



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

## March 20 and 21, 2024

**Wednesday, March 20, 2024**  
**1:00 p.m. to 4:00 p.m.**

- [Council's Annual Plan](#)
- [Council's Governance Principles](#)
- [Council's Team Norms](#)
- [Council and Committee Code of Conduct](#)

Time	Item	Purpose
1:00 p.m.	<b>1. Land Acknowledgement</b>	
1:05 p.m.	<b>2. Agenda</b>	Decision
	<b>3. Call for Conflicts of Interest</b>	
1:10 p.m.	<b>4. CEO Remarks</b>	Information & Discussion

1:25 p.m.	<p><b>5. Consent agenda</b></p> <p>5.1 <a href="#">Minutes of Council meeting of December 6 and 7, 2024</a></p> <p>5.2 <a href="#">Minutes of Executive Committee meeting of February 15, 2024</a></p> <p>5.3 <a href="#">Nursing Education Program Approval</a></p> <p>5.4 2023 Annual Reports of Statutory Committees</p> <p>5.4.1 <a href="#">Patient Relations Committee</a></p> <p>5.4.2 <a href="#">Discipline Committee</a></p> <p>5.4.3 <a href="#">Fitness to Practise Committee</a></p> <p>5.4.4 <a href="#">Inquiries, Complaints and Reports Committee</a></p> <p>5.4.5 <a href="#">Quality Assurance Committee</a></p> <p>5.4.6 <a href="#">Registration Committee</a></p>	Decision
	<p><b>6. Strategic Issues</b></p>	
1:30 p.m.	<p>6.1 <a href="#">Registration Regulation: Amendments re. Education Requirement</a> Julie Maciura, SML Law attending</p>	Decision
2:45 p.m.	<p>6.2 <a href="#">Strategic Plan Update</a></p>	Information & discussion
	<p><b>7. By-Law Amendments</b></p>	
3:30 p.m.	<p>7.1 <a href="#">Amendment to CNO By-Laws regarding the Registrar, Deputy and Acting Registrars</a></p>	Decision
3:50 p.m.	<p>7.2 <a href="#">Amendment to Article of By-Law No. 1: General regarding the Inquiries, Complaints and Reports Committee</a></p>	Decision
3:30 p.m.	<p>Recess</p>	

**Thursday, March 21, 2024**  
**9:00 a.m. to 3:30 p.m.**

Time	Item	Purpose
9:00 a.m.	<b>Land Acknowledgment</b>	
9:10 a.m.	<b>8. <a href="#">Election of the Executive Committee</a></b> <ul style="list-style-type: none"> <li>Naomi Thick, Chair of Nominating Committee Chairing election</li> </ul>	Decision
	<b>9. Council Governance and Operations</b>	
10:30 a.m.	9.1 <a href="#">Council and Committee Code of Conduct</a>	Decision
11:00 a.m.	9.2 <a href="#">Competency-based Council Elections</a>	Discussion
Noon	<b>Lunch</b>	
	<b>10. Reports</b>	
1:00 p.m.	<a href="#">10.1 Finance Committee meeting of February 15, 2024</a>	Decision
	<b>9 Council Governance and Operations (continued)</b>	
1:20 p.m.	<b>9.3 <a href="#">Report of the Nominating Committee</a></b> <b><a href="#">Naomi Thick, Chair of Nominating Committee</a></b> <ul style="list-style-type: none"> <li>Appointment of Statutory Committee members</li> <li>Competency-based Council elections</li> <li>Nominating Committee Competencies and recruitment – update</li> </ul>	Decision
2:15 p.m.	9.4 <a href="#">Council development topics</a>	Decision
2:30 p.m.	<b>9.5 Appointments:</b> <ul style="list-style-type: none"> <li>9.5.1 <a href="#">Statutory Committee Chairs</a></li> <li>9.5.2 <a href="#">Sub-Committee on Compensation</a></li> </ul>	Decision



2:45 p.m.	<b>11. Agenda Items Added by Council members</b>	
3:00 p.m.	<b>12. CEO Remarks</b>	Discussion
	<b>13. Dates of Upcoming Meetings</b> <ul style="list-style-type: none"><li>• June 5 and 6, 2024 – Hybrid</li><li>• September 25 and 26, 2024 – Hybrid</li><li>• December 4 and 5, 2024 – Virtual</li></ul>	
3:30 p.m.	<b>Conclusion</b>	

# Council Annual Plan

	March 20 & 21	June 5 & 6	Sept. 25 & 26	Dec. 4 & 5
<b>Regular Items</b>	<b>Minutes:</b> Dec. Council	<b>Minutes:</b> March Council	<b>Minutes:</b> June Council	<b>Minutes:</b> September Council
	<b>Reports:</b> <ul style="list-style-type: none"> <li>2023 Statutory Committee reports</li> <li>CEO remarks</li> <li>Executive Committee</li> <li>Finance Committee</li> </ul>	<b>Reports:</b> <ul style="list-style-type: none"> <li>2023 Annual Report</li> <li>CEO remarks</li> <li>Executive Committee                             <ul style="list-style-type: none"> <li>Finance Committee                                     <ul style="list-style-type: none"> <li>2023 Audited Statements</li> <li>2024 Auditor appointment</li> </ul> </li> </ul> </li> </ul>	<b>Reports:</b> <ul style="list-style-type: none"> <li>CEO remarks</li> <li>Executive Committee</li> <li>Finance Committee</li> </ul>	<b>Reports:</b> <ul style="list-style-type: none"> <li>CEO remarks</li> <li>Executive Committee</li> <li>Finance Committee</li> </ul>
<b>Strategic Items</b>	<ul style="list-style-type: none"> <li>Registration Regulation Amendments re. Education</li> <li>Strategic Plan update</li> <li>By-Law Amendments (Registrar, Deputy/Acting Registrar and Inquires, Complaints and Reports Committee)</li> </ul>	<ul style="list-style-type: none"> <li>Nurse Practitioner Regulation Initiative</li> <li>Nursing Education Program Approval (all programs)</li> <li>Strategic Plan update</li> <li>Nursing workforce census</li> </ul>	<ul style="list-style-type: none"> <li>Nurse Practitioner Regulation Initiative (draft regulations)</li> <li>Strategic Plan update</li> </ul>	<ul style="list-style-type: none"> <li>2025 Budget</li> <li>Nurse Practitioner Regulation Initiative (final regulations)</li> <li>Quality Assurance Program Transformation</li> <li>Strategic Plan update</li> </ul>
<b>Governance &amp; Council Operations</b>	<ul style="list-style-type: none"> <li>Appointment of Statutory Committee members and Chairs</li> <li>Appointment of Sub-Committee on Compensation and Chair</li> <li>Competency-based Council elections</li> <li>Council and committee Code of Conduct</li> <li>Election of the Executive Committee</li> <li>Professional Development plan (06/24 through 03/25)</li> </ul>	<ul style="list-style-type: none"> <li>Appointment of standing committee members</li> <li>Competency-based Council elections</li> <li>Council and Committee Code of Conduct</li> </ul>	<ul style="list-style-type: none"> <li>Executive Committee Terms of Reference (discussion)</li> <li>Council Evaluation Policy (discussion)</li> <li>Council, Council member and President roles (discussion)</li> </ul>	<ul style="list-style-type: none"> <li>Executive committee Terms of Reference (decision)</li> <li>Council Evaluation Policy (decision)</li> <li>Council, Council member and President roles (decision)</li> </ul>
<b>Council Development</b>	Council and Committee Code of Conduct Diversity, Equity and Inclusion	Orientation for all: Governance and Regulation		

# 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

December 6 and 7, 2023

### Present

P. Sullivan, Chair  
H. Anyia  
A. Arkell (Wed.)  
J. Armitage  
T. Crowder  
S. Douglas  
R. Dunn  
J. Farag  
G. Fox  
T. Fukushima

T. Hands  
J. Hess  
M. Hogard  
C. Hourigan  
R. Kaur (Thurs.)  
S. Larmour (Thurs.)  
R. Lastimoso Jr.  
S. Leduc  
D. May

E. Mutia  
G. Oltmann  
F. Osime  
L. Poonasamy  
M. E. Renwick  
D. Scott  
M. Sheculski  
D. Thompson (Wed.)  
K. Wagg

### Regrets

A. Arkell (Thurs.)  
D. Edwards  
A. Jahangir

R. Kaur (Wed.)  
M. Krauter  
S. Larmour (Wed.)

M. MacDougall  
I. McKinnon  
D. Thompson (Thurs.)

### 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 M. E. Renwick, seconded by G. Fox,

That the agenda for the Council meeting of December 6 and 7, 2023 be approved as circulated.

CARRIED

## Call for conflicts of interest

The President requested conflicts of interest related to the agenda. S. Leduc and M. E. Renwick identified conflicts with program approval on the consent agenda. P. Sullivan noted that she would be declaring a conflict of interest related to the stipend policy.

## CEO Remarks

S. Crawford shared opening remarks. She highlighted how the decisions to be made at the Council meeting related to the Registration Regulation and RN prescribing support achieving two outcomes on the Strategic Plan:

- Applicants for registration will experience processes that are evidence-informed, fair, inclusive and effective, contributing to improve public access to safe nursing care.
- Nurses' conduct will exemplify understanding and integration of CNO standards for safe practice

It was noted that the Minister's announcement of the government's passage of the regulations related to RN prescribing reflects the respectful and collaborative relationship between CNO and the Ministry. Council was informed that the opportunity was taken to meet with the Minister and shared with the Minister CNO's leadership in:

- data and analytics related to nursing registration and workforce statistics
- continuing to develop new pathways for internationally educated applicants to meet registration requirements
- making it easier for nurses from other parts of Canada to get registered in Ontario (interjurisdictional registration) and
- our key role in NURSYS Canada.

The importance of regulatory approval of nursing education programs was flagged. CNO's hosting of a wide range of stakeholders in the first Program Approval Roundtable was shared as an exemplar of CNO's approach to stakeholder engagement.

S. Crawford spotlighted how CNO shares its expertise, with other regulators at national and international conferences and meetings and with nurses at provincial conferences.

In discussion, interest was expressed in an evaluation of the impact of the new pathways for IEN registration.

### **Consent agenda**

P. Sullivan introduced 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 items included in the consent agenda. No concerns were expressed about items on the consent agenda.

### **Motion 2**

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

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

Minutes of the Council meeting of September 27 and 28, 2023.

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.

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

Lisa Bliss Donnelly be appointed to serve as member of the Quality Assurance Committee.

**CARRIED**

Draft minutes of the Executive Committee meeting of November 16, 2023 had been circulated for information.

## Strategic Plan update

Council received an update report on the Strategic Plan, including outcome and project dashboards. S. Crawford assured Council that work is done every day throughout the organization to support building the strategic plan pillars and achieving the outcomes. Council was informed that staff are reviewing and strategically analyzing the results of the survey regarding trust and awareness and have committed to updating the metrics by June 2024 at the latest.

There was discussion about the measures related to the Quality Assurance Program. It was confirmed that there are plans to gradually increase participation in the program and that increases in the number of participants may impact on the measures. It was confirmed that, going forward, the number of participants will be identified on the dashboard.

Council was informed that, in addition to the Strategic Plan outcome measures, there is data about professional conduct matters included in the statutory committee annual reports as well as the College Performance Measurement Framework report.

## Stakeholder engagement

Council received a briefing note on CNO's approach to stakeholder engagement. L. Mathias, Strategy Consultant and C. Mill, Manager, Practice Quality highlighted how purposeful, relevant and inclusive engagements with stakeholders inform decision-making.

The breadth of stakeholder engagement to support decision-making was highlighted. It was noted that CNO can be impactful and have impact on public safety through building formal and informal relationships and partnerships with stakeholders in the system.

It was flagged that insights from the trust survey will also further inform stakeholder engagement strategies.

## Registration regulation

P. Sullivan noted that Council has made a number of decisions to enhance access by qualified international applicants to registration. In June, based on evidence, Council approved in principle that revisions to the Registration Regulation be prepared to:

- amend the education requirement for registration in the General Class from education equivalent to Canadian education to relevant nursing education recognized or approved in any jurisdiction and



- add a requirement for General Class applicants to successfully complete a course to support the successful integration of applicants to the healthcare system in Canada.

In September, Council approved proposed changes to the Registration Regulation related to meeting the education requirement, for publication.

Council received a briefing note reporting on the diverse feedback to the proposed regulatory changes.

A. McNabb, Manager of Registration Modernization, highlighted the proposed changes and the evidence that was presented to Council in June when it approved moving forward with revision of the regulation.

E. Tilley, Manager of Regulatory Policy and Research highlighted the diverse feedback to the proposed regulation. She flagged the areas where the feedback reflected a lack of understanding of the safeguards in place.

It was noted that, given the diverse feedback, Council is not being asked to approve the regulation at this time. CNO will seek to build better understanding among stakeholders of how the proposed changes would support safe nursing practice, consider adjustments, and explore implementation steps (e.g., the new course requirements, making process changes and developing policies to support the implementation of the regulation). CNO will also continue to explore and assess evidence related to the proposed regulatory changes.

In discussing the proposed change, it was flagged that it will be important to have support from nurses and employers for new IENs to be successful. Council expressed an interest in more information about the required education course – what key competencies will be addressed.

It was identified that CNO is currently engaging with employers who are participating in the Supervised Practice Experience Partnership (SPEP) to identify the critical competencies needed in the proposed educational program.

P. Sullivan thanked Council for its engagement and its focus on public safety. She noted that Council will have the opportunity to discuss this further in March.

### **By-Law amendment: Article 44 re. Professional Liability**

Council was sent notice of this proposed amendment to By-Law No. 1: General on November 22, 2023. P. Sullivan noted that the amendment proposed is editorial, to

align the by-law with current legislation. Council was reminded that a 2/3 majority vote is required to approve a by-law amendment.

### **Motion 3**

Moved by H. Anyia, seconded by D. May,

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

CARRIED

### **Nursing Education Program Approval**

Council had received a briefing note regarding program approval. S. Leduc and M.E. Renwick declared a conflict of interest and left the meeting.

### **Motion 4**

Moved by G. Fox, seconded by K. Wagg,

That the Comprehensive Review recommendation of the Laurentian University nursing program listed in Attachment 1 to the decision note be approved.

CARRIED

S. Leduc and M. E. Renwick rejoined the meeting.

### **RN Prescribing**

P. Sullivan noted that Council had been informed that the government had amended the *Nursing Act, 1991* and passed regulations approved by Council in March 2019 to expand the scope of practice for RNs to include prescribing.

Council was reminded that its work on RN prescribing began in 2017. Council received a briefing note providing an update on RN prescribing, including previous Council engagement and decisions. R. Jabbour, Strategy Consultant, provided a brief overview of RN prescribing and set context for the two decisions before Council. In discussion, it was confirmed that this initiative was designed to enhance access to safe care.

### **RN Prescribing Standard**

P. Sullivan noted that when scopes of practice change, one of CNO's accountabilities as a regulator is to ensure that nurses are clear about the standards to which they will be held accountable. Council received a briefing note and draft standard to support safe prescribing by RNs.

### **Motion 5**

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

That Council approve the Registered Nurse Prescribing practice standard, as it appears as Attachment 1 to the briefing note, as a standard of practice for RNs who are authorized to prescribe medications.

CARRIED

It was noted that the Standard comes into effect immediately, but only applies to RNs who are authorized to prescribe medications.

### **Approval of RN Prescribing Education Programs**

Council received a briefing note, outlining the programs being recommended for approval, and the indicators the programs needed to meet to be approved. P. Sullivan asked if any members of Council had a conflict of interest.

H. Anyia, S. Leduc and G. Oltmann declared a conflict of interest and left the meeting.

### **Motion 6**

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

That the RN Prescribing education programs, as listed in Attachment 1 to the briefing note, be approved.

CARRIED

H. Anyia, S. Leduc and G. Oltmann returned to the meeting.

## Council and Committee Code of Conduct

J. Maciura, Legal Counsel and A. Tong, Strategy Consultant, joined the meeting. P. Sullivan noted that Council had received notice of this proposed by-law change on November 22, 2023. Council received a briefing note, including the draft Council and Committee Code of Conduct (Code).

P. Sullivan noted that in September, Council had an opportunity for a preliminary discussion with Julie and gave guidance to support the drafting of the Code. Council asked for:

- clear language and expectations
- a principle-based approach for most content – to provide broad guidance and
- very clear, prescriptive language for areas of high risk like conflict of interest.

P. Sullivan noted that the Executive reviewed the draft and is recommending its approval. She outlined the process for reviewing the draft Code, which will include an article-by-article section review for questions or clarification and a straw vote to determine if Council supports the article.

Due to the potential for the need for some members to leave for the discussion of positions that are prohibited (articles 6.10 through 6.13), the draft Code will be reviewed, and a decision made with the exception of the positions that are prohibited.

Council reviewed and confirmed all of the provisions in the draft Code (absent articles 6.10 through 6.13). Areas for future education or support tools were flagged. It was confirmed that the articles related to conflict of interest provide clear and appropriate guidance to meet the high expectations set for members of the board of a health profession regulator.

There was discussion about the expectations regarding diversity, equity and inclusion included in Article 9. It was noted that CNO now has a Director of Diversity, Equity and Inclusion. With new leadership, there will be thoughtful and purposeful interaction with Council and committees regarding diversity, equity and inclusion will support meeting expectations in the Code.

P. Sullivan noted that Council had supported all of the articles being considered at this time. She reminded Council that a 2/3 majority is required to pass by-law amendments.

## Motion 7

Moved by E. Mutia, seconded by H. Anyia,

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 the briefing note, with the exception of Articles 6.10 through 6.13.

CARRIED

Council was reminded that work still needs to be done to identify an approach to addressing breaches of the Code. In the interim, it is recommended that the article setting out the current approach be integrated into the new By-Law.

## Motion 8

Moved by J. Hess, seconded by T. Fukushima,

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.

CARRIED

### Positions that are prohibited

P. Sullivan noted that Council will be discussing positions that are prohibited set out in Articles 6.10 through 6.13. She asked anyone who holds a prohibited position or held once since June 2021 to declare a conflict of interest. K. Wagg declared a conflict of interest and left the meeting for this part of the agenda.

In reviewing the proposed articles, it was identified that the proposed wording of Article 6.11 was too broad and might exclude some individuals who we did not intend to exclude. It was agreed that legal counsel and staff would review Council's feedback and provide a new draft of Article 6.11 for Council to consider on Thursday, December 7.

### Recess

At 4:00 p.m., Council recessed to reconvene at 9:00 a.m. on Thursday, December 7, 2023.

## Thursday, December 7, 2023

### Land Acknowledgement

P. Sullivan shared a Land Acknowledgement.

### Finance Committee Report

Council had received the report of the Finance Committee meeting of November 16, 2023. S. Leduc chaired the meeting and highlighted the report.

### Unaudited Financial Statements

The unaudited financial statements for the nine months ended September 30, 2023 had been circulated. S. Leduc noted that the \$1.36M deficit for the period was \$5.31M less than the budgeted deficit of \$6.66M.

### Motion

Moved by S. Leduc, seconded by M. E. Renwick,

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

CARRIED

### Terms of Reference - Sub-Committee on Compensation

The Finance Committee is recommending amendments to the Terms of Reference of the Sub-Committee on Compensation to support succession planning.

### Motion 9

Moved by S. Leduc, seconded by G. Oltmann,

That Council approve the proposed revised Terms of Reference for the Compensation Sub-Committee, as they appear in Attachment 3 to the Finance Committee Report.

CARRIED

### Stipend and Expense policies

Council was informed that, to address changes in how Council and committees work and in the economic environment, CNO is modernizing its stipend and expense policies. Given that in person meetings are infrequent, the policies are being separated for clarity. With a show of hands, Council supported separation of the policies.

### Expense Policy

It was noted that changes to this policy include clarifying the policy for meals and addressing the impact of inflation on meals and the Incidental amount.

### Stipend Policy

Council discussed the Stipend Policy, other than the policy related to the President's honorarium.

It was confirmed that stipend is not meant to be salary replacement. It was noted that an increase to the stipend is being recommended to ensure that it remains a meaningful amount to recognize contribution.

It is being recommended that preparatory stipend for meetings, other than Council meetings, be claimed by individual members based on the time they spend preparing.

P. Sullivan declared a conflict of interest, asked S. Leduc to chair and left the meeting.

It was noted that the provision for payment to the President's employer was not aligned with the changing nature of employment relationships. The proposed revised policy increases the honorarium paid to the President and clarifies that any or all stipends received by the President can be paid to the individual or their employer, as specified by the President. It was confirmed that this provision is intended to recognize extra effort on the part of the President.

### Motion 10

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

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

CARRIED

P. Sullivan rejoined the meeting and assumed the Chair.

## 2024 Budget

Council had received the proposed 2024 Budget. S. Mills highlighted the budget, including the three-year projections.

It was confirmed that the fee increases approved in 2022 to provides financial stability over the coming years.

## Motion 11

Moved by S. Leduc, seconded by R. Dunn,

That Council approve the 2024 budget as it appears in Attachment 5 to the Finance Committee Report.

CARRIED

## Competency-Based Council elections

Council had received a briefing note with a proposed approach to competency-based Council elections. I. Tirana, Strategy Consultant, highlighted the approach, grounded in the principles supported by Council in September.

The proposed approach includes a self-assessment by candidates prior to running for election and continuation of regional elections. The approach was designed to integrate DEI and to be transparent, fair, barrier free and achievable. The goal is to implement this approach for the 2025 Council elections, which launch in the fall of 2024.

Council supported moving forward with this approach, noting the importance of integrating DEI into all processes and the value of geographic diversity through regional elections. The importance of education, for both candidates and voters, was flagged.

## Motion 12

Moved by H. Anyia, seconded by D. May,

That Council approve the proposed approach to implement competency-based Council elections as set out in Attachment 1 to the briefing note.

CARRIED



## Board Evaluation

P. Sullivan highlighted the achievements in 2023 related to acting on the opportunities for improvement identified in the 2022 Board evaluation and also changes suggested through the meeting Pulse Check evaluations.

Council confirmed improvements in meeting planning, preparatory materials and meeting execution. It was confirmed that improvements in Council's effectiveness are the result of contributions by staff, the Executive Committee and Council members.

P. Sullivan noted that the Executive Committee is recommending an approach to move forward additional opportunities for improvement identified in the 2022 external evaluation, enhance Council's governance effectiveness and position Council to be ready for its next external evaluation in 2025.

## Motion 13

Moved by K. Wagg, seconded by S. Larmour,

That Council approve that the governance policies and documents listed in attachment 1 to the decision note be prioritized for implementation in 2024.

CARRIED

## Council and Committee Code of Conduct

P. Sullivan noted that on December 6, Council approved the Council and Committee Code of Conduct, with the exception Articles 6.10 through 6.13 which address positions which are prohibited.

J. Maciura, Legal Counsel, joined the meeting. K. Wagg declared a conflict of interest and left the meeting.

J. Maciura noted that, in discussion, it had been flagged that Article 6.11 did not clearly identify the nature of a prohibited position. Draft revised wording for Article 6.11 was shared with Council. It was confirmed that the revised wording was clear and identified the nature of positions that were a conflict. P. Sullivan reminded Council that a 2/3 majority is required to approve a by-law.

## Motion 14

Moved by T. Hands, seconded by G. Oltmann,

That the following articles be approved as part of the Council and Committee Code of Conduct:

### **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 in a role that involves advocating for nurses or the nursing profession, drafting or enacting legislation the focus of which is nurses or nursing, or is in any way inconsistent with being a member or with the mandate of the College. - This Article comes into force on June 5, 2024; and
- (b) within the three years preceding their election, selection or appointment as member (excluding where the election, selection or appointment as member occurred prior to December 8, 2023), have been employed by or contracted with, the federal public service or the Ontario public service in a role that involves advocating for nurses or the nursing profession, drafting or enacting legislation the focus of which is nurses or nursing, or is in any way inconsistent with being a member or with the mandate of the College.

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

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

CARRIED

K. Wagg joined the meeting.

### **CEO Closing Remarks**

S. Crawford expressed appreciation to Council for their engagement. She highlighted the important regulatory decisions made by Council and noted the clear focus in making the decisions on CNO's public safety purpose.

She noted that staff continue to work to enhancing supports to Council. As flagged in September, the briefing materials for this meeting were developed using the new briefing note framework, which is designed to provide the right information to support informed discussion and decision-making. In discussion, Council confirmed that the briefing package provided the right information to support decision making in a timely manner supporting members' preparedness.

She noted that approving the new Council and Committee Code of Conduct, grounded in evidence and best practice, reflects Council's strong commitment to public trust.

She highlighted the plans for 2024, including ongoing regulatory decisions and work to support Council in its board governance role. She noted that Council can anticipate more information and discussion in the coming year about CNO's corporate diversity, equity and inclusion plan.

### **Next Meeting**

P. Sullivan noted that the next Council meeting will be the first meeting of the 2024-2025 Council. The meeting will be June 5 and 6, 2024.

### **Conclusion**

At 11:30 a.m., on conclusion of the agenda, and with consent, the Council meeting concluded.

## Executive Committee Minutes

February 15, 2024

### Present

P. Sullivan, Chair  
J. Armitage

R. Lastimoso Jr.

F. Osime

### Regrets

S. Leduc

### Guests

J. Butterfield, WATSON

F. Negrisoli, WATSON

### Staff

S. Crawford  
J. Hofbauer, Recorder

R. Jabbour

S. Mills

### Land Acknowledgement

P. Sullivan shared a land acknowledgement statement.

### Agenda

The agenda had been circulated. There was discussion about the environmental scan that had been shared with Executive.

### Motion 1

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

That the agenda for the Executive Committee meeting of February 15, 2024 be approved as circulated.

CARRIED

## Minutes

Minutes of the Executive Committee meeting of November 16, 2023 had been circulated.

## Motion 2

Moved by F. Osime, seconded by J. Armitage,

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

CARRIED

## Evaluation of the Executive

The Executive Committee had received a memo and the report of the evaluation of the Executive Committee from WATSON. The findings in the report indicate that there is a lack of understanding of the role of the Executive.

It was noted that a revision of the Evaluation Policy is planned for 2024. In relation to evaluation of the Executive Committee, it was suggested that if it is included as part of the evaluation policy, consideration should be given to appropriate timing and streamlining the process.

J. Butterfield and F. Negrisoli from WATSON joined the meeting. J. Butterfield noted a good response rate, that the evaluation findings were largely positive and that the scores for the quantitative questions were overwhelmingly positive.

Strategies were discussed to enhance Council's understanding of the Executive including a communication from the Executive following its meeting and in advance of Council.

It was noted that review of the Executive Committee's Terms of Reference is a priority for 2024. The Executive's ongoing focus on Council agenda planning, and ensuring sufficient time for Council to fully discuss strategic issues was highlighted.

It was identified that increasing the hybrid opportunities starting in 2024 will support engagement of members with each other and with the members of the Executive Committee

Given that the election of the Executive takes place at the March Council, it was agreed that the report of the evaluation of the Executive Committee will be posted for Council in Boardvantage following the March Council meeting.

## **Council Development**

The Executive received a briefing note with suggestions of topics for Council development for the 2024-2025 Council. It was noted that the topics were aligned with governance priorities Council identified in December.

The Executive supported sharing the proposed topics with Council in March for input about whether there are other suggestions for inclusion in the development plan for the year.

In discussion, it was confirmed that the updated Council competencies and attributes will be used in the election of nurse members of Council for the 2025 election. It was noted that CNO can share the competencies with the Ministry of Health to support alignment of processes between nurse elections and public appointments.

S. Crawford noted that with Council's focus on governance and plans to implement a dedicated staff team, there may be more opportunities for additional Council development.

## **March Council Development**

The Executive supported that the March Council development session address:

- Council and Committee Code of Conduct (Code) and
- Diversity, Equity and Inclusion.

It was confirmed that the component on the Code will be focused on high-risk areas and is planned to be engaging.

In addition to the March Council Development workshop, the Executive was informed that there are also plans to make a self-assessment on DEI available for Council members before the June Council meeting. This will include new Council members.

## **March Council Meeting**

The Executive received a briefing note, draft Council agenda and an annotated agenda. It was confirmed that adequate time is provided for the discussion of key items on the agenda.

### **Motion 3**

Moved by R. Lastimoso Jr., seconded by J. Armitage,

That the agenda for the March 2024 Council meeting be approved.

CARRIED

### **Nominating Committee Competencies**

The Executive received draft revised competencies and attributes to be used in the upcoming recruitment for members of the 2024-2025 Nominating Committee. It was noted that the changes recommended by the current Nominating Committee align with the changes that Council approved to statutory committee member competencies.

The Executive suggested two edits to remove potential barriers and asked that they be shared with the Nominating Committee.

