422	3,000,000
Total Expenses	18,399,089	16,821,022	1,578,067	15,552,412	14,372,888	1,179,524	57,157,264	73,978,286
Excess of (expenses over revenues) / revenues over expenses	(2,565,858)	(421,024)	2,144,833	(700,174)	323,433	1,023,607	9,844,128	(10,265,152)
Opening net assets		50,807,208			47,173,416			
Closing net assets		50,386,184			47,496,849			

College of Nurses of Ontario
Notes to the Revenue and Schedule of Expense Variances
For the Three Months Ended March 31, 2023

College of Nurses of Ontario
Statement of Changes in Net Assets (\$)
Three Months Ended March 31

	2023			2022
	Invested in Capital and Intangible Assets	Unrestricted	Total	December
Balance, beginning of period	13,156,244	37,630,964	50,787,208	47,173,416
Excess of (expenses over revenues)/revenues over expenses	(431,436)	10,412	(421,024)	3,613,793
Purchase of capital assets	96,086	(96,086)	-	-
Balance, end of period	12,820,894	37,545,290	50,366,184	50,787,209

College of Nurses of Ontario
Statement of Cash Flows (\$)
Three Months Ended March 31

	2023	2022
	March	March
Cash flows from operating activities		
Excess of revenue over expense for the period	(421,024)	323,434
Adjustments to determine net cash provided by/(used in) operating activities		
Amortization of capital assets	410,733 -	412,113
Amortization of intangible assets	20,703 -	25,368
Loss on disposal of capital assets	-	-
Interest not received during the year capitalized to investments	(400,497) -	(78,438)
Interest received during the year previously capitalized to investments	105,520	276,447
	(284,565)	958,924
Changes in non-cash working capital items		
Decrease in amounts receivable	66,803	105,305
Decrease (increase) in prepaid expenses	(68,478)	61,823
(Decrease) in accounts payable and accrued liabilities	(8,237,295)	(7,615,610)
(Decrease) in deferred registration fees	(8,509,323)	(3,893,295)
	(17,032,858)	(10,382,853)
Cash flow from investing activities		
Purchase of investment	(24,154,934)	(11,276,032)
Proceeds from disposal of investments	9,327,937	10,991,596
Purchase of capital assets	(96,086)	(1,306,498)
Purchase of intangible assets	-	(16,190)
	(14,923,083)	(1,607,124)
Net (decrease) in cash and cash equivalents	(31,955,941)	(11,989,977)
Cash and cash equivalents, beginning of year	60,754,331	64,142,001
Cash and cash equivalent, end of quarter	28,798,389	52,152,023



Decision Note – June 2023 Council

Audited Financial Statements

Contacts for Questions or More Information

Stephen Mills, Chief Administrative Officer

Decision for consideration re. recommendation of the Finance Committee

That Council approve the audited financial statements for the year ended December 31, 2022.

Background

The Finance Committee met on May 18, 2023 and reviewed the attached financial statements (see agenda item 6.1 for the report of the meeting).

Blair MacKenzie from Hilborn LLP attended the meeting and highlighted the statements. He also met in private with the Finance Committee. Following the private session, the Finance Committee recommended approval of the audited statements.

Blair MacKenzie will be attending Council on June 8th and will highlight the 2022 audited financial statements.

Attachment

Audited financial statements for the year ended December 31, 2022.

COLLEGE OF NURSES OF ONTARIO

FINANCIAL STATEMENTS

DECEMBER 31, 2022

Draft Statement Subject to Revision

HILBORN LLP

Independent Auditor's Report

To the Council of the College of Nurses of Ontario

Opinion

We have audited the financial statements of the College of Nurses of Ontario (the "College"), which comprise the statement of financial position as at December 31, 2022, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2022, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

Other Information

Management is responsible for the other information. The other information comprises the information, other than the financial statements and our auditor's report thereon, in the annual report.

Our opinion on the financial statements does not cover the other information and we will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

We obtained the annual report prior to the date of our auditor's report. If, based on the work we have performed on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact in our auditor's report. We have nothing to report in this regard.

Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the ability of the College to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the financial reporting process of the College.

Independent Auditor's Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the College.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the College to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Toronto, Ontario
To be determined

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF NURSES OF ONTARIO

Statement of Financial Position

December 31	2022 \$	2021 \$
ASSETS		
Current assets		
Cash	60,754,331	64,142,000
Investments (note 3)	21,266,239	11,268,734
Amounts receivable	131,138	219,028
Prepaid expenses	1,175,257	1,227,453
	83,326,965	76,857,215
Investments (note 3)	15,019,079	14,508,491
Capital assets (note 4)	12,960,269	11,675,123
Intangible assets (note 5)	195,975	201,480
	28,175,323	26,385,094
	111,502,288	103,242,309
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities (note 9)	14,329,239	15,557,473
Deferred registration fees	46,385,841	40,511,419
	60,715,080	56,068,892
NET ASSETS		
Invested in capital and intangible assets	13,156,244	11,876,603
Unrestricted	37,630,964	35,296,814
	50,787,208	47,173,417
	111,502,288	103,242,309

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

Vice-President

COLLEGE OF NURSES OF ONTARIO

Statement of Operations

Year ended December 31	2022 \$	2021 \$
Revenues		
Registration fees	53,558,680	51,877,080
Application, verification and transcript fees	5,591,090	5,694,434
Examinations	646,840	2,897,690
Investment income	1,166,070	703,895
Other	263,147	346,665
	61,225,827	61,519,764
Expenses		
Employee salaries and benefits	40,542,107	37,447,007
Consultants (note 8)	6,891,414	6,335,913
Legal services	2,149,291	3,298,596
Equipment, operating supplies and other services	5,336,104	5,052,228
Taxes, utilities and amortization (note 4)	1,902,794	1,985,835
Examination fees	216,014	2,473,436
Non-staff remuneration and expenses	574,312	491,307
	57,612,036	57,084,322
Excess of revenues over expenses for year	3,613,791	4,435,442

The accompanying notes are an integral part of these financial statements

Draft Statement Subject to Review

COLLEGE OF NURSES OF ONTARIO

Statement of Changes in Net Assets

Year ended December 31

	Invested in capital and intangible assets \$	Unrestricted \$	2022 Net \$
Balance, beginning of year	11,876,603	35,296,814	47,173,417
Excess of revenues over expenses for year	-	3,613,791	3,613,791
Amortization of capital assets	(1,436,562)	1,436,562	-
Loss on disposal of capital assets	(145,434)	145,434	-
Amortization of intangible assets	(98,802)	98,802	-
Purchase of capital assets	2,867,142	(2,867,142)	-
Purchase of intangible assets	93,297	(93,297)	-
Balance, end of year	13,156,244	37,630,964	50,787,208

	Invested in capital and intangible assets \$	Unrestricted \$	2021 Net \$
Balance, beginning of year	7,123,043	35,614,932	42,737,975
Excess of revenues over expenses for year	-	4,435,442	4,435,442
Amortization of capital assets	(1,257,469)	1,257,469	-
Loss on disposal of capital assets	(373,660)	373,660	-
Amortization of intangible assets	(124,305)	124,305	-
Purchase of capital assets	6,391,500	(6,391,500)	-
Purchase of intangible assets	117,494	(117,494)	-
Balance, end of year	11,876,603	35,296,814	47,173,417

The accompanying notes are an integral part of these financial statements

COLLEGE OF NURSES OF ONTARIO

Statement of Cash Flows

Year ended December 31	2022 \$	2021 \$
Cash flows from operating activities		
Excess of revenues over expenses for year	3,613,791	4,435,442
Adjustments to determine net cash provided by (used in) operating activities		
Amortization of capital assets	1,436,562	1,257,469
Amortization of intangible assets	98,802	124,305
Loss on disposal of capital assets	145,434	373,660
Interest not received during the year capitalized to investments	(476,334)	(272,558)
Interest received during the year previously capitalized to investments	276,546	718,708
	5,094,801	6,637,026
Change in non-cash working capital items		
Decrease in amounts receivable	87,890	280,203
Decrease (increase) in prepaid expenses	52,196	(336,409)
Increase (decrease) in accounts payable and accrued liabilities	(1,228,234)	1,736,719
Increase (decrease) in deferred registration fees	5,874,422	(3,664,069)
	9,881,075	4,653,470
Cash flows from investing activities		
Purchase of investments	(27,299,900)	(11,225,275)
Proceeds from disposal of investments	16,991,595	31,028,662
Purchase of capital assets	(2,867,142)	(6,391,500)
Purchase of intangible assets	(93,297)	(117,494)
	(13,268,744)	13,294,393
Net change in cash	(3,387,669)	17,947,863
Cash, beginning of year	64,142,000	46,194,137
Cash, end of year	60,754,331	64,142,000

The accompanying notes are an integral part of these financial statements

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements

December 31, 2022

Nature and description of the organization

The College of Nurses of Ontario (the "College") was incorporated as a non-share capital corporation and continued as such under the Nursing Act, 1991. As the regulatory body of the nursing profession in Ontario, the major function of the College is to administer the Nursing Act, 1991 in the public interest.

The College is a not-for-profit organization, as described in Section 149(1)(l) of the Income Tax Act, and therefore is not subject to income taxes.

1. Significant accounting policies

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

(a) Revenue recognition

Registration fees

Registration fees are recognized as revenue in the fiscal year to which they relate. The registration year of the College coincides with that of the fiscal year of the College, being January 1 to December 31. Registration fees received in advance of the fiscal year to which they relate are recorded as deferred registration fees.

Services

Revenue from application, verification and transcript fees and examinations is recognized when the service is rendered.

Investment income

Investment income comprises interest from cash and investments.

Revenue is recognized on the accrual basis. Interest on investments is recognized over the terms of the investments using the effective interest method.

(b) Investments

Investments consist of fixed income investments whose term to maturity is greater than three months from date of acquisition. Investments that mature within twelve months from the year-end date are classified as current.

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2022

1. Significant accounting policies (continued)

(c) Capital assets

The costs of capital assets are capitalized upon meeting the criteria for recognition as a capital asset, otherwise, costs are expensed as incurred. The cost of a capital asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Capital assets are measured at cost less accumulated amortization and accumulated impairment losses, if any.

Amortization is provided for, upon the commencement of the utilization of the assets, on a straight-line basis at rates designed to amortize the cost of the capital assets over their estimated useful lives. The annual amortization rates are as follows:

Building	2 1/2%
Building improvements	6 2/3%
Office furniture	10%
Office equipment	20%
Computer hardware	20%

A capital asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the capital asset to its fair value. Any impairment of the capital asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the capital asset subsequently increases.

(d) Intangible assets

The costs of intangible assets are capitalized upon meeting the criteria for recognition as an intangible asset, with the exception of expenditures on internally generated intangible assets during the development phase, which are expensed as incurred. The cost of a separately acquired intangible asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Intangible assets are measured at cost less accumulated amortization and accumulated impairment losses.

Amortization is provided for, upon commencement of the utilization of the assets, on a straight-line basis at rates designed to amortize the cost of the intangible assets over their estimated useful lives. The annual amortization rate is as follows:

Computer application software	20%
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COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2022

1. Significant accounting policies (continued)

(d) Intangible assets (continued)

An intangible asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the intangible asset to its fair value. Any impairment of the intangible asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the intangible asset subsequently increases.

(e) Employee future benefits

Defined contribution pension plan

Components of the total cost of a defined contribution pension plan are recognized in income in the year incurred.

The components of the total cost of a defined contribution pension plan for a year are comprised of:

- current service cost;
- past service costs;
- interest cost on the estimated present value of any contributions required in future years related to employee services rendered during the current year or prior years; and
- a reduction for the interest income for the year on any unallocated plan surplus.

Current service cost for the year is comprised of the contributions required to be made in the year in exchange for employee services rendered during the year and the estimated present value of any contributions required to be made in future years related to employee services rendered during the year.

Multi-employer defined benefit pension plan

The College is an employer member of the Healthcare of Ontario Pension Plan (the "HOOPP Plan"), which is a multi-employer defined benefit pension plan. Although it has the characteristics of a defined benefit plan, the HOOPP Plan, as is normal for a multi-employer plan, does not provide sufficient information at an individual entity level, therefore the College accounts for the HOOPP Plan as a defined contribution pension plan. Pension contributions made to the HOOPP Plan are recognized in income in the year incurred.

(f) Related parties

A party is considered to be related to the College if such party or the College has the ability to, directly or indirectly, control or exercise significant influence over the other's financial and operating decisions, or if the College and such party are subject to common control or common significant influence. Related parties may be individuals or other entities.

Transactions with related parties are initially measured at cost, determined using undiscounted cash flows.

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2022

1. Significant accounting policies (continued)

(g) Financial instruments

Measurement of financial assets and liabilities

The College initially measures its financial assets and financial liabilities, with the exception of financial instruments originated or exchanged in a related party transaction, at fair value adjusted by the amount of transaction costs directly attributable to the instrument.

The College subsequently measures all of its financial assets and financial liabilities, with the exception of related party financial instruments, at amortized cost.

Related party financial instruments are subsequently measured at cost less impairment

Amortized cost is the amount at which a financial asset or financial liability is measured at initial recognition minus principal repayments, plus or minus the cumulative amortization of any difference between that initial amount and the maturity amount, and minus any reduction for impairment.

Financial assets measured at amortized cost include cash, investments and amounts receivable.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

Financial liabilities measured at cost less impairment include amounts due to a related party (note 9)

Impairment

At the end of each year, the College assesses whether there are any indications that a financial asset measured at cost or amortized cost may be impaired. Objective evidence of impairment includes observable data that comes to the attention of the College, including but not limited to the following events: significant financial difficulty of the issuer; a breach of contract, such as a default or delinquency in interest or principal payments; and bankruptcy or other financial reorganization proceedings.

When there is an indication of impairment, the College determines whether a significant adverse change has occurred during the year in the expected timing or amount of future cash flows from the financial asset.

When the College identifies a significant adverse change in the expected timing or amount of future cash flows from a financial asset, it reduces the carrying amount of the financial asset to the greater of the following:

- the present value of the cash flows expected to be generated by holding the financial asset discounted using a current market rate of interest appropriate to the financial asset; and

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2022

1. Significant accounting policies (continued)

(g) Financial instruments (continued)

Impairment (continued)

- the amount that could be realized by selling the financial asset at the statement of financial position date.

Any impairment of the financial asset is recognized in income in the year in which the impairment occurs.

When the extent of impairment of a previously written-down financial asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to the extent of the improvement, but not in excess of the impairment loss. The amount of the reversal is recognized in income in the year the reversal occurs.

(h) Management estimates

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make judgments, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the current year. Actual results may differ from the estimates, the impact of which would be recorded in future years.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future years affected.

Significant estimates include those used when accounting for accruals related to the resolution of professional conduct matters in progress at year end.

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2022

2. Financial instrument risk management

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure and concentrations.

