



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.

Council Agenda

December 6 and 7, 2023

Wednesday, December 6, 2023
9:00 a.m. to 3:30 p.m.

[Council's Annual Plan](#)
[Council's Governance Principles](#)
[Council's Team Norms](#)

Time	Item	Purpose
9:00 a.m.	1. Land Acknowledgement	
9:05 a.m.	2. Agenda	Decision
9:10 a.m.	3. Call for Conflicts of Interest	
9:15 a.m.	4. CEO Remarks	Information & Discussion
9:40 a.m.	5. Consent Agenda 5.1 Minutes of the Council meeting of September 27 and 28, 2023 5.2 Minutes of the Executive Committee meeting of November 16, 2023 5.3 Nursing Education Program Approval 5.4 Filling Council Vacancies 5.5 Filling Council Member Vacancy on the Quality Assurance Committee	Decision

Time	Item	Purpose
	6. Strategic Issues	
9:45 a.m.	6.1 Strategic Plan 2021-2026 – Update	Information & Discussion
10:15 a.m.	Break	
10:30 a.m.	6.2 Stakeholder Engagement	Information & Discussion
11:00 a.m.	6.3 Registration Regulation : Amendments re. Education Requirement Julie Maciura, SML Law attending	Information & Discussion
11:55 a.m.	6.4 By-Law Editorial Amendment Regarding Professional Liability Protection: Consequential to Change of Emergency Class Title in the Registration Regulation	Decision
Noon	Break	
1:30 p.m.	6.5 Controlled Acts Regulation Amendment (RN Prescribing)	
	6.5.1 RN Prescribing Standard	Decision
	6.5.2 Approval of Education Programs for RN Prescribing	Decision
	7. Council Governance and Operations	
2:30 p.m.	7.1. Council’s Code of Conduct Julie Maciura, SML Law attending	Decision
3:30 p.m.	Recess	

Thursday, Dec. 7, 2023
9:00 a.m. to 1:00 p.m.

Time	Item	Purpose
9:00 a.m.	Land Acknowledgement	
	8. Reports	
9:05 a.m.	8.1 Finance Committee meeting of November 16, 2023	
	8.1.1 Unaudited Financial Statement for the Nine Months Ended September 30, 2023	Decision
	8.1.2 Sub-Committee on Compensation Terms of Reference	Decision
	8.1.3 Stipend Policy & Expense Policy	Decision
	8.1.4 2024 Budget	Decision
	7. Council Governance and Operations (continued)	
10:45 a.m.	7.2 Competency-Based Council Elections	Decision
11:15 a.m.	7.3 Council Evaluation – Implementation Update and Proposed New Priorities	Decision
	9. Agenda Items Added by Council Members	
11:45 a.m.	10. CEO Remarks	Discussion
	11. Date of Next Meeting	
Noon	12. Conclusion	Decision

Council Annual Plan

	Dec. 6 & 7	March 20 & 21	June 5 & 6	Sept. 25 & 26
Regular Items	<p>Minutes: Sept. Council</p> <p>Reports:</p> <ul style="list-style-type: none"> CEO remarks Executive Committee Finance Committee 	<p>Minutes: Dec. Council</p> <p>Reports:</p> <ul style="list-style-type: none"> 2022 Statutory Committee reports CEO remarks Executive Committee Finance Committee 	<p>Minutes: March Council</p> <p>Reports:</p> <ul style="list-style-type: none"> CEO remarks Executive Committee Finance Committee <ul style="list-style-type: none"> Terms of Reference 	<p>Minutes: June Council</p> <p>Reports:</p> <ul style="list-style-type: none"> CEO remarks Executive Committee Finance Committee <ul style="list-style-type: none"> 2023 Audited Statements 2023 Auditor appointment 2023 Annual report
Strategic Items	<ul style="list-style-type: none"> 2024 Budget By-Law Update re. Emergency Class Controlled Acts Regulation Amendments (RN Prescribing) <ul style="list-style-type: none"> RN Prescribing Standard Education program approval Nursing Education Program Approval (Comprehensive program review) Registration Regulation Amendments Stakeholder Engagement Strategic Plan update 	<ul style="list-style-type: none"> Registration Regulation Amendments (final approval) Strategic Plan update 	<ul style="list-style-type: none"> Nursing Education Program Approval (all programs) Quality Assurance Program Transformation Strategic Plan update 	<ul style="list-style-type: none"> Strategic Plan update
Governance & Council Operations	<ul style="list-style-type: none"> Council's Code of Conduct and related By-Law amendments – decision Council evaluation: Review of progress on priority recommendations Competency screen for Council election – decision Stipend and expense policies 	<ul style="list-style-type: none"> Appointment of Statutory Committee members and Chairs Competency-based screening for Council elections - implementation Council and committee Code of Conduct, compliance & enforcement Election of the Executive Committee Professional Development plan for 2024 	<ul style="list-style-type: none"> Appointment of standing committee members 	
Professional Development	<p>December 1 (morning): Financial oversight and risk management</p>	Council's Code of Conduct		<p>Orientation for all:</p> <ul style="list-style-type: none"> Nursing Regulation and Regulatory Governance at CNO

Governance Principles

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

Accountability

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

Adaptability

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

Competence

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

Diversity

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

Independence

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

Integrity

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

Transparency

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

Approved by Council, September 2016

Team Norms

As members of Council, we are committed to:

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

Adopted by Council
September 2021

Council Minutes

September 27 and 28, 2023

Present

P. Sullivan, Chair
H. Anyia
A. Arkell
J. Armitage
T. Crowder
R. Dunn
D. Edwards
J. Farag
G. Fox

T. Fukushima
T. Hands
J. Hess
M. Hogard
C. Hourigan
A. Jahangir
R. Kaur
M. Krauter
S. Larmour
R. Lastimoso Jr.

S. Leduc
D. May
E. Mutia
G. Oltmann
F. Osime
L. Poonasamy
M. E. Renwick
M. Sheculski
K. Wagg

Regrets

P. Ankamah
S. Douglas
Z. Hamza

M. MacDougall
I. McKinnon

F. Osime
D. Thompson

Guests

R. Durcan, SML Law

J. Maciura, SML Law

N. Thick, Chair
Nominating Committee

Staff

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

C. Gora
E. Horlock
B. Knowles
S. Mills

S. Porteous
A. M. Shin
C. Timmings

Land Acknowledgement

P. Sullivan shared a Land Acknowledgement.

Agenda

The agenda had been circulated and no amendments were identified.

Motion 1

Moved by R. Dunn, seconded by M. Sheculski,

That the agenda for the Council meeting of September 27 and 28, 2023 be approved as circulated.

CARRIED

Call for conflicts of interest

The President requested conflicts of interest related to the agenda. R. Dunn stated that she had a conflict of interest with respect to the program approval included in the consent agenda.

CEO Remarks

S. Crawford, Executive Director and CEO informed Council that she will be taking a new approach to her remarks, collaborating with the President in opening and closing the meeting. She highlighted the issues that Council will be addressing in the meeting and their links to the Strategic Plan.

She informed Council that a monthly environmental scan supports staff in identifying themes and emerging issues and supports CNO having a broad understanding of the external environment. This informs operational decision-making, engagement with stakeholders and provides information and evidence that informs Council briefings.

The ongoing importance of health human resource planning was highlighted. Council was informed of the number of applicants from other Canadian jurisdictions registered through an expedited registration process. Council was also informed that CNO's report to the Office of the Fairness Commissioner has been submitted. It highlighted the changes made to continue to support fair access to registration.

Council was updated on the work to launch Nursys Canada. CNO is providing infrastructure management and support for Nursys Canada. Nursys Canada data currently includes data from CNO and British Columbia. In 2024, other Canadian regulators will have the opportunity to add their data. Council was informed that, in recognition of the importance of this project to national nursing health human resource planning, a grant has been received from the Federal government to support this work.

S. Crawford noted the work being done related to expanding scopes of practice. Regulations expanding RPN scope have come into effect. Council approved the Scope of Practice standard to support all nurses in understanding and acting within their scope of practice.

The regulation amendments approved by Council in 2019 related to RN prescribing are under active review by government. CNO is working on development of an RN Prescribing standard and is collaborating with educators on the education program required for RN prescribing. CNO is also working with the Ministry to address scope changes for NPs.

S. Crawford noted the importance of strategic communications to increasing CNO's transparency, accountability, accessibility and maintaining CNO's place as a trusted source of information. She highlighted the work done with key stakeholders, including government and media, to support understanding of CNO's role in providing accurate nursing human resource data.

Council was updated on the record number of new nurses registered in Ontario.

Consent Agenda

P. Sullivan introduce the consent agenda. She noted that Program Approval has been removed from the consent agenda. She confirmed that Council had received briefing materials on all of the items included in the consent agenda.

No concerns were expressed about other items on the consent agenda.

Motion 2

Moved by A. Arkell, seconded by S. Larmour,

That, through approval of the consent agenda, the following were approved:

Minutes of the Council meeting of June 8, 2023

Minutes of the special Council meeting of August 10, 2023 and

The following dates for Council meetings in 2024:

- Wednesday and Thursday, March 20 and 21, 2024
- Wednesday and Thursday, June 5 and 6, 2024
- Wednesday and Thursday, September 25 and 26, 2024
- Wednesday and Thursday, December 4 and 5, 2024.

CARRIED

Council received the minutes of the Executive Committee meeting of August 24, 2023 for information.

Council was updated on the record number of new nurses registered in Ontario.

Council and committee Code of Conduct

P. Sullivan noted that it is best practice to regularly review the Code of Conduct for Council and committee members (Code). It was noted that Council's Code has not been reviewed for over five years. She reflected the public safety role of Council needs to be the foundation of its Code.

S. Maciura, Legal Counsel and A. Tong, Strategy Consultant, joined the meeting. Council had received a discussion note flagging areas for discussion and input to support drafting of a revised Code. J. Maciura noted that in order to fulfil its public protection role, Council needs to have the trust of stakeholders. Its Code of Conduct should support Council and committee members in understanding and following expectations for how to conduct their duties in good faith and to maintain public trust. She noted that a clear and well-written Code of Conduct will help prevent regulatory failures by setting clear expectations.

Council supported that the Code be prepared using a goal orientated framework

The need to clearly differentiate Council's Code of Conduct from the Code of Conduct for nurses was flagged. P. Sullivan noted that the Executive supported the title *Council and committee Code of Conduct*. Through show of hands, Council supported that title.

Council supported a mix of principled, and prescriptive language, with prescriptive language used in areas of high risk to be sure that expectations are clear and understood by all members. Definitions will be included to support understanding.

Council confirmed that a revised Code of Conduct needs to clearly address expectations regarding diversity, equity and inclusion and integrate those concepts throughout the Code.

Council supported the proposed outline of a new Code set out in the briefing note.

It was noted that the plan is to set out the expectations for behaviour in the Code in 2023 and to address compliance mechanisms and a process for considering possible breaches of the Code in 2024.

It was noted that a professional development session on the new Code of Conduct is planned for Council in March 2024. It was suggested that scenarios be integrated into the PD session and other possible tools to support understanding of the Code.

P. Sullivan thanked Council for their engagement and input. She noted that in December, Council will receive the draft revised *Council and committee Code of Conduct*.

J. Maciura and A. Tong left the meeting.

Competency-based statutory committee member appointments

P. Sullivan noted that CNO has been using a competency-based approach to appointing the non-Council nurse members of statutory committees since it was piloted in 2019. She noted that the competencies that are assessed in this process, have not been updated since first developed, and a review has been conducted. She welcomed N. Thick, Chair of Council's Nominating Committee to highlight the Nominating Committee recommendations for changes to the competencies set out in its report in the Council package.

N. Thick highlighted the current process used to assess candidates, including recent improvements. She noted that the competencies are assessed using different mechanisms – core competencies and diversity attributes are included in the application, other competencies and attributes are assessed through analysis of resumes submitted by candidates and reference checks and interviews of finalists.

N. Thick identified that the Nominating Committee supports the current process but agreed that the competencies and attributes required updating, with a particular emphasis on addressing diversity, equity and inclusion and removing any language or competencies that create unnecessary barriers. She noted that a plan for regularly

reviewing and updating the competencies will support maintaining alignment of the competencies with changing societal expectations.

Council was informed that the Nominating Committee met twice to review the competencies and attributes. N. Thick highlighted the key changes that are being proposed. She noted the care with which the Nominating Committee reviewed the competencies and selected particular wording.

In discussion, Council supported the integration of diversity, equity and inclusion and stressed the value of removing the competencies that might pose as barriers. It was confirmed that candidates are not expected to meet all competencies and that all nurses are encouraged to apply.

Motion 3

Moved by M. Hogard, seconded by R. Dunn,

That Council approve the statutory committee member competencies and attributes, as they appear in attachment 1 to the Nominating Committee report, to be used by the Nominating Committee in assessing candidates for its recommendations regarding the appointment of non-Council nurse members to statutory committees.

CARRIED

It was confirmed that in applying the competency assessment, there will not be barriers for participation of candidates from all roles and sectors. P. Sullivan expressed Council's appreciation to the Nominating Committee for its thoughtful updating of the competencies.

Competency based screening for Council members

P. Sullivan noted that a competency-based board of directors is one of the core recommendations of Council's governance vision. While legislative change is needed to implement the full vision, CNO is beginning work to improve governance by implementing a competency-based screen to be eligible to run for Council.

Council members had received a discussion note, including a report on an extensive jurisdictional scan and proposed foundational principles to support an approach for a competency-based screen. I. Tirana, Strategy Consultant, joined the meeting.

In discussing the principles, the need to ensure that the process does not result in barriers to participation from a diverse range of nurses was emphasized. It was suggested that implementation of a new process be used as an opportunity to educate and reach out about the role of Council also support voters in understanding the role and importance of Council.

It was noted that based on the current legislative framework, the final selection of eligible candidates will be made through an election process. While this ensures regional diversity, it can favour candidates from large facilities.

P. Sullivan noted that staff will take into consideration the principles and Council's feedback and will return in December with a recommended approach. I. Tirana left the meeting.

Program approval

P. Sullivan noted that this item had been removed from the consent agenda and that Council had received background.

R. Dunn had declared a conflict of interest and left the meeting. No other conflicts of interest were declared.

Motion 4

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

That the preliminary review recommendations of new nursing programs be approved as listed in Attachment 1 to the decision note.

CARRIED

R. Dunn returned to the meeting.

Finance Committee report

Council had received the report of the Finance Committee meeting of August 24, 2023. R. Lastimoso Jr. highlighted the report. He reported that Finance Committee is recommending approval of the unaudited financial statements for the six months ended June 30, 2023.

Motion 5

Moved by R. Lastimoso Jr., seconded by A. Arkell,

That Council approve the unaudited financial statements for the six-months ended June 30, 2023.

CARRIED

Orientation Policy

Council had received a draft orientation policy. P. Sullivan noted that the proposed policy is an outcome of the Council evaluation. She highlighted that its purpose is to provide clarity about the process, accountabilities and expected outcomes of the orientation process for all Council members in their governance role. Council was informed that the Executive had reviewed and provided input into the policy.

Motion 6

Moved by H. Anyia, seconded by A. Jahangir,

That Council approve the Orientation Policy as it appears as Attachment 1 to the decision note.

CARRIED

Recess

At 4:00 p.m., Council recessed until 9:00 a.m. on Thursday, September 28, 2023

Thursday, September 28, 2023

Land Acknowledgement

P. Sullivan shared a Land Acknowledgement.

Strategic Plan update

Council members had received a written update on the Strategic Plan, including outcome and project dashboards.

S. Crawford reviewed CNO's strategic plan progress. She noted that some measures in the outcome dashboard do not have data to report based on the status of the strategic outcome. She informed Council that staff are collecting and compiling the data from various sources and systems.

Council was informed that the dashboards will be provided for each meeting, to support Council's monitoring the progress towards achieving the Strategic Plan.

Council discussed the monitoring of the strategic plan. There was discussion about how the outcome measures relate to the pillars. It was identified that the pillars are enablers, building the foundation needed to achieve the Strategic Plan.

In discussing staff monitoring of the measures, it was identified that some are monitored monthly, others quarterly and others dependent on specific mechanisms to gather the data. The project dashboard is operational but is provided to Council to support confidence that staff are rigorous in monitoring the implementation of the plan.

Council was reminded that the current plan will end in 2026, and it is anticipated that work on a new plan will begin in 2025.

In discussion about information Council would find helpful in monitoring the implementation of the plan, an interest was expressed in information on stakeholder engagement.

Nursing Data Dashboard

P. Sullivan reminded Council that in June, Judy Linton from Ontario Health confirmed the importance of CNO's data to health human resource planning. At that time Council

was informed of CNO's plans to launch a new tool to empower stakeholders to access accurate and meaningful data about Ontario nursing human resources.

B. Knowles, Director of Analytics and Planning highlighted the development of the tool and N. Thakkar, Analytics Team Lead provided a demonstration of the tool, showing how stakeholders can instantly access information about the nursing workforce.

It was confirmed that the data in the tool is based on the annual renewal information submitted by nurses. The registration data is also shared with key partners including the Ministry of Health and the Canadian Institute for Health Information. Council was informed that there is also applicant data on line.

Amendments to the Registration Regulation regarding Education

P. Sullivan reminded Council that in June, following review of the evidence, it supported in principle that:

- the education requirement for registration in the General Class be amended from education equivalent to Ontario education to relevant nursing education recognized or approved in any jurisdiction and
- there be a requirement for General Class applicants to successfully complete a course to support the successful integration of applicants to the healthcare system in Ontario.

She noted that Council made that decision because, after reviewing the evidence and discussion, it believed that the decision was in the public interest and would support the registration of qualified international applicants.

Council received a briefing note, including proposed revisions to the regulations regarding registration (Ontario Regulation 275/94 General under the Nursing Act, 1991). J. Maciura, legal counsel, joined the meeting to address questions regarding legal drafting. AM. Shin, Director, Professional Practice highlighted the alignment of the proposed changes with Council's previous decisions to support the registration of international applicants. E. Tilley, Manager of Regulatory Policy and Research highlighted the draft regulation.

In discussion, it was confirmed that the proposed regulatory change is not country specific – the education requirement and added course will apply to all international applicants.

Motion 7

Moved by E. Mutia, seconded by M. Hogard,

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

CARRIED

P. Sullivan noted that the proposed regulation amendment will be circulated for 60 days. In December, Council will review the feedback and assess if there is anything in the feedback that changes Council's perspective that this proposed regulation is in the public interest.

Communications

P. Sullivan noted that over the past few meetings, Council members have expressed an interest in knowing more about strategic communications at CNO. She noted that Council members received a discussion note, including the Guidelines that were developed to guide Council and committee members' in supporting CNO messaging appropriately on social media.

Bradley Hammond, Manager of Communications, provided Council with insights into CNO's strategic communications. He highlighted:

- the factors that shape CNO's strategic communication approach
- CNO's issues management approach, especially ensuring that CNO's data is a source of correct information and
- how CNO communicates its messages.

The Council member role in sharing information on social media was also discussed.

In discussion, it was clarified that the core of CNO's messaging is related to CNO's purpose. It was noted that the communications work is integrated with CNO's strategic approach to stakeholder engagement. CNO's role in sharing accurate information, including CNO data, was confirmed. It was identified that in December Council will have an opportunity to discuss stakeholder engagement.

In Camera Policy

R. Durcan, legal counsel and L. Mathias, Strategy Consultant, joined the meeting. Council members had received a briefing note including the draft In Camera policy and Factors for Council's consideration to decide to meet in camera. R. Durcan noted that the policy was drafted considering the expectations for transparency for health regulatory colleges.

P. Sullivan noted that the Executive reviews the Council agenda in advance of each meeting, and, where appropriate, will recommend whether an in camera session is required and aligns with the legislation.

Motion 8

Moved by M. Sheculski, seconded by D. Edwards,

That Council approve the in camera policy as it appears in Attachment 1 to the briefing note.

CARRIED

R. Durcan and L. Mathias left the meeting.

CEO Closing Remarks

S. Crawford expressed appreciation to Council for their engagement. She noted that staff are working to strengthen and streamline how Council is supported, between and at Council meetings. She noted that staff are preparing a new approach for briefing notes, which will be used starting in December. It was noted that the December Council meeting will include a final decision on the amendments to the regulations regarding registration, review of the 2024 budget and an update on stakeholder engagement.

In discussion, Council members identified that they felt prepared to participate in decision making. It was noted that fewer presentations allowed more time for discussion.

Next Meeting

P. Sullivan noted that the next Council meeting will be December 6 and 7, 2023. She noted that a Council professional development session on finance and enterprise risk management is planned for December 1.

Conclusion

P. Sullivan expressed appreciation to Council for their engagement.

At noon, on completion of the agenda and consent, Council concluded.

DRAFT

Executive Committee Minutes

November 16, 2023

Present

P. Sullivan, Chair

R. Lastimoso Jr.

F. Osime

Regrets

J. Armitage

S. Leduc

Guests

J. Butterfield, WATSON

J. Maciura, SML Law

Staff

V. Adetoye

R. Jabbour

I. Tirana

S. Crawford

S. Mills

A. Tong

J. Hofbauer, Recorder

Land Acknowledgment

P. Sullivan shared a Land Acknowledgment.

Agenda

The agenda had been circulated. There were no additions.

Motion 1

Moved by F. Osime, seconded by R. Lastimoso Jr.,

That the agenda for the Executive Committee meeting of November 16, 2023 be approved as circulated.

CARRIED

Minutes

Minutes of the Executive Committee meeting of August 24, 2023 had been circulated.

Motion 2

Moved by R. Lastimoso Jr., seconded by F. Osime,

That the minutes of the Executive Committee meeting of August 24, 2023 be approved as circulated.

CARRIED

Council Evaluation Implementation and Update

The Executive Committee received a briefing:

- highlighting the changes that have been implemented to enhance governance as an outcome of the 2022 evaluation of Council effectiveness; and
- proposing initiatives for 2024 to further enhance Council effectiveness.

The Executive Committee reflected on the significant accomplishments in 2023, and the improvements that have been acknowledged in the recent Council meeting evaluation (Pulse Check).

Reflecting on these results, the Executive Committee noted that having comprehensive briefing notes included in the Council briefing package and available one week prior to the Council meeting provided members with the information needed to make informed decisions. Furthermore, having fewer and more succinct presentations created more time for highly engaged Council discussion and debate.

R. Jabbour highlighted the proposed approach for continuing to strengthen Council's governance role, which aligns with improvement opportunities identified in the 2022 Council evaluation.

The Executive will recommend the proposed priorities for 2024, which:

- are foundational to articulating Council's purpose, role and accountabilities,
- address improvements identified in Council's 2022 evaluation, and
- set the stage for Council's next third-party evaluation (scheduled in 2025).

Members agreed that Council's norms would benefit from review and potential updating. This is well-timed to coincide with the identification of Council roles and competencies planned for 2024, along with understanding of the new Council and Committee Code of Conduct.

The development of the roles and competencies is also seen as foundational to any future Council member self-assessment. The external third-party evaluation of Council in 2025 will provide an opportunity to consider best practices in evaluation.

The need to address succession planning for Council leadership roles was flagged. The Executive Committee's accountability to support ongoing leadership was identified. It was noted that the update of leadership roles and the Executive Committee Terms of Reference is planned for 2024.

The Executive Committee will recommend the priorities identified for implementation in 2024, as outlined in the decision note shared with the Executive Committee.

Evaluation of the Executive Committee

J. Butterfield, from WATSON, joined the Executive Committee. The committee had received a preliminary report of the evaluation of the Executive Committee. J. Butterfield flagged that a final report will be shared with the Executive Committee in February.

In discussion of the preliminary discussion findings, it was identified that some Council members may not be familiar with the role of the Executive Committee. There was discussion about addressing the role of the Executive Committee in orientation and strengthening this role as part of mentoring incoming Council members. To help build understanding among Council members, the President was encouraged to share items reviewed by Executive Committee and highlight key elements of discussion in comments during Council meetings.

J. Butterfield left the meeting.

Council and Committee Code of Conduct for Council

J. Maciura, legal counsel and A. Tong, Strategy Consultant joined the meeting. The Executive Committee received a briefing note, including the proposed draft revised Council and Committee Code of Conduct ("Code"). The Executive Committee agreed to discuss the Code in two stages:

- all provisions in the Code excepting the prohibited positions and
- the prohibited positions.

J. Maciura noted that the draft follows the content supported by Council in September and is aligned with the direction supported by Council. This includes new provisions regarding diversity, equity and inclusion and clearly identifying high risk, prohibited positions and actions.

The Executive Committee flagged the need to provide resources and education to support Council and committee members in meeting the expectations. This may include self-directed learning resources in essential areas such as diversity, equity and inclusion.

S. Crawford noted that a corporate diversity, equity and inclusion plan is in development. This will include an opportunity to clarify Council's oversight and governance role related to diversity, equity and inclusion, and ensure appropriate positioning in the next Strategic Plan.

Members suggested adding clarity to the Council and Committee member expectations.

Prohibited positions

On request, it was clarified that no members of the Executive Committee hold positions that are proposed to be prohibited under the new Code. No conflicts of interest were identified.

J. Maciura highlighted the sections addressing positions that are proposed to be prohibited. She noted that, in accordance with best practice and the requirements of the College Performance Management Framework, the by-law includes cooling off periods.

She explained the structure of the draft allows for any current members with conflicting positions until June to decide whether to continue to serve with CNO. The draft exempts any members who choose to resign the prohibited position from the cooling off period until their current term of office ends.

The Executive Committee suggested the importance of flagging for Council that the proposed Code is evidence informed, integrates best practice and supports good governance.

A question was raised about whether there is any concern about Council or committee members participating in CNO activities outside of the province or country. It was noted that the resources to support Council and committee participation – Boardvantage and Zoom are available internationally. Using those tools, Council and committee members can access CNO materials and meetings securely from any location.

There was discussion about situations where members have taken leaves of absence from CNO activities. J. Maciura noted that the Code includes clear expectations regarding attendance, preparation and participation in CNO activities. She also flagged the Human Rights legislation related to parental or medical leaves.

The Executive Committee supported that the revised draft Code, with the clarifications requested is ready to share with Council.

It was noted that there may be members of Council who currently hold a prohibited position. To support full engagement in discussion, it was agreed that Council will discuss all the other proposed provisions and make a decision about them. Following that, any members who hold a prohibited position will be removed from the meeting while Council makes a decision about prohibited positions.

J. Maciura and A. Tong left the meeting.

Council Debrief

The Executive Committee noted that the response to the Council meeting Pulse Check survey was positive, including the feedback about the preparatory materials, agenda planning and enhanced time for engagement of Council members.

The Executive Committee was informed that staff are continuing to explore how to optimize Zoom, including features like closed captioning. Staff will also explore how to improve the hybrid experience and the feasibility of moving to two hybrid meetings each year.

There was discussion about how to address diversity, equity and inclusion more effectively. It was noted that CNO now has a Director of Diversity, Equity and Inclusion and she will be involved in plans to address diversity, equity and inclusion from a governance perspective.

Competency based Council Elections

I. Tirana, Strategy Consultant, joined the meeting. The Executive Committee received a briefing note with a proposed approach for discussion with Council in December. The proposal was built on the principles that Council supported in September and addresses the feedback that the new process be inclusive rather than a barrier.

The Executive Committee supported the approach for submission to Council. It was suggested that Council be reminded of the discussion in September and how the proposed approach reflects Council's feedback. I. Tirana left the meeting.

December Council Agenda

The Executive Committee received a briefing and draft agenda for the December Council meeting. It was confirmed the meeting will be virtual.

There are two significant regulatory issues on the agenda:

- the final review of proposed changes to the Registration Regulation approved for circulation by Council in September, and
- RN prescribing.

In December, Council reviews the budget for the coming year, and this includes decisions regarding several governance initiatives.

The Executive Committee supported the proposed agenda item order and timing.

The Executive Committee suggested providing an opportunity for more interactive engagement through a small group activity. Staff were asked to review the agenda and integrate a small group session and share the approach with the Executive Committee. It was clarified that the small group session will not address items on the agenda as the legislation requires that those discussions be public. It was confirmed that the revised agenda will be shared with the President for final approval.

Motion 3

Moved by R. Lastimoso Jr., seconded by F. Osime,

That the agenda for the December 2023 Council meeting be approved for circulation, with the addition of time for small group sessions.

CARRIED

Statutory Committee Chair Competencies

The Executive Committee recommends the Statutory Committee Chairs to March Council, based on candidate self-assessment against the Chair competencies.

The Executive Committee received draft revised Statutory Committee Chair competencies to align with the changes Council approved to the statutory committee

member competencies in September, including integrating diversity, equity and inclusion.

With some edits to the attributes, the Executive Committee supported the revised competencies for use in the upcoming statutory committee chair appointments. The Executive Committee also supported the addition of resumes to provide additional information for their assessment. There was also discussion of the value of contacting unsuccessful candidates to share appreciation and feedback.

Statutory Committee Vacancy

The Executive Committee was informed that P. Ankamah and Z. Hamza resigned from Council. The Nominating Committee's recommendations to Council regarding the vacancies was shared. The Executive Committee received a briefing about the statutory committee vacancies resulting from these resignations. The Executive Committee will recommend to Council that, if Lisa Bliss Donnelly is appointed to Council, she be appointed to the Quality Assurance Committee.

J. Hofbauer, R. Jabbour and S. Mills left the meeting.

Executive Session

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

Program Approval

Decision note – December 2023 Council

Contact for questions or more information

Katie Dilworth, Manager, Education Program

Purpose and Action Required

That the Comprehensive Review recommendation of the Laurentian University nursing program listed in [Attachment 1](#) be approved.

Public interest rationale

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

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

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

Background

Program Approval

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

One program from Laurentian University is presented for comprehensive review approval at this time ([see attachment 1](#)). Comprehensive review occurs once every seven years when all nine indicators in the Program Approval Framework are evaluated

[\(see attachment 2\)](#). CNO is transitioning to the new Program Approval process. All schools will have their initial comprehensive review by 2025.

Next steps

Following Council's decisions CNO will provide:

- A letter to the Nursing Program addressing the program's approval status, the upcoming dates for the next annual or comprehensive reviews, and a Program Approval report outlining the results of a program's comprehensive review.

Attachments

1. Comprehensive approval of nursing program in Ontario: Detailed Review Scoring
2. Program Approval Scoring Methodology Attachment

Attachment 1 – Comprehensive approval of nursing program in Ontario: Detailed Review Scoring

Baccalaureate Nursing Program: Comprehensive Review

Institution	Nursing Program	Mandatory Indicator 4: Curriculum	Mandatory Indicator 2: Client & Student Safety	Indicator 7: First-time Pass Rate	Total Approval Score >=75%	Approval Status Recommendation
Laurentian University	Bachelor of Science in Nursing Program - English	Met	Met	Partially Met	Met	Approved
Laurentian University	Bachelor of Science in Nursing Program - French	Met	Met	Not Met	Met	Approved

Attachment 2 – Program Approval Scoring Methodology

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

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

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

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

1. Program Approval Scorecard Overview

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

2. Mandatory Indicators

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

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

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

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

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

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

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

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

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

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

Addressing Council Vacancies

Decision note – December 2023 Council

Contact for questions or more information

Stephen Mills, Chief Administrative Officer and Director, Strategy

Purpose and Action Required

To address vacancies on Council as a result of the resignation of two Council members.

1: Vacancy in Central Western district

That the RN Council member vacancy in the Central Western electoral district remain vacant pending the filling of the position on June 6, 2024 as a result of the 2024 election of Council members from that district.

2: Vacancy in Central district

That Lisa Bliss Donnelly, RN be appointed to fill the RN Council member vacancy from the Central district until June 2025.

Background

The Nominating Committee Terms of Reference include:

*Fulfilling duties related to election of nurse Board members, including declaring election results, resolving election disputes **and making recommendations to the Board for filling Board vacancies in-between elections.***

The provisions for filling vacancies of elected (nurse) Council members are set out in Article 55 of By-Law No. 1: General (attached). They are linked to the time remaining on the outgoing members' terms of office.

The remaining terms of office are materially different for the Central Western (term ends June 2024) and Central (term ends June 2025) districts. For that reason, the rationale for the Nominating Committee's advice is as follows:

1. Central Western District vacancy

Nominating Committee is proposing that this position remain vacant. Since the remaining term of office is 8 months, Article 55.02 of the General By-Law applies and the options are to:

- leave the seat vacant; or
- appoint as a councillor a member who meets the requirements for eligibility for election in that electoral district to serve the balance of the former elected member's term.

Rationale for proposal to leave the position vacant

The recommendation that the position remain vacant is based on decisions made previously by Council where a member resigned with less than a year remaining on their term of office.

Nominations for the 2024 Council election, which includes the Central Western District, have been sent to eligible voters and close on November 24. Ballots for the election will be sent to members on January 22, 2024 and a new members' term will begin on June 6, 2024. Joining Council at that time, allows a new member to participate fully in both the Council and committee member onboarding and orientation.

Appointment of a runner up at this stage would not be a positive experience for the appointee. With Council making the appointment in December, the new member would attend one Council meeting (March 2024) before they are replaced by the newly elected member.

