



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.

Thursday, September 17, 2020 at 9:30 a.m. via ZOOM

Agenda

9:30 a.m.	1. Agenda 1.1 Motion for closure	
9:35 a.m.	2. Minutes 2.1 March 11 and 12, 2020 2.2 June 6, 2020	Decision
	3. Strategic Issues	
9:40 a.m.	3.1 RPN scope of practice: Final review of proposed revised Controlled Acts regulation, for submission to government	Decision
10:10 a.m.	3.2 By-Law amendments to combine the membership of the Discipline and Fitness to Practise committees	Decision
10:20 a.m.	3.3 Presentation: Process for approval of Ontario nurse education programs (Baccalaureate, Practical Nurse and Nurse Practitioner)	Information and discussion
10: 50 a.m.	3.4 Stand-alone BScN degrees awarded by Colleges of Applied Arts and Technology	Information and discussion
11:20 a.m.	3.5 Presentation: Update on Quality Assurance Program	Information and discussion
	4. Council operations and governance	
11:45 a.m.	4.1 Election of the public member of the Executive Committee	Decision
Noon	Break	

1:00 p.m.	Closed Session	
1:30 p.m.	4.2 Results of the election of the public member of the Executive Committee	Information
	5. Reports	
1:35 p.m.	5.1 Executive Director Update	Information and discussion
1:50 p.m.	5.2 Executive Committee meetings 5.2.1 June 24, 2020 5.2.2 August 20, 2020	Information
2:00 p.m.	5.3 Finance Committee meetings 5.3.1 May 21, 2020 5.3.2 August 20, 2020	Information & Decision
	4. Council operations and governance, continued	
2:30 p.m.	4.3 Committee appointments 4.3.1 Confirmation of appointments of new public members to statutory committees 4.3.2 Confirmation of appointments of the members of the Conduct Committee and Finance Committee 4.3.3 Appointment of the Chair of the Conduct Committee	Decision Decision Decision
2:40 p.m.	4.4 Dates of Council meetings in 2021	Decision
2:45 p.m.	4.5 Land Acknowledgment Statement	Decision
2:25 p.m.	7. Date of next meeting	
2:30 p.m.	8. Conclusion	

Next scheduled meeting:
December 2 and 3, 2020



Agenda Item 1.1

Decision Note – September 2020 Council Closure of Council meeting

Contacts for Questions or More Information

Anne Coghlan, Executive Director and CEO

Decision for consideration

That the Council meeting be closed at 1:00 p.m. on Thursday, September 17, 2020 under Section 7(2)b of the *Health Professions Procedural Code* because “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”.

Background

A closed session is being recommended for the above reason. This is in accordance with Section 7(2)b of the *Health Professions Procedural Code*.

Attached, for your information, are the Accountabilities for Closed Sessions.



Accountabilities for Closed Sessions

Council Member Accountabilities

- Maintain strict confidentiality.
- Do not discuss the issue outside of the closed session, even with others who participate. This includes:
 - before the meeting,
 - during break, and
 - after the closed session.

Staff Accountabilities

- Maintain strict confidentiality
- Support Council decision-making (if relevant)
 - Provide staff resources to support decision-making.
 - Engage relevant external experts to attend meeting (e.g. legal counsel), where required.
 - Document closed session during meeting and prepare confidential appendix to minutes (where a formal decision is made).



Feb. 2011, Rev 2015 (Portal), Rev 2020 (MeetX & remote meeting)

Minutes

Present

C. Evans, Chair	T. Holland	S. Robinson
F. Cardile	C. Hourigan	G. Rudanycz
D. Cutler	A. Jewell	M. Sheculski
S. Douglas	M. Klein-Nouri	N. Thick
C. Egerton	D. Lafontaine	D. Walia
A. Fox	C. Manning	J. Walker
G. Fox	J. Petersen	C. Ward
D. Graystone	L. Poonasamy	H. Whittle
R. Henderson (Thursday)	D. A. Prillo	R. Woodfield

Regrets

T. Dion	K. Patterson	
R. Henderson (Wednesday)	T. Perlin	K. Wagg
D. LiChong	D. Thompson	T. White
	A. Vidovic	C. Woodbury

Guest

R. Steinecke, Legal Counsel

Staff

A. Coghlan	E. Horlock	S. Mills
J. Hofbauer, Recorder	B. Knowles	C. Stanford
D. Jones	K. McCarthy	C. Timmings

Agenda

The agenda had been circulated.

Motion 1

Moved by D. Cutler, seconded by C. Egerton,

That the agenda for the March 11 and 12, 2020 Council meeting be approved as circulated.

CARRIED

Minutes

Minutes of the Council meeting of December 4 and 5, 2019 had been circulated.

Motion 2

Moved by R. Woodfield, seconded by N. Thick,

That the minutes of the Council meeting of December 4 and 5, 2019 be approved as circulated.

CARRIED

Strategy 2021-2024

Council members had received the draft 2021-2024 Strategic Plan: *Strategy 2021-2024*.

A. Coghlan and C. Evans highlighted the process for developing the new strategic plan, including the extensive input of Council through three workshops. Members of CNO's Leadership Team described how the four pillars of the plan will work together.

A. Coghlan outlined how CNO plans to be ready to start implementing the plan in 2021. She noted that clear and measurable criteria for success will be developed.

In discussing approval of the plan, Council was asked if they believe that the plan positions CNO to meet its new purpose: *To protect the public by promoting safe nursing practice*. It was noted that the new plan is designed to strengthen CNO's focus on proactively supporting nurses in providing safe care as well as remediating when there are concerns about a nurse. It will also enhance CNO's capacity to influence system changes to support safe nursing practice.

Motion 3

Moved by M. Sheculski, seconded by S. Robinson,

That Council approve the new CNO Strategic Plan, Strategy 2021-2024, attachment 1 to the briefing note, to come into effect January 1, 2021.

CARRIED

Council was informed that a version of the plan is being prepared for the public.

Council discussed the ongoing relevance of CNO's current mission and vision given the new purpose statement.

Motion 4

Moved by C. Manning, seconded by G. Fox,

That Council approve the sunsetting of the current CNO Mission and Vision by December 31, 2020.

CARRIED

Proposal to combine the membership of the Discipline and Fitness to Practise committees

Council members received a briefing note highlighting the changing workloads of the Discipline and Fitness to Practise committees. It was noted that the legislation and adjudicative processes and skills required for both committees are similar.

It was confirmed that having a larger pool of members for both committees is in the public interest. It supports maintenance of competence in adjudication, provides additional members for future leadership positions and allows for a larger pool from which to book hearings for both committees.

Motion 5

Moved by N. Thick, seconded by D. Walia,

That Council approve in principle that beginning in June 2020, the membership of the Discipline and Fitness to Practise Committees will be increased by cross-appointing members, such that every member of the Discipline Committee will become a member of the Fitness to Practise Committee and every member of the Fitness to Practise Committee will become a member of the Discipline Committee.

CARRIED

Follow-up Action

Draft By-Laws to June 2020 Council
Executive Director and CEO

RPN Scope of Practice: Proposed amendments to the Controlled Acts Regulation

In December, Council confirmed that the safeguards included in the Controlled Acts regulation were enough to support safe initiation of the added controlled acts by RPNs.

Motion 6

Moved by D. A. Prillo, seconded by M. Klein-Nouri,

That Council approve for notice and circulation, proposed changes, as shown in Attachment 1 to the briefing note, to Part III, Controlled Acts of Ontario Regulation 275/94: General, as amended, made under the *Nursing Act, 1991*.

CARRIED

Follow-up Action

Circulate proposed regulation amendments
Final approval of regulations on June 2020 Council agenda
Executive Director and CEO

RN prescribing

Government has the regulation amendments approved by Council in March 2019. To be ready for government approval of the regulation changes, CNO needs to amend the register by-law to allow CNO's register – Find a Nurse – to clearly identify those RNs authorized to prescribe medications.

In reviewing the draft by-law amendment, it was clarified that Article 44.1.06 identifies the additional information that will be included on the register.

Motion 7

Moved by T. Holland, seconded by G. Rudanycz,

That Council approve for notice and circulation the addition of paragraph 39 (below), specifying register information related to RN prescribing, to Article 44.1.06 of By-Law No. 1: General:

If a member holds a certificate of registration as a RN in the general class and is authorized to prescribe a drug designated in the regulations under the Act, a notation of that fact.

CARRIED

Circulate proposed by-law amendments
Final approval of by-laws on June 2020 Council agenda
Executive Director and CEO

Nursys Canada

B. Knowles highlighted CNO's collaborative work to implement Nursys Canada – a system to support regulators across Canada sharing regulatory information about registrants. Initial development is a collaborative project between CNO, the British Columbia College of Nursing Professionals and the National Council of State Boards of Nursing.

Once the initial project is complete, the data from Nursys Canada will be available to all Canadian nursing regulators. Additional work is needed for other Canadian nursing regulators to enter their registrant information into the system. Nursys Canada is designed enhance public safety in a time of increasing mobility.

Statutory committee reports

C. Evans noted the critical public safety function performed by statutory committees. She also noted that under the *Health Professions Procedure Code*, these committees are required to report annually to Council.

Council members had received written reports. Committee chairs highlighted key trends.

Patient Relations

C. Evans highlighted the report of the Patient Relations Committee, focusing on work done to meet its mandate to prevent the sexual abuse of patients. Several web-based tools that had been developed for nurses and employers were shared with Council.

It was noted that there is a communication plan to promote these resources with nurses and employers. CNO is also working with educators on integrating the relevant competencies and resources into the curriculum.

Inquiries, Reports and Complaints Committee

C. Evans highlighted the report of the Inquiries, Reports and Complaints Committee (ICRC). She noted that the committee has experienced a continuing significant increase in the number of investigations ordered. The move to 4 panels was designed to address the significant growth in workload. In 2019, ICRC moved to receiving all committee materials through MeetX, which has enhanced efficiency and supported members in preparing for meetings.

Council was informed that ICRC has been exploring new remedial opportunities, including piloting a competency assessment and remediation process, where appropriate. ICRC has also begun accepting undertakings from nurses entering CNO's Nurses' Health Program.

Discipline Committee

T. Holland highlighted the report of the Discipline Committee. She noted that, following a 43% increase in referrals of matters to the committee between 2017 and 2018, there has been another 17% increase in referrals between 2018 and 2019.

T. Holland highlighted the work done to develop a competency and attribute-based approach to applying for leadership positions within the Discipline Committee: decision writer, panel and pre-hearing chair.

Fitness to Practise

N. Thick highlighted the report of the Fitness to Practise Committee. She reported that the committee has experienced a 47% decline in new referrals between 2018 and 2019. This change was also reflected in the number of matters the committee addressed in 2019.

Quality Assurance

M. Sheculski highlighted the report of the Quality Assurance Committee. She reported that over 90% of the nurses who participated in practice assessment in 2019 were successful and exited the program. She identified the status of the remaining nurses.

Registration

J. Petersen highlighted the report of the Registration Committee. She reported that in 2019, the Committee addressed over 1,500 applicants. In 82% of the matters, the committee identified that the applicant met the registration requirement. The requirement that was reviewed most frequently was fluency in English or French.

C. Evans thanked the Chairs and committees for the important work undertaken to support safe nursing practice.

Strategic Performance report

It was noted that, while Council has approved a new strategic plan, its current plan does not expire until the end of 2020. To support Council in its accountability for monitoring achievement of the current strategic plan, it received highlights of achievements and a report on the Key Performance Indicators (KPIs).

C. Evans highlighted the change in the KPI related to Council and committee functions being supported through technology.

K. McCarthy highlighted the major accomplishments in 2019 to support CNO meeting its strategic objectives. He also identified lessons learned in relation to key performance indicators, which will inform the identification of indicators to monitor achievement of Strategy 2021.

There was discussion about several of the KPIs and the opportunities to leverage CNO's data and resources to enhance performance.

Governance Work Group Report

Richard Steinecke, Legal Counsel, joined the meeting.

C. Evans introduced the report of the Work Group, noting the achievements related to Governance that had occurred to date. In December 2019, Council supported replacing the

Election and Appointments Committee (EAC) with an interim Nominating Committee. This continues Council's approach to implementing the components of its governance vision that can be implemented prior to legislative change.

The Governance Work Group presented draft terms of reference for the interim Nominating Committee. They were based on the terms of reference for the future Nominating Committee, expanded to include ongoing EAC roles required under the current legislation.

Motion 8

Moved by D. Cutler, seconded by N. Thick,

That Council approve the Terms of Reference for the interim Nominating Committee as they appear in attachment 1 of the Governance Work Group report.

CARRIED

By-Law

By-Law changes needed to implement the interim Nominating Committee were presented to Council.

C. Evans informed Council of a consideration that had yet to be addressed: what would be the most appropriate approach to ensuring there was a mechanism to address the role of the EAC between June of 2020 and when the interim Nominating Committee is appointed in the fall of 2020. The Governance Work Group is recommending that this role be added to the Executive Committee for the short term. Those transitional provisions are included in the draft by-law.

Motion 9

Moved by R. Woodfield, seconded by M. Klein-Nouri,

That Council approve the addition of article 24.08 (as shown in attachment 2 of the report of the Governance Work Group) to article 24 of *By-Law No. 1: General*, to take effect as of the end of the Council meeting in June 2020.

That, on the date on which Council first appoints the interim Nominating Committee, the following changes be made to *By-Law No. 1: General*:

- Article 24 (including article 24.08 noted above) be repealed and replaced with articles 24.01 – 24.03 (as shown in attachment 2 of the report of the Governance Work Group); and
- The term "Election and Appointments Committee" be replaced by the term "Nominating Committee" throughout the by-law, including Schedule 1.

CARRIED

Executive Director update

A. Coghlan informed Council about:

- organizational leadership and facilities change to support CNO in its capacity to move towards implementing Strategy 2021 - 2024;
- the pilot of CNO's public outreach strategy;
- the government plan to grant College's the ability to award BScN degrees and the implications for CNO regulations;
- the national strategy related to Nurse Practitioner practice and the work that will be done at CNO; and
- CNO's approach to addressing Covid 19.

Executive Committee

Council had received, for information, the minutes of the Executive Committee meeting of February 20, 2020.

Finance Committee.

H. Whittle highlighted the report of the Finance Committee meeting of February 20, 2020. She highlighted the unaudited financial statements for the year ended December 31, 2019.

Motion 10

Moved by H. Whittle, seconded by C. Egerton,

That Council approve the unaudited financial statements for the year ended December 31, 2019.

CARRIED

The Finance Committee had received the report of the Sub-Committee on Compensation. Changes were recommended to CNO's Compensation Principles.

Motion 11

Moved by H. Whittle, seconded by T. Holland,

That Council approve the proposed revised Compensation Principles as they appear in attachment 4 to the Finance Committee report.

CARRIED

The Finance Committee recommended changes to the Terms of Reference of the Sub-Committee.

Motion 12

Moved by H. Whittle, seconded by A. Jewell,

That Council approve the proposed revised Terms of Reference for the Sub-Committee on Compensation as they appear in Attachment 6 to the Finance Committee's report.

CARRIED

Council was informed that the Finance Committee met with the auditor, including an in-camera session and continued discussions about terms of reference for a future Finance Committee.

Electronic Voting for the Executive Committee

In December, Council had agreed to move forward with electronic voting for the Executive. Amendments to Schedule 1 to By-Law No. 1: General were prepared to enable electronic voting.

Motion 13

Moved by A. Jewell, seconded by N. Thick,

That Council approve the amendments to Schedule No. 1 to By-Law No. 1: *Process for Election of Council Officers and Other Members of the Executive Committee*, as they appear in attachment 1 to this briefing note.

CARRIED

Adjournment

Council adjourned at 2:00 p.m. to reconvene at 9:00 a.m. on Thursday, March 12, 2020.

Thursday, March 12, 2020

Appointment of scrutineers

G. Fox, Chair of the Election and Appointments Committee randomly selected three Council members to serve as scrutineers for the election of the Executive Committee.

Motion 14

Moved by N. Thick, seconded by D. Lafontaine,

That the scrutineers for the 2020 election of the Executive Committee be: R. Henderson, D. Prillo and M. Sheculski.

CARRIED

Election of the Executive Committee

G. Fox chaired the election of the Executive Committee.

She announced the nominations received for officers:

President:

S. Robinson
H. Whittle

Vice-President, RN

N. Thick

Vice President, RPN

A. Fox

G. Fox called for nominations from the floor. None were forthcoming.

Motion 15

Moved by C. Egerton, seconded by R. Woodfield,

That nominations for the election of Council officers be closed.

CARRIED

Council members were sent electronic ballots and voted. G. Fox informed Council that S. Robinson was elected President.

G. Fox informed Council that D. Thompson had been nominated as a public member of Council. G. Fox called for nominations from the floor.

When no nominations came forward, G. Fox shared the recommendation of the Election and Appointments Committee (EAC). EAC is proposing that decision about the second public member on the Executive be deferred until June Council. By show of hands, Council supported this proposal.

G. Fox announced the 2020-2021 Executive Committee:

S. Robinson, President
A. Fox, Vice-President, RPN
N. Thick, Vice-President, RN
Diane Thompson, public member.

Council was informed that there will be another call for nominations for the additional public member on the Executive Committee in advance of Council in June.

Motion 16

Moved by D. Prillo, seconded by D. Lafontaine,

That the ballots for the election of the 2020-2021 Executive Committee be destroyed.

CARRIED

Appointment of statutory committee chairs

The Executive recommended the chairs of statutory committees. Given Council's support for merging the membership of the Discipline and Fitness to Practise committees, one chair is being recommended for those two committees.

Motion 17

Moved by G. Fox, seconded by G. Rudanycz,

That the 2020-2021 statutory committee chairs be:

Discipline	T. Holland
Fitness to Practise	T. Holland
Quality Assurance	M, Sheculski
Registration	J. Petersen

CARRIED

Appointment of members of statutory committees

G. Fox highlighted the report of the Election and Appointments Committee. She identified that new Council members are recommended to committees based on vacancies, their background and time availability. Recommended non-Council committee members were selected based on candidates meeting the needed competencies and attributes.

Motion 18

Moved by N. Thick, seconded by D. Lafontaine,

That Council and committee members be appointed to statutory committees, effective June 4, 2020, in accordance with the list of committee appointments presented by the Election and Appointments Committee (attached to the minutes); and

That C. Hourigan's appointment to the Discipline Committee take effect immediately.