The financial instruments of the College and the nature of the risks to which those instruments may be subject, are as follows:

Financial instrument	Risks				
	Credit	Liquidity	Market risk		
Currency			Interest rate	Other price	
Cash	X				X
Investments	X				X
Amounts receivable	X				
Accounts payable and accrued liabilities		X			
Amounts due to a related party		X			

Credit risk

The College is exposed to credit risk resulting from the possibility that parties may default on their financial obligations, or if there is a concentration of transactions carried out with the same party, or if there is a concentration of financial obligations which have similar economic characteristics that could be similarly affected by changes in economic conditions, such that the College could incur a financial loss.

The maximum exposure of the College to credit risk is as follows:

	2022 \$	2021 \$
Cash	60,754,331	64,142,000
Investments	36,285,318	25,777,225
Amounts receivable	131,138	219,028
	<u>97,170,787</u>	<u>90,138,253</u>

The College reduces its exposure to the credit risk of cash by maintaining balances with a Canadian financial institution.

The College manages its exposure to credit risk of investments through an investment policy which restricts the types of eligible investments.

Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due.

The liquidity of the College is monitored by management to ensure sufficient cash is available to meet liabilities as they become due.

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2022

2. Financial instrument risk management (continued)

Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and other price risk.

Currency risk

Currency risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in foreign exchange rates.

The College is not exposed to currency risk.

Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates.

Other price risk

Other price risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate because of changes in market prices (other than those arising from currency risk or interest rate risk), whether those changes are caused by factors specific to the individual instrument or its issuer or factors affecting all similar instruments traded in the market.

The College is not exposed to other price risk.

Changes in risk

There have been no significant changes in the risk profile of the financial instruments of the College from that of the prior year.

3. Investments

	2022	2021
	\$	\$
Current	21,266,239	11,268,734
Long-term	15,019,079	14,508,491
	<u>36,285,318</u>	<u>25,777,225</u>
	2022	2021
Effective interest rates	0.45% - 2.90%	0.70% - 2.38%
Maturity dates	Jan 2023 to Mar 2026	Jan 2022 to Mar 2026

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2022

4. Capital assets

	Cost \$	Accumulated Amortization \$	2022 Net \$
Land	3,225,009	-	3,225,009
Building	6,835,907	6,099,255	736,652
Building improvements	5,501,486	685,189	4,816,297
Office furniture	1,738,755	237,663	1,501,092
Office equipment	552,871	189,723	363,148
Computer hardware	4,721,628	2,403,557	2,318,071
	<u>22,575,656</u>	<u>9,615,387</u>	<u>12,960,269</u>
	Cost \$	Accumulated Amortization \$	2021 Net \$
Land	3,225,009	-	3,225,009
Building	6,835,907	5,930,323	905,584
Building improvements	2,789,091	2,510,107	278,984
Office furniture	2,184,062	1,986,092	197,970
Office equipment	1,448,638	1,154,438	294,200
Computer hardware	6,653,730	3,852,665	2,801,065
Construction in progress	3,972,311	-	3,972,311
	<u>27,108,748</u>	<u>15,433,625</u>	<u>11,675,123</u>

During the year, capital assets comprised of i) building improvements with a net book value of \$132,036 (cost of \$2,172,280 and accumulated amortization of \$2,040,244), ii) office furniture with a net book value of nil (cost and accumulated amortization of each of \$1,832,704), iii) office equipment with a net book value of nil (cost and accumulated amortization of each of \$1,047,474), and iv) computer hardware with a net book value of \$13,398 (cost of \$2,347,774 and accumulated amortization of \$2,334,376), were disposed of for no proceeds resulting in a loss on disposal of \$145,434 being recognized in taxes, utilities and amortization in the statement of operations.

During the prior year, the College commenced the construction phase of the space redesign of the building and incurred costs in the amount of \$3,972,311 which were recorded as construction in progress at December 31, 2021. Upon the completion of the construction in the current year, construction in progress was allocated as follows: \$3,783,778 to building improvements and \$188,533 to office furniture.

During the prior year, capital assets comprised of i) building improvements with a net book value of \$178,285 (cost of \$1,134,093 and accumulated amortization of \$955,808), ii) office furniture with a net book value of \$120,468 (cost of \$376,001 and accumulated amortization of \$255,533), and iii) computer hardware with a net book value of \$74,907 (cost of \$623,111 and accumulated amortization of \$548,204), were disposed of for no proceeds resulting in a loss on disposal of \$373,660 being recognized in taxes, utilities and amortization in the statement of operations.

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2022

5. Intangible assets

	Cost	Accumulated	2022
	\$	Amortization	Net
		\$	\$
Computer application software	4,041,298	3,845,323	195,975

	Cost	Accumulated	2021
	\$	Amortization	Net
		\$	\$
Computer application software	4,212,653	4,011,173	201,480

During the year, intangible assets with a net book value of nil (cost and accumulated amortization of each of \$264,652) were disposed of for no proceeds resulting in no gain or loss on disposal.

6. Pension plan

The College maintains a registered defined contribution pension plan for certain of its employees.

The College matches 100% of employee contributions up to 6% of eligible earnings and 50% of employee contributions over 6% of eligible earnings to the defined contribution pension plan. The contributions made by the College on behalf of its employees during fiscal 2022 amounted to \$334,801 (2021 - \$415,814).

7. Multi-employer defined benefit pension plan

Certain employees of the College are members of the HOOPP Plan, which is a multi-employer defined benefit pension plan. Members of the HOOPP Plan will receive retirement benefits based on the member's contributory service, the highest average annualized earnings during any consecutive five-year period, and the most recent three-year average year's maximum pensionable earnings. As at December 31, 2022, the HOOPP Plan is 117% funded. The contributions made by the College on behalf of its employees during fiscal 2022 amounted to \$2,497,469 (2021 - \$2,041,803).

8. Related party transactions

The College has as a related party, Nurses' Health Program (Ontario) / Programme de santé pour infirmières (Ontario) ("NHP"), by virtue of the College having representation on the board of directors of NHP, participating in its policy-making processes and providing all funding to NHP, all of which enables the College to exercise significant influence over the financial and operating decisions of NHP.

The purpose of NHP is to provide for the establishment and operation of a voluntary program for nurses to support their recovery from substance use and/or mental health disorders so they may safely return to practice thereby protecting the public and promoting professional accountability, to raise nurses awareness of the program through collaboration with and among the nurses' regulatory college, professional associations, unions, employers and other organizations; and such other complementary purposes not inconsistent with the above-mentioned purposes.

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2022

8. Related party transactions (continued)

NHP is a not-for-profit organization, as described in Section 149(1)(l) of the Income Tax Act, and therefore is not subject to income taxes.

The College has no economic interest in NHP.

During the year, the College provided funding to NHP in the amount of \$1,157,473 (2021 - \$1,170,306) which is recorded in consultants in the statement of operations. As at December 31, 2022, the College has a balance payable of \$123,287 (2021 - \$100,297) due to NHP which is recorded in accounts payable and accrued liabilities in the statement of financial position (note 9).

9. Accounts payable and accrued liabilities

	2022	2021
	\$	\$
Trade payables and accrued liabilities	5,329,226	7,808,635
Accrued liabilities - professional conduct	3,137,360	3,794,800
Government remittances	5,739,366	3,853,741
Contribution payable to Nurses' Health Program (Ontario)	123,287	100,297
	<u>14,329,239</u>	<u>15,557,473</u>

Draft Statement Subject to Revision

HILBORN

LISTENERS. THINKERS. DOERS.



Decision Note – June 2023 Council

Fees By-Law Amendments

Contacts for Questions or More Information

Stephen Mills, Chief Administrative Officer

Motion for consideration

That Council approve the proposed amendments to By-Law No. 2: Fees by rescinding and replacing them as they appear in Attachment 1 to the briefing note.

Public Interest Rationale


It is in the public interest that CNO has the financial resources needed to carry out its regulatory mandate efficiently and effectively.

Background

It is the role of Council ensure the ongoing financial health of the College. In [March 2023](#), on recommendation of the Finance Committee, Council approved proposed amendments to By-Law No. 2: Fees for notice and circulation because it believed that without the increase, CNO's ongoing fiscal viability and the organization's ability to respond to changing needs, would be compromised.

The proposed amended fees by-laws were circulated with the [March edition](#) of The Standard. The article included a link to CNO's public consultation page where feedback was sought via an online survey. A redlined version of the proposed by-law amendments and [frequently asked questions](#) were provided on the consultation page. The deadline for responses was May 23, 2023.

At their May meeting, the Finance Committee reviewed a preliminary report of the feedback for the proposed amendments to the Fees By-Laws that were received between March 23 – April 30, 2023. The committee noted that there was nothing in the feedback that was unexpected or that would change its perspective that the fee increase is needed to support CNO's ongoing fiscal well-being. They highlighted that deferring the increases for another year, following 5 years of fee stability would likely result in the need for higher increases in the following and subsequent years. Various strategies are currently being explored to help alleviate potential



financial burden associated with fee payments at year-end. The committee suggested that communications that clearly articulate the risk associated with not increasing fees and clearly highlight what the fees are used for be continued.

Feedback

Council now has the opportunity to consider the feedback received and determine whether it changes its perspective that the proposed amendments to By-Law No.2: Fees are necessary for CNO to meet its public interest mandate.

The entire consultation period lasted 61 days, in line with the by-law requirement. CNO received submissions via formal letters as well as through the online survey.

Formal Feedback

Outside of the online survey, CNO received feedback from two stakeholder organizations as of the May 23rd deadline.

WeRPN penned an open letter to CNO, which cited concerns with the proposed fee increases. Their main concern revolves around RPN's low pay and stagnant wages. The quote below outlines their request to CNO.


“We understand the importance of maintaining the regulatory functions of the CNO and ensuring that nursing professionals are held to high standards of practice. However, we respectfully urge the CNO to reconsider the timing and/or scale of the proposed fee increase given the current economic challenges faced by RPNs in Ontario.”

In addition to responding to the online survey, SEIU Healthcare also submitted a formal response to the proposed fee increases noting several concerns. In particular they highlighted the wage disparity between RN/NP's and RPN's and requested that the fee structure reflects this disparity. They are asking CNO to halt the proposed fee increases and implement a fee structure that encourages the recruitment and retention of nursing professionals.

“...the CNO proposal is the wrong increase at the wrong time. The 24 per cent CNO fee increase is an unfair tax on nurses when their wages have been unconstitutionally capped at 1 per cent for the past three years.”

Online Survey Feedback

A total of 7,784 completed responses were received to the online survey between March 23, 2023 and May 23, 2023. Of those responses, 6,768 identified as RNs, RPNs or NPs, which represents 3.4% of the nursing population in Ontario. The remaining 1,016 respondents consisted of those who identified as members of the public (846) and other individuals (170).



Based on a high-level review of the survey responses received:

- 98.1% (7,639) do not support the proposed fee changes,
- 0.7% (54) support the changes, and
- 1.2% (91) are unsure.

Common themes emerged among all groups and are summarized below.

Those who do not support the fee changes:

- the lack of wage increases for nurses
- inflation and the current economic environment citing increasing expenses
- the size of the increase – noting the fee is already too high
- concern that nurses will either leave the profession and/or Ontario
- suggestion that RPNs should pay less due to the salary disparity between RPNs and RNs/NPs
- reaction to the comparisons to other professions and to other Canadian nursing jurisdictions, citing that other professions earn more, include liability protection with fees and have smaller numbers
- a lack of transparency in how the fees are spent/help protect the public

Those who are in support of the increase and those who are unsure yielded similar themes:

- work of CNO is critical to ensuring public safety
- understand the need for fee increases, but suggest implementing a payment plan to allow for flexible payments over time to ease the financial burden at year-end
- poor timing to introduce fee increases

Questions for Council:

- Is there anything in the feedback that leads Council to believe that the fee increases are not required to meet its public interest mandate?
- After reviewing the feedback received, is there anything that leaves Council to question the need for the increases at this time?

Next Steps

If Council approves the proposed amendments to By-Law No.2: Fees:

- the by-laws will be revised and posted on the CNO's website,
- communications will be provided about Council's decision and its reasons, and
- fee changes will become effective January 1, 2024.

Attachment

1. Proposed amendments to By-Law No. 2 Fees.



Attachment 2

Proposed deletions: ~~red strikethrough~~
Proposed additions: blue font

BY-LAW NO. 2: FEES

Approved by Council June 14, 2000

Revised version January 1, 2013

Amended June 2021

1.01 In this by-law,

"administrative suspension" means a suspension of a member's certificate of registration as a result of the member's failure to pay a prescribed fee or a fee required by the by-laws or to provide information required by the by-laws;

"category" means one of the RN Category or the RPN Category;

"certificate of registration" means a certificate of registration issued by the College and does not include a specialty certificate;

"class" means a class of certificate of registration and does not mean "class" as that word is used in section 8 of the *Nursing Act, 1991*;

"fee" includes a required fee(s) or charge, an administrative fee(s) or an administrative charge(s);

"out-of-province certificate" has the meaning ascribed to it under the Regulated Health Professions Act, 1991 and its Health Professions Procedural Code;

"person" includes a member and former member; and

"registration regulation" means Part II of Ontario Regulation 275/94, as amended, passed under the *Nursing Act, 1991*.

(Added September 2014)


APPLICATION FEES

2.01 Unless otherwise specifically provided in this by-law, a separate application fee is payable for each class of certificate of registration applied for in each category.

Application Fee: General and Extended Class

(Amended September 2014)

2.02 A person who submits an application for a certificate of registration in the general class as a registered nurse ~~shall pay an application fee of~~



i) ~~\$300.00~~ if the applicant is a graduate of a nursing program required for registration as a registered nurse which was taken in Canada or if the applicant, at the time of application, holds an out-of-province certificate that is equivalent to a general class certificate of registration as a registered nurse or if the applicant previously held a general or extended class certificate of registration as a registered nurse issued by the College; shall pay an application fee of

- a) \$300.00 for an application made in the 2023 calendar year;
- b) \$400.00 for an application made in the 2024 calendar year;
- c) \$416.00 for an application made in the 2025 calendar year;
- d) \$433.00 for an application made in the 2026 calendar year and subsequent calendar years.

(Amended June 2018)

ii) ~~\$300.00~~ if the applicant is not one described in (i), and the applicant provides a current assessment report from the National Nursing Assessment Service; ~~or~~ shall pay an application fee of

- a) \$300.00 for an application made in the 2023 calendar year;
- b) \$400.00 for an application made in the 2024 calendar year;
- c) \$416.00 for an application made in the 2025 calendar year;
- d) \$433.00 for an application made in the 2026 calendar year and subsequent calendar years.

(Amended June 2018)

iii) ~~\$1,000.00~~ if the applicant is not described in (i) or (ii), shall pay an application fee of

- a) \$1,000.00 for an application made in the 2023 calendar year;
- b) \$1,330.00 for an application made in the 2024 calendar year;
- c) \$1,383.00 for an application made in the 2025 calendar year;
- d) \$1,438.00 for an application made in the 2026 calendar year and subsequent calendar years.



