

Council Agenda December 11, 2025

Thursday, December 11, 2025

9:00 a.m. to 3:15 p.m.

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. (5 mins)	1. Land Acknowledgement	
9:05 a.m. (5 mins)	2. Agenda	Decision
	3. Call for Conflicts of Interest	
9:10 a.m. (15 mins)	4. Registrar & CEO Remarks	Information & Discussion
	5. Consent Agenda	
9:25 a.m. (5 mins)	5.1 Minutes of September 18, 2025, Council Meeting 5.2 Confirmation of Committee Appointment	Decision
	6. Reports	
9:30 a.m. (1 hour)	6.1 Finance & Risk Committee Report and Recommendations 6.1.1 Unaudited Financial Statements 6.1.2 2026 Budget 6.1.3 Stipend & Expense policies biennial review	Decision
10:30 a.m.	Break	
	7. Strategic Items	

10:45 a.m. (45 mins)	7.1 Strategic Plan 2021-2026 Reporting • Organizational Health	Information & Discussion
11:30 a.m. (30 mins)	7.2 Professional Boundaries and Nurse-Client Relationships Standard	Decision
12:00 p.m.	Lunch	
1:00 p.m. (45 mins)	7.3 National Nurse Practitioner Regulation Framework Implementation 7.3.1 Proposed New Registration Exam 7.3.2 Proposed Amendments to CNO By-Laws	Decision
1:45 p.m. (30 mins)	7.4 Hearings Initiative	Discussion
2:15 p.m.	Break	
	8. Governance and Council Operations	
2:30 p.m. (15 mins)	8.1 Update on Implementation of 2025 Governance Work Plan and Proposed Governance Work for 2026	Discussion
2:45 p.m. (5 mins)	9. Agenda Items Added by Council members	
2:50 (20 mins)	10. Registrar & CEO Remarks	Information & Discussion
3:10 p.m. (5 mins)	11. Dates of Upcoming Meetings • March 11 & 12, 2026 – Virtual • June 3 & 4, 2026 – In-person • September 23 & 24, 2026 – In-person	Information
3:15 p.m.	12. Conclusion	

Information Items:

[Draft Minutes of November 20, 2025 Executive Committee Meeting](#)

[Draft Minutes of November 20, 2025 Governance Committee Meeting](#)

[Summary of Council Member Annual Declarations: Council and Committee Code of Conduct, including conflict of interest and prohibited positions](#)

Council Minutes

September 18, 2025

Present

R. Lastimoso Jr., Chair	M. Hogard	P. Carmichael Pilon
D. Bankole	D. Jha	L. Poonasamy
R. Burke	F. Kim	M. Sack
W. Cheuk	J. Ko	D. Scott
J. Ding	A. Lamsen	M. Sheculski
G. Fox	J. Lane	W. Stryker
C. Gilchrist	S. Leduc	P. Sullivan
L. Given	J. Mathew	D. Thompson
G. Grewal	F. Osime	S. Wilson
T. Hillhouse		

Regrets

H. Anyia	T. Holland	K. Wagg
C. Baretto	S. Larmour	
L. Carpenter	S. Mumberson	

Staff

A. Brennand	S. Mills	A. Vrachidis
S. Crawford	R. Singh, recorder	

*Additional staff will be noted in the minutes for their respective agenda item.

Land Acknowledgement

J. Ding shared a Land Acknowledgement statement.

Agenda

The agenda had been circulated.

Motion 1

Moved by W. Cheuk, seconded by D. Scott,

That the agenda for the Council meeting of September 18, 2025 be accepted as circulated.

CARRIED

Conflicts of interest

R. Lastimosa Jr. called for conflicts of interest related to the agenda. He noted that there would be an opportunity to declare a conflict of interest immediately preceding each of the three decisions related to nursing education program approval.

Council members were referred to the summary of Council member responses to the Council and Committee Code of Conduct Compliance Form attached to the package and asked to provide any updates.

R. Lastimosa Jr. asked that Council members review the agenda and declare if they have conflicts of interest for any of the items. No conflicts were declared.

CEO Remarks

S. Crawford, Registrar & CEO, shared opening remarks. She highlighted the work that CNO has carried out over the summer and noted key opportunities ahead.

S. Crawford informed Council that, following the scope of practice changes that came into effect on July 1, 2025, CNO has published resources outlining nurses' professional accountabilities, thereby supporting the safe implementation of these changes

Council was informed of the progress of *Nursys* in Canada. S. Crawford identified that additional nursing regulators have joined this year, and full adoption is anticipated in 2026.

S. Crawford highlighted the release of the Nursing Statistics Report 2025 and discussed enhancements to the Nursing Data Dashboard.

S. Crawford shared that CNO has advanced its collaboration with the Indigenous Primary Health Care Council. She addressed key initiatives which included cultural competence training for staff, Council's participation in an Indigenous Cultural Awareness session, and a collaborative video on Indigenous health. S. Crawford also noted that a new land acknowledgement plaque has been installed in the atrium of CNO's offices as a permanent reminder of the traditional and ancestral territories on which the office is located.

During the question period, Council inquired about trends in discipline hearings. Staff noted that the volume has increased as CNO addresses a case accumulation from the pre- and immediate post-pandemic period, along with new cases coming forward. It was emphasized that the electronic forms, which have been recently revised, make it easier for the public to submit complaints and reports.

Consent Agenda

R. Lastimosa Jr. introduced the consent agenda. Council 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 G. Fox, seconded by F. Osime,

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

That the Minutes of the Council meeting of June 4, 2025, be approved as circulated.

That the new baccalaureate nursing programs from Algonquin College, Georgian College, and Sheridan College included in the attachment, receive preliminary approval.

That Seneca Polytechnic's Transition to Practice Course be approved.

That the following be the dates of Council meetings in 2026:

- Wednesday, March 11 and Thursday, March 12, 2026
- Wednesday, June 3 and Thursday, June 4, 2026
- Wednesday, September 23 and Thursday, September 24, 2026
- Wednesday, December 9 and Thursday, December 10, 2026

That the following statutory committee appointments be confirmed:

- Lorne Given, Public Member of Council, to the Discipline/Fitness to Practise Committees
- Dheeraj Jha, Public Member of Council, to the Registration Committee
- Mary Ellen Renwick, RN, as an appointed committee member to the Inquiries, Complaints and Reports Committee (ICRC) until June 2026

That, in accordance with Article 55.02 of By-Law No. 1: General, and based on the recommendation of the Nominating Committee, Council approves leaving the RN Council member seat in the Eastern District vacant until June 2026.

CARRIED

Finance & Risk Committee Report and Recommendations

Council had received the report of the Finance & Risk Committee meeting of August 21, 2025. J. Ding highlighted the report. V. Adetoye, Director, Business Services & Chief Financial Officer, joined the meeting.

Unaudited Financial Statements

Council had received the unaudited financial statements for the six-months ended June 30, 2025. J. Ding reported that the surplus for the period is \$4.1M, which is \$1.6M higher than the budgeted surplus of \$2.5M.

Motion 3

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

That Council approve the unaudited financial statements for the six-months ended June 30, 2025.

CARRIED

Council engaged in a discussion about the reductions in expenditures on equipment and supplies. Staff clarified that these reductions were related to timing and noted that equipment and software licensing would be reflected later in the year. The discussion also addressed investment monitoring, and staff confirmed that financial advisors are consulted on an ongoing basis.

V. Adetoye left the meeting.

Strategic Plan 2021-2026 Reporting

Council received a report on the current Strategic Plan, with progress reported up to June 30, 2025. The plan remains in effect until the end of 2026, with development of the next plan beginning this year for launch in 2027. The quarterly update included written reports on the three strategic outcomes and four pillars. S. Crawford highlighted the Strategic Outcomes dashboard and the dashboard showing the status of projects supporting the implementation of the Strategic Plan.

Council discussed the Professional Conduct Remediation Dispositions data and suggested that future reporting include additional detail. A. Brennand identified that detailed reporting is provided annually through the Inquiries, Complaints and Reports Committee report and S. Crawford noted the opportunity to enhance the dashboards in the future.

Council engaged in a discussion about public trust. B. Knowles joined the meeting and highlighted the complexity of measuring trust in the regulator versus the profession and emphasized opportunity for further work should this measure be included in the next strategic plan. It was further noted that surveys, literature and extensive engagement will inform future approaches.

The metrics related to social media and communications were also reviewed by Council, specifically related to audience growth and engagement with CNO content such as the Nursing Statistics Report. K. Green joined the meeting and emphasized the use of both qualitative and quantitative measures to guide communication strategies to ensure outreach to priority audiences.

Council reviewed the applicant experience survey results, noting opportunities to better understand the drivers of applicant perceptions. N. Thakkar joined the meeting and shared that survey measures include multiple subcomponents, which can be examined as drivers of the outcome, with results posted quarterly and measures being subject to seasonal fluctuations.

C. Gora, B. Knowles, N. Thakkar, and K. Green left the meeting.

Comprehensive Standards Review

Council received briefing materials with information to support decision making regarding the revisions to two practice standards: *Documentation* and *Therapeutic Nurse-Client Relationship (TNCR)*. E. Tilley, Manager, Regulatory Policy, joined the meeting.

R. Lastimosa Jr. highlighted key changes to each of the practice standards.

Documentation Standard

Council received briefing materials with information to support decision making regarding the revisions to the Documentation Standard.

Motion 4

Moved by C. Gilchrist, seconded by J. Mathew,

That the *Documentation* standard as set out in Attachment 1 of the decision note be approved by Council to come into effect February 1, 2026.

CARRIED

Therapeutic Nurse-Client Relationship Standard

Council discussed the proposed revisions to the Therapeutic Nurse-Client Relationship standard. Council noted the importance of clear language in the title to ensure both nurses and the public understand what this standard pertains to. It was noted that the proposed title may not clearly convey the nurse-public relationship. They also highlighted the need for knowledge translation and communication strategies to support awareness. E. Tilley identified that DEI considerations, including cultural humility and inclusive language, were integrated into the standard, informed by evidence and consultation with diverse system partners.

It was agreed that both a revised title and the updated standard, which will reflect Council's feedback, will be brought back to Council at the December 2025 meeting for further consideration and approval.

RN Prescribing Standard Revision

Council received briefing materials with information to support decision making regarding revised language in the *RN Prescribing* standard.

Motion 5

Moved by W. Stryker, seconded by D. Thompson,

That the *Registered Nurse (RN) Prescribing* standard as set out in Attachment 1 of this decision note be approved by Council to come into effect September 19, 2025,

CARRIED

E. Tilley left the meeting.

Hearings Initiative

Council received a discussion note regarding the proposed initiative to include experienced adjudicators to the composition of Discipline and Fitness to Practise (FTP) panels. V. Adetoye, Director, Business Services & Chief Financial Officer, and Marla Burstyn, Manager, Hearings, joined the meeting.

Council discussed the proposed use of adjudicators to further strengthen hearings processes and provide additional expertise as panel chairs for selected matters. Staff clarified that adjudicators would be independent, not CNO employees, and would serve as one member on a five-person panel. This initiative could be implemented by way of a staged approach, with some panels having an adjudicator in the initial stages, followed by further evaluation. It was further noted that this initiative is intended to support complex hearings while maintaining the contribution of committee members.

Council inquired about decision-making authority, potential conflicts of interest, the selection and experience of adjudicators, and the need for a stepwise implementation. Staff noted that cost analysis and detailed operational processes had not commenced and would proceed pending Council's approval to further explore such a model. Council emphasized the importance of reviewing experiences from other tribunals and taking an incremental approach to implementation.

Council expressed majority support for the initiative in principle, recognizing it as a means to manage increased hearing volumes and strengthen the hearing process. The item will return for future consideration.

V. Adetoye and M. Burstyn left the meeting.

Appointment of Conduct Committee Members

Council received a decision note to address the appointment of members to the Conduct Committee, selected from those Council members who had volunteered.

Motion 6

Moved by W. Stryker, seconded by J. Ko,

That, based on the recommendation of the Nominating Committee, Council appoint Patricia Sullivan, RN, Kimberly Wagg, RPN, Diane Thompson, Public Member, and Shari Wilson, Public Member, to serve as members of the 2025-2026 Conduct

Committee.

CARRIED

Appointment of Conduct Committee Chair

In March 2025, Council confirmed its support to appoint a legal firm to serve as the Conduct Committee Chair. Council received a decision note to consider the appointment of Hum Law to serve as Chair of the Conduct Committee.

Motion 7

Moved by R. Burke, seconded by D. Scott,

That Council approve the appointment of Hum Law as the Chair of the Conduct Committee and authorizes staff to enter into an appropriate agreement with Hum Law to give effect to such appointment.

CARRIED

Council sought clarification on the appointment, noting whether it involved a law firm or an individual. Staff confirmed that a law firm is being appointed, led by an individual with the required expertise, with additional lawyers available as needed.

CEO Closing Remarks

S. Crawford expressed appreciation to Council for its engagement. She highlighted the work ahead and upcoming priorities for the December Council meeting.

For upcoming Council agenda topics, Council was provided with an update on the national Nurse Practitioner (NP) regulation framework, which proposes a single NP classification in Ontario to replace population-specific certificates, supporting labour mobility and workforce agility. Council was reminded that public consultation on the draft regulations received 2400 responses, with 69% in support, and that the amendments were submitted to the Ministry of Health in April 2025. Government approval is required for the changes to take effect, with potential implementation in 2026.

S. Crawford noted that CNO is working closely with the *Canadian Council of Registered Nurse Regulators* to develop a single entry-level NP exam, which will be presented for Council's consideration in December 2025, along with necessary by-law amendments to implement the single NP classification. Council was also reminded that robust planning and ongoing engagement activities are in place to support implementation.

Next Meeting

R. Lastimosa Jr. identified that the next meeting will be December 10 and 11, 2025. He informed Council that the meeting will be virtual.

Conclusion

At 1:30 p.m. on conclusion of the agenda.

Motion 8

Moved by S. Leduc, seconded by D. Scott,

That the September 2025 Council meeting conclude.

CARRIED.

Confirmation of Committee Appointment

Decision Note – December 2025 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose and action required

To support the ongoing effectiveness of CNO's statutory committees, Council is being asked to confirm one statutory committee appointment.

Motion:

That Council confirm the appointment of Antonia Tina Colarossi, NP, as an appointed committee member to the Inquiries, Complaints and Reports Committee until June 2027.¹

Public protection rationale

Statutory committees play a key role in public safety. To maintain their effectiveness, it is important that committees be fully constituted with highly qualified members to ensure they can carry out their mandates effectively. This includes filling vacancies in a timely manner.

Background

The Executive Committee fills mid-year vacancies, in accordance with [Article 31.03 of By-Law No. 1: General](#).

At its meeting on November 20, 2025, the Executive Committee approved an appointment to address a vacancy on the Inquiries, Complaints and Reports Committee (ICRC). In accordance with Article 31.05 of By-Law No. 1: General, Council is being asked to confirm this appointment.

¹ When an appointment is made to fill a vacancy on a committee, the appointed member's term of office ends when the term of the previous member would end. This part-term does not impact on the incoming members' ability to serve two full 3-year terms of office (Article 54.1.02.2).

Report of the November 20, 2025 Finance & Risk Committee Meeting

Contact for questions or more information

Veronica Adetoye, Director, Business Services & Chief Financial Officer

The Finance & Risk Committee meeting was held on November 20, 2025. [Attachment 1](#) is the draft minutes of the meeting.

Unaudited Financial Statements

The Committee reviewed the unaudited financial statements for the nine-month period ended September 30, 2025 ([Attachment 2](#)). The financial statements included a variance analysis, and the confidential Management Discussion and Analysis (MD&A) included reports on projects and risk.

The year-to-date operating surplus for the period is \$5.172M, which is \$1.973M higher than the budgeted surplus of \$3.199M. This is the result of:

- revenues being higher than budgeted by \$0.746M due primarily to a higher number of overall registrations and higher interest income; and
- expenses for the period being \$1.226M less than budgeted. The main contributors to the expense variance are employee related expenses due to fewer in-person international engagements, as well as the timing of equipment and operating expenses.

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

That Council approve the unaudited financial statements for the nine-month period ended September 30, 2025.

Report of the Advisory Committee on Human Resources

The report of the Advisory Committee¹ had been circulated to the Finance & Risk Committee. In October, the Advisory Committee addressed:

- CNO's compensation program and the proposed approach to staff compensation for 2026,

¹ The Advisory Committee is an independent, expert group that advises the Finance & Risk Committee on staff compensation and on Council and committee stipends and expenses. Its members are appointed based on competencies. Joe Nunes is the Advisory Committee Chair and a member of Finance & Risk Committee.

- the 2025 Employee Experience survey results, and
- revisions to the Council and Committee member stipend and expense policies (addressed in detail below).

Following a thorough discussion of CNO's compensation program and a review of proposed changes, the Advisory Committee advised the Finance & Risk Committee that:

- the 2026 compensation program included in the budget is congruent with the [Compensation Principles](#) approved by Council and reflects best practices in human resources.

2026 Budget

The Finance & Risk Committee reviewed the detailed 2026 draft budget, along with projections to the end of 2029 ([Attachment 3](#)).

In summary, the draft 2026 operating budget includes new resources to support meeting regulatory effectiveness, changing expectations for regulators, ensure completion of the goals for current Strategic Plan 2021-2026, implementation of a new strategic plan, and support ongoing financial stability.

The budget includes:

- revenues \$93.3M 4.4% increase
- base expenses \$90.1M 7.6% increase
- project budget \$ 5.0M
- **net operating deficit \$ 1.8M**

The proposed capital budget is \$2.7M.

The increase in revenue is primarily driven by changes in registrations (\$4.3M), verification and transcripts (\$0.04M), and interest income (\$0.4M).

Base operating costs will increase (\$6.4M), with most significant increases relate to:

- salaries and benefits due to the addition of permanent and temporary staff, inflation, market adjustment and progression (\$7.4M),
- equipment, operating supplies and other expenses (\$1.4M), and
- exam fees (\$0.06M).

The expenses planned for 2026 will enable us to respond to increasing volume and complexity of our work, known impacts of 2025 regulatory and legislative changes, and support necessary infrastructure enhancements

Given the forecasted operating surplus at the end of 2025 and the approved fee increase for 2026, it is anticipated that CNO's accumulated surplus will remain in the benchmark range of 3 to 6 months of the expense budget for next year. Projections for 2027-2029 indicate that if no action is taken, the operating coverage will decline each year, resulting in 3.2 months of coverage in 2029, which is at the lower end of the benchmark. Options to address this decline will be discussed at the next Finance & Risk Committee meeting.

After an extensive discussion, the Committee is confident that the draft budget provides the funds required for CNO to meet its regulatory mandate and further its strategic objectives. It is also confident that the budget and projections support CNO's ongoing fiscal well-being.

The Committee recommends:

That Council approve the 2026 budget as it appears in Attachment 3 to this report.

NP Regulation Framework: Fees By-Law Revisions

The Committee reviewed a proposal to amend [By-Law No. 2: Fees](#), to support implementation of a single NP classification, aligning with the national NP regulation framework. This topic is addressed in more detail in agenda item 7.3.2.

The Committee supported the proposed fees by-law revisions as they ensure all current and future NP applicants pay a consistent fee and maintain CNO's budgeted revenue.

The Committee is recommending:

That Council approve amendments to By-Law No. 2: Fees, as they appear in Attachment 1 to decision note 7.3.2, for circulation.

Revisions to Stipend and Expense Policies²

The Advisory Committee supported proposed changes to CNO's stipend and expense policies which were presented to the Finance & Risk Committee. This biennial policy review consisted of:

- an environmental scan of relevant system partners (i.e., other similar organizations),
- internal consultations (including feedback received from members), and
- collecting and assessing data from claims received.

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

The proposed revisions ([Attachment 4](#)) consider the results of all the above.

Stipend Policy³

A number of changes are proposed to the stipend policy and include:

Daily Stipend Amount

In accordance with the policy, it is recommended that the daily stipend amount be adjusted using [Statistics Canada CPI](#) data. Applying this benchmark would increase the general daily stipend amount to \$330.

In the policy, leadership differentials are also applied to the general daily stipend amount – an additional \$100 for the Council Chair/chairs of statutory committees and an additional \$50 for the Vice Chairs. In the last policy review, CNO deviated from this practice and applied an inflationary increase to the leadership differentials. It is recommended to return to the previous approach for applying leadership differentials (outlined above) to ensure consistency and avoid growing disparities in payment among members. Applying these differentials to the new daily rate of \$330 would result in a lower rate for chairs than is in the current policy. Therefore, it's proposed to freeze the chair rate to \$435 for this review cycle, while the rate for Vice Chairs would increase to \$380. The daily stipend rates will be re-evaluated during the next biennial review in fall 2027.

Claimable Stipends

On advice of the Advisory Committee during the last policy review in 2023, CNO reassessed the classification of the preparatory stipend as a claimable stipend. After careful consideration, and the results of the environmental scan and internal consultations, no changes are being recommended to the preparatory stipend policy provision.

Changes proposed to the claimable stipends include:

- moving the provision for the Inquires, Complaints and Reports Committee's (ICRC) review/signing of decisions from the procedure to the policy, and increasing the time maximum,
- introducing parameters for claiming salary loss for meetings cancelled unexpectedly, and
- editorial revisions to clarify policy requirements and support understanding and application of the policy.

³ Stipend is given to Council and committee members in recognition of the volunteer service for CNO. Stipend is not intended to be salary replacement. It is intended to provide meaningful financial recognition for contributions and ensure members do not incur significant financial losses or gains by serving on Council or committees.

The Council Chair honorarium for 2025 is set out in the current policy at \$15,000. In line with the policy, this amount will increase for 2026 based on the most recent change in CPI.

The Committee discussed these revisions in detail and are supportive of the changes.

Expense Policy

Only minor revisions are proposed to the Expense Policy as the majority of meetings are conducted virtually. Following a robust discussion, the Committee recommended amendments to the revised policy. The revisions, as amended, include:

- assessing the need for in-person meetings,
- clarifying that pre-approval is required when members need longer overnight stays than the dates identified by staff, and
- increasing certain maximums in line with inflation (i.e., breakfast, tipping for ride sharing services).

The Committee recommends:

That Council approve the revisions to the Stipend Policy and Expense Policy, as they appear in Attachment 4 to this report, to come into effect on January 1, 2026.

Attachments:

1. [Draft minutes of the Finance & Risk Committee meeting of November 20, 2025](#)
2. [Unaudited Financial Statements for the nine-months ended September 30, 2025](#)
3. [Draft 2026 Operating and Capital Budget](#)
4. [Stipend and Expense policy revisions](#)

Finance & Risk Committee Minutes

November 20, 2025 at 1:00 p.m.

Present

M. Hogard, Chair
D. Bankole

A. Lamsen
R. Lastimoso Jr.

J. Nunes
S. Wilson

Regrets

J. Ding

Staff

V. Adetoye
S. Crawford

M. Kelly, Recorder

S. Mills

Chair

M. Hogard chaired the meeting.

Agenda

The agenda had been circulated and was approved on consent.

Minutes

Minutes of the Finance & Risk Committee meeting of August 21, 2025 had been circulated.

Motion 1

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

That the minutes of the Finance & Risk Committee meeting of August 21, 2025 be accepted as presented.

CARRIED

Financial Statements

V. Adetoye highlighted the unaudited financial statements for the nine months ended September 30, 2025. The statement of financial position depicts a decrease in both assets and liabilities as expected when compared to December 2024.

In reviewing the statement of operations, V. Adetoye highlighted that at the end of the third quarter there was a surplus of \$5.2M, which is \$2.0M more than the budgeted surplus of \$3.2M. It was noted that revenues are \$0.7M higher than budget due to an increase in the overall registration numbers and higher interest income, while expenses for the period are \$1.2M lower than budgeted. The main contributors to the expense variance are employee related expenses due to fewer in-person international engagements, and the timing of equipment and operating expenses. The favorable variance is partially offset by the increase in employee salaries and benefits as more resources were added to enable CNO to respond to government directives.

The Committee discussed the confidential Management Discussion and Analysis (MD&A). V. Adetoye highlighted various initiatives and projects that are outlined in the document. As part of the report, the Committee also reviewed a risk dashboard that identified potential risks, which were analyzed based on their potential impact and likelihood.

Motion 2

Moved by A. Lamsen, seconded by D. Bankole,

That approval of the unaudited nine-month financial statements as of September 30, 2025 be recommended to Council.

CARRIED

Report of the Advisory Committee on Human Resources

M. Hogard noted that the Advisory Committee on Human Resources is an expert, third-party committee that advises the Finance & Risk Committee. The report of the Advisory Committee's meeting from October 27, 2025, had been circulated. The meeting revolved around CNO's compensation program, the 2025 Employee Experience Survey results, and revisions to the Council and committee member stipend and expense policies (detailed in succeeding agenda items).

As chair of the Advisory Committee, J. Nunes noted that they had a robust discussion pertaining to the results of the survey and CNO's efforts to address the feedback. He highlighted that CNO has a very engaged workforce, noting that CNO has demonstrated flexibility in their approach to respond to survey feedback.

The Advisory Committee advised the Finance & Risk Committee that CNO's compensation program and policies are congruent with the Compensation Principles approved by Council and best practices in human resources.

The Finance & Risk Committee were supportive of the proposed changes to CNO's compensation program and were impressed with the survey's high response rate and favourability ratings.

2026 Operating and Capital Budget

Members of the Committee received the 2026 draft operating and capital budget, including the budget narratives and projections through 2029.

V. Adetoye reviewed the business context of the budget. She highlighted that enterprise-wide organizational priority statements were developed to support the prioritization of projects and operational initiatives, including those linked to the Strategic Plan. Significant progress has been made to ensure completion of the goals set in Strategic Plan 2021-2026, while efforts to develop a new strategic plan have commenced. Implementing legislative and regulatory changes were a key priority in 2025 and will continue into 2026 as CNO remains agile to respond to government initiatives.

At the end of 2025, the accumulated operating surplus is forecasted to be \$41.3M, which is 5.6 months of operating expense coverage and within the guideline recommended by the Finance & Risk Committee. V. Adetoye highlighted several factors that contribute to this surplus. In 2025, CNO saw a higher number of initial registrations and applications than budgeted. In terms of expenses, CNO has reduced its reliance on contractors and consultants by focusing on building internal capacity. The majority of consulting costs, where needed, were accounted for in the project budgets. All these considerations have been addressed in the proposed 2026 budget, and if it is approved, the operating expense coverage will decrease to 4.8 months in January 2026 and will continue to decline in the following years.

The 2026 budget estimates an increase in revenue by 4.4% to \$93.3M as a result of estimated increases in registrations, an increase in verification and transcripts, and an increase in interest income. These increases are partially offset by decreases in application assessment and exam revenue. The proposed 2026 budget also includes a 7.2% increase in operating expenditures to \$95.1M, with the major contributors being an increase in additional staff and costs for equipment, operating supplies and other services. Overall, 2026 is projected to result in an operating deficit of approximately \$1.8M.