2. Central District vacancy

Nominating Committee is proposing that Lisa Bliss Donnelly, first runner up in the previous election, be appointed to fill the vacancy.

Since the remaining term of office is 17 months, Article 55.03 of the General By-Law applies and the options are to:

- Hold a by-election, or
- Appoint the first runner up who is eligible and willing to serve.

Lisa Bliss Donnelly was the first runner up. She remains eligible to serve (e.g., registered in General Class, in electoral district). She was contacted by CNO staff and informed that her appointment is being considered and that she will be contacted if she

is appointed by Council in December. She noted that she has time availability and flexibility and would be pleased to serve.

The by-law is specific – Council can appoint the first runner up who is eligible and willing to serve or can call a by-election.

Rationale for proposal to appoint the runner up

Previously, in similar circumstances, the decision has been to appoint the first eligible runner up who is willing to serve. The runner-up responded to the call for nominations in the last election and completed the steps needed to stand for election.

Appointing the runner up enables that person to join Council in March 2024. If necessary, that person can fill the committee vacancy created by the Council member resignation (recommendation from by Executive Committee).

A by-election in the district in December would mean a new member would not be elected in time to join in Council and committee onboarding and orientation activities which take place in April/May.

Attachments

1. By-Law extracts regarding filling Council vacancies

Attachment 1

By-Law Extracts Regarding Filling Council Vacancies

VACANCY:

- 55.01** The seat of an elected councillor or elected committee member shall be deemed to be vacant upon the death, resignation or disqualification of the elected councillor or elected committee member.
- 55.02** If the seat of an elected councillor becomes vacant for an electoral district **not more than sixteen months before the expiry** of his or her term, the Council shall
- i. leave the seat vacant; or
 - ii. appoint as a councillor a member who meets the requirements for eligibility for election in that electoral district to serve the balance of the former elected member's term.
- (Amended September 2008)
- 55.03** If the seat of an elected councillor becomes vacant for an electoral district **more than sixteen months before the expiry** of his or her term, the Council shall
- i. direct the holding of a by-election for that electoral district which shall be held in a manner consistent with the elections held under this by-law; or
 - ii. appoint as a councillor the eligible candidate who had the most votes of the unsuccessful candidates in the last election for that electoral district or if that candidate is not willing to accept the appointment, the eligible candidate with the next highest number of votes.
- (Amended September 2008)

55.03.1 Where a by-election will be required under Article 55.03 because there is no eligible candidate who could be appointed pursuant to sub-Article 55.03(ii), no decision of the Council shall be required pursuant to Article 55.03 and the Council shall be deemed to have directed the holding of a by-election thereby allowing the Executive Director to set a date for the by-election without a resolution of the Council.

55.04 The term of an elected councillor or an elected or appointed committee member elected or appointed under Article 55.02, 55.03 or 55.03.2 shall continue until the term of the former elected councillor or former elected or appointed committee member would have expired.

(Amended September 2008)

Filling Council Member Vacancy on the Quality Assurance Committee

Decision note – December Council

Contact for questions or more information

Stephen Mills, Chief Administrative Officer and Director, Strategy

Purpose and Action Required

To support effective statutory committee functioning and facilitate Council efficiency, the Executive Committee recommends:

That, if Lisa Bliss Donnelly is appointed to Council to fill the Council member vacancy in the Central District, she be appointed to serve as member of the Quality Assurance Committee (QA).

Background

Two Council members have resigned: Zaheeda Hamza (QA Committee) and Priscilla Ankamah (Registration Committee).

Feedback from the statutory committee staff resource and chairs was that the QA Committee requires the vacancy to be filled at this time and the Registration Committee vacancy can be filled with committee turnover in June.

In accordance with by-laws and their terms of reference, the Nominating Committee is recommending to Council that Zaheeda's position be filled by the first runner-up (Lisa Bliss Donnelly) because there are 15 months left on that term of office and appointing the runner up is more effective and efficient than the other option which was to hold a by-election.

Since Lisa Donnelly is filling Zaheeda Hamza's position on Council, it is recommended that she also fill the Quality Assurance Committee position that had been filled by Zaheeda.

Strategic Plan Reporting

Discussion Note – December 2023 Council

Contact for questions or more information

Silvie Crawford, Executive Director & CEO

Purpose

The purpose of this discussion note is to provide Council an overview of the progress of the Strategic Plan.

Questions for consideration

- Does Council have any questions about our progress on the Strategic Plan?

Public interest rationale

This discussion note is the result of CNO's commitment to keep Council informed about the Strategic Plan implementation progress. It's intended to support Council in their governance oversight of the Strategic Plan. Implementation of the Strategic Plan supports CNO meeting its commitment to protect the public by promoting safe nursing practice.

Background

In March 2023, Council approved a recommendation to extend the duration of the Strategic Plan from 2024 to December 31, 2026. There was a commitment by staff to provide regular updates to Council on CNO's progress, as Council has a shared responsibility to oversee the plan's implementation.

Outcome Measures

As described in the [September 2023](#) Council briefing note, one outcome measure and multiple leading measures for each of the three outcomes of the Strategic Plan were developed. The outcome measure demonstrates CNO's achievement of the outcome, while the leading measures demonstrates CNO's progress to do so.

Outcome 1	Applicants for registration will experience processes that are evidence-informed, fair, inclusive and effective, contributing to improve public access to safe nursing care.
Outcome Measure	Applicant experience survey results
Leading Measures	Application processing ratio Time to first contact for applications
Outcome 2	Nurses' conduct exemplifies understanding and integration of CNO standards of safe practice.
Outcome Measure	Quality Assurance assessment results
Leading Measures	Quality Assurance survey results Standards utilization survey results Professional Conduct remediation dispositions
Outcome 3	CNO will be recognized as a trusted stakeholder to nurses, employers and the public.
Outcome Measure	Trust Index/score survey results
Leading Measures	Social media audience growth Awareness and perception survey results

Reporting on the Measures

At each quarterly meeting, updated dashboards will be provided to Council. See Attachment 1 for an overview of CNO's progress in implementing the Strategic Plan. Also, please see the updated Smartsheet dashboard in Attachment 2 which tracks the progress of related projects. Please refer to the [September 2023](#) Council briefing note for more information about their purpose and development.

Measuring Stakeholders Trust & Awareness

The Measuring Stakeholder Trust and Awareness work was executed from November 2022 to November 2023 to help develop a trust index for the operationalization of Outcome 3, "CNO will be a recognized as a trusted stakeholder to nurses, employers, and the public". The project goals were as follows:

1. Develop a Health Regulatory Trust Framework: develop a framework for what trust means in a health regulatory context in relation to the three audiences identified.
2. Trust Indices Development: Based on the framework constructed, develop an approach for measuring trust resulting in a trust index for each audience.
3. Implementation and Establishment of Baseline: implement the approach with the results forming the baseline for the trust indices.

This work employed a mixed-methods approach, incorporating qualitative interviews, surveys, and focus groups to solicit insights from employers, nurses, and the general

public regarding their trust in and awareness of CNO. Metrics such as "nurses' trust", "public's trust", "social media audience growth", "nurses' awareness", and "public's awareness" were developed to gauge our progress against the desired outcome.

A reputable market research firm was contracted to conduct the study. Their expertise ensured a robust methodology and the capture of nuanced stakeholder perceptions. The findings and recommendations provided by the research firm are pivotal to informing our strategy moving forward. The research firm provided CNO with a comprehensive report detailing the general perceptions about CNO amongst nurses, employers, and the public, and offered performance assessments and drivers of trust. These key findings are currently under review, with the goal of developing an ongoing implementation and re-evaluation plan to ensure that CNO is progressing successfully towards being recognized as a trusted stakeholder to nurses, employers, and the public. Council will receive an update regarding project results the first half of 2024.

Next steps

CNO will continue to report on the Strategic Plan at upcoming Council meetings.

Attachments

1. Dashboard: Strategic Plan Outcome Measures
2. Strategic Plan Progress Dashboard: Orientation
3. Strategic Plan Progress Dashboard: December Update

Attachment 1 - Strategic Plan Outcome Measures



Strategic Plan 2021-2026 Outcome Dashboard

Outcome Measure
Leading Measure

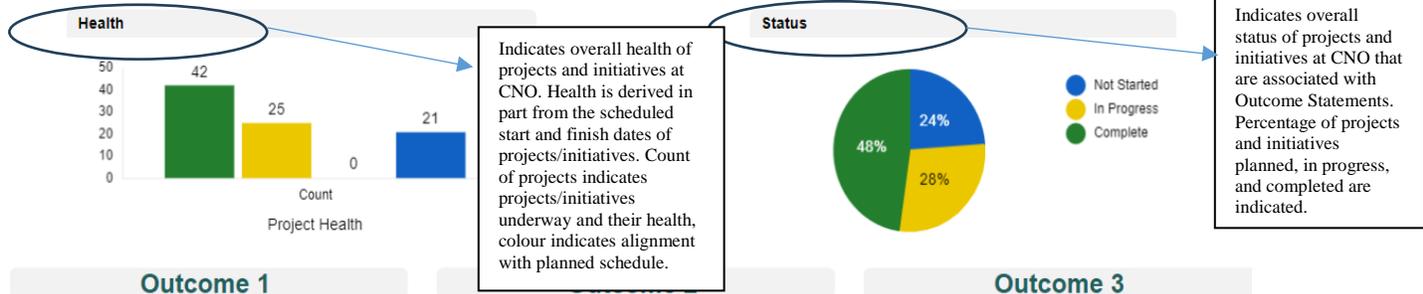
<p>Applicants for registration will experience processes that are <i>evidence-informed, fair, inclusive and effective</i>, contributing to improve public access to safe nursing care.</p>	<p>Nurses' conduct exemplifies <i>understanding and integration</i> of CNO standards of safe practice.</p>	<p>CNO will be recognized as a <i>trusted stakeholder</i> to nurses, employers and the public.</p>																																						
<p>Applicant Experience Survey</p> <p>Survey methodology under development.</p>	<p>Quality Assurance (QA) Assessment</p> <p>June-September 2023 Assessment Cohort</p> <p>0% 92% 100%</p> <p>% of assessed participants who <i>satisfactorily</i> completed the QA activity on the first attempt demonstrating understanding and integration.</p>	<p>Trust</p> <p>Data currently being analyzed.</p>																																						
<p>Time to First Application Contact (15 days or less)</p> <p>2023 YTD</p> <table border="1"> <tr> <td>99% Ontario</td> <td>100% Canadian</td> <td>100% IEN</td> </tr> </table> <p>Baseline (2020-22)</p> <table border="1"> <tr> <td>100% Ontario</td> <td>98% Canadian</td> <td>97% IEN</td> </tr> </table>	99% Ontario	100% Canadian	100% IEN	100% Ontario	98% Canadian	97% IEN	<table border="1"> <tr> <td data-bbox="758 786 1073 1166"> <p>QA Survey</p> <p>2023 YTD</p> <p>97%</p> <p>Average % of nurses who agreed they understood CNO's standards after completion of QA modules.</p> </td> <td data-bbox="1073 786 1381 1166"> <p>Standards Survey</p> <p>Work underway to prepare for data collection.</p> <p>% of nurses indicating that they were familiar with CNO's standards.</p> <p>Baseline (2021): 97%</p> </td> </tr> </table>	<p>QA Survey</p> <p>2023 YTD</p> <p>97%</p> <p>Average % of nurses who agreed they understood CNO's standards after completion of QA modules.</p>	<p>Standards Survey</p> <p>Work underway to prepare for data collection.</p> <p>% of nurses indicating that they were familiar with CNO's standards.</p> <p>Baseline (2021): 97%</p>	<p>Awareness</p> <p>Data currently being analyzed.</p>																														
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Attachment 2- Strategic Plan Progress Dashboard Orientation

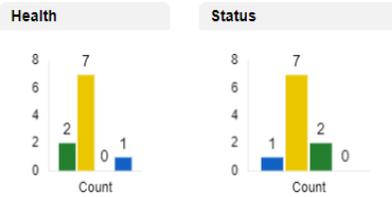


College of Nurses of Ontario

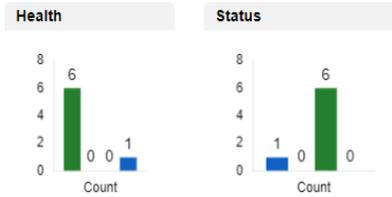
Overall



Outcome 1



Outcome 3



Attachment 3 – December 2023 Update

CNO is tracking successfully towards the projects and key milestones identified in its Strategic Plan operationalization roadmap. This includes the initiation of some projects ahead of their scheduled time, as well as the identification of opportunities for further alignment. For example, in 2023 CNO focused on developing its Stakeholder Engagement Framework and developing its internal processes to support purposeful and inclusive engagements with stakeholders. CNO successfully launched an internal framework, training, and resource tools to evolve its engagement activities. The work related to scaling the framework and external facing initiatives to communicate this framework has been strategically reorganized, for re-evaluation in 2024. This will be the focus in 2024 and beyond. This strategic positioning also allows for the potential alignment of the stakeholder engagement framework with results from the Measuring Stakeholder Trust & Awareness project related to Outcome #3. CNO is exploring the opportunity for optimization of work related to these initiatives while tracking successfully towards its Strategic Plan.

Similarly, activities related to Pillar #3, “Enable Proactivity” have been reorganized as being evidenced in two key areas of CNO’s regulatory work. These efforts are related to both registration as well as professional conduct. The enterprise-wide efforts related to applying principles of proactivity will be further reviewed in 2024 to help ensure strategic alignment with CNO’s overall operations and activities. This ongoing review of activities and projects related to CNO’s strategy plan allow for an agile and strategic implementation of initiatives that aligns with both the organization’s internal needs, as well as external factors.

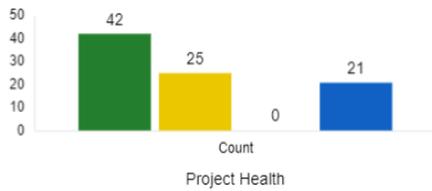
CNO Overall strategy Plan Project Management Dashboard: November 22, 2023



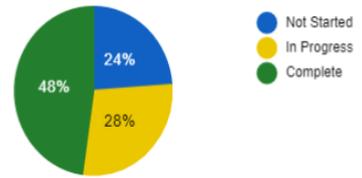
College of Nurses of Ontario

Overall

Health

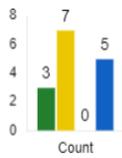


Status



Outcome 1

Health

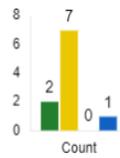


Status

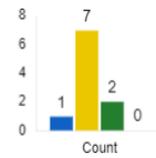


Outcome 2

Health

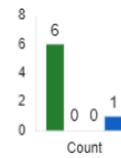


Status



Outcome 3

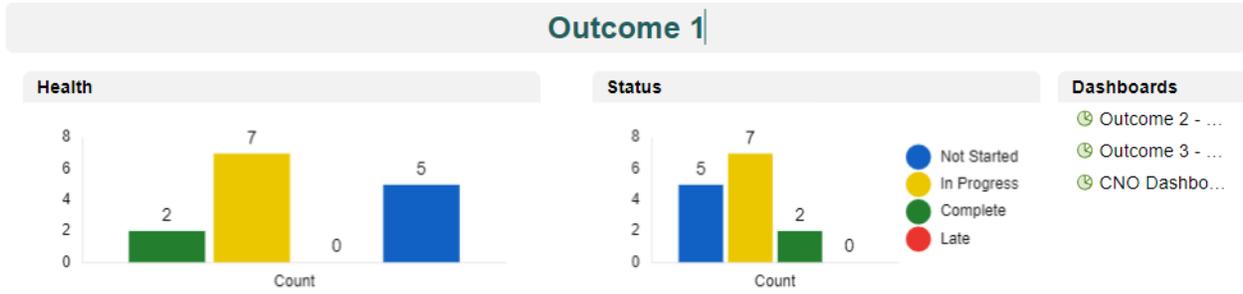
Health



Status

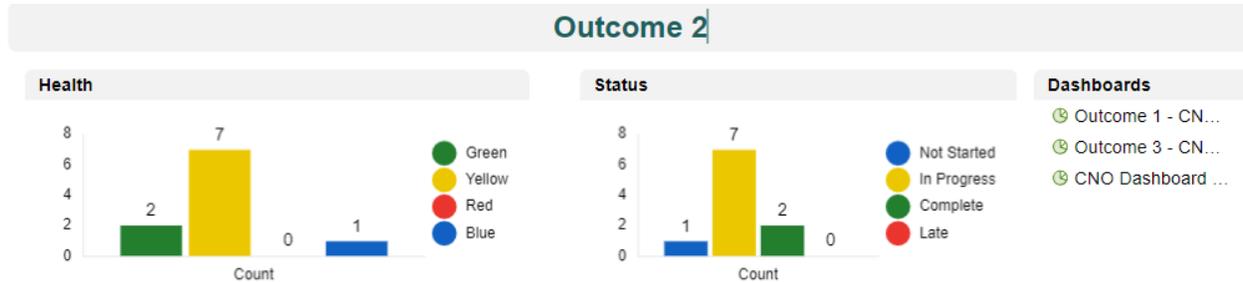


Outcome 1: Applicants for registration will experience processes that are evidence-informed, fair, inclusive, and effective, contributing to improved public access to safe nursing care.



Report for Outcome 1			
Health	Primary	% Complete	Status
●	Revised Applicant Portal Implemented	100%	Completed
●	Survey	4%	In Progress
●	Applicant Survey Developed	12%	In Progress
●	Applicant Survey Implemented/Applicant Survey Baseline Developed	0%	Not Started
●	Applicant Experience Survey Target Setting	0%	Not Started
●	Modernization of Applicant Assessment (MAA)	47%	In Progress
●	Language Proficiency (LP) Policy	100%	Completed
●	LP project (Bill 106 work)	75%	In Progress
●	New Police Criminal Record Check policy implemented	100%	Completed
●	New Police Criminal Record Check platform implemented	40%	In Progress
●	IEN Education Change Implemented (including reg. change)	25%	In Progress
●	Evidence of Practice	0%	Not Started

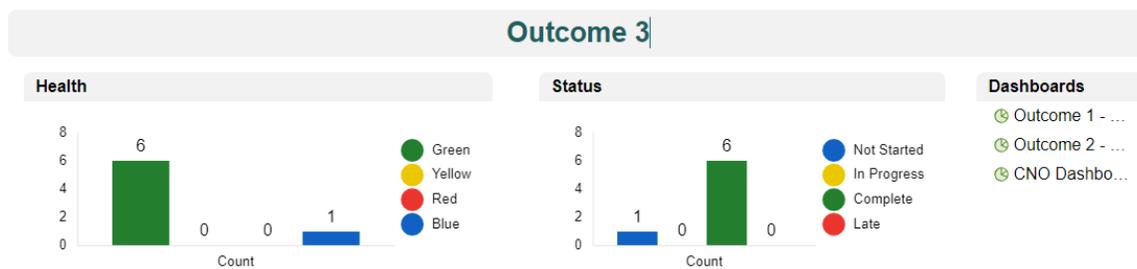
Outcome 2: Nurses' conduct will exemplify understanding and integration of CNO standards for safe practice



Report for Outcome 2

Health	Primary	% Complete	Status
Green	Revised Code of Conduct Implemented	100%	Completed
Yellow	Professional Conduct Casefile Trends Analysis Completed	80%	In Progress
Yellow	Topic Specific Standard(s) Established	90%	In Progress
Yellow	Quality Assurance Technology Platform Implemented	50%	In Progress
Green	New Quality Assurance Assessment Tools Established	100%	Completed
Blue	Professional Conduct Casefile Reporting & Querying Platform Establish	0%	Not Started
Yellow	QA Participant Survey	50%	In Progress
Yellow	Modernized Standards: Stakeholder Perception Surveys	5%	In Progress
Yellow	Quality Assurance Measurement Module Established	5%	In Progress

Outcome 3: Measuring Stakeholder Trust & Awareness



Report for Outcome 3

Health	Primary	% Complete	Status
Green	Establish Working Group	100%	Completed
Green	Trust Scope Defined	100%	Completed
Green	Baseline Survey Completed	100%	Completed
Green	Baseline Report Back Completed	100%	Completed
Green	Establish Advisory Group	100%	Completed
Blue	Trust Index Re-evaluation	0%	Not Started
Green	Identify project manager	100%	Completed

Stakeholder Engagement at CNO

Discussion Note – December 2023 Council

CONTACT FOR QUESTIONS OR MORE INFORMATION

Carol Timmings, Chief Quality Officer.

PURPOSE AND ACTION REQUIRED

Council sets the direction for stakeholder engagement and has an important oversight role. The purpose of this discussion item is to provide Council members with oversight of the stakeholder engagement pillar of [CNO's Strategic Plan \(2021-2026\)](#).

QUESTIONS FOR CONSIDERATION

1. Is this information sufficient for Council's effective oversight of engagement and communications with the public, government and other key stakeholders and the implementation of the stakeholder engagement pillar of the Strategic Plan (2021-2026)?
2. Does Council have any questions about the information shared?

PUBLIC INTEREST RATIONALE

CNO is committed to purposeful, relevant and inclusive engagements with stakeholders to inform regulatory decision-making and best-practices in the public interest. Stakeholder engagement is a collaborative process that seeks to build understanding and input to solutions for issues of mutual concern, and to support robust decision-making.

COUNCIL'S ROLE IN STAKEHOLDER ENGAGEMENT

Council sets the direction for stakeholder engagement. By setting this direction, Council can be reassured that any decision or draft item that comes to Council for input or approval has been informed by purposeful, inclusive and transparent engagement and collaboration, with a diverse range of stakeholders and system partners.

On corporate and regulatory priorities, CNO will continue to provide Council with measurable stakeholder insights to predict and evaluate stakeholder impact and support evidence informed decision-making in the public interest.

BACKGROUND

A stakeholder is a group, community, organization or individual that has a vested interest in CNO's public safety mandate and the impact of its decisions on nursing regulation and practice in Ontario. We engage with a variety of stakeholders, including, but not limited to:

- members of the public
- nurses
- applicants to CNO
- nursing employers
- nurse educators
- other health profession regulators
- nursing students
- government and
- nurse associations and unions.

Stakeholder engagement is critical to our regulatory work and is the cornerstone for organizational priorities. Successful engagement at CNO can include:

- working in partnership with employers, academics, regulators, government and other stakeholders to influence and promote best practice in nursing regulation
- engaging with a broad spectrum of stakeholders to advance patient safety, build trust and confidence, gather regulatory and nursing best practice evidence as well as foster new collaborations across the health care system in Ontario and beyond
- participating in the legislative process to support evidence-informed regulation of the profession
- sharing accurate and up-to-date statistical information about Ontario's nurses and applicants with stakeholders and health system partners.

Strategic Plan Alignment:

Engaging with our stakeholders is a goal identified in CNO's *Strategic Plan 2021-2026*. We recognize that we are one partner in a broader patient care system. By working with our stakeholders and partners, we can have a greater collective impact on patient safety.

STAKEHOLDER ENGAGEMENT FRAMEWORK

In 2023, CNO developed an internal Stakeholder Engagement Framework to evolve our engagement processes and activities. This framework was influenced by the stakeholder engagement strategy of the Professional Standards Authority for Health and Social Care (the UK Regulator)¹.

To develop the framework, CNO conducted an internal scan to identify our current processes for engagement and map our existing stakeholders. The scan helped us evaluate our strengths and identify areas for improvement. An environmental scan was done to further reflect on engagement with stakeholders from a diversity, equity and inclusion perspective. CNO also consulted with the Citizens Advisory Group, a group of public and patient advisors who help to incorporate the views and experiences of patients and their caregivers into health care regulation in Ontario, on ways to build inclusive engagement processes.

CNO's Stakeholder Engagement Framework focuses on enhancing our engagement processes and activities by ensuring:

- we set clear expectations and objectives for engagement
- we identify stakeholders who are influencers on the issue, impacted and affected by it
- we endeavor to be inclusive and engage with diverse groups and communities with a vested interest
- we assess risk and mitigation strategies and identify planned activities with mutually agreed timelines.

CNO used its core values of innovation, integrity, collaboration and wellbeing to guide staff, culture and business decisions. These values foster a culture of diversity, equity and inclusion for our staff and stakeholders, which shape a constructive work environment and guide our staff's interactions with stakeholders.

CNO also developed internal processes to improve stakeholder relationship management and to clarify roles and responsibilities across the organization. Information sessions were organized to support change management and to operationalize this work.

The Stakeholder Experience:

We value our stakeholders and understand that our staff represent CNO when they engage with external parties. We strive to provide a consistent and positive experience for all our stakeholders, including our system partners. More detailed case studies are provided in the attachments to illustrate this (Attachments 1 and 2). Stakeholder

¹ The Professional Standards Authority for Health and Social Care is a UK regulator, accountable to the UK Parliament, that oversees statutory bodies that regulate health and social care in the UK. They are recognized internationally for their regulatory best practice and excellence.

engagement is part of every project and initiative at CNO. A few examples of our work with stakeholders include the following.

Academics, Academic Institutions and Employers

CNO works closely with system partners like academics and employers to regulate the nursing profession in the public interest. To support a collaborative approach and regular engagement on key regulatory priorities, CNO initiated the Employers Reference Group in 2019 and Academic Reference Group in 2016. The Employer Reference Group is a diverse and collaborative network of nurse employers from different regions of Ontario and sectors, such as community, acute, public health, and long-term care. They exchange information and work together on nursing regulatory issues that affect their practice and the public interest. This group meets quarterly to enhance professional collaboration between nurse employers and CNO, and provides opportunities for education, discussion and consultation related to regulatory issues and accountability.

Similarly, the Academic Reference Group includes 12 Ontario nursing educators who represent all nursing programs in the province. This group provides a mechanism for CNO and educators to engage, share information and collaborate with each other on strategic and operational matters to inform nursing regulation and supports nursing educators with nursing program delivery.

Health Profession and Nursing Regulators

CNO work's collaboratively with other regulatory bodies to discuss and collaborate on various regulatory issues of mutual interest. For example, CNO is collaborating with the British Columbia College of Nurses and Midwives and the National Council of State Boards of Nursing in the U.S. on Nursys, a secure Canadian-based repository for sharing nursing information across jurisdictions.

CNO also has ongoing engagement and collaboration with the Health Profession Regulators of Ontario (HPRO), representing 26 regulatory colleges in Ontario. For example, in 2022 CNO continued to participate in and contribute to the HPRO anti-Black, Indigenous, People of Colour working group to explore issues and develop resources related to equity and anti-racism in Ontario's health professions regulatory sector.

Nurses and Applicants

CNO engages with nurses throughout their careers through CNO's Quality Assurance Program, practice support, customer service, social media and when required, the professional conduct process.

In 2023, CNO's Practice Quality team received a growing number of requests for presentations from external stakeholders. Practice Quality staff attended meetings, webinars and forums in response to these requests. We have also participated in several



nursing and health care conferences, where we had CNO booths to engage directly with nurses and address their inquiries. Daily, CNO supports our stakeholders' understanding of our practice standards and resources through our practice quality team, who respond to inquiries from nurses, employers and other stakeholders. CNO help nurses understand their accountabilities and the standards of practice that guide their profession. Staff also provide resources and guidance to support nurses in their practice and professional development. This engagement with nurses provides CNO with valuable insights on nursing practice at the point of care.

Applicants are supported throughout the application process through CNO's customer service team, entry to practice team and social media.

The Public

CNO focuses efforts to engage with the public by sharing nursing statistics and highlighting key regulatory work through news and updates on CNO.org and *The Standard*, social media, and media relations. And, as mentioned above, the Citizen Advisory Group is one stakeholder we can engage for the public perspective.

Addressing Gaps:

In 2022, CNO conducted an internal scan to identify current gaps in CNO's engagement processes and identify opportunities for improvements. Ongoing discussions with our staff and stakeholders supported recognizing and reflecting on gaps that exist in our engagement with stakeholders and the public, specifically from a diversity, equity and inclusion perspective.

To address these gaps, CNO has worked hard to be purposeful and inclusive in our engagement in relevant objectives. We will continue to assess and explore new opportunities, connection and partnerships to address this gap.

NEXT STEPS

CNO will continue to build, enhance and evolve our stakeholder engagement processes and continue to explore new opportunities for partnership.

CNO will keep Council updated on stakeholder engagement performance and achievements through its Strategic Plan updates.

ATTACHMENTS

- Attachment 1 – Program Approval Framework Roundtable Case Study
- Attachment 2 – Revising Code of Conduct Case Study



Attachment 1- Program Approval Framework (Case Study)

In October 2023, CNO hosted a Program Approval Framework Roundtable Meeting that was attended by the Chief Nursing Officer of Canada, Dr. Leigh Chapman and Allison Henry, Director, Health Workforce Regulatory Oversight, Ontario Ministry of Health who both provided a welcome address. Dr Nancy Spector, Director of Nursing Education at the National Council of State Boards of Nursing was the keynote speaker.

Nineteen regulators from across Canada attended, including six regulators who are now using CNO's Program Approval Framework ("Licensees"). Each Licensee has received orientation and ongoing support from CNO. CNO's Program Approval Framework is an evidenced-based tool that enables the review of entry-level nursing programs to ensure graduates have the knowledge, skill, and judgment to practice safely.

The first of its kind, this meeting provided an opportunity to support current Licensees and other nursing regulators to share their experiences in program approval including those who use CNO's framework. It was a valuable opportunity to collaborate and identify new and emerging themes related to the evaluation of nursing education programs and create an ongoing mechanism for collaboration. By sharing best practices, identifying common themes, challenges and solutions, CNO and other regulators can ensure that the regulation of nursing education is evidenced based and rigorous in Ontario and across the country.

Outcome of Engagement

Group discussion provided valuable stakeholder feedback at the roundtable meeting and will help to inform CNO's evaluation of the Program Approval Framework and future program recommendations.

Through the outcomes of these collaborative engagements, nursing students will benefit from a high-quality education that prepares them for the diverse and complex needs of their patients, at a novice entry level, which supports patient safety – the primary mandate of the regulatory attendees.

Attachment 2- Revised Code of Conduct (Case Study)

In 2020, CNO began to modernize practice standards to ensure our practice standards are accessible, relevant and defensible.

As part of this initiative, in 2022, CNO revised and modernized our Code of Conduct (the Code) to reflect the evolving health care needs of clients and the dynamic nature of the nursing profession. CNO collaborated with many stakeholders to support enhancements to the Code. For example:

1. DEI Engagement

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

This included the following groups such as:

- Alliance Ontario
- Black Nursing Communities of Practice (for example, academics with expertise in anti-black racism)
- Citizen's Advisory Group (for example, comprised of diverse clients and caregivers). Working with the College of Physicians and Surgeons of Ontario (CPSO), CNO conducted several CAG engagements to understand how the public perceives nursing care and to clarify their expectations of nurses caring for them
- Indigenous Peoples Communities (for example, Indigenous Primary Health Care Council)
- 2SLGBTQ+ Communities (for example, Queer Ontario, 519 Health)
- Mental Health & Addiction Communities (for example, Centre for Addictions and Mental Health, Ontario Shores)
- Senior & Elder Communities (for example, AdvantAge Ontario, Ontario Retirement Communities Association)

2. Public Engagement

Public Consultation Survey: The public consultation survey was one of many data sources to inform and validate revisions to the Code. Stakeholders, including nursing associations, unions and educators, were invited to participate through several communication channels.

Outcome of Engagement

Based on extensive stakeholder consultations, CNO developed a new principle, Principle 2 in the modernized Code of Conduct focused on diversity, equity and

inclusion. This principle sets out expectations and accountabilities nurses must demonstrate to provide inclusive and culturally safe care to all people in Ontario.

Registration Regulation: Proposed amendments re. education requirement

Discussion Note – December 2023 Council

Contact for questions or more information

Anne Marie Shin, Director of Professional Practice

Purpose

This briefing note provides an overview of feedback received from the registrant and stakeholder consultation.

Discussion question

- Does Council have any questions about the feedback received?
- Is there anything specific in the feedback that requires further exploration?
- Is there further information that will support Council in its future decision on the proposed amendments?

Public interest rationale

Meeting evidence-informed registration requirements ensures CNO registers applicants who have the knowledge, skills, judgment and character to practice nursing safely in Ontario. As described in the [June 2023 Council briefing note](#), the proposed regulation changes are evidence-based to support safe patient care.

Background

At the June and September 2023 Council meetings, Council supported proposing revisions to Regulation 275/94 under the *Nursing Act, 1991* (registration regulation) to:

1. amend the education requirement for General Class applicants from “education equivalency” to “nursing education recognized or approved in any jurisdiction”, and
2. require General Class applicants to successfully complete a course to support the successful integration of applicants to the healthcare system in Canada¹.

In September 2023, Council decided that the drafted amendments were in the public interest and approved the proposed changes to the registration regulation for notice and

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

circulation to registrants and stakeholders (please refer to attachment 1 for the redlined version of the proposed regulations).

Circulation Feedback

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

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

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

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

- Nursing regulators across Canada
- Health regulators in Ontario
- Ontario academic stakeholders
- The Ontario Fairness Commissioner
- Nursing associations and unions in Ontario

The registrant and stakeholder consultation period ended November 27, 2023. CNO received one submission after the consultation period. This feedback was incorporated into the key stakeholder feedback identified below.

