



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

Thursday, June 6, 2024

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

| Time | Item | Purpose |
|-----------|---|--------------------------|
| 9:00 a.m. | 1. Land Acknowledgement | |
| 9:05 a.m. | 2. Agenda | Decision |
| | 3. Call for Conflicts of Interest | |
| 9:10 a.m. | 4. CEO Remarks | Information & Discussion |
| 9:25 a.m. | 5. Consent agenda 5.1 Minutes of the Council Meeting of March 20 and 21, 2024 5.2 Minutes of the Special Council Meeting of May 15, 2024 5.3 Minutes of the Executive Committee Meeting of April 1, 2024 5.4 Minutes of the Executive Committee Meeting of May 16, 2024 5.5 Approval of the 2023 Annual Report for Forwarding to the Minister of Health 5.6 Standing Committee Appointments: Finance and Nominating committees 5.7 Confirmation of Committee Appointments: Public Members | Decision |
| | 6. Strategic Issues | |
| 9:30 a.m. | 6.1 Strategic Plan Reporting <ul style="list-style-type: none"> Organizational Health | Discussion |

| | | |
|------------|--|------------|
| 10:15 a.m. | Break | |
| 10:35 a.m. | 6.2 Discontinuing or Declining to Provide Care Standard | Decision |
| 11:20 a.m. | 6.3 National Nurse Practitioner Regulation Framework | Decision |
| 11:40 a.m. | 6.4 Nursing Education Program Approval | Decisions |
| 12:00 | Lunch | |
| | 7. Governance and Council Operations | |
| 1:00 p.m. | 7.1 Election of a Public Member of the Executive Committee Naomi Thick, Chair of Nominating Committee | Decision |
| 1:15 p.m. | 7.2 Nominating Committee Report and Recommendations | |
| | 7.2.1 Competency-based Council Elections | Decision |
| | 7.2.2 Nominating Committee Chair | Discussion |
| 2:00 p.m. | 7.3 Conduct Committee and Complaints Process Julie Maciura, SML Law | Decision |
| 2:45 p.m. | 7.4 Amendments to By-Law No. 1: General re. Competency-based Council Elections and the Council and Committee Code of Conduct Julie Maciura, SML Law | Decision |
| 3:10 p.m. | Break | |
| 3:30 p.m. | 7.5 Council Purpose and Roles | Decision |
| | 8. Reports | |

| | | |
|-----------|--|----------|
| 4:00 p.m. | <p>8.1 Report of Finance Committee meeting of May 16, 2024</p> <ul style="list-style-type: none"> Audited Financial Statements for the Year Ended December 31, 2024 Blair MacKenzie, Hilborn LLP Unaudited Financial Statements for the Three Months Ended March 31, 2024 Finance Committee Terms of Reference Finance Committee By-Law Amendments Appointment of the Auditors for 2024 | Decision |
| 4:30 p.m. | 9. Items Added by Council Members | |
| 4:35 p.m. | 10. CEO Remarks | |
| 4:50 p.m. | <p>11. Dates of Upcoming Meetings</p> <ul style="list-style-type: none"> September 25 and 26, 2024 December 4 and 5, 2024 | |
| 5:00 p.m. | 12. Conclusion | |

| | June 5 & 6 | Sept. 25 & 26 | Dec. 4 & 5 | March 2025 |
|---------------------------------|---|--|---|--|
| Regular Items | Minutes: March Council | Minutes: June Council | Minutes: September Council | Minutes: December Council |
| | Reports: <ul style="list-style-type: none"> 2023 Annual Report CEO Remarks Executive Committee Finance Committee <ul style="list-style-type: none"> 2023 Audited Statements 2024 Auditor appointment Finance Committee Terms of Reference and By-Laws | Reports: <ul style="list-style-type: none"> CEO Remarks Executive Committee Finance Committee | Reports: <ul style="list-style-type: none"> CEO Remarks Executive Committee Finance Committee Statutory Committee Annual Reports | |
| Strategic Items | <ul style="list-style-type: none"> Nurse Practitioner Regulation Framework Nursing Education Program Approval (all programs) Discontinuing or Declining to Provide Care Standard Strategic Plan Update <ul style="list-style-type: none"> Organizational Health | <ul style="list-style-type: none"> Nurse Practitioner Regulation Framework Strategic Plan Update | <ul style="list-style-type: none"> 2025 Budget Strategic Plan Update | <ul style="list-style-type: none"> Strategic Plan Update |
| Governance & Council Operations | <ul style="list-style-type: none"> Appointment of Standing Committee Members Competency-based Council Elections Council and Committee Code of Conduct: Process for Addressing Complaints By—Law Revisions Regarding Council Elections and Committee Appointments Council Purpose and Role Descriptions | <ul style="list-style-type: none"> Council and Committee Code of Conduct: By-Law Amendments re. Process to Address Complaints About Breaches of the Code Council Evaluation Policy (discussion) Council Purpose and Role Descriptions Executive Committee Terms of Reference | <ul style="list-style-type: none"> Executive Committee Terms of Reference (decision) Council Evaluation Policy (decision) | <ul style="list-style-type: none"> Appointment of Statutory Committee members and Chairs Appointment of Sub-Committee on Compensation and Chair Election of the Executive Committee Council Development plan (06/25 through 03/26) |
| Council Development | Orientation for all: Governance and Regulation DEI and introduction to DEI assessment | DEI Assessment (September 24) Council Purpose and Role Descriptions | Council Development Topics: Governance Trends Board Evaluation | |

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

March 20 and 21, 2024

Present

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

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

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

Regrets

A. Arkell (Thurs.)
G. Fox (Thurs.)
A. Jahangir

R. Kaur (Wed.)
M. Krauter
M. MacDougall

S. Larmour (Wed.)
I. McKinnon
D. Thompson (Thurs.)

Guests

J. Maciura, SML Law

N. Thick, Chair
Nominating Committee

Staff

V. Adetoye
A. Brennand
F. Garvey
S. Crawford

C. Gora
J. Hofbauer, Recorder
E. Horlock
B. Knowle

S. Mills
S. Porteous
A. M. Shin
C. Timmings

Land Acknowledgement

P. Sullivan shared a Land Acknowledgement.

Agenda

The agenda had been circulated.

Motion 1

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

That the agenda for the Council meeting of March 20 and 21, 2024 be accepted as circulated.

CARRIED

Conflicts of interest

There were no conflicts of interest declared related to the Council agenda.

CEO Opening Remarks

S. Crawford shared opening remarks. She noted that CNO supports the health care system by meeting its legislative accountability to work in consultation with the Minister of Health 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.

She highlighted the impact of the decisions Council has made over the past three years, including record numbers of new registrations and record numbers of Internationally Educated Nurses (IENs) being registered. She flagged that Council will be considering proposed changes to the Registration Regulation to further enhance access to registration for qualified IENs.

S. Crawford reflected on the important partnership with provincial and federal governments in making legislative change, partnering on initiatives like the Supervised Practice Experience Partnership, and funding initiatives like Nursys. She highlighted the strategic relationships she has developed with Ontario's Chief of Nursing and Professional Practice and Canada's Chief Nursing Officer. S. Crawford also shared recent correspondence to update the Minister on Health on CNO's work in patient safety.

Council was reminded that thoughtfully enhancing scopes of practice can allow health care providers to meet currently unmet needs of clients. Council was informed that CNO has registered its first RN in the general class who is authorized to prescribe medication. This change enables authorized RNs to provide clients with more timely access to care that is safe and appropriate.

Council was updated on the implementation of Nursys in Canada. CNO is the service provider for Nursys. Council was informed that a major milestone was accomplished with the linking of the Canadian and the US systems. CNO is now supporting the onboarding of two additional Canadian nursing regulators onto Nursys.

Council received an update on CNO's first Workforce Census. S. Crawford noted that the census was developed with the support of the Black Nurses Task Force of RNAO, Canadian Black Nurses Alliance, Pan-Canadian Association of Nurses of African Descent and the Indigenous Primary Health Care Council. She noted the importance of the support of these partners in ensuring that the information collected was appropriate and meaningful.

Council was informed that CNO's Workforce Census response rate was 15.5%. The census results will be used to inform CNO's diversity, equity and inclusion strategy. It will also provide system partners, including decision-makers in the health care system, with the information needed to improve nurses' experience and patient safety. CNO is analyzing the results and will share more information with Council in the future.

Consent Agenda

P. Sullivan introduced 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 E. Mutia, seconded by H. Anyia,

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

Minutes of the Council meeting of December 6 and 7, 2024 and

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

CARRIED

Minutes of the Executive Committee meeting of February 15, 2024 and the 2023 Annual Reports of statutory committees were received for information.

Registration Regulation

Council received briefing materials, including proposed revisions to the Registration regulation related to the education requirement. J. Maciura from Steinecke, Maciura and LeBlanc joined the meeting.

P. Sullivan highlighted Council's previous discussions and decisions related to this regulation change, including approving a draft regulation for circulation in September of 2023 and discussing the feedback in December 2023.

The proposed revised regulation was developed based on analysis of the feedback to the initial regulation, Council's input in December, analysis of CNO data about international applicants, additional evidence from a literature review and legal input.

A. McNabb, Manager of Registration Modernization and E. Tilley, Manager of Regulatory Policy highlighted the proposed regulation changes, how feedback received on the initial draft was addressed and new supporting evidence.

It was noted that the question for Council is whether the proposed changes are in the public interest. It was flagged that there still is a need for additional nurses in the system and that it is in the interest of the public to support the registration of qualified candidates. It was also confirmed that there are a range of registration requirements which all candidates need to meet, for example passing the registration and jurisprudence exams, and having evidence of recent nursing practice.

Motion 3

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

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

CARRIED

It was noted that the legislation requires that regulations be circulated for 60 days prior to final decision but leaves the options for the Minister of Health to either abridge the timeframe for circulation or exempt the regulation from circulation.

In discussing the circulation, it was flagged that this regulation is based on an earlier version that was circulated in September 2023 for the full 60 days, and includes changes based on the feedback received. J. Maciura noted that since the changes to the regulation are being made to address feedback received in response to the initial circulation in September, it would be appropriate for Council to request that the Minister consider abridging the circulation timeframe.

After considerable discussion, including confirming the need to circulate the regulation for transparency, it was agreed that it would be appropriate to ask the Minister of Health to set an abridged timeframe for circulation.

Motion 4

Moved by H. Anyia, seconded by J. Hess

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

CARRIED

By-Law Amendment: Membership of the Inquiries, Complaints and Reports Committee

Council had received notice of a proposal to revise Article 18.01 regarding the membership of the Inquiries, Complaints and Reports Committee.

Council received a briefing note highlighting the proposed amendment and the rationale.

P. Sullivan noted that, should Council approve the by-law amendment, Council members elected to the Executive Committee would not automatically be assigned to ICRC.

P. Sullivan reminded Council that a 2/3 majority is required for approval of a by-law amendment.

Motion 5

Moved by H. Anyia, seconded by M. Sheculski,

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”.

CARRIED

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

Council had received notice of the proposed revisions to by-laws regarding the Registrar, Deputy and Acting Registrars. J. Maciura, legal counsel highlighted the by-law provisions. She noted that in September of 2022, Council approved by-law amendments that allowed for the role of a Deputy Registrar at CNO and that the proposed amendments build on that change.

Council was reminded that a 2/3 majority is required for by-law amendments.

Motion 6

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

That Council approve changes to Articles 12 and 13 in By-Law No. 1: General as they appear in attachment 1 to the briefing note.

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

CARRIED

Finance Committee Report

Council had received the report of the Finance Committee meeting of February 15, 2024. R. Lastimosa Jr. chaired the meeting and highlighted the report.

Financial Statements

Council had received the unaudited financial statements for the year ended December 31, 2023. Council was informed that the year-end operating deficit of \$3.5M is a \$6.8M favourable variance from the \$10.3M budgeted deficit.

Motion 7

Moved by R. Lastimosa Jr., seconded by D. Edwards,

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

CARRIED

Annual Audit

Council was informed that the auditors joined the Finance Committee to discuss plans for the audit. The Finance Committee met in private with the auditors.

Terms of Reference

R. Lastimosa Jr. noted that the Finance Committee reviews its terms of reference and those of the Sub-Committee on Compensation biennially in February. The terms of reference of the Sub-Committee had been revised by Council in December, to allow for membership changes to support succession planning, and no further changes are recommended.

The Finance Committee discussed proposed amendments to its terms of reference to broaden its oversight accountabilities to include CNO's enterprise risk management program. In discussion, the committee identified that some of the items discussed might require further exploration with possible changes beyond the Terms of Reference. The Finance Committee will further assess and discuss revisions to its Terms of Reference in May, along with resulting by-law revisions, and bring recommendations to Council in June.

Council Development Topics

Council had received a briefing outlining possible topics for Council development in 2024. There was support for the proposed topics, including particular interest in governance. There was also interest in having speakers from government, regulation, the health care system to bring new perspectives to Council.

Recess

Council recessed at 4:15 p.m. to reconvene at 9:00 a.m. on Thursday, March 21, 2024.

DRAFT

Thursday, March 21, 2024

Land Acknowledgement

P. Sullivan shared a Land Acknowledgement.

Election of Executive

P. Sullivan informed Council that, in accordance with By-Laws, Naomi Thick, Chair of the Nominating Committee will chair the election of the 2024-2025 Executive Committee. Council members had received a briefing, including profiles from candidates.

N. Thick assumed the Chair. Following the processes set out in by-law, Council elected the following members of the Executive Committee:

- P. Sullivan, RN, President
- R. Lastimosa Jr., Vice President, RPN
- T. Fukushima, RN, Vice President, RN
- J. Armitage, Public member

N. Thick flagged that there is a vacant public member position. It was confirmed that there will be a call for nominations sent out following Council and an election for the vacant position will be held by Council in June.

N. Thick left the meeting and P. Sullivan assumed the Chair.

Code of Conduct

A. Tong, Strategy Consultant and J. Maciura, legal counsel, joined the meeting. Council had received a briefing note with options for a process to address potential complaints about breaches of Council's and the Committee Code of Conduct (Code).

The briefing note included three options for addressing complaints about breaches of the Code. It was confirmed that, in any approach, the first step would be an attempt at informal resolution of the issue.

In discussion, it was flagged that there is some support for different aspects of all of the options, but there was not a single option that Council supported.

The following principles were identified as a foundation for a process related to addressing complaints that a Council member has breached the Code:

- adjudicative impartiality
- expertise in mediation/adjudicating matters
- appropriate process for addressing sensitive matters within a public board setting
- pre-establishment of the adjudicative body, including experts and
- multiple rather than a single perspective.

Staff were asked to consider Council's input, including the principles, and bring a proposal to the Council meeting in June. It was confirmed that the process would begin with informal resolution. To facilitate Council decision making, the addition of a visual of the current and proposed processes was recommended.

Competency-based Council Elections

I. Tirana, Strategy Consultant, joined the meeting. P. Sullivan noted that Council has been providing input to integrate competency assessment into Council elections. Council had received a briefing note with recommendations and questions from the Nominating Committee.

Council supported the proposed revisions to the framework for the Council profile. Council supported changing "affinity attributes" to "diversity attributes" for clear language and suggested that clarity be added regarding CNO's Diversity, Equity and Inclusion (DEI) goals.

It was suggested that the current profile be revised to reduce duplication and any attributes or competencies that could pose barriers to candidates. It was flagged that due to the nature of Council's public safety role, it is important to include leadership experience.

I. Tirana noted that CNO is developing a multi-pronged communication approach to support candidates and voters in understanding the Council role and the importance of having a diverse Council with the needed competencies.

Report of the Nominating Committee

N. Thick joined Council to present the report of the Nominating Committee. Council had received a written report. She highlighted the work of the Nominating Committee in revising competencies, with a focus on DEI.

N. Thick noted that the Nominating Committee is recommending statutory committee appointments, including recommendations regarding the appointment of new Council members as well as the recommendations for appointment of non-Council statutory

committee members. She noted that the non-Council members were selected based on an assessment against the revised statutory committee member competencies approved by Council in September 2023.

Motion 8

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

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 on March 21, 2024 by the Nominating Committee (attached to the minutes).

CARRIED

N. Thick left the meeting.

Strategic Plan Update

Council had received an update on the Strategic Plan, including an overview of the summary of findings on the Trust Survey undertaken by CNO.

S. Crawford highlighted the report, noting that Council has received new dashboards to enhance transparency and support Council in monitoring the building of the pillars. She noted that the outcome dashboard was updated to include new measures regarding nurse and public trust and a summary of the findings of the trust survey.

B. Knowles, Director of Analytics and Research shared an overview of the findings of the trust survey. He noted that CNO is identifying activities based on the results of the survey and will bring an update to a future Council meeting. Council provided feedback.

CEO Leadership Vision

S. Crawford shared her vision for transformational leadership to position CNO for ongoing success. She shared the new organizational design and how it will support achieving the leadership vision, that positions CNO as an effective and trusted organization whose purpose is to protect the public by promoting safe nursing practice. It was flagged that the new organizational design leverages expertise and embeds enterprise stewardship. Council was informed that the updated organizational chart will be included in its Governance Manual.

Appointment of Statutory Committee Chairs

Council had received a decision note. P. Sullivan highlighted that, in accordance with by-laws, the Executive Committee recommends the statutory committee Chairs from among Council volunteers.

Motion 9

Moved by M. Hogard, seconded by R. Lastimoso Jr.,

That Council appoint the following 2024-2025 statutory committee chairs:

| | |
|----------------------------------|--------------|
| Discipline & Fitness to Practise | L. Poonasamy |
| Quality Assurance | S. Leduc |
| Registration | F. Osime |

CARRIED

Sub-Committee on Compensation

Council had received a decision note. It was noted that the proposed membership is based on revisions to the Sub-Committee's Terms of Reference approved by Council in December.

Members of the Sub-Committee are recommended by the Finance Committee, based on competency assessment, and its Chair is recommended by the Executive Committee. Council was reminded that the Chair of the Sub-Committee is a member of the Finance Committee.

Motion 10

Moved by H. Anyia, seconded by R. Dunn,

That:

Craig Halket be reappointed as a member of the Sub-Committee on Compensation until June 2027

Morgan Bello and Shelley Rae be appointed as members of the Sub-Committee on Compensation until June 2027 and

Robert Canuel be appointed as the 2024-2025 Chair of the Sub-Committee on Compensation.

CARRIED

CEO Closing Remarks

S. Crawford expressed appreciation to Council for their engagement. She noted that information from the trust survey and the workforce census will support new and innovative thinking, including contributing to CNO's DEI strategy. She flagged that in September, Council will see the impact of its insights and contributions when it is introduced to the new three-year enterprise wide DEI strategy.

She noted that Council's approval of amendments to the Registration regulation for circulation at this meeting continues CNO's focus on enhancing access to registration for qualified applicants, including Internationally Educated Nurses.

It was noted that Council will have the opportunity to shape changes in nursing practice and the regulation of nursing, with future decisions about RN prescribing and proposed changes in the regulatory framework for Nurse Practitioners over the coming year. She informed Council that in June, reflective of CNO's ongoing assessing of current policies and practices, Council will also review a new practice standard.

S. Crawford reflected on Council's ongoing focus on good governance. She noted that Council will see the results of its work reflected in CNO's response to the 2023 College Performance Management Framework. She noted that, as was reflected in the new organizational design, CNO is enhancing its operational support of governance.

President's Closing Remarks

P. Sullivan expressed appreciation to the CNO staff for their responsiveness in providing detailed briefing material well in advance of the meeting. This facilitated improved Council member preparation. She also acknowledged Council members for their high degree of engagement. She flagged that additional opportunities for Council members to contribute will be circulated and she encouraged members to consider volunteering.

P. Sullivan noted that this is the final meeting of the 2023-2024 Council and expressed appreciation to outgoing Council members.

Next Meeting

P. Sullivan noted that the first meeting of the 2024-2025 Council will take place on Wednesday, June 5 and Thursday, June 6, 2024. She noted that it will be a hybrid meeting and all members are encouraged to attend in person, if possible.

Conclusion

At 4:00 p.m., on conclusion of the agenda

Motion 11

Moved by S. Leduc, seconded by R. Lasimosa Jr.,

That the March 2024 Council meeting conclude.

CARRIED

2024-2025 Statutory Committee Members

Executive Committee

Patricia Sullivan, RN, President
Tomoko Fukushima, Vice-President, RN
Rodolfo Lastimoso, Vice-President, RPN
Jay Armitage, PM

Inquiries, Complaints & Reports Committee

Patricia Sullivan, RN, Chair
Ashely-Chandni Ahuja, NP*
Shana Anjema, RN*
Jay Armitage, PM
Mary Campbell, RN*
Samantha Diceman, RPN*
Jerry Ding, NP
Terry Holland, RPN*
Nicole Krywionek, RN*
Rodolfo Lastimoso, Jr., RPN
Sylvain Leduc, NP
Scott Mumberson, RPN
Grace Oltmann, RN
Fidelia Osime, PM
Donna Rothwell, RN*
Diane Scott, PM
Maria Sheculski, PM
Shelley Sheedy, RN*
Sherry Simo, RPN*
Diane Thompson, PM
Angela Ven den Hoven, RPN*
Heather Whittle, NP*

Quality Assurance Committee

Sylvain Leduc, NP, Chair
Helen Anyia, RPN
Lisa Connelly, NP
Lisa Donnelly, RN
Sylvia Douglas, PM
Diane Morin-LeBlanc, RN*
Lalitha Poonasamy, PM
Maria Sheculski, PM
Yao (Jackie) Zhai, RPN*

Registration Committee

Fidelia Osime, PM, Chair
Helen Anyia, RPN
Andrea Arkell, PM
Alexis Lamsen, RN
Joy Navaroj, RN*
Jennifer Skuce, RPN*
Diane Thompson, PM

* Appointed committee member

**Discipline & Fitness to Practise
Committees**

Lalitha Poonasamy, PM, Chair
Andrea Arkell, PM
Simon-Matthew Bate, NP*
Antonia Colarossi, NP*
Erin Cowan, RN*
Tim Crowder, PM
Tanya Dion, RN*
Lisa Donnelly, RN
Jean-Laurent Domingue, RN*
Sylvia Douglas, PM
David Edwards, RPN
Joe Farag, PM
Grace Fox, NP
Tomoko Fukushima, RN
Carly Gilchrist, RPN
Lynn Hall, RN*
Tyler Hands, RN
Tammy Hedge, RPN*
Jane Hess, RN
Nazlin Hirji, RN*
Michael Hogard, RPN
Carly Hourigan, PM
Samuel Jennings, RPN*
Jeffrey Ko, RN

Morgan Krauter, NP
Amritha Kumar, RN*
Sandra Larmour, PM
Sarah Louwagie, RPN*
Marnie MacDougall, PM
Mary MacNeil, RN*
Shannon Mantha, RN*
Jijo Mathew, RN
Jane Mathews, RN*
Ahamad Mohammed, RPN*
Edsel Mutia, RN
Kerrie Naylor, RPN*
Shakhnoz Niezova, RN*
Patricia Nowicka-Bujko, RPN*
Dayna Porco, RPN*
Susan Roger, RN*
Monica Seawright, RPN*
Matthew Secord, RN*
Andrew Sharpe, NP*
Emilija Stojasavljevic, RPN*
Sherry Szucsko-Bedard, RN*
Kimberly Wagg, RPN
Jacqueline Vlahos, RN*

Special Council Meeting Minutes

May 15, 2024

Present

P. Sullivan, Chair
H. Anyia
J. Armitage
L. Carpenter
T. Crowder
R. Dunn
D. Edwards
G. Fox
T. Fukushima

T. Hands
J. Hess
S. Larmour
R. Lastimosa Jr.
S. Leduc
D. May
E. Mutia

G. Oltmann
F. Osime
V. Rathi
M. E. Renwick
M. Sheculski
D. Thompson
K. Wagg

Regrets

A. Arkell
S. Douglas
J. Farag
M. Hogard

C. Hourigan
R. Kaur
M. Krauter

M. MacDougall
L. Poonasamy
D. Scott

Guests

J. Maciura, SML Law

Staff

A. Brennand
S. Crawford
J. Hofbauer, Recorder

A. McNabb
S. Mills
E. Tilley

S. Vogler
A. Vrachidis

Land Acknowledgement

P. Sullivan shared a Land Acknowledgement.

Agenda

The agenda had been circulated and was approved on consent.

Conflicts of interest

There were no conflicts of interest declared related to the Council agenda.

Registration Regulation

Council received briefing materials including updated registrant, applicant and system partner feedback on the proposed revisions to the registration regulation related to the education requirement. The revised regulations were circulated for 30 days in accordance with the consultation period approved by the Minister of Health. J. Maciura from Steinecke, Maciura and LeBlanc joined the meeting.

P. Sullivan, Council President, highlighted Council's previous discussions and decisions related to the proposed regulation changes, including approving a revised draft regulation for circulation in March of 2024.

S. Crawford, Registrar/Executive Director & CEO, highlighted CNO's ongoing commitment to enhancing access to registration for qualified applicants. She flagged CNO's due diligence in considering feedback to the first draft regulation, exploring new evidence and consulting with system partners in developing the revised regulation.

E. Tilley, Manager of Regulatory Policy highlighted the rationale for the proposed regulation changes as well as an overview of new feedback received from registrants, applicants and system partners related to the proposed regulatory revisions.

In discussion, it was confirmed that there were no changes to the additional proposed registration requirement to complete a course to support safe transition to practice into Ontario's health care system.

It was also noted that applicants will need to meet other registration requirements including language fluency and the registration examination.

In March, when Council approved the draft amended regulations for circulation, it confirmed that it believed the regulations were in the public interest. Following review of the feedback, Council confirmed it still believes the proposed changes are in the public interest.

Motion 1

Moved by R. Lastimosa Jr., seconded by E. Mutia,

That Council approve the amendments made to Ontario Regulation 275/94 under the *Nursing Act, 1991* as proposed in attachment 1 to the briefing note and that the Registrar and President are authorized to sign any government proposed form of the changes that align with the intent of the changes approved by Council as well as housekeeping amendments.

CARRIED

Conclusion

S. Crawford thanked Council and noted that next step will be submission of the regulation change to the Minister of Health. She highlighted the staff's commitment to implementing this regulatory change in a way that supports public safety and confirmed that Council will receive updates as work on implementation proceeds.

The special meeting of Council concluded at 7:35 p.m., on completion of the agenda and consent.

Executive Committee Minutes

April 1, 2024

Present

P. Sullivan, Chair
J. Armitage

R. Lastimoso Jr.
S. Leduc

F. Osime

Staff

A. Brennand
S. Crawford

J. Hofbauer, Recorder
S. Mills

C. Tancioco

Land Acknowledgement

P. Sullivan shared a land acknowledgement statement.

Agenda

The agenda had been circulated. P. Sullivan noted that this special meeting of the Executive will focus on orientation.

Motion 1

Moved by R. Lastimoso Jr., seconded by S. Leduc,

That the agenda for the Executive Committee meeting of April 1, 2024, be approved as circulated.

CARRIED

Minutes

Minutes of the Executive Committee meeting of February 15, 2024, had been circulated. P. Sullivan noted that she would share editorial changes.

Motion 2

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

That the minutes of the Executive Committee meeting of February 15, 2024, be accepted, with editorial changes.

CARRIED

March Council Debrief

The Executive Committee received a copy of the results of the Council Pulse Check evaluation from the March 2024 Council meeting. It was confirmed that the feedback was largely positive, with comments about increased engagement and diverse participation.

The Executive Committee recently introduced increased participation of its members in leading and facilitating parts of the Council meeting, which was well received.

Some Council members did not complete the Pulse Check survey. The Executive Committee noted the importance of reminding Council members that the survey results have supported positive change, and that completion of the meeting evaluation survey is an accountability under the Council and Committee Code of Conduct.

There was discussion about further opportunities to enhance orientation, ongoing education and to bring diverse voices to the table, for example, the integration of guest speakers into Council development sessions and meetings.

The Executive Committee discussed how to maximize their effectiveness in supporting Council discussion and decision-making about key regulatory and governance issues, including:

- the provision of written background related to those items in the Executive's briefing package and
- if, necessary, a short touch-base meeting of the Executive Committee before the Council meeting.

There was a discussion about staff participating with the Executive Committee in the Council de-brief. It was agreed to reconsider the approach to Council debriefs once the new members have joined the Executive Committee.

Council orientation

According to the Council Orientation Policy, the Executive Committee has accountability for supporting the orientation of new Council members. The Executive received briefings for the May welcome orientation and the June 5 Orientation for All.

C. Tancioco, Strategy Consultant highlighted the proposed orientation approach.

Welcome Orientation Session

The Executive Committee received a detailed annotated agenda for the May 29 Welcome Orientation session. There was support for the overall framework.

It was flagged that the annotated agenda was information heavy. Staff were asked to revise the agenda to provide the members of the Executive Committee with a few key points to be used as a foundation for more personal reflection and discussion.

Members of the Executive Committee volunteered to lead specific sections of the Welcome Orientation.

It was flagged that key messaging needs to include the understanding that all members of Council are there to make decisions that support public safety and that Council members do not represent any constituency. It was suggested that focusing on key messaging from the Council and Committee Code of Conduct will support that understanding.

Members of the Executive Committee agreed to serve as mentors for incoming Council members. It was confirmed that individual approaches will be needed to provide effective support to new members.

It was suggested that members of the Executive Committee attending the Council meeting in person take the opportunity to seek out, welcome and support new members during meals and breaks.

There was discussion about the lunch drop-in session for new members during the June 6 Council meeting. Given that the meeting will be held in a hybrid format, J. Armitage and P. Sullivan will be available in person and R. Lastimosa will join the zoom and be available if needed for any new members joining on zoom.

There was support for the provision of short backgrounders on key strategic initiatives.

Orientation for All

The Executive Committee confirmed that the proposed content of the Orientation for All sessions on June 5 met the learning objectives set in the Council Orientation Policy. It was flagged that there was a lot of content, and it would be important to emphasize key messages and provide varied opportunities for engagement such as polling and discussion of scenarios.

There was discussion about the importance of engagement offered for those attending in person. It was suggested that additional and longer breaks on June 5 would support the engagement of Council members. It would also give those participating virtually, breaks from the screen.

Orientation of the Executive Committee

The Executive Committee received a briefing on the orientation of new members of the Executive Committee. It was suggested that the orientation include time for reviewing the Terms of Reference and by-laws related to the role of the Executive Committee and providing some examples of how the Terms of Reference are applied.

Committee Appointment

The Executive was informed that Lynda Carpenter has been appointed as a public member of Council. It was flagged that there was a public member vacancy on the Discipline and Fitness to Practise committees.

Motion 3

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

That L. Carpenter be appointed to the Discipline and Fitness to Practise committees.

CARRIED

From your Executive Committee

The Executive Committee identified the content for the From Your Executive Committee message to Council members.

Conclusion

At 11:06 a.m., and on completion of the agenda, the Executive Committee concluded on consent.

Executive Committee Minutes

May 16, 2024

Present

P. Sullivan, Chair
J. Armitage

R. Lastimosa Jr.

F. Osime

Regrets

S. Leduc

Guest

T. Fukushima

Staff

A. Brennand
S. Crawford
J. Hofbauer, Recorder

S. Mills
C. Tancioco
I. Tirana

A. Tong
A. Vrachidis

Welcome

T. Fukushima, 2024-2025 Vice-President, RN was welcomed to the meeting, as part of her orientation to the role of the Vice-President and to the Executive Committee.

Land Acknowledgement

P. Sullivan shared a land acknowledgement statement.

Agenda

Members had received the agenda for the Executive Committee meeting of May 16, 2024. In response to feedback in April, the agenda has been restructured to support the Executive Committee in planning Council meetings. It was noted that the focus for the meeting is planning for the June Council meeting.

No changes were suggested and the agenda was approved on consent.

Minutes

Minutes of the Executive Committee meeting of April 1, 2024, had been circulated.

Motion 1

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

That the minutes of the Executive Committee meeting of April 1, 2024 be approved as circulated.

CARRIED

Orientation

C. Tancioco, Strategy Consultant joined the meeting.

Welcome Orientation

The Executive Committee received an updated annotated agenda for the Welcome Orientation with new Council members on May 29, 2024. C. Tancioco highlighted the changes made based on input of the Executive Committee in April. Members supported the changes and requested receiving the annotated agenda as a Word document, in advance.

The background being provided in the Welcome session was shared. The Executive discussed the importance of new members reviewing the background materials. To support new members in meeting their accountability for being prepared for meetings, a separate session on preparing for Council using Boardvantage is being held.

There was discussion about members' approaches to reaching out to mentees. It was confirmed that this process is informal, specific to the needs of each respective mentee, and meant to be ongoing beyond the first orientation and Council meeting.

Orientation for All

The Executive received an updated agenda for the Orientation for All session on June 5, 2024. There was an update on the number of members attending in person and on zoom. It was confirmed that members of Executive will be seated with the President, as the Vice-Presidents need to be seated there to support monitoring the speakers. It also supports recognition of the Executive Committee.

C. Tancioco highlighted the revised agenda for the session, noting that the morning discussions on Regulatory Governance and Council Members Duties & Obligations: Code of Conduct will include zoom polling and discussion.

The Executive Committee was informed that Hamlin Grange from DiversiPro will be attending after lunch to discuss Council's DEI Journey and share plans for Council members participating in a DEI assessment.

The Executive provided suggestions on ensuring a high degree of engagement in the afternoon and ending on a high note with excitement for the 2024-25 term.

C. Tancioco left the meeting.

Council planning

To support its role in planning the Council meeting, the Executive received background related to substantive regulatory and governance issues on the June Council agenda.

Regulatory Decisions

The Executive's role related to regulatory decisions is to understand how the decision will be presented to Council and identify if additional information or supports might be needed for decision making. To provide the Executive with insight, a summary was provided for these agenda items.

[Discontinuing or Declining to Provide Care Standard](#)

S. Crawford noted that the *Discontinuing or Declining to Provide Care* standard is replacing the *Refusing Assignments and Discontinuing Nursing Services* practice guideline. She highlighted the public protection rationale for the change. She noted that with increasing independent roles and changing scopes of practice, CNO may need to develop more practice standards such as this one.

Council will receive a decision note, including the evidence supporting the proposed standard and a presentation.

[National Nurse Practitioner Regulation Framework](#)

S. Crawford highlighted the national work done to support a consistent regulatory framework for Nurse Practitioners. The plan for June is to provide a level-set on this work and seek Council's support in the national collaborative.

Staff were asked to clarify the appropriateness of Council members who are NPs and those involved in NP programs participating in this discussion and decision. CNO committed to follow up.

Governance Decisions

I. Tirana and A. Tong, Strategy Consultants, joined the meeting. The Executive Committee acts as Council's Governance Committee. To support it in that role, the draft Council briefing notes on the governance agenda items were shared with the Executive Committee.

Conduct Committee and Complaints Process

The Executive Committee received a draft Council briefing note on the proposed process to address complaints of breaches of the Council and Committee Code of Conduct and the Conduct Committee (Code). A. Tong highlighted how the input of Council in March, particularly how the principles Council identified, shaped the proposal.

A. Tong highlighted the key components of the proposed process. A diagram of the proposed process was identified as helpful. The Executive suggested that aspects of the process which are 'new' be highlighted on the diagram.

It was suggested that the briefing identify that the focus of the program is to resolve matters, and that it would be extremely rare for a complaint about the Code to come forward to Council. It was suggested that it be confirmed whether, in the rare instance that a Code matter comes forward to Council, it can be addressed in an in camera session.

Competency-based Council Elections

The Executive Committee had received a draft Council briefing on competency-based Council elections. It was flagged that the Nominating Committee will be meeting on May 21 to make its final recommendations to Council on May 21, 2024, and the Executive Committee's input from this meeting will be shared with Nominating Committee.

Iva highlighted the key changes in the profile (attributes and competencies) flagging how they are aligned with Council's feedback. She informed the Executive Committee that a public consultation with the Citizen's Advisory Group confirmed that the proposed profile is inclusive and reflects a Council whose purpose is public protection.