CARRIED

Sub-committee on Compensation

The Finance Committee recommended reappointment of a sub-committee member and the Executive recommended its chair.

Motion 19

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

That Joe Nunes:

- be reappointed to the Sub-Committee on Compensation until June 2023; and
- be appointed as the 2020-2021 Chair of the Sub-Committee on Compensation.

CARRIED

Confirmation of committee appointment

The Executive had made a committee appointment to support ongoing effectiveness.

Motion 20

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

That the appointment of Shana (Hana) Anjema to the Inquires, Complaints and Reports Committee (ICRC) until June 2021 be confirmed.

CARRIED

Next meeting

Council will meet again on June 3 and 4, 2020.

Adjournment

At 11:00, it was

Motion 21

Moved by D. Walia, seconded by M. Klein-Nouri,

That Council conclude.

CARRIED

Chair

DRAFT

Attachment 1

2020-2021 Committee Members (Term begins June 4, 2020)

Executive Committee

Sandra Robinson, NP, President
Ashley Fox, Vice-President, RPN
Naomi Thick, Vice President, RN
Diane Thompson, PM
Election of 2nd public member deferred

Inquiries, Complaints and Reports Committee

Sandra Robinson, NP, Chair
Shana Anjema, RN*
Frank Cardile, PM
Samantha Diceman, RPN*
Cheryl Evans, RN
Ashley Fox, RPN
Ryan Henderson, RN
Kristin Kennedy, RN*
Michelle Lewis, RN*
Candace Ngungu, RN*
Judy Petersen, PM
Mary Ellen Renwick, RN*
Maria Sheculski, PM
Sherry Simo, RPN*
Katharina Skrzypek, RN*
Kathleen Tabinga, RPN*
Naomi Thick, RN
Diane Thompson, PM

Discipline Committee

Terry Holland, RPN, Chair
Margarita Cleghorne, RPN*
Dawn Cutler, RN
Jacqueline Dillon, RPN*
Tanya Dion, RN
Sylvia Douglas, PM
David Edwards, RPN*
Cathy Egerton, PM
Carly Gilchrist, RPN*
Shaneika Grey, RPN*
Max Hamlyn, RPN*
Neil Hillier, RPN
Carly Hourigan, PM
Carolyn Kargiannakis, RN*
Karen LaForet, RN*
Bonnie MacKinnon, RN
Mary MacNeil, RN*
Linda Marie Pacheco, RN*
Honey Palalon, RN*
Tania Perlin, PM
Lalitha Poonasamy, PM
Desiree-Ann Prillo, RPN
Heather Riddell, RN*
George Rudanycz, RN
Martin Sabourin, RN
Michael Schroder, NP*
Heather Stevanka, RN*
Sherry Szucsko-Bedard, RN*
Devinder Walia, PM
Jane Walker, RN
Chris Woodbury, PM

* Appointed committee member

Fitness to Practise Committee

Terry Holland, RPN, Chair
Sylvia Douglas, PM
Cathy Egerton, PM
Jennifer Farah, RPN*
Kerry Gartshore, RPN
Fotyne Georgopoulos, RPN*
Jane Mathews, RN*
Andrea Norgate, RN*
Fernando Tarzia, RN*
Patricia Sullivan, RN
Jody Whaley, RPN*
Colleen Wilkinson, RN*
Chris Woodbury, PM
José Wright, RPN

Quality Assurance Committee

Maria Sheculski, PM, Chair
Katie Condon, RPN*
Zaheeda Hamza, RN*
Monica Klein-Nouri, RN
Dale Lafontaine, PM
Diane Morin-LeBlanc, RN*
Lalitha Poonasamy, PM
Desiree-Ann Prillo, RPN
Devinder Walia, PM
Heather Whittle, NP

Registration Committee

Judy Petersen, PM, Chair
Linda Bishop, RPN*
Cathy Egerton, PM
Carrie Heer, NP*
Connie Manning, RPN
Maureen Ralph, RN*
Diane Thompson, PM
Andrea Vidovic, RN

* Appointed committee member

Notes

Present

S. Robinson, Chair
D. Cutler
S. Douglas
S. Eaton
C. Evans
A. Fox
K. Gartshore
K. Goldenberg
R. Henderson
N. Hillier
T. Holland

C. Hourigan
B. Irwin
M. Klein-Nouri
D. Lafontaine
B. MacKinnon
C. Manning
I. McKinnon
N. Montgomery
J. Petersen
L. Poonasamy

D. A. Prillo
G. Rudanycz
M. Sabourin
M. Sheculski
P. Sullivan-Taylor
N. Thick
D. Thompson
A. Vidovic
J. Walker
H. Whittle
J. Wright

Regrets

T. Dion

Guest

G. Clute, Hilborn LLP

Staff

A. Coghlan
J. Hofbauer, Recorder

K. McCarthy

S. Mills
C. Timmings

Council

S. Robinson welcomed and introduced new Council members. She informed Council that there are currently 12 public members on Council. This means that Council is not constituted and cannot make decisions. Council was informed that the meeting was being live-streamed on YouTube.

Agenda

The agenda had been circulated. Council supported deferral of the By-Law amendments to combine the membership of the Discipline and Fitness to Practise committees. The agenda, with the deferral, was approved on consent.

Minutes

Members had received the draft minutes of the Council meeting of March 11 and 12, 2020. No changes were identified. Council will be asked to accept the minutes at its meeting in September.

Annual Report

S. Robinson noted that the legislation requires that CNO submit an annual report to the Minister of Health. The report is an operational accountability, Council's role is to approve the report for submission to the Minister. Given that Council cannot make decisions, the Executive Committee will meet later in June and, based on Council's input, will approve forwarding the report to the Minister.

A. Coghlan highlighted the report. She noted it is designed to speak to the public about how CNO's actions protect them. The report reflects CNO's prioritizing of implementing the recommendations from the Public Inquiry on Long-Term Care.

It was confirmed that the report is clearly written and highlights the key accomplishments in 2019. There was discussion about the ongoing need for supports for long-term care. A. Coghlan noted the work done by CNO to date and its offers to engage with stakeholders going forward.

Audited financial statements

S. Robinson noted that the Finance Committee is recommending approval of the audited financial statements for the year ended December 31, 2019. She introduced G. Clute, from CNO's auditors, Hilborn LLP.

G. Clute highlighted the purpose of the audit and how the audit was conducted. He informed Council that CNO has received a "clean" opinion, meaning that the financial statements fairly present CNO's financial position at year-end.

S. Robinson noted that approval of the financial statements is required to allow CNO to meet legislated deadlines for financial filings. Through a show of hands, Council supported the Executive Committee approving the statements on its behalf.

G. Clute left the meeting.

RPN scope of practice: revised Controlled Acts regulation for submission to government

S. Robinson noted that approval of a regulation is one of the actions that the Executive cannot take on behalf of Council. She noted that the item is on the agenda to allow for discussion of the issue and to position Council to make an informed decision in September. She noted that the work related to RPN scope of practice began with a request from the Minister of Health to amend the regulation and is part of the work being done to enhance the scopes of practice of all nurses.

A. McNabb, Strategy Consultant, highlighted the proposal. She noted that the regulatory changes proposed will enable RPNs to initiate aspects of care in the community that they currently provide when there is an order. This is a change in authority, not a change in practice.

There was discussion about roles related to this decision. Council has received instruction from the Minister of Health to implement this change. Council's role is to set parameters to support that this change occurs safely. Council had similar focus when addressing other changes to scopes of practice, in particular Nurse Practitioner prescribing of controlled substances and RN prescribing.

It was noted that the conditions in the regulation that must be considered before any nurse initiates a procedure are a safeguard. In addition, the [Professional Standards](#) and [RN and RPN Practice: The Client, the Nurse and the Environment](#) are additional resources that support safe care.

It was clarified that because a nurse has the legal authority to provide an aspect of care, with or without an order, does not mean that the nurse will provide that care. All nurses are individually accountable for knowing their competence and practicing accordingly.

It was identified that there is a lack of understanding of the change and the resources that exist to support safety. This has been identified as a priority through the consultation and CNO is working on communication to support understanding.

This issue will return to Council in September for a final decision on approval of the regulation.

Executive Director Update

A. Coghlan noted that Phase 1 (March and April) of CNO's pandemic plan was highly focused on essential services. Projects planned for 2020 have been put on hold. The following activities were highlighted:

- CNO's move to full remote working, including system changes to support remote work
- The work done to maximize the number of individuals who were registered as nurses and able to practice during the pandemic, including creation and extension of the Emergency Assignment Class
- The work done to support safe care including communications with nurses and members of the public
- The work of statutory committees in addressing high-risk matters
- Moving forward processes – mail, scanning, online payments and
- Collaboration with stakeholders including exam providers and educators.

Council was informed that management is planning for the remainder of Phase 2 (May through August) and Phase 3 (September to December) of CNO's pandemic plan. She noted that staff are still working from home, but the work is broadening. She reported on the following during Phase 2 including:

- Onboarding and orienting 11 new members to Council and MeetX, including providing them with CNO iPads
- Organized the first Zoom Council meeting with live-stream on You Tube

It was noted that similar to operations, some Council activities have been deferred including:

- Appointments to the Conduct and Finance committees; and
- Election of the second public member on the Executive.

A. Coghlan noted that in September there will be more information for Council about the progress made in Phase 2 and the plans for Phase 3. Council was informed that CNO has met with Level 5 to discuss how to be ready to implement CNO's new strategic plan, which comes into effect January 1, 2021.

Discussion followed about the potential for applying learnings from expediting registration to the registration process, CNO's possible role in supporting enhancements to long-term care, and the impact of COVID-19 on complaints.

Executive Committee

Council had received minutes of the Executive Committee meetings of March 11, 2020 and May 21, 2020.

Next meeting

The next meeting of Council will be remote. It is currently scheduled for September 16, 2020 and September 17, 2020. Council members will be informed of the final date(s) and times before the end of August.

Conclusion

At 3:00 p.m., on conclusion of the agenda and with consent, Council concluded.

Chair

Decision Note – September 2020 Council

RPN Scope of Practice: Final review of proposed revised Controlled Acts Regulation, for submission to government

Contact for Questions

Kevin McCarthy, Director of Strategy

Decision for Consideration

That Council approve proposed changes, as shown in [Attachment 1](#) to the briefing note, to Part III, Controlled Acts of Ontario Regulation 275/94: General, as amended, made under the *Nursing Act, 1991*, for submission to the Minister of Health.

Public Interest Rationale

The implementation of these regulations will allow patients, in community settings, to receive more timely care by eliminating the need for an RPN to obtain an order before providing these aspects of care.

Minister's Direction

In June 2019, CNO received a [letter](#) from Ontario's Minister of Health directing CNO to make the necessary regulatory amendments to authorize RPNs to perform of the following procedures without first obtaining an order:

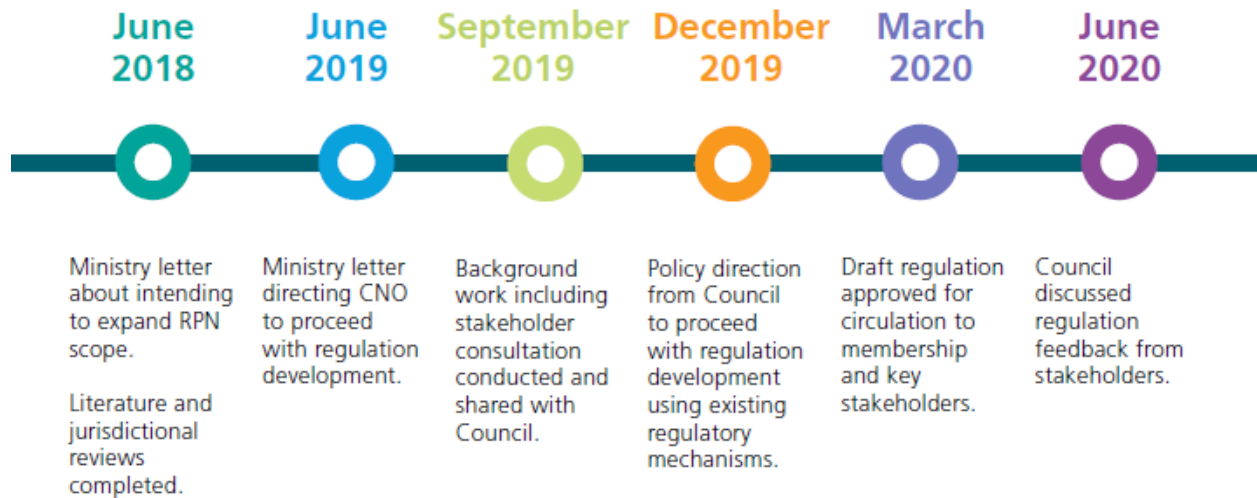
- irrigating, probing, debriding and packing a wound
- venipuncture to establish peripheral intravenous access and maintain patency using a solution of normal saline (0.9 per cent), in circumstances in which the individual requires medical attention and delaying the venipuncture is likely to be harmful to the individual
- assisting with health management activities that require putting an instrument beyond the labia majora and, assessment that requires putting an instrument, hand or finger beyond the labia majora
- assessing an individual or assisting an individual with health management activities that requires putting an instrument or finger beyond an artificial opening into the patient's body



On June 29, 2020 CNO received a subsequent letter ([Attachment 2](#)) from Ontario’s Minister of Health once again asking CNO to move forward with the needed changes and to submit the revised regulation by Sept 30, 2020.

Background


In upholding its public protection mandate, for over two years, CNO Council has been considering what, if any, additional regulatory mechanisms are necessary to safely implement the changes to RPN scope, as directed by the Minister of Health. The timeline below highlights key activities, including literature reviews, jurisdictional reviews, and stakeholder consultation that have assisted Council in providing direction as this regulation has been developed.



Council has supported that the existing regulatory mechanisms are sufficient to support public protection as these scope changes are implemented. Existing requirements that must be in place before a nurse can initiate a procedure are outlined in regulation (see below) and are reflected in CNO documents such as [Decisions About Procedures and Authority](#).

The requirements for any RN or RPN to initiate a procedure include:

- Having the knowledge, skill and judgment to perform the procedure safely, effectively and ethically;
- Having the knowledge, skill and judgment to determine whether the client’s condition warrants the performance of the procedure;
- Determining that the client’s condition warrants performance of the procedure having considered:

- 
- the known risks and benefits to the individual,
 - the predictability of the outcomes of performing the procedure,
 - the safeguards and resources available in the circumstances to safely manage the outcomes of performing the procedure, and
 - other relevant factors specific to the situation; and
- Accepting accountability for determining that the client's condition warrants the performance of the procedure.

In June of 2020, Council reviewed the feedback received following circulation of the draft regulations. While Council was supportive of the regulations, they were unable to vote on the passing of the regulations due to the fact that Council was not yet constituted. Rather, robust discussion took place about this expansion to RPN scope of practice. [Attachment 3](#) provides an overview of frequently asked questions regarding RPN scope expansion, including those questions asked by Council. In addition:

- CNO letters in response to the Ontario Nurses' Association ([ONA](#)) and the Registered Nurses' Association of Ontario ([RNAO](#)) feedback can be found in attachments 4 and 5; and
- A response from [WeRPN](#) (the Registered Practical Nurses Association of Ontario) can be found in attachment 6.

Next Steps

- Should Council approve the proposed regulation, it will be submitted to the Minister of Health by September 30, 2020.
- After submission to the Minister, the regulation undergoes the Ministry's internal review. The Minister has the power to alter Council's proposed regulation before it is approved by the government. The regulation will not take effect until it is approved by the Ontario government.
- CNO will move forward with a communications plan that will focus on raising awareness among all nurses and stakeholders about regulatory mechanisms that support safe nursing practice (e.g. [RN and RPN Practice: The Client, The Nurse and The Environment: Authorizing Mechanisms; Decisions About Procedures and Authority](#)).

Attachments

1. Draft amendments to the Controlled Acts Regulation
2. Letter from Minister Elliott
3. Frequently asked questions about this change
4. Correspondence with ONA
5. Correspondence with RNAO
6. Letter from WeRPN

Attachment 1

Below is the proposed regulation change that will enable RPNs to initiate these activities in the absence of an order. Changes are highlighted in yellow:

Nursing Act, 1991

ONTARIO REGULATION 275/94

GENERAL

Consolidation Period: From January 1, 2020 to the [e-Laws currency date](#).

Last amendment: [473/19](#).

This is the English version of a bilingual regulation.

15.1 (1) For the purposes of clause 5 (1) (a) of the Act, a registered practical nurse in the general class may perform a procedure set out in subsection (2) if he or she meets all of the conditions set out in subsection (3). O. Reg. 387/11, s. 1.

(2) The following are the procedures referred to in subsection (1):

1. With respect to the care of a wound below the dermis or below a mucous membrane, any of the following procedures:

- i. cleansing,
- ii. soaking,
- iii. irrigating,
- iv. probing,
- v. debriding,
- vi. packing,
- vii. dressing.

2. Venipuncture to establish peripheral intravenous access and maintain patency, using a solution of normal saline (0.9 per cent), in circumstances in which,

- i. the individual requires medical attention, and
- ii. delaying venipuncture is likely to be harmful to the individual.

3. A procedure that, for the purpose of assisting an individual with health management activities, requires putting an instrument,

- i. beyond the point in the individual's nasal passages where they normally narrow,
- ii. beyond the individual's larynx, or
- iii. beyond the opening of the individual's urethra.

4. A procedure that, for the purpose of assessing an individual or assisting an individual with health management activities, requires putting an instrument or finger,

- i. beyond the individual's anal verge, or
- ii. into an artificial opening into the individual's body.

5. A procedure that, for the purpose of assessing an individual or assisting an individual with health management activities, requires putting an instrument, hand or finger beyond the individual's 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 judgment, insight, behaviour, communication or social functioning. O. Reg. 387/11, s. 1; O. Reg. 473/19, s. 2.