The proposed capital budget for 2026 is \$2.7M. The majority of this budget relates to technology requirements with a small portion allocated to building improvements and furniture.

V. Adetoye highlighted the projections from 2027 to 2029. Key assumptions for these projections involve an inflation rate of 2%, implementing elements of the new strategic plan, enhancements to technology and internal systems, and increases in staff to support operations and anticipated growth in registrant and applicant volumes. In 2027, the operating coverage is expected to be in the range of 4.4 months and if no action is taken, this is expected to further decline to 3.9 months in 2028 and 3.2 months in 2029; again, if no action is taken.

The Committee observed the projected decline in operating coverage over the next few years and discussed strategies to address along with the potential of fee increases as a strategy to address this trend. It was also noted that while CNO's revenue is mainly generated from registration and application related fees, assessments are also done internally to help find efficiencies/cost savings where possible. S. Mills confirmed that CNO is considering a future state of smaller, steadier fee increases, and the Committee will be presented with options for consideration at their next meeting. The Committee requested comparison data from other similar organizations/regulators across Ontario and Canada when reviewing options for a fee increase.

Following extensive discussion, the Committee confirmed that the 2026 draft budget allows CNO to carry out key regulatory functions, meet strategic objectives and maintain its long-term fiscal well-being.

Motion 3

Moved by J. Nunes, seconded by A. Lamsen,

That approval of the 2026 operating and capital budget be recommended to Council.

CARRIED

Nurse Practitioner Regulation Framework: Fees By-Laws

The Committee reviewed a proposal to amend By-Law No. 2: Fees, to support implementation of a single NP classification by removing specialty certificates, aligning with the national NP regulation framework. With the removal of NP specialty certificates, CNO is proposing to reallocate this fee into the registration and reinstatement fees for NPs as it reflects the cost required to register NPs. It was confirmed that there is no increase in fees for NPs relative to this change. This proposed approach streamlines the by-laws and ensures that current and future NP applicants pay a consistent fee. Furthermore, this change maintains CNO's budgeted revenue. It was confirmed that

CNO collects fees for each additional specialty certificate held by NPs, and with these changes that revenue would be lost, however the overall financial impact would be negligible.

Other by-law amendments proposed include removing a higher fee for specified out of province NP applicants, and removing the by-law related to the NP licensure exam rescoring fee.

The Committee supported the amendments to the fees by-laws presented.

Motion 4

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

That it be recommend that Council approve amendments to By-law No. 2: Fees for publication as outlined in Attachment 1 of the decision note.

CARRIED

Revisions to Stipend and Expense Policies

As part of a biennial review, the Committee was presented with proposed revisions to the stipend and expense policies for Council and Committee members. The Advisory Committee informed the Finance & Risk Committee that they were supportive of the proposed revisions.

The Committee discussed each of the proposed policy changes in detail. The majority of revisions pertained to the Stipend Policy and include:

- adjusting the daily stipend rate in line with inflation
- reassessing the approach to calculating leadership differential amounts (for Council Chair/chairs of statutory/committees and Vice Chairs)
- introducing parameters for claiming salary loss for meetings that are unexpectedly cancelled
- increasing claim maximums for chairs of the Inquiries, Complaints and Reports Committee (ICRC) when reviewing and signing decisions

Following extensive discussions, the Committee suggested amendments to the Expense Policy in its presentation to Council. The revisions to this policy (as amended) were supported by the Committee and include:

- assessing the need for in-person meetings
- clarifying requirements associated with booking overnight accommodation
- increasing certain amounts in line with inflation

If the proposed revisions are approved by Council, the revised policies would become effective January 1, 2026.

Motion 5

Moved by J. Nunes, seconded by, S. Wilson,

That it be recommend that Council approve the Stipend Policy as presented, and the Expense Policy as amended to come into effect January 1, 2026.

CARRIED

Self-Monitoring Tool

The Committee reviewed the Self-Monitoring tool and confirmed that they had met their accountability for the meeting. They noted that materials were well prepared and presented which supported them in their decision-making process, leaving them with confidence in their recommendations.

Upcoming meetings

The Finance Committee will meet the morning of February 19, 2026. The auditors will attend the next two upcoming meetings.

Conclusion

Chair

Attachment 2

COLLEGE OF NURSES OF ONTARIO
FINANCIAL STATEMENTS AND NOTES
FOR THE NINE MONTHS ENDED SEPTEMBER 30, 2025 (Unaudited)

College of Nurses of Ontario
Statement of Financial Position (\$000)
As at September 30

	2025	2024	2024
	September	September	December
ASSETS			
Current assets			
Cash	27,128	27,822	66,894
Investments	40,139	22,769	41,425
Other receivables	(191)	687	268
Prepaid expenses	1,094	970	1,831
	<u>68,170</u>	<u>52,249</u>	<u>110,417</u>
Investments	<u>5,810</u>	<u>15,163</u>	<u>11,938</u>
Capital assets			
Furniture and fixtures	1,812	1,812	1,812
Equipment - non computer	534	534	534
Computer equipment	5,424	5,091	5,358
Building	6,841	6,836	6,836
Building improvements	5,551	5,542	5,542
Land	3,225	3,225	3,225
Art	45	45	45
Construction in progress	<u>0</u>	<u>0</u>	<u>0</u>
	<u>23,431</u>	<u>23,084</u>	<u>23,351</u>
Less: Accumulated amortization	<u>(13,366)</u>	<u>(11,859)</u>	<u>(12,106)</u>
	<u>10,065</u>	<u>11,226</u>	<u>11,244</u>
Intangible Assets	<u>2,305</u>	<u>2,800</u>	<u>2,305</u>
Less: Accumulated amortization	<u>(2,176)</u>	<u>(2,551)</u>	<u>(2,097)</u>
	<u>129</u>	<u>250</u>	<u>208</u>
	<u>84,173</u>	<u>78,888</u>	<u>133,808</u>
LIABILITIES			
Current liabilities			
Accounts payable and accrued liabilities	9,796	7,368	18,195
Deferred registration and examination fees	18,574	17,354	64,982
	<u>28,370</u>	<u>24,722</u>	<u>83,177</u>
	<u>28,370</u>	<u>24,722</u>	<u>83,177</u>
NET ASSETS			
Net assets invested in capital assets	10,194	11,475	11,453
Unrestricted net assets	<u>45,609</u>	<u>42,691</u>	<u>39,179</u>
	<u>55,803</u>	<u>54,166</u>	<u>50,631</u>
	<u>84,173</u>	<u>78,888</u>	<u>133,808</u>

College of Nurses of Ontario
Statement of Operations (\$000)
For the Nine Months Ending September

	2025 Year to Date September			2024 Year to Date September			2025 Budget	
	Budget	Actual	Variance (\$) Fav/(Unfav)	Budget	Actual	Variance (\$) Fav/(Unfav)	Remaining	Approved
REVENUES								
Registration fees	57,958	58,304	346	54,140	54,668	528	19,321	77,625
Application assessment	6,706	6,746	41	6,186	6,277	92	1,491	8,238
Verification and transcripts	88	113	25	119	111	(8)	1	114
Interest income	1,770	2,355	586	2,055	2,941	886	(199)	2,157
Examination	820	587	(232)	576	573	(3)	445	1,032
Other	31	12	(19)	27	34	7	195	207
Total Revenues	67,372	68,118	746	63,103	64,604	1,502	21,255	89,373
EXPENSES								
Employee salaries and benefits	46,186	46,668	(483)	43,532	41,834	1,698	15,332	62,000
Employee related expenses	1,233	605	628	1,303	943	359	1,501	2,106
Contractors and consultants	2,946	2,676	271	3,363	3,368	(5)	1,762	4,438
Legal services	3,039	3,070	(32)	2,542	3,186	(644)	980	4,050
Equipment, operating supplies and other services	4,854	4,204	650	5,770	3,884	1,886	3,840	8,044
Taxes, utilities and depreciation	1,548	1,551	(3)	1,497	1,506	(9)	483	2,033
Exam fees	70	137	(67)	62	61	1	10	147
Non-staff remuneration and expenses	697	475	222	715	534	181	411	886
Total Base Operating Expenses	60,573	59,386	1,187	58,785	55,318	3,467	24,318	83,704
Project Expenses	3,600	3,561	39	2,892	2,146	746	1,439	5,000
Total Expenses	64,173	62,947	1,226	61,676	57,464	4,213	25,757	88,704
Excess of (expenses over revenues) / revenues over expenses	3,199	5,172	1,973	1,426	7,141	5,714	(4,502)	669
Opening net assets		50,631			47,025			
Closing net assets		55,803			54,166			

College of Nurses of Ontario
Statement of Changes in Net Assets (\$000)
For the Nine Months Ending September

	2025			2024
	Invested in Capital and Intangible Assets	Unrestricted	Total	December
Balance, beginning of year	11,453	39,179	50,631	47,025
Excess of (expenses over revenues)/revenues over expenses	(1,339)	6,511	5,172	3,606
Purchase of capital assets	80	(80)	-	-
Balance, end of year	10,194	45,609	55,803	50,631

College of Nurses of Ontario
Statement of Cash Flows (\$000)
For the Nine Months Ending September

	2025	2024
	September	September
Cash flows from operating activities		
Excess of revenue over expense for the year	5,172	7,141
Adjustments to determine net cash provided by/(used in) operating activities		
Amortization of capital assets	1,260	1,261
Amortization of intangible assets	79	43
Loss on disposal of capital assets	0	0
Interest not received during the year capitalized to investments	(994)	(760)
Interest received during the year previously capitalized to investments	801	810
	6,317	8,495
Changes in non-cash working capital items		
Decrease in amounts receivable	459	(293)
Decrease in prepaid expenses	737	535
Decrease in accounts payable and accrued liabilities	(8,399)	(7,277)
Decrease in deferred registration fees	(46,408)	(43,179)
	(47,293)	(41,719)
Cash flow from investing activities		
Purchase of investment	(29,156)	(29,888)
Proceeds from disposal of investments	36,764	38,232
Purchase of capital assets	(80)	(443)
Disposal of intangible assets	-	-
	7,528	7,902
Net decrease in cash and cash equivalents	(39,765)	(33,817)
Cash and cash equivalents, beginning of year	66,894	61,640
Cash and cash equivalent, end of year	27,128	27,822

Attachment 3

College of Nurses of Ontario 2026 Draft Operating & Capital Budget

Section 1 – Introduction

The Operating and Capital budget identifies the resources needed and the expected costs to:

- meet CNO's regulatory mandate;
- ensure completion of the goals set in Strategic Plan 2021-2026;
- invest in operational enhancements; and
- retain and attract resources needed to achieve these results.

Management has estimated the resources (staffing, supplies, and equipment) needed to achieve the planned outcomes for operational and project activities.

2025 Results and Events Impacting on 2026

The following financial result and developments in 2025 are expected to have an impact on the 2026 budget and future years.

Financial Results

A number of financial results in 2025 will impact the financial position at the beginning of 2026, the budget required for 2026, and the results expected for the end of 2026.

The 2025 forecasted operating surplus of \$1.509M is \$0.840M higher than the budgeted surplus of \$0.669M, primarily due to higher than anticipated revenue and slightly lower operating expenditures.

- Revenues are forecasted to be \$89.662M which is \$0.289M (0.3%) higher than budgeted, mostly due to higher registration revenue, as well as higher interest income due to the higher than expected interest rates.
- Forecasted base operating expenses of \$83.192M are \$0.512M (0.6%) below budget, primarily due to lower than expected employee related costs, reduce use of contractors and consultants, and lower spending on equipment, operating supplies and other services costs.

Forecasted project operating expenses of \$4.962M, representing a \$0.038M (0.8%) lower than budgeted, mainly driven by some projects on hold and early closure.

At year-end 2025, the accumulated operating surplus (unrestricted net assets) is forecasted to be \$41.287M or 5.62 months of the 2025 expense forecast. This year-end accumulated surplus is within the range of three to six months of operating expenses, primarily due to higher than expected operating surplus.

Strategic Plan

- The Project Management Office (PMO) continues to streamline project delivery across the organization, including those linked to the Strategic Plan. Enhancements to operational planning and reporting now allow for more efficient enterprise level project tracking, with clear communication of project health, accomplishments, financial impacts and potential risks.
- Following the April 1, 2025, changes to the education registration regulation, CNO launched the Transition to Practice registration requirement and integrated new education credential assessors. These changes created a streamlined pathway for internationally educated applicants to meet the education requirement while enhancing public protection in Ontario.

- In response to direction from government, CNO implemented changes in the application and registration processes related to attestation, As of Right (AOR) legislation, and automatic recognition to enable to the movement of nurses across the country.
- In alignment with national principles for Interjurisdictional Nurse Licensure (INL), CNO introduced measures to support its operationalization in Ontario. This work facilitates the registration of nurses in multiple jurisdictions within Canada while maintaining high standards of public safety. As of October 2025, CNO has recorded 3,145 INL registrations where Ontario is the host jurisdiction.
- CNO implemented a new learning management platform to streamline quality assurance processes. The new platform supports both practicing nurses and new registrants in administering Quality Assurance modules as well as the Jurisprudence Exam. The new platform provides data-driven insights for continuous improvement.
- In 2025, CNO completed its first year of administering the Applicant Experience Survey, which gathered feedback from nursing applicants about their registration experience. The data gathered from the survey provides the basis for the first outcome measure of the Strategic Plan. Qualitative data will inform continuous program improvement while quantitative results will be used to measure the impact of ongoing efforts to modernize the applicant assessment for Internationally Educated Nurses (IENs).
- Standards modernization work continued in 2025, with the *Medical Assistance in Dying* (MAID) guideline being revised, and the introduction of new some guidelines, including *Virtual Care*, *Artificial Intelligence* and *Aesthetic Services*.
- In response to regulation changes by government to expand the scope of practice for RNs and NPs, CNO collaborated with system partners to develop resources supporting scope changes in certifying death. CNO also supported the integration of RN prescribing into entry-level nursing programs in Ontario with four programs currently offering RN prescribing as part of their baccalaureate programs.

Regulation & Business Effectiveness

- Enterprise-wide organizational priority statements were developed to support prioritization of projects and operational initiatives for 2026.
- In 2025, CNO successfully implemented a new, comprehensive financial system to enhance support for multiple business functions such as finance, procurement and project management.
- By the end of 2025, CNO will complete the implementation of a new Human Resources Information System (HRIS), which will go live on January 1, 2026. The new system will strengthen core human resource functions such as payroll, time away, benefits and pension administration, performance management, succession planning, recruitment and selection, and position management.
- In 2025, CNO signed the Nursys Canada Service Agreement. CNO and the British Columbia College of Nurses and Midwives (BCCNM), have laid the groundwork for this cross-country collaboration. Currently a total of 5 Canadian regulators have been onboarded to the new system, with more having completed preparatory steps and are expected to join before the end of the year. This national database supports public protection through advanced national collaboration, streamlines multi-jurisdictional registration and provides reliable data for health workforce planning.
- The Customer Service team provides support to registrants, applicants and members of the public via phone and email. As of September 30, 2025, the team completed 51,924

calls and responded to 25,881 emails, which is an increase in volumes of 8% and 5% respectively when compared to 2024.

- As of the end of September 2025, CNO's Registration function completed over 17,000 registration applications and over 800 reinstatement applications.
- The Professional Conduct (PC) team enhanced staff capacity to address increasingly complex cases and higher volumes. In 2025, the occurrence of new cases and inquiries almost doubled when compared to the prior year. A key factor in the increase in complaints was the introduction of process improvements in late 2024 which enhanced reporting accessibility. Despite the increase in caseloads, the team reduced average case inquiry timelines by 24%, continuing a multi-year trend of reduced case timelines and improved efficiency.
- CNO advanced its 3-year Diversity, Equity and Inclusion (DEI) workplan, by implementing and actioning a strategy to acknowledge 3 key dates of significance per year, piloting an Equity Impact Assessment tool to ensure team process and policies are fair and unbiased, and providing education sessions to Council and staff.

2026 Objectives

Strategic Plan

- In 2025, efforts to develop a new strategic plan using a robust engagement approach were underway. This involved consultations with CNO's leadership team, staff and Council, as well as engagement with key system partners. If approved by Council next March, work to implement the new strategic plan will begin in 2026, with the new plan anticipated to come into effect in 2027.
- CNO will continue efforts to modernize practice standards and guidelines. A Standards Utilization Survey will be conducted in 2026 to gauge nurses' familiarity with standards/guidelines and to gain a better understanding of how nurses utilize these resources.
- Following the enactment of new regulations, CNO plans to implement changes required in the registration process as a result of a single classification of NPs.
- CNO is planning on operationalizing 'automatic' registration for labour mobility applicants. As these legislative changes were only passed in late 2025, the final impact on cost increases has not yet been determined.
- CNO plans to strengthen engagement with key system partners by connecting with academic partners and nursing students to continue building trust with new graduates and continue engagement with organizations that support internationally educated healthcare professionals to ensure nursing applicants are informed of CNO's registration requirements and processes.
- CNO is planning to modernize its aging data centre infrastructure by transitioning to a cloud environment. This includes migrating our Customer Relationship Management (CRM) system to the cloud and enables the possibility for potential future migrations of other systems.

Regulation & Business Effectiveness

- Plans for 2026 include efforts to promote CNO's thought leadership profile through strategic engagement to evolve CNO's brand identity as a trusted and effective organization and partner.

- CNO is planning to implement enhancements to Find a Nurse (FAN) including how public Inquiries, Complaints and Reports Committee (ICRC) outcomes are described and displayed, to ensure the information is clear and easily understood by the public and nursing employers.
- Pending Council direction, CNO is planning to advance work on integrating individuals with adjudication skills into the composition of Fitness to Practice and Discipline Committees to ensure that hearings remain fair, transparent and consistent, while improving efficiencies and managing increasing volumes.
- Beginning early next year, CNO will focus on advancing Truth and Reconciliation Commission (TRC) Actions (22, 23, 24) which aim to enhance Indigenous health and healthcare in Canada through reconciliation efforts. Part of this work will focus on integrating TRC actions into CNO's program approval framework and developing activities that support continuing competence.
- With the implementation of a new HRIS, CNO will work towards launching all recruitment and compensation-related processes into the new system as well as plan for a complete transfer of records over from the old system.
- CNO plans to develop and implement a succession planning model to proactively identify and plan to fill critical roles. The model will also support employee development.
- CNO is currently exploring the multifaceted impact of Artificial Intelligence (AI) on both the nursing profession and CNO's internal operations. Looking ahead to 2026, CNO will focus on implementing a comprehensive AI adoption roadmap across the organization and launching an AI governance framework to ensure responsible use of AI.
- CNO plans to implement a fully functional case management system that will streamline and optimize cross-functional processes in real-time. This system will enhance efficiency, improve responsiveness, and support the organization's ability to adapt to evolving case management practices.

2026 Budget Summary

The 2026 budget estimates a \$3.942M (4.4%) increase in revenue and a \$6.391M (7.6%) increase in expenses over the 2025 budget. The net impact is an annual operating deficit of \$1.780M (see Schedule 2).

Revenues:

The increase in revenue is mostly driven by changes in registration and interest revenue partially offset by changes in application and examination in other revenues.

- Registration revenues are expected to increase by \$4.326M; \$1.161M due to growth in volume and \$3.165M due to fee increases.

Expenses – Base Operations:

Base operating expenses have increased by 7.6% over the 2025 budget to \$90.095M. The following are the main contributing factors for the increase:

- increased volume and complexity of work, regulatory changes and to support organizational priorities in Registration, Professional Conduct, IT, as well as Strategy and Analytics & Research;
- compensation changes, reflecting CNO Compensation Principles as approved by Council, the need to attract and retain skilled staff, and external factors in the employment market; and

- increases in operational costs such as equipment and operating supplies, credit card fees as a result of fee and volume increase, and exam fees due to US/CAD exchange rate differences.

Base capital costs cover replacement of IT and building operations assets such as personal computers, servers and building cooling system replacement as they reach end of life. The budget contains base capital costs of \$2.738M as noted in Schedule 6.

Expenses – 2026 Projects

To advance the agility pillar of the Strategic Plan, CNO's Project Management Office (PMO) streamlines project delivery through standardized stage-gate processes, real-time dashboard reporting, and proactive portfolio-wide risk management. In addition, CNO has implemented an operational planning framework that strengthens cross-functional collaboration, aligns core team functions, and provides clear guidance for 2026 projects and operational initiatives. This framework also embeds project portfolio prioritization, ensuring resources are allocated to initiatives that deliver the greatest strategic value, support organizational objectives and advance the four Pillars and three Outcomes.

While several projects are well-defined and will continue into 2026, others remain in the concept or issue-definition stage. As a result, precise expenditure estimates for these projects are not yet available.

A preliminary project budget envelope of \$5.0M is proposed for 2026. This amount aligns with the 2025 budget and reflects actual expenditures incurred during 2025.

All projects support the Strategic Plan's direction and operational priorities. Some initiatives directly advance the roadmaps for the four Pillars and three Outcomes, while others serve as enablers by maintaining or enhancing organizational capabilities and operations. The proposed budget covers planned expenditures in the following areas:

- Strategic Plan – resources for projects related to developing the next iteration of the Strategic Plan.
- Regulatory and Operational Enhancements – projects such as labour mobility, single classification of Nurse Practitioner, national collaboration initiatives, and nursing scope of practice.
- Infrastructure Investments – upgrades to CNO's main information system (CRM migration to Cloud), replacement of the human resources information system (HRIS), and data center server migration.

Surpluses, Deficits and Accumulated Surplus Relationship

The forecast annual operating surplus for 2025 is \$1.509M which is \$0.840M higher than the budgeted surplus of \$0.669M.

The expected accumulated unrestricted net assets at the end of 2025 of \$41.287M is higher than the budget by \$0.483M. The increase in the net assets is made up of:

- the combined impact of asset additions and write-offs in 2025 (\$0.454M);
- the higher 2025 opening net assets (+\$0.099M); and
- the higher surplus in 2025 (+\$0.839M).

The draft budget for 2026 estimates an annual operating deficit of \$1.780M. With accumulated unrestricted net assets estimated at \$41.287M at the end of 2025, and after accounting for the 2026 operating deficit of \$1.780M and the impact of net capital assets of \$1.099M, the accumulated operating surplus at the end of 2026 is expected to be \$38.408M. This amount will represent 4.85 months of budgeted operating expenses, which is within the approved guideline of three to six months of the expense budget.

At the end of 2027, the projected unrestricted net assets remain in the guide range at 4.44 months operating coverage. The projection for the years 2028 and 2029 shows unrestricted net assets continue to be in the guideline range at 3.89 and 3.16 months of operating coverage respectively.

Section 2 – Summary of Revenue and Expenses

Schedule 2, the Summary of Revenue and Expenses, identifies:

- total revenues \$93.315M,
- less total base expenses \$90.095M,
- less total project expenses \$ 5.000M, and
- **net operating surplus/(deficit) (\$ 1.780M).**

Total revenues are budgeted to increase by \$3.942M or 4.4% to \$93.315M.

The increase in revenue is primarily due to:

- an increase in registration revenue (+\$4.326M);
- an increase in verification and transcripts revenue (+\$0.044M)
- An increase in interest income (+\$0.427M)
- partially offset by a decrease in application assessment revenue (\$0.449M) and exam and other revenue (\$0.407M)

Total operating expenses are budgeted to increase by \$6.391M (7.2%), to \$95.095M.

This is made up of base operating increase of \$6.391M (7.6%).

The major contributors to the base operating cost increase are:

- salaries and benefits costs resulting from the addition of permanent and temporary FTEs, inflation and market adjustment and progression (+\$7.424M);
- equipment, operating supplies and other services (+\$1.361M);
- exam fees (+\$0.055M);
- decrease in contractors and consultants (\$1.704M);
- lower costs for employee related expenses (\$0.362M);
- lower legal services (\$0.235M);
- lower taxes, utilities and depreciation (\$0.125M); and
- lower non-staff remuneration and expenses (\$0.023M).

Schedule 2

College of Nurses of Ontario
Summary of Revenue and Expenses (\$000)
Draft Operating and Capital Budget for the Year 2026

	2024 Actual	2025 Approved Budget	2025 Forecast	2026 Draft Budget	2026 Budget Over / (Under) 2025 Budget		2027 Proj'n	2028 Proj'n	2029 Proj'n
REVENUES									
Registration fees	73,146	77,625	77,984	81,952	4,326	5.6%	82,477	82,967	83,283
Application assessment	7,673	8,238	7,753	7,789	(449)	(5.4)%	7,731	7,662	7,676
Verification and transcripts	144	114	154	159	44	38.7%	162	164	167
Interest income	3,584	2,157	2,854	2,583	427	19.8%	2,581	2,604	2,439
Examination	698	1,032	690	674	(358)	(34.7)%	686	677	677
Other	194	207	227	158	(49)	(23.8)%	176	235	238
Total Revenue	85,440	89,373	89,662	93,315	3,942	4.4%	93,812	94,309	94,479
EXPENSES									
Employee Salaries and Benefits	56,737	62,000	63,683	69,424	7,424	12.0%	71,232	72,656	74,110
Employee Related Expenses	1,248	2,106	1,370	1,744	(362)	(17.2)%	1,785	1,821	1,858
Non-staff remuneration and expenses	703	886	697	863	(23)	(2.6)%	880	897	915
Contractors and consultants	4,521	4,438	3,601	2,734	(1,704)	(38.4)%	2,598	2,650	2,703
Legal services	6,645	4,050	4,223	3,816	(235)	(5.8)%	3,892	3,970	4,049
Equipment, operating supplies and other services	6,522	8,044	7,474	9,404	1,361	16.9%	9,511	9,701	9,895
Exam fees	142	147	225	202	55	37.6%	206	210	214
Taxes, utilities and depreciation	1,927	2,033	1,920	1,908	(125)	(6.2)%	1,950	1,969	1,981
Total Base Operating Expenses	78,446	83,704	83,192	90,095	6,391	7.6%	92,054	93,875	95,725
Project expenses	3,389	5,000	4,962	5,000	0	0.0%	5,000	5,000	5,000
Total Expenses	81,835	88,704	88,154	95,095	6,391	7.2%	97,054	98,875	100,725
Surplus/(Deficit) of Revenue over Expenses	3,605	669	1,509	(1,780)	(2,450)	(366.1)%	(3,241)	(4,566)	(6,246)
Opening Unrestricted Net Assets	34,688	39,079	39,178	41,287			38,408	35,892	32,065
Net Capital Assets	884	1,055	601	(1,099)			725	739	695
Defined benefit costs - remeasurements and other items	-	-	-	-			-	-	-
Closing Unrestricted Net Assets	39,178	40,804	41,287	38,408			35,892	32,065	26,514
Accumulated Surplus (# of months)	5.74	5.52	5.62	4.85			4.44	3.89	3.16

Section 3 – Registration Numbers and Revenue Summary

Schedules 3a to 3d show registration revenue analysis for the period from 2024 (2019 for 3d) through 2029. Registration projections are based on models that take into account statistical analysis, environmental factors, and other inputs to arrive at a comprehensive projection for each registration revenue source.

