



COLLEGE OF NURSES  
OF ONTARIO  
ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

# Council briefing package



Note: To navigate this document and jump to specific sections, use the bookmarks tool.

## Council Agenda

### March 19 and 20, 2025

**Wednesday, March 19, 2025**  
**1:00 p.m. to 4:00 p.m.**

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

Time	Item	Purpose
1:00 p.m.	<b>1. Land Acknowledgement</b>	
1:05 p.m.	<b>2. Agenda</b>	Decision
	<b>3. Call for Conflicts of Interest</b>	
1:10 p.m.	<b>4. CEO Remarks</b>	Information & Discussion
1:25 p.m.	<b>5. Consent Agenda</b> 5.1 <a href="#">Minutes of Council Meeting of September 25, 2024</a> 5.2 <a href="#">Revised Minutes of Council Meeting of June 6, 2024</a> 5.3 <a href="#">Minutes of Executive Committee Meeting of November 14, 2024</a> 5.4 <a href="#">Minutes of Executive Committee Meeting of December 5, 2024</a> 5.5 <a href="#">Draft Minutes of Executive Committee Meeting of February 20, 2025</a>	Decision

	<p>5.6 <a href="#">Confirmation of Committee Appointments</a></p> <p>5.7 <a href="#">Appointments of Statutory Committee Chairs</a></p> <p>5.8 <a href="#">Appointment of Sub-Committee on Compensation members and Chair</a></p> <p>5.9 Program Approvals</p> <p><a href="#">5.9.1 Nursing Education Program Approval</a></p> <p><a href="#">5.9.2 Transition to Practice Course Approval</a></p>	
1:30 p.m.	<b>6. Strategic Items</b>	
	6.1 <a href="#">Strategic Plan Reporting</a>	Information & Discussion
2:15 p.m.	6.2 <a href="#">Scope of Practice and Medication Standard Revisions</a>	Decision
2:45 p.m.	<b>Break</b>	
3:00 p.m.	6.3 <a href="#">National Nurse Practitioner Regulation Framework: Public Consultation Feedback and Decision</a> Sarah Yun, legal counsel	Decision
4:00 p.m.	Recess	

**Thursday, March 20, 2025**  
**9:00 a.m. to 4:00 p.m.**

Time	Item	Purpose
9:00 a.m.	7. <a href="#">Election of the Executive Committee</a> Naomi Thick, Chair of Nominating Committee	
10:15 a.m.	<b>Break</b>	
	<b>8. Reports</b>	
10:30 a.m.	8.1 <a href="#">Nominating Committee Report</a> Naomi Thick, Chair of Nominating Committee <ul style="list-style-type: none"> <li>• Appointment of Statutory Committee Members</li> </ul>	Decision
	<b>9. Governance and Council Operations</b>	
11:00 a.m.	9.1 <a href="#">Terms of Reference</a> <ul style="list-style-type: none"> <li>• Executive Committee</li> <li>• Governance Committee</li> <li>• Patient Relations Committee</li> </ul>	Decision
11:30 a.m.	9.2 <a href="#">Conduct Committee Terms of Reference and Chair</a> Sarah Yun, legal counsel	Decision
12:00 p.m.	9.3 <a href="#">Proposed Amendments to By-Law No. 1: General</a> <ul style="list-style-type: none"> <li>• Conduct Committee</li> <li>• Governance Committee</li> <li>• Patient Relations Committee</li> </ul> Sarah Yun, legal counsel	Decision