2.02.1

A person who submits an application for a certificate of registration in the general class as a registered practical nurse ~~shall pay an application fee of~~

- i) ~~\$300.00~~, if the applicant is a graduate of a nursing program required for registration as a registered practical nurse which was taken in Canada or if the applicant, at the time of application, holds an out-of-province certificate that is equivalent to a general class certificate of registration as a registered practical nurse or as a registered nurse, issued by the College; ~~or~~ shall pay an application fee of
 - a) \$300.00 for an application made in the 2023 calendar year;
 - b) \$400.00 for an application made in the 2024 calendar year;
 - c) \$416.00 for an application made in the 2025 calendar year;
 - d) \$433.00 for an application made in the 2026 calendar year and subsequent calendar years.

- ii) ~~\$300.00~~ if the applicant is not one described in (i), and the applicant provides a current assessment report from the National Nursing Assessment Service; ~~or~~ shall pay an application fee of
 - a) \$300.00 for an application made in the 2023 calendar year;
 - b) \$400.00 for an application made in the 2024 calendar year;
 - c) \$416.00 for an application made in the 2025 calendar year;
 - d) \$433.00 for an application made in the 2026 calendar year and subsequent calendar years.

- iii) ~~\$1,000.00~~. if the applicant is not described in (i) or (ii) shall pay an application fee of
 - a) \$1,000.00 for an application made in the 2023 calendar year;
 - b) \$1,330.00 for an application made in the 2024 calendar year;
 - c) \$1,383.00 for an application made in the 2025 calendar year;
 - d) \$1,438.00 for an application made in the 2026 calendar year and subsequent calendar years.

(Amended June 2018)



2.02.2

A person who submits an application for a certificate of registration as a registered nurse in the extended class ~~shall pay an application fee of~~

- i) ~~\$300.00~~, if the applicant is a graduate of a program required for registration in the extended class which was taken in Canada or if the applicant, at the time of application, holds an out-of-province certificate that is equivalent to an extended class certificate of registration as a registered nurse or if the applicant previously held an extended class certificate of registration as a registered nurse issued by the College; shall pay an application fee of
 - a) \$300.00 for an application made in the 2023 calendar year;
 - b) \$400.00 for an application made in the 2024 calendar year;
 - c) \$416.00 for an application made in the 2025 calendar year;
 - d) \$433.00 for an application made in the 2026 calendar year and subsequent calendar years.

- ii) ~~\$300.00~~ if the applicant has education other than the education referred to in (i) and the applicant graduated from a program for registration as a registered nurse in the extended class that was approved by Council or a body approved by Council for that purpose, or a program approved by the Registration Committee as equivalent to a Council-approved program for registration as a registered nurse in the extended class; ~~or~~ shall pay an application fee of
 - a) \$300.00 for an application made in the 2023 calendar year;
 - b) \$400.00 for an application made in the 2024 calendar year;
 - c) \$416.00 for an application made in the 2025 calendar year;
 - d) \$433.00 for an application made in the 2026 calendar year and subsequent calendar years.

- iii) ~~\$1,000.00~~. if the applicant is not described in (i) or (ii), shall pay an application fee of
 - a) \$1,000.00 for an application made in the 2023 calendar year;
 - b) \$1,330.00 for an application made in the 2024 calendar year;
 - c) \$1,383.00 for an application made in the 2025 calendar year;
 - d) \$1,438.00 for an application made in the 2026 calendar year and subsequent calendar years.



(Amended June 2018)

Application Fee: Other Classes

2.03 Subject to Article 2.05, a person who submits an application for a certificate of registration for any class of certificate, other than general, extended or emergency, shall pay an application fee of ~~\$50.00~~.

- i) \$50.00 for an application made in the 2023 calendar year;
- ii) \$67.00 for an application made in the 2024 calendar year;
- iii) \$70.00 for an application made in the 2025 calendar year;
- iv) \$73.00 for an application made in the 2026 calendar year and subsequent calendar years.

Application Fee: Emergency Class

2.04 No application fee shall be payable for an emergency class certificate of registration.

Application Fee: Non-Practising Class

2.05 No application fee shall be payable for an application for a non-practising class certificate of registration if the applicant holds, at the time of application, another class of certificate of registration, other than an emergency class, in the category for which the person is seeking the non-practising class certificate of registration.

EVALUATION FEES

(Added September 2014)

2.06 ~~The fee for~~ A person who undergoes an evaluation conducted directly by the College under:

- i) sub-subparagraph 1 iii B of subsection 2(1) of the Registration Regulation ~~is~~ ~~\$500.00~~: shall pay an evaluation fee of
 - a) \$500.00 for the evaluation requested in the 2023 calendar year;
 - b) \$665.00 for the evaluation requested in the 2024 calendar year;
 - c) \$692.00 for the evaluation requested in the 2025 calendar year;
 - d) \$719.00 for the evaluation requested in the 2026 calendar year and subsequent calendar years.



(Amended September 2017)

- ii) sub-subparagraph 1 iii B and subparagraph 1 v of subsection 3(1) of the Registration Regulation ~~is \$225.00;~~ and shall pay an evaluation fee of
- a) \$225.00 for the evaluation requested in the 2023 calendar year;
 - b) \$300.00 for the evaluation requested in the 2024 calendar year;
 - c) \$312.00 for the evaluation requested in the 2025 calendar year;
 - d) \$324.00 for the evaluation requested in the 2026 calendar year and subsequent calendar years.

(Amended September 2017)

- iii) sub-subparagraph 2 iv B of subsection 4(1) of the Registration Regulation ~~is \$225.00;~~ shall pay an evaluation fee of
- a) \$225.00 for the evaluation requested in the 2023 calendar year;
 - b) \$300.00 for the evaluation requested in the 2024 calendar year;
 - c) \$312.00 for the evaluation requested in the 2025 calendar year;
 - d) \$324.00 for the evaluation requested in the 2026 calendar year and subsequent calendar years.

(Amended September 2017)

REGISTRATION FEES

- 3.01** Unless otherwise specifically provided in this by-law, a separate registration fee is payable for each class of certificate of registration issued in each category.
- 3.02** Subject to Article 3.04, ~~a~~ the registration fee ~~of \$50.00 shall be~~ paid for the issuance of each class of certificate of registration, other than an emergency class certificate of registration. ~~is~~
- i) \$50.00 for a certificate issued in the 2023 calendar year;
 - ii) \$63.00 for a certificate issued in the 2024 calendar year;
 - iii) \$66.00 for a certificate issued in the 2025 calendar year;



iv) \$69.00 for a certificate issued in the 2026 calendar year and subsequent calendar years.

3.03 No registration fee shall be payable for the issuance of an emergency class certificate of registration.

3.04 No registration fee shall be payable for the issuance of a non-practising class certificate of registration if the applicant holds, at the time of application, another class of certificate of registration, other than an emergency class, in the category for which the person is seeking the non-practising class certificate of registration.

FEES FOR SPECIALTY CERTIFICATES

4.01 The fee for the issuance or reinstatement of ~~a~~ each specialty certificate in the extended class ~~is \$50.00 and shall be payable for each specialty for which a specialty certificate is to be issued or reinstated.~~

i) \$50.00 for a certificate issued in the 2023 calendar year;

ii) \$63.00 for a certificate issued in the 2024 calendar year;

iii) \$66.00 for a certificate issued in the 2025 calendar year;

iv) \$69.00 for a certificate issued in the 2026 calendar year and subsequent calendar years.

ANNUAL FEES

5.01 Unless otherwise provided in the by-law, an annual fee is payable by each member for each calendar year in accordance with this by-law.

5.02 The Executive Director shall notify every member of the amount of the annual fee and the day on which the fee is due.

5.03 The annual fee for the calendar year for which a person first becomes a member in a category must be paid immediately prior to the issuance of that certificate of registration.

5.04 Except where Article 5.03 or 5.08 is applicable, or unless otherwise authorized by the Executive Director, the annual fee for the calendar year must be paid on or before December 31st of the previous year.

(Amended June 2018)



5.05 No annual fee is payable in relation to the issuance of an emergency class certificate of registration or by a member who only holds an emergency class certificate of registration.


5.06 ~~The annual fee for a~~ A member holding a certificate of registration in a class other than the non-practising class ~~is~~

- i) ~~for the 2018 calendar year~~ for members registered in one category, shall pay an annual fee of
 - a) \$270.00 for the 2023 calendar year;
 - b) \$340.00 for the 2024 calendar year;
 - c) \$354.00 for the 2025 calendar year;
 - d) \$368.00 for the 2026 calendar year and subsequent calendar years.
- ii) ~~for the 2019 calendar year and subsequent calendar years~~ for members registered in two categories, shall pay an annual fee of
 - a) \$540.00 for the 2023 calendar year;
 - b) \$680.00 for the 2024 calendar year;
 - c) \$708.00 for the 2025 calendar year;
 - d) \$736.00 for the 2026 calendar year and subsequent calendar years.

(Amended June 2018)

5.07 ~~The annual fee for a~~ A member who only holds a certificate of registration in the non-practising class ~~is~~

- i) ~~\$50.00 if the~~ for members ~~is~~ registered in one category; ~~or,~~ shall pay an annual fee of
 - a) \$50.00 for the 2023 calendar year;
 - b) \$63.00 for the 2024 calendar year;
 - c) \$66.00 for the 2025 calendar year;
 - d) \$69.00 for the 2026 calendar year and subsequent calendar years.

- 
- ii) ~~\$100.00 if the~~ for members ~~is~~ registered in two categories, shall pay an annual fee of:
 - a) \$100.00 for the 2023 calendar year;
 - b) \$126.00 for the 2024 calendar year;
 - c) \$132.00 for the 2025 calendar year;
 - d) \$138.00 for the 2026 calendar year and subsequent calendar years.

5.08 A member who holds a non-practising class certificate of registration and to whom another class of certificate is issued shall pay, on the issuance of that other class of certificate, the fee set out in Article 5.06 less any annual fee paid by the member for that calendar year.

PENALTY FEES

6.01 A member, other than one who only holds a certificate of registration in the non-practising class, who fails to pay an annual fee on or before the day on which it is due, shall pay a penalty fee ~~of \$100.00.~~ for each category where the annual fee was paid after the day it was due, of

- i) \$100.00 for the 2023 calendar year;
- ii) \$125.00 for the 2024 calendar year;
- iii) \$130.00 for the 2025 calendar year;
- iv) \$135.00 for the 2026 calendar year and subsequent calendar years.

6.02 A member who only holds a certificate of registration in the non-practising class who fails to pay an annual fee on or before the day on which it is due, shall pay a penalty fee ~~of \$25.00.~~ for each category where the annual fee was paid after the day it was due, of

- i) \$25.00 for the 2023 calendar year;
- ii) \$32.00 for the 2024 calendar year;
- iii) \$34.00 for the 2025 calendar year;
- iv) \$36.00 for the 2026 calendar year and subsequent calendar years.



FEES FOR REINSTATEMENT /LIFTING ADMINISTRATIVE SUSPENSIONS

Application for Reinstatement Fee

- 7.01** A person who applies for reinstatement of a certificate of registration shall pay, at the time the person makes such application, ~~an application fee of~~
- i) ~~\$350.00~~ where the application is made pursuant to section 72 of the Code; ~~or,~~
a fee of
 - a) \$350.00 in the 2023 calendar year;
 - b) \$475.00 in the 2024 calendar year;
 - c) \$494.00 in the 2025 calendar year;
 - d) \$514.00 in the 2026 calendar year and subsequent calendar years.
 - ii) ~~\$150.00~~ where the application is not made pursuant to section 72 of the Code; ~~shall pay a fee of~~
 - a) \$150.00 in the 2023 calendar year;
 - b) \$200.00 in the 2024 calendar year;
 - c) \$208.00 in the 2025 calendar year;
 - d) \$216.00 in the 2026 calendar year and subsequent calendar years.

(Amended September 2015)

Application for Lifting Administrative Suspension Fee

- 7.02** A person who is otherwise entitled to have an administrative suspension lifted shall pay a fee, ~~of \$50.00 which fee shall be payable~~ at the time the person makes the request to lift the suspension; ~~of~~
- i) \$50.00 in the 2023 calendar year;
 - ii) \$67.00 in the 2024 calendar year;
 - iii) \$70.00 in the 2025 calendar year;
 - iv) \$73.00 in the 2026 calendar year and subsequent calendar years.



Reinstatement Fee

- 7.03** A person who is otherwise entitled to reinstatement of his or her certificate of registration ~~shall pay a reinstatement fee of~~
- i) ~~\$50.00; and~~ shall pay a reinstatement fee of
 - a) \$50.00 if made eligible to reinstate in the 2023 calendar year;
 - b) \$67.00 if made eligible to reinstate in the 2024 calendar year;
 - c) \$70.00 if made eligible to reinstate in the 2025 calendar year;
 - d) \$73.00 if made eligible to reinstate in the 2026 calendar year and subsequent calendar years.
 - ii) ~~\$500.00~~ for each calendar year or part thereof during which the applicant, while not a member,
 - a) used a title, the use of which was restricted to members; and/or
 - b) held ~~himself or herself~~ themselves out as a member and/or held ~~himself or herself~~ himself out as qualified to practise in Ontario as a nurse, registered nurse, practical nurse or in a specialty of nursing in breach of section 11 of the Act; and/or
 - e) performed an act authorized to members under the Act in breach of the RHPA; ~~shall pay a fee of~~
 - a) \$500.00 if made eligible to reinstate in the 2023 calendar year;
 - b) \$625.00 if made eligible to reinstate in the 2024 calendar year;
 - c) \$650.00 if made eligible to reinstate in the 2025 calendar year;
 - d) \$676.00 if made eligible to reinstate in the 2026 calendar year or a subsequent calendar year.

EXAMINATION FEES

- 8.01** Deleted September 2014.
- 8.02** Revoked March 2022
- 8.02.1** Revoked March 2022
- 8.03** Removed June 2018
- 8.04** Revoked March 2022



8.05 Deleted June 2021

8.06 A person who applies to have a re-score of the results of the examination which is a requirement for the issuance of a specialty certificate in the extended class, known as the Canadian Nurse Practitioner Examination (CNPE), shall pay a fee of \$110.00.
(Amended June 2021)

8.07 A person who applies to attempt the College's jurisprudence examination shall pay a fee of \$40.00.

8.08 A separate fee is payable for each application referred to in Articles 8.06 and 8.07 and shall be paid at the time the application is submitted.

(Amended March 2022)

FEES RELATING TO QUALITY ASSURANCE

9.01 Where a person is required by the College's Quality Assurance Committee or a panel thereof to undergo a practice assessment or reassessment under clause 29(1)(a) of the regulation governing the College's Quality Assurance Program (being Part IV of Ontario Regulation 275/94, as amended), a fee of \$1,500.00 shall be paid unless otherwise directed by the Quality Assurance Committee or the panel which required the person to undergo that practice assessment or reassessment.