Ministry of Health

Office of the Deputy Premier
and Minister of Health

777 Bay Street, 5th Floor
Toronto ON M7A 1N3
Telephone: 416 327-4300
Facsimile: 416 326-1571
www.ontario.ca/health

Ministère de la Santé

Bureau du vice-premier ministre
et du ministre de la Santé

777, rue Bay, 5^e étage
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www.ontario.ca/sante



175-2020-58

June 29, 2020

Sandra Robinson
President
College of Nurses of Ontario
101 Davenport Road
Toronto ON M5R 3P1

Dear Ms. Robinson:

On June 13, 2019, I asked the Council of the College of Nurses of Ontario (College) to make the necessary regulatory amendments to authorize RPNs to independently initiate the following procedures by June 30, 2020:

- Irrigating, probing, debriding and packing of a wound below the dermis or below a mucous membrane;
- Venipuncture to establish peripheral intravenous access and maintain patency, using a solution of normal saline (0.9 per cent), in circumstances in which the individual requires medical attention and delaying venipuncture is likely to be harmful to the individual;
- Those that, for the purpose of assisting an individual with health management activities, requires putting an instrument, beyond the individual's labia majora and for the purpose of assessing an individual requires putting an instrument, hand or finger beyond the individual's labia majora; and
- Those that, for the purposes of assessing an individual or assisting an individual with health management activities, requires putting an instrument or finger into an artificial opening into the individual's body.

I understand that the Council of the College of Nurses of Ontario is facing some challenges due to the COVID-19 pandemic, and that there have been some recent changes to its membership that has resulted in Council needing more time to prepare a proposal.

... 2

Ms. Sandra Robinson

Due to these unforeseen circumstances, I am extending the deadline for the College to submit to me a proposal to September 30, 2020.

Sincerely,



Christine Elliott
Deputy Premier and Minister of Health

- c: Helen Angus, Deputy Minister, Ministry of Health
Sean Court, A/Assistant Deputy Minister, Strategic Policy, Planning and French Language Services Division
Allison Henry, Director, Health Workforce Regulatory Oversight Branch
Anne Coghlan, Executive Director, College of Nurses of Ontario
Shawn Dookie, President, Nurse Practitioners' Association of Ontario
Linda Keirl, President, Registered Practical Nurses Association of Ontario
Morgan Hoffarth, Registered Nurses' Association of Ontario
Vicki McKenna, President, Ontario Nurses' Association

Attachment 3 – Frequently Asked Questions

Do all of Ontario's RPNs currently have the knowledge, skill, and judgement to initiate this care?

- Not all of Ontario's RPNs currently have the knowledge, skill and judgement to initiate or provide this care. Neither do all of Ontario's RNs. These are skills that would be developed upon entry to practice, dependent on the needs of the patient population the nurse (RN or RPN) works with.
- When a nurse enters practice they must continuously reflect on their competence and ensure that they identify learning needs and implement a plan to address these needs. If an RPN works in an area where a certain aspect of care provision is required and they do not have the competence they must initially refrain from providing care and then subsequently develop a plan to gain the competence.

If RPNs currently do not have the knowledge, skill, and judgement to initiate and provide this care, how will they gain this knowledge?

There are a variety of ways that a nurse can gain competence in an area of practice. Examples are:

- Formal continuing education program
- Employer based education
- Mentoring

How does CNO anticipate ensuring ongoing competence of members in relation to these new authorities?

- Every nurse registered in the General or Extended Class is required, under the *Regulated Health Professions Act, 1991*, to participate in the CNO Quality Assurance (QA) program.
- Nurses in every setting demonstrate their commitment to continually improve their nursing practice by engaging in ongoing practice reflection, and by setting and achieving learning goals.

What decisions will RPNs need to make prior to initiating these procedures?

- Specific requirements are outlined in the *Nursing Act, 1991* and are reflected in CNO documents. Before initiating care, all nurses, including RPNs, are required to:
 - have the knowledge, skill and judgment to perform the procedure safely, effectively and ethically
 - have the knowledge, skill and judgment to determine whether the individual's condition warrants performance of the procedure

- determine that the individual's condition warrants performance of the procedure, having considered:
 - the known risks and benefits to the individual of performing the procedure
 - the predictability of the outcome of performing the procedure
 - the safeguards and resources available in the circumstances to safely manage the outcome of performing the procedure
 - other relevant factors specific to the situation
- accept accountability for determining that the individual's condition warrants performance of the procedure

In the case of advanced wound care (the treatment of complex wounds) will RPNs be required to take additional training for some types of wounds or circumstances?

- No, CNO will not require specific education before RPNs are able to initiate these activities. RPNs are already providing this care under the authority of an order and are engaged in appropriate activities to ensure they have the necessary competence.
- RPNs are gaining these competencies through a variety of means, including comprehensive employer based education. If CNO were to require RPNs to complete additional training, it may create a barrier for the RPNs who are already providing this care competently under the authority of an order.

Do these changes represent a major change in RPN practice or an evolution?

- RPNs are already providing this care under the authority of an order. This change represents a change in authority to initiate the care, not a change in practice.
- Stakeholders have articulated that RPNs demonstrate the competency to initiate this care currently. They shared examples where the RPN has assessed that this care is needed however are prevented from providing due to the need for an order.

What are the current regulatory mechanisms that would support safe implementation of the proposed regulations?

- Requirements in the Nursing Act for all nurses
- Having the necessary knowledge, skill and judgment to initiate and to provide these aspects of care
- Refraining from practice if not competent.
- Stakeholder consultations suggested that the existing regulatory mechanisms are sufficient to safely implement these changes

June 12, 2020

By E-mail

Vicki McKenna
President
Ontario Nurses' Association
85 Grenville Street, Suite 400
Toronto, ON M5S 3A2

Dear Ms McKenna:

Re: Draft regulation changes related to RPN scope of practice

Thank you for your feedback, which we received on May 7, 2020, about the College of Nurses of Ontario's (CNO's) proposed regulation changes. CNO prepared the draft regulations following the current Minister of Health's [direction](#) to enable RPNs to perform certain controlled act procedures without obtaining an order from another health professional.

CNO's purpose is to protect the public by promoting safe nursing practice. CNO's Council sets the direction for the regulation of the profession in Ontario. Council decisions are made in the public interest and are centred on patient safety. Council supported a framework to ensure the proposed regulations contribute to the College's mission – regulating nursing in the public interest. As such, the proposed regulations are informed by evidence and the perspectives of a diverse range of stakeholders. When implemented, these regulations will allow patients, in community settings, to receive more timely care by eliminating the need for an RPN, who has the competence, to initiate this care without the need to obtain an order.

Nursing is a knowledge-based profession. While we work within a provincial regulatory framework that includes controlled acts; the understanding of nursing practice should not focus on this small component of the nursing profession's contribution to the health and well-being of Ontarians. All nurses – RNs, RPNs and NPs provide valuable contributions

to our health system; sometimes their contributions overlap, and sometimes they are distinct.

All nurses (RN and RPN) are accountable for their own practice, for maintaining competence, for knowing the limits of their competence, and for refraining from providing care when they are not competent. This applies to all aspects of care and is demonstrated by RPNs who are currently providing these aspects of care, when ordered.

In addition, before initiating a controlled act, specific requirements outlined in the *Nursing Act, 1991* and reflected in CNO practice documents^{1 2} require all nurses, including RPNs to have the knowledge, skill and judgement to perform the procedure safely, determine whether the individual's condition warrants performance of the procedure by considering a variety of factors, and accepting accountability for the performance of the procedure.

CNO's practice document '[RN and RPN Practice: The Client, the Nurse and the Environment](#)' assists employers and nurses in safely assigning care within their practice settings. This document supports nurses and stakeholders in considering three dynamic elements and assigning care based on the competence of the individual nurse (RN or RPN), the needs of the specific patient, and the supports available within the environment where care is provided. The document also indicates that complexity, predictability and risk of negative outcomes influences care assignment. However, it must be acknowledged that the competence of the individual nurse (RN or RPN) impacts how these three elements are assessed. For example, a nurse newly entering practice or who is unfamiliar with an aspect of care may view a client's care needs as being more complex, less predictable, and at higher risk for negative outcomes than another nurse who has considerable experience in safely providing this care. The provision of health care in Ontario is complex and care assignments must be continually assessed and care assigned accordingly.

Our work to date, including a broad stakeholder consultation with community employers, clinical experts, and educators has indicated that the existing regulatory mechanisms support safe implementation of these changes. As we have with past scope of practice changes for RNs, RPNs and NPs, we will provide the necessary regulatory oversight to promote safe practice, and intervene when practice is unsafe. However, we acknowledge the need to assist stakeholders to better understand nursing accountability and the role of the RN or RPN. A comprehensive communications plan will focus on raising awareness of various practice documents such as '[RN and RPN Practice: The Client, the Nurse and the Environment](#)' to assist employers and nurses in safely assigning care within their practice settings. We will continue to work with stakeholders to understand their needs and offer clarity where needed.

¹ College of Nurses of Ontario. (January 2018). *Practice Guideline: RN and RPN practice: The Client, the Nurse and the Environment*. Retrieved from: <http://www.cno.org/globalassets/docs/prac/41062.pdf>

² College of Nurses of Ontario. (May 2020). *Practice Guideline: Authorizing Mechanisms*. Retrieved from: http://www.cno.org/globalassets/docs/prac/41075_authorizingmech.pdf

Your feedback has been shared with CNO's Council, along with feedback from other stakeholders. Council reviewed stakeholder feedback on the proposed regulation in June and will make a decision about submission to government at a future Council meeting. Furthermore, your feedback, and our response, will also be shared with the Ministry of Health. CNO regulations are subject to Ministerial review and approval and we encourage you and all stakeholders to monitor communication from CNO about next steps related to these proposed changes.

Sincerely,



Anne L. Coghlan, RN, MScN
Executive Director and CEO



Sandra Robinson, RN, MN, NP (Adult)
President



May 7, 2020

VIA EMAIL

Ms. Anne Coghlan
Executive Director and Chief Executive Officer
College of Nurses of Ontario Council
101 Davenport Road
Toronto, ON M5R 3P1

Mr. Kevin McCarthy
Director, Strategy
College of Nurses of Ontario Council
101 Davenport Road
Toronto, ON M5R 3P1

Ms. Cheryl Evans
Council President
College of Nurses of Ontario Council
101 Davenport Road
Toronto, ON M5R 3P1

Dear Ms. Coghlan, Mr. McCarthy & Ms. Evans,

Re: Proposed Regulation Changes Expanding the Scope of Practice for Registered Practical Nurses (RPNs)

I am writing to express ONA's position regarding the College of Nurses of Ontario's (CNO) proposed Regulation expanding the scope of practice for Registered Practical Nurses (RPNs). ONA is concerned that the draft Regulation is not evidence-based and that approving the Regulation without comprehensive consultation may lead to reduced patient outcomes.

ONA strongly believes that both RNs and RPNs have a legitimate place in our health care system. Both contribute a great deal to the needs of their patients. However, RPNs practice appropriately with patients with less complex health needs and stable and predictable outcomes. A proposal that may force RPNs to care for unstable patients with unpredictable outcomes poses a risk to patient safety. As CNO itself points out in its three factor framework guideline, while RNs and RPNs study from the same body of nursing knowledge, RNs study for a longer period of time, which equips them with greater foundational knowledge in clinical practice, decision-making, critical thinking and leadership. As a result, the level of autonomous practice of RNs is greater than that of RPNs.

The proposed Regulation will primarily affect the care of patients in long-term care and community settings. We know that patients in these settings are more complex and have greater acuity levels than in the past. In addition, these practice settings are relatively unsupported, often short staffed and face challenges ensuring continuity of care. Therefore, it is essential that the scope of practice for RNs and RPNs is accurate and appropriate for these patients.

Allowing an RPN to make decisions about a newly authorized procedure, without the critical thinking skills and guidance of an RN, could result in negative outcomes for patients. RPNs rely on the enhanced critical thinking and leadership of RNs. An RN assesses a patient's complexity and the individual RPN's level of knowledge, skill and judgment, to determine whether it is appropriate to delegate an intervention to the RPN. Allowing RPNs to initiate controlled acts independently assumes not only that they have the practical skills and knowledge to ensure competency but that they possess the analytical and critical thinking skills to determine when an intervention is necessary and within their scope.

We are specifically opposed to RPNs independently initiating venipuncture in order to establish a peripheral intravenous line. If a patient's condition has deteriorated to the point they are in need of this procedure, that patient is, by definition, unstable. According to the three factor framework, a client who is unstable is more likely to fall within the scope of an RN. Similarly, extending an RPN's scope to include packing and debridement of wounds also raises concerns for patient safety. RPNs do not have the critical thinking skills and training to provide this type of intensive wound care. These are only two examples of the proposed expanded scope for RPNs that raise issues of patient safety.

Any proposal to expand RPN scope of practice into traditional RN scope must be informed by the best available evidence, including peer-reviewed research and advice from clinicians and experts. ONA has reviewed the Briefing Notes presented to CNO Council in June 2018, September 2019 and December 2019. This material makes it clear that the expanded RPN scope is not supported by strong research. In fact, the opposite is true. The summary of the literature review states, "**It is important to note that there is not a significant amount of literature related to RPNs.**" (June 2018 Council Briefing Notes, p. 152). A decision as important and as risky as expanding RPN scope cannot be based on incomplete research.

A review of the role of RPNs (or "Licensed Practical Nurses") in other provinces shows that no other province except British Columbia allows RPNs to perform any of the proposed procedures without an order.

It is essential not only that any proposed RPN scope be evidence-based but that it be undertaken based on a comprehensive consultation process. However, the Council Briefing Notes demonstrate that ONA and the Registered Nurses Association of Ontario expressed strong opposition to the proposal because of concerns regarding patient safety. These concerns were not closely examined or discussed in any detail. In addition, clinical experts expressed specific worries with allowing wound debridement and more general concerns regarding role confusion. Again, these concerns were not thoroughly explored or resolved.

It is clear to ONA that CNO's proposal to expand RPN scope is not evidence-based and does not include a careful and measured consultation with nursing experts and stakeholders, including ONA. This consultation must not be rushed or completed during a time when nursing stakeholders are preoccupied with an unprecedented pandemic. Patient safety requires no less.

Sincerely,

ONTARIO NURSES' ASSOCIATION



Vicki McKenna, RN
President

C: ONA Board of Directors

June 12, 2020

By E-mail

Doris Grinspun, Chief Executive Officer
Angela Cooper Brathwaite, President
Registered Nurses' Association of Ontario
158 Pearl Street
Toronto, ON M5H 1L3

Dear Ms Grinspun and Ms Cooper Brathwaite:

Re: Draft regulation changes related to RPN scope of practice

Thank you for your feedback, which we received on May 25, 2020, about the College of Nurses of Ontario's (CNO's) proposed regulation changes. CNO prepared the draft regulations following the current Minister of Health's [direction](#) to enable RPNs to perform certain controlled act procedures without an order from another health professional.

There are several inaccuracies in your letter about how CNO has ensured public protection, how nursing scope of practice has evolved and how CNO's practice resources have been interpreted. We encourage you to visit: cno.org for accurate, up-to-date information.

CNO's purpose is to protect the public by promoting safe nursing practice. CNO's Council sets the direction for the regulation of the profession in Ontario. Council decisions are made in the public interest and are centred on patient safety. Council supported a framework to ensure the proposed regulations contribute to the College's mission – regulating nursing in the public interest. As such, the proposed regulations are informed by evidence and the perspectives of a diverse range of stakeholders. When implemented, these regulations will allow patients, in community settings, to receive more timely care by eliminating the need for an RPN, who has the competence, to initiate this care without the need to obtain an order.

Nursing is a knowledge-based profession. While we work within a provincial regulatory framework that includes controlled acts; the understanding of nursing practice should not focus on this small component of the nursing profession's contribution to the health and well-being of Ontarians. All nurses - RNs, RPNs and NPs provide valuable contributions to our health system; sometimes their contributions overlap, and sometimes they are distinct.

All nurses (RN and RPN) are accountable for their own practice, for maintaining competence, for knowing the limits of their competence, and for refraining from providing care when they are not competent. This applies to all aspects of care and is demonstrated by RPNs who are currently providing these aspects of care, when ordered.

In addition, before initiating a controlled act, specific requirements outlined in the *Nursing Act, 1991* and reflected in CNO practice documents^{1 2} require all nurses, including RPNs, to have the knowledge, skill and judgement to perform the procedure safely, determine whether the individual's condition warrants performance of the procedure by considering a variety of factors, and accepting accountability for the performance of the procedure.

The existing regulatory mechanisms supports safe implementation of these changes. As we have with past scope of practice changes for RNs, RPNs and NPs, we will provide the necessary regulatory oversight to promote safe practice, and intervene when practice is unsafe.

We acknowledge the need to assist stakeholders to better understand nursing accountability and the role of the RN or RPN. A comprehensive communications plan will focus on raising awareness of various practice documents such as '[RN and RPN Practice: The Client, the Nurse and the Environment](#)' to assist employers and nurses in safely assigning care within their practice settings. This document supports nurses and stakeholders in considering three dynamic elements and assigning care based on the competence of the individual nurse (RN or RPN), the needs of the specific patient, and the supports available within the environment where care is provided. The provision of health care in Ontario is complex and care assignments must be continually assessed using this lens. We will continue to work with stakeholders to understand their needs and offer clarity where needed.

Our Council is guided by a public interest mandate and [governance principles](#). Under the principle of *independence*, Council's decisions will remain free of bias and special interest perspectives. Inviting a professional association, whose mandate is to advance the interests of nurses, to present to Council undermines this independence. For these reasons, we decline to have RNAO present its position on this issue to CNO's Council.

¹ College of Nurses of Ontario. (January 2018). *Practice Guideline: RN and RPN practice: The Client, the Nurse and the Environment*. Retrieved from: <http://www.cno.org/globalassets/docs/prac/41062.pdf>

² College of Nurses of Ontario. (May 2020). *Practice Guideline: Authorizing Mechanisms*. Retrieved from: http://www.cno.org/globalassets/docs/prac/41075_authorizingmech.pdf

Your feedback has been shared with CNO's Council, along with feedback from other stakeholders. Council reviewed stakeholder feedback on the proposed regulation in June and will make a decision about submission to government at a future Council meeting. Furthermore, your feedback, and our response, will also be shared with the Ministry of Health. CNO regulations are subject to Ministerial review and approval and we encourage you and all stakeholders to monitor communication from CNO about next steps related to these proposed changes.