All of the information is broken down by Registered Nurse (RN) and Registered Practical Nurse (RPN) categories.

- 3a Registration Numbers – estimate of annual registrants in all registration classes;
- 3b Registration Revenue Transaction Count – estimate of the number of registration transactions of different types;
- 3c Registration Revenue and Fees – the fees and expected revenue based on the number of fee transactions shown in Schedule 3b; and
- 3d Registration Statistics (graph) – tracking registration counts over time

The 2026 budget for registration revenue identifies an increase of 5.6% over the 2025 budget. This is primarily the result of the fee increase, as well as a net increase of 2.8% in registration numbers.

Schedules 3a and 3b provide a breakdown of the number of nurses and transactions (respectively) by fee type within each registration category. This breakdown allows CNO to track exact sources of revenue and reconcile the total revenue by its components (e.g., the number of payments multiplied by the fee will result in the total revenue from that fee source).

Schedule 3c identifies the registration revenue. This schedule is also separated by registration category and fee type. The fees by-law identifies the following fees (excl. HST) for 2026:

- | | | |
|--|-------|------------------------------|
| • Initial Registration | \$437 | (includes annual fee) |
| • Annual Registration Renewal | \$368 | |
| • General/Extended Class Late Fee | \$503 | (includes annual fee) |
| • Non-practising Class Renewal/Initial | \$ 69 | |
| • Non-practising Class Late Fee | \$105 | (includes annual fee) |
| • Reinstatement | \$441 | (includes annual fee) |
| • Reinstatement Penalty | \$676 | (per year worked/used title) |
| • INL Renewal/Initial/Reinstatement Fee | \$276 | |
| • INL Annual Fee Non-practising to Gen/Ext | \$224 | |

The revenue in Schedule 3c does not include application fees. Application fees are in the “Application Assessment” revenue line in Schedule 2.

Schedule 3a

College of Nurses of Ontario Registration Numbers Draft Operating and Capital Budget for the Year 2026

Fee Type	2024 Actual	2025 Approved Budget	2025 Forecast	2026 Draft Budget	2027 Proj'n	2028 Proj'n	2029 Proj'n
RN Renewals On time	120,065	124,500	123,374	127,875	128,627	129,292	130,036
RN Renewals Non-Practising On time	10,272	10,600	9,966	11,495	11,959	12,368	12,368
RN Renewals Non-Practising Late	2,139	2,000	2,757	1,840	1,914	1,980	1,980
RN Renewals Late	5,404	5,500	6,689	5,450	5,463	5,491	5,491
	137,880	142,600	142,786	146,660	147,963	149,131	149,875
RN Reinstatements	775	500	818	841	862	878	896
NP Initials - Extended Class	580	609	546	314	66	64	64
RN Initials - General Class	11,831	11,500	9,869	8,760	8,454	8,172	8,110
RN Initials - Temporary Class	978	1,050	765	794	823	852	881
NP Initial Registration	-	-	-	245	497	501	510
NP Reinstatement Initial Registration	-	-	-	10	12	12	12
RN INL Annual Fee	-	-	1,911	2,346	2,400	2,446	2,484
NP INL Annual Fee	-	-	182	201	214	226	238
RN INL Initial Annual Fee - General Class	-	-	435	289	242	186	165
RN INL Annual Fee Non Prac to Gen/Ext Class	-	-	26	26	27	27	28
RN INL Annual Fee - Reinstatement	-	-	39	40	41	42	43
NP INL Initial Annual Fee	-	-	19	19	18	18	18
Total RN Registrations	152,044	156,259	157,396	160,545	161,619	162,555	163,324
RPN Renewals - On time	55,614	55,963	55,420	56,477	57,013	57,520	57,520
RPN Renewals Non-Practising On time	3,213	3,648	2,976	4,065	4,704	5,340	5,340
RPN Renewals Non-Practising Late	885	672	1,087	757	876	996	996
RPN Renewals Late	3,899	3,537	4,378	3,898	3,929	3,964	3,964
	63,610	63,820	63,861	65,197	66,522	67,820	67,820
RPN Reinstatements	679	407	685	702	719	723	730
RPN Initials - General Class	4,763	4,627	4,497	4,430	4,429	4,429	4,429
RPN Initials - Temporary Class	979	1,000	988	1,072	1,164	1,256	1,348
RPN INL Annual Fee	-	-	432	520	522	524	525
RPN INL Initial Annual Fee - General Class	-	-	86	75	75	75	75
RPN INL Annual Fee Non Prac to Gen Class	-	-	6	6	6	6	6
RPN INL Annual Fee - Reinstatement	-	-	9	9	9	9	9
Total RPN Registrations	70,031	69,854	70,564	72,011	73,446	74,842	74,942
Total Registrations	222,075	226,113	227,960	232,556	235,065	237,397	238,266
2026 Budget Over/(Under) 2025(%)				2.8%			

Schedule 3b

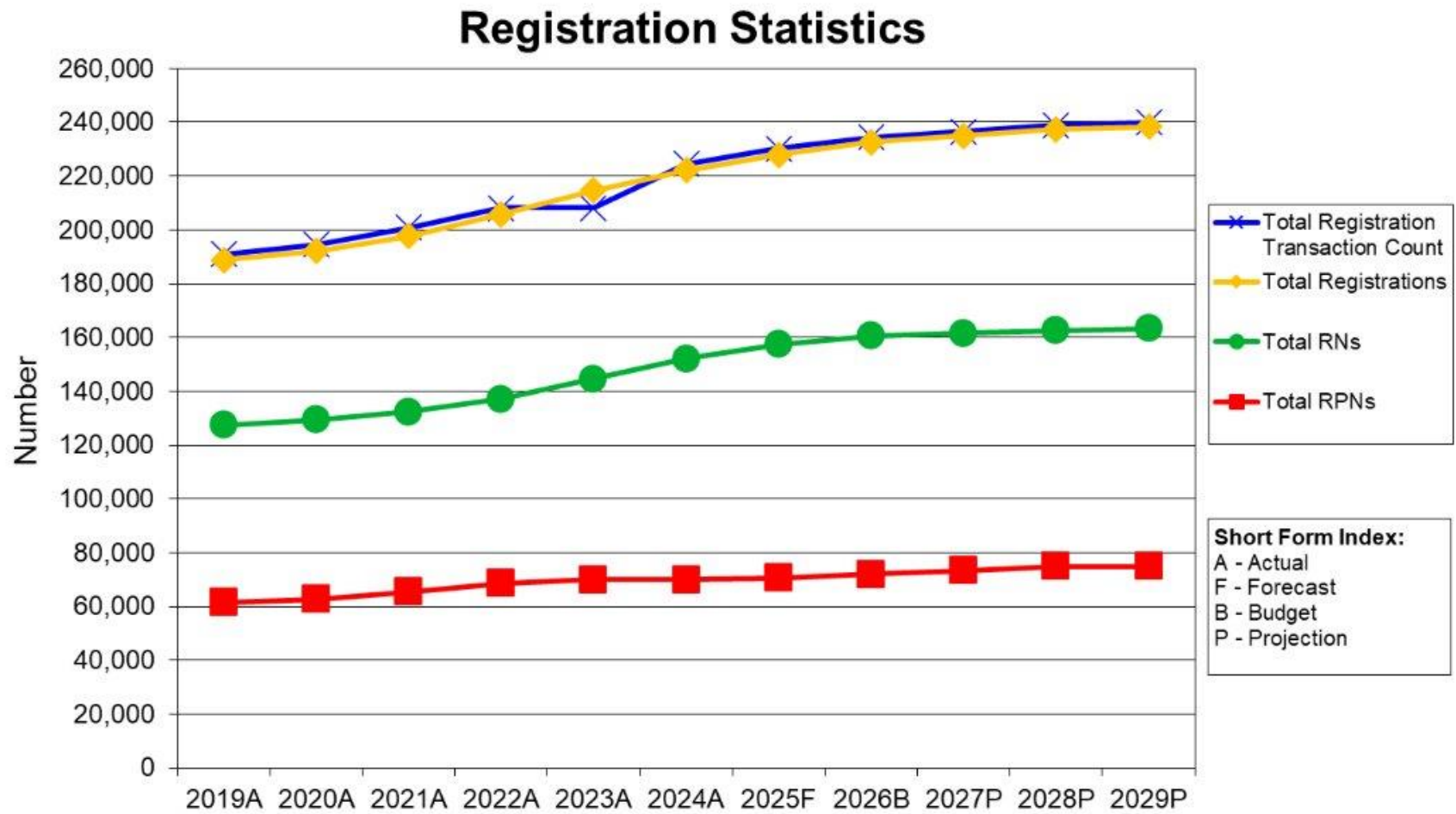
College of Nurses of Ontario Registration Revenue Transaction Count Draft Operating and Capital Budget for the Year 2026

Fee Type	2024 Actual	2025 Approved Budget	2025 Forecast	2026 Draft Budget	2027 Proj'n	2028 Proj'n	2029 Proj'n
RN Renewals On time	120,065	124,500	123,374	127,875	128,627	129,292	130,036
RN Renewals Non-Practising On time	10,302	10,600	9,998	11,495	11,993	12,401	12,401
RN Renewals Non-Practising Late	2,139	2,000	2,757	1,840	1,914	1,980	1,980
RN Renewals Late	5,404	5,500	6,689	5,450	5,463	5,491	5,491
	137,910	142,600	142,818	146,660	147,997	149,164	149,908
RN Reinstatements	521	227	555	574	587	599	608
RN Reinstatements from NonPrac to Gen/Ext	249	268	255	259	267	271	280
RN Lifting Administrative Suspension	428	496	358	370	379	386	392
RN Reinstatement Additional Fee	5	5	8	8	8	8	8
NP Initials - Extended Class	580	609	546	314	66	64	64
NP Specialty Registration	514	532	617	270	-	-	-
RN Initials - General	11,801	11,500	9,837	8,760	8,420	8,139	8,077
RN Initials -Temporary	978	1,050	765	794	823	852	881
RN Temporary to General	691	792	572	507	489	473	469
RN INL Renewal Annual Fee	-	-	1,911	2,346	2,400	2,446	2,484
NP INL Renewal Annual Fee	-	-	182	201	214	226	238
RN INL Initial Annual Fee - General Class	-	-	435	289	242	186	165
RN INL Annual Fee Non Prac to Gen/Ext Class	-	-	26	26	27	27	28
RN INL Annual Fee - Reinstatement	-	-	39	40	41	42	43
NP INL Initial Annual Fee	-	-	19	19	18	18	18
Total RN Registration Transactions	153,677	158,079	158,943	161,692	162,487	163,414	164,185
RPN Renewals - On time	55,614	55,963	55,420	56,477	57,013	57,520	57,520
RPN Renewals Non-Practising On time	3,213	3,648	2,976	4,065	4,704	5,340	5,340
RPN Renewals Non-Practising Late	885	672	1,087	757	876	996	996
RPN Renewals Late	3,899	3,537	4,378	3,898	3,929	3,964	3,964
	63,610	63,820	63,861	65,197	66,522	67,820	67,820
RPN Reinstatements	483	216	490	493	494	495	496
RPN Reinstatements from NonPrac to GEN	176	179	175	189	205	208	214
RPN Lifting Administrative Suspension	333	363	270	277	283	287	291
RPN Reinstatement Additional Fee	20	12	20	20	20	20	20
RPN Initials - General	4,763	4,627	4,497	4,430	4,429	4,429	4,429
RPN Initials - Temporary	979	1,000	988	1,072	1,164	1,256	1,348
RPN Temporary to General	430	428	406	400	400	400	400
RPN INL Renewal Annual Fee	-	-	432	520	522	524	525
RPN INL Initial Annual Fee - General Class	-	-	86	75	75	75	75
RPN INL Annual Fee Non Prac to Gen Class	-	-	6	6	6	6	6
RPN INL Annual Fee - Reinstatement	0	0	9	9	9	9	9
Total RPN Registration Transactions	70,794	70,645	71,240	72,688	74,129	75,529	75,633
Total Registration Transactions	224,471	228,724	230,183	234,380	236,616	238,943	239,818
2026 Budget Over/(Under) 2025 (%)				2.5%			

Schedule 3c

College of Nurses of Ontario
Registration Revenue (\$000) and Fees (\$)
Draft Operating and Capital Budget for the Year 2026

Fee Type	2024 Actual	2025 Approved Budget	2025 Forecast	2026 Fees	2026 Draft Budget	2027 Fees	2027 Proj'n	2028 Fees	2028 Proj'n	2029 Fees	2029 Proj'n
RN Renewals On time	40,822	46,020	43,674	368	47,058	368	47,335	368	47,579	368	47,853
RN Renewals Non-Practising On time	647	700	658	69	793	69	825	69	853	69	853
RN Renewals Non-Practising Late	203	200	276	105	193	105	201	105	208	105	208
RN Renewals Late	2,513	715	3,237	503	2,741	503	2,748	503	2,762	503	2,762
	44,185	47,635	47,845		50,786		51,109		51,403		51,677
RN Reinstatements	70	67	79	441	85	441	87	441	89	441	91
RN Reinstatements from NonPrac to Gen/Ext	69	95	73	299	77	299	80	299	81	299	84
RN Lifting Administrative Suspension	29	35	25	73	27	73	28	73	28	73	29
RN Reinstatement Additional Fee	3	3	5	676	5	676	5	676	5	676	5
NP Initials - Extended Class	59	62	58	69	42	69	24	69	24	69	24
NP Specialty	32	35	41	69	19	69	0	69	0	69	0
RN Initials - General	4,758	4,819	4,134	437	3,815	437	3,682	437	3,559	437	3,532
RN Initials -Temporary	394	441	321	437	347	437	360	437	372	437	385
RN Temporary to General	44	52	38	69	35	69	34	69	33	69	32
RN INL Renewal Annual Fee	0	0	507	276	647	276	662	276	675	276	686
NP INL Renewal Annual Fee	0	0	48	276	55	276	59	276	62	276	66
RN INL Initial Annual Fee - General Class	0	0	115	276	80	276	67	276	51	276	46
RN INL Annual Fee Non Prac to Gen/Ext Class	0	0	6	224	6	224	6	224	6	224	6
RN INL Annual Fee - Reinstatement	0	0	10	276	11	276	11	276	12	276	12
NP INL Initial Annual Fee	0	0	5	276	5	276	5	276	5	276	5
Total RN Registration	49,643	53,245	53,312		56,079		56,290		56,476		56,750
RPN Renewals - On time	18,909	19,811	19,619	368	20,784	368	20,981	368	21,167	368	21,167
RPN Renewals Non-Practising On time	201	239	195	69	279	69	323	69	367	69	367
RPN Renewals Non-Practising Late	84	67	109	105	79	105	92	105	105	105	105
RPN Renewals Late	1,813	1,712	2,119	503	1,961	503	1,976	503	1,994	503	1,994
	21,007	21,829	22,042		23,103		23,372		23,633		23,633
RPN Reinstatements	71	61	75	73	78	73	78	73	78	73	78
RPN Reinstatements from NonPrac to GEN	49	63	50	299	57	299	61	299	62	299	64
RPN Lifting Administrative Suspension	22	25	19	73	20	73	21	73	21	73	21
RPN Reinstatement Additional Fee	13	8	13	676	14	676	14	676	14	676	14
RPN Initials - General	1,921	1,945	1,890	437	1,937	437	1,937	437	1,937	437	1,937
RPN Initials - Temporary	395	420	415	437	468	437	509	437	549	437	589
RPN Temporary to General	27	28	27	69	28	69	28	69	28	69	28
RPN INL Renewal Annual Fee	0	0	115	276	144	276	144	276	145	276	145
RPN INL Initial Annual Fee - General Class	0	0	23	276	21	276	21	276	21	276	21
RPN INL Annual Fee Non Prac to Gen Class	0	0	1	224	1	224	1	224	1	224	1
RPN INL Annual Fee - Reinstatement	0	0	2	276	2	276	2	276	2	276	2
Total RPN Registration	23,504	24,380	24,671		25,873		26,188		26,490		26,533
Total Registration Revenue	73,146	77,625	77,984		81,952		82,477		82,967		83,283
Budget Over/(Under) (%)					5.6%						



Section 4 – Expense Category Analysis and Project Summary

The presentation of the 2026 budget is based on a CNO-wide operating budget that includes base operations and project activities. Some projects may also contain capital costs. All capital expenditures are listed in detail in Section 6.

Staff salaries and benefits have been budgeted using standard rates arrived at by averaging the actual salaries and benefits of all staff at each level. Utilizing standard rates facilitates explanation of variances arising from labour resources and removes the impact of events (e.g., actual negotiated salary) that are outside the control of an individual manager from that manager's reported results. Additionally, the use of standard rates prevents the disclosure of the actual salaries of individual employees while improving visibility of labour costs across the organization.

Schedule 4 provides an explanation by expense category of the changes in budgeted base operating costs for the entire organization. Actual base expenses for 2024, the budget and forecast for 2025, and the draft budget for the year 2026 have been included for comparison purposes.

Schedule 4

College of Nurses of Ontario
Base & Projects Operating Budget Summary (\$000)
Draft Operating and Capital Budget for the Year 2026

Expense Category	2024 Actual	2025 Approved Budget	2025 Forecast	2026 Draft Budget	2026 Budget Over / (Under) 2025 Budget		Comments
Salary & Benefits	56,737	62,000	63,683	69,424	7,424	12.0%	The 2026 budget includes costs for the net addition of 31 new permanent positions, as well as progression and compensation changes for existing staff. Of these 31 new permanent positions, 19 were added in 2025 in address growing workloads and advanced key organizational priorities. The new positions are required to: - manage increasing volume and complexity of the work - support the achievement of CNO's mandate and strategic objectives - ensure timely response to operational and regulatory demands.
Employee Related Expenses	1,248	2,106	1,370	1,744	(362)	(17.2)%	The 2026 budget includes a decrease in costs in conference and skills development, professional development and staff recruitment based on actual 2025 trend and some cost savings initiatives.
Non-Staff Remuneration & Expenses	703	886	697	863	(23)	(2.6)%	The decrease is driven by a lower than budgeted stipend claims in 2025, offset by anticipated rate increases resulting from inflation adjustments.
Contractors & Consultants	4,521	4,438	3,601	2,734	(1,704)	(38.4)%	The 2026 budget reflects lower contractor and management consulting costs, as we focus on building internal capacity rather than relying on external support to deliver CNO's initiatives and priorities.
Legal Services	6,645	4,050	4,223	3,816	(235)	(5.8)%	The 2026 budget is slightly lower compared to 2025, primarily due to increased case volumes in recent years, which necessitated the addition of in-house legal counsel. This adjustment helps offset the increases in Salary and Benefits costs.
Equipment, Operating Supplies & Telecom Services	4,152	5,128	4,720	6,032	903	17.6%	The 2026 budget is higher mainly due to additional costs for licensing costs and rate increases from vendor.
Other Services	2,370	2,915	2,753	3,373	457	15.7%	The increase in the 2026 budget is attributed to higher credit card fees resulting from increase in volume from registrant activity, increase in registrant fees, and slightly higher payroll processing charges reflecting staff growth.
Examination Fees	142	147	225	202	55	37.6%	The 2026 budget increase is primary due to higher USD to CAD exchange rate increase for the Regulatory Exam- Practical Nurse (REx-PN).
Taxes & Utilities	241	248	264	269	21	8.6%	The 2026 budget is higher due to increases in property taxes and utilities.
Depreciation Expenses	1,686	1,786	1,656	1,639	(147)	(8.2)%	The decrease in the 2026 budget compared to 2025 is due to the timing in additional capital expenditures planned in 2025.
Base Total	78,446	83,704	83,192	90,095	6,391	7.6%	
Project Expenses	3,389	5,000	4,962	5,000	0	0.0%	The 2026 budget project envelope of \$5M is to support ongoing and new projects which includes: - Increased investment in upgrading information systems - Regulatory and operational enhancements - Projects aligned with 2026 priorities and those supporting the completion of the current strategic plan.
Total	81,835	88,704	88,154	95,095	6,391	7.2%	

Section 5 – Compensation and Staffing

In determining the annual provision for compensation, the following were considered:

- the Compensation Principles approved by Council (see next page); and
- CNO's fiscal situation, both in the coming year and the projected years.

The Compensation Principles provide direction that factor in a number of key considerations when looking at compensation changes. This year, these considerations included:

- the rate of inflation since the last time salaries were adjusted, and
- the need to attract and retain the resources required to progress on the Strategic Plan and maintain effective regulatory and supporting functions.

The Advisory Committee on Human Resources reviewed the changes to the compensation components incorporated into the 2026 budget. In its report, the Advisory Committee advised the Finance & Risk Committee that it believes that these changes are congruent with the Compensation Principles approved by Council and with best practices in human resources.

CNO's 2026 proposed compensation budget is \$69.424M excluding agency staffing. This is 73% of the overall expense budget. Employee benefits are 29.21% of the compensation budget. The 2026 compensation budget is \$7.424M (12.0%) higher than the 2025 budget. This increase is mainly due to:

- additional staff (\$3.784M);
- compensation and benefit cost increases (\$2.720M); and
- progression of staff within existing salary ranges (\$0.920M).

The labour budget increases are primarily due to the net addition of 26.05 full time equivalents (FTE)¹. This is made up of changes in temporary and permanent staff FTEs and is comprised of:

- net new positions added in 2025, but not in budget (19.8 FTE); and
- additional positions requested for 2026 (6.3 FTE).

In addition to supporting progress on the Strategic Plan, the added resources are required to address increased volume of activities, operational improvements, and increased demands on the organization with respect to DEI, governance, and responses to evolving regulatory needs.

The increase in staff compensation exceeds that of previous years, even as inflation adjustments remain relatively low. Benefit costs have continued to rise at a faster rate, despite negotiations that helped temper the overall increase. This rise is largely attributable to the insurer's cost experience with CNO and comparable organizations.

Overall, the proposed budget adds 31 permanent staff by the end of 2026, bringing the total permanent headcount (HC)² to 475. Of the 31, 19 permanent positions were added during 2025 in response to increasing workloads and CNO's efforts to respond to the needs of the healthcare system.

Details are provided in Schedule 5.

¹ Full time equivalent (FTE) is a way of adding up the hours of full-time, part-time and various other types of employees into measurable 'full-time' units.

² Headcount (HC) is the count of each individual employee expected to be actively employed by CNO on a given date (usually December 31).

Compensation Principles³

Purpose

To support an organizational culture of performance excellence by enabling CNO to hire and retain engaged and motivated staffing resources who achieve CNO's mandate.

Definitions

Compensation:

For the purpose of these principles, compensation is defined to include the following components:

- Annual salary/hourly rates of pay;
- Rewards and recognition to include merit payments, ad hoc performance recognition, growth and learning opportunities;
- Benefits to include insured coverages (such as health and dental) and non-insured plans (such as time away allotments); and
- Retirement savings arrangements to include registered pension plans and Group RRSPs.

CNO's Employment Market:

CNO's primary employment market is defined to be: other regulatory organizations. CNO's general employment market is defined to include: the primary employment market and non-profit organizations; Ontario Public Service; municipal governments; post secondary institutions (colleges and Universities); health care; and, on a targeted basis, private sector organizations with which CNO competes for resources.

Principles

As foundational assumptions to all Compensation Principles, CNO is committed to ensuring:

- its decisions and activities comply with all relevant legislation; and
- information about individual staff compensation is confidential.

Externally Competitive:

Achieve and maintain competitive positioning relative to other employers within CNO's general employment market, as defined, on a total compensation basis. CNO's desired competitive position shall not be less than the market median and may be allowed to lead on a total compensation basis within its general employment market.

Internally Equitable:

Develop and consistently apply fair and transparent practices and policies to administer CNO's compensation programs for all job applicants and employees.

Individually Equitable:

Ensure compensation-related practices and decisions are ethically, consistently, objectively and equally applied to all employees, with the result that employees perceive and experience fair treatment.

³ Approved by Council, June 2011

Revised, December 2013, December 2015, March 2020, June 2025

Schedule 5

**College of Nurses of Ontario
Permanent and Temporary Staff FTE
Draft Operating and Capital Budget for the Year 2026**

Team	2024 FTE	2025 FTE	2026 FTE
CEO	234.6	239.9	256.9
COO	177.9	186.8	196.6
Total	412.5	426.6	453.5

Position Type	2024 FTE	2025 FTE	2026 FTE
Permanent	405.1	422.6	449.5
Temporary	7.4	4.0	4.0
Total	412.5	426.6	453.5

**College of Nurses of Ontario
Labour Budget (\$000)
Draft Operating and Capital Budget for the Year 2026**

	2024 FTE Budget	2025 Approved Budget	2026 Draft Budget	2026 over 2025
Permanent	57,534	62,294	67,892	5,598
Temporary	1,096	589	637	47
Total	58,630	62,883	68,528	5,645

**College of Nurses of Ontario
Permanent Headcount
Draft Operating and Capital Budget for the Year 2026**

Team	2024 HC	2025 HC	2026 HC
CEO	246	248	269
COO	180	196	206
Total	426	444	475

Section 6 – Capital Budget

Schedule 6, the draft capital budget, identifies proposed building improvements, new or replacement furniture, equipment, and software purchases for the 2026 budget year, along with projected estimates through 2029. The listing of capital expenditures is grouped by fixed asset category.

According to CNO's accounting policy, an item is capitalized when it has a useful life of more than one (1) year **and** its value is greater than \$500. For example, a personal computer (PC) purchased for \$2,000 would be capitalized because it has a useful life of more than 1 year **and** the value is greater than \$500. On the other hand, a computer hard drive purchased for \$400 is not capitalized even though the estimated useful life is greater than 1 year because the cost is less than \$500.

The 2026 capital budget and 2027-2029 projections concentrate on two areas: building and technology infrastructure.

- Building
 - Capital expenditures for building improvements of \$0.124M in 2026. From 2027 to 2029, projected investments include \$0.35M for building improvements and \$0.45M combined for furniture and equipment.
- Technology
 - The 2026 budget has a provision of \$2.614M for hardware refresh and software; and
 - From 2027 to 2029, projected investments include \$2.1M combined for hardware and software.