9.02 Where a person is required by the College's Quality Assurance Committee or a panel thereof to undertake one or more additional practice assessment components under subsection 28(3) of the regulation governing the College's Quality Assurance Program (being Part IV of Ontario Regulation 275/94, as amended), a fee of \$1,500.00 shall be paid if the Quality Assurance Committee or a panel thereof determined that the need to include additional components was due in whole or in part to the person's failure to co-operate with the Quality Assurance Committee, a panel thereof or an assessor.

9.03 The fee required by Article 9.01 shall be payable upon receipt of notice from the College that a practice assessment or reassessment has been required by the Quality Assurance Committee or a panel thereof.

9.04 The fee required by Article 9.02 shall be payable upon receipt of notice from the College that the person has been required by the Quality Assurance Committee or a panel thereof to undertake one or more additional practice assessment components under subsection 28(3) of the regulation governing the College's Quality Assurance Program (being Part IV of Ontario Regulation 275/94, as amended) as a result of the person's failure to co-operate with the Quality Assurance Committee, a panel thereof or an assessor.



9.1 **OTHER FEES**

9.1.01 An administrative fee of \$50.00 shall be payable by a person who purports to make a payment to the College by credit card for each time that the payment is refused by the credit card provider.

9.1.02 An administrative fee of \$25.00 shall be payable for the issuance of any refund by the College and shall be automatically deducted from that refund.

9.1.03 Where the member fails to comply with Article 44.2.06 of the College's By-law No. 1: General and the College subsequently is required to revise its register to reflect information thereafter provided by the member, the member shall pay an administrative fee of \$100.00.

(Approved March, 2019)

GENERAL

10.01 Fees described in this by-law are exclusive of applicable taxes and are not refundable either in whole or in part.

10.02 Where a fee is required to be submitted or paid under this by-law, the fee shall be paid by debit or credit card.

(Amended March 2017; Effective June 1, 2017)

10.03 Payment by any means other than those specified in Article 10.02 is not the submission or payment of a fee under this by-law.

10.04 Deleted June 1, 2017

10.05 Despite any provisions contained in this by-law, the Executive Director may waive the requirement for an individual applicant, member or former member to pay a fee required by this by-law where, in the Executive Director's opinion, the circumstances are sufficiently extraordinary to warrant the waiver and are not based upon the ability of the individual applicant, member or former member to pay the fee.



Decision Note – June 2023 Council

Modernizing Practice Standards

Contact for Questions or More Information

Kevin McCarthy, Director of Strategy

Anne Marie Shin, Director of Professional Practice

Decisions for consideration:

That Council approve the retirement of [Professional Standards](#) and [Ethics](#) practice standards, effective Saturday, July 1st, 2023.

That Council approve the draft *Scope of Practice* standard, as it appears in [Attachment 1](#) of this decision note, as a practice standard of the profession of nursing, effective Saturday, July 1st, 2023.

That Council approve the retirement of [Decisions About Procedures and Authority](#) practice standard, effective Saturday, July 1st, 2023.

Public Interest Rationale

Modernizing standards to reflect current evidence, evolving practice realities and public expectations contributes to safe nursing practice, thereby reducing client harm.

Strategic Outcome


Modernizing practice standards supports CNO's mandate to protect the public by advancing CNO's strategic outcome, so that *nurses' conduct will exemplify understanding and integration of CNO standards for safe practice.*

Background

Since 2020, Council engaged in Modernizing Practice Standards by discussing the:

- Objectives of modernizing standards,
- Key features of a modern standard, and
- [Framework](#) for modernizing standards

Informed by evidence, the objectives of this initiative are to ensure practice standards are:

- 
- accessible (clear and easy-to-understand),
 - defensible (evidence-informed, measurable), and
 - relevant (reflect contemporary practice to prevent risk, informed by stakeholders, and meet stakeholder needs).

Regulatory Function: Practice Standards

CNO protects the public by promoting safe nursing practice. Practice standards outline the professional practice expectations for nurses. They inform nurses of their accountabilities and educate the public and other health care providers of what to expect of nurses. In addition to standards, CNO provides other resources to help nurses understand their professional accountabilities (e.g., guidelines, learning modules etc.) as well as apply them in their practice (e.g., Ask Practice FAQs and Practice Support).

Council plays a significant role in the standards development and approval process. It provides strategic direction and insight during the standards development process. Council's governance role and decision-making authority is to approve or make changes to standards of nursing practice. Guidelines are resources that support the application of practice standards. As such, they do not require Council approval.

Outline

This briefing note includes content about the following items related to the standards modernization initiative:


- Revised [Code of Conduct](#)
- Integration of [Professional Standards](#) and [Ethics](#) practice standards into the revised Code of Conduct
- Development of the *Scope of Practice* standard
- Integration of existing standards and guidelines into the *Scope of Practice* standard (e.g., [Decisions about Procedures and Authority](#), [Authorizing Mechanisms](#) and [RN and RPN Practice: The Client, the Nurse and the Environment](#))

Revised Code of Conduct

In [December 2022](#), Council approved a revised [Code of Conduct](#), which takes effect on June 5th, 2023. As CNO's overarching practice standard, the revised Code describes the behaviour and conduct all nurses in Ontario are professionally accountable to. It includes updated expectations of professional behaviour and ethical conduct for all nurses and reflects the evolving health care environment and public expectations. The revised Code of Conduct is informed by current evidence and extensive stakeholder consultation.

This year, CNO rolled-out the revised Code and developed resources to support nurses in applying the Code in nursing practice. For example, we have developed additional resources to support the application of a new principle in the revised Code focused on inclusive and culturally safe care.¹ We have developed learning modules to help nurses understand and apply the

¹ Principle 2: Nurses provide inclusive and culturally safe care by practicing cultural humility.



concepts of ‘cultural humility’ and ‘cultural safety’ in their practice. These modules include actions nurses can take to apply this principle in practice (e.g., self-reflection, creating safer health care experiences and seeking training and education). Additional resources on the revised Code of Conduct are available [here](#).

We are also raising awareness of the revised Code by engaging with nurses and system partners through various platforms and events. We have engaged broadly with a variety of stakeholders, including nurses, employers, nursing associations and health care organizations and will continue to raise awareness and support nurses in applying the revised Code in their practice. Furthermore, we continue to support this change internally and have provided orientation to various statutory committees (e.g., Inquiries, Complaints and Reports Committee, Quality Assurance Committee, Registration Committee, Discipline and Fitness to Practise committees).

Integration of *Professional Standards* and *Ethics* in the revised Code


At the [March 2023](#) meeting, Council discussed the integration of [Professional Standards](#) and [Ethics](#) practice standards in the modernized Code of Conduct.

In revising the Code of Conduct, CNO reviewed and integrated relevant content from the *Professional Standards* and *Ethics* practice standards to reduce duplication and align with the objectives of modern standards. As a result of this integration, these two practice standards contain significant duplication within the revised Code. To ensure that all relevant content is integrated into the Code, CNO reviewed these practice standards against the revised Code. The outcome indicates that all relevant content and concepts within these practice standards are well reflected in the revised Code. [Attachment 2](#) provides a few examples.

Further analysis of both these practice standards shows that:

- a) The structure of *Professional Standards* is outdated containing role-based statements and the content is long, detailed and repetitive, inconsistent with the structure of modern standards (e.g., principle-based).
- b) *Ethics* includes behavioural directives and case scenarios, not commonly used in modern practice standards. The *Ethics* standard states that the behavioural directives are intended to help nurses work through ethical situations, supporting their practice and self-reflection. *Ethics* is structured with scenarios as the basis of the standard, more focused on a learning guideline and less on nursing accountabilities.

The modernized Code is a more accessible, defensible and relevant practice standard that can be used in CNO's regulatory processes. It incorporates updated standards of professional behaviour and ethical conduct, applicable to all nurses, informed by current evidence and through extensive consultation with nurses, stakeholders and the public. Having content streamlined into the modernized Code of Conduct, nurses will no longer need to access multiple standards to inform them of their professional and ethical accountabilities. As a result of this



integration and to meet the objectives of a modern standard, Council can consider the retirement of these two practice standards.

To support this change in practice, we plan to develop additional resources and educational tools to ensure nurses and stakeholders who have relied on *Professional Standards* and *Ethics* understand how to apply the revised Code and where to find the additional resources. These include: FAQs/Ask Practice content, remove existing outdated online resources (e.g., webcasts) and provide additional resources based on inquiries we receive.

Scope of Practice Standard

In [March 2023](#), the development of the new *Scope of Practice* standard, which focuses on the legislated scope of nursing practice and other key requirements was shared with Council. With current regulatory changes to expand nursing scope of practice, such as RPN initiation and proposed RN prescribing, this work is being prioritized to reflect these system changes and support safe nursing practice in Ontario. Moving ahead with this standard will assist registrants and stakeholders to understand nursing accountabilities. ([see Attachment 1](#))

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. Consistent with the Standards Modernization project, CNO has reviewed existing standards, guidelines, and resources to reduce duplication and align with the objectives of a modern standard: *accessible, relevant, and defensible*. This newly developed standard replaces [Decisions about Procedures and Authority](#) standard, [Authorizing Mechanisms](#) guideline, and [RN and RPN Practice: The Client, the Nurse and the Environment](#) guideline by integrating key content that is relevant and reflects the current health care system.

In addition, a key learning from the COVID pandemic 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 make health care more accessible to clients and to help lessen the pressures on the health care system.

Scope of Practice Concepts

The standard outlines three key concepts which describe expectations and accountabilities for nurses as follows:

- **Authority:** Nurses must know their legislated scope of practice, including controlled acts, and authorizing mechanisms.
- **Context:** Nurses must determine if their practice environment or setting supports the performance of an activity and has the available resources to support safe client care.
- **Competence:** Nurses must ensure they have the individual knowledge, skill and judgment to perform an activity.

A nurse must consider all of these concepts to determine whether they can perform an activity for safe client care.



Stakeholder Consultation Summary

CNO engaged both with internal staff and external stakeholders to obtain diverse perspectives at a nursing and system level on the draft *Scope of Practice* standard. Two different external legal reviews were also conducted. The legal reviews focused on regulatory accountabilities and ensuring alignment with professional conduct requirements.

A public consultation survey was sent out to external stakeholders, including nurses, employers, academics (colleges and universities), associations and unions to review the draft *Scope of Practice* standard and to provide recommendations for additional future resources. A random selection of 16,000 nurses and 47 stakeholder organizations were invited to participate. The survey was open from April 24 to April 30, 2023. After the survey closed, CNO analyzed feedback from these sources. In total, we received approximately 630 responses. This represents a 4% response rate.

Overall, feedback on the *Scope of Practice* standard was positive with 96% of respondents reporting the information and concepts were clear. Key themes emerging from the feedback include:

- Integrating links to existing standards and resources
- Request for additional resources to support uptake
- Additional resources with practice examples and supports for employers

A limited number of respondents comments included:

- Understanding the difference between RPN and RN practice
- Employer accountabilities


After analyzing the feedback, the *Scope of Practice* standard includes:

- A clear outline of the legislative scope of nursing practice and other key requirements
- Enhanced alignment with professional misconduct regulation
- Direct, embedded links to other practice standards
- Integration of shared responsibilities as described under Context
- A detailed glossary to support understanding of key concepts

Additional resources will be developed to clarify system partner roles, understanding role clarity and other issues raised as the new standard is implemented.

Integration of Standard and Guidelines

As part of the development of *Scope of Practice* standard, CNO conducted an in-depth analysis of existing resources including the *Decisions About Procedures and Authority* practice standard and related practice guidelines, *Authorizing Mechanisms* and *RN and RPN Practice: The Client, the Nurse and the Environment* to ensure all relevant content is integrated and appropriate for current context and CNO's role as a regulator. As standalone documents, these two guidelines are dated, and no longer reflect the needs of the current health care system. [Attachment 3](#) provides a few examples of how the content has been integrated.



The concepts, Authority, Context and Competence, frame key aspects related to a nurse's scope of practice. In reviewing the practice guidelines, essential content was integrated in the new standard. For example, definitions and details related to orders and delegation were included under Authority from the *Authorizing Mechanisms* guideline. Components from the *RN & RPN practice* guideline, such as environmental considerations, were integrated under Context and individual nurse consideration including knowledge, skill and judgement were integrated into Competence.

As key content including legislative authority from the *Decisions About Procedures and Authority* standard has been integrated in the *Scope of Practice* standard, we are recommending retirement of this standard. As noted above, the new *Scope of Practice* standard has incorporated relevant content from the standard and the two guidelines in one document to help support nurses to clearly understand their accountabilities. As such, this new *Scope* standard does not represent new information for nurses (with the minor exception of additional controlled acts that RPNs can initiate). An effective date of July 1, 2023, is recommended to align with the first legislative changes related to RPN initiation.

To support change management related to this new standard and provide additional support for stakeholders, new resources and educational tools will be developed, along with presentations/webinars as required. As other legislative changes to RN and NP scope of practice move ahead, we will continue to monitor what changes to the new *Scope of Practice* standard are needed to ensure alignment.

Next Steps

Subject to Council's approval, CNO will:

1. Support change related to *Professional Standards* and *Ethics* practice standards:
 - Inform stakeholders of the change
 - Develop additional resources and educational tools to support this change in practice, as needed
2. Implement the *Scope of Practice* standard:
 - Develop and revise new and existing resources to support implementation of the *Scope of Practice* standard and the change in practice guidelines (e.g. *Authorizing Mechanisms*)
 - Engage stakeholders about the changes
 - Continue to monitor other scope of practice changes and revise standard as needed

Scope of Practice Standard

Table of Contents

Introduction	P. 2
Authority	P. 3
Context	P. 8
Competence	P. 9
Glossary	P. 10
Appendix A: Exceptions for controlled acts	P. 11
Appendix B: Requirements for delegating	P. 12
Appendix C: Requirements for accepting delegation	P. 14
Appendix D: RN and RPN initiation	P. 15

Introduction

Nurses¹ often face decisions about whether they can perform specific activities. This practice standard outlines the legislated scope of nursing practice and other key requirements for nurses when deciding whether to perform an activity for safe **client** care. The term client care is used broadly to represent nursing practice across the system with individuals, families, communities or populations and includes paid or volunteer roles.

Scope of practice refers to a range of activities that nurses' have the legislated **authority** to perform. This authority is defined in legislation, namely the *Nursing Act, 1991* and the *Regulated Health Professions Act, 1991* (RHPA). Employer policies and practice setting requirements, as well as the individual nurse's **competence**, also impact nurses' decisions and accountability related to scope of practice. This standard outlines the expectations for all nurses when determining if they have the authority to perform a specific activity, if it is appropriate for them to perform and if they are competent to safely perform the activity.

The *Nursing Act, 1991*, defines the **nursing scope of practice** as:

The practice of nursing is the promotion of health and the assessment of, the provision of care for, and the treatment of health conditions by supportive, preventive, therapeutic, palliative and rehabilitative².