Quantitative and Qualitative Registrant and Stakeholder Survey Feedback

A total of 1,509 completed responses were received to the online survey between September 29, 2023, and November 27, 2023. A thematic analysis of the data was conducted. The process involved identifying themes and associated verbatim quotes. To increase credibility of the results, two staff independently conducted this process. These independent reviewers met to compare summary reports of themes identified and analyzed these reports for areas of convergence and divergence, agreeing on the predominant themes. The themes identified below are focused on the responses that were relevant to the regulation changes being proposed. Some responses related to other topics.

Responses were received from the following groups:

Respondent Type	Count	Percent
An RN	892	59.1%
An RPN	368	24.4%
An NP	74	4.9%
A member of the public	97	6.4%
A doctor	0	0.0%
A pharmacist	0	0.0%
Other individual	62	4.1%
A health professional regulator	4	0.3%
Nursing association	2	0.1%
Other professional association	0	0.0%
Union	0	0.0%
Healthcare organization	5	0.3%
Other organization	5	0.3%
Total	1,509	100.0%

[In support of the proposed changes to education equivalency](#)

655 respondents (43.4%) supported the proposed change to education equivalency. The following table shows support broken down by respondent type:

Respondent Type	Do you support this proposed change?			Count
	Yes	Unsure	No	
An RN	39.0%	10.2%	50.8%	892
An RPN	53.8%	11.7%	34.5%	368
An NP	45.9%	8.1%	45.9%	74



Respondent Type	Do you support this proposed change?			Count
	Yes	Unsure	No	
A member of the public	32.0%	5.2%	62.9%	97
Other individual	58.1%	9.7%	32.3%	62
A health professional regulator	25.0%	25.0%	50.0%	4
Nursing association	50.0%	0.0%	50.0%	2
Healthcare organization	60.0%	20.0%	20.0%	5
Other organization	60.0%	0.0%	40.0%	5
Total	43.4%	10.1%	46.5%	1,509

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

- Help address the ongoing nursing shortage and get more nurses into the health care system
- Support reducing barriers by allowing quicker processing of applications
- Enable internationally educated nurses (IENs) to utilize their education qualifications
- Be a cost savings for applicants
- Increase inclusivity and diversity in staff and management

Please refer to attachment 2 for a sample of verbatim quotes to illustrate these themes.

Against the proposed changes to education equivalency

701 respondents (46.5%) did not support the proposed change to remove the Ontario education equivalency for General Class for RNs and Registered Practical Nurses (RPNs). Respondents who were against the proposed changes raised concerns related to:

- Different nursing roles and capabilities between jurisdictions
- Lowering the standard of nursing
- Illegitimate credential documents



- Relying on an entry-to-practice exam
- Creating a “double standard” for IENs and Canadian/Ontario grads

Here are a few considerations in response to these concerns:

- There are eight registration requirements for all applicants. It’s meeting all those together that supports safe practice.
- There is a misunderstanding among some stakeholders around the proposed changes and how these will be operationalized including the baccalaureate requirement for RN applicants (this is a requirement in Ontario and is not proposed to change).
- While most applicants (including many international applicants) have a baccalaureate degree, under current laws, IENs can meet the current education requirement without a baccalaureate degree.
- CNO has rigorous processes in place for document authentication.
- The two proposed regulation changes are interdependent and work together to protect the public. The intent of the proposed course is to facilitate safe transition to practice for the IEN.

Please refer to attachment 2 for a sample of verbatim quotes to illustrate these themes.

In support of the addition of a healthcare course

841 respondents (55.7%) were in support of the proposed change to add the healthcare course. The following table shows support broken down by respondent type:

Respondent Type	Do you support the proposed change?				Count
	Yes	Unsure	No	NA	
An RN	56.1%	14.3%	28.5%	1.1%	892
An RPN	54.3%	17.4%	27.4%	0.8%	368
An NP	62.2%	20.3%	17.6%	0.0%	74
A member of the public	44.3%	11.3%	44.3%	0.0%	97
Other individual	62.9%	14.5%	21.0%	1.6%	62
A health professional regulator	75.0%	0.0%	25.0%	0.0%	4
Nursing association	50.0%	0.0%	50.0%	0.0%	2
Healthcare organization	100.0%	0.0%	0.0%	0.0%	5



Respondent Type	Do you support the proposed change?				Count
	Yes	Unsure	No	NA	
Other organization	80.0%	0.0%	20.0%	0.0%	5
Total	55.7%	15.0%	28.3%	0.9%	1,509

Respondents who were supportive of the addition of a healthcare course felt that this could:

- Improve patient safety by ensuring nurses have the appropriate knowledge to safely practice
- Support the transition process for IENs
- Standardize education requirements and expectations

Please refer to attachment 2 for a sample of verbatim quotes to illustrate these themes.

Against the addition of a healthcare course

427 respondents (28.3%) did not support the proposed change. Respondents who were in opposition of the addition of a healthcare course noted potential risks:

- That one course would not allow for a full understanding of the healthcare system
- Cost and length of the course could be barriers for some applicants
- Given the number of applicants, the system may not be able to meet the demand

Please refer to attachment 2 for a sample of verbatim quotes to illustrate these themes.

Other Registrant and Stakeholder Feedback

A few respondents noted that they were in support of the inclusive language that was included in the regulations.



Key Stakeholder Feedback

In support of the proposed changes to education equivalency

Several healthcare organizations were supportive of the proposed changes noting that the proposed changes could:

- Enable qualified nurses to join the workforce more quickly and help maintain adequate staffing levels
- Break down registration barriers (e.g., reducing timelines and fees)
- Increase clarity and predictability of pathways to register

Against the proposed changes to education equivalency

Several healthcare organizations were against the proposed changes and shared the following:

- Patient safety concerns with differences in the education requirements between jurisdictions
- Fairness concerns related to the provincial baccalaureate requirement
- Added burden and workload within healthcare organizations

In support of the addition of a healthcare course

Several healthcare organizations were in support of the proposed change to add a healthcare course. They noted it could be an opportunity to help new nurses integrate into the Ontario healthcare system prior to independent practice. Alignment with the Jurisprudence Exam timeframe was also noted.

Please refer to attachment 2 for a sample of verbatim quotes to illustrate these themes.

Proposed revisions to the redlined version

The following minor amendments are being proposed to the changes approved by Council in September (attachment 1 reflects the revisions):

- Removed references to the “Emergency Assignment Class” and changed to “Emergency Class” to align with the recent regulation changes.
- Revisions made to subsections 2(1) and 3(1), paragraphs 6, from “the” to “a”: “...have successfully completed **a** program or course” to ensure it’s clear this can be more than one program or course approved by Council which was the intent Council supported in September.
- Subsection 2(4) removed reference to the “he or she” and revised to “the applicant” to align with the inclusive language changes in other sections of the proposed changes, which were supported by Council in September.

Next steps

The College will continue to evaluate the feedback received, seek to build better understanding among stakeholders of how the proposed changes would support safe nursing practice and explore implementation steps (e.g., the new course requirements, making process changes and developing policies to support the implementation of the regulation).

Attachments

1. Redlined version showing the proposed regulation changes
2. Qualitative themes with verbatim quotes

Redlined version showing the proposed regulation changes

Nursing Act, 1991

ONTARIO REGULATION 275/94

GENERAL

Consolidation Period: From May 15, 2023 to the [e-Laws currency date](#).

Last amendment: 96/23.

Legislative History: 115/96, 39/98, 158/00, 212/00, 472/01, 264/04, 376/04, 406/04, 433/04, 22/06, 190/06, 387/06, 131/07, 433/07, 502/07, 410/08, 311/10, 387/11, 174/12, 175/12, 268/13, CTR 15 JL 08 - 1, 462/16, 111/17, 473/19, 741/20, 308/22, 509/22, 96/23.

This is the English version of a bilingual regulation.

...

**PART II
REGISTRATION**

GENERAL CERTIFICATES OF REGISTRATION — REGISTERED NURSE

2. (1) The following are additional requirements for the issuance of a certificate of registration as a registered nurse in the General class:

1. The applicant,

i. must have a minimum of a baccalaureate degree in nursing evidencing the successful completion of a program specifically designed to educate and train persons to be practising registered nurses,

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

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

- C. awarded by a college of applied arts and technology in Ontario as a result of successful completion of a program that was approved by Council or a body approved by Council for that purpose, or
- ii. must have successfully completed a relevant program ~~a minimum of a baccalaureate degree~~ in nursing ~~evidencing the successful completion of a program~~ specifically designed to educate and train persons to be practising registered nurses other than a program mentioned in subparagraph i, which program was recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered nurse in that jurisdiction ~~which program was approved by the Registration Committee as one whose graduates should possess knowledge, skill and judgement at least equivalent to those of current graduates of a program mentioned in sub-sub paragraph i A or C, or~~
- ~~iii. must have successfully completed a program in nursing specifically designed to educate and train persons to be practising registered nurses, other than a program mentioned in subparagraph i or ii, and,~~
- ~~A. must have successfully completed a program that, at the time the applicant commenced it, was approved by Council as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A or C, or~~
- ~~B. must have paid any fees required under the by-laws, undergone an evaluation approved by Council and satisfied the Executive Director or a panel of the Registration Committee that he or she has successfully completed further education or training or combination of education and training approved by the Registration Committee that was identified in the evaluation as being necessary to evidence that the applicant possesses knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A or C.~~
2. The applicant must have successfully completed an examination for registration as a registered nurse at a time when that examination was approved by Council and at a time when ~~he or she~~ the applicant was eligible under section 9 to take that examination, or must have successfully completed an examination approved by Council for that purpose.
3. The applicant,
- i. must have completed ~~been awarded~~ the degree requirements mentioned in subparagraph 1 i or ii no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration,
- ~~ii. must have successfully completed all requirements of one of sub-subparagraph 1 ii iii A or B no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration,~~
- iii. must demonstrate evidence of practice as a registered nurse no more than three years before the day on which the applicant met all other requirements for the issuance of the certificate of registration, or
- ~~iv. iii. must have paid any fees required under the by-laws, undergone an evaluation approved by the Registration Committee at a time when the evaluation was approved by the Registration Committee and met requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee within the period of time specified by the panel.~~
4. The applicant must, within five years before the day that the applicant is issued the certificate of registration, have successfully completed the examination in nursing jurisprudence that is approved by Council for applicants for the issuance of a certificate of registration as a registered nurse.
5. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French at a date no more than two years before the day that ~~he or she~~ the applicant is issued the certificate

of registration, or such longer period of time as specified by a panel of the Registration Committee, unless,

- i. the applicant, on the day ~~he or she~~ the applicant submits the application, holds a certificate of registration as a registered nurse, other than a certificate in the Emergency or Non-Practising class, or
- ii. the applicant previously held a certificate of registration as a registered nurse, other than a certificate in the Emergency, retired or Non-Practising class and since the date that the applicant last held that certificate no more than two years or such longer period of time as specified by a panel of the Registration Committee has elapsed. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 1; O. Reg. 741/20, s. 1.

6. The applicant must, within five years before the day that the applicant is issued the certificate of registration, have successfully completed a program or course regarding successful integration to the healthcare system in Canada that is approved by Council for applicants for the issuance of a certificate of registration as a registered nurse.

~~(2) The requirements in subparagraph 1 ii or iii of subsection (1) shall be deemed not to have been met if the nursing program which the applicant relies on to meet that requirement was not recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered nurse in that jurisdiction. O. Reg. 175/12, s. 1.~~

(3) The requirements in paragraphs 1 and 2 of subsection (1) do not apply to an applicant who previously held a certificate as a registered nurse in the General or extended class. O. Reg. 175/12, s. 1.

(4) An applicant is exempt from the requirements in paragraphs 1, 2, ~~and~~ 5 and 6 of subsection (1) if the applicant holds a certificate of registration in the extended class at the time that ~~he or she~~ the applicant applies for the issuance of a certificate of registration as a registered nurse in the General class. O. Reg. 175/12, s. 1.

(4.1) An applicant satisfies the requirement in paragraph 6 of subsection (1) if, within the last three years, the applicant completed a recognized or approved registered nurse program in Canada or practised nursing in Canada.

(5) Subject to subsections (3) and (4) and section 2.1, the requirements in subsection (1) are non-exemptible. O. Reg. 175/12, s. 1.

MOBILITY WITHIN CANADA

2.1 (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a certificate of registration as a registered nurse in the General class, the requirements of paragraphs 1, 2, ~~and~~ 3 and 6 of subsection 2 (1) of this Regulation are deemed to be met by the applicant. O. Reg. 175/12, s. 1.

(2) Despite subsection (1), it is a non-exemptible requirement that an applicant referred to in subsection (1) provide, for each jurisdiction where the applicant holds an out-of-province certificate, a certificate, letter or other evidence satisfactory to the Executive Director or a panel of the Registration Committee confirming that the applicant is in good standing as a nurse in that jurisdiction. O. Reg. 175/12, s. 1.

(3) Without in any way limiting the generality of subsection (2), “good standing” shall include the fact that,

(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and

(b) the applicant is in compliance with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant the out-of-province certificate as a registered nurse. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 2.

(4) An applicant referred to in subsection (1) is deemed to have met the requirements of paragraph 5 of subsection 2 (1) where the requirements for the issuance of the applicant’s out-

of-province certificate of registration included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 175/12, s. 1.

(5) Despite subsection (1), a requirement set out in paragraph 1, 2 or 3 of subsection 2 (1) will continue to apply to an applicant where that requirement is a requirement described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 175/12, s. 1.

(6) If an applicant to whom subsection (1) applies is unable to satisfy the Executive Director or a panel of the Registration Committee that the applicant practised the profession of nursing to the extent that would be permitted by a General certificate of registration as a registered nurse at any time in the three years immediately before the date of that applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 175/12, s. 1.

...

GENERAL CERTIFICATES OF REGISTRATION — REGISTERED PRACTICAL NURSE

3. (1) The following are additional requirements for the issuance of a certificate of registration as a registered practical nurse in the General class:

1. The applicant,

i. must have a diploma in practical nursing evidencing the successful completion of a program specifically designed to educate and train persons to be practising registered practical nurses,

A. awarded by a College of Applied Arts and Technology in Ontario whose program was approved by Council or by a body approved by Council for that purpose, or

B. awarded as a result of successful completion of a program that was approved by Council or by a body approved by Council for that purpose,

ii. must have successfully completed a relevant program ~~a diploma~~ in practical nursing evidencing the successful completion of a program specifically designed to educate and train persons to be practising registered practical nurses, other than a program mentioned in subparagraph i, which program was recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered practical nurse in that jurisdiction; ~~which program was approved by the Registration Committee as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A, or~~

iii. ~~must have successfully completed a program in practical nursing specifically designed to educate and train persons to be practising registered practical nurses, other than a program mentioned in subparagraph i or ii, and,~~

A. ~~must have successfully completed a program that, at the time the applicant commenced it, was approved by Council as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A, or~~

B. ~~must have paid any fees required under the by-laws, undergone an evaluation approved by Council and satisfied the Executive Director or a panel of the Registration Committee that he or she has successfully completed further education or training or combination of education and training approved by the Registration Committee that was identified in the evaluation as necessary to evidence that the applicant possesses knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A.~~

iv. iii must have satisfied the requirements of paragraph 1 of subsection 2 (1). ~~of~~

~~v. must, if the applicant has not satisfied the requirements of paragraph 1 of subsection 2 (1), have successfully completed a program in nursing, specifically designed to educate and train persons to be practising registered nurses, must have paid any fees required under the by-laws, undergone an evaluation approved by Council and satisfied the Executive Director or a panel of the Registration Committee that he or she has successfully completed further education or training or combination of education and training approved by the Registration Committee that was identified in the evaluation as necessary to evidence that the applicant possesses knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in subparagraph i-A.~~

2. The applicant must have successfully completed an examination for registration as a registered practical nurse at a time when that examination was approved by Council and at a time when ~~he or she~~ the applicant was eligible under section 9 to take that examination, or must have successfully completed an examination approved by Council for that purpose.

3. The applicant,

i. must have met the requirements ~~been awarded the diploma~~ mentioned in subparagraph 1 i, ii ~~or iii~~ no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration,

~~ii. must have successfully completed all the requirements of subparagraph 1 iii, iv or v no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration;~~

iii. must demonstrate evidence of practice as a registered practical nurse no more than three years before the day on which the applicant met all other requirements for the issuance of the certificate of registration, or

~~iv-iii.~~ must have paid any fees required under the by-laws, undergone an evaluation approved by the Registration Committee at a time when the evaluation was approved by the Registration Committee and met requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee within the period of time specified by the panel.

4. The applicant must, within five years before the day that the applicant is issued a certificate as a registered practical nurse, have successfully completed the examination in nursing jurisprudence that is approved by Council for applicants for the issuance of a certificate as a registered practical nurse.

5. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French at a date no more than two years before the day that ~~he or she~~ the applicant is issued a certificate in the General class, or such longer period of time as specified by a panel of the Registration Committee, unless,

i. the applicant, on the day ~~he or she~~ the applicant submits the application, holds a certificate of registration as a registered practical nurse, other than a certificate in the Emergency or Non-Practising class, or

ii. the applicant previously held a certificate of registration as a registered practical nurse, other than a certificate in the Emergency, retired or Non-Practising class and since the last date that the applicant held that certificate no more than two years or such longer period of time as specified by a panel of the Registration Committee has elapsed. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 3 (1).

6. The applicant must, within five years before the day that the applicant is issued the certificate of registration, have successfully completed a program or course regarding successful integration to the healthcare system in Canada that is approved by Council for applicants for the issuance of a certificate of registration as a registered practical nurse.

~~(2) The requirements of subparagraph 1 ii, iii or v of subsection (1) shall be deemed not to have been met where the nursing program which the applicant relies on to meet that requirement was not recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered practical nurse in that jurisdiction. O. Reg. 175/12, s. 1.~~

(3) The requirements in paragraphs 1 and 2 of subsection (1) do not apply to an applicant who previously held a certificate as a registered practical nurse in the General class. O. Reg. 175/12, s. 1.

(3.1) An applicant satisfies the requirement in paragraph 6 of subsection (1) if, within the last three years, the applicant completed a recognized or approved registered practical nurse program in Canada or practised nursing in Canada.

(4) Subject to subsection (3) and section 3.1, the requirements in subsection (1) are non-exemptible. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 3 (2).

MOBILITY WITHIN CANADA

3.1 (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a certificate of registration as a registered practical nurse in the General class, the requirements of paragraphs 1, 2, ~~and 3~~ and 6 of subsection 3 (1) of this Regulation are deemed to be met by the applicant. O. Reg. 175/12, s. 1.

(2) Despite subsection (1), it is a non-exemptible requirement that an applicant referred to in subsection (1) provide, for each jurisdiction where the applicant holds an out-of-province certificate, a certificate, letter or other evidence satisfactory to the Executive Director or a panel of the Registration Committee confirming that the applicant is in good standing as a nurse in that jurisdiction. O. Reg. 175/12, s. 1.

(3) Without in any way limiting the generality of subsection (2), “good standing” shall include the fact that,

(a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and

(b) the applicant is in compliance with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant the out-of-province certificate as a registered practical nurse. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 4.

(4) An applicant referred to in subsection (1) is deemed to have met the requirements of paragraph 5 of subsection 3 (1) where the requirements for the issuance of the applicant’s out-of-province certificate of registration included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 175/12, s. 1.

(5) Despite subsection (1), a requirement set out in paragraph 1, 2 or 3 of subsection 3 (1) will apply to an applicant if that requirement is a requirement described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 175/12, s. 1.

(6) If an applicant to whom subsection (1) applies is unable to satisfy the Executive Director or a panel of the Registration Committee that the applicant practised the profession of nursing to the extent that would be permitted by a General certificate of registration as a registered practical nurse at any time in the three years immediately before the date of that applicant’s application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 175/12, s. 1.

...

MOBILITY WITHIN CANADA

5.2 (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a certificate of registration in the Temporary class, the requirements of paragraphs ~~2 and~~ 7 of subsection 5 (1) of this Regulation are deemed to be met by the applicant. O. Reg. 175/12, s. 1.

(2) Despite subsection (1), it is a non-exemptible requirement that an applicant referred to in subsection (1) provide, for each jurisdiction where the applicant holds an out-of-province certificate, a certificate, letter or other evidence satisfactory to the Executive Director or a panel of the Registration Committee confirming that the applicant is in good standing as a nurse in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 175/12, s. 1.

(3) Without in any way limiting the generality of subsection (2), “good standing” shall include the fact that,

(a) the applicant is not the subject of any discipline or fitness to practise order or any proceeding or ongoing investigation or any interim order or agreement as a result of a complaint, investigation or proceeding; and

(b) the applicant is in compliance with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant the out-of-province certificate as a registered nurse in the case of an application for a Temporary certificate as a registered nurse, or as a registered practical nurse in the case of an application for a Temporary certificate as a registered practical nurse. O. Reg. 175/12, s. 1.

(4) An applicant referred to in subsection (1) is deemed to have met the requirements of paragraph 6 of subsection 5 (1) where the requirements for the issuance of the applicant’s out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 175/12, s. 1.

(5) Despite subsection (1), a requirement set out in paragraph ~~2 or~~ 7 of subsection 5 (1) will continue to apply to an applicant where that requirement is a requirement described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 175/12, s. 1.

(6) If an applicant to whom subsection (1) applies is unable to satisfy the Executive Director or a panel of the Registration Committee that the applicant practised the profession of nursing to the extent that would be permitted by a Temporary certificate of registration at any time in the three years immediately before the date of that applicant’s application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 9.

Qualitative themes with verbatim quotes

In support of the proposed changes to education equivalency

In relation to supporting health human resources, one nurse stated:

Strongly support the changes, this will remove the barriers for an IEN to enter the workforce timely and prevent delays. We are short nurses and need trained nurses to enter the workforce who are now working elsewhere, waiting to complete the equivalency process. Excellent initiative by CNO. Definitely anticipate a major impact on healthcare and appreciate the move.

Another noted:

Ontario needs nurses. While there have been recent improvements to make IEN registration easier (i.e., SPEP), there are many more areas of improvement. I fully support and celebrate this proposal, and this newfound direction of CNO.

Another noted:

As long as the IEN is still required to write the NCLEX exam and go through some sort of training/testing with CNO to ensure they know and understand nursing standards and requirements in Ontario, I think any RN/RPN who has completed a recognized education in another jurisdiction would be qualified to practice without any safety risk to the public.

Some respondents also noted that this change would enable an IEN to utilize their education qualifications (e.g., such as an RN currently working as a Personal Support Worker). For example, one nurse noted:

The province will get to have lots of internationally trained nurses who are currently in the system and not recognized absorbed into the health stream to help bridge the gap of the nursing shortage.

Another noted:

As an international nurse, we are already qualified enough in terms of education of four years with enough theory and practical hours so removing this criteria will aid nurses to enroll faster and efficiently. I don't see any risks associated with these changes made.

Several respondents noted the potential cost savings for IEN applicants and how this change would reduce the time it takes for an IEN to meet the current education requirements. For example, one nurse noted:

More nurses available, no need to wait long to get eligibility to write an exam and also saves money.

Some respondents also noted that risks are mitigated by keeping in safeguards, such as the evidence of practice requirement and the entry-to-practice exam requirement. Others noted that applicants are already able to practice in Ontario without meeting equivalency by successfully completing the NCLEX-RN, (approved by Council in 2021). For example, one nurse stated:

Accepting NCLEX equivalency from other jurisdictions (i.e., US or Australia) but barring your applicants from taking the NCLEX has forced applicants (who were denied equivalency by Ontario) to go in a round-about way--apply in those other jurisdictions then endorse their license to Ontario.

From a diversity, equity and inclusion (DEI) lens, a few respondents noted that this change would lead to increased inclusivity and diversity in staff and management.

In terms of key stakeholder feedback, one healthcare organization noted that the proposed changes would help with maintaining adequate staffing levels.

Another healthcare organization in support of the proposed changes described the changes as “a highly innovative initiative which should both break down registration barriers and enable qualified nurses to join the workforce more quickly”. They also applauded CNO for the use of evidence in informing the proposed changes.

Another healthcare organization noted that they supported this change as it would help alleviate their current health human resource crisis by allowing them to take advantage of more nurse recruiting opportunities and would make Ontario more competitive with other provinces. For example, they stated:

At present with a high percentage of our sites relying on agency nurses, it is heavily impacting our quality of care, morale, and financial sustainability.

Another organization noted that the proposed changes could reduce barriers, including the timelines and fees for IENs, and increase the clarity and predictability of pathways to register as a nurse in Ontario. They did note that there needs to be a clear understanding of acceptable educational requirements should the change be approved.

If the onus is put on IEN applicants to demonstrate that their school is approved, this could create new barriers and inefficiencies.

Yet another organization was supportive of the proposed changes, noting that this change “adopts a more streamlined approach”. For example, they stated:

We are in support of the proposed change that adopts a more streamlined approach and recognizes the need to nurture and value the diverse nursing skills offered in support of the Canadian healthcare system.

Against the proposed changes to education equivalency

Patient Safety:

Many respondents indicated perceptions regarding patient safety concerns related to the roles and capabilities of nurses being different between jurisdictions. For example, there is a perception that most jurisdictions outside of Canada do not have comparable educational requirements. Several respondents also noted that the proposed change would “lower the standard of nursing” due to the variability in educational background that would be accepted. For example, it was noted several times that a Bachelor of Science in Nursing (BScN) program provides nursing students with extensive time to develop critical thinking skills to support their autonomy, knowledgebase, and influence in the profession. Others have noted that a BScN exposes nurses to other important topics, such as pharmacology, disease processes, research, and clinical placements. For example, one nurse noted:

International nursing programs are not all created equal and do not prepare nurses to practice with the amount of autonomy that Canadian nurses are expected to practice”.

Another noted:

There is a risk that safe care will not be provided if they do not receive at least equivalent education to what nurses educated in Ontario receive.

Many respondents also noted concerns that IENs would or have been using illegitimate credential documents to become nurses, and that CNO would not be able to properly vet applicants. For example, one nurse noted:

Vetting potential nurses using established companies specializing in this is necessary to eliminate any risk of fraud.

Competency Concerns:

Several respondents had concerns with relying on an entry-to-practice exam. Many respondents also noted that an entry-to-practice exam lacks the practical/clinical training necessary to meet Ontario's nursing standards. For example, one nurse stated:

Many foreign trained nurses are passing their NCLEX exams but they require further education and training in Canada to meet competency expectations.

Another nurse noted:

Does there also need to be a practical component to the NCLEX with this new proposal? An IEN may have the head knowledge but hands on care is really lacking.

Some respondents had also noted concerns around different scopes of practice in other jurisdictions.

Other respondents noted specific competency concerns. For example, understanding Canadian units of measurement versus the measurements used in the IENs home jurisdiction. As another example, there may be different levels of collaboration with other healthcare professionals (e.g., in some jurisdictions physicians have more oversight in directing and participating in patient care).

Fairness:

Another theme that has emerged relates to fairness and the perception that the proposed change creates a "double standard" for IENs and Canadian/Ontario grads. Many respondents indicated that this change makes it easier for IENs while Canadian/Ontario graduates are still required to meet the four-year education requirement.

Some respondents noted fairness concerns with not holding all applicants to the same education standard. For example, many respondents noted how hard they had worked to obtain their diploma/degree, including the time and costs associated with this. For example, one nurse stated:

This is completely unfair to the thousands of RNs who paid upwards of \$30,000 and 4 years of hard studying to complete a bachelor's degree as an entry to practice. CNO forced us to get that additional level of education just so we could practice as nurses. To then backpedal and remove the requirement undermines all of our hard work.

In terms of key stakeholder feedback, a few healthcare organizations were not in support of the changes to the education equivalency requirement. For example, one

healthcare organization felt there were patient safety concerns with the differences in the education requirements between jurisdictions. For example, they stated:

The concern is that all educational programs are not equivalent and there could be vast differences in the quality of program and therefore the quality of education that nurses are receiving. Without review of those clinical programs we are concerned that some candidates will not have the basic nursing education to be qualified to practice in Ontario.

Another felt there were patient safety and fairness concerns. For example, they stated:

While certain nursing programs may be equivalent to Canadian programs, others may not, and this requires a specific review and evaluation of each individual nursing program in a non-discriminatory and equitable manner.

They also noted:

All Canadian RNs have studied for at least two years in a diploma program or a four-year Bachelor of Science in Nursing (BScN) program, which is currently the minimum education requirement for entry to practice approved by the CNO or a body approved by the CNO. IENs may possess different knowledge, skills or judgments than Canadian-trained RNs.

Another organization shared evidence related to baccalaureate-prepared nurses being linked positive health outcomes.

Another organization recognized the need for streamlining the application process, however they also had concerns related to patient safety. For example, they stated:

We are concerned about the potential impact of both the elimination of the education equivalency for RNs and the requirement to have IENs complete only one approved course, supporting their integration to the healthcare system. Internationally educated nurses may not have baccalaureate level nursing education equivalency which has been the standard for entry to practice in all provinces, except Quebec, for many years.

Yet another noted some concerns, including the “added burden and workload” this could have to organizations. They stated:

It will also help expedite the IEN process and improve the experience for the IEN. Risks associated include added burden or workload to organizations, risk of inconsistent application of rigour applied to education and knowledge for schools of nursing.

In support of the addition of a healthcare course

Respondents who are in favour of the proposed changes noted that the healthcare course would improve patient safety by ensuring nurses have the appropriate knowledge to safely practice in a Canadian context. Some respondents mentioned this course would support the transition process for IENs. It was also noted that this course would support standardizing education requirements and expectations by helping IENs understand the cultural/environmental differences when practicing in a Canadian context (e.g., orienting IENs to Canadian culture, customs, and expectations). For example, one nurse noted:

Given the various healthcare systems across the world, it is critical that nurses starting to practice in Ontario are very familiar with our system to practice effectively. There are no risks in instituting this change, other than the time it takes for the applicant to complete the material/course satisfactorily.

Another stated:

A short course will help qualified nurses better understand and integrate into our Healthcare system. Basic nursing skills are universal.

Most key stakeholders supported the proposed course. For example, one healthcare organization noted that it would be an opportunity to help new nurses integrate into the Ontario healthcare system prior to independent practice.

Another healthcare organization stated that the course supports and prepares IENs when entering the workforce by giving them the opportunity to learn about the healthcare system.

Another healthcare organization noted that the proposed new course aligns with the Jurisprudence Exam timeframe and provides applicants with the knowledge and understanding of the healthcare system. For example, they stated:

Possessing a solid knowledge base and understanding of the Canadian health-care system is imperative for any nurse practicing within it, as it directly impacts patient outcomes.

Another healthcare organization supported the idea of the course but required more detail on the development/implementation of the course before fully supporting.

Two regulatory bodies also supported the course. For example, one regulatory body noted:

I definitely see this as a benefit. Various data supports integration can take upwards of two years so a course can help with that process.

Another organization also supported the course, noting that it benefits both applicants and the profession.

Against the addition of a healthcare course

Respondents who were against the proposed change noted that one course would not be enough to allow for a full understanding of the Canadian healthcare system. One nurse noted:

Taking a test does not fully inform them of the realities of our healthcare system.

Other respondents noted concerns around potential barriers, such as the cost of the course and how long it would take to complete the course. In addition, some respondents had concerns related to the potential for backlog due to high demand and low supply (e.g., ensuring any system that is used doesn't crash). For example, one nurse stated:

I support this as long as the course is neither too long nor too expensive. Making it overly burdensome just creates or extends the barrier to practice.

A few respondents noted concerns around the 5-year timeframe associated with the course. Some believed that it should be taken within a 3-year timeframe while others thought it should be taken right before practicing.

Other smaller themes that came up included: concerns around duplication/repetition with other courses (e.g., Jurisprudence Exam and other bridging programs that already exist to support nurses trained abroad) and concerns around cheating/plagiarism (especially with online courses).

Proposed By-Law Change

Decision note – December 2023 Council

Contact for questions or more information

Stephen Mills, Chief Administrative Officer

Motion

That Council approve an amendment to article 44.4.01 of the [By-Law](#) No. 1: General, changing “Emergency Assignment” to “Emergency” to align with the current name of this class under the *Nursing Act, 1991*.

Background

In August 2023, [amendments under the Nursing Act, 1991](#) took effect changing the name of the “Emergency Assignment Class” to “Emergency Class” to align the name for all Ontario health regulators. Other changes related to this class were made at that time (e.g. new registration requirements; new terms, conditions and limitations).

The proposed by-law change is editorial. Some by-laws need to be circulated to stakeholders for input before Council can approve them; however, as per legal advice, this proposed change does not.

Council’s by-law making authority related to the proposed change is under the [Regulated Health Professions Act, 1991](#) (i.e. subsection 94(1), paragraph y).

Council received the required notice of this proposed amendment on November 22, 2023.

Next steps

Subject to Council approval, the edit will be made to CNO’s by-laws.