### **Motion 4**

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

That the competencies and attributes, as they appear attached to the briefing note, with the input of the Executive, be used for the recruitment of members of the 2024-2025 Nominating Committee.

CARRIED

### **Statutory Committee Chairs**

The Executive received a briefing note regarding recommending the Chairs of statutory committees to Council. Volunteers had submitted a self-assessment against the Chair competencies through Governance Solutions, Inc.

### **Motion 5**

Moved by R. Lastimoso Jr., seconded by J. Armitage,

That it be recommended to Council that the 2024-2025 Chairs of Statutory Committees be:

Discipline and Fitness to Practise  
Quality Assurance  
Registration

L. Poonasamy  
S. Leduc  
F. Osime

CARRIED

### **Chair of the Sub-Committee on Compensation**

The Executive received a briefing note with the staff recommendation for the Chair of the Sub-Committee on Compensation. It was confirmed that the recommended chair is an active and thoughtful member of the Finance Committee.

### **Motion 6**

Moved by J. Armitage, seconded by R. Lastimoso Jr.,

That it be recommended to Council that R. Canuel be the 2024-2025 Chair of the Sub-Committee on Compensation

CARRIED

### **Scrutineers for the election of the Executive Committee**

It was noted that by-laws require three scrutineers for the election of the Executive Committee. Using a random selection tool, one scrutineer was selected from each category of Council member.

### **Motion 7**

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

That the scrutineers for the election of the 2024-2025 Executive Committee be: D. Edwards, C. Hourigan and M. Krauter.

CARRIED

### **Executive Session**

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



## Nursing Education Program Approval

### Decision note – March 2024 Council

#### Contact for questions or more information

Donna Rawlin, Team Lead, Education Program

#### Action Required

That Brock University's direct entry Bachelor of Nursing Science program receive preliminary approval.

#### 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 for consideration for approval.

##### New Nursing Program:

All new nursing programs must receive preliminary approval before admitting students. Preliminary approval review includes a detailed review of the program's curriculum (the same rigorous curriculum review as in the comprehensive review). Full approval for all

new nursing programs, including meeting the other indicators, occurs the year after the initial cohort graduates.

Brock University's new program is presented for preliminary approval. The program's recommendation criteria are outlined in Attachment 1. Program Approval Scoring Methodology is described in Attachment 2.

### **Next steps**

Following Council's decisions CNO will provide:

- A letter to the Nursing School addressing the program's approval status, the upcoming dates for its next review, and a Program Approval Report outlining the results of a program's preliminary review.

### **Attachments**

1. New Baccalaureate Programs: Detailed Review Scoring
2. Program Approval Scoring Methodology Attachment

## Attachment 1 – New Baccalaureate Programs: Detailed Review Scoring

### New Baccalaureate Nurse Programs: Preliminary Review

<b>Institution</b>	<b>Nursing Program</b>	<b>CNO Program Category</b>	<b>Indicator 4: Curriculum</b>	<b>Approval Status Recommendation</b>
Brock University	Bachelor of Science in Nursing	Direct Entry Full	Met	Preliminary Approval

## 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 the three standards (Structure, Curriculum and Outcomes) and 9 associated indicators.

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

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

### 1. Program Approval Scorecard Overview

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

### 2. Mandatory Indicators

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

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

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

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

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

<b>CNO NURSING EDUCATION PROGRAM APPROVAL SCORECARD</b>	
<b>Structure Standard (Total weight 25%)</b>	
<b>Indicator<sup>1</sup> (Sub-indicator)</b>	<b>Weight</b>
1. Nursing program governance	<b>6</b>
1a. Nursing program governance structure	2
1b. Curriculum review structure	2
1c. Annual review of program outcomes	2
<b>2. Client and student safety (mandatory indicator)</b>	<b>13</b>
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	<b>6</b>
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	<b>25%</b>
<b>Curriculum Standard (Total weight 40%)</b>	
<b>4. Curriculum incorporates entry-to-practice competencies and foundational standards (mandatory Indicator)</b>	<b>25</b>
5. Clinical learning opportunities support learners to attain and demonstrate acquisition of program objectives	<b>10</b>
6. Processes in place to communicate expectations for the student placement to preceptor for the integrated practicum.	<b>5</b>
Sub-total – Curriculum Indicators	<b>40%</b>
<b>Outcome Standard (Total weight 35%)</b>	
7. Registration exam scores – 1 <sup>st</sup> time pass rates (3-year cumulative total)	<b>7</b>
8. Recent graduates' ratings of their preparation to practice safely, competently and ethically <sup>2</sup>	<b>18</b>
9. Preceptor ratings of student's readiness to practice	<b>10</b>
Sub-Total -Outcome Indicators	<b>35%</b>
<b>All Standards and Indicators (Total weight 100%)</b>	<b>100%</b>

<sup>1</sup> 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%.

<sup>2</sup> 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:

<b>Status</b>	<b>Criteria</b>
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.

## Patient Relations Committee 2023 Annual Report

### Introduction: Role of the Committee

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

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

### Executive Summary

#### Patient Relations Program (PRP)

There were significant additions to the PRP in 2019 and 2020. New resources were added for members of the public, which can be found [here](#). There were also several resources developed for other system partners including registrants and employers (e.g. [employer's tool kit](#)). No changes were made to the PRP in 2023.

In 2023, the webpage designed for members of the public, which has a number of resources, was visited 1,546 times. Within this, the page that relates to funding for therapy was visited 154 times. This page includes resources such as this fact sheet: "therapy funding for patients who have experienced sexual abuse by nurses: Information for individuals considering making an application".

In terms of the webpage designed for registrants and other key system partners, this was visited 24,658 times in 2023. There are several resources available through this page including fact sheets, case studies, webcasts, frequently asked questions and a tool kit.

#### Request for funding

In 2023, two (2) patient requests for therapy and counselling were approved. In accordance with Ontario law, a PRC administers a funding program for therapy and counselling for patients who are named in a sexual abuse complaint or report. The RHPA and regulations under the RHPA detail eligibility, the amount of funding and the period of time within which funding may be provided.

Any patient named in a complaint or report related to sexual abuse is notified of the option for sexual abuse funding. As stated in law, a finding of sexual abuse is not needed to access the funding. In addition, the patient receives several resources (e.g. to support them in making an application for funding). CNO has internal procedures to

support consistent application of this which includes ensuring this is documented for all sexual abuse matters. In a case where the patient is unidentified (i.e. not named), CNO notifies the reporter (often an employer) so they can in turn share this information.

## **Committee Members**

### **January to June 2023**

Raj Kaur, RPN  
Fidelia Osime, Public Member  
Maria Sheculski, Public Member  
Patricia Taylor, RN  
Naomi Thick, RN, Chair

### **July to December 2023**

Jay Armitage, Public Member  
Rodolfo Lastimoso Jr., RPN  
Sylvain Leduc, NP  
Fidelia Osime, Public Member  
Patricia Taylor, RN, Chair

### **Staff Contact**

Stephen Mills, Chief Operating Officer





## Discipline Committee 2023 Annual Report

### Introduction: Role of the Committee

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

### Executive Summary

#### A. Panel Activities

##### 1. Completed Matters<sup>1</sup> (Table 1)

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

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

In 2023, Discipline Committee panels made findings of professional misconduct in 69 matters involving 69 members. No findings were made in two matters involving two members. In addition, six matters were withdrawn, and one reinstatement request was abandoned. In total, 78 matters were completed in 2023.

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

60 matters were resolved by panels accepting agreed statements of facts

---

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

and/or joint submissions on penalty presented by the College and the member. This represents 76.9% of all completed matters. On average, 0.5 hearing days<sup>2</sup> were required per matter.

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

11 contested matters, involving a total of 14 hearing days, were resolved. In addition, 26.75 hearing days were held for five matters that are continuing in 2024. The number of hearing days for contested matters ranged from 0.5 days to 15.5 with an average of 2.5 hearing days per matter.

(c) Penalty Orders (Table 4)

Discipline Committee panels made penalty orders in 69 matters where findings of professional misconduct were made. The penalties that were ordered included:

- 6 revocations;
- 55 suspensions;
- 55 terms, conditions and limitations
- 69 reprimands; and
- 1 fine

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

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

Discipline Committee panels met on 84.75 days for hearings, deliberation and decision-writing for 82 matters (includes 30 hearing days for five matters that are continuing in 2024 and two days hearing six motions to withdraw allegations).

The administration of reprimands commonly occurs immediately following hearings, and the time spent on this administration is included in the calculation of hearing days. In 2024, the Discipline Committee spent an additional 2.75 days administering reprimands at 11 proceedings specifically convened for that purpose.

3. Release of Decision and Reasons (Table 6)

---

<sup>2</sup> A hearing day is approximately seven hours.

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

The Discipline Committee released 54 written reasons in 2023, some of which related to matters that were heard in 2022. The Discipline Committee Guidelines set out that the Committee’s written reasons be released within 60 days of the conclusion of the hearing. The time for the release of the written reasons can be impacted by the volume and length of hearings conducted, the number of contested matters heard and the complexity of the legal and evidentiary issues in those contested matters, or logistical issues, such as the availability of panel members. In 2023, due to a combination of these factors, the release of all written reasons was after the 60-day guideline.

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

In 11 matters, the written reasons were released between 61 and 90 days, and in 38 matters, they were released in 91 days or more.

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

Five contested matters had written reasons released in 91 days or more.

## **B. Committee Activities**

### 1. Matters in Progress (Table 8)

The number of matters in progress varies in relation to:

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

On December 31, 2023, five hearings were ongoing (includes two where panels were in deliberations on liability), 22 pre-hearings and 41 hearings were scheduled for 2024. 26 pre-hearings were to be scheduled. 18 hearings were in the process of being scheduled. Decision-writing was underway for 42 matters. Five hearings were adjourned.

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

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

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

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

Of the 39 matters where pre-hearings were completed in 2023, two matters (5.1%) had pre-hearing conferences held within four months or less from the date of referral.

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

Of the 84 hearings that were scheduled in 2023, 17 hearings (20.3%) were scheduled in nine months or less from the date of referral from the ICRC and 38 hearings were scheduled between 10 and 12 months. 29 hearings were scheduled 13 months or more from the referral date.

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

The average number of months from the ICRC's referral to the conclusion of a hearing for matters resolved by agreement between the parties was 11.2 months, with a range of five to 20 months. The average number of months from referral to the conclusion of a hearing for contested matters was 13.9 months, with a range of nine to 28 months.

## **C. Discipline Committee Meetings**

The Discipline Committee & Fitness to Practise Committee met jointly on May 4 & 5 and October 23 & 24, 2023 for general orientation and education of Committee members. The May meeting was held in person while the October meeting was held virtually as two half day sessions. A Decision Writing workshop was conducted on March 6, 2023.

On November 3, 2023, three Committee members attended the Basic and on November 30, 2023 six Committee members attended the Advanced “Conducting a Discipline Hearing Workshop” hosted virtually by the Health Profession Regulators of Ontario (HPRO).

Committee members attended a workshop on Unconscious Bias in November 2023.

## **Committee members:**

### **July to December 2023**

Michael Hogard, RPN, Chair  
Janet Adanty, RN  
Andrea Arkell, PM  
Eloisa Busto, RPN  
Tina Colarossi, NP  
Tim Crowder, PM  
Jean-Laurent Domingue, RN  
Sylvia Douglas, PM  
Ramona Dunn, RN  
David Edwards, RPN  
Joe Farag, PM  
Grace Fox, NP  
Tomoko Fukushima, RN  
Carly Gilchrist, RPN  
Lynn Hall, RN  
Tyler Hands, RN  
Jane Hess, RN  
Nazlin Hirji, RN  
Carly Hourigan, PM  
Aisha Jahangir, RN  
Samuel Jennings, RPN  
Morgan Krauter, NP  
Sandra Larmour, PM  
Sarah Louwagie, RPN  
Marnie MacDougall, PM  
Mary MacNeil, RN  
Shannon Mantha, RN  
Benson Mathai, RPN  
Jane Mathews, RN  
Donna May, RPN  
Ian McKinnon, PM

### **January to June 2023**

Michael Hogard, RPN, Chair  
Janet Adanty, RN  
Andrea Arkell, PM  
Jay Armitage, PM  
Eloisa Busto, RPN  
Tina Colarossi, NP  
Tim Crowder, PM  
Jean-Laurent Domingue, RN  
Sylvia Douglas, PM  
Ramona Dunn, RN  
David Edwards, RPN  
Joe Farag, PM (from Feb 2023)  
Tomoko Fukushima, RN  
Carly Gilchrist, RPN  
Shaneika Grey, RPN  
Lynn Hall, RN  
Max Hamlyn, RPN  
Tyler Hands, RN  
Neil Hillier, RPN  
Nazlin Hirji, RN  
Carly Hourigan, PM  
Aisha Jahangir, RN  
Morgan Krauter, NP  
Karen Laforet, RN  
Sandra Larmour, PM  
Sarah Louwagie, RPN  
Marnie MacDougall, PM  
Mary MacNeil, RN  
Benson Mathai, RPN  
Jane Mathews, RN  
Donna May, RPN

**Committee Members (contd.):**

**July to December 2023**

Ahamad Mohammed, RPN  
Sharon Moore, RN  
Edsel Mutia, RN  
Kerrie Naylor, RPN  
Shakhnoz Niezova, RN  
Patrycja Nowicka-Bujko, RPN  
Lalitha Poonasamy, PM  
Susan Roger, RN  
Michael Schroder, NP  
Matthew Secord, RN  
Andrew Sharpe, NP  
Emilija Stojsavljevic, RPN  
Kari Van Kamp, NP  
Kimberly Wagg, RPN  
Terah White, RPN  
Ingrid Wiltshire-Stoby, NP

**January to June 2023**

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

**Staff contacts:**

Marla Burstyn, Manager, Hearings  
Kurt Maben, Hearings Administration Coordinator  
Lesley Wright, Hearings Administrator  
Adrienne Kang, Hearings Administrator  
Saad Siddiqui, Hearings Administrator  
Vipa Pandya, Hearings Assistant

## STATISTICAL TABLES

### A. Panel Activities

Table 1. Completed matters

Matters with:	2019		2020		2021		2022		2023	
	#	%	#	%	#	%	#	%	#	%
Findings	43	100	53	93.0	46	97.9	75	94.9	69	88.5
All allegations withdrawn	0	0.0	3	5.3	1	2.1	3	3.8	6	7.7
All allegations dismissed	0	0.0	0	0.0	0	0.0	0	0.0	2	2.6
Reinstatement Abandoned	0	0.0	1	1.7	0	0.0	1	1.3	1	1.2
<b>Total</b>	<b>43</b>	<b>100</b>	<b>57</b>	<b>100</b>	<b>47<sup>3</sup></b>	<b>100</b>	<b>79</b>	<b>100</b>	<b>78</b>	<b>100</b>

Table 2. Types of completed matters

Completed cases	2019		2020		2021		2022		2023	
	#	%	#	%	#	%	#	%	#	%
Non-contested matters	31	70.5	46	80.7	36	76.6	73	92.4	60	76.9
Contested matters	13	29.5	7	12.3	10	21.3	2	2.5	11	14.1
All allegations withdrawn	0	0.0	3	5.3	1	2.1	3	3.8	6	7.7
Reinstatement Abandoned	0	0.0	1	1.7	0	0.0	1	1.3	1	1.3
Removal of Information Abandoned	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
<b>Total</b>	<b>44<sup>4</sup></b>	<b>100</b>	<b>57</b>	<b>100</b>	<b>47<sup>5</sup></b>	<b>100</b>	<b>79</b>	<b>100</b>	<b>78</b>	<b>100</b>

<sup>3</sup> For one matter, liability findings were made in 2020 but the penalty was heard in 2021

<sup>4</sup> Includes the matter where liability findings were made in 2018 but penalty was ordered in 2019

<sup>5</sup> Includes the matter where liability findings were made in 2020 but penalty was ordered in 2021

Table 3. Hearing days<sup>6</sup> for 2023

<b>Completed matters</b>	<b>Matters</b>	<b>Total days</b>	<b>Min. days/case</b>	<b>Max. days/case</b>	<b>Average days/case</b>
Non-contested matters	60	36.00	0.5	1.0	0.5
Contested matters	16	40.75	0.5	15.5	2.5
All allegations withdrawn matters	6	2.00	0.25	0.50	0.25
<b>Total</b>	<b>82</b>	<b>78.75</b>	<b>-</b>	<b>-</b>	<b>-</b>

Table 4. Penalty Orders

<b>Penalty Types</b>	<b>2019</b>		<b>2020</b>		<b>2021</b>		<b>2022</b>		<b>2023</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Reprimand	42	36.2	53	37.6	46	39.7	74	34.6	69	37.1
Suspension	32	27.6	41	29.1	32	27.6	67	31.3	55	29.6
Terms, conditions, limitations	33	28.4	41	29.1	32	27.6	67	31.3	55	29.6
Revocation	9	7.8	6	4.2	6	5.1	4	1.9	6	3.2
Fine	0	0.0	0	0.0	0	0.0	2	0.9	1	0.5
<b>Total</b>	<b>116</b>	<b>100</b>	<b>141</b>	<b>100</b>	<b>116</b>	<b>100</b>	<b>214</b>	<b>100</b>	<b>186</b>	<b>100</b>
<b># of matters with penalty orders</b>	<b>44</b>		<b>53</b>		<b>46</b>		<b>75</b>		<b>69</b>	

<sup>6</sup> A hearing day is approximately seven hours, measured in 0.25 day increments.



Table 5. Hearing and deliberation/decision-writing days

Activity days	2019		2020		2021		2022		2023	
	#	%	#	%	#	%	#	%	#	%
Hearings (including ongoing matters)	60.25	91.6	58	94.3	55.25	97.0	72.00	97.6	78.75	90.0
Hearing - Removal of Information Request	0.0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Reinstatement hearings	0.0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Deliberation/decision-writing	4.5	6.8	2	3.3	1.25	2.1	0	0.0	6.0	6.9
Administering Reprimands	1.00	1.5	1.5	2.4	0.5	0.9	1.75	2.4	2.75 <sup>7</sup>	3.1
<b>Total</b>	<b>65.75</b>	<b>100</b>	<b>61.5</b>	<b>100</b>	<b>57.0</b>	<b>100</b>	<b>73.75</b>	<b>100</b>	<b>87.50</b>	<b>100</b>
<b># of matters</b>	<b>44</b>		<b>57</b>		<b>47</b>		<b>83</b>		<b>87</b>	

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

Time	2019		2020		2021		2022		2023	
	#	%	#	%	#	%	#	%	#	%
60 days or fewer	4	9.5	2	8.0	1	1.4	3	5.1	0	0.0
61 days or more	38	90.5	23	92.0	71	98.6	56	94.9	54	100.0
<b>Total</b>	<b>42</b>	<b>100</b>	<b>25</b>	<b>100</b>	<b>72</b>	<b>100</b>	<b>59</b>	<b>100</b>	<b>54</b>	<b>100</b>

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

Time	Non-contested Matters		Contested Matters	
	#	%	#	%
60 days or fewer	0	0.0	0	0.0
Between 61 and 90 days	11	22.5	0	0.0
91 days or more	38	77.5	5	100.0
<b>Total</b>	<b>49</b>	<b>100</b>	<b>5</b>	<b>100</b>

<sup>7</sup> Includes 5 reprimands for matters with penalty orders prior to 2023

## B. Committee Activities

Table 8. Matters in progress on December 31, 2023

Matter Status	2019		2020		2021		2022		2023	
	#	%	#	%	#	%	#	%	#	%
Pre-hearing to be set	9	16.1	21	23.1	58 <sup>8</sup>	54.2	47	35.6	26	16.4
Pre-hearing scheduled	13	23.2	11	12.1	6	5.6	14	10.6	22	13.8
Hearing to be set	8	14.3	1	1.1	4	3.7	8	6.0	18	11.3
Hearing scheduled	20	35.7	21	23.1	13	12.2	31	23.5	41	25.8
Hearing in progress	0	0.0	0	0.0	1	0.9	3	2.3	3	1.9
Deliberation	0	0.0	0	0.0	0	0.0	0	0.0	2	1.3
Decision-writing	6	10.7	35 <sup>9</sup>	38.4	11	10.3	26	19.7	42	26.4
To be determined	0	0.0	1	1.1	1	0.9	0	0.0	0	0.0
Adjournment	0	0.0	1	1.1	13	12.2	3	2.3	5	3.1
<b>Total</b>	<b>56</b>	<b>100</b>	<b>91</b>	<b>100</b>	<b>107</b>	<b>100</b>	<b>132</b>	<b>100</b>	<b>159</b>	<b>100</b>

Table 9. Time from referral to pre-hearing

Time	2022		2023	
	#	%	#	%
4 months or less	16	27.1	2	5.1
5-9 months	42	71.2	28	71.8
10-12 months	1	1.7	9	23.1
13 months or more	0	0.0	0	0.0
<b>Total</b>	<b>59</b>	<b>100</b>	<b>39</b>	<b>100</b>

Table 10. Time from referral to commencement of hearing

Time	2019		2020		2021		2022		2023	
	#	%	#	%	#	%	#	%	#	%
9 months or less	33	76.7	37	69.8	42	79.2	32	46.4	17	20.3
10-12 months	10	23.3	11	20.8	7	13.2	31	44.9	38	45.2
13 months or more	0	0.0	5	9.4	4	7.6	6	8.7	29	34.5
<b>Total</b>	<b>43</b>	<b>100</b>	<b>53</b>	<b>100</b>	<b>53</b>	<b>100</b>	<b>69</b>	<b>100</b>	<b>84</b>	<b>100</b>

<sup>8</sup> includes 55 matters that were referred between November and December 2021

<sup>9</sup> includes one Decision on Liability written for a matter that continued in 2021

Table 11. Time from referral to conclusion of hearing

	<b>Minimum months/case</b>	<b>Maximum months/case</b>	<b>Average months/case</b>
Matters with agreements	5	20	11.2
Contested matters	9	28	13.9

## **Fitness to Practise Committee**

### 2023 Annual Report

#### **Introduction: Role of the Committee**

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

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

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

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

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

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

#### **Executive Summary**

##### **Fitness to Practise (FTP) Committee Caseload**

There were 38 new matters referred to the Committee in 2023. In addition, 78 matters were carried over from the previous year for a total caseload of 116 matters.

As of December 31, 2023, there were 68 matters in progress as follows:

- 4 matters were adjourned;
- 2 matters are ongoing (includes one matter that commenced in 2022);
- 1 matter that commenced in 2021 is in the deliberation on disposition stage;
- 4 hearings were scheduled for dates in 2024;
- 3 hearings were to be set; and
- 54 matters were awaiting determination whether to proceed by hearing or Consent Order review.

### **Matters Completed**

Matters are completed when a determination of a member's capacity is made and a disposition is ordered. Matters may be resolved by Consent Order or by way of contested hearing. Matters are also completed when the FTP Committee loses jurisdiction over a member.

In 2023, a total of 48 matters related to 48 members were completed. These were resolved as follows:

- 31 Consent Orders;
- 5 contested hearings completed; and
- 12 matters where the FTP Committee lost jurisdiction.

### **Dispositions Ordered**

#### **Resolution by Consent Order (Table 1)**

- 9 consent orders involved the member voluntarily surrendering their certificate of registration;
- 1 related to a Return to Practice request;
- 21 had no finding of incapacity. In 15 of these matters, the member entered into an Undertaking with the College. In five matters, the member moved into the non-practising class and in one matter, the panel made no findings based on updated medical reports.

#### **Hearings**

Panels of the FTP Committee spent 16.25 days hearing and deliberating on eight FTP matters in 2023, as follows:

(a) Contested Matters

- 5 hearings were completed and suspensions were ordered (Table 2)
- 1 hearing began in 2021. Panel deliberations on disposition are continuing in 2024;
- 1 hearing that began in 2022 and 1 hearing that began in 2023 will both continue in 2024

(b) Removal of Information matters (Table 3)

No Removal of Information matters were heard in 2023

**Return to Practice (RTP) Requests**

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

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

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

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

In 2023, as seen in Table 5, one RTP request was granted by Consent Order. No requests were denied.

**Breaches**

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

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

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

In 2023, as seen in Table 6, there were no matters related to members who were alleged to be in breach of the terms of a Panel's Order.

### **Committee Meetings**

The Discipline Committee & Fitness to Practise Committee met jointly on May 4 & 5 and October 23 & 24, 2023 for general orientation and education of Committee members. The May meeting was held in person while the October meeting was held virtually as two half day sessions. A Decision Writing workshop was conducted on March 6, 2023.

On November 3, 2023, three Committee members attended the Basic and on November 30, 2023 six Committee members attended the Advanced "Conducting a Discipline Hearing Workshop" hosted virtually by the Health Profession Regulators of Ontario (HPRO).

Committee members attended a workshop on Unconscious Bias in November 2023.

### **Committee members:**

#### **July to December 2023**

Michael Hogard, RPN, Chair  
Janet Adanty, RN  
Andrea Arkell, PM  
Eloisa Busto, RPN  
Tina Colarossi, NP  
Tim Crowder, PM  
Jean-Laurent Domingue, RN  
Sylvia Douglas, PM  
Ramona Dunn, RN  
David Edwards, RPN  
Joe Farag, PM  
Grace Fox, NP  
Tomoko Fukushima, RN  
Carly Gilchrist, RPN  
Lynn Hall, RN  
Tyler Hands, RN  
Jane Hess, RN  
Nazlin Hirji, RN  
Carly Hourigan, PM  
Aisha Jahangir, RN  
Samuel Jennings, RPN

#### **January to June 2023**

Michael Hogard, RPN, Chair  
Janet Adanty, RN  
Andrea Arkell, PM  
Jay Armitage, PM  
Eloisa Busto, RPN  
Tina Colarossi, NP  
Tim Crowder, PM  
Jean-Laurent Domingue, RN  
Sylvia Douglas, PM  
Ramona Dunn, RN  
David Edwards, RPN  
Joe Farag, PM (from Feb 2023)  
Tomoko Fukushima, RN  
Carly Gilchrist, RPN  
Shaneika Grey, RPN  
Lynn Hall, RN  
Max Hamlyn, RPN  
Tyler Hands, RN  
Neil Hillier, RPN  
Nazlin Hirji, RN  
Carly Hourigan, PM

**Committee Members (contd.):**

**July to December 2023**

Morgan Krauter, NP  
Sandra Larmour, PM  
Sarah Louwagie, RPN  
Marnie MacDougall, PM  
Mary MacNeil, RN  
Shannon Mantha, RN  
Benson Mathai, RPN  
Jane Mathews, RN  
Donna May, RPN  
Ian McKinnon, PM  
Ahamad Mohammed, RPN  
Sharon Moore, RN  
Edsel Mutia, RN  
Kerrie Naylor, RPN  
Shakhnoz Niezova, RN  
Patrycja Nowicka-Bujko, RPN  
Lalitha Poonasamy, PM  
Susan Roger, RN  
Michael Schroder, NP  
Matthew Secord, RN  
Andrew Sharpe, NP  
Emilija Stojsavljevic, RPN  
Kari Van Kamp, NP  
Kimberly Wagg, RPN  
Terah White, RPN  
Ingrid Wiltshire-Stoby, NP

**January to June 2023**

Aisha Jahangir, RN  
Morgan Krauter, NP  
Karen Laforet, RN  
Sandra Larmour, PM  
Sarah Louwagie, RPN  
Marnie MacDougall, PM  
Mary MacNeil, RN  
Benson Mathai, RPN  
Jane Mathews, RN  
Donna May, RPN  
Ian McKinnon, PM  
Sharon Moore, RN  
Edsel Mutia, RN  
Shakhnoz Niezova, RN  
Andrea Norgate, RN  
Patrycja Nowicka-Bujko, RPN  
Lalitha Poonasamy, PM  
Susan Roger, RN  
Michael Schroder, NP  
Emilija Stojsavljevic, RPN  
Sherry Szucsko-Bedard, RN  
Kari Van Kamp, NP  
Terah White, RPN  
Ingrid Wiltshire-Stoby, NP

**Staff contacts:**

Marla Burstyn, Manager, Hearings  
Kurt Maben, Hearings Administration Coordinator  
Lesley Wright, Hearings Administrator  
Adrienne Kang, Hearings Administrator  
Saad Siddiqui, Hearings Administrator  
Vipa Pandya, Hearings Assistant



## Appendix 1 – Statistical tables

### 1. Disposition of Matters

#### ■ Table 1. Resolution by Consent Order

<b>Outcomes</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
Agree to terms, conditions or limitations	1	0	0	0	0
Voluntary surrender of Certificate of Registration	11	7	9	3	9
Return to Practice / Breach	10	9	9	5	1
No Findings	18	21	20	9	21
Variance	0	0	0	0	0
<b>Total</b>	<b>40</b>	<b>37</b>	<b>38</b>	<b>17</b>	<b>31</b>

#### ■ Table 2. Contested matters

<b>Outcomes</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
Suspension	2	2	2	1	5
Terms, conditions or limitations	0	0	0	0	0
Re-instatement Granted/Not granted	0	0	0	0	0
No Findings	1 <sup>1</sup>	0	0	0	0
<b>Total</b>	<b>3</b>	<b>2</b>	<b>2</b>	<b>1</b>	<b>5</b>

#### ■ Table 3. Removal of Information matters

<b>Outcomes</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
Removal of Information	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### ■ Table 4. Motions

<b>Motion</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
Adjournments	6	4	4	4	4
<b>Total</b>	<b>6</b>	<b>4</b>	<b>4</b>	<b>4</b>	<b>4</b>

---

<sup>1</sup> This matter started as a hearing but an agreement was reached and no finding was made after the Member signed an Undertaking with the College.