This standard expands the accountabilities found in the [Code of Conduct](#) (the Code), the central practice standard. Nurses are expected to practice in compliance with relevant legislation, the Code and all other CNO [practice standards](#). Contravening legislation or failing to meet the standards of practice could be **professional misconduct**.

To meet the expectations of this standard, a nurse must consider each of the following key concepts:

- **Authority:** Nurses must know their legislated scope of practice, including controlled acts, and **authorizing mechanisms**.
- **Context:** Nurses must determine if their practice environment or setting supports the performance of an activity and has the available resources to support safe client care.
- **Competence:** Nurses must ensure they have the individual knowledge, skill and judgment to perform an activity.

Each concept includes a set of nursing accountabilities which are described in this practice standard. To ensure it is appropriate to perform an activity, nurses are expected to demonstrate these accountabilities.

This practice standard integrates information from and replaces the *Decisions about Procedures and Authority* practice standard and two guidelines, *Authorizing Mechanisms*, and *the RN and RPN Practice: The Client, the Nurse, and the Environment*.

Bolded terms are defined in the glossary.

¹ In this document, nurse refers to a Registered Nurse (RN), Registered Practical Nurse (RPN), and Nurse Practitioner (NP).

² See section 3 of the Nursing Act, 1991

Authority

Nurses must ensure they have the legal authority prior to performing any activity. This includes ensuring their practice complies with all relevant legislation, that they have the appropriate authorizing mechanisms in place, and they have assessed the context of their practice and their own competence to ensure they can provide safe client care.

Legislation

Nurses are accountable to practice in compliance with the regulations under the RHPA and the *Nursing Act, 1991*. The RHPA applies to all regulated health professions, while the *Nursing Act, 1991* is specific to the nursing profession. These Acts give nurses the legal authority to perform activities, including controlled acts.

Other legislation may also be relevant to a nurse's practice. Nurses are accountable to comply with all legislation that applies to their practice or practice setting.

Controlled acts

Controlled acts are defined in the RHPA as acts which may only be performed by authorized regulated health professionals. The *Nursing Act, 1991* authorizes nurses to perform specific controlled acts when providing health care services to an individual. Controlled acts are considered potentially harmful if performed by someone who does not have the knowledge, skill and judgment.

Controlled acts authorized to RNs and RPNs

Registered Nurses (RNs) and Registered Practical Nurses (RPNs) are authorized to perform the following five controlled acts³, if ordered by a physician, dentist, chiroprapist, midwife or NP⁴, or if initiated in accordance with conditions set out in the regulation, and as authorized in their practice setting⁵:

1. Performing a prescribed procedure below the dermis or a mucous membrane.
2. Administering a substance by injection or inhalation.
3. Putting an instrument, hand or finger
 - i. Beyond the external ear canal
 - ii. Beyond the point in the nasal passages where they normally narrow
 - iii. Beyond the larynx
 - iv. Beyond the opening of the urethra
 - v. Beyond the labia majora
 - vi. Beyond the anal verge
 - vii. Into an artificial opening into the body
4. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an

³ See sections 4 and 5 of the *Nursing Act, 1991*

⁴ See subsection 5(1), paragraph (b) of the *Nursing Act, 1991*

⁵ Subject to the terms, conditions and limitations imposed of the certificate of registration.

individual's serious disorder of thought, cognition, mood, emotional regulation, perception, or memory that may seriously impair the individual's judgement, insight, behaviour, communication, or social functioning.

5. Dispensing a drug

Controlled Acts Authorized to Nurse Practitioners

Nurse Practitioners (NPs) have an extended scope of practice and are authorized to diagnose, order and interpret diagnostic tests, prescribe medications and order other treatments for clients. NPs are autonomous practitioners and are accountable for their own practice and to employer policies.

Controlled acts are not the only legislated authority informing a NPs scope of practice and accountabilities. For more information related to NP's scope of practice and accountabilities, please review the [Nurse Practitioner](#) practice standard.

Nurse Practitioners are authorized to perform the following eight controlled acts^{6,7}:

1. Communicating to a client or client's representative a diagnosis made by the NP identifying as the cause of a client's symptoms, a disease or disorder
2. Performing a procedure below the dermis or a mucous membrane
3. Putting an instrument, hand or finger
 - i. Beyond the external ear canal
 - ii. Beyond the point in the nasal passages where they normally narrow
 - iii. Beyond the larynx
 - iv. Beyond the opening of the urethra
 - v. Beyond the labia majora
 - vi. Beyond the anal verge
 - vii. Into an artificial opening into the body
4. Applying or ordering the application of a prescribed form of energy
5. Setting or casting a fracture of a bone or dislocation of a joint
6. Administering a substance by injection or inhalation, in accordance with the regulation or when it has been ordered by another health care professional or physician who is authorized to order the procedure
7. Prescribing, dispensing, selling and compounding a drug in accordance with the regulation.
8. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning

Exceptions

The RHPA permits nurses, under some conditions, to perform specific controlled acts that they would not otherwise be authorized to perform⁸. The RHPA also provides several exceptions that allow persons who are not authorized as members of a regulated health profession (e.g., unregulated care providers)

⁶ See subsection 5.1(1) of the *Nursing Act, 1991*

⁷ Subject to the terms, conditions and limitations imposed on the certificate of registration

⁸ See Sections 4.1, 7, 7.1, s. 8(2)-(6), 13, and 15 of O. Reg. 107/96. Specified procedures permitted to certain classes of nurses, under certain conditions, included diagnostic ultrasound, acupuncture, prescribing normal saline for venipuncture, and administering COVID-19 vaccines by injection.

to perform controlled acts in some situations, including emergency situations. See *Appendix A: Exceptions for controlled acts*, for a detailed list.

Authorizing mechanisms: orders and delegation

There are two ways RNs and RPNs obtain authority to perform a controlled act: orders and **delegation**.

Orders

An order is a prescription for a procedure, treatment, drug or activity. Orders include **direct orders** and **directives**. An order⁹ is required when an activity:

- Is a controlled act authorized to nursing (with the exception of **initiation**)
- Does not fall within any controlled act, but is required as part of the client's plan of care and/or practice-setting policies
- Is delegated and does not fall under a controlled act authorized to nursing
- Is a requirement of other legislation

Direct orders

A direct order is client-specific regarding an activity. It may be written or verbal (oral). Verbal orders must only be used in emergency situations or when the prescriber is unable to document the order, such as in the operating room.

Directives

A directive is an order for an activity or series of activities that may be implemented for a number of clients when specific conditions are met and specific circumstances exist. A directive is always written by a regulated health professional who has the legislated authority to order the activity and for which they have the ultimate responsibility. For more information, see the [Directives](#) practice guideline.

Delegation

Delegation occurs when a regulated health professional (delegator), who is legally authorized and competent to perform a controlled act, temporarily grants their authority to perform that act to another individual (delegatee).

Delegation by nurses

Nurses who are authorized to perform controlled acts can delegate them to certain individuals, including other regulated health professionals or unregulated care providers (e.g., family members of clients). A nurse who delegates a controlled act is responsible for the decision to delegate and ensuring the delegatee is competent to perform the controlled act.

Delegation to nurses

Nurses can receive delegation for controlled acts that they are not authorized to perform. Nurses who perform controlled acts that are delegated to them are responsible for the decision to carry out the controlled act and for the performance of the act.

A nurse's responsibility may include delegating activities and accepting delegation of activities

⁹ See subsection 5(1) of the *Nursing Act, 1991*. The procedure is ordered by a person who is authorized to do the procedure by section 5.1 of the *Nursing Act* or by the *Chiropody Act, 1991*, the *Dentistry Act, 1991*, the *Medicine Act, 1991* or the *Midwifery Act, 1991*.

according to regulation, which specifies requirements that must be met. See *Appendix B: Requirements for delegating* and *Appendix C: Requirements for accepting delegation*.

Delegation restrictions

The following are delegation restrictions for nurses:

- Nurses cannot delegate a controlled act that has been delegated to them. This is referred to as sub-delegation¹⁰
- Nurses in the **Temporary Class**¹¹ are not permitted to delegate or accept delegation.
- Nurses in the **Special Assignment Class**¹² are not permitted to delegate to other health care professionals.
- RNs and RPNs cannot delegate the controlled acts¹³ of
 - Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception, or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning
 - Dispensing a drug
- NPs cannot delegate the controlled acts¹⁴ of
 - Prescribing, dispensing, selling or compounding medication
 - Ordering the application of a form of energy
 - Setting a fracture or joint dislocation
 - Prescribing, dispensing, selling or compounding medication
 - Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning

When an Authorizing Mechanism is not Required: Initiation

Initiation¹⁵ occurs when RNs or RPNs are permitted by regulation to independently assess and perform specific controlled acts without an order. Not all nurses will be able to initiate specific controlled acts, as this authority may not apply to certain practice settings because of legislation¹⁶ or facility policies. As with all activities, nurses must ensure they have informed consent. See *Appendix D: List of Controlled Acts RNs and RPNs can initiate*.

Nursing accountabilities: authority

Nurses are expected to demonstrate the following nursing accountabilities in relation to authority:

- Know and work in compliance with legislation, including:
 - Ensuring appropriate authority is in place in the form of direct orders or directives
 - Following orders that are clear, complete and appropriate

¹⁰ See subsection 41(2) of O. Reg. 275/94

¹¹ See subsection 5.1(1), paragraphs 5 and 6 of O. Reg. 275/94

¹² See subsection 6(5)5 of O. Reg. 275/94

¹³ See subsections 35(2) and 35(3) of O. Reg. 275/94

¹⁴ See section 36 of O. Reg. 275/94

¹⁵ See sections 15 and 15.1 of O. Reg. 275/94 and [incorporate Sections of O. Reg. 107/96 that allow initiation] of the *Nursing Act, 1991*.

¹⁶ For example, nurses are not allowed to initiate controlled acts under *The Public Hospital's Act*.

- Ensuring delegation (in addition to an order) is permitted and in place before performing a controlled act that is not authorized under the *Nursing Act, 1991*
 - Ensuring that the initiation of activities complies with the regulatory and practice-specific legislation and employer policies
- Document orders and activities performed or initiated as outlined in the [Documentation](#) practice standard
- Obtain informed consent as outlined in the [Consent](#) practice guideline

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Context

A nurse who has the legal authority to perform an activity must also consider if it is appropriate to do so within the context of their practice setting. Context may include the broader environment in which nurses work, the health care setting, and the available resources to support the nurse and client. A quality practice setting is a workplace that supports nursing practice, fosters professional development, and promotes the delivery of quality care. This includes where and how care is provided to ensure all safety precautions are taken.

Nurses must ensure their practice complies with all applicable legislation including practice specific legislation and employer policies. Nurses must recognize that employers can limit but cannot expand their legislated scope of practice. When employer policies conflict, nurses' primary accountability is to meet the CNO standards of practice. Nurses must ensure compliance with practice standards and advocate for policies that support safe client care.

Client safety is a shared responsibility and requires partnership. As partners, both employers and nurses, share accountability for creating environments that support quality practice. Nursing is a profession focused on collaborative relationships that promote the best possible outcomes for clients. Nurses foster interprofessional relationships and routinely collaborate and communicate with the health care team to provide safe client care.

Nursing accountabilities: context

Nurses are expected to demonstrate the following accountabilities in relation to context:

- Ensure practice setting policies permit and support nurses to perform an activity
- Assess and advocate for the necessary resources to support the performance of an activity and to manage outcomes
- Support the development of a practice environment that enhances collaboration and leads to improved client outcomes
- Consider any environmental risks that could impact the ability to safely perform an activity
- Consult and advocate to the employer for clear employer policies and procedures
- Collaborate and communicate with other health care team members for safe and effective client care and as needed, escalate to an appropriate health care provider
- Refrain from any activity that is not appropriate or safe for clients in the practice setting or under workplace policies
- Perform activities in practice settings where health services are routinely performed
- Comply with all safety requirements, (e.g., infection, prevention and control) using best available evidence to inform practice

Competence

A nurse who has the legal authority and has assessed the context of their practice environment must also ensure they have the competence to safely perform an activity. Competence is the knowledge, skill and judgment required to perform an activity safely within a nurse's role and practice setting. Nursing competence also includes leadership, decision-making and critical-thinking skills. Nurses are accountable to continually reflect on their practice and determine their learning needs to ensure they can provide safe client care.

An individual nurse's competence can evolve over time. Being self-reflective and committed to life-long learning is a critical part of providing safe client care. Nurses participate in quality assurance activities throughout their careers. This includes continually self-reflecting, identifying learning needs and developing a learning plan to maintain competence. Nurses must also participate in CNO's Quality Assurance program, which is a legislated requirement in the RHPA.¹⁷

The requirements needed to achieve the competence to safely perform a particular activity is specific to each nurse and includes education, training and experience. Nurses are expected to communicate with their employer if they require additional learning or professional development to provide safe client care.

Nursing accountabilities: competence

Nurses are expected to demonstrate the following nursing accountabilities in relation to competence:

- Demonstrate the knowledge, skill, and judgment to perform an activity safely and effectively, including
 - Understanding the client's overall condition and needs
 - Understanding the purpose of the intervention
 - Understanding the indications and contraindications
 - Assessing the risks and benefits
 - Demonstrating cognitive and technical competence to perform the activity
 - Managing potential outcomes and modifying actions as appropriate
- Determine if the client's condition warrants the performance of the activity
- Perform an activity that is based on the best interests of the client and includes the client's wishes
- Consult or transfer care to another care provider when necessary for safe client care
- Refrain from performing any activity when not competent to perform and, as needed, escalate to an appropriate health care provider
- Self-reflect, identify learning needs, and continuously seek out and integrate learning to improve their knowledge, skill and judgement in relation to their practice
- Participate in CNO's Quality Assurance Program

¹⁷ See the *Health Professions Procedural Code* in Schedule 2 of the *Regulated Health Professions Act, 1991*

Glossary

Activity: An Intervention, procedure, or action taken to promote, manage and support client care.

Authority: Refers to when a nurse is authorized to perform an activity by the RHPA, the *Nursing Act, 1991* and the regulations under those Acts, is permitted by setting-specific legislation and employer policies, and the required authorizing mechanisms are in place.

Authorizing mechanism: A means by which the authority to perform an intervention is obtained or the decision is made to perform an activity.

Client: An individual, family, group, community or population receiving nursing care, including, but not limited to, “patients” or “residents”.

Competence: The knowledge, skill and judgment required to perform an activity safely and manage outcomes within a nurse’s role and practice setting.

Context: Includes the broader environment in which nurses work, the health care setting, and the available resources to support the nurse and client.

Delegatee: The individual receiving delegation from a regulated health professional who has the authority and competence to perform an intervention under one of the controlled acts.

Delegation: A formal process through which a regulated health professional (delegator), who has the authority and competence to perform a procedure under one of the controlled acts, delegates the performance of that procedure to another individual (delegatee).