In discussion, it was confirmed that the Council-approved process is based on self-assessment by candidates solely for the purpose of self-reflection. The process does not include validation of candidate assessments or screening by the Nominating Committee,

By-Law Amendments related to Council Elections and Committee Appointments

The Executive received a briefing note highlighting changes that will be needed to the Elections and Appointments part of By-Law No. 1: General. It was flagged that these

changes are needed so that the Council election and committee appointments processes, which will launch in the fall of 2024, will align with Council decisions in December 2023 regarding:

- competency-based Council elections and
- the Council and Committee Code of Conduct (Code), including new provisions related to prohibited positions and cooling off periods.

It was noted that these changes do not address the complaint process related to the Code. The amendments are being drafted by legal counsel and Julie Maciura from SML Law will attend the meeting for that item.

Council purpose and roles

The Executive Committee had received a Council briefing note. A. Vrachidis, Manager of Governance & External Relations noted that development of a Council purpose statement and updating of key roles (Council, Council member, President) is a Council approved governance priority for 2024. She noted that the intent is to get Council input on principles to support the work in June.

The Executive Committee confirmed the importance of having clear roles. It was suggested that the briefing highlight how this work supports Council's ongoing governance journey. It was suggested that the principles be strength-based and that succession planning be included.

June Council Meeting Planning

The Executive Committee had received a draft agenda for the June 6, 2024 Council agenda. The Executive Committee advised that additional time will need to be provided for some items and suggested that the agenda be revised with the meeting ending at 5:00 p.m.

The Executive Committee identified the value in having different members of the Executive Committee reflect on Council agenda items from their perspective to support engagement. Members of the Executive Committee agreed who would share the Land Acknowledgement Statements at the Orientation session and the June 6, 2024 Council meeting. Executive Committee members also volunteered to provide reflections to spark discussion for different items on the Council agenda.

The Executive Committee discussed recruiting Council members for leadership roles including the public member for the Executive Committee. S. Crawford noted that CNO is being proactive and will be contacting government partners to ensure that CNO has the necessary public members needed to provide leadership, constitute committees and Council.

Motion 2

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

That the agenda for the June 6, 2024 Council meeting be approved, with the timing changes recommended by the Executive Committee.

CARRIED

Committee Appointment: New Public Member

The Executive Committee received information on Virender Rathi, a new public member. It was flagged that there is a public member vacancy on the Inquiries, Complaints and Reports Committee.

Motion 3

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

That Virender Rathi be appointed to the Inquiries, Complaints and Reports Committee.

CARRIED

From Your Executive Committee

The Executive Committee identified the content for the *From Your Executive Committee* message to Council members.

The Executive Committee asked that, for future Executive Committee meetings, the discussion about *From your Executive Committee* be moved to follow approval of the Council agenda.

Next Meeting

It was noted that the first meeting of the 2024-2025 Executive Committee will be on Thursday, August 22, 2024.

Executive Session

The Executive Committee met in private with S. Crawford, CNO's Registrar/Executive Director & CEO.

:

Approval of the 2023 Annual Report for Submission to the Minister of Health

Decision note – June 2024 Council

Contact for questions or more information

Silvie Crawford, Registrar/Executive Director & CEO

Purpose and Action Required

To meet the statutory accountability of providing CNO's Annual Report to the Minister of Health¹.

Motion:

That Council approve the 2023 Annual Report, as it appears attached to this decision note, for forwarding to the Minister of Health.

Background

Attached is the 2023 Annual Report: *Building the Future*.

The Annual report is an operational accountability. It is brought to Council each year for information and for approval to forward the report to the Minister of Health.

Attachment

2023 Annual Report: *Building the Future*

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



Building the Future

Annual Report 2023

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Building the Future: 2023 Annual Report

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2024-04
MAY 2024

We are CNO

We are the College of Nurses of Ontario (CNO) and we protect the public by promoting safe nursing practice.



What do we do?

- **We set the requirements** for becoming a nurse in Ontario.
- **We inform** nurses of their accountabilities and tell you what you can expect from nurses.
- **We respond** to your concerns about nurses' conduct, competence and health.
- **We ensure** nurses engage in continuous quality improvement throughout their careers.

Nurses
registered
in 2023



188,461

total number of nurses*

122,007

Registered Nurses
(RNs)



59,975

Registered Practical
Nurses
(RPNs)



5,038

Nurse Practitioners
(NPs)



1,441

dual registrants
(RN and RPN)



*As of December 31, 2023.



President's message

It is an honour to deliver the 2023 Annual Report commemorating 60 years of regulatory leadership on behalf of CNO's Council.

As both Council President and a Registered Nurse, I understand CNO's vital role in protecting the public through safe nursing practice. Regulating nursing practice is essential, and our ongoing vigilance ensures the safest care for patients.

Meeting that mandate requires Council to determine the overall direction for nursing regulation and affirm nursing accountabilities to respond to the health care system needs.

In 2023, Council supported those accountabilities and needs in several ways. We approved a new *Code of Conduct* standard, *Scope of Practice* standard, education program and a standard for RN prescribing initiatives. These regulatory decisions helped provide CNO with the guidance and approval to make significant progress in achieving key goals outlined in its 2021–26 strategic plan.

Furthermore, Council evaluation feedback was used to enhance governance effectiveness by refining strategic focus and oversight, optimizing data utilization for decision-making, fostering increased engagement from the Council, and actively promoting diversity, equity and inclusion.

I am very proud of CNO's many accomplishments in 2023 and the exceptional efforts made by staff and Council to protect the public by promoting safe nursing practices.

Rooted in a 60-year tradition of diligence, Council pledges to maintain this momentum. It is my privilege and profound responsibility to uphold patient safety in every decision we make. ◀

Patricia Sullivan, RN, BScN, MPA, PMP
Council President (June 2023–Present)

Find out more

- **Find more about your Council:** cno.org/council
- **Read about CNO's committees:** cno.org/committees
- **Find discipline decisions:** [Find a Nurse](#) and cno.org



Registrar/Executive Director and CEO's message

It is humbling and fulfilling to be part of CNO's tradition of regulatory excellence. For 60 years, CNO has protected the public by promoting and upholding safe patient care. As a nurse, it is my privilege to maintain and strengthen this mandate and share that work with you in this year's annual report.

Public safety is a collective responsibility and collaboration remained a priority in 2023. We worked together with health care system partners like the Ministry of Health, associations, nursing schools and many more to advance our goals. This included improving the applicant experience, advancing safe practice and sharing our knowledge, data and insights. The work we do is improved by meaningful consultation and adding the perspectives of many people.

We did so in many ways in 2023, which you can read about in more detail in this report. The Supervised Practice Experience Partnership (SPEP), an initiative in collaboration with Ontario Health and CNO-approved organizations, continues to support thousands of applicants on their journey to become nurses with the knowledge, skill and judgment to practice safely. We consulted with nurses on items like updating the *Code of Conduct*, expanding the scope of practice for RNs and RPNs and making the Jurisprudence Exam more flexible. Through various events, we hosted the Minister of Health, Canada's Chief Nursing Officer, a landmark roundtable to discuss education regulation and reached out to nurses and employers at conferences throughout the year.

All of this work is aligned with our strategic plan, which is our roadmap to achieving our goals to protect and promote patient safety. It enshrines principles that guide both our daily work and larger goals and informs how we learn from and share with our system partners. They are principles in keeping with the proud tradition we have built on over 60 years at CNO.

I am excited to share our accomplishments from our 60th year in this report. I am also committed to continue collaborating with the public, nurses, the Ministry of Health and other health system partners to build on this success.

Patient safety requires ongoing vigilance, dedication and progress, and I am proud to work towards this purpose every day. ◀

With thanks,

Silvie Crawford, RN, BHScN, LLM - Health Law,
Registrar/Executive Director and CEO

Celebrating 60 years of public safety and nursing excellence

Established in 1963, CNO has evolved significantly, yet our core purpose to protect the public by promoting safe nursing practices has never wavered. As a regulatory authority, we consistently engage with our partners to adapt to the health care sector's evolving needs, ensuring the safety of those we serve.

Our strategic plan is our roadmap, outlining four pivotal areas that influence nursing care on a broader scale, while upholding the values of diversity, inclusion, fairness and accessibility. We strive to

- inform our decisions with essential information and **insights**
- anticipate and proactively adapt to new challenges and requirements with **agility**
- **proactively** carry out preventive actions to avoid potential risks
- collaborate effectively with diverse **partners** in the health care system

In 2023, we focused on refining our application processes and ensuring that nurses were well-versed in and applied CNO's standards for safe practice. We also strengthened our role as a trusted partner, grounding our initiatives in solid data and evidence. ◀



Improving the applicant experience

Over the past five years, CNO has taken significant steps to enhance the application experience. Our commitment to fairness, inclusivity, effectiveness and efficiency has supported a notable increase in the number of nurses joining Ontario's health workforce. Key milestones in 2023 include

- **interprovincial collaboration:** Simplification of the registration process for Canadian nurses has promoted interprovincial mobility, resulting in 672 nurses from other jurisdictions registering in Ontario.
- **Jurisprudence Exam accessibility:** The introduction of a flexible Jurisprudence Exam schedule allows applicants to take the exam at their convenience throughout the year.
- **support for international nurses:** Amendments to the Temporary Class registration have enabled 325 internationally-educated nurses (IENs) to complete their registration process in 2023.
- **supervised practice success:** The Supervised Practice Experience Program (SPEP) continues to be a resounding success, with 2,829 nurses completing the program and obtaining their registration since January 2022.

"I thought that if I do the SPEP program, I can learn more since everything is different than in India – the computer system, documentation, everything. I know how it works now in Canada and my responsibilities. I have more confidence. It was a wonderful experience for me."

Joice Matthew, RN



As we move forward, CNO remains focused on refining our assessment processes and evolving with the health care landscape. Upcoming initiatives include revising educational requirements for registration to align with health human resource demands, while maintaining the high standard of safe and competent nursing care. ◀



THEN: In the 1960s, nursing was divided into two categories: Registered Nurses and Registered Nursing Assistants.

NOW: Nursing roles and education have evolved significantly, leading to the current system with more defined classes and scopes of practice. These categories and classes help organize the nursing profession to ensure that nurses have the appropriate qualifications for their roles: Two categories (RNs and RPNs) and six classes of registration (General, Extended, Non-Practising, Temporary, Special Assignment and Emergency).

Advancing safe practice: Our commitment to nursing standards

In 2023, CNO, in partnership with the Ministry of Health, expanded the scope of practice for RNs and RPNs. This initiative aimed to enhance health care accessibility and reduce system strain, with comprehensive public, nurse and health system partner consultations ensuring public-centric regulation development.

New practice standards and guidelines

To facilitate the integration of these new regulations, we bolstered our support for nurses through the development and revision of various tools and resources:

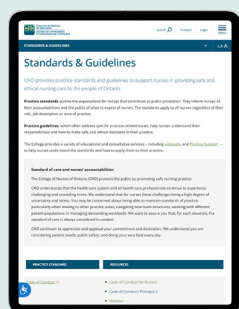
- **Code of Conduct:** We updated the central practice standard, incorporating a new principle dedicated to inclusive and culturally safe care.
- **Scope of Practice:** A new standard has been established to guide nurses in determining which activities they can perform safely and competently.
- **Prescriptive Authority:** We introduced a standard and approved educational programs for RNs to prescribe certain medications and communicate related diagnoses.



Our commitment to clarity and practical application of these standards is reflected in our direct-level support, such as webinars and in-person presentations, combined with online learning resources.

CNO is continuously updating other practice standards to align with the current practice environment, ensuring relevance across all nursing settings.

...currently dependent on the existing structure of the health care system, to incorporate reforms, to extend the structure and procedures of the Health Disciplines Act to other professions and groups, and to settle outstanding issues between professions. This



THEN: In 1976, CNO became the first nursing regulator in Canada to establish practice standards for nurses. *Pictured: Members of the Task Force on the Revision of Standards featured in the publication A History of the College of Nurses of Ontario (left photo).*

NOW: CNO continues to modernize standards and guidelines. We currently have eight standards and nine guidelines to support nursing practice and patient safety. *Pictured: cno.org/standards (right photo).*

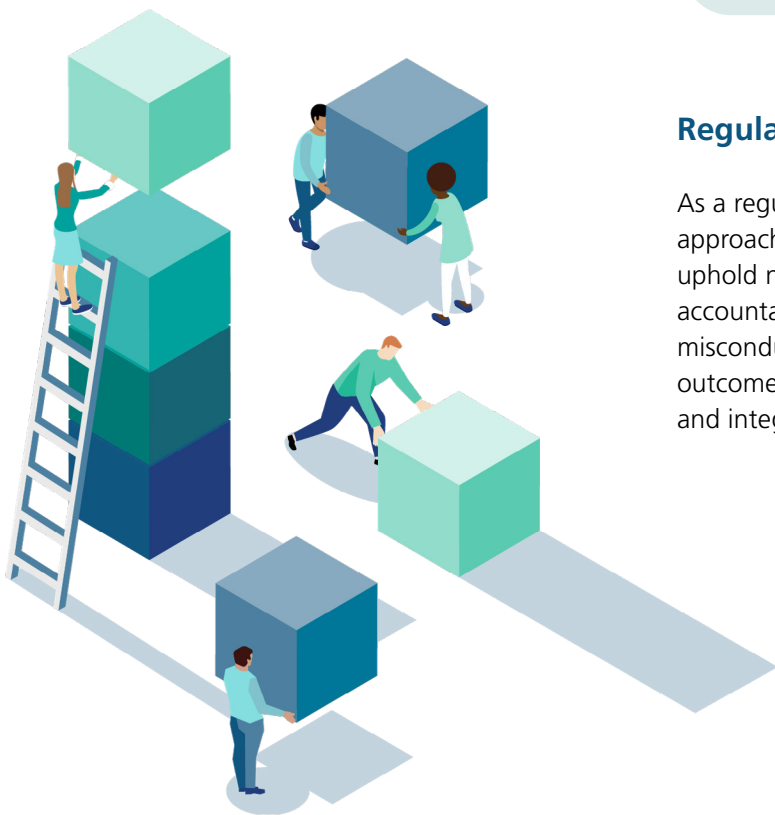
Quality Assurance (QA) Program enhancements

Each year, CNO continues to evolve our QA program, which is an accountability of all nurses to reflect on their practice and contributes to the goal of safe care provision. In 2023, we launched a new online platform for a more streamlined assessment process and more efficient engagement for nurses completing their annual QA obligations.

Throughout the process, nurses are supported by comprehensive resources to ensure their success. This includes access to a broad range of expertise, including making it easier to use the QA learning management system, alongside guidance and support from Peer Coaches and CNO staff.

“Peer coaches can assist in helping nurses set specific, achievable goals that can help boost the nurses’ confidence by offering reassurance and guidance. Knowing that a colleague supports them can help nurses approach assessments with greater self-assurance, which might reduce stress.”

Janet Montague, RN, QA Peer Coach



Regulatory balance for public safety

As a regulatory body, we maintain a balanced approach between remediation and discipline to uphold nursing standards, ensuring fairness and accountability. In 2023, 76% of investigations into misconduct and/or incompetence led to remedial outcomes, emphasizing our focus on improvement and integration of practice standards. ◀

Being recognized as a trusted partner

CNO has solidified our role as a trusted collaborator within the provincial and Canadian health care landscape through proactive engagement, strategic partnerships and a commitment to transparency. Our shared expertise and resources have been pivotal in addressing challenges and enhancing patient safety.

Fostering collaborative relationships

CNO has hosted pivotal events, uniting health system partners to further nursing regulation and public protection.

A landmark roundtable convened 18 Canadian regulators and distinguished guests, including Dr. Leigh Chapman, Chief Nursing Officer of Canada; Allison Henry, Director, Health Workforce Regulatory Oversight at the Ontario Ministry of Health and Dr. Nancy Spector, Director of Regulatory Innovations at the National Council of State Boards of Nursing (NCSBN) in the U.S., fostering a dialogue on nursing education regulation and establishing a framework for ongoing collaboration.

“Nurse regulators play a critical and unique role in each province and territory in Canada. By connecting with other regulators and drawing on CNO's knowledge, I aim to collaborate with regulators to enhance patient safety across the country.”

Dr. Leigh Chapman, Chief Nursing Officer of Canada



CNO also hosted Health Minister Sylvia Jones for a significant announcement about RN prescribing.

Promoting safety through connection

As a regulator working in the public interest, enhancing our visibility through various channels and connecting with our partners helps to increase trust in CNO.

We expanded our social media presence to over 94,000 followers, allowing us to directly connect with key partners online. We also began streaming our Council meetings on LinkedIn, besides our other streaming options, offering greater access and enhancing transparency in the organization.

Our media engagements in 2023 elevated our presence, establishing us as a trusted authority on nursing data. Numerous reports and findings produced by CNO, including those highlighting the renewal and employment statistics of nurses and the registration of IENs in Ontario, have informed and shaped key narratives in today's media discussions.

Active participation in health care and regulatory conferences enabled us to exchange knowledge and collaborate effectively with nurses, employers and partners. Through presentations on new regulations and standards and direct one-on-one discussions at expo booths, CNO staff members attended multiple conferences, such as the International Council of Nurses, the AdvantAge Ontario Convention Council on Licensure, Enforcement and Regulation, Canadian Network of Agencies of Regulation and nursing associations' annual general meetings. Through these interactions, we reinforced our dedication to regulatory excellence and public safety.



THEN: CNO celebrates its 25th anniversary in 1988. *Pictured: David Suzuki (top left).*

NOW: CNO hosts many notable guests and events. *Pictured: Dr. Leigh Chapman (top right), Dr. Nancy Spector (bottom left) and the Honourable Sylvia Jones (bottom right).*

CNO's Diversity, Equity and Inclusion Plan 2022-2025

Diversity, equity and inclusion (DEI) are part of our core values; they define our identity and are essential to our mission. We believe that fostering a diverse, equitable and inclusive workplace is a collective endeavour that enhances our commitment to protecting the public through the promotion of safe, fair and inclusive nursing practices.

In the second phase of our multi-year DEI initiative, we deepened our investment in essential processes and leveraged insights from the Employee Experience Survey to meet our organizational needs. This included appointing a DEI director at the leadership level to champion these values. Notably, we updated our recruitment strategies to attract a broader spectrum of candidates and ensure equitable

hiring practices, while enhancing the job applicant experience. Moreover, we updated our Learning and Development policy to support a variety of learning preferences and broaden educational opportunities for all staff members. ◀

"This is an exciting time, our DEI approach will transform and expand our focus to influence system change and support our purpose to protect the public by promoting safe nursing practice."

Silvie Crawford, RN, BHScN, LLM - Health Law, Registrar/Executive Director and CEO

Empowering decisions with nursing data

CNO is recognized as the authoritative provincial source for extensive nursing employment and registration data. Our dedication lies in harnessing this data to empower ourselves and our system partners, facilitating decisions that have a profound impact.

Innovative data access

This past year marked the launch of the Nursing Data Dashboard, an innovative online tool that grants health care partners and the public access to a wealth of interactive nursing data, including registration details, demographic statistics and employment trends.

Engagement and insight

Our commitment to community engagement through consultations and surveys has provided valuable insights. In 2023, we engaged in 17 such initiatives, garnering nearly 16,000 responses on critical topics, such as RN prescribing, educational regulations and registration renewal fees. These insights are crucial to informing our evidence-based initiatives, with the goals of public protection and the enhancement of nursing standards.

At the close of 2023, we were deeply engaged in launching our inaugural Workforce Census, a concerted effort to understand the systemic issues nurses face and to evaluate findings from



our partner trust and awareness survey. In 2024, we are excited to reveal insights from both and to begin work on our applicant experience model. We will also conduct evaluations of key initiatives, such as SPEP and updates to Temporary Class and reinstatement regulations. Additionally in 2024, we look forward to sharing some significant milestones from the Nursys program, which connects Canadian and U.S. systems, allowing nurses registered in both countries to be identified by a shared unique identifier and enabling cross-border registration and discipline information searches by regulators. ◀

Continuing to build

Since its inception in 1963, CNO has been at the forefront of health care regulation evolution. Our solid foundation positions us to tackle new challenges, seize opportunities and create effective strategies to ensure the continued safety of the public. As we continue to build on our 60-year legacy, we remain committed to advancing public safety and the quality of nursing. ◀



Summary Financial Statements



CNO 60 Years
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Regulation

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CNO COLLEGE OF NURSES
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Standing Committee Appointments: Nominating Committee Recommendations

Decision note – June 2024 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose and Action Required

To support effective standing committee functioning, standing committee member appointments are recommended by the Nominating Committee (NC) to Council in June.

Motion:

That Council approve the appointments of:

- Diane Thompson and Kimberly Wagg to the Finance Committee
- Morgan Krauter as the nurse Council member on the Nominating Committee and
- Sue Haywood and Tom Potter as the expert, non-Council members of the public on the Nominating Committee.

Background:

The Nominating Committee met on May 21, 2024. A report of the NC's meeting is Agenda Item 7.2. In accordance with its [Terms of Reference](#) the NC reviewed candidates for appointment to the Finance and Nominating committees in order to make recommendations to Council.

Finance Committee

The [Finance Committee](#) is comprised of:

- Vice-President RN and Vice-President RPN (Co-Chairs)
- President
- Chair of the Sub-Committee on Compensation and
- three Council members (at least one nurse and one public member).

In June, the NC recommends the Council members for appointment from among Council member volunteers.

The NC was informed that, following two calls for volunteers, two Council members volunteered to serve on the Finance Committee. The NC was informed that Finance Committee is constituted and should not have issues with quorum with two Council member appointees.

The NC received background from the two members. NC believes they will both be strong contributors to the Finance Committee.

The NC recommends that Diane Thompson, public member and Kimberly Wagg, RPN be appointed to the Finance Committee.

Nominating Committee

Three positions needed to be filled on the NC in June:

- the nurse Council member and
- the two expert non-Council members of the public.¹

Ongoing members of the NC are Naomi Thick, Chair² and Silvia Douglas, public member from Council. They both continue to serve on the NC until June 2025.

NC members are appointed based on candidates meeting the attributes and competencies required for members of NC. In 2024, the [NC attributes and competencies](#) were updated, with an emphasis on integrating diversity, equity and inclusion.

The appointments process is supported by third-party governance experts that host the on-line application, recruit for the expert non-Council members, receive and analyze the applications and resumes, carry out further assessment of candidates, and attend meetings of the NC to provide expert advice.

The NC received the resulting report from the consultants. The report provided a comparative analysis of all candidates.

The NC was pleased to note that with the two ongoing members, all NC competencies were met – there were no competency gaps that incoming members needed to fill.

¹ One incumbent applied for reappointment. One member holds a prohibited position under the Council and Committee Code of Conduct and has to be replaced.

² According to the Nominating Committee's Terms of Reference, the Chair is the immediate Past-President of Council.

Council Members

All 2024-2025 nurse Council members were informed of the opportunity to serve on NC. Four nurse Council members volunteered to serve. The NC was impressed with the interest in participating, the commitment and the quality of the candidates.

The NC is recommending that Morgan Krauter, NP, be appointed as the nurse Council member on the NC.

Non-Council Expert Members

The NC Terms of Reference specify that there are two non-Council members of the public appointed to the NC. These members are appointed to bring specialty competencies to the NC. Given that the role of the NC is to recommend candidates based on a competency assessment, its Terms of Reference specify that “At least one member of the Nominating Committee will have background and experience in human resources.”

In accordance with the [Council and Committee Code of Conduct](#), Sue Haywood, a current NC member who applied for reappointment, did not receive the briefing, including the consultant report, and did not participate in the NC discussion of the NC appointments.

The NC is recommending that Sue Haywood be reappointed. She brings expertise in human resources and has provided shown strong commitment to diversity, equity and inclusion during NC discussions. Sue Haywood has been a strong contributor to the work of NC over her first three-year term.

Following a careful review of the report, which included the resumes, of the other candidates for the non-Council members of the public, the NC is recommending Tom Potter. The NC identified that his background in organizational development and learning brings added diversity to the thinking and expertise of the NC.

Confirmation of Committee Appointments: Public Members

Decision note – June 2024 Council

Contact for questions or more information

Silvie Crawford, Registrar/Executive Director & CEO

Purpose and Action Required

To support effective statutory committee functioning.

Motion:

That Council confirm the following statutory committee appointments for public members:

- Lynda Carpenter to the Discipline/Fitness to Practise and Quality Assurance committees and
- Virender Rathi to the Inquiries, Complaints and Reports Committee.

Background

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

The Executive Committee made two appointments between the March and June 2024 Council meetings. In both cases, the committees required additional public members. Since the 2024-2025 committee orientations were taking place before the June Council meeting, the Executive Committee made the appointments.

Lynda Carpenter was appointed to Council on March 21, 2024. To support effective functioning, the Executive Committee appointed her to the Discipline/Fitness to Practise committees on April 1, 2024.

Discipline is the only statutory committee that must have a public member to have quorum for a panel (ss 38(5) of the Health Professions Procedural Code). The number of public members on the committee has recently been reduced. A critical aspect of the Discipline/Fitness to Practise committees' effective functioning is ensuring an adequate number of public members.

Given a vacancy, Lynda Carpenter was also appointed to the Quality Assurance Committee.

Virender Rathi was appointed to Council on March 28, 2024. The Inquiries, Complaints and Reports Committee (ICRC) has moved to four panels and requires an additional public member. On May 16, the Executive Committee appointed Virender Rathi to ICRC.

Strategic Plan Reporting

Discussion Note – June 2024 Council

Contact for questions or more information

Silvie Crawford, Registrar/Executive Director & CEO

Purpose

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

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. The decision to extend the timeframe was based on a mid-term review of the plan, environmental scan and the continued relevance of the strategic direction to CNO's public protection mandate. There was commitment to provide regular updates to Council on CNO's progress, as Council has a shared responsibility to oversee the plan's implementation.

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 demonstrates CNO's achievement towards the outcome, while the leading measures demonstrate CNO's progress to do so.

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

Reporting on the Measures

In our continuous efforts to improve the transparency and effectiveness of our strategic planning process, CNO has undertaken visual and data-integrity related updates to our metrics dashboards. These updates aim to streamline our monitoring processes and enhance the visual presentation and accuracy of the data reported.

Update on Dashboard Consolidation and Enhancements

- **Consolidation of Dashboards:** In this updated model, we merged the outcome measures dashboard, which tracks the progress of outcome measures, with the project dashboard that monitors the overall health and status of all Strategic Plan projects. This consolidation improved the uniformity and clarity of the dashboards.
- **Dashboard Structure:** The updated dashboard features three columns.
 - **First Column:** Displays the overall status of the Strategic Plan projects.
 - **Second Column:** Indicates the status of strategic outcome projects.
 - **Third Column:** Shows the status of strategic pillar projects.
- **Status Update:** We have revised the status indicators to reflect the status of projects instead of their health, as information can be presented in a less redundant manner using this approach. This change allows for a more accurate understanding of project progress.

Data Accuracy Improvements

- **Revised Project Count:** The total count of projects and initiatives reported has been adjusted from 88 to 60. This revision is due to the identification and elimination of task level activities that were previously included as projects/initiatives. We are now specifically reporting on projects and initiatives that directly contribute to the Strategic Plan, ensuring that our data more accurately reflects progress.

Impact of Changes

These enhancements not only improve the visual layout and usability of our dashboards but also increase the accuracy of the data we use to monitor and guide our Strategic Plan efforts. The updated dashboards will support improved project tracking and promote better alignment of our strategic initiatives with the overarching goals of the organization. CNO is committed to continually refining our tools and processes to better serve our strategic objectives. As we continue to refine our dashboards, Council can expect a more streamlined view of project milestones that offer more project clarity. These dashboard updates represent a key step in our ongoing efforts to optimize our strategic planning and execution capabilities.

Progress Updates

Outcome 1

Applicant Experience Survey: The outcome measure for Outcome 1 will be quantified using an applicant experience survey. Led by an external research firm, focus groups and interviews were conducted in Q1, 2024 to understand the constructs that underpin what a fair, inclusive, and effective registration process looks like. The development of a survey is underway to measure the constructs identified from the qualitative findings. Data collection will begin in Q2 of 2024.

Education Registration Regulation: Proposed Revisions: Following the March 2024 Council meeting, Council approved revisions were circulated publicly for an abridged 30-day period. The feedback period closed on May 7 after receiving robust feedback from a broad array of system partners and over 2,700 respondents. Feedback was shared with Council at a special Council meeting on May 15. Following Council consideration of the feedback, their support was provided to submit the proposed regulation changes to the government for review.

Outcome 2

Standards Utilization Survey: The standards utilization survey, including the timeline for data collection, is under development and will be reported to Council.

Outcome 3

Measuring System Partner* Trust & Awareness: The Measuring System Partner Trust and Awareness work was executed from November 2022 to November 2023 for the operationalization of Outcome 3¹. Work continues to take place to determine next steps, which includes identifying initiatives based on research findings that will fit into CNO's current operational planning.

Pillar 1

Pillar 1 will deliver an insights capability for CNO. Key building blocks of the capability include enhancing CNO's data governance practices and implementing a central hub, an enterprise lakehouse, where CNO data from various sources can be stored and analyzed. These steps have been completed.

The enterprise lakehouse project is divided in four major milestones. Milestone 2, which delivers self-serve operational reports to all business areas, is nearing completion. The next part of the project will involve the rollout of advanced dashboards and reporting capabilities, achieving milestone 3. The final phase will see the introduction of machine learning features available in the tools.

In addition to the introduction of a technology solution, this pillar also includes steps to create an insights culture at CNO; asking insightful questions and improving understanding of the many ways the data can be used.

Pillar 2

Supporting organizational agility, CNO implemented its Leadership Vision which included structure design changes to clarify functions, align roles and integrate appropriate authority for decision-making. As an example, leadership accountability for Pillar 2 related projects shifted from the Director, Analytics & Research to Director, Business Services & CFO. The implementation of an organization wide Project Management Office (PMO) function at CNO is progressing well and is currently in the norming phase. Ongoing tasks include:

- Reviewing current project management functions for future state enhancements
- Developing an enterprise intake process, prioritization, and delivery model aligned with industry standards, CNO's culture, and strategic objectives

¹ CNO will be a recognized as a trusted system partner to nurses, employers, and the public.

- Drafting a detailed operational planning framework to ensure alignment of enterprise and operational initiatives and effective resource management.

Pillar 3

CNO is currently reviewing next steps for the implementation of Pillar 3: Enabling Proactivity. Currently, the work is in its scoping and exploration phase, with a focus on identifying short term wins to align with the lifecycle of the 2021-2026 Strategic Plan, as well as to identify potential ongoing work that could evolve into a part of the next Strategic Plan. As a result of this scoping exercise, activities identified under Pillar 3 may change to align strategically with CNO's plans.

Pillar 4

CNO continues to engage and collaborate with our external partners and the public on varied corporative priorities, regulation enhancements and data gathering initiatives in the public interest to promote safe nursing care. These ongoing engagements will inform our discussions and support decision-making. As part of this work, we are reviewing the data insights from the Trust Survey and supporting more engagement with equity deserving groups and the public. This work will align with the upcoming CNO enterprise-wide Diversity, Equity and Inclusion (DEI) Strategy. We remain steadfast to instill our DEI commitment in all we do and are having collaborative, ongoing internal discussions to support next steps related to this pillar work.

Next steps

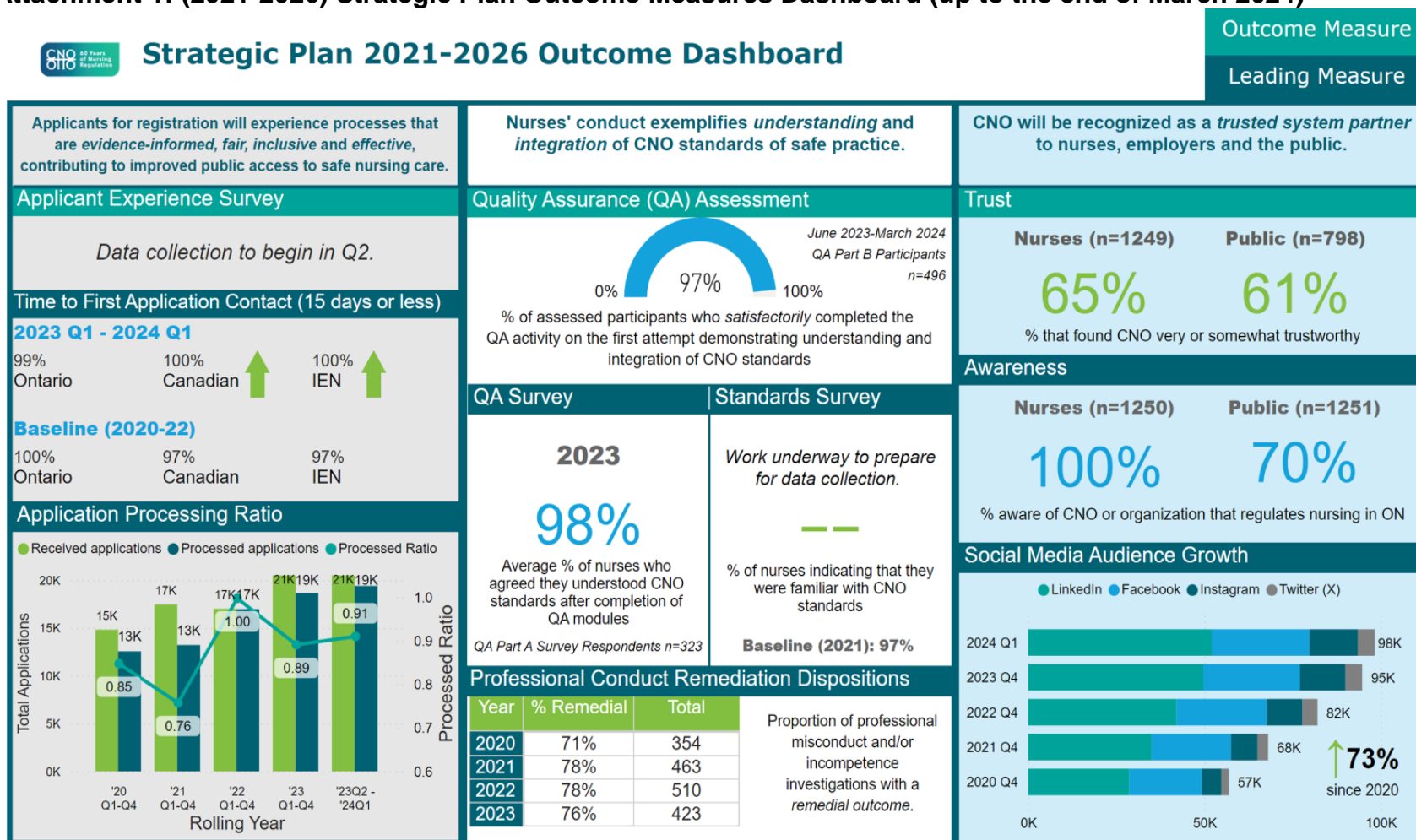
CNO will continue to report on the Strategic Plan at upcoming Council meetings.

Attachments

1. (2021-2026) Strategic Plan Outcome Measures Dashboard
2. (2021-2026) Strategic Plan Project Progress Dashboard

*Note: CNO is transitioning away from the term "stakeholder" as a result of ongoing DEI awareness and recommendations from members of the Health Profession Regulators of Ontario and Indigenous partners.