## **Return to Practice Requests and Breaches**

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

<b>Resolution</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
RTP requests granted	8	5	8	3	1
RTP requests denied	0	0	0	0	0
<b>Total</b>	<b>8</b>	<b>5</b>	<b>8</b>	<b>3</b>	<b>1</b>

### ■ Table 6. Breach dispositions

<b>Resolution</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
Breaches resolved by Consent Order	2	4	1	2	0
Breach hearings	0	0	0	0	0
<b>Total</b>	<b>2</b>	<b>4</b>	<b>1</b>	<b>2</b>	<b>0</b>

## Inquiries, Complaints and Reports Committee 2023 Annual Report

### Introduction: Role of the Committee

The Inquiries, Complaints and Reports Committee (ICRC), made up of both nurse and public members of Council and nurses who are appointed to the committee, investigates complaints and considers reports to meet its commitment to the public interest that concerns about the conduct, competence and capacity of Ontario nurses are addressed.

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

Reports come from nursing employers, facility operators, nurses and others. The ICRC also receives reports about a nurse's professional conduct or competence from the Quality Assurance Committee (QAC).

### Executive Summary

#### ICRC Dispositions

##### Complaints and Reports

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

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

If the ICRC is satisfied that a complaint is frivolous, vexatious, made in bad faith, moot, or an abuse of process, it is required to take no action.

If the Executive Director refers a proposed resolution agreement to the ICRC for consideration, the ICRC may either adopt the resolution or continue with its investigation of the complaint.

### Health Inquires

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

### Interim Orders

If the conduct or the capacity of the nurse exposes or is likely to expose a nurse's patients to harm or injury, the ICRC may make an interim order to suspend or impose restrictions on the nurse's certificate of registration pending the disposition of a health inquiry, an investigation, a Discipline Committee hearing, or a Fitness to Practise hearing. The ICRC may also accept an undertaking to cease practice or practice with terms, instead of imposing an interim order.

## **Complaints**

### Appointments of Investigator

The ICRC investigates most complaints with the consent of the patient/complainant to obtain relevant health information. Where the investigative powers obtained through an appointment, such as the authority to issue a summons, are required to investigate a complaint, the ICRC can make a request to the Executive Director for an investigator appointment. In 2023, the ICRC requested an appointment of investigator for 98 complaints. Please refer to Appendix 1, Section 1, Table 1.

### Dispositions

The ICRC disposed of 878 complaints in 2023, which is a 60.2% increase from 548 complaints dispositions in 2022. This increase is in part due to a larger number of complaints in which the complainant complained about multiple nurses: 323 complaints were identified as multi-nurse investigations.

The ICRC took no action in 590 matters or 67.2% of cases. The ICRC takes no action if the nurse's conduct was appropriate in the circumstances, if the relevant and available information obtained in the investigation does not support the complaint, or if regulatory action is not needed to address patient safety (e.g., the nurse has already completed remediation in the identified nursing practice areas). The increase in take no action dispositions in 2023 relates in part to the larger number of multi-nurse investigations.

The ICRC determined that 57 complaints (6.5%) amounted to an abuse of process and took no action.

The ICRC adopted a resolution in 15.6% of cases and directed a remedial outcome (e.g., a letter of advice, a caution and/or an educational program) in 7.7% of cases. Complaints referred to discipline remained a small proportion of dispositions at 0.8%. Please refer to Appendix 1, Section 1, Table 2.

## **Health Professions Appeal and Review Board**

The Health Professions Appeal and Review Board (HPARB) is an independent agency that conducts reviews of ICRC decisions regarding complaints investigations, upon the request of a complainant or a nurse. HPARB reviews the adequacy of the investigation and the reasonableness of the ICRC's decision.

Any matters that are returned to the ICRC by HPARB are reviewed to assess what may be learned in relation to committee practices and processes.

### Requests to Review ICRC Decisions

In 2023, there were 101 requests for HPARB review, which is a 20.2% increase as compared to requests for review in 2022. Complainants requested the review in 96% of cases. Please refer to Appendix 1, Section 1, Table 4 (a).

### HPARB Outcomes

HPARB released 46 decisions in 2023 which addressed the adequacy of the investigation and the reasonableness of the ICRC's decision. HPARB confirmed the ICRC's decision in 91.3% of cases (42 of 46). HPARB returned four matters to the ICRC to reconsider its decision. Please refer to Appendix 1, Section 1, Table 4 (b).

HPARB did not proceed with the remaining seven matters, either because the request was withdrawn, HPARB considered the request to be frivolous, vexatious, made in bad faith, or otherwise an abuse of process or the request for review exceeded the time limit. Please refer to Appendix 1, Section 1, Table 4 (c).

## **Reports**

A reports investigation is initiated by CNO's Executive Director who reviews a report and preliminary information regarding a nurse and may appoint one or more investigators to conduct an investigation if they believe on reasonable and probable grounds that the nurse has committed an act of professional misconduct or is incompetent.

### Appointments of Investigator

The ICRC approves Executive Director investigator appointments, unless an emergency investigator appointment is required. The ICRC is informed of Executive Director emergency investigator appointments, which are made if the Executive Director



believes on reasonable and probable grounds that the nurse's conduct exposes, or is likely to expose, their patients to harm or injury.

The ICRC may request that the Executive Director appoint an investigator if it receives a report from the QAC regarding a nurse's professional conduct or competence.

In 2023, the ICRC approved the appointment of investigators to conduct Executive Director investigations in 377 matters. The ICRC requested the Executive Director to appoint investigators for 9 matters referred by the QAC. Please refer to Appendix 1, Section 2, Table 1.

#### Dispositions

The ICRC disposed of 485 Executive Director investigations in 2023, which is a decrease of 15.8% as compared to 2022.

Where appropriate, the ICRC seeks to protect the public interest by directing remedial outcomes to provide nurses the opportunity to improve their nursing practice while protecting the public. The ICRC directed remedial outcomes (e.g., letter of advice, caution, educational program or remedial undertaking) in 52.4% of cases.

There were 83 cases arising from Executive Director investigations referred to discipline in 2023, a decrease of 7.8% from the 90 cases referred in 2022. Please refer to Appendix 1, Section 2, Table 2.

#### Health Inquiries

The ICRC disposed of 105 health inquiries in 2023, a 19.2% decrease as compared to 2022. The ICRC took no action in 40 matters (38.1%), accepted undertakings by nurses to enter the Nurses' Health Program (NHP) in 7 matters (6.7%) and referred 34 nurses (32.4%) to the Fitness to Practise Committee for a hearing. Please refer to Appendix 1, Section 3, Table 1.

#### **Quality Improvements - Committee Education and Panel Chair Meetings**

The ICRC continued its commitment to Committee governance and performance with quarterly Panel Chair meetings and Committee education sessions. These sessions focused on the ICRC's authority and accountabilities as a statutory committee as well as process improvements to enhance Committee efficiency and effective decision-making: delivering cautions, facilitating committee meetings, case law impacting committee decision-making, interim orders, remedial undertakings, reviewing the health inquiry and Fitness to Practise Committee processes, and updates to CNO's practice standards. Foundational to this education cycle, the Committee held its annual orientation in May 2023.

The ICRC also received training in unconscious bias that focussed on the unique decision-making role of statutory committees, including understanding privilege, what

unconscious bias is and how it works, the impact of unconscious bias, and strategies for confronting unconscious bias.



## Appendix 1 – Statistics

### Section 1: Complaints

**Table 1: Investigator Appointments**

Investigators Appointed	2019	2020	2021	2022	2023
Complaint - ICRC request	128	130	220	168	98
<b>Total</b>	<b>128</b>	<b>130</b>	<b>220</b>	<b>168</b>	<b>98</b>

**Table 2: Dispositions**

Dispositions	2019		2020		2021		2022		2023	
	#	%	#	%	#	%	#	%	#	%
Adopt resolution	123	25.1	60	24.2	125	27.9	141	25.7	137	15.6
Take no action - abuse of process	34	6.9	31	12.5	47	10.5	32	5.8	57	6.5
Withdrawn with ED approval	31	6.3	24	9.7	27	6.0	9	1.6	19	2.2
Take no action	200	40.8	99	39.9	177	39.5	289	52.8	590	67.2
Letter of advice	51	10.4	16	6.5	25	5.6	37	6.8	49	5.6
Caution	12	2.4	4	1.6	9	2.0	16	2.9	8	0.9
Educational program	19	3.9	3	1.2	8	1.8	2	0.4	5	0.6
Caution + educational program	9	1.8	5	2.0	22	4.9	16	2.9	6	0.7
Refer to Discipline Committee	11	2.2	6	2.4	8	1.8	6	1.1	7	0.8
<b>Total</b>	<b>490</b>	<b>100</b>	<b>248</b>	<b>100</b>	<b>448</b>	<b>100</b>	<b>548</b>	<b>100</b>	<b>878</b>	<b>100</b>

**Table 3: Interim Orders**

Orders	2019	2020	2021	2022	2023
Interim suspension	1	1	0	0	0
Interim restrictions	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>



**Table 4: HPARB****(a) Requests to Review ICRC Decisions**

<b>Requests</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>
From complainants	69	47	44	80	97
From members	5	2	7	4	4
<b>Total</b>	<b>74</b>	<b>49</b>	<b>51</b>	<b>84</b>	<b>101</b>

**(b) HPARB Outcomes – Review**

<b>Decisions Received – Review</b>	<b>2019</b>		<b>2020</b>		<b>2021</b>		<b>2022</b>		<b>2023</b>	
	#	%	#	%	#	%	#	%	#	%
Confirm ICRC decision	15	57.6	38	88.4	47	94.0	19	95.0	42	91.3
Return - further investigation	4	15.4	0	0.0	0	0.0	0	0.0	0	0.0
Return - reconsider decision	6	23.1	2	4.7	1	2.0	1	5.0	4	8.7
Direct ICRC to change decision	1	3.9	3	6.9	2	4.0	0	0.0	0	0.0
<b>Total</b>	<b>26</b>	<b>100</b>	<b>43</b>	<b>100</b>	<b>50</b>	<b>100</b>	<b>20</b>	<b>100</b>	<b>46</b>	<b>100</b>

**(c) HPARB Outcomes – No Review**

<b>Decisions Received – No Review</b>	<b>2019</b>		<b>2020</b>		<b>2021</b>		<b>2022</b>		<b>2023</b>	
	#	%	#	%	#	%	#	%	#	%
No review - request withdrawn	4	50.0	1	20.0	3	23.1	7	58.3	2	28.6
No review - abuse of process	4	50.0	3	60.0	9	69.2	3	25.0	4	57.1
No review - time limit exceeded	-	-	1	20.0	1	7.7	2	16.7	1	14.3
<b>Total</b>	<b>8</b>	<b>100</b>	<b>5</b>	<b>100</b>	<b>13</b>	<b>100</b>	<b>12</b>	<b>100</b>	<b>7</b>	<b>100</b>

## Section 2: Reports – Executive Director Investigations

**Table 1: Investigator Appointments**

Investigators Appointed	2019	2020	2021	2022	2023
Report - Executive Director	667	343	306	389	377
Report - Emergency appointment by Executive Director	4	0	1	0	0
Report - Quality Assurance Committee	5	4	0	10	9
<b>Total</b>	<b>676</b>	<b>347</b>	<b>307</b>	<b>399</b>	<b>386</b>

**Table 2: Dispositions**

Dispositions	2019		2020		2021		2022		2023	
	#	%	#	#	#	%	#	%	#	%
Take no action	26	10.4	29	7.5	72	14.1	116	20.1	94	19.4
Letter of advice	47	18.7	40	10.4	65	12.8	97	16.8	92	19.0
Oral caution	28	11.2	38	9.9	42	8.3	50	8.7	37	7.6
Educational program	30	12.0	54	14.0	31	6.1	26	4.5	31	6.4
Caution + educational program	36	14.3	46	11.9	140	27.5	143	24.9	88	18.1
Refer to Discipline Committee	50	19.9	67	17.4	82	16.1	90	15.6	83	17.1
Accept permanent resignation	12	4.8	31	8.1	13	2.6	18	3.1	11	2.3
Accept remedial undertaking	9	3.6	44	11.4	18	3.5	9	1.6	6	1.2
Accept undertaking	-	-	-	-	-	-	-	-	-	-

Dispositions	2019		2020		2021		2022		2023	
	#	%	#	#	#	%	#	%	#	%
Take no action on account of member status <sup>1</sup>	13	5.2	34	8.8	46	9.0	27	4.7	43	8.9
Take no action - enrolled in NHP	-	-	2	0.5	0	0.0	0	0.0	0	0.0
<b>Total</b>	<b>251</b>	<b>100</b>	<b>385</b>	<b>100</b>	<b>509</b>	<b>100</b>	<b>576</b>	<b>100</b>	<b>485</b>	<b>100</b>

**Table 3: Interim Orders**

Orders	2019	2020	2021	2022	2023
Interim suspension	6	4	3	2	1
Interim restrictions	1	6	13	11	6
<b>Total</b>	<b>7</b>	<b>10</b>	<b>16</b>	<b>13</b>	<b>7</b>

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

## Section 3: Reports – Health Inquiries

**Table 1: Dispositions**

Dispositions	2019		2020		2021		2022		2023	
	#	%	#	#	#	%	#	%	#	%
Take no action	25	24.3	14	18.2	27	27.6	45	34.6	40	38.1
Take no action - enrolled in NHP	21	20.4	15	19.5	22	22.4	11	8.5	7	6.7
Take no action - non-practising class	-	-	5	6.5	0	0.0	0	0.0	0	0.0
Suspend until medical assessment complete	13	12.6	4	5.2	14	14.3	12	9.2	6	5.7
Refer to Fitness to Practise Committee	37	35.9	31	40.3	31	31.6	54	41.6	34	32.4
Accept undertaking/ agreement	0.0	0.0	3	3.9	0	0.0	3	2.3	5	4.8
Cease inquiry <sup>2</sup>	7	6.8	5	6.5	4	4.1	5	3.8	13	12.4
<b>Total</b>	<b>103</b>	<b>100</b>	<b>77</b>	<b>100</b>	<b>98</b>	<b>100</b>	<b>130</b>	<b>100</b>	<b>105</b>	<b>100</b>

**Table 2: Interim Orders**

Order	2019	2020	2021	2022	2023
Interim suspension	11	10	14	22	13
Interim restrictions	18	10	9	19	6
<b>Total</b>	<b>29</b>	<b>20</b>	<b>23</b>	<b>41</b>	<b>19</b>

<sup>2</sup> ICRC loses jurisdiction to conduct health inquiries for resigned members.

## Committee Members

Current Committee	2022-2023 Committee
Patricia Sullivan-Taylor, RN, Chair Ashley-Chandni Ahuja, NP Shana Anjema, RN Jay Armitage, Public Member Mary Campbell, RN Samantha Diceman, RPN Terry Holland, RPN Raj Kaur, RPN Nicole Krywionek, RN Rodolfo Lastimosa, Jr., RPN Sylvain Leduc, NP Grace Oltmann, RN Fidelia Osime, Public Member Mary Ellen Renwick, RN Donna Rothwell, RN Diane Scott, Public Member Maria Sheculski, Public Member Shelley Sheedy, RN Diane Thompson, Public Member Amy Vandekemp, RPN Angela Van den Hoven, RPN Heather Whittle, NP	Naomi Thick, RN, Chair Shana Anjema, RN Mary Campbell, RN Samantha Diceman, RPN Stephen Eaton, Public Member Raj Kaur, RPN Nicole Krywionek, RN Fidelia Osime, Public Member Judy Petersen, Public Member Mary Ellen Renwick, RN Donna Rothwell, RN Maria Sheculski, Public Member Shelley Sheedy, RN Patricia Sullivan-Taylor, RN Kathleen Tabinga, RPN Diane Thompson, Public Member Amy Vandekemp, RPN Heather Whittle, NP

## Staff contacts

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

## Quality Assurance Committee

### 2023 Annual Report

#### Introduction: Role of the Committee

The Quality Assurance (QA) Committee supports the College's commitment to the public that nurses are engaged in continuous quality improvement. The Committee is composed of nurse and public members and is responsible for ensuring that nurse registrants comply with all aspects of the [QA Program](#), including the three types of assessment: self (known as QA Everyday), practice and peer (known as QA Assessment). These components are designed to promote lifelong learning and continuing competence among nurses.

#### Executive Summary

In 2023, the structure of QA Assessment was enhanced to include **two** assessment components: Part A (Knowledge) and Part B (Practice). These assessments are aligned with the requirements of the *Nursing Act, 1991*. In 2023, a total of **1,627** members were randomly selected to participate in QA Assessment during two separate selection cycles (Spring and Fall). This included a total of **1,150** nurses for Part A and **477** nurses for Part B. See Table 1 for details.

For Part A assessment, the QA program launched a new online learning management system which requires nurses to complete three online learning modules, knowledge checks and an attestation. If selected for Part A nurses who complete the required activities exit the program without the need for committee decision making. This process is automated and completed with minimal program interaction.

Nurses who were non-compliant in submitting their Part A QA Assessment activities by the assigned deadline dates were directed by QA Committee to additionally complete Part B QA Assessment activities.

Part B assessment requires a registrant to complete and submit a written learning plan, a Code of Conduct practice activity, and for Nurse Practitioners (NP's) an additional NP case example. These completed activities are assessed by a QA Peer Coach to determine a more in-depth assessment of a nurse's knowledge, skill and judgement. During Part B assessment, registrants are provided with optional coaching sessions to support their progress. The QA Committee receives and reviews the progress of registrants and upon deliberation will either grant or deny requests for deferrals or extensions, direct members to ICR Committee for lack of participation, specify remedial support if unsatisfactory or direct nurses to exit the program if they have been assessed as satisfactory.

### Part A Outcomes

As of January 31, 2024<sup>1</sup>, **1,020** nurses completed Part A and exited the QA program. **46** nurses still in progress, and **75** nurses were directed by the Committee to complete QA Assessment activities for Part B due to non-compliance.

### Part B Outcomes

As of January 31, 2024, **436** nurses have been assessed by QA Peer Assessors and presented to QA Committee having satisfactorily completed and exited the QA program. There are **57** nurses still in progress.

Other outcomes for 2023 included nurses who were directed by QA Committee to complete remediation (**3**), were referred to ICRC (**6**), or had changed registration status (**33**, which includes nonpracticing **18** and resigned **15**) or been granted a deferral (**26**).

## Quality Improvement

With the introduction of a new learning management system (LMS), the QA Program was able to increase the number of nurses selected for QA Assessment by over 60% when compared to all previous years. While the program has attempted to increase our selection numbers, the overall totals of nurses within the program remain low relative to our future planned annual projections for QA Assessment selection. The pace of scaling for annual selection will be dependent on the ongoing work to automate QA Program process and ensure functionality of the LMS system for all QA program requirements.

## Committee Members

Current Committee	2022-2023 QA Committee
Sylvain Leduc, NP, Chair	Lalitha Poonasamy, Public Member, Chair
Diane Morin-LeBlanc, RN	Diane Morin-LeBlanc, RN
Helen Anyia, RPN	Ian McKinnon, Public Member
Ian McKinnon, Public Member	Katie Condon, RPN
Lalitha Poonasamy, Public Member	Kerry Gartshore, RPN
Lisa Connolly, NP	Lisa Connolly, NP
Lisa Donnolly, RN	Maria Sheculski, RN
Maria Sheculski, RN	Monica Klein-Nouri, RN
Sylvia Douglas, Public Member	Neil Hillier, RPN
Yao (Jackie) Zhai, RPN	Sylvia Douglas, Public Member
	Sylvain Leduc, NP
	Zaheeda Hamza, RN

<sup>1</sup> January 2024 data is included due to the timing of the 2023 QA Assessment Fall selection and QA Committee meetings. Nurses selected for QA Assessment must be presented to QA Committee for decision-making. By including data up until January 31, 2024, the annual summary more accurately reflects the outcome status of nurses who were selected for 2023 QA Assessment.

## Staff contacts

Catriona Mill, Manager, Practice Quality

Amanda Laird, Team Lead, Practice Quality

George-Ann Watt, Quality Assurance and Registration Committee Administrator

**Table 1.**

### Historical QA Assessment Outcomes (RNs, RPNs, NPs)

QA Assessment Outcomes	2019		2020 <sup>2</sup>		2021		2022		2023 <sup>3</sup>	
	#	%	#	%	#	%	#	%	#	%
Satisfactory	912	91.2	28	46.7	312	79.6	305	82.21	1456 <sup>4</sup>	89.49
Still In Progress	-	-	-	-	33	8.4	16	4.31	103 <sup>5</sup>	6.33
Remediation	15	1.5	8	13.3	-	-	3	0.81	3	0.18
Deferred	24	2.4	15	25	22	5.6	21	5.66	26	1.60
Referred to the ICRC	7	0.7	-	-	2	0.5	9	2.42	6	0.37
Impose TCL	10	1	-	-	-	-	-	-	-	-
Non-Practicing	8	0.8	7	11.7	14	3.6	10	2.70	18	1.11
Resigned	16	1.6	-	-	8	2.0	7	1.89	15	0.92
Suspended	2	0.2	-	-	-	-	-	-	-	-
Deceased	3	0.3	-	-	1	0.3	-	-	-	-
Changed Registration Class from NP to RN	3	0.3	2	3.3	-	-	-	-	-	-
<b>Total</b>	<b>1000</b>	<b>100</b>	<b>60</b>	<b>100</b>	<b>392</b>	<b>100</b>	<b>371</b>	<b>100</b>	1627	100

<sup>2</sup> There was no QA Assessment selection in 2020 due to the COVID-19 pandemic

<sup>3</sup> All registrants selected in 2023, including nurses selected for Part A (1,150) and Part B (477)

<sup>4</sup> Satisfactory: This includes nurses who satisfactorily completed Part A = 1020 and nurses who completed Part B = 436

<sup>5</sup> Still in Progress: Part A = 46; Part B = 57



## Registration Committee

### 2023 Annual Report

#### Introduction: Role of the Committee

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

The Registration Committee reviews applications from applicants who want to become registrants of CNO but do not meet one or more of the registration requirements.

After considering the application and submissions, the Registration Committee may direct the Executive Director to:

- issue a certificate of registration
- issue a certificate of registration with terms, conditions and limitations
- issue a certificate of registration if the applicant completes specified training or additional exams
- refuse to issue a certificate of registration.

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

#### Executive Summary

In 2023, the Committee held a total of 14 meetings. The Committee initially met as two (2) panels from January to May and began meeting as a full Committee as of June. The Committee met for:

- orientation in May 2023 and an education session in October 2023; and
- policy approval of the following delegations to Entry to Practice (ETP) staff:
  - the authority to accept that successful results on an Immigration Canada approved Language Proficiency (LP) test, which was written within two years of applying for registration, will meet the LP requirement for all open applications; and
  - the authority to determine that an applicant can be offered the option to complete a second Supervised Practice Experience Partnership (SPEP) to address low-

risk practice concerns identified during the first SPEP to meet the Evidence of Practice requirement.

As seen in Table 1, the Committee reviewed 89 applications, which represented a 93% decrease in matters reviewed in 2023. This was due in great part to CNO's new language proficiency policy, which came into effect in March 2022 and the continued focus on modernizing applicant assessment, which has resulted in a significant decrease in the volume of language proficiency matters reviewed by the Committee. While the number of matters has decreased for language proficiency, the Committee has seen an increase in the number of conduct and health matters with increasing complexity that have required a review.

As seen in Table 2, of the applications reviewed, the Committee determined that an applicant met a registration requirement in 20 conduct/health matters. After the Committee's review, some applicants became eligible for registration if all other registration requirements were met. As seen in Table 3, the Committee also refused registration to four applicants.

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

- directing 15 independent medical assessments to determine if an applicant had a health condition that could impact their ability to practise nursing safely;
- directing 19<sup>1</sup> applicants to meet with a regulatory expert to discuss conduct/practice concerns and to review relevant Practice standards, prior to becoming eligible for registration;
- registering 3<sup>2</sup> applicants subject to an undertaking, which reflects an agreement between the applicant and CNO to ensure safe practice and public protection; and
- directing 1 applicant to be registered with TCLs placed on their certificate of registration in relation to a character, conduct or health matter. Generally, such TCLs end once a registrant has complied with the specific requirement or the registrant requests removal or variance of the TCL.

---

<sup>1</sup> See breakdown of "Other" in Table 3.

<sup>2</sup> See breakdown of "Other" in Table 3.

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

The Board reviews decisions of the Committee. In 2023, two appeals were in process with the Board, as seen in Table 4. In each of these cases, the Committee had refused to register the applicant as they had not met one or more of the following non-exemptible registration requirements:

- Registration examination requirement
- Conduct requirement

Of the matters in process during 2023,

- Exam Appeal- Withdrawn by the Applicant
- Conduct Appeal- Confirmed the Decision of the Registration Committee

### Committee Members

Current Committee	2022-2023 Committee
Andrea Arkell, Public Member, Chair Alexis Lamsen, RN Brock Cooper, NP Diane Thompson, Public Member Fidelia Osime, Public Member Helen Anyia, RPN Jennifer Skuce, RPN	Diane Thompson, Public Member, Chair Andrea Arkell, Public Member Alexis Lamsen, RN Brock Cooper, NP Fidelia Osime, Public Member Helen Anyia, RPN Jennifer Skuce, RPN Judy Petersen, Public Member Linda Bishop, RPN Priscilla Ankamah, RN Rodolfo Lastimoso Jr. RPN

### Staff contacts

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

## STATISTICAL TABLES

Table 1. Registration Committee decisions

	2019		2020		2021		2022		2023	
	#	%	#	%	#	%	#	%	#	%
Requirement Met	1,269	82.0	1,062	86.7	2,503	92.2	1149	91.3	20	22.5
Other Decisions	278	18.0	163	13.3	213	7.8	110	8.7	69	77.5
<b>Total</b>	<b>1,547</b>	<b>100</b>	<b>1,225</b>	<b>100</b>	<b>2,716</b>	<b>100</b>	<b>1259</b>	<b>100</b>	<b>89</b>	<b>100</b>

Table 2. Registration Committee decisions: Requirement met

Requirement Met	2019		2020		2021		2022		2023	
	#	%	#	%	#	%	#	%	#	%
Language Proficiency	1,265	99.7	1,051	99.0	2,485	99.3	1136	98.9	0	0.0
Health/Conduct	4	0.3	10	0.9	17	0.67	13	1.1	20	100.0
Evidence of Practice	0	0.0	1	0.1	1	0.03	0	0.0	0	0.0
Nursing Education	0	0.0	0	0.0	0	0.0	0	0.0	0.0	0.0
Nursing Exam	0	0.0	0	0.0	0	0.0	0	0.0	0.0	0.0
<b>Total</b>	<b>1,269</b>	<b>100</b>	<b>1,062</b>	<b>100</b>	<b>2,503</b>	<b>100</b>	<b>1149</b>	<b>100</b>	<b>20</b>	<b>100</b>

Table 3. Registration Committee decisions: Other decisions

Other Decisions	2019		2020		2021		2022		2023	
	#	%	#	%	#	%	#	%	#	%
Refuse registration	111	39.9	5	3.1	0	0.0	1	0.9	4	5.8
Directed to complete further study or an approved exam	0	0.0	0	0.0	0	0.0	1	0.9	3	4.3
Impose terms, conditions or limitations	21	7.6	25	15.3	1	0.5	4	3.6	1	1.4
Modify terms, conditions or limitations	0	0.0	0	0.0	0	0.0	2	1.8	0.0	0.0
Complete independent medical assessments	6	2.2	4	2.5	8	3.8	11	10	15	21.7
Language Proficiency – Requirement not met	55	19.8	14	8.6	26	12.2	18	16.4	0.0	0.0
Nursing Education – Requirement not met	6	2.2	3	1.8	1	0.5	1	0.9	0.0	0.0
Health/Conduct – Requirement not met	0	0.0	3	1.8	2	0.9	1	0.9	0.0	0.0
Evidence of Practice - Requirement not met	2	0.7	1	0.6	0	0.0	0	0.0	0.0	0.0
Other	77	27.7	108	66.3	175	82.2	71	64.5	46 <sup>3</sup>	66.7
<b>Total</b>	<b>278</b>	<b>100</b>	<b>163</b>	<b>100</b>	<b>213</b>	<b>100</b>	<b>110</b>	<b>100</b>	<b>69</b>	<b>100</b>

<sup>3</sup> The “Other” category includes:

- 21 applications deferred by the Registration Committee for additional information or further review (21 Character Conduct and Health).
- 19 Character, conduct and health applications deferred by the Registration Committee to enable the applicant to meet with a regulatory expert.
- 3 Character, conduct and health applications where the applicant was deferred to explore an undertaking/agreement.
- 3 Character, conduct and health applications where the applicant was registered subject to an undertaking/agreement.