12:30 p.m.	<b>Lunch</b>	
1:30 p.m.	9.4 <a href="#">Council Role Descriptions: Council Purpose and Role; Council Member Role, Council Chair</a>	Decision
2:00 p.m.	9.5 <a href="#">Council Development Plan</a>	Discussion
	<b>8. Reports (continued)</b>	
2:15 p.m.	8.2 <a href="#">Finance &amp; Risk Committee Report</a> <ul style="list-style-type: none"> <li>• Unaudited year-end 2024 Financial Statements</li> <li>• Amendments to By-Law No. 2: Fees regarding the Interjurisdictional Nurse Licensure</li> <li>• Amendments to By-Law No. 2: Fees regarding the education requirement, for final approval</li> </ul>	Decision
3:00 p.m.	<b>Break</b>	
3:15 p.m.	<b>10. Agenda Items Added by Council members</b>	
3:30 p.m.	<b>11. CEO Remarks</b>	Discussion
	<b>12. Dates of Upcoming Meetings</b> <ul style="list-style-type: none"> <li>• June 3, 4, &amp; 5, 2025 – Hybrid</li> <li>• September 16, 17, &amp; 18, 2025 – Hybrid</li> <li>• December 9 (p.m.), 10 &amp; 11, 2025 – Virtual</li> </ul> <b>Dates to Hold for Strategic Planning</b> <ul style="list-style-type: none"> <li>• June 24, 25, 26, 2025</li> <li>• August 19 &amp; 20, 2025</li> <li>• October 28 &amp; 29, 2025</li> </ul>	

4:00 p.m.	<b>Conclusion</b>	
-----------	-------------------	--

**Information Items:**

[2025 Council Election Update](#)

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

# Council Annual Plan

	<b>March 19 &amp; 20</b>	<b>June 3, 4 &amp; 5</b>	<b>September 16, 17 &amp; 18</b>	<b>December 9, 10, 11</b>
	<b>Minutes:</b> September Council	<b>Minutes:</b> March Council	<b>Minutes:</b> June Council	<b>Minutes:</b> September Council
<b>Regular Items</b>	<ul style="list-style-type: none"> <li>▪ CEO Remarks</li> <li>▪ Executive Committee</li> <li>▪ Finance &amp; Risk Committee               <ul style="list-style-type: none"> <li>▪ Unaudited year-end Financial Statements</li> <li>▪ Amendments to By-Law No. 2: Fees                   <ul style="list-style-type: none"> <li>○ Registration regulation (final)</li> <li>○ Interjurisdictional Nurse Licensure (INL)</li> </ul> </li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ 2024 Annual Report</li> <li>▪ Statutory Committee Annual Reports</li> <li>▪ CEO Remarks</li> <li>▪ Executive Committee</li> <li>▪ Finance &amp; Risk Committee               <ul style="list-style-type: none"> <li>▪ 2024 Audited Financial Statements</li> <li>▪ 2025 Auditor appointment</li> <li>▪ Proposed amendments to By-Law No. 2: Fees RE: INL</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ CEO Remarks</li> <li>▪ Executive Committee</li> <li>▪ Governance Committee</li> <li>▪ Finance &amp; Risk Committee</li> </ul>	<ul style="list-style-type: none"> <li>▪ CEO Remarks</li> <li>▪ Executive Committee</li> <li>▪ Finance &amp; Risk Committee</li> </ul>
<b>Strategic Items</b>	<ul style="list-style-type: none"> <li>▪ Nursing Education Program Approvals</li> <li>▪ Strategic Plan Reporting</li> <li>▪ Scope of Practice and Medication Standard Revisions</li> <li>▪ National Nurse Practitioner Regulation Framework: Public Consultation Feedback and Decision</li> </ul>	<ul style="list-style-type: none"> <li>▪ Nursing Education Program Approval (all programs)</li> <li>▪ Strategic Plan Reporting</li> </ul>	<ul style="list-style-type: none"> <li>▪ Strategic Plan Reporting</li> <li>▪ Nursing Education Program Approvals</li> <li>▪ Documentation and Therapeutic Nurse/Client Relationship Standards</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2026 Budget</li> <li>▪ Strategic Plan Reporting</li> <li>▪ Nursing Education Program Approvals</li> </ul>
<b>Governance &amp; Council Operations</b>	<ul style="list-style-type: none"> <li>▪ Appointments:               <ul style="list-style-type: none"> <li>▪ Confirmation of Statutory Committee members</li> <li>▪ Statutory Committee members and Chairs</li> <li>▪ Sub-Committee on Compensation and Chair</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ Appointment of Standing Committee Members</li> <li>▪ Nominating Committee Report</li> <li>▪ Nominating Committee Terms of Reference</li> <li>▪ Compensation Sub-Committee Terms of Reference</li> </ul>	<ul style="list-style-type: none"> <li>▪ Dates of Council meetings in 2026</li> </ul>	<ul style="list-style-type: none"> <li>▪ Proposed Revisions to the Stipend Policy</li> <li>▪ Proposed Revisions to the Expense Policy</li> </ul>