Discussion Note – December 2023 Council

Controlled Acts Regulation – Overview

CONTACT FOR QUESTIONS OR MORE INFORMATION

Anne Marie Shin, Director, Professional Practice

INTRODUCTION & PURPOSE

This note provides background information about changes to the controlled acts regulations of the [Nursing Act, 1991](#), which include RN prescribing.

This note provides context that will support Council's review and understanding of the following decision items:

- RN prescribing practice standard (item 6.2.1), and
- RN prescribing education programs (item 6.2.2).

Please refer to the briefing notes linked above for background, current state, and next steps specific to each decision-item.

QUESTIONS FOR CONSIDERATION

Does Council require clarification about the background, including the RN prescribing regulations?

CURRENT STATE

The regulations to permit RN prescribing were approved by the Ontario government on November 2, 2023 and [announced](#) on November 6.

RNs do not have the authority to prescribe medications until they successfully complete education that is approved by Council.

CNO is actively [communicating](#) the regulation and what stakeholders can expect next.

CNO is supporting system partners to promote readiness and so that RN prescribing will be implemented safely. Examples include:

- raising awareness that RN prescribing is not permitted in hospitals¹
- encouraging RNs who are interested in expanding their practice to consult their employers
- developing educational resources for the profession and other stakeholders, and
- engaging employers to promote awareness of their accountabilities for the policies and resources to promote safe practice within the setting; for example, ensuring RNs have access to current evidence, other health professionals (such as physicians or NPs for mentorship, consultation purposes) and opportunities to maintain competence.

BACKGROUND

In 2017, the Ontario government amended the [Nursing Act](#) to enable RN prescribing² and asked CNO to make the necessary regulation changes to implement this scope of practice.

The controlled acts³ regulation changes were approved by Council and submitted to the Ontario Ministry of Health in 2019 (see Attachment 1 for a chronology of key decisions made by Council). The Ministry of Health paused its review of these regulations during the COVID-19 pandemic. Earlier this year, the Ministry resumed its review.

The primary objective of the regulations is to introduce RN prescribing to Ontario's health system (described on pages 2-4 below) and set expectations to support safe practice.

The regulations also change the professional accountabilities when nurses (RPNs, RNs, NPs) perform the controlled acts of “dispensing a drug”⁴ and “administering a substance by injection or inhalation” (described in Attachment 2).

¹ The *Public Hospitals Act* does not permit it.

² We refer to the new legislative authority in Ontario as “RN prescribing” because it is the terminology that is best understood by stakeholders. The changes to the *Nursing Act* also permit RNs to communicate a diagnosis for the purpose of prescribing medication.

³ Controlled acts are procedures or activities restricted by law because they are potentially harmful if performed by unqualified individuals.

⁴ Dispensing medication involves the selection, preparation and transfer of one or more prescribed medication doses to a client (or their representative) to be administered at a later time.

RN PRESCRIBING – LEGISLATION

Nursing Act, 1991 and Regulations

The [Nursing Act](#) (section 4.1) authorizes RNs to perform the following controlled acts:

- prescribing drugs that are designated in regulation, and
- communicating a diagnosis made by the RN for the purpose of prescribing those drugs.

[Ontario Regulation 275/94](#) (Parts III and V)⁵ under the *Nursing Act* sets out the following related to RN prescribing:

- RNs must complete Council-approved education to become authorized to prescribe medication and communicate diagnoses related to prescribing those medications. (See item 6.2.2 for details about program approval.)
- RNs who are authorized to prescribe are registered in the General Class; there is no change in the RN's class of registration.
- Practice requirements that must be met when an RN prescribes medication (for example, information required on a prescription). (See item 6.2.1 for the practice standard that describes practice requirements and the associated resources that will support safe practice.)
- Authorizing nurses (RPNs and other RNs) to perform the controlled acts “dispensing a drug” and “administering a substance by injection or inhalation” to provide to a client a medication prescribed by an RN who is authorized to prescribe.⁶
- The medications (a combination of medication categories and individual medications) that RNs with prescribing authority are authorized to prescribe.
- Restrictions associated with RN prescribing (for example, prohibiting RNs from delegating the controlled acts of “prescribing” and “communicating a diagnosis”).

The *Nursing Act* requires CNO to specify in regulations the medications RNs are authorized to prescribe. RNs who meet requirements are authorized to prescribe:

- Immunization
- Contraception
- Certain travel health medication
- Topical (applied to skin) wound care medication
- Smoking cessation medication
- Topical (applied to skin) anaesthetics
- Over-the-counter medication, and
- Epinephrine for anaphylaxis (severe, life threatening, allergic reaction).

⁵ Based on regulations proposed by Council in March 2019.

⁶ RPNs and RNs will also be permitted to administer medication via other routes (for example, oral, or applied to the skin) medications prescribed by an RN who is authorized to prescribe. These procedures are not controlled acts; therefore, they are not included in the regulation.

The medications are found in the new [RN prescribing drug list](#) (Schedule 2 of Ontario Regulation 275/94). The regulation includes a combination of medication categories (for example, ‘hormonal contraceptives for systemic use’) and medications that are specifically named in the regulation (for example, “bupropion hydrochloride” for smoking cessation).

RPNs and RNs usually require an order from another health professional (for example, a physician or NP) to perform controlled acts. Under the new regulations, RNs who are authorized to prescribe do not require an order to perform the controlled acts of “dispensing a drug” and “administering a substance by injection or inhalation” to provide to a client a medication that the RN prescribed. However, they continue to require an order from another health professional for any medication they have not prescribed.

The regulations also enable an RN with prescribing authority to provide an order for an RPN or another RN to perform the controlled acts of “dispensing a drug” and “administering a substance by injection or inhalation” so that they can provide to a client a medication prescribed by the RN.

By-Laws

CNO’s [by-laws](#) (paragraph 39 of Article 44.1.06) give CNO authority to add a notation on the public Register, [Find a Nurse](#), to communicate that an individual RN is authorized to prescribe specified medications.⁷

Other Laws

Current laws in Ontario do not permit RNs to order lab or diagnostic tests.

While the *Nursing Act* permits RN prescribing, the practice may be restricted by other laws. For example, the *Public Hospitals Act* does not permit RNs to prescribe medication in Ontario hospitals. In other settings (for example long-term-care, retirement homes, primary health care, public health units, home health care) employers have discretion as to whether they will permit RN prescribing.

ATTACHMENTS

Attachment 1: Council Decisions – Key Highlights

Attachment 2: Changes to Medication Practices – Professional Accountabilities
(*Dispensing, Administering Substances*)

⁷ Council approved the by-law in December 2020.

ATTACHMENT 1

COUNCIL DECISIONS - KEY HIGHLIGHTS

Council approved RN prescribing regulations in [March 2019](#). Council's policy decisions were driven by client safety considerations and multiple sources of evidence, including:

- legislative analyses
- literature reviews
- environmental scans
- research about RNs' attitudes towards prescribing, and
- extensive stakeholder engagement (public, nurses, employers, associations and others).

RN prescribing was on every Council agenda for over a year. The table below provides a chronology of events relevant to Council decision-making about RN prescribing.

May 2017	Government amends the <i>Nursing Act, 1991</i> to enable RN prescribing
June 2017	Minister sends letter to CNO President asking that CNO develop the regulations necessary to implement RN prescribing
June-Aug. 2017	CNO completes initial scoping research, including literature review, legislative analysis, e-scan, survey of RNs
Sept. 2017	Council reviews report of consolidated evidence. Approves overarching vision and approach that includes: <ul style="list-style-type: none">- focus on specific practice areas/client populations- phased implementation- introduce RN prescribing as a post-RN qualification Council provides direction about the areas of focus that would inform the future drug schedule
Dec. 2017-Sept. 2018	Based on additional research and ongoing stakeholder engagement, Council provides input and direction on a range of policy considerations (below), which determined the regulations, by-laws and implementation plans <ul style="list-style-type: none">- permitting RNs with the authority to prescribe to provide an order for another nurse (RPN, RN) to perform certain controlled acts- prohibiting RNs from delegating the new controlled acts- providing input on practice expectations applying to RN prescribing- improving consistency in practice expectations applying to any nurse (RN, RPN and NP) when dispensing medication- identifying terminology for the notation on the public Register, Find a Nurse

	<ul style="list-style-type: none"> - identifying the medications RNs would be authorized to prescribe - identifying education competencies
Dec. 2018	Council approves draft regulations for 60-day circulation
March 2019	Council approves regulations for submission to the government
March 2020	Council approves draft by-law for 60-day circulation (by-law to permit CNO to add a notation on Find a Nurse)
Dec. 2020	Council approves by-law, to take effect when the regulation is in force ⁸

⁸ There was a delay between circulation and approval due to the COVID 19 pandemic.

ATTACHMENT 2

Changes to Medication Practices - Professional Accountabilities (*Dispensing, Administering Substances*)

Background

“Dispensing a drug”⁹ and “administering a substance by injection or inhalation” are controlled acts. It is currently within the scope of practice for all nurses (RPNs, RNs and NPs) to perform these controlled acts.

Any requirements associated with performing a controlled act should be linked to client safety; therefore, the same requirements would apply irrespective of which nurse is performing the controlled act.

Currently there is variation in the requirements that apply when an NP performs these controlled acts compared to when an RN or RPN does. This variation creates inconsistencies that may result in confusion and client safety risks; therefore, Council’s policy direction (attachment 1) includes changes to address these inconsistencies in nursing practice.

The revised regulations ensure that:

- i. practice expectations appropriately target risk of harm to clients, and
- ii. all nurses are held to the same requirements when appropriate.¹⁰

These changes are not directly related to RN prescribing; however, variation in practice was identified as a risk that may be exacerbated as scope of practice evolves. Therefore, these changes were proposed along with the RN prescribing regulations.

Changes to dispensing and administering substances: Key highlights

Key features of the regulations related to dispensing or administering substances are described below.

- Removing certain conditions that currently apply to NPs; specifically, NPs are only permitted to dispense medication in specified circumstances (for example, if the client doesn’t have access to a pharmacy).
 - These conditions may have unintended consequences (for example, impeding access) and do not contribute to client safety.

⁹ Dispensing medication involves the selection, preparation and transfer of one or more prescribed medication doses to a client (or their representative) to be administered at a later time.

¹⁰ There may be circumstances when differences are warranted; for example, based on differences in scope of practice.

- Adding new practice requirements for RPNs and RNs when dispensing medication (for example, the expectation that medication is only dispensed for therapeutic purposes, requirements related to labelling medication containers when dispensing). NPs are already accountable to these requirements.
 - These expectations promote client safety.
 - The changes ensure all nurses are held to the same safety standards when dispensing medication.

- Adding new practice requirements for RPNs and RNs when administering substances by injection or inhalation (for example, the expectation that this only be performed in the context of a nurse-client relationship).

Registered Nurse (RN) Prescribing Practice Standard

Decision note – December 2023 Council

CONTACT FOR QUESTIONS OR MORE INFORMATION

Anne Marie Shin, Director of Professional Practice

PURPOSE AND ACTION REQUIRED

This note provides background information to support Council's review and understanding of the new *Registered Nurse (RN) Prescribing* practice standard for approval.

Motion: That Council approve the draft *Registered Nurse (RN) Prescribing* practice standard, as it appears in [Attachment 1](#) of this decision note, as a practice standard of the profession of nursing.

QUESTIONS FOR CONSIDERATION

Does Council require additional information or clarification to approve the *Registered Nurse (RN) Prescribing* practice standard?

PUBLIC INTEREST RATIONALE

Developing modern practice standards supports CNO's mandate to protect the public by advancing CNO's strategic outcome, so that *nurses' conduct will exemplify understanding and integration of CNO standards for safe practice.*

Standard development that reflects regulation changes, current evidence, evolving practice realities and public expectations contributes to safe nursing practice, thereby reducing client harm.

BACKGROUND

CNO protects the public by promoting safe nursing practice. Council's regulatory governance role includes approving the standards of nursing practice.

Practice standards outline the professional practice expectations for nurses. They inform nurses of their accountabilities and educate the public and other health care providers of what to expect of nurses. In addition to standards, CNO provides resources to help nurses understand their professional accountabilities (e.g., guidelines, learning modules etc.) and how to apply them in their practice (e.g., [Ask Practice FAQs](#) and [Practice Support](#)).

Since 2020, Council engaged in modernizing practice standards. Informed by evidence, the objectives of this multi-year initiative are to ensure practice standards are:

- accessible (clear and easy-to-understand)
- defensible (evidence-informed, measurable)
- relevant (reflect contemporary practice to prevent risk, informed by stakeholders, and meet stakeholder needs).

The Registered Nurse (RN) Prescribing practice standard (attachment 1) was developed using this modern approach.

New Registered Nurse (RN) Prescribing Practice Standard

The *RN Prescribing* practice standard has been developed to support safe practice by RNs with prescribing authority and other stakeholders' understanding of this expanded scope of practice and associated accountabilities (see Attachment 1).

The *RN Prescribing* practice standard is broad, and principle based. It speaks to the practice expectations and accountabilities for RNs who are authorized to prescribe. RN prescribing includes assessing, diagnosing, and administering medication to treat certain non-complex medical conditions.

The *RN Prescribing* practice standard outlines the accountabilities that RNs with prescribing authority must consider before they prescribe certain medications and communicate a diagnosis that they have made for the purpose of prescribing those medications.

To meet the expectations of this practice standard, an RN with prescribing authority must consider the following key principles:

- **Authority:** Nurses must practice in compliance with their legislated scope of practice and employer policies.
- **Competence:** Nurses must ensure they have the knowledge, skill and judgment to prescribe a medication and/or communicate a diagnosis that they have made for the purpose of prescribing medication.
- **Safety:** Nurses promote safe care and must ensure their prescribing practices are in the client's best interests and contribute to a culture of safety.

Standard Development Process and Stakeholder Consultation

As part of developing this new practice standard, CNO conducted jurisdictional scans and evidence reviews. In addition, CNO engaged external stakeholders to obtain diverse perspectives at a nursing and system level on the draft *RN Prescribing* practice

standard. Two different external legal reviews were also conducted to ensure alignment with the regulation and professional conduct requirements.

A consultation survey was sent out to a broad range of external stakeholders, including nurses, employers, academics (colleges and universities), associations and unions, and the Citizen Advisory Group, to obtain input on the draft *RN Prescribing* practice standard and to identify potential future resources to support application of the standard. A random selection of 10,000 nurses (RPNs, RNs and NPs) and 123 stakeholder organizations were invited to participate. The survey was open from Nov. 8 to Nov. 14, 2023¹. The analysis of the survey data was provided by an external vendor. In total, we received approximately 665 completed responses from registrants (7% response rate) and 52 completed responses from stakeholders (42% response rate) for a total of 717 responses (total response rate of 7.1%).

Overall, the feedback about the *RN Prescribing* practice standard was positive. Approximately 95% of the respondents felt the standard was clear and concise. Qualitative feedback was thematically analyzed, reviewed, and integrated into the draft, where relevant, (e.g., including examples of practice specific legislation, and clarifying some of the language).

There was other feedback captured in the survey that did not specifically relate to the draft standard but to this scope of practice change more broadly. For example, feedback on the medications and the categories of medications that have been approved as part of the regulation change. There were also diverging opinions about whether it is appropriate to expand the scope of practice for RNs to prescribe medication, concerns around the blurring of scope for RNs and NPs given RN prescribing, and whether the post-entry level education programs will be sufficient. There were also general comments which are outside of CNO's role as a regulator, such as workload, employer supports and compensation concerns. While much of this feedback is out of scope for the standard development work at this time, it will help to inform the development of other practice support resources (e.g., webinars, FAQs) and change management strategies around RN prescribing (e.g., stakeholder engagement, employer supports, presentations and consultations).

Revisions to other standards and resources

The regulation amendments include changes to medication practice requirements for other nurses. For example, unrelated to RN prescribing, there are new requirements that must be met when nurses dispense medication. The *Medication*, *Scope of Practice* and *Nurse Practitioner* practice standards have been updated to ensure consistency with the regulation that was approved by Council. In addition, some minor editorial changes were made to these documents.

¹ There was a short timeframe between government approval of the regulation and this Council meeting.

NEXT STEPS

Subject to Council's approval, CNO will:

1. Implement the new *RN Prescribing* practice standard.
2. Develop new and revise existing resources to support implementation of the new standard.
3. Engage and help support stakeholders to understand and implement the changes.
4. Continue to monitor other scope of practice changes and revise standard as needed.

ATTACHMENT

1. *Registered Nurse (RN) Prescribing* practice standard.

Registered Nurse (RN) Prescribing Practice Standard

Introduction

The College of Nurses of Ontario (CNO) protects the public by promoting safe nursing practice. One way we do this is by developing standards of practice for nurses in Ontario.

The purpose of this practice standard is to outline the legislated scope of practice and the accountabilities for Registered Nurses (RNs) who have the authority to prescribe certain medications¹. CNO refers to this authority as “RN prescribing”.

RN prescribing includes assessing, diagnosing and administering medication to treat certain non-complex medical conditions. RNs with prescribing authority can prescribe certain medications and communicate a diagnosis they made for the purpose of prescribing.

RN prescribing competencies are not part of the entry-level competencies obtained in undergraduate RN education. To obtain the authority to prescribe, RNs must successfully complete a continuing education program approved by CNO’s Council². CNO’s public registry, Find A Nurse, will indicate when a nurse is authorized to prescribe.

The regulation³ under the *Nursing Act, 1991*, specifies the medications and categories of medications an RN is authorized to prescribe. For a list of the medications and categories of medications, see Appendix A: Medications That May Be Prescribed by RNs With Prescribing Authority.

To meet the expectations of this practice standard, an RN with prescribing authority must consider the following key principles:

- **authority:** Nurses must practice in compliance with their legislated scope of practice and employer policies
- **competence:** Nurses must ensure they have the knowledge, skill and judgment to prescribe a medication and/or communicate a diagnosis they made for the purpose of prescribing medication
- **safety:** Nurses promote safe care and must ensure their prescribing practices are in the client’s best interests and contribute to a culture of safety

This practice standard expands on the accountabilities found in the *Code of Conduct* and all other practice standards. RNs with prescribing authority are expected to practice in compliance with all relevant legislation, the standards of practice of the profession and applicable employer policies. Failing

¹ In this document, the term medication is used and has the same meaning as the term “drugs” which is used in O. Reg. 275/94

² Registered Nurses enrolled in an RN prescribing education program may prescribe medication from Appendix A and/or communicate a diagnosis they made for the purpose of prescribing, under the supervision of an individual who is authorized to prescribe and communicate a diagnosis under a health profession Act as defined in the *Regulated Health Professions Act, 1991* (RHPA). See subsections 16.1(4) and 16.1(5) of O. Reg. 275/94

³ See O. Reg. 275/94

to comply with legislation or meet the standards of practice of the profession could amount to **professional misconduct**.

Bolded terms are defined in the glossary at the end of the document.

Authority

Under the *Nursing Act, 1991*⁴, RNs with prescribing authority, who meet specified conditions, are authorized to:

- i) prescribe a medication, or a drug from within a category of medications, set out in the regulation⁵ (see Appendix A: Medications That May Be Prescribed by RNs With Prescribing Authority)
- ii) communicate to a client or their representative a diagnosis made by the RN where the purpose of that communication is for prescribing the medication
- iii) dispense or administer by injection or inhalation (without an order from another authorized provider), a medication that they have prescribed

RNs with prescribing authority must:

- have completed CNO Council-approved education for RN prescribing
- have a [therapeutic nurse-client relationship](#) with the client
 - for whom they are prescribing a medication
 - for whom they are communicating a diagnosis that they made, for the purpose of prescribing a medication
- prescribe the medication for therapeutic purposes only
- ensure all required information is on the prescription and retain that information in the client's health record (See Appendix B: Medication Practices: Requirements for Medication Prescriptions)
- only prescribe a medication in compliance with the route of administration or other specification indicated for that medication⁶
- only communicate a diagnosis they made to their client or their representative and only for the purpose of prescribing the medication
- comply with all relevant practice-based legislation, the standards of practice of the profession and applicable employer policies. For example, the *Public Hospitals Act* does not permit RN prescribing.

Also, RNs with prescribing authority are only authorized to provide medication orders to other RNs or RPNs for the purposes of dispensing or administering by injection or inhalation the medications specified in Appendix A: Medications That May Be Prescribed by RNs With Prescribing Authority.

Restrictions

- RNs with prescribing authority are not permitted to **delegate** the controlled acts of:
 - prescribing a medication
 - communicating a diagnosis, they made to a client or their representative for the purposes of prescribing

⁴ See Section 4.1 of the *Nursing Act, 1991*, and subsections 16.1(1)-(5), 18 (2)-(4) and 20(2)-(4) of O. Reg 275/94

⁵ See O. Reg. 275/94

⁶ See subsection 16.1(3) of O. Reg 275/94

- RNs with prescribing authority are not permitted to prescribe medications that are not included in Appendix A: Medications That May Be Prescribed by RNs With Prescribing Authority
- Provincial laws do not permit RNs:
 - to order lab or diagnostic tests ⁷
 - to sell or compound medications⁸

Competence

RNs with prescribing authority also must ensure they have the knowledge, skill and judgment to safely, effectively and ethically prescribe a medication from Appendix A: Medications That May Be Prescribed by RNs With Prescribing Authority. Competence to prescribe includes being able to perform a health assessment, formulate a diagnosis and provide therapeutic management appropriate to the diagnosis.

Health Assessment

RNs with prescribing authority perform and document an evidence-informed health assessment to obtain the necessary information to formulate a diagnosis and plan of care.

RNs with prescribing authority:

- obtain and consider the necessary information for the health assessment including relevant subjective and objective data
- review the best possible medication history before prescribing
- apply critical inquiry and diagnostic reasoning
- anticipate actual and potential health risks and contraindications
- manage outcomes

Diagnosis

RNs with prescribing authority may communicate a **diagnosis** to a client or their representative only if:

- (i) they are the person who made the diagnosis
- (ii) they are prescribing a medication that is appropriate to treat the disease or condition that is diagnosed

RNs with prescribing authority:

- analyze and interpret data from a variety of sources including information obtained from the health assessment to form a diagnosis
- ensure that the best available treatment option is within the RN's individual competence and prescribing authority
- discuss the proposed treatment plan and expected outcomes with the client
- verify that the client understands the treatment plan and their diagnosis, if applicable
- document their diagnosis in the client's health record

⁷ For example, the *Laboratory and Specimen Collection Centre Licensing Act* does not allow RNs or RPNs to order lab tests

⁸ The *Nursing Act, 1991* and the regulations O. Reg 275/94 do not allow RNs or RPNs to sell or compound medications

Therapeutic Management

Based on their assessment and diagnosis, RNs with prescribing authority formulate the most appropriate plan of care for the client and implement evidence-informed therapeutic intervention in partnership with the client to optimize health.

RNs with prescribing authority:

- collaborate with the client in making decisions about the plan of care in relation to best medication practices
- provide education to the client regarding their medication
- counsel the client on medications, including rationale, cost, potential adverse effects, interactions, contraindications and precautions as well as risk and benefits of adhering to the prescribed regimen
- develop and implement appropriate follow-up in collaboration with the client and the health care team
- obtain [informed consent](#)
- monitor and [document](#) the client's response to medication therapy, and continue, adjust or discontinue a medication based on their assessment of the client's response

Safety

RNs with prescribing authority ensure their prescribing practices comply with all relevant legislation, applicable employer policies and the standards of practice of the profession and contribute to a culture of safety within their practice environments.

Collaboration, Consultation and Transfer of Client Care

RNs are accountable to identify when collaboration, consultation and referral are necessary for safe, competent and comprehensive care.

RNs with prescribing authority:

- provide consultation, respond to questions and clarify their prescription orders and the plan of care to other members of the **health care team**
- only prescribe medication from Appendix A: Medications That May Be Prescribed by RNs With Prescribing Authority that is safe and supported by evidence, and, in the client's best interest
- have access to the necessary resources, for example, environmental, human or physical resources, to prescribe safely
- consult or transfer care to another care provider as necessary for safe client care
- collaborate in the development, implementation and evaluation of system approaches to support safe medication practices within the health care team

Conflict of Interest

RNs with prescribing authority recognize and ethically manage actual, potential and perceived conflicts of interest.

RNs with prescribing authority:

- must not engage in conduct that results, directly or indirectly, in a personal or financial benefit that conflicts with their professional or ethical duty to a client⁹
- do not use their professional designation to promote one treatment option over another if it is not in the client's best interest
- do not prescribe medication to themselves
- only prescribe medication to family members, partners, friends or acquaintances when there are no other providers available in circumstances outlined in the [Therapeutic Nurse-Client Relationship](#) practice standard and until other arrangements can be made.
- do not allow their interactions with industry¹⁰ to interfere with evidence-informed decision-making

⁹ See subsection 16(1) of O. Reg. 275/94

¹⁰ Includes pharmaceutical, medical device and technology companies

GLOSSARY

Authority: When a nurse is authorized to perform an activity by the *Regulated Health Professionals Act, 1991*, the *Nursing Act, 1991*, and the regulations under those acts, and is permitted to perform the activity by practice-specific legislation and employer policies, and the required authorizing mechanisms are in place.

Client: Individuals, families, communities or populations.

Competence: The knowledge, skill and judgment required to perform an activity safely and manage outcomes within a nurse's role and practice setting.

Controlled Acts: Acts that could cause harm if performed by those who do not have the knowledge, skill and judgment to perform them, as defined in the *Regulated Health Professionals Act, 1991*, and the *Nursing Act, 1991*.

Delegate: A formal process through which a regulated health professional (delegator), who has the authority and competence to perform a procedure under one of the controlled acts, delegates the performance of that procedure to another individual (delegatee).

Diagnosis: A clinical judgment based on a health assessment of the most likely cause of a client's mental or physical symptoms or condition.

Dispensing: To select, prepare and transfer stock medication for prescribed medication doses to a client or their representative for administration later.

Health Care Team: Members of the intraprofessional and/or interprofessional team and/or community supporting client care, including students, new learners, Indigenous and traditional healers.

Professional Misconduct: An act or omission that contravenes nurses' legislated obligations and/or the standards of practice and ethics of the profession. Professional misconduct is defined in section 51(1) of the Health Professions Procedural Code, which is Schedule 2 to the *Regulated Health Professionals Act, 1991*, and further described in the Professional Misconduct regulation (O.Reg, 799/93) under the *Nursing Act, 1991*.

**APPENDIX A:
MEDICATIONS THAT MAY BE PRESCRIBED BY RNS WITH PRESCRIBING AUTHORITY**

Immunization

- any vaccines for prevention of bacterial and viral disease

Contraception (*excludes intra-uterine devices/contraceptives and contraceptive implants*)

- any hormonal contraceptives for systemic use
- any intravaginal contraceptives

Travel Health

- for the purposes of malaria prevention, any of the following drugs:
 - aminoquinolines
 - biguanides
 - bethanolquinolines
 - doxycycline
- for the prevention and/or treatment of traveller's diarrhea, any of the following drugs:
 - norfloxacin
 - ciprofloxacin
 - levofloxacin
 - azithromycin
 - rifaximin

Topical Wound Care

- for cracked nipple care, a combination of all three of the following:
 - betamethasone 0.1%
 - mupirocin 2% ointment
 - miconazole powder to a final concentration of 2%
- for symptom management of odorous wounds, the following drug:
 - metronidazole for topical use
- any antibiotics for topical use

Smoking Cessation

- for the purpose of smoking cessation, any of the following drugs:
 - bupropion hydrochloride
 - varenicline tartrate

Anesthetics

- for the purpose of pain relief related to immunization and/or topical wound care, the following drugs:
 - any anesthetics used topically

Allergic Reaction

- for the purpose of treating anaphylaxis, the following drug:
 - epinephrine

Over-the-counter Medication

- any drug or substance that may lawfully be purchased or acquired without a prescription and is available for self-selection in a pharmacy

APPENDIX B

Medication Practices: Requirements for Prescriptions

Information required on a medication prescription
<ul style="list-style-type: none">• Name and address of the person for whom the medication is prescribed• Name of the medication, strength (where applicable) and quantity of the medication that is prescribed• Directions for use, including dose, route of administration, frequency and if applicable the duration of therapy• Prescribing RN's name, business address & telephone number, title and registration number• Prescribing RN's signature (may be an electronic signature)• Date on which the medication is prescribed• Number of refills, if applicable

The prescribing RN must retain a copy of the information recorded on the prescription as part of the client's health record.

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RN Prescribing Education Approval

Decision note – December 2023 Council

Contact for questions or more information

Anne Marie Shin, Director Professional Practice

Purpose and Action Required

This note provides context and the outcome of program assessments to support Council's approval of education programs for Registered Nurse (RN) prescribing.

Motion

That Council approve the RN Prescribing education programs, as listed in [Attachment 1](#) to this decision note.

Public interest rationale

The competencies to safely prescribe medication and communicate diagnoses for the purpose of prescribing those medications are currently not part of RN practice and are not included in the Baccalaureate nursing programs.

To support safe RN prescribing, Ontario Regulation 275/94 requires that RNs complete Council-approved education designed to educate RNs to safely, effectively and ethically prescribe drugs and communicate diagnoses for the purpose of prescribing those drugs.¹

RN prescribing education will help RNs to obtain the knowledge, skill and judgement to safely incorporate prescribing into their nursing practice. Approving RN prescribing education programs is an important part of Council's accountability to protect the public.

Background

Approving Programs for RN prescribing supports the implementation of CNO's Strategic Plan. It advances CNO's strategic outcome, "nurses' conduct will exemplify understanding and integration of CNO standards for safe practice."

The [competencies](#) required for RNs to safely prescribe medication and communicate diagnoses build on the entry-level competencies expected of RNs in Ontario. RN prescribing education integrating these competencies will be delivered and maintained

¹ [Subsection 16.1\(4\), paragraph \(a\). Regulation was approved by Council in March 2019.](#)

by schools of nursing that offer Council-approved RN entry level programs ensuring faculty have expertise in RN Entry Level Competencies.

[In September 2018](#), Council discussed considerations for education that would be required to best inform CNO's education review, including environmental scans, focus groups and consultations specifically related to the development of RN prescribing education.

Initially, NPs and physicians will be the healthcare providers who act as preceptors and faculty support will ensure preceptors understand the RN prescribing scope of practice. Over time, as more RNs become authorized to prescribe, they are also expected to participate as preceptors.

In March 2023, CNO invited eligible schools of nursing to submit their interest in developing RN prescribing education. The Programs in Attachment 1 approached CNO expressing interest in developing RN prescribing education programs.

Analysis/considerations

CNO identified a relevant subset of program and curriculum review indicators from the existing Council-approved [Program Approval Framework](#) to apply to RN prescribing program review. This RN prescribing program approval mechanism allows for rigorous assessment of RN prescribing education programs to ensure the RNs who graduate from these programs have knowledge, skill, and judgment to practise safely within this expanded scope of practice (Attachment 2).

The outcome of the staff review is in Attachment 1. Approval recommendations of RN Prescribing Education Programs in Ontario: Detailed Review Scoring

Next steps

Following Council's decisions, CNO will:

- Provide a letter to each of the RN prescribing education programs addressing the program's approval status and outlining the results of the RN prescribing program review.
- Post the RN prescribing program's approval status on CNO's approved nursing programs website.

If additional RN prescribing education programs are proposed in the future, each will be reviewed according to the same rigorous program review process and brought to council for consideration. CNO will monitor RN prescribing changes and be in contact with schools to ensure changes are integrated into the programs.

Attachments

- Attachment 1: Approval Recommendations of RN Prescribing Education Programs in Ontario: Detailed Review Scoring
- Attachment 2: Approval Indicators

Attachment 1- Approval recommendations of RN Prescribing Education Programs in Ontario: Detailed Program Review Scoring

Program Name	Institution(s)	Indicator 1 Program Description	Indicator 2: Program Governance	Indicator 3: Program Curriculum	Indicator 4: Curriculum Review Structure	Indicator 5: Clinical Placements and Preceptors	Approval Status Recommendation
Registered Nurse Diagnosing & Prescribing	Humber College	Met	Met	Met	Met	Met	Approved
Registered Nurse Prescribing Education Program: Safe and Ethical Practice	Georgian College	Met	Met	Met	Met	Met	Approved
Registered Nurse- Prescribing Program	College Consortium: St Lawrence College Algonquin College Cambrian College Confederation College Collège La Cité Northern College Sault College	Met	Met	Met	Met	Met	Approved
Ontario University Consortium RN Prescribing Education Program	University Consortium: Lakehead University Laurentian University McMaster University University of Ottawa Queen's University Toronto Metropolitan University Western University University of Windsor York University	Met	Met	Met	Met	Met	Approved

Attachment 2 RN Prescribing Education Program Approval Indicators

1. Approval Indicators Overview

RN Prescribing Education program approval is based on the overall rating achieved for each of the approval indicators. Schools are required to describe and demonstrate how the programs meet each indicator requirement.

2. Indicator Review

Each indicator needs to be fully met for the program to be Approved status.

3. Overall Approval Rating

For RN Prescribing Education programs, only one approval status is granted.

Status: Approved. This indicates that the RN Prescribing program has been assessed and met all indicator requirements.