Sincerely,



Anne L. Coghlan, RN, MScN
Executive Director and CEO



Sandra Robinson, RN, MN, NP (Adult)
President



RNAO

Registered Nurses' Association of Ontario
L'Association des infirmières et infirmiers
autorisés de l'Ontario

May 25, 2020

Cheryl Evans, Council President

Anne Coghlan, Executive Director and Chief Executive Officer

College of Nurses of Ontario

101 Davenport Road

Toronto, ON M5R 3P1

Dear Cheryl and Anne,

Re: Expanding RPN scope of practice and RN prescribing

The Registered Nurses' Association of Ontario (RNAO) welcomes the opportunity to provide feedback to the College of Nurses of Ontario (CNO) on its proposed new regulation to expand the Registered Practical Nurse (RPN) scope of practice to include independent initiation of the following controlled acts:

- Irrigate, probe, debride and pack a wound below the dermis or below a mucous membrane;
- Venipuncture to establish peripheral intravenous access and maintain patency using a normal saline solution when the client requires medical attention and delaying venipuncture is likely harmful to the client;
- Put an instrument, hand or finger beyond the labia majora when assessing or assisting with health management activities; and
- Put an instrument or finger beyond an artificial opening into the client's body for the purpose of assessing or assisting with health management activities.^{1 2}

As we have already expressed to the CNO, RNAO does not support the proposed regulation summarized above and believes the proposed changes to the RPN scope will result in damaging shortfalls related to:

1. Protection of patient safety
2. Requisite knowledge, skills and judgment required for procedures not in the RPN skill set
3. Decision-making influenced by client factors under CNO's three-factor framework (complexity, predictability and risk of negative outcomes).³

RNAO's concern regarding substantial scope of practice expansion for RPNs to initiate these controlled acts was echoed in 2018 by Helena Jaczek, then minister of health, when she requested a hold on CNO's advancement on this matter until comprehensive, evidence-based, and expert-advised consultation was complete.^{4 5} Once again, two years later, these same four controlled acts are being proposed by CNO for RPN initiation in this regulation change, after so recently being disallowed by government.⁶

Registered Nurses' Association of Ontario L'Association des infirmières et infirmiers autorisés de l'Ontario
158 Pearl Street, Toronto, ON M5H 1L3 ~ Ph. 416 599 1925 ~ Toll-free 1 800 268 7199 ~ Fax 416 599 1926 ~ www.RNAO.ca

It is important to note that the current scope of RPN practice, based on a previous regulation change, allows for RPNs to perform the above intrusive procedures with an order from an appropriate provider.⁷ Moreover, the RPN scope has consistently been expanded in particular, over the past three to four years, to include performance of controlled acts, and now initiation of these acts, whereas there has been complete stagnation in scope expansion for RNs evident in the *Nursing Act, 1991* and regulation,^{8 9} since the move to the BScN entry requirement for RNs in 2005, when RN education moved from three to four years.^{10 11 12}

Of critical concern is that expanding the RPN scope to authorize independent initiation of these controlled acts effectively renders the Registered Nurse (RN) and RPN scope identical. That the CNO takes this move is objectionable considering that RPNs have a two year college degree and RNs a four year baccalaureate. As we have discussed in repeated occasions with CNO staff, RNAO insists that these changes jeopardize the safety of Ontarians, will add to already existing role confusion and tensions, and grossly undermine the enhanced knowledge and critical thinking of RNs.

According to the CNO three-factor framework referenced in *RN and RPN Practice: The client, the nurse, and the environment*, complex patients with less predictability and less stable environments are cared for by RNs.¹³ CNO further explains:¹⁴

RNs and RPNs study from the same body of nursing knowledge. RNs study for a longer period of time, allowing for greater foundational knowledge in clinical practice, decision-making, critical thinking, leadership, research utilization and resource management. As a result of these differences, the level of autonomous practice of RNs differs from that of RPNs.

The complexity of a client's condition influences the nursing knowledge required to provide the level of care the client needs. A more complex client situation and less stable environment create an increased need for consultation and/or the need for an RN to provide the full range of care requirements.

Based on this framework, RPNs should not care for highly complex, unstable clients who are at risk for deterioration – therefore, initiation of the proposed procedures such as venipuncture and wound debridement should never be required of an RPN. Furthermore, RPN initiation of these controlled acts also implies urgency when an RN is not available which would rarely if ever be the case.

As RNAO strongly expressed in the May 8, 2020 meeting requested by CNO to discuss our concerns, it is RNAO's perception that CNO is skewing their regulatory decision making in favour of expanding RPN scope, without clear evidence of population health needs nor the requisite RPN knowledge, judgment and skills. Indeed, CNO is doing so contradicting its own framework mentioned above. Simultaneously, RNAO is keenly aware that CNO has actively attempted to contract RN scope of practice in spite of solid evidence of population need and high

capacity of RNs, (i.e., initiation of RN psychotherapy), and also has proceeded extremely slowly with RN scope expansion (i.e., RN prescribing).^{15 16}

As evidence for this perception, in 2014 the CNO acted to remove initiation of psychotherapy from the RN scope of practice despite the facts that: RNs had been consistently and ably carrying out this practice for approximately ten years, there is high population need, and it is clearly within the knowledge, skill and judgment of the RN. Furthermore, while, five regulatory bodies immediately enabled their professionals to initiate psychotherapy (occupational therapists, physicians, psychologists, registered psychotherapists, and social workers), CNO was the only regulatory body attempting to take away from RNs a long standing practice¹⁷ This act of initiation for RNs was only fully reinstated without barriers in 2019 following a two year exemption period and considerable evidence-based advocacy on the part of RNAO that triggered a letter to CNO by Eric Hoskins, then minister of health.^{18 19 20}

Further adding to this view, in the case of RN prescribing, the CNO has deliberated this scope change for the last eight years.²¹ Once again in 2020, RNAO is providing feedback for how to proceed with this expanded scope in a timely way. At this time, we note that CNO is still not prepared to embrace the expansion of RN practice through continuing education for practicing RNs, as well as through the basic undergraduate nursing curriculum to be fully incorporated as part of the RN scope of practice for all graduating RNs.²² CNO's stubbornness in regards to RN prescribing despite the robust evidence from other countries – such as United Kingdom and New Zealand – is difficult to comprehend. This position contradicts the evidence gathered by CNO itself and it is not good for patients, health organizations and the public.

This grave imbalance in CNO's approach to proposed regulatory changes related to RN and RPN scope is disheartening and shocking. RNAO would like to address this matter as a major concern directly with the CNO Council, and is asking for an urgent meeting to that effect. CNO's actions – favouring scope expansion for RPNs while presenting barriers to enhancing the RN role or even taking steps to narrow it – creates an unclear distinction between the two roles. Any blurring of the roles makes it difficult for employers and the public to understand and adequately utilize these two categories of nurses, and leads to tensions between RNs and RPNs. On the contrary, it is RNAO's view that both RN and RPN categories should be respected and fully utilized within their scopes of practice and both types of nursing education should be valued.

Such role confusion already leads to inappropriate utilization of regulated professionals, imbalanced workload and missed opportunities for expanded service delivery.²³ Furthermore, the role blurring may also discourage each category from practicing to their full extent and hinder the retention of RNs in practice settings that employ RPNs.²⁴

RN and RPN category role confusion and blurring also raises the troubling question in the minds of students, the public and policymakers as to why a four-year university degree is required in the first place, when a two-year college graduate can perform almost at the same level of acuity,

complexity and initiation. Since there are substantial personal and societal costs to have a four year baccalaureate program, as compared to a two year program, this undervaluing of the baccalaureate degree is deeply worrisome. Indeed, the quality and level of RN undergraduate education must in no way be diminished and in fact must be enhanced to ensure sustained expanded RN scope, for example, by including RN prescribing in undergraduate nursing education. Having RNs graduate with this competency will enhance access to health services for Ontarians.

It should be noted that these moves by the CNO constitute a process of de-skilling of nursing care, as the requirement to perform complex procedures is approved for professionals with half the years of education that were previously required. There is a broad literature providing evidence of the harm to patients and society resulting from deskilling of nurses' work.^{25 26 27}

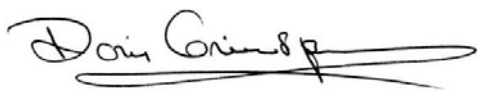
Finally, the trends we have reviewed in this letter beg the question of what is CNO's understanding of its role regulating three different categories of nurses and how it intends to perform that role in the go forward. It should be clear from this letter that the professional association representing RNs and NPs in Ontario has serious concerns about how the College is performing its regulatory role.

In conclusion, RNAO is strongly opposed to the proposed RPN scope regulation change and maintains it is not in the public's best interest. We therefore recommend that CNO *does not* move forward to the Ministry of Health in June 2020 with the proposed new changes to RPN scope of practice.

We reiterate our request to meet with the CNO Council on our growing concerns about the imbalance in CNO's approach to proposed regulatory changes related to RN and RPN scope. Please let us know if you are open to such a meeting.

We thank you for the opportunity to provide feedback and trust you will continue to seek consultation with RNAO in regards to this matter.

Warm regards,



Doris Grinspun, RN, MSN, PhD, LLD(hon),
Dr(hc), FAAN, O.ONT.
Chief Executive Officer, RNAO



Angela Cooper Brathwaite, RN, MN, PhD
President, RNAO

CC: CNO Council
Hon. Doug Ford, Premier of Ontario
Hon. Christine Elliott, Minister of Health
Helen Angus, Deputy Minister of Health
Sean Court, ADM, Strategic Policy and Planning Division, MOH
Allison Henry, Director, Health Workforce Regulatory Oversight Branch, MOH
Michelle Acorn, Provincial Chief Nursing Officer, MOH

Endnotes

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September 2, 2020

Anne Coghlan
Executive Director & Chief Executive Officer
College of Nurses of Ontario
101 Davenport Rd.
Toronto, ON
M5R 3P1
Re: Revisions to RPN scope of practice

Dear Ms. Coghlan,

I am writing regarding the proposed changes to Registered Practical Nurse (RPN) scope of practice that are scheduled for discussion and final review at the College of Nurses of Ontario's (CNO) upcoming Council meeting on September 17th 2020.

At a time when we are seeing growing pressures in our health system, it is essential that we make sure all health professionals are putting their education and experience to best use to ensure patients receive the excellent care they deserve. WeRPN has been a strong advocate for modernizing the existing regulatory framework governing RPN scope of practice to deliver improved access to timely care and better reflect current RPN knowledge and experience. When the existing regulations were enacted, RPN education looked very different than it does today. Over the past several years, RPN education has expanded from a one-year certificate to a two-and-a-half-year diploma and the body of knowledge required of an RPN has grown considerably. It is important for these regulations to evolve to reflect those changes to meet the needs of our 21st century health system.

As you know, WeRPN worked with the CNO, government and other stakeholders through a robust two-year consultation to arrive at the four modest proposals under consideration that put patient safety and care above all else. The four proposed modest changes to RPNs' scope of practice would bring better care to our most vulnerable people and better value to our health system. These proposed changes reflect current practice and involve tasks that RPNs are currently allowed to perform in certain circumstances. Specifically, RPNs are already authorized to *perform* these four procedures, however they can only do so after being delegated by a Registered Nurse (RN), Nurse Practitioner (NP) or physician. We believe that RPNs with the appropriate knowledge and judgement should be given the authority to independently decide and *initiate* these common practices, which include wound care and starting an IV. Patients who are in urgent need, including those in emergency or isolated situations, don't have time to wait while an educated and competent RPN seeks permission to provide care she or he is qualified to give.

These are practices which RPNs already *perform* regularly. Giving RPNs the ability to *initiate* these procedures in situations where it is appropriate to do so will improve access to timely care. There is an especially critical need for this change in our home and community care system. It will help address the pressures in our health system by enabling qualified RPNs to immediately perform actions without taking an RN away from other vital care to provide the order. More importantly, it will ease patients' suffering and ensure that concerns can be addressed quickly to avoid conditions worsening.

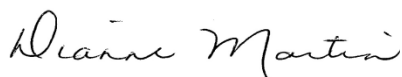
Wound care provides a powerful example of the benefit of moving forward with these changes. As you know, many RPNs perform wound care procedures in the home. Some of these nurses are wound care experts. However, when clients require wound care beyond cleansing, soaking, and dressing, the RPN is required to contact an RN for an order to initiate these procedures. In many cases, the RN provides the order without personally assessing the wound, whereby the RPN is in effect initiating the additional procedures based on his or her own knowledge, skill, and judgement. In this situation, the RN "initiation" is substantively administrative in nature, rather than clinically based. In other cases, the RPN may not be able to get a hold of the RN for an order and have to return at a later date, potentially denying the client the care they need, or resulting in a deterioration of the client's wound that requires additional treatment that might include hospital admission. Amending the wound care regulation in accordance with the RPN's advancing education would enable those RPNs with the necessary knowledge and skill to provide enhanced wound care to their clients. This would improve client care, allow RNs to focus on caring for more complex clients, and possibly reduce client morbidity and hospital admissions.

We have heard from RPNs, patients, families and other care providers across the province that giving RPNs the ability to initiate procedures they already have the experience, expertise and authorization to perform will help ensure people who need help get it without delay. This is particularly important for those in rural and remote communities. In emergency situations, when a patient's condition rapidly deteriorates and they require immediate access to fluids and/or medication, timely access to care is essential. RPNs are equipped with the knowledge, skill, and judgement to initiate venipuncture and often may not have access or time to request an order from an RN. The proposed amendment would ensure equitable and timely access to this essential emergency care across Ontario.

We urge the Council to move forward with these important changes to RPN scope of practice that will ultimately deliver improved, safe quality of care for Ontarians. In the attached appendix, we have further outlined the importance of modernizing these regulations to ensure they align with RPN knowledge and experience.

Should you have any questions or wish to discuss further, please don't hesitate to contact me.

Sincerely,



Dianne Martin
Chief Executive Officer

Cc: WeRPN Board of Directors

APPENDIX 1: Proposed Scope of Practice Changes

Note: As always, RPNs must have the knowledge, skill, and judgment to safely perform the procedure, whether they are initiating or performing the act.

Proposed Change	Description	Current Status	Proposed Change	Rationale
Wound maintenance	Irrigating, probing, debriding, and packing the wound. The associated controlled act refers to procedures below the dermis.	RPNs are authorized to initiate cleansing, soaking and dressing wounds. Currently require an order to irrigate, probe, debride or pack a wound.	RPNs with the appropriate knowledge, skill, and judgement would be able to irrigate, probe, debride, and pack wounds without an order.	Treatment is often delayed when RPNs wait for initiation, ultimately creating a negative environment for the patient.
Venipuncture for IV access	Initiating a peripheral IV and saline to keep the vein open. The associated controlled act refers to procedures below the dermis.	RPNs can perform such an act after an order from an RN.	RPNs with the appropriate knowledge, skill, and judgement would be able to initiate the controlled act without an order from an RN if the delay in obtaining the order could result in harm.	It is rare that an RPN would need to initiate this procedure. In an emergency situation, nurses regardless of category should be authorized to initiate this potentially life-saving procedure.
Insertion of Finger Beyond Labia Majora	Initiating an assessment procedure that involves insertion of finger or hand into the vagina.	RPNs can initiate such a procedure for patient health management (such as insertion of a tampon). An order is required for the purpose of assessment.	RPNs with the appropriate knowledge, skill, and judgement would be able to insert a finger or hand beyond a client's labia majora in order to assess, without an order.	Assessment precedes implementation. Potential circumstances may require assessment to determine the appropriateness of insertion to support health management activities.
<i>Insertion of Finger or Instrument Beyond Artificial Opening</i>	For example, suctioning a tracheostomy	RPNs can perform such an act after an order is given.	RPNs with the appropriate knowledge, skill and judgment could perform the act without an order.	This change would transform long-term care nursing. In LTC environments, the RPN is often left in charge and circumstances can arise where a delay in obtaining an order can lead to complications and/or harm to the patient.



Decision Note – September 2020 Council

By-Law to combine the membership of the Discipline and Fitness to Practise Committees

Contact for Questions or More Information

Stephen Mills, Chief Administrative Officer

Decision for Consideration

That the amendments to By-Law No. 1: General, as they appear in column 2 of [Attachment 1](#) to this briefing note, be approved.

Background

In March 2020, Council approved in principle that the membership of the Discipline and Fitness to Practise committees be merged

The Discipline and Fitness to Practise committees play vital roles in protecting the public. The decision to merge the membership was based on:

- the changing workloads of the two committees; and
- the similarity of the adjudicative processes and the needed skills.

A [detailed briefing note](#) and the annual reports of the [Discipline](#) and [Fitness to Practise](#) committees supported decision making.

Staff were asked to prepare by-law amendments to implement the change that Council adopted.

Attachment 1 is a table showing the by-law amendments proposed to implement Council's decision, including the rationale for the proposed amendments. The amendments were drafted by legal counsel. [Attachment 2](#) shows the changes integrated into the current Articles in the By-Law.

These by-law amendments were scheduled for approval by Council in June, however, Council was not constituted. To support the readiness of members to participate in both committees, the orientation held in July addressed the roles of both committees.