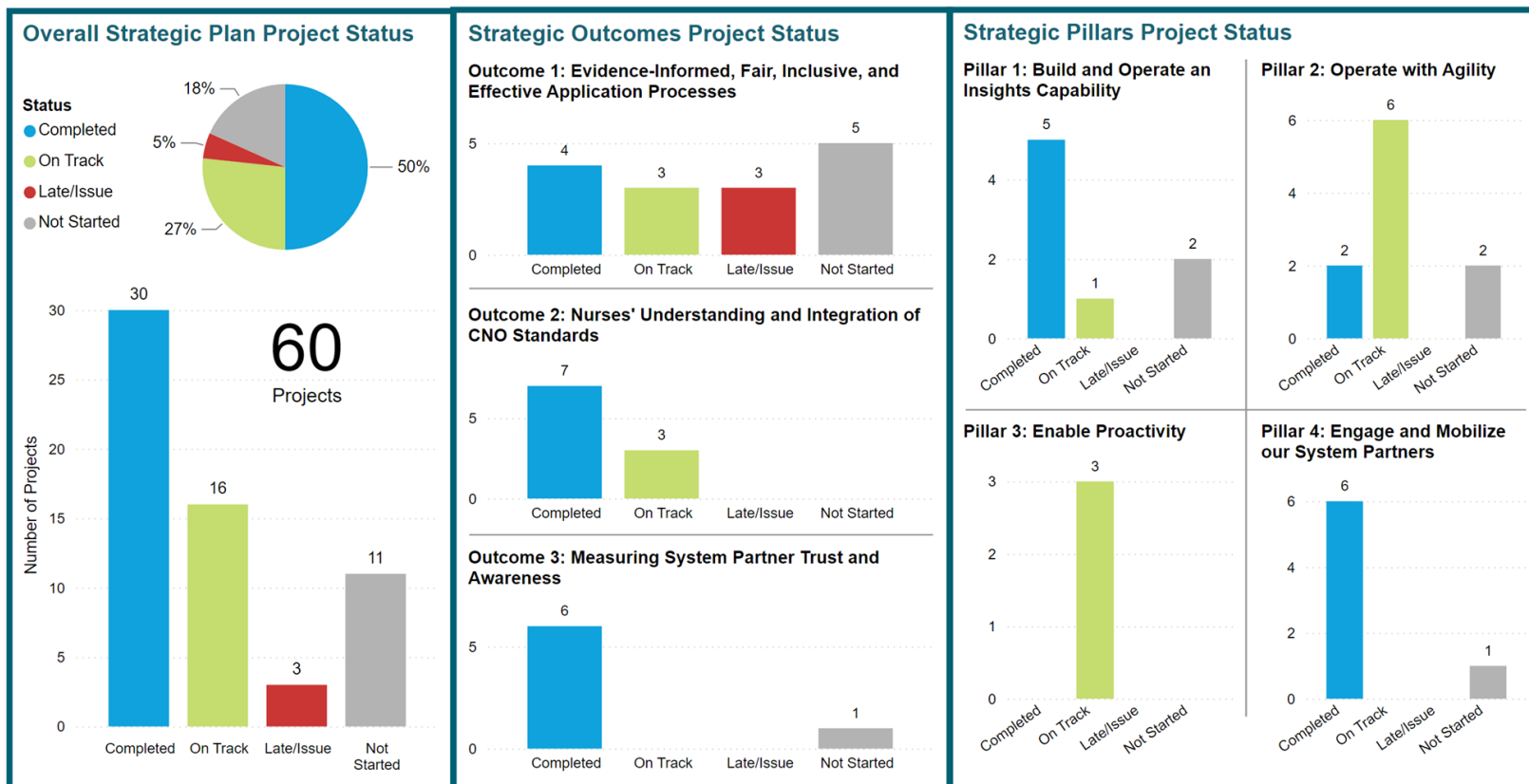
Attachment 1: (2021-2026) Strategic Plan Outcome Measures Dashboard (up to the end of March 2024)



Attachment 2: (2021-2026) Strategic Plan Project Progress Dashboard



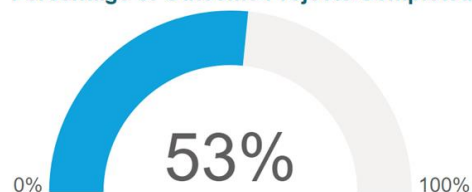
Strategic Plan 2021-2026 Project Progress Dashboard





Strategic Plan 2021-2026 Outcome Project Progress Dashboard

Percentage of Outcome Projects Completed



| Strategic Plan Projects | Status | % Complete |
|--|-------------|------------|
| Outcome 1 | | |
| Revised Applicant Portal Implemented | Completed | 100% |
| Survey | On Track | 28% |
| Applicant Survey Developed | Late/Issue | 90% |
| Applicant Survey Implemented/Applicant Survey Baseline Developed | Not Started | 0% |
| Applicant Experience Survey Target Setting | Not Started | 0% |
| Modernization of Applicant Assessment (MAA) | On Track | 61% |
| Language Proficiency (LP) Policy | Completed | 100% |
| LP project (Bill 106 work) | Late/Issue | 80% |
| New Police Criminal Record Check policy implemented | Completed | 100% |
| New Police Criminal Record Check platform implemented | Late/Issue | 65% |
| IEN Education Change Implemented (including reg. change) | On Track | 40% |
| Evidence of Practice | Not Started | 0% |
| Registration Applicant Approach Piloted | Completed | 100% |
| CNO Registration Content Updated | Not Started | 0% |
| Registration Transformation Program (RTP) | Not Started | 0% |

Status



Strategic Plan Projects

Status % Complete

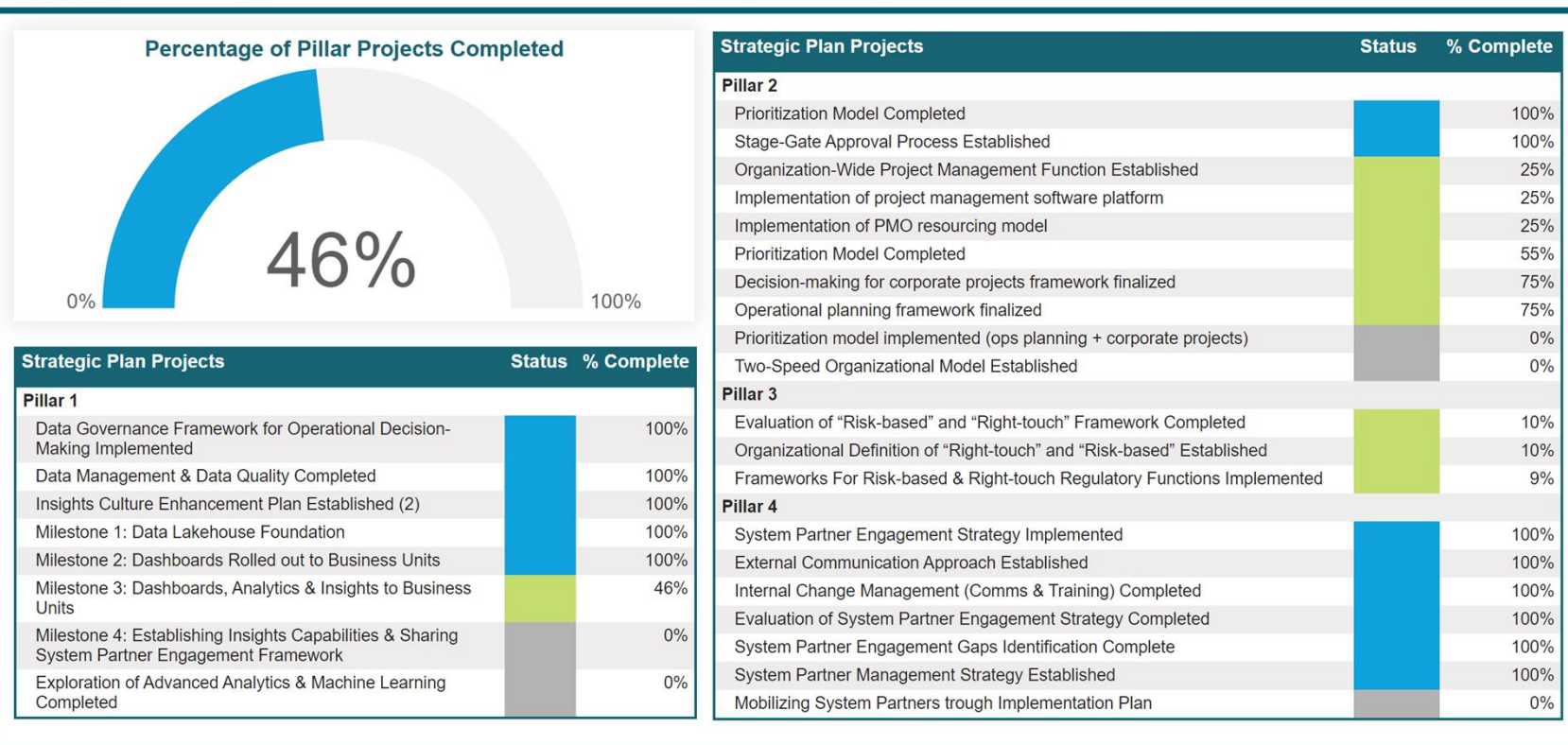
Outcome 2

| | | |
|--|-----------|------|
| Revised Code of Conduct Implemented | Completed | 100% |
| Professional Conduct Casefile Trends Analysis Completed | Completed | 100% |
| Topic Specific Standard(s) Established (RN Prescribing) | Completed | 100% |
| Quality Assurance Technology Platform Implemented | Completed | 100% |
| New Quality Assurance Assessment Tools Established | Completed | 100% |
| Professional Conduct Casefile Reporting & Querying Platform Established | Completed | 100% |
| QA Participant Survey | Completed | 100% |
| Modernized Standards: Standards utilization survey | On Track | 15% |
| Quality Assurance Measurement Module Established | On Track | 15% |
| Topic Specific Standard(s) Established (new standard development for 2024) | On Track | 80% |

Outcome 3

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

Strategic Plan 2021-2026 Pillar Project Progress Dashboard



CNO'S Organizational Health

Information note – June 2024 Council

Contact for questions or more information

Elizabeth Horlock, Director, People & Communications

Purpose and Action Required

This overview of CNO's organizational health – supported by attraction and retention strategies – is presented to Council, consistent with their governance role to monitor and be aware of risks to organizational health and mitigation strategies.

Public interest rationale

To achieve its purpose, CNO needs to be a healthy organization that can attract and retain competent and engaged staff. Mechanisms to monitor, identify and address risks is a key component to ensuring organizational health. These activities are aligned with CNO's strategic plan and included in the College Performance Measurement Framework (CPMF).

Background

A key contributor to CNO's organizational health is having successful attraction and retention strategies that integrate current / relevant practices to enable candidates and employees to consider and build a career at CNO. Following is a chart that identifies leading practices that CNO uses to attract candidates and retain employees.

| Attraction | Retention |
|---|------------------------------|
| hiring practices | internal promotion practices |
| career growth; advancement | learning and development |
| organizational reputation | recognition and rewards |
| compensation (salary, benefits, pension, time away) | |
| environment of inclusion; feeling of belonging | |
| work culture; alignment with values | |
| work arrangements; flexibility | |
| leadership competence and approach | |

Candidates and employees should experience a consistent balance of all factors during job application and throughout employment.

The importance of a healthy organization, and its link to attraction and retention, are found in:

- CNO's Strategic Plan: employee capabilities and culture are foundational to the four pillars and
- the [CPMF](#) requires CNO to confirm compliance for:
 - regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and in the future and
 - ensuring an organizational culture that attracts and retains key talent through elements such as training and engagement.

CNO uses a variety of mechanisms to measure organizational health and effectiveness of attraction and retention strategies, including monitoring staff demographics, conducting benchmark surveys to align existing human resource (HR) practices with current / relevant practices, and seeking feedback from applicants and employees about their experiences.

Employment Market

CNO's competes for staffing resources within our primary employment market (other regulatory organizations) and our secondary market (broader public sector, health care, post-secondary, and municipal / provincial governments).

The employment market has been highly competitive since approximately 2019. Applicants expect competitive compensation packages that include adjustments for annual rates of inflation. Promoted by the experiences of the pandemic, applicants are seeking flexible work arrangements and a supportive culture that will enable them to pursue personal commitments and interests, while growing their career and having learning and advancement opportunities.

Attraction and Retention Strategies

Hiring practices

A differentiating factor in CNO's employment practices is the integration of job and leadership competencies to describe and assess the skills, knowledge and behaviours to successfully work at CNO. Information about the required competencies is transparently provided to applicants, and managers and supervisors receive extensive training and ongoing support to use the competencies to make hiring decisions. This approach aligned with recommendations from an equity review of CNO's hiring practices that was conducted in February 2022.

Hiring managers and supervisors receive extensive anti-bias training and CNO recruiters play a pivotal role to consult, advise and manage recruitments. Applicants receive extensive information about CNO's culture and structure, and our interview and selection processes. Feedback from applicants is consistently positive, reflecting that CNO is perceived to have clear, consistent and robust hiring practices. Applicants reflect they enjoy the interview experience, gaining more insights about what is required to work at CNO.

Internal promotion practices

CNO posts job opportunities internally and first considers current employees as potential candidates. In 2023, 23% of jobs were filled by internal applicants. This percentage has increased from 10% in 2020.

Retention rate

Retention rate equals the percentage of employees who were employed at the beginning of a period and are still employed at the end of the period. A healthy retention rate is considered to be 90% and above. For the period January 1 to December 31, 2023, CNO's retention rate was 97% with 11 employees leaving. This rate is historically consistent with prior years.

Employees who exit CNO are surveyed to understand the reason for their decision. Approximately 60% of employees complete the survey and where indicated, they are invited to a follow up discussion. Information is shared with respective managers for action, as appropriate and trends are captured for systemic consideration.

Career growth and advancement

Several programs support ongoing learning and development for staff, including:

- Leadership programs for managers / directors and supervisors
- Coaching program available to all staff that allows selection among three dimensions: leadership, general topics, and equity-focus
- Online learning platform through LinkedIn with courses mapped to CNO's job and leadership competencies
- Individual competency profiles to support career growth and identification of learning needs
- Various topical workshops / seminars
- Large team and all staff meetings that foster community while providing an engaging environment for learning
- Programs that provide tuition reimbursement or support to attend conferences

Work is underway to develop a succession planning model and to continue the integration of competencies in performance assessment practices. Both will support CNO and employees to identify and promote career growth opportunities.

Leadership Vision

During its March 2024 meeting, Council received a presentation about CNO's Leadership Vision which includes activities within four areas: leadership, structure, systems and people. Organizational health is connected to activities within each area, establishing CNO as "an effective and trusted organization" by recognizing and enabling excellence across the organization.

Work culture

Foundational to CNO's culture are four values, identified and defined by staff: collaboration, innovation, integrity and wellbeing. They are reflected in all employment practices and enable a culture of diversity, equity and inclusion (DEI).

In August 2023, CNO hired its inaugural Director, Diversity, Equity and Inclusion. A key focus of the role is to develop and manage a broad 3-year strategy for multiple constituents including staff, Council and Committee members, members of the public who access nursing regulation services, relevant and interested parties, registrants and applicants. CNO's DEI expertise is frequently sought by other regulators and many job applicants are aware of CNO's reputation in this area, including that CNO became the first regulator to conduct a demographic and DEI experience survey for its registrants.

CNO has very diverse workforce. Demographic surveys indicate that CNO's staff population reflects broader diversity in gender identity, sexual orientation, visible minority status and immigration status than found in the Ontario population. CNO is focusing efforts to increase its diversity related to Indigenous people.

Compensation

CNO's compensation principles are approved by Council and guide the advisory role of the Sub Committee on Compensation. As a sub-committee of the Finance Committee, it is comprised of five individuals who have senior level expertise in employee compensation, attraction and retention practices, organizational culture and the impact of these elements on organization health. The chair of the Sub-Committee is a member of the Finance Committee. The Sub Committee members have experience that spans multiple sectors and they provide sounding board advice to CNO to shape its internal policies and practices.

CNO conducts a comprehensive survey every three years to ensure that total compensation components (salary, benefits, pension, time away policies, and other

elements) are competitive within our defined market. If needed, each year, CNO's markets are assessed to determine if any interim changes are required, and inflationary / market adjustments are made to keep salary compensation competitive.

Work arrangements

CNO provides flexible work arrangements to its staff, including competitive time away policies, flexible work hours, and teleworking. Consistently, applicants inquire about CNO's practices and indicate their willingness to work onsite as required to engage purposefully and collaboratively while reflecting the benefits of teleworking. As other organizations are requiring staff to be in an office/on-site for a minimum number of days each week, applicants indicate they appreciate CNO's flexible approach.

Flexible work arrangements are consistently noted as an organizational strength by employees through anecdotal feedback and surveys.

Employee Experience Survey

Each year, CNO conducts an employee experience survey as one measure of organizational health. The survey collects employee perspectives about a range of topics, including manager effectiveness, trust in leadership, diversity and inclusion, career growth and development, team dynamics, and future outlook. Previous results have informed salary administration, time away, benefits, pension, and work environment policies.

CNO achieves a very high participation rate – in 2023, the rate was 92.4%, and in 2024, 91.2% of employees responded. Overall favourability increased from 70.6% in 2023 to 71.4% in 2024. These are excellent representations of a highly engaged and committed workforce and benchmark against similarly sized organizations. Following are sample responses related to organizational health:

- I am proud to work here – 85% of responses are favourable
- I recommend CNO as a great place to work – 83% favourability
- My immediate manager creates an environment that is trusting and open – 82% favourability

Opportunities to increase favourability scores exist in communication and support for change, advancement or promotion opportunities, decision-making and performance expectations / assessment. These areas were identified as part of the Leadership Vision and work is actively underway at leadership and staff levels.

CNO creates and reports progress on an organizational action plan to address any systemic areas of concern, and each team is responsible for creating their own action plan based on their respective team results.

Analysis/considerations

There are no risks to identify related to CNO's organizational health. Recent survey results indicate CNO is a healthy organization with an engaged staff. Recruitment efforts are successful and CNO meets its operational commitments supported by a complement of competent staff.

CNO will continue to monitor how employees and applicants experience our culture and practices and measure organizational health through surveys and metrics. This information, along with market analysis and the Sub Committee's input, will continue to inform and shape our strategies.

Discontinuing or Declining to Provide Care Standard

Decision note – June 6, 2024 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose and Action Required

This note provides background information to support Council's review and approval of the new proposed *Discontinuing or Declining to Provide Care* standard.

Motion: That Council approve the draft Discontinuing or Declining to Provide Care standard, as it appears in [Attachment 1](#) of this decision note, as a practice standard of the profession of nursing.

Questions for consideration

Does Council require additional information or clarification to approve the Discontinuing or Declining to Provide Care standard?

Public interest rationale

CNO protects the public by promoting safe nursing practice. As per the *Regulated Health Professions Act, 1991*¹, Council's regulatory governance role includes approving standards of nursing practice.

Developing modern practice standards supports CNO's mandate to protect the public by advancing outcome #2 of the Strategic Plan so that "nurses' conduct will exemplify understanding and integration of CNO standards for safe practice". Standard development is informed by legislation, current evidence, evolving practice realities and public expectations, and contributes to safe nursing practice, thereby reducing client harm.

Background

Practice standards outline the professional practice expectations for nurses. They inform nurses of their accountabilities and educate the public and other system partners

¹ Subsection 3(1) of Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA) being the *Health Professions Procedural Code* (Code).

on what to expect of nurses. In addition to standards, CNO provides resources to help nurses understand their professional accountabilities (e.g., guidelines, learning modules, etc.) and how to apply them (e.g., [Ask Practice FAQs](#) and [Practice Support](#)).

CNO is engaged in a multi-year initiative to modernize practice standards to ensure they are:

- accessible (clear and easy-to-understand)
- defensible (evidence-informed, measurable)
- relevant

CNO has developed a new *Discontinuing or Declining to Provide Care* standard, (Attachment 1) which updates and reframes information previously outlined in the *Refusing Assignments and Discontinuing Nursing Services* practice guideline (Attachment 2).

The recommendation to create a standard was informed by a comprehensive review process, including:

- jurisdictional scan of other nurse regulators revealed different approaches to framing the issues of discontinuing or declining to provide care, through guidance documents and practice standards
- an internal evidence review of practice inquiries highlighted an increasing number of practice issues such as heavy workloads, redeployment, operating beyond one's scope or competence, expressing conscientious objections, and accountabilities concerning client safety, violence and abuse
- a legal consultation that recommended a stronger regulatory framework to hold nurses accountable to their professional obligations given the potential impact on clients in the potentially high-risk area of nursing practice

Proposed Discontinuing or Declining to Provide Care standard

The proposed Discontinuing or Declining to Provide Care standard is broad and principle-based. It speaks to the practice expectations and accountabilities for nurses who discontinue or decline to provide care.

The proposed new standard reflects high-level practice expectations in the *Code of Conduct* (2023). Furthermore, the nursing accountabilities in the proposed standard reflect expectations related to discontinuing or declining nursing services set out in law, in the *Professional Misconduct* regulation under the *Nursing Act, 1991*.

The proposed standard focuses on two key actions that a nurse can take in specific circumstances:

- discontinuing nursing services
- declining nursing services

To meet the expectations of this practice standard, nurses must consider the following key principles:

- Professionalism
- Communication
- Safety

An additional section is included on “Partners in Client Safety” to account for the various partners, that are separate from regulatory oversight, which nurses must consider in the event of discontinuing or declining to provide nursing services. Finally, consistent with other modern standards, a glossary is included highlighting new and relevant definitions.

Standard Development Process and System Partners Consultation

As part of developing this proposed practice standard, CNO conducted jurisdictional scans and evidence reviews. In addition, CNO engaged external system partners to obtain diverse perspectives at a nursing and system level on the draft Discontinuing or Declining to Provide Care standard. Two different external legal reviews were also conducted to ensure alignment with regulations under the *Nursing Act, 1991* and professional conduct requirements.

A consultation survey was sent out to a broad range of external system partners, including nurses, employers, academics (colleges and universities), associations and unions, to obtain input on the draft Discontinuing or Declining to Provide Care standard and to obtain feedback to identify potential resources to support the application of the standard. A random selection of 10,000 nurses (RPNs, RNs, and NPs), and 106 system partners and organizations were invited to participate. The survey was open from April 15 to 21, 2024. An external vendor provided the analysis of the survey data. In total, we received approximately 449 responses from registrants and 34 completed responses from system partners for a total of 483 responses. This is comparable with the amount of feedback we’ve received relative to other practice standards consultations.

Overall, the feedback about the Discontinuing or Declining to Provide Care standard was positive. Approximately 95% of the respondents felt the standard was clear and concise. Qualitative feedback was thematically analyzed, reviewed and integrated into the draft, where relevant (e.g., including examples of practice-specific legislation and clarifying some of the language).

In the survey, respondents provided feedback on a few considerations. For example, respondents asked about their accountabilities related to overtime. This will be addressed in web-based practice resources we have to support application of the standard and legal advice will support this guidance. As another example, there was a

call for better-defining violence, as nurses face verbal and physical abuse from clients or their families. As a result of this feedback, we have included a newly defined term in the glossary.

Next Steps

Subject to Council's approval, CNO will:

- implement the new *Discontinuing or Declining to Provide Care* standard
- develop new and revise existing resources to support the implementation of the new standard
- engage and help support nurses and system partners to understand the new standard.

Attachments

1. Draft Discontinuing or Declining to Provide Care standard.
2. Refusing Assignment and Discontinuing Nursing Services guideline

Discontinuing or Declining to Provide Care

Introduction

This practice standard outlines nurses' professional accountabilities in specific circumstances related to discontinuing or declining to provide nursing care.¹ Nurses have a professional **duty to provide care** that is accessible, inclusive, culturally safe and free from discrimination. They cannot **abandon** or neglect **clients** to whom they have a commitment to provide care. In situations where a nurse discontinues or declines to provide client care, nurses must carefully evaluate how to ensure ongoing access to care that complies with relevant legislation, professional standards of practice and service agreements. Nurses must consider the potential impacts of their decisions on the client and must consider discontinuing or declining to provide care only once all other options are explored.

Bolded terms are defined in the glossary.

Discontinuing nursing care

Nursing care is discontinued for various reasons, such as retirement or a change of practice setting. Nursing care is sometimes also discontinued when there is a significant breakdown in the **therapeutic nurse-client relationship**² to the point where a nurse can no longer meet their professional obligations toward the client. This occurs when one or more of the components of the therapeutic nurse-client relationship (i.e., trust, respect, empathy, power and professional intimacy³) are significantly damaged.

Declining to provide care

Nurses may contemplate declining to provide care in situations that are beyond their **competence**, where a **conflict of interest** such as **conscientious objection** exists, or if they believe the situation poses an unacceptable level of risk to them or their client, including abuse or threatening language.

¹ In this document 'nursing care' also refers to 'nursing services' as outlined in the *Nursing Act, 1991*

^{2,3} See CNO's *Therapeutic Nurse-Client Relationship* practice standard

The **professional misconduct** regulation⁴ under the *Nursing Act, 1991*, lists acts or conduct that constitute professional misconduct. Under paragraph 1(5) of the regulation, it is an act of professional misconduct⁵ to discontinue professional services that are needed unless: the client requests the discontinuation, alternative or replacement services are arranged, or the client is given a reasonable opportunity to arrange alternative or replacement services (see Appendix A for this and other relevant acts of professional misconduct).

This standard expands on the accountabilities found in the professional misconduct regulation and in the [Code of Conduct](#) (the Code), which is the central practice standard for nurses in Ontario. Nurses are expected to practice in compliance with relevant legislation, the Code and all other [standards of practice of the profession](#). Contravening legislation or failing to meet the standards of practice might constitute professional misconduct.

To meet the expectations for this standard, nurses must consider the following key principles:

Professionalism

Nurses promote dignity and respect for the nursing profession and are accountable for providing safe, effective and ethical client care.

Communication

Nurses ensure clear communication with the client, **health care team** and employer when considering discontinuing or declining to provide care.

Safety

Nurses ensure client safety is the priority in any care situation.

Each principle includes a set of nursing accountabilities which are described in this standard.

⁴ See O. Reg. 799/93

⁵ See subsection 1(5) of O. Reg. 799/93

Professionalism

Professionalism is a foundational principle of nursing practice. It encompasses a range of conduct, behaviour and practice accountabilities that shape a nurse's interaction within the health care environment. Nurses must demonstrate professionalism when discontinuing or declining to provide care. This includes demonstrating integrity in their behaviours and interactions with their clients, the health care team and their employer in adhering to specific accountabilities that ensure responsible conduct and equitable access to care.

Inclusive and Culturally Safe Care

Nurses must prioritize the needs of their clients ensuring that their practice aligns with principles of diversity, equity and inclusion. Nurses must maintain conduct that meets the standards of safe, compassionate, equitable and discrimination-free care, as outlined in the *Code of Conduct*. Furthermore, the *Ontario Human Rights Code* prohibits nurses from discriminating based on all **personal attributes** (such as race, gender, age or disability) when providing nursing services.

Conscientious objection

Conscientious objection⁶ refers to a situation when a nurse objects to certain medical procedures or aspects of care based on the nurse's religion or conscience. This objection must not be based on fear, prejudice or convenience.

The College of Nurses of Ontario (CNO) recognizes that nurses have the right to limit the care they provide for reasons of conscience or religion however, this must be balanced against the right of clients to access care. In these situations, nurses must:

- ensure their objections do not impede a client's access to care
- facilitate an **effective referral** to a non-objecting alternative provider or agency
- maintain respectful communication with the client

When alternative arrangements cannot be made, it is important to note that the client's right to receive care takes precedence over the nurse's right to limit care based on conscientious objections⁷. Nurses should engage in thoughtful consultation with their

⁶ For more information regarding conscientious objection in medical assistance in dying (MAID) please see CNO's [Guidance on Nurses Roles in Medical Assistance in Dying](#)

⁷ *Christian Medical and Dental Society of Canada v. College of Physicians and Surgeons of Ontario*, 2019 ONCA 393 (CanLII)

employer and health care team as necessary to uphold the standards of practice of the profession while balancing the rights of both the client and their own conscientious or religious objections.

Nursing Accountabilities

- Nurses apply their clinical judgment in assessing situations of conflict and collaborate with the client and the employer to determine the most appropriate solutions.
- Nurses navigate potential conflicts arising from differences in opinions carefully as they cannot discontinue or decline to provide care solely based on differences of opinion.
- Nurses take reasonable steps to prevent harm to clients who could be affected by the nurse's actions, inactions or decisions.
- Nurses respect clients' care preferences, choices and decisions, and act in the best interest of clients with empathy and compassion.
- Nurses who conscientiously object to specific aspects of care must uphold their professional accountabilities by promptly initiating discussions with their employer and health care team regarding their concerns and ensuring the client maintains access to the required health services.
- Nurses discontinue care if the client requests it. Nurses who discontinue or decline to provide care without the client requesting it must continue to provide professional services until alternative or replacement services are arranged, or the client is given a reasonable opportunity to arrange alternative or replacement services.
- Nurses prioritize continuity of care and seamless transitions ensuring an effective referral while providing accurate, impartial health information without moral judgment.

Communication

Effective communication facilitates continuity of care by providing essential information to clients, the health care team and employers. Clear and timely communication mitigates potential risks associated with discontinuing or declining to provide care. Nurses use a wide range of effective communication strategies and interpersonal skills to appropriately establish, maintain, re-establish and discontinue the therapeutic nurse-client relationship.

Nursing Accountabilities

- Nurses discuss with their employer, health care team and the client any conflict or differences of opinion that arise in a timely and effective manner.
- Nurses work to develop and implement strategies to resolve issues that may impact the therapeutic nurse-client relationship wherever feasible.
- Nurses must, in situations where there has been a significant breakdown in the therapeutic nurse-client relationship, make reasonable efforts to communicate to the client the expectations about respectful behaviours.
- Nurses inform the client and work with the health care team when discontinuing or declining to provide care.
- Nurses document the reason for discontinuing or declining to provide care, the actions they took to resolve the issue and the referral or transfer of care to another health care provider.

Safety

A quality practice setting supports nursing practice, fosters professional development and promotes the delivery of quality care. Client safety is always the priority in any nursing care situation. Nurses ensure high-quality care by upholding their professional obligations and working within their scope of practice. Nurses may encounter challenges in delivering safe care due to unsafe conditions within the environment, for example, staffing shortages where nurses are required to adjust priorities to meet client needs through teamwork and collaboration. If the environment becomes unsafe due to factors such as a natural disaster, nurses are not expected to risk their lives but must make reasonable efforts to ensure client safety.

Violence

When nurses witness acts of **violence**, intimidation or discrimination against clients, the health care team or others, they must take necessary and reasonable steps to stop and address these acts (e.g., reporting or offering support) in a manner that does not compromise the safety of themselves or others.

Nurses also may encounter unacceptable levels of violence in their workplace, which can cause significant risks to their well-being. Nurses are not obligated to endure such situations and should take appropriate measures to mitigate any potential harm to themselves or others.

Nursing Accountabilities

- Nurses advocate for quality practice settings and promote and support strategies for safe client care.
- Nurses proactively identify safety risks to themselves, clients or the health care team and communicate in a timely manner with their broader health care team and employer.
- Nurses self-reflect and report when their health or wellness is compromised while providing nursing care and they coordinate with their health care team and employer to identify solutions for continuity of care.
- Nurses recognize the limits of their competence and collaborate with the health care team or employer in a timely manner to determine how best to meet the client's needs.
- Nurses self-reflect on their practice, identify learning needs and pursue training and education to improve their competence.
- Nurses report incidents of unsafe practice or unethical conduct of a health care provider to their employer or other authority responsible for the health care provider, or to CNO⁸.

Partners in client safety

Employers are important system partners and share responsibility for client safety. Employers are responsible for establishing a work environment that supports safe and effective client care, including safe staffing practices. They also ensure that nurses have access to the necessary resources and support, such as policies and procedures, to help the nurse meet their professional standards of practice. CNO does not regulate employers or organizations; however, CNO encourages policies that prioritize, support and enable client safety.

Nurses can also be employers, including when operating an independent practice. In these circumstances, nurses are accountable for meeting both the standards of practice of the profession as nurses as well as their responsibilities as employers, such as setting policies and procedures for safe practice.

There are specific statutes, such as the *Employment Standards Act, 2000* and the *Occupational Health and Safety Act* which may apply when a nurse is considering discontinuing or declining to provide care.

⁸ See subsection 1 (25) of O. Reg. 799/93

Discontinuing or Declining to Provide Care standard

Nurses' employment responsibilities are outlined in employment contracts and collective agreements. Nurses should review their employment accountabilities when considering discontinuing or declining to provide care.

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Glossary

Abandon: When a nurse inappropriately discontinues the nurse-client relationship as outlined in the Professional Misconduct regulation [subsection 1(5)] under the *Nursing Act, 1991*.

Client: An individual, family, group, community or population, including but not limited to, “patients” or “residents”.

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

Conflict of interest: When a nurse’s personal interests improperly influence their professional judgment or conflict with their duty to act in clients’ best interest. This includes financial and nonfinancial benefits, whether direct or indirect.

Conscientious objection: An objection to providing or participating in specific procedures or aspects of client care because of the nurse’s conscience or religion. The objection must not be based on fear, prejudice or convenience (e.g., protected human rights grounds such as race, gender, age or disability). Conscientious objections are objections to the procedure or aspect of client care, not objections to the client requesting the care. Nurses who conscientiously object must ensure timely referral or an alternative replacement is implemented.

Duty to provide care: Refers to a nurse’s professional obligation and commitment to providing persons receiving care with safe, competent, compassionate and ethical care.

Effective referral: Taking positive action to ensure the client is connected in a timely manner to a non-objecting, available and accessible nurse, other health-care professional or persons capable of providing health service.

Health care team: Members of the intra-professional and/or interprofessional team and/or community supporting client care, including students, learners, Indigenous and traditional healers.

Personal attributes: Qualities or characteristics unique to a person. As reflected in the protected grounds under the [Ontario Human Rights Code](#), which include citizenship, race, place of origin, ethnic origin, colour, ancestry, disability, age, creed, sex/pregnancy, family status, marital status, sexual orientation, gender identity, gender expression, receipt of public assistance (in housing) and record of offenses (in employment). Personal attributes also include political affiliation, income and social status.

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

Therapeutic nurse-client relationship: A professional relationship between a nurse and a client, which focuses on meeting the client's health needs. There are five components to the nurse-client relationship: trust, respect, professional intimacy, empathy, and power.

Violence: is the intentional use of force or power, threatened or actual, against oneself, another person or a group or community. It can take many forms, including verbal, emotional, physical, neglect, sexual and financial and can result in physical injury, psychological harm or even death. It can be defined as any act in which a person is abused, threatened, intimidated or assaulted^{9, 10, 11}. Examples include the following:

- **Threatening behaviour** – such as shaking fists, destroying property or throwing objects.
- **Verbal or written threats** – any expression of an intent to inflict harm.
- **Emotional abuse** – swearing, insults or demeaning language.
- **Physical attacks** – hitting, shoving, pushing or kicking.

⁹ See *Therapeutic Nurse-Client Relationship* practice standard

¹⁰ World Health Organization. 2022. *Violence Info Methodology*.

¹¹ Canadian Centre for Occupational Health and Safety. [Violence and Harassment in the Workplace](#).

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Discontinuing or Declining to Provide Care standard

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Appendix A

O. Reg. 799/93: PROFESSIONAL MISCONDUCT

1. The following are acts of professional misconduct for the purposes of clause 51 (1) (c) of the *Health Professions Procedural Code* that are relevant to the issue of declining or discontinuing care:

- 1.1 Contravening a standard of practice of the profession or failing to meet the standard of practice of the profession.
- 1.4 Failing to inform the member's employer of the member's inability to accept responsibility in areas where special training is required or where the member is not competent to function without supervision.
- 1.5 Discontinuing professional services that are needed unless
 - i. the client requests the discontinuation
 - ii. alternative or replacement services are arranged
 - iii. the client is given a reasonable opportunity to arrange alternative or replacement services.
- 1.25 Failing to report an incident of unsafe practice or unethical conduct of a health care provider to
 - i. the employer or other authority responsible for the health care provider
 - ii. CNO
- 1. 29 Failing to fulfill the terms of an agreement for professional services
- 1.37 Engaging in conduct or performing an act, relevant to the practice of nursing, that, having regard to all the circumstances, would reasonably be regarded by members, as disgraceful, dishonourable or unprofessional.