Delegator: An authorized regulated health professional who transfers the authority to perform an intervention under one of the controlled acts to another individual.

Direct orders: Client specific orders that may be written or verbal. A health care professional, such as a physician, midwife, dentist, chiroprapist or NP, can give a direct order for a specific activity to be administered at a specific time.

Directive: An order for an activity or series of activities that may be implemented for a number of clients, when specific conditions are met, and specific circumstances exist. A directive is always written by an individual or a group, who are authorized regulated health provider(s), who have the legislated authority to order the activity and for which they have ultimate responsibility.

Initiation: A process where RNs or RPN are permitted to independently assess and perform specific controlled acts without an order in certain settings pursuant to the authority and conditions set out in the regulation.

Professional misconduct: An act as defined in Section 51(1) of the Code to the RHPA or the *Professional Misconduct* regulation, that contravenes or fails to meet a standard of practice of the profession.

APPENDIX A: Exceptions for controlled acts

Exceptions

The RHPA provides several exceptions¹⁸ that allow persons who are not authorized as members of a regulated health profession to perform controlled acts.

These exceptions include

- Providing first aid or temporary assistance in an emergency
- Under the supervision or direction of a member of the profession, a student is learning to become a member of that profession and the performance of the procedure is within the scope of the professional's practice
- Treating a person by prayer or spiritual means in accordance with the religion of the person giving the treatment
- Treating a member of a person's household and the procedure is within the second¹⁹ or third²⁰ controlled act authorized to nursing
- Assisting a person with his/her routine activities of living and the procedure is within the second or third controlled act authorized to nursing
- Ear piercing or body piercing for the purpose of accommodating a piece of jewelry²¹;
- Electrolysis; and tattooing
- Male circumcision as part of a religious tradition or ceremony
- Taking a blood sample by a person employed by a laboratory licensed under the *Laboratory and Specimen Collection Centre Licensing Act*

Additionally, some nurses may perform specific procedures a under certain conditions, including:

- diagnostic ultrasound²²
- acupuncture
- prescribing normal saline for venipuncture, and
- administering COVID-19 vaccines by injection

Emergency Situations

The RHPA allows members of the public and regulated health care providers to perform controlled acts without authorization when providing first aid or temporary assistance in an emergency²³. CNO maintains, however, that in situations in which it is anticipated that emergencies will likely occur, such as in a hospital or long-term care facility, nurses should ensure a standardized process to enable nurses to attain and maintain competence in performing emergency procedures that are outside the controlled acts authorized to nursing. This process includes

- Education and ongoing assessment of competence with the involvement of a health professional authorized and competent to perform the procedure
- Documentation of the process
- Written criteria to select appropriate clients and identify treatment parameters
- Necessary authority and/or resources to manage client outcomes

¹⁸ See subsection 30(5) in the *Regulated Health Professions Act, 1991*

¹⁹ Administering a substance by injection or inhalation

²⁰ Putting an instrument, hand or finger as listed in subsection 4(3) of the *Nursing Act, 1991*

²¹ *Regulated Health Professions Act* O. Reg. 107/96, s. 8; S.O. 2006, c. 27, s. 19 (1).

²² See section 4.1 in O. Reg. 107/96

²³ See subsection 29(1) in the *Regulated Health Professions Act, 1991*

APPENDIX B: Requirements for delegating

As outlined in the regulation under the *Nursing Act, 1991*, a nurse may delegate when all the following requirements²⁴ are met:

Requirement 1

The nurse has the authority under the *Nursing Act, 1991* to perform the controlled act.

Requirement 2

The nurse has the knowledge, skill and judgment to perform the controlled act safely and ethically.

Requirement 3

The nurse has a nurse-client relationship with the client for whom the controlled act will be performed.

Requirement 4

The nurse has considered whether the delegation of the controlled act is appropriate, bearing in mind the best interests and needs of the client.

Requirement 5

After taking reasonable steps, the nurse is satisfied that sufficient safeguards and resources are available to the delegatee so that the controlled act may be performed safely and ethically.

Requirement 6

The nurse has considered whether delegation of the controlled act should be subject to any conditions to ensure that it is performed safely and ethically and has made the delegation subject to conditions.

Requirement 7

After taking reasonable steps, the nurse is satisfied that the delegatee is a person who is permitted to accept the delegation and is

- A member of CNO who has a nurse-client relationship with the client
- A health care provider who has a professional relationship with the client
- A person in the client's household, or
- A person who routinely provides assistance or treatment for the client

Requirement 8

When the delegatee is a nurse or other regulated health professional, the nurse must be satisfied that the delegatee has the knowledge, skill and judgment to perform the controlled act safely and ethically.

When the delegatee is not a regulated health professional, the nurse must be satisfied that the delegatee has the knowledge, skill and judgment to perform the controlled act safely and ethically and that the delegation is appropriate for the client.

Requirement 9

If the nurse has delegated a controlled act but has reasonable grounds to believe that the delegatee no longer has the ability to perform the controlled act safely and ethically, the nurse must immediately cease to delegate the controlled act to that delegatee.

Requirement 10

The delegating nurse shall

²⁴ See sections 37, 39 and 42 of O. Reg. 275/94 of the *Nursing Act, 1991*

- Ensure that a written record of the particulars of the delegation is available in the place where the controlled act is to be performed, before it is performed
- Ensure that a written record of the particulars of the delegation, or a copy of the record, is placed in the client record at the time the delegation takes place or within a reasonable period of time afterwards, or
- Record particulars of the delegation in the client record either at the time the delegation takes place or within a reasonable period of time afterwards

Any record of the particulars of a delegation must include

- The date of the delegation
- The delegator's name, if the controlled act was delegated to the nurse
- The delegatee's name, if the controlled act was delegated by the nurse
- The conditions, if any, applicable to the delegation

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APPENDIX C: Requirements for accepting delegation

As outlined in the regulation under the *Nursing Act, 1991*, a nurse may accept delegate when all the following requirements²⁵ are met:

Requirement 1

The nurse has the knowledge, skill and judgment to perform the controlled act safely and ethically.

Requirement 2

The nurse has a nurse-client relationship with the client for whom the controlled act is to be performed.

Requirement 3

The nurse has considered whether performing the controlled act is appropriate, bearing in mind the best interests and needs of the client.

Requirement 4

After taking reasonable steps, the nurse is satisfied that there are sufficient safeguards and resources available to ensure that the controlled act can be performed safely and ethically.

Requirement 5

The nurse has no reason to believe that the delegator is not permitted to delegate that controlled act.

Requirement 6

If the delegation is subject to any conditions, the nurse has ensured that the conditions have been met.

Requirement 7

Nurses who perform a controlled act that was delegated to them must record the particulars of the delegation in the client record, unless:

- A written record of the particulars of the delegation is available in the place where the controlled act is to be performed
- A written record of the particulars of the delegation, or a copy of the record, is in the client record, or
- The particulars of the delegation have already been recorded in the client record.

Any record of the particulars of a delegation must include

- The date of the delegation
- The delegator's name, if the controlled act was delegated to the nurse
- The delegatee's name, if the controlled act was delegated by the nurse, and
- The conditions, if any, applicable to the delegation

²⁵ See sections 41 and 42 of O. Reg. 275/94 of the *Nursing Act, 1991*

APPENDIX D: List of procedures RNs and RPNs can initiate

As outlined in the regulation under the *Nursing Act, 1991*, RNs and RPNs may initiate²⁶ the following:

1. Care of a wound below the dermis or below a mucous membrane:
 - Cleansing
 - Soaking
 - Irrigating
 - Probing
 - Debriding
 - Packing
 - Dressing
2. Venipuncture to
 - Establish peripheral venous access and maintain patency when client requires medical attention and delaying venipuncture is likely to be harmful
 - 0.9% NaCl only
3. For the purposes of assisting the client with health management activities that require putting an instrument beyond the
 - Point in the nasal passages where they normally narrow
 - Larynx
 - Opening of the urethra
4. For the purpose of assessing the client or assisting the client with health management activities that require putting an instrument or finger beyond the
 - Anal verge, or
 - Artificial opening into the client's body
5. For the purposes of assessing a client or assisting the client with health management activities that require putting an instrument, hand, or finger beyond the
 - Labia majora
6. Treating, by means of psychotherapy technique, delivered through a therapeutic relationship, an individual's serious disorder of thought, cognition, mood, emotional regulation, perception or memory that may seriously impair the individual's judgement, insight, behaviour, communication or social functioning.

RN's can provide an order for an RN or RPN to perform controlled acts.

RPN's cannot order another nurse to perform a controlled act.

²⁶ See sections 15 and 15.1 of O. Reg. 275/94 and [incorporate Sections of O. Reg. 107/96 that allow initiation] of the *Nursing Act, 1991*.

Attachment 2 – Examples of statements in Professional Standards and Ethics integrated into the revised Code

Please note that each statement in *Professional Standards* and *Ethics* is linked to one or more statement within the revised Code.

<p>Professional Standards: Accountability</p> <p>A nurse demonstrates the standard by:</p> <ul style="list-style-type: none"> maintaining competence and refraining from performing activities that she/he is not competent in 	<p>Modernized Code</p> <p>3.2 Nurses recognize and work within the limits of their legal scope of practice and their knowledge, skill and judgement.¹</p> <p>6.9 Nurses self-reflect, identify learning needs in their practice and engage in continuous learning to improve their competence.</p>
<p>Professional Standards: Knowledge</p> <ul style="list-style-type: none"> having knowledge of how bio- psychosocial needs and cultural background relate to health care needs 	<p>Modernized Code</p> <p>2.4 Nurses recognize that many identity factors and personal attributes, including those identified in the Ontario Human Rights Code, may impact a client, their lived experience and perspective on health care.</p> <p>2.9 Nurses assess clients to determine their risk for health inequities and take steps to ensure the best client outcomes.</p> <p>3.6 Nurses use their knowledge, skill and judgment when giving nursing care. Nurses modify client care plans, together with clients and the health care team.</p>
<p>Ethics: Maintaining commitments</p> <p>Nurses demonstrate a regard for maintaining commitments to clients by:</p> <ul style="list-style-type: none"> identifying when their own values and beliefs conflict with the ability to keep implicit and explicit promises and taking appropriate action 	<p>Modernized Code</p> <p>1.9 Nurses identify when their own personal beliefs conflict with a client's care plan, and provide safe, compassionate and timely care to those clients, until other arrangements are in place.</p>

¹ Each of these statements are from different principle statements within the modernized Code.



	<p>2.1 Nurses self-reflect on and identify how their privileges, biases, values, belief structures, behaviours and positions of power may impact the therapeutic nurse-client relationship.</p>
<p>Ethics: Truthfulness</p> <p>Nurses demonstrate a regard for truthfulness by:</p> <ul style="list-style-type: none">• discussing clients' direct questions about their diagnosis with the health care team and advocating for the clients' right to receive the information	<p>Modernized Code</p> <p>1.4 Nurses respect clients' rights and involve and support clients in making care decisions.</p> <p>1.7 Nurses communicate to clients, clearly and timely, the care details they propose to offer.</p> <p>3.6 Nurses use their knowledge, skill and judgment when giving nursing care. Nurses modify client care plans, together with clients and the health care team.</p> <p>3.9 Nurses advocate for and support clients in accessing timely health care that meets clients' needs.</p> <p>4.6 Nurses collaborate and communicate with the health care team in a clear, effective, professional and timely way to provide safe client care.</p>

Attachment 3 – Examples of statements in Decisions about Procedures and Authority integrated into the Scope of Practice standard

<i>Decisions About Procedures and Authority standard</i>	<i>New Scope of Practice standard</i>
<p>Appropriate Health Provider:</p> <ul style="list-style-type: none"> ensuring that practice setting policies support the nurse in performing the procedure 	<p>Context:</p> <ul style="list-style-type: none"> Ensure practice setting policies permit and support nurses to perform an activity
<p>Appropriate Health Provider:</p> <ul style="list-style-type: none"> declining to perform the procedure when it does not support safe and ethical client care; and 	<p>Competence:</p> <ul style="list-style-type: none"> Refrain from performing any activity when not competent to perform and, as needed, escalate to an appropriate health care provider
<p>Authority:</p> <ul style="list-style-type: none"> ensuring that client records reflect the procedures that were performed 	<p>Authority:</p> <ul style="list-style-type: none"> Document orders and activities performed or initiated as outlined in the Documentation practice standard



Discussion Note – June 2023 Council

Evaluation of Temporary Class and reinstatement regulation changes: early results

Contact for questions

Brent Knowles, Director of Analytics & Planning

Purpose

The purpose of this discussion note is to provide Council with a summary of early results of CNO's evaluation of the regulatory changes to the Temporary Class and reinstatement that took effect in October 2022 based on Council's approval of changes to the [Registration Regulation in September 2022](#).

Background

This discussion note builds on the information note shared with Council in [March 2023](#).

Changes to O. Reg.275/94: General

In October 2022, changes to the General regulation (O. Reg. 275/94) under the *Nursing Act, 1991* were made to support government's goal to increase the supply of nurses in the province. As described in CNO's [response to the Ministry of Health](#), this regulation change is one initiative that can support health human resource needs. CNO has, and continues to, identify various strategies to improve timely registration of nurses while ensuring patient safety (e.g. the Supervised Practice Experience Partnership program or SPEP). In terms of this initiative, the regulation amendments changed the eligibility requirements needed for applicants to enter the Temporary Class or to reinstate.

Regulation Changes

		Previous regulation	New regulation
Temporary Class	Education	Approved Ontario program or demonstrate equivalency	Approved or recognised in any jurisdiction
	Exam	Ineligible if failed 1 or more times	Ineligible if failed 2 or more times
	Length of Time	6 months	6 - 24 months
Reinstatement	Evidence of Practice	Within 3 years	Beyond 3 years with Registrar discretion

Evaluating the Impact of Regulatory Changes

To support the CNO's regulatory mandate, and to support continuous learning, CNO developed an evaluation framework to measure and track the impacts of the regulatory changes. A description of the framework can be found in the [March 2023 information item](#).

As part of the first phase of this framework (the immediate evaluation), surveys were disseminated to individuals who registered in the Temporary Class and to individuals who reinstated after the changes took effect.

Future evaluation objectives will focus on intermediate (3-12 months) and long term (+1 year) results. For example, future evaluations will explore the number of nurses made available to the system and how long registrants remained in the Temporary Class. Also, in the near future, employers will be surveyed (e.g. to assess readiness to practice), as well as those who are eligible to register but have not done so (e.g. to assess if there were barriers to registration).

Evaluation Highlights

This section will highlight key findings from the surveys that were sent to new registrants in the Temporary Class and those who recently went through the reinstatement process.

Temporary Class Registrants Survey Results

Methodology

The survey collected information on the registration experiences of nurses who registered in the Temporary Class between November 2022 and April 2023. A total of 826 nurses were invited to participate. In total, 246 people completed the survey, which is a 30% response rate.