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

	2019		2020		2021		2022		2023	
	#	%	#	%	#	%	#	%	#	%
Decision confirmed by the Board	6	35.3	6	54.5	0	0	0	0	1	50
Review withdrawn by applicant	0	0	2	18.2	1	33.3	1	33.3	1	50
Application returned by the Board for Registration Committee review	1	5.9	1	9.1	0	0	0	0	0	0
CNO opted to return the application to Committee	1	5.9	1	9.1	0	0	0	0	0	0
Awaiting Board Decision	8	47.1	1	9.1	2	66.7	2	66.7	0	0
Matters closed – No jurisdiction or abandoned	1	5.9	0	0	0	0	0	0	0	0
<b>Total</b>	<b>17</b>	<b>100</b>	<b>11</b>	<b>100</b>	<b>3</b>	<b>100</b>	<b>3</b>	<b>100</b>	<b>2</b>	<b>100</b>

## Registration Regulation: Amendments re. Education Requirement

### Decision note – March 2024 Council

#### Contact for questions or more information

Silvie Crawford, Registrar and Chief Executive Officer

#### Decisions

That Council approve proposed amendments to regulation 275/94 under the [Nursing Act, 1991](#), as shown in attachment 1 to this briefing note.

*Please see attachment 1 for the redlined version showing the proposed regulation changes and attachment 2 for a chart that provides the rationale for each change.*

#### If Council approves the proposed regulatory changes:

Council directs that the regulation be circulated for 60 days to members and other stakeholders.

OR

Council requests the Minister of Health to abridge the circulation period for the regulation.

OR

Council requests the Minister of Health to exempt the regulation from circulation.

#### Questions for consideration

Does Council believe that the changes made to the draft regulation are in the public interest?

What time period does Council want the regulations circulated for registrant and system partner feedback?

#### Public interest rationale

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

## Background

### Previous Council Decisions

In June 2023, following a review of the evidence, Council directed CNO to move forward with proposed regulatory changes that would create evidence-informed efficiencies for internationally educated nurse (IEN) applicants to meet the education requirement. Council also supported a proposed evidence-informed course that will support transition to safe practice in Ontario. For an overview of the previous evidence shared, please see the [June 2023 briefing note](#).

In September 2023, Council approved draft regulations for circulation to registrants and system partners for feedback. Please see the [September 2023 Council briefing note](#) for more information. Specifically, Council supported proposing revisions to Regulation 275/94 under the *Nursing Act, 1991* to:

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

In December 2023, Council reviewed the feedback received and was invited to ask questions and identify whether they felt anything specific in the feedback required further exploration or more information to support future decisions on the proposed amendments. A summary of all the feedback can be found in the [December 2023 briefing note](#).

### Current State

These are the registration requirements for the General Class:

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



Under the *Nursing Act, 1991*, Registered Nurse (RN) and Registered Practical Nurse (RPN) applicants who obtain their nursing education in Ontario complete a baccalaureate degree in nursing for RNs or a diploma in practical nursing for RPNs<sup>1</sup>.

Internationally educated nurse (IEN) applicants, who obtain their nursing education outside of Canada and have not completed a Council approved nursing education program or are not yet registered as a nurse elsewhere in Canada, undergo an evaluation of nursing education approved by Council<sup>2</sup>. The existing regulation states that this evaluation assesses whether the applicant possesses competencies that are equivalent to the national entry level competencies for the category to which they have applied. If the applicant is found to have competency gaps, there are options for applicants to address those gaps.

For IEN applicants, trying to meet the education requirement is the requirement that takes the greatest amount of time to meet. As such, several strategies have been implemented to assist IEN applicants to meet the current education requirements expeditiously. These include:

- working with educators to help streamline and align currently available ‘Gap-Filler’ education to meet the needs of current IEN applicants
- posting on [cno.org](http://cno.org) accepted ‘Gap-Filler’ courses/programs along with the competencies that can be met through each course/program

Despite the positive impact these changes have made, more can be done to help qualified applicants meet the education requirement expeditiously, while ensuring that they possess the requisite nursing knowledge, skill and judgement to practice competently in Ontario.

## Legislative Framework

Section 2.1 of Schedule 2 of the [Regulated Health Professions Act, 1991](#) (RHPA) being the *Health Professions Procedural Code* (Code) states: “It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals”. The proposed changes would support health human resource needs.

Also, section 3 of the Code says one of the duties of CNO is “to develop, establish and maintain standards of qualification for persons to be issued certificates of registration”

---

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

<sup>2</sup> Section 2(1)1.iii.B., Ontario Regulation 275/94

and in carrying out this duty, “the College has a duty to serve and protect the public interest”.

Subsection 95(1) of the Code gives Council regulation making authority for “prescribing standards and qualifications for the issue of certificates of registration”. Subject to Council approval, as per the RHPA, the Lieutenant Governor in Council has final approval (with prior review of the Minister) respecting any regulation that Council may pass.

### **Proposed Regulatory Changes Reflective of Stakeholder Feedback and Evidence**

655 respondents (43.4%) supported the proposed change related to education equivalency. 701 respondents (46.5%) did not support the proposed change to remove the education equivalency for all IEN applicants, and it is in response to this feedback that the changes Council is considering today have been drafted.

Respondents raised concerns related to:

- patient safety concerns with differences in the education requirements between jurisdictions
- fairness concerns related to the Ontario baccalaureate (and diploma) requirement
- added burden and workload for healthcare organizations who are supporting newly registered nurses

A summary of all the feedback can be found in the [December 2023 briefing note](#).

In further reviewing the evidence and reflecting the feedback from the consultations, the following proposed modifications have been made to the regulations for Council’s consideration. The newly proposed regulations presented for consideration enable clarity to the following:

- RN applicants, who have a baccalaureate degree, would meet the education requirement without any additional assessment if the program is approved or recognized in the jurisdiction in which it was taken as preparing them for practice as an RN.
  - There will be an assessment of substantial equivalency for RN applicants who do not have a baccalaureate degree (e.g. diploma graduates), along with options to meet substantial equivalency (the Registration Committee would approve).

- RPN applicants, who have a diploma, would meet the education requirement without any additional assessment if the program is approved or recognized in the jurisdiction in which it was taken as preparing them for practice as an RPN.
  - There will be an assessment of substantial equivalency for RPN applicants who do not have a diploma (e.g. certificate graduates), along with options to meet substantial equivalency (the Registration Committee would approve).

There are no changes to the proposed regulation requiring completion of a course to support safe transition to practice.

In the next two sections, additional evidence to what was presented in June 2023, is shared for Council's consideration - relative to the additional proposed changes.

### Internal Data

CNO data, from applications submitted between January 1, 2021, and December 31, 2023, tells us that most IEN applicants will meet the education requirement either having a baccalaureate degree as an RN applicant or having a diploma as an RPN applicant:

- 74% (12,314) of RN IEN applicants had a baccalaureate degree or higher education as their primary education
  - The remaining 26% (4,292) had a diploma, associate degree, certificate or other as their primary education
- 98% (7,397) of RPN IEN applicants had a diploma or higher education as their primary education
  - The remaining 2% (178) had a certificate or other as their primary education

According to the proposed regulation changes, 82% of IEN applications would meet the education requirement for the category of nursing for which they are applying. The remaining 18% would require an assessment for substantial equivalence and, if there were education gaps, they can meet these gaps through several options.

### Literature

To further inform the proposed regulatory modifications, a literature review was conducted with the aim of affirming the impact of baccalaureate prepared nurses on patient safety. A literature search was conducted of CINAHL, Scopus and PubMed using both controlled vocabulary and natural language. Examples of search terms include "baccalaureate nurses," "nurses by education level," "educational status" and "patient safety." Articles included for selection in the literature review were peer-

reviewed, and published in the last five years except for one systematic review and meta-analysis, which was published in 2016. Fourteen articles were examined, which were a mix of research findings and reviews of other research (please see reference list in attachment 3 for articles cited). In terms of a potential limitation of the literature reviewed, most articles focused on the hospital sector.

In general, the articles reviewed demonstrated a correlation with baccalaureate prepared nurses and positive patient outcomes. Articles demonstrated that an increased proportion of baccalaureate prepared nurses reduced mortality rates, increased odds of survival, reduced complications, reduced readmission and length of stay, and lowered risks of failure to rescue (Audet, Bourgault & Rochefort, 2018; Coto, et al., 2020; Dyck, Martin & McClement, 2021; Genna, et al., 2023; Haegdorens, Van Bogaert, De Meester & Monsieurs, 2019; Harrison, et al., 2019; Lasater, et al., 2021; Liao, Sun, Yu & Li, 2016; Porat-Dahlerbruch, et al., 2022; Rochefort, et al., 2020). However, the articles reviewed were unable to demonstrate consistent correlation between nursing education and medication errors, pressure ulcers, and falls indicators (Audet, Bourgault & Rochefort, 2018; Hupp, et al., 2022; Jomaa, Dubois, Caron & Prud'Homme, 2022). While some articles did show a positive correlation, this was not a finding in all articles.

One article (Porat-Dahlerbruch et al., 2022) noted that other studies, in other countries, had found an overall positive correlation between patient outcomes and a higher percentage of baccalaureate prepared nurses, despite differences in baccalaureate education between countries.

### **Circulation of the Regulation**

The RHPA requires regulations to be circulated for 60-days. In terms of the potential need to recirculate, external legal advice is that the changes are significant and therefore warrant recirculation. The significant change is related to ensuring clarity on the move away from not requiring equivalency for all IENs to now requiring substantial equivalency for RN applicants who do not have a baccalaureate degree and RPN applicants who do not have a diploma. (Please see content above, under “proposed Regulatory Changes Reflective of Stakeholder Feedback and Evidence”, for a description of this.)

Recirculation also supports meeting transparency obligations and allows registrants and other system partners to comment on the new changes (subject to Council’s approval of the proposed changes), which also enables Council to consider any new feedback before considering approval.

With any proposed regulatory change, the RHPA provides three options regarding consultation:

- Circulate the regulations for 60 days
- Shorten the consultation period with Minister approval of a request from Council
- Exempt the consultation period with Minister approval of a request from Council

Generally, any proposed regulatory change approved by Council is circulated for 60 days for stakeholder feedback. Recirculation is not explicit in the RHPA. In this case, system partners have already provided feedback on an earlier version of the proposed regulation and Council may wish to consider requesting a shortened time period (i.e. less than 60 days) or an exemption.

## Summary

Utilizing a [right-touch](#) lens, the proposed regulation changes draw on the evidence previously shared with Council as well as new evidence described in this briefing note. The proposed changes, if approved, will continue to respond to Ontario's health human resource crisis and CNO's Strategic Plan, Outcome #1: that applicants for registration will experience processes that are evidence-informed, fair, inclusive and effective, contributing to improved access to safe nursing care.

The proposed changes enable IENs to meet the education requirement in a fair and equitable manner and move forward with other registration requirements including the registration exam. Where the applicant's program does not meet the education requirement up front, the proposed regulation changes enable CNO to evaluate the applicant's nursing education program(s) further. If the education is not assessed as being substantially equivalent, several pathways will be provided to enable the applicant to meet substantial education equivalency requirements swiftly.

The changes are informed by evidence (reflected in the June 2023 Council briefing note and this briefing note) and, as noted above, it is all the registration requirements together that give CNO evidence that the applicant will be able to provide competent and safe nursing care.

## Next steps

Subject to Council approval:

- revised regulations will be circulated for additional registrant and system partner feedback should Council believe that they are drafted in the public interest and need recirculation
- if recirculated, Council will have an opportunity to review a summary of feedback received
- should Council approve the regulations after a potential new consultation period, they will be forwarded to government for their review and approval processes

- CNO will continue with operational planning and development to support the new regulations, once approved by government, which will include course development, ongoing stakeholder engagement and evaluation plans

## **Attachments**

1. Redlined version showing the proposed regulation changes
2. A chart that provides for the rationale for each change
3. Reference list

## Proposed Regulation Amendments

### 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,
- ii. 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 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, which 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 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~~ the program is one that the Registration Committee determines has provided the applicant with the knowledge, skill and judgment substantially equivalent ~~at least equivalent~~ to those of current graduates of a program mentioned in ~~sub-sub-paragraph i A or C,~~ or
  - B. must have paid any fees required under the by-laws, undergone an evaluation approved by ~~Council~~ the Registration Committee and satisfied the Executive Director or a panel of the Registration Committee that ~~he or she~~ the applicant 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 substantially equivalent ~~at least equivalent~~ to those of current graduates of a program mentioned in ~~sub-sub-paragraph 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 ~~sub~~paragraph 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-paragraph 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)~~ (2) 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)~~ (3) 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.



(3.1) An applicant satisfies the requirement in paragraph 6 of subsection (1) if the applicant completed a recognized or approved registered nurse program in Canada within the last three years, practised nursing in Canada within the last three years or satisfied a panel of the Registration Committee that the applicant has successfully completed education or training or combination of education and training that was substantially equivalent to the requirement in paragraph 6 of subsection (1).

~~(5)~~ (4) 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 a minimum of 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,~~
  - 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, which 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 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~~ the program is one that the Registration Committee determines has provided the applicant with the knowledge, skill and judgment substantially equivalent ~~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~~ the Registration Committee and satisfied the Executive Director or a panel of the Registration Committee that ~~he or she~~ the applicant 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 substantially equivalent ~~at least equivalent~~ to those of current graduates of a program mentioned in ~~sub-~~subparagraph i A.
  - iv. must have satisfied the requirements of paragraph 1 of subsection 2 (1), or
  - 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 and which was recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered nurse, must have paid any fees required under the by-laws, undergone an evaluation approved by ~~Council~~ the Registration Committee and satisfied the Executive Director or a panel of the Registration Committee that ~~he or she~~ the applicant 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 substantially equivalent ~~at least equivalent~~ to those of current graduates of a program mentioned in sub-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 completed the requirements ~~been awarded the diploma~~ mentioned in subparagraph 1 ~~i, 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 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)~~ (2) 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.

(2.1) An applicant satisfies the requirement in paragraph 6 of subsection (1) if the applicant completed a recognized or approved registered practical nurse program in Canada within the last three years, practised nursing in Canada within the last three years or satisfied a panel of the Registration Committee that the applicant has successfully completed education or training or combination of education and training that was substantially equivalent to the requirement in paragraph 6 of subsection (1).

~~(4)~~ (3) 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~~ 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.

## Rationale Chart

Proposed change	Rationale
<p>GENERAL CERTIFICATES OF REGISTRATION — REGISTERED NURSE</p> <p>2(1)1 ii. 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 other than a program mentioned in subparagraph i, <u>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</u> <del>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</del></p>	<p>The proposed change will mean that IEN applicants, who have successfully completed a baccalaureate RN program recognized or approved in any jurisdiction, will meet the education requirement.</p>
<p>2(1)1 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, <u>which 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</u> and,</p> <p>A. <del>must have successfully completed a program that, at the time the applicant commenced it, was approved by Council as one whose graduates should possess</del> <u>the program is one that the Registration Committee determines has provided the applicant with</u> the knowledge, skill and judgment <u>substantially equivalent at least equivalent</u> to those of current graduates of a program mentioned in <del>sub-sub paragraph i A or C, or</del></p> <p>B. must have paid any fees required under the by-laws, undergone an evaluation approved by <del>Council</del> <u>the Registration Committee</u> and satisfied the Executive Director or a panel of the Registration Committee that <del>he or she</del> <u>the applicant</u> has successfully completed further education or training or combination of</p>	<p>The proposed change will mean that IEN applicants who have not completed a baccalaureate RN program must demonstrate substantial education equivalency.</p> <p>Part of this proposed change shifts authority from Council to the Registration Committee to:</p> <ul style="list-style-type: none"> <li>• approve international RN programs that are substantially equivalent (note the language change from “at least equivalent to”, since “substantially equivalent” is more reflective of CNO’s processes and aligns with other regulators in Ontario)</li> <li>• approve an evaluation to assess knowledge, skill and judgment and, as per the current process, complete further education or training approved by the Committee to meet competency gaps</li> </ul>



Proposed change	Rationale
<p>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 <u>substantially equivalent</u> <del>at least equivalent</del> to those of current graduates of a program mentioned in <del>sub</del>-subparagraph i <del>A or C</del>.</p>	
<p>2(1) 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 <del>he or she</del> <u>the applicant</u> was eligible under section 9 to take that examination, or must have successfully completed an examination approved by Council for that purpose.</p>	<p>Inclusive language.</p>
<p>2(1) 3. The applicant,</p> <p>i. must have <u>completed</u> <del>been awarded</del> the <u>degree requirements</u> mentioned in <del>sub</del>paragraph 1 <del>i or ii</del> no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration,</p> <p><del>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,</del></p> <p>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</p> <p>iv. <del>iii</del> 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.</p>	<p>This relates to the requirement for applicants to have nursing practice in the last three years. There are different pathways to meet this requirement including having completed a nursing program in the last three years. This paragraph has been streamlined and amended to align with the proposed education program changes.</p>
<p>2(1) 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 <del>he or she</del> <u>the applicant</u> is issued the certificate of registration, or such longer period</p>	<p>Inclusive language.</p>

Proposed change	Rationale
<p>of time as specified by a panel of the Registration Committee, unless,</p> <p>i. the applicant, on the day <del>he or she</del> <u>the applicant</u> submits the application, holds a certificate of registration as a registered nurse, other than a certificate in the Emergency or Non-Practising class, or</p>	
<p><u>2(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.</u></p>	<p>To support transition, the regulations propose applicants successfully complete a program or course focusing on the healthcare system in Canada.</p> <p>Evidence shows that such a program will support patient safety.</p> <p>A five-year timeframe aligns with our Jurisprudence Exam timing.</p>
<p><del>2 (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.</del></p>	<p>This paragraph is struck out given the content has been integrated into 2(1)1 so this expectation is clear to the reader.</p>
<p><del>(3) (2)</del> 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.</p>	<p>Renumbered given the above proposed deletion.</p>
<p><del>(4) (3)</del> An applicant is exempt from the requirements in paragraphs 1, 2, <del>and 5 and 6</del> of subsection (1) if the applicant holds a certificate of registration in the extended class at the time that <del>he or she</del> <u>the applicant</u> applies for the issuance of a certificate of registration as a registered nurse in the General class.</p>	<p>An NP moving to the General Class would not have to complete the transition course.</p>
<p><u>(3.1) An applicant satisfies the requirement in paragraph 6 of subsection (1) if the applicant completed a recognized or approved registered nurse program in Canada within the last three years, practised nursing in Canada within the last three years or satisfied a panel of the Registration Committee that the applicant has successfully completed education or training or combination of education and training that was substantially equivalent to the requirement in paragraph 6 of subsection (1).</u></p>	<p>Applicants do not have to complete the transition course if they:</p> <ul style="list-style-type: none"> <li>• practised nursing in Canada</li> <li>• completed an RN program in Canada since that already embeds the content that will be in the proposed transition course</li> </ul> <p>Also, the Registration Committee can approve another course as substantially equivalent. For example, if someone has engaged in nursing education, this could be approved as substantially equivalent if it embeds the content that will be in the proposed transition course.</p> <p>Three years aligns with the current recent practice requirement.</p>



Proposed change	Rationale
<p><del>(5)</del> (4) Subject to subsections (3) and (4) and section 2.1, the requirements in subsection (1) are non-exemptible.</p>	<p>Renumbered given the above proposed deletion.</p>
<p>MOBILITY WITHIN CANADA  <b>2.1</b> (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, <del>2,</del> <u>and 3</u> <u>and 6</u> of subsection 2 (1) of this Regulation are deemed to be met by the applicant.</p>	<p>The paragraph relates to RN General Class labour mobility. It is against federal law to have this requirement for labour mobility applicants.</p>
<p>GENERAL CERTIFICATES OF REGISTRATION — REGISTERED PRACTICAL NURSE</p> <p>3(1)1 ii. must have a <u>minimum of a</u> 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, <u>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</u> <del>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 subparagraph i-A,</del></p>	<p>The proposed change will mean that IEN applicants, who have successfully completed a diploma RPN program recognized or approved in any jurisdiction, will meet the education requirement.</p>
<p>3(1)1 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, <u>which 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</u> and,</p> <p>A. <del>must have successfully completed a program that, at the time the applicant commenced it, was approved by Council as one whose graduates should possess</del> <u>the program is one that the Registration Committee determines has provided the applicant with</u> the knowledge, skill and judgment <u>substantially equivalent</u> <del>at least equivalent</del> to those of current graduates of a program mentioned in <del>sub</del>-subparagraph i-A, or</p> <p>B. must have paid any fees required under the by-laws, undergone an evaluation approved by</p>	<p>The proposed change will mean that IEN applicants who have not completed a diploma RPN program must meet substantial education equivalency.</p> <p>Part of this proposed change shifts authority from Council to the Registration Committee to:</p> <ul style="list-style-type: none"> <li>• approve international RPN programs that are substantially equivalent (note the language change from “at least equivalent to” since “substantially equivalent” is more reflective of CNO’s processes and aligns with other regulators in Ontario)</li> <li>• approve an evaluation to assess knowledge, skill and judgment and, as per the current process, complete further education or training approved by the Committee to meet competency gaps.</li> </ul>

Proposed change	Rationale
<p><del>Council the Registration Committee</del> and satisfied the Executive Director or a panel of the Registration Committee that <del>he or she</del> <u>the applicant</u> 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 <u>substantially equivalent</u> at <del>least equivalent</del> to those of current graduates of a program mentioned in <del>sub-</del>subparagraph i A.</p>	
<p>3(1)1 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 <u>and which was recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered nurse</u>, must have paid any fees required under the by-laws, undergone an evaluation approved by <del>Council the Registration Committee</del> and satisfied the Executive Director or a panel of the Registration Committee that <del>he or she</del> <u>the applicant</u> 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 <u>substantially equivalent</u> at <del>least equivalent</del> to those of current graduates of a program mentioned in sub-subparagraph i A.</p>	<p>As one option, the regulations enable RPN applicant to meet the education requirement with an RN program (e.g. RN diploma). This aligns with proposed changes above and enables the Registration Committee to approve an evaluation relative that that program, to assess knowledge, skill and judgment and, as per the current process, complete further education or training approved by the Committee to meet competency gaps.</p>
<p>3(1) 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 <del>he or she</del> <u>the applicant</u> was eligible under section 9 to take that examination, or must have successfully completed an examination approved by Council for that purpose.</p>	<p>Inclusive language.</p>
<p>3(1) 3. The applicant,  i. must have <u>completed the requirements</u> <del>been awarded the diploma</del> mentioned in subparagraph 1 <del>i, ii</del> <u>no more than three</u> years before the day that the applicant met all other requirements for the issuance of the certificate of registration,  ii. <del>must have successfully completed all the requirements of subparagraph 1 iii, iv or v no more than three years before the day</del></p>	<p>This relates to the requirement for applicants to have nursing practice in the last three years. There are different pathways to meet this requirement including having completed a nursing program in the last three years. This paragraph has been streamlined and amended to align with the proposed education program changes.</p>

Proposed change	Rationale
<p><del>that the applicant met all other requirements for the issuance of the certificate of registration,</del></p> <p>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</p> <p><del>iv.</del> <u>iii.</u> 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.</p>	
<p>3(1) 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 <del>he or she</del> <u>the applicant</u> is issued a certificate in the General class, or such longer period of time as specified by a panel of the Registration Committee, unless,</p> <p>i. the applicant, on the day <del>he or she</del> <u>the applicant</u> 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</p>	
<p><u>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.</u></p>	<p>To support transition, the regulations propose applicants successfully complete a program or course focusing on the healthcare system in Canada.</p> <p>Evidence shows that such a program will support patient safety.</p> <p>A five-year timeframe aligns with our Jurisprudence Exam timing.</p>
<p><del>3 (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.</del></p>	<p>This paragraph is struck out given the content has been integrated into 3(1)1 so this expectation is clear to the reader.</p>
<p><del>(3)</del> <u>(2)</u> The requirements in paragraphs 1 and 2 of subsection (1) do not apply to an applicant who</p>	<p>Renumbered due to above proposed deletion.</p>

Proposed change	Rationale
previously held a certificate as a registered practical nurse in the General class.	
<p><u>(2.1) An applicant satisfies the requirement in paragraph 6 of subsection (1) if the applicant completed a recognized or approved registered practical nurse program in Canada within the last three years, practised nursing in Canada within the last three years or satisfied a panel of the Registration Committee that the applicant has successfully completed education or training or combination of education and training that was substantially equivalent to the requirement in paragraph 6 of subsection (1).</u></p>	<p>Applicants do not have to complete the transition course if they:</p> <ul style="list-style-type: none"> <li>practiced nursing in Canada</li> <li>completed an RPN program in Canada since that already embeds the content that will be in the proposed transition course</li> </ul> <p>Also, the Registration Committee can approve another course as substantially equivalent. For example, if someone has engaged in nursing education, this could be approved as substantially equivalent if it embeds the content that will be in the proposed transition course.</p> <p>Three years aligns with the current recent practice requirement.</p>
<del>(4)</del> (3) Subject to subsection (3) and section 3.1, the requirements in subsection (1) are non-exemptible.	Renumbered due to above proposed deletion
<p>MOBILITY WITHIN CANADA</p> <p>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, <del>and 3</del> <u>and 6</u> of subsection 3 (1) of this Regulation are deemed to be met by the applicant.</p>	The paragraph relates to RPN General Class labour mobility. It is against federal law to have this requirement for labour mobility applicants.
<p>MOBILITY WITHIN CANADA</p> <p>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 <del>2 and</del> 7 of subsection 5 (1) of this Regulation are deemed to be met by the applicant.</p>	This is editorial to align with changes that took effect in October 2022 (paragraph 2 was revoked).
5,2 (5) Despite subsection (1), a requirement set out in paragraph <del>2 or</del> 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.	This is editorial to align with changes that took effect in October 2022 (paragraph 2 was revoked).

## Reference List

- Audet L.-A., Bourgault P., Rochefort C.M. (2018). Associations between nurse education and experience and the risk of mortality and adverse events in acute care hospitals: A systematic review of observational studies. *International Journal of Nursing Studies*, 80, pp. 128 - 146. DOI: 10.1016/j.ijnurstu.2018.01.007
- Coto, J. A., Wilder, C. R., Wynn, L., Ballard, M. C., Webel, D., & Petkunas, H. (2020). Exploring the relationship between patient falls and levels of nursing education and certification. *The Journal of Nursing Administration*, 50(1), 45-51.
- Dyck, N., Martin, D., & McClement, S. (2021). Baccalaureate Education as an Entry-to-Practice Requirement: Why It Matters Now More Than Ever. *Nursing Leadership*, 34(4), 103–112. <https://doi.org/10.12927/cjnl.2021.26683>
- Genna, C., Thekkan, K. R., Raymakers-Janssen, P. A. M. A., & Gawronski, O. (2023). Is nurse staffing associated with critical deterioration events on acute and critical care pediatric wards? A literature review. *European Journal of Pediatrics*, 182(4), Pages 1755 - 1770. DOI 10.1007/s00431-022-04803-2
- Haegdorens F., Van Bogaert P., De Meester K., Monsieurs K.G. (2019). The impact of nurse staffing levels and nurse's education on patient mortality in medical and surgical wards: An observational multicentre study. *BMC Health Services Research*, 19(1). DOI: 10.1186/s12913-019-4688-7
- Harrison, J. M., Aiken, L. H., Sloane, D. M., Brooks Carthon, J. M., Merchant, R. M., Berg, R. A., & McHugh, M. D. (2019). In Hospitals With More Nurses Who Have Baccalaureate Degrees, Better Outcomes For Patients After Cardiac Arrest. *Health Affairs*, 38(7), 1087–1094. <https://doi.org/10.1377/hlthaff.2018.05064>
- Hupp, D. S., Mastrangelo, B., Nelson, K. A., Weyant, D. M., & Schreiber, J. B. (2022). A Pediatric-Specific View on Improved Nurse-Sensitive Indicators Related to Increased BSN or Higher Rates Over Time. *Journal of nursing care quality*, 37(4), 289–294. <https://doi.org/10.1097/NCQ.0000000000000629>
- Jomaa C., Dubois C.-A., Caron I., Prud'Homme A. (2022). Staffing, teamwork and scope of practice: Analysis of the association with patient safety in the context of rehabilitation. *Journal of Advanced Nursing*, 78(7), 2015 - 2029. DOI: 10.1111/jan.15112
- Lasater, K. B., Sloane, D. M., McHugh, M. D., Porat-Dahlerbruch, J., & Aiken, L. H. (2021). Changes in proportion of bachelor's nurses associated with improvements in patient outcomes. *Research in nursing & health*, 44(5), 787– 795. <https://doi.org/10.1002/nur.22163>
- Liao L.-M., Sun X.-Y., Yu H., Li J.-W. (2016). The association of nurse educational preparation and patient outcomes: Systematic review and meta-analysis. *Nurse Education Today*, 42, pp. 9 - 16. DOI: 10.1016/j.nedt.2016.03.029

Porat-Dahlerbruch, J., Aiken, L. H., Lasater, K. B., Sloane, D. M., & McHugh, M. D. (2022). Variations in nursing baccalaureate education and 30-day inpatient surgical mortality. *Nursing Outlook*, *70*(2), 300–308. <https://doi.org/10.1016/j.outlook.2021.09.009>

Rochefort, C. M., Beauchamp, M.-E., Audet, L.-A., Abrahamowicz, M., & Bourgault, P. (2020). Associations of 4 Nurse Staffing Practices With Hospital Mortality. *Medical Care*, *58*(10), 912–918. <https://doi.org/10.1097/MLR.0000000000001397>

## Strategic Plan Reporting

### Discussion Note – March 2024 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 CNO's Strategic Plan.

### Questions for consideration

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

### Public interest rationale

This discussion note is 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 December 31, 2024 to December 31, 2026.