Schedule 6
College of Nurses of Ontario
Capital Budget and Projections (\$000)
Draft Operating and Capital Budget for the Year 2026

2026

Fixed Asset Category	Description	2026
Furniture & Fixture	Furniture	0
Equipment	Equipment	0
Computer Hardware	Personal computers, servers, other hardware	2,521
Computer Software	Capitalized software costs	93
Building	Building	0
Building Improvement	Building Improvements	124
Total Capital for 2026		2,738

2027

Fixed Asset Category	Description	2027
Furniture & Fixture	Furniture	100
Equipment	Equipment	50
Computer Hardware	Personal computers, servers, other hardware	600
Computer Software	Capitalized software costs	100
Building	Building	0
Building Improvement	Building Improvements	100
Total Capital for 2027		950

2028

Fixed Asset Category	Description	2028
Furniture & Fixture	Furniture	100
Equipment	Equipment	50
Computer Hardware	Personal computers, servers, other hardware	600
Computer Software	Capitalized software costs	100
Building	Building	0
Building Improvement	Building Improvements	100
Total Capital for 2028		950

2029

Fixed Asset Category	Description	2029
Furniture & Fixture	Furniture	100
Equipment	Equipment	50
Computer Hardware	Personal computers, servers, other hardware	600
Computer Software	Capitalized software costs	100
Building	Building	0
Building Improvement	Building Improvements	150
Total Capital for 2029		1,000

Section 7 – Projection Assumptions for 2027-2029

CNO is considered a leader in delivering on its regulatory mandate. To maintain its leadership position, CNO is required to focus on operational enhancements and progress on its strategic plan. This requires continuous improvement of base operations and investments through projects that contribute to the future well-being of the organization. Over the coming years, several key projects and initiatives will move into their operational and implementation phase, including the completion of major components of 2021-2026 Strategic Plan and the development and implementation of the 2027-2031 Strategic.

Maintaining and improving on operating results across regulatory and support functions, while investing in realizing the Strategic Plan will continue to be a priority. CNO will be prepared to respond to increases in volumes, adding resources where needed. Costs associated with responding to significant volume increases have not been included in the plan.

The projections do not have provisions for the impact of any legislation changes that might emerge between 2027 and 2029.

The projections contain \$5.0M, \$5.0M, and \$5.0M for project expenditures in 2027, 2028, and 2029, respectively.

The projections reflect revenue changes resulting from expected changes in registrant and applicant volumes.

Year 2027

Revenues:

- Overall fee related revenues continue to increase due to increased registration.
- Growth in registration numbers is expected to continue at a slower pace. Application income is expected to decrease.
- Interest revenue is expected to decrease primarily due to falling interest rates and declining accumulated surplus.

Expenses:

- General inflation of 2.0%
- Nurses' Health Program will continue operations
- Increased headcount to manage growth in registrant and applicant volumes
- Enhancements to IT infrastructure to support technological advancement, mitigate future risk and impact of cyber incidents
- Execution of elements of the 2027-2031 Strategic Plan will commence

Accumulated Surplus:

CNO will incur an annual operating deficit of \$3.241M that will result in unrestricted net assets of \$35.892M or 4.44 months of operating costs coverage at the end of the year. This falls within the Finance & Risk Committee guideline of a minimum of three months and maximum of six months. Given the projected deficit in 2027 and the desire to avoid large fee increases every 4-5 years, the financial results for 2026 and the proposed budget for 2027 will be assessed to see whether smaller annual fee increases should be recommended to begin in 2027.

Year 2028

Revenues:

- Growth in registration numbers is expected to remain consistent with previous years
- Application income is expected to decrease slightly

Expenses:

- General inflation of 2.0%
- Increased headcount to manage growth in registrant and applicant volumes
- Normal level of investments in operational improvements and new initiatives
- Execution of elements of the 2027 - 2031 Strategic Plan will continue

Accumulated Surplus:

CNO will incur an annual operating deficit of \$4.566M (assuming no fee changes) that will result in net unrestricted assets of \$32.065M or 3.89 months operating coverage. This falls within the Finance & Risk Committee guideline of a minimum of three months and maximum of six months.

Year 2029

Revenues:

- Growth in registration numbers is expected to remain consistent with previous years
- Application income is expected to decrease slightly

Expenses:

- General inflation of 2.0%
- Increased headcount to manage growth in registrant and applicant volumes
- Normal level of investments in operational improvements and new initiatives
- Execution of elements of the 2027 - 2031 Strategic Plan will continue

Accumulated Surplus:

CNO will incur an annual operating deficit of \$6.246M (assuming no fee changes) that will result in unrestricted net assets of \$26.514M or 3.16 month's operating coverage. This falls within the Finance & Risk Committee guideline of a minimum of three months and maximum of six months. However, a fee increase may need to be considered to prevent further decline in operating coverage.

Section 8 – Financial Position

Schedule 8 identifies the assets, liabilities, and net assets (surplus) that CNO has or is projected to have as a result of this budget. It covers the period from 2024 to 2029.

Assets are current or long term:

- **Current assets** are cash or assets that can readily be changed to cash in a short period of time.
- **Long term assets** are assets that cannot be turned into cash or expensed within one year, such as long-term investments and fixed assets (building, equipment etc.).

The values of fixed assets on the balance sheet are net of accumulated depreciation. Depreciation is an accounting representation of the reduction in useful life of assets over time through wear or technological change.

Liabilities are current or long term.

- **Current liabilities** are the debts owed by CNO for services, supplies, or asset purchases for which a commitment (by contract or receipt) has been made by CNO to pay within one year.
- **Long term liabilities** are the debts owed by CNO for services, supplies, or asset purchases for which a commitment (by contract) has been made by CNO to pay over a period of time greater than one year (e.g., a mortgage). CNO has no long-term debt.

Net Assets are the residual of all assets less all liabilities. The result represents the net worth or net book value of CNO, according to the financial records.

- **Invested in Capital Assets** represents the accumulated value of the cost of long-term assets purchased over time (net of accumulated depreciation/amortization) less any long-term debt associated with those assets. CNO's planned capital surplus of \$9.443M at the end of 2026 represents funds available to purchase additional capital assets. This surplus is considered to be restricted for the purposes of capital asset replacements.
- **Unrestricted Net Assets** represents the accumulated annual operating surpluses, net of accumulated annual operating deficits and net of the accumulated amount **Invested in Capital Assets**, generated each year since the inception of CNO. An accumulated operating surplus of \$38.408M is the result of the 2026 draft budget. These funds are considered to be unrestricted in their use.

Schedule 8

College of Nurses of Ontario
Statements of Financial Position as at December 31 (\$000)
Draft Operating and Capital Budget for the Year 2026

	2024 Actual	2025 Approved Budget	2025 Forecast	2026 Draft Budget	2027 Proj'n	2028 Proj'n	2029 Proj'n
ASSETS							
Current Assets:							
Cash	66,894	74,644	69,955	77,371	81,871	79,040	74,386
Investments	41,425	31,478	40,951	41,348	35,219	35,080	35,070
Sundry receivables	268	100	100	100	100	100	100
Prepaid expenses	1,831	1,200	1,200	1,200	1,200	1,200	1,200
	<u>110,417</u>	<u>107,422</u>	<u>112,206</u>	<u>120,019</u>	<u>118,390</u>	<u>115,420</u>	<u>110,755</u>
Investments	11,938	10,968	5,874	0	0	0	0
Capital Assets	11,244	10,298	8,131	9,231	8,499	7,745	7,037
Intangible Assets	208	277	214	212	220	234	247
	<u>23,391</u>	<u>21,543</u>	<u>14,219</u>	<u>9,443</u>	<u>8,718</u>	<u>7,979</u>	<u>7,284</u>
Total Assets	<u>133,808</u>	<u>128,965</u>	<u>126,425</u>	<u>129,463</u>	<u>127,109</u>	<u>123,400</u>	<u>118,039</u>
LIABILITIES							
Current Liabilities:							
Accounts Payable & Accrued Liabilities	18,195	13,703	13,500	13,770	14,183	14,609	15,047
Deferred Membership Fees	64,982	63,884	63,293	67,842	68,316	68,747	69,195
	<u>83,177</u>	<u>77,586</u>	<u>76,793</u>	<u>81,612</u>	<u>82,499</u>	<u>83,355</u>	<u>84,242</u>
NET ASSETS							
Invested in Capital Assets	11,453	10,575	8,345	9,443	8,718	7,979	7,284
Unrestricted	39,179	40,804	41,287	38,408	35,892	32,065	26,514
	<u>50,631</u>	<u>51,378</u>	<u>49,632</u>	<u>47,851</u>	<u>44,610</u>	<u>40,044</u>	<u>33,798</u>
Total Liabilities and Net Assets	<u>133,808</u>	<u>128,965</u>	<u>126,425</u>	<u>129,463</u>	<u>127,109</u>	<u>123,399</u>	<u>118,039</u>

Section 9 – Cash Flow

Schedule 9 identifies the activities that generate cash and the use of cash through a year. Annual operating surpluses generate cash while the purchases of capital assets use cash. The schedule covers a period from 2024 to 2029 inclusive.

Schedule 9

College of Nurses of Ontario
Statements of Cash Flows (\$000)
Draft Operating and Capital Budget for the Year 2026

	2024 Actual	2025 Forecast	2026 Draft Budget	2027 Proj'n	2028 Proj'n	2029 Proj'n
Cash flows from operating activities						
Excess of expenses over revenues for the period	3,606	1,509	(1,780)	(3,241)	(4,566)	(6,246)
Adjustments to determine net cash provided by (used in) operating activities						
Amortization of capital assets	1,595	1,568	1,545	1,583	1,604	1,608
Amortization of intangible assets	85	88	94	93	85	87
Loss on disposal of asset	7	-	-	-	-	-
(Increase) decrease net pension expenses over funding	-	-	-	-	-	-
Interest not received during the year capitalized to investments	(807)	(731)	(475)	(219)	(80)	(70)
Interest capitalized on investments	810	895	795	836	219	80
	5,296	3,329	179	(949)	(2,738)	(4,540)
Change in non-cash working capital						
Decrease (increase) in sundry receivables	125	168	-	-	-	-
(Increase) decrease in prepaid expenses	(325)	631	-	-	-	-
Increase (decrease) in accounts payables and accrued liabilities	3,550	(4,695)	270	413	425	438
Increase (decrease) in deferred membership fees	4,449	(1,689)	4,548	474	431	448
	13,096	(2,256)	4,998	(62)	(1,881)	(3,654)
Cash flows from investing activities						
Purchase of investments	(58,953)	(49,156)	(35,000)	(35,000)	(35,000)	(35,000)
Proceeds from disposal of investments	51,913	55,529	40,156	40,513	35,000	35,000
Purchase of capital assets	(802)	(962)	(2,645)	(850)	(850)	(900)
Purchase of intangible assets	0	(93)	(93)	(100)	(100)	(100)
	(7,842)	5,318	2,418	4,563	(950)	(1,000)
Net (decrease) increase in cash during year	5,254	3,061	7,416	4,500	(2,831)	(4,654)
Cash, beginning of the period	61,640	66,894	69,955	77,371	81,871	79,040
Cash, end of the period	66,894	69,955	77,371	81,871	79,040	74,386

Attachment 4

~~Strikethrough~~ – Deletion

Red font – Additions

STIPEND POLICY

Overview

Stipend is a fixed amount, agreed upon by Council, which is given to members in recognition of the service provided on Council and committees or in carrying out Council business. Stipend is not salary replacement.

All claimable stipends (item #3) must be submitted on CNO's Council and Committee member Stipend Claim Form (see Attachment for details).

1. Daily Stipend Amount¹

Stipends are based on a 7-hour day.

Stipends payable under this policy are:

- a) ~~\$320.00~~330 per stipend day for members²
- b) \$435.00 per stipend day for Chairs of statutory committees and statutory committee panel chairs, when chairing meetings, including deliberations and reason writing (when done by the panel)
- c) \$435.00 per stipend day for the ~~President~~Council Chair for any meeting attended or chaired on behalf of CNO
- d) ~~\$375.00~~380 per stipend day for each Vice-President Chair for any meeting attended or chaired on behalf of CNO

2. Automatic Stipend

A stipend under this policy will be automatically paid:

- a) for time in attendance at meetings of Council and committees
 - i) for virtual meetings, attendance is pro-rated and will be calculated based on the start and end times of the meeting, rounded up to the nearest half hour
 - ii) for in person meetings (as requested by CNO), attendance will be calculated based on the duration of time for which the member was booked or the length of the meeting rounded up to the nearest half hour, whichever is greater

3. Claimable Stipend

A stipend payment under this policy may be claimed for:

- a) review of preparatory materials provided by CNO for any committee meeting the member is required to attend, to a maximum of the amount of time spent preparing

¹ Benchmarks for the stipend amount include the ONA Contract or Statistics Canada CPI for Ontario - all items, whichever is greater.

² Member rates are not applicable for Chairs.

- b) time spent drafting **and reviewing** the **decision and** reasons ~~and decision~~ of a Discipline or Fitness to Practise hearing when the member has been assigned the task of drafting/reviewing reasons on behalf of a panel and is doing the work on their own time
- c) **the review and signing of decisions post-meeting for each meeting by the Inquiries, Complaints and Reports Committee panel chair, up to a maximum of 3 hours**
- ~~e)~~d) salary loss from an employer (part or whole shift) up to one stipend day (7 hours) where a member³ cannot recover the lost salary by rearranging their work schedule for:
 - i) attending part-day meetings for which a member needs to book off a full shift. **A stipend will be paid for the difference between time in attendance at a meeting and the hours for a shift that was otherwise lost, and when the member or their employer receives a part day or a one-day stipend**
 - ii) ~~time committed to meetings which are unexpectedly cancelled or prematurely terminated,~~
 - ii) ~~a shift or part shift booked off to travel to scheduled meetings, which CNO has required that the member attend in person, and which are unexpectedly cancelled, and~~ **time committed to meetings which are unexpectedly cancelled with less than 6 weeks' notice, including a shift or part shift booked off to travel to or from scheduled meetings where CNO has requested that the member attend in person**
 - iii) ~~time while otherwise engaged in Council business for which prior authorization has been confirmed~~
- ~~g)~~e) salary loss, if the member takes a vacation day to travel to or from a meeting at CNO or another location, on CNO's request **(if not claimed for under 3 d)**
- ~~d) the difference between the stipend paid for time in attendance at a meeting and the hours for a shift that was otherwise lost, when the member or their employer receives a part day or a one-day stipend~~
- ~~e) time while otherwise engaged in the business of Council for which prior eligibility for stipend has been confirmed~~
- f) preparatory time payable under 3(a) if a member is suddenly and unexpectedly unable to attend a meeting and has done the preparatory work
- ~~e)~~g) time while otherwise engaged in the business of Council for which prior eligibility for stipend has been confirmed
- ~~g) salary loss, if the member takes a vacation day to travel to or from a meeting at CNO or another location, on CNO's request~~

4. **President's Council Chair Honorarium**

The ~~President's~~ **Council Chair** annual honorarium is \$12,000 for 2024 and \$15,000 for 2025, adjusted thereafter in accordance with the process noted below.⁴

³ Applies to members who work full-time, part-time, and/or casual.

⁴ The increase to the honorarium will be based on the cumulative inflationary increase since the last time the honorarium was adjusted, calculated using [Statistics Canada's CPI](#) for Ontario - all items, rounded up to the nearest \$100.

5. Payee

Stipends/honorarium will be paid to the incumbent in the position unless the incumbent directs CNO to pay their employer.

- a) If paid to the incumbent: Canada Pension Plan contributions and Income Tax (based on information provided by the incumbent in their TD1 tax form) are deducted from stipend/honorarium payments. A tax form is issued **after** at the end of the calendar year.
- b) If paid to the incumbent's employer: no deductions are made, and a tax form is not issued.

Approved by Council: December 7, 2023
Effective: January 1, 2024
Next Review: Fall 2025

EXPENSE POLICY

Overview

The following policy sets out expenses that CNO will cover when CNO requires that a member attend a meeting in person.¹

CNO does not pay expenses to members for attending meetings remotely.

CNO will either reimburse the member for out-of-pocket expenses that are allowed under these policies, on receipt of a completed expense claim form, or will arrange and prepay for select services (e.g., hotel accommodation including taxes and air travel). All out of pocket expenses need to be claimed on CNO's Council and Committee member Expense Claim Form (see Attachment for details).

Member Responsibilities

Members are expected to be fiscally responsible in the use of services, attempting where possible to minimize costs to CNO through selection of the most cost-effective alternative and/or through sharing of services (e.g., taxis) where possible.

Members are expected to follow the travel policies and procedures.

Specific Policies

1. Overnight Accommodation

Only members who live more than 40 kilometres from the meeting site², are eligible to be reimbursed the cost of overnight accommodation:

- i.) Hotel/Motel: All hotel bookings must be made with CNO's travel service provider. The costs for room and taxes are billed directly to CNO³.
 - o CNO will cover the cost of hotel accommodations when hotel stays are booked with the travel service provider within 5 business days following the notification of an in-person meeting⁴.

¹ CNO staff will assess the need for in-person meetings and provide members with advance notice for planning purposes.

² Eligibility to stay in a hotel will be decided based on the shortest travel distance between the member's home and the meeting site on Google maps.

³ CNO staff will advise the travel service provider of the dates required for overnight accommodation. If members require longer stays, they must seek pre-approval from staff.

⁴ Hotels must be booked within 5 business days following notification of an in-person meeting even if the member is unable to confirm their attendance within that timeframe. Most hotels can be cancelled without penalty up to 48 hours in advance of the date booked.

- ii.) Short-term rental: To be eligible for reimbursement, the cost of the short-term rental must be equal to or less than the cost of a hotel at the location of the booking (exclusive of taxes). Members must verify hotel rates with CNO's travel service provider.
- iii.) Private Accommodation: Members who are eligible to be reimbursed the cost of overnight accommodation may claim an allowance of \$50.00 per night, without receipt, when staying in private accommodation.

If a meeting has been cancelled in advance and the member notified, the member must either:

- for hotel/motel accommodation: ask CNO's travel service provider to cancel the reservation, or
- for short-term rental: cancel the reservation.

If the request to cancel the reservation is not made within 2 business days of being notified, the member will be responsible for the costs incurred, if any.

On checking out of either a hotel or short-term rental, the member is responsible for checking the bill and verifying that the charges are correct.

2. Travel

CNO will cover the costs of travel from the member's electoral district (either home or work) to the meeting site. Travel expenses claimed must reflect reasonable travel arrangements, considering time efficiency and cost economy.

The following are allowable expenses for transportation related to CNO business:

- i) Economy airfare booked with CNO's travel service provider
 - o Airfare costs include advanced standard seat selection and checked baggage fees⁵
 - o Members must book air travel with CNO's travel service provider, within 5 business days following the notification of the meeting date and the requirement that they attend in person⁶.
- ii) Train travel (can be booked with CNO's travel service provider or by the member)
 - o Economy class for train journeys of two hours or less, or
 - o Business class for train journeys exceeding two hours
- iii) Bus
- iv) Private automobile use reimbursed at the rate populated on the Expense Claim Form⁷
- v) Parking for private automobile
- vi) Car rental
- vii) Use of the Union Pearson (UP) Express between Pearson International Airport and the city centre
- viii) Taxi fare or ride-sharing service plus gratuities (the greater of \$2.00 or ~~18%~~ 20% of the fare)

⁵ The cost of checked baggage is a reimbursable expense.

⁶ If members are unable to confirm ability to attend an in-person meeting within 5 business days following notification of the meeting, they must contact the meeting organizer for further direction.

⁷ The approved car allowance is equal to the applicable maximum allowable Canada Revenue Agency rate less 2 cents per kilometre.

- ix) Bus/subway fare (no receipt required)
- x) GO Transit and
- xi) Toll roads
- o when travel time can be reduced and the trip occurs between the following times, Monday to Friday other than a holiday:
 - a. 6:00 a.m. to 10:00 a.m., or
 - b. 4:00 p.m. to 8:00 p.m.

Members should hold automobile insurance including \$1M for third party liability for any vehicle used for travel to CNO.⁸

CNO provides all members with accidental death and dismemberment insurance in the principal sum of \$100,000. This insurance provides 24-hour protection for members while travelling on CNO business.

Members who are asked (on an emergency basis) to alter personal travel arrangements to support CNO business, may be eligible for reimbursement of the difference in costs (e.g., change fees) associated with making the change. Each request for reimbursement will be considered on a case-by-case basis and requires prior approval by the Chief ~~Administrative~~ **Operating** Officer. Members will be required to submit a written request, including documentation of the additional costs and options considered, provided by CNO's travel service provider. Requests can be forwarded to the **applicable Council/committee administrator** staff contact ~~or the Council Affairs Coordinator~~.

3. Meals

The cost of meals for travelling members is a reimbursable expense. Reimbursement maximums include taxes and gratuities, and CNO will reimburse gratuities for meals to a maximum of 20% of the total bill. Requests for reimbursement must be accompanied by the itemized meal receipt and payment slip.

- i.) Individual meal reimbursement maximums are as follows:
 - o Breakfast ~~\$ 30~~ **\$40**
 - o Lunch \$ 40
 - o Dinner \$ 80
- ii.) For one full day that includes a minimum of 2 mealtimes during which meals were purchased and for which reimbursement is requested, a daily meal reimbursement maximum will apply as follows:
 - o Breakfast & Lunch ~~\$ 70~~ **\$80**
 - o Breakfast & Dinner ~~\$ 110~~ **\$120** (i.e., lunch is provided)
 - o Lunch & Dinner \$ 120 (i.e., breakfast is provided)
 - o Breakfast, Lunch & Dinner ~~\$ 150~~ **\$160**

Where CNO provides meals and beverages during meetings, the cost of replacing that meal or beverage is not an allowable expense.

⁸ This is a requirement of CNO's insurance provider.

The cost of meals upon arrival in a member's hometown is not an allowable expense.

In-town members may claim the cost of a meal with Council or committee members for business purposes.

4. Incidentals

A daily incidental allowance of \$20.00 may be claimed without supporting receipts each night for which the member used hotel accommodation.

5. Non-Reimbursable Expenses

CNO will not reimburse for the following expenses:

- child or elder care
- personal services (e.g., dry cleaning)
- movie rentals
- parking violations
- tips for porters, housekeeping (covered by incidentals) and
- telephone calls (covered by incidentals)

6. Cancelled Meetings and Extended Stays due to Unforeseen Circumstances

CNO will reimburse members for unavoidable expenses incurred relating to:

- a cancelled in-person meeting for which it was not possible to cancel travel plans and
- extended stays due to unforeseen circumstances such as cancelled flights caused by inclement weather when attending in-person meetings

Members should notify CNO's travel service provider as soon as possible after learning of an in-person meeting cancellation in order to cancel travel and hotel arrangements.

Approved by Council: December 7, 2023

Effective: January 1, 2024

Next Review: Fall 2025

Compensation Principles

Purpose

To support an organizational culture of performance excellence by enabling CNO to hire and retain engaged and motivated staffing resources who achieve CNO's mandate.

Definitions

Compensation:

For the purpose of these principles, compensation is defined to include the following components:

- Annual salary/hourly rates of pay;
- Rewards and recognition to include merit payments, ad hoc performance recognition, growth and learning opportunities;
- Benefits to include insured coverages (such as health and dental) and non-insured plans (such as time away allotments); and
- Retirement savings arrangements to include registered pension plans and Group RRSPs.

CNO's Employment Market:

CNO's primary employment market is defined to be: other regulatory organizations. CNO's general employment market is defined to include: the primary employment market and non-profit organizations; Ontario Public Service; municipal governments; post secondary institutions (colleges and Universities); health care; and on a targeted basis, private sector organizations with which CNO competes for resources.

Principles

As foundational assumptions to all Compensation Principles, CNO is committed to ensuring:

- its decisions and activities comply with all relevant legislation; and
- information about individual staff compensation is confidential.

Externally Competitive:

Achieve and maintain competitive positioning relative to other employers within CNO's general employment market, as defined, on a total compensation basis. CNO's desired competitive position shall not be less than the market median and may be allowed to lead on a total compensation basis within its general employment market.

Internally Equitable:

Develop and consistently apply fair and transparent practices and policies to administer CNO's compensation programs for all job applicants and employees.

Individually Equitable:

Ensure compensation-related practices and decisions are ethically, consistently, objectively and equally applied to all employees, with the result that employees perceive and experience fair treatment.

Approved by Council, June 2011
Revised, December 2013,
December 2015,
March 2020,
June 2025

Strategic Plan 2021-2026 Reporting

Discussion Note – December 2025 Council

Contact for questions or more information

Silvie Crawford, Registrar & CEO

Purpose

This discussion note is intended to support Council in their governance oversight of the Strategic Plan.

Questions for consideration

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

Public protection rationale

Implementation of the Strategic Plan supports CNO meeting its commitment to protect the public by promoting safe nursing practice.

Background

Council receives quarterly updates on the Strategic Plan 2021-2026 to support their governance oversight accountability. This report highlights new activity since the previous Council update.

Outcome Measures

The updated outcome dashboard, with data up to the end of September 2025 (Q3) is included with this report. It reports on the outcome measures and pillar performance, which demonstrate CNO's progress towards the outcomes and includes leading measures. Further information related to the description, rationale and timing of each measure can be found in the attached Orientation Guide.

Outcome Measures: Progress Updates

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

The April 1, 2025, registration regulation changes related to Internationally Educated Nurse (IEN) education have now moved out of development and into implementation and ongoing operations. This work can now be considered complete from a project perspective. This includes the new Transition to Practice requirement and the onboarding of documentation validation vendors. As of Q3, over 1,300 IEN registrations

have been granted since the regulation changes went into effect, and more than 2,200 IENs have completed the TTP course.

The Evidence of Practice milestone is on CNO's priority list, and new work will commence in 2026.

CNO has changed how the Applicant Experience Survey metrics are calculated and displayed. Previously, the dashboard showed the Fairness, Inclusivity and Effectiveness index scores for the most recent quarter. This approach made sense during the initial stages of the survey when a full year of data was not yet available. However, it is now possible to switch to reporting on a rolling 12-month basis.

This approach mitigates seasonal variations in the profile of registrants and allows for a more meaningful comparison to the baseline scores, which are based on the first 12 months of data collected for nurses who registered between 2024 Q2 and 2025 Q1. An example of a seasonal effect is differences in the registrant mix between quarters. Typically, registrations of Ontario applicants peak in Q3, while registrations of international applicants peak in Q1. The rolling 12-month method aligns with how the "Time to First Contact", "Application Processing Ratio", "QA Assessment" and "QA Survey" metrics are reported.

Outcome 2: Nurses' conduct exemplifies understanding and integration of CNO standards of safe practice

One of the leading measures in CNO's Strategic Plan 2021-2026 is the percentage of nurses indicating familiarity with CNO standards. This key performance indicator is informed by the Standards Utilization Survey, which was first conducted in 2021 and repeated in 2024. Both iterations yielded consistent results, with 97% of nurses reporting familiarity with the standards. This survey, which is a component of the Modernized Standards initiative scheduled for 2024 to 2026, is proceeding as planned and is currently underway. In May 2025, CNO made a decision to postpone the next survey until 2026, after considering several factors (detailed in Council's September 2025 update). The 2026 survey will allow for the inclusion of questions about newly developed or revised standards and guidelines (many of which are currently being reviewed).