	<b>March 19 &amp; 20</b>	<b>June 3, 4 &amp; 5</b>	<b>September 16, 17 &amp; 18</b>	<b>December 9, 10, 11</b>
	<ul style="list-style-type: none"> <li>▪ Conduct Committee Terms of Reference and Chair</li> <li>▪ Council Development Plan (06/2025 through 03/2026)</li> <li>▪ Roles: Council, Council Member and Council Chair</li> <li>▪ Executive Committee Election</li> <li>▪ Terms of Reference: Executive Committee, Governance Committee and Patient Relations Committee Nominating Committee Report</li> <li>▪ Proposed Amendments to By-Law No. 1: General related to Conduct Committee, Governance Committee and Patient Relations Committee</li> </ul>	<ul style="list-style-type: none"> <li>▪ Proposed Amendments to By-Law No. 1: General related to Nominating Committee and Sub-Committee on Compensation</li> </ul>		
<b>Council Development</b>	IDI Group Profile	Orientation for All Council members: Governance and Regulation		



# Governance Principles

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

## Accountability

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

## Adaptability

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

## Competence

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

## Diversity

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

## Independence

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

## Integrity

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

## Transparency

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

Approved by Council, September 2016

# Team Norms

As members of Council, we are committed to:

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

Adopted by Council  
September 2021

## Council Minutes

September 25, 2024

### Present

P. Sullivan, Chair  
H. Anyia  
J. Armitage  
L. Carpenter  
J. Ding  
L. Donnelly  
S. Douglas  
J. Farag  
G. Fox  
T. Fukushima  
C. Gilchrist

T. Hands  
J. Hess  
M. Hogard  
C. Hourigan  
J. Ko  
M. Krauter  
A. Lamsen  
S. Larmour  
R. Lastimoso Jr.  
S. Leduc

J. Mathew  
C. Mumberson  
E. Mutia  
G. Oltmann  
F. Osime  
L. Poonasamy  
D. Scott  
M. Sheculski  
D. Thompson  
K. Wagg

### Regrets

T. Crowder  
D. Edwards

A. Lamsen  
M. MacDougall

V. Rathi

### Guests

S. Yun, Sarah Yun Law

### Staff

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

C. Gora  
E. Horlock  
R. Jabbour  
B. Knowles

S. Mills  
S. Porteous  
A. Tong  
A. Vranichidis, Recorder

### Land Acknowledgement

F. Osime shared a Land Acknowledgement statement.

### Agenda

The agenda had been circulated.

## Motion 1

Moved by D. Scott, seconded by J. Hess,

That the agenda for the Council meeting of September 25, 2024 be accepted as circulated.

CARRIED

## Conflicts of interest

P. Sullivan noted that all Council members have completed the annual process of declaring:

- their commitment to follow the [Council and Committee Code of Conduct](#) and
- identifying any positions they hold that they believe might result in them having to declare a conflict of interest.

Council members were referred to the summary of Council member responses attached to the package and asked to provide any updates. M. Krauter declared that she is faculty at the University of Toronto and S. Leduc identified that he is faculty at Laurentian University.

P. Sullivan asked that Council members review the agenda and declare if they have conflicts of interest for any of the items. S. Leduc declared a conflict of interest for the decision about the regulations related to the framework for regulating Nurse Practitioners.

## CEO Opening Remarks

S. Crawford, Registrar/Executive Director & CEO shared opening remarks. She highlighted that a government consultation on proposed scope of practice changes for Nurse Practitioners is underway.

Council was informed about the work CNO is doing as part of the Canadian Nurse Regulators Collaborative. CNO was invited to share its DEI and organizational culture work with the Nursing and Midwifery Council of the United Kingdom and will present at the International Congress of Nursing Regulators.