### Outcome Measures

To measure the progress of the Strategic Plan, CNO developed an outcome measure along with multiple leading measures for each of the three strategic outcomes associated with the Strategic Plan. The outcome measure shows whether CNO is achieving the outcome, while the leading measures demonstrates CNO's progress to do so.

<b>Outcome 1</b>	<b>Applicants for registration will experience processes that are evidence-informed, fair, inclusive and effective, contributing to improve public access to safe nursing care.</b>
Outcome Measure	Applicant experience survey results
Leading Measures	Application processing ratio Time to first contact for applications



<b>Outcome 2</b>	<b>Nurses’ conduct exemplifies understanding and integration of CNO standards of safe practice.</b>
Outcome Measure	Quality Assurance assessment results
Leading Measures	Quality Assurance survey results Standards utilization survey results Professional Conduct remediation dispositions
<b>Outcome 3</b>	<b>CNO will be recognized as a trusted stakeholder to nurses, employers and the public.</b>
Outcome Measure	Trust 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. Attachment 1 contains an overview of CNO’s progress in implementing the Strategic Plan; whereas attachment 2 contains the quarterly measures update.

**Dashboard Enhancements**

The dashboard now includes updates on the pillars that form the core of CNO's strategy plan, alongside the previously reported strategic outcome progress. The integration of pillar updates aims to provide a holistic view of the efforts and achievements within the organization's strategic framework. Council can expect ongoing improvements in the dashboards as CNO works towards amalgamating the outcome metrics dashboard and the strategy plan progress dashboard.

**Progress Updates**

**Outcome 3: CNO will be recognised as a trusted stakeholder to nurses, employers, and the public**

The Measuring Stakeholder Trust and Awareness work was executed from November 2022 to November 2023 to develop a trust measure for the operationalization of Outcome 3. To understand the current state of perceptions around CNO, we contracted an external market research firm. A summary of their work is provided in Attachment 3 and a snapshot of the key results and supporting information will be presented to Council. Any insights and perceptions Council provides based on the results will be appreciated.

Detailed findings have been disseminated among CNO staff and the current focus is on reviewing and analyzing the findings to determine the next steps and action plan which will be shared with Council at a subsequent meeting.



## Strategic Pauses and Adjustments

As shared previously, in line with CNO's agile approach to its strategic plan, certain deliverables under the proactivity and stakeholder engagement pillars were strategically paused. This pause was necessary to ensure alignment with overarching priorities and to enhance responsiveness.

For pillar 3, *Enabling proactivity*, exploratory work is in progress with an upcoming engagement of the leadership team to refine ideas and potentially adjust milestones in response to evolving environmental factors and inter-pillar activities. For pillar 4, *Engaging and mobilizing stakeholders*, a comprehensive gap identification exercise has been completed as planned, and the gap-filling phase and scoping for external engagement will begin later in the year.

In addition, progress on specific milestones planned to operationalize outcomes are indicated in Attachment 2 – Strategic Plan Progress Dashboard. A few milestones indicating a *late* status have been noted, such as the development of the applicant survey which is slightly behind schedule due to vendor procurement delays. On the other hand, some of the work planned for later in the year under outcome 2, has been initiated earlier as a result of organizational agility and responsiveness to operational needs. With regards to specific delays, risk management and resolution is underway and CNO is strategically managing and adjusting work as required.

CNO remains steadfast in its commitment to advancing towards the strategic plan's pillars and outcomes, demonstrating agility and positive progress. The enhancements in reporting and strategic adjustments underscore our dedication to continuous improvement and transparency.

## Revised Methodology (Outcome 2)

In our commitment to continuous improvement, CNO has revised the methodology used to calculate the “Professional Conduct Remediation Dispositions” measure for Outcome 2.

The previous method of calculating the measure showed professional conduct investigations (professional misconduct and/or incompetence) whose final disposition was remedial in nature as a proportion of all dispositions, including remedial, disciplinary and “Take no Action.”

The updated measure calculates the same proportion but excludes “Take no Action” dispositions from the denominator. The ICRC takes no action if the nurse’s conduct was appropriate in the circumstances, if the relevant and available information obtained in the investigation does not support the complaint, or if regulatory action is not needed to address patient safety (e.g., the nurse has already completed remediation in the identified nursing practice areas). Excluding “Take no Action” dispositions from the denominator narrows the measure’s focus to only dispositions where action was taken.

The change to the methodology ensures the measure is a more accurate reflection of our regulatory efforts to address nurses' practice deficiencies and improve understanding and integration of the standards of practice of the profession through directing remedial outcomes, wherever appropriate.

### **Next steps**

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

### **Attachments**

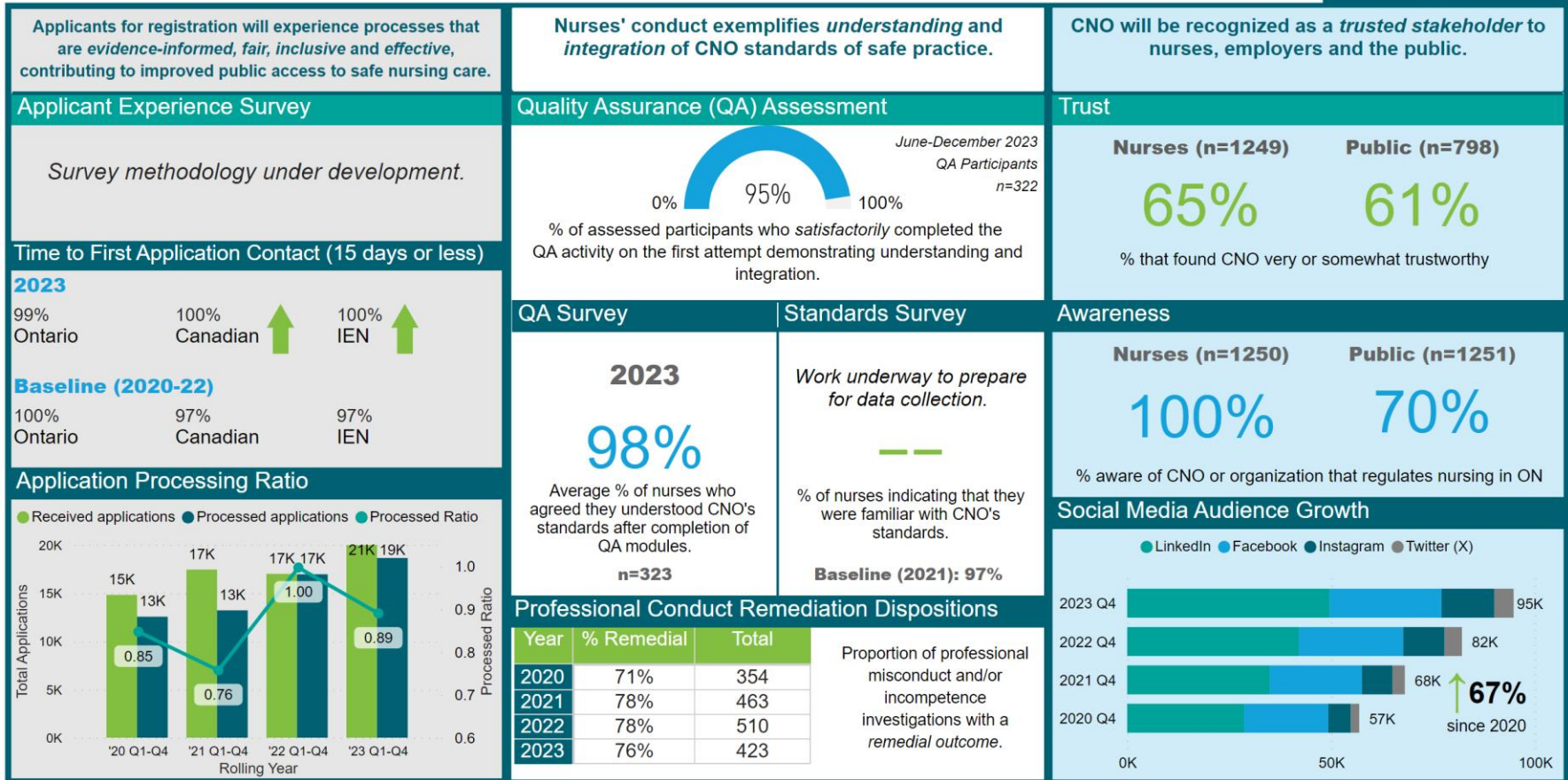
1. Dashboard: Strategic Plan Outcome Measures
2. Strategic Plan Progress Dashboard: March Update
3. Trust Survey Overview and Findings

# Attachment 1 - Strategic Plan Outcome Measures (up to end of 2023)



## Strategic Plan 2021-2026 Outcome Dashboard

Outcome Measure  
Leading Measure



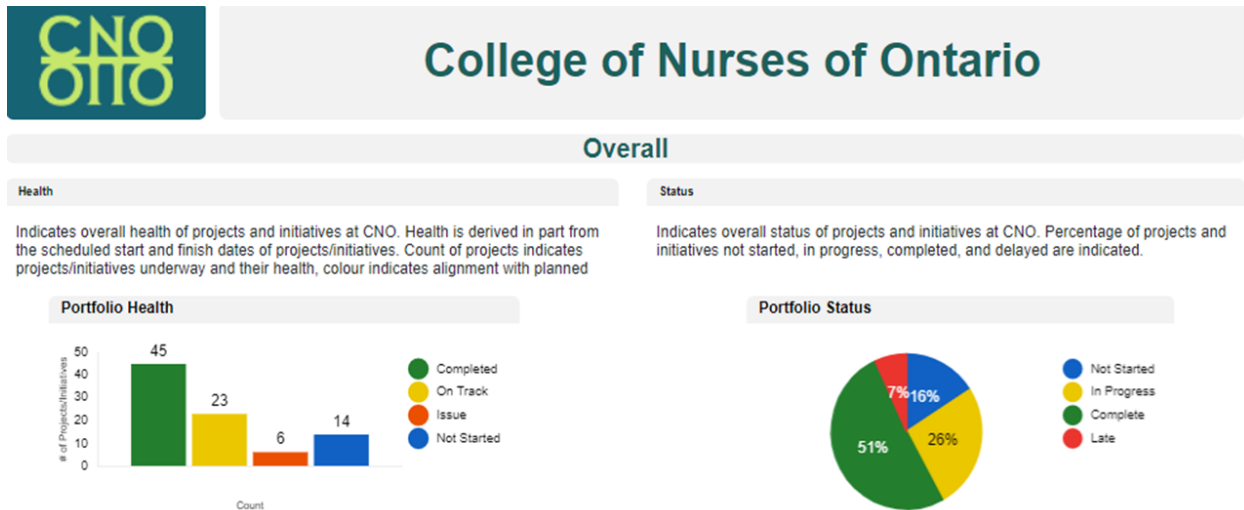
Note: CNO does not have a Trust or Awareness measure for Employers. For more information, please see Attachment 3

## Attachment 2 – Strategic Plan Progress Dashboard: March Update

The updated dashboard highlights the enhancements in our reporting mechanisms to ensure increased transparency and continuous improvement.

### CNO Strategic Plan Progress Dashboard: March Update

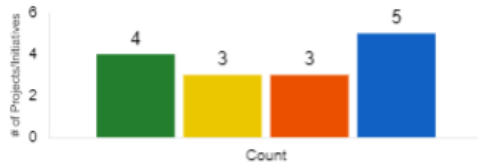
#### Overall Dashboard:



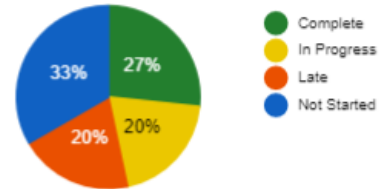
**Outcome 1: Applicants for registration will experience processes that are evidence-informed, fair, inclusive, and effective, contributing to improved public access to safe nursing care.**

**Outcome 1**

**Health**



**Status**



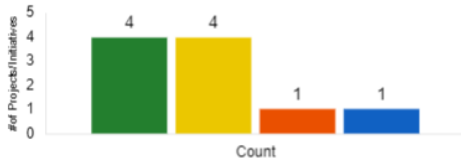
**Report for Outcome 1**

Health	Primary	% Complete	Status
●	Revised Applicant Portal Implemented	100%	Completed
●	<b>Survey</b>	17%	In Progress
●	Applicant Survey Developed	50%	Late
●	Applicant Survey Implemented/Applicant Survey Baseline Developed	0%	Not Started
●	Applicant Experience Survey Target Setting	0%	Not Started
●	<b>Modernization of Applicant Assessment (MAA)</b>	56%	In Progress
●	Language Proficiency (LP) Policy	100%	Completed
●	LP project (Bill 106 work)	80%	Late
●	New Police Criminal Record Check policy implemented	100%	Completed
●	New Police Criminal Record Check platform implemented	50%	Late
●	IEN Education Change Implemented (including reg. change)	30%	In Progress
●	Evidence of Practice	0%	Not Started

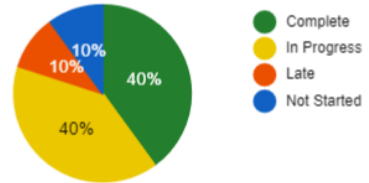
## Outcome 2: Nurses' conduct will exemplify understanding and integration of CNO standards for safe practice

### Outcome 2

#### Health



#### Status



#### Report for Outcome 2

Health	Primary	% Complete	Status
●	Revised Code of Conduct Implemented	100%	Completed
●	Professional Conduct Casefile Trends Analysis Completed	100%	Completed
●	Topic Specific Standard(s) Established (RN Prescribing)	100%	Completed
●	Quality Assurance Technology Platform Implemented	60%	Late
●	New Quality Assurance Assessment Tools Established	100%	Completed
●	Professional Conduct Casefile Reporting & Querying Platform Establish	0%	Not Started
●	QA Participant Survey	85%	In Progress
●	Modernized Standards: Stakeholder Perception Surveys	10%	In Progress
●	Quality Assurance Measurement Module Established	5%	In Progress
●	Topic Specific Standard(s) Established (new standard development for	35%	In Progress

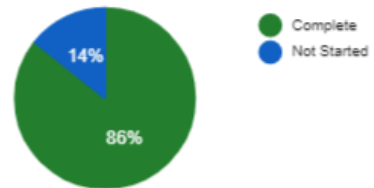
## Outcome 3: Measuring Stakeholder Trust & Awareness

### Outcome 3

#### Health



#### Status



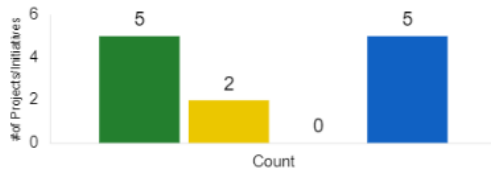
#### Report for Outcome 3

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

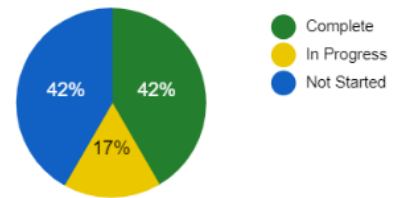
## Pillar 1: Build & Operate an Insights Engine

### Pillar 1

#### Health



#### Status



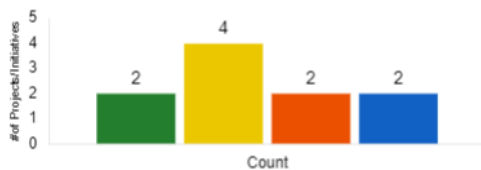
#### Report for Pillar 1

Health	Primary	% Complete	Status
●	Pillar 1-Data Governance Framework for Operational Decision-Making	100%	Completed
●	Pillar 1-(1) Data Management & Data Quality Completed	100%	Completed
●	Pillar 1-(1) Insights Culture Enhancement Plan Established (2)	100%	Completed
●	Milestone 1: Data Lakehouse Foundation	100%	Completed
●	Milestone 2: Dashboards Rolled out to Business Units	100%	Completed
●	Milestone 3: Dashboards, Analytics & Insights to Business Units	5%	In Progress
●	Requirements gathering for each outcome initiated	10%	In Progress
●	Requirements gathering for each outcome project completed	0%	Not Started
●	Milestone 4: Establishing Insights Capabilities & Sharing Stakeholder E	0%	Not Started

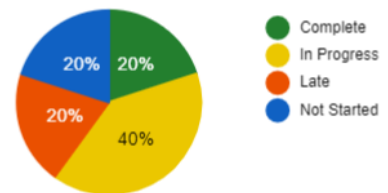
## Pillar 2: Operate with Agility

### Pillar 2

#### Health



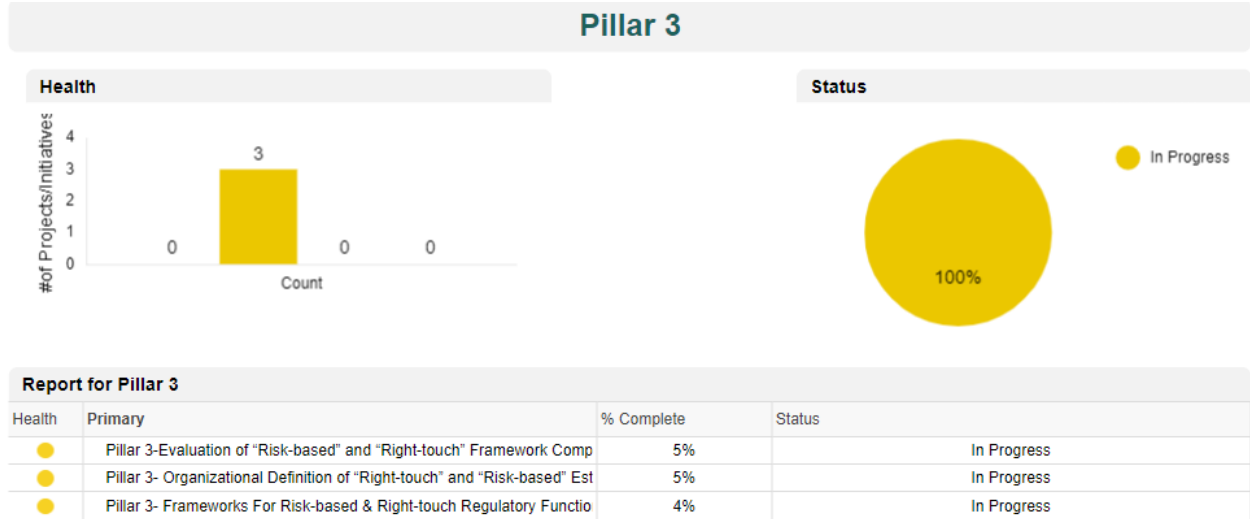
#### Status



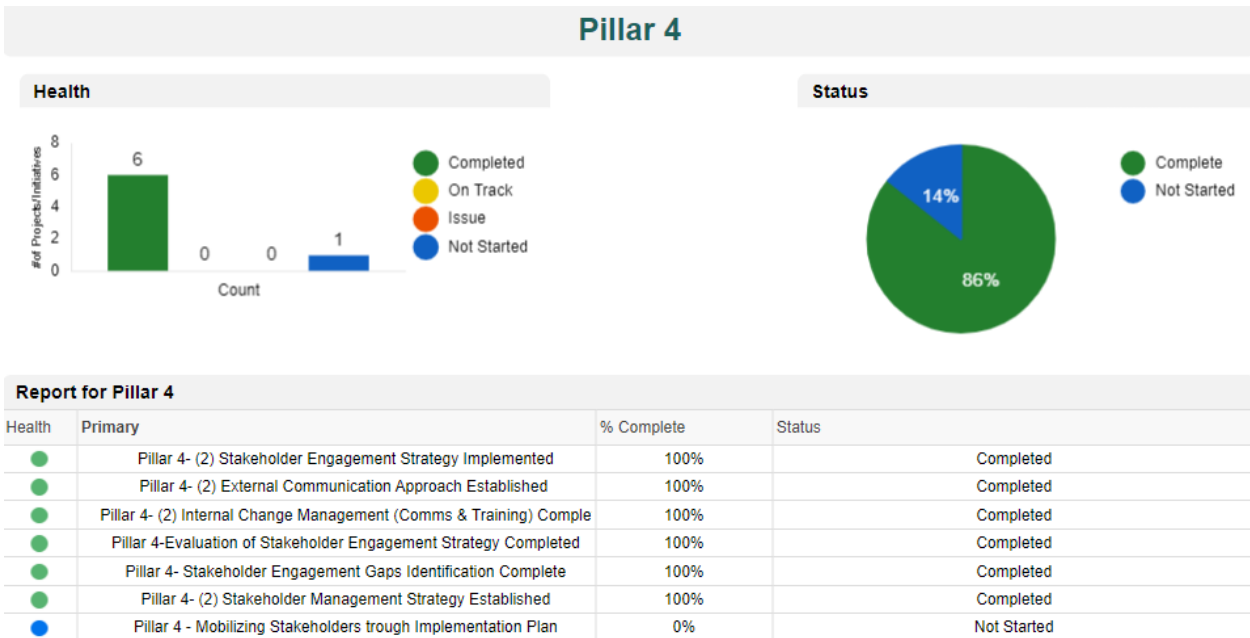
#### Report for Pillar 2

Health	Primary	% Complete	Status
●	Pillar 2- Prioritization Model Completed	100%	Completed
●	Pillar 2- Stage-Gate Approval Process Established	100%	Completed
●	Pillar 2- Organization-Wide Project Management Function Established	25%	In Progress
●	Implementation of project management software platform	25%	In Progress
●	Implementation of PMO resourcing model	25%	In Progress
●	Pillar 2-Prioritization Model Completed	65%	In Progress
●	Decision-making for corporate projects framework finalized	75%	Late
●	Operational planning framework finalized	75%	Late
●	Prioritization model implemented (ops planning + corporate projects)	0%	Not Started
●	Pillar 2- Two-Speed Organizational Model Established	0%	Not Started

## Pillar 3: Enable Proactivity



## Pillar 4: Engage and Mobilize our Stakeholders





## Attachment 3 – Trust Survey Overview and Findings

### Measuring Stakeholders Trust & Awareness

#### Overview:

The Measuring Stakeholder Trust and Awareness work was executed from November 2022 to November 2023 to help develop a trust measure for the operationalization of Outcome 3<sup>1</sup>. To understand the current state of perceptions around CNO, we contracted an external market research firm. The firm employed a rigorous mixed-methods research approach to collect and analyse data on our behalf.

#### Public Results

**Qualitative (Focus Groups):** Nursing is well-regarded by the public, and quality of care provided by nurses is perceived positively. Awareness of CNO<sup>2</sup> and regulatory bodies were generally surface level; for example, some believed that CNO was an educational institution or nursing union. Once briefed on the mandate of the College, participants were probed on whether the presence of a regulatory body was sufficient to have trust in the care provided by nurses. Some agreed that a regulatory body creates trust as ensures nurses have adequate education and training, as well as standards of care. Others expressed apprehension about the mandate, as well as potential government, or political affiliations. Some would prefer to rely on oversight at the individual employer level.

Expectations of a regulatory body included setting licensing requirements, ensuring standards of care were met through ongoing education and regular assessments, consistency of care across the province, addressing issues concerning its registrants and performing disciplinary actions, and independent governance. Some expectations were out of the legislative scope, such as providing insurance benefits for nurses. Perceived benefits of a regulatory body were accountability, ensuring quality of care, and building trust among patients. Perceived drawbacks included barriers for IENs to be licensed in Ontario, rigidity, and being more punitive than supportive to nurses.

---

<sup>1</sup> CNO will be a recognized as a trusted stakeholder to nurses, employers, and the public.

<sup>2</sup> Research suggests that awareness is needed to establish or modify trust ([Morrison, Boyle & Mahaffey, 2022](#)).

When presented with the four ways that CNO fulfils its role (Table 2), participants expressed that enforcing standards of practice and conduct was most meaningful as it meant consistency and accountability to prevent patient harm. In informing the purpose of CNO, the results of the survey would suggest that there is an opportunity to further clarify and ensure that CNO's role is not solely seen as administrative in nature.

Establishing requirements for Entry-to-Practice	Articulating and promoting practice standards
Administering its Quality Assurance Program	Enforcing standards of practice and conduct

Table 2.

For CNO to successfully achieve its mandate, participants suggested:

- monitoring for consistency of care across the province;
- providing easily accessible information to patients and nurses;
- collaborating with government to improve working conditions;
- regularly seeking, and implementing feedback; and
- auditing for continual improvement.

Opportunities to increase public familiarity, well align to CNO's current strategic directions. Namely, promote social media visibility and engage in a variety of settings (e.g. health care, education, and community) recognizing the diverse reach necessary to affect the needs of all Ontarians.

**Quantitative (Survey, n = 1251):** Of those surveyed 69% believed the nursing profession was well-regulated. Those who believed nursing was not well-regulated were disproportionately women, adults under 35, and those who held unfavourable impressions of nurses in Ontario.

When asked about awareness of an organization that regulates nursing in Ontario, 70% of participants responded yes, and within this group, 29% were able to spontaneously name CNO. There is an opportunity to further inform on all the aspects of regulation. Of those aware of CNO, most (89%) had no form of interactions with the College within the past 3 years. In terms of trust, 61% of participants who were aware of an organization that regulates nursing in Ontario indicated that CNO was very/somewhat trustworthy.

## Nurses Results

**Qualitative (Focus Groups):** Nurses were very familiar with CNO's role in protecting the public, ensuring safety through registration and regulation of the profession. Nurses believed there were benefits of a regulatory body such as public safety, providing employer access to information to validate licensing and practice conditions of hires, ensuring consistency and standardization of practice and oversight on members' competency. As such, they felt CNO's role in establishing entry to practice requirements, and articulating and promoting practice standards were the most meaningful but were not confident in CNO's approach to Quality Assurance nor enforcement of standards of practice and conduct.

The responses have been helpful in articulating the areas that CNO can further inform as several themes emerged. The themes converged on the following perceptions.

- The lack of CNO in an advocacy role
- CNO's lack of engagement with nurses
- Responsiveness of CNO to system changes (i.e. expanded scopes of practice)
- Uncertainty about CNO operations.

Nurses trust that CNO is aligned with the best interests and safety of the public. However, there is uncertainty of trust in CNO amongst nurses as noted above and fear associated with the view that CNO is punitive or adversarial rather than supportive.

Participants expressed a desire for CNO to continue its strategic directions around transparency, accessibility, responsiveness, sensitivity of current issues, in addition to providing advocacy and promotion of the nursing profession. Perhaps best summarized by a focus group quote that echoed a common outlook, "Having a mandate to protect the public doesn't have to be contrary to also being supportive of nurses".

**Quantitative (Survey, n = 1250):** All nurses (100%) surveyed had an awareness of CNO, and 99% expressed familiarity with the regulation of nursing in Ontario (very/somewhat familiar, *n* = 99%).