Refusing Assignments and Discontinuing Nursing Services

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Regulating nursing in the public interest

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Introduction

The College of Nurses of Ontario (the College) frequently receives questions about whether nurses¹ have the right to refuse assignments or discontinue care to clients, and if doing so constitutes abandonment of clients.

Situations that prompt these questions can include job actions or strikes, requests to work overtime and unsafe working conditions. These situations generally involve a conflict between a nurse's professional obligations to clients and her/his personal obligations. This conflict can create an ethical dilemma for the nurse.

As is true with most ethical dilemmas, very often there is no one answer that clearly resolves the issues. However, using an ethical problem-solving approach can help nurses consider the relevant factors and work out the best solution.

This practice guideline was developed to help nurses work through these ethical dilemmas. It provides an outline of the relevant practice standards, legislation, and professional and ethical accountabilities. As well, it describes a decision process that can help nurses resolve ethical dilemmas and conflicting obligations while meeting their responsibility to provide safe care.

Nurses are expected to demonstrate leadership and accountability when weighing their professional and personal obligations, and to make decisions in the best interest of the public.

This document replaces the guideline *Job Action* and the document *Accountability of RNs and RPNs During a Work Stoppage*. It offers a section on how creating quality practice settings can prevent or help to resolve these issues. Finally, this document offers several case studies illustrating how nurses can resolve dilemmas around providing nursing care.

Job actions, strikes, working overtime and working in unsafe practice situations are examples of issues that combine labour, as well as professional and regulatory issues. As the regulatory body for nursing in Ontario, the College has the mission to protect the public's right to quality nursing services by providing leadership in self-regulation to nurses. The College does this, in part, by establishing practice standards and guidelines and enforcing standards for Registered Practical Nurses, Registered Nurses and Nurse Practitioners. Practice guidelines, such as this one, support nurses in making safe, effective decisions by helping them understand their responsibilities in relation to aspects of nursing care. Although the College has no role in labour disputes, it does have a role in ensuring that nurses, both staff nurses and nurse administrators, fulfil their professional obligations to clients.

Employers are responsible for establishing a working environment, including staffing, that supports safe, effective client care. The *Employment Standards Act, 2000* applies in all work settings. In addition, in unionized workplaces, collective agreements establish the benefits, privileges, rights and obligations agreed upon by the union, the nurses as employees and the employer. Further, the *Occupational Health and Safety Act*² outlines provisions for refusing to work when health and safety of the worker is in danger. However, section 43 (1) (b) of OHSA states this right does not apply if the worker's refusal to work will directly endanger the life, health or safety of another person. Section 43 (2) (d) outlines the workers to whom the non-application clause applies; and it would likely include the majority of nurses.

Nurses are accountable for providing safe, effective and ethical care to their clients (College of Nurses of Ontario, 2004b). To resolve conflicts between professional and personal obligations in a way that protects the public's right to safe care, nurses need

¹ In this document, *nurse* refers to a Registered Nurse (RN), Registered Practical Nurse (RPN) and Nurse Practitioner (NP).

² For more information, see the *Occupational Health and Safety Act*. The Act is available at www.e-laws.gov.on.ca.

to be aware of the relevant standards and legislation and ensure that they consider all aspects of the situation.

Standards

The College has published two documents, *Professional Standards, Revised 2002* and *Ethics*, that outline the accountabilities and responsibilities of nurses relevant to refusing assignments and discontinuing nursing services.

Professional Standards, Revised 2002

This document describes in broad terms the professional expectations for all nurses in every area of practice.

A nurse demonstrates accountability by:

- providing, facilitating, advocating and promoting the best possible care for clients;
- seeking assistance appropriately and in a timely manner;
- taking action in situations in which client safety and well-being are compromised; and
- maintaining competence and refraining from performing activities for which she/he is not competent.

In addition, a nurse in an administrator role demonstrates accountability by:

- ensuring that mechanisms allow for staffing decisions that are in the best interest of clients and professional practice; and
- advocating for a quality practice environment that supports nurses' ability to provide safe, effective and ethical care.

Ethics

This document describes the ethical values that are most important to the nursing profession in Ontario.

Nurses demonstrate regard for client well-being and maintain commitments by:

- using their knowledge and skill to promote clients' best interests in an empathetic manner;
- putting the needs and wishes of clients first;

- identifying when their own values and beliefs conflict with the ability to keep implicit and explicit promises and taking appropriate action;
- advocating for quality client care; and
- making all reasonable efforts to ensure that client safety and well-being are maintained during any job action.

The *Ethics* document informs nurses of the need to recognize and function within their own value system, and the need to work collaboratively with colleagues and promote an environment of collegiality.

Legislation

The *Nursing Act, 1991* includes regulations³ that define professional misconduct. Some of the definitions of professional misconduct may be relevant in situations in which nurses refuse assignments or discontinue nursing services. Although there is no specific definition of professional misconduct that includes the word abandonment, the definitions can guide nurses on what might constitute professional misconduct related to refusing an assignment or discontinuing nursing services. Each situation would be assessed on its own merit.

The relevant definitions of professional misconduct in the legislation are found in the following clauses.

- 1 (1) Contravening a standard of practice of the *profession or failing to meet the standard of practice of the profession*
- 1 (4) *Failing to inform the member's employer of the member's inability to accept specific responsibility in areas where specific training is required or where the member is not competent*
- 1 (5) *Discontinuing professional services that are needed unless:*
 - i. *the client requests the discontinuation,*
 - ii. *alternative or replacement services are arranged, or*
 - iii. *the client is given reasonable opportunity to arrange alternative or replacement services*

³ Excerpts from the *Nursing Act, 1991*, O.Reg. 799/33.

1 (29) *Failing to fulfil the terms of an agreement for professional services*

1 (37) *Engaging in conduct or performing an act relevant to the practice of nursing that having regard to all the circumstances would reasonably be regarded by members as disgraceful, dishonourable or unprofessional*

Refusing assignments

Refusing to work an extra shift or overtime is not the type of situation that was intended by the inclusion of clause 1 (5) (discontinuation of services) in the *Nursing Act* as a definition of professional misconduct; therefore, it is not considered abandonment. However, depending on the context and facts of a particular situation, nurses can be found guilty of professional misconduct under one of the other clauses.

Discontinuing nursing services

Abandonment occurs when a nurse has accepted an assignment and discontinues care without:

- the client requesting the discontinuation;
- arranging a suitable alternative or replacement service; or
- allowing a reasonable opportunity for alternative or replacement services to be provided.

A nurse who discontinues services without meeting the above conditions could be found guilty of professional misconduct.

Guidelines for Decision-Making

Resolving dilemmas caused by conflicting obligations requires the thoughtful consideration of all relevant factors and the use of an ethical decision-making process to ensure that the best decision is reached. Sometimes there is no one best solution, but only the best of two or more imperfect solutions.

Collaboration, respectful behaviour and collegial communication among everyone in the nursing and health team contribute to positive outcomes for clients and prevent problems from arising in determining how nursing services are to be delivered.

Communication is integral to all aspects of issue resolution. Communicating before a situation

develops will prevent or minimize risks to clients. It is important that nurses advocate for appropriate staff and for planning for work stoppages.

Underlying principles

The following principles guide the nurse's decisions and actions when faced with situations in which she/he is considering refusing an assignment or discontinuing services.

- The safety and well-being of the client is of primary concern.
- Critical appraisal of the factors in any situation is the foundation of clinical decision-making and professional judgment.
- Nurses are accountable for their own actions and decisions and do not act solely on the direction of others.
- Nurses have the right to refuse assignments that they believe will subject them or their clients to an unacceptable level of risk (College of Nurses of Ontario, 2003, p. 9).
- Nurses are not required to work extra shifts or overtime for which they are not contracted.
- Individual nurses and groups of nurses safeguard clients when planning and implementing any job action (Canadian Nurses Association, 2002, p. 22).
- Persons whose safety requires ongoing or emergency nursing care are entitled to have these needs satisfied throughout any job action (Canadian Nurses Association, 2002, p. 22).

Key expectations

In choosing the appropriate course of action, nurses are expected to do the following.

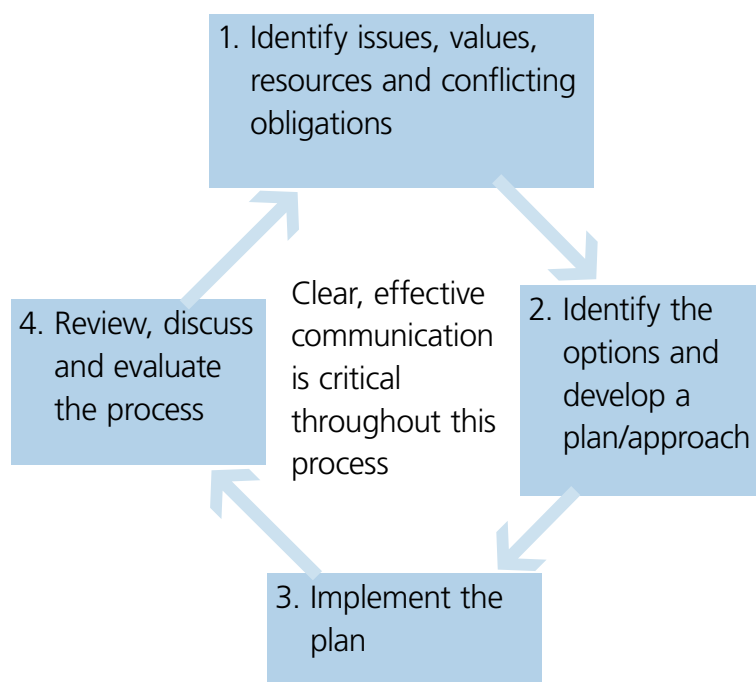
- Carefully identify situations in which a conflict with her/his own values interferes with the care of clients (College of Nurses of Ontario, 2004b, p. 10) before accepting an assignment or employment.
- Identify concerns that affect her/his ability to provide safe, effective care.
- Communicate effectively to resolve workplace issues.
- Become familiar with the collective agreement or employment contract relevant to her/his settings and take this into account when making decisions.

- Learn about other legislation relevant to her/his practice setting.
- Give enough notice to employers so that client safety is not compromised.
- Provide essential services in the event of a strike.
- Inform the union local and employer in writing of her/his ongoing professional responsibility to provide care, which will continue in the event of any job action (for example, strike or lockout).

Decision-making process

This diagram illustrates the process a nurse should take to resolve dilemmas related to conflicting obligations. Some actions are short term, while others are proactive and long term. No attempt has been made to identify all possible actions.

The process includes four cyclical components. The process can begin at any point, but the best outcome requires consideration of all of the components.



1: Identify the issues, values, resources and conflicting obligations

- a) Have you previously agreed to accept the shift/ assignment?
- b) What are the conflicting obligations, beliefs and values? Sometimes talking to others (for example, a colleague, manager, College Practice Consultant) can help identify the values.
- c) What are your values and emotions as they relate to the situation? Are they influencing your ability to think clearly?
- d) Have you gathered the facts of the situation from credible sources?
- e) How have similar situations been handled in the past and what were the implications? Is there an organizational policy or relevant legislation in place?
- f) How will the care of the clients be affected if you leave?
- g) What are the specific nursing care needs and priorities of the clients?

2: Identify the options and develop a plan/ approach

- a) Identify possible alternatives or solutions other than refusing the assignment or discontinuing a service. Are other resources available (for example, protective equipment or expert resources)? Can you ask the administrators for help?
- b) Identify the risks and benefits for clients, nurses and others associated with each solution. How can those risks be minimized?
- c) Prioritize client care needs. Consult institutional policy/process, if available.
- d) Identify all available resources and various options to ensure staffing is appropriate to meet essential client care needs. For example, can you stay for a short time beyond the end of your shift, or can someone come in early for the next shift?
- e) Consider modifying the existing plan of care temporarily so the remaining staff can focus on essential care needs, monitor the client(s) for changes in condition and act appropriately.
- f) Weigh the options and decide on an approach.
- g) Communicate to the appropriate person(s) the

details of the problem and the planned solution.

3: Implement the plan

- a) If you decide to leave, ensure that the remaining staff are aware of immediate and essential client care needs.
- b) If you stay to provide care, monitor ongoing client care priorities and your own ability to practise safely.
- c) Document (for example, in professional responsibility forms, incident reports or personal notes) your decision, rationale and action taken. Include the date, time, who you communicated with and actions taken to safeguard the client(s). Keep a copy for yourself and give one to your employer and one to your risk manager.
- d) Document the care provided and any unmet client needs on the client record. Communicate outstanding care needs to the appropriate person.
- e) When floating to other practice areas, agree to provide only aspects of care for which you are competent (for example, vital signs, medication administration).

4: Review, discuss and evaluate the process

- a) When the immediate crisis is over, review the effectiveness of the decision/action (for example, the outcomes).
- b) Collaborate to plan strategies to prevent and/or manage similar situations in the future.
- c) Develop strategies to solve ongoing safety issues. Strategies may involve literature reviews, advocacy, etc.
- d) Express ongoing concerns about staffing from the perspective of the impact on client care and safety.

Maintaining a Quality Practice Setting

Quality nursing care includes safe and effective planning for staffing and job actions. As partners in care, employers and nurses have a shared responsibility to create environments that support quality practice.

The College encourages practice settings to incorporate the following strategies to develop

and maintain a quality practice setting that helps nurses provide safe, effective and ethical care. The strategies also minimize situations in which nurses consider refusing assignments or discontinuing services.

All nurses are accountable for taking action in situations in which client care is compromised. This accountability includes identifying and advocating for strategies to minimize and resolve situations that could result in clients being left without needed nursing services. Nurse managers and administrators can demonstrate leadership by advocating for and implementing the following strategies.

Care delivery processes

- Implement care delivery models that meet the needs of clients and families as well as the professional needs of staff.
- Reorganize care providers, units and clients to provide for the complexity of care needs and facilitate the safe delivery of care.
- Structure the environment to provide the most efficient method of care provision (for example, ready access to supplies).

Leadership

- Involve staff nurses in generating ideas for interim and long-term solutions, including recruitment and retention.
- Ensure that a system is in place to contact replacement staff readily (for example, on-call system).
- Develop strategies for prioritizing client care needs to facilitate the reorganization of workload, if needed.
- Develop clear lines of communication for nurses to follow when staffing is short.
- Support nurses' professional judgment and decision-making regarding strategies to meet the needs of clients.
- Recognize the professional accountability of

nurses to refrain from practising when they are not able to provide safe care.

- Continually evaluate the staffing situation to differentiate between trends and episodic occurrences as each may require different strategies/approaches.

Organizational supports

- Provide a safe environment for nurses and clients.
- Provide staffing that promotes the safety and well-being of clients.
- Develop clear policies related to what nurses need to do before leaving their shift if relief staff does not arrive.
- Advocate for nurses' involvement in the development of negotiated essential services agreements.⁴

Communication

- Facilitate goal-directed communication with challenging clients, families, colleagues and other health care professionals (includes education and role modelling).
- Provide communication systems that are readily available to contact replacement staff (for example, cell phones and pagers).
- Communicate with staff to identify circumstances that might influence their decision-making in situations involving a high level of personal risk.
- Develop clear communication processes for sharing updated information quickly in the event of critical incidents.
- Ensure that critical incident debriefing and conflict resolution mechanisms are in place.

Complaints about Nurses' Practice

As with any ethical dilemma, there is often no one clear solution to dilemmas related to refusing assignments and discontinuing nursing services. As a result, nurses often question what might happen if a complaint is made to the College about their practice.

⁴ Essential services agreements include identification of the essential services; the number of employees in the bargaining unit; what employee positions enable the employer to provide essential services; and employees who the employer and trade union have agreed will be required during the strike or lockout (*Crown Employees Collective Bargaining Act, 1993*).

The College is required to investigate all formal complaints in which a nurse and the complainant are clearly identified. These include complaints of refusing assignments and discontinuing nursing services. All information relevant to the complaint is obtained, and the nurse has an opportunity to respond to the allegations. All information, including any written documentation that demonstrates the nurse's effort to advocate and her/his problem-solving rationale, is considered by the Inquiries, Complaints and Reports Committee (ICRC) before a decision is made about what action, if any, should be taken.

The College may also initiate an investigation into a nurse's practice without a formal complaint if there are reasonable and probable grounds to believe that the nurse has committed an act of professional misconduct (for example, from information obtained through an employer's report of termination). These investigations are reviewed by the ICRC, which may, when warranted, refer a case to the Discipline Committee for hearing. Any action taken by the College through the discipline hearing process about a nurse's registration is separate from any action initiated by an employer, the government or the courts.⁵

Scenarios

These case scenarios illustrate some of the common situations related to refusing assignments and discontinuing nursing services. They do not describe every situation or practice setting but do demonstrate a problem-solving approach which nurses can apply in their own practice.

Scenario 1

Working in an Unsafe Environment

Maria is an RPN asked to provide care on the night shift to a ventilated child in his home. When she receives the information, she realizes the child lives in an area of the city that is notorious for its high crime rate. Maria does not feel safe travelling to that area, and her husband does not want her to go.

Maria knows the child desperately needs the care. She also feels concern for any of her colleagues who might have to go in her place.

Identify the issues, values, resources and conflicting obligations

Maria is torn between her concerns for her own and her colleagues' safety and the care needs of the child and family. She knows that after accepting the shift she has an obligation to follow through. Maria decides that she needs more information and calls her manager to discuss her concerns and whether any safeguards are in place.

Identify the options and develop a plan/approach

Maria learns that there have been no safety-related incidents involving other nurses working at the home, but they have reported feeling unsafe. There is parking on the street but not always in front of the client's home. The client's father often waits for the nurse and is ready to let her in the house when she arrives. Both parents will be in the home during the entire shift. There are no other nurses available, and the manager insists that Maria go. To address her concerns, Maria calls the parents and arranges to use her cell phone to call the father and have him meet her at her car when she arrives.

Implement the plan

Maria decides to fulfil the assignment. All goes well, although Maria is nervous most of the time. Maria believes that more can be done to promote the safety of community nurses in general.

Review, discuss and evaluate the process

Maria requests a staff meeting to discuss the situation and look for creative solutions. She thinks that an intake assessment should include an evaluation of environmental safety and a plan to minimize the risk to nurses. She also suggests that the nurses receive some education about how to protect themselves on the streets at night. She suggests having a police officer speak with them.

⁵ For further information, see the College's *Professional Misconduct* document.

Scenario 2

No Replacement Staff

Joanne, an RN in a long-term care facility, has 45 minutes left on her shift when the director of resident care asks her to work the next shift. The replacement nurse has called in sick, and there is no one to replace Joanne if she leaves.

This is the third time this month that Joanne has been asked to work an extra shift. She is tired and upset. She believes that her employer is not doing enough to attract more staff. Also, she was up most of the previous night with her sick daughter and is exhausted. She is still concerned about her daughter. The last time she worked an extra shift she promised herself that she would not stay again, but she is concerned about the safety and well-being of the residents.

Identify the issues, values, resources and conflicting obligations

Joanne is accountable for the care she provides. Right now she believes it is not safe to provide care due to her fatigue. Joanne has an obligation as a nurse to protect the safety and well-being of the residents. Joanne recognizes her irritation with her employer and consults with a colleague who helps her see the situation more objectively. Her colleague reminds her of the legislation covering long-term care facilities that requires an RN to be in the facility at all times. This reaffirms her professional obligations and she calls the director of resident care to discuss the options.

Identify the options and develop a plan/approach

Joanne quickly reviews the status of all of the residents and finds they are all stable. She prioritizes the care needs of the residents and determines which care providers can meet those needs safely. Based on her assessment, Joanne recognizes that she needs to stay until midnight to meet the immediate and more complex care needs of the residents. She agrees to stay to provide the midnight treatments but states she cannot stay any longer. The director tries to persuade Joanne to stay, but Joanne is adamant and tells the director that she will be leaving after the midnight treatments.

She informs the director of the remaining resident care needs including 0600 hr medications, and the administrative documentation that she will be unable to complete. She also informs the director of her plan to ensure that remaining unregulated staff can identify and communicate any concerns and access emergency services (e.g., 911).

Implement the plan

Joanne informs the unregulated staff on the unit of her plan to leave after the midnight treatments and that the director is aware of this. She gives them guidelines for what to do if any untoward events happen (this includes calling the administrative person on-call and/or transferring the resident to the hospital). She documents her care and unmet client care needs. She also documents her assessment of the situation and the rationale for her decision in a personal note. She leaves a copy for the director.

Review, discuss and evaluate the process

The following day, Joanne calls the director and asks if all of the nursing staff and administration can meet to discuss the ongoing shortage of staff. The purpose of the meeting is to identify ways to prevent and manage similar situations in the future. Openly discussing these situations helps identify the extent of the problem, possible contributing factors and solutions. If concerns have been expressed verbally and the situation remains unchanged, it would be important to outline clearly the problem in writing, explaining the impact on client safety. In this case, a copy should be kept by Joanne and a copy should go to both the director of resident care and the next level of management until the issue is resolved.

Joanne is surprised to learn that the director is considering reporting her to the College for abandoning the residents. Joanne feels that the director, as a nurse herself, had a responsibility to come in if there was no one else available. If a complaint was made to the College, the Inquiries, Complaints and Reports Committee would consider all aspects of the situation from Joanne's and the director's perspective. The Committee would also consider Joanne's efforts to advocate for a long-term solution to the staffing problem. All of Joanne's documentation would be reviewed as part of the investigation.

Note: Some collective agreements include mandatory overtime clauses. Nurses need to be aware of their employment agreements, while also considering their professional accountability to ensure they are able to provide safe care.

Scenario 3

Proper Equipment

Liz is an RN working the evening shift in the emergency department (ED). The ED receives a call from the quarantine officer at the city airport alerting the staff that a client will arrive by ambulance from the airport in the next few minutes. The client's condition was getting progressively worse during the flight, and she is in significant respiratory distress. The quarantine officer says there is concern that the client may have a contagion and that hospital staff will need to take appropriate precautions. Liz anticipates that she will need specialized protective equipment, some of which is not available in the ED. The hospital's infection control practitioner is not in the building. The client arrives and requires intubation. Liz is still not certain whether the mask, face shield and other protective equipment that she was able to locate is sufficient. She is overcome with fear that she could be exposed to a serious, possibly deadly, virus. For a moment, she considers refusing to assist with the intubation.

Identify the issues, values, resources and conflicting obligations

In this example, Liz does not have enough time to work through all aspects of the decision-making process, and there is no obvious answer to her dilemma.

Identify the options and develop a plan/approach

Liz very quickly weighs the risk of harm to the client if she is not intubated against the potential risk Liz faces if she is exposed to a contagion.

Implement the plan

Liz quickly determines that the client is at great risk if she is not intubated immediately and that the equipment Liz has will provide some protection. Liz

uses the available equipment and assists with the intubation.

Review, debrief and evaluate

After her shift, Liz begins to reflect on her own values, beliefs and fears, and assesses whether she should continue working in the ED given its inherent risks. She realizes that after witnessing colleagues affected by the SARS crisis in 2003, she has become increasingly fearful for her safety in the workplace.

She concludes that providing emergency care to clients is the type of nursing that she wants to do. Liz is willing to accept a certain level of unavoidable risk in working in an unpredictable environment; however, she is not willing to expose herself to unnecessary risks that result from a lack of appropriate resources and equipment. She decides to advocate for the required resources before making a final decision about whether she can continue working in emergency nursing.

At the earliest opportunity, Liz meets with her manager and the infection control practitioner and presents her concerns both verbally and in writing. She explains the situation she was in and the ethical dilemma it created for her. She tells them that the experience highlights the need to be proactive in planning for similar situations and she advocates for the hospital to provide the specialized protective equipment that nurses need. Liz also offers to be involved in a discussion with the ED staff to reflect on the experience and the importance of working through the decision process ahead of time.

Scenario 4

Essential Services During a Strike

Beverly, RN, a nurse manager/supervisor, knows that collective bargaining talks have begun in her facility. There is an essential-services agreement between the employer and the union, but Beverly is aware there has been a short supply of essential-service workers during previous strikes and that she may have to provide direct care if a strike occurs. It has been years since Beverly was in direct clinical practice, and she is concerned that she may not be

competent to provide all of the care that will be needed. She is also concerned about the safety of the clients and whether there will be enough staff to provide safe care.

Identify the issues, values, resources and conflicting obligations

Beverly realizes there are two issues: her ability to provide safe care and a potential lack of sufficient essential-service nurses to provide care.

Identify the options and develop a plan/approach

As collective bargaining is just beginning, Beverly conducts a self-assessment and identifies her specific learning needs. She explores options for meeting those needs with her colleagues and seeks their assistance, as needed. She collaborates with staff to assess clients and identify care priorities. Beverly documents client priorities on the client's care plan.

Implement the plan

Collective bargaining breaks down, and a strike occurs. During the strike, the essential-services agreement is not honoured, and there is a lack of essential-service nurses. Beverly relies on her prior learning and provides the direct care for which she is competent. She conducts ongoing assessment and re-prioritizes client care needs, as necessary. When she identifies a change in a client's condition that requires a care provider with greater clinical expertise, Beverly informs the facility administrator and the union to advocate for qualified nurses. She documents her assessment and actions.

Review, debrief and evaluate

After the strike, Beverly evaluates the actions taken and the effectiveness of the essential services agreement. She asks to be involved in renegotiating the essential services agreement and provides her comments in writing.

Scenario 5

Floating to Another Unit

Noreen works on the medical unit of a small community hospital. Upon arriving for her scheduled shift, the supervisor asks her to float to

the obstetrics/gynaecology unit because the census on her unit is low. Noreen is anxious because she has never worked in obstetrics/gynaecology and feels she is not competent to provide care on that unit. A colleague tells Noreen to refuse the assignment.

Identify the issues, values, resources and conflicting obligations

Noreen has accepted the shift, and the hospital is relying on her to provide care. Noreen, though, has a professional obligation to provide competent care. In fact, she could face allegations of professional misconduct if she fails to inform her employer of her inability to accept specific responsibilities that she is not competent to perform. Noreen tells the manager that she does not have the knowledge and skills to practise competently in obstetrics/gynaecology. The manager responds that Noreen does have some basic competencies that are transferable.

Identify the options and develop a plan/approach

In collaboration with the manager, a plan is developed to modify the assignment to enable Noreen to provide only the elements of care that she is competent to provide. As a nurse herself, the manager knows that she has a professional responsibility to direct Noreen to perform only those functions she is competent in. It could be professional misconduct to do otherwise.

Implement the plan

Noreen is very clear with the obstetrics/gynaecology nurses about her abilities and the areas in which she requires assistance. She also asks for a quick orientation to the unit and ensures that she is able to access assistance when necessary. The unit charge nurse seems impatient with Noreen's questions; however, Noreen persists because she recognizes the importance of continuing to ask for assistance. The shift goes well, but Noreen is concerned about the increasing frequency of requests to float to other units.

Review, discuss and evaluate the process

Noreen has a number of ideas for how the facility could better handle staffing and floating issues in

the future. She speaks to her immediate manager after the shift and offers suggestions. Noreen suggests that a system be developed whereby staff members receive orientation to and education on specific units and then float only to those units. Noreen also suggests a discussion about the challenges for both the nurse who is floating and the staff on the receiving unit. She says it would be helpful to remind all staff about the importance of good communication and collaboration.

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National Nurse Practitioner Regulation Framework

Decision Note – June 2024 Council

Contact for questions or more information

Silvie Crawford, Registrar/Executive Director and CEO

Purpose and action required

The purpose of this note is to provide an update on the national Nurse Practitioner (NP) Regulation Framework and highlight implications for nursing regulation in Ontario.

We are seeking Council's continued support and approval on the national framework.

Motion: That Council approve CNO's continued work towards a national regulatory framework, supporting one classification of NP registration in Ontario.

Questions for consideration

1. Does Council believe that the proposed framework is in the public interest?
2. Are there additional implications for nursing regulation in Ontario to consider?
3. Does Council have any further suggestions on our continued external partner engagement and next steps?

Public interest rationale

CNO is committed to the public's right to safe nursing care. Registering a single classification of NP supports labour mobility and creates a more agile NP workforce.

Background

National approach

Across Canada, NP practice was introduced to address population needs and physician shortages in the health care system. However, over time, changes in NP regulation in Canadian provinces and territories has resulted in inconsistency in education requirements, approved registration exams, legislated scope of practice, standards of practice and protected title use. The inconsistencies have created some barriers to mobility across Canada. To improve mobility and reduce complexities, regulators have been working to develop a more consistent national approach.

The [Canadian Council of Registered Nurse Regulators](#) (CCRNRR) is an organization that promotes the advancement of nursing regulation in the public interest. To support a national approach, CCRNR has been overseeing the development and implementation of a new regulatory framework for NPs. CNO has been part of these discussions since 2018 and represents Ontario at the national table.

In September 2019, CNO brought this national framework to Council for discussion. Council was supportive of this approach, noting it would add clarity to the public. However, due to the COVID-19 pandemic, this work was put on hold nationally as focus was given to health system wide priorities. The work resumed in 2022.

Creating a single NP classification is a quality improvement initiative that aims to support access including addressing barriers to labour mobility and complexity of the regulatory framework.¹

Evidence indicates that NPs in Canada use similar competencies while practicing regardless of their patient population or practice setting. The new national regulation framework will allow NPs across Canada to be educated based on common NP entry-level competencies, take a common NP entry-level exam, and be ready to provide care across the life span in all practice settings as entry-level NPs.

Implications of a national approach for Ontario

The role and practice of NPs has changed and evolved since it was first introduced in Ontario in 1998. In Ontario, NPs are educated and registered in the Adult, Paediatrics and Primary Health Care specialties². NPs must be registered in at least one specialty certificate. Please refer to attachment 1 for more information about CNO's current regulatory framework for NPs.

Similar to our framework for Registered Nurse and Registered Practical Nurse regulation, having one NP classification would encompass all of NP practice (all patient populations and practice settings). In Ontario, this would mean the removal of specialty certificates (Adult, Paediatrics and Primary Health Care). Although there are distinct requirements for obtaining and maintaining registration in each specialty certificate, in Ontario all current NP practice is subject to the same legal scope of practice, the same national entry-level competencies and governed by the same NP practice standard.

Subject to Council's support, CNO will adopt a multi-year and phased approach to ensure clear communication to the public, NPs (registrants and applicants) and system

¹ Reducing complexity is a key feature of right-touch regulation and considered best practice. For more information, go to: <https://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/right-touch-regulation-2015.pdf>

² The regulation also includes an "Anaesthesia" specialty certificate, which has not been operationalized and that we will propose to remove.

partners on the rationale for a single NP classification and potential impacts in Ontario. CNO is engaged in ongoing discussions with jurisdictional nursing regulators to support alignment to the national framework and understand any province-specific context to build consensus.

CNO is also focused on integrating Ontario's local context (for example government parameters, health system needs) to support collaboration and clear accountability. We are working with system partners (government, employers, regulators, academics, NPs and associations) and key interest groups to promote role clarity, support current NPs to transition to the new model as part of legacy planning and develop partnerships to facilitate safe and timely implementation.

Current status

To align with the national work, CNO staff have taken steps to move towards one single NP classification:

- The NP entry-level competencies were updated in 2022 and NP entry-level education programs across Canada are working toward preparing NPs for practice across the life span in all practice settings leveraging these competencies. In Ontario, CNO's Council endorsed the revised NP entry-level competencies in December 2022 and CNO is working closely with academic institutions to facilitate its implementation through CNO's Program Approval process.
- All Ontario universities will provide programs that address NP practice across the life span in all settings starting in September 2024.
- CNO is working closely with national partners to develop a national, single entry-level NP exam. In 2024, a national NP practice analysis³ review was completed and NPs participated in a NP practice analysis validation survey to inform exam development work.

Next steps

- To support the national framework, future regulatory changes will be required under the *Nursing Act, 1991*.
- Subject to Council's support, CNO will continue to work in partnership with national and provincial system partners to collaborate on regulatory and system impacts in Ontario to align with the national framework. This includes ongoing engagement with government, employers, academics, NPs and associations to assess risk and support implementation processes.

³ A practice analysis outlines key NP work attributes and tasks performed to provide information about the profession and to eventually inform test questions and the new NP exam.

- To support a new single entry-level NP exam, CNO will work closely with CCRNR to support a reliable, fair and defensible exam that will come to Council for consideration in the future.

Attachment

1. Current Ontario Nurse Practitioner Regulatory Framework

Current Ontario Nurse Practitioner Regulatory Framework

In Ontario there are two categories of nurse: Registered Nurse (RN) and Registered Practical Nurse (RPN). Under the RN category is the “Extended Class” certificate of registration. An RN in the Extended Class is a Nurse Practitioner (NP).

Currently, NPs must be registered with at least one of the following specialty certificates:

- Paediatrics
- Adult
- Primary Health Care

Of note, the regulation also includes an “Anaesthesia” specialty certificate, which has not been operationalized. See Figure 1 for an overview.

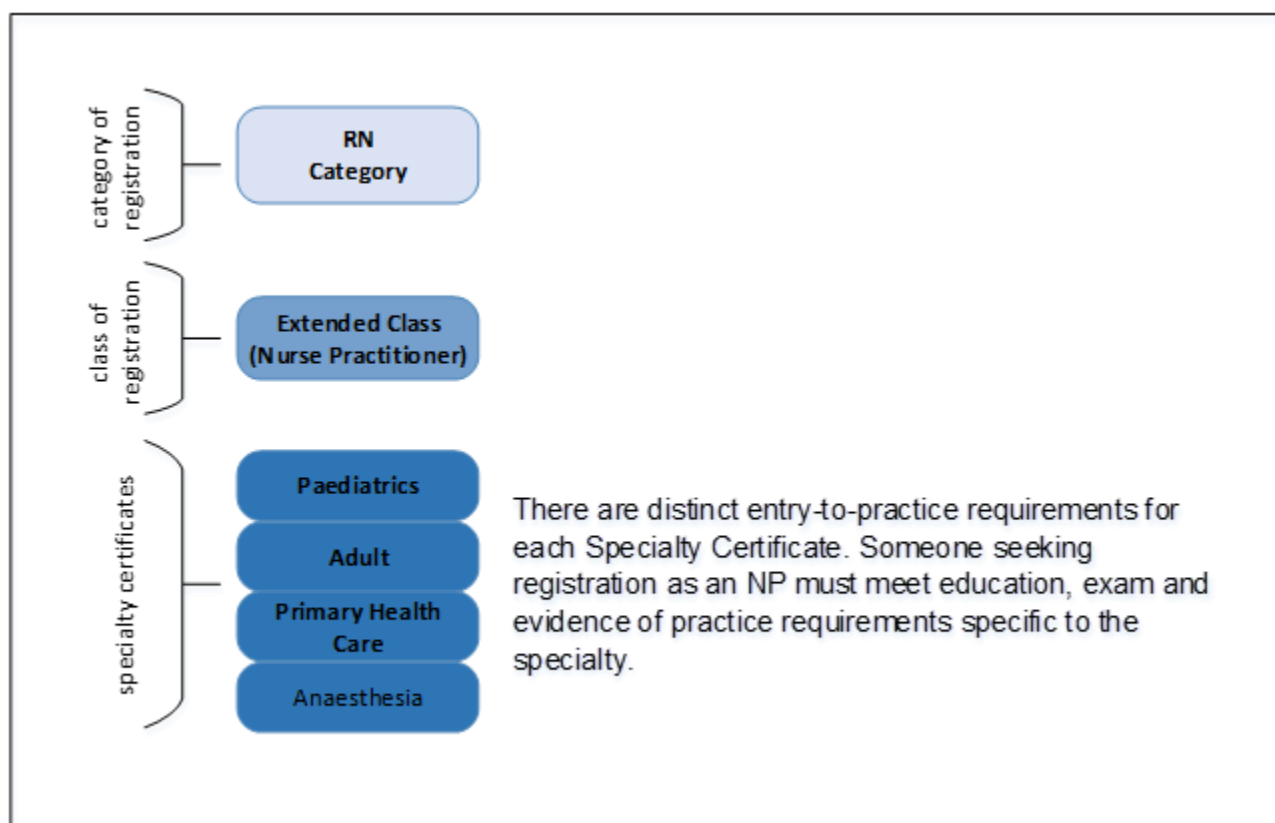


Figure 1: overview of NP registration framework

Each specialty certificate refers to a patient population and not a clinical area or a practice sector. NPs are accountable for limiting their practice to the applicable patient

population; beyond that, CNO does not have specific requirements related to the clinical areas or sectors in which NPs work.