In addition to the work above, operational development of the new Quality Assurance (QA) Assessment module, which will support learning and assessment related to the Scope of Practice standard through an interactive format, is now complete. In September, CNO successfully migrated to the new learning management system (LMS) platform (Moodle) for the QA program and Jurisprudence Exam. The new Scope of Practice QA Assessment module has been developed and is intended to be implemented on the new LMS. Some additional work is required to integrate this new tool into the LMS, with the launch still planned for 2026. CNO remains committed to providing nurses with a robust and accessible QA experience.

Based on a request from the September 2025 Council meeting, an update to the Professional Conduct Remediation Dispositions metric has been applied on the Strategic Plan Outcome Dashboard (“Total” has been updated to “Total Dispositions with Action Taken”). This leading measure is calculated using professional conduct investigations (professional misconduct and/or incompetence) whose final disposition was remedial in nature as a proportion of all dispositions where action was taken, including remedial and disciplinary. “Take no Action” dispositions are excluded from the denominator. The Inquires, Complaints and Reports Committee takes no action if the nurse’s conduct was appropriate in the circumstances, if the relevant and available information obtained in the investigation does not support the complaint, or if regulatory action is not needed to address patient safety (e.g., the nurse has already completed remediation in the identified nursing practice areas). Excluding “Take no Action” dispositions from the denominator narrows the measure’s focus to only dispositions where action was taken and this is now reflected in the data label on the dashboard. The total number of remedial dispositions has also been added to the dashboard to improve clarity.

Outcome 3: CNO will be recognized as a trusted system partner to nurses, employers and the public

As a large regulator with a broad range of system partners, CNO undertakes regular and proactive engagements with nurses, employers and the public. While the engagement activities strengthen relationships and build trust, they also inform CNO of system needs and perspectives and ensure system partners understand their obligations in a regulated health environment.

As noted in the previous update to Council, the work under this outcome has been completed (for this iteration of the Strategic Plan). Engagement with system partners is now embedded in all relevant CNO processes. This is reflected in the briefing notes shared with Council, Registrar & CEO updates, and our ongoing work in Diversity, Equity, and Inclusion. Growth in CNO’s social media audience continues to be tracked and now reflects over 110,000 followers in Q3 2025 across all social media channels (with the exception of Twitter/X). CNO made the decision to discontinue its presence on the Twitter/X platform in 2024 as the result of updates made to the Terms of Service and Privacy Policy.

Through this work, CNO has gained a detailed understanding of how we are perceived by both nurses and the public. Additionally, we have gathered insights into social media awareness and implemented key internal practices to further strengthen trust and awareness. CNO is continuing to review strategies/projects that will help promote success, including engaging system partners to build on this strong foundation and further strengthen trust in our work in the development of the 2027-2031 Strategic Plan.

Strategic Plan Pillar Updates

Pillar 1: Build and Operate an Insights Engine

Work toward realizing the Insights Capability Pillar (enhancing organization-wide evidence-based insights, backed by data) is progressing as planned and has successfully transitioned from the development and implementation of foundational processes and technology capabilities to the next key milestones.

CNO has successfully implemented dashboards across its teams, with enhancements for registration and professional conduct processes completed earlier in the year. Both areas are now fully operational, and dashboards and reporting tools are actively supporting registration, professional conduct, and QA processes. These tools are enabling data-driven decision-making and ongoing performance monitoring.

The Data Lakehouse Project supporting Pillar 1 has achieved its core objectives for this phase and has now been formally operationalized. This means the centralized data environment, enhanced business intelligence (BI) capabilities, and data governance practices are now in steady-state use across CNO. The next planned milestone for this pillar, which was to focus on applying machine learning and more advanced analytics, has been deferred to next year. Deferring the start of this work until after the Pulse migration and modernization initiative is completed presents an opportunity rather than a risk. If we proceed now, there is a high likelihood of significant rework once Pulse is migrated and modernized, because moving configuration, workflows, data, and integration points into the cloud is a prerequisite for adding ML and advanced analytics. The timeline to resume this work is to be determined.

Pillar 2: Operate with Agility

The work under this pillar has now been completed for the current iteration of the Strategic Plan. Key achievements include the completion of a prioritization model, the establishment of a stage-gate approval process, and the creation of an organization-wide project management function. In addition, a resourcing model has been implemented, decision-making frameworks for corporate projects and operational planning have been finalized, and the prioritization model has been fully implemented across both operational planning and corporate projects. Together, these initiatives have enabled the establishment of a two-speed organizational model, providing CNO with the ability to manage both operational and strategic initiatives effectively.

Pillar 3: Enable Proactivity

CNO's approach to proactive regulation has evolved over the years to focus on identifying emerging risks early and working with system partners to address them. In 2024–2025 we applied this approach through three pieces of work that together helped close the Proactivity Pillar:

- an AI initiative that drew on consultations with regulators, academics and the Citizen's Advisory Group to produce governance/risk practices, and registrant AI guidance

- a risk-based update to the Documentation and Therapeutic Nurse–Client Relationship standards, prioritized from internal insights and supported by consultation with the Nurse Advisory Group, employer and academic reference groups and public consultation
- an enterprise communications approach for higher-risk matters, including Professional Conduct cases, that aligns public statements with legislation, law-enforcement partners and CNO’s public-protection mandate

These activities have collectively fulfilled and closed the Proactivity Pillar.

Pillar 4: Engage and Mobilize our Key System Partners

CNO continues to prioritize system partner engagement, and this quarter’s activities demonstrate sustained sector interest in CNO’s regulatory and policy work. In September, CNO participated on the “Executive Leaders Leveraging NP Solutions” panel at the 2025 Nurse Practitioners’ Association of Ontario Annual Conference alongside leaders from Health Canada, Ontario’s Ministry of Health, the Nurse Practitioner Association of Canada, the Canadian Nurses Association and other system partners. CNO highlighted current priorities including a single classification of NP work, Interjurisdictional Nurse Licensure (INL), NP resources, scope of practice, and NP-related standards.

Throughout the quarter, CNO responded to a high number of external requests and delivered tailored presentations and discussions on: the INL initiative; “As of Right” registration; CNO’s applicant attestation process; the NP regulatory framework and scope of practice; implications of the *Vital Statistics Act*; the Code of Conduct; QA; responses to the Office of the Chief Coroner report; student engagement; documentation; Registered Nurse prescribing; and the registration process.

CNO completed five external presentations, 19 system partner meetings and one conference in the quarter. Engagements included meetings with associations and unions, academics, the Interprofessional Nursing Leadership and Practice group, Correctional Services Canada, Safer Care Victoria, and various Ontario regulators (e.g. members of the Health Profession Regulators of Ontario).

Efforts to strengthen engagement have also progressed. CNO is exploring earlier outreach to new graduates to support a smoother entry to practice, a conversation-based engagement model to enable more two-way learning with nurses and employers and using insights from the Workforce Census and the Nursing Statistics Report to better target future engagement activities. CNO is also continuing to recruit and engage members for the Employer and Academic Reference Groups. As the 2021-2026 Strategic Plan proceeds towards closure, CNO is working to determine which key system partner mobilization activities can be rolled into the 2027-2031 Strategic Plan.

Next steps

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

Attachments

1. [Strategic Plan 2021-2026 Outcome Measures Dashboard](#)
2. [Strategic Plan 2021-2026 Project Progress Dashboard](#)
3. [Orientation Guide to the Strategic Plan Project Progress Dashboard](#)
4. [Orientation Guide to the Strategic Plan Outcome Measures Dashboard](#)

Attachment 1: Strategic Plan 2021-2026 Outcome Measures Dashboard (up to the end of September 2025)



Strategic Plan 2021-2026 Outcome Dashboard

Outcome Measure

Leading Measure

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

Applicant Experience Survey



Time to First Application Contact (15 days or less)



Application Processing Ratio



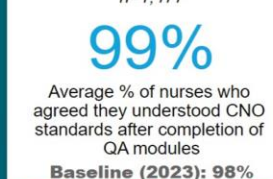
Nurses' conduct exemplifies *understanding and integration* of CNO standards of safe practice.

Quality Assurance (QA) Assessment



QA Survey

2024 Q3 - 2025 Q2
QA Part A Survey Respondents
n=1,477



Standards Survey

2024
n=1,125

97%

% of nurses indicating that they were familiar with CNO standards

Baseline (2021): 97%

Professional Conduct Remediation Dispositions

Year	Remedial Dispositions (n, % of total)	Total Dispositions with Action Taken (N)	Proportion of professional misconduct and/or incompetence investigations with a remedial outcome.
2020	250 (71%)	354	
2021	360 (78%)	463	
2022	396 (78%)	510	
2023	322 (76%)	423	
2024	330 (74%)	443	

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

Trust*

*Data was collected in 2023 and work for these measures is now complete. Internal practices to strengthen trust and awareness have been implemented and work is ongoing to examine the integration of strategies/projects that will further build trust into the next Strategic Plan.

Nurses (n=1249)

65%

% that found CNO very or somewhat trustworthy

Public (n=798)

61%

Awareness*

Nurses (n=1250)

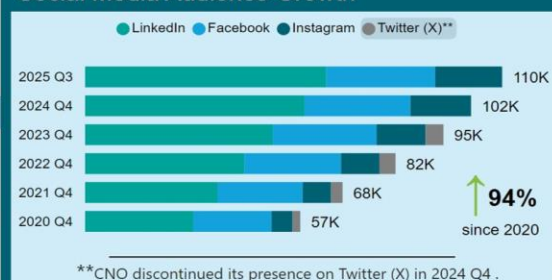
100%

% aware of CNO or organization that regulates nursing in ON

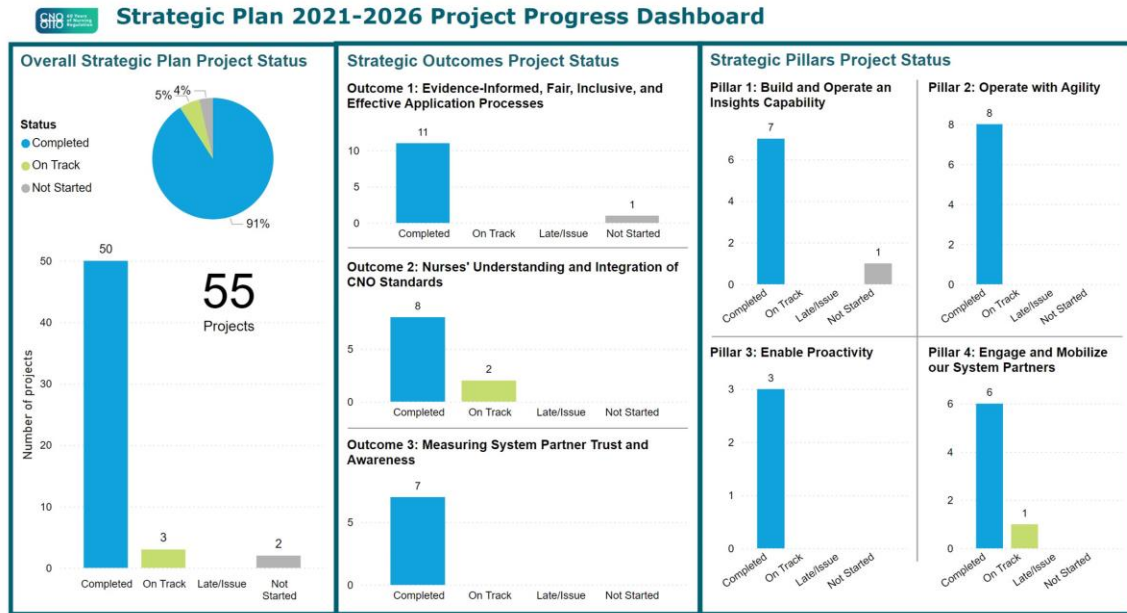
Public (n=1251)

70%

Social Media Audience Growth



Attachment 2: Strategic Plan 2021-2026 Project Progress Dashboard



Attachment 3: Orientation Guide to the Strategic Plan Project Progress Dashboard

Orientation Guide to the Strategic Plan Project Progress Dashboard

- Out of 55 projects, of which, 50 have been completed, there remains 3 projects on track.
 - This includes two projects under Outcome 2, which are the Standards Utilization Survey and the Quality Assurance Measure Module.
 - Additionally, the Mobilizing Stakeholders through Implementation Plan under Pillar 4 is also still underway.
- Also, there are 2 projects that have not been started yet.
 - Under Outcome 1, is the Evidence of Practice project and under Pillar 1, is the Exploration of Advanced Analytics and Machine Learning project. Both projects are planned to start at a future date and we are not highlighting any issues.

Attachment 4: Orientation Guide to the Strategic Plan Outcome Measures Dashboard

In September 2023, CNO introduced the Strategic Plan Dashboard for monitoring and presenting the progress of the implementation of the Strategic Plan.

The dashboard contains one outcome measure and multiple leading measures for each of the three Strategic Plan outcomes.

The outcome measures (directly related to the outcome) show whether CNO is achieving the outcomes, while the leading measures (not directly measuring the outcomes but related to them) show whether CNO is on track to do so.

It is important to note that outcomes and leading measures have different baseline years as the result of different measurement periods related to when the measures were established.

Each of the outcomes and related measures are described below:

Outcome 1:

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

Outcome Measure: Applicant experience survey results

Description:

Fairness, Inclusivity and Effectiveness index scores are calculated from responses to multiple questions from the Applicant Experience Survey measuring the experience of applicants with CNO's registration process.

Rationale:

The survey results provide a direct measure of all constructs listed in the outcome (fair, inclusive, and effective).

Timing:

The survey launched in June 2024 with nurses who registered or reinstated since April 1, 2024. New survey invitations are sent at the start of every month to nurses who registered or reinstated in the previous month.

The baseline scores were calculated using results from the first 12 months of the survey covering nurses who registered between April 1, 2024 and March 31, 2025.

The index scores are calculated using a 12-month rolling average to mitigate seasonal variations in the profile of registrants.

Leading Measure: Time to first application contact

Description: Measures the percentage of applicants contacted within 15 days of submission.

Rationale: This is an operational metric of effectiveness and ensures that applicants are contacted in a timely manner once they apply. All registration applicant types (e.g., Ontario, International, and Canadian) are compared to ensure similarity (fairness). This metric is a requirement for CNO based on the established target set by Bill 106.

Timing: The measure is derived from operational data from CNO's Customer Relationship Management (CRM) database (PULSE) and is available since the start of the Strategic Plan (2020 Q1). It is reported on a rolling 12-month basis to mitigate seasonal variations in application volumes and is compared to a baseline of applications received from 2020-2022.

Leading Measure: Application processing ratio

Description: Measures the number of applications processed divided by the number of applications received.

Rationale: Greater efficiency in processing applications (more applications processed than received) should result in faster registration for applicants and reflects an effective registration process.

Timing: The measure is derived from operational data from CNO's CRM database (PULSE) and is available since the start of the Strategic Plan (2020 Q1). It is reported on a rolling 12-month basis to mitigate seasonal variations in application volumes.

Outcome 2:

Nurses' conduct exemplifies understanding and integration of CNO standards of safe practice.

Outcome Measure: Quality Assurance (QA) assessment results

Description: Measures the proportion of participants who satisfactorily completed the Code of Conduct QA assessment activity on their first attempt (from Part B of the QA program).

Rationale: The results from Part B provide an objective measure of understanding and integration of standards as participants apply their knowledge to real experiences. An increase in the proportion of participants who are successful would reflect an increase in the understanding and integration of the standards.

Timing: The measure is derived from operational data from CNO's CRM database (PULSE). The baseline data is from 2023 when the Code of Conduct QA Assessment activity was first introduced. The measure is calculated on a rolling 12-month basis to mitigate seasonal variations in the number of nurses completing QA Assessment.

Leading Measure: QA survey results

Description: Measures the perception of QA participants regarding their understanding of CNO standards after completion of QA modules (from Part A of the QA program).

Rationale: This measures self-perceived knowledge of standards as a proxy measure of understanding.

Timing: The survey is sent to nurses upon completion of Part A of the QA program. The baseline was established using data from 2023 when the survey was first administered. The measure is calculated on a rolling 12-month basis to mitigate seasonal variations in the number of nurses completing QA Assessment.

Leading Measure: Standards utilization survey results

Description: Measures familiarity with practice standards.

Rationale: Familiarity with CNO standards is a proxy measure for understanding.

Timing: The baseline score come from a standards modernization membership survey, which was administered in 2021. The survey has only been repeated once in 2024 and CNO plans to update the scores using a similar survey in 2026.

Leading Measure: Professional Conduct remediation dispositions

Description: Measures the proportion of professional conduct (professional misconduct and/or incompetence) investigations with a remedial outcome.

Rationale: An increase in the proportion of remedial outcomes reflects action by the Inquires, Complaints and Reports Committee (ICRC) to address nurses' practice deficiencies and improve understanding and integration of the standards of practice of the profession through directing remedial outcomes, wherever appropriate, potentially reducing referrals to discipline.

Timing: The measure is updated annually using data from the ICRC annual report.

Outcome 3:

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

Outcome Measure: Trust index/score survey results

Description: Measures the level of trust in CNO from the perspectives of system partners.

Rationale: This is a direct and representative measure of trust for various system partners.

Timing: The survey data was collected in 2023 and work for these measures is now complete.

Leading Measure: Awareness and perception survey results

Description: Measure of system partners' awareness and perception of CNO as an organization and its regulatory mandate.

Rationale: This measures awareness and perception of CNO in system partners and underpins trust (based on the theoretical model where awareness is first needed to establish trust).

Timing: The survey data was collected in 2023 and work for these measures is now complete.

Leading Measure: Social media audience growth

Description: Measures the number of followers for each of CNO's social media accounts.

Rationale: This measures the growth of CNO's followers and is a proxy measure for awareness, which is a necessary antecedent for trust.

Timing: The baseline audience counts are from end of Q4 2020. The counts are updated at the end of every quarter. CNO made the decision to discontinue its presence on the Twitter/X platform in 2024 and thus, data is only reported until 2023 for this platform.

Professional Boundaries and Nurse-Client Relationships **Standard**

Decision Note – December 2025 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose and action required

The purpose of this decision note is to provide Council with information to support decision-making regarding the proposed *Professional Boundaries and Nurse-Client Relationships* standard.

Motion:

That the *Professional Boundaries and Nurse-Client Relationships* standard be approved by Council effective March 1, 2026, as set out in Attachment 1 of this decision note.

Question for consideration

Does Council require additional information or clarification to support decision-making?

Public protection rationale

Developing modern standards of practice helps CNO fulfill its mandate to protect the public by advancing CNO's strategic outcome so that "nurses' conduct will exemplify understanding and integration of CNO standards for safe practice". Standard development is informed by legislation, current evidence, evolving practice realities and public expectations, and contributes to safe nursing practice.

Background

At the Council meeting in September 2025, CNO brought a revised version of the existing nurse-client standard for review and consideration. Council had a number of comments including a proposed change to the title.

Summary of Changes

The content below summarizes feedback received at the September Council meeting and builds on previous content that was shared in the [September 2025 Council briefing note](#).

The draft standard establishes the following three principles:

- establish and maintain a therapeutic nurse-client relationship

- establish and maintain appropriate professional boundaries
- protect clients from all forms of abuse

Under each of these principles, there are nurse accountabilities to support safe client care.

As described in the September briefing note, the proposed changes establish a new title, update format, remove duplicative content, add clearer expectations related to boundaries and abuse, integrate diversity, equity, and inclusion expectations, and add expectations associated with technology and social media.

The proposed changes are informed by multiple sources of evidence including regulatory body reviews, literature reviews, data, input from CNO's Employer & Academic Reference Groups and Nurse Advisory Group, extensive input from nurses and other system partners, external legal counsel input and a final review from an external plain language editor to support clarity. CNO's Director of Diversity, Equity and Inclusion was engaged in preparing a consultation plan reflecting CNO's commitment to community partner engagement. Engagements happened over the course of the work to ensure early input with opportunities for validation. Following Council's September discussion, CNO has engaged [Ontario's Citizen Advisory Group](#) (CAG) to discuss title options. As noted in the September briefing note, we already had CAG outputs that informed the proposed changes: we integrated consultations from CAG related to sexual abuse, boundaries, communication, respect, and dignity.

Proposed Title Change

A question was raised by Council concerning the new title moving away from using the term 'client'. The new content and each principle continue to focus on the nurse-client relationship.

Given Council's feedback at the September meeting related to the proposed removal of "client" from the title, CNO reached out to CAG to get input on the title. We received 16 responses from CAG. The majority of responses supported the title *Professional Boundaries and Nurse-Client Relationships*. Feedback included that this title was clear and highlighted the importance of professional behavior, boundaries of care, and the relationship between the nurse and the client. The feedback highlighted this new proposed title is clear and concise. The use of the word "therapeutic" was found to be confusing in a title.

The majority of nurse regulators have standards related to boundaries and abuse, and this terminology is reflected in the titles of their documents. Additionally, ongoing input, including feedback from the Nurse Advisory Group, recommended integrating boundaries into the title to ensure nurses understood this content was outlined in the standard.

New content to support patient safety: Professional Boundaries and Abuse Prevention

September Council discussion raised questions regarding a better understanding the additional boundaries and abuse content changes. As noted above, most Canadian nurse regulators have standards associated with boundaries and abuse, which is reflected in the titles of their documents. Our review also shows Ontario regulators and international regulators have standards that focus on boundaries and abuse. In addition, our evidence reviews as well as input from external legal counsel underscored the need to set out clearer expectations for nurses related to boundaries and abuse. Legal counsel highlighted that the current standard does not include all of the legal requirements related to abuse that nurses must comply with. Further, the Nurse Advisory Group identified that this area is not clearly outlined in the current standard, and they asked for further detail and description given they felt with was an area of high risk (e.g. related to boundaries crossing).

Removing duplicative content

At the September Council meeting a question was raised regarding the removal of content from the original standard related to client-centred care. Given the last comprehensive review was in 2006, some of the proposed revisions were to remove repetitious content that is in other standards. For example, the [Code of Conduct](#) standard (Code) did not exist back in 2006. While high level content remains in the existing draft standard related to client-centred care and communication, granular expectations were removed because they are now set out in the Code. For example, 1.5 in the Code reflects aspects of therapeutic communication by stating “Nurses listen and respond to clients’ concerns by collaborating with clients and any person or community the client wants involved in their care”. This aligns with the approach of other regulators (Canadian and international nurse regulators, and regulated health professions in Ontario). Our review of these regulators demonstrated concepts related to client-centred care and communication are generally in standards related to codes of conduct.

While the content was streamlined to reduce duplication, the proposed revisions include hyperlinks to resources including the Code and other standards to support accessibility¹. Further, the proposed changes that remove duplicative content reflects feedback from nurses through surveys related to standards utilization.

Another area where high level content remains and granular expectations were removed is related to section 3.1 of the Code. Section 3.1 reflects aspects of therapeutic communication by stating “Nurses identify themselves to clients consistent with CNO’s public register, using their name, title (RN, RPN, NP) and their role within the health care team.” which reflects similar content from the existing standard which states “introducing herself/himself to the client by name and category”. This aligns with the approach of other regulators (Canadian and international nurse regulators, and

¹ The Code did not exist in 2006

regulated health profession in Ontario). Our review of these regulators demonstrated concepts related to client-centred care and communication are generally in standards related to codes of conduct. Where relevant, the proposed revisions include hyperlinks to resources including the Code and other standards to support accessibility.

As noted previously, the feedback on the final draft was positive. For example, 98% of individuals surveyed felt the revised standard was clear and easy to understand. Most of the constructive feedback was related to recommendations to support knowledge translation, which we are integrating into our implementation plans.

Next steps

Subject to Council's approval, CNO will:

1. Develop new resources (see September 2025 Council briefing note) and revise existing resources to support application of the revised standard.
2. Engage and help nurses and other system partners to understand and implement the changes.

Attachments

1. [Draft *Professional Boundaries and Nurse-Client Relationships* standard](#)

Professional Boundaries and Nurse-Client Relationships

*CNO practice standards outline accountabilities for nurses and inform the public, including clients and organizations, what to expect of nurses. The standards apply to all nurses regardless of their role, job description or area of practice. Nurses are expected to practice in compliance with relevant legislation, the Code of Conduct, all other standards of practice of the profession and applicable employer and organizational policies. Not complying with legislation or failing to meet the standards of practice may be considered **professional misconduct**.*

Introduction

The **therapeutic nurse-client relationship** is essential to the **clients'** health and well-being and is grounded in trust, **respect** and **empathy**. Nurses establish and maintain this relationship by using their knowledge, skill and judgment, as well as demonstrating safe and compassionate care. Clients' needs, preferences and best interests must remain the focus of the therapeutic nurse-client relationship.

Nurses recognize that clients come from a wide variety of backgrounds and lived experiences and aim to provide care that is inclusive and culturally safe. Using a **trauma-informed** approach to care and practicing **cultural humility** are integral to the therapeutic nurse-client relationship. Nurses must reflect on their actions and potential bias to avoid negatively impacting the therapeutic relationship.

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

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

Therapeutic nurse-client relationship: Establish and maintain a therapeutic nurse-client relationship.

Professional boundaries: Establish and maintain appropriate boundaries.

Protection from abuse: Protect clients from all forms of abuse.

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

Therapeutic Nurse-Client Relationship

The therapeutic nurse-client relationship involves providing safe, compassionate and ethical nursing care and promotes positive health outcomes (Hartley et al., 2022).

Therapeutic nurse-client relationships may be direct or indirect and exist in diverse roles, settings and client interactions, regardless of the length of the interactions.

Nurses recognize the therapeutic nurse-client relationship is one of unequal power in which the nurse has more power than the client. This power imbalance is due to the nurse's authority and influence in the health care system, specialized knowledge and skill, access to sensitive personal information and the ability to advocate for the client. Nurses understand how the power imbalance may impact their interactions with clients and the misuse of this power may amount to abuse.

Using a **client-centred care** approach, nurses demonstrate empathy and respect to build and protect trust. Trust is foundational to the therapeutic nurse-client relationship. When trust is breached, this can cause harm to both the client and the integrity of the nurse-client relationship. Empathy contributes to the quality of this relationship by enhancing the nurse's capacity for ethical decision-making and fostering meaningful connections with clients (Du et al., 2022). Respect is equally essential, as it affirms the inherent dignity and worth of each individual. Together, empathy and respect promote inclusive, culturally safe care that includes acknowledging and responding to the unique values, beliefs and lived experiences of each client (see Principle 2 in CNO's [Code of Conduct](#) for more information).