Despite the qualitative work suggesting a negative perception of trust in CNO, 65% of nurses indicated CNO was very/somewhat trustworthy. Over two thirds of nurses felt being informed of CNO's recent accomplishments (e.g. new registrations, social media responses, number of reinstatements) did not impact their trust of the College. In line with awareness of CNO as an organization, nurses are also well aware of CNO's responsibilities, but their ratings of how well CNO performed on their responsibilities varied by item. In particular, nurses who distrusted CNO tended to rate CNO's performance more poorly.

## Employer Results

Note: Employer results are only qualitative in nature due to challenges identified by the firm in defining how to recruit a representative sample of employers and the minimum threshold of individuals required to be representative of a facility. As a result, trust and awareness measures are not provided. While qualitative findings from interviews provide exploratory insights into employer perspectives of CNO, results should not be generalized to all nursing employers. However, the findings from the interviews provide insights that can help frame further research with employers.

**Qualitative (Interviews, n = 10):** Employers interviewed appreciate the role of CNO in protecting the public. Investigations conducted as part of the Professional Conduct process are valued as well, although in recent years, employers have noted a decrease in frequency of follow-up or receiving a final outcome from CNO. While employers

agreed CNO has a key role in licensing IENs, some wondered if process changes may compromise quality of care.

Employers believed CNO serves a necessary role but could be more impactful and meet the province's needs more efficiently and effectively. Questions were raised around whether CNO's role in ensuring a high quality of care was done in collaboration with system partners, as well as how to increase accountability. There was a desire for greater emphasis on practice instead of conduct.

Employers are confident about CNO's ability to fulfil its role but expressed wanting greater CNO presence on the ground for observation, research, and engagement. They believed articulating, promoting and enforcing standards are key components of accountability, referencing the value of individual recommendations that CNO has previously made, but also the untapped potential for CNO to make organization-level recommendations. Employers feel that if their engagement with CNO felt more amicable, standards would be met more consistently. Like nurses, employers expressed a lack of confidence in CNO's QA program.

For CNO to be seen as a trusted system partner, some employers suggested CNO should first address the distrust in the current state of healthcare. Employers understand the scope of CNO and do not expect them to advocate nor act beyond their mandate. However, they believe CNO should be involved in addressing systemic issues in healthcare and collaborating with other institutions on how to train IENs.

Finally, employers provided recommendations on how to improve favourability and satisfaction toward CNO. This could be achieved through greater collaboration, supports, communication and transparency. Employers commended the support and professionalism of CNO's Practice Consultants<sup>3</sup> in the past and offered there could be opportunities in new roles and teams to provide additional educational outreach, advice, guidance, and resources to help new graduates transition into nursing practice. Employers also wanted CNO to have a role in supporting nurses to feel safe in their practice and to be proactive around systemic issues. Other recommendations included using more specific language and providing examples of situations in practice standards, and to maintain the focus on the registration of IENs.

## **Conclusion**

Results provide, for the first time, baseline data on how system partners perceive CNO and provide various insights into where there are opportunities for improvement. Future initiatives to enhance perceptions and trust in CNO can be benchmarked against these results. Based on the recommendations, CNO is currently working on identifying a list of activities that will be planned for execution. Further updates will be shared in subsequent Council meetings.

---

<sup>3</sup> Practice Consultants were former positions at CNO.

Overall, this survey suggests that the public reputation of nurses and the profession is strong. CNO appears to have a favourable reputation among those aware, with relatively few who are negative towards it. A majority of Ontarians say they are familiar with the regulation of nurses in Ontario, although specific knowledge may be more limited. Most believe that nursing is a well-regulated profession.

## Amendment to CNO By-Laws regarding the Registrar, Deputy and Acting Registrars

Decision note – March 2024 Council

### Contact for questions or more information

Silvie Crawford, Executive Director and Chief Executive Officer

### Decisions

That Council approve changes to Articles 12 and 13 in [By-Law](#) No. 1: General as they appear in attachment 1 to this briefing note.

That Council approve consequential amendments to all CNO By-Laws to change “Executive Director” to “Registrar”.

Please see attachment 1 for the redlined version showing the proposed by-law changes to articles 12 and 13 and attachment 2 for a chart that provides the rationale for each change.

### Questions for consideration

Does Council have any feedback or questions related to the proposed changes?

### Public interest rationale

Having the ability to appoint Deputy Registrars facilitates the timely processing of regulatory matters in the public interest.

### Background

In alignment with CNO by-laws, Council received the required notice of this proposed amendment on March 8, 2024.

#### Article 12: Registrar Title

The [Regulated Health Professions Act, 1991](#) (RHPA) uses the term “Registrar”. The [Nursing Act, 1991](#) enables the term “Executive Director” to be used in lieu of Registrar (see sections 1 and 7 of the *Nursing Act*). However, moving to “Registrar”, rather than “Executive Director”, aligns with other RHPA colleges and regulatory bodies in the province and is consistent with the introduction of a Deputy Registrar to CNO by-laws in [September, 2022](#).

### Article 13: Deputy Registrar

The RHPA gives the Registrar the authority over several regulatory areas (e.g. the authority to refer a matter to the Registration Committee, to appoint an investigator, to maintain a public register). These are examples of duties that could be delegated to a Deputy Registrar.

In September 2022, Council approved by-law changes that enabled the role of a Deputy Registrar within CNO. For more information, please see the September 2022 briefing note.

The proposed changes in this briefing note make it explicit that the Registrar can appoint more than one Deputy Registrar at a time, rather than relying on the general interpretation provision in article 57.01. Having more than one Deputy Registrar is consistent with practices by other regulatory bodies in this province.

### **Next steps**

Subject to Council's approval, the by-laws will be amended.

### **Attachments**

1. Redlined version showing the proposed by-law changes
2. A chart that provides the rationale for each change

## Attachment 1

### Proposed By-Law Amendments

#### 12. ~~Executive Director~~ Registrar

12.01 The Registrar means the Executive Director as specified in the Act.

12.012 The ~~Executive Director~~ Registrar shall be the Chief Executive Officer of the College.

12.023 The ~~Executive Director~~ Registrar shall perform those duties and responsibilities set out in the RHPA, the Act, the regulations and the by-laws of the College as well as such duties and responsibilities as shall be assigned to the position by Council.

12.034 The ~~Executive Director~~ Registrar shall be appointed by Council and shall be a member of the College.

12.045 The terms of employment of the ~~Executive Director~~ Registrar shall be set out in a written employment contract approved by the Executive Committee and shall be consistent with the College personnel policy in effect at the time such contract is approved.

12.056 No candidate for the position of ~~Executive Director~~ Registrar shall be offered a contract of employment until that candidate has been approved by the Council.

12.067 Despite subsection 12(1) of the Code, the Executive Committee shall not exercise the authority of the Council under Article 12.03.

#### 13. Deputy Registrar and Acting Registrar ~~Executive Director~~

13.01 The ~~Executive Director~~ Registrar may appoint ~~an~~ one or more employees of the College to act as Deputy Registrar(s) and, when so appointed, ~~that~~ such persons shall have ~~all~~ the duties and responsibilities of the Registrar that are delegated to them by the ~~Executive Director~~ Registrar.

13.02 Where the ~~Executive Director~~ Registrar is absent or there is a vacancy in the office of the ~~Executive Director~~ Registrar, ~~one or more~~ a Deputy Registrar(s) shall act as the ~~Executive Director~~ Registrar and shall have ~~all~~ the duties and responsibilities of the ~~Executive Director~~ Registrar including those contained in the RHPA, the Act, the Regulations and by-laws of the College ~~as delegated to them by the Registrar~~.





13.03 If a vacancy occurs in the office of the ~~Executive Director Registrar, and no Deputy Registrar is available~~, the Executive Committee or the Council ~~may~~ shall appoint an Acting ~~Executive Director Registrar~~ Registrar until an ~~Executive Director Registrar~~ Registrar is appointed.

13.04 Where the Executive Committee appoints an Acting ~~Executive Director Registrar~~ Registrar, under Article 13.03, that appointment is ~~shall be~~ valid only until the next meeting of Council unless ratified by the Council.

13.05 A person appointed as Acting ~~Executive Director Registrar~~ Registrar under Article 13.03 shall have all the duties and responsibilities of the ~~Executive Director Registrar~~ Registrar including those contained in the RHPA, the Act, the Regulations and by-laws of the College.

13.06 During extended absences where no Deputy Registrar is available, the ~~Executive Director Registrar, or Executive Committee in the absence of the Registrar~~, shall appoint in writing a senior staff person as the Acting ~~Executive Director Registrar~~ Registrar.

13.07 The Acting ~~Executive Director Registrar~~ Registrar appointed in accordance with Article 13.06 shall have all the duties and responsibilities of the ~~Executive Director Registrar~~ Registrar including those contained in the RHPA, the Act, the Regulations and by-laws of the College.

## Attachment 2

### Rationale Chart

Proposed by-law change	Rationale
<p>12. <del>Executive Director</del> Registrar</p> <p>12.01 The Registrar means the Executive Director as specified in the Act.</p> <p>12.0<del>2</del> The <del>Executive Director</del> Registrar shall be the Chief Executive Officer of the College.</p> <p>12.0<del>2</del>3 The <del>Executive Director</del> Registrar shall perform those duties and responsibilities set out in the RHPA, the Act, the regulations and the by-laws of the College as well as such duties and responsibilities as shall be assigned to the position by Council.</p> <p>12.0<del>3</del>4 The <del>Executive Director</del> Registrar shall be appointed by Council and shall be a member of the College.</p> <p>12.0<del>4</del>5 The terms of employment of the <del>Executive Director</del> Registrar shall be set out in a written employment contract approved by the Executive Committee and shall be consistent with the College personnel policy in effect at the time such contract is approved.</p> <p>12.0<del>5</del>6 No candidate for the position of <del>Executive Director</del> Registrar shall be offered a contract of employment until that candidate has been approved by the Council.</p> <p>12.0<del>6</del>7 Despite subsection 12(1) of the Code, the Executive Committee shall not exercise the authority of the Council under Article 12.03.</p>	<p>The proposed changes to article 12 amend references from “Executive Director” to “Registrar” to reflect terminology used in the RHPA and to be consistent with the introduction of the Deputy Registrar at CNO.</p> <p>Article 12.01 is necessary because the <i>Nursing Act, 1991</i> indicates that the Registrar of CNO shall be known as the Executive Director.</p> <p>The change from “Executive Director” to “Registrar” is proposed throughout the by-laws.</p>

Proposed by-law change	Rationale
13. Deputy Registrar and Acting <del>Executive Director</del> Registrar	The proposed deletion reflects the proposed change to strike the term “Executive Director” from CNO by-laws.
13.01 The <del>Executive Director</del> Registrar may appoint <del>an</del> one or more employees of the College to act as Deputy Registrar(s) and, when so appointed, <del>that such</del> persons shall have all the duties and responsibilities of the Registrar that are delegated to them by the <del>Executive Director</del> Registrar.	Under article 57.01 of the by-laws, “the singular shall include the plural and the plural shall include the singular”, pursuant to which currently more than one Deputy Registrar could be appointed. However, the proposed changes make it explicit without needing to refer to article 57.01.  Given the relatively high-stakes actions that a Deputy Registrar may carry out (such as appointing an investigator), it is prudent to make the authority to appoint more than one Deputy Registrar explicit in the by-laws.
13.02 Where the <del>Executive Director</del> Registrar is absent or there is a vacancy in the office of the <del>Executive Director</del> Registrar, one or more a Deputy Registrar(s) shall act as the <del>Executive Director</del> Registrar and shall have all the duties and responsibilities of the <del>Executive Director</del> Registrar including those contained in the RHPA, the Act, the Regulations and by-laws of the College as delegated to them by the Registrar.	This allows the appointment of Deputy Registrar(s) for one or more tasks through delegation by the Registrar.
13.03 If a vacancy occurs in the office of the <del>Executive Director</del> Registrar, and no Deputy Registrar is available, the Executive Committee or the Council may shall appoint an Acting <del>Executive Director</del> Registrar until an <del>Executive Director</del> Registrar is appointed.	These articles give the Executive Committee or the Council the power to appoint an Acting Registrar if there is a vacancy in the office of Registrar.  It is important to maintain the ability to appoint an Acting Registrar (separate and apart from the office of Deputy Registrar), as certain functions, such as high-level meetings, are most appropriately taken by the Registrar or Acting Registrar.
13.04 Where the Executive Committee appoints an Acting <del>Executive Director</del> Registrar under Article 13.03, that appointment is shall be valid	

Proposed by-law change	Rationale
only until the next meeting of Council unless ratified by the Council.	
13.05 A person appointed as Acting <del>Executive Director</del> Registrar under Article 13.03 shall have all the duties and responsibilities of the <del>Executive Director</del> Registrar including those contained in the RHPA, the Act, the Regulations and by-laws of the College.	
13.06 During extended absences where no Deputy Registrar is available, the <del>Executive Director</del> Registrar, or <del>Executive Committee in the absence of the Registrar</del> , shall appoint in writing a senior staff person as the Acting <del>Executive Director</del> Registrar.	
13.07 The Acting <del>Executive Director</del> Registrar appointed in accordance with Article 13.06 shall have all the duties and responsibilities of the <del>Executive Director</del> Registrar including those contained in the RHPA, the Act, the Regulations and by-laws of the College.	These articles allow for the appointment of a senior staff person as Acting Registrar, in the unlikely event that there is no Deputy Registrar available.

## By-Law amendment: Inquiries, Complaints and Reports Committee

Decision note – March 2024 Council

### Contact for questions or more information

Silvie Crawford, Chief Executive Officer

### Purpose and Action Required

To support effectiveness of the Executive and Discipline/Fitness to Practise Committees.

#### Motion:

That Article 18.01 of By-Law No. 1: General, regarding the membership of the Inquiries, Complaints and Reports Committee (ICRC) be amended by removing “shall include all of the members of the Executive Committee”

### Notice of By-Law Amendment

As required, notice of this proposed by-law amendment was sent to all members of Council on March 8, 2024.

### Background

Article 18.01 requires that all members of the Executive Committee become members of ICRC. This provision was put into place in advance of June 2009 when the accountabilities of the Complaints Committee (addressing public complaints) and the Executive Committee (addressing reports and health inquiries) were combined. The intent was to support ICRC effectiveness by transitioning the expertise of the Executive Committee with reports and health inquiries into the new ICRC.

### Unintended Consequences of current by-law provisions

Over time, it has become apparent that this requirement has the following unintended consequences:

- It is difficult to recruit Council members to stand for election to the Executive Committee because it also requires that the member serve on ICRC and may require that they leave the committee on which they currently serve
- It has resulted in the loss of experienced members on Discipline/Fitness to Practise committees. Often it is more experienced members who are elected to

the Executive Committee. If those members come from the Discipline Committee, it results in loss of that experience.

- It can result in a reduction of public members on the Discipline Committee, as existing members are moved to ICRC if they are elected to the Executive Committee. This can be particularly problematic if the public member moved is someone who has the time availability to participate in contested hearings

The change in statutory committees required by this by-law provision is not aligned with Council's current approach to build expertise by maintaining members on the same statutory committee through their term of office.

### **Recommendation**

Given that the initial rationale for the requirement for members of Executive Committee to serve on ICRC is no longer relevant, and the unintended consequences of this provision, it is being recommended that Article 18 be revised, as follows:

**18.01** The Inquiries, Complaints and Reports Committee ~~shall include all of the members of the Executive Committee and~~ shall be composed of

- i) not fewer than three elected councillors each of whom was elected as an RN;
- ii) not fewer than one elected councillor(s) each of whom was elected as an RPN;
- iii) not fewer than five public councillors;
- iv) not fewer than three RNs who are appointed committee members; and
- v) not fewer than two RPNs who are appointed committee members.

### **Impact on the election of the 2024/2025 Executive Committee and committee assignments**

It is proposed that Council consider approval of this by-law amendment on March 20. Council members have been informed of this proposed change. That would mean that anyone elected to the Executive Committee on the morning of March 21 could remain on their current statutory committee.

This information, and a new nomination form, was shared with all Council members when the notice of by-law change was circulated.

The Nominating Committee was informed of this proposal and will take that into consideration when preparing their recommendations regarding statutory committee appointments.



# Executive Election Package – March 2024 Council

The Executive is made up of the Officers (President, Vice-President, RN and Vice-President, RPN) and 2 other members. There are two public members on the Executive. (Article 16, General By-Law)

## Contents

### Candidate profiles for nominees<sup>1</sup>

Nominations remain open and can be submitted up to the call for nominations at the March meeting. A nomination form can be requested from Jenna Hofbauer.

#### President

[Patricia Sullivan-Taylor, RN](#)

#### Vice-President, RN

[Tomoko Fukushima](#)

#### Vice-President, RPN

[Rodolfo Lastimoso Jr.](#)

### Other members of the Executive – Public members (two positions)

[Jay Armitage, public member](#)

**Note:** If the President is a nurse, the two other members of the Executive are public members. If the President is a public member, the other members of Executive will be one public member and one nurse.

## Contents

- **Notes about the election process**
- **Candidate Profiles**
- **Governance principles**
- **Chair/Vice-Chair Competences (Council's Governance Vision)**
- **Diagram of the election process**
- **Schedule 1 to By-Law No. 1: Process for the Election of Council Officers and Other Members of the Executive Committee**

---

<sup>1</sup> The advance candidates have all submitted complete nominations and profiles in advance of the February 27<sup>th</sup> deadline.



## Notes about the election process:

### Before the election

Nomination forms were circulated to all Council members in December. Advance nominations (to circulate with Council package) closed at midnight on February 27<sup>th</sup>.

Nominations are open until the election. Any nominations in advance or made during the meeting will be added to the electronic ballot.

In February, the Executive Committee selected David Edwards, Carly Hourigan and Morgan Krauter as scrutineers.

### Voting

The Chair of the Nominating Committee, Naomi Thick, chairs the election of the Executive Committee.

Voting will take place using the survey feature of Boardvantage. The Chair of the election will walk through the process during voting and there will be voting instructions on the screen

### Officer Election

The officers (the President and Vice-Presidents) are elected first. The election process begins with a call for nominations from the floor for the officer positions. Candidates require three nominators. Since the meeting is remote:

- candidates will be asked to identify their nominators
- nominators will be asked to confirm that they are nominating the candidate.

### Election of the other members of the Executive

The election of the other two members of the Executive follows election of the Officers. The election process will begin with nominations from the floor (as above):

- If the **President is a nurse** – the other members of the Executive will be two public members
- If the **President is a public member** – the other members of the Executive will be one nurse and one public member

The election will follow the process set out in Schedule 1 of [By-Law No. 1: General](#) (pages 62-66).

### Speeches & Question period

In accordance with Council decisions about the process (December, 2016), after the call for nominations and before voting, candidates for contested positions will make a short speech (3 minutes) and there will be a question-and-answer period following the speeches.

Questions will be asked to all candidates for a specific position and will relate to:

- CNO's public interest mandate
- Council's governance principles
- The leadership role and the candidate's qualifications for the role (Chair/Vice-Chair competencies are attached)

# Executive Election Package – March 2024 Council

## Candidate Profiles

### **President**

Patricia Sullivan

### **Vice-President, RN**

Tomoko Fukushima, RN

### **Vice-President, RPN**

Rodolfo Lastimoso Jr.

### **Other members of the Executive – Public members (2 positions)**

Jay Armitage

**Patricia Sullivan, BSN, MPA, PMP** Contact: [LinkedIn](#) or [Email](#)

## **Candidate for President**

**I seek your vote to serve a second term as President on the Executive Committee. In this role, I will protect the public by advancing safe nursing practice and promoting regulatory excellence.**

Nurses are essential to patient safety and a high performing health system. In 2023 this required close collaboration with system partners to register, retain, and train more nurses to address existing system gaps and prepare for the future needs of the Ontario population.

Through my leadership and collaboration with Council, Executive Committee, and CNO Leaders, CNO will continue to advance excellence in professional regulation in Ontario and across Canada. Council's job is to oversee CNO's mandate to protect the public through safe nursing practice. I am proud of the governance improvements made in FY2023/24 that responded to – and actioned – the Council Evaluation feedback. During my tenure, Council member engagement increased through more timely and complete briefing packages, improved agenda planning, and meeting facilitation. In partnership with CNO staff and the Executive Committee we are moving toward more inclusive meetings and bringing evidence to our decision making.

In FY 2024/25, I will actively collaborate with the CNO staff, Council, and system partners to co-design the next CNO strategy. This includes equity, diversity and inclusion actively modeled within the organization and across Committee and Council activities. I value the evaluation input provided to the President and Executive Committee and commit to further enhance engagement between meetings, succession planning, and distribution of responsibilities. These efforts will lead to further Council and Executive Committee effectiveness and fulfil our oversight role to protect the public through safe nursing practice.

I bring 30 years experience in quality improvement, governance, and performance measurement. This includes direct patient care experience in hospitals and the community, as well as policy and regulatory development, implementation, and evaluation. I have a 20-year track record leading data analytics and reporting to support clinical and administrative decision making by clinicians, health system administrators and policy makers. Most recent executive-level roles focused on health system strategy, policy, and partner engagement. As a consultant, I work with healthcare systems to advance quality, patient, and workforce safety through standardized tools that improve capabilities and care.

### **Four Years CNO Council experience:**

2023 to present, CNO President and in 2022 Vice President, RN

2023 to present, Inquiries, Complaints and Reports Committee, Chair (Member 2022)

2020 to present, CNO Council and Finance Committee Member

2020 to 2022, Disciplinary and Fitness to Practice Committee Member

### **Relevant competencies I will continue to demonstrate in the President role:**

**Nursing Leadership** – quality and safety standards, people-centred care, interdisciplinary co-design and accreditation. Strategic national and provincial roles that ranged from Director, Health System Funding Policy to Executive Lead, CEO Office-Strategy, Policy, and Partner Engagement.

**Regulatory** – co-designed, implemented and assessed regulations and standards; author on regulation and assessment related to patient relations, integrated care, quality improvement.

**Governance** – 10 years experience advising/governing Canadian healthcare organizations and/or health systems in accountability, performance monitoring and quality and patient safety.

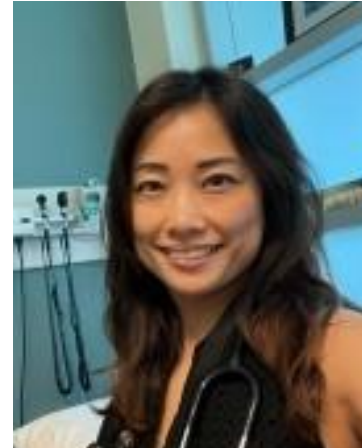
February 25, 2024

## Candidate for Vice-President

Tomoko Fukushima, RN

[tomoko.hiramatsu@gmail.com](mailto:tomoko.hiramatsu@gmail.com)

[tomoko.fukushima@mail.utoronto.ca](mailto:tomoko.fukushima@mail.utoronto.ca)



### Education:

- BScN from University of Toronto (2007)
- Master's of Nursing with certificates in *Leadership and system transformation* and *Healthcare Innovation and Design* from University of Calgary (2022)
- NP diploma from University of Toronto (graduating 2024)

### Professional experience:

- Sherbourne Health, primary healthcare RN 2020-present
- Access Alliance CHC, primary healthcare RN 2016-2020
- Kuraoka Clinic, primary healthcare RN in Ohio, USA 2013-2015
- Toronto rehabilitation institute, UHN, geriatric rehab RN 2007-2010

### Governance experience:

- CNO elected counsellor since 2022
- Discipline & Fitness to practice Committee member since 2022
- Director of south Ontario region at Japanese Medical Support Network Canada (2017 - present)
- Board member, Japanese Social Service (2019-2021)

**My core value is equity** - professionally and personally, I have been dedicating my time to fill the gap in healthcare inequity during my 16 years of nursing career. Professionally, through working with underserved population in the community, and personally as a director of a not-for-profit health organization for newcomers.

CNO's mission is to protect public through safe nursing practice. Public safety in nursing practice is multifaceted with many aspects, from social determinants of health to systems and law, to nurses' well-being. I believe equity plays a large part of public safety in healthcare and I wish to contribute what I can based on my past experiences - and endless passion for improvements in healthcare! I am confident that CNO has been working tirelessly towards our mission and wish to be part of the collaborative effort to make nursing profession safer for the Ontarians.

Your support is truly appreciated.

*Tomoko Fukushima, RN, MN*

# **Rodolfo D. Lastimoso Jr., RPN, RN, BScN**

## **Candidate for Vice-President, RPN**

### **College of Nurses of Ontario (CNO) Executive Committee**

#### **Professional Experience**

- Clinical Practice Leader in Acute Medicine and Stroke Rehabilitation Departments at Humber River Health
- Registered Nurse in the Nursing Resource Department at Humber River Health
- Registered Practical Nurse in Respirology and Gastroenterology Departments at Humber River Health
- 18 years of nursing experience both in the Philippines and Canada

#### **Governance Experience**

- Current CNO Council VP – Registered Practical Nurse
- Current Council Member – RPN for Central / Toronto District
- Current Member of the Executive Committee, Finance Committee, and the ICR Committee
- Former Member of Registration Committee
- Former Member of Discipline and Fitness to Practice Committees
- Former President of the Nursing Students in Ontario (NSO), an interest group of the RNAO
- Former Board of Director – Student Representative of the RNAO
- Former Student Senator, Faculty of Health at the York University Senate

#### **Education**

- Bachelor of Science in Nursing for Internationally Educated Nurses Program at York University, Canada, 2020
- Ontario Internationally Educated Physical Therapy Bridging Program at University of Toronto, Canada, 2016
- Master in Nursing at Liceo de Cagayan University, Philippines, 2009
- Bachelor of Science in Nursing at Liceo de Cagayan University, Philippines, 2004
- Associate in Health Science Education at Liceo de Cagayan University, Philippines, 2002
- Bachelor of Science in Physical Therapy at Liceo de Cagayan University, Philippines, 2001

#### **Contact**

[LinkedIn](#)  
[Email](#)



I am a lifelong learner, and from my past experiences on Executive Committees and Boards, I am aware of the intense preparation work necessary, the need to listen to the contributions of all and make decisions that advance the CNO's mandate.

My attributes related to being self-directed, taking the initiative, flexibility, excelling in teamwork, providing person-centered care, and speaking articulately will be very useful to me as a Vice President, RPN. These are all skills I honed in previous role as a Council Member.

If elected again, I am committed to being a fully engaged Vice-President, RPN because I believe self-regulation is a privilege and the public's protection is an obligation.

#### **Leadership Attributes**

- Strategic Visioning
- Organizational Decision Making
- Practice Innovation
- Quality Improvement
- Professional Accountability
- Active Listener
- Continuous Learner
- Integrity

# JAY ARMITAGE, Public Member

## Candidate for Executive Committee

---

An accomplished executive with 20 years of success in strengthening brands and building trust with customers, government, stakeholders and the general public and a proven track record of driving strategic plans that deliver results. Consistently demonstrating bold and innovative approaches to communications with a passion for making a difference. Expertise in brand strategy, marketing, internal and external communications, market research, community investment and sustainability. Possesses a strategic mindset, courage and exceptional judgement. Recognized as a highly regarded, passionate and optimistic leader.

---

### Experience

Most recently, Jay Armitage held the position of Vice President of Marketing and Communications at Ontario's largest electricity provider where she led a team of 35 and was accountable for brand strategy, marketing, internal and external communications, research, community investment and sustainability.

Previously, she held the position of Vice President at a leading communications agency where she helped public and private sector clients develop effective communications strategies and manage complex issues.

After completing her Bachelor of Arts in politics from Queen's University and a Master of Arts in journalism from Western University, Jay spent her early career in TV journalism as an Associate Producer at CBC News: Sunday.

She currently serves as a public member on the Executive Committee and Council of the College of Nurses of Ontario.



### Expertise

- Brand strategy
- Integrated marketing and communications
- Sustainability and social impact
- Issues and crisis management
- Stakeholder and government relations

### Contact

[LinkedIn](#) or [Email](#)

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



## Board Chair/Vice-Chair Profile

The Board Chair/Vice-Chair competencies and attributes are derived from the Board profile. These were identified in consultation with the Work Group, Committee Chairs, Committee staff resources and expert advice from Governance Solutions.<sup>1</sup>

### *I. Career Knowledge and Experience Competencies (Where have you been?)*

There are no specific career knowledge or experience competencies that are called for in the Chairs: if these individuals possess the other qualities (below), they may be drawn from any career path or experience mix.