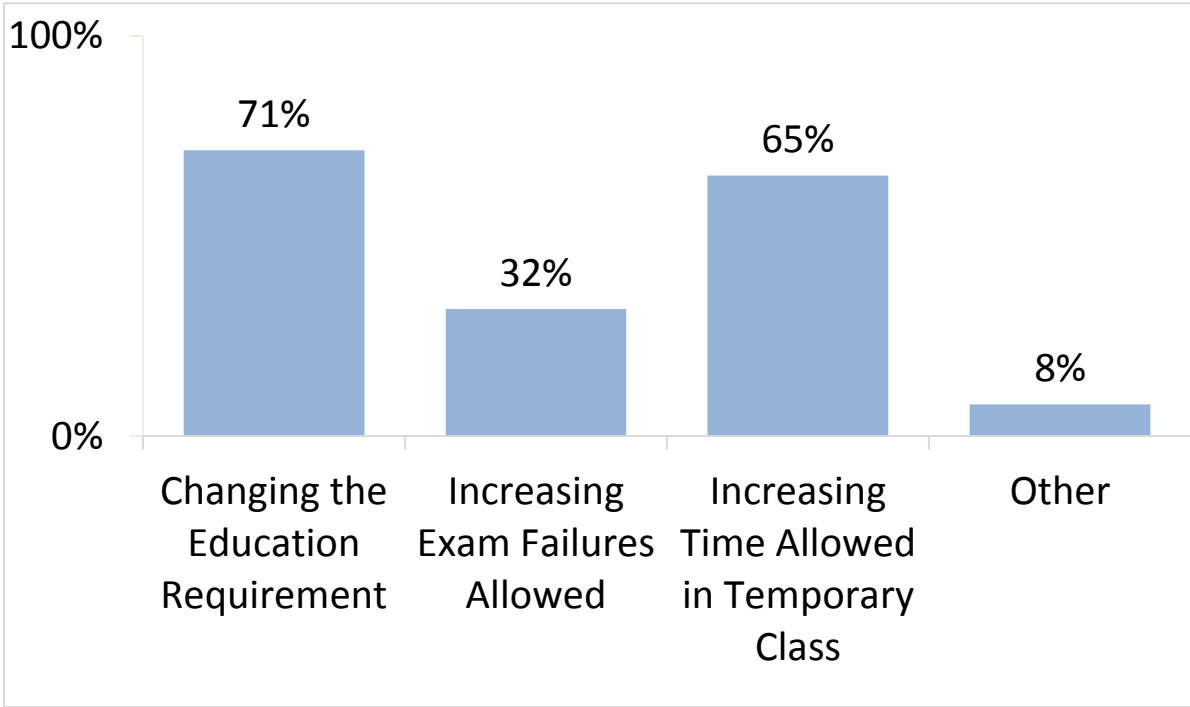
The statistical results below focus specifically on responses from internationally educated nurses (IENs) who did not already hold a CNO registration (115 responses out of 190 invitations to participate) because the regulation changes were designed to facilitate the registration of new IENs into the Temporary Class.

Communication and Support from CNO

Many survey respondents were aware of the legislative changes (87%) and reported that CNO communicated with them effectively (80%). For example, one person wrote that they “received excellent support”. A minority had trouble with specific aspects of the registration process. For example, one wrote there was a “lack of clear instructions about applying, not an obvious location to find the information on the CNO website”.

Motivation to Register in the Temporary Class

Out of 1,225 IENs eligible for the Temporary Class, 186 have registered in that class. For nurses without an open application at the time of the changes, 88% of Temporary Class nurses said that the regulation changes made them more likely to apply. The graph below depicts what changes influenced the decision to apply to the Temporary Class.




Registrants were asked what led them to register in the Temporary Class. The most common response was that they applied to gain work experience. Similarly, some also stated they applied so they could start work sooner. A smaller group said that they applied because the opportunity presented itself.

Finding Employment

20% of Temporary Class respondents noted that finding employment was ‘difficult’, with 53% finding employment in less than two weeks. In fact, 48% were already working with the employer in another capacity. However, in the open responses, several registrants noted that finding an employer was the most difficult part of registering in the Temporary Class.





The majority of nurses felt prepared to enter practice (82%) and also felt there were adequate supports in place to practice safely (89%).

Respondents also noted that not all organizations employ Temporary Class registrants, and some employers were not aware of the class. For example, one registrant wrote "... to find a job for a (Temporary Class certificate of registration), not all the organizations accept (Temporary Class certificate of registration) and most of the employers was unaware".

Reinstatement Registrants Survey Results

Methodology

The survey collected information on the registration experiences of nurses who reinstated between November 2022 and April 2023. A total of 398 nurses were invited to participate. In total, 92 people completed the survey, which is a 23% response rate. Because reinstatement changes were not specifically geared towards IENs, the results below focus on all respondents.

Motivation to Reinstate

When asked about their reason for reinstating, several respondents reinstated to assist with the current crises. Several others did so because they wanted to work or felt called to the profession. For nurses without an open application at the time of the changes, only 33% of reinstated nurses were more likely to apply because of the regulation changes, though 59% of the respondents had been out of practice for 3 years or less and would not have been affected by the change. When they returned to practice, most felt prepared to return (89%) and most also felt there were adequate supports in place to practice safely (81%).

Communication and Support from CNO

Less than half of the survey respondents were aware of the legislative changes (41%). Compared with Temporary Class registrants, a smaller number felt CNO communication was clear (38%). Some registrants indicated there had been a lack of information and support from CNO, and that the process was long and complex. For example, one respondent said "I felt completely disregarded until I was able to speak to one of the team directly". Another wrote that the "process was incredibly long". A few respondents provided positive feedback, for example "I'm very pleased with how the CNO quickly reinstated me licence once all forms received".

Next Steps

As described above, the evaluation will continue with the final deliverable being a report at the end of 2024. Relevant stakeholders will be kept updated on results over the course of the evaluation. For example, early results have been shared with the Ministry of Health and statistics can be found on cno.org. As there are opportunities to learn from the feedback, CNO will look for opportunities to make changes.

Information Item – June 2023 Council

CEO Update

Contact for Questions or More Information

Silvie Crawford, Executive Director and Chief Executive Officer

In June, Silvie Crawford will provide her CEO update. During the presentation, staff would ask that you consider the following discussion questions:

- How well is CNO doing to connect with the environment we operate in?
- Are there other partners we should be connecting with?
- Is there any other information you would like to hear about in this presentation?

MEMO

Agenda Item 7.1

TO: Board of College of Nurses of Ontario
FROM: Rebecca Durcan
DATE: May 29, 2023
RE: Briefing Note – In Camera

In Camera Policy

What does In Camera mean?

The *Health Professions Procedural Code* permits Council/the Board to move “in camera.” In Camera is a Latin term which means “in private.” Practically, this means that the Board is permitted to exclude the public from a Board meeting, or a portion of a Board meeting. All discussions made during an in camera meeting are confidential.

Public Interest Rationale

It is in the public interest to hear and understand the policy rationale for Board decisions. This demonstrates accountability and transparency. However, there will be certain situations when the Board decides to move in camera (in private). The Board will develop a policy that will assist the Board identify the relevant factors as to when they can and should move in camera. The resulting policy will also provide assistance to the public and observers of the meeting so that they have a better understanding of why this can occur.

Background

In light of its statutory foundation and public interest mandate, the *Health Professions Procedural Code* expects and requires that the Board meet in open session.¹ Recent legislative amendments mandate the College to post upcoming Board meetings, and the materials that will be discussed at Board meetings, on the College website.² This communicates the importance of ensuring members of the public and profession are informed of the issues to be discussed and that the Board transparently disclose the materials that form the basis of deliberation and decision. However, the Board is permitted (but not mandated) to move in camera in certain prescribed situations.³ When moves in camera, the public is excluded and all communications must remain confidential.

¹ Section 7(1) of the *Health Professions Procedural Code*.

² Section 7(1.1) of the *Health Professions Procedural Code*

³ Section 7(2) of the *Health Professions Procedural Code*

Note that the Executive Director (and relevant senior staff) are not considered members of the “public.” Unless the purpose of the in camera Board session is to discuss personnel matters involving the Executive Director, the Executive Director shall be present throughout the session. A recent governance report expressed serious concern when meetings of Board (or committees) occurred without senior staff present.

The *Health Professions Procedural Code* permits (but does not mandate) the Board to move in camera when one or more of the following exists:

- (a) matters involving public security may be disclosed;
- (b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;
- (c) a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced;
- (d) personnel matters or property acquisitions will be discussed;
- (e) instructions will be given to or opinions received from the solicitors for the College; or
- (f) the Board will deliberate whether to exclude the public from a meeting or whether to make an order under subsection (3).

The bar to move in camera is intentionally high and is restricted to situations which may require an absence of the public to discuss a policy matter.

If a Board member wishes to move the Board in camera, a motion must be made, seconded, and passed before the Board can leave the public session. If the Board decides to move in camera, it must set out in its minutes its grounds for doing so.⁴ If the Board makes the decision to move in camera, it must ensure that falls properly within the ambit of one of the enumerated provisions.

A policy shall be developed to assist the Board identify factors as to when and if meetings should be moved in camera.

Factors to Consider to move in camera

The Board can only go in camera if the deliberations or issue fall within the prescribed ambit of the *Health Professions Procedural Code*. Note that the *Health Professions Procedural Code* does not permit general or embarrassing discussions to go in camera. That is not a legitimate rationale to move in camera. The matter must relate to at least one of the prescribed issues as set out in the *Health Professions Procedural Code*.

Note that the ability to move in camera is discretionary and not mandatory. Therefore, the Board will want to ensure that the issue warrants triggering the in camera provision as this will be a departure from the statutory intent that all Board deliberations and decisions occur in public.

⁴ Section 7(4) of the *Health Professions Procedural Code*

The Board should consider the following (non-exhaustive list of) issues before deciding to move in camera:

- Does the issue fall within the ambit of s. 7(2) of the Code? If not, then the Board cannot move in camera
- Will the public and the professions justifiably question the legitimacy of having this discussion in camera? If so, this is a flag that the discussion should occur in public.
- Will going in camera jeopardize the reputation of the Board as being a transparent policy maker? If so, this is a flag that the discussion should occur in public.
- Is the Board concerned that the discussion may offend or embarrass an individual or the College? If so, that concern should be put aside. All comments must be respectful (in accordance with the Code of Conduct) but there will be times when difficult and embarrassing matters need to be addressed. This is not justification to go in camera.
- Even if the issue is financial or personal, it should not be automatically discussed in camera. The Board needs to be of the consensus that discussing the issue would create a disproportionate level of harm as a justification to exclude the public.
- Even if the issue is about a criminal or civil matter, it should not be automatically discussed in camera. The Board needs to be of the consensus that persons involved may be “prejudiced.”

In Camera Minutes

Even when the Board moves in camera, it must maintain minutes of the meeting.⁵ In camera minutes should be stored appropriately at the College to reflect the level of confidentiality.

If the in camera session was to discuss personnel matters involving the Executive Director, such minutes may require additional security at the College.

Next Steps

1. The Board’s feedback and comments will be collected to draft policy
2. Draft policy will be shared with the Board at September meeting.

⁵ Article 7.23.1

Report – June 2023 Council

Report of the 2022 – 2023 Interim Nominating Committee

Contact for questions or more information

Jenna Hofbauer, Council Affairs Coordinator

Background

Council's Interim Nominating Committee's (NC) role is to support strong governance and public safety by assisting Council in selecting the appropriate members of committees, and in future, of the Council

The NC met five times between January and May of 2023 to fulfil its terms of reference. The committee was supported administratively by CNO staff and received expert advice from [Governance Solutions Inc.](#), the company that has provided support to Council on competency-based appointments.

Based on the recommendations of the Nominating Committee, Council made appointments to statutory committees in [March](#).

The following report includes:

- recommendations regarding appointment of members of the 2023-2024 Conduct and Finance Committees and
- recommendations regarding amending the Nominating Committee's Terms of Reference

Standing Committee Appointments

The Nominating Committee recommends appointments to standing committees of Council - the Conduct, Finance and Nominating committees.

Recommendations for the Conduct and Finance committees are made from among Council member volunteers. There are no competencies identified for these committees and there is no external assessment of candidates. The Nominating Committee considers the roles of the committees and the information provided by volunteers, including their input on how they would contribute to the committee's role, to come to a recommendation.



Conduct Committee

The Conduct Committee's [terms of reference](#) specify 3 nurse and 2 public members. Members are recommended by the NC. The Chair is recommended by the Executive. The NC received information about nurse and public member volunteers and is recommending the appointment of: David Edwards, RPN, Michael Hogard, RPN, Mary Ellen Renwick, RN and Diane Thompson, PM.

It was noted that there will be one public member vacancy. It was confirmed that there are sufficient members for a quorum and that standing committees have been appointed in the past with a vacancy (e.g. Nominating Committee in 2022 did not have a public member of Council).

Finance Committee

The NC received information about the Council member volunteers to fill the three member positions on the Finance Committee. The NC is recommending the appointment of: Joe Farag, public member, Michael Hogard, RPN and Mary Ellen Renwick, RN.

Nominating Committee

There are no vacancies. Effective June 7, 2023, Naomi Thick will be the immediate Past-President of Council and will join the NC as its chair, replacing Sandra Robinson.

The NC recommendations regarding standing committee membership are included in Council' consent agenda (Items 4.5.1 and 4.5.2).


Terms of Reference

Last September, Council approved amendments to the Interim Nominating Committee (NC)'s Terms of Reference that were recommended to add clarity, align with previously approved by-law changes (quorum) and recognize changes in operations. At that time, a commitment was made to further review the Terms of Reference to transition from an "interim" to a full "Nominating Committee".

With the support of the governance experts from [Governance Solutions Inc](#)¹, the Interim Nominating Committee is presenting proposed revisions to its Terms of Reference, which:

- Remove the "interim" nature of the committee
- Incorporate diversity explicitly into the NC's role
- Address changes in best practices
- Provide for future process changes with broader wording and
- Clarify, consolidate, and simplify the Terms of Reference.

¹ GSI has supported Council in the development of competencies and supports the Nominating Committee in the assessment of candidates for competency-based appointments.



Attached are a red-lined version of the proposed revised Terms of Reference, with rationale for changes, including explicit advice from Governance Solutions regarding roles and best practice and a clean version of the proposed revised Terms of Reference.

The Nominating Committee recommends:

That Council approve the proposed revised amendments to its Terms of Reference as they appear in attachment 1 of this report.