Attachments:

1. Table of by-law amendments
2. Revised articles

Attachment 1: Proposed by-law revisions to combine membership of adjudicative committees

Column 1 Current by-law	Column 2 Proposed revision	Column 3 Rationale
<p>19 Discipline Committee</p> <p>19.01 The Discipline Committee shall be composed of</p> <ul style="list-style-type: none"> i) not fewer than five or more than six elected councillors each of whom was elected as an RN; ii) not fewer than two or more than three elected councillors each of whom was elected as an RPN; iii) not fewer than seven or more than eleven public councillors; iv) not fewer than six or more than nine RNs who are appointed committee members; and v) not fewer than three or more than six RPNs who are appointed committee members. 	<p>19 Discipline Committee</p> <p>19.01 The Discipline Committee shall be composed of</p> <ul style="list-style-type: none"> i) not fewer than five or more than six elected councillors each of whom was elected as an RN; ii) not fewer than two or more than three elected councillors each of whom was elected as an RPN; iii) not fewer than seven or more than eleven public councillors; iv) not fewer than six or more than nine RNs who are appointed committee members; and v) not fewer than four three or more than six RPNs who are appointed committee members. 	<p>Proposed membership numbers for both committees are identical. For nurse members, numbers were based on minimum number for both committees, added together.</p> <p>Since public members are currently cross appointed to Discipline and Fitness to Practise, the minimum number for Discipline was used.</p> <p>To give flexibility to address changing workloads, especially with non-Council nurse appointees, the maximums were deleted from committee memberships.</p>

Attachment 1: Proposed by-law revisions to combine membership of adjudicative committees

Column 1 Current by-law	Column 2 Proposed revision	Column 3 Rationale
<p>20. Fitness to Practise Committee</p> <p>20.01 The Fitness to Practise Committee shall be composed of</p> <ul style="list-style-type: none"> i) not fewer than one or more than three elected councillors each of whom was elected as an RN; ii) not fewer than one or more than two elected councillors each of whom was elected as an RPN ; iii) not fewer than three or more than seven public councillors; iv) not fewer than three or more than six RNs who are appointed committee members; and v) not fewer than one or more than three RPNs who are appointed committee members. 	<p>20. Fitness to Practise Committee</p> <p>20. 01 The Fitness to Practise Committee shall be composed of</p> <ul style="list-style-type: none"> i) not fewer than six one or more than three elected councillors each of whom was elected as an RN; ii) not fewer than three one or more than two elected councillors each of whom was elected as an RPN ; iii) not fewer than three or more than seven public councillors; iv) not fewer than nine three or more than six RNs who are appointed committee members; and v) not fewer than four one or more than three RPNs who are appointed committee members. 	<p>As above</p>
<p>New Article</p>	<p><i>29.05.1 Each member appointed to the Discipline Committee shall automatically also be appointed to the Fitness to Practise Committee and each member appointed to the Fitness to Practise Committee shall automatically also be appointed to the Discipline Committee.</i></p>	<p>This article was proposed to ensure that the committee appointments made in March that came into effect on June 4 will reflect Council's intent on approval of the amendment – that all members serve jointly on Discipline and Fitness to Practise.</p> <p>Note: In future, the slates will include everyone and this may not be needed. Legal counsel did note that it does provide</p>

Attachment 1: Proposed by-law revisions to combine membership of adjudicative committees

Column 1 Current by-law	Column 2 Proposed revision	Column 3 Rationale
		assurances that, if someone is left off one of the slates by mistake, they will still be cross appointed.
New Article	<i>29.1.04.1 A member of the Discipline or Fitness to Practise Committees who ceases to be a member of one of those committees shall immediately cease to be a member of both of those committees.</i>	Article 29 re. Removal of Committee members The intent of the by-law changes is for all members to serve on both committees. If someone is removed or ceases to be on one of the committees, this article requires that she or he be removed from both committees. This will allow the vacancy to be filled for both committees and to maintain the pool of members.
New Article	<i>30.06.1 If the same person chairs both the Discipline and Fitness to Practise committees, and the person ceases to be the chair of either one of those committees under article 30.06, that person shall immediately cease to be the chair of both of those committees.</i>	New article identifying that if the Chair is removed as Chair of one committee, and the chair is the same for both committees, they are also removed from the other.

Attachment 2

Proposed By-Law Amendments to merge the membership of the Discipline and Fitness to Practise committees.

19. Discipline Committee

19.01 The Discipline Committee shall be composed of

- i) not fewer than ~~five or more than six~~ six elected councillors each of whom was elected as an RN;
- ii) not fewer than ~~two or more than three~~ three elected councillors each of whom was elected as an RPN;
- iii) not fewer than seven or more than eleven public councillors;
- iv) not fewer than ~~six or more than nine~~ nine RNs who are appointed committee members; and
- v) not fewer than **four** ~~three or more than six~~ six RPNs who are appointed committee members.

20. Fitness to Practise Committee

20.01 The Fitness to Practise Committee shall be composed of

- i) not fewer than **six** ~~one or more than three~~ three elected councillors each of whom was elected as an RN;
- ii) not fewer than **three** ~~one or more than two~~ two elected councillors each of whom was elected as an RPN ;
- iii) not fewer than ~~three or more than seven~~ seven public councillors;
- iv) not fewer than **nine** ~~three or more than six~~ six RNs who are appointed committee members; and
- v) not fewer than **four** ~~one or more than three~~ three RPNs who are appointed committee members.

29. Appointments to Committees

29.01 Deleted June 2013

- 29.02** Having regard for the composition requirements of each committee and following any protocol approved by Council, the Election and Appointments Committee shall
- i) at the March Council meeting present a slate of candidates for each statutory committee; and
 - ii) at the June Council meeting, present a slate of candidates for the members of the Conduct Committee and the Finance Committee.

(Amended December 2019)

- 29.03** The Election and Appointments Committee will present the slates to Council for its consideration and, subject to any amendment by Council, ratification.

(Amended December 2019)

- 29.04** Once ratified each member on the slate shall be deemed to have been appointed to that committee by Council and the term of office of each appointed committee member shall begin on the effective date of the member's appointment as specified by Council.

(Amended June 2013)

- 29.05** Unless specifically provided otherwise, any eligible person may be re-appointed to a committee.

- 29.05.1** *Each member appointed to the Discipline Committee shall automatically also be appointed to the Fitness to Practise Committee and each member appointed to the Fitness to Practise Committee shall automatically also be appointed to the Discipline Committee.*

- 29.06** Where for any reason the Council fails to appoint a new committee at the time or times provided for in this by-law, the existing members of the committee shall continue to serve as the committee provided that a quorum exists.

29.1 Removal of Committee Members

(Article 29.1 added September 2008)

- 29.1.01** A member of a committee who is a councillor may be removed from the committee, with or without cause, by a two-thirds majority vote of the councillors present at a Council meeting duly called for that purpose.

(Amended March 2013)

29.1.02 A member of a committee who is an appointed committee member may be removed from the committee, with or without cause, by resolution of the Executive Committee at a meeting called for that purpose.

(Amended March 2013)

29.1.03 A member of a committee who is neither a councillor, nor an appointed committee member¹ may be removed from the committee, with or without cause, by resolution of the Executive Committee at a meeting called for that purpose.

(Amended March 2013)

29.1.04 An appointed committee member who has been removed from all committees ceases to be an appointed committee member.

29.1.04.1 *A member of the Discipline or Fitness to Practise Committees who ceases to be a member of one of those committees shall immediately cease to be a member of both of those committees.*

29.1.05 The decision of the Executive Committee under Article 29.1.02 or 29.1.03 is not subject to review or appeal.

(Added March, 2013)

30. Committee Chairs

30.01 Save and except where the by-laws specifically provide otherwise, the chair of each statutory committee shall be a councillor.

(Amended March 2009)

30.02 No person shall be eligible to serve as a chair of a committee for more than two consecutive terms.

30.02.1 Deleted - March 2009.

30.03 The President shall be the chair of the Executive Committee and of the Inquiries, Complaints and Reports Committee.

(Amended March 2009)

30.04 The two Vice-Presidents shall co-chair the Finance Committee in such manner as they agree upon or, failing agreement, as determined by the Finance Committee.

(Moved March 2009)

¹ For example – members of the Sub-Committee on Compensation would fall into this category.

(Amended March 2012)

30.05 Save and except where the by-laws specifically provide otherwise, the chair of every committee, other than the Executive Committee, Inquiries, Complaints and Reports Committee and Finance Committee, shall be appointed by Council on the recommendation of the Executive Committee and shall be a member of the committee.

(Approved March 2009)

30.06 A chair of a committee, other than the Executive Committee, Inquiries, Complaints and Reports Committee and the Finance Committee, shall cease to be chair upon the receipt by the Executive Committee of a requisition signed by at least a two-thirds of the members of the committee.

(Amended March 2009)

30.06.1 *If the same person chairs both the Discipline and Fitness to Practise committees, and the person ceases to be the chair of either one of those committees under article 30.06, that person shall immediately cease to be the chair of both of those committees.*

30.07 Where the position of chair of any committee, other than the Executive Committee, Inquiries, Complaints and Reports Committee or the Finance Committee, becomes vacant for any reason, the Executive Committee shall appoint an interim chair who shall serve until a new chair can be appointed by Council in accordance with Article 30.05.

(Approved March 2009)

30.08 Nothing in this Article prevents the interim chair from being appointed as the chair under Article 30.05.

(Approved March 2009)

30.09 Where one of the positions of co-chair of the Finance Committee becomes vacant, the remaining co-chair shall act as the chair of the Committee until a new Vice-President is elected.

(Approved March 2009)

30.10 Time spent as chair as a result of an appointment to fill a vacancy whether as a result of the appointment by the Executive Committee or Council shall not be included for the purposes of Article 30.02.

(Numbering change March 2009)

Discussion Note – September 2020 Council Stand-alone BScN Programs Granted by Ontario Colleges of Applied Arts and Technology

Contact for Questions

Kevin McCarthy, Director of Strategy

Background

On February 11, 2020 the Honourable Ross Romano, Minister of Colleges and Universities, [announced](#) that Colleges of Applied Arts and Technology (CAATs) will be able to deliver baccalaureate nursing degree programs collaboratively or independently (i.e. a stand-alone degree program). It was noted that successful implementation of this government policy is dependent on CNO amending a regulation made under the *Nursing Act, 1991*.

Subsection 2(1)1i of the *Nursing Act, 1991* specifies that an RN applicant to CNO must have a minimum of a baccalaureate degree in nursing specifically designed to educate and train persons to be practising registered nurses. The program must be:

- A. awarded by a university in Canada as a result of successful completion of a program that was approved by Council or that was accredited or approved by a body approved by Council for that purpose, or
- B. awarded by a university as a result of successful completion of a program that was approved by Council or that was accredited or approved by a body approved by Council for that purpose.

In order to allow baccalaureate programs offered by CAATs to be taken into consideration for approval by Council, an amendment to the existing registration regulation is required.

Program Approval Process

CAAT stand-alone baccalaureate programs will need to be approved through CNO's program approval framework. However, approval of BScN programs awarded by CAATs cannot occur until the regulation amendment has been approved by the Ministry and the regulations come



into effect. Colleges that wish to move forward with granting baccalaureate degrees will be required to submit their intent to offer a new program, and at a minimum, their curriculum. Colleges can submit these requirements at the same time as the regulatory amendment process moves forward.

Next Steps

- In December 2020, Council will review a draft regulation amendment for circulation to nurses and stakeholders.

**Information Package – September 2020 Council
Election of a public member to the Executive Committee**

Contents

Candidate profile for nominee (nomination received before the deadline for submission of candidate profiles)

- [Judy Petersen](#)

[Notes about the election process](#)

[Governance principles](#)

[By-Law Schedule 1 re. election of the members of the Executive Committee](#)

[Nomination form](#)

Judy Petersen
for Executive Committee



Thank You CNO Council Members for considering my nomination for Executive Committee and I would like to express my goal to serve Council as appropriately and effectively as I possibly can.

Council and Board Related Experience

CNO - From 2017 to date – Council and Registration Committee Member and from 2019, Chair of Registration, Member of Executive, Finance and ICR Committees and Governance Work Group

Other - Member / Chair of numerous Executive and Steering Committees including responsibilities reporting directly to Minister’s Offices and Ontario Management Board of Cabinet

CNO Mandate

I believe I have a sound understanding of the CNO Mandate and can offer a strong commitment towards working with Council to ensure safe nursing practice for Ontarians and fairness for the Profession i.e.

- ✓ to always execute the appropriate and necessary due diligence to undertake regulatory compliance in accordance with the associated legislation, policies, and procedures, etc.
- ✓ to remain steadfast with CNO staff in support of the Nursing Profession through numerous channels e.g. Professional Standards, Code of Conduct, Quality Assurance, Education etc.
- ✓ to recognize the importance of Strategic Planning and good Governance including continually reaching out/collaborating with all relevant stakeholders

Leadership Role Examples	Professional Business Competencies
<p>Program Lead, Information Management System for the Ontario Community Health Centres</p> <p>Project Lead, eHealth/Health Sector Agreements Management (Consent and Data Sharing)</p> <p>Sr. Project Manager, Ontario Laboratories Information System (OLIS)</p> <p>Transition Manager, OHIP Programs integration with Service Ontario</p> <p>Director, Malta Government Agency – Strategic Execution to join the European Union</p> <p>Sr Manager, Information Systems Division, MOHLTC</p>	<p>Accountability Frameworks, Multi-Ministry Project Execution and Sustainment</p> <p>Stakeholder Engagement / Relations Management, Multi Ministry/Multi Programs</p> <p>Finance and Administration, Accountable to the Province for multi-million \$ Projects/Programs</p> <p>Legal, Large Vendor Contracts and Health Sector Transfer Payment Agreements</p> <p>Benefits and Risk Management, executed business benefits development and risk assessments for numerous large information/technology systems</p>

Notes about the election process

Nominations and current nominee:

There are two public members on the Executive.

The Executive for the coming Council year is elected in March. This March, there was one candidate for election as a public member of the Executive, Diane Thompson was acclaimed. Election of the second public member was deferred until June and then further deferred due to the COVID-19 shut-down.

A call for nominations was sent out following the June Council session. [Judy Petersen](#) has been nominated.

Nominations remain open. They can be submitted in advance of the September 17th meeting on the [attached form](#) (a downloadable copy is in your briefcase – downloading cannot be done on your iPad, you need to access MeetX on the web).

Election processes

The Executive Committee is now serving as the Election and Appointments Committee (EAC). The EAC's chair (Sandra Robinson) will chair the election.

There will be a call for nominations from the floor. Since the meeting is remote, paper forms will not be required. A candidate will need to identify the three nominators who will be asked to confirm that they are nominating the candidate.

If there are no nominations, Judy Petersen will be elected by acclamation.

If candidate(s) come forward, the election process will begin

- Each candidate will have 3 minutes for a short speech
- There will be an opportunity for Council members to ask questions. Questions are asked of all candidates and relate to:
 - CNO's public interest mandate
 - Council's [governance principles](#) (refer to next page)
 - The leadership role and the candidate's qualifications for the role
- At the time for voting, E-ballots will be sent to all Council members attending the meeting through MeetX's survey function. There will be instructions on the screen
- Following voting, Council will break. The scrutineers selected by the Executive and the Council Affairs Coordinator will review the results in MeetX and inform the President of the elected candidate
- When Council reconvenes, the President will inform Council of the elected candidate.

Note: Members of the Executive all serve on the Inquiries, Reports and Complaints Committee. They cannot serve on the Discipline/Fitness to Practise committees.

Governance Principles

Council is individually and collectively committed to regulating in the public interest in accordance with 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 in order 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

By-Law Extracts re. Election of Executive Committee

- 24.08** Despite any Article to the contrary, the Executive Committee shall serve as the Election and Appointments Committee.
(Approved March 2020; Effective June 2020)

Schedule No. 1 to By-Law No. 1 Process for Election of Council Officers and Other Members of the Executive Committee

Revised version March, 2020

In this Schedule,

“Council Officers” means the President and two Vice-Presidents of the Council

“Council Officer” means one of the President or Vice-Presidents of the Council and “ballot” can be in either electronic or paper form.

1. Prior to any Council meeting, where councillors are expected to elect one or more Council Officers and/or other members of the Executive Committee, nomination forms for the nomination of the Council Officers and/or other members of the Executive Committee to be elected at that meeting shall be sent by the Executive Director to persons who the Executive Director expects to be councillors at the meeting of Council where the elections are to be held.
2. Subject to paragraphs 8 and 34, to be nominated for election as a Council Officer or another member of the Executive Committee, a councillor must submit a completed nomination form including the written consent of the councillor wishing to stand for election for that position and the signatures of three persons who, at the time of the nomination, were councillors.
3. A councillor may not run for election for more than one Council Officer position.
4. A councillor may withdraw as a candidate at any time.
5. A councillor nominated for more than one Council Officer position must, prior to the commencement of the election, withdraw as a candidate from all but one Council Officer position, failing which the councillor shall not be eligible to run for election for any Council Officer position.
6. The chair of the Election and Appointments Committee or his or her designate shall preside as chair of that portion of the meeting

of Council where the election of Council Officers and/or other members of the Executive Committee takes place.

7. Council shall appoint three scrutineers for the election.

Election of Council Officers

8. The chair will call for nominations from the floor which nominations must be in writing and must comply with paragraph 2 above.
9. Ballots will be distributed for election of the Council Officers to be elected at that Council meeting. Each ballot will include all Council Officer positions to be elected and will include the names of all candidates.
10. The chair will announce the names of all candidates running for election for each Council Officer position.
11. If no councillor has been nominated for any Council Officer position for which an election was to be held at that Council meeting, the Election and Appointments Committee will nominate a candidate or candidates for the office(s).
12. If only one candidate has been nominated for a Council Officer position, the chair shall declare the candidate elected by acclamation.
13. Each candidate for election shall be offered the opportunity to briefly address Council.
14. Voting shall be by secret ballot and shall take place simultaneously for all Council Officer positions which are subject of election at that Council meeting.
15. The completed ballots will be collected and reviewed by the scrutineers.
16. A staff member designated by the chair will review and confirm the election results under the supervision of the scrutineers.
17. The scrutineers will report to the chair the results in writing including the number of votes cast for each candidate for each Council Officer election. The chair will announce the results to Council without referring to the number of votes cast for each candidate.
18. A candidate receiving a majority of the votes cast for that Council Officer position shall be declared the successful candidate. Where there were more than two candidates running for election for a Council Officer position and no candidate received a majority of

the votes cast, the candidate with the lowest number of votes shall be dropped from the election and another vote (ballot) shall be taken. The same process shall be followed until one candidate receives a majority of the votes cast for that Council Officer position. In the event that two candidates remain with an equal number of votes which tie, in the opinion of Council, is unlikely to be broken by additional ballots, the tie shall be broken by the chair by lot.

19. Where in the course of the election a tie vote occurs respecting two or more candidates having the lowest number of votes in that election and it is necessary to break that tie in order to determine which of the candidates shall be dropped from the ballot, the Council shall vote by secret ballot to determine which of the candidates shall be dropped from the ballot unless the tie, in the opinion of Council, is unlikely to be broken by additional ballots, in which case the tie shall be broken by the chair by lot.

Election of the Balance of the Executive Committee

20. Following the election of the Council Officers, the remaining two members of the Executive Committee shall be determined by election using a secret ballot and in a manner consistent with the election of Council Officers, unless otherwise specifically provided for in this Schedule. For greater clarity the provisions of paragraphs 9, 10, 11, 13, 15, 16, 17, 18 and 19 apply with necessary modification to the election(s) of other members to the Executive Committee.