Nurses must demonstrate sensitivity to clients' dignity and privacy, including how and what they communicate within the context of care. Specific aspects of nursing care may create vulnerability or distress for clients. For example, nurses may require a heightened awareness while carrying out physical care activities, such as bathing, or assessments, which involve physical closeness or contact essential to the care. Strategies that aim to protect the client's dignity and privacy include clearly communicating about the care in advance and implementing measures that promote safety and privacy, such as drawing the curtains or, if desired, having a trusted friend or family member be present during the care.

Communication is integral to the therapeutic nurse-client relationship. Nurses use effective verbal and non-verbal communication that demonstrates respect and empathy, to build and maintain trust. Nurses ensure that, regardless of the mode, time spent or context of communication, they reflect on the unique needs of every client (see Principles

1 & 2 of the [Code of Conduct](#)). This applies to both in-person and virtual care (see CNO's [Virtual Care guideline](#)).

Accountabilities

In the therapeutic nurse-client relationship, nurses:

- recognize the power imbalance of the nurse-client relationship and avoid misusing their power
- establish and maintain the therapeutic nurse-client relationship through trust, empathy and respect
- demonstrate culturally safe and inclusive client care that considers the impact of inequities within the health care system
- demonstrate respect for the values, beliefs and identities of every client and do not impose their own personal, religious, cultural or political beliefs
- focus on the needs, preferences and wellbeing of the client
- protect the client's dignity and personal privacy
- when providing physical care (particularly during physical contact and touching of particular body parts, for example, urinary catheterization)
 - recognize the client's vulnerability
 - clearly communicate with appropriate terms for the intended care
 - obtain consent
 - document care
- communicate in a respectful way that promotes dignity and trust

Professional Boundaries

A boundary in the nurse-client relationship is the point when the relationship changes from professional and therapeutic to unprofessional and personal. To help protect the therapeutic nurse-client relationship, it is the nurse's responsibility to establish and maintain professional boundaries, regardless of the client's actions or requests.

Maintaining boundaries helps prevent the power imbalance from negatively affecting the client's care. There must be a clear distinction between a nurse's behaviour that prioritizes meeting the therapeutic needs of the client, and behaviour that focuses on the personal needs of the nurse.

Nurses must consider the client's unique experience, including their culture, age, values, or experiences of trauma, when establishing and maintaining professional boundaries in the nurse-client relationship. This relationship exists on a continuum ranging from professional and appropriate behaviours to personal and inappropriate ones. Boundary violations can occur through under-involvement (for example, disinterest, neglect or abandonment) or over-involvement (for example, favouritism or spending time with a client after work). Regardless of the intent, a boundary violation may be considered professional misconduct.

Nurses must communicate the boundaries and limitations of the relationship, including providing clarification to the client when there is potential for uncertainty. For example, in a community setting, meeting a client for coffee as part of the care plan may be acceptable. But meeting a client socially for coffee unrelated to care would not be acceptable. Some practice settings require increased attention to ensure professional boundaries are maintained, for example, when care is provided in a client's home. The nurse is responsible to continually clarify and reinforce the boundaries of the therapeutic relationship.

Boundary crossing

Competent and caring professionals can unintentionally cross boundaries. Boundary crossings may create role confusion, increase client vulnerability and lead to negative client outcomes. They can escalate when a nurse's actions exploit the relationship to meet their own personal needs at the expense of the client. Boundary crossings are less likely to escalate into more serious boundary violations if the nurse reflects on their actions, recognizes the boundary breach, and takes appropriate action to protect the client and re-establish appropriate boundaries. Examples of boundary crossings depend on the context and may include preferential attention to a particular client, socializing with the client or

their family or inappropriately sharing personal information. Additionally, nurses must not engage in any financial transactions unrelated to the provision of care with a client or client's family. These may include financial or personal benefit to themselves or loss to the client, such as borrowing money from a client. All breaches of professional boundaries are unacceptable and may constitute professional misconduct. See Appendix A for *Warning Signs of Boundary Crossings*.

Gifts

Nurses should avoid giving and accepting gifts as that can blur boundaries and negatively impact the therapeutic nurse-client relationship. Exchanging gifts can also introduce risks, such as unclear boundaries, conflicts of interest and impact clinical judgment and objectivity. These risks increase as the value of the gift increases and as the gift becomes more personal. However, there may be situations in which refusing to accept a small gift could offend the client (for example, an expected practice in some cultures) and cause harm to the therapeutic relationship. Nurses must ensure, if they accept a gift, it does not change the dynamics of the therapeutic relationship and the client does not expect anything in return, including special treatment. Nurses should also make sure accepting a gift doesn't negatively impact other clients or other members of the health care team. If a nurse is unsure whether it is appropriate to accept a gift, they should consider the monetary value, the perception that may be caused by accepting it and consult with their employer.

Professional Boundaries and Technology Use

The use of technology can create an additional layer of complexity when providing care and may either support or hinder maintaining boundaries in the therapeutic nurse-client relationship. Nurses must ensure, when they are using any form of electronic communication, to connect with clients, such as calls, virtual meetings, texts or emails, they remain professional and focused on client care. See CNO's [Virtual Care guideline](#) for guidance.

Technology use that shifts toward informal, social or personal communication may blur boundaries and jeopardize the therapeutic nurse-client relationship. For example, nurses must refrain from connecting with clients, following clients, or accepting friend requests from clients on their personal **social media** accounts. Additional considerations will be needed if there is a pre-existing personal relationship.

Providing Nursing Care to Family and Friends

Nurses should avoid providing nursing care for family and friends, except in limited circumstances when they are unable to transfer care. For example, in small communities,

nurses may be required to provide care to their family members or friends, if there are no other health care providers available. In circumstances in which nurses are required to provide care to family or friends, nurses should acknowledge their dual roles, set clear boundaries to clarify their personal and professional roles, and transfer care to another health care provider whenever possible. See Appendix B: *Providing Nursing Care to Family and Friends* for further considerations when caring for family or friends.

Accountabilities

To maintain professional boundaries, nurses:

- ensure the focus of the therapeutic relationship is on the needs of the client and not on the personal needs of the nurse
- recognize when the boundaries of the therapeutic nurse-client relationship are at risk of being compromised and take action to protect them
- are responsible to clarify and reinforce the boundaries of the therapeutic relationship, particularly in instances when clients' requests are beyond the limits of the relationship
- recognize there may be an increased need for vigilance in maintaining professionalism and boundaries in certain practice settings
- refrain from participating in financial transactions with the client or the client's family outside the provision of care
- limit the sharing of their personal information with clients (including personal contact information). If deemed necessary, document and inform the health care team as needed, and share only information that supports the therapeutic relationship.
- refrain from entering friendships or personal relationships with clients
- do not interfere with the client's personal relationships, including not engaging in personal or sexual relationships with the client's family member that may impact the therapeutic nurse-client relationship
- document any approach or activity that is part of the client's care plan, including those that could be misinterpreted as crossing a boundary
- refrain from accepting and giving gifts, unless it would cause harm to the therapeutic nurse-client relationship. Gifts should never have more than a token monetary value.
- do not solicit gifts
- refrain from using electronic communication and social media with clients for personal use

- avoid providing nursing care to family or friends and whenever possible, transfer care to another health care provider
- consult with a colleague or manager in any situation in which there are concerns about professional boundaries and report concerns of boundary violations to the appropriate person

Protection from Abuse

Abuse involves the misuse of power in therapeutic nurse-client relationships. Abuse may be verbal, emotional, physical, sexual, financial or may take the form of neglect. For a list of examples of abusive behaviours, refer to Appendix C. Abuse includes betraying the client's trust or violating the respect inherent in the therapeutic relationship. The intent of the nurse does not justify a misuse of power within the therapeutic nurse-client relationship. If a nurse knows or suspects another nurse or health care provider of harming a client, they are accountable to report that nurse to their employer, CNO or the appropriate regulatory authority. See CNO's [Reporting Guide](#) for more information.

Sexual abuse

Sexual abuse of a **patient**¹ is an act of professional misconduct regardless of whether the patient agreed to participate or did not object to the conduct. Under the *Health Professions Procedural Code* (HPPC), which is Schedule 2 to the *Regulated Health Professions Act, 1991*², sexual abuse of a patient by a nurse is defined as:

- sexual intercourse or other forms of physical sexual relations between the nurse and the patient
- touching, of a sexual nature³, of the patient by the nurse
- behaviour or remarks of a sexual nature by the nurse toward the patient

Note: The term “*patient*” is used in place of “*client*” throughout the content on sexual abuse to reflect the language in the RHPA.

Any sexual relationship a nurse has with a patient is sexual abuse. As outlined in the *HPPC*, sexual abuse of a patient is defined differently for regulated health care professionals than in criminal law, due to the inherent power imbalance. There is no circumstance in which a sexual interaction between a nurse and a patient is permissible. Maintaining professional boundaries, including physical boundaries, is always the nurse's responsibility, not the patients.

An individual is considered to be a nurse's patient for one year following the end of the therapeutic nurse-client relationship. This one-year period recognizes the power dynamic continues to exist between a nurse and their patient for a period of time after the professional relationship ends. There may be situations, regardless of the amount of time that has passed, in which a sexual relationship between a nurse and a former patient is never appropriate, for example, vulnerable patients.

In addition to constituting sexual abuse under the HPPC, a sexual act with a patient violates the therapeutic nurse-client boundary and constitutes a violation of this standard of practice.

Under the HPPC, all nurses are required legally to report if they have reasonable grounds to suspect sexual abuse of a patient by another regulated healthcare professional to the appropriate regulatory body or authority. See CNO's [Reporting Guide](#) for more information.

Accountabilities

To protect clients from harm, nurses:

- do not communicate verbally or non-verbally with or about the client in ways that may be perceived as disrespectful, insulting or humiliating
- do not engage in behaviours toward a client that the client or others may perceive to be violent, threatening or intending to inflict physical, spiritual or emotional harm
- respect their clients in all interactions, including online and on social media
- do not neglect a client by withholding or failing to meet their basic needs
- do not engage in activities with clients that could result in monetary, personal or other benefit, gain or profit (other than the appropriate remuneration for nursing care or services)
- refuse any request to be power of attorney for personal or property for anyone who is or has been a client
- do not influence clients to change their will, including influencing the client to make them a beneficiary or trustee of the estate
- do not engage in any sexual comments, behaviour, sexual touching or sexual relations with clients (patients), regardless of whether the client (patient) has agreed to participate or did not object
- do not enter a romantic or sexual relationship for at least one year following the end of the therapeutic nurse-client relationship regardless of whether the client (patient) has agreed to participate
- do not engage in behaviours with a client (patient) that the client (patient) or others may reasonably perceive to be romantic or sexual

¹ The term “patient” is used in place of “client” throughout the content on sexual abuse to reflect the language in the legislation (RHPA). See Glossary for definitions. “Client” as used in this and other CNO standards is more comprehensive than “patient” in the RHPA. Even if a client is not a “patient” within the statutory definition, a sexual relationship with a client may amount to professional misconduct under this standard of practice (e.g. family member of a client).

² Section 3 of the HPPC of the RHPA

³ ‘Sexual nature’ does not include touching, behaviour or remarks of a clinical nature appropriate to the care provided

- intervene and report concerns of any type of abuse, including to employers, CNO and other regulatory authorities, if appropriate

Partners in Safety

When a workplace is unsafe, or when a nurse feels threatened or harassed by a client, it can affect their ability to establish and maintain the therapeutic nature of the nurse-client relationship. Nurses and employers have a shared responsibility to provide and maintain safe, quality and healthy work environments that foster the therapeutic nurse-client relationship and meet the needs of clients, families and health care providers (see CNO's [*Discontinuing or Declining to Provide Care*](#) standard for more information). Maintaining the therapeutic nurse-client relationship protects both the client and the nurse.

Employers are encouraged to create environments that promote safety and openness to support the disclosure of unsafe behaviours that could harm clients or nurses. This includes developing organizational policies and facilitating access to support and resources for maintaining safe environments. If a nurse has questions or concerns, they should consult with their employer and advocate for policies that reflect safe environments for clients and staff.

Glossary

Client: An individual, family, group, community or population receiving nursing care, including, but not limited to, “patients” or “residents.” (Code of Conduct, 2025).

Client-centred care: In this approach, a client is viewed as a whole person. Client-centred care involves advocacy, empowerment and respect for the client’s autonomy, voice, self-determination and participation in decision-making.

Cultural humility: An unending process where health care providers engage in self-reflection and self-critique to minimize power differentials between them and their clients. It helps clinicians build skills to understand a client’s cultural context through the client’s perspective and emphasizes the importance and value of others’ perspectives and cultures (Zinan et al., 2021; Virkstis et al., 2021).

Cultural safety: Effective client care by a health care provider who has undertaken a process of reflection on their own cultural identity and recognizes the impact of their own culture on their practice. It addresses issues of inequality rooted in historical and structural violence and discrimination leading to power differences and imbalances. Instead, it focuses on safe systems, clinical settings and interactions (Code of Conduct, 2025)

Empathy: The cognitive ability to comprehend another person’s feelings and generate an emotional resonance with those feelings and motivates a willingness to respond appropriately to another’s needs (Du et al., 2022).

Patient: Is defined in the *Health Professions Procedural Code* and *O.Reg 260/18* of the *Regulated Health Professions Act*. Without restricting the ordinary meaning of the term “patient”, an individual is deemed to be a patient of the nurse for one year from the date on which the individual ceased to be the nurse’s patient. And an individual is a nurse’s patient if there is direct interaction and any of the following conditions are met:

- the nurse has charged or received payment from the individual (or a third party on behalf of the individual) for a health care service provided by the nurse
- the nurse has contributed to a health record or file for the individual
- the individual has consented to the health care service recommended by the nurse
- the nurse prescribed a drug, for which a prescription is needed, to the individual.

Despite the above, an individual is not a patient of a nurse if all of the following conditions are satisfied:

- There is, at the time the nurse provides the health care services, a sexual relationship between the individual and the nurse.
- The nurse provided the health care service to the individual in emergency circumstances or in circumstances in which the service is minor in nature.
- The nurse has taken reasonable steps to transfer the care of the individual to another nurse or there is no reasonable opportunity to transfer care to another nurse.

Professional misconduct: An act or omission that contravenes nurses' legislated obligations and/or the standards of practice and ethical expectations 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*.

Respect: Treating someone positively through actions and words that show esteem for the individual. Respect in a diversity, equity and inclusion context involves understanding and valuing differences (Canadian Centre for Diversity and Inclusion, 2025).

Social media: Community-based online communication tools (websites and applications) used for interaction, content sharing and collaboration. Types of social media include blogs (personal, professional or anonymous), discussion forums, message boards, social networking sites (for example, Facebook, Instagram, TikTok) and content-sharing websites (Code of Conduct, 2025).

Therapeutic Nurse-Client Relationship: A professional relationship that is established and maintained by the nurse as the foundation for providing nursing care that contributes to the client's health and well-being. The relationship is grounded in trust, respect and empathy.

Trauma-informed care: A strengths-based framework grounded in the understanding of and responsiveness to the impact of trauma. The framework emphasizes physical, psychological, and emotional safety for both providers and survivors, and creates opportunities for survivors to rebuild a sense of control and empowerment (Canadian Centre for Diversity and Inclusion, 2025).

Appendix A: Warning Signs of Crossing a Boundary

There are several warning signs that indicate a nurse may be crossing the boundary of the therapeutic nurse-client relationship. Nurses need to reflect on and seek assistance when one or more of the following warning signs are present:

- spending extra time with one client beyond their therapeutic needs
- changing client assignments to give care to one client beyond the purpose of the nursing care delivery model
- feeling other members of the team do not understand a specific client as well as you do
- dressing differently when seeing a specific client
- feeling guarded or defensive when someone questions your interactions with a client
- spending off-duty time with a client
- ignoring employer policies when working with a client
- keeping secrets with the client and apart from the health care team (for example, not documenting relevant discussions with the client in the health record)
- giving a client personal contact information, unless it's required as part of the nursing role
- a client is willing to speak only with you and refuses to speak with other nurses or members of the health care team

Appendix B: Providing Nursing Care to Family and Friends

In some instances, nurses, especially those working in small or isolated communities, may be required to provide nursing care for a family member or friend as part of their role. These situations should be limited to circumstances in which there are no other care providers available. The client should be stabilized and, if possible, care transferred. If a nurse's sexual partner is admitted to an organization where the nurse is providing care or services, the nurse must make every effort to ensure that alternative care arrangements are made. Until care is transferred, the nurse may provide emergency care or care that is necessary, minor in nature and provided on a one-time basis.

If it isn't possible to transfer care, a nurse must consider the following factors:

Input from the client: A client may feel uncomfortable receiving nursing services from someone with whom they have or had a personal relationship.

Self-awareness/reflection: Carefully reflect on whether you can maintain professionalism and objectivity in caring for the client, and whether your relationship interferes with meeting the client's needs. Also, ensure that providing care to a family member or friend will not interfere with the care of other clients, or with the dynamics of the health care team. Discuss the situation with your colleagues and employer before making a decision.

Maintaining boundaries: When providing nursing care for a family member or friend, be aware of the boundary between your professional and personal roles:

- clarify that boundary for the client
- meet personal needs outside of the nurse-client relationship
- develop, document and follow a plan of care

Confidentiality: It is important not to disclose information about a client to other family members and friends without the client's consent, even after the nurse-client relationship has ended.

Appendix C: Abusive Behaviours

Abuse can take many forms, including verbal, emotional, physical, neglect, sexual or financial. Examples of abusive behaviours are listed below.

Verbal and emotional abuse includes, but is not limited to:

- taunting and yelling
- intimidation, including threatening comments, gestures and actions
- racism, discrimination, harassment and exclusion

Physical abuse includes, but is not limited to:

- hitting, pushing, slapping, shaking, using force and handling a client in a rough manner

Neglect includes, but is not limited to:

- non-therapeutic confining or isolation
- denying care or withholding care, equipment and resources (for example, food, clothing)
- ignoring

Sexual abuse includes, but is not limited to:

- behaviour of a sexual nature by the nurse toward the client (patient), including sexually demeaning, seductive, insulting or humiliating behaviours, comments or language or non-physical sexual behaviour, such as viewing pornographic websites toward or with a client (patient)
- remarks of a sexual nature by the nurse toward the client (patient)
- touching, of a sexual nature, of the client (patient) by the nurse
- sexual intercourse or other forms of sexual contact with a client (patient)

Financial abuse includes, but is not limited to:

- borrowing money or property, withholding finances, using influence, pressure or coercion to obtain the client's money or property
- soliciting gifts
- having financial trusteeship, power of attorney or guardianship

References

- Canadian Centre for Diversity and Inclusion. (2025). *Glossary of Terms*.
<https://ccdi.ca/glossary-of-terms/>
- College of Nurses of Ontario. (2025). *Code of Conduct*.
https://www.cno.org/Assets/CNO/Documents/Standard-and-Learning/Practice-Standards/49040_code-of-conduct.pdf
- College of Nurses of Ontario. (2024). *Discontinuing or Declining to Provide Care*.
<https://www.cno.org/Assets/CNO/Documents/Standard-and-Learning/Practice-Standards/ps-discontinuing-or-declining-to-provide-care-en.pdf>
- College of Nurses of Ontario. (2021). *Independent Practice*.
https://www.cno.org/globalassets/docs/prac/41011_fsindepprac.pdf
- College of Nurses of Ontario. (2025). *Virtual Care*.
<https://www.cno.org/Assets/CNO/Documents/Standard-and-Learning/Practice-Standards/practice-guideline-virtual-care-en.pdf>
- Du, J., Huang, S., Lu, Q., Ma, L., Lai, K., & Li, K. (2022). Influence of empathy and professional values on ethical decision-making of emergency nurses: A cross sectional study. *International Emergency Nursing*, 63, 101186.
<https://doi.org/10.1016/j.ienj.2022.101186>
- Hartley, S., Redmond, T., & Berry K. (2022). Therapeutic relationships within child and adolescent mental health inpatient services: A qualitative exploration of the experiences of young people, family members and nursing staff. *PLoS ONE*, 17(1): e0262070.
<https://doi.org/10.1371/journal.pone.0262070>
- Nursing Act, 1991. S.O. 1991, c. 32. <https://www.ontario.ca/laws/statute/91n32>
- Regulated Health Professions Act, 1991, SO 1991, c 18.
<https://www.ontario.ca/laws/statute/91r18>
- Virkstis, K., Whitemarsh, K., Rewers, L., & Paiewonsky, A. (2021). A 4-part strategy to engage frontline nurses in cultural humility. *The Journal of Nursing Administration*, 51(12), 597–599. <https://doi.org/10.1097/NNA.0000000000001080>
- Zinan, N. (2021). Humility in health care: A model. *Nursing Philosophy*, 22(3), 1–8.
<https://doi.org/10.1111/nup.12354>

Proposed New Registration Exam

Decision Note – December 2025 Council

Contact for questions or more information

Silvie Crawford, Registrar & CEO

Purpose and Action Required

The purpose of this decision note is to provide Council with information to support decision-making regarding a new entry-to-practice Nurse Practitioner (NP) registration exam that will support the transition to a single NP classification in Ontario.

Motion: That Council approve the new Regulatory Exam – Canadian Nurse Practitioner Licensure Exam (CNPLE) as the examination for registration as a Registered Nurse in the Extended Class on the date regulation amendments come into force.

Question for consideration

Is the proposed NP registration exam in the public interest?

Public interest rationale

A secure, reliable, valid and fair regulatory exam will ensure NPs who are licensed to practice possess foundational knowledge, skill and judgment to practice safely and effectively as entry-level practitioners.

Background

The national NP regulation framework aims to streamline NP registration to a single classification. In Ontario, this will mean the removal of NP population-specific certificates (adult, paediatric and primary health care). To support a single classification, proposed changes to NP regulation under the *Nursing Act, 1991* were submitted to the Ministry of Health (MOH) in April 2025, following [Council's decision in March 2025](#). The MOH continues its review process. While the proposed regulations have not yet been approved, CNO is currently planning for a mid-year 2026 implementation.

To become registered with CNO as an NP, applicants must meet several registration requirements including the successful completion of an NP Council-approved registration exam. CNO, in collaboration with the [Canadian Council of Registered Nurse Regulators](#) (CCRNRR) have secured an exam vendor, Meazure Learning¹, to develop

¹ Meazure Learning Inc. (previous known as Yardstick Assessment Strategies) is the current exam vendor of the Canadian Nurse Practitioner Exam: Family/All Ages. This is a Council approved exam for NP-Primary Health Care registration certificate.

and administer a new regulatory exam – the Canadian Nurse Practitioner Licensure Examination (CNPLE). The new CNPLE will be a national entry-level exam that will assess NP candidates based on the revised entry-level competencies and education programs that educate across patient populations and practice settings.

Legislative framework

Council has the authority to approve the examination for a Council-approved exam. Relevant exam provisions are found under the *Nursing Act, 1991* (see O. Reg 275/94 - [Attachment 1](#)).

New NP regulatory exam

CCRN, in collaboration with nursing regulatory boards, have been working closely with the exam vendor to support the development a new NP regulatory exam. Recent work led by the exam vendor included:

- conducting evidence reviews and jurisdictional scans to support aspects of exam administration, including exam administration windows and methods for exam delivery
- supporting an advisory committee to develop practice analysis statements that will inform test questions and exam forms
- facilitating and launching a national practice analysis validation survey
- supporting the creation of an exam blueprint in 2024
- providing exam expertise in item writing and item validation processes, in consultation with a psychometrician

If approved by Council, the new NP exam will be a linear-on-the-fly² (LOFT) format, meaning each candidate receives a unique exam with questions based on the exam blueprint and of equal difficulty. Evidence has demonstrated that this LOFT design enhances exam security and reduces item exposure (low memorization potential) to deliver a fair and reliable exam (Feinberg, Raymond & Haist, 2015).

Below is a summary of measures taken to ensure the new exam is: 1) valid, reliable and secure; and 2) fair.

1. Is the new NP exam valid, reliable and secure?

- CNO and CCRNR have ensured that the process taken to develop and administer the new NP exam meet similar requirements to that of other regulatory examinations to ensure validity, reliability, security and fairness.

² LOFT (Linear-on-the-fly) is a computer-based exam format where each test-taker receives a unique set of questions taken from a large item bank. Unlike adaptive testing, LOFT maintains a fixed number of questions and same level of difficulty for all exam templates.

- In October 2023, Meazure Learning conducted an environmental scan and literature review to understand the knowledge, skills, and abilities required for safe and competent practice of NPs.
- In December 2023, the exam vendor, in collaboration with CCRNR, led an advisory committee made up of 10 NPs representing jurisdictions across Canada (from a variety of practice settings and experiences). The purpose was to provide expertise on key NP practice indicators and competencies to inform exam development.
- Leveraging the advisory group work, in April 2024, a national NP practice analysis survey was completed with over 1,000 NPs from across Canada - representing about 12% of all Canadian NPs. They shared their feedback on current practice setting realities, frequency of performing core NP accountabilities and the impact on patient safety.
- The practice analysis and the revised entry-level competencies were used to develop the [CNPLE exam blueprint](#). It describes what the exam is measuring and why.
- The exam item bank is under development with input from subject matter experts (SMEs) and an Exam Validation Committee to write and review test questions based on the CNPLE blueprint. The CNPLE will leverage questions from the current Canadian Nurse Practitioner Examination: Family/All Ages (CNPE: F/AA) where applicable.
- The exam vendor will work closely with SMEs to establish a pass mark using the modified-Angoff method³ with support from a psychometrician.
- Yearly reviews will be conducted by the exam vendor to support item bank needs (reviews, edits and approval of new exam forms) and ensure test questions continue to be relevant, clear, culturally sensitive and concise. New test questions will be tested as experimental on the exam.
- Each year an item review committee (with assistance from regulators) will review test questions that may be flagged as problematic based on their performance statistics and the committee may take necessary action to address (for example rewrite or remove).

To support a robust exam and reduce the potential of test questions being disclosed:

- each candidate will get a unique exam form (many exam forms will be created in advance)

³ A modified-Angoff method is a standard-setting technique used for registration examinations to determine a defensible pass score (meaning, the minimum score required to pass an exam).

- the exam item bank will be 5 to 10 times larger than the number of questions per exam to minimize overlap of repeat questions and reduce the chance of seeing the same question on repeat exam attempts
- external security and cyber firms will be used to support exam security
- strict policies are in place to protect the item bank and control item exposure rates at test centres

In addition to the measures above, CNO conducted a literature review to summarize the key factors that contribute to a valid, reliable, secure and fair exam (see [Attachment 2](#)).