Although CNO registers NPs with Paediatrics, Adult and/or Primary Health Care specialty certificates, a great deal of specialization occurs post-entry. For example, NPs with any one of the specialty certificates may further specialize, for example, in diabetes care, cardiac care or mental health.

To remain registered in the Extended Class, an NP must engage in clinical practice with patient populations consistent with each specialty certificate in which they are registered. The requirement is for clinical practice within the previous three years involving advanced nursing knowledge and decision-making skill in health assessment, diagnosis and therapeutics in the treatment of those patients.

There are currently 5,114 NPs registered in Ontario (as of May 1, 2024), the breakdown by specialty is:

| | |
|-----------------------------|------|
| NP-Primary Health Care only | 4024 |
| NP-Adult only | 782 |
| NP-Paediatrics only | 281 |
| NP Multiple Specialities | 27 |

Nursing Education Program Approval

Decision note – June 2024 Council

Contact for questions or more information

Catriona Mill, Manager, Practice Quality

Purpose and Action Required¹

Motion 1:

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

Motion 2:

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

Motion 3:

That the preliminary review recommendations of the new nursing program be approved as listed in Attachment 3 to this decision note.

Public interest rationale

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

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

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

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

Background

Program Approval

The Program Approval Framework is a standardized, objective, and evidence-based approach to evaluating all entry-to-practice nursing education programs in Ontario.

In accordance with [the Program Approval Framework](#) approved by Council, CNO staff completes the review of all entry level nursing programs, including practical nurse diploma (PN), baccalaureate nursing (BScN or BN) and nurse practitioner (NP), and recommendations based on the Program Approval Framework come to Council annually for consideration for approval. The Program Approval methodology is described in Attachment 4.

Analysis

Existing Nursing Programs

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

New Nursing Programs

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

One baccalaureate nursing program from Carleton University is presented for preliminary approval. Preliminary Approval recommendations are in Attachment 3.

Program recommendations are forwarded to Council for approval.

Next steps

Following Council's decisions CNO will provide:

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

Attachments

1. Annual approval of nursing programs in Ontario: Detailed Review Scoring
2. Comprehensive approval of nursing programs in Ontario: Detailed Review Scoring
3. Preliminary approval of new nursing Programs in Ontario: Detailed Review Scoring
4. Program Approval Scoring Methodology Attachment

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

Practical Nursing Programs: Annual Reviews¹

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

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

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

Baccalaureate Nursing Programs: Comprehensive reviews updated with Annual approval data

| Institution | Nursing Program | Indicator 7: First-time Pass Rate | Total Approval Score >=75% | Approval Status Recommendation |
|-----------------------|---|-----------------------------------|----------------------------|--------------------------------|
| Brock University | Bachelor of Science in Nursing: Honours Program | Partially Met | Met | Approved |
| Lakehead University | Bachelor of Science in Nursing Program | Partially Met | Met | Approved |
| | Bachelor of Science Nursing Compressed Program | Partially Met | Met | Approved |
| Laurentian University | Bachelor of Science in Nursing Program (EN) | Partially Met | Met | Approved |
| | Bachelor of Science in Nursing Program (FR) | Not Met | Met | Approved |
| McMaster University | Bachelor of Science in Nursing Program – Basic Stream | Met | Met | Approved |

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

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

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

Nurse Practitioner Programs: Annual Reviews

| Institution | Nursing Program* | Indicator 7: First-time Pass Rate | Total Approval Score >=75% | Approval Status Recommendation |
|-----------------------|--|--|--------------------------------------|---------------------------------------|
| Lakehead University | Primary Health Care Nurse Practitioner | Met | Met | Approved |
| Laurentian University | Primary Health Care Nurse Practitioner | Met | Met | Approved |
| McMaster University | Primary Health Care Nurse Practitioner | Met | Met | Approved |
| Queen's University | Primary Health Care Nurse Practitioner | Met | Met | Approved |

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

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

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

Practical Nursing Programs: Comprehensive Reviews¹

| Institution | Nursing Program | Mandatory Indicator 4: Curriculum | Mandatory Indicator 2: Client & Student Safety | Indicator 7: First-time Pass Rate ² | Total Approval Score >=75% | Approval Status Recommendation |
|------------------|-------------------------|-----------------------------------|--|--|----------------------------|--------------------------------|
| Cambrian College | Practical Nurse Diploma | Met | Met | Partially Met | Met | Approved |
| Canadore College | Practical Nurse Diploma | Met | Met | Met | Met | Approved |
| Durham College | Practical Nurse Diploma | Met | Met | Met | Met | Approved |
| Fanshawe College | Practical Nurse Diploma | Met | Met | Met | Met | Approved |
| Lambton College | Practical Nurse Diploma | Met | Met | Met | Met | Approved |

Baccalaureate Nursing Programs: Comprehensive Reviews

| Institution | Nursing Program | Mandatory Indicator 4: Curriculum | Mandatory Indicator 2: Client & Student Safety | Indicator 7: First-time Pass Rate | Total Approval Score >=75% | Approval Status Recommendation |
|-----------------------|---|-----------------------------------|--|-----------------------------------|----------------------------|--------------------------------|
| University of Toronto | Bachelor of Science in Nursing (Compressed) | Met | Met | Met | Met | Approved |
| Western University | Western-Fanshawe Collaborative Bachelor of Science in Nursing Program | Met | Met | Met | Met | Approved |
| | Bachelor of Science in Nursing Compressed Time Frame Program | Met | Met | Met | Met | Approved |

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

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

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

New Baccalaureate Nurse Programs: Preliminary Review

| Institution | Nursing Program | CNO Program Category | Indicator 4: Curriculum | Approval Status Recommendation |
|---------------------|--|----------------------|-------------------------|--------------------------------|
| Carleton University | Bachelor of Science in Nursing, Honours (Three Year Program) | Direct Entry Full | Met | Preliminary Approval |

Attachment 4 – Program Approval Scoring Methodology

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

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

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

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

1. Program Approval Scorecard Overview

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

2. Mandatory Indicators

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

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

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

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

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

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

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

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

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

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

Election of a Public Member of the Executive Committee

Decision note – June 2024 Council

Contact for questions or more information

Silvie Crawford, Registrar/Executive Director & CEO

Background

In accordance with the parameters set in Article 16 of [By-Law No. 1: General](#), when the President is a nurse, two public members are elected to the Executive Committee.

In March, there was one public member acclaimed to serve on the Executive Committee.

To support the Executive Committee being fully constituted and having robust public member participation, it was agreed to send out a call for nominations for a public member to serve on the Executive Committee and hold an election for the outstanding position at Council in June.

A call for nominations for another public member to serve on the Executive Committee was sent in April.

Fidelia Osime has been nominated and has consented to stand.

At the June Council meeting, Naomi Thick, Chair of the Nominating Committee will join Council to chair the election of the public member of the Executive Committee. She will call for nominations from the floor:

- If no nominations are forthcoming, Fidelia Osime will be elected by acclamation
- If additional nominations are received, an election will be held.

In accordance with the by-laws, candidates need to be elected by a majority of members. The scrutineers selected for the election in March will scrutinize the results of the election in June, if required.

Report of the Nominating Committee

Decision Note, June 2024 Council

Contact for questions or more information

Amy Vrachidis, Manger, Governance & External Relations

Background

This is the final report of the 2023-2024 [Nominating Committee](#) (NC).

In March, Council received [a report](#) of the NC's activities, and the NC's recommendations for statutory committee membership.

Questions for Council:

Does Council support the proposed membership structure for the Nominating Committee (to come into effect June 2025)?

Does Council support that, effective June 2025, the NC Chair be selected by the NC from among its members?

Competency-based Council Elections

The NC has met twice since March Council. A significant focus of its work at both meetings was its recommendations regarding competency-based Council elections.

The NC appreciated the thoughtful input from Council's review of the outcome of our preliminary work. Over two meetings, NC reviewed and refined the attributes and competencies needed for Council, including addressing your feedback, input from the public through consultation with the [Citizen Advisory Group](#), and the governance experts who support the NC. We also considered how to integrate the attributes and competencies into the Council election.

A [briefing note](#) for Council summarizing our work, is attached to this report. It includes the proposed revised Council profile (attributes and competencies) and shares the approach for integrating the attributes and competencies into the Council election.

The Nominating Committee recommends:

That Council approve the proposed revised CNO Council Attributes and Competencies Profile as shown in Attachment 1 to agenda item 7.2.1.

Appointment of Standing Committee Members

In June, the NC recommends the appointed members of standing committees to Council. The NC's recommendations for these appointments are addressed in [Agenda Item 5.6](#).

Nominating Committee Membership and Chair

The NC reviewed its [Terms of Reference](#) extensively in 2023 and changes were approved by Council. The NC is not recommending any further changes to its role as set out in its Terms of Reference.

According to its Terms of Reference, the immediate Past-President of Council is the Chair of the NC. It had been flagged as best practice for a competency-based committee to select their chair from among their members.

The NC agreed unanimously that it supported that change. It was noted that the current requirement means that when there is a new past-President, a person with no experience on NC joins the Committee as its chair.

The NC did confirm the importance of the participation of immediate Past-President of Council since they have a unique understanding of the needs of the Council and committees.

Current NC [membership](#) as set out in the Terms of Reference can be limiting, particularly the specific ratio of Council and non-Council members.

The NC is asking Council if it would support the following. Depending on Council's feedback, NC will propose changes to the Membership section of its Terms of Reference at a future Council meeting to take effect for June 2025:

The NC is recommending that its membership be:

- The immediate Past-President of Council
- 1 nurse Council member
- 1 public Council member
- 2 expert non-Council members of the public

It was recognized that, depending on whether the immediate Past-President is a member of Council or not, in any year there may be a majority of Council or non-Council members. The NC agreed that two strong expert members of the public will bring the needed independence to the NC.

The NC is recommending that its Chair be selected from among its members. As a small, competency-based committee, having an ex officio (appointed by virtue of holding another position) chair is not a best practice.

In making this proposal, the NC noted that it is a Standing Committee of Council and makes no final decisions, it makes recommendations to Council.

Nominating Committee Year End Review

The NC discussed its achievements over the 2023-2024 year. It was noted that integrating diversity, equity and inclusion into the statutory committee and Nominating Committee attributes, competencies and considerations in making its recommendations for appointment was a major accomplishment. Another major accomplishment was the NC's work supporting Council in implementing competency-based Council elections.

The NC provided input into orientation for the incoming NC, noting the value of members of the NC understanding the roles and requirements of statutory committees.

It was also suggested that consideration be given to piloting a gap analysis of a statutory committee to identify if any specific competency relevant to the committee should be included in recruitment and assessment. It was confirmed that, given the functioning of statutory committees in panels, it will remain a feature of the statutory committee appointment that all members meet core competencies.

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 (until April 2024)

Competency-Based Council Elections Decision Note – June 2024 Council

Contact for questions or more information

Silvie Crawford, Registrar/Executive Director & CEO

Purpose and Action Required

The purpose of this decision note is for Council to consider integrating attributes and competencies into Council elections to enhance governance.

Motion: That Council approve the proposed revised CNO Council Attributes and Competencies Profile as shown in **Attachment 1**.

Questions for consideration

- Do you agree with the revised attributes and competencies for Council members? Do you recommend any additional changes?
- What do you think about the proposed competency-based elections process? Do you recommend any changes?

Public Interest Rationale

Council is accountable for effective governance, which includes oversight to ensure CNO fulfils its public protection purpose. Competency-based Council elections support Council's commitment to effective governance and regulating the nursing profession in the public interest.

Background

This item is part of a suite of governance improvements planned for Council approval in 2024 that aim to promote clarity and shared understanding of Council's purpose, role, and accountabilities. Together, these are foundational to supporting Council's effective governance and set the stage for future enhancements and continuous improvement. They ensure CNO's ongoing compliance with the Ministry of Health's [College Performance Measurement Framework](#) and advance improvement opportunities identified in the 2022 Council evaluation. Refer to Council's Annual Plan for details about timing.

In [December 2023](#), CNO's Council approved an approach for implementing competency-based Council elections. This approach aims to improve the current elections process¹ by having candidates self-assess against competencies and attributes before running for election to Council. At this time, there is no verification of the candidate's self-assessment or screening process.

In [March 2024](#), Council discussed this governance item and proposed changes to the current Council profile, including competencies and attributes, informed by recommendations of the Nominating Committee (NC). Following that, the NC met on April 23, 2024, and May 21, 2024, and provided input on the revised attributes and competencies. The NC was supportive of the changes and had suggestions for further amendments to a few of the competencies and attributes, for clear language specific to diversity, equity and inclusion (DEI).

Attachment 1 includes the revised attributes and competencies for Council members.

Summary of changes

Below is a summary of changes made to the attributes and competencies from the original [Council Profile](#):

- “Competencies” and “attributes” are both kept in the revised draft, with a distinction about their purpose:
 - competencies – a person's ability to successfully do what is needed to fulfill the role (e.g. expertise, skills)
 - attributes – qualities or characteristics of a person necessary to fulfill the role (e.g. character, diversity)
- Changed the order of the above, beginning with attributes based on recommendation by NC and input from Council, given the importance of character and diversity attributes, as essential for being an effective team member.
- Streamlined the number of character attributes (from 18 to 10) and competencies (from 22 to 12). In some cases, these were unduly restrictive and could discourage otherwise qualified candidates from applying (e.g. “Has experience in a senior leadership position in a health care administrative setting” and “engagement and communications with the public, government and other key stakeholders”). In other cases, they overlap and are easily merged with other competencies or attributes.
- Re-ordered the character attributes alphabetically and reworded them to be more direct and accessible to the user.
- Removed the headings from the competencies. This could narrow or mislead a candidate and discourage them from proceeding.

¹ 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 Diversity Attributes section has been revised to reflect current best practices related to DEI. In the elections process, individuals will be invited to self-identify relevant aspects of their identity, diversity and lived experience, guided by the diversity attributes listed on the revised Council Profile.
- In other sections, wording has been updated to simplify, streamline and reduce the risk of exclusionary language or bias.

Public consultation with the Citizen Advisory Group (CAG)

On May 11, 2024, CNO consulted with the CAG on the proposed attributes and competencies for Council members. CNO sought CAG members' perspectives on the proposed attributes and competencies with a specific focus on DEI.

Overall, CAG members were supportive of the proposed attributes and competencies. They indicated that the list was comprehensive and would reflect a Council that would model its purpose of public protection.

There was acknowledgment that CNO's list of attributes and competencies was very inclusive and there were no concerns that any of the desirable attributes, experience and skills would create barriers or exclude people. CAG emphasized the importance of DEI and the need to incorporate DEI in a genuine way.

CAG members were also asked about which of the proposed competencies and attributes they thought were most important for Council members to effectively serve on Council. The following were the key attributes and competencies identified, which are aligned with discussions by the Nominating Committee and Council:

- **Communicator** – ability to communicate clearly, concisely and accurately is a very important skill for a Council member on a large board.
- **Service leadership** – this defines the primary reason why someone would be on Council; service leadership, public interest first.
- **Decision-maker** – it is important to be a leader with the ability to make decisions while working effectively in a team.
- **Consensus-building** – ability to think differently, outside the box and build consensus.

Lastly, the CAG flagged that the wording at the beginning of the competencies “each individual Council member is expected to bring some but not all of these competencies” needed to be clearer. For example, how many of the competencies does the individual need to have and which ones are the essential ones. The NC recommended additional changes for making this section clearer, which are reflected in the proposed revised draft below.

Proposed elections process

The NC discussed integrating competencies into the elections process and noted that it should focus on key competencies and attributes needed by all members of Council.

According to the Council-approved approach, the competency-based elections process will include a self-assessment component for candidates. The self-assessment process will serve as a self-reflective tool to help candidates determine their readiness to serve on Council.

In addition, the NC also discussed the following:

- the type of information candidates will be asked
- the information that will be made available to voters
- DEI considerations (e.g. how to integrate DEI into the elections process)

The proposed election process consists of three components which are described in further detail below. **Attachment 2** provides a visual for the proposed competency-based elections process.

1. Pre-election process

Prior to proceeding with the election, candidates determine if serving on Council is the right commitment for them. Below are the steps for the pre-election process:

- Candidates complete and submit the Nomination form that determines their eligibility
- Candidates review the [Council and Committee Code of Conduct](#) and determine whether they can:
 - commit to public protection first
 - not conflict with the prohibited positions requirement
 - behave in accordance with the Code
- Candidates who decide to move forward in the elections process submit the Nomination and “Council and Committee Code of Conduct Compliance” forms and move forward with the self-assessment component below.

2. Self-Assessment Component

This component will allow candidates to independently reflect on their competencies and attributes. The self-assessment includes the following steps:

- Candidates self-assess against key attributes and competencies, as recommended by NC and Council.
- Methodology for self-assessment will include a rating based on competency-levels.
- The information will *not* be made available to voters, as the self-assessment results are not validated by CNO.
- After completing the self-assessment form, candidates will decide if they wish to move forward in the process.

3. Candidate Profile

Candidates who decide to move forward to the final step in the candidacy process will complete a set of questions allowing them to demonstrate a range of attributes and competencies:

- Candidates will be given the same three questions to respond to.
- CNO will consider asking broad questions that will address several attributes and competencies to provide the opportunity for candidates to demonstrate their skills, knowledge and experience.
- The questions will be based on the following areas, as recommended by the NC, Council discussions as well as feedback from the public through the Citizen Advisory Group:
 - Public Interest/governance
 - Decision-making/working in teams
 - DEI
- All responses will have a set space limit.
- Candidates' responses to the questions will be shared with voters.
- Candidates will be invited to self-identify aspects related to their identity, lived experience and diversity, that they believe may be relevant as to why they would be an ideal member of Council.
 - This will be voluntary, but if a candidate chooses to provide information, it will be shared with voters. This voluntary self-disclosure mechanism available for individuals running for election will assist voters in considering whether a candidate's representation on Council would complement and support the composition of a diverse and inclusive Council and a candidate's ability to apply a DEI lens in Council discussions.

Next steps

Based on Council's decision on the revised CNO Council Attributes and Competencies Profile, CNO will:

- communicate changes to the elections process, including the revised CNO Council Attributes and Competencies Profile to nurses and system partners
- operationalize the proposed competency-based elections process for the 2025 election cycle launching in October 2024
- conduct an evaluation of the competency-based elections process in 2025.

Attachments

1. Revised CNO Council Attributes and Competencies Profile
2. Proposed Competency-Based Elections Process

Attachment 1: Revised CNO Council Attributes and Competencies Profile

College of Nurses of Ontario (CNO) Council Attributes & Competencies Profile DRAFT Revised May 2024

Introduction

The Council attributes and competencies profile is informed by CNO's purpose, which is to protect the public by promoting safe nursing practice. It contains:

- attributes - qualities or characteristics of a person necessary to fulfill the role
- competencies - a person's ability to successfully do what is needed to fulfill the role.

Both are necessary for Council to function effectively.

The profile helps to:

- communicate sought-after knowledge, experience, skills, and attributes to interested candidates and others
- inform voting registrants of the relevant attributes and competencies of candidates seeking election to CNO's Council
- inform how CNO supports Council members' development (e.g., through orientation, ongoing education, evaluation).

This profile has been revised and updated from the original version developed in 2018. It is informed by research and industry knowledge about the competencies and attributes required for an effective board, with substantial input from CNO staff, the Nominating and Executive Committees, and Council.

Council Attributes & Competencies Profile

CHARACTER ATTRIBUTES

All, Council members would be expected to demonstrate these character attributes (these are listed alphabetically):

1. **Communicator:** You communicate clearly, concisely and accurately, verbally and in writing.
2. **Consensus Builder:** You encourage divergent thinking and dissent from others and use this to build consensus.
3. **Emotional Intelligence:** You understand and skillfully manage emotions, especially when faced with conflict and confrontation; you are self-aware and professional.



4. **Inclusive:** You create a place for everyone's voice; you understand the concept of equity; are aware of and respect diversity such as social and cultural differences; you are empathetic.
5. **Independent:** You think independently, while knowing when and how to consult others.
6. **Learner:** You apply your learning to the public interest; you demonstrate a willingness to learn and develop.
7. **Listener:** You listen and question to achieve understanding; you are an effective and active listener.
8. **Service Leadership:** You put others' interests first (service leadership); you have a passion for the public interest, commitment and drive.
9. **Strategic:** You move beyond the details to envision the big picture; a better future; you are a strategic thinker.
10. **Straightforward:** You present an opinion or position in a respectful manner, in the face of opposition or opposing views.

DIVERSITY ATTRIBUTES

CNO is an organization that embraces diversity, equity and inclusion. In composing the Council, we seek a group that is diverse and demonstrates commitment to diversity, equity and inclusion.

1. CNO's equity goals have a particular focus on potential candidates from the Black, Indigenous Peoples, Racialized Individuals, 2SLGBTQI+ and People with Disabilities.
2. CNO is seeking individuals who bring a breadth of lived experience, and some of the specific diversity criteria that may be considered include gender, age, and ethnicity.
3. CNO also seeks individuals with experience working with a range of populations.

COMPETENCIES

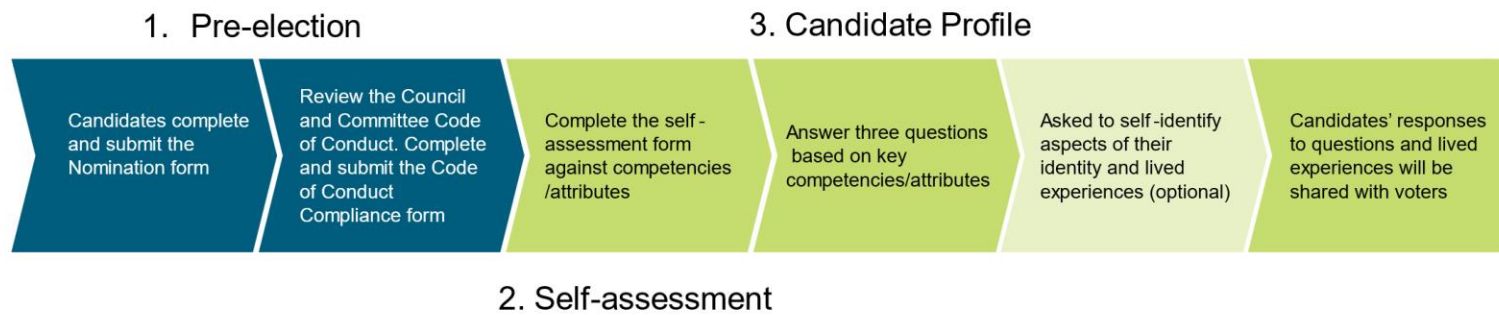
Collectively, Council members will demonstrate these competencies around the table. Each individual Council member is expected to bring some but not all of these competencies.

1. You have experience and understanding around protecting and acting in the public interest. You have experience in ensuring and safeguarding client safety.
2. You have familiarity with and understanding of regulatory and procedural processes including relevant regulatory procedures, standards of practice, rules of order and decision-making.
3. You are an individual with credibility who knows how to foster an inclusive environment, understands cultural humility and builds cultural safety.



4. You are a proven decision-maker and are able to adapt to different decision-making methods. You demonstrate an ability to remain unbiased and make decisions fairly.
5. You demonstrate strong familiarity with and understanding of governance roles and responsibilities, current governance issues and trends. You may have gained this through prior board and/or committee experience in an organization of similar size, scope and complexity as CNO, and/or through formal governance education and certification.
6. You demonstrate the skills and ability to work effectively with others to solve problems, adapt and manage change, innovate and achieve results.
7. You have experience gained from holding a leadership position.
8. You demonstrate leadership in promoting diversity, equity and inclusion, including experience working with diverse teams and populations (e.g. working cross-culturally, internationally, experience with social, humanitarian, Indigenous Peoples, anti-racism, anti-oppression and/or 2SLGBTQI+ positive principles).
9. You have a functional understanding of systems, as well as an understanding of quality frameworks and how they support client safety and quality care.
10. You have experience in, and an understanding of, human resource management, organizational structure and human resources oversight.
11. You are able to read and understand financial statements, preferably for organizations of similar size, scope and complexity as CNO. At least one Council member will be a financial expert: able to prepare financial statements for organizations of similar size, scope and complexity as CNO.
12. You understand modern, general business with a high degree of technological sophistication. You are familiar with IT governance and oversight, both IT's risks and opportunities.

PROPOSED ELECTIONS PROCESS



Conduct Committee and Complaints Process: Council and Committee Code of Conduct

Decision Note - June Council

Contact for questions or more information

Silvie Crawford, Registrar/Executive Director & CEO

Purpose and Action Required

In December 2023 Council approved the Council and Committee Code of Conduct, setting the expectations for behaviour of CNO Council and committee members. At that time, the process under the previous by-law was added as Article 16 as an interim measure. It was identified that a new process for addressing complaints about breaches of the Code was needed. The new process, if approved by Council, will form the foundation for drafting a new Article 16.

Motion

That Council approve the proposed process for addressing complaints under By-Law No. 3: Council and Committee Code of Conduct (the “Code”) as it appears in Attachment 1 to this briefing note.

Questions for consideration

- Are there any considerations on the proposed process you would like staff to include?

Public interest rationale

Council is accountable for effective governance, which includes oversight to ensure CNO fulfills its public protection purpose. 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 of the Code helps maintain integrity and mitigate reputational risks to Council and the Committees.

Background

In March 2024, Council reviewed and discussed options to address any potential complaints under By-Law No. 3: Council and Committee Code of Conduct. Council asked staff to present a new proposed process to address complaints in June.

Council discussed the following principles being included in the new process:

- Impartiality required in adjudicating Council matters
- Expertise to handle sensitive matters and arbitration
- Appropriate context for addressing matters within a public board setting
- Pre-establishment of experts in advance
- Multiple perspectives for informed decision making

Proposed Process

Attachment 1 outlines the informal and formal steps in the proposed process. The areas highlighted in green in the visual show the new additions and changes from the current process.

Informal Steps:

The first step for all matters would be an attempt to resolve the matter informally. In the informal stage, the Council President can provide additional guidance to help Council members resolve the matter. The Council President can refer members to informal resolution programs such as mediation, counselling, coaching, and training. The President will have an approved short-list of programs that can be recommended. All efforts will be made to resolve a matter informally before resorting to the formal process.

Formal Steps:

When a matter is not resolved through the informal process and a written complaint is filed, the Conduct Committee will investigate the matter. If the Conduct Committee and members involved resolve the matter at any time during the investigation, the process will stop. All efforts will be made to settle matters before taking to Council.

In the rare instance when an agreement cannot be reached within the conduct Committee, on completion of the Conduct Committee investigation, the committee will prepare a report and include recommendations with a rationale for Council's consideration. The Conduct Committee can engage with a professional to support the gathering of evidence if required.

Once the recommendations are drafted, Council receives the Conduct Committee's report (could be in-camera). Council will provide the Council member complainant and the member complained about an opportunity to make submissions about the matter¹. Other Council member(s) involved will also have an opportunity to speak about how

¹ These members will attend separately and, once they have shared their perspectives, will leave the meeting and will not participate in the discussion or decision-making.

they were impacted by the behaviour, conduct or incident. Council will deliberate and make a decision². Council has the option to either take no action or can decide to apply sanction(s).

Proposed Conduct Committee Composition

The makeup of the Conduct Committee for the proposed process will differ from the current composition. The new proposed Conduct Committee will include four Council members (two public members and two nurse members), and an external third-party expert. Two out of the four Council members from the Conduct Committee would be selected to participate in a Conduct Committee panel, along with the external expert if a written complaint is filed. The panel set up provides flexibility in case there are conflicts of interest or times when members are unavailable to participate.

Feedback from Council at the March 2024 meeting was to not have the Registrar/Executive Director & CEO involved in the process. The addition of an external third party expert who understands regulatory governance, mediation and legal sanctions will help support the investigation and recommendations to Council in the formal process.

Current Process

Attachment 2 outlines the informal and formal steps in the current process.

Next steps

- Draft by-laws for Article 16: Code of Conduct Proceedings for Council's review and potential approval in September.
- Following by-law approval
 - Development of Terms of Reference for a new Conduct Committee
 - Appointment of a new conduct Committee

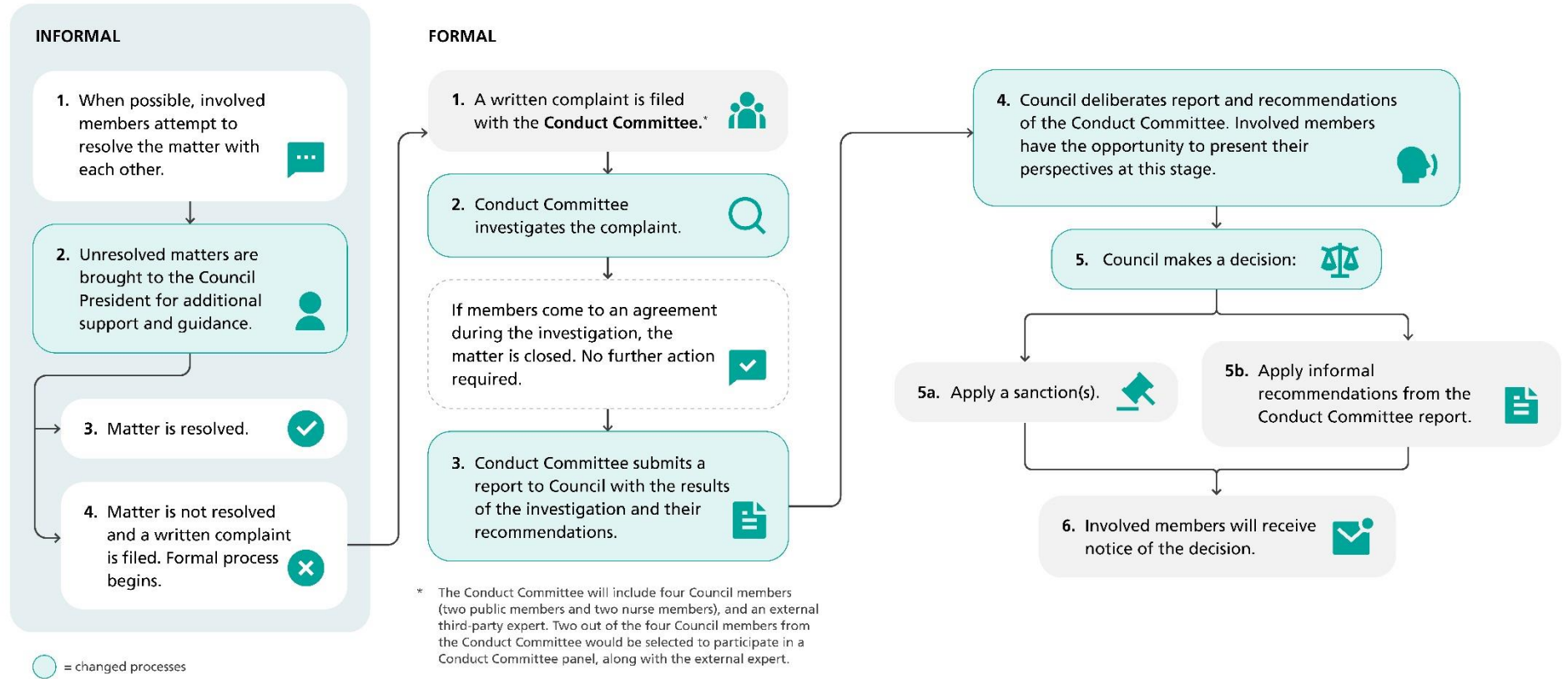
Attachments

1. Proposed future process
2. Current process

² If a matter relates to a public member, the Ministry will need to be notified of the outcome of the matter.

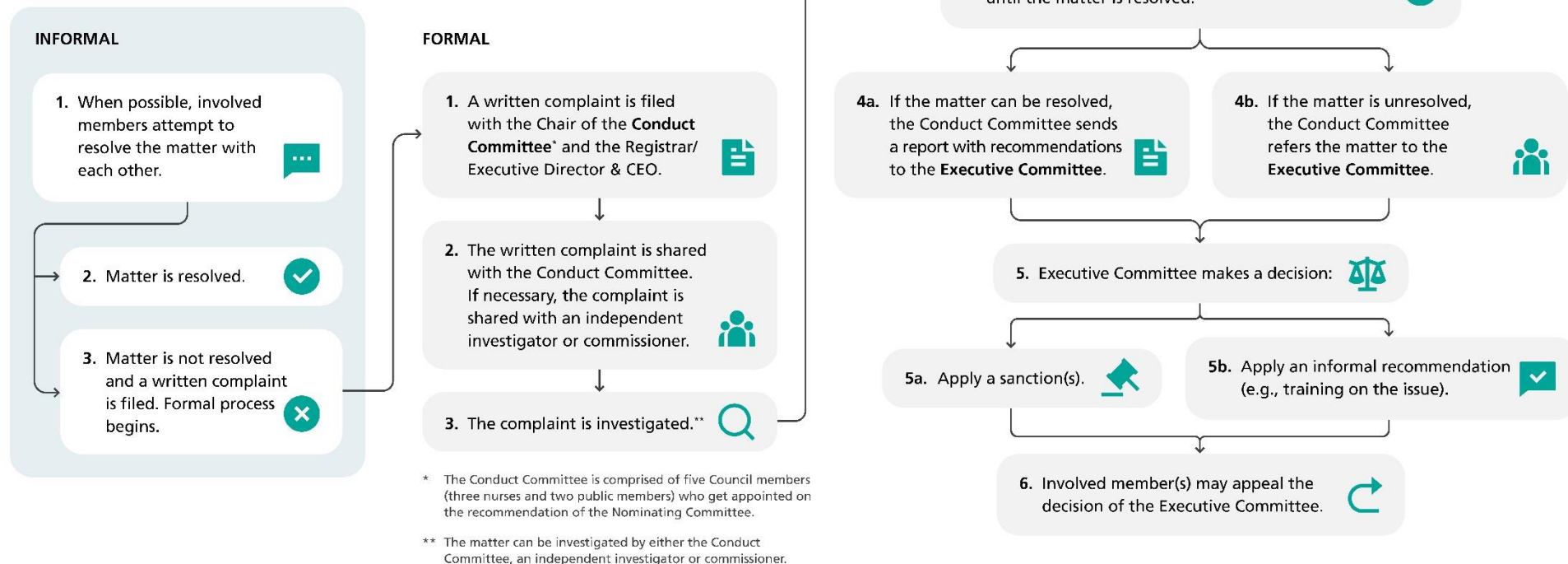
Code of Conduct Proceedings

Attachment 1: Proposed future process



Code of Conduct Proceedings

Attachment 2: Current process



An informal process is the ideal first step in order to resolve a matter, where both involved members would voluntarily accept a solution. If the matter is not resolved, and a letter of complaint is received, a formal process begins, and the Conduct Committee is engaged.

The Conduct Committee is a standing committee of Council and meets if a written complaint is received. It exists to receive and screen complaints about breaches of By-Law No. 23 of Council and Committee Code of Conduct.