Process where the President is a member of the College

21. The provisions of paragraphs 22 to 27 apply where the President elected at the meeting is member of the College and therefore two public councillors are to be elected to be members of the Executive Committee.
22. The Chair shall request nominations for the two public councillor positions on the Executive Committee which nominations must be in writing and must comply with paragraph 2 above.
23. If only two public councillor candidates have been nominated for election to the Executive Committee, the chair shall declare those candidates elected by acclamation.
24. If only one public councillor candidate has been nominated for election to the Executive Committee, the chair shall declare that candidate elected by acclamation.
25. If insufficient public councillors have been nominated for election to the Executive Committee for which an election was to be held at that

Council meeting, the Election and Appointments Committee will nominate a candidate or candidates for the position(s).

26. Where more than two eligible candidates have been nominated for election to the Executive Committee, elections shall be held in a manner consistent with the process for election of Council Officers save and except that each councillor will be entitled to cast a vote for not more than two of the candidates.
27. For greater clarity, a ballot cast under paragraph 26 shall not be considered spoiled simply because a councillor only votes for one candidate.

Process where the President is a Public Councillor

28. Where the President elected at the meeting is public councillor, the provisions of paragraphs 29 to 37 shall apply in order to elect one additional public councillor and one additional councillor who is a member of the College, to the Executive Committee.
29. The Chair shall request nominations for the public councillor position on the Executive Committee, which nominations must be in writing and must comply with paragraph 2 above.
30. If only one public councillor candidate has been nominated for election to the Executive Committee, the chair shall declare that candidate elected by acclamation.
31. If no public councillor has been nominated for the Executive Committee position the Election and Appointments Committee will nominate a candidate for the position.
32. If more than one eligible candidate is nominated, an election shall be held in a manner consistent with the election of Council Officers.
33. The chair shall then call for nominations for the remaining position on the Executive Committee which position shall be filled from among eligible councillors who are members of the College.
34. Nominations for the position referred to in paragraph 33 may be in writing, in compliance with paragraph 2 or may be made orally at the meeting if supported either orally or in writing by three persons who, at the time of the nomination, were councillors, provided the person being nominated for election consents to being a candidate.

35. If only one candidate has been nominated for that Executive Committee position, the chair shall declare the candidate elected by acclamation.
36. If no councillor has been nominated for that Executive Committee position the Election and Appointments Committee will nominate a candidate for that position.
37. If more than one eligible candidate is nominated, an election shall be held in a manner consistent with the election of Council Officers.
38. The following rules and procedures apply to all elections held in accordance with this Schedule:
 1. If a request by a candidate is made within thirty days of the election, the chair of the Election and Appointments Committee will advise the candidate of the number of votes cast for each candidate in respect of any position for which he or she ran for election.
 2. Unless Council directs otherwise, ballots shall be destroyed immediately following the chair declaring the successful candidates for all positions.



Nomination Form for Election of a Public Member to the Executive Committee

We wish to nominate _____ for the office/position of public member on the Executive Committee.

Signed: 1. _____ Date _____

2. _____ Date _____

3. _____ Date _____

Consent to Stand

I _____ consent to let my name stand for the position of public member on the Executive Committee.

Signed _____ Date _____

Nominations are open until the call for nominations from the floor at the election at the September Council meeting (September 17, 2020).

Date Received

Executive Director and CEO

Executive Committee
June 24, 2020 at 11:00 a.m. via ZOOM

Minutes

Present

S. Robinson, Chair
A. Fox

N. Thick

D. Thompson

Staff

A. Coghlan

J. Hofbauer, Recorder

K. McCarthy

Agenda

The agenda had been distributed and was approved on consent.

Minutes

Minutes of the Executive Committee meeting of May 21, 2020 had been circulated.

Motion 1

Moved by N. Thick, seconded by D. Thompson,

That the minutes of the Executive Committee meeting of May 21, 2020 be accepted.

CARRIED

Annual Report

In June, Council had reviewed CNO's 2019 Annual Report *Innovating with Evidence*. Since Council was not constituted, it could not made decisions. Under S12(1) of the *Health Professions Procedural Code* the Executive can act between Council meetings.

Motion 2

Moved by N. Thick, seconded by D. Thompson,

That *Innovating with Evidence*, the 2019 Annual Report of the College of Nurses of Ontario, be approved for submission to the Minister of Health as required by Section 6(1) of the *Regulated Health Professions Act*.

CARRIED

2019 Audited Financial Statements

S. Robinson highlighted the reasons why it is necessary that the Executive approve the audited financial statements. She noted that through a show of hands, Council had supported approval of the statements.

Motion 3

Moved by N. Thick, seconded by D. Thompson,

That the 2019 Audited Financial Statements of the College of Nurses of Ontario be approved.

CARRIED

Committee Vacancies

The Executive fills mid-year committee vacancies. The Executive was informed of the appointment of new public members. Information about committee vacancies and the time availability of the new members was reviewed.

Motion 4

Moved by D. Thompson, seconded by N. Thick,

That Andrea Arkell and Jay Armitage be appointed to the Discipline and Fitness to Practise committees.

CARRIED

Finance Committee

Following the June Council meeting, a call for volunteers to serve on the Finance Committee was sent to Council members.

In considering the volunteers, the Executive sought to balance members with prior experience on the committee and those who had the potential to serve in the future.

Two public members are needed to serve on the Finance Committee.

Motion 5

Moved by D. Thompson, seconded by N. Thick,

That J. Petersen and M. Sheculski be appointed to the Finance Committee.

CARRIED

One RN and one RPN are needed for the Finance Committee.

Motion 6

Moved by N. Thick, seconded by D. Thompson,

That P. Sullivan-Taylor be appointed to the Finance Committee.

CARRIED

Motion 7

Moved by D. Thompson, seconded by N. Thick,

That C. Manning be appointed to the Finance Committee.

CARRIED

Conduct Committee and Chair

Three nurses and two public members from Council are needed for the Conduct Committee. The Executive was informed that, despite two calls for volunteers, one public member volunteered to serve on the Conduct Committee.

Motion 8

Moved by D. Thompson, seconded by N. Thick,

That D. Lafontaine be appointed to the Conduct Committee.

CARRIED

Options for proceeding with the public member vacancy were discussed. It was agreed to send out a call for volunteers following the September Council meeting.

In reviewing the RN/RPN Council members who volunteered to serve, the Executive sought to include experience on the committee and member(s) with a term of office that could provide continuity in the future.

Motion 9

Moved by A. Fox, seconded by N. Thick,

That D. Cutler, N. Hillier and G. Rudanycz be appointed to the Conduct Committee.

CARRIED

The Executive recommends the Chair of the Conduct Committee.

Motion 10

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

That it be recommended that D. Cutler be appointed as Chair of the Conduct Committee.

CARRIED

Election

The Executive reviewed a plan for the election of the second public member of the Executive Committee. It was noted that, other than the Executive appointing scrutineers in August, the standard process for the election will be used. A call for nominations will be sent to Council following the Executive Committee.

Report of the Conduct Committee

The Executive Committee received a report from the Conduct Committee respecting a complaint made under Article 5, Proceedings of By-Law No. 3: Conduct of Councillors and Committee members (Conduct By-Law). K. McCarthy highlighted the purpose of the Code and the role of the Conduct and Executive committees in addressing complaints.


Motion 11

Moved by A. Fox, seconded by N. Thick,

That the report of the Conduct Committee to the June 2020 Executive Committee be accepted.

CARRIED

The Conduct Committee identified recommendations for improvement, which were discussed by the Executive. Staff were asked to prepare an approach for addressing the recommendations, for discussion by the Executive in August.



Executive Committee Minutes
June 24, 2020

Next Meeting

The Executive will meet the morning of August 20, 2020.

Conclusion

At 12:30 p.m., on completion of the agenda and consent, the Executive Committee meeting concluded.

Chair

Minutes

Present

S. Robinson, Chair
A. Fox

N. Thick

D. Thompson

Staff

A. Coghlan

J. Hofbauer, Recorder

K. McCarthy

Agenda

The agenda had been distributed. No additions were suggested.

Motion 1

Moved by N. Thick, seconded by A. Fox,

That the agenda for the Executive Committee meeting of August 20, 2020 be approved as circulated.

CARRIED

Minutes

Minutes of the Executive Committee meeting of June 24, 2020 had been circulated.

Motion 2

Moved by A. Fox, seconded by N. Thick,

That the minutes of the Executive Committee meeting of June 24, 2020 be accepted as circulated.

CARRIED

RPN Scope of Practice: Final review of proposed Controlled Acts regulation for submission to government

S. Robinson noted that there was significant discussion about this item in June but that because Council was not constituted, it could not approve the regulation change.

The Executive identified that the draft briefing note to Council was clear and comprehensive. The timeline, the frequently asked questions and the CNO responses to nursing stakeholders will support understanding of this issue.

By-Law amendments to combine the membership of the Discipline and Fitness to Practise committees

The Executive identified that the draft briefing note to Council was clear and comprehensive.

Stand alone BScN degrees awarded by Colleges of Applied Arts and Technology

The Executive reviewed the draft briefing and plan for discussion with Council. The briefing was supported as clear and comprehensive.

Dates of Council meetings

To support planning, the dates for Council meetings in the coming year are set in September. The Executive recommends the dates.

Motion 3

Moved by N. Thick, seconded by D. Thompson,

That the following dates for Council meetings in 2021 be recommended to Council:

- Wednesday and Thursday, March 3 and 4, 2021
- Wednesday and Thursday, June 2 and 3, 2021
- Wednesday and Thursday, September 29 and 30, 2021
- Wednesday and Thursday, December 1 and 2, 2021.

CARRIED

June Council debrief

The Executive noted that despite this being Council's first Zoom meeting and including 12 new members, there was extensive engagement. With the live-streaming, it was a truly public meeting.

Some suggestions for improvement were identified:

- Include frequent short breaks (Chair to facilitate);
- Explore if it is possible to include the full Council on one screen, so the public can see the full scope and diversity of Council;
- Shift the moderation of questions from staff to the Vice-Presidents;
- Limit chats to requests for technical support; and
- Consider communication strategies to encourage attendance of more nurse and public observers through the You Tube live-stream.

September Council Agenda

It was noted that a 1-day meeting is planned. The Executive identified that the agenda items were appropriate and clear.

Election of the public member

The election of the second public member of the Executive will take place at the September Council meeting. The Executive was updated on the nominations and on the process for the election.

The by-laws require selection of scrutineers. To facilitate the electoral process, the Executive used a computer-based random selection tool to identify scrutineers.

Motion 4

Moved by N. Thick, seconded by D. Thompson,

That the scrutineers for the election of the second public member of the Executive Committee be: A. Arkell, K. Gartshore and M. Sabourin.

CARRIED

Council professional development session

In June, the Executive reviewed recommendations from the Conduct Committee for process improvements. The Executive asked staff to develop a proposal.

Staff proposed a ½ day professional development session focused on building and sustaining a positive board culture.

A number of topics were identified by the Executive, including the value of diverse perspectives and the need to support the respectful discussion of diverse views.

It was suggested that the session take place the first day scheduled for the December Council meeting to support moving forward with any commitments for behaviour change.

Dates of next meeting

The next scheduled Executive Committee meeting is November 12, 2020.

Conclusion

At 10:15 a.m., on completion of the agenda, the Executive Committee meeting concluded.

Chair

Report of the May 21, 2020 Finance Committee Meeting

Contact for questions or more information

Stephen Mills, Chief Administrative Officer

The Finance Committee met on May 21, 2020. Blair MacKenzie, senior audit partner from Hilborn LLP attended the meeting. [Attachment 1](#) are the approved minutes of the meeting. Council was not constituted in June and could not accept the recommendations in the report. For that reason, review of the report and recommendations was deferred to the September Council 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, 2019 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, CNO's internal financial controls are strong, and the financial statements are a fair presentation of CNO's financial position on December 31, 2019.

The Audited Financial Statements were presented to Council in June. Through a show of hands Council supported approval of the statements. Since Council was not constituted, the Executive Committee formally approved the statements on Council's behalf on June 24, 2020.

2. Unaudited Financial Statements

The unaudited financial statements for the three-months ended March 31, 2020¹ ([Attachment 2](#)) were reviewed. The Finance Committee was informed that the COVID-19 pandemic created other immediate priorities and staff were not able to provide the detailed variance analysis usually included in the statements reviewed by the Finance Committee.

¹ These statements were provided to Council as an information item in the June Council package but since Council was not constituted, Council could not approve the statements.



The surplus for the period was \$3.6M, which is \$1.4M more than budgeted. Based on a discussion of the statements and the Management Discussion & Analysis, the Finance Committee recommends:

That Council approve the unaudited financial statements for the three-month period ended March 31, 2020.

3. Appointment of the Auditor for 2020

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

The Finance Committee is recommending:

That Hilborn LLP be appointed as CNO's auditors for 2020.

4. Self-Monitoring Tool

Since this was the last meeting of the 2019-2020 Finance Committee, the committee reviewed the self-monitoring tool for the year and confirmed that the committee has met its terms of reference as reflected in the tool.

Attachments:

1. Minutes of the Finance Committee meeting of May 21, 2020
2. Unaudited Financial Statements for the three-months ended March 31, 2020

Minutes

Present

C. Evans	J. Petersen
A. Fox, Chair	G. Rudanycz
J. Nunes	K. Wagg
T. Perlin	H. Whittle

Staff

A. Coghlan	S. Mills
J. Hofbauer	R. Prathivathi
M. Kelly, Recorder	

Guest

B. MacKenzie, Hilborn	S. Robinson
N. Thick	

Chair

A. Fox chaired the meeting. She welcomed S. Robinson and N. Thick, Council's 2020-2021 President and Vice-President, attending the meeting for orientation, as well as B. MacKenzie from Hilborn LLP who joined the meeting to present the audited financial statements.

Agenda

The agenda had been circulated prior to the meeting and was approved on consent.

Minutes

Minutes of the Finance Committee meeting of February 20, 2020 had been circulated.

Motion 1

Moved by H. Whittle, seconded by K. Wagg,

That the minutes of the February 20, 2020 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, 2019, the audit letter and an outline of the audit process.

B. MacKenzie outlined the audit process, explaining that the purpose of the audit is to ensure the financial statements are free of material misstatement. B. MacKenzie assured the Finance Committee of Hilborn's independence from CNO and confirmed that CNO has a strong control environment with a conscientious management team that follows best practices in accounting. He noted that it is the role of the auditor to add credibility to the financial statements and confirmed that the statements fairly represented CNO's financial position at the end of 2019. It was noted that management was cooperative with the audit process and recorded all adjustments.

B. MacKenzie brought two matters to the attention of the Finance Committee. The first being CNO's relationship with the Nurses' Health Program (NHP), in that CNO provides funding to NHP. He noted that CNO can exercise influence over the related entity's operations. At the end of 2019 this funding is in excess of \$1.0M. Secondly, B. MacKenzie acknowledged the COVID-19 pandemic, noting the high level of uncertainty at this time as such it is difficult to estimate the financial effect, if any, on CNO. No adjustments have been made to the 2019 financial statements as a result of the pandemic, and it is likely that CNO won't see any potential financial impact until 2021.

In the post-audit communication to the Finance Committee, the auditors confirmed their independence and noted that there are no unrecorded misstatements. The communication also noted that CNO has strong internal controls and that a management letter was deemed not to be necessary. B. MacKenzie recommended that the Finance 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 an opportunity to raise any concerns with the auditor.

Motion 2

Moved by J. Nunes, seconded by G. Rudanycz,

That approval of CNO's audited financial statements for the year ended December 31, 2019 be recommended to Council.

CARRIED

Unaudited financial statements

S. Mills reviewed the unaudited financial statements for the three months ending March 31, 2020. He noted that the COVID-19 pandemic created other immediate priorities and staff were not able to prepare detailed variance notes for this quarter.

The financial result for the first quarter of 2020 is a surplus of \$3.6M, which is \$1.4M more than budgeted. S. Mills highlighted the reasons for this surplus, with the most notable contributor being employee-related costs, with a favourable variance of \$1.1M. CNO temporarily suspended hiring activities during the pandemic, which contributed to some of this variance. However, employee-related costs, such as staff vacancies, were partially offset by the unfavourable variance in contractors and consultants. This variance is mainly due to the timing of planned resources for projects, whereby a number of projects started earlier in the year than anticipated. This unfavourable variance was originally expected to decrease throughout the year, however this might not occur as a result of the current pandemic. S. Mills also highlighted that it is possible that the trend to hire more contractors could continue into the next quarter as a result of hiring challenges posed by the pandemic.

S. Mills noted that the unrestricted accumulated surplus is higher than expected for the quarter at \$30M, which is slightly over 6 months of operating expenses. Expenditures from the space redesign project were expected to reduce the surplus, however due to the pandemic, these project expenditures will likely be deferred.

During the pandemic CNO redeployed resources to the registration function, and as a result, were able to successfully register a large number of nurses. A. Coghlan highlighted that reinstatement fees were waived for a limited time starting March 1st, so CNO would not be generating increased revenue for these reinstatements. In response to a question, S. Mills explained that CNO's revenue forecasting is part of the yearly budget preparation process, however due to the pandemic, 2020 actual reinstatements are expected to be higher than planned.

The committee received the confidential Management Discussion and Analysis document. S. Mills noted that the document does not contain any project updates as very few projects are currently underway due to the pandemic.

Motion 3

Moved by T. Perlin, seconded by C. Evans,

That it be recommended that Council approve the unaudited financial statements for the 3 months ended March 31, 2020.

CARRIED

Auditor Appointment

B. MacKenzie left the meeting.

It was noted that in 2018 CNO issued an RFP for audit services, which resulted in the reappointment of Hilborn LLP. In response to a question S. Mills explained that CNO goes to market occasionally, in line with best-practice, to ensure high quality audit services are received. He also highlighted that the auditors are appointed on a one-year term as members of the

Finance Committee change over time. This practice provides current committee members with the opportunity to provide feedback on the audit services received.

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 4

Moved by J. Petersen, seconded by J. Nunes,

That it be recommended to Council that Hilborn_{LLP} be CNO's auditors for the 2020 fiscal year.

Self-monitoring tool

The Finance Committee reviewed the self-monitoring tool and it was determined that the committee met its terms of reference for the year.

Conclusion

At 2:10 p.m., on completion of the agenda and consent, the meeting concluded.