2. *Is the new exam fair?*

- Exam questions and content are reviewed from a diversity, equity and inclusion lens to ensure sensitivity and respect for different cultural values and beliefs are considered within the content
 - if an item is identified as unfair or problematic for a particular group of individuals, it will be fixed or removed
- The exam will be available in English and French
 - translation processes will be reviewed by bilingual SMEs who will verify the equivalence between both language versions of the exam and who will ensure the appropriate use of the technical and nursing content
 - exam materials and supporting documents (blueprint, etc.) will be available in French to support French-speaking candidates
- Exam blueprint was made available in February 2025 and shared with educators as a resource to support students prepare for the exam.
- A sample exam will be available by the exam vendor prior to the implementation so candidates can prepare.
- Scheduled CNPLE exam writing windows are available four times a year to support NP candidates to attempt the exam in a timely manner following program completion. This is an increase from the current national CNPE: F/AA exam which has two administrative windows to write the exam each year. The exam will be available in-person at test centres around the province.
- Standardized exam writing sites and policies will support a fair environment for candidates, for example, a physical space without distractions.
- Exam administration policies will be available prior to implementation, for example, to inform candidates on how to register.
- Exam accommodation policies will be in place.
- Timely exam results will be provided to candidates and the regulatory body.

System partner engagement

A key focus of this project has been early and ongoing system partner engagement. This has included:

- engaging with CNO's Academic Reference Group⁴ and the Council of Ontario University Programs in Nursing (COUPN)⁵ to discuss NP education programs and how the new CNPLE blueprint aligns with existing Ontario programs given the direct link to the national entry-level competencies and given the practice analysis that was informed by Canadian NPs
- sharing the blueprint with academic institutions and updating information on CNO.org to provide clear communication on the CNPLE exam blueprint

Next steps

- CNO will communicate with NPs (including applicants), system partners and CCRNR on Council's decision and timelines for the new NP regulatory exam.
- CNO will continue to work toward implementing a new NP regulatory exam while ensuring the mechanisms for validity, reliability, security and fairness are adopted.
- Council will be asked in 2026 to discontinue the current NP programs and exams specific to the population focused certificates as CNO transitions toward a single NP classification.

Attachments

1. [Relevant NP exam provisions under the *Nursing Act, 1991*](#)
2. [Relevant literature to support a fair, reliable, secure and valid regulatory exam](#)
3. [Reference list](#)

⁴ Academic Reference Group is a collaborative forum between CNO and academic institutions that meet quarterly to foster dialogue and raise awareness on regulatory issues relevant to nursing education and practice.

⁵ COUPN provides leadership and promotes communication and coordination in nursing education and scholarship in Ontario. CNO's Education Team meets with COUPN on a quarterly basis.

Legend for redlined revisions
<u>Insertion</u> (approved by Council in March 2025 for Government submission)
Deletion (approved by Council in March 2025 for Government submission)

Relevant NP Exam Provisions (Ont Reg 275/94) under the *Nursing Act, 1991*

EXAMINATIONS

8.1 (1) Where Council approves an examination for the purpose of paragraph 2 of subsection 2 (1) or 3 (1) or paragraph 3 of subsection 4 (1), Council shall determine whether the examination is one for which applicants shall be permitted an unlimited number of attempts to successfully complete that examination or whether the examination is one for which there shall be a limited number of attempts to successfully complete that examination. O. Reg. 462/16, s. 11.

(2) Subject to subsection (3), where Council determines that an examination is one for which there shall be a limited number of attempts, Council shall determine the maximum number of attempts which an applicant shall be permitted to successfully complete that examination. O. Reg. 462/16, s. 11.

(3) Where Council makes a determination under subsection (2), it shall provide for at least three attempts to successfully complete that examination. O. Reg. 462/16, s. 11.

(4) Where Council approved an examination before December 16, 2016, Council shall make a determination as to whether the examination is one for which applicants shall be permitted an unlimited number of attempts to successfully complete that examination or whether the examination is one for which there shall be a limited number of attempts to successfully complete that examination. O. Reg. 462/16, s. 11.

(5) If Council fails to determine the maximum number of attempts applicable to an examination under subsection (2) or (4), Council shall be deemed to have determined that an applicant shall be permitted a maximum of three attempts to successfully complete that examination. O. Reg. 462/16, s. 11.

(6) Nothing in this section shall prevent Council from subsequently determining the maximum number of attempts applicable to an examination under subsection (2). O. Reg. 462/16, s. 11.

EXAMINATIONS — EXTENDED CLASS

9.1 (1) The College shall ensure that an examination ~~in each of the specialties~~ that is a requirement for an extended class certificate of registration, ~~other than anaesthesia,~~ is available at least once every year. O. Reg. 175/12, s. 1.

(2) An applicant who meets the following requirements is eligible to attempt an examination referred to in paragraph 3 of subsection 4 (1) for an extended certificate of registration as a registered nurse:

1. The person must file a completed examination application form.
2. The person must pay the required examination fee.
3. The person must meet the requirements of paragraph 1 of subsection 4 (1).
4. The person must meet the requirements of paragraph 2 of subsection 4 (1) ~~for that specialty to which the examination relates.~~
5. In respect of an examination for which Council has determined there shall be a limited number of attempts, the person must not have exhausted, after having met the requirements of paragraphs 1 and 2 of subsection 4 (1), all of the attempts which Council determined were allowable for the applicant to successfully complete that examination. O. Reg. 462/16, s. 13.

(3), (4) REVOKED: O. Reg. 462/16, s. 13.

Attachment 2

Relevant Literature - Fair, Reliable, Secure and Valid Regulatory Exam

Literature indicated that multiple examination components should be considered during the development of an exam to limit over exposure of exam questions. In terms of the construction of an exam, the vendor item bank and frequency of use are important factors to ensure exam integrity. The vendor must control how frequently an item is used because if an item is overused there is a chance of disclosure, which can lead to cheating (Chang, 2015). Item disclosure can be controlled by rotating the questions that are used, continuously developing new test content, controlling item exposure rates (Chang, 2015) and having different versions of an exam (Foster, 2013). Another strategy is establishing a forward-only item delivery system so a candidate cannot return to a question to memorize it (Foster, 2013).

One study (Becker, 2013) examined different exam administration styles, including linear-on-the-fly testing (LOFT) and identified their individual strengths and weaknesses. The following highlights key findings related to LOFT exams:

- Exam precision looks at how a test can measure a candidate's ability. The LOFT exam's precision is accurate
- In the LOFT model, the likelihood of seeing the same question again during a retake is low and so exam memorization is more difficult
- When the results of the test are used to make a pass/fail decision, certain test designs like LOFT may bring higher reliability and better use of the item bank. The LOFT exam structure focuses on allowing an organization to measure if someone is above or below the standard. LOFT exams also use a big item bank which can create unique exams and therefore able to handle large candidate numbers and reduce exposure
- When considering test assembly, if a review of questions prior to administration is not needed, then the LOFT exam is a good option. LOFT exams are automatically assembled by a computer and it has a built-in exam with a pre-approved large item bank

Reference List

1. Arnhart, K. L., Cuddy, M. M., Johnson, D., Barone, M. A., & Young, A. (2021). Multiple United States medical licensing examination attempts and the estimated risk of disciplinary actions among graduates of US and Canadian medical schools. *Academic Medicine*, 96(9), 1319-1323.
2. Becker K.A., & Bergstrom B.A. (2013). Test administration models. *Practical Assessment, Research and Evaluation*, 18(14), 1-7.
3. Bertola, G. (2024). Retake opportunities, pass probabilities and preparation for exams. *Research in Economics*, 78(1), 99-114. <https://doi.org/10.1016/j.rie.2024.01.008>.
4. Brown, M., & Works, J.C. (2004, September 30-October 2). *The case of the repeating licensure examination' candidate: Psychometric, policy, and legal issues* [Conference presentation]. CLEAR Annual Conference 2004, Kansas City, MO, United States.
5. Chang, H.H. (2015). Psychometrics behind Computerized Adaptive Testing. *Psychometrika*, 80(1), 1-20.
6. Feinberg, R. A., Raymond, M. R. & Haist, S. A. (2015). Repeat Testing Effects on Credentialing Exams: Are Repeaters Misinformed or Uninformed? *Educational Measurement*, 34(1), 34–39
7. Foster, D. (2013). Security Issues in Technology-Based Testing from: Handbook of Test Security Routledge. In J. A. Wollack & J. J. Fremer (Eds.), *Handbook of test security* (pp. 39–83). Routledge/Taylor & Francis Group.
8. Lunz, M. E., & Bergstrom, B. A. (1995, April). *Equating Computerized Adaptive Certification Examinations: The Board of Registry Series of Studies* [Conference presentation]. National Council of Measurement in Education, San Francisco, CA, United States.
9. Meazure Learning. (2025). *Blueprint for the Canadian Nurse Practitioner Licensure Examination*.
10. Thiagarajan, T.K., Subramanian, S.V., Nawaz, N., & Anandhan, H. (2025). A Paradigm Shift in Assessment Practices Enabled with Digital Technologies. In S. Kot, B. Khalid, & A. ul Haque (Eds.) *New Challenges*

of the Global Economy for Business Management: Global Conference on Entrepreneurship and the Economy in an Era of Uncertainty 2024 (pp. 3-19). Springer. https://doi.org/10.1007/978-981-96-4116-1_1



Nurse Practitioner Regulation Framework: Proposed Amendments to CNO By-Laws

Decision Note – December 2025 Council

Contact for questions or more information

Stephen Mills, Chief Operating Officer

Purpose and action required

The proposed amendments to CNO by-laws align with the national Nurse Practitioner (NP) regulation framework approved by Council in [March 2025](#). Under the framework, NP registration will be streamlined into one single classification which involves the removal of NP population-specific certificates in Ontario (adult, paediatrics and primary health care).

Motion:

That Council approve the proposed amendments to CNO By-Laws No. 1: General and No. 2: Fees, as they appear in Attachment 1 to this decision note, for a 60-day circulation period as per the requirement in the *Regulated Health Professions Act, 1991*.

Attachment 1 details a redlined version of the proposed by-law amendments and Attachment 2 outlines a rationale chart explaining the proposed amendments as they relate to the [national NP regulation framework](#) and a single classification of NP.

Questions for consideration

1. Does Council have any feedback or questions related to the proposed amendments?
2. Are any of the proposed by-laws impacting/obscuring the public interest?

Public protection rationale

Amendments to CNO by-laws are being proposed to support implementation of a single NP classification, to ensure alignment with the national NP framework. The national NP framework aims to support labour mobility and create a more agile NP workforce while maintaining high standards of public safety.

Background

In April 2025, following Council approval, CNO submitted proposed regulatory amendments under the *Nursing Act, 1991* to government to support the national NP

regulation framework. As part of our next steps, CNO has drafted revisions to CNO by-laws that align with the single NP regulation framework.

Summary of proposed by-law amendments

The proposed by-law amendments will:

- remove reference to NP population-specific (also known as specialty) certificates where applicable
- include language to allow CNO to post entry-level education information on public registry for NPs only
- remove the higher fee for specified out-of-province NP applicants (to align with the removal of a similar fee for specified RN and RPN applicants)
- reallocate previous NP specialty certificate fees into initial registration or reinstatement fees (no increase in fees)
- update exam related fees based on a new payment model for the new NP exam

By-laws No.1: General

The proposed CNO by-laws will continue to reference specialty certificates (also known as population-specific certificate) in select areas to enable CNO to list education and historical NP legacy registration information on the public registry for transparency purposes. This approach allows system partners including the public and employers, to understand and access registration information that can help them make informed choices.

By-laws No.2: Fees

If Council approves the proposed by-law amendments, fees for the NP specialty certificate will be combined into the initial registration and reinstatement fees for NPs when regulation amendments come into force. The NP fee is paid by the applicant to process the certificate of registration in the Extended Class, validate the registration requirements and reflect the cost of regulating the NP certificate. This amendment will simplify the by-laws and ensure that both current and future NP applicants pay a consistent fee to support their registration with CNO, allocated under the Extended Class. Importantly, this is not a fee increase or decrease; it is an administrative adjustment that maintains the current fee amount for those that would have only one specialty certificate.

CNO is also proposing an amendment to remove a higher fee for specified out-of-province NP applicants. The removal of this fee will align with by-law amendments approved by Council in March 2025 that removed a similar fee for RN and RPN applicants. Subject to Council's approval, all applicants seeking registration in Ontario as NPs, RNs and RPNs will be able to apply directly to CNO and pay the same application fee, ensuring fairness to all applicants and consistency of process.

Additionally, the new NP national licensure exam will require applicants to directly pay the exam administrator for a rescoring. Since CNO is not receiving this fee, we are proposing to remove it from the by-law.

Finance & Risk Committee

At their November 2025 meeting, the Committee reviewed the proposed amendments to the fees by-laws as outlined above. They are supportive of the approach taken to address NP specialty fees, as it keeps fees the same for NP applicants holding only one specialty certificate. There is minimal impact on CNO's revenue. Discussion around the approach, multiple specialty certificates and future planning were addressed. The Finance and Risk Committee is recommending that the proposed fees by-law amendments are circulated for a 60-day circulation period.

Next steps

Subject to Council's approval, the proposed by-law amendments will be circulated for a 60-day consultation period. The feedback collected during this time will be presented to Council at the March meeting to inform Council's decision to approve the by-laws.

Pending Government approval of the NP regulations, a robust communication plan will support the implementation to a single NP classification and clear messaging will be included to clarify NP fee expectations and rationale for change.

Attachments

1. [Redline of proposed CNO by-law amendments](#)
2. [Rationale chart of proposed CNO by-law amendments](#)

Attachment 1 - Redline of proposed CNO by-law amendments

Legend for redline amendments
<u>Insertion</u>
Deletion
<u>Moved to</u>
<u>Moved from</u>

College of Nurses of Ontario
BY-LAW NO. 1: GENERAL
Approved by Council March 2000
and as amended through March 2025

Additional Register Information¹

44.1.06 In accordance with the authorization provided by paragraph 20 of subsection 23(2) of the Code and subject to Article 44.1.07, the following additional information shall be kept in the register of the College:

[...]

6. Where a member previously held a specialty certificate of registration issued by the College at a time when the College issued such specialty certificates, ~~the~~ the specialty certificate previously held by ~~each~~ the member, ~~and~~ the date on which each was issued and the date on which the member no longer held the specialty certificate.

[...]

28. Where a member~~'s~~ previously held a specialty certificate of registration that was ~~is~~ revoked, suspended, cancelled or otherwise terminated, a notation of that fact and the effective date and the basis of the revocation, suspension, cancellation or other termination.

29. Where a member~~'s~~ previously held a specialty certificate of registration that was ~~is~~ reinstated, the effective date of the reinstatement.

[...]

40. Where a member holds a certificate of registration as a registered nurse in the extended class and where such information is known to the College, the name of the foundational nurse practitioner education

¹ Certain of these by-law provisions are repeated in s. 44.1.05.

institution from which the member graduated, the year the member graduated from such program, and any program focus.

BY-LAW NO. 2: FEES

Approved by Council June 14, 2000

Revised version January 1, 2013

Amended March 2025

- 1.01 In this by-law,
- "administrative suspension" means a suspension of a member's certificate of registration as a result of the member's failure to pay a prescribed fee or a fee required by the by-laws or to provide information required by the by-laws;
- "category" means one of the RN Category or the RPN Category;
- "certificate of registration" means a certificate of registration issued by the College ~~and does not include a specialty certificate~~;
- "class" means a class of certificate of registration and does not mean "class" as that word is used in section 8 of the Nursing Act, 1991;
- "fee" includes a required fee(s) or charge, an administrative fee(s) or an administrative charge(s);
- "out-of-province certificate" has the meaning ascribed to it under the Regulated Health Professions Act, 1991 and its Health Professions Procedural Code;
- "person" includes a member and former member; and
- "registration regulation" means Part II of Ontario Regulation 275/94, as amended, passed under the Nursing Act, 1991.

APPLICATION FEES

Application Fee: General and Extended Class

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

a) \$400.00 for an application made in the 2024 calendar year;

b) \$416.00 for an application made in the 2025 calendar year;

c) \$433.00 for an application made in the 2026 calendar year and subsequent calendar years.

(Amended March 2025)

2.02.1 Deleted March 2025

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

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

a) \$300.00 for an application made in the 2023 calendar year;

b) \$400.00 for an application made in the 2024 calendar year;-

c) \$416.00 for an application made in the 2025 calendar year;

d) \$433.00 for an application made in the 2026 calendar year and subsequent calendar years.

~~ii) if the applicant has education other than the education referred to in (i) and the applicant graduated from a program for registration as a registered nurse in the extended class that was approved by Council or a body approved by Council for that purpose, or a program approved by the Registration Committee as equivalent to a Council approved program for~~

~~registration as a registered nurse in the extended class shall pay an application fee of~~

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

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

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

REGISTRATION FEES

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

3.02 Subject to Article 3.04 [and Article 3.05](#), the registration fee paid for the issuance of each class of certificate of registration, other than an emergency class certificate of registration is

- i) \$50.00 for a certificate issued in the 2023 calendar year;
- ii) \$63.00 for a certificate issued in the 2024 calendar year;
- iii) \$66.00 for a certificate issued in the 2025 calendar year;

iv) \$69.00 for a certificate issued in the 2026 calendar year and subsequent calendar years.

3.03 No registration fee shall be payable for the issuance of an emergency class certificate of registration.

3.04 No registration fee shall be payable for the issuance of a non-practising class certificate of registration if the applicant holds, at the time of application, another class of certificate of registration, other than an emergency class, in the category for which the person is seeking the non-practising class certificate of registration.

3.05 The registration fee paid for the issuance of a certificate of registration as a registered nurse in the extended class is \$138.00 for a certificate issued on or after [the date regulation amendments come into force].

FEES FOR SPECIALTY CERTIFICATES

4.01 The fee for the issuance or reinstatement of each specialty certificate in the extended class

i) \$50.00 for a certificate issued in the 2023 calendar year;

ii) \$63.00 for a certificate issued in the 2024 calendar year;

iii) \$66.00 for a certificate issued in the 2025 calendar year;

iv) \$69.00 for a certificate issued in the 2026 calendar year and subsequent calendar years.

FEES FOR REINSTATEMENT /LIFTING ADMINISTRATIVE SUSPENSIONS

Reinstatement Fee

7.03 Subject to Article 7.04, a person who is otherwise entitled to reinstatement of their ~~his or her~~ certificate of registration.

~~i)~~ shall pay a reinstatement fee of

a) \$50.00 if made eligible to reinstate in the 2023 calendar year;

- b) \$67.00 if made eligible to reinstate in the 2024 calendar year;
- c) \$70.00 if made eligible to reinstate in the 2025 calendar year;
- d) \$73.00 if made eligible to reinstate in the 2026 calendar year and subsequent calendar years.

~~ii) for each calendar year or part thereof during which the applicant, while not a member,~~

~~used a title, the use of which was restricted to members and/or held themselves out as a member and/or held themselves out as qualified to practise in Ontario as a nurse, registered nurse, practical nurse or registered nurse in the extended class or nurse practitioner in a specialty of nursing in breach of section 11 of the Act and/or performed an act authorized to members under the Act in breach of the RHPA shall pay a fee of~~

- ~~a) \$500.00 if made eligible to reinstate in the 2023 calendar year;~~
- ~~b) \$625.00 if made eligible to reinstate in the 2024 calendar year;~~
- ~~c) \$650.00 if made eligible to reinstate in the 2025 calendar year;~~
- ~~d) \$676.00 if made eligible to reinstate in the 2026 calendar year or a subsequent calendar year.~~

7.04 A person who is otherwise entitled to reinstatement of their certificate of registration as registered nurse in the extended class shall pay a reinstatement fee of \$142.00 if made eligible to reinstate on or after [the date regulation amendments come into force].

7.05 For each calendar year or part thereof during which the applicant, while not a member, used a title, the use of which was restricted to members and/or held themselves out as a member and/or held themselves out as qualified to practise in Ontario as a nurse, registered nurse, practical nurse or registered nurse in the extended class or nurse practitioner ~~in a specialty of nursing~~ in breach of section 11 of the Act and/or performed an act

authorized to members under the Act in breach of the RHPA shall pay a fee of

- a) \$500.00 if made eligible to reinstate in the 2023 calendar year;
- b) \$625.00 if made eligible to reinstate in the 2024 calendar year;
- c) \$650.00 if made eligible to reinstate in the 2025 calendar year;
- d) \$676.00 if made eligible to reinstate in the 2026 calendar year or a subsequent calendar year.

EXAMINATION FEES

- ~~8.06- A person who applies to have a re-score of the results of the examination which is a requirement for issuance of a specialty certificate in the extended class, known as the Canadian Nurse Practitioner Examination (CNPE), shall pay a fee of \$110.00.~~
- 8.07** A person who applies to attempt the College's jurisprudence examination shall pay a fee of \$40.00.
- 8.08** A separate fee is payable for each application referred to in Articles ~~s-8.06 and~~ 8.07 and shall be paid at the time the application is submitted.

Attachment 2- Rationale chart of proposed CNO by-law amendments

Legend for redline amendments
<u>Insertion</u>
Deletion
<u>Moved to</u>

Proposed By-Laws	Rationale
BY-LAW NO. 1: GENERAL	
<p>Additional Register Information¹</p> <p>44.1.06 In accordance with the authorization provided by paragraph 20 of subsection 23(2) of the Code and subject to Article 44.1.07, the following additional information shall be kept in the register of the College: [...]</p> <p>6. <u>Where a member previously held a specialty certificate of registration issued by the College at a time when the College issued such specialty certificates, the the specialty certificate previously held by each the member, and the date on which each was issued and the date on which the member no longer held the specialty certificate.</u></p>	<p>Proposes that historical NP specialty information be posted on the public register as part of registration history. The proposed language specifies that the information is for NPs who held a specialty prior to the transition to a single NP classification on the date regulation amendments come into force. The public register would also provide status-related information for specialty certificates.</p>
<p>28. Where a member's is <u>previously held a specialty certificate of registration that was</u> is revoked, suspended, cancelled or otherwise terminated, a notation of that fact and the effective date and the basis of the revocation, suspension, cancellation or other termination.</p>	<p>Proposes that certain specialty-related information which is currently posted on the public register remain on the public register after the transition to a single NP classification on the date regulation amendments come into force.</p>
<p>29. Where a member's is <u>previously held a specialty certificate of registration that was</u> is reinstated, the effective date of the reinstatement.</p>	

<p><u>40. Where a member holds a certificate of registration as a registered nurse in the extended class and where such information is known to the College, the name of the foundational nurse practitioner education institution from which the member graduated, the year the member graduated from such program, and any program focus.</u></p>	<p>Proposes that the public register include foundational NP education (education at time of registration), the year of graduation and any program focus (specialty). This promotes transparency and ensures system partners, including members of the public, are well informed.</p>
<p>BY-LAW NO. 2: FEES</p>	
<p>1.01 In this by-law, "certificate of registration" means a certificate of registration issued by the College and does not include a specialty certificate;</p>	<p>Removes reference to specialty certificates to align with single NP classification pending approval of the regulations by government.</p>
<p><u>APPLICATION FEES</u></p> <p>Application Fee: General and Extended Class</p> <p>2.02 A person who submits an application for a certificate of registration in the general class as a registered nurse <u>in the general class</u> or in the general class as a registered practical nurse <u>in the general class</u> shall pay an application fee of</p> <ul style="list-style-type: none"> a) \$400.00 for an application made in the 2024 calendar year; b) \$416.00 for an application made in the 2025 calendar year; c) \$433.00 for an application made in the 2026 calendar year and subsequent calendar years. 	<p>Proposes terminology that is consistent with the regulations.</p>
<p>2.02.2 A person who submits an application for a certificate of registration as a registered nurse in the extended class <u>shall pay an application fee of</u></p> <p>i) if the applicant is a graduate of a</p>	<p>Simplifies the section given that the same application fee will apply to all NP applicants regardless of education.</p>

<p>program required for registration in the extended class which was taken in Canada or if the applicant, at the time of application, holds an out-of-province certificate that is equivalent to an extended class certificate of registration as a registered nurse or if the applicant previously held an extended class certificate of registration as a registered nurse issued by the College shall pay an application fee of</p> <ul style="list-style-type: none"> a) \$300.00 for an application made in the 2023 calendar year; b) \$400.00 for an application made in the 2024 calendar year; c) \$416.00 for an application made in the 2025 calendar year; d) \$433.00 for an application made in the 2026 calendar year and subsequent calendar years. <p>ii) if the applicant has education other than the education referred to in (i) and the applicant graduated from a program for registration as a registered nurse in the extended class that was approved by Council or a body approved by Council for that purpose, or a program approved by the Registration Committee as equivalent to a Council-approved program for registration as a registered nurse in the extended class shall pay an application</p>	
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<p>fee of-</p> <p>a) \$300.00 for an application made in the 2023 calendar year;-</p> <p>-</p> <p>b) \$400.00 for an application made in the 2024 calendar year;-</p> <p>-</p> <p>c) \$416.00 for an application made in the 2025 calendar year;-</p> <p>-</p> <p>d) \$433.00 for an application made in the 2026 calendar year and subsequent calendar years.</p>	
<p>iii) if the applicant is not described in (i) or (ii), shall pay an application fee of</p> <p>a) \$1,000.00 for an application made in the 2023 calendar year;-</p> <p>b) \$1,330.00 for an application made in the 2024 calendar year;-</p> <p>c) \$1,383.00 for an application made in the 2025 calendar year;-</p> <p>d) \$1,438.00 for an application made in the 2026 calendar year and subsequent calendar years.</p>	<p>Proposes to revoke this higher fee that applies to internationally educated NPs. Similar fees for RPN and RN applicants were revoked by Council in March 2025. Thus, the proposed amendment would align with current application costs for RPN and RN applicants in which all applicants, regardless of where they are educated, are charged the same application fee.</p>
<p>REGISTRATION FEES</p> <p>3.02 Subject to Article 3.04 and Article 3.05, the registration fee paid for the issuance of each class of certificate of registration, other than an emergency class certificate of registration is</p> <p>i) \$50.00 for a certificate issued in the 2023 calendar year;</p>	<p>The registration fee paid for the extended class certificate of registration will continue until the date regulation amendments come into force. On this date, the registration fees and specialty fees will merge and be reflected in a new article (3.05) in the by-laws.</p>