CNO REGISTERED NURSE (RN) PRESCRIBING EDUCATION PROGRAM APPROVAL SCORECARD	
RN Prescribing Education Indicators	Met/Unmet
Program Description (Indicator 1)	
<i>An overview of the RN Prescribing education and how it will support RNs obtain the competencies necessary to communicate diagnoses for the purpose of prescribing safely, ethically, and effectively.</i>	<i>Met/Unmet</i>
Program Governance (Indicator 2)	
<i>The governance structure for the delivery of RN prescribing education including collaborative partners, as part of a consortium and/or across multiple delivery sites as applicable.</i>	<i>Met/Unmet</i>
Program Curriculum (Indicator 3)	
<i>Completed RN Prescribing Education Curriculum Map and descriptions of all courses across the program.</i>	<i>Met/Unmet</i>
Program Curriculum Review Structure (Indicator 4)	
<i>The RN prescribing education curriculum development and review process</i>	<i>Met/Unmet</i>
Clinical Placements and Preceptors (Indicator 5)	
<i>The coordinated approach to safe clinical placements and preceptorship that meets program objectives.</i>	<i>Met/Unmet</i>
All Indicators	Met/Unmet

Council and Committee Code of Conduct

Decision Note – December 2023 Council

Contact for questions or more information

Silvie Crawford, Executive Director and CEO

Action required

Executive Committee recommends approval of the proposed revised By-Law No:3 Council and Committee Code of Conduct to support that participants in governance and statutory processes have clear guidance and expectations for behaviour that maintains public trust.

Motions:

- 1) That Articles 1 to 4 of By-Law No. 3: Code of Conduct for Councillors and Committee members, be rescinded and replaced with the Council and Committee Code of Conduct, as it appears in Attachment 1 to this decision note, with the exception of Articles 6.10 through 6.13.
- 2) That Article 5 of By-Law No. 3: Conduct of Councillors and Committee Members become Article 16 of By-Law No 3: Council and Committee Code of Conduct.
- 3) That Articles 6.10 through 6.13 of the Council and Committee Code of Conduct be approved as they appear in Attachment 1 to this decision note.

Questions for consideration

- Are the expectations outlined in the proposed Code appropriate?
- Is there anything that is unclear or missing?

Public interest rationale

Council and Committees have an important role in making decisions that protect the public interest and promote public safety.

Having a Council and Committee Member Code of Conduct (Code) that clearly sets out the behavioural expectations for Council and Committee members enhances their ability to meet their public interest and safety mandate. In addition, clear guidance on the

behavioural expectations helps to mitigate risks which can impact the reputation of Council and Committee members, and CNO.

Background

CNO and legal counsel from Steinecke Maciura LeBlanc (SML) have been working on revisions to [Council's current By-Law No. 3: Conduct of Councillors and Committee Members](#) to ensure alignment with best practice, address changing societal expectations such as diversity, equity and inclusion, and fully meet the requirements of the [College Performance Measurement Framework \(CPMF\)](#).¹

At the September 2023 meeting, Council provided input to inform the development of a new Code. Council agreed that the Code needs to:

- maintain a goal-oriented framework (i.e., the Code describes desired, rather than prohibited behaviours)
- maintain a mix of principled and prescriptive language, as appropriate depending on the particular expectation being discussed
- use simple, clear, plain language as much as possible.

In addition, Council supported the structure as set in the proposed Code.

The rules that outline the enforcement procedures when there is an allegation of a Code breach will be developed for Council's consideration in 2024.

Changes to the Code

Attachment 1 is the proposed Code prepared by [Julie Maciura](#) from SML. The content from attachment 1, if approved by Council in December, will replace Articles 1 to 4 of Council's By-Law No. 3. Article 5 (Code of Conduct Proceedings) will be renumbered as Article 16 and replaced next year.

The changes in the proposed Code align with best practices and include areas that required improvement as highlighted from a jurisdictional review that was completed early this year on Codes of Conducts. In addition, changes were made to ensure CNO meets the CPMF requirements for 2023.

In September, Council identified the importance of clarity in the Code, to support member understanding and meeting expectations. It was flagged that definitions would be an important support. As discussed at Council, Article 3 sets out definitions that are

¹ CPMF required evidence 2.1a(i) The Code is reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion), a(ii) accessible to the public, b) The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect to their Council duties (i.e. cooling off periods), c) The College has a conflict of interest questionnaire that all Council members must complete annually.

specific to this By-Law². It supports a common understanding of important terms used throughout this By-Law, including terms related to diversity, equity and inclusion.

Added clarity is also provided in areas of high risk:

- Article 6 regarding conflict of interest includes clear information on positions and actions that are prohibited for Council and Committee members
- Article 15 includes communication that is prohibited for Council and Committee members.

Proposed improvements to the Code include the addition of behavioural expectations and definitions on diversity, equity and inclusion. Content in this section is reflective of the changing societal expectations and best practice since the Conduct By-Law was last approved in 2017.

Conflict of Interest

Given that a fundamental purpose of the Code is to support Council and Committee members in appropriate behaviour and mitigate potential reputational risk to CNO or the member, it was important to ensure the conflict of interest provisions were clear and reflective of current societal expectations.

There are significant changes to this section, including:

- clear guidance on what might constitute a conflict of interest and how to address a conflict of interest
- identifying positions that cannot be held by a Council and Committee member
- addition of cooling off periods between holding a prohibited position and being eligible for election/appointment.

The proposed changes could result in some current Council and Committee members holding a position that will be prohibited under the new By-Law, therefore, it is proposed that the provisions provide transition periods to support implementation:

- The articles that prohibit a Council or Committee member from currently holding a prohibited position come into effect on June 5, 2024 (the start of the 2024-2025 Council). This allows a current member holding a position that will be prohibited to decide on which position(s) they wish to maintain and any outgoing Council/Committee members holding such a position to finish their term of office; and
- the three-year cooling off period does not apply to any Council or Committee members who joined before December 8, 2023. This would allow current members who give up prohibited positions to continue to serve on Council or Committees without violating the cooling off period that will otherwise apply.

² The Council and Committee Code of Conduct is a separate By-Law. CNO has 4 By-Laws (1: General, 2: Fees, 3: Conduct and 4: Professional corporations). All but By-Law 4 have definitions that are specific to the particular By-Law.

Next Steps:

If the proposed Code is approved by Council in December, the next steps are to:

- disseminate the new Code to all Council and committee members, noting the new positional prohibitions and the options if conflict is disclosed
- provide education to Council and Committee members starting March 2024
- ensure candidates for Council and appointments meet the new requirements
- draft Article 16 (Code of Conduct Proceedings) and other relevant By-Law changes with Council review and proposed approval in 2024.

Attachment

1. Proposed revised By-Law No. 3 - Council and Committee Code of Conduct

By-law No. 3 - Proposed Revised (2023) **Council and Committee Code of Conduct**

(Note: If Council approves the content, then the motion should be to replace sections 1-4 of By-law No. 3 with this new wording below but leave Section 5 of By-law No. 3 as it is currently worded and renumber it to become Section 16.)

1. Purpose

1.01 The College has a statutory duty to serve and protect the public interest as it regulates the practice of the nursing profession and governs Ontario nurses.³ Council and Committee members (members) have an important role in making decisions that protect the public interest and promote public safety. In exchange for the privilege of regulating the profession, the College and, by extension, members must always act in the public interest and must never act out of professional or self-interest.

1.02 Members must always maintain the highest standards of honesty, loyalty, integrity, good faith and diligence when discharging their duties. Members must always act in the best interests of the public and must treat all persons fairly, reasonably and equitably.

1.03 This Council and Committee Code of Conduct (Code) outlines the fundamental values and principles that define expected standards of behaviour. The Code establishes a common set of expectations and standards of conduct for members as they fulfil their fiduciary duties; comply with their statutory obligations; work toward meeting the College's public protection mandate; support strong governance practices, including respecting the role of the Executive Director and CEO; and safeguard the integrity of the College. The Code supports members in holding themselves and others accountable for meeting the expectations on them.

1.04 Complying with the Code helps mitigate risks that may tarnish the reputation of the College and of members, which may cause stakeholders to doubt the ability of the College to govern the profession in the public interest.

2. Application and Interpretation

2.01 This Code applies to Council members of the College, whether elected or appointed and whether acting in their role on Council or on a Committee, and to non-Council Committee members. Council and Committee members must read and familiarize themselves with this Code, including any changes made from

³ Subsection 3(2) of the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991*.

time to time, sign the Council and Committee declaration at the start of their term of office and annually thereafter and must always comply with this Code.

2.02 This Code shall be interpreted in a manner that best supports the public interest and reinforces the highest standards of behaviour expected of members as they carry out their duties to the College.

2.03 After ceasing to be a member, it is expected that the former member will continue to uphold the principles and maintain the standards in this Code and to behave in a way that upholds the dignity of the College.

3. Definitions

3.01 In this by-law:

“advances the interests of nurses” without affecting the ordinary meaning of the words, includes lobbying on behalf of, advocating for or making efforts to improve the working conditions, of the nursing profession;

“affiliated entity” means any entity, business, organization, company or similar thing in which the member has a personal interest or financial interest;

“bias” means supporting or opposing an idea, thing or person in an unfair way by allowing personal opinions to influence one’s judgment;

“Code” means the Council and Committee Code of Conduct set out in this by-law;

“colleagues” means other Council or committee members;

“conflict of interest” means when a member’s personal or private interests conflict with, or can reasonably be seen or perceived to conflict with, the member’s responsibilities to the College;

“discrimination” means making stereotypical assumptions based on a person’s presumed traits rather than individually assessing the unique merits, capacities and circumstances of a person, which has the impact of excluding persons, denying benefits or imposing burdens. Discrimination includes, but is not limited to, the following grounds: age, race, ethnic origin, religion, sex, disability, family status, marital status (including single status), gender identity or expression and sexual orientation. Discrimination also includes acts of micro-aggression;

“diversity” means the practice or belief in including or involving people from a range of different social and ethnic backgrounds and of different genders, sexual orientations, ages, socioeconomic groups and abilities;

“equity” means the achievement of fairness and justice by identifying and overcoming intentional and unintentional barriers arising from bias or systemic structures;

“fiduciary duties” means the duties of honesty, loyalty, integrity, good faith and diligence;

“inclusion” means the act or practice of including and accommodating people who have historically been excluded based on their race, ethnicity, gender, sexuality, ability or other similar characteristics;

“member” means a Council member, whether elected or appointed, or a non-Council Committee member of the College;

“micro-aggressions” means everyday, subtle, intentional or unintentional interactions, behaviours, statements, questions or assumptions that communicate bias or disrespect toward historically marginalized groups;

“reasonable apprehension of bias” means an informed person, viewing the circumstances realistically and practically, concludes that a decision-maker may not be impartial or fair;

“RHPA” means the *Regulated Health Professions Act, 1991*, including Schedule 2 thereto, the Health Professions Procedural Code.

4. Public Interest Mandate

4.01 The College has an overriding duty to serve and protect the public interest. This public interest mandate requires that every member understand and accept that all decisions made will either inform or fulfil this public interest mandate.

4.02 A member must work to gain awareness of how the practice of nursing impacts the public and client safety, including recognizing which communities are at higher risk of not having access to or be receiving safe and ethical care, what those risks are and where harm is being caused within the practice environment.

4.03 Council and Committees, particularly those with statutory decision-making responsibilities, are a key mechanism through which the College’s overarching public interest duty is fulfilled. A member must conduct themselves in a manner that does not undermine the public trust in, reputation of or credibility of the College.

5. Fiduciary Duties

5.01 A member has special fiduciary duties of utmost good faith and undivided loyalty to the College and must always act in the College's best interests as it fulfills its public interest mandate.

5.02 A member's fiduciary duty supersedes any personal interest or conflicting loyalty.

5.03 A member's fiduciary duty requires them to respect the trust and confidence placed in them and avoid conflicts of interest, avoid abusing their position for personal gain, maintain confidentiality of information they obtain through their role and serve the College selflessly, honestly and loyally.

Honesty

5.04 A member has an obligation to be honest in all their dealings with the College and their colleagues.

5.05 A member must not mislead their colleagues or be purposely selective about the information they share in an effort to influence a decision.

Loyalty

5.06 A member must be loyal to the College at all times.

5.07 A member must publicly support all decisions, policies and position statements of the College and adhere to the principle of "speaking with one voice".

5.08 A member must not use College opportunities for their personal gain or gain for family, close friends, or an affiliated entity.

5.09 A member must avoid having a personal interest in transactions between the College and other parties or entities.

5.10 A member must not undermine or disparage a decision made by the College, Council or a Committee.

Integrity

5.11 A member must ensure that their decisions and actions are reasonable, fair and appropriate to the circumstances, based on a consideration of the relevant facts and supported by adequate information or documentation. A member must ensure that their actions are compatible with the objectives of the legislation or policy being applied.

5.12 A member must ensure the efficient and responsible expenditure of College funds. College resources, including office facilities and equipment, claims for stipends and expenses or other entitlements must be used by a member diligently and efficiently and in accordance with applicable Council policies.

Good Faith

5.13 A member must exercise the care and good judgement that a reasonably prudent person in a similar position would use in similar circumstances.

5.14 A member must not make decisions for improper purposes.

5.15 A member must make decisions free from self-interest.

Diligence

5.16 A member must maintain and exercise a high level of skill and knowledge relevant to the discharge of their duties. To achieve this, a member must:

- (a) regularly review and evaluate their own performance and capacity as a member and make efforts to address any identified gaps or areas for improvements;
- (b) engage actively in the assessment and evaluation of the Council or Committee's effectiveness and efficiency; and
- (c) support and encourage the development of colleagues.

5.17 A member must demonstrate a legitimate and ongoing commitment to gain the experience and knowledge necessary to make them effective in their role.

5.18 A member must familiarize themselves with key legislation and government documents, including the RHPA, the *Nursing Act, 1991*, the regulations under both those statutes, College by-laws, position statements, standards, guidelines and policy documents.

5.19 A member must participate in orientation, educational and learning opportunities provided by the College, identify educational needs for the Council and Committees and participate in self-directed learning as appropriate to expand awareness and knowledge of subjects that will support their individual contribution to decision-making.

6. Conflict of Interest

6.01 When a member has a conflict of interest, or an appearance of a conflict of interest, they must not participate in any College business. The application of the overriding principle that a member's personal or private interests must not

conflict with (or be reasonably seen to conflict with) their responsibility to the College is not limited or narrowed in any way by the fact that some specific prohibitions are listed in this by-law.

6.02 A member must approach decision-making with an open mind and must listen to the perspectives of others before making decisions. Having, or appearing to have, a closed mind about any subject creates the appearance of a conflict of interest or reasonable apprehension of bias.

6.03 Once a decision is made by Council or a Committee, a member must support that position and if they are not able to, they must resign as a member.

6.04 A member must not have a connection with a person or issue that would reasonably be seen as being incompatible with their responsibilities to the College or as an impartial decision-maker.

6.05 A member must not make any decision about any person or member of the College when the member believes that they cannot adjudicate impartially and objectively. It is the member's responsibility to always check for conflicts and biases and to ensure that they recuse themselves from any decisions when they have a conflict or a bias that impacts their decision (either a positive or negative bias).

6.06 A member must not make any decision about any person or registrant of the College when a reasonable apprehension of bias exists about the member's involvement in the decision. It is the member's responsibility to always consider their participation in a decision from the perspective of a reasonable onlooker and must recuse themselves from any decisions when a reasonable apprehension of bias exists.

6.07 A member must take care to ensure that their involvement in other professional occupations, businesses, positions or roles (whether paid or unpaid) does not undermine the discharge of their responsibilities to the College.

6.08 Certain conflicts of interest, such as positional conflicts, are so fundamental that they will disqualify a member. Those conflicts cannot be remedied by the member simply recusing themselves from a particular decision.

6.09 Other conflicts of interest may not disqualify a member, but they should be avoided as much as possible and, when they cannot be avoided, the member must declare the conflict, recuse themselves from any involvement in the issue and not try to influence any other members with respect to the issue.

Positions that are Prohibited

6.10 A member must not:

- (a) currently be employed by, contracted with, or hold any elected or appointed position with any union, advocacy group, professional association or similar entity that advances the interests of nurses in any way. This Article comes into force on June 5, 2024; and
- (b) within the three years preceding their election, selection or appointment as member (excluding where the election, selection or appointment as member occurred prior to December 8, 2023), have been employed by, contracted with or have held any elected or appointed position with any union, advocacy group, professional association or similar entity that advances the interests of nurses in any way.

6.11 A member must not:

- (a) currently be employed by or contracted with, the federal public service or the Ontario public service with the exception of: i) an appointment to an arms-length agency of government so long as such agency does not advance the interests of nurses; or ii) being employed in a clinical nursing role. This Article comes into force on June 5, 2024; and
- (b) within the three years preceding their election, selection or appointment as member (excluding where the election, selection or appointment as member occurred prior to December 8, 2023), have been employed by or contracted with, the federal public service or the Ontario public service with the exception of: i) an appointment to an arms-length agency of government so long as such agency does not advance the interests of nurses; or ii) being employed in a clinical nursing role.

6.12 A member must not currently hold, or within the three years preceding their election, selection or appointment as member have held, provincial public office and must not run for provincial public office while they are a member.

6.13 A member must not currently hold federal or municipal public office and must not run for federal or municipal public office while they are a member.

Actions that are Prohibited

6.14 Accepting gifts or benefits has the potential to place a member in a position where they feel obliged to act contrary to rules of integrity, impartiality or

honesty. A member must not accept any gifts or benefits that could place them under a perceived or actual obligation to another person or entity and in any event, a member must not accept any gift worth more than \$100.00 from any person connected to the College or who may be affected by a decision made by the College.

6.15 A member must not use their position with the College to advance their personal or financial interests, or those of a family member, close friend or affiliated entity.

6.16 A member must not take part in any decision that could impose a more than trivial burden on the member or a family member, close friend or affiliated entity.

6.17 A member must not give a presentation on an issue, or be involved on a task force, Committee or similar group, related to the College's role or activities without prior written approval of the College.

6.18 A member or an affiliated entity must not use or share materials developed for the College for any commercial purpose without prior written approval of the College and a member must advise the College if they become aware that a friend or relative has used materials developed for the College for a commercial purpose.

6.19 A member must not assist or advise any person in their dealings with the College.

6.20 A member must not participate in a legal proceeding against the College. This provision does not prohibit a member from acting as a witness or giving an expert opinion on behalf of the College.

6.21 A member must not use their position to obtain employment for a family member or close friend.

6.22 A member must not apply for employment with the College until at least one year has passed since they were a member.

6.23 An employee of, or contractor for, the College must not apply for a Council or Committee position until at least one year has passed since they were an employee or contractor.

7. Process for Addressing Conflicts of Interest

7.01 Where a member has a conflict of interest related to a specific matter or discussion (that does not disqualify them) they must, prior to any consideration of the matter, declare they have a conflict that prevents their participation, not take part in the discussion or vote on the topic, leave the meeting even when the meeting is open to the public for the portion of the meeting relating to the matter and must not attempt in any way to influence the decision or to do anything that might reasonably be seen as an attempt to influence the decision.

7.02 Where a member has declared a conflict of interest, that fact shall be recorded in the minutes of the meeting.

7.03 Where a member believes another member has a conflict of interest that has not been declared, they must approach that member about the issue and if after discussion the other member does not believe they have a conflict, the member must advise an appropriate person (such as the Chair, President or Executive Director and CEO or, if the issue arises in a hearing, independent legal counsel).

7.04 Where Council or a Committee believes a member has a conflict of interest and the member has not themselves declared it, the Council or Committee may direct the member to not participate in the discussion, leave the room for the discussion and not try to influence the decision.

7.05 A member must disclose to the College in writing any interests of their family, close friends or an affiliated entity that could reasonably be seen to conflict with the interests of the College.

8. Confidentiality

8.01 A member must maintain confidentiality with respect to the information they learn in the course of their work for the College and shall treat all information as confidential and shall not disclose it unless authorized by law. This obligation continues even after they are no longer members.

8.02 A member must be familiar with, and comply with, the RHPA's confidentiality provision, Section 36 of the RHPA.

8.03 A member should generally leave to College staff the disclosure of College information but in appropriate circumstances may disclose information directly when performing their duties, such as rendering a decision on behalf of a Committee, or when consulting with their own legal counsel.

8.04 A member must only obtain and disclose information within the College on a need-to-know basis.

8.05 A member must ensure the secure storage and disposal of College information in compliance with applicable legislation and College policies.

8.06 A member must safeguard the confidentiality of College information through the appropriate use of the electronic devices provided by the College.

9. Diversity, Equity, Inclusion

9.01 A member must work to foster a culture that ensures equity, diversity, inclusion and belonging.

9.02 A member must work to foster a culture that is free from discrimination, racism, harassment and bullying, including micro-aggressions.

9.03 A member must work to build a culturally safe organization and standards for nurses, through a continuous practice of cultural awareness, learning, humility and safety in their discussions and decision-making.

9.04 A member must learn about and understand the social, legislative and political history of the Indigenous Peoples of Ontario, the impact of colonialism in Canada and its enduring traumatic legacy and the effects of Indigenous-specific racism and its negative effects on health outcomes for Indigenous Peoples who interact with the healthcare system.

10. Respect

10.01 A member must respect the feelings, wishes, rights and traditions of their colleagues.

10.02 A member must consider how their words and actions, even unintentional ones, impact others.

10.03 A member must act courteously, respectfully and thoughtfully toward their colleagues and staff.

10.04 A member must perform their duties in a professional and responsible way, avoiding inappropriate conduct, discrimination and bullying and must contribute to an environment that is courteous and respectful of all.

10.05 A member must recognize that their colleagues may have skills and abilities that differ from their own and must embrace and value the differences in others.

10.06 A member must speak up when they observe an act of discrimination or exclusion.

11. Integrity

11.01 When performing their duties, a member must act with integrity so as to promote confidence in the College.

11.02 A member must not act when in a conflict of interest.

11.03 A member must support the statutory duties and objects set out in the RHPA and the *Nursing Act, 1991* and the purpose of the College.

11.04 A member must be honest in their dealings with the College and with others on behalf of the College.

11.05 A member must act ethically and not commit or condone any illegal or unethical act in relation to any College matters.

11.06 A member must admit to mistakes and seek to rectify potential adverse consequences quickly and transparently.

12. Objectivity and Independence

12.01 A member must act objectively and independently by making decisions impartially, fairly, using best evidence and without bias.

12.02 A member must work to understand their personal biases, which may come from previous experience, personal history or interpersonal conflict and must set those biases aside when making decisions and, if they cannot do that, they must not participate in the decision.

12.03 A member must recognize they do not represent the views of any stakeholder, interest group or geographic district and instead represent the interests of the public, the Council or the relevant Committee.

13. Accountability

13.01 A member must adhere to high standards of conduct and ethics that maintain public confidence and trust.

13.02 A member must understand the obligations of this Code and when uncertain, must seek clarification with the President, Committee Chair or Executive Director and CEO.

13.03 A member must advise the President or Executive Director and CEO when they believe they have breached this Code.

13.04 A member must advise the President or Executive Director and CEO when they believe another member has breached this Code, including when the member witnesses or experiences inappropriate behaviour, including but not limited to bullying, abuse, racism, sexism, oppression or discrimination.

13.05 In signing the declaration at the start of their term and annually thereafter, a member commits to fully comply with this Code.

14. Active Participation

14.01 A member must attend all meetings and panels to which they have been assigned, unless exceptional circumstances exist, must allow the necessary time to prepare for meetings and hearings and avoid late cancellations and late arrivals, which disrupt meetings and, when quorum is impacted, may result in the inability to carry out business.

14.02 A member must thoroughly review all briefing materials prior to meetings so as to be prepared to contribute to discussion and decision-making.

14.03 A member must be proactive and make a positive contribution to discussions and decision-making and abide by the majority decision once it has been taken.

14.04 A member must display kindness, empathy, respect and collegiality in their interaction with other members, College staff, consultants, agents and representatives.

15. Communication

15.01 A member must engage in collaborative discussions that recognize and are respectful of the individuality and personal values of their colleagues.

15.02 A member must communicate clearly, respectfully and courteously.

15.03 A member must engage in active listening and not interrupt others.

15.04 A member must not use their personal devices or have side conversations during meetings.

15.05 A member must work with their colleagues to create a culturally safe space.

15.06 A member must consider and respect the opinions of others and strive to integrate and learn from different viewpoints.

15.07 A member must be aware of their personal power, privilege and sphere of influence, so they don't exercise individual authority or influence over their colleagues.

15.08 A member must recognize the scope of their authority. They must not overstep into the Executive Director and CEO's domain as it relates to engaging with staff, other than to increase the knowledge they need to make decisions.

Prohibited Communication

15.09 A member must not communicate with government officials, politicians or the media on any matter related to the College without the College's written approval.

15.10 A member must not make public comments about College matters without the College's written approval.

15.11 A member must not post online or make any statement publicly, including on social media, that:

- (a) could reasonably be viewed as presenting the official position of the College;
- (b) could reasonably be viewed as impairing the public's confidence in the College;
- (c) could reasonably be viewed as discriminatory, harassing, sexist, racist, xenophobic, homophobic, transphobic, ageist or ableist or that could be seen as offending the human rights or dignity of any person or group of persons; or
- (d) could reasonably be seen to undermine or disparage a College decision.

Existing Section 5 (Code of Conduct Proceedings) will be renumbered as section 16.

Finance Committee Report

November 16, 2023

Contact for questions or more information

S. Mills, Chief Administrative Officer

Meeting

The Finance Committee met on November 16, 2023. S. Leduc chaired the meeting. Draft minutes of the meeting are attached (Attachment 1).

Financial Statements

The unaudited financial statements for the nine months ended September 30, 2023 ([Attachment 2](#)) and the confidential and privileged Management Discussion and Analysis (MD&A) were reviewed in detail.

The year-to-date operating deficit of \$1.4M is a \$5.3M favourable variance from the \$6.7M budgeted deficit. This is the result of:

- revenues being higher than budgeted by \$2.8M due primarily to a higher number of overall registrations and applications, and higher interest income due to the current interest rate environment, and
- expenses for the period being \$2.5M less than budgeted. The favourable variance is largely due to unfilled staff positions and timing of equipment and operating supplies costs.

After a thorough review and discussion of the statements and the accompanying confidential MD&A, the Finance Committee recommends:

That Council approve the unaudited financial statements for the nine-months ending September 30, 2023.

Report of the Compensation Sub-Committee

The report of the Sub-Committee on Compensation¹ had been circulated to the Finance Committee. In October, the Sub-Committee addressed:

¹ The Sub-Committee is an independent, expert group that advises the Finance Committee on staff compensation and on Council and committee stipend expenses. Its members are appointed based on competencies. Members are Bob Canuel, Chair (member of the Finance Committee), Craig Halket, and Joe Nunes.

- CNO’s approach to attraction and retention of qualified staff, including information about the results of the annual staff engagement survey and CNO’s approach to diversity, equity, inclusion,
- the proposed approach to staff compensation for 2024,
- recommendations for changes to the Sub-Committee’s Terms of Reference (Attachment 3), and
- proposed revisions to the Stipend and Expense Policies for Council and committee members² (Attachment 4).

Following a thorough discussion of CNO’s approach to attraction and retention of qualified staff and a review of information regarding changes in CNO’s employment market, the Sub-Committee advised the Finance Committee that:

- the 2024 compensation program included in the budget is congruent with the [Compensation Principles](#) approved by Council and best practices in human resources.

Sub-Committee on Compensation Terms of Reference

The Sub-Committee is a neutral and expert resource to the Executive Director and CEO and the Finance Committee on staff compensation, and on Council or committee member stipends and expenses.

In reviewing [its Terms of Reference](#), the Sub-Committee recommended providing flexibility to its membership and allowing for longer terms of office for its members. It was flagged that the current members have significant compensation expertise and have a strong understanding of CNO’s practices and policies.

The Finance Committee supported the changes as they allow CNO to continue to benefit from the expertise of the current members and provide for effective succession planning. It was flagged as a risk that all three current members’ terms of office would otherwise expire over the next three years.

The Finance Committee is recommending that:

Council approve the proposed revised Terms of Reference for the Compensation Sub-Committee as they appear in Attachment 3 to this report.

Revisions to Stipend and Expense Policies

The Sub-Committee on Compensation supported the proposed changes to CNO’s [Stipend and Expense policies](#) which were presented to the Finance Committee. The proposed revisions (Attachment 4) reflect a modernization of both policies to more

² These policies relate to all members except those appointed by the Lieutenant Governor in Council.

appropriately reflect today's changing world, including the reality that most meetings are virtual.

One significant change is the separation of the stipend and expense policies into two standalone policies. Each policy will be accompanied by an introduction and a procedural guide detailing how to apply each policy and use the relevant claim form.

Most meetings will continue to be conducted virtually; this separation provides easier access to the relevant information required for each policy.

Expense Policy

A few changes are recommended:

- removing the reference to CNO's corporate rate for accommodation bookings since CNO no longer has any corporate agreements with hotels
- clarifying requirements associated with booking short-term rentals
- increasing the amount for the daily meal allowance, including added flexibility when claiming for more than one meal time per day
- increasing the cost of daily incidental for members staying in hotels, to reflect the impact of inflation

Stipend³ Policy

A number of changes are proposed to the stipend policy:

Daily Stipend Amount

It is recommended that the daily stipend be increased by 16.4% to \$320.

The current benchmark used to recommend stipend increases relates to the ONA Contract. With wage caps and the results of some arbitrations, a more flexible approach was used to more fairly determine the stipend amounts paid. For this and future increases, the amount proposed will be the *greater of* the ONA contract benchmark or the [Statistics Canada CPI](#) for Ontario. For this increase the CPI benchmark was used.

The Finance Committee discussed the growing disparity between the stipend paid by CNO and the stipend that public members receive from government. It was also flagged that the mechanisms for public members submitting claims are complex. It was noted that current legislation specifies that public members are compensated by government.⁴

³ Stipend is given to Council and committee members in recognition of the volunteer service for CNO. Stipend is not intended to be salary replacement. It is intended to provide meaningful financial recognition for contributions and ensure members do not incur significant financial losses or gains by serving on Council or committees. The stipend policy applies to all members of Council and committees other than those appointed by Lieutenant Governor in Council ("public members of Council").

⁴ Section 8 of the [Health Professions Procedural Code](#).

CNO has requested legislative change to implement Council's governance vision, which includes CNO paying all Council and committee members, including public members, the same amount. CNO has reminded government of the value add of the changes in the vision. CNO will raise the issue of public member remuneration at the Health Professions Regulators of Ontario to see if there is support for a joint approach to government to address this disparity and will continue to advocate, as appropriate, for implementation of Council's governance vision.

Preparatory Stipend

It is recommended that preparatory stipend, which is currently paid automatically based on specific parameters, be claimable by members. This approach would allow CNO time to collect and assess data to support recommendations for further refinements at the next review⁵. CNO has been careful in wording the policy to identify that:

- members *may* claim preparatory stipend,
- the *maximum* amount claimed would be the actual time spent preparing, and
- preparation relates to reviewing materials provided by CNO for meetings the member is required to attend.

Payments related to the role of the President

Patricia Sullivan, President, declared a conflict of interest and was not present for the discussion and decision making about this item.

The current policy includes a lump sum payment to the President's employer and an annual honorarium payable to the President.

The Finance Committee is recommending a shift in approach to provide flexibility in payment that recognizes the different types of employment relationships or work arrangements a President may have that may not fit a traditional model.

The proposed revisions remove the payment to the President's employer and provides an increase to the President's honorarium, spread over two years. The President has the discretion to identify the recipient (themselves or employer) for all stipend payments, including the honorarium.

The Finance Committee recommends:

That the revised Stipend Policy and Expense Policy, as they appear in Attachment 4 to this report, be approved to come into effect on January 1, 2024.

⁵ Stipend and Expense policies are regularly reviewed biennially and will be reviewed in the fall of 2005.

2024 Budget

The Finance Committee discussed in detail the [2024 draft budget](#), with projections to the end of 2027 (Attachment 5).

In summary, the draft 2024 operating budget includes new resources to support meeting regulatory effectiveness, changing expectations for regulators, continued implementation and operationalization of Strategy 2021-2026, and support ongoing financial stability.

The budget includes:

- | | | |
|--------------------------------|----------------|----------------|
| • revenues | \$84.5M | 32.7% increase |
| • base expenses | \$80.1M | 12.8% increase |
| • project budget | \$ 4.0M | 33.3% increase |
| • net operating surplus | \$ 0.4M | |

The proposed capital budget is \$1.1M.

The increase in revenue is primarily due to:

- increases in revenues for registration and applicant assessment, which include the fee increase for 2024 and estimated increases in volumes along with
- an increase in interest income due to the increased amount available for investment and continuing high rates estimated for part of 2024.

The increase in expenses is made up of base operating increase of \$9.1M (12.8%) and an increase in project operating expenses of \$1.0M (33.3%).

The most significant increases in operating expenses relate to:

- salaries and benefits due to the addition of permanent and temporary staff, inflation, market adjustment and progression (\$6.2M) and
- costs for services, equipment and operating supplies (\$2.2M).