S. Crawford noted that Council is also on its DEI trajectory, having integrated DEI expectations in the [Council and Committee Code of Conduct](#), committee appointments and Council elections and recently participating in an Intercultural Development Inventory.

S. Crawford noted that in 2025 Council and staff will be working on the development of a new strategic plan.

## Consent Agenda

P. Sullivan introduced the consent agenda. She confirmed that Council had received briefing materials on all items included in the consent agenda. No concerns were expressed about items on the consent agenda.

## Motion 2

Moved by M. Sheculski, seconded by J. Ding,

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

That the Minutes of the Council meeting of June 6, 2024 be approved as circulated.

That Collège La Cité's RPN-BScN, using the Nursing Program Transformation Initiative (NPTI)<sup>1</sup> pathway baccalaureate program receive preliminary approval.

That the following be the dates of Council meetings in 2025:

- Tuesday (afternoon), Wednesday and Thursday, March 18, 19 and 20, 2025
- Tuesday, Wednesday and Thursday, June 3, 4 and 5, 2025
- Tuesday, Wednesday and Thursday, September 16, 17 and 18, 2025
- Tuesday (afternoon), Wednesday and Thursday, December 9, 10 and 11, 2025.

That the appointment of Jay Armitage to the Registration Committee be confirmed.

---

<sup>1</sup> Nursing Program Transformation Initiative is an RPN to BScN Bridge Pathway. Participating public colleges offer standardized hybrid bridging courses as an alternate pathway to enter Level 3 of a CNO Council preliminary approved RPN to BScN program.

CARRIED

Minutes of the Executive Committee meeting of August 22, 2024 were received for information.

### **Strategic Plan Reporting**

B. Knowles, Director, Analytics & Research, joined the meeting. Council had received the quarterly report on implementation of the Strategic Plan, including written updates on the three strategic outcomes and four pillars. S. Crawford highlighted the Strategic Outcomes dashboard and the dashboard showing the status of projects supporting implementation of the Strategic Plan.

It was flagged that CNO is monitoring the trust results and collaborating with other regulators on opportunities for broader outreach to the public. CNO has an extensive database and the capacity to reach every nurse in the province and there is interest in partnering with CNO on research.

### **Principles to Support Development of a New Strategic Plan**

A discussion note highlighting proposed principles to support the development of a new strategic plan had been circulated. S. Crawford highlighted the principles.

In discussion, it was flagged that it will be important to identify the areas of progress, where success has been limited and what is appropriate for the regulator. The need to identify meaningful measures and consider the opportunities and challenges of the changing environment, including Artificial Intelligence, was flagged.

### **Interjurisdictional Nurse Licensure**

Council received briefing materials about a national interjurisdictional nurse licensure (INL) initiative. A. McNabb, Manager, Program Design and I. Tirana, Strategy Consultant joined the meeting.

S. Crawford informed Council that, over the past few years, CNO has been participating in a national collaborative of all nursing regulators to explore approaches to enhance mobility for nurses working in multiple Canadian jurisdictions or moving across Canadian jurisdictions. The goal of this initiative is to reduce unnecessary duplication for nurses to maintain multiple registrations, promoting the ability to practice and support the healthcare systems in multiple Canadian jurisdictions.

Council was informed that the members of the Canadian Nurse Regulator Collaborative have agreed to implement INL in their jurisdictions, in accordance with their specific legislative framework. Nurses will have a “home” jurisdiction, for their primary registration, and will be able to register in multiple “host”, or secondary jurisdiction(s).

It was noted that each jurisdiction will implement this differently. CNO will determine how INL applicants meet CNO’s registration requirements and uphold regulatory requirements. I. Tirana, Strategy Consultant and A. McNabb, Manager, Program Design, highlighted CNO’s registration requirements and how they would be applied by CNO based on whether CNO was a nurse’s home (primary) and host (secondary) jurisdictions.

In discussion, it was confirmed that nurses could potentially register in a number of jurisdictions. It was noted that this will support mobility, and recognizes the realities of virtual care, cross border practice and the needs of patients being transported across jurisdictions. A. McNabb and I. Tirana left the meeting.