The Conduct Committee can refer the matter to the Executive Committee for formal resolution. The Executive Committee can decide to apply sanction(s) such as censure through to disqualification of nurse members or recommendation to disqualify public members.

Amendments to By-Law No. 1: General re. Competency-based Council Elections and the Council and Committee Code of Conduct

Decision note – June 2024 Council

Contact for questions or more information

Silvie Crawford, Registrar/Executive Director & CEO

Purpose and Action Required

To align by-laws for the Council election and statutory committee appointment process with previous Council decisions regarding Council elections and the Council and Committee Code of Conduct (Code).

Motion:

That Council approve amendments to Part 2: Elections and Appointments: Council and Committee Members of By-Law No. 1 General as they appear in Column 1 of attachment 1 to this decision note.

Background

In the fall of 2024, CNO will launch:

- nominations for the election of Council members in the Toronto and Central districts (RN/NP) and the Central Eastern District (RN/NP and RPN) and
- the application for nurses to serve on statutory committees.

Key aspects of both of those processes, including eligibility to serve and process requirements, are set out in Part 2: Elections and Appointments: Council and Committee Members of By-Law No. 1: General.

In December, Council approved the approach for competency-based Council elections, and its [Council and Committee Code of Conduct](#).

The current by-laws do not align with these decisions and need to be amended before the launch of these processes in the fall.

Competency-Based Council elections

Council has implemented a new approach to elections to meet measure 1(a)i of the College Performance Management Framework, that nurses are eligible to stand for election *only after meeting pre-defined competency and suitability criteria*.

By-Law amendments are required to implement this approach. It is proposed that:

- eligibility to stand for election be amended to include candidates' completing self-assessment and candidate profile forms (Article 52.01 viii B & C)
- provisions be amended to require CNO to send the self-assessment and profile forms to candidates (Article 53.04.2) and to allow CNO to set deadlines for candidate completion of the self-assessment and candidate profile forms. (Article 53.04.1) and
- provisions be included to require CNO to send candidate profiles to all eligible voters (Article 53.04.3).

Council and Committee Code of Conduct (Code)

As part of the election and appointments processes, all candidates are required to:

- review the Council and Committee Code of Conduct, confirm that they will act in accordance with the Code if elected/appointed
- confirm that they meet the provisions regarding prohibited positions and
- confirm that they have not been a staff member or contractor for CNO for a year prior to the election.

There are a range of provisions in the Election and Appointments part of the General By-law that reference the previous Conduct By-Law. These include edits to update the name of the Code and more substantive changes to update provisions related to prohibited positions that do not align with the new Code.

For example, the provisions regarding positions that are a conflict have been updated to reference the prohibited positions and the requirements for cooling off periods:

- prohibited positions with three-year cooling off periods are in Article 52.06 for Council elections and 54.1.09 for statutory committee appointments
- prohibited positions requiring resignation (elected representatives for federal/municipal government) are in Articles 52.07 for Council elections and 54.1.10 for statutory committee appointments

Amendments are required throughout Part 2 of the by-law to refer to the new Code and reflect the new expectations.

Edits

Throughout the by-law there have been edits for gender neutrality.

Notice of By-Law Amendments

As required under Article 2.03 of By-Law No. 1: General, Council received notice of these proposed by-law amendments on May 24, 2024.

Attachments:

1. Table of by-law amendments, with rationale
2. Clean version: Proposed amended By-Law No. 1: General

Proposed Amendments to By-Law No. 1: General

Edits are included throughout for:

- Gender neutrality
- To correct the reference from the *Conduct of Councillors and Committee Members By-Law* to the Council and Committee Code of Conduct.

| Part 2: Elections and Appointment: Council and Committee Members | | |
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| 47. Voting Eligibility | | |
| | Column 1 | Column 2 |
| | Proposed Revision | Rationale |
| 47.01 | <p>A member is eligible to vote in an election if, on the 20th day before the election,</p> <ul style="list-style-type: none">i) the member meets the requirements of subsection 9(2) of the Act;ii) the member has his/her their designated address in the electoral district for which an election is being held;iii) in respect of the election of RN councillors, the member is the holder of a general or extended class certificate of registration in the RN Category; andiv) in respect of the election of RPN councillors, the member is the holder of a general certificate of registration in the RPN Category. | |
| 50. Term of Office | | |
| | Proposed Revision | Rationale |
| 50.01 | <p>The term of office of an elected councillor commences at the June Council meeting following his or her their election to Council and the elected councillor shall continue to serve until his or her their successor takes office in accordance with the by-laws.</p> | |

| 51. Timing of Elections | | |
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| 52. Eligibility for Election | | |
| | Column 1 | Column 2 |
| | Proposed Revision | Rationale |
| 52.01 | <p>Subject to the balance of the provisions of Article 52, a member is eligible for election in an electoral district if,</p> <ul style="list-style-type: none"> i) on the deadline for receipt of nominations, the member is the holder of a general or extended class of certificate of registration and the certificate is not subject to a term, condition or limitation other than one applicable to all members of the class; ii) on the deadline for receipt of nominations, the member is not in default of the payment of any fee prescribed by the Regulations or required by the by-laws; iii) on the deadline for receipt of nominations, the member is not the subject of any disciplinary or incapacity proceeding; iv) the member's certificate of registration has not been revoked or suspended in the six years preceding the date of the election for any reason other than non-payment of fees; v) the member has not been the subject of any professional misconduct, incompetence or incapacity finding in the three years preceding the date of the election; | |

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| | <p>vi) the member has not been disqualified from the Council nor removed from a committee under the College's conduct of councillors and committee members by-law in the three years preceding the date of the election;</p> <p>vii) on the deadline for receipt of nominations, the member has his or her their designated address in the electoral district for which he or she they is are nominated and has been nominated in accordance with this by-law; and</p> <p>viii) the member has delivered to completed and filed with the Registrar the Conflict of Interest form by the deadlines established by the Registrar in accordance with Article 53.04.1, the following fully completed College Forms:</p> <p>A. Council and Committee Code of Conduct Compliance;</p> <p>B. Candidate Self-Assessment; and</p> <p>C. Candidate Profile.</p> <p>ix) the member has delivered to the Registrar a fully completed form, prepared by the Registrar, expressing understanding of and a commitment to comply with the Code of Conduct.</p> | <p>Recommended by legal counsel to ensure that anyone who has been removed from Council or a committee regardless of by-law authority would not be eligible to run for Council for three years. This aligns with the same provisions for appointment as a statutory committee member.</p> <p>To align with the Council and Committee Code and with the current requirements,</p> <p>A. requires candidates to submit a "compliance form" in order to be eligible to run for election</p> <p>B. requires candidates to complete the self-assessment, meeting the College Performance Measurement Framework (CPMF) requirements for competency-based elections and</p> <p>C. allows CNO to collect the information about candidates that will be shared with voters.</p> |
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| | Column 1 | Column 2 |
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| | Proposed Revision | Rationale |
| 52.01.1 | Subject to Article 52.01.2, a member is not eligible for election as an elected councillor if the member has served for three consecutive terms in any combination of been an elected councillor, or and an appointed committee member, for three consecutive terms. | No change from the current intent. Wording change recommended by legal counsel for clarity. |
| 52.01.2 | A member who is ineligible as a result of Article 52.01.1 shall once again be eligible for election in the third calendar year following the year in which the member last served as an elected councillor, or appointed committee member. | Editorial change. |
| 52.01.3 | An employee of, or contractor for, the College shall not be eligible for election as an elected councillor until at least one year has passed since they were last employed by, or contracted with, the College. unless he or she provides an irrevocable written notice of termination of employment which must be received by the Registrar and be effective on or before the deadline for receipt of nominations. | To align with the new provisions under the Council and Committee Code of Conduct for a one year cooling off period before CNO staff/contractor can run for Council (Article 6.23). |
| 52.01.4 | An elected councillor shall not be eligible to run in a Council by-election unless he or she they provides a written resignation from his or her their position as an elected councillor which resignation must be received by the Registrar and be effective on or before the deadline for receipt of nominations. | |
| 52.03.1 | An elected councillor who resigns his or her their seat is not eligible to run in a Council by-election which takes place as a result of that resignation or an election for the position which he or she their resigned from, which takes place within sixteen months of the day following the elected councillor's resignation. | |

| | Column 1 | Column 2 |
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| | Proposed Revision | Rationale |
| 52.06 | A member is not eligible for election as a councillor if, within three years prior to the date of the election , the member holds held one of the positions described in Articles 6.10 through 6.12 of the Council and Committee Code of Conduct By-law. a position which would cause the individual, if elected as a councillor, to have a conflict of interest by virtue of having competing obligations to both the College and another organization unless the member files with the Registrar, prior to the deadline referred to in Article 53.04.1 a written agreement to resign from the other position if elected as a councillor. | To align with the new provisions of the Council and Committee Code of Conduct regarding prohibited positions, including cooling off periods. |
| 52.07 | A person shall be deemed to have a position which would result in a competing obligation under Article 52.06 if the person has a leadership, employment or contraactual role or position with a provincial, national or international entity that advances the interests of nurses, has policy making responsibilities for nurses or oversees the regulation of nurses. A member is not eligible for election as a councillor if the member holds a position described in Article 6.13 of the Council and Committee Code of Conduct By-law. | This is to include the provision of Article 6.13 that anyone holding Federal or Municipal office is not eligible for election to Council. |
| 52.08 | Disputes as to whether a member is eligible for election or to vote in an election will be determined by the Nominating Committee. A decision of the Nominating Committee under this Article is final and not subject to review or appeal. | Recommended by legal counsel for clarity and finality. |
| 53. Elections | | |
| 53.02 | At least ninety days before the date of an election or by-election, the Registrar shall notify in writing each member who is then eligible to vote in that election or by-election of the date of the election, the nomination procedure and the deadline for returning nominations to the College (also known as the date upon which nominations close). | Recommended by legal counsel for clarity and because this phrase is used elsewhere. |

| | Column 1 | Column 2 |
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| | Proposed Revision | Rationale |
| 53.04.1 | <p>The Registrar shall establish a deadlines, which deadlines shall not be less than ten days after the date upon which nominations close, by which each candidate for election as a councillor shall deliver to the Registrar a the following fully completed College Forms: form, prepared by the Registrar, expressing understanding of and a commitment to comply with the</p> <p>A. Council and Committee Code of Conduct Compliance; B. Candidate Self-Assessment; and C. Candidate Profile which deadline shall not be less than ten days after the date upon which nominations close.</p> | <p>Recommended by legal counsel for clarity and to align with the new Forms (Article 52.01 viii).</p> <p>Aligns with current processes where Registrar/Executive Director & CEO sets key dates in each election, within parameters set in by-law (e.g. not less than 10 days after the date nominations are due)</p> |
| 53.04.2 | <p>The Registrar shall provide each nominated candidate for election as a councillor with a copy of the Forms referred to in Article 53.04.1, notice of the deadlines for the filing of thatose Forms and a copy of By-Law No. 3 the Council and Committee Code of Conduct By-law.</p> | |
| 53.04.3 | <p>The Registrar shall make available to every member eligible to vote in an election the completed Candidate Profile Forms referred to in Article 53.04.1.</p> | <p>This new provision supports the Registrar/Executive Director & CEO sharing candidate profiles with all voters. This is related to competency-based Council elections.</p> <p>There will be a provision on Form C for the candidate to acknowledge and provide permission for the information to be shared.</p> |

| | Column 1 | Column 2 |
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| | Proposed Revision | Rationale |
| 53.08 | Where the Registrar acts under Article 53.06, the deadline for nominations for that election shall be re-opened for fifteen days or such greater number of days as determined by the Registrar and a new deadline by which the candidates shall complete and file the Conflict of Interest Forms required under Article 53.04.1 shall be established by the Registrar. | |
| 53.12 | Deleted The Registrar shall advise each eligible candidate that he or she has an opportunity to have candidate information distributed with the ballot so long as the candidate provides to the Registrar the information in a form consistent with the guidelines set by the Registrar and on or before the deadline established by the Registrar. | Addressed by 53.03 (Form C), 53.04.2 re dates and 53.04.3 re. providing the candidate profile to registrants eligible to vote. . |
| 53.18 | As soon as possible following the counting of the ballots, the Registrar shall, in respect of each election, <ul style="list-style-type: none"> i) notify each eligible candidate of the results of the election and the number of votes cast for each eligible candidate; and ii) notify each eligible candidate that he or she they may require a recount. | |
| 53.21.1 | Subject to Articles 53.22 or 53.23, any expense associated with the attendance of a candidate or his or her their representative under Article 53.21 shall be borne by the candidate. | |
| 53.29 | If there is an interruption of electronic service provided for or by the College during a nomination or election, the Registrar may extend the holding of a nomination or election for such period of time as he or she they considers necessary to compensate for the interruption. | |

| | Column 1 | Column 2 |
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| | Proposed Revision | Rationale |
| 53.30 | <p>The Registrar may extend an election in an electoral district for such period of time as he or she they considers necessary and, where appropriate, provide replacement voting packages to the members eligible to vote in an electoral district if, the Registrar has reason to believe</p> <ul style="list-style-type: none"> i) a significant number of members who are eligible to vote in that electoral district did not receive their voting packages; or ii) the integrity of the election process would otherwise be compromised. | |
| 54. Disqualification of Elected Councillors | | |
| 54.01 | <p>The Council shall disqualify an elected councillor if he or she they</p> <ul style="list-style-type: none"> i) ceases to be a member in the Category for which he or she they was were elected; i.1) ceases to be the holder of a general or extended class of certificate of registration which is not subject to a term, condition or limitation other than one applicable to all members of the class; ii) ceases to principally reside in or work in nursing in the electoral district for which he or she they was were elected; iii) fails, without reasonable cause, to attend two consecutive meetings of the Council; iv) fails, without reasonable cause, to attend three consecutive meetings of a committee of which he or | |

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| | <p>she they isare a member;</p> <p>v) failss, without reasonable cause, to attend a hearing or proceeding of a panel for which he or she they hashave been selected;</p> <p>vi) isare found to have committed an act of professional misconduct or to be incompetent by a panel of the Discipline Committee; or</p> <p>vii) isare found to be incapacitated by a panel of the Fitness to Practise Committee.</p> | |
| | Column 1 | Column 2 |
| | Proposed Revision | Rationale |
| 54.02 | An elected councillor is also subject to disqualification pursuant to the College's Council and Committee Code of eConduct of councillors and committee members by-law and the disqualification process set out in the Council and Committee Code of Conduct By-law shall be followed in respect of complaints regarding a breach of the Council and Committee Code of Conduct. | Recommended by legal counsel for clarity. |
| 54.07 | Where a councillor believes that Council should consider disqualifying an elected councillor on the basis that he or she they meets s one or more of the disqualification factors set out in Article 54.01, the councillor shall advise the Executive Committee in writing. | |
| 54.08 | If the Registrar receives information that if true may result in Council disqualifying an elected councillor on the basis that he or she they meets s one or more of the disqualification factors set out in Article 54.01, the Registrar shall advise the Executive Committee in writing. | |
| 54.09 | The Executive Committee shall notify the elected councillor whose conduct is the subject of concern of the nature of the concern and provide him or her them with a reasonable opportunity to make written or oral submissions or both to the Executive Committee. | |

| | Column 1 | Column 2 |
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| | Proposed Revision | Rationale |
| 54.12 | Should, pursuant to this by-law, the matter of the potential disqualification of an elected councillor be placed on the agenda of Council, the Registrar shall advise the person who is potentially subject to disqualification of the date when Council intends to meet to deal with the issue and of his or her their opportunity to make either written or oral submissions to the Council, should he or she they wish to do so. | |
| 54.1 Eligibility for Appointment | | |
| 54.1.02 | <p>Subject to the balance of the provisions of Article 54.1, a member is eligible for appointment if,</p> <p>i) the member has completed and filed with the Registrar an application for appointment in the form approved by the Registrar prior to the deadline for applications established by the Registrar;</p> <p>ii) the member is the holder of a general or extended class of certificate of registration and the certificate is not subject to a term, condition or limitation other than one applicable to all members of the class;</p> <p>iii) the member is not in default of the payment of any fee prescribed by the Regulations or required by the by-laws;</p> <p>iv) the member is not the subject of any disciplinary or incapacity proceeding;</p> <p>v) the member's certificate of registration has not been revoked or suspended in the six years preceding the date of appointment for any reason other than non-payment of fees;</p> | |

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| | <p>vi) the member has not been the subject of any professional misconduct, incompetence or incapacity finding in the three years preceding the date of appointment;</p> <p>vii) the member has not been disqualified from the Council nor removed from a committee under the College's conduct of councillors and committee members by-law in the three years preceding the date of appointment; and</p> <p>viii) the member has delivered to the Registrar athe fully completed Forms listed in Article 52.01(viii) A within the deadline set by the Registrar, prepared by the Registrar, expressing an understanding of and a commitment to comply with the College's conduct of councillors and committee members by-law.</p> | <p>Recommended by legal counsel to ensure that anyone who has been removed from Council or a committee regardless of bylaw authority would not be eligible for appointment to a statutory committee.</p> <p>To require candidates for appointment to statutory committees to complete the Council and Committee Code of Conduct Compliance form to ensure they do not hold prohibited positions.</p> |
| 54.1.03 | <p>Subject to Article 54.1.04, a member is not eligible for appointment as an appointed committee member if the member has served for three consecutive terms in any combination of been an elected councillor or and an appointed committee member or for three consecutive terms.</p> | <p>Recommended by legal counsel for clarity.</p> |
| 54.1.05 | <p>An employee of, or contractor for, the College shall not be eligible for appointment as an appointed committee member unlesstil at least one year has passed since they were last employed by, or contracted with, the College. less he or she provides an irrevocable written notice of termination of employment which must be received by the Registrar.</p> | <p>To align with the new provisions of Article 6.23 of the Council and Committee Code of Conduct.</p> |

| | Column 1 | Column 2 |
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| | Proposed Revision | Rationale |
| 54.1.06 | An elected councillor, other than one whose term will automatically expire prior to the date of appointment as an appointed committee member , shall not be eligible to be appointed as an appointed committee member unless he or she they provides a written resignation from his or her their position as an elected councillor which resignation must be effective on or before the deadline for receipt of applications. | |
| 54.1.07 | A member may not apply to be appointed as an appointed committee member if the member is a candidate for election as an elected councillor. | |
| | | |
| 54.1.09 | A member is not eligible for appointment as an appointed committee member if, within three years prior to the date of the appointment, the member held one of the positions described in Articles 6.10 through 6.12 of the Council and Committee Code of Conduct By-law. the member holds a position which would cause the individual, if appointed, to have a conflict of interest by virtue of having competing obligations to both the College and another organization unless the member files with the Registrar, prior to the deadline for receipt of applications, a written agreement to resign from the other position if appointed as an appointed committee member. | To align with the new provisions of the Council and Committee Code of Conduct regarding prohibited positions, including cooling off periods. |
| 54.1.10 | A person shall be deemed to have a position which would result in a competing obligation under Article 54.1.09 if the person has a leadership, employment or contractual role or position with a provincial, national or international entity that advances the interests of nurses, has policy making responsibilities for nurses or oversees the regulation of nurses. A member is not eligible for appointment as an appointed committee member if the member holds a position described in Article 6.13 of the Council and Committee Code of Conduct By-law. | This is to include the provision of Article 6.13 that anyone holding Federal or Municipal office is not eligible to for appointment to a statutory committee. |

| 55. Vacancy | | |
|-------------|---|---|
| | Column 1 | Column 2 |
| | Proposed Revision | Rationale |
| 55.02 | <p>If the seat of an elected councillor becomes vacant for an electoral district not more than sixteen months before the expiry of his or her their term, the Council shall</p> <ul style="list-style-type: none"> i) leave the seat vacant; or ii) appoint as a councillor a member who meets the requirements for eligibility for election in that electoral district to serve the balance of the former elected member's term. | |
| 55.03 | <p>If the seat of an elected councillor becomes vacant for an electoral district more than sixteen months before the expiry of his or her their term, the Council shall</p> <ul style="list-style-type: none"> i) direct the holding of a by-election for that electoral district which shall be held in a manner consistent with the elections held under this by-law; or ii) appoint as a councillor the eligible candidate who had the most votes of the unsuccessful candidates in the last election for that electoral district or if that candidate is not willing to accept the appointment, the eligible candidate with the next highest number of votes. | |
| 55.03.2 | <p>Where a vacancy occurs as a result of the death, resignation, or removal of an appointed committee member, the Executive Committee shall</p> <ul style="list-style-type: none"> i) leave the position vacant until the June Council meeting; or ii) appoint as an appointed committee member, a member who continues to be eligible for appointment and whose name was listed on the list of eligible members prepared by the Nominating Elections and Appointments Nominating Elections and Appointments Committee for the previous March Council meeting. | To align with other provisions in By-law. |

Part 2: Elections and Appointments: Council and Committee Members

47. Voting Eligibility

47.01 A member is eligible to vote in an election if, on the 20th day before the election,

(Amended September 2013)

- i) the member meets the requirements of subsection 9(2) of the Act;
- ii) the member has their designated address in the electoral district for which an election is being held;
- iii) in respect of the election of RN councillors, the member is the holder of a general or extended class certificate of registration in the RN Category; and
- iv) in respect of the election of RPN councillors, the member is the holder of a general certificate of registration in the RPN Category.

(Amended June 2009)

(Amended March 2013)

(Amended March 2013)

47.02 In an election, each RN who is eligible to vote shall vote only for RN candidates and each RPN who is eligible to vote shall vote only for RPN candidates.

47.03 Nothing herein prevents a member who is both an RN and an RPN from voting in the election for both RN candidates and RPN candidates.

48. Elected Councillors

48.01 There shall be twenty-one members elected to Council, fourteen from among eligible members who are RNs and seven from among eligible members who are RPNs.

48.02 From each electoral district referred to in Column 1 of the following table there shall be elected to Council the number of RNs set out opposite in Column 2 and the number of RPNs set out opposite in Column 3 of the table.

Table related to Article 48.02
(Council members)

| Column 1 | Column 2 | Column 3 |
|----------------------|-------------------|-----------------------------|
| Electoral districts | Registered Nurses | Registered Practical Nurses |
| Southwestern | 2 | 1 |
| Central Western | 2 | 1 |
| Central Eastern | 2 | 1 |
| Eastern | 2 | 1 |
| Northeastern | 1 | 1 |
| Northwestern | 1 | 1 |
| Metropolitan Toronto | 2 | - |
| Central | 2 | - |
| Central/Toronto | - | 1 |

49. Deleted March 2013.

50. Term of Office

50.01 The term of office of an elected councillor commences at the June Council meeting following their election to Council and the elected councillor shall continue to serve until their successor takes office in accordance with the by-laws.
(Amended June 2013)

50.02 No elected councillor shall serve for more than two consecutive terms in that capacity.

50.03 Deleted March 2013.

50.04 Time spent as an elected councillor as a result of a by-election or an appointment by Council to fill a vacancy shall not be included for the purposes of Article 50.02.
(Amended June 2013)

50.05 Deleted March 2013.

50.06 Deleted March 2013.

51. Timing of Elections

51.01 Separate elections for elected councillors shall be held simultaneously as follows:

- i) within the first sixty days of the calendar year 2015 and in the first sixty days of every third calendar year thereafter for electoral districts 1 and 2 for the RN Category and electoral districts 1, 2 and 9 for the RPN Category;
(Amended September 2013)
- ii) within the first sixty days of the calendar year 2016 and in the first sixty days of every third calendar year thereafter for electoral districts 3, 7 and 8 for the RN Category and electoral district 3 for the RPN Category;
(Amended September 2013)
- iii) within the first sixty days of the calendar year 2014 and in the first sixty days of every third calendar year thereafter for electoral districts 4, 5 and 6 for both the RN Category and the RPN Category.
(Amended September 2013)

51.02

The Registrar & CEO shall

- i) set the date for each election referred to in Article 51.01, which date shall be before the March Council meeting;
(Amended June 2013)
- ii) set the date for each by-election; and
- iii) set a time deadline for the receipt of ballots.

52. Eligibility for Election

52.01

Subject to the balance of the provisions of Article 52, a member is eligible for election in an electoral district if,

- i) on the deadline for receipt of nominations, the member is the holder of a general or extended class of certificate of registration and the certificate is not subject to a term, condition or limitation other than one applicable to all members of the class;
- ii) on the deadline for receipt of nominations, the member is not in default of the payment of any fee prescribed by the Regulations or required by the by-laws;
- iii) on the deadline for receipt of nominations, the member is not the subject of any disciplinary or incapacity proceeding;

- iv) the member's certificate of registration has not been revoked or suspended in the six years preceding the date of the election for any reason other than non-payment of fees;
- v) the member has not been the subject of any professional misconduct, incompetence or incapacity finding in the three years preceding the date of the election;
- vi) the member has not been disqualified from the Council nor removed from a committee in the three years preceding the date of the election;
(Amended September 2017; Effective December 2017)
- vii) on the deadline for receipt of nominations, the member has their designated address in the electoral district for which they are nominated and has been nominated in accordance with this by- law; and
(Amended September 2017; Effective December 2017)
- viii) the member has delivered to the Registrar by the deadlines established by the Registrar in accordance with Article 53.04.1, the following fully completed College Forms:
 - A. Council and Committee Code of Conduct Compliance;
 - B. Candidate Self-Assessment; and
 - C. Candidate Profile.

(Amended September 2017; Effective December 2017)

52.01.1

Subject to Article 52.01.2, a member is not eligible for election as an elected councillor if the member has served for three consecutive terms in any combination of elected councillor, and appointed committee member.

(Amended March 2013)

52.01.2

A member who is ineligible as a result of Article 52.01.1 shall once again be eligible for election in the third calendar year following the year in which the member last served as an elected councillor, or appointed committee member.

(Amended March 2013)

52.01.3

An employee of, or contractor for, the College shall not be eligible for election as an elected councillor until at least one year has passed since they were last employed by, or contracted with, the College.

(Amended March 2013)

52.01.4 An elected councillor shall not be eligible to run in a Council by-election unless they provide a written resignation from their position as an elected councillor which resignation must be received by the Registrar and be effective on or before the deadline for receipt of nominations.

(Amended March 2013)

52.02 Deleted March 2013.

52.03 Deleted March 2013.

52.03.1 An elected councillor who resigns their seat is not eligible to run in a Council by-election which takes place as a result of that resignation or an election for the position which they resigned from, which takes place within sixteen months of the day following the elected councillor's resignation.

(Amended March 2013)

52.04 A member who is both an RN and RPN may not be a candidate in more than one election at the same time.

(Amended March 2013)

52.05 A candidate may withdraw from an election by giving notice in writing to the Registrar & CEO. If the notice in writing is received on a date set by the Registrar & CEO that is at least fifty days prior to the date of the election the name of the person shall not be placed on the ballot. In all other cases, the Registrar & CEO shall make reasonable efforts to notify the members eligible to vote that the candidate has withdrawn from the election.

(Amended June 2013)

52.06 A member is not eligible for election as a councillor if, within three years prior to the date of the election, the member held one of the positions described in Articles 6.10 through 6.12 of the Council and Committee Code of Conduct By-law.

(Amended September 2017; Effective December 2017)

52.07 A member is not eligible for election as a councillor if the member holds a position described in Article 6.13 of the Council and Committee Code of Conduct By-law.

(Amended September 2017; Effective December 2017)

52.08 Disputes as to whether a member is eligible for election or to vote in an election will be determined by the Nominating Committee. A decision of the Nominating Committee under this Article is final and not subject to review or appeal.

(Amended September 2021)

52.09 Disputes relating to the election of an elected councillor shall be dealt with by the Nominating Committee which shall investigate the facts and report its findings and recommendations to the Council for such decision as Council considers appropriate.

(Amended March 2013 and September 2021)

53. Elections

53.01 The Registrar & CEO shall supervise the nominating and election of elected councillors.

(Amended March 2013)

53.02 At least ninety days before the date of an election or by-election, the Registrar shall notify in writing each member who is then eligible to vote in that election or by-election of the date of the election, the nomination procedure and the deadline for returning nominations to the College (also known as the date upon which nominations close).

(Amended June 2013)

53.03 The nomination of a candidate for election shall be in writing, shall include the written consent of the member wishing to stand for election and the signature of two eligible nominators and must be received prior to the deadline for returning nominations to the College, which deadline shall be set by Registrar & CEO and shall be at least sixty days before the date of the election.

(Amended June 2013)

53.04 Each nominator shall be a member who is eligible to vote in that election on the date of nomination and on the date on which the nominations close.

53.04.1

The Registrar shall establish deadlines, which deadlines shall not be less than ten days after the date upon which nominations close, by which each candidate for election as a councillor shall deliver to the Registrar the following fully completed College Forms:

- A. Council and Committee Code of Conduct Compliance;
- B. Candidate Self-Assessment; and
- C. Candidate Profile.

(Amended September 2017; Effective December 2017)

53.04.2 The Registrar shall provide each nominated candidate for election as a councillor with a copy of the Forms referred to in Article 53.04.1, notice of the deadlines for the filing of those Forms, and a copy of the Council and Committee Code of Conduct By-law.

53.04.3 The Registrar shall make available to every member eligible to vote in an election the completed Candidate Profile Forms referred to in Article 53.04.1.

53.05 If, after the deadline referred to in Article 53.04.1, the number of eligible candidates nominated for an electoral district is equal to the number of members to be elected in that electoral district, the eligible candidates shall be elected by acclamation.
(Amended September 2017; Effective December 2017)

53.06 If, after the deadline referred to in Article 53.04.1, the number of eligible candidates nominated for an electoral district is less than the number of members to be elected in that electoral district, the existing eligible candidate(s) shall be elected by acclamation and the Registrar & CEO shall establish a new election schedule including, where necessary, a new date for that election.

53.07 Time frames referred to in Article 53.02, 53.04.1 and 53.03 do not apply where the Registrar & CEO acts under Article 53.06.

53.08 Where the Registrar acts under Article 53.06, the deadline for nominations for that election shall be re-opened for fifteen days or such greater number of days as determined by the Registrar and a new deadline by which the candidates shall complete and file the Forms required under Article 53.04.1 shall be established by the Registrar.

53.09 Where the Registrar & CEO acts under Article 53.06, the Registrar & CEO shall notify in writing each member referred to in Article 53.02 of the date of the election and the deadline for returning nominations to the College which deadline shall be determined by the Registrar & CEO.

53.10 If the number of eligible candidates nominated for election for an electoral district after the second call for nominations remains less than or equal to the number of members to be elected in the electoral district, those additional eligible candidates shall be elected by acclamation.

53.11 If after two calls for nominations there are still insufficient eligible candidates for election in any electoral district, the seat shall be considered vacant and the vacancy shall be dealt with by Council at its next regular meeting.

53.12 (Amended September 2013)
(Deleted June 2024)

53.13 Electronic access to a ballot listing all eligible candidates and voting instructions shall be provided to every member eligible to vote in an electoral district in which an election is to take place at least fifteen days before the date of an election.
(Amended September 2013)

53.13.1 A member who is eligible to vote and who, for any reason, does not obtain access to a ballot may apply to the Registrar & CEO for a replacement access to a ballot and the Registrar & CEO shall provide the member with a replacement provided the request is received at least 24 hours before 5:00 p.m. Eastern Standard Time on the day of the election.
(Added September 2013)

53.14 Voting for eligible candidates for election to the Council shall be by electronic ballot, cast in a manner determined by the Registrar & CEO.
(Amended September 2013)

53.15 A member eligible to vote may cast as many votes on a ballot as there are members to be elected from that electoral district, however, a member shall not cast more than one vote for any one eligible candidate.

53.16 Only those ballots cast on or before 5:00 p.m. Eastern Standard Time on the day of the election will be tabulated.
(Amended September 2013)

53.16.1 Ballots cast in an election on or before 5:00 p.m. Eastern Standard Time on the day of the election will be tabulated by an independent organization appointed by the Registrar & CEO.
(Added September 2013)

53.17 Deleted September 2013

53.18 As soon as possible following the counting of the ballots, the Registrar shall, in respect of each election,

- i) notify each eligible candidate of the results of the election and the number of votes cast for each eligible candidate; and
- ii) notify each eligible candidate that they may require a recount.

53.19 An eligible candidate may require a recount by giving a written request to the Registrar & CEO no more than fifteen days after the date of an election and paying a fee of \$400.

53.20 A recount shall be held within fifteen days of receipt of the request referred to in Article 53.19, at a time and place and in a manner determined by the Registrar & CEO.

(Amended September 2013)

53.21 A representative of the College named by the Nominating Committee shall be present for a recount and each eligible candidate shall be entitled to attend in person or by a representative.

(Amended September 2013, Amended September 2021)

53.21.1 Subject to Articles 53.22 or 53.23, any expense associated with the attendance of a candidate or their representative under Article 53.21 shall be borne by the candidate.

(Added June 2013)

53.22 Where a recount occurs, if the recount changes the election outcome, the member requiring the recount shall be entitled to,

- i) be reimbursed for travel expenses incurred by or on behalf of the member under Article 53.21 in accordance with the College's policy for reimbursement of travel expenses; and
- ii) the return of the fee required in Article 53.19.

53.23 Where a recount takes place, the eligible candidate with the highest number of votes shall be entitled to be reimbursed for travel expenses incurred by or on behalf of the member under Article 53.21 in accordance with the College's policy for reimbursement of travel expenses.

53.24

Subject to Article 53.26,

- i) in an election where only one candidate is to be elected, the successful candidate is the eligible candidate with the highest number of votes; and
- ii) in an election where more than one candidate is to be elected, the successful candidates are those eligible candidates with the highest and next highest number of votes and so on until the number of successful candidates equals the number of persons to be elected in that election.

53.25

Subject to Article 53.26, in each election the Nominating Committee shall declare the successful candidates elected after the counting of the ballots or in the case of a recount, after the recounting of the ballots.

(Amended September 2021)

53.26

If there is a tie in any election and it is necessary to break the tie to determine who shall be the successful candidate, the Nominating Committee shall designate a person to break the tie by lot and then declare that candidate elected.

(Amended September 2021)

53.27

The College shall notify its members of the results of all elections by publication of those results on the College's website or in such manner as Council may direct.

(Amended Sept. 2011)

53.28

The Registrar & CEO may authorize destruction of all ballots thirty-one days after the announcement to eligible candidates of the results of an election including any recount.

53.29

If there is an interruption of electronic service provided for or by the College during a nomination or election, the Registrar may extend the holding of a nomination or election for such period of time as they consider necessary to compensate for the interruption.

(Amended September 2013)

53.30

The Registrar may extend an election in an electoral district for such period of time as they consider necessary and, where appropriate, provide replacement voting packages to the members eligible to vote in an electoral district if, the Registrar has reason to believe

- i) a significant number of members who are eligible to vote in that electoral district did not receive their voting packages; or
- ii) the integrity of the election process would otherwise be compromised.

54. Disqualification of Elected Councillors

(Renamed March 2013)

54.01

The Council shall disqualify an elected councillor if they

- i) cease to be a member in the Category for which they were elected;
- i.1) cease to be the holder of a general or extended class of certificate of registration which is not subject to a term, condition or limitation other than one applicable to all members of the class;
- ii) cease to principally reside in or work in nursing in the electoral district for which they were elected;
- iii) fail, without reasonable cause, to attend two consecutive meetings of the Council;
- iv) fail, without reasonable cause, to attend three consecutive meetings of a committee of which they are a member;
- v) fail, without reasonable cause, to attend a hearing or proceeding of a panel for which they have been selected;
- vi) are found to have committed an act of professional misconduct or to be incompetent by a panel of the Discipline Committee; or
- vii) are found to be incapacitated by a panel of the Fitness to Practise Committee.