Given the fee increases for 2024 and approved increases for 2025 and 2026, it is anticipated that CNO's accumulated surplus will remain in the benchmark of 3 to 6 months' of the expense budget through 2026. The Finance Committee will monitor CNO's ongoing fiscal well-being keeping in mind the preference for more frequent but small changes to fees.

After an extensive discussion, the Finance Committee is confident that the budget provides the funds required for CNO to meet its regulatory mandate and further its strategic objectives. It is also confident that the budget and projections support CNO's ongoing fiscal well-being.

The Finance Committee recommends:

That Council approve the 2024 budget as it appears in Attachment 5 to this report.

Attachments

1. Draft Minutes of the Finance Committee meeting of November 16, 2023
2. Unaudited Financial Statements for the nine-months ending September 30, 2023
3. Recommended revised Terms of Reference for the Sub-Committee on Compensation
4. Recommended Revised Expense Policy and Stipend Policy
5. Recommended 2024 Budget

Finance Committee Minutes

November 16, 2023 at 1:00 p.m.

Present

S. Leduc, Chair
B. Canuel

J. Farag
R. Lastimoso Jr.

M. E. Renwick
P. Sullivan

Regrets

M. Hogard

Staff

V. Adetoye
S. Crawford

J. Hofbauer
C. Jiang

M. Kelly, Recorder
S. Mills

Chair

S. Leduc chaired the meeting held via Zoom.

Agenda

The agenda had been circulated and was approved on consent.

P. Sullivan declared a conflict of interest for items directly impacting the President in agenda item 4.2 – Proposed revisions to the Stipend and Expense Policies.

Minutes

Minutes of the Finance Committee meeting of August 24, 2023 had been circulated and an editorial adjustment was requested.

Motion 1

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

That the minutes of the Finance Committee meeting of August 24, 2023 be accepted as amended.

CARRIED

Financial Statements

V. Adetoye highlighted the unaudited financial statements for the nine months ended September 30, 2023. The statement of financial position depicts a decrease in both assets and liabilities as expected when compared to December 2022.

In reviewing the statement of operations, V. Adetoye noted that at the end of the third quarter there was a deficit of \$1.4M, which is \$5.3M less than the budgeted deficit of \$6.7M. V. Adetoye highlighted the main reasons for this variance. She noted that revenues are \$2.8M higher than budget due to an increase in the overall registration and application numbers, as well as higher interest income due to the current environment. Expenses for the period are \$2.5M lower than budget with main contributors being unfilled staff positions and the timing of operating costs and equipment. Some of this underspend was partially offset by the use of contractors and consultants, and higher costs for legal services. A \$2.5M deficit is being projected for the end of 2023.

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

Motion 2

Moved by S. Leduc, seconded by, P. Sullivan

That approval of the unaudited nine-month financial statements as of September 30, 2023 be recommended to Council.

CARRIED

Report of the Sub-Committee on Compensation

S. Leduc noted that the Sub-Committee is an expert, third-party committee that advises the Finance Committee. The Report of the Sub-Committee's meeting of October 25, 2023, including draft notes of the meeting had been circulated to the Finance Committee. The meeting revolved around CNO's compensation program and staff attraction and retention with a focus on the 2023 Employee Experience Survey results. Other items as discussed by the Sub-Committee are captured in succeeding agenda items for the Finance Committee.

The Finance Committee requested that a high-level summary of the Employee Experience Survey process and result be shared with Council as an informational item.

The Sub-Committee advised the Finance Committee that CNO's compensation program and policies are congruent with the Compensation Principles approved by Council and best practices in human resources.

2024 Operating and Capital Budgets

Members of the Finance Committee received the 2024 draft operating and capital budgets along with projections through 2027.

S. Mills reviewed the business context of the budget, highlighting CNO's portfolio management approach and stage gate methodology when budgeting for projects. He also noted that significant progress has been made on all elements of the Strategic Plan. Implementing regulatory changes was a key priority in 2023 and will continue into 2024.

S. Mills noted that at the end of 2023, the accumulated operating surplus is forecasted to be \$36.1M, which is 6.3 months of operating expense coverage and slightly over the guideline set by the Finance Committee. A number of factors contribute to this surplus. In 2023, CNO saw a higher number of initial registrations and applications than budgeted. CNO also experienced some unfilled staff positions which led to lower expenditures in salaries. While the steps taken in preparing the 2023 budget managed to reduce vacancies seen in prior years, the employment market still remains very applicant-centric and highly competitive. The improved approach to managing vacancies is reflected in the 2024 budget. S. Mills also highlighted that 2023 saw a significant shift in increased project work when compared to prior years. This shift is expected to result in an overspend of \$1M for projects, which will partially offset some of the savings noted. All these considerations have been addressed in the proposed 2024 budget, and if it is approved, the operating expense coverage will decrease to 5.2 months in January 2024 and will continue to decline in the following years.

The 2024 budget estimates an increase in revenue by 32.7% to \$84.5M as a result of the new fee structure, estimated increases in registration numbers, an increase in application assessments, an increase in interest income, and an increase in exam revenue. The proposed 2024 budget also includes a 13.6% increase in operating expenditures to \$84.1M, with the major contributors being additional staff, higher materials, equipment, and technology services, an increase in project expenses, and higher contractor and consulting costs. Overall, 2024 is projected to result in an operating surplus of approximately \$0.4M.

The proposed capital budget for 2024 is \$1.1M. The majority of this budget relates to technology requirements with a small portion allocated to building improvements and furniture.

S. Mills highlighted the projections from 2025 to 2027. Key assumptions for these projections involve an inflation rate of 4%, continued implementation/operationalization of the Strategic Plan 2021-2026 and other initiatives, data quality improvements and increases in staff to support operations and projected growth in registrant and applicant volumes. In 2025, the operating coverage is expected to be in the range of 5.0 months and declines thereafter.

The Committee suggested slight clarifications to the budget proposal prior to presentation to Council and noted that the document was very thorough and detailed. In response to a question, S. Mills confirmed that a future state of smaller, more steady fee increases will be examined and presented to both the Finance Committee and Council at a later date. The current projections do not include this consideration.

Following extensive discussion, the committee confirmed that the 2024 draft budget allows CNO to carry out key regulatory functions, meet strategic objectives and maintain its long-term fiscal well-being.

Motion 3

Moved by S. Leduc, seconded by J. Farag,

That approval of the 2024 operating and capital budgets be recommended to Council.

CARRIED

Stipend and Expense Policies for Council and Committee Members

The Sub-Committee on Compensation reviewed proposed revisions to the stipend and expense policies for Council and committee members and advised the Finance Committee that they were supportive of the revisions.

The proposed revisions highlight significant changes in how Council and committees now operate and reflect a modernization of both policies to more appropriately reflect today's changing world. One of the overarching changes proposed is the separation of the stipend and expense policies into two standalone policies. Each policy will be

accompanied by an introduction section highlighting the relevant by-laws and the accountabilities of members, as well as an appendix consisting of a procedural guide detailing how to apply the policies and use the relevant claim forms.

The Finance Committee discussed each of the proposed policy changes in detail.

Expense Policy

The revisions proposed to this policy include:

- clarifying the requirements associated with accommodation bookings as CNO no longer has any corporate hotel agreements,
- increasing the amount for the daily meal allowance, including added flexibility when claiming for more than one meal time per day, and
- increasing the cost of incidentals to reflect the impact of inflation.

The Committee supported the above noted revisions.

Stipend Policy

It was noted that stipends are provided to Council and committee members in recognition of their volunteer service and is not intended to be salary replacement. A number of revisions are being proposed for the Stipend Policy.

Daily Stipend Amount

Historically, the daily stipend amount has been maintained using calculations based on the current Ontario Nurses' Association's (ONA) collective agreement. However, with the provincial imposition of wage caps and the results of some arbitrations, a more flexible approach is being proposed to more fairly adjust for the stipend amounts paid. It is being proposed to change the benchmark for determining the daily stipend amount to the greater of either the ONA contract or Statistics Canada CPI for Ontario. For this increase then, the benchmark for determining calculations would be Statistics Canada, which would increase the daily stipend amount by 16.4%.

While the Finance Committee was supportive of this change, they noted that this increase could potentially exacerbate the stipend disparity between public members and nursing members. It was also flagged that the process for public members submitting claims was very cumbersome. S. Mills noted that the current legislation specifies that public members are compensated by the government and that CNO is unable to take any action to try and close the gap. He noted that CNO has requested legislative changes to implement Council's governance vision, which would include CNO paying all Council and committee members (including public members) the same amount. CNO has reminded the government of the many benefits available should the legislation be

revised. S. Crawford suggested that this topic can be discussed with the Health Professions Regulators of Ontario for approaching the government in a joint effort.

Claimable vs Automatic Stipends

The stipend policy revisions propose a significant shift in which stipends are automatically paid and those that are claimable. In the current policy, stipends for committee meeting preparation are paid automatically with varying approaches. These approaches have proven to be outdated and have resulted in either under or over-payment based on the current policy. On advice of the Sub-Committee, it was recommended that until the next review, preparatory work for committee meetings be paid as a claimable stipend so that members can claim for the actual time they spend reviewing meeting materials. This approach would allow CNO time to collect and assess data to support recommendations for further refinements at the next biennial review.

Motion 4

Moved by S. Leduc, seconded by B. Canuel,

That approval of the revised Expense Policy and Stipend Policy as outlined above be recommended to Council.

CARRIED

President's Employer & Honorarium

P. Sullivan declared a conflict of interest and left the meeting.

S. Mills provided an overview of the proposed changes to the Stipend Policy for items pertaining directly to the President. The current policy considers a traditional employee/employer relationship where the arrangement was stable and predictable; this reality is not reflected in today's employment environment. Removing the provision for payment to the President's employer recognizes the different types of employment relationships or work arrangements a President may have that may not fit a traditional model.

To offset the removal of this provision, it's also being proposed to increase the President's honorarium in a staged approach for the next two years, followed by inflationary adjustments in subsequent reviews. These increases consider the amount paid to the President's employer in previous years and strikes a balance between the two. The honorarium is intended to provide the President with flexibility, regardless of

their employment status or work arrangements, to determine how the honorarium and any other stipends payable to the President would be allocated.

Motion 4

Moved by S. Leduc, seconded by B. Canuel,

That approval of the revised Stipend Policy for items pertaining to the President be recommended to Council.

CARRIED

P. Sullivan returned to the meeting.

Sub-Committee on Compensation Terms of Reference

The Sub-Committee on Compensation acts as a neutral and expert resource to the Finance Committee and the Executive Director and CEO on staff compensation, and on Council or committee member stipends and expenses.

The Sub-Committee is recommending changes to both their term lengths and membership structure as outlined in their Terms of Reference (TOR). Given that Sub-Committee members are appointed based on specific competencies and considering that they meet twice a year for a duration of 2 hours each time, this limited engagement does not allow CNO to fully leverage the knowledge of the group. It is proposed to increase their terms to three full 3-year terms of office. The Sub-Committee also proposed changes to their membership structure to help with succession planning and to minimize disruption in membership turnover. To mitigate risks associated with knowledge continuity and stability, they recommend adjusting the membership structure to no fewer than three and no more than five members.

Motion 5

Moved by S. Leduc, seconded by P. Sullivan,

That approval of the revisions to the Sub-Committee on Compensation Terms of Reference be recommended to Council.

CARRIED

Sub-Committee on Compensation recruitment update

The Finance Committee received a briefing outlining the Sub-Committee membership recruitment process and progress made to date. The closing date for applications is November 30, 2023. Any new members will be presented to the Finance Committee in February 2024.

The Finance Committee was informed that all current Sub-Committee members expressed an interest to remain on the Sub-Committee for another term should their TOR revisions be approved. This, along with any new members appointed in February, would provide the Sub-Committee with added flexibility to help with succession planning and ensuring knowledge continuity and stability of membership over time.

Self-Monitoring Tool

The Committee reviewed the Self-Monitoring tool and confirmed that they had met their accountability for the meeting. The Committee noted that they feel well supported in their decision-making process based on the level of detail provided in the meeting materials, leaving them with confidence in their recommendations.

Upcoming meetings

The Finance Committee will meet the morning of February 15, 2024 and the afternoon of May 16, 2024. It was noted that the auditors will attend both meetings.

Conclusion

At 3:30 p.m., on completion of the agenda, the Finance Committee meeting concluded.

Chair

Item 8.1.2

**COLLEGE OF NURSES OF ONTARIO FINANCIAL
STATEMENTS
FOR THE NINE MONTHS ENDED SEPTEMBER 30, 2023 (Unaudited)**

College of Nurses of Ontario
Statement of Financial Position (\$000)
As at September 30

	2023	2022	2022
	September	September	December
ASSETS			
Current assets			
Cash	15,239	20,323	60,754
Investments	22,499	21,137	21,266
Sundry receivables	20	117	131
Prepaid expenses	700	645	1,175
	<u>38,458</u>	<u>42,222</u>	<u>83,327</u>
Investments	18,422	14,959	15,019
Capital assets			
Furniture and fixtures	1,817	3,468	1,694
Equipment - non computer	560	1,597	553
Computer equipment	5,250	6,826	4,722
Building	6,836	6,836	6,836
Building improvements	5,542	7,525	5,501
Land	3,225	3,225	3,225
Art	45	45	45
Construction in progress	0	0	0
	<u>23,275</u>	<u>29,521</u>	<u>22,576</u>
Less: Accumulated amortization	(10,848)	(16,670)	(9,615)
	<u>12,427</u>	<u>12,851</u>	<u>12,960</u>
Intangible Assets	4,041	4,306	4,041
Less: Accumulated amortization	(3,907)	(4,087)	(3,845)
	<u>134</u>	<u>219</u>	<u>196</u>
	<u>69,440</u>	<u>70,251</u>	<u>111,502</u>
LIABILITIES			
Current liabilities			
Accounts payable and accrued liabilities	6,662	6,099	14,329
Deferred registration and examination fees	13,345	12,770	46,386
	<u>20,006</u>	<u>18,869</u>	<u>60,715</u>
	<u>20,006</u>	<u>18,869</u>	<u>60,715</u>
NET ASSETS			
Net assets invested in capital assets	12,561	13,070	13,156
Unrestricted net assets	36,873	38,313	37,631
	<u>49,434</u>	<u>51,383</u>	<u>50,787</u>
	<u>69,440</u>	<u>70,251</u>	<u>111,502</u>

College of Nurses of Ontario
Statement of Operations (\$000)
Nine Months Ended September 30

	2023 Year to Date September				2022 Year to Date September				2023 Budget	
	Budget	Actual	Variance (\$) Fav/(Unfav)	Variance (%) Fav/(Unfav)	Budget	Actual	Variance (\$) Fav/(Unfav)	Variance (%) Fav/(Unfav)	Remaining	Approved
REVENUES										
Registration fees	41,395	42,122	726	2%	38,899	39,854	954	2%	13,254	55,375
Application assessment	4,499	5,280	781	17%	4,400	4,399	(1)	0%	441	5,721
Verification and transcripts	103	140	38	36%	61	122	61	100%	(13)	128
Interest income	1,379	2,187	807	59%	352	769	417	119%	(425)	1,761
Examination	301	689	389	129%	481	516	34	7%	(331)	358
Other	18	88	71	405%	21	193	171	801%	282	370
Total Revenues	47,695	50,506	2,811	6%	44,215	45,852	1,637	4%	13,207	63,713
EXPENSES										
Employee salaries and expenses	40,303	37,266	3,037	8%	33,972	29,138	4,834	14%	16,900	54,166
Contractors and consultants	2,664	3,184	(520)	(20%)	3,108	3,228	(120)	(4%)	931	4,114
Legal services	2,386	2,559	(173)	(7%)	2,536	1,912	624	25%	683	3,242
Equipment, operating supplies and other services	4,241	3,485	756	18%	3,259	3,116	143	4%	3,139	6,624
Taxes, utilities and depreciation	1,524	1,484	40	3%	1,511	1,502	9	1%	518	2,003
Exam fees	98	181	(83)	(84%)	135	143	(8)	(6%)	(61)	120
Non-staff remuneration and expenses	510	425	85	17%	465	411	54	12%	284	709
Total Base Operating Expenses	51,726	48,584	3,142	6%	44,986	39,450	5,536	12%	22,394	70,978
Project Expenses	2,633	3,276	(643)	(24%)	2,188	2,192	(4)	0%	(276)	3,000
Total Expenses	54,358	51,860	2,499	5%	47,174	41,642	5,532	12%	22,118	73,978
Excess of (expenses over revenues) / revenues over expenses	(6,663)	(1,353)	5,310	80%	(2,960)	4,209	7,169	242%	8,911	(10,265)
Opening net assets		50,787				47,173				
Closing net assets		49,434				51,383				

College of Nurses of Ontario
Notes to the Revenue and Schedule of Expense Variances
For the Nine Months Ended September 30, 2023

College of Nurses of Ontario
Statement of Changes in Net Assets (\$000)
Nine Months Ended September 30

	2023			2022
	Invested in Capital and Intangible Assets	Unrestricted	Total	December
Balance, beginning of period	13,156	37,631	50,787	47,173
Excess of (expenses over revenues)/revenues over expenses	(1,294)	(59)	(1,353)	3,614
Purchase of capital assets	699	(699)	0	0
Balance, end of period	12,561	36,873	49,434	50,787

College of Nurses of Ontario
Notes to the Revenue and Schedule of Expense Variances
For the Nine Months Ended September 30, 2023

College of Nurses of Ontario
Statement of Cash Flows (\$000)
Nine Months Ended September 30

	<u>2023</u> <u>September</u>	<u>2022</u> <u>September</u>
Cash flows from operating activities		
Excess of revenue over expense for the period	(1,353)	4,209
Adjustments to determine net cash provided by/(used in) operating activities		
Amortization of capital assets	1,232	1,236
Amortization of intangible assets	62	76
Loss on disposal of capital assets		
Interest not received during the year capitalized to investments	(898)	(287)
Interest received during the year previously capitalized to investments	247	277
	<u>(710)</u>	<u>5,511</u>
Changes in non-cash working capital items		
Decrease in amounts receivable	112	102
Decrease in prepaid expenses	475	583
(Decrease) in accounts payable and accrued liabilities	(7,667)	(9,458)
(Decrease) in deferred registration fees	(33,041)	(27,742)
	<u>(40,832)</u>	<u>(31,004)</u>
Cash flow from investing activities		
Purchase of investment	(31,336)	(27,300)
Proceeds from disposal of investments	27,352	16,992
Purchase of capital assets	(699)	(2,413)
Purchase of intangible assets		(93)
	<u>(4,684)</u>	<u>(12,814)</u>
Net (decrease) in cash and cash equivalents	(45,515)	(43,819)
Cash and cash equivalents, beginning of year	60,754	64,142
Cash and cash equivalent, end of quarter	<u><u>15,239</u></u>	<u><u>20,323</u></u>

Sub-Committee on Compensation Terms of Reference

The Sub-Committee on Compensation acts as a neutral and expert resource to support CNO in meeting its goal of being an employer of choice by advising the Executive Director and CEO and the Finance Committee on compensation-related practices for staff and Council and committee members.

Specific terms of reference are:

1. To review the CNO's Compensation Principles at the request of Council, the Finance Committee or not less than once every five years to ensure that the principles support CNO's ability to attract and retain high caliber staff by reflecting current legislation, organizational imperatives and best practices in human resources. To make recommendations for change, if any, to the Finance Committee.
2. To advise the Executive Director and CEO on staff compensation-related matters aligned with the Compensation Principles and human resource best practices.
3. To advise the Finance Committee whether the compensation component included in the annual proposed budget is congruent with the CNO's Compensation Principles and human resource best practices.
4. To advise the Finance Committee on changes in the stipend and expense policies for Council or committee members.

Membership

1. The Sub-Committee consists of between 3 and 5 members who possess the competencies identified to effectively contribute to the committee's purpose.
2. Members are appointed by Council on recommendation of the Finance Committee.
3. The Chair is appointed by Council on recommendation of the Executive Committee. The Chair of the Sub-Committee shall be a member of the Finance Committee.
4. No member of the Sub-Committee shall be a member of Council or staff.
5. The term of office is 3 years with the option of reappointment by Council. Members can serve no more than three full 3-year terms.

The following staff will act as resource persons for the Committee:

- Executive Director and CEO
- Chief Administrative Officer

- Director, People and Culture

Meetings

The Committee will meet at least twice per year. One meeting will be held in the first quarter of the year and one meeting will be held in the third quarter of the year.

Approved by Council June 2011
Revised 2014,
June 2017,
March 2020

Compensation Principles

Purpose

To support an organizational culture of performance excellence by enabling CNO to hire and retain engaged and motivated staffing resources who achieve CNO's mandate.

Definitions

Compensation:

For the purpose of these principles, compensation is defined to include the following components:

- Annual salary/hourly rates of pay;
- Rewards and recognition to include merit payments, ad hoc performance recognition, growth and learning opportunities;
- Benefits to include insured coverages (such as health and dental) and non-insured plans (such as time away allotments); and
- Retirement savings arrangements to include registered pension plans and Group RRSPs.

CNO's Employment Market:

CNO's primary employment market is defined to be: other regulatory organizations. CNO's general employment market is defined to include: the primary employment market and non-profit organizations; Ontario Public Service; municipal governments; post secondary institutions (colleges and Universities); health care; and on a targeted basis, private sector organizations with which CNO competes for resources.

Principles

As foundational assumptions to all Compensation Principles, CNO is committed to ensuring:

- its decisions and activities comply with all relevant legislation; and
- information about individual staff compensation is confidential.

Externally Competitive:

Achieve and maintain competitive positioning relative to other employers within CNO's general employment market, as defined, on a total compensation basis. CNO's desired competitive position shall not be less than the market median and may be allowed to lead on a total compensation basis within its general employment market.

Internal Equity:

Develop and consistently apply fair and transparent practices and policies to administer CNO's compensation programs for all applicants and employees.

Individual Equity:

Ensure compensation-related practices and decisions are ethically, consistently, objectively and equally applied to all employees, with the result that employees perceive and experience fair treatment.

Approved by Council, June 2011

Revised, December 2013, December 2015, March 2020

Sub-Committee on Compensation - Competency Model

RANKING	COMPETENCY	ATTRIBUTES
1	Relevant professional experience related to compensation	<p>Can evaluate an overarching compensation philosophy using knowledge of and experience with salary administration, and pension and benefit plan design</p> <p>Understands and considers risk management factors that are relevant to compensation</p> <p>Understands and considers appropriate market trends in compensation and external benchmark comparisons</p> <p>Demonstrates familiarity with best practices in attraction and retention and talent management</p>
2	Governance	<p>Applies principles of good governance, separating board oversight from management's administration</p> <p>Provides feedback and recommendations that are in the best interests of the organization as a whole; subjugates personal interests in favour of those of the organization</p>
3	Personal effectiveness	<p>Leadership – contributes to a clear and appropriate sense of direction; promotes and engages in healthy conflict in the interests of providing the best possible input</p> <p>Teamwork – contributes to the surfacing of all relevant perspectives, and effective and healthy discussion; recognizes and leverages the contributions of other members to the discussion; focuses the discussion on relevant material and guides it away from red herrings or minutia; in the absence of extraordinary circumstances, prepares for, attends and actively participates in all meetings and discussions</p> <p>Communication – applies active listening skills to draw out and consider all relevant perspectives; expresses self in a clear, concise and logical manner</p> <p>Strategic Thinking – applies synthesis to consider the organization's position in its employment market</p> <p>Critical Thinking – assesses information and situations logically; demonstrates flexibility in developing multiple alternative solutions; can develop novel, innovative and aspirational solutions</p>

RANKING	COMPETENCY	ATTRIBUTES
		<p>Objective Problem-Solving – seeks and relies on facts; applies professional skepticism to determine the reliability of facts before relying on them; demonstrates awareness of and tempers personal biases; balances facts and intuition; subjects proposed solutions to “the common-sense test”; provides input that is practical</p> <p>Continuous Learning – Demonstrates awareness of “what they don’t know” and develops knowledge and skill and/or relies on colleagues’ knowledge and skill to close significant gaps; continuously participates in continuing education regarding the organizational context</p>
4	Environmental knowledge	Demonstrates knowledge of the compensation environment with the College’s market, that includes the regulatory and broader public sectors
5	Business acumen	<p>Identifies issues that may impact, and makes recommendations that protect, the College's reputation</p> <p>Avoids and prevents conflicts of interest or biases</p> <p>Encourages policies and practices to protect a healthy workplace culture</p> <p>Demonstrates financial literacy associated with administration of pension and benefit plans, and ensures impact of compensation plans is included in overall considerations</p>

STIPEND POLICY

Overview

Stipend is a fixed amount, agreed upon by Council, which is given to members in recognition of the service provided on Council and committees or in carrying out Council business. Stipend is not salary replacement.

All claimable stipends (item #3) must be submitted on CNO's Council and Committee member Stipend Claim Form (see Appendix for details).

1. Daily Stipend Amount¹

Stipends are based on a 7-hour day.

Stipends payable under this policy are:

- a) **\$320.00** per stipend day for members
- b) **\$435.00** per stipend day for Chairs of statutory committees and statutory committee panel chairs, when chairing meetings, including deliberations and reason writing (when done by the panel)
- c) **\$435.00** per stipend day for the President for any meeting attended or chaired on behalf of CNO
- d) **\$375.00** per stipend day for each Vice-President for any meeting attended or chaired on behalf of CNO

All daily stipend amounts outlined in policy provision #1 were increased as per Statistics Canada CPI for Ontario by approximately 16%.

2. Automatic Stipend

A stipend under this policy will be automatically paid:

- a) for time in attendance at meetings of Council and committees
 - i) for virtual meetings, attendance is pro-rated and will be calculated based on the start and end times of the meeting, rounded up to the nearest half hour
 - ii) for in person meetings (as requested by CNO), attendance will be calculated based on the duration of time for which the member was booked or the length of the meeting rounded up to the nearest half hour, whichever is greater

Criteria for the payment of the automatic stipend is now outlined clearly under policy provision #2.

3. Claimable Stipend

A stipend payment under this policy may be claimed for:

- a) review of preparatory materials provided by CNO for any committee meeting the member is required to attend, to a maximum of the amount of time spent preparing
- b) time spent drafting the reasons and decision of a Discipline hearing when the member has been assigned the task of drafting reasons on behalf of a panel and is doing the work on their own time

The temporary approach of including the preparatory stipend in policy provision #3 will provide CNO with a consistent basis to understand and evaluate the amounts being claimed while also more fairly compensating members.

¹ Benchmarks for the stipend amount include the ONA Contract or [Statistics Canada CPI](#) for Ontario - all items, whichever is greater.

- c) salary loss from an employer (part or whole shift) up to one stipend day (7 hours) where a member² cannot recover the lost salary by rearranging their work schedule for:
 - i) attending part-day meetings for which a member needs to book off a full shift,
 - ii) time committed to meetings which are unexpectedly cancelled or prematurely terminated,
 - iii) a shift or part shift booked off to travel to scheduled meetings, which CNO has required that the member attend in person, and which are unexpectedly cancelled, and
 - iv) time while otherwise engaged in Council business for which prior authorization has been confirmed
- d) the difference between the stipend paid for time in attendance at a meeting and the hours for a shift that was otherwise lost, when the member or their employer receives a part day or a one-day stipend
- e) time while otherwise engaged in the business of Council for which prior eligibility for stipend has been confirmed
- f) preparatory time payable under 3(a) if a member is suddenly and unexpectedly unable to attend a meeting and has done the preparatory work
- g) salary loss, if the member takes a vacation day to travel to or from a meeting at CNO or another location, on CNO's request

The remaining items under provision #3 were reviewed and updated for clarity - no significant changes are being proposed.

4. President's Honorarium

The President's annual honorarium is \$ 12,000 for 2024 and \$15,000 for 2025, adjusted thereafter in accordance with the process noted below.³

The President's honorarium has been increased to account for the removal of the previous lump-sum payment to the President's employer.

5. Payee

Stipends/honorarium will be paid to the incumbent in the position unless the incumbent directs CNO to pay their employer.

- a) If paid to the incumbent: Canada Pension Plan contributions and Income Tax (based on information provided by the incumbent in their TD1 tax form) are deducted from stipend/honorarium payments. A tax form is issued at the end of the calendar year.
- b) If paid to the incumbent's employer: no deductions are made, and a tax form is not issued.

Payee information has been updated to specify that payments will be paid to members unless direction has been provided to allocate some, or all, of the stipend to an employer.

Approved by Council: December 2, 2021
 Effective: January 1, 2022
 Revised: March 2023
 Next Review: Fall 2023

² Applies to members who work full-time, part-time, and/or casual

³ The increase to the honorarium will be based on the cumulative inflationary increase since the last time the honorarium was adjusted, calculated using [Statistics Canada's CPI](#) for Ontario - all items, rounded up to the nearest \$100.



EXPENSE POLICY

Overview

The following policy sets out expenses that CNO will cover when CNO requires that a member attend a meeting in person.

CNO does not pay expenses to members for attending meetings remotely.

CNO will either reimburse the member for out-of-pocket expenses that are allowed under these policies, on receipt of a completed expense claim form, or will arrange and prepay for select services (e.g., hotel accommodation including taxes and air travel). All out of pocket expenses need to be claimed on CNO's Council and Committee member Expense Claim Form (see Appendix for details).

Member Responsibilities

Members are expected to be fiscally responsible in the use of services, attempting where possible to minimize costs to CNO through selection of the most cost-effective alternative and/or through sharing of services (e.g., taxis) where possible.

Members are expected to follow the travel policies and procedures.

Specific Policies

1. Overnight Accommodation

Only members who live more than 40 kilometres from the meeting site¹, are eligible to be reimbursed the cost of overnight accommodation:

- i.) Hotel/Motel: All hotel bookings must be made with CNO's travel service provider. The costs for room and taxes are billed directly to CNO.
 - o CNO will cover the cost of hotel accommodations when hotel stays are booked with the travel service provider within 5 business days following the notification of an in-person meeting².
- ii.) Short-term rental: **To be eligible for reimbursement, the cost of the short-term rental must be equal to or less than the cost of a hotel at the location of the booking (exclusive of taxes).** Members must verify hotel rates with CNO's travel service provider.

The requirements for booking short-term rentals have been clarified and the parameters of booking in line with a corporate rate have been removed.

¹ Eligibility to stay in a hotel will be decided based on the shortest travel distance between the member's home and the meeting site on Google maps.

² Hotels must be booked within 5 business days following notification of an in-person meeting even if the member is unable to confirm their attendance within that timeframe. Hotels can be cancelled without penalty up to 48 hours in advance of the date booked.

- iii.) Private Accommodation: Members who are eligible to be reimbursed the cost of overnight accommodation may claim an allowance of \$50.00 per night, without receipt, when staying in private accommodation.

If a meeting has been cancelled in advance and the member notified, the member must either:

- for hotel accommodation: ask CNO's travel service provider to cancel the reservation, or
- for short-term rental: cancel the reservation.

If the request to cancel the reservation is not made within 2 business days of being notified, the member will be responsible for the costs incurred, if any.

On checking out of either a hotel or short-term rental, the member is responsible for checking the bill and verifying that the charges are correct.

2. Travel

CNO will cover the costs of travel from the member's electoral district (either home or work) to the meeting site. Travel expenses claimed must reflect reasonable travel arrangements, considering time efficiency and cost economy.

The following are allowable expenses for transportation related to CNO business:

- i) Economy airfare booked with CNO's travel service provider
 - Airfare costs include advanced standard seat selection and checked baggage fees³
 - Members must book air travel with CNO's travel service provider, within 5 business days following the notification of the meeting date and the requirement that they attend in person⁴.
- ii) Train travel (can be booked with CNO's travel service provider or by the member)
 - Economy class for train journeys of two hours or less, or
 - Business class for train journeys exceeding two hours
- iii) Bus
- iv) Private automobile use reimbursed at the rate populated on the Expense Claim Form⁵
- v) Parking for private automobile
- vi) Car rental
- vii) Use of the Union Pearson (UP) Express between Pearson International Airport and the city centre
- viii) Taxi fare or ride-sharing service plus gratuities (the greater of \$2.00 or 18% of the fare)
- ix) Bus/subway fare (no receipt required)
- x) GO Transit and
- xi) Toll roads
 - when travel time can be reduced and the trip occurs between the following times, Monday to Friday other than a holiday:
 - a. 6:00 a.m. to 10:00 a.m., or

³ The cost of checked baggage is a reimbursable expense.

⁴ If members are unable to confirm ability to attend an in-person meeting within 5 business days following notification of the meeting, they must contact the meeting organizer for further direction.

⁵ The approved car allowance is equal to the applicable maximum allowable Canada Revenue Agency rate less 2 cents per kilometre.

- b. 4:00 p.m. to 8:00 p.m.

Members should hold automobile insurance including \$1M for third party liability for any vehicle used for travel to CNO.⁶

CNO provides all members with accidental death and dismemberment insurance in the principal sum of \$100,000. This insurance provides 24-hour protection for members while travelling on CNO business.

Members who are asked (on an emergency basis) to alter personal travel arrangements to support CNO business, may be eligible for reimbursement of the difference in costs (e.g., change fees) associated with making the change. Each request for reimbursement will be considered on a case-by-case basis and requires prior approval by the Chief Administrative Officer. Members will be required to submit a written request, including documentation of the additional costs and options considered, provided by CNO's travel service provider. Requests can be forwarded to the committee administrator or the Council Affairs Coordinator.