### **National Nurse Practitioner Regulation Framework**

Council received briefing materials, including proposed draft changes to regulations. S. Yun, legal counsel, E. Tilley, Manager, Regulatory Policy, and L. Mathias, Strategy Consultant, joined the meeting. S. Leduc declared a conflict of interest and left the meeting.

P. Sullivan noted that in June 2024, Council reaffirmed its support for the proposed changes to the regulatory framework for Nurse Practitioners (NPs). She noted that the briefing note provided to Council includes, as requested by Council in June, a summary of the evidence supporting this regulatory change.

S. Crawford noted that the role of NPs has evolved significantly since the current regulatory framework was established. CNO is proposing changes that put into place a regulatory framework that is more aligned with how NPs work in the rapidly changing health care environment. It was noted that all Ontario NPs share one legal scope of practice, authorities and obligations, no matter the specialty.

The ongoing and engagement of system partners was highlighted, including working with national and provincial partners to support a consistent regulatory approach across jurisdictions, to support labour mobility and engagement with system partners, including NPs.

L. Mathias, Strategy Consultant, highlighted the proposed changes to regulations that are needed to implement the proposed national Nurse Practitioner framework.

Council shared some perspectives about this initiative. It was noted that the current framework has created confusion about roles and barriers for NPs seeking to move across practice settings. There was support that the proposed regulatory framework is in the public interest, it will enhance access to needed care and is aligned with the future of health care and regulation.

### **Motion 3**

Moved by S. Larmour, seconded by R. Lastimososa

That Council approve the proposed amendments to O. Reg 275/94: General and O. Reg 196/23: Exemption – Restricted Titles under the *Nursing Act, 1991* as proposed in attachment 1 in the decision note, for circulation to registrants and other system partners for 60 days.

CARRIED

S. Leduc rejoined the meeting.

### **Action**

Circulate the proposed regulation amendments to system partners, including registrants.

### **Council and Committee Code of Conduct: Amendments of Article 16 to By-Law No. 3 regarding Code Proceedings**

S. Yun, legal counsel, A. Vrachidis, Manager, Governance & External Relations, and A. Tong, Strategy Consultant joined the meeting. Council members had received a decision note, including proposed Article 16, setting out a process to address complaints that a Council member had breached the [Council and Committee Code of Conduct](#).

P. Sullivan noted that in June 2024, Council approved a process for addressing complaints. S. Yun highlighted the proposed draft Article 16. She noted that it reflects the process approved by Council, with additions to ensure procedural fairness throughout the process and support informal resolution at every stage of the process.

It was flagged that, to provide the independence and expertise that Council identified as important to this process, it is recommended that the Chair of the Conduct Committee be the “independent third party” identified in the process.

In discussion, it was confirmed that the proposed by-law enacts and enhances the process approved by Council.



P. Sullivan noted that Council had received the required notice of the proposed by-law amendment on September 12, 2024. Before calling for the motion, she reminded Council that a 2/3 majority vote is required to approve a by-law.

#### **Motion 4**

Moved by J. Armitage, seconded by J. Ko,

That Article 16 of By-Law No. 3: Council and Committee Code of Conduct be rescinded and replaced with the updated Article 16, as it appears in column 1 of Attachment 1 to the decision note.

CARRIED

#### **Action**

Update By-law 3: Council and Committee Code of Conduct to include the new Article 16. Develop Terms of Reference for Conduct Committee, for future Council consideration.

#### **By-Law Amendments re: Council and Committees**

Council had received a decision note with proposed amendments to [By-law No. 1: General](#). S. Yun highlighted the proposed revisions that:

- Removed reference to the Board of Inquiry as a committee
- Removed the limitation that prevents nurses interested in engagement with CNO from running for election to Council and applying for appointment to a statutory committee and
- Removing the requirement that the President Chair the Inquiries, Complaints and Reports Committee.

P. Sullivan noted that Council had received notice of the proposed by-law amendments on September 12. She reminded Council that a 2/3 majority is required to approve a by-law.