This is the final report of the 2022-2023 Interim Nominating Committee. The members of the committee are:

Sandra Robinson, NP, Chair

Diane Ballantyne, member of the public (non-Council)

Sylvia Douglas, public member (Council)

Sue Haywood, member of the public (non-Council)

Aisha Jahangir, RN

Attachments

1. Proposed revised Terms of Reference, red-lined with rationale
2. Proposed revised Terms of Reference

Attachment 1

Proposed Amendments to the Nominating Committee

Additions
Content moved
Deletions

NC Terms of Reference, with proposed changes	Rationale
The word “Interim” is removed throughout the Terms of Reference.	The intent on approving the initial ToR was for the “interim” nature of the NC to be time-limited. These changes will replace the “interim” committee with a permanent Nominating Committee.
Role	
The interim Nominating Committee assists the Board of Directors ('Board') ¹ in ensuring the Board and C committees (statutory, standing, and special committees) have the appropriate mix of competencies and attributes (the experience, knowledge, skills and character), appropriate mix of competencies and diversity, character, expertise and qualifications to enable them to fulfil their roles and public protection mandate. The interim Nominating Committee fulfills specific roles related to the selection of Board members and the Executive Committee , and recommends to the Board candidates for appointment or re-appointment to C committees.	<p>To add specific reference to diversity.</p> <p>As competencies and attributes are being reviewed, consideration will be made to addressing diversity.</p> <p>Specific reference to the Executive has been removed as it is addressed under committees.</p>
Responsibilities	
The interim Nominating Committee is responsible for:	
<ul style="list-style-type: none"> Supporting the Board in Succession planning for the Board and Ccommittees.. 	GSI advises that succession planning is an accountability of the board. This aligns with the evaluation report.
<ul style="list-style-type: none"> Collaborating with the Board, Committee chairs, and CNO staff to assess the appropriate mix of competencies, diversity, character, expertise and qualifications the needs of the Board and Ccommittees. 	GSI has recommended the addition. It adds clarity and explicitly includes diversity and aligns the wording with the overall role.

¹ Also referred to as 'Council'.

NC Terms of Reference, with proposed changes	Rationale
<ul style="list-style-type: none"> Implementing a Board-approved process that is structured, transparent, and objective for actively communicating, recruiting, evaluating, and selecting qualified, diverse candidates for selection to the Board and appointment to Ccommittees. 	Addresses possible future changes related to competency assessment for eligibility to stand for election. "Selection" is a broad term allowing for change should there be legislation to allow appointment of the Board.
<ul style="list-style-type: none"> Recommending to the Board candidates for appointment or re-appointment to Ccommittees 	
<ul style="list-style-type: none"> Supporting the Board to elect in selecting the Executive Committee. 	To provide flexibility for future change
<ul style="list-style-type: none"> Fulfilling duties related to election of nurse Board members, including Ddeclaring election results, resolving election disputes and making recommendations to the Board for filling Board vacancies in-between elections. fulfilling other duties related to the election of nurses to the Board. 	Combining the responsibilities regarding the election.
<ul style="list-style-type: none"> Making recommendations to the Board for filling Board vacancies in-between elections. 	Consolidated into one item on the election.
<ul style="list-style-type: none"> Acting in accordance with applicable legislation, CNO by-laws, and Board-approved principles, policies, processes, and criteria; discharging its duties in a transparent, independent, impartial, and fair manner; and Sseeking the Board's input and involving the full Board in its work on a regular basis, as appropriate. 	Combined the three items (this item and two below) together as they all relate to how the NC fulfils its role.
<ul style="list-style-type: none"> Seeking the Board's input and involving the full Board in its work on a regular basis, as appropriate. 	Integrated into the above.
<ul style="list-style-type: none"> Discharging its duties in a transparent, independent, impartial, and fair manner. 	Integrated into the above.
<ul style="list-style-type: none"> Reviewing and recommending improvements to the interim Nominating Committee's processes on a regular basis and 	Combined this responsibility with the one deleted below as similar. Included the recommendation of improvements and for the purpose of

NC Terms of Reference, with proposed changes	Rationale
recommending improvements to the Board to ensure effective committee operations.	ensuring effective committee functioning.
<ul style="list-style-type: none"> Reviewing these Terms of Reference every three years or more frequently if required. 	
<ul style="list-style-type: none"> Recommending improvements to the board to ensure effective committee operations. 	Combined into the responsibility above
<ul style="list-style-type: none"> Making recommendations to the Board about a permanent Nominating Committee structure and Terms of Reference in 2024 or sooner if required. 	These are the recommendations for the permanent NC. This provision is no longer needed once these changes are approved.
<ul style="list-style-type: none"> Performing any other activities necessary to fulfil its mandate, or as may be required by the Board from time to time. 	
Chair	
<p>The Chair of the interim Nominating Committee is the immediate past President of the Board, who may or may not be a current director of the Board.</p> <p>The Chair may delegate their role to another member of the interim Nominating Committee when unavailable.</p>	Suggest removing qualifier – unnecessary. Matter of fact that the past President either is or is not on Council.
Membership	
<p>The Board appoints the members of the interim Nominating Committee.</p> <p>The interim Nominating Committee is composed of 5 members at least three of whom shall not be members of the Board, either currently or in the past five (5) years.</p> <p>If the Chair is a director on the Board, the remaining committee shall be composed of:</p> <ul style="list-style-type: none"> 1 other director of the Board; 	<p>It is suggested this be removed – complex and not aligned with immediate Past President chairing – not non-Board with this definition.</p> <p>It is suggested that this content be removed – confusing and unnecessary with the content that at least three members are not nurses, there is at least one nurse on the committee and the new requirement that at least one member have human resources</p>

NC Terms of Reference, with proposed changes	Rationale
<p>• 3 individuals who are not on the Board, and have not been on the Board in the past 5 years.</p> <p>If the Chair is not a director on the Board, the remaining committee shall be composed of:</p> <ul style="list-style-type: none"> • 2 directors; • 2 individuals who are not on the Board, and have not been on the Board in the past 5 years. <p>The members of the Board who are also on the interim Nominating Committee shall be composed equally of 1 public director and 1 nurse director.</p> <p>At least one, but N no more than two 50% of the members of the interim Nominating Committee may be current or past registrants of CNO, or applicants to CNO.</p> <p>The interim Nominating Committee is properly constituted despite any vacancy so long as there are sufficient members for quorum.</p> <p>At least one member of the Nominating Committee will have background and experience in human resources.</p>	<p>expertise.</p> <p>It is suggested that this be removed, to allow for the most qualified candidate(s) to be appointed. There are parameters below regarding the number of nurses and non-nurses on the NC.</p> <p>At least one nurse is seen as important to understand the nursing experience and competencies of nurse candidates. Clearer language re. the maximum</p> <p>Recommended by GSI to codify in the ToR the critical nature of the human resource competency to the effectiveness of the Nominating Committee.</p>
Terms of Office	
<p>The term of office for the interim Nominating Committee Chair is up to 2 years.</p> <p>Council members of the interim Nominating Committee are appointed for a 3-year term or until their current term on Council ends, whichever is sooner.</p> <p>Other members of the interim Nominating Committee are appointed for a 3-year term.</p>	

NC Terms of Reference, with proposed changes	Rationale
<p>Interim Nominating Committee members may serve two consecutive terms.</p> <p>Interim Nominating Committee members' terms may be staggered so that no more than 2 expire in any given year.</p>	
Meetings	
<p>The interim Nominating Committee meets as needed to fulfil its mandate, at the call of the Chair.</p> <p>Meetings are conducted virtually or in person, or by electronic means as approved by the Chair.</p> <p>The interim Nominating Committee maintains minutes of its meetings.</p>	Updated language and clarified that most meetings are virtual.
Quorum	
<p>A majority of the interim Nominating Committee members constitutes a quorum for a meeting of the committee.</p>	
Decisions and Voting	
<p>When possible, the interim Nominating Committee's decisions are made by consensus.</p> <p>Should consensus not be reached, the interim Nominating Committee's decisions are made by a simple majority vote of the members present at a meeting of the interim Nominating Committee that has achieved quorum.</p> <p>Each member of the interim Nominating Committee has 1 vote.</p>	
Accountability and Reporting	
<p>The interim Nominating Committee is accountable to the Board and reports its activities and recommendations to the Board at the Board's next meeting. Time-sensitive issues are brought to the Board's attention</p>	

NC Terms of Reference, with proposed changes	Rationale
<p>in a timely manner.</p> <p>The interim Nominating Committee provides the Board with sufficient information and documentation for the Board to make informed decisions.</p>	
Resources	
<p>The Registrar-Executive Director & CEO acts as a resource for the interim Nominating Committee, but is not a member of the interim Nominating Committee. The Registrar-Executive Director & CEO designates further staff resource(s) to support the interim Nominating Committee as required.</p> <p>Outside advisors and consultants may be retained to assist the interim Nominating Committee in discharging its duties.</p>	To reflect current terminology
Approvals	
<p>Approved: 2020.03.11</p> <p>Revisions: 2022.09.28</p> <p>Next review: June 2023</p>	

**Proposed Amended Terms of Reference
Nominating Committee**

Role
<p>The Nominating Committee assists the Board of Directors ('Board')¹ in ensuring the Board and committees (statutory, standing, and special committees) have the appropriate mix of competencies, diversity, character, expertise and qualifications to enable them to fulfil their roles and public protection mandate. The Nominating Committee fulfills specific roles related to the selection of Board members and recommends to the Board candidates for appointment or re-appointment to committees.</p>
Responsibilities
<ul style="list-style-type: none">• Supporting the Board in succession planning for the Board and committees.• Collaborating with the Board, committee chairs, and CNO staff to assess the appropriate mix of competencies, diversity, character, expertise and qualifications of the Board and committees.• Implementing a Board-approved process that is structured, transparent, and objective for communicating, recruiting, evaluating, and selecting qualified, diverse candidates for selection to the Board and appointment to committees.• Recommending to the Board candidates for appointment or re-appointment to committees.• Supporting the Board in selecting the Executive Committee.• Fulfilling duties related to election of nurse Board members, including declaring election results, resolving election disputes and making recommendations to the Board for filling Board vacancies in-between elections.• Acting in accordance with applicable legislation, CNO by-laws, and Board-approved principles, policies, processes, and criteria; discharging its duties in a transparent, independent, impartial, and fair manner; and seeking the Board's input and involving the full Board in its work on a regular basis, as appropriate.• Reviewing and recommending improvements to the Nominating Committee's processes on a regular basis and recommending improvements to the Board to ensure effective committee operations.• Reviewing these Terms of Reference every three years or more frequently if required.• Performing any other activities necessary to fulfil its mandate, or as may be required by the Board from time to time.
Chair

¹ Also referred to as 'Council'.

The Chair of the Nominating Committee is the immediate past President of the Board.

The Chair may delegate their role to another member of the Nominating Committee when unavailable.

Membership

The Board appoints the members of the Nominating Committee.

The Nominating Committee is composed of 5 members at least three of whom shall not be members of the Board.

At least one, but no more than two, of the members of the Nominating Committee may be current or past registrants of CNO, or applicants to CNO.

The Nominating Committee is properly constituted despite any vacancy so long as there are sufficient members for quorum.

At least one member of the Nominating Committee will have background and experience in human resources.

Terms of Office

The term of office for the Nominating Committee Chair is up to 2 years.

Council members of the Nominating Committee are appointed for a 3-year term or until their current term on Council ends, whichever is sooner.

Other members of the Nominating Committee are appointed for a 3-year term.

Nominating Committee members may serve two consecutive terms.

Nominating Committee members' terms may be staggered so that no more than 2 expire in any given year.

Meetings

The Nominating Committee meets as needed to fulfil its mandate, at the call of the Chair.

Meetings are conducted virtually or in person, as approved by the Chair.

The Nominating Committee maintains minutes of its meetings.

Quorum

A majority of the Nominating Committee members constitutes a quorum for a meeting of the committee.

Decisions and Voting

When possible, the Nominating Committee's decisions are made by consensus.

Should consensus not be reached, the Nominating Committee's decisions are made by a simple majority vote of the members present at a meeting of the Nominating Committee that has achieved quorum. Each member of the Nominating Committee has 1 vote.

Accountability and Reporting

The Nominating Committee is accountable to the Board and reports its activities and recommendations to the Board at the Board's next meeting. Time-sensitive issues are brought to the Board's attention in a timely manner.

The Nominating Committee provides the Board with sufficient information and documentation for the Board to make informed decisions.

Resources

The Executive Director & CEO acts as a resource for the Nominating Committee, but is not a member of the Nominating Committee. The Executive Director & CEO designates staff resource(s) to support the Nominating Committee as required.

Outside advisors and consultants may be retained to assist the Nominating Committee in discharging its duties.

Approvals

Approved: 2020.03.11

Revisions: 2022.09.28

Next review: June 2023



Information Note – June 2023 Council Meeting

Council meeting evaluation – Pulse Check

Contact for questions or more information

Sylvie Crawford, Executive Director and Chief Executive Officer

Background

Council's [Evaluation Policy](#) includes a “Pulse Check” evaluation of every Council meeting. The first meeting evaluation was the March 2023 Council meeting.

The Pulse Check includes quantitative questions that address meeting focus, dialogue/participation, planning, and facilitation and three open-ended questions. The four quantitative questions rotate across the year and the open-ended questions are the same for each meeting. The quantitative questions were included as part of the March Council de-brief during the meeting. Council supported that process continuing. The results of the quantitative questions are attachment 1.

The survey with the open-ended questions was sent to 17 Council members. Twelve (71%) responded. All 12 confirmed that they had attended the Council meeting.

The Executive confirmed that the results of the Pulse Check were positive. They asked that the quantitative questions and a summary of the open-ended feedback be shared with Council. Following are the themes from the survey feedback.

What worked well in this meeting?


The main theme in response to this question was the engagement of Council members. A secondary theme was the supports for Council discussion and decision making: preparatory materials, presentations, meeting leadership.

Is there anything that didn't work well at this meeting?

Two themes were raised by several members:

- The length of the meeting, especially the first day which went to 5:00 p.m. and
- The lack of written briefing for a decision item.

At Executive staff confirmed that agendas are being structured to end by 4:00 p.m. Background will be included for all decision items.



What suggestions do you have to improve future meetings?

Following the themes identified above, there were multiple comments about providing background, especially for decision-items and not having the meeting go too late. As above, those issues are being addressed.

Interest was expressed in an in-person option and the meeting in September is being planned as a hybrid.

Attachment

1. Responses to the quantitative questions



Attachment 1

Council Meeting Pulse-Check Evaluation - March 2023

Scoring Rubric

Strongly agree

Agree

Neutral

Disagree

Strongly disagree

Not enough information to evaluate

Quantitative Questions – polled at March 2023 Council meeting

1. Council was focused on protecting the public at this meeting:

Strongly agree	14/25	56%
Agree	11/25	44%
2. Discussions were inclusive and sought different perspectives:

Strongly agree	14/25	56%
Agree	11/25	44%
3. Agenda topics were clear, appropriate and realistic

Strongly agree	11/25	44%
Agree	13/25	52%
Neutral	1/25	4%
4. The Chair framed the discussion well and encourage participation

Strongly agree	21/26	81%
Agree	5/26	19%