Chair

Agenda Item 3.1

**COLLEGE OF NURSES OF ONTARIO FINANCIAL
STATEMENTS AND NOTES
FOR THE SIX MONTHS ENDED June 30, 2020 (Unaudited)**

College of Nurses of Ontario
Statement of Financial Position (\$)
As at June 30

	2020	2019	2019
	June	June	December
ASSETS			
Current assets			
Cash	12,293,058	4,049,852	49,246,911
Investments	40,511,394	29,381,300	21,192,321
Sundry receivables	21,164	5,685	22,664
Prepaid expenses	777,625	742,925	1,026,225
	<u>53,603,241</u>	<u>34,168,391</u>	<u>71,488,121</u>
Investments	10,127,611	16,954,926	12,180,199
Capital assets			
Furniture and fixtures	2,300,024	2,300,024	2,300,024
Equipment - non computer	1,127,271	1,133,674	1,127,271
Computer equipment	4,954,643	4,808,541	4,769,226
Building	6,835,907	6,761,704	6,835,907
Building improvements	3,923,184	3,923,184	3,923,184
Land	3,225,009	3,225,009	3,225,009
Art	44,669	44,669	44,669
	<u>22,410,706</u>	<u>22,196,804</u>	<u>22,225,289</u>
Less: Accumulated amortization	<u>(15,549,792)</u>	<u>(14,671,226)</u>	<u>(14,928,550)</u>
	<u>6,860,914</u>	<u>7,525,578</u>	<u>7,296,739</u>
Intangible Assets	4,095,159	4,061,103	4,095,159
Less: Accumulated amortization	<u>(3,820,968)</u>	<u>(3,712,586)</u>	<u>3,752,968</u>
	<u>274,191</u>	<u>348,517</u>	<u>342,191</u>
Accrued pension asset	-	264,725	-
	<u>70,865,957</u>	<u>59,262,137</u>	<u>91,307,250</u>
LIABILITIES			
Current liabilities			
Accounts payable and accrued liabilities	6,138,775	4,223,207	13,357,018
Deferred membership and examination fees	23,792,775	23,262,511	43,275,243
	<u>29,931,550</u>	<u>27,485,718</u>	<u>56,632,261</u>
Accrued pension liability	796,546	-	796,546
	<u>30,728,096</u>	<u>27,485,718</u>	<u>57,428,807</u>
NET ASSETS			
Net assets invested in capital assets	7,135,105	7,874,095	7,638,930
Unrestricted net assets	33,002,757	23,902,324	26,239,513
	<u>40,137,861</u>	<u>31,776,419</u>	<u>33,878,443</u>
	<u>70,865,957</u>	<u>59,262,137</u>	<u>91,307,250</u>

College of Nurses of Ontario
Statement of Operations (\$)
Six Months Ended June 30

	2020 Year to Date June			2019 Year to Date June			2020 Budget	
	Budget	Actual	Variance Fav/(Unfav)	Budget	Actual	Variance Fav/(Unfav)	Remaining	Approved
REVENUES								
Membership fees	24,690,741	25,009,860	319,119	24,213,855	24,558,946	345,091	25,252,620	50,262,480
Application assessment	2,563,925	2,924,475	360,550	2,630,775	2,415,650	(215,125)	1,425,150	4,349,625
Verification and transcripts	38,245	17,525	(20,720)	33,625	40,670	7,045	38,725	56,250
Interest income	665,643	687,770	22,127	441,044	678,604	237,560	431,933	1,119,703
Examination	1,063,000	1,053,790	(9,210)	1,068,720	1,024,750	(43,970)	862,210	1,916,000
Other	150,370	144,015	(6,355)	146,515	155,563	9,048	211,235	355,250
Total Revenues	29,171,924	29,837,435	665,511	28,534,534	28,874,183	339,649	28,221,873	58,059,308
EXPENSES								
Employee salaries and expenses	18,058,101	15,955,828	2,102,273	15,950,521	14,267,640	1,682,881	21,171,002	37,126,830
Contractors and consultants	4,208,598	2,886,687	1,321,911	2,448,270	1,804,352	643,918	6,080,695	8,967,382
Legal services	1,338,600	1,198,191	140,409	1,129,953	1,108,771	21,182	1,476,209	2,674,400
Equipment, operating supplies and other services	2,296,282	1,707,662	588,620	1,889,167	1,422,102	467,065	3,677,274	5,384,936
Taxes, utilities and depreciation	983,618	802,437	181,181	876,216	850,842	25,374	1,164,799	1,967,236
Exam fees	794,867	801,703	(6,836)	800,473	792,264	8,209	657,200	1,458,903
Non-staff remuneration and expenses	410,032	225,509	184,523	392,016	387,603	4,413	606,206	831,715
Total Expenses	28,090,098	23,578,017	4,512,081	23,486,616	20,633,574	2,853,042	34,833,385	58,411,402
Excess of revenues over expenses/(expenses over revenues)	1,081,826	6,259,418	5,177,592	5,047,918	8,240,609	3,192,691	(6,611,512)	(352,094)
Opening net assets		33,878,443			23,535,809			
Closing net assets		40,137,861			31,776,418			

College of Nurses of Ontario
Statement of Changes in Net Assets (\$)
Six Months Ended June 30

	2020			2019
	Invested in Capital and Intangible Assets	Unrestricted	Total	December
Balance, beginning of period	7,638,930	26,239,513	33,878,443	23,535,809
Excess of (expenses over revenues)/revenues over expenses	(689,242)	6,948,660	6,259,418	11,581,333
Purchase of capital assets	185,417	(185,417)	-	-
Defined benefit pension plan - remeasurements and other items	-	-	-	(1,238,699)
Balance, end of period	7,135,105	33,002,756	40,137,861	33,878,443

**College of Nurses of Ontario
Statement of Cash Flows (\$)
Six Months Ended June 30**

	2020 June	2019 June
Cash flows from operating activities		
Excess of revenue over expense for the period	6,259,418	8,240,609
Adjustments to determine net cash provided by/(used in) operating activities		
Amortization of capital assets	621,242	642,913
Amortization of intangible assets	68,000	71,247
Interest not received during the year capitalized to investments	(375,076)	(544,857)
Interest received during the year previously capitalized to investments	237,818	175,218
Funding of pension benefits	(291,238)	(673,330)
Pension benefit expense	291,238	673,330
	6,811,402	8,585,130
Changes in non-cash working capital items		
Decrease in amounts receivables	1,499	176,655
Decrease (increase) in prepaid expenses	248,599	(214,929)
(Decrease) in accounts payables and accrued liabilities	(7,218,244)	(5,408,220)
(Decrease) in deferred membership fees	(19,482,468)	(19,050,817)
	(19,639,211)	(15,912,181)
Cash flow from investing activities		
Purchase of investment	(64,133,501)	(15,683,606)
Proceeds from disposal of investments	47,004,274	8,838,440
Purchase of capital assets	(185,417)	(505,418)
Purchase of intangible assets	-	(5,119)
	(17,314,644)	(7,355,703)
Net decrease in cash and cash equivalents	(36,953,855)	(23,267,884)
Cash and cash equivalents, beginning of year	49,246,911	27,317,736
Cash and cash equivalent, end of year	12,293,056	4,049,852

College of Nurses of Ontario
Schedule of Membership Transactions (Numbers)
Six Months Ended June 30

Transaction Type	2020 June		2019
	Budget	Actual	June Actual
RN Renewals - General/Extended Class On Time	105,647	106,651	104,638
RN Renewals - Non-Practising Class	10,243	8,564	8,537
RN Renewals - Late General/ Extended	5,000	5,151	5,620
RN Renewals - Late Non-Practising	500	2,208	2,018
	121,390	122,574	120,813
RN Reinstatements	53	50	35
RN Reinstatements from NonPrac to GEN/EXT	97	122	78
RN Reinstatements after Revocation	-	3	3
RN Lifting Administrative Suspension	200	409	251
RN Reinstatement Additional Fee	5	3	2
RN Initials - Extended Class	115	90	90
RN Specialty Registration	113	93	91
RN Initials - General Class	2,984	2,479	2,438
RN Temporary to General	205	234	248
RN Initials - Temporary Class	405	806	601
Total RN Membership Transactions	125,567	126,863	124,650
RPN Renewals - General Class On time	51,821	51,135	49,676
RPN Renewals - Non-Practising Class	3,222	2,631	2,366
RPN Renewals - Late General	3,000	3,797	3,908
RPN Renewals - Late Non-Practising	200	830	795
	58,243	58,393	56,745
RPN Reinstatements	31	54	28
RPN Reinstatements from NonPrac to GEN	46	40	53
RPN Reinstatements after Revocation	-	7	1
RPN Lifting Administrative Suspension	150	295	260
RPN Reinstatement Additional Fee	3	3	5
RPN Initials - General Class	2,350	2,019	1,944
RPN Temporary to General	100	73	60
RPN Initials -Temporary Class	180	202	256
Total RPN Membership Transactions	61,103	61,086	59,352
Total Membership Transactions	186,670	187,949	184,002

A small number of members have multiple transactions. For example, a member may join the Temporary Class early in the year and register in the General Class later.

College of Nurses of Ontario
Schedule of Expense Budget and Variances (by major category) (\$)
Six Months Ended June 30

Expense Category	Executive Office and Strategy & Innovation		Quality		Administration		Total (per Summary of Revenues and Expenses)	
	Budget	Variance Fav/(Unfav)	Budget	Variance Fav/(Unfav)	Budget	Variance Fav/(Unfav)	Budget	Variance Fav/(Unfav)
Salary Expense	2,553,581	172,840 ¹	8,910,439	749,783 ²	6,293,521	1,077,823 ³	17,757,541	2,000,446
Employee Expense	70,633	18,710 ⁴	70,312	47,049 ⁵	159,615	36,066 ⁶	300,560	101,825
Non-Staff Remuneration and Expense	97,380	39,197 ⁷	141,152	63,360 ⁸	171,500	81,964 ⁹	410,032	184,521
Legal Services	70,000	52,488 ¹⁰	1,109,600	35,297	159,000	52,626 ¹¹	1,338,600	140,411
Contractors and Consultants	330,151	44,450 ¹²	152,500	(34,383) ¹³	3,725,946	1,311,842 ¹⁴	4,208,597	1,321,909
Other Services	154,960	107,746 ¹⁵	34,525	25,879 ¹⁶	443,855	87,043 ¹⁷	633,340	220,668
Equipment and Operating Supplies	132,793	60,033 ¹⁸	11,084	5,415	1,519,065	302,501 ¹⁹	1,662,942	367,949
Examination Fees	-	-	794,867	(6,836)	-	-	794,867	(6,836)
Taxes	-	-	-	-	42,500	5,330	42,500	5,330
Utilities	-	-	-	-	105,000	28,975 ²⁰	105,000	28,975
Depreciation Expense	-	-	-	-	836,117	146,876 ²¹	836,117	146,876
Total	<u>3,409,498</u>	<u>495,464</u>	<u>11,224,479</u>	<u>885,564</u>	<u>13,456,119</u>	<u>3,131,046</u>	<u>28,090,096</u>	<u>4,512,074</u>

College of Nurses of Ontario
Notes to the Revenue and Schedule of Expense Variances
For the Six Months Ended June 30, 2020

All variances are:

- a comparison of actual to budget; and
- the net impact of both favourable and unfavourable variances. The amount may not be exact because small variances are not addressed.

REVENUE VARIANCES

A. Membership Fees: \$319,119 favourable

The favourable variance in membership fees is the net impact of favourable and unfavourable variances below. Only the material variances are shown below.

- | | |
|---|-----------|
| • 1266 more nurses renewed in the general and extended class. | \$170,907 |
| • 948 more nurses renewed late in the general class. | 94,800 |
| • 2338 more nurses renewed late in the non-practising class. | 58,450 |
| • fewer initial registrations. | (41,775) |
| • 423 more temporary registrations. | 21,150 |
| • 354 more suspensions lifted. | 17,700 |

B. Application Assessment: \$360,550 favourable

- | | |
|---|-----------|
| • 1012 more international applications. | \$303,600 |
| • 87 more Ontario applications. | 26,100 |
| • 46 more competency assessments. | 10,350 |
| • 191 more temporary applications. | 9,550 |

C. Verification and Transcript: \$20,720 unfavourable

- | | |
|--|------------|
| • 1336 fewer verifications of registrations. | \$(20,040) |
|--|------------|

D. Interest Income: \$22,127 favourable

- | | |
|---|----------|
| • Higher amounts invested in longer term investments. | \$22,127 |
|---|----------|

**College of Nurses of Ontario
Notes to the Revenue and Schedule of Expense Variances
For the Six Months Ended June 30, 2020**

EXPENSE VARIANCES

Explanations for variances are provided only where the amount of variance (positive or negative) exceeds 5% of the budget and \$10,000 or is greater than \$50,000.

Impact of COVID-19

The pandemic has had an impact on spending across the organization, resulting in significant positive variances:

- all recruitment was delayed causing favourable salary variances across all teams;
- all staff and committee travel stopped in mid-March and activities were either deferred or took place remotely, resulting in savings across a wide range of expenses; and
- a variety of projects were put on hold, resulting in savings in relation to legal and consulting and other services.

A. Salary Expenses: \$2,000,446 favourable

- 1. Executive Office (EO) and Strategy & Innovation: \$172,840 favourable**
 - Delay in filling vacancies in Communications and Analytics & Research, and a leave in Strategy. \$172,833
- 2. Quality: \$749,783 favourable**
 - Delay in filling 3 managers and 1 team lead positions. \$391,984
 - Delay in filling vacancies in Investigations. Agency costs partially offset these savings. 270,226
 - Delay in filling vacancies in Prosecutions and Monitoring. 81,930
- 3. Administration: \$1,077,823 favourable**
 - Delay in filling vacancies in Information Technology. \$367,123
 - One vacancy with Planning and Records not filled and delay in filling other vacancies. 213,692
 - Vacancies in Customer Service offset by use of agency resources. 66,493
 - Delay in filling 2 Coordinator roles in Business Support. 60,350
 - Added one temporary staff in Human Resources to cover a leave. (51,075)
 - Lower than expected actual salaries offset by costs for leaves and merit (College-wide). 431,498

B. Employee Expenses: \$101,825 favourable

- 4. Executive Office (E.O.) and Strategy & Innovation: \$18,710 favourable**
 - Lower staff expenses (mainly travel). \$18,710
- 5. Quality: \$47,049 favourable**
 - Conferences, external meetings and skills developments were conducted virtually or put on hold. \$47,049

College of Nurses of Ontario
Notes to the Revenue and Schedule of Expense Variances
For the Six Months Ended June 30, 2020

6. Administration: \$36,066 favourable		
• Conferences, external meetings and skills developments were conducted virtually or put on hold.		\$36,066
C. <u>Non-Staff Remuneration and Expenses: \$184,521 Favourable</u>		
7. E.O. and Strategy & Innovation: \$39,197 favourable		
• Lower Council stipends and expenses due to virtual meetings.		\$37,689
8. Quality: \$63,360 favourable		
• Registration Committee and ICRC meetings carried out virtually.		\$35,411
• No OSCE (Objective Structure Clinical Exam) offered by external provider.		19,575
9. Administration: \$81,964 favourable		
• Shifted to electronic hearings and reduced travel for Fitness to Practise and Discipline hearings due to the pandemic.		\$81,864
D. <u>Legal Services: \$140,411 favourable</u>		
10. E.O. and Strategy & Innovation: \$52,488 favourable		
• Legal policy advice for consultation for Strategy projects was not spent due to the hold on projects.		\$52,488
11. Administration: \$52,626 favourable		
• Fitness to Practise independent legal advice was lower due to reduced number of hearings. More matters were handled as uncontested hearings during the pandemic, resulting in fewer hearing days.		\$44,785
E. <u>Contractors and Consultants: \$1,321,909 favourable</u>		
12. E.O. and Strategy & Innovation: \$44,450 favourable		
• Timing of projects in Communications, Analytics & Research, and Strategy.		44,450
13. Quality: \$34,383 unfavourable		
• Investigations vacancies were filled partly by agency staff (offset by salary savings).		\$(30,980)
14. Administration: \$1,311,842 favourable		
• Deferred projects in Facilities, Planning & Records, Technology Infrastructure and Technology Applications.		\$1,408,801
• Agency resources to cover vacancies and to respond to COVID-19 in Customer Service, Human Resources and Technology Applications.		(197,623)
• Lower than planned volume in Nurses' Health Program.		94,776

**College of Nurses of Ontario
Notes to the Revenue and Schedule of Expense Variances
For the Six Months Ended June 30, 2020**

F. Other Services: \$220,668 favourable

15. E.O. and Strategy & Innovation: \$107,746 favourable

- Advertising and printing & production charges not spent due to deferred Strategy & Innovation projects. \$107,746

16. Quality: \$25,879 favourable

- Timing of translation costs, anticipate these to be spent in the fall. Lower postage and no booth rental. \$25,879

17. Administration: \$87,043 favourable

- Space rental originally planned in anticipation of space redesign will not happen due to deferral of project. \$50,000
- Timing of credit card fees. This may partially resolve by year-end. 25,233

G. Equipment and Operating Supplies: \$367,949 favourable

18. E.O. and Strategy & Innovation: \$ 60,033 favourable

- Contingency for operating supplies not spent. \$50,000

19. Administration: \$302,501 favourable

- CNO is not moving its main information system to the cloud this year, resulting in savings in data communications and cloud services and software licensing. \$318,860
- Additional unforeseen cost incurred on garage waterproofing and elevator repairs partially offset by timing of costs related to facilities equipment maintenance & repair. (121,629)
- Savings in operating supplies and catering as a result of the office closure and staff teleworking. These savings will be offset by the purchase of furniture and equipment offered to staff as teleworking support in Q3. 80,486

H. Utilities: \$28,975 favourable

20. Administration: \$28,975 favourable

- Lower than planned utilities costs based on usage. \$28,975

I. Depreciation Expense: \$146,876 favourable

21. Administration: \$146,876 favourable

- Due to the pandemic, the Space Redesign project was deferred to 2022 resulting in lower depreciation. \$146,876

Finance Committee Report – August 20, 2020

Contact for questions or more information

Stephen Mills, Chief Administrative Officer

The Finance Committee met on August 20, 2020. [Attachment 1](#) is the draft minutes of the meeting. This was the first meeting of the 2020-2021 Finance Committee; an orientation had been held in July.

Financial statements

The unaudited financial statements for the six months ended June 30, 2020 ([Attachment 2](#)) were reviewed in detail. For this meeting, the financial statements included variance analysis and the Management Discussion and Analysis included reports on projects.

The changes implemented as a result of the COVID-19 pandemic have had a significant impact on the financial results for this period.