#### **Motion 5**

Moved by M. Hogard, seconded by C. Gilcrest,

That Council approve the amendments to By-law No. 1: General, as they appear in Column 2 to attachment 1 to this decision note and that the proposed amendments

to Article 30 regarding Committee Chairs be approved to take effect on June 4, 2025.

CARRIED

P. Sullivan flagged that, in accepting the by-law changes, Council has removed the final barrier to standing for election to the Executive Committee – particularly the position of President. She informed Council that the Executive Committee is opening its November meeting to interested Council members to observe. CNO staff will follow-up with an invitation.

S. Yun and A. Tong left the meeting.

### Action

Update By-law 1: General.

### Executive Committee Terms of Reference

C. Craig, Strategy Consultant, joined the meeting.

Council had received a discussion note highlighting findings of a focused review undertaken to identify opportunities with the current Executive Committee Terms of Reference, including reviews of board committee structures, governance accountabilities and overall committee functions.

C. Craig highlighted the findings and the potential approaches:

- clarifying accountabilities by separating terms of reference for the Executive, Governance and Patient Relations committees
- enhancing governance accountabilities and
- clarifying and developing robust terms of reference.

It was confirmed that, while the general governance literature does not support having Executive Committee as best practice, the legislation requires all Ontario health regulators to have an Executive Committee. The improvements are suggested to enhance governance within the current legislative framework.

C. Craig left the meeting.

### Action:

Develop separate terms of reference for the Executive Committee, Governance Committee and Patient Relations Committee.

### **Council Evaluation Policy**

R. Jabbour, Strategy Consultant, joined the meeting. Council received a discussion note, highlighting proposed refinements to the evaluation policy. There was support for the proposed refinements, particularly the requirement for all Council committees to conduct a self-evaluation.

#### **Action:**

Develop revised Evaluation Policy for Council decision in December.

### **Finance & Risk Committee Report**

Council had received the report of the Finance & Risk Committee meeting of August 22, 2024. T. Fukushima. chaired the meeting and highlighted the report.

#### **Unaudited Financial Statements**

Council had received the unaudited financial statements for the six-months ended June 30, 2024. T. Fukushima reported that the surplus for the period is \$5.111M, which is \$4.012M higher than the budgeted surplus of \$1.099M

### **Motion 6**

Moved by T. Fukushima, seconded by S. Larmour,

That Council approve the unaudited Financial Statements for the six-months ended June 30, 2024.

CARRIED

Council was informed that the Finance & Risk Committee is discussing how to support Council in its accountability for oversight of risk.

### **CEO Closing Remarks**

S. Crawford expressed appreciation to Council for its engagement. She noted that Council addressed two regulatory initiatives that are national in scope and designed to support labour mobility. She noted that Council made an important regulatory decision to implement a new framework for Nurse Practitioner regulation, by approving regulation changes for circulation. In December, Council will consider the feedback to the proposed

regulation and make a decision about whether to approve the regulation for submission to government.

Council was reminded that, in December, it will be asked to approve the resources needed in 2025 to support its ongoing regulatory processes, continue implementation of the Strategic Plan and CNO's DEI Strategy, begin development of a new strategic plan and continue to enhance governance.

Council expressed interest in development on strategic planning and risk.

### **President's Closing Remarks**

P. Sullivan informed Council that an invitation to attend the November Executive Committee meeting as observers will be sent to all Council members. She informed Council that the first competency-based Council election and the application for appointment to statutory committees are launching in early October. Council members were asked to encourage engagement. She noted that the by-law revision passed by Council at this meeting means that interested individuals can run for election to Council and apply for a statutory committee appointment.

### **Next Meeting**

P. Sullivan noted that the next meeting will be December 4 and 5, 2024. She informed Council that the meeting will be virtual.

### **Conclusion**

At 3:00 p.m., on completion of the agenda, it was,

### **Motion 7**

Moved by L. Carpenter, seconded by J. Ko,

That Council conclude.

CARRIED

## June 2024 Council Minutes - Correction

### Decision Note – December 2024 Council

#### Contact for questions or more information

A. Brennand, Director, Strategy

#### Purpose and action required

To correct an error in the [June 2024 Council minutes](#).