<p>ii) \$63.00 for a certificate issued in the 2024 calendar year;</p> <p>iii) \$66.00 for a certificate issued in the 2025 calendar year;</p> <p>iv) \$69.00 for a certificate issued in the 2026 calendar year and subsequent calendar years.</p>	
<p><u>3.05 The registration fee paid for the issuance of a certificate of registration as a registered nurse in the extended class is \$138.00 for a certificate issued on or after [the date regulation amendments come into force].</u></p>	<p>Once specialty certificate fees are null and void on the date regulation amendments come into force, this article will merge with the current registration fees paid by NP applicants.</p> <p>There is no increase in fees for NP applicants relative to current fees.</p>
<p><u>FEES FOR SPECIALTY CERTIFICATES</u></p> <p>4.01 The fee for the issuance or reinstatement of each specialty certificate in the extended class</p> <p>i) \$50.00 for a certificate issued in the 2023 calendar year;</p> <p>ii) \$63.00 for a certificate issued in the 2024 calendar year;</p> <p>iii) \$66.00 for a certificate issued in the 2025 calendar year;</p> <p>iv) \$69.00 for a certificate issued in the 2026 calendar year and subsequent calendar years.</p>	<p>CNO will continue to charge a fee for specialty certificates until the date regulation amendments come into force. On this date, given this relates to specialty certificates, this article will no longer be used and can be revoked at a later date with Council approval.</p>
<p><u>FEES FOR REINSTATEMENT /LIFTING ADMINISTRATIVE SUSPENSIONS</u></p> <p>Reinstatement Fee</p> <p>7.03 <u>Subject to Article 7.04, a</u> A person who is otherwise entitled to reinstatement of their his or her certificate of registration, it shall pay a reinstatement fee of</p>	<p>The reinstatement fee paid for the extended class certificate of registration will continue until the date regulation amendments come into force. On this date, the reinstatement fees and specialty certificate fees will merge and be reflected in a new article (7.04) in the by-laws.</p> <p>There is no increase in fees for</p>

<p>a) \$50.00 if made eligible to reinstate in the 2023 calendar year;</p> <p>b) \$67.00 if made eligible to reinstate in the 2024 calendar year;</p> <p>c) \$70.00 if made eligible to reinstate in the 2025 calendar year;</p> <p>d) \$73.00 if made eligible to reinstate in the 2026 calendar year and subsequent calendar years.</p>	<p>NP reinstatements relative to current fees.</p>
<p>ii) for each calendar year or part thereof during which the applicant, while not a member,</p> <p>used a title, the use of which was restricted to members and/or held themselves out as a member and/or held themselves out as qualified to practise in Ontario as a nurse, registered nurse, practical nurse or registered nurse in the extended class or nurse practitioner in a specialty of nursing in breach of section 11 of the Act and/or performed an act authorized to members under the Act in breach of the RHPA shall pay a fee of</p> <p>a) \$500.00 if made eligible to reinstate in the 2023 calendar year;</p> <p>b) \$625.00 if made eligible to reinstate in the 2024 calendar year;</p>	<p>This section is revoked to account for proposed changes in the opening clause of Article 7.03 (i.e., subject to changes in Article 7.04). The content of this section has been shifted to Article 7.05.</p>

<p>e) \$650.00 if made eligible to reinstate in the 2025 calendar year;</p> <p>d) \$676.00 if made eligible to reinstate in the 2026 calendar year or a subsequent calendar year.</p>	
<p><u>7.04 A person who is otherwise entitled to reinstatement of their certificate of registration as registered nurse in the extended class shall pay a reinstatement fee of \$142.00 if made eligible to reinstate on or after [the date regulation amendments come into force].</u></p>	<p>Once specialty certificate fees are null and void on the date regulation amendments come into force, this article will merge with the current reinstatement fees paid for NP reinstatements.</p> <p>There is no increase in fees for NP reinstatements relative to current fees.</p>
<p>7.05 For each calendar year or part thereof during which the applicant, while not a member, used a title, the use of which was restricted to members and/or held themselves out as a member and/or held themselves out as qualified to practise in Ontario as a nurse, registered nurse, practical nurse or registered nurse in the extended class or nurse practitioner in a specialty of nursing in breach of section 11 of the Act and/or performed an act authorized to members under the Act in breach of the RHPA shall pay a fee of</p> <p>a) \$500.00 if made eligible to reinstate in the 2023 calendar year;</p> <p>b) \$625.00 if made eligible to reinstate in the 2024 calendar year;</p> <p>c) \$650.00 if made eligible to reinstate in the 2025 calendar year;</p> <p>d) \$676.00 if made eligible to</p>	<p>The content of Article 7.03 ii has been shifted to this new article.</p> <p>Removes a reference to specialties.</p>

reinstate in the 2026 calendar year or a subsequent calendar year.	
EXAMINATION FEES 8.06 A person who applies to have a rescore of the results of the examination which is a requirement for issuance of a specialty certificate in the extended class, known as the Canadian Nurse Practitioner Examination (CNPE), shall pay a fee of \$110.00.	This article will be revoked when the CNPE is no longer an approved examination.
8.08 A separate fee is payable for each application referred to in Articles s 8.06 and 8.07 and shall be paid at the time the application is submitted.	The reference to Article 8.06 will be removed once Article 8.06 is revoked.

Hearings Initiative

Discussion Note – December 2025 Council

Contact for questions or more information

Veronica Adetoye, Director, Business Services & CFO

Purpose

The purpose of this discussion note is to provide Council with information, as requested at the [September 2025 Council meeting](#), about the planned exploratory work to pilot professional adjudication skills (PA skills) on the Discipline and Fitness to Practise (FTP) Committees.

Background

CNO is proposing future by-law changes to provide the flexibility to undertake a Hearings Initiative (Pilot) by adding PA skills to the membership of Discipline and FTP Committees. This is intended to enhance the current approach and manage increasing discipline hearing volumes. Persons with PA skills would serve as non-Council members on the committees and would be one of the 5-member panel hearing a case.

Since Council's support to begin this exploration at the September 2025 Council meeting, CNO has identified high level PA skills, completed an environmental scan, and has begun exploring a proposed pilot plan, for implementation, if by-law amendments are approved by Council.

PA Skills

PA skills would include the ability to routinely manage hearings without the assistance of independent legal counsel, strong decision writing skills and experience with case management and dispute resolution.

Environmental Scan

In order to assess the use and benefit of this model elsewhere, CNO conducted an environmental scan of comparable regulatory bodies to identify models where independent discipline committees incorporate members with specialized adjudication skills, distinct from formal tribunal structures.

While this approach is used in many regulatory contexts, two examples are very comparable to CNO. This approach has been used successfully for a long time at the Nova Scotia College of Nurses (NSCN) and more recently at the Royal College of Dental Surgeons (RCDSO). The key advantages identified by NSCN and the RCDSO were:

- Efficiency
 - Adjudicative skills on discipline committees improves hearing management and has been used effectively to manage hearing volumes which benefits registrants and the public.
- Fairness
 - Assistance in writing and articulating reasons ensures decisions are well-reasoned, transparent, and released without delay, benefiting registrants and the public.
- Public Safety
 - Improved hearing efficiency and fairness strengthens accountability and enhances public confidence in the discipline process.

Intended Outcomes

The intended outcome of adding PA skills is to strengthen the current discipline process by improving timeliness and efficiencies, which would ultimately benefit committee members, registrants and the public.

As highlighted in the September Council discussion note, the current model would be improved upon by enhancing efficiency. For example, currently, only a limited number of committee members are available to chair hearings, conduct pre-hearings and write decisions. Writing decisions after lengthy hearings is time-consuming and onerous for writers, especially given increasing case complexity and rising hearing volumes. It is anticipated that adding PA skills will augment the committee's capacity and help alleviate these pressures. Given the growing and complex caseload, the pilot presents an opportunity to positively improve timelines and overall efficiency to the benefit of registrants and the public. In addition, it will complement other initiatives being implemented to address growing volumes such as new scheduling initiatives and modernization of the Discipline Committee's Rules of Procedure to enhance procedural efficiency.

This approach aligns with CNO's values, as a leading regulator, to continually embrace new models of regulatory effectiveness.

Proposed Pilot Plan

CNO is in the early phase of mapping out the implementation of this approach. Input on the proposed pilot plan will be obtained from the Chair and committee members.

A proposed pilot plan has been outlined, pending Council's approval of the required by law changes. [Attachment 1](#) provides an initial outline of the pilot phases. Comprehensive pilot phase evaluations would be conducted throughout.

Next Steps

With Council's support, CNO staff will prepare proposed amendments to CNO's by-laws (e.g., the criteria for committee membership) and any necessary policies for Council review and consideration at an upcoming Council meeting in 2026.

Attachment

1. [Proposed Pilot Plan](#)

Attachment 1

Proposed Pilot Plan

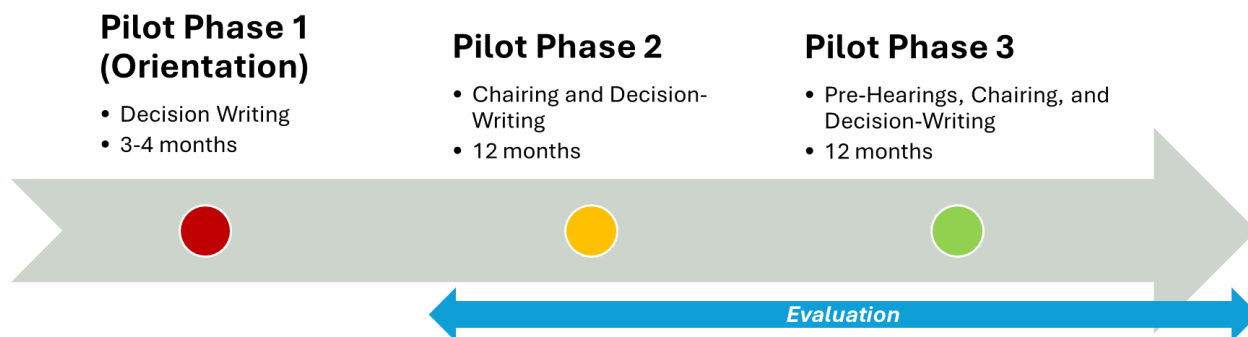
Pilot Phase 1 (Orientation): Phase 1 will pilot a small number of hearings panels with an individual with PA skills solely as the decision-writer for 3 to 4 months. All other hearings will proceed with the current practice.

Pilot Phase 2: Phase 2 will pilot individuals with PA skills serving as both panel chair and decision-writer on panels of randomly selected hearings for up to 12 months. The number of pilot hearings is yet to be determined but would be less than half. All other hearings will proceed with the current practice.

Pilot Phase 3: Phase 3 will build on Phase 2. This phase will pilot individuals with PA skills as pre-hearing conference chair and/or case management conference chair, in addition to chairing and decision-writing, for approximately 12 months. The number of pilot pre-hearing and case management conferences and method of selection is yet to be determined. All other hearings will proceed with the current practice.

Input on the proposed pilot plan will be obtained from the Chair and committee members. Comprehensive pilot phase evaluation would be conducted throughout.

Notice of the pilot will be provided to the public and counsel who regularly appear before the Discipline Committee, to promote transparency and confidence in both the pilot and the discipline process.



Update on Implementation of 2025 Governance Work Plan and Proposed Governance Work for 2026

Discussion Note – December 2025 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose

Council is accountable for its governance effectiveness, which includes regular evaluation and continuous improvement. At the end of each year, Council prioritizes governance work for the following year.

The third-party evaluation of Council's effectiveness¹ is an initiative that will shape Council's direction and governance work plan. The proposed governance work will ensure that Council continues to operate effectively and strategically, with a clear focus on regulatory governance and public protection.

This briefing note suggests some priorities for 2026. Since the Council evaluation results will not be available until March 2026, a final governance work plan with high priority items that can be completed within the remaining six months will be presented for decision in June 2026. Revisions may also be considered for 2027.

Questions for consideration

- Does the proposed 2026 governance work support effective governance?

Public protection rationale

CNO's ability to meet its public protection purpose is supported by Council's effective governance. Council is responsible for monitoring and evaluating its work, setting priorities accordingly, and ensuring continuous improvement and effectiveness in its operations.

Background

Evaluation is an accepted governance practice and expected under the Ministry of Health's [College Performance Measurement Framework](#) (CPMF).²

¹ Ensures compliance with the Ministry of Health's *College Performance Measurement Framework* requirement for a third-party assessment of Council effectiveness at a minimum every three years.

² Measure 1.2: Council has developed and implemented a framework to regularly evaluate effectiveness of Council and Council meetings. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.

2025 Progress Check

Council previously identified the priorities below.

Priority	Description/Activity	Status
Terms of Reference updates (Executive Committee, Governance Committee, and Patient Relations Committee)	<ul style="list-style-type: none"> Updated Executive Committee Terms of Reference to clarify roles and more robust accountabilities Developed new Terms of Reference for the Governance Committee and Patient Relations Committee 	<p>Completed.</p> <p>The updated Terms of Reference for the Executive Committee, the Governance Committee, and the Patient Relations Committee were approved in March 2025.</p>
Council purpose statement and role description creation and updates for Council members, and Council Chair.	<ul style="list-style-type: none"> Council provided input in 2024 on the principles to support the development of a Council purpose statement and role description, and updates to key Council role descriptions. Initial drafts were prepared in 2024 and further Council input was sought at the December 2024 Council meeting. 	<p>Completed.</p> <p>The Council Purpose and Role, Council Member Role, and Council Chair Role were approved by Council in March 2025.</p>
Conduct Committee Terms of Reference and Appointment of Chair	<ul style="list-style-type: none"> Council approved the recommendation to appoint a legal firm as Chair of the Committee 	<p>Completed.</p> <p>In March 2025, Council approved the Terms of Reference for the Conduct Committee</p> <p>In September 2025, Council approved the appointment of Hum Law Firm to act as Chair of the Conduct Committee.</p>
Development of CNO's 2027-2031 Strategic Plan	<ul style="list-style-type: none"> Council engaged in developing CNO's 2027-2031 Strategic Plan. 	<p>On Schedule.</p> <p>The 2027-2031 Strategic Plan will be submitted for Council approval in March 2026.</p>

Priority	Description/Activity	Status
Council Evaluation Policy implementation and Third-Party Evaluation of Council's Effectiveness	<ul style="list-style-type: none"> • Council received education about evaluation and orientation to the evaluation process in September 2025. • Data collection (survey, interviews) was completed in late 2025 	<p>On Schedule.</p> <p>In March 2026, Council will review evaluation findings and identify opportunities for future governance work.</p>

Recommended Governance Work for 2026

Proposed governance work for 2026 is identified in [Attachment 1](#), with the goal of ensuring ongoing effective regulatory governance. This work aims to maintain momentum on critical initiatives such as Council development and governance improvements. As part of the approach, it is important to allow flexibility to take on additional governance work that is likely to be identified through the evaluation of Council's effectiveness. Updates to the Governance Manual will also be informed by the work identified.

Attachment

1. [Proposed Governance Work \(2026\)](#)

Attachment 1

Proposed Governance Work for 2026*

Governance Activity	Description
Initiate comprehensive By-law review	<ul style="list-style-type: none">Review and modernization of CNO bylaws
Review Code of Conduct (including Conflict of Interest Policy)	<ul style="list-style-type: none">Review of the Council and Committee Code of Conduct, including the Conflict of Interest policy. The CPMF requires a review of the Code and policy at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g., Diversity, Equity, and Inclusion)
New Governance Work from the Third-Party Evaluation of Council's Effectiveness	<ul style="list-style-type: none">When the evaluation of Council's effectiveness is completed, new items will be added as required for review and prioritization in 2026. Some may be more reasonable for 2027.
Governance Manual Review	<ul style="list-style-type: none">Review and updating of the Governance Manual

*A Work Plan will be proposed for review and approval in June 2026 following the outcome of the Third-Party Evaluation of Council's effectiveness

Executive Committee Minutes

November 20, 2025

Present

R. Lastimosa Jr., Chair
M. Hogard

M. Sheculski

D. Thompson

Regrets

J. Ding

Staff

A. Brennand
S. Crawford

S. Mills
R. Singh, Recorder

A. Vrachidis

Agenda

R. Lastimosa Jr. welcomed the members of the Executive Committee to the meeting. Members had received the agenda for the meeting of November 20, 2025.

Motion 1

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

That the agenda for the Executive Committee meeting of November 20, 2025, be approved as circulated.

CARRIED

Consent Agenda

R. Lastimosa Jr. introduced the consent agenda and confirmed that the Committee had received briefing materials for all items included in the consent agenda. No concerns were expressed about items on the consent agenda.

Motion 2

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

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

Minutes of the Executive Committee Meeting of August 21, 2025.

The appointed RPN committee member position on the Registration Committee remain vacant until June 2026.

The appointed RPN committee member position on the Inquiries, Complaints and Reports Committee remain vacant until June 2026.

The appointment of Antonia Tina Colarossi, NP, to the Inquiries, Complaints and Reports Committee until June 2027

CARRIED

September Council: Review of Strategic Agenda Items

Practice Standard Title Revisions

The Committee received a summary note. R. Lastimosa Jr. noted that there was feedback from Council at the September 2025 Council meeting regarding the title of the practice standard, and ensure related guidance was referenced appropriately. The Committee was informed that this work is wrapping up, and that the practice standard will be presented at the upcoming December Council meeting.

The Committee did not have additional feedback.

National Nurse Practitioner Regulation Framework: Proposed New Registration Exam

The Committee received a summary note. R. Lastimosa Jr. reminded the Committee that Council has been making decisions to support this national framework since 2024. In June 2024, Council approved CNO's continued work towards a national regulatory framework and in March 2025, Council approved the proposed amendments for submission to the government.

The Committee did not have additional feedback.

National Nurse Practitioner Regulation Framework: Proposed Amendments to CNO By-Law No. 1: General

The Committee received a summary note. R. Lastimosa Jr. noted that this item is also to support the national transition to a single classification of nurse practitioner.

The Committee was reminded that at the upcoming December Council meeting, Council will be asked to consider the approval of proposed amendments to CNO By-Laws No. 1: General and No. 2: Fees for circulation to registrants for 60 days. It was also noted that the Finance & Risk Committee would consider the proposed amendments related to the

Fees by-law and that the Finance & Risk Committee will provide a recommendation to Council in December.

The Committee recognized the need for further clarification, especially for new Council members who were not part of earlier discussions. Direct links to relevant background materials will be included in the meeting materials for the upcoming December Council meeting.

Hearings Initiative

The Committee received a summary note. R. Lastimosa Jr. noted that this item will be discussed at the December Council meeting following the discussions at the September Council meeting.

The Committee discussed the importance of providing Council with an understanding of how professional adjudicators can enhance the current discipline panel process. The Committee acknowledged the significant workload of the Discipline Committee, noting that decision-writing requires considerable effort.

In the Committee discussion, it was clarified that professional adjudicators are intended to provide additional support to Committee operations, and to improve committee effectiveness. The proposed initiative would seek individuals with adjudication skills, whose role would be discussed within the committee to support decision-writing and pre-hearing conferences as one member of a five-person panel.

S. Crawford highlighted that the intended outcome is to enhance our current model. She reminded the Committee that the focus of the initiative remains on public protection and timely, thoughtful decisions for the parties involved in the discipline process.

December 2025 Draft Council Agenda

The Committee received a decision note and draft agenda for the December Council meeting.

Motion 3

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

That the Executive Committee approve the December 2025 Council agenda.

CARRIED

From Your Executive

R. Lastimoso Jr. informed the Committee that this message is shared with Council members between Council meetings. He added that this would be their second message for the 2025-2026 Council year.

The Committee discussed the results of the recent Pulse check survey from the September Council meeting, noting that follow-up actions taken in response to the survey would be helpful to include.

The Committee also identified the opportunity to keep Council members informed about the upcoming election process for the Executive Committee, including timelines.

Executive Session

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

DRAFT

Governance Committee Minutes

November 20, 2025

Present

R. Lastimosa Jr., Chair
M. Hogard

M. Sheculski

D. Thompson

Regrets

J. Ding

Staff

A. Brennand
S. Crawford

S. Mills
R. Singh, Recorder

A. Vrachidis

Agenda

The Committee had received the agenda for the Governance Committee meeting of November 20, 2025.

Motion 1

Moved by M. Sheculski, seconded by M. Hogard,

That the agenda for the Governance Committee meeting of November 20, 2025, be approved as circulated.

CARRIED

Draft Minutes

The Committee had received the draft minutes for the Governance Committee meeting of August 21, 2025.

Motion 2

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

That the minutes for the Governance Committee meeting of August 21, 2025, be approved as circulated.

CARRIED

December Council Development

The Committee received an information note about the Council development session planned for the morning of December 10, 2025. R. Lastimosa Jr. noted that the session includes orientation to CNO's Finances and Budget, which will support Council members' understanding prior to review of the 2026 budget. He noted that the second topic will provide Council members with an opportunity to reflect on and apply concepts from CNO's Council and Committee Social Media and Online Activity Guideline.

The Committee requested clarification on the session on social media. It was confirmed that updated guidelines for Council and committee members' social media use will be presented, aiming to support members in their roles and highlighting recent revisions. S. Crawford highlighted the need to regularly review of social media practices, given Council member turnover and evolving platforms, noting that unintended online actions can have regulatory implications.

In addition to addressing interactions with official CNO posts, the Committee suggested that the session should provide guidance on broader social media activity, beyond CNO's own communications.

Update on Implementation of 2025 Governance Work Plan and Proposed 2026 Governance Work

The Committee received a note regarding highlighting the 2025 governance work plan and an update on the proposed 2026 governance work. R. Lastimosa Jr. noted that in the progress check section, many of the items that were prioritized by Council in 2025 were completed.

R. Lastimosa Jr. informed Committee members that the 2026 governance work is not being presented as a formal work plan at the December Council meeting due to the pending results of the Council evaluation, which will influence future priorities. Instead, a governance work plan will be brought to Council for review and approval in June 2026.

The Committee reflected on the accomplishments to date, recognizing the substantial progress made. The Committee also considered the need for accessible resources for new members, such as links to previous Council packages and the Governance manual, to help them understand organizational developments.

The Committee discussed approaches for gathering feedback from Council members interviewed during the third-party evaluation, including the use of open-ended survey questions to capture additional insights.

The meeting concluded.

Council and Committee Code of Conduct Compliance Form: Council Member Responses

The Council and Committee Code of Conduct Compliance Form must be completed annually by CNO Council and committee members. For Council members, responses are made available to the public in accordance with the College Performance Management Framework requirements.

Council members were asked to confirm the following statements:

Declaration:

1. I have read and understand the Code
2. I commit to meeting the expectations set out in the Code
3. I confirm that I have reviewed the provisions from the *Regulated Health Professions Act, 1991* related to confidentiality and that I will behave in accordance with those requirements

Conflict of interest:

4. I confirm that I have reviewed Article 6 provisions with respect to conflict of interest and confirm to the best of my abilities that my personal or private interests do not conflict with, or cannot reasonably be seen nor perceived to conflict with my responsibilities to CNO
5. I confirm that I do not hold, and have not held any position prohibited¹ within the three years prior to commencing my term of office under Articles 6.10, 6.11, 6.12, or 6.13 of the Code
6. I confirm that I have not been an employee of, or contractor for, CNO for at least one year preceding the commencement of my term of office under Article 6.23

Conflict of interest positions:

A conflict of interest occurs when a member's personal or private interests conflict with, or can reasonably be seen or perceived to conflict with, the member's responsibilities to CNO.

7. If you serve² on any organizations or positions where it is reasonably conceivable that a conflict of interest or bias could arise, or where a reasonable person, knowing of your involvement, might perceive that there could be a conflict of interest or bias, please list the organizations and positions below

Final confirmation and declaration of changes:

8. I confirm that, to the best of my ability, I have identified all positions for which I believe there is a potential for a conflict of interest
9. I am aware of that the Code requires me to advise the Registrar/Executive Director & CEO of any changes to the information provided here in a reasonable amount of time
10. I commit to meeting the expectations in the Council and Committee Code of Conduct

¹ Participation as a member of an expert working group or panel related to best practice is not a prohibited position

² Includes but is not limited to: employment, consulting, serving on a board, or volunteering

2025-2026 Council member responses

Full name	Declaration (1, 2, 3)	No conflict of interest (4, 5, 6)	Possible conflict of interest positions (7)	Final confirmation and declaration of changes (8, 9, 10)
Anyia, Helen	Yes	Yes		Yes
Bankole, Doreen	Yes	Yes		Yes
Baretto, Clinton	Yes	Yes	<ul style="list-style-type: none"> NPAO, Co-Chair Independent Practice Working Group 	Yes
Burke, Randy	Yes	Yes		Yes
Carmichael Pilon, Patti	Yes	Yes	<ul style="list-style-type: none"> Blessed Sacrament Church, Member of Finance Committee 	Yes
Carpenter, Lynda	Yes	Yes		Yes
Cheuk, Wendy	Yes	Yes	<ul style="list-style-type: none"> Michael Garron Hospital, Director of Nursing Practice and Education RNAO, BPSO Working Group Unity Health, After Hours Manager 	Yes
Ding, Jerry	Yes	Yes		Yes
Douglas, Sylvia	Yes	Yes		Yes
Fox, Grace	Yes	Yes		Yes
Gilchrist, Carly	Yes	Yes		Yes
Given, Lorne	Yes	Yes		Yes
Grewal, Geeta	Yes	Yes		Yes
Hillhouse, Todd	Yes	Yes		Yes
Hogard, Michael Allan	Yes	Yes	<ul style="list-style-type: none"> Riverside Healthcare Facilities, Staff Nurse Ministry of the Solicitor General, Staff Nurse 	Yes
Holland, Terry	Yes	Yes		Yes
Jha, Dheeraj	Yes	Yes		Yes
Kim, Fred	Yes	Yes		Yes
Ko, Jeffrey	Yes	Yes	<ul style="list-style-type: none"> Niagara College Canada, Professor 	Yes
Lamsen, Alexis	Yes	Yes	<ul style="list-style-type: none"> Conestoga College, Associate Professor 	Yes
Lane, Jeanette	Yes	Yes		Yes
Larmour, Sandra	Yes	Yes		Yes
Lastimos, Jr., Rodolfo	Yes	Yes		Yes
Leduc, Sylvain	Yes	Yes	<ul style="list-style-type: none"> Laurentian University, Faculty Nursing Lecturer NP-PHC – Council of Ontario Universities, Course Professor, Curriculum Committee 	Yes
Mathew, Jijo	Yes	Yes	<ul style="list-style-type: none"> We Care4 U Staffing Solution, Director 	Yes
Mumberson, Christopher	Yes	Yes		Yes
Osime, Fidelia	Yes	Yes		Yes
Poonasamy, Lalitha	Yes	Yes		Yes
Scott, Diane	Yes	Yes		Yes
Sheculski, Maria	Yes	Yes		Yes
Stryker, Wes	Yes	Yes		Yes
Sullivan, Patricia	Yes	Yes		Yes
Thompson, Diane	Yes	Yes		Yes
Wagg, Kimberly	Yes	Yes		Yes

Full name	Declaration (1, 2, 3)	No conflict of interest (4, 5, 6)	Possible conflict of interest positions (7)	Final confirmation and declaration of changes (8, 9, 10)
Wilson, Shari	Yes	Yes		Yes