3. Meals

The cost of meals for travelling members is a reimbursable expense. Reimbursement maximums include taxes and gratuities, and CNO will reimburse gratuities for meals to a maximum of 20% of the total bill. Requests for reimbursement must be accompanied by the itemized meal receipt and payment slip.

i.) Individual meal reimbursement maximums are as follows:

- o Breakfast \$30
- o Lunch \$40
- o Dinner \$80

More flexibility has been provided when members are claiming for more than one meal per one full day of meetings. Amounts have also been increased to account for the continually increasing food costs in Ontario.

ii.) For one full day that includes a minimum of 2 meal times during which meals were purchased and for which reimbursement is requested, a daily meal reimbursement maximum will apply as follows:

- o Breakfast & Lunch \$70
- o Breakfast & Dinner \$ 110 (i.e., lunch is provided)
- o Lunch & Dinner \$ 120 (i.e., breakfast is provided)
- o Breakfast, Lunch & Dinner \$150

Where CNO provides meals and beverages during meetings, the cost of replacing that meal or beverage is not an allowable expense.

The cost of meals upon arrival in a member's hometown is not an allowable expense.

In-town members may claim the cost of a meal with Council or committee members for business purposes.

⁶ This is a requirement of CNO's insurance provider.



4. Incidentals

A daily incidental allowance of \$20.00 may be claimed without supporting receipts each night for which the member used hotel accommodation.

The daily incidental amount has been increased to account for rising costs due to inflation. This amount had not been increased in many years.

5. Non-Reimbursable Expenses

CNO will not reimburse for the following expenses:

- child or elder care
- personal services (e.g., dry cleaning)
- movie rentals
- parking violations
- tips for porters, housekeeping (covered by incidentals) and
- telephone calls (covered by incidentals)

6. Cancelled Meetings and Extended Stays due to Unforeseen Circumstances

CNO will reimburse members for unavoidable expenses incurred relating to:

- a cancelled in-person meeting for which it was not possible to cancel travel plans and
- extended stays due to unforeseen circumstances such as cancelled flights caused by inclement weather when attending in-person meetings

Members should notify CNO's travel service provider as soon as possible after learning of an in-person meeting cancellation in order to cancel travel and hotel arrangements.

Approved by Council: March 9, 2023

Effective: March 9, 2023

Next Review: Fall 2023

**College of Nurses of Ontario
2024 Draft Budget**

Section 1 – Introduction

The Operating and Capital budgets identify the resources needed and the expected costs to:

- meet CNO's regulatory mandate;
- progress on the goals set in Strategic Plan 2021-2026;
- invest in operational enhancements; and
- retain and attract resources needed to achieve these results.

Management has estimated the resources (staffing, supplies, and equipment) needed to achieve the planned outcomes for operational and project activities.

2023 Results and Events Impacting on 2024

The following financial result and developments in 2023 are expected to have an impact on the 2024 budget and future years.

Financial Results

A number of financial results in 2023 will impact the financial position at the beginning of 2024, the budget required for 2024, and the results expected for the end of 2024.

The 2023 forecasted operating deficit of (\$2.469M) is \$7.796M lower than the budgeted deficit of (\$10.265M), primarily due to higher than anticipated revenue and lower operating expenditures.

- Revenues are forecasted to be \$66.715M which is \$3.002M (4.71%) higher than budgeted, mostly due to higher registration and application revenue, as well as higher interest income due to the current high interest rate environment.
- Forecasted base operating expenses of \$65.117M are \$5.861M (8.26%) below budget, primarily due to delays in filling both planned and unplanned vacancies.
- Forecasted project operating expenses of \$4.066M are \$1.066M (35.54%) higher than budgeted. A number of projects have been primary drivers of these increased costs, as well as higher costs stemming from inflation and market fluctuations, particularly affecting labour and material costs.

At year-end 2023, the accumulated operating surplus (unrestricted net assets) is forecast to be \$36.133M or 6.3 months of the 2023 expense forecast. This year-end accumulated surplus is slightly above the range of three to six months of operating expenses, due primarily to the much lower than expected operating deficit. This will change to 5.2 month of operating coverage at the beginning of 2024, an amount within the guideline range.

Strategic Plan

- Processes, tools, and resources have been put in place to support the successful delivery of the strategic plan. In addition, a purposeful infrastructure has been enabled to display progress on the elements of the Strategic Plan through a project dashboard and report on metrics related to the Strategic Plan Outcomes.
- New regulations enacted in 2022 expanded eligibility for registration in the Temporary Class. These changes led to a marked increase in Internationally Educated Nurses (IENs) registering in this class.
- Additional resources in CNO's registration function have resulted in almost 16,000 registration applications completed by the end of October 2023. This already exceeds the total for all of 2022. As well, the targets set out in Bill 106, calling for initial applicant contact within 15 days are being met. Both of these achievements are expected to

improve the applicant perception of CNO's processes while ensuring that new registrants are able to practice safely.

- There are also proposed changes to the registration regulation with respect to education. Removing the requirement for education equivalency will support equity in approach. It may also allow more potential applicants to be eligible to write the entry to practice exam, accelerating applications and eventually increasing the number of registrants who are able to practice safely Ontario. Initially, this proposed change has the potential to significantly improve the timeliness of registration for over 4000 current net new IEN applicants.
- A Stakeholder Engagement Framework has been developed. It envisions resources and tools to elevate our engagement practices by providing a centralized, organization-wide approach to nurture current relationships and identify new ones with shared purpose and accountability.
- CNO's revised Quality Assurance program has launched. This program will accelerate in 2024 and in future years. Both technology and human resources will be in place to support the program as it scales.
- Standards Modernization work continued with 2023 seeing the launch of a revised Code of Conduct in June and a new Scope of Practice Standard in July. In addition, work started on a new standard of practice to support forthcoming scope changes related to RN Prescribing. As well, a proposed internal policy is nearing completion that will see more regular review of practice standards in the future, consistent with the College Performance Measurement Framework (CPMF) requirements.
- Milestone 2 of the Enterprise Lakehouse project is nearing completion. Reports and dashboard utilizing the Lakehouse have been developed for a number of key regulatory functions and are being transitioned to operations. The Lakehouse represents a significant investment in technology and is a key building block of the Strategic Plan's Insights Capability pillar.

Governance & Business Effectiveness

- Process improvements in Professional Conduct increased the number of cases reviewed and disposed of by the Inquiries, Complaints and Reports Committee (ICRC) and reduced the number of open inquiries and cases. This resulted in a slight increase in the number of new cases requiring investigation, although the overall number of open investigation cases was reduced as a greater number of investigations was completed. This will result in the elimination of outsourcing of investigation work as internal resources are now positioned to manage the work.
- A new Organizational Policy and Procedure Framework was rolled out, supported by the implementation of a new policy management application. This initiative streamlines policy management, supporting alignment with organizational objectives such as regular policy reviews.
- Additional resources in Customer Service have produced significant reductions in call wait times, email response times, which have resulted in a reduction of the overall number of calls and emails as there are fewer abandoned calls and follow-up emails. 2023 has seen a continued growth in the number of Verification of Registration (VoR) requests submitted and completed, with 10,313 completed by the end of October, a 14.4% increase when compared to 2022, which also represented significant growth over the prior year.
- New technology has been introduced in a number of areas to support operational improvements and management of business processes. These include electronic faxing, a new Applicant Portal, a new Verification of Registration Portal, a new solution to support Program Approval, and a new Call Centre tool with additional customer contact capabilities.

- Efforts on enterprise risk management (ERM) have resulted in the development of an organizational risk register and a staff training module for Emergency Preparedness.
- Significant progress has been made with respect to the observations emerging from the Council evaluation conducted in 2022. In March 2023, Council reviewed findings of its evaluation and decided on improvements to be made in 2023, all of which have been completed. An outline for a governance manual was tabled, Council orientation was enhanced, and Council professional development focused on topics noted in the Council evaluation observations.
- As well, efforts to improve internal support to Council functioning as CNO's board resulted in meeting improvements (e.g., consent agenda, in-camera meeting policy, a new briefing note template) and marked improvement in terms of the quality and relevancy of materials to support Council's oversight role were seen at the September Council meeting.

Business Environment

- CNO continues to operate in a highly competitive applicant-centric employment market. This can lead to a shortage of candidates and/or repeated recruitment cycles as candidates choose other opportunities open to them. CNO utilizes contractors and consulting engagements to ensure priority work continues to move forward while exploring options for longer-term strategies to improve recruiting results.
- In 2023, CNO continued investments were made in systems and cloud infrastructure with the aim of advancing our technology footprint to strengthen and maintain our cyber security posture. Many key technology suppliers announced significant price increases emerging from a pandemic freeze. These changes are factored into the 2024 budget.

2024 Objectives

Strategic Plan

- Establish a research and innovation function in order to leverage CNO's capabilities for research purposes and broaden our engagement with external research opportunities. CNO is one of the largest nursing regulatory bodies in Canada. Evidence-based information can contribute to seeking innovative regulatory policy and practice improvements, demonstrating CNO's continued leadership in health professional regulation.
- Rollout an enterprise-wide DEI strategy/plan for CNO that merges internal DEI plans with external outputs in 2024. This will include facilitation and materials for a visioning workshop early in the year, DEI focus groups, and the first CNO Workforce Demographic Census for registrants that will provide demographic and experience data to drive future activities.
- Initiate an enterprise-wide registration transformation program with the goal of enhancing the applicant experience through applicant centric process improvements and improved system infrastructure. As well, CNO will continue its registration modernization efforts with a particular focus on implementation of the proposed education requirement regulation change, continued expedited registration of applicants under federal labour mobility, and the removal of registration barriers for those nurses who choose to be concurrently registered in multiple Canadian jurisdictions.
- Continue the modernization of the Standards of Practice including revision of 2 standards as well as the review and updating of 2-3 practice guidelines. Implement RN scope of practice changes including RN Prescribing across the relevant system sectors and support the upcoming scope of practice changes for Nurse Practitioners.
- Conduct experience surveys related to the application and complaints processes.

- In 2024, the Nursys Canada system with Ontario and British Columbia data will support simultaneous searches with the corresponding US system. The plan is that by later in the year, the Canadian operation, managed by CNO, will be ready to onboard other Canadian regulators.
- Scale up the Quality Assurance program participation to 7,000 registrants in 2024 using the newly developed Learning Management system, assessment tools and peer coaching support.
- Progress on Milestone 3 of the Enterprise Lakehouse project with reporting rolled out to all teams.

Governance & Business Effectiveness

- Further improvements to Council's governance model are planned for 2024. Proposals for these will be tabled at the December 2023 Council meeting.
- Restructure and consolidate statutory committee support for Registration Committee (RC), Quality Assurance Committee (QA) and ICRC to establish a coordinated and harmonized use of best practice in supporting committee functioning.
- Introduce further efficiencies to regulatory processes including investigations, prosecutions, health inquiries and fitness to practice.
- Update the integrated enterprise technology roadmap based on current and emerging needs for business process improvement and support. This will lead to further upgrades to CNO main information systems. New tools will be introduced in the areas of enterprise risk management, project and portfolio management, financial management, and records management. Planning will begin for the replacement of CNO's human resource information system.
- CNO will rollout an enhanced professional development policy for staff to ensure that all staff are better informed about, and have the opportunity to participate in, the opportunities available to them. As well, implementation of the new job and employee competency model will continue, adding to existing performance assessment processes and supporting a succession planning framework. The organization will also continue with its annual Employee Experience Survey, supporting employee engagement and retention.
- Explore the future state of Annual Membership Renewal.

2024 Budget Summary

The 2024 budget estimates a \$20.8M (32.6%) increase in revenue and a \$10.1M (13.6%) increase in expenses over the 2023 budget. The net impact is an annual operating surplus of \$0.4M (see Schedule 2).

Revenues:

The increase in revenue is the result of an increase in application, registration, interest income and examination revenues.

- Application and registration revenues are expected to increase by \$1.056M due to growth in volume and \$18.420M due to fee increases.
- Other revenues are expected to contribute \$1.314M in additional revenue, driven primarily by higher interest and exam revenues.
- It is expected that the high interest rate environment will continue in the medium term and will persist to impact interest revenues in 2024.

Expenses – Base Operations:

Base operating expenses have increased by 12.8% over the 2023 budget to \$80.075M. The following are the main contributing factors for the increase:

- increased volume of work in registrations, quality assurance, and technology, as well as additional resources in the other functions such as DEI and planning;
- compensation changes, reflecting CNO compensation principles as approved by Council, the need to attract and retain skilled staff, and external factors in the employment market; and
- increases in operational costs such as Council and committee stipends, conference attendance and other skills development, and technology to support the day-day operations and hosting virtual meetings.

Base capital costs cover replacement of IT assets such as personal computers as they reach end of life. The budget contains base capital costs of \$1.075M as noted in Schedule 6.

Expenses – 2024 Projects

As part of implementing the agility pillar of the Strategic Plan, CNO has implemented a strong, principle-based project development, approval, and management approach that includes a stage-gate methodology and a structured view of all projects known as portfolio management.

While some projects are well-defined and will continue into 2024, other projects are at the early stages of development and accurate estimates of expenditures are not yet available. The introduction of a stage-gate methodology and portfolio management supports agility by allowing projects to be well-defined before they are moved to execution and supports ongoing prioritization.

A 2024 draft project budget envelope of \$4.0M is proposed for 2024. These amounts represent a 33.3% increase over the 2023 budget but is reflective of projected 2023 actual project expenditures.

Ultimately, all projects are consistent with the direction established in the Strategic Plan. Some projects link directly to progressing on the roadmaps for the four Pillars and three Outcomes. Other projects are enablers and support the Strategic Plan through maintaining or enhancing organization capabilities or operations. The budget, as prepared, reflects planned project expenditures in the following areas:

- Strategic Plan – including resources for projects related to insights capability (e.g., Enterprise Lakehouse), registration modernization, agility and strategic plan monitoring.
- Regulatory and operational enhancements – items such as Quality Assurance, Nursys Canada, Standards Modernization, application process modernization, and website re-design.
- Infrastructure investments – includes required upgrades to CNO's main information system, implementation of a new financial management system, and planning for the replacement of the human resources information system.

Surpluses, Deficits and Accumulated Surplus Relationship

The forecast annual operating deficit for 2023 is \$2.469M which is \$7.796M lower than the budgeted deficit of \$10.265M.

The expected accumulated unrestricted net assets at the end of 2023 of \$36.133M is higher than the budget by \$8.037M. The increase in the net assets is made up of:

- the impact of asset write-offs and capital expenditures in 2023 (+\$0.118M);
- the higher surplus in 2023 (+\$7.796M); and
- the higher 2023 opening net assets (+\$0.123M).

The draft budget for 2024 estimates an annual operating surplus of \$0.428M. When the accumulated unrestricted net assets expected for the end of 2023 (\$36.133M) is combined with the annual operating surplus in 2024 (\$0.428M) and the impact of capital investments in 2024 (\$0.663M), the result is expected to be an accumulated operating surplus of \$37.225M at the end of 2024. This amount will represent 5.31 months of budgeted operating expenses, within the approved range of three to six months of the expense budget.

At the end of 2025, the projected unrestricted net assets remain in the guide range at 5.02 months operating coverage. The projection for the years 2026 and 2027 shows unrestricted net assets continue to be in the guideline range at 4.88 and 4.41 months of operating coverage, respectively.

Section 2 – Summary of Revenue and Expenses

Schedule 2, the Summary of Revenue and Expenses, identifies:

- total revenues \$84.503M,
- less total base expenses \$80.075M,
- less total project expenses \$4.000M, and
- **net operating surplus \$0.428M.**

Total revenues are budgeted to increase by \$20.790M or 32.7% to \$84.503M.

The increase in revenue is primarily due to:

- an increase in registration revenue (+\$17.050M)
- an increase in application assessment revenue (+\$2.427M),
- an increase in interest income (+0.979M), and
- an increase in exam revenue (+.499M).

Total operating expenses are budgeted to increase by \$10.097M (13.6 %), to \$80.075M.

This is made up of base operating increase of \$9.097M (12.8%) and an increase in project operating expenses of \$1.000M (33.3%).

The major contributors to the base operating cost increase are:

- salaries and benefits costs resulting from the addition of permanent and temporary FTEs, inflation and market adjustment and progression (+\$6.188M); and
- higher costs for services, equipment, and operating supplies (+\$2.235M).
- higher costs for contractors & consultants (+\$0.306M)
- non-staff remuneration (+\$0.231M)
- legal services (+\$0.159M)

Schedule 2

College of Nurses of Ontario
Summary of Revenue and Expenses (\$000)
Draft Operating and Capital Budget for the Year 2024

	2022 Actual	2023 Approved Budget	2023 Forecast	2024 Draft Budget	2024 Budget Over / (Under) 2023 Budget		2025 Proj'n	2026 Proj'n	2027 Proj'n
REVENUES									
Registration Fees	53,559	55,375	56,289	72,425	17,050	30.8%	77,612	82,898	85,035
Application Assessment	5,427	5,721	6,245	8,148	2,427	42.4%	8,744	9,368	9,621
Interest Income	1,166	1,761	2,976	2,740	979	55.6%	2,423	2,356	2,716
Exam Revenue	811	486	970	984	499	102.6%	1,005	1,026	1,046
Other Revenue	263	370	234	206	(164)	(44.2)%	209	211	214
Total Revenue	61,226	63,713	66,715	84,503	20,790	32.6%	89,993	95,858	98,632
EXPENSES									
Employee salaries and expenses	40,173	54,166	51,093	60,354	6,188	11.4%	66,077	70,479	75,111
Non-staff remuneration and expenses	550	709	510	940	231	32.6%	969	1,008	1,048
Contractors and consultants	4,491	4,114	3,914	4,421	306	7.4%	4,021	4,182	4,349
Legal services	2,138	3,242	2,871	3,401	159	4.9%	3,520	3,660	3,807
Equipment, operating supplies and other services	5,019	6,624	4,541	8,859	2,235	33.7%	9,164	9,531	9,912
Exam fees	216	120	217	104	(16)	(13.3)%	108	112	117
Taxes, utilities and depreciation	1,903	2,003	1,971	1,996	(7)	(0.3)%	2,056	2,006	1,900
Total Base Operating Expenses	54,491	70,978	65,117	80,075	9,097	12.8%	85,914	90,979	96,243
Project expenses	3,121	3,000	4,066	4,000	1,000	33.3%	4,160	4,326	4,499
Total Expenses	57,612	73,978	69,184	84,075	10,097	13.6%	90,074	95,305	100,743
Surplus/(Deficit) of Revenue over Expenses	3,614	(10,265)	(2,469)	428	10,693	(104.2)%	(81)	553	(2,111)
Opening Unrestricted Net Assets									
Net Capital Assets	35,297	37,508	37,631	36,133			37,225	37,710	38,777
Net Capital Assets	(1,280)	853	971	663			565	514	351
Defined benefit costs - remeasurements and other items	-	-	-	-			-	-	-
Closing Unrestricted Net Assets	37,631	28,096	36,133	37,225			37,710	38,777	37,017
Accumulated Surplus (# of months)	7.84	4.56	6.27	5.31			5.02	4.88	4.41

Section 3 – Registration Numbers and Revenue Summary

Schedules 3a to 3d show registration revenue analysis for the period from 2022 (2017 for 3d) through 2027. Registration projections are based on models that take into account statistical analysis, environmental factors, and other inputs to arrive at a comprehensive projection for each registration revenue source.

All of the information is broken down by Registered Nurse (RN) and Registered Practical Nurse (RPN) categories.

- 3a Registration Numbers – estimate of annual registrants in all registration classes;
- 3b Registration Revenue Transaction Count – forecast of the number of registration transactions of different types;
- 3c Registration Revenue and Fees – the fees and expected revenue based on the number of fee transactions shown in Schedule 3b; and
- 3d Registration Statistics (graph) – tracking registration counts over time.

The 2024 budget for registration revenue identifies an increase of 30.8% over the 2023 budget. This is primarily the result of the fee increase, as well as a net increase of 4.5% in registration numbers.

Schedules 3a and 3b provide a breakdown of the number of nurses and transactions (respectively) by fee type within each registration category. This breakdown allows CNO to track exact sources of revenue and reconcile the total revenue by its components (e.g., the number of payments multiplied by the fee will result in the total revenue from that fee source).

Schedule 3c identifies the registration revenue. This schedule is also separated by registration category and fee type. The fees by-law identifies the following fees (excl. HST) for 2024:

- | | | |
|--|-------|------------------------------|
| • Initial Registration | \$403 | (includes annual fee) |
| • Annual Registration Renewal | \$340 | |
| • General/Extended Class Late Fee | \$465 | (includes annual fee) |
| • Non-practising Class Renewal/Initial | \$63 | |
| • Non-practising Class Late Fee | \$95 | |
| • Reinstatement | \$407 | (includes annual fee) |
| • Reinstatement Penalty | \$695 | (per year worked/used title) |

The revenue in Schedule 3c does not include application fees. Application fees are in the “Application Assessment” revenue line in Schedule 2.

Schedule 3a

**College of Nurses of Ontario
Registration Numbers
Draft Operating and Capital Budget for the Year 2024**

Fee Type	2023		2024 Draft Budget	2025 Proj'n			
	2022 Actual	Approved Budget		2023 Forecast	2025 Proj'n	2026 Proj'n	2027 Proj'n
RN Renewals On time	113,711	114,371	114,268	122,547	127,165	130,882	134,510
RN Renewals Non-Practising On time	9,590	10,564	9,501	10,522	10,966	11,408	11,847
RN Renewals Non-Practising Late	1,460	144	2,022	1,500	1,563	1,626	1,689
RN Renewals Late	2,352	5,000	5,453	4,000	4,151	4,272	4,390
	127,113	130,079	131,244	138,569	143,845	148,188	152,436
RN Reinstatements	419	376	451	462	473	484	495
NP Initials - Extended Class	441	407	452	488	498	512	526
RN Initials - General Class	7,801	8,042	10,612	8,660	7,821	7,821	7,821
RN Initials - Temporary Class	1,321	1,190	1,319	1,389	1,457	1,525	1,593
Total RN Registrations	137,095	140,094	144,078	149,568	154,094	158,530	162,871
RPN Renewals - On time	55,645	56,662	55,515	57,571	58,298	59,930	61,488
RPN Renewals Non-Practising On time	3,194	3,736	3,179	3,601	3,748	3,885	4,018
RPN Renewals Non-Practising Late	682	500	906	672	698	724	749
RPN Renewals Late	1,977	3,000	3,952	3,000	3,038	3,123	3,204
	61,498	63,898	63,552	64,844	65,782	67,662	69,459
RPN Reinstatements	339	262	382	398	409	420	431
RPN Initials - General Class	5,923	5,904	4,863	4,592	5,627	5,627	5,627
RPN Initials - Temporary Class	872	956	1,171	1,128	1,207	1,286	1,365
Total RPN Registrations	68,632	71,020	69,968	70,962	73,025	74,995	76,882
Total Registrations	205,727	211,114	214,046	220,530	227,119	233,525	239,753
2024 Budget Over/(Under) 2023 (%)				4.5%			

Schedule 3b

**College of Nurses of Ontario
Registration Revenue Transaction Count
Draft Operating and Capital Budget for the Year 2024**

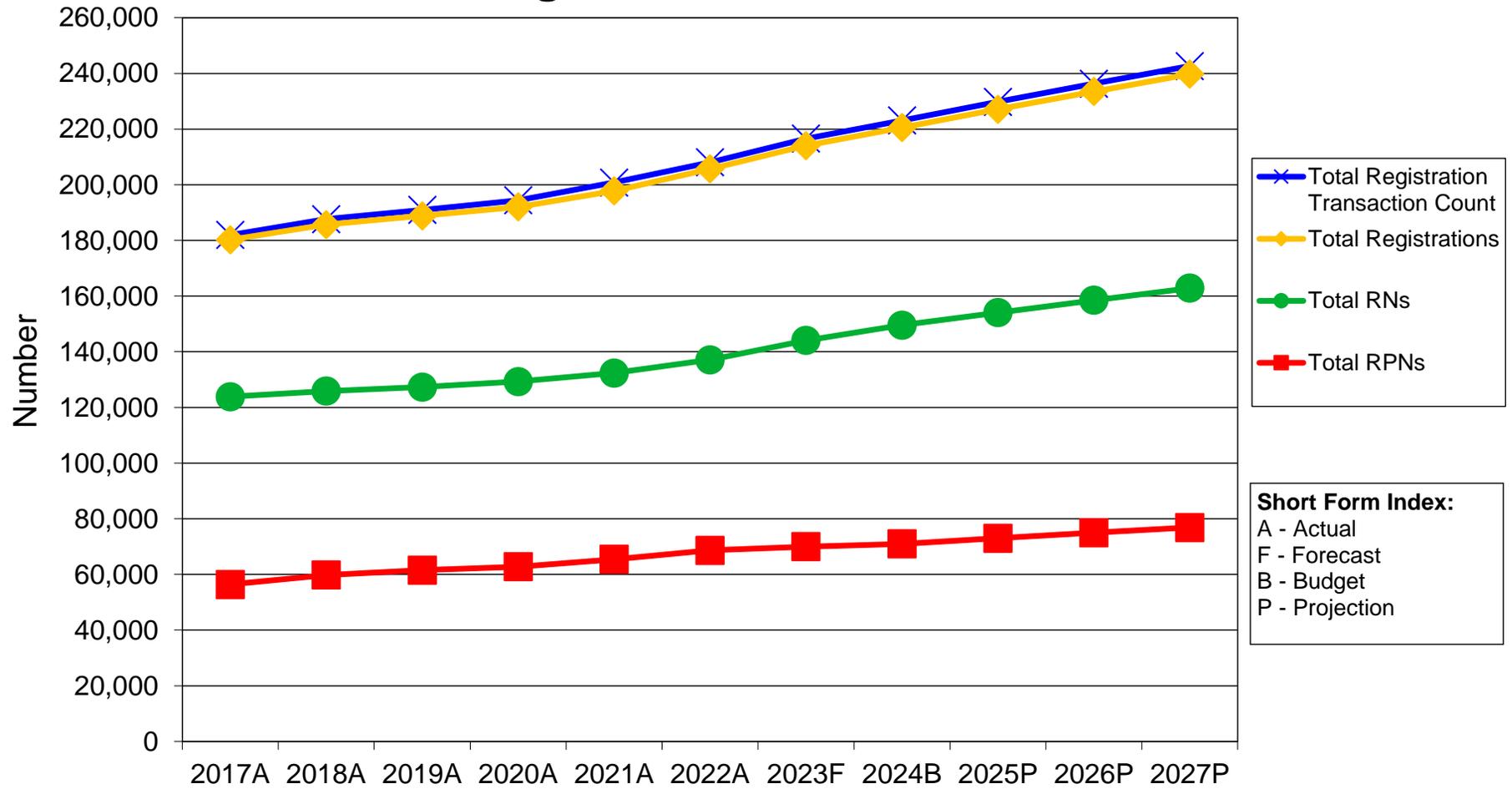
Fee Type	2022 Actual	2023		2024 Draft Budget	2025 Proj'n	2026 Proj'n	2027 Proj'n
		Approved Budget	2023 Forecast				
RN Renewals On time	113,711	114,371	114,268	122,547	127,165	130,882	134,510
RN Renewals Non-Practising On time	9,613	10,564	9,526	10,545	10,987	11,429	11,868
RN Renewals Non-Practising Late	1,460	144	2,022	1,500	1,563	1,626	1,689
RN Renewals Late	2,352	5,000	5,453	4,000	4,151	4,272	4,390
	127,136	130,079	131,269	138,592	143,866	148,209	152,457
RN Reinstatements	193	109	202	201	204	207	210
RN Reinstatements from NonPrac to Gen/Ext	216	257	242	254	262	270	278
RN Lifting Administrative Suspension	249	257	390	387	391	395	399
RN Reinstatement Additional Fee	10	10	7	7	7	7	7
NP Initials - Extended Class	441	407	452	488	498	512	526
NP Specialty Registration	398	412	416	442	457	472	487
RN Initials - General	7,778	8,042	10,587	8,637	7,800	7,800	7,800
RN Initials -Temporary	1,321	1,190	1,319	1,389	1,457	1,525	1,593
RN Temporary to General	964	966	845	890	934	978	1,022
Total RN Registration Transactions	138,706	141,729	145,729	151,287	155,876	160,375	164,779
RPN Renewals - On time	55,645	56,662	55,515	57,571	58,298	59,930	61,488
RPN Renewals Non-Practising On time	3,194	3,736	3,179	3,601	3,748	3,885	4,018
RPN Renewals Non-Practising Late	682	500	906	672	698	724	749
RPN Renewals Late	1,977	3,000	3,952	3,000	3,038	3,123	3,204
	61,498	63,898	63,552	64,844	65,782	67,662	69,459
RPN Reinstatements	181	90	217	226	232	238	244
RPN Reinstatements from NonPrac to GEN	146	162	151	157	162	167	172
RPN Lifting Administrative Suspension	252	250	295	299	305	311	317
RPN Reinstatement Additional Fee	12	10	14	15	15	15	15
RPN Initials - General	5,923	5,904	4,863	4,592	5,627	5,627	5,627
RPN Initials - Temporary	872	956	1,171	1,128	1,207	1,286	1,365
RPN Temporary to General	494	440	577	556	595	634	673
Total RPN Registration Transactions	69,378	71,710	70,840	71,817	73,925	75,940	77,872
Total Registration Transactions	208,084	213,439	216,569	223,104	229,801	236,315	242,651
2024 Budget Over/(Under) 2023 (%)				4.5%			

Schedule 3c

College of Nurses of Ontario
 Registration Revenue (\$000) and Fees (\$)
 Draft Operating and Capital Budget for the Year 2024

Fee Type	2022	2023		2024	2024	2025	2025	2026	2026	2027	2027
	Actual	Approved Budget	2023 Forecast	Fees	Draft Budget	Fees	Proj'n	Fees	Proj'n	Fees	Proj'n
RN Renewals On time	30,702	30,880	30,852	340	41,666	354	45,016	368	48,165	368	49,500
RN Renewals Non-Practising On time	480	528	475	63	663	66	724	69	787	69	817
RN Renewals Non-Practising Late	110	11	152	95	143	100	156	105	171	105	177
RN Renewals Late	870	1,850	2,018	465	1,860	484	2,009	503	2,149	503	2,208
	32,161	33,269	33,497		44,331		47,906		51,271		52,703
RN Reinstatements	46	35	47	407	60	424	64	441	67	441	68
RN Reinstatements from NonPrac to Gen/Ext	58	69	65	340	86	354	93	368	99	368	102
RN Lifting Administrative Suspension	12	13	20	67	26	70	27	73	29	73	29
RN Reinstatement Additional Fee	6	5	4	695	5	723	5	752	5	752	5
NP Initials - Extended Class	33	20	34	63	43	66	45	69	48	69	49
NP Specialty	20	21	21	63	28	66	30	69	33	69	34
RN Initials - General	2,490	2,573	3,389	403	3,482	420	3,277	437	3,410	437	3,410
RN Initials -Temporary	423	381	422	403	560	420	612	437	666	437	696
RN Temporary to General	48	48	42	63	56	66	62	69	67	69	71
Total RN Registration	35,298	36,435	37,541		48,678		52,121		55,696		57,167
RPN Renewals - On time	15,024	15,299	14,989	340	19,574	354	20,637	368	22,054	368	22,628
RPN Renewals Non-Practising On time	159	186	158	63	225	66	245	69	266	69	275
RPN Renewals Non-Practising Late	51	38	68	95	64	100	70	105	76	105	79
RPN Renewals Late	731	1,110	1,462	465	1,395	484	1,470	503	1,571	503	1,612
	15,966	16,632	16,677		21,258		22,423		23,967		24,593
RPN Reinstatements	37	29	47	407	63	424	67	441	72	441	74
RPN Reinstatements from NonPrac to GEN	39	44	41	340	53	354	57	368	61	368	63
RPN Lifting Administrative Suspension	13	13	15	67	20	70	21	73	23	73	23
RPN Reinstatement Additional Fee	7	5	8	695	10	723	11	752	11	752	11
RPN Initials - General	1,897	1,890	1,558	403	1,852	420	2,366	437	2,461	437	2,461
RPN Initials - Temporary	279	306	375	403	455	420	507	437	562	437	597
RPN Temporary to General	25	22	29	63	35	66	39	69	44	69	46
Total RPN Registration	18,261	18,940	18,748		23,747		25,492		27,201		27,868
Total Registration Revenue	53,559	55,375	56,289		72,425		77,612		82,898		85,035
Budget Over/(Under) (%)					30.8%						

Registration Statistics



Short Form Index:
 A - Actual
 F - Forecast
 B - Budget
 P - Projection

Section 4 – Expense Category Analysis and Project Summary

The presentation of the 2024 budget is based on a CNO-wide operating budget that includes base operations and project activities. Some projects may also contain capital costs. All capital expenditures are listed in detail in Section 6.