### *II. Functional Skills Competencies (What do you know?)*

Competency		Description
1.	Chairing Boards and/or Committees	Has served as Chair and/or Committee Chair on at least one other Board of an organization of comparable size and complexity, or demonstrates an equivalent combination of education and experience.
2.	Governance and Boards	Has a strong familiarity with and understanding of governance roles and responsibilities, and current governance policy, issues, and trends, gained through prior Board or committee experience in an organization of similar size, scope and complexity to the College, and/or governance education, for example ICD.D (Institute of Corporate Directors), Pro.Dir. (Professional Director®), or C.Dir (Director's College).
3.	Change Management	Demonstrates skills related to relationship management, engagement, socialization of ideas, consultation and negotiation.
4.	Leadership	Demonstrates skills and ability to lead others to solve problems, adapt and manage change, innovate and achieve results.
5.	Evidence-Based Decision-Making	Demonstrates ability and advanced skills in locating, critically appraising, interpreting, synthesizing, weighing,

<sup>1</sup> <https://www.governancesolutions.ca>



Competency		Description
		evaluating and using evidence from qualitative and quantitative paradigms.
6.	Decision-Maker	Is a proven decision-maker using different decision-making methods beyond evidence-based.
7.	Public Interest	Has experience and understanding protecting and acting in the public interest.
8.	Stakeholder Relations	Demonstrates understanding and ability to provide effective oversight of engagement and communications with the public, government, and other key stakeholders.

III. *Affinity Attributes (What informs your thinking, your perspective?)*

There is no specific affinity attribute called for in the chairs; these individuals are drawn from the Board that, in its entirety, reflects a diverse range of affinity attributes.

IV. *Character Attributes<sup>1</sup> (Who are you?)*

Attribute		Description
1.	Communicator	Able to communicate clearly, concisely and accurately, orally and in writing.
2.	Constructive	Able to build relationships, and to be constructive and helpful.

---

<sup>1</sup> These character attributes were developed from Governance Solutions' meta-research, supplemented and customized with the Ontario Government Regulatory and Adjudicative Agencies' core competencies. These are available at: <https://www.ontario.ca/document/member-regulatory-and-adjudicative-agencies-core-competencies>. These competencies are not mandated for regulatory colleges, but they are a helpful and relevant source. In general, all board and committee members should possess these core character attributes.

Attribute		Description
3.	Emotionally Mature	Able to understand and skillfully manage emotions, especially when faced with conflict and confrontation; self-aware and professional.
4.	Ethical	Able to meet the expectations set out in the Conduct by-law; has an unquestioned level of ethical integrity.
5.	Fiduciary	Able to put others' interests first (servant leadership); has a passion for the public interest, commitment and drive.
6.	Inclusive	Able to create opportunities for all voices and backgrounds to be heard and considered; demonstrates respect and long-standing commitment and action to achieve equity, diversity and inclusivity.
7.	Independent	Able to think independently, while knowing when and how to consult others.
8.	Learner	Able to apply learning to the public interest; demonstrates a willingness to learn and develop.
9.	Listener	Able to listen and question to achieve understanding; is an effective and active listener.
10.	Proactive	Able to think proactively and to anticipate.
11.	Strategic	Able to move beyond the details to envision the grander future; is a strategic thinker.
12.	Adaptable	Able to adapt easily and quickly to changing evidence and environments; demonstrates cognitive flexibility.

Attribute		Description
13.	Forthright	Able to present an unpopular or controversial position in the face of opposition or opposing views.
14.	Professional Judgement	Able to think critically.
15.	Astute	Able to apply their knowledge in the context of Board level decision-making and leadership.
16.	Problem Solver	Able to evaluate complex issues and to make effective decisions (find solutions).
17.	Unifier	Able to encourage divergent thinking and dissent from others, and to build consensus; stands behind the collective decisions of the board in unity.
18.	Systems-level Thinker	Able to conceptualize on a systems level and communicate this understanding to others.

# Process for Electing the Executive Committee

## Before

the March Council Meeting

**Request for nomination**  
Circulated in advance

**Candidate information**  
Council receives information on nominated candidates

## During

the March Council Meeting

**Officer election**  
(President, Vice-President RN and Vice-President RPN)  
• Nominations from the floor  
• Speeches  
• Voting  
• Counting  
• Announcing results

Public Member president

Nurse president

**Public member election (1)**  
• Nominations from the floor  
• Speeches  
• Voting  
• Counting  
• Announcing results

**Public member election (2)**  
• Nominations from the floor  
• Speeches  
• Voting (2 votes/member)  
• Counting  
• Announcing results

+

**RN/NP/RPN member election (1)**  
• Nominations from the floor  
• Speeches  
• Voting  
• Counting  
• Announcing results

## After

the March Council Meeting

**Results**  
Numeric results provided to candidates on request

## Council and Committee Code of Conduct

### Decision Note – March 2024 Council

#### Contact for questions or more information

Silvie Crawford, Executive Director and CEO

#### Decision

Council approval of an option for addressing complaints under By-Law No. 3: Council and Committee Code of Conduct (the “Code”) to maintain public trust.

Council’s decision will support drafting Article 16 of the Code in accordance with the principles set out in the selected option.

#### Questions for consideration

- Is there a preferred option and if so, why?
- If there is a preferred option are there any considerations Council would like staff to explore?
- Is there another option Council would like staff to explore?

#### Public interest rationale

Council and Committees have an important role in making decisions that protect the public interest and promote public safety. The [Council and Committee Code of Conduct](#) (Code) sets out the behavioural expectations for Council and Committee members. Clear guidance on the process to address breaches on the Code helps maintain integrity and mitigate risks that could impact the Council and Committees reputation.

#### Background

In December 2023, Council approved the new Code. Changes were made to ensure alignment with best practice, address societal expectations such as diversity, equity and inclusion, and meet the requirements of the [College Performance Measurement Framework \(CPMF\)](#).<sup>1</sup>

---

<sup>1</sup> 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.

The Code also added clarity on 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.

Within Article 16: Code of Conduct Proceedings, there needs to be a process that outlines the procedures when there is an alleged Code breach. Council is being asked to provide direction on this process. By-laws will be developed for Council's review and approval in June according to Council's direction.

### Current Process

The Conduct Committee<sup>2</sup> is a standing committee of Council. It exists to receive and screen complaints about breaches of By-Law No. 3: Council and Committee Code of Conduct. This committee only meets if a complaint is received.

If a complaint is received, the following steps are taken:

- Complaint is filed under Article 16 of the Conduct By-Law. At any time during the process, the [Conduct Committee](#) can attempt informal resolution of the matter.
- If the Conduct Committee is unable to act on the matter, an independent commissioner is consulted.<sup>3</sup>
  - If the Conduct Committee is unable to investigate a matter, an independent investigator may be appointed.<sup>4</sup>
- The Conduct Committee reviews the results of the investigation and determines whether the matter requires formal resolution.
  - Where the Committee believes that the matter requires formal resolution, this would get referred to the [Executive Committee](#).
  - Where the Committee believes that the matter does not require formal resolution, the Committee would send a report with its recommendations to the Executive Committee.

### Options

Below are three options for Council's review and consideration. These options are informed by a review of other regulators (Ontario health regulators and Canadian

---

<sup>2</sup> Conduct Committee is comprised of five Council members (three nurses and two public members) who get appointed, on recommendation of the Nominating Committee. The Chair of the Conduct Committee is appointed by Council based on the recommendation of the Executive Committee. Members of the Executive Committee are not eligible to serve on the Conduct Committee.

<sup>3</sup> The independent commissioner is selected based on a list that was approved by Council and provided by the Executive Director and CEO.

<sup>4</sup> Similar to the independent commissioner, the independent investigator is selected based on a list that was approved by Council and provided by the Executive Director and CEO.

nursing regulators) and in consultation with external legal counsel. Each option applies a means to first resolve complaints informally before resorting to a formal process (the latter of which may involve sanctions such as censure through to disqualification of nurse members or recommendation to disqualify public members<sup>5</sup>).

### **Option 1: Maintain the Current Process**

This option would maintain our current process which involves complaints being made to the Conduct Committee (which is a standing committee of Council).

Please refer below for some of the benefits and drawbacks in leveraging this approach.

#### ***Benefits:***

- This process is already set, there is no need to develop new terms of reference.
- Conduct and Executive Committee are committees of the Council, comprised of CNO Council members who can be readily called upon if required.

#### ***Drawbacks:***

- Risk of conflicts (e.g., Conduct Committee and Executive Committee members of these committees are making decisions on complaints about colleagues they continue to serve with).
- Our current process is not competency based; therefore we cannot guarantee expertise exists on Council.
- Less interest to serve on this committee because of awkwardness of sitting in judgment of fellow members. Potentially puts Council members in an uncomfortable position.
- Fees associated with consulting with an independent investigator or commissioner.

### **Option 2: Council President and Executive Director/CEO and/or a Third-Party Reviewer**

This option would bring matters to the Council President and the Executive Director/CEO for informal resolution. If a matter cannot be resolved informally, it will be referred to an independent third-party reviewer with knowledge and experience in professional regulation to support resolution. The third-party reviewer would recommend actions, including and if applicable, any formal sanction to Council for decision.

Please refer below for some of the benefits and drawbacks in leveraging this approach.

---

<sup>5</sup> Public members are government appointees, Council does not have power to remove these members, they can only provide a recommendation to Government.

**Benefits:**

- A third party reviewer with appropriate competencies and attributes supports objective, impartial decision-making.
- Mitigates risk of personal conflict between Committee/Council members.

**Drawbacks:**

- Fees associated with consulting with an expert third-party reviewer.

**Option 3: Conduct Committee comprised of Council members from other Colleges**

This option would bring matters that cannot be resolved informally to a Conduct Committee comprised of Council members from other regulatory colleges.

Please refer below for some benefits in leveraging this approach and some drawbacks.

**Benefits:**

- Removes the requirement for CNO Council members to serve on a Committee where they need to judge their colleagues.
- Mitigates risk of personal conflict between Committee members.
- This committee would be comprised of individuals who understand regulation and the expectations of Council members.
- Facilitates a future collaborative approach

**Drawbacks:**

- An interim process is required until a new process is set up. CNO would not be able to implement this option immediately.

**Next Steps:**

- Draft by-laws for Article 16: Code of Conduct Proceedings for Council's review and potential approval in June.



## Competency-Based Council Elections

Discussion Note – March 2024 Council

### Contact for questions or more information

Silvie Crawford, Executive Director and Chief Executive Officer

### Action Required

That Council provide input into the approach for updating competencies and attributes for Council members.

### Questions for discussion

- The Nominating Committee recommends changing the order and wording on the competency and attributes framework as noted below. Any additional changes or input?
- What are the top three core [competencies and/or attributes](#) that every Council member must possess? Why?
- What information should be made available to voters to inform their decisions?
- What approach should be taken to integrate diversity, equity and inclusion (DEI) within the framework?

### Purpose

The purpose of this note is for Council to discuss an approach for updating the current competencies and attributes for Council members.

### Background

In [December 2023](#), Council approved an approach for implementing competency-based Council elections. This approach aims to improve the current elections process<sup>1</sup> by having candidates self-report against competencies and attributes before running for election to Council. At this time, there is no verification of a candidate's self-reporting of competencies and attributes or screening process.

---

<sup>1</sup> Currently, candidates are asked to reflect on the board profile and identify in the Council profile which competencies and attributes they bring to Council.

The self-reporting process will help candidates determine their readiness to serve on Council. In addition, the information<sup>2</sup> that will be provided to voters based on candidate's self-reporting will inform them about each candidate's competencies and attributes and help them make informed decisions.

## Principles

Below are the principles that were informed by Council's prior [discussions](#) related to the approach for implementing competency-based Council elections. These principles can also be considered by Council, ensuring that the process to update the competencies and attributes is:

- evidence-informed,
- competency-based,
- focused on DEI,
- risk-based,
- transparent, and
- focused on ongoing quality improvement.

## Considerations for updating competencies and attributes

On March 6, 2024, the Nominating Committee discussed the approach for updating Council member competencies and attributes. Below are the Nominating Committee's recommendations for Council to consider and provide input in updating the competencies and attributes, with an emphasis on DEI.

## Framework

In 2018, as part of the [Governance Vision](#), CNO developed the [Board Profile](#), supported by Council. This framework has been used for all competency development work related to statutory committees, Council members and the Nominating Committee. The framework includes four dimensions of competencies and attributes:

- career knowledge and experience,
- functional skills,
- affinity attributes, and
- character attributes.

The Nominating Committee discussed the current framework and identified opportunities for re-organizing the dimensions within the framework by placing the character and affinity attributes first, followed by the competencies, focused on career

---

<sup>2</sup> The Nominating Committee will discuss the information that will be made available to the voters and make recommendations to Council for consideration in future meetings.

knowledge and experience and functional skills. The rationale for the recommendation to center the character and affinity attributes within the framework is because these attributes define who you are and what informs your thinking. They are an essential piece of being an effective team member.

The Nominating Committee also noted opportunities for changing the terminology of the dimensions from “affinity” to “diversity” or “lived experiences” for clear language and to align with recent changes to the statutory committee competencies. In addition, the Committee recommended integrating physical/health abilities (e.g. neurodiversity) within the affinity attributes.

To revise the competencies and attributes for Council members, Council has an opportunity to review the existing framework, consider the Nominating Committee’s recommendations and identify additional opportunities for change.

### **Competencies and attributes considerations**

The board profile includes the competencies and attributes for Council members. In reviewing the competencies and attributes, Council can consider identifying and highlighting core competencies that every candidate is expected to bring to Council. In addition, the current profile includes specialized competencies. These are competencies that not every candidate is required to have. In revising the competencies and attributes, there may be opportunities to differentiate between the core and specialized competencies within the framework.

The Nominating Committee discussed the need to have a wide range of skills on Council. They noted that heterogeneity on the board is desired to create a diverse Council. Having diversity of skills and experiences matters, given Council member’s role in making important decisions in the regulation of nursing in the public interest.

In addition, the Committee discussed the information that would be made available to voters to inform their decisions. While additional discussion is required, it was noted that candidate information should be succinct, and candidates should demonstrate how they meet key competencies through their knowledge, skills and experience.

### **DEI considerations**

The competencies and attributes will be revised, with a particular emphasis on DEI. This includes allowing candidates to highlight their learned and lived experiences in the elections process through the self-reporting component.



Council has made recent changes to statutory committee competencies related to DEI. There is an opportunity to use a similar approach to enhance DEI within the competency and attributes framework for Council members.

In revising the competencies and attributes with a DEI lens, Council can take into consideration the following main outcomes for integrating DEI into the competencies and attributes for Council members. The DEI competencies will aim to enable Council members to:

- apply a DEI lens in their discussions and decision-making, and
- provide oversight of organizational DEI priorities.

The Nominating Committee will have additional discussion and bring forward recommendations to Council to update competencies and attributes with a DEI lens.

### **Next steps**

- Based on Council's input, the Nominating Committee will propose updates to the competencies and attributes for Council members.
- Proposed revisions of competencies and attributes will be brought to Council in June for decision.

### **Attachments**

- CNO Council Competency and Attributes Dimensions

# COMPETENCY AND ATTRIBUTE DIMENSIONS

## INTRODUCTION

There are four dimensions of competencies and attributes:

- I. career knowledge and experience
- II. functional skills
- III. affinity attributes
- IV. character attributes

### I. Career Knowledge and Experience Competencies (Where have you been?)

- **Professional nursing experience (RN, RPN or NP)**  
Has experience in, and understanding of, nursing practice and conduct, especially related to public concerns, standards of practice and client safety.<sup>i</sup>
- **Regulatory experience**  
Has experience in the oversight of self-regulated professions, and the ability to understand and oversee regulations and standards setting and certification. Should have awareness/knowledge of the regulatory climate and evolving regulatory issues, regulated industries and their oversight regimes. May be, but not necessarily, a lawyer.
- **Patient rights**  
Is well versed in matters related to patient rights, including but not limited to the abuse of patients and boundary violations.
- **Cross-cultural experience**  
Has credibility based on experience working with diverse teams and marginalized or vulnerable client groups, e.g. working cross-culturally, internationally, experience with social, humanitarian, anti-oppression and LGBTQ- positive principles, sensitivity and knowledge dealing with victims, boundary issues, sexual abuse.
- **Broad health sector leadership**  
Has experience in a senior leadership position in a health care administrative setting.

- **Financial/accounting expertise**  
Has experience preparing, auditing, analyzing or evaluating financial statements. Has a strong understanding of generally accepted accounting principles and financial statements and their application. May have accounting credentials (e.g. CPA).
  - **Education system**  
Understands the post-secondary educational system and its relationship to the College.
  - **Information technology**  
Is familiar with the use of technology for working on Board or committee matters and operations.
  - **Human resources leadership**  
Has experience as a human resource professional with a strong understanding of occupational health and safety, organizational structure and human resources oversight, including: compensation, recruiting, assessing and succession planning. Is well versed in assessing the competence and character of individuals based on a set of specific requirements.
- 

## II. Functional Skills Competencies (What do you know?)

- **Public interest**  
Has experience and understanding protecting and acting in the public interest.
- **Evidence-based decision-making**  
Demonstrates ability and advanced skills in locating, critically appraising, interpreting, synthesizing, weighing, evaluating and using evidence from qualitative and quantitative paradigms.
- **Decision-maker**  
Is a proven decision-maker using different decision-making methods beyond evidence-based
- **Stakeholder relations**  
Demonstrates understanding and ability to provide effective oversight of engagement and communications with the public, government and other key stakeholders.

- **Leadership**  
Demonstrates skills and ability to lead others to solve problems, adapt and manage change, innovate and achieve results.
- **Strategic planning**  
Demonstrates the ability to think strategically and has experience participating in, or leading, an organization in planning for its future, such as: conducting S.W.O.T. analysis, environmental scans, strategy design, planning, implementation and evaluation.
- **Risk management/oversight**  
Demonstrates a proactive, continuous and systemic approach to identifying, understanding and communicating hazard, operational, financial and strategic risks from an integrated oversight perspective.
- **Governance and boards**  
Has a strong familiarity and understanding of governance roles and responsibilities, current governance policy, issues and trends gained through prior board or committee experience in an organization of similar size, scope and complexity as the College, and/or governance education, such as ICD.D (Institute of Corporate Directors), Pro.Dir. (Professional Director), C.Dir (Director's College).
- **Quality management/ oversight**  
Demonstrates skills related to relationship management, engagement, socialization of ideas, consultation and negotiation.
- **Change management**  
Has a functional understanding of systems, as well as some understanding of quality frameworks and how they support client safety and quality care.
- **Financial literacy**  
Is able to read and understand financial statements, preferably for organizations of similar size, scope and complexity of the College.
- **Chairing boards and/or committees**  
Has served as Chair and/or Committee Chair on at least one other board of an organization of comparable size and complexity.
- **Business and commerce**  
Understands modern, general business with a high degree of technological sophistication.

### III. Affinity Attributes (What informs your thinking, your perspective?)<sup>ii</sup>

- **Attributes**
  - Patient safety and broader social needs and safety
  - Gender diversity
  - Urban-rural diversity
  - Cultural/heritage diversity (including Francophone, Indigenous; seeking demonstrated commitment to equity and anti-racial bias)
  - Geographic diversity across Ontario
  - Age diversity
  - Diverse patient population needs (e.g. geriatric, paediatric, mental health, care settings)
- 

### IV. Character Attributes<sup>iii</sup> (Who are you?)

- **Communicator**  
Able to communicate clearly, concisely and accurately, orally and in writing.
- **Constructive**  
Able to build relationships, being constructive and helpful.
- **Emotionally mature**  
Able to understand and skillfully manage emotions, especially when faced with conflict and confrontation; be self-aware and professional.
- **Ethical**  
Able to meet the expectations set out in the Conduct by-law, with an unquestioned level of ethical integrity.
- **Fiduciary**  
Able to put others' interests first (servant leadership); has a passion for the public interest, commitment and drive.



- **Inclusive**  
Able to create a place for everyone's voice; understands the concept of equity; is aware of and respects diversity such as social and cultural differences; is empathetic.
- **Independent**  
Able to think independently, while knowing when and how to consult others.
- **Learner**  
Able to apply learning to the public interest; demonstrates a willingness to learn and develop.
- **Listener**  
Able to listen and question to achieve understanding; is an effective and active listener.
- **Proactive**  
Able to think proactively and to anticipate.
- **Strategic**  
Able to move beyond the details to envision the grander future; is a strategic thinker.
- **Adaptable**  
Able to adapt easily and quickly to changing evidence and environments; demonstrates cognitive flexibility.
- **Forthright**  
Able to present an unpopular or controversial position in the face of opposition or opposing views.
- **Professional judgement**  
Able to think critically.
- **Astute**  
Able to apply their knowledge in the context of Board-level decision-making and leadership.
- **Problem solver**  
Able to evaluate complex issues and to make effective decisions (find solutions).

- **Unifier**  
Able to encourage divergent thinking and dissent from others, and to build consensus; stands behind the collective decisions of the Board in unity.
  
- **Systems-level thinker**  
Able to conceptualize on a systems level and communicate this understanding to others.

---

<sup>i</sup> The College's future governance model calls for six nurses, including at least one RN, one RPN and one NP to serve on the Board.

<sup>ii</sup> None of the affinity attributes were developed or validated with descriptors.

<sup>iii</sup> These character attributes were developed from meta-research, supplemented and customized with the Ontario Government Regulatory and Adjudicative Agencies' core competencies. These are available at: <https://www.ontario.ca/document/member-regulatory-and-adjudicative-agencies-core-competencies>. These competencies are not mandated for regulatory colleges, but they are a helpful and relevant source. In general, all Board and committee members should possess these core character attributes.

## Finance Committee Report

February 15, 2024

### Contact for questions or more information

S. Mills, Chief Operating Officer

### Meeting

The Finance Committee met on February 15, 2024. R. Lastimoso Jr. chaired the meeting. Geoff Clute and Blair MacKenzie, from Hilborn LLP, were guests at the meeting.

Attachment 1 is draft minutes of the meeting.

### Financial Statements Reports

The unaudited financial statements for the year ended December 31, 2023 (Attachment 2) and the confidential and privileged Management Discussion and Analysis (MD&A) were reviewed in detail. It was noted that the year-end results may change as a result of the audit.

The year-end operating deficit of \$3.5M is a \$6.8M favourable variance from the \$10.3M budgeted deficit. This is the result of:

- revenues being higher than budgeted by \$3.4M 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 \$3.4M less than budgeted. The favourable variance is largely due to unfilled staff positions and timing of equipment and operating supplies costs.

It was flagged that, in future, the Finance Committee would like to receive more information on CNO's investment portfolio.

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 year ended December 31, 2023.**

## **Pre-Audit Communication**

Geoff Clute and Blair MacKenzie of Hilborn LLP presented the approach being used for the audit of CNO's financial results for the year ended December 31, 2023. They noted that they use a risk-based approach to the audit and provided details about their independence.

The committee confirmed the value of an external review of internal controls and asked that it be incorporated into the committee's long-term plan.

The committee had an in-camera meeting with the auditor.

## **Terms of Reference**

Terms of Reference for the Finance Committee and the Sub-Committee on Compensation are reviewed biennially.

### **Finance Committee Terms of Reference**

The Finance Committee discussed proposed amendments to its terms of reference to broaden its oversight accountabilities from financial to oversight of CNO's enterprise risk management program. During the discussion, a number of areas requiring further exploration were identified. It was noted that some of the items discussed would require further exploration with possible changes beyond the Terms of Reference. Based on its input, the Finance Committee will further assess and discuss revisions to their Terms of Reference in May, along with resulting by-law revisions.

It was noted that, while the changes proposed to the Terms of Reference are deferred, CNO is not limited in the information it can share with the Finance Committee related to enterprise risk management. It was confirmed that the Finance Committee receives information related to risk at all its meetings and may request additional information.

Based on a request, the committee received information on how CNO monitors corporate projects. The Finance Committee asked staff to prepare criteria to support identifying projects for committee oversight.

## **Membership of the Sub-Committee on Compensation**

The Finance Committee recommends the members of the Sub-Committee on Compensation. In December, Council approved amendments to the Terms of Reference of the Committee to support succession planning including:

- extending the maximum term of office of its members to three complete terms of office and
- setting the membership composition between 3-5 members.

The Finance Committee received information on the current member whose term of office is expiring and two potential new members, including their background and how they meet the required [competencies](#).

The Finance Committee's recommendation is addressed in the briefing for Council [Agenda Item 9.5.2](#).

## **Attachments**

1. Draft Minutes of the Finance Committee meeting of February 15, 2024
2. Unaudited Financial Statements for the year ended December 31, 2024

## Draft Finance Committee Minutes

February 15, 2024 at 9:00 a.m.

### Present

R. Lastimoso Jr., Chair      J. Farag      P. Sullivan  
B. Canuel      M. E. Renwick

### Regrets

M. Hogard      S. Leduc

### Staff

V. Adetoye      J. Hofbauer      M. Kelly, Recorder  
S. Crawford      C. Jiang      S. Mills

### Guests

G. Clute      B, MacKenzie

### Chair

R. Lastimoso Jr., chaired the meeting held via Zoom.

### Agenda

The agenda had been circulated prior to the meeting. A new item was requested – Corporate Project Portfolio Report.

### Motion 1

Moved by P. Sullivan, seconded by M. E. Renwick,

That the agenda be accepted as amended.

CARRIED

### Minutes

Minutes of the Finance Committee meeting of November 15, 2023 had been circulated.

## **Motion 2**

Moved by M. E. Renwick, seconded by J. Farag,

That the minutes of the Finance Committee meeting of November 15, 2023 be accepted as presented.

CARRIED

## **Financial Statements**

V. Adetoye highlighted the unaudited financial statements for the year ended December 31, 2023.

In reviewing the statements, it was noted that CNO's investment strategy is documented in the organizational policy for which the Finance Committee has oversight. CNO's investments are currently reported to the committee on a quarterly basis through the financial reports and the notes on audited financial statements provides information on interest rates and maturity dates on various investments; V. Adetoye inquired if the committee required further detail to fulfill their oversight accountabilities. CNO committed to preparing an investment report for the committee annually.

Highlighting the statement of operations, V. Adetoye noted that at the end of 2023 there was a deficit of \$3.5M, which is \$6.8M less than the budgeted deficit of \$10.3M. It was noted that the total revenue was \$3.4M higher than budget due to higher overall registrations and applications, and higher interest income. Expenses are \$3.3M less than budget due to 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. It was noted that the final financial result for 2023 will be reported on the audited statements in May.

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

## **Motion 3**

Moved by P. Sullivan, seconded by M. E. Renwick,

That approval of the unaudited financial statements for the year ended December 31, 2023 be recommended to Council.

CARRIED



## Pre-Audit Communication

The Finance Committee had received a pre-audit package from CNO's auditor. G. Clute presented the approach for the 2023 audit. He noted that the external audit adds to the credibility of the financial statements that are prepared by management. The Finance Committee's role is to provide oversight to the process, to ensure that the audit process is managed appropriately and that the financial statements are an appropriate reflection of the CNO's year-end financial situation. He noted that the audit is collaborative and carried out under generally accepted auditing standards with the common goal of reliable financial statements. The standards for not-for-profit organizations as prescribed by CPA Canada will remain constant for 2023 and therefore no changes will be seen in the form of the statements.

He outlined the three phases to the audit:

- the pre-audit includes an interim audit and discussion with the Finance Committee about the audit strategy;
- the year-end audit begins in February; and
- the post-audit Finance Committee review of the draft audited financial statements will take place in May.

It was noted that the goal is that the financial statements be free from material error – that is an error that would influence decision-making. The materiality level was highlighted. It was noted that it is common to make some adjustments to the financial statements at year-end.

The importance of auditor's independence was highlighted. It was noted that independence is confirmed in the engagement and independence letters and will also be confirmed post-audit.

In response to a question, S. Mills noted that CNO does not currently have an internal audit function, however a review of CNO's internal control environment is being planned for 2025, following the implementation of the new financial management system. This review would be performed by an external party and would be comprehensive, with financial controls only being one component. B. MacKenzie also highlighted that any review of the internal controls would be separate and distinct from the financial audit.

## In camera session

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

Following the in-camera session, B. MacKenzie and J. Clute left the meeting.



## **Biennial Terms of Reference Review**

The Terms of Reference for both the Finance Committee and the Sub-Committee on compensation are reviewed biennially or as the need arises. As the Sub-Committee's Terms of Reference were reviewed and revised in December 2023, no other changes were proposed at this time.

## **Finance Committee Terms of Reference**

As part of the biennial review, the Finance Committee discussed proposed revisions to their Terms of Reference. The most substantive change seeks to expand the Committee's accountability to a broader enterprise-wide framework. It was noted that the current Terms of Reference already address financial risk, however the revisions clarify and expand upon the risk accountabilities.

Following a thorough review of the Terms of Reference, the Committee identified a number of areas for further consideration. These included adding clarity to various aspects of the committee's accountabilities, adding review timelines for particular items, adjusting the membership term lengths, as well as some wording edits. Based on the Committee's input, CNO committed to undertaking a further review of the Terms of Reference to add some more clarity, while also highlighting which suggestions may require changes beyond the Terms of Reference. It was noted that some of the suggestions may require changes to by-laws and policies, including the creation of new policies. It was confirmed that the new revisions will also be sent to CNO's auditors for input.