(Amended March 2013)

- 54.02** An elected councillor is also subject to disqualification pursuant to the College's Council and Committee Code of Conduct and the disqualification process set out in the Council and Committee Code of Conduct By-law shall be followed in respect of complaints regarding a breach of the Council and Committee Code of Conduct.
(Amended March 2013)
- 54.03** An elected councillor who is disqualified by Council under this or any other by-law of the College ceases to be an elected councillor and ceases to be a member of all committees.
- 54.04** Deleted March 2013.
- 54.05** An elected councillor who becomes the subject of a disciplinary or incapacity proceeding, including one which originates at any time after the deadline for receipt of nominations, shall not serve on Council or on any committee until the proceeding is finally completed.
(Amended March 2013)
- 54.06** An elected councillor who becomes in default of the payment of any fees prescribed by the regulations or required by the by-laws, including a default which originates at any time after the deadline for receipt of nominations, shall not serve on Council or any committee until the default is remedied.
(Amended March 2013)
- 54.07** Where a councillor believes that Council should consider disqualifying an elected councillor on the basis that they meet one or more of the disqualification factors set out in Article 54.01, the councillor shall advise the Executive Committee in writing.
(Amended March 2013)
- 54.08** If the Registrar receives information that if true may result in Council disqualifying an elected councillor on the basis that they meet one or more of the disqualification factors set out in Article 54.01, the Registrar shall advise the Executive Committee in writing.
(Amended March 2013)
- 54.09** The Executive Committee shall notify the elected councillor whose conduct is the subject of concern of the nature of the concern and provide them with a reasonable opportunity to make written or oral submissions or both to the Executive Committee.
(Amended March 2013)

54.10 The Executive Committee shall make a preliminary determination of the relevant facts and report those facts to the elected councillor whose conduct is the subject of concern and, where applicable, to the councillor who brought the concern to the Executive Committee's attention.

(Amended March 2013)

54.11 If either the Executive Committee or the councillor who brought the matter to the Executive Committee's attention is of the view that further action may be required by Council, the issue shall be placed on the agenda for the next meeting of Council.

54.12 Should, pursuant to this by-law, the matter of the potential disqualification of an elected councillor be placed on the agenda of Council, the Registrar shall advise the person who is potentially subject to disqualification of the date when Council intends to meet to deal with the issue and of their opportunity to make either written or oral submissions to the Council, should they wish to do so.

(Amended March 2013)

54.13 After providing the opportunity referred to in Article 54.12, Council shall determine the relevant facts and, if appropriate, disqualify the elected councillor in accordance with this by-law.

(Amended March 2013)

54.14 A two-thirds majority vote of the councillors present at a Council meeting duly called for that purpose shall be required in order to disqualify an elected councillor pursuant to this Article.

(Amended March 2013)

54.15 Where an elected councillor is the subject matter of a motion for disqualification under this Article, that elected councillor shall not be present during the debate or vote and shall not be counted as a member of Council in determining whether a quorum exists or whether the motion was carried or defeated.

54.16 Before any debate is had or vote taken by Council pursuant to this Article, Council shall consider whether the public should be excluded from the meeting in accordance with the Code.

54.1 Eligibility for Appointment

(Article 54.1 Added September 2008)

54.1.01

The Registrar & CEO shall approve a form of application for appointment as an appointed committee member and establish in each year a deadline for receipt of applications to be appointed as an appointed committee member.

54.1.02

Subject to the balance of the provisions of Article 54.1, a member is eligible for appointment if,

- i) the member has completed and filed with the Registrar an application for appointment in the form approved by the Registrar prior to the deadline for applications established by the Registrar;
- ii) the member is the holder of a general or extended class of certificate of registration and the certificate is not subject to a term, condition or limitation other than one applicable to all members of the class;
- iii) the member is not in default of the payment of any fee prescribed by the Regulations or required by the by-laws;
- iv) the member is not the subject of any disciplinary or incapacity proceeding;
- v) the member's certificate of registration has not been revoked or suspended in the six years preceding the date of appointment for any reason other than non-payment of fees;
- vi) the member has not been the subject of any professional misconduct, incompetence or incapacity finding in the three years preceding the date of appointment;
(Amended September 2017; Effective December 2017)
- vii) the member has not been disqualified from the Council nor removed from a committee in the three years preceding the date of appointment; and
- viii) the member has delivered to the Registrar the fully completed Form listed in Article 52.01(viii) A within the deadline set by the Registrar.

(Amended September 2017; Effective December 2017)

- 54.1.02.1** A member is not eligible for appointment as an appointed committee member if the member served as an appointed committee member for the previous two consecutive terms.
(Amended March 2013)
- 54.1.02.2** Time spent as an appointed committee member as a result of an appointment to fill a vacancy shall not be included for the purposes of Article 54.1.02.1.
- 54.1.03** Subject to Article 54.1.04, a member is not eligible for appointment as an appointed committee member if the member has served for three consecutive terms in any combination of elected councillor and appointed committee member.
(Amended March 2013)
- 54.1.04** A member who is ineligible as a result of Article 54.1.03 shall once again be eligible for appointment in the third calendar year following the year in which the member last served as an elected councillor or appointed committee member.
(Amended March 2013)
- 54.1.05** An employee of, or contractor for, the College shall not be eligible for appointment as an appointed committee member until at least one year has passed since they were last employed by, or contracted with, the College.
- 54.1.06** An elected councillor, other than one whose term will automatically expire prior to the date of appointment as an appointed committee member, shall not be eligible to be appointed as an appointed committee member unless they provide a written resignation from their position as an elected councillor which resignation must be effective on or before the deadline for receipt of applications.
(Amended March 2013)
- 54.1.07** A member may not apply to be an appointed committee member if the member is a candidate for election as an elected councillor.
- 54.1.08** A member who is both an RN and RPN may be appointed either as an RN appointed committee member or an RPN appointed committee member but not as both.
- 54.1.09** A member is not eligible for appointment as an appointed committee member if, within three years prior to the date of the appointment, the member held one of the positions described in Articles 6.10 through 6.12 of the Council and Committee Code of Conduct By-law.

54.1.10 A member is not eligible for appointment as an appointed committee member if the member holds a position described in Article 6.13 of the Council and Committee Code of Conduct By-law.
(Amended September 2017; Effective December 2017)

54.1.11 Any question as to whether a member is eligible for appointment as an appointed committee member will be determined by the Nominating Committee.
(Amended September 2021)

54.2 Term of Office of Appointed Committee Members

(Article 54.2 Added September 2008)

54.2.01 The term of office of an appointed committee member commences on the effective day of the appointment as specified by Council and subject to Article 55.01.1 continues
(Amended June 2013)

- i) except in the case of an appointed committee member who is appointed to fill a vacancy, until the June Council meeting in the third calendar year after that member's appointment; and
(Amended June 2013)
- ii) in the case of an appointment to fill a vacancy, when the appointed committee member's predecessor's term would have expired.

54.3 Deleted March 2013.

55. Vacancy

55.01 The seat of an elected councillor shall be deemed to be vacant upon the death, resignation or disqualification of the elected councillor.
(Amended March 2013)

55.01.1 An appointed committee member shall cease to be a committee member and a vacancy shall be created on that committee upon death, resignation, or removal of the appointed committee member.
(Amended June 2013)

55.02 If the seat of an elected councillor becomes vacant for an electoral district not more than sixteen months before the expiry of their term, the Council shall

- i) leave the seat vacant; or

- ii) appoint as a councillor a member who meets the requirements for eligibility for election in that electoral district to serve the balance of the former elected member's term.

(Amended September 2008)

55.03

If the seat of an elected councillor becomes vacant for an electoral district more than sixteen months before the expiry of their term, the Council shall

- i) direct the holding of a by-election for that electoral district which shall be held in a manner consistent with the elections held under this by-law; or
- ii) appoint as a councillor the eligible candidate who had the most votes of the unsuccessful candidates in the last election for that electoral district or if that candidate is not willing to accept the appointment, the eligible candidate with the next highest number of votes.

(Amended September 2008)

55.03.1

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

55.03.2

Where a vacancy occurs as a result of the death, resignation, or removal of an appointed committee member, the Executive Committee shall

(Amended June 2013)

- i) leave the position vacant until the June Council meeting; or
- ii) appoint as an appointed committee member, a member who continues to be eligible for appointment and whose name was listed on the list of eligible members prepared by the Nominating Committee for the previous March Council meeting.

(Amended June 2013)

55.04

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

(Amended March 2013)

Council Purpose and Roles

Discussion Note - June 2024 Council

Contact for questions or more information

Silvie Crawford, Registrar/Executive Director & CEO

Purpose

To get Council's input on the principles that will support the development of a Council purpose statement and updates to key Council role descriptions: Council, Council member, and President.

Questions for Council's consideration

- Does Council support these principles for the development of a Council purpose statement and updates to key Council role descriptions?
 - Is anything missing? Is anything unclear?

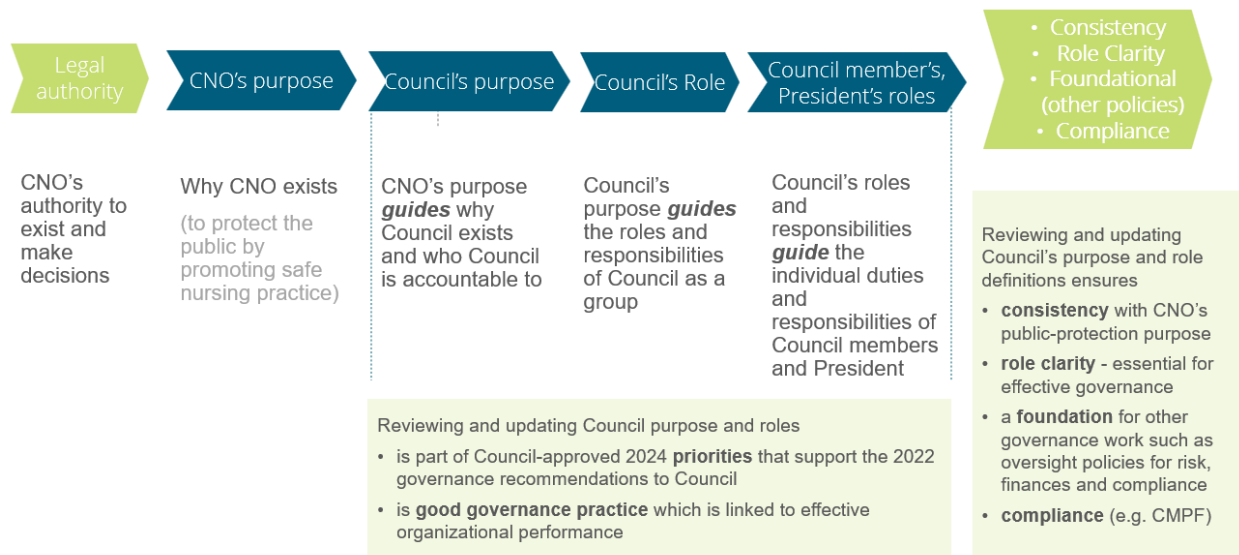
Public protection rationale

Council is accountable for effective governance, which includes oversight to ensure CNO fulfills its public protection purpose. Clearly defined roles ensure that Council members understand their responsibilities and support effective governance.

Background

This item is part of a suite of governance improvements planned for Council's approval in 2024 that aim to promote clarity and shared understanding of Council's purpose, role, and accountabilities. Together, these are foundational to supporting Council's effective governance and set the stage for future enhancements and continuous improvement. They ensure CNO's ongoing compliance with the College Performance Measurement Framework (CPMF) and advance improvement opportunities identified in the 2022 Council evaluation (see Figure 1). Please refer to Council's Annual Plan for details about timing.

Figure 1: Why Council purpose and roles, why now?



Principles for consideration

Below are proposed principles for the development of a Council purpose statement and revisions to draft Council role, Council member role and Council President role. Council's approval of principles to guide development is similar to past approaches such as Council's approval in 2023 of principles to guide the approach for competency-based elections. Principles 3, 4 and 5 are similar to the principles approved for that work.

1. **Collaboration.** Council's purpose and updated role descriptions will be developed with input and direction from Council and the Executive Committee, which supports Council's effective functioning.
2. **Accessibility.** Council's purpose and updated role descriptions will be written in clear and inclusive language.
3. **Transparency.** Council's purpose, roles and accountabilities will be understandable to the public.
4. **Diversity, Equity and Inclusion (DEI).** The purpose and role descriptions will be developed using a DEI lens to describe Council's governance responsibilities with respect to diversity, equity and inclusion.
5. **Governance.** In conjunction with the Council Code of Conduct, the purpose and roles will support Council in fulfilling its governance responsibilities for a modern health-profession regulator within CNO's legislative requirements.

6. **Measurability.** Role descriptions will be actionable, outcome-focused and measurable, enabling and supporting Council's evaluation, continuous competence development and recruitment processes.

Next Steps

Council's input and approval will be sought for a draft purpose and updated Council, Council member and President roles.

Report of the May 16, 2024 Finance Committee Meeting

Contact for questions or more information

Veronica Adetoye, Director, Business Services & Chief Financial Officer

The Finance Committee met on May 16, 2024. Blair MacKenzie, senior audit partner and Geoff Clute, Principal, from Hilborn LLP attended the meeting. Attachment 1 is the draft minutes of the meeting.

1. Audited Financial Statements

The Finance Committee reviewed the results of the audit of CNO's financial statements for the year ended December 31, 2023 with Blair MacKenzie from Hilborn LLP (Attachment 2). As part of the review, the committee had an in-camera meeting with the auditor.

The auditors' report was presented without qualification. In the opinion of the auditors, the financial statements are a fair presentation of CNO's financial position on December 31, 2023. The Finance Committee is recommending:

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

2. Unaudited Financial Statements

The unaudited financial statements for the three-month period ended March 31, 2024 (Attachment 3) were reviewed. The surplus for the period is \$2.81M, which is \$1.55M more than the budgeted surplus of \$1.27M. Based on a detailed discussion of the statements and the Management Discussion and Analysis, the Finance Committee recommends:

That Council accept the unaudited financial statements for the three-month period ended March 31, 2024.

3. Sub-Committee on Compensation

The Finance Committee received a report of the April 2024 meeting of the Sub-Committee on Compensation. The Sub-Committee received a report on CNO's attraction and retention strategies, which include key human resource metrics. The Sub-Committee was also updated on the new Leadership Vision and the organizational redesign.

4. Finance Committee Terms of Reference

The Finance Committee's Terms of Reference are reviewed biennially. Over the past two meetings, the Finance Committee reviewed proposed revisions that would:

- clarify and strengthen the Finance Committee's accountabilities for supporting Council in fulfilling its governance oversight of CNO's financial well-being and
- add an accountability for the Finance Committee to support Council in its governance oversight of enterprise risk management.

To support transparency in understanding the committee's role related to risk, it is also being recommended that the Finance Committee's name be changed to Finance & Risk Committee.

Attachment 4 is a red-lined version of the proposed Terms of Reference of the Finance & Risk Committee. The Finance Committee recommends:

That the Terms of Reference of the Finance & Risk Committee, as they appear as attachment 4 to this report, be approved.

Consequential By-Law Amendments:

Based on the revised terms of reference, changes are required to CNO by-laws. The Finance Committee recommends:

That Article 26.01 of By-Law No. 1: General be revised as follows:

26. Finance & Risk Committee

- 26.01** The Finance & Risk Committee advises Council on the financial affairs of the College and assists Council in meeting its fiduciary and governance accountabilities regarding both CNO financial matters, and also enterprise risk management. Specifics regarding the Finance & Risk Committee's authority, role and membership are prescribed in its Terms of Reference, as approved by Council.

And that throughout the By-Laws Finance Committee be changed to Finance & Risk Committee.

5. Auditor Appointment

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

The Finance Committee recommends:

That Hilborn LLP be reappointed as CNO's auditors for 2024.

6. Self-Monitoring Tool

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

Attachments:

1. Draft minutes of the Finance Committee meeting of May 16, 2024
2. Audited Financial Statements for the year ended December 31, 2023
3. Unaudited Financial Statements for the three-months ended March 31, 2024
4. Draft Terms of Reference for the Finance and Risk Committee

Finance Committee Minutes

May 16, 2024 at 1:00 p.m.

Present

R. Lastimoso Jr., Chair
B. Canuel

J. Farag
M. Hogard

M. E. Renwick

Regrets

S. Leduc

P. Sullivan

Staff

V. Adetoye
S. Crawford
J. Hofbauer

C. Jiang
M. Kelly, Recorder

S. Mills
A. Vrachidis

Guests

G. Clute

T. Fukushima

B. MacKenzie

Chair

R. Lastimoso Jr., chaired the meeting. He welcomed T. Fukushima as incoming Vice President and committee member for the next term as part of her orientation, and G. Clute and B. MacKenzie from Hilborn LLP.

Agenda

The agenda had been circulated and was approved on consent.

Minutes

Minutes of the Finance Committee meeting of February 15, 2024 had been circulated.

Motion 1

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

That the minutes of the Finance Committee meeting of February 15, 2024 be accepted as presented.

CARRIED

Audited Financial Statements

The Finance Committee received the draft audited financial statements for the year ended December 31, 2023.

B. MacKenzie outlined the audit process, explaining that the purpose of the audit is to ensure the financial statements are free of material misstatement. He assured the Finance Committee of Hilborn's independence from CNO and confirmed that CNO has a conscientious management team that follows best practices in accounting for non-profit organizations. He noted that it is the role of the auditor to add credibility to the financial statements and confirmed that the statements represented CNO's financial position at the end of 2023.

B. MacKenzie identified two adjustments that were made to the audited financial statements which cumulatively increased the deficit by \$0.25M when compared to the unaudited financial statements presented in February. He noted that the adjustments are not unusual or concerning. All adjustments recorded were reviewed and approved by management.

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

In camera session

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

Motion 2

Moved by M. Hogard, seconded by J. Farag,

That approval of CNO's audited financial statements for the year ended December 31, 2023 be recommended to Council.

CARRIED

B. MacKenzie and G. Clute left the meeting.

Financial Statements

V. Adetoye reviewed the unaudited financial statements for the three months ending March 31, 2024. She highlighted that new visuals have been included to help illustrate CNO's financial position for the period.

The first quarter of 2024 was budgeted to be a surplus of \$1.27M, however, the actual financial result for the first quarter was a surplus of \$2.81M, which resulted in a positive variance of \$1.55M when compared to the budget. V. Adetoye reviewed the charts depicting CNO's revenues and expenses for the period highlighting the factors contributing to the variance. The committee noted that the illustrations help to enrich their discussions.

The Committee reviewed and discussed the confidential Management Discussion and Analysis document. V. Adetoye highlighted that while various projects and initiatives are addressed in the document, a new corporate project portfolio report has also been prepared for the committee as discussed at the February meeting. This report highlights projects with a significant corporate impact.

Motion 3

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

That it be recommended that Council approve the unaudited financial statements for the three months ended March 31, 2024.

CARRIED

Sub-Committee on Compensation Report

R. Lastimosa Jr. noted that the Sub-Committee is an expert, third-party committee that advises the Finance Committee. The Report of the Sub-Committee's meeting of April 4, 2024, including draft notes of the meeting, had been circulated to the Finance Committee.

At their meeting, the Sub-Committee discussed a report on human resource metrics and provided feedback on CNO's attraction and retention strategies. The Sub-Committee was supportive of the activities undertaken and suggested some considerations when examining data collected.

The Sub-Committee was also presented with CNO's new Leadership Vision and the organizational redesign. B. Canuel, Chair of the Sub-Committee, noted that the new vision is well aligned with CNO's compensation practices.

Finance Committee Terms of Reference

At their last meeting, the Finance Committee reviewed proposed revisions to their Terms of Reference as part of their biennial review. The Committee provided staff with feedback and suggestions for further consideration, including a review from Hilborn LLP as CNO's auditors. As a result of the feedback received, the Committee was presented with new revisions to their Terms of Reference.

The most recent revisions to the Terms of Reference address the Committee's request for added clarity in terms of their oversight accountabilities. The revisions also reflect a reorganization of some accountabilities under the most appropriate sub-heading.

Overall, the most significant revision proposed seeks to expand the Committee's accountability beyond its current scope of financial risk, to a broader enterprise-wide framework whereby they assist Council in fulfilling its fiduciary and governance responsibilities. As such the committee's name is also proposed to change to the Finance & Risk Committee.

Motion 4

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

That it be recommended that Council approve the proposed revised Finance Committee Terms of Reference.

CARRIED

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. The committee reviewed the by-law changes that would be consequential to the revised Terms of Reference. These changes include:

- editorial changes regarding the new committee name throughout; and,
- revisions to by-law 26.01 to reflect the Committee's expanded accountability of enterprise risk management.

Motion 5

Moved by B. Canuel, seconded by M. Hogard,

That it be recommended that Council approve amendments to By-law No.1:
General:

- i.) to change the Committee's name to Finance & Risk Committee, and
- ii.) to revise Article 26.01 as follows:

The Finance & Risk Committee advises Council on the financial affairs of the College and assists Council in meeting its fiduciary and governance accountabilities regarding both CNO financial matters, and also enterprise risk management. Specifics regarding the committee's authority, role and membership are prescribed in its Terms of Reference, as approved by Council.

CARRIED

Auditor Appointment

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

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

Motion 6

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

That it be recommended to Council that Hilborn_{LLP} be appointed as CNO's auditors for the 2024 fiscal year.

CARRIED

Self-Monitoring Tool

The Finance Committee reviewed the self-monitoring tool. They confirmed that they have met their terms of reference for the year, noting in particular the in-depth discussion and analysis of the proposed revisions over the last two meetings.

Next meeting

The first meeting of the 2024-2025 Finance Committee meeting will be held on August 22nd at 1:00pm. An orientation meeting will also take place mid-July at a date to be determined.

R. Lastimosa Jr. acknowledged and expressed appreciation to the outgoing members.

Conclusion

At 1:50 p.m., on completion of the agenda and consent, the meeting concluded.

Chair

COLLEGE OF NURSES OF ONTARIO

FINANCIAL STATEMENTS

DECEMBER 31, 2023

Draft Statement Subject to Revision

HILBORN LLP

Independent Auditor's Report

To the Council of the College of Nurses of Ontario

Opinion

We have audited the financial statements of the College of Nurses of Ontario (the "College"), which comprise the statement of financial position as at December 31, 2023, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2023, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

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

Other Information

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

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

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

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

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

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

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

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

Independent Auditor's Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

Toronto, Ontario
To be determined

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF NURSES OF ONTARIO

Statement of Financial Position

| December 31 | 2023 \$ | 2022 \$ |
|---|--------------------|--------------------|
| ASSETS | | |
| Current assets | | |
| Cash | 61,639,519 | 60,754,331 |
| Investments (note 3) | 33,749,551 | 21,266,239 |
| Amounts receivable | 393,552 | 131,138 |
| Prepaid expenses | 1,505,523 | 1,175,257 |
| | 97,288,145 | 83,326,965 |
| Investments (note 3) | 12,577,848 | 15,019,079 |
| Capital assets (note 4) | 12,043,856 | 12,960,269 |
| Intangible assets (note 5) | 292,897 | 195,975 |
| | 24,914,601 | 28,175,323 |
| | 122,202,746 | 111,502,288 |
| LIABILITIES | | |
| Current liabilities | | |
| Accounts payable and accrued liabilities (note 9) | 14,644,486 | 14,329,239 |
| Deferred registration fees | 60,532,814 | 46,385,841 |
| | 75,177,300 | 60,715,080 |
| NET ASSETS | | |
| Invested in capital and intangible assets | 12,336,753 | 13,156,244 |
| Unrestricted | 34,688,693 | 37,630,964 |
| | 47,025,446 | 50,787,208 |
| | 122,202,746 | 111,502,288 |

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

Vice-President

COLLEGE OF NURSES OF ONTARIO

Statement of Operations

| Year ended December 31 | 2023 \$ | 2022 \$ |
|--|--------------------|-------------------|
| Revenues | | |
| Registration fees | 56,467,954 | 53,558,680 |
| Application, verification and transcript fees | 6,762,140 | 5,591,090 |
| Examinations | 835,720 | 646,840 |
| Investment income | 2,800,468 | 1,166,070 |
| Other | 257,409 | 263,147 |
| | 67,123,691 | 61,225,827 |
| Expenses | | |
| Employee salaries and benefits (notes 6 and 7) | 50,770,384 | 40,564,479 |
| Consultants (note 8) | 7,264,430 | 6,892,689 |
| Legal services | 3,345,277 | 2,149,291 |
| Equipment, operating supplies and other services | 6,665,697 | 5,336,104 |
| Taxes, utilities and amortization (note 4) | 1,971,046 | 1,902,794 |
| Examination fees | 231,597 | 216,014 |
| Non-staff remuneration and expenses | 637,022 | 550,665 |
| | 70,885,453 | 57,612,036 |
| Excess of revenues over expenses (expenses over revenues) for year | (3,761,762) | 3,613,791 |

The accompanying notes are an integral part of these financial statements

COLLEGE OF NURSES OF ONTARIO

Statement of Changes in Net Assets

Year ended December 31

| | Invested in capital and intangible assets \$ | Unrestricted \$ | 2023 Net \$ |
|---|--|--------------------|-------------------|
| Balance, beginning of year | 13,156,244 | 37,630,964 | 50,787,208 |
| Excess of expenses over revenues for year | - | (3,761,762) | (3,761,762) |
| Amortization of capital assets | (1,608,029) | 1,608,029 | - |
| Loss on disposal of capital assets | (39,302) | 39,302 | - |
| Amortization of intangible assets | (83,514) | 83,514 | - |
| Purchase of capital assets | 730,918 | (730,918) | - |
| Purchase of intangible assets | 180,436 | (180,436) | - |
| Balance, end of year | 12,336,753 | 34,688,693 | 47,025,446 |

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

The accompanying notes are an integral part of these financial statements

COLLEGE OF NURSES OF ONTARIO

Statement of Cash Flows

| Year ended December 31 | 2023 \$ | 2022 \$ |
|--|--------------|--------------|
| Cash flows from operating activities | | |
| Excess of revenues over expenses (expenses over revenues) for year | (3,761,762) | 3,613,791 |
| Adjustments to determine net cash provided by (used in) operating activities | | |
| Amortization of capital assets | 1,608,029 | 1,436,562 |
| Amortization of intangible assets | 83,514 | 98,802 |
| Loss on disposal of capital assets | 39,302 | 145,434 |
| Interest not received during the year capitalized to investments | (1,007,031) | (476,334) |
| Interest received during the year previously capitalized to investments | 271,110 | 276,546 |
| | (2,766,838) | 5,094,801 |
| Change in non-cash working capital items | | |
| Decrease (increase) in amounts receivable | (262,414) | 87,890 |
| Decrease (increase) in prepaid expenses | (330,266) | 52,196 |
| Increase (decrease) in accounts payable and accrued liabilities | 315,247 | (1,228,234) |
| Increase in deferred registration fees | 14,146,973 | 5,874,422 |
| | 11,102,702 | 9,881,075 |
| Cash flows from investing activities | | |
| Purchase of investments | (43,369,287) | (27,299,900) |
| Proceeds from disposal of investments | 34,063,127 | 16,991,595 |
| Purchase of capital assets | (730,918) | (2,867,142) |
| Purchase of intangible assets | (180,436) | (93,297) |
| | (10,217,514) | (13,268,744) |
| Net change in cash | 885,188 | (3,387,669) |
| Cash, beginning of year | 60,754,331 | 64,142,000 |
| Cash, end of year | 61,639,519 | 60,754,331 |

The accompanying notes are an integral part of these financial statements

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements

December 31, 2023

Nature and description of the organization

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

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

1. Significant accounting policies

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

(a) Revenue recognition

Registration fees

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

Services

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

Investment income

Investment income comprises interest from cash and investments.

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

(b) Investments

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

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2023

1. Significant accounting policies (continued)

(c) Capital assets

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

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

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

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

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

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

(d) Intangible assets

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

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

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

| | |
|-------------------------------|-----|
| Computer application software | 20% |
|-------------------------------|-----|

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2023

1. Significant accounting policies (continued)

(d) Intangible assets (continued)

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

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

(e) Employee future benefits

Defined contribution pension plan

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

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

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

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

Multi-employer defined benefit pension plan

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

(f) Related parties

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

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

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2023

1. Significant accounting policies (continued)

(g) Financial instruments

Measurement of financial assets and liabilities

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

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

Related party financial assets are subsequently measured at cost less impairment.

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

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

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities and amounts due to a related party (note 9).

Impairment

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

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

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

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

Notes to Financial Statements (continued)

December 31, 2023

1. **Significant accounting policies (continued)**

(g) **Financial instruments (continued)**

Impairment (continued)

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

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

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

(h) **Management estimates**

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

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

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

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2023

2. Financial instrument risk management

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

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

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

Credit risk

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

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

| | 2023 \$ | 2022 \$ |
|--------------------|--------------------|-------------------|
| Cash | 61,639,519 | 60,754,331 |
| Investments | 46,327,399 | 36,285,318 |
| Amounts receivable | 393,552 | 131,138 |
| | <u>108,360,470</u> | <u>97,170,787</u> |

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

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

Liquidity risk

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

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

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2023

2. Financial instrument risk management (continued)

Market risk

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

Currency risk

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

The College is not exposed to currency risk.

Interest rate risk

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

Other price risk

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

The College is not exposed to other price risk.

Changes in risk

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

3. Investments

| | 2023 \$ | 2022 \$ |
|--------------------------|-------------------------|-------------------------|
| Current | 33,749,551 | 21,266,239 |
| Long-term | 12,577,848 | 15,019,079 |
| | <u>46,327,399</u> | <u>36,285,318</u> |
| | 2023 | 2022 |
| Effective interest rates | 1.30% - 5.53% | 0.45% - 2.90% |
| Maturity dates | Jan 2024 to Mar 2026 | Jan 2023 to Mar 2026 |

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2023

4. Capital assets

| | Cost \$ | Accumulated Amortization \$ | 2023 Net \$ |
|-----------------------|------------|-----------------------------------|-------------------|
| Land | 3,225,009 | - | 3,225,009 |
| Building | 6,835,907 | 6,260,637 | 575,270 |
| Building improvements | 5,542,274 | 1,029,353 | 4,512,921 |
| Office furniture | 1,856,363 | 398,804 | 1,457,559 |
| Office equipment | 528,645 | 255,410 | 273,235 |
| Computer hardware | 4,653,637 | 2,653,775 | 1,999,862 |
| | 22,641,835 | 10,597,979 | 12,043,856 |

| | Cost \$ | Accumulated Amortization \$ | 2022 Net \$ |
|-----------------------|------------|-----------------------------------|-------------------|
| Land | 3,225,009 | - | 3,225,009 |
| Building | 6,835,907 | 6,099,255 | 736,652 |
| Building improvements | 5,501,486 | 685,189 | 4,816,297 |
| Office furniture | 1,738,755 | 237,663 | 1,501,092 |
| Office equipment | 552,871 | 189,723 | 363,148 |
| Computer hardware | 4,721,628 | 2,403,557 | 2,318,071 |
| | 22,575,656 | 9,615,387 | 12,960,269 |

During the year, capital assets comprised of i) office furniture with a net book value of nil (cost and accumulated amortization each of \$5,280), ii) office equipment with a net book value of nil (cost and accumulated amortization each of \$31,289), and iii) computer hardware with a net book value of \$39,302 (cost of \$628,169 and accumulated amortization of \$588,867), were disposed of for no proceeds resulting in a loss on disposal of \$39,302 being recognized in taxes, utilities and amortization in the statement of operations.

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

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2023

5. Intangible assets

| | Cost \$ | Accumulated Amortization \$ | 2023 Net \$ |
|-------------------------------|------------|-----------------------------------|-------------------|
| Computer application software | 2,800,251 | 2,507,354 | 292,897 |

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

During the year, intangible assets with a net book value of nil (cost and accumulated amortization each of \$1,421,483) were disposed of for no proceeds resulting in no gain or loss on disposal.

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

6. Pension plan

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

The College matches 100% of employee contributions up to 6% of eligible earnings and 50% of employee contributions over 6% of eligible earnings to the defined contribution pension plan. The contributions made by the College on behalf of its employees during fiscal 2023 amounted to \$302,438 (2022 - \$334,801) being recognized in employee salaries and benefits in the statement of operations.

7. Multi-employer defined benefit pension plan

Certain employees of the College are members of the HOOPP Plan, which is a multi-employer defined benefit pension plan. Members of the HOOPP Plan will receive retirement benefits based on the member's contributory service, the highest average annualized earnings during any consecutive five-year period, and the most recent three-year average year's maximum pensionable earnings. As at December 31, 2023, the HOOPP Plan is 115% funded. The contributions made by the College on behalf of its employees during fiscal 2023 amounted to \$3,188,540 (2022 - \$2,497,469) being recognized in employee salaries and benefits in the statement of operations.

8. Related party transactions

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

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2023

8. Related party transactions (continued)

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

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

The College has no economic interest in NHP.

During the year, the College provided funding to NHP in the amount of \$1,299,980 (2022 - \$1,157,473) which is recorded in consultants in the statement of operations. As at December 31, 2023, the College has a balance payable of \$115,843 (2022 - \$123,287) due to NHP which is recorded in accounts payable and accrued liabilities in the statement of financial position (note 9).

9. Accounts payable and accrued liabilities

| | 2023 \$ | 2022 \$ |
|--|-------------------|-------------------|
| Trade payables and accrued liabilities | 5,494,447 | 5,329,226 |
| Accrued liabilities - professional conduct | 2,905,935 | 3,137,360 |
| Government remittances | 6,128,261 | 5,739,366 |
| Contribution payable to Nurses' Health Program (Ontario) | 115,843 | 123,287 |
| | <u>14,644,486</u> | <u>14,329,239</u> |



College of Nurses of Ontario

Audit Findings Communication for the year ended December 31, 2023

A message from Blair MacKenzie to the Finance Committee

I am pleased to provide you with the findings of our audit of the financial statements of the College of Nurses of Ontario ("the College") for the year ended December 31, 2023.

Our audit findings communication is designed to highlight and explain key issues, which we believe to be relevant to the audit and to continue effective two-way communication with you regarding our audit. This will assist the Finance Committee in fulfilling your responsibility of overseeing the financial reporting process of the College.

This communication has been prepared to comply with the requirements outlined in Canadian Auditing Standard 260, *Communication with those Charged with Governance*. The information in this document is intended solely for the use of the Finance Committee, Council and management and should not be distributed to others without our consent.

We look forward to discussing our audit findings with you in detail as well as any other matters that you may wish to address at our meeting scheduled for May 16, 2024.



Blair MacKenzie CPA, CA
Managing Partner
Hilborn LLP
May 7, 2024

**“Our
commitment
to quality is
reflected in
every aspect
of our work.
If you have
any questions
or comments,
please contact
me.”**



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| Other Significant Matters | 6 - 7 |

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“At Hilborn, we are committed to audit quality and strong client service. Audit quality is integral to our business and is an overarching consideration in our training, our processes, and our systems and controls.”

Executive Summary



Audit status

We have substantially completed our audit of the financial statements of the College for the year ended December 31, 2023, with the exception of the following procedures:

- Completion of subsequent events procedures
- Receipt of the signed management representation letter
- Council's approval of the financial statements
- Review of the annual report

These procedures require completion before we may issue our auditor's report. If we become aware of significant matters after completing these procedures, we will bring them to your attention.



Auditor's report and representations from management

We expect to issue an unmodified opinion. The expected form and content of our report is included in the draft financial statements.

The management representation letter is expected to be consistent with that issued in our pre-audit communication. We ask management to sign and return the letter to us before we issue our auditor's report.



Independence

We are independent and have been so throughout the audit process. We have complied with all relevant ethical requirements regarding independence.

We have not performed any non-audit related services.



Significant difficulties encountered

No difficulties were encountered while performing the audit and there are no unresolved disagreements. We received full cooperation from management during our audit.



Changes from the audit plan

Our audit approach was consistent with the approach communicated to you in our audit plan dated February 2, 2024.

Final materiality is consistent with preliminary materiality set at \$1,500,000.