The six-month operating surplus is approximately \$6.3M, a \$5.2M favourable variance from the budgeted surplus of \$1.1M. The surplus was a result of a number of factors including a move to essential services in Phase 1 of the pandemic which put a hold on most planned hiring, projects and moved all staff and committee activities virtual. It was noted that while some activities are gradually starting up again, much of that variance is expected to remain at year-end.

It was noted that the accumulated surplus is currently over the six-month maximum in CNO's guidelines (an accumulated surplus between three and six months of the operating budget). The committee was assured that management and the auditors do not see this as a risk to CNO's non-profit, tax free status. It is due to unique circumstances and is expected to resolve over time. The committee was informed that staff will have a more accurate year-end prediction at the November meeting.

After extensive discussion of the statements and accompanying confidential Management Discussion and Analysis document, the Finance Committee recommends:

That Council approve the unaudited financial statements for the six-months ended June 30, 2020.



Budget development

The Finance Committee received an outline of the process for developing the 2021 budget. It was noted that as a result of the current pandemic, the budget will include a pool of funds for projects that are not fully developed, with a process for review and release of funds as those projects are approved.

A detailed review of the budget will take place in November, for presentation to Council in December.

Attachments:

1. Draft minutes of the Finance Committee meeting of August 20, 2020
2. Unaudited financial statements for the six-months ended June 30, 2020

Minutes

Present

A. Fox, Chair	S. Robinson
C. Manning	M. Sheculski,
J. Nunes	P. Sullivan-Taylor
J. Petersen	N. Thick

Staff

A. Coghlan	N. Mamodehousen
J. Hofbauer	S. Mills
M. Kelly, Recorder	

Chair

A. Fox chaired the meeting.

Agenda

The agenda had been circulated and was approved on consent.

Minutes

Minutes of the Finance Committee meeting of May 21, 2020 had been circulated.

Motion 1

Moved by J. Nunes, seconded by C. Manning,

That the minutes of the Finance Committee meeting of May 21, 2020 be accepted as circulated.

CARRIED

Financial Statements

S. Mills highlighted the unaudited financial statements for the six months ended June 30, 2020. He noted that at the end of the second quarter there was a surplus of \$6.3M, which is \$5.2M more than budgeted.

The statements depict a significant expense variance, which was a direct result of the implementation of CNO's plan to address the COVID-19 pandemic. The main contributors to this variance were the delays in hiring staff and project deferrals. Equipment and operating

supplies also depicted a favourable variance as staff continue to work remotely and attendance in the building is limited to essential services.

The unrestricted accumulated surplus is also higher than expected at \$33.0M. This is more than 6 months of operating expenses, which is beyond the 3 – 6 month guideline set by the Finance Committee. S. Mills noted that this is a unique occurrence due to the pandemic and that the trend is not expected to continue. The auditors have also confirmed that they have no concerns with this result during these unprecedented times given that there are plans to spend the funds over the long-term and to bring the accumulated surplus back down to meet the guideline.

CNO is in its last stage of a phased approach in planning for the pandemic. Some projects that there were initially deferred due to the pandemic have since resumed and new projects have also been initiated. Likewise, regulatory work has expanded beyond essential services and hiring activities in certain areas have resumed. While it is expected that the current under expenditure will continue until year-end, the variance is not expected to grow as rapidly as it has during the first 6 months of 2020.

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

Motion 2

Moved by C. Manning, seconded by J. Nunes,

That approval of the unaudited six-month financial statements as of June 30, 2020 be recommended to Council.

CARRIED

Budget Development Plan

The Finance Committee received information about the process for budget development. The committee will review the draft 2021 budget in November.

S. Mills explained that the pandemic resulted in a deferral of many projects in 2020, which will have implications for the 2021 budget. Some projects are clearly defined and will be included in the budget. For projects that are not fully defined, a pool of funds will be set up in the budget rather than allocating a set amount for each. After projects are assessed and approved, funding will be released. For transparency, projects to be included in the funding pool will be identified.

In response to a question, S. Mills explained that only a small contingency is built into the budget to account for unpredictability. This is why the committee set the 3 – 6 month surplus guideline for operating expenses; if a situation arose where more funds were required, there is an operating reserve that CNO can call on. He noted that the committee would be involved in approving any unbudgeted expenses or significant variances that would result in exceeding the overall expense budget.

Self-Monitoring Tool

The self-monitoring tool supports the committee in assessing if it is fulfilling its mandate. The committee received the tool for August and discussed how to use it effectively at meetings. It was confirmed that while the auditors do not attend all meetings, they do receive the meeting packages and would provide comments if they found concern with any items.

Next Meeting

The next meeting will be the afternoon of November 12th.

Conclusion

At 2:45 p.m., on completion of the agenda and consent, the Finance Committee meeting concluded.

Chair

DRAFT

**COLLEGE OF NURSES OF ONTARIO FINANCIAL
STATEMENTS AND NOTES
FOR THE SIX MONTHS ENDED June 30, 2020 (Unaudited)**

College of Nurses of Ontario
Statement of Financial Position (\$)
As at June 30

	2020	2019	2019
	June	June	December
ASSETS			
Current assets			
Cash	12,293,058	4,049,852	49,246,911
Investments	40,511,394	29,381,300	21,192,321
Sundry receivables	21,164	5,685	22,664
Prepaid expenses	777,625	742,925	1,026,225
	<u>53,603,241</u>	<u>34,168,391</u>	<u>71,488,121</u>
Investments	10,127,611	16,954,926	12,180,199
Capital assets			
Furniture and fixtures	2,300,024	2,300,024	2,300,024
Equipment - non computer	1,127,271	1,133,674	1,127,271
Computer equipment	4,954,643	4,808,541	4,769,226
Building	6,835,907	6,761,704	6,835,907
Building improvements	3,923,184	3,923,184	3,923,184
Land	3,225,009	3,225,009	3,225,009
Art	44,669	44,669	44,669
	<u>22,410,706</u>	<u>22,196,804</u>	<u>22,225,289</u>
Less: Accumulated amortization	<u>(15,549,792)</u>	<u>(14,671,226)</u>	<u>(14,928,550)</u>
	<u>6,860,914</u>	<u>7,525,578</u>	<u>7,296,739</u>
Intangible Assets	4,095,159	4,061,103	4,095,159
Less: Accumulated amortization	<u>(3,820,968)</u>	<u>(3,712,586)</u>	<u>3,752,968</u>
	<u>274,191</u>	<u>348,517</u>	<u>342,191</u>
Accrued pension asset	-	264,725	-
	<u>70,865,957</u>	<u>59,262,137</u>	<u>91,307,250</u>
LIABILITIES			
Current liabilities			
Accounts payable and accrued liabilities	6,138,775	4,223,207	13,357,018
Deferred membership and examination fees	23,792,775	23,262,511	43,275,243
	<u>29,931,550</u>	<u>27,485,718</u>	<u>56,632,261</u>
Accrued pension liability	796,546	-	796,546
	<u>30,728,096</u>	<u>27,485,718</u>	<u>57,428,807</u>
NET ASSETS			
Net assets invested in capital assets	7,135,105	7,874,095	7,638,930
Unrestricted net assets	33,002,757	23,902,324	26,239,513
	<u>40,137,861</u>	<u>31,776,419</u>	<u>33,878,443</u>
	<u>70,865,957</u>	<u>59,262,137</u>	<u>91,307,250</u>

College of Nurses of Ontario
Statement of Operations (\$)
Six Months Ended June 30

	2020 Year to Date June			2019 Year to Date June			2020 Budget	
	Budget	Actual	Variance Fav/(Unfav)	Budget	Actual	Variance Fav/(Unfav)	Remaining	Approved
REVENUES								
Membership fees	24,690,741	25,009,860	319,119	24,213,855	24,558,946	345,091	25,252,620	50,262,480
Application assessment	2,563,925	2,924,475	360,550	2,630,775	2,415,650	(215,125)	1,425,150	4,349,625
Verification and transcripts	38,245	17,525	(20,720)	33,625	40,670	7,045	38,725	56,250
Interest income	665,643	687,770	22,127	441,044	678,604	237,560	431,933	1,119,703
Examination	1,063,000	1,053,790	(9,210)	1,068,720	1,024,750	(43,970)	862,210	1,916,000
Other	150,370	144,015	(6,355)	146,515	155,563	9,048	211,235	355,250
Total Revenues	29,171,924	29,837,435	665,511	28,534,534	28,874,183	339,649	28,221,873	58,059,308
EXPENSES								
Employee salaries and expenses	18,058,101	15,955,828	2,102,273	15,950,521	14,267,640	1,682,881	21,171,002	37,126,830
Contractors and consultants	4,208,598	2,886,687	1,321,911	2,448,270	1,804,352	643,918	6,080,695	8,967,382
Legal services	1,338,600	1,198,191	140,409	1,129,953	1,108,771	21,182	1,476,209	2,674,400
Equipment, operating supplies and other services	2,296,282	1,707,662	588,620	1,889,167	1,422,102	467,065	3,677,274	5,384,936
Taxes, utilities and depreciation	983,618	802,437	181,181	876,216	850,842	25,374	1,164,799	1,967,236
Exam fees	794,867	801,703	(6,836)	800,473	792,264	8,209	657,200	1,458,903
Non-staff remuneration and expenses	410,032	225,509	184,523	392,016	387,603	4,413	606,206	831,715
Total Expenses	28,090,098	23,578,017	4,512,081	23,486,616	20,633,574	2,853,042	34,833,385	58,411,402
Excess of revenues over expenses/(expenses over revenues)	1,081,826	6,259,418	5,177,592	5,047,918	8,240,609	3,192,691	(6,611,512)	(352,094)
Opening net assets		33,878,443			23,535,809			
Closing net assets		40,137,861			31,776,418			

College of Nurses of Ontario
Statement of Changes in Net Assets (\$)
Six Months Ended June 30

	<u>2020</u>			<u>2019</u>
	Invested in Capital and Intangible Assets	Unrestricted	Total	December
Balance, beginning of period	7,638,930	26,239,513	33,878,443	23,535,809
Excess of (expenses over revenues)/revenues over expenses	(689,242)	6,948,660	6,259,418	11,581,333
Purchase of capital assets	185,417	(185,417)	-	-
Defined benefit pension plan - remeasurements and other items	-	-	-	(1,238,699)
Balance, end of period	7,135,105	33,002,756	40,137,861	33,878,443

College of Nurses of Ontario
Statement of Cash Flows (\$)
Six Months Ended June 30

	2020	2019
	June	June
Cash flows from operating activities		
Excess of revenue over expense for the period	6,259,418	8,240,609
Adjustments to determine net cash provided by/(used in) operating activities		
Amortization of capital assets	621,242	642,913
Amortization of intangible assets	68,000	71,247
Interest not received during the year capitalized to investments	(375,076)	(544,857)
Interest received during the year previously capitalized to investments	237,818	175,218
Funding of pension benefits	(291,238)	(673,330)
Pension benefit expense	291,238	673,330
	6,811,402	8,585,130
Changes in non-cash working capital items		
Decrease in amounts receivables	1,499	176,655
Decrease (increase) in prepaid expenses	248,599	(214,929)
(Decrease) in accounts payables and accrued liabilities	(7,218,244)	(5,408,220)
(Decrease) in deferred membership fees	(19,482,468)	(19,050,817)
	(19,639,211)	(15,912,181)
Cash flow from investing activities		
Purchase of investment	(64,133,501)	(15,683,606)
Proceeds from disposal of investments	47,004,274	8,838,440
Purchase of capital assets	(185,417)	(505,418)
Purchase of intangible assets	-	(5,119)
	(17,314,644)	(7,355,703)
Net decrease in cash and cash equivalents	(36,953,855)	(23,267,884)
Cash and cash equivalents, beginning of year	49,246,911	27,317,736
Cash and cash equivalent, end of year	12,293,056	4,049,852



Decision Note – September 2020 Council

Confirmation of committee appointments

Contacts for Questions or More Information

Kevin McCarthy, Director of Strategy

Decision for consideration

That Council confirm the following statutory committee appointments:

- A. Arkell, J. Armitage, K. Goldenberg, B. Irwin, I. McKinnon and N. Montgomery to the Discipline and Fitness to Practise committees
- B. Irwin and K. Goldenberg to the Registration Committee
- S. Eaton to the Inquiries, Complaints and Reports Committee
- I. McKinnon to the Quality Assurance Committee.

Background

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

Statutory committee appointments were made by Council in March. Following that, a number of new public members were appointed. In May, the Executive appointed those members to statutory committees. In early June, two new public members were appointed to Council and the Executive appointed them to committees as well.

Decision Note – September 2020 Council

Confirmation of Standing Committee member appointments

Contacts for Questions or More Information

Kevin McCarthy, Director of Strategy

Decision for consideration:

That Council confirm the following committee appointments:

Finance Committee:

C. Manning, J. Petersen, P. Sullivan-Taylor and M. Sheculski

Conduct Committee:

D. Cutler, N. Hillier, D. Lafontaine and G. Rudanycz.

Background

Statutory committee members are normally appointed by Council in June on recommendation of the Election and Appointments Committee. Due to the COVID-19 shut-down, appointments to these committees were deferred to September. A call for volunteers was sent to Council members after the June meeting.

In selecting the members for both committees, the Executive sought to balance members with prior experience on the committee and those who had the potential to serve in the future.


Finance Committee:

The Finance Committee is composed of the Vice-Presidents (Co-Chairs), President, Chair of the Compensation Sub-Committee and 1 RN, 1 RPN and 2 public members from Council.

The Executive appointed C. Manning, RPN; J. Petersen, public member; P. Sullivan-Taylor, RN and M. Sheculski, public member.

Conduct Committee:

The Conduct Committee is composed of 3 nurse and 2 public members of Council.



The Executive Committee appointed D. Cutler, RN; D. Lafontaine, public member; N. Hillier, RPN, and G. Rudanycz, RN.

Only one public member volunteered to serve on the Conduct Committee. The Executive decided to defer appointment for another public member until after the September Council meeting when another call for volunteers will be sent to public members of Council.



Decision Note – September 2020 Council

Confirmation of Standing Committee member appointments

Contacts for Questions or More Information

Kevin McCarthy, Director of Strategy

Decision for consideration re. recommendation of the Executive:

That D. Cutler be appointed as Chair of the Conduct Committee.

Background

Appointing the members and Chair of the Conduct Committee had been deferred until September Council. The Executive recommends the standing and statutory committee chairs to Council.

The statutory chairs were appointed by Council in March. The Vice-Presidents are Co-Chairs of the Finance Committee.

The Executive is recommending that D. Cutler be appointed as Chair of the Conduct Committee. She has served on the committee for two years.

Decision Note – September 2020 Council

Dates of Council meetings in 2021

Contacts for Questions or More Information

Anne Coghlan, Executive Director and CEO

Decision for consideration re. recommendation of the Executive

That the following be the dates for Council meetings in 2021:

- Wednesday and Thursday, March 3 and 4, 2021
- Wednesday and Thursday, June 2 and 3, 2021
- Wednesday and Thursday, September 29 and 30, 2021
- Wednesday and Thursday, December 1 and 2, 2021.

Background

To allow for advance planning, Council dates for the coming year (2021) are confirmed at the September Council meeting.

In accordance with Article 7.02 of *By-Law No. 1: General*, Council meetings take place on dates set by Council. The Executive recommends the dates of meetings to Council.

The recommended dates take into account:

- the needed timing between each Council meeting, for preparatory work;
- requirements for financial reporting (e.g., the March meeting is scheduled to allow for presenting the year-end management financial statements);
- avoiding March break; and
- allowing for officer and staff participation in key stakeholder activities.

The proposed dates keep to previous patterns, with meetings scheduled over two days. However, there are unknowns, including whether meetings will remain fully or partly remote. As was done in 2020, the specific dates and times of the meetings will be adjusted as the agenda is finalized.

Decision Note – September 2020 Council Land Acknowledgement Statement

Contact for Questions

Kevin McCarthy, Director of Strategy

Decision for Consideration

That Council support the inclusion of a land acknowledgement statement at the beginning of Council meetings, to commence December 2020.

Issue

The Black Lives Matter movement and the Truth and Reconciliation Commission are two recent examples that highlight racial inequities in our community. As CNO develops our plan for implementing our new Strategic Plan, we are thoughtfully considering new opportunities for CNO to enhance our commitment to diversity, inclusivity and fairness. Council will receive more information at our December meeting..

One change Council may want to consider now is the use of a land acknowledgement statement at the beginning of Council meetings. A land acknowledgement statement is a show of respect to Indigenous Persons who have lived in this land for thousands of years and have been, and continue to be, discriminated against.

Background

The [Final Report](#) of the Truth and Reconciliation Commission of Canada was released in 2015. The report states that: “Reconciliation requires that a new vision, based on a commitment to mutual respect, be developed. It also requires an understanding that the most harmful impacts of residential schools have been the loss of pride and self-respect of Aboriginal people” (Truth and Reconciliation Commission of Canada, 2015, p. V1).

The City of Toronto describes a land acknowledgement statement as a “first step...to acknowledge and honour the First Peoples that have lived (in Ontario) for thousands of years, and the enduring presence of Indigenous Persons” (City of Toronto, 2019, p.1). Having a land acknowledgement statement at the beginning of Council meetings is an opportunity to reflect on



the past and current oppression of Indigenous Persons, and give thanks for this land. Done thoughtfully, with meaning, the statement is a show of respect, which is essential for reconciliation. Having the statement at the beginning of meetings could provide an opportunity for Council members, CNO staff and Council observers to reflect on what this land and reconciliation mean to them. It may also be a catalyst for some individuals to seek more information to learn about racial inequities.

Next Steps

Should Council be supportive, a land acknowledgement will be given at the beginning of future Council meetings.



References

City of Toronto, 2019. *The Land Acknowledgement*. Retrieved from

<https://www.toronto.ca/wp-content/uploads/2019/06/90c6-2019-Land-Acknowledgment-Guidance.pdf>

Truth and Reconciliation Commission of Canada, 2015. *Honouring the Truth, Reconciling for the Future: Summary of the Final Report of the Truth and Reconciliation Commission of Canada*. Retrieved from

[http://www.trc.ca/assets/pdf/Honouring the Truth Reconciling for the Future July 23 2015.pdf](http://www.trc.ca/assets/pdf/Honouring_the_Truth_Reconciling_for_the_Future_July_23_2015.pdf)