The Finance Committee will review the new revisions to their Terms of Reference in May. It was noted that, while the changes proposed to the Terms of Reference are deferred, CNO is not limited in the information it can share with the Finance Committee related to enterprise risk management. The Committee currently receives information related to risk at all of their meetings.

## **Annual By-Law Review**

The Finance Committee's terms of reference include an annual review of all the by-laws related to CNO's financial affairs. Given the extensive discussion resulting from the proposed revisions to the Committee's Terms of Reference, it was decided that a more fulsome review of the by-laws was required. There was consensus to defer this item until the next meeting.

## **Sub-Committee on Compensation Appointment**

The Finance Committee recommends the membership of the Sub-Committee on Compensation, and the Executive recommends its Chair.

It was confirmed that Craig Halket is a strong contributor to the Sub-Committee and he is eligible for reappointment until June 2027. His reappointment will provide knowledge transition and continuity as new Sub-Committee members are integrated in line with their newly revised Terms of Reference. As the current Sub-Committee Chair, B. Canuel supported the reappointment of C. Halket.

### **Motion 4**

Moved by P. Sullivan, seconded by B. Canuel,

That it be recommended to Council that Craig Halket be reappointed as a member of the Sub-Committee on Compensation until June 2027.

CARRIED

As a result of CNO's recent recruitment activities to identify appropriate candidates for the Sub-Committee, staff are also recommending the appointment of 2 new members. Of the applications received, Morgan Bello and Shelley Rae had the highest scores when assessed against the required competencies. Staff are recommending that both Morgan and Shelley be appointed for a 3-year term based on the strength of their relevant experience.

### **Motion 5**

Moved by B. Canuel, seconded by M. E. Renwick,

That it be recommended to Council that Morgan Bello and Shelley Rae each be appointed as members of the Sub-Committee on Compensation until June 2027.

CARRIED

## **Corporate Project Portfolio Report**

As a follow-up to a request that arose from the August Finance Committee meeting, V. Adetoye provided the committee with sample corporate project reports that CNO uses internally. These executive summaries look at health indicators for projects including

financial summaries and portfolio timelines, while also highlighting any risk and mitigating strategies. The committee noted that summaries were very informative and suggested presenting projects with a significant corporate impact in this format at future meetings, including those that have a large impact financially and span multiple years. At the next meeting, staff will propose criteria for inclusion on the reports and will provide the committee with a report of those that meet these criteria. The criteria for inclusion can be re-examined and refined as needed.

This new approach for reporting on relevant projects will be implemented for 2024 Quarter 1 data, which will be presented at the May meeting.

### **Self-Monitoring Tool**

The Committee reviewed the Self-Monitoring tool and confirmed that they had met their accountability for the meeting.

### **Upcoming meetings**

The Finance Committee will meet the afternoon of May 16, 2024.

### **Conclusion**

At 12:02 p.m., on completion of the agenda, it was,

#### **Motion 6**

Moved by J. Farag, seconded by P. Sullivan,

That the Finance Committee meeting conclude.

CARRIED

---

Chair

**COLLEGE OF NURSES OF ONTARIO FINANCIAL  
STATEMENTS  
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2023 (Unaudited)**

**College of Nurses of Ontario**  
**Statement of Financial Position (\$000)**  
**As at December 31**

	<b>2023</b>	<b>2022</b>
	<b>December</b>	<b>December</b>
<b>ASSETS</b>		
Current assets		
Cash	61,242	60,754
Investments	27,886	21,266
Sundry receivables	756	131
Prepaid expenses	1,506	1,175
	<u>91,389</u>	<u>83,327</u>
Investments	<u>18,442</u>	<u>15,019</u>
Capital assets		
Furniture and fixtures	1,812	1,694
Equipment - non computer	529	553
Computer equipment	4,654	4,722
Building	6,836	6,836
Building improvements	5,542	5,501
Land	3,225	3,225
Art	45	45
	<u>22,642</u>	<u>22,576</u>
Less: Accumulated amortization	<u>(10,598)</u>	<u>(9,615)</u>
	<u>12,044</u>	<u>12,960</u>
Intangible Assets	2,800	4,041
Less: Accumulated amortization	<u>(2,507)</u>	<u>(3,845)</u>
	<u>293</u>	<u>196</u>
	<b><u>122,168</u></b>	<b><u>111,502</u></b>
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities	14,359	14,329
Deferred registration and examination fees	60,533	46,386
	<u>74,891</u>	<u>60,715</u>
	<u>74,891</u>	<u>60,715</u>
<b>NET ASSETS</b>		
Net assets invested in capital assets	12,337	13,156
Unrestricted net assets	34,940	37,631
	<u>47,276</u>	<u>50,787</u>
	<b><u>122,168</u></b>	<b><u>111,502</u></b>

College of Nurses of Ontario  
Statement of Operations (\$000)  
Twelve Months Ended December 31

	2023 Year to Date December				2022 Year to Date December				2023 Budget
	Budget	Actual	Variance (\$) Fav/(Unfav)	Variance (%) Fav/(Unfav)	Budget	Actual	Variance (\$) Fav/(Unfav)	Variance (%) Fav/(Unfav)	Approved
<b>REVENUES</b>									
Registration fees	55,375	56,468	1,093	2%	52,072	53,559	1,487	3%	55,375
Application assessment	5,721	6,589	868	15%	5,300	5,427	128	2%	5,721
Verification and transcripts	128	173	45	35%	68	164	96	141%	128
Interest income	1,761	2,800	1,039	59%	495	1,166	671	136%	1,761
Examination	358	836	478	133%	612	647	35	6%	358
Other	370	253	(118)	(32%)	185	263	78	42%	370
<b>Total Revenues</b>	<b>63,713</b>	<b>67,119</b>	<b>3,406</b>	<b>5%</b>	<b>58,731</b>	<b>61,226</b>	<b>2,494</b>	<b>4%</b>	<b>63,713</b>
<b>EXPENSES</b>									
Employee salaries and expenses	54,166	50,280	3,886	7%	45,450	40,173	5,277	12%	54,166
Contractors and consultants	4,114	4,689	(574)	(14%)	4,236	4,491	(255)	(6%)	4,114
Legal services	3,242	3,103	138	4%	3,413	2,138	1,275	37%	3,242
Equipment, operating supplies and other services	6,624	6,167	457	7%	5,291	5,019	271	5%	6,624
Taxes, utilities and depreciation	2,003	1,971	32	2%	2,048	1,903	145	7%	2,003
Exam fees	120	232	(111)	(92%)	190	216	(26)	(14%)	120
Non-staff remuneration and expenses	709	598	111	16%	631	550	81	13%	709
<b>Total Base Operating Expenses</b>	<b>70,978</b>	<b>67,040</b>	<b>3,938</b>	<b>6%</b>	<b>61,259</b>	<b>54,491</b>	<b>6,769</b>	<b>11%</b>	<b>70,978</b>
Project Expenses	3,000	3,590	(590)	(20%)	4,724	3,121	1,603	34%	3,000
<b>Total Expenses</b>	<b>73,978</b>	<b>70,630</b>	<b>3,348</b>	<b>5%</b>	<b>65,983</b>	<b>57,612</b>	<b>8,371</b>	<b>13%</b>	<b>73,978</b>
<b>Excess of (expenses over revenues) / revenues over expenses</b>	<b>(10,265)</b>	<b>(3,511)</b>	<b>6,754</b>	<b>66%</b>	<b>(7,252)</b>	<b>3,614</b>	<b>10,866</b>	<b>150%</b>	<b>(10,265)</b>
<b>Opening net assets</b>		<b>50,787</b>				<b>47,173</b>			
<b>Closing net assets</b>		<b>47,276</b>				<b>50,787</b>			

**College of Nurses of Ontario**  
**Notes to the Revenue and Schedule of Expense Variances**  
**For the Twelve Months Ended December 31, 2023**

**College of Nurses of Ontario**  
**Statement of Changes in Net Assets (\$000)**  
**Twelve Months Ended December 31**

	2023			2022
	Invested in Capital and Intangible Assets	Unrestricted	Total	December
<b>Balance, beginning of period</b>	13,156	37,631	50,787	47,173
Excess of (expenses over revenues)/revenues over expenses	395	(3,905)	(3,511)	3,614
Purchase of capital assets	(1,214)	1,214	0	0
<b>Balance, end of period</b>	<b>12,337</b>	<b>34,940</b>	<b>47,276</b>	<b>50,787</b>

**College of Nurses of Ontario**  
**Notes to the Revenue and Schedule of Expense Variances**  
**For the Twelve Months Ended December 31, 2023**

**College of Nurses of Ontario**  
**Statement of Cash Flows (\$000)**  
**Twelve Months Ended December 31**

	<u>2023</u> <u>December</u>	<u>2022</u> <u>December</u>
<b>Cash flows from operating activities</b>		
Excess of revenue over expense for the period	(3,511)	3,614
Adjustments to determine net cash provided by/(used in) operating activities		
Amortization of capital assets	943	(5,818)
Amortization of intangible assets	(1,338)	(166)
Loss on disposal of capital assets	39	
Interest not received during the year capitalized to investments	(1,007)	(476)
Interest received during the year previously capitalized to investments	271	277
	<u>(4,602)</u>	<u>(2,570)</u>
<b>Changes in non-cash working capital items</b>		
Increase in amounts receivable	(625)	88
Increase in prepaid expenses	(330)	52
Increase in accounts payable and accrued liabilities	29	(1,228)
Increase in deferred registration fees	14,147	5,874
	<u>8,619</u>	<u>2,216</u>
<b>Cash flow from investing activities</b>		
Purchase of investment	(46,369)	(27,300)
Proceeds from disposal of investments	37,063	16,992
Purchase of capital assets	(66)	4,533
Disposal of intangible assets	1,241	171
	<u>(8,131)</u>	<u>(5,604)</u>
Net increase in cash and cash equivalents	488	(3,388)
Cash and cash equivalents, beginning of year	60,754	64,142
<b>Cash and cash equivalent, end of quarter</b>	<u><b>61,242</b></u>	<u><b>60,754</b></u>



## Report of the Nominating Committee

### Decision Note, March 2024 Council

### Contact for questions or more information

Stephen Mills, Chief Operating Officer

### Decision

That Council and committee members be appointed to statutory committees, effective June 5, 2024, in accordance with the list of committee appointments presented to Council by the Nominating Committee on March 21, 2024.

### Background

The 2023-2024 [Nominating Committee](#) (NC) met five times to:

- Recommend revisions to the statutory committee member competencies and attributes, including a focus on diversity, equity and inclusion
- Identify revisions to the [Nominating Committee competencies and attributes](#), including a focus on diversity, equity and inclusion
- Prepare a slate of Council and committee appointments to statutory committees for presentation to March 2024 Council meeting
- Begin discussion on updating the Council competencies and attributes. NC's input is incorporated into the Council discussion note on competency-based Council elections (Agenda Item 9.2).

The Nominating Committee also had an opportunity for dialogue about CNO's plan for diversity, equity and inclusion with Sandra Porteus, CNO's Director of Diversity, Equity and Inclusion.

### Statutory committee membership

The NC presents its recommendations regarding the membership of statutory committees to Council each March, including:

- nurse candidates to fill non-Council vacancies and
- newly elected Council members to fill vacancies.

### Assignment of non-Council members to statutory committees:

Appointed (non-Council) members of statutory committees are recommended based on candidates meeting the core competencies and attributes required of all committee members. The assessment this year was based on the [competencies and attributes](#) approved by Council in September 2023.

The appointments process is supported by third-party experts that host the on-line application, receive and analyze the applications and resumes, carry out further assessment of candidates “short-listed” by the NC, and attend all meetings of the NC to provide expert advice.

The NC met twice to identify its recommendations regarding committee appointments to Council:

NC’s first review was to select candidates to move forward in the process – a short list. NC considered the third-party’s written reports which assessed the candidates against the competencies and attributes and ranked them into tiers, candidate resumes, additional expert advice, and insights from members of NC.

In addition to the ranking of the core competencies, the reports also included candidates’ voluntary declarations of diversity and their individual responses the following question:

*Please describe your work with vulnerable or marginalized groups of people. What was your role in bringing about positive outcomes? How did you adapt your practice or guide others to adapt theirs?*

In March, NC discussed reports on the outcome of interviews with, and reference checks of, candidates. Following review and discussion, NC is recommending 11 RNs/NPs and 5 RPN candidates to fill statutory committee vacancies. This includes 1 RN and 1 RPN vacancy created when current appointed committee members were elected to Council.

Recognizing the complexity of the role and the learning curve, the NC is recommending reappointment of 5 incumbents who applied for reappointment and 5 candidates who had previous experience the committee to which they were assigned.

The NC discussed how it might consider other factors such as potential risk of bias and succession planning in its assessment.

The NC noted that the quality of candidates applying for positions was high, making decisions difficult. One candidate was flagged to be shared with the Executive Committee, should a mid-year vacancy arise.



The NC is confident that it is recommending strong and diverse candidates to serve as appointed committee members on statutory committees.

### **Assignment of Council members to statutory committees:**

Since most Council members remain on the same committees throughout their term of office, NC focused on assigning new members to committees.

This year, there are 6 newly elected Council members. Two are current statutory committee members. Since there were Council member vacancies on the committees on which they currently serve, the NC assigned them to those committees.

The NC was informed that Council would be considering a By-Law change to remove the requirement that all members of Executive serve on the Inquiries, Complaints and Reports Committee (ICRC). The NC prepared options for the positions for the advance candidates for election to the Executive, based on whether the By-Law amendment will be approved. This will allow for the committee assignments to be updated before presentation to Council based on Council's decision about the proposed By-Law amendment.

Of the remaining new Council members, committee assignments were identified based on the time that they have available, with those with the most time being assigned to the Discipline/Fitness to Practise committee.

The NC debriefed on the process for committee appointments. NC discussed the inclusion of the additional content on diversity in the application and the reports and confirmed it supported them in reviewing all applications fairly, with a DEI lens. The NC identified additional information and tools that might support future NC meetings.

NC is confident that the competency-based assessment process supports informed decision-making and that it had selected the best candidates to join statutory committees in June.

The NC's recommendations for committee appointments will be presented to Council the afternoon of March 21, 2024.

### **Nominating Committee Appointments**

The NC reviewed the [competencies and attributes required for the NC](#). The NC confirmed that, given its role, there is value in having core competencies required of all members and specialized competencies that one or more member would bring to the committee.



Changes to integrate diversity, equity and inclusion were incorporated in the competencies and, as with statutory committee applicants, candidates will have an opportunity to self-declare on their personal diversity.

Given timing, the NC competencies and attributes were reviewed by the Executive Committee.

In June 2024, the terms of office of three members of the NC end and NC will recommend candidates for appointment to Council in June:

- one nurse member of Council
- two members of the public who are experts and bring the specialized competencies to the Nominating Committee.

The NC will be meeting in April and May to review candidates and make its recommendations to Council in June.

## Competency-Based Council Elections

The NC received a report from the third-part experts on a high-level literature review (meta-research) to pose questions for CNO to consider in moving forward with updating the Council competencies and attributes. The Nominating Committee engaged in a thought-provoking discussion about the questions posed in the report. The outcome of the NC's discussion, with the committee's perspectives and some questions for Council's consideration are reported in a separate briefing in the Council package ([Agenda Item 9.2](#)).

Council's input will support the NC in its review and revision of the Council member competencies and attributes.

## Next Steps

In June, the NC will present its final report to Council, including its recommendations for:

- standing committee appointments (Finance and Nominating Committee) and
- Council competencies and attributes and how they will be integrated into the Council election process.

## Members of the 2023-2024 Nominating Committee

Naomi Thick, RN, Chair

Diane Ballantyne, member of the public

Sylvia Douglas, public member of Council

Sue Haywood, member of the public

Aisha Jahangir, RN member of Council



## Council Development

Discussion – March 21, 2024, Council

### Contact for questions or more information

Silvie Crawford, Executive Director and CEO

### Purpose

To support Council discussion about its board development priorities for the upcoming Council year (June 2024-June 2025).

### Questions for consideration

Do the proposed topics (page 2) support Council in executing its governance accountabilities?

Do they align with Council priorities for the year ahead (June 2024-June 2025)?

Is anything missing?

### Background

Council is accountable for good governance, which is supported by its commitment to continuous learning. Ongoing education is accepted governance practice, a key feature of Council's governance vision and a requirement under the Ministry of Health's [College Performance Measurement Framework](#) (CPMF).<sup>1</sup>

### Proposed Topics

Topics for Council's board development are informed by multiple considerations. This includes a [CPMF](#) requirement that ongoing education be informed by evaluations, evolving public expectations (e.g., risk management, diversity, equity and inclusion) and priorities identified by Council members.<sup>2</sup> Topics are further informed by Council's annual plan (i.e., upcoming Council decisions) and its governance priorities.

Council's 2024 governance priorities ([approved by Council in December last year](#)) are key opportunities for development.

---

<sup>1</sup> Measure 1.2: Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.

<sup>2</sup> [CPMF](#) measure 1.2 (c).

Topic	Background / Considerations
Governance	<ul style="list-style-type: none"> <li>- Foundational governance education to serve on CNO's Council.</li> <li>- Incorporated into the June development session.<sup>3</sup></li> <li>- Externally led (e.g., legal counsel).</li> </ul>
New Council and Committee Code of Conduct	<ul style="list-style-type: none"> <li>- Initial education scheduled for March 2024. Additional content will be added in the June 2024-June 2025 Council year.</li> </ul>
New Council purpose, role descriptions	<ul style="list-style-type: none"> <li>- Governance priority identified by Council in December 2023.</li> </ul>
New Council President and updated Council member role descriptions	<ul style="list-style-type: none"> <li>- Governance priority identified by Council in December 2023.</li> </ul>
Diversity, equity and inclusion	<ul style="list-style-type: none"> <li>- Foundational dialogue in March 2024. Additional content to be determined by CNO's three-year enterprise diversity, equity, inclusion strategy.<sup>4</sup></li> </ul>
Governance role in board evaluation	<ul style="list-style-type: none"> <li>- Updated evaluation policy is a governance priority identified by Council in December 2023.</li> <li>- This development session will position Council for its next third-party Council-effectiveness evaluation to be completed in 2025.<sup>5</sup></li> </ul>
Updated Council competencies and attributes	<ul style="list-style-type: none"> <li>- Governance priority identified by Council in December 2023.</li> <li>- The updated competencies may result in new topics being identified.</li> </ul>

### Next steps

Staff will work with the Executive Committee to schedule Council's board development throughout the 2024-2025 year taking into consideration timing of Council decisions related to key governance priorities this year.

<sup>3</sup> In keeping with Council's Orientation Policy, the June Council development session is an annual orientation workshop attended by all Council members. In addition to orienting new Council members, this workshop is a refresher for continuing Council members and one of the ways Council members demonstrate commitment to maintaining competence. It includes, but is not limited to, governance basics for CNO Council.

<sup>4</sup> In development.

<sup>5</sup> The [CPMF](#) requires Council-effectiveness evaluation completed by a third-party at least every three years (measure 1.2 (b)).



## Statutory Committee Chairs

### Decision note – March 2024 Council

### Contact for questions or more information

Stephen Mills, Chief Operating Officer

### Purpose and Action Required

To support effective leadership of statutory committees

Motion:

That Council appoint the following 2024-2025 statutory committee chairs:

Discipline & Fitness to Practise	L. Poonasamy
Quality Assurance	S. Leduc
Registration	F. Osime

### Background

In accordance with Article 30.05, chairs of statutory committees other than the Executive and Inquiries, Reports and Complaints Committee (chaired by the President) are appointed by Council each March on recommendation of the Executive Committee.

Statutory committees perform essential regulatory functions. Their powers and accountabilities are set in legislation, their processes are complex and there is a long learning curve for members to become effective. The Chair of these committees has additional accountabilities. The Executive identified the importance of ensuring strong, experienced members serve as chair of these committees.

Chairs are recommended based on the chair profile which set out the competencies and attributes needed to be a statutory committee chair (attached). The Chair Profile was updated this year, to reflect the changes Council made to the statutory committee member competencies.

All ongoing Council members were provided with an opportunity to put their names forward for consideration. Members who wished to serve as a statutory committee chair provided a self-assessment against the competencies through Governance Solutions<sup>1</sup>.

---

<sup>1</sup> Governance Solutions Inc. has supported Council in the identification of competencies and attributes for the board, leadership (Board Chair/Vice-Chair and statutory committee chairs), and committee members and supports the competency-based appointment of statutory committee chairs, non-council statutory committee members and the members of the Nominating Committee.

## Attachment 1

### Statutory Committee Chair Profile

The governance competencies and attributes identified for the Statutory Committee Chairs are largely drawn from the work performed by GSI on the Statutory Committee competencies as well as the focus groups with staff and current Chairs conducted the summer of 2023

#### *I. Career Knowledge and Experience Competencies (Where have you been?)*

Competency Description	
1.	Familiarity and understanding of the regulatory and procedural process, including relevant rules of order and committee decision-making. Is experienced in the oversight of, and understands standards associated with, self-regulated professions.
2.	Is well versed in matters related to patient rights, including but not limited to, the abuse of patients and boundary violations.
3.	An individual with credibility based on experience working with diverse teams and marginalized or vulnerable client groups; understands and respects individual differences; demonstrates cultural fluency and creates an inclusive environment.
4.	Strong understanding of governance roles and responsibilities' issues and trends gained through prior chair/board experience, and/or governance education such as ICD.D (Institute of Corporate Directors), Pro Dir (Professional Director Inc) or C. Dir (Director's College).

#### *II. Functional Skills Competencies (What Do You Know?)*

Competency Description	
1.	Demonstrated proactive, continuous and systemic approach to understanding and overseeing risks relevant to the committee's mandate, such as risks associated with public interest, client safety and human rights fairness.
2.	Experience in locating, critically appraising, interpreting, synthesizing, weighing, evaluating and using evidence from qualitative and quantitative paradigms, including expert advice received in a hearing.
3.	A confident and professional facilitator with the demonstrated ability to use technology effectively while leading the committee through the decision-making process.
4.	Demonstrated skills and ability to facilitate constructive dialogue and lead others to solve problems, manage change, innovate and achieve outcomes. Flexible and can adjust coaching style to meet the needs of individuals and the team collectively.
5.	Understanding of the post-secondary nursing educational system in Canada, internationally and the relationship to the College.
6.	Familiarity and understanding of committee roles and responsibilities, current policy, issues and trends gained through previous committee and/or chair experience.



### III. Affinity Attributes (What informs your thinking, your perspective?)

There is no specific affinity attribute called for in the chairs; these individuals are drawn from the Committee that, in its entirety, reflects a diverse range of affinity attributes.

### IV. Character Attributes (Who are you?)

	<b>Attribute</b>	<b>Description</b>
1.	Communicator	Able to communicate clearly, concisely and accurately, verbally and in writing.
2.	Constructive	Able to build relationships being constructive and helpful rather than destructive.
3.	Emotionally Mature	Self aware; professional; able to understand and skillfully manage emotions especially when faced with conflict and confrontation.
4.	Fiduciary	Passion for the public interest, commitment and drive; service leadership; putting others' interests first.
5.	Inclusive	Empathetic; aware of and respects equality, diversity, social and cultural issues and differences. A place for everyone's voice.
6.	Continuous	Willingness to learn and develop and apply what they have learned to the best interests of the public,
7.	Listener	Effective and active listener; able to listen to understand rather than simply to respond.
8.	Proactive	Proactive and anticipatory rather than reactive and responsive.
9.	Strategic	Able to move beyond the details to envision the grander future; is a strategic thinker.
10.	Adaptable	Able to adapt easily and quickly to changing evidence and environments; demonstrates cognitive flexibility.
11.	Forthright	Able to present an unpopular or controversial position in the face of opposition or opposing views.
12.	Professional Judgement	Able to think critically.
13.	Astute	Able to apply their knowledge in the context of Board/Committee level decision-making and leadership.
14.	Problem Solver	Able to evaluate complex issues and to make effective decisions (find solutions).
15.	Systems-level Thinker	Able to conceptualize on a systems level and communicate this understanding to others.
16.	Adaptable/Agile	Able to adapt easily and quickly to changing evidence and environments, cognitively flexible.

## Appointments to the Sub-Committee on Compensation

### Decision Note – March 2024 Council

#### Contact for questions or more information

Stephen Mills, Chief Operating Officer

#### Decision for consideration re. recommendations from the Finance and Executive committees

- That Craig Halket be reappointed as a member of the Sub-Committee on Compensation until June 2027
- That Morgan Bello and Shelley Rae be appointed as members of the Sub-Committee on Compensation until June 2027 and
- That Robert Canuel be appointed as the 2024-2025 Chair of the Sub-Committee on Compensation.

#### Background

The Sub-Committee on Compensation (Sub-Committee) 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, Council and committee members. Members of the Sub-Committee are appointed based on meeting the competencies required for the committee (see attached Competency Model and Evaluation Scale).

According to the Terms of Reference of the Sub-Committee, its members are recommended to Council by the Finance Committee and its chair is recommended to Council by the Executive Committee. The Chair of the Sub-Committee is an ex officio member of the Finance Committee (Finance Committee Terms of Reference).

In December, Council approved amendments to the Sub-Committee's Terms of Reference to support maintaining expertise on the committee and succession planning. These changes included provisions to allow for increasing the Sub-Committee to a maximum of five members.

In anticipation of the ability to add new members to the Sub-Committee, CNO recruited and assessed candidates against the competencies. The Finance Committee was informed of the process and the outcomes and received background on the proposed new members.

In accordance with those changes, the Finance Committee is recommending that Craig Halket, a current member of the Sub-Committee, be reappointed until June 2027. The

Finance Committee is also recommending two new members be added to the Sub-Committee, expanding its membership to five: Morgan Bellow and Shelley Rae.

In making those decisions, the Finance Committee considered the competencies the members will bring to the Sub-Committee.

The Executive is recommending the reappointment of Robert Canuel as Chair of the Sub-Committee.

If Council approves these recommendations, the Sub-Committee on Compensation for 2024-2025 will be:

Robert Canuel, Chair    Term ends June 2025

Morgan Bellow            Term ends June 2027  
(new)

Craig Halket              Terms ends June 2027

Joe Nunes                 Term ends June 2026

Shelley Rae               Term ends June 2027  
(new)

All members of the Sub-Committee will be eligible for reappointment at the end of their current terms of office.

**Attachments**

- 1. Competency model and evaluation scale



## Attachment 1 – Competency Model

RANKING	COMPETENCY	ATTRIBUTES
1	<b>Relevant professional experience related to compensation</b>	<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	<b>Governance</b>	<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	<b>Personal effectiveness</b>	<p><b>Leadership</b> – 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><b>Teamwork</b> – 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><b>Communication</b> – applies active listening skills to draw out and consider all relevant perspectives; expresses self in a clear, concise and logical manner</p> <p><b>Strategic Thinking</b> – applies synthesis to consider the organization's position in its employment market</p> <p><b>Critical Thinking</b> – assesses information and situations logically; demonstrates flexibility in developing multiple alternative solutions; can develop novel, innovative and aspirational solutions</p> <p><b>Objective Problem-Solving</b> – seeks and relies on facts; applies professional skepticism to determine the reliability of</p>

RANKING	COMPETENCY	ATTRIBUTES
		<p>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><b>Continuous Learning</b> – 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	<b>Environmental knowledge</b>	Demonstrates knowledge of the compensation environment with the College’s market, that includes the regulatory and broader public sectors
5	<b>Business acumen</b>	<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>

## Competency Evaluation Scale

EVALUATION SCALE	EVIDENCE
<b>Very Strong</b>	<ul style="list-style-type: none"> <li>• Is recognized as an expert in these competencies</li> <li>• Consistently leads in the application of these competencies</li> <li>• Others welcome and value this person's guidance</li> </ul>
<b>Strong</b>	<ul style="list-style-type: none"> <li>• Has received formal guidance or training in these competencies, resulting in advanced knowledge</li> <li>• Actively and proactively demonstrates these competencies on a consistent basis</li> <li>• Actively and continuously advances own experience, knowledge and skill in these competencies</li> </ul>
<b>Acceptable</b>	<ul style="list-style-type: none"> <li>• Demonstrates a working knowledge and understanding of these competencies</li> <li>• Often demonstrates these competencies</li> <li>• Contributes to, but does not lead, in the application of these competencies</li> <li>• Is developing growing knowledge and skill in these competencies</li> </ul>
<b>Weak</b>	<ul style="list-style-type: none"> <li>• Has a limited or no understanding of these competencies</li> <li>• Has limited or no experience in the application of these competencies</li> <li>• Does not make a significant contribution using these competencies</li> </ul>