Significant Qualitative Aspects of the College's Accounting Practices

Canadian Auditing Standards require that we communicate with you about significant qualitative aspects of the entity's accounting practices, including accounting policies, accounting estimates and financial statement disclosures.

| Accounting policies, accounting estimates and financial statement disclosures | Hilborn's response and views |
|--|--|
| <p>Management is responsible for the appropriate selection and application of accounting policies under the financial reporting framework of Canadian accounting standards for not-for-profit organizations.</p> <p>Our role is to review the appropriateness and application of these policies as part of our audit. The accounting policies used by the College are described in Note 1, Significant Accounting Policies, in the financial statements.</p> | <ul style="list-style-type: none"> - There were no significant changes in the previously adopted accounting policies or their application. - Based on the audit work performed, the accounting policies are appropriate for the College and applied consistently. |
| <p>Management is responsible for the accounting estimates included in the financial statements. Estimates and the related judgments and assumptions are based on management's knowledge of the business and past experience about current and future events.</p> | <ul style="list-style-type: none"> - Based on the audit work performed, we are satisfied that the estimates made by management are reasonable in the context of the financial statements taken as a whole. |
| <p>Management is responsible for the disclosures made within the financial statements, including the notes to the financial statements.</p> | <ul style="list-style-type: none"> - Based on the audit work performed, we are satisfied that the overall presentation, structure and content of the financial statements, including the disclosures, represent the underlying transactions and events in a manner that achieves fair presentation. |

| Accounting policies, accounting estimates and financial statement disclosures | Hilborn’s response and views |
|---|--|
| Annual report | <ul style="list-style-type: none">- We acknowledge that a copy of the College’s summary financial statements for the year ended December 31, 2023 and a copy of our audit report related to the summary financial statements will be included in the College’s annual report. As agreed in our engagement letter, we will review the annual report prior to it being finalized to ensure that there are no inconsistencies with the audited financial statements.- If, based on the work we will perform on the annual report, we conclude that there is a material inconsistency in the annual report, we will communicate that fact to you. |

Other Significant Matters

In accordance with Canadian Auditing Standards, there are a number of required communications between the auditor and those charged with governance related to the oversight of the financial reporting process. Those communications will primarily be written in the form of our audit plan and audit findings communication. We may also communicate orally through discussions. The table below summarizes the communications required at the conclusion of the audit.

| Significant Matter | Discussion |
|---|--|
| Summary of uncorrected misstatements | We did not identify any misstatements that remain uncorrected in the financial statements. |
| Corrected misstatements | During the course of the audit, management and Hilborn LLP worked collaboratively to identify adjustments required to the financial statements. All adjustments recorded were reviewed and approved by management. |
| Significant deficiencies in internal control | We did not identify any significant deficiencies in internal control. |
| Fraud and non-compliance with laws and regulations | <p>No fraud or non-compliance with laws and regulations came to our attention during the course of the audit.</p> <p>We would like to reconfirm with the Finance Committee that you are not aware of any fraud or non-compliance with laws and regulations not previously discussed with us.</p> |

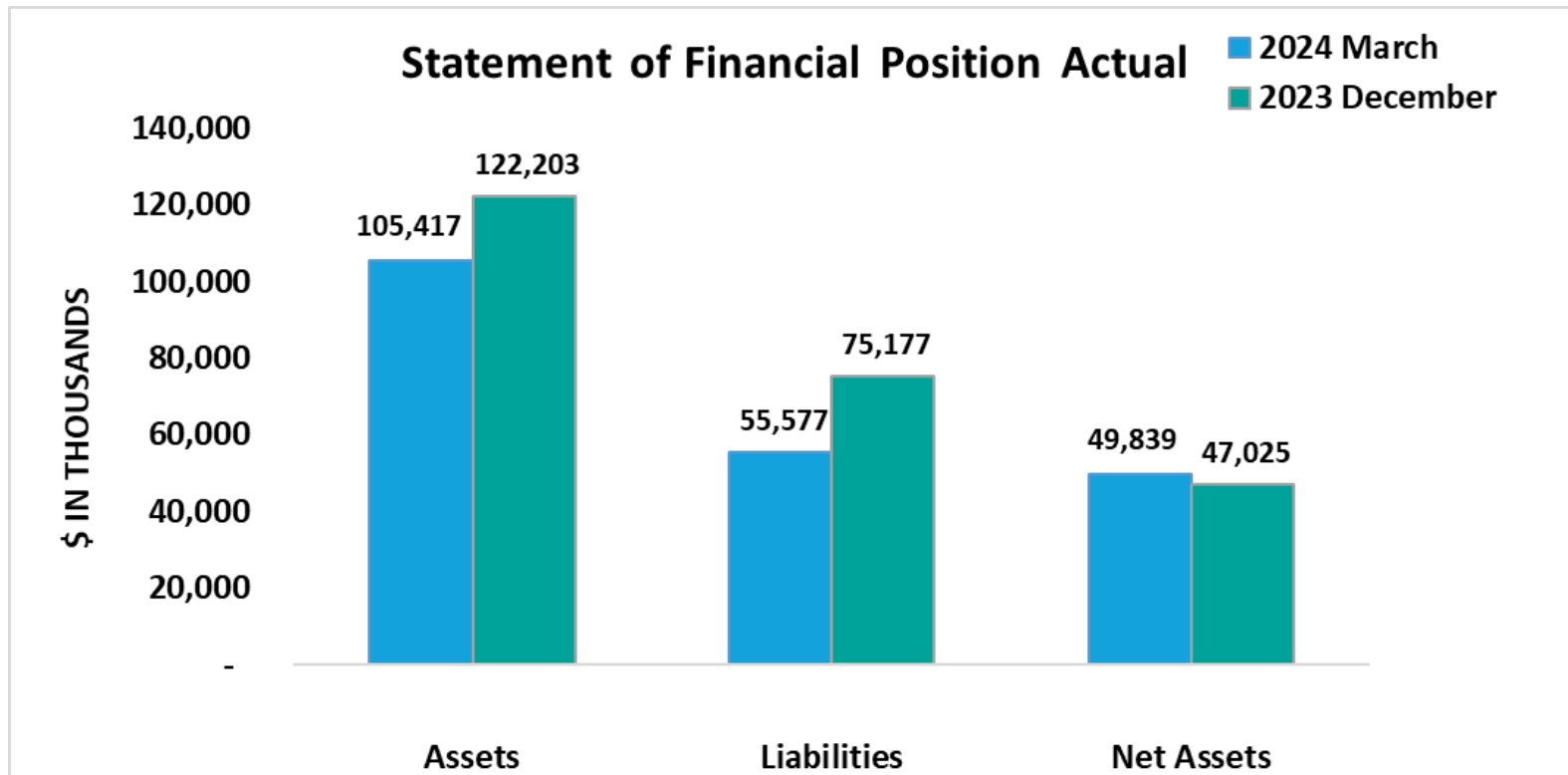
| Significant Matter | Discussion |
|----------------------------|---|
| Related party transactions | We did not identify any related party transactions other than those disclosed in the notes to the financial statements. |
| Subsequent events | No subsequent events, which would impact the financial statements have come to our attention. |



**COLLEGE OF NURSES OF ONTARIO FINANCIAL
STATEMENTS
FOR THE THREE MONTHS ENDED MARCH 31, 2024 (Unaudited)**

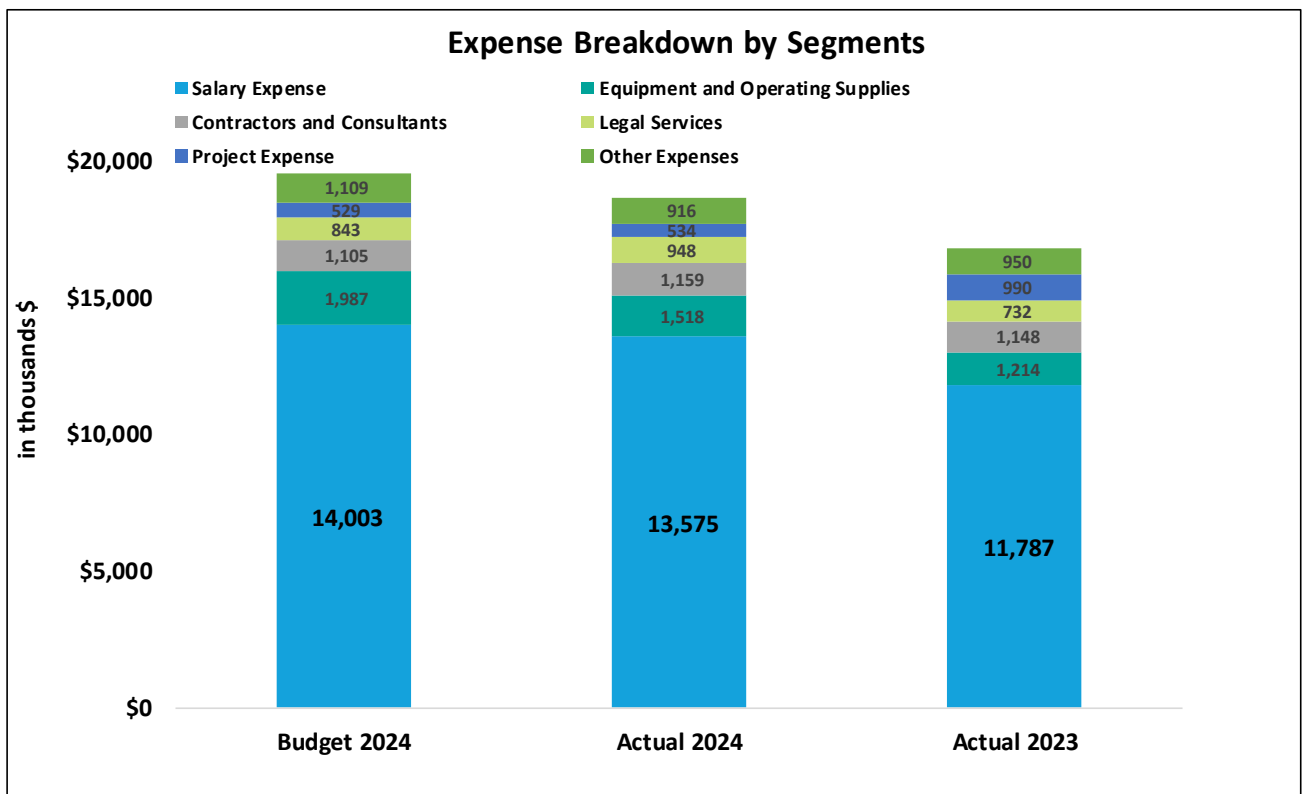
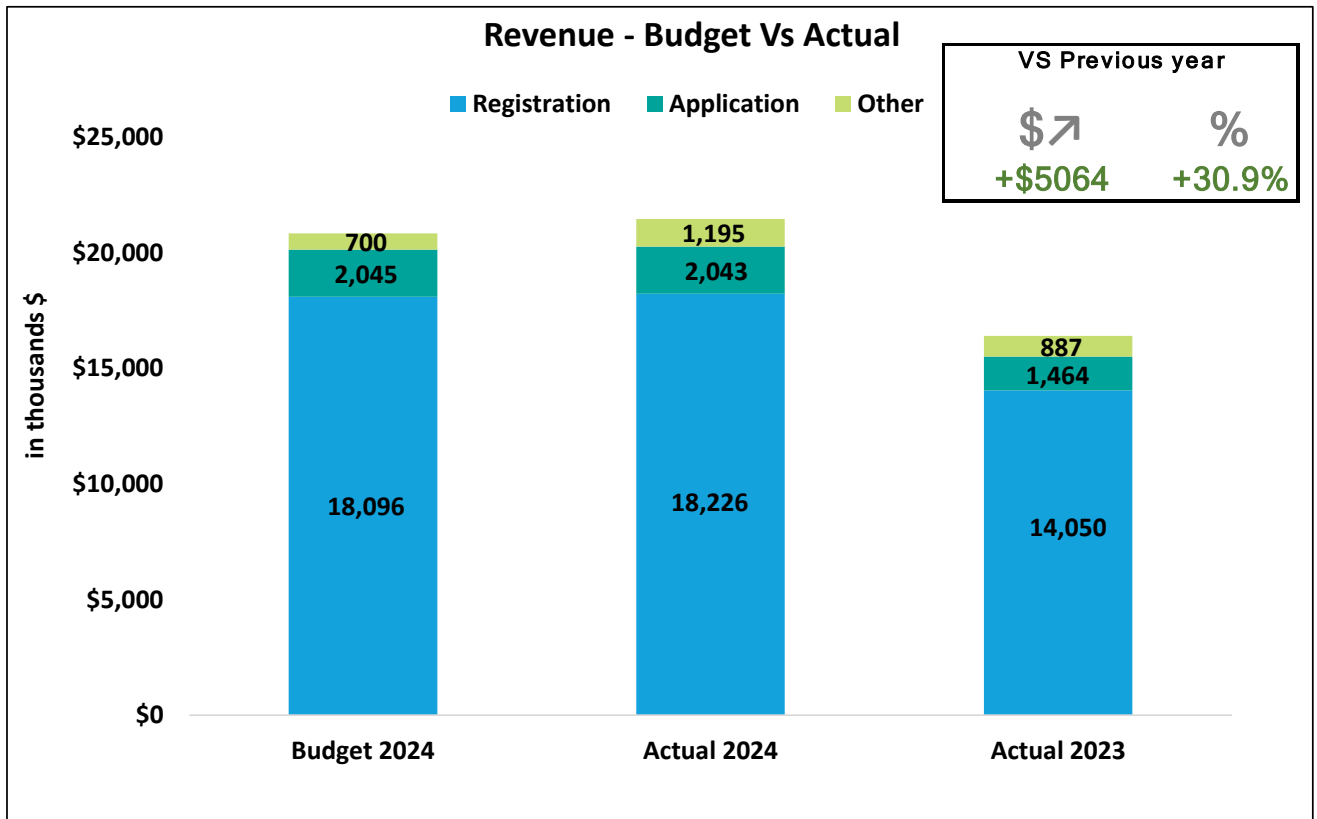
College of Nurses of Ontario
Statement of Financial Position (\$000)
As at March 31

| | 2024 March | 2023 March | 2023 December |
|--|-----------------------|-----------------------|--------------------------|
| ASSETS | | | |
| Current assets | | | |
| Cash | 44,513 | 28,798 | 61,640 |
| Investments | 34,190 | 33,268 | 33,750 |
| Sundry receivables | 344 | 64 | 394 |
| Prepaid expenses | 1,766 | 1,244 | 1,506 |
| | <u>80,813</u> | <u>63,374</u> | <u>97,288</u> |
| Investments | 12,629 | 18,140 | 12,578 |
| Capital assets | | | |
| Furniture and fixtures | 1,812 | 1,751 | 1,812 |
| Equipment - non computer | 529 | 560 | 529 |
| Computer equipment | 4,726 | 4,724 | 4,654 |
| Building | 6,836 | 6,836 | 6,836 |
| Building improvements | 5,542 | 5,531 | 5,542 |
| Land | 3,225 | 3,225 | 3,225 |
| Art | 45 | 45 | 45 |
| | <u>22,715</u> | <u>22,672</u> | <u>22,642</u> |
| Less: Accumulated amortization | <u>(11,018)</u> | <u>(10,026)</u> | <u>(10,598)</u> |
| | <u>11,696</u> | <u>12,646</u> | <u>12,044</u> |
| Intangible Assets | 2,800 | 4,041 | 2,800 |
| Less: Accumulated amortization | <u>(2,522)</u> | <u>(3,866)</u> | <u>(2,507)</u> |
| | <u>278</u> | <u>175</u> | <u>293</u> |
| | <u>105,417</u> | <u>94,335</u> | <u>122,203</u> |
| LIABILITIES | | | |
| Current liabilities | | | |
| Accounts payable and accrued liabilities | 6,180 | 6,092 | 14,644 |
| Deferred registration and examination fees | 49,398 | 37,877 | 60,533 |
| | <u>55,577</u> | <u>43,968</u> | <u>75,177</u> |
| | <u>55,577</u> | <u>43,968</u> | <u>75,177</u> |
| NET ASSETS | | | |
| Net assets invested in capital assets | 11,975 | 12,821 | 12,337 |
| Unrestricted net assets | <u>37,864</u> | <u>37,545</u> | <u>34,689</u> |
| | <u>49,839</u> | <u>50,366</u> | <u>47,025</u> |
| | <u>105,417</u> | <u>94,335</u> | <u>122,203</u> |



College of Nurses of Ontario
Statement of Operations (\$000)
Three Months Ended March 31

| | 2024 Year to Date March | | | 2023 Year to Date March | | | 2024 Budget | |
|--|-------------------------|---------------|------------------------------|-------------------------|---------------|------------------------------|----------------|---------------|
| | Budget | Actual | Variance (\$) Fav/(Unfav) | Budget | Actual | Variance (\$) Fav/(Unfav) | Remaining | Approved |
| REVENUES | | | | | | | | |
| Registration fees | 18,055 | 18,184 | 129 | 13,704 | 13,993 | 289 | 54,241 | 72,425 |
| Application assessment | 1,883 | 1,882 | (1) | 1,311 | 1,314 | 3 | 6,266 | 8,148 |
| Verification and transcripts | 41 | 42 | 1 | 54 | 57 | 2 | 114 | 156 |
| Interest income | 685 | 1,179 | 494 | 537 | 790 | 253 | 1,560 | 2,740 |
| Examination | 162 | 160 | (2) | 149 | 150 | 1 | 668 | 828 |
| Other | 15 | 16 | 1 | 11 | 97 | 85 | 191 | 206 |
| Total Revenues | 20,840 | 21,464 | 623 | 15,766 | 16,400 | 634 | 63,040 | 84,504 |
| EXPENSES | | | | | | | | |
| Employee salaries and expenses | 14,392 | 13,872 | 520 | 13,499 | 12,098 | 1,401 | 46,482 | 60,354 |
| Contractors and consultants | 1,105 | 1,159 | (54) | 839 | 1,148 | (309) | 3,262 | 4,421 |
| Legal services | 843 | 948 | (105) | 781 | 732 | 49 | 2,453 | 3,401 |
| Equipment, operating supplies and other services | 1,987 | 1,518 | 469 | 1,459 | 1,214 | 245 | 7,341 | 8,859 |
| Taxes, utilities and depreciation | 499 | 499 | 0 | 505 | 481 | 24 | 1,497 | 1,996 |
| Exam fees | 0 | 0 | 0 | 45 | 40 | 5 | 104 | 104 |
| Non-staff remuneration and expenses | 220 | 120 | 101 | 171 | 118 | 54 | 820 | 940 |
| Total Base Operating Expenses | 19,047 | 18,116 | 930 | 17,300 | 15,831 | 1,468 | 61,959 | 80,075 |
| Project Expenses | 529 | 534 | (5) | 1,098 | 990 | 108 | 3,466 | 4,000 |
| Total Expenses | 19,575 | 18,650 | 925 | 18,398 | 16,821 | 1,577 | 65,425 | 84,075 |
| Excess of (expenses over revenues) / revenues over expenses | 1,265 | 2,814 | 1,549 | (2,632) | (421) | 2,211 | (2,385) | 429 |
| Opening net assets | | 47,251 | | | 50,787 | | | |
| Closing net assets | | 50,064 | | | 50,366 | | | |



College of Nurses of Ontario
Notes to the Revenue and Schedule of Expense Variances
For the Three Months Ended March 31, 2024

College of Nurses of Ontario
Statement of Changes in Net Assets (\$000)
Three Months Ended March 31

| | 2024 | | | 2023 |
|--|--|---------------------|---------------|-----------------|
| | Invested in Capital and Intangible Assets | Unrestricted | Total | December |
| Balance, beginning of period | 12,337 | 34,689 | 47,025 | 50,787 |
| Excess of (expenses over revenues)/revenues over expenses | (435) | 3,248 | 2,814 | (3,762) |
| Purchase of capital assets | 73 | (73) | 0 | 0 |
| Balance, end of period | 11,975 | 37,864 | 49,839 | 47,025 |

College of Nurses of Ontario
Notes to the Revenue and Schedule of Expense Variances
For the Three Months Ended March 31, 2024

College of Nurses of Ontario
Statement of Cash Flows (\$000)
Three Months Ended March 31

| | 2024 March | 2023 March |
|--|-----------------------|-----------------------|
| Cash flows from operating activities | | |
| Excess of revenue over expense for the period | 2,814 | (421) |
| Adjustments to determine net cash provided by/(used in) operating activities | | |
| Amortization of capital assets | 420 | 411 |
| Amortization of intangible assets | 14 | 21 |
| Loss on disposal of capital assets | | |
| Interest not received during the year capitalized to investments | (491) | (400) |
| Interest received during the year previously capitalized to investments | 470 | 106 |
| | 3,227 | (285) |
| Changes in non-cash working capital items | | |
| Increase in amounts receivable | 50 | 67 |
| Increase in prepaid expenses | (261) | (68) |
| Increase in accounts payable and accrued liabilities | (8,465) | (8,237) |
| Increase in deferred registration fees | (11,135) | (8,509) |
| | (16,584) | (17,033) |
| Cash flow from investing activities | | |
| Purchase of investment | (10,701) | (24,155) |
| Proceeds from disposal of investments | 10,231 | 9,328 |
| Purchase of capital assets | (73) | (96) |
| Disposal of intangible assets | | |
| | (542) | (14,923) |
| Net increase in cash and cash equivalents | (17,127) | (31,956) |
| Cash and cash equivalents, beginning of year | 61,640 | 60,754 |
| Cash and cash equivalent, end of quarter | 44,513 | 28,798 |

Attachment

Finance & Risk Committee Terms of Reference

Additions

Deletions

Objectives

Primary responsibility for the College of Nurses of Ontario's (CNO's) financial reporting and control systems is vested in management, overseen by the Council.

The Finance & Risk Committee ("the Committee") is a standing committee of the Council established to:

- A. Advise Council on CNO's financial affairs (General By-Law, Article 26.01).
- B. Assist the Council in fulfilling its fiduciary **and governance** responsibilities ~~in regard to~~ **with respect to:**
 - (i) Financial reporting,
 - (ii) Internal control systems,
 - (iii) ~~its relationships with auditors, legal and ethical conduct, and ensuring accountability for the use of assets.~~ Audit **and** compliance ~~and ethical conduct,~~ and
 - (iv) **Enterprise risk management.**
- C. Communicate effectively with the Council, external auditor and senior management.
- D. Ensure the independence of the external auditors.

Authority

The Council grants the Committee the authority to fulfill the Specific Terms as outlined below, ~~in order to~~ achieve its stated Objectives. The Committee shall have access to personnel, documents, records and resources necessary to carry out its responsibilities. The Committee shall have the authority to initiate investigations into any matter within the Committee's scope of responsibilities and is empowered to retain ~~special~~ legal **counsel**, accounting **professionals** or other consultants to advise the Committee. The Committee is authorized to require management to promptly inform the Committee and external auditor of any material misstatement or error in the financial statements following **any such** discovery ~~of such situation.~~

Specific Terms

Financial Information

1. Ensure operating and capital budgets:
 - Support annual operations that contribute to achievement of CNO's purpose, key regulatory and support functions, and
 - Provide for CNO's ongoing fiscal well-being.
2. Review the following for recommendation to Council:
 - (i) the unaudited financial statements prepared by management, a minimum of four times a year, and
 - (ii) the annual operating and capital budgets.
3. Review the planning of the external audit, including:
 - the engagement letter and estimated audit fee, and
 - the scope of the audit, including areas of audit risk, timetable, deadlines, materiality limits, **and** extent of internal control testing. ~~and co-ordination with internal audit.~~
4. Review CNO's annual audited financial statements and the auditors' report, with both management and the auditor (including in a closed session) and, based on the review, recommend approval of the statements to the Council. The review should include:
 - the selection, application and consistency of significant accounting policies
 - indications of weakness in the reporting and control systems
 - significant accounting judgments, accruals and estimates
 - significant disclosure or presentation **of** issues addressed by management and the external auditor during the ~~course of the~~ audit and preparation of the financial statements, and
 - any significant changes detected by the audit and how they were resolved with management.

Risk Management, Accounting and Internal Controls

- ~~1. Review and evaluate the critical areas of financial risk and exposure as determined by CNO's management, including but not limited to insurance protection, environmental risk, political factors, treasury/credit and other areas as determined from time-to-time.~~
1. Review any emerging accounting issues **trends** and their potential impact on CNO's financial statements.

2. Obtain reasonable assurance from discussions with and/or reports from management and the external auditor that CNO's accounting systems and internal controls systems, including the policies approved by the Finance Committee, are efficient, effective and operating continuously.
3. Ensure there are adequate systems and procedures in place to provide reasonable assurance of compliance with laws, regulations and standards of professional conduct, with respect to the CNO's financial affairs.
4. Receive reports from management of all any actual or suspected instances of accounting irregularities in respect to the financial affairs of CNO, including the actions taken by management to minimize risk exposure to the organization.
5. Direct the external auditor's examinations to specific areas, if any, as deemed necessary by the Committee.

External Auditor Independence

1. Ensure that the external auditor understands their ultimate accountability to the Council and the Committee, on behalf of CNO's registrants.
2. Strengthen and preserve external auditor independence by:
 - holding periodic in-camera sessions with the external auditor
 - annually reviewing any non-audit engagements undertaken by the audit firm for CNO and assessing their impact on the external auditors' objectivity and independence
 - assessing the performance of the external auditor and developing resolutions related to the reappointment or any proposed change in external auditors to the June meeting of Council
 - reviewing the co-operation received by the external auditor from management and
 - ensuring the external auditors issue a letter to the Committee on an annual basis declaring their independence from management and CNO.

Enterprise Risk Management

1. Ensure that management has implemented reasonable systems, processes and internal controls to effectively:
 - identify, analyze, treat, monitor, and report on enterprise risk¹, and
 - ensure organizational compliance with legal, regulatory, and legislative obligations.

¹ Enterprise risks at CNO are classified as arising across four main source quadrants: (i) Financial (ii) Operational (iii) Strategic (iv) Hazard.

2. Ensure on an annual basis that management binds a reasonable scope of insurance coverage to protect CNO against insurable risks.
3. At least annually receive and review reports from management on insurance claims, litigation, information privacy and security, compliance matters, and any other legal proceedings or uncertainties that could have a material impact on the finances, reputation, or general well-being of CNO.

Ethical and Legal Conduct

- ~~1. Ensure there are adequate systems and practices in place to provide reasonable assurance of compliance with laws, regulations and standards of ethical conduct, with respect to the CNO's financial affairs.~~
- ~~2. Receive and review updates from management and general counsel on compliance matters and litigation claims or other contingencies that could have a significant impact on CNO's financial affairs.~~
- ~~3. Require reporting of all fraudulent and illegal acts to the Committee along with management's response to them.~~

Self-Governance

1. Review the Committee Terms of Reference biennially and recommend changes, **if any**, to Council.
2. Review the Terms of Reference of the Sub-Committee on Compensation biennially and recommend changes, if any, to Council.
3. Self-assess annually whether the Committee has met the Specific Terms and report these results to Council.
4. Ensure disclosure of or appropriate access to the Committee Terms of Reference for all ~~members~~ **registrants** of CNO.
5. Perform any other activities consistent with these Terms of Reference, CNO's bylaws and governing law, as the Committee or Council deems necessary or appropriate.
6. Report to Council at least four times a year on how the Terms of Reference are being met.

Other

1. Review proposed changes to the Compensation Principles recommended by the Sub-Committee on Compensation and recommend changes to Council.
2. Review annually the appropriateness of the application and ~~membership~~ **registration** fee structure and other revenue charges and recommend changes to Council, as required.
3. Review, at least biennially, recommendations from the Sub-Committee on Compensation for changes to the stipend and expense policies for Council and committee members and recommend changes **if any**, to Council.
4. Review every three years and as needed, the policies approved by the Finance **& Risk** Committee and provide any amended policies to Council.
5. Review, at least annually, CNO's By-Laws regarding the financial affairs and recommend changes to Council.
6. Recommend the members of the Compensation Sub-Committee to Council.

Membership

1. The Committee will consist of seven members:
 - President of Council
 - Vice-President – RN
 - Vice-President – RPN
 - Chair of the Sub-Committee on Compensation and
 - Three members of Council, at least one of whom is a nurse and one of whom is a public member.

Each member shall be free of any relationship that, in the opinion of the Council, would interfere with his or her individual exercise of independent judgement.

2. The Vice-Presidents will act as co-chairs.
3. The term of office for members will be one year with the option of reappointment by Council and re-election of the President and Vice-President.

In the event of mid-term vacancies, the Council will appoint replacement members to complete the term.

The Registrar/Executive Director & CEO, the Chief Administrative Operating Officer, the Director, Business Services & CFO, and the Manager, Finance & Hearings-Operations, shall be staff resource to the Committee except for the portions of the meetings that are in camera with the auditor.

Meetings

1. Meetings may be convened at the request of any member of the Committee or at the request of the College's auditor, but in no circumstances less than four times each year.
2. CNO's auditor shall receive notice of all meetings of the Committee and is entitled to appear and be heard.
3. Any member of the Committee may require the attendance of the auditor at any meeting of the Committee.
4. Meetings may be held in person, electronically, or by any individual member or members participating electronically.

Agenda

The Co-Chairs shall, in consultation with management and the auditors, establish the agenda for the meetings and ensure that properly prepared agenda materials are circulated to members in sufficient time for study prior to the meeting. Committee members may recommend agenda items subject to approval of the agenda by the Committee.

The Committee will maintain minutes of its meetings.

Decision Making

A quorum consists of a majority of the members of the Committee. Each Committee member is entitled to one vote and a decision shall be by majority vote of those present.

Approved by Council, March 2005.

Amended: March 2007

- June 2009
- June 2011
- June 2012
- June 2014
- March 2020
- June 2022
- Edited, September 2022

Attachment

Finance & Risk Committee Terms of Reference

Objectives

Primary responsibility for the College of Nurses of Ontario's (CNO's) financial reporting and control systems is vested in management, overseen by the Council.

The Finance & Risk Committee ("the Committee") is a standing committee of the Council established to:

- A. Advise Council on CNO's financial affairs (General By-Law, Article 26.01).
- B. Assist the Council in fulfilling its fiduciary and governance responsibilities with respect to:
 - (i) Financial reporting,
 - (ii) Internal control systems,
 - (iii) Audit and compliance conduct,
 - (iv) Enterprise risk management.
- C. Communicate effectively with the Council, external auditor and senior management.
- D. Ensure the independence of the external auditors.

Authority

The Council grants the Committee the authority to fulfill the Specific Terms as outlined below, to achieve its stated Objectives. The Committee shall have access to personnel, documents, records and resources necessary to carry out its responsibilities. The Committee shall have the authority to initiate investigations into any matter within the Committee's scope of responsibilities and is empowered to retain legal counsel, accounting professionals or other consultants to advise the Committee. The Committee is authorized to require management to promptly inform the Committee and external auditor of any material misstatement or error in the financial statements following any such discovery.

Specific Terms

Financial Information

1. Ensure operating and capital budgets:
 - Support annual operations that contribute to achievement of CNO's purpose, key regulatory and support functions, and
 - Provide for CNO's ongoing fiscal well-being.
2. Review the following for recommendation to Council:
 - (iii) the unaudited financial statements prepared by management, a minimum of four times a year, and
 - (iv) the annual operating and capital budgets.
3. Review the planning of the external audit, including:
 - the engagement letter and estimated audit fee, and
 - the scope of the audit, including areas of audit risk, timetable, deadlines, materiality limits, and extent of internal control testing.
4. Review CNO's annual audited financial statements and the auditors' report, with both management and the auditor (including in a closed session) and, based on the review, recommend approval of the statements to the Council. The review should include:
 - the selection, application and consistency of significant accounting policies
 - indications of weakness in the reporting and control systems
 - significant accounting judgments, accruals and estimates
 - significant disclosure or presentation of issues addressed by management and the external auditor during the audit and preparation of the financial statements, and
 - any significant changes detected by the audit and how they were resolved with management.

Accounting

1. Review any emerging accounting trends and their potential impact on CNO's financial statements.
2. Obtain reasonable assurance from discussions with and/or reports from management and the external auditor that CNO's accounting systems and internal controls, including the policies approved by the Finance Committee, are efficient, effective and operating continuously.

3. Ensure there are adequate systems and procedures in place to provide reasonable assurance of compliance with laws, regulations and standards of professional conduct, with respect to the CNO's financial affairs.
4. Receive reports from management of any actual or suspected instances of accounting irregularities in respect to the financial affairs of CNO, including the actions taken by management to minimize risk exposure to the organization.
5. Direct the external auditor's examinations to specific areas, if any, as deemed necessary by the Committee.

External Auditor Independence

1. Ensure that the external auditor understands their ultimate accountability to the Council and the Committee, on behalf of CNO's registrants.
2. Strengthen and preserve external auditor independence by:
 - holding periodic in-camera sessions with the external auditor
 - annually reviewing any non-audit engagements undertaken by the audit firm for CNO and assessing their impact on the external auditors' objectivity and independence
 - assessing the performance of the external auditor and developing resolutions related to the reappointment or any proposed change in external auditors to the June meeting of Council
 - reviewing the co-operation received by the external auditor from management and
 - ensuring the external auditors issue a letter to the Committee on an annual basis declaring their independence from management and CNO.

Enterprise Risk Management

1. Ensure that management has implemented reasonable systems, processes and internal controls to effectively:
 - identify, analyze, treat, monitor, and report on enterprise risk¹, and
 - ensure organizational compliance with legal, regulatory, and legislative obligations.
2. Ensure on an annual basis that management binds a reasonable scope of insurance coverage to protect CNO against insurable risks.
3. At least annually receive and review reports from management on insurance claims, litigation, information privacy and security, compliance matters, and any other legal

¹ Enterprise risks at CNO are classified as arising across four main source quadrants: (i) Financial (ii) Operational (iii) Strategic (iv) Hazard.

proceedings or uncertainties that could have a material impact on the finances, reputation, or general well-being of CNO.

Self-Governance

1. Review the Committee Terms of Reference biennially and recommend changes, if any, to Council.
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3. Self-assess annually whether the Committee has met the Specific Terms and report these results to Council.
4. Ensure disclosure of or appropriate access to the Committee Terms of Reference for all registrants of CNO.
5. Perform any other activities consistent with these Terms of Reference, CNO's bylaws and governing law, as the Committee or Council deems necessary or appropriate.
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Other

1. Review proposed changes to the Compensation Principles recommended by the Sub-Committee on Compensation and recommend changes to Council.
2. Review annually the appropriateness of the application and registration fee structure and other revenue charges and recommend changes to Council, as required.
3. Review, at least biennially, recommendations from the Sub-Committee on Compensation for changes to the stipend and expense policies for Council and committee members and recommend changes if any, to Council.
4. Review every three years and as needed, the policies approved by the Finance & Risk Committee and provide any amended policies to Council.
5. Review, at least annually, CNO's By-Laws regarding financial affairs and recommend changes to Council.

6. Recommend the members of the Compensation Sub-Committee to Council.

Membership

1. The Committee will consist of seven members:
 - President of Council
 - Vice-President – RN
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 - Three members of Council, at least one of whom is a nurse and one of whom is a public member.

Each member shall be free of any relationship that, in the opinion of the Council, would interfere with his or her individual exercise of independent judgement.

2. The Vice-Presidents will act as co-chairs.
3. The term of office for members will be one year with the option of reappointment by Council and re-election of the President and Vice-President.

In the event of mid-term vacancies, the Council will appoint replacement members to complete the term.

The Registrar/Executive Director & CEO, the Chief Operating Officer, the Director, Business Services & CFO, and the Manager, Finance & Operations, shall be staff resource to the Committee except for the portions of the meetings that are in camera with the auditor.

Meetings

1. Meetings may be convened at the request of any member of the Committee or at the request of the College's auditor, but in no circumstances less than four times each year.
2. CNO's auditor shall receive notice of all meetings of the Committee and is entitled to appear and be heard.
3. Any member of the Committee may require the attendance of the auditor at any meeting of the Committee.
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