Staff salaries and benefits have been budgeted using standard rates arrived at by averaging the actual salaries and benefits of all staff at each level. Utilizing standard rates facilitates explanation of variances arising from labour resources and removes the impact of events (e.g., actual negotiated salary) that are outside the control of an individual manager from that manager's reported results. Additionally, the use of standard rates prevents the disclosure of the actual salaries of individual employees while improving visibility of labour costs across the organization.

Schedule 4 provides an explanation by expense category of the changes in budgeted base operating costs for the entire organization. Actual base expenses for 2022, the budget and forecast for 2023, and the draft budget for the year 2024 have been included for comparison purposes.

Schedule 4

College of Nurses of Ontario Base & Projects Operating Budget Summary (\$000) Draft Operating and Capital Budget for the Year 2024

Expense Category	2022 Actual	2023 Approved Budget	2023 Forecast	2024 Draft Budget	2024 Budget Over / (Under) 2023 Budget		Comments
Salary & Employee Expenses	40,173	54,166	51,093	60,354	6,188	11.4%	The 2024 budget includes costs for the net addition of 27 new permanent positions and progression and compensation changes for existing staff. Of the 27 new permanent positions, 6 were added in 2023 in response to increasing workloads and to support some our organization priorities. The new positions are required to address: - increased volume and complexity of the work - support the achievement of CNO'S madate and strategic objectives
Contractors & Consultants	4,491	4,114	3,914	4,421	306	7.4%	The 2024 budget projects higher costs for contractors and management consulting to support initiatives such as continued governance enhancements and implementation of new capabilities.
Other Services	1,868	1,941	1,012	2,469	528	27.2%	The 2024 budget is higher due to higher credit card fees based on the increase in volume for registrant activity, increase in registrant fees, and slightly higher payroll processing charges with the growth in staff complement.
Legal Services	2,138	3,242	2,871	3,401	159	4.9%	The 2024 budget is marginally higher compared to 2023 due to complex investigations that requires upfront legal support, prosecutorial viability opinions requested by the ICRC, and the volume and complexity of cases referred for prosecution.
Equipment, Operating Supplies & Telecom Services	3,151	4,683	3,529	6,390	1,708	36.5%	The 2024 budget is higher as CNO continues to transition to a cloud-based environment from in-house computing and adds new software to support staff increases, programs, and required services.
Examination Fees	216	120	217	104	(16)	(13.3)%	The jurisprudence exams are now administered by CNO so the cost to an external vendor is eliminated for 2024.
Depreciation Expenses	1,681	1,726	1,726	1,738	13	0.7%	The marginal increase for the 2024 budget compared to 2023 is due to the expected additions for capital assets.
Non-Staff Remuneration & Expenses	550	709	510	940	231	32.6%	The cost for the 2024 budget is higher due to the proposed increases for stipend fees for Council and Committee members.
Taxes & Utilities	222	277	245	257	(20)	(7.1)%	The 2024 budget is lower due to expected continuation of remote work, partially offset by hydro, water and gas annual rate increases.
Base Total	54,491	70,978	65,117	80,075	9,097	12.8%	
Projects Costs	3,121	3,000	4,066	4,000	1,000	33.3%	The 2024 budget project envelope of \$4M is to support ongoing and new projects which includes: - Greater investment in information systems upgrade - Regulatory and operational enhancements - Projects related to strategic plan monitoring and organizational effectiveness
Total	57,612	73,978	69,184	84,075	10,097	13.6%	

Section 5 – Compensation and Staffing

In determining the annual provision for compensation, the following were considered:

- the compensation principles approved by Council (see next page); and
- CNO's fiscal situation, both in the coming year and the projected years.

The compensation principles provide direction that factor in a number of key considerations when looking at compensation changes. This year, these considerations included:

- the rate of inflation since the last time salaries were adjusted;
- the reality of an applicant-centric job market; and
- the need to attract and retain the resources required to progress on the Strategic Plan and maintain effective regulatory and supporting functions.

The Sub-Committee on Compensation reviewed the changes to the compensation components incorporated into the 2024 budget. In its report, the Sub-Committee advised the Finance Committee that it believes that these changes are congruent with the Compensation Principles approved by Council (see next page) and with best practices in human resources.

CNO's 2024 proposed compensation budget is \$57.939M excluding agency staffing. This is 69% of the overall budget. Employee benefits are 27.5% of the compensation budget. The 2024 compensation budget is \$5.713M (10.9%) higher than the 2023 budget. This increase is due to:

- additional staff (\$3.282M);
- compensation and benefit cost increases (\$1.848M); and
- progression of staff within existing salary ranges (\$0.583M).

The labour budget increases are primarily due to the net addition of 24.3 full time equivalents (FTE)¹. This is made up of changes in temporary and permanent staff FTEs and is comprised of:

- full year impact of positions added in 2023 budget (2.1 FTE)
- new positions added in 2023, but not in budget (6.0 FTE); and
- additional positions requested for 2024 (16.2 FTE).

In addition to supporting progress on the Strategic Plan, the added resources are required to address increased volume of activities, operational improvements, and increased demands on the organization with respect to DEI, governance, and responses to evolving regulatory needs.

While staff compensation change is smaller than prior years, consistent with lower inflation, benefit costs have continued to rise at a faster rate despite negotiations that lowered the increase. This is primarily due to the insurer's cost experience with CNO and other like organizations.

Overall, the proposed budget adds 27 permanent employees by the end of 2024, bringing the total headcount (HC)² to 424. Of the 27, 6 positions were added during 2023 in response to increasing workloads and CNO's efforts to respond to the needs of the healthcare system.

Details are provided in Schedule 5.

¹ Full time equivalent (FTE) is a way of adding up the hours of full-time, part-time and various other types of employees into measurable 'full-time' units.

² Headcount (HC) is the count of each individual employee expected to be actively employed by CNO on a given date (usually December 31).

Compensation Principles³

Purpose:

To support an organizational culture of performance excellence by enabling CNO to hire and retain engaged and motivated staffing resources who achieve CNO's mandate.

Definitions:

Compensation:

For the purpose of these principles, compensation is defined to include the following components:

- Annual salary/hourly rates of pay;
- Rewards and recognition to include merit payments, ad hoc performance recognition, growth and learning opportunities;
- Benefits to include insured coverages (such as health and dental) and non-insured plans (such as time away allotments); and
- Retirement savings arrangements to include registered pension plans and Group RRSPs.

CNO's Employment Market:

CNO's primary employment market is defined to be: other regulatory organizations. CNO's general employment market is defined to include: the primary employment market and non-profit organizations; Ontario Public Service; municipal governments; post secondary institutions (colleges and Universities); health care; and, on a targeted basis, private sector organizations with which CNO competes for resources.

Principles:

As foundational assumptions to all Compensation Principles, CNO is committed to ensuring:

- its decisions and activities comply with all relevant legislation; and
- information about individual staff compensation is confidential.

Externally Competitive

Achieve and maintain competitive positioning relative to other employers within CNO's general employment market, as defined, on a total compensation basis. CNO's desired competitive position shall not be less than the market median and may be allowed to lead on a total compensation basis within its general employment market.

Internal Equity

Develop and consistently apply fair and transparent practices and policies to administer CNO's compensation programs for all applicants and employees.

Individual Equity

Ensure compensation-related practices and decisions are ethically, consistently, objectively and equally applied to all employees, with the result that employees perceive and experience fair treatment.

³ Approved by Council, June 2011
Revised, December 2013, December 2015, March 2020

Schedule 5

**College of Nurses of Ontario
Permanent and Temporary Staff FTE
Draft Operating and Capital Budget for the Year 2024**

Team	2022 FTE	2023 FTE	2024 FTE
Quality	183.2	191.1	200.1
Administration	141.6	164.8	176.0
Executive Office and Strategy	29.7	29.9	34.0
Total	354.5	385.7	410.0

**College of Nurses of Ontario
Labour Budget (\$000)
Draft Operating and Capital Budget for the Year 2024**

	2022 FTE Budget	2023 Approved Budget	2024 Draft Budget	2024 over 2023
Permanent	43,739	51,590	56,843	5,254
Temporary	630	636	1,096	459
Total	44,369	52,226	57,939	5,713

**College of Nurses of Ontario
Permanent Headcount
Draft Operating and Capital Budget for the Year 2024**

Team	2022 HC	2023 HC	2024 HC
Quality	186	199	211
Administration	131	167	179
Executive Office and Strategy	29	31	34
Total	346	397	424

Section 6 – Capital Budget

Schedule 6, the draft capital budget, identifies proposed building changes, new or replacement furniture, equipment, and software purchases for the 2024 budget year along with projected estimates through 2027. The listing of capital expenditures is grouped by fixed asset category.

According to CNO's accounting policy, an item is capitalized when it has a useful life of more than one (1) year **and** its value is greater than \$500. For example, a personal computer (PC) purchased for \$2,000 would be capitalized because it has a useful life of more than 1 year **and** the value is greater than \$500. On the other hand, a computer hard drive purchased for \$400 is not capitalized even though the estimated useful life is greater than 1 year because the cost is less than \$500.

The 2024 capital budget and 2025-2027 projections concentrate on two areas: building and technology infrastructure.

- Building
 - Capital expenditures for building improvement of \$0.095M in 2024.
 - 2025 to 2027 projections include investments of \$0.35M for building improvement and \$0.45M for furniture and equipment.
- Technology
 - The 2024 budget has a provision of \$0.980M for hardware refresh and software; and
 - 2025 to 2027 projections include investments of \$2.7M for hardware and \$0.27M for software.

Schedule 6

**College of Nurses of Ontario
Capital Budget and Projections (\$000)
Draft Operating and Capital Budget for the Year 2024**

2024

Fixed Asset Category	Description	2024
Furniture & Fixture	Furniture	0
Equipment	Equipment	0
Computer Hardware	Personal computers, servers, other hardware	890
Computer Software	Capitalized software costs	90
Building	Building	0
Building Improvement	Building Improvements	95
Total Capital for 2024		1,075

2025

Fixed Asset Category	Description	2025
Furniture & Fixture	Furniture	100
Equipment	Equipment	50
Computer Hardware	Personal computers, servers, other hardware	900
Computer Software	Capitalized software costs	90
Building	Building	0
Building Improvement	Building Improvements	100
Total Capital for 2025		1,240

2026

Fixed Asset Category	Description	2026
Furniture & Fixture	Furniture	100
Equipment	Equipment	50
Computer Hardware	Personal computers, servers, other hardware	900
Computer Software	Capitalized software costs	90
Building	Building	0
Building Improvement	Building Improvements	100
Total Capital for 2026		1,240

2027

Fixed Asset Category	Description	2027
Furniture & Fixture	Furniture	100
Equipment	Equipment	50
Computer Hardware	Personal computers, servers, other hardware	900
Computer Software	Capitalized software costs	90
Building	Building	0
Building Improvement	Building Improvements	150
Total Capital for 2027		1,290

Section 7 – Projection Assumptions for 2025-2027

CNO is considered a leader in delivering on its regulatory mandate. To maintain its leadership position, CNO is required to focus on operational enhancements and progress on its strategic plan. This requires continuous improvement of base operations and investments through projects that contribute to the future well-being of the organization. Several projects and initiatives have been planned that will reach their operational/implementation phase in these years, including realization of many components of Strategic Plan 2021-2026.

Maintaining and improving on operating results across regulatory and support functions, while investing in realizing the Strategic Plan will continue to be a priority. CNO will be prepared to respond to increases in volumes, adding resources where needed. Costs associated with responding to significant volume increases have not been included in the plan.

The projections do not have provisions for the impact of any legislation changes that might emerge between 2025 and 2027.

The projections contain \$4.2M, \$4.3M, and \$4.5M for project expenditures in 2025, 2026, and 2027, respectively.

The projections reflect revenue changes resulting from approved fee increases, and from expected changes in registrant and applicant volumes.

Year 2025

Revenues:

- Overall fee related revenues continue to increase due to approved fee increases;
- Registration numbers are expected to increase at higher rates than previous years due to growth in initial registrations;
- Application income is expected to increase; and
- Interest revenue is expected to decrease slightly primarily due to falling interest rates.

Expenses:

- General inflation of 4.0%;
- Nurses' Health Program will continue operations;
- Continued implementation of the Strategic Plan 2021-2026 initiatives;
- Increased headcount to manage growth in registrant and applicant volumes;
- Further enhancements to the information and financial systems;
- Enhancements to IT infrastructure to mitigate future risk and impact of cyber incidents; and
- New technology and resources to support Quality Assurance and other regulatory processes.
- Planning for the next Strategic Plan will occur.

Accumulated Surplus:

CNO will incur an annual operating deficit of \$0.081M that will result in unrestricted net assets of \$37.710M or 5.02 months of operating costs coverage at the end of the year. This falls within the Finance Committee guideline of a minimum of three months and maximum of six months.

Year 2026

Revenues:

- Overall fee related revenues continue to increase due to approved fee increases;
- Growth in registration numbers is expected to continue;
- Application income is expected to increase with the Ontario Government's Nursing Transformation initiatives in Ontario colleges boosting nursing applicants;
- Increased headcount to manage growth in registrant and applicant volumes; and
- Interest revenue is expected to remain the same as previous year.

Expenses:

- General inflation of 4.0%;
- All components of the Strategic Plan 2022-2026 will have been fully operationalized.
- The next Strategic Plan will be approved and preparatory work will commence.

Accumulated Surplus:

CNO will incur an annual operating surplus of \$0.533M that will result in net unrestricted assets of \$38.777M or 4.88 months operating coverage. This falls within the Finance Committee guideline of a minimum of three months and maximum of six months.

Year 2027

Revenues:

- Overall, growth in registration numbers is expected to remain consistent with historical trends;
- Application income is expected to increase slightly; and
- Interest revenue is expected to increase due to re-investment of previous surpluses.

Expenses:

- General inflation of 4.0%;
- Normal level of investments in operational improvements and new initiatives; and
- Execution of elements of a new strategic plan will commence.

Accumulated Surplus:

CNO will incur an annual operating deficit of \$2.111M that will result in unrestricted net assets of \$37.017M or 4.41 month's operating coverage. This falls within the Finance Committee guideline of a minimum of three months and maximum of six months.

Section 8 – Financial Position

Schedule 8 identifies the assets, liabilities, and net assets (surplus) that CNO has or is projected to have as a result of this budget. It covers the period from 2022 to 2027.

Assets are current or long term:

- **Current assets** are cash or assets that can readily be changed to cash in a short period of time.
- **Long term assets** are assets that cannot be turned into cash or expensed within one year, such as long-term investments and fixed assets (building, equipment etc.).

The values of fixed assets on the balance sheet are net of accumulated depreciation. Depreciation is an accounting representation of the reduction in useful life of assets over time through wear or technological change.

Liabilities are current or long term.

- **Current liabilities** are the debts owed by CNO for services, supplies, or asset purchases for which a commitment (by contract or receipt) has been made by CNO to pay within one year.
- **Long term liabilities** are the debts owed by CNO for services, supplies, or asset purchases for which a commitment (by contract) has been made by CNO to pay over a period of time greater than one year (e.g., a mortgage). CNO has no long-term debt.

Net Assets are the residual of all assets less all liabilities. The result represents the net worth or net book value of CNO, according to the financial records.

- **Invested in Capital Assets** represents the accumulated value of the cost of long-term assets purchased over time (net of accumulated depreciation/amortization) less any long-term debt associated with those assets. CNO's planned capital surplus of \$11.522M at the end of 2024 represents funds available to purchase additional capital assets. This surplus is considered to be restricted for the purposes of capital asset replacements.
- **Unrestricted Net Assets** represents the accumulated annual operating surpluses, net of accumulated annual operating deficits and net of the accumulated amount **Invested in Capital Assets**, generated each year since the inception of CNO. An accumulated operating surplus of \$37.225M is the result of the 2024 draft budget. These funds are considered to be unrestricted in their use.

Schedule 8

College of Nurses of Ontario
Statements of Financial Position as at December 31 (\$000)
Draft Operating and Capital Budget for the Year 2024

	2022 Actual	2023 Approved Budget	2023 Forecast	2024 Draft Budget	2025 Proj'n	2026 Proj'n	2027 Proj'n
ASSETS							
Current Assets:							
Cash	60,754	45,942	34,097	72,055	81,172	76,144	70,658
Investments	21,266	20,881	37,034	16,808	29,416	15,327	41,018
Sundry receivables	131	20	100	100	100	100	100
Prepaid expenses	1,175	900	1,200	1,200	1,200	1,200	1,200
	83,327	67,743	72,431	90,162	111,889	92,771	112,976
Investments	15,019	19,791	22,544	21,563	5,000	30,021	10,240
Capital Assets	12,960	11,960	12,055	11,359	10,779	10,262	9,915
Intangible Assets	196	255	131	163	177	180	177
	28,175	32,005	34,729	33,085	15,956	40,463	20,331
Total Assets	111,502	99,749	107,160	123,247	127,845	133,234	133,308
LIABILITIES							
Current Liabilities:							
Accounts Payable & Accrued Liabilities	14,329	13,260	13,000	13,260	13,525	13,796	14,072
Deferred Membership Fees	46,386	46,179	45,841	61,240	65,654	70,219	72,127
	60,715	59,439	58,841	74,500	79,179	84,015	86,199
NET ASSETS							
Invested in Capital Assets	13,156	12,214	12,185	11,522	10,956	10,442	10,092
Unrestricted	37,631	28,096	36,133	37,225	37,710	38,777	37,017
	50,787	40,309	48,319	48,747	48,666	49,220	47,109
Total Liabilities and Net Assets	111,502	99,748	107,160	123,247	127,845	133,234	133,308

Section 9 – Cash Flow

Schedule 9 identifies the activities that generate cash and the use of cash through a year. Annual operating surpluses generate cash while the purchases of capital assets use cash. The schedule covers a period from 2022 to 2027 inclusive.

Schedule 9

**College of Nurses of Ontario
Statements of Cash Flows (\$000)
Draft Operating and Capital Budget for the Year 2024**

	2022 Actual	2023 Forecast	2024 Draft Budget	2025 Proj'n	2026 Proj'n	2027 Proj'n
Cash flows from operating activities						
Excess of expenses over revenues for the period	3,614	(2,469)	428	(81)	553	(2,111)
Adjustments to determine net cash provided by (used in) operating activities						
Amortization of capital assets	1,437	1,605	1,681	1,730	1,667	1,547
Amortization of intangible assets	99	65	58	76	87	93
Loss on disposal of asset	145	-	-	-	-	-
(Increase) decrease net pension expenses over funding	-	-	-	-	-	-
Interest not received during the year capitalized to investments	(476)	(979)	(820)	(846)	(341)	(1,229)
Interest capitalized on investments	277	270	782	773	1,409	320
	<u>5,095</u>	<u>(1,508)</u>	<u>2,129</u>	<u>1,651</u>	<u>3,376</u>	<u>(1,380)</u>
Change in non-cash working capital						
Decrease (increase) in sundry receivables	88	31	-	-	-	-
(Increase) decrease in prepaid expenses	52	(25)	-	-	-	-
Increase (decrease) in accounts payables and accrued liabilities	(1,228)	(1,329)	260	265	271	276
Increase (decrease) in deferred membership fees	5,874	(544)	15,399	4,414	4,565	1,908
	<u>9,881</u>	<u>(3,375)</u>	<u>17,788</u>	<u>6,330</u>	<u>8,211</u>	<u>805</u>
Cash flows from investing activities						
Purchase of investments	(27,300)	(43,614)	(15,000)	(12,000)	(40,000)	(20,000)
Proceeds from disposal of investments	16,992	21,024	36,252	16,028	28,000	15,000
Purchase of capital assets	(2,867)	(699)	(985)	(1,150)	(1,150)	(1,200)
Purchase of intangible assets	(93)	0	(90)	(90)	(90)	(90)
	<u>(13,269)</u>	<u>(23,290)</u>	<u>20,177</u>	<u>2,788</u>	<u>(13,240)</u>	<u>(6,290)</u>
Net (decrease) increase in cash during year	<u>(3,388)</u>	<u>(26,665)</u>	<u>37,965</u>	<u>9,118</u>	<u>(5,029)</u>	<u>(5,485)</u>
Cash, beginning of the period	<u>64,142</u>	<u>60,754</u>	<u>34,090</u>	<u>72,055</u>	<u>81,172</u>	<u>76,144</u>
Cash, end of the period	<u>60,754</u>	<u>34,090</u>	<u>72,055</u>	<u>81,172</u>	<u>76,144</u>	<u>70,658</u>

Competency-Based Council Elections

Decision Note – December 2023 Council

Contact for questions or more information

Silvie Crawford, Executive Director & CEO

Action Required

That Council approve the proposed approach, as set out in Attachment 1 to implement competency-based Council elections.

Questions for consideration

- Is the proposed approach aligned with the principles and Council's input in implementing competency-based Council elections?

- Is it clear? Is anything missing?

Public interest rationale

CNO's ability to meet its public protection purpose is supported by Council's effective governance. Implementing competency-based Council elections demonstrates Council's commitment in regulating the nursing profession in the public interest.

Background

A competency-based board of directors is a key feature of Council's [Governance Vision](#). It is governance best practice and supported by evidence. The [College Measurement Performance Framework \(CPMF\)](#)¹ also requires Ontario health regulators, including CNO, to demonstrate that Council members meet pre-defined competency and suitability criteria prior to standing for election to Council.

In [September 2023](#), CNO's Council reviewed findings from an environmental scan and draft principles for implementing competency-based Council elections. Council provided

¹ Standard 1.1 (a) (i): Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.
a. Professional members are eligible to stand for election to Council only after:
i. Meeting pre-defined competency and suitability criteria;

input on the principles and highlighted the need to ensure the process is inclusive and does not result in barriers to participation from a diverse range of nurses. In addition, it was noted that the competency-based elections process would be an opportunity to engage and educate nurses and employers, as well as raise awareness of the role and importance of Council.

Proposed Approach

The proposed approach, as shown in Attachment 1 is based on:

- Principles that Council informed in September 2023, which set the foundation for this approach,
- Council's input and discussion at the September 2023 meeting, and
- Findings from an environmental scan that explored competency-based election processes by other Ontario health regulatory bodies, and non-health regulators, and nursing regulators in Canada.

Goal of the proposed approach

The goal is to implement a competency-based election process within the current legislative framework, so that Council members (nurses)² have the necessary competencies, attributes and diversity to effectively provide strategic oversight to the organization and govern nursing in the public interest.

Outcomes

Short-term outcomes

The short-term outcomes of this approach are to:

- make improvements to governance processes within the current legislative framework,
- meet CPMF's benchmarked required evidence 1.1 a (i), and
- address specified recommendations from the 2022 Council effectiveness evaluation.³

Long-term outcomes

The long-term outcomes are to:

- evaluate the competency-based election process in place to support potential future enhancements,
- continue this work by updating competencies, attributes and diversity for board members every 3 years or more frequently, as needed,
- work towards implementing a competency-based appointment process for all Council members, including public members, advancing CNO Council's Governance Vision, based on government support.

² Making changes to the appointment of public members to Council requires legislative change.

³ Recommendations 20-23, Watson Report 2022.

Description of the proposed approach

The foundation of the proposed approach is based on the following principles, informed by Council in September 2023:

- evidence-informed,
- competency-based,
- focused on diversity, equity and inclusion,
- risk-based,
- transparent, and
- focused on ongoing quality improvement.

The proposed approach aims to enhance the current elections process⁴ by implementing a focused self-assessment process against competencies and attributes prior to candidates standing for election to Council. Candidates will complete self-assessment of their competencies and attributes, including diversity, equity and inclusion (DEI) competencies against the approved board profile. The Nominating Committee⁵ will advise Council on making candidate's self-assessment results available on the Council profile.

This approach aims to establish a competency-based elections process that aligns with the current legislative framework, and sets out procedures that are achievable, transparent, fair and objective, accessible to all stakeholders. It also aims to strengthen the current self-assessment process, which helps to better determine a candidate's readiness to serve on Council, as well as provide information to voters on the candidate's competencies and attributes, so that they can make informed decisions.

DEI Approach

The proposed approach will integrate DEI by creating space for candidates to show their learned and lived experiences through their self-assessment against the board profile, which will include DEI competencies and attributes, as well as ensure geographical diversity in the composition of the board.

High-level Implementation Plan

The proposed approach will apply to the 2025 election cycle, which occurs in February 2025. Council will have an opportunity to evaluate the impact of the proposed approach, identify lessons learned and further explore potential enhancements to Council elections. To support implementation of a competency-based elections process, **Attachment 1** includes a draft phased, high-level implementation plan.

⁴ Currently, candidates are asked to reflect on the board profile and identify in the Council profile which competencies and attributes they bring to Council.

⁵ [Nominating Committee Terms of Reference](#), Governance Manual.

Considerations

The following are considerations with the proposed approach:

- The focused self-assessment process would need to be completed within specific timelines to meet election dates and ensure elections by-law compliance.
- A communication plan and strategies can set out clear expectations of the new elections process and requirements for candidates and voters in advance of the elections cycle.

Next steps

- Based on Council's decision on the proposed approach, CNO would action the implementation activities noted below.

Attachments

1. Proposed approach to implement competency-based Council elections

Attachment 1: Proposed approach to implement competency-based Council elections

Foundational Principles to the proposed approach

Key features of the proposed approach

- Phased approach to implement competency-based Council elections.
- Enhanced self-assessment component for candidates, based on competencies and attributes prior to standing for election.
- Individual self-assessment of incoming candidates against the revised competencies and attributes, as set out in the Board Profile.
- Self-assessment results to be made available on Council profile to inform voter decisions.
- Ongoing quality improvement to further enhance the elections process.

High-level Implementation Plan

Phase I Targeted completion date 2024	Phase II Targeted completion date 2025	Phase III Targeted completion date 2026
<ul style="list-style-type: none">▪ Update Board Profile, including the list of competencies and attributes required for board members, including DEI competencies.▪ Obtain legal consultation to determine by-law changes related to eligibility for election.▪ Develop the appropriate system(s) for the self-assessment process.▪ Develop communication and stakeholder engagement plans.	<ul style="list-style-type: none">▪ Evaluate the new competency-based Council election approach, including the focused self-assessment process for candidates.▪ Identify lessons learned and make adjustments, as necessary.	<ul style="list-style-type: none">▪ Based on the evaluation, future enhancements of the elections process in place may be considered.▪ Regular evaluations of the elections process will allow Council to evaluate and monitor its effectiveness and measure outcomes.

Short-term outcomes

- Make improvements to governance processes within the current legislative framework,
- Meet CPMF's benchmarked required evidence 1.1 a (i),
- Address specified recommendations from the 2022 Council effectiveness evaluation.

Council Evaluation – Implementation Update and Proposed New Priorities

Decision Note – December 7, 2023 Council

Contact for questions or more information

Silvie Crawford, Executive Director and Chief Executive Officer

Purpose and Action Required

Executive Committee recommends that Council approve that the governance policies and documents listed in [attachment 1](#) (pages 4-5) be prioritized for implementation in 2024.

Questions for consideration

- Do the proposed priorities provide the necessary foundation to support future Council evaluations?
- Are these additions / updates meaningful improvements to Council's governance manual?

Public interest rationale

CNO's ability to meet its public protection purpose is supported by Council's effective governance. Council is accountable for maintaining good governance and participates in evaluation to promote its continuing competence and improvement.

Background

Board evaluation is accepted governance practice, a feature of Council's [governance vision](#), and expected under the Ministry of Health's [College Performance Measurement Framework](#) (CPMF).¹

The first Council-effectiveness evaluation was completed by a third-party governance consultancy in late 2022. The evaluation identified that Council understands CNO's public protection purpose, has a collaborative and respectful culture, and a trusting and

¹ Measure 1.2: Council has developed and implemented a framework to regularly evaluate effectiveness of Council and Council meetings. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.

productive working relationship with CNO’s leadership. It identified opportunities to improve Council’s regulatory governance, oversight, and meeting practices.

In [March 2023](#), Council reviewed [findings of its evaluation](#) and decided on improvements to be made in 2023. Council also decided that, at year end, it would:

- check-in on progress (#1 below), and
- set priorities for next year (#2 below)

1) Progress Check

In March, Council prioritized the following four areas, all of which were completed in 2023.

Improvement Opportunity	Implementation
Engaging in facilitated discussion on Council dynamics	<ul style="list-style-type: none"> • March 2023 professional development workshop.
Developing a comprehensive governance manual	<ul style="list-style-type: none"> • First iteration completed in May 2023 (compilation of documents that already exist). • Incorporated into this year’s evaluation. • New policies added throughout the year (in-camera meeting and orientation policies were added in September, the new <i>Council and Committee Code of Conduct</i> will be added pending Council’s approval in December) • Future development to be determined.
Enhancing the Council orientation process	<ul style="list-style-type: none"> • First iteration of enhanced orientation in May-June 2023. • New Council orientation policy approved in September (see governance manual).
Continuing professional development	<ul style="list-style-type: none"> • Ongoing throughout 2023 with topics informed by evaluation findings.

Several other improvements were implemented throughout 2023 to address evaluation findings.

- Introducing a dashboard to monitor strategic plan implementation (September 2023).
- Clarifying and documenting in Council's new governance manual CNO's framework for Executive Director & Chief Executive Officer performance management (May 2023).
- Implementing several meeting improvements over the course of the year, including:
 - Using a consent agenda
 - Reviewing agendas to ensure strategic focus and sufficient time in meetings for strategic discussion
 - Improving briefing notes, including a new template staff will use (sufficient background, discussion questions where relevant, reduce acronyms, clear language explanations)
 - Developing an [in-camera meeting policy](#) (see governance manual).

2) Recommended Priorities (2024)

A comprehensive governance manual supports best practice in governance and addresses all aspects of a board's responsibilities. Once complete, Council's governance manual will:

- provide clarity on Council's purpose, role and accountabilities
- set standards to support organizational success
- establish parameters for governance work
- assign accountability for achieving results
- address remaining improvement opportunities identified in the 2022 Council evaluation.

The priorities identified for next year (attachment 1):

- are foundational to articulating Council's purpose, role and accountabilities
- address improvements identified in Council's 2022 evaluation, and
- set the stage for Council's next third-party evaluation (scheduled in 2025 to meet CPMF expectations).

Attachments

1. Attachment 1 – Recommended 2024 Additions / Updates to Governance Manual

Attachment 1

2024 Additions / Updates to Governance Manual (Recommendations)

The following new additions or updates are recommended in 2024

Update to Governance Manual	New or Update	Rationale
Council purpose	New	<ul style="list-style-type: none"> - These updates will: <ul style="list-style-type: none"> o Confirm the board’s purpose and promote shared understanding o Support continuous improvement, set out clear accountabilities to inform future evaluation o Implement improvement opportunities identified in the 2022 Council evaluation, which included defining Council’s role and responsibilities.
Council role description	New	
Council competency and attribute profile	Update	<ul style="list-style-type: none"> - Council’s current board profile (competencies, attributes, etc.) has not been reviewed since 2018 - Supports improvement opportunities identified in the 2022 Council evaluation, which included enhancing Council’s profile, defining what diversity, equity and inclusion mean to Council, clarifying competencies and attributes - Supports CNO meeting CPMF requirements¹
Council and committee Code of Conduct	Update	<ul style="list-style-type: none"> - Council’s current Code of Conduct (Code) has not been reviewed since 2017 - This is work in progress, which Council supported in March 2023. In December 2023, Council will consider approval of an updated Code - The Code of Conduct outlines behaviours that will be expected of Council members; therefore, it is an important pre-requisite to updating Council’s team norms in a future year - Additional work planned in 2024 includes developing provisions for Council’s consideration related to compliance - Supports CNO meeting CPMF requirements²

¹ Required evidence 1.1(a) (i): professional members are eligible to stand for election to Council only after meeting pre-defined competency and suitability criteria.

² Measure 2.1 *includes* that Council’s code of conduct and conflict of interest policy is reviewed at least every three years, and requiring a minimum amount of time before an individual who holds a position that creates a potential conflict (actual or perceived) can serve on Council.

Update to Governance Manual	New or Update	Rationale
Council President role description	New	<ul style="list-style-type: none"> - There is no current role description for the President. The Board Chair competency profile (in governance manual) has not been reviewed since 2018.
Council member role description	Update	<ul style="list-style-type: none"> - The Council-member role description (in governance manual) has not been reviewed in several years - Both of these updates <ul style="list-style-type: none"> o promote shared understanding of roles and accountabilities o support continuous improvement, sets out clear accountabilities to inform future evaluation
Executive Committee Terms of Reference	Update	<ul style="list-style-type: none"> - Promotes shared understanding of roles and accountabilities - Supports continuous improvement, sets out clear accountabilities to inform future evaluation - Executive Committee’s Terms of Reference have not been reviewed since 2017
Council evaluation policy	Update	<ul style="list-style-type: none"> - Align annual evaluation with Council’s performance standards (as defined by the above-mentioned Council purpose, role description and profile) - Current evaluation policy was developed in 2022 – there is opportunity to simplify and streamline - Pre-requisite to the next third-party evaluation of Council (scheduled in 2025 to meet CPME requirements)³

³ Required Evidence 1.2 (a)-(b)– Council has developed and implemented a framework to regularly evaluate effectiveness of Council and meetings. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.