#### Motion:

That Motion 2 on page 3 of the minutes of June 2024 Council meeting be corrected by removing the reference to the Quality Assurance Committee.

#### Background

In accordance with [By-Laws](#) (Article 31.03), the Executive fills mid-year statutory committee vacancies. Those appointments become effective immediately and are confirmed at the next meeting of Council.

In April, following her appointment to Council, the Executive Committee appointed Lynda Carpenter to serve on the Discipline and Fitness to Practise committees.

There was no vacancy on the Quality Assurance (QA) Committee and she was not appointed to the QA Committee by the Executive Committee.

Unfortunately, the briefing memo that was included in the Council package, seeking Council's confirmation of committee appointments, included confirmation of Lynda Carpenter's appointment to the QA Committee. That was approved and included in the minutes.

Since the Executive Committee never made the appointment, Lynda Carpenter has not been added to the QA Committee. It currently has its full complement of public members.

This motion is requested to correct the minutes of the meeting and prevent future confusion about committee membership.

## Executive Committee Minutes

November 14, 2024

### Present

P. Sullivan, Chair

T. Fukushima

F. Osime

R. Lastimoso Jr.

### Observers

J. Hess

M. Hogard

J. Mathew

### Staff

A. Brennand

R. Jabbour

A. Tong

S. Crawford

S. Mills

A. Vrachidis

J. Hofbauer

R. Singh, Recorder

### Welcome

P. Sullivan welcomed the members of the Executive Committee (Executive), and the observers.

### Land Acknowledgement

P. Sullivan shared a Land Acknowledgement statement.

### Agenda

Members had received the agenda for the Executive meeting of November 14, 2024.

### Motion 1

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

That the agenda for the Executive Committee meeting of November 14, 2024, be approved as circulated.

CARRIED

## Consent Agenda

P. Sullivan introduced the consent agenda. She confirmed that the Executive had received briefing materials on all items included in the consent agenda. No concerns were expressed about items on the consent agenda.

## Motion 2

Moved by T. Fukushima, seconded by R. Lastimosa

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

Minutes of the Executive Committee Meeting of August 22, 2024

John Fleming, Public Member, be appointed to the Discipline/Fitness to Practice and Registration Committees.

Amy Vandekemp, RPN, be appointed to the Inquiries, Complaints and Reports Committee until June 2026.

CARRIED

The September Council debrief was received for information.

## December Council Development

The Executive Committee received a discussion note about the Council development session planned for December 4, 2024. A. Vrachidis, Manager of Governance & External Relations, highlighted the plans for the session. The development session, which will be facilitated by Deanna Williams, will focus on preparing Council members for the governance priorities set for 2025 and build on the September Council Development session. The Executive provided input regarding materials to be shared to prepare in advance of the meeting.

## National Nurse Practitioner Regulation Framework: Public Consultation Feedback and Decision

The Executive received a summary note. S. Crawford, Registrar/Executive Director & CEO reported that the consultation period for the regulation amendments approved by Council in September is in process and closes on November 25. She provided an interim update on the responses, noting thus far majority support the change. The full results will be presented to Council in December 2024.

The Executive emphasized the importance of presenting clear data to assess engagement across groups and suggested sharing high-level information on CNO's ongoing engagement with registrants and system partners with Council.

### **Executive Committee Review of Governance Agenda Items**

P. Sullivan introduced the governance agenda items, noting that, as the Executive serves as Council's Governance Committee, they have received the draft Council briefings.

The Executive was informed that updating Council roles and revising the Executive Committee's Terms of Reference were among the governance priorities for 2024 identified by Council in December 2023. P. Sullivan shared that these updates will be presented to Council in December for discussion and input, with the goal of returning them for final approval in March 2025. She further highlighted the importance of a thorough review to ensure accuracy and alignment with governance objectives.

### **Council, Council Member and Council Chair Roles**

The Executive received briefing materials, including the draft Council, Council member and Council Chair role statements.

A. Vrachidis noted that in drafting these role descriptions, CNO staff were mindful of the principles that Council approved in June for development of the roles. The updated roles are designed to serve as a helpful tool for Council members and can also be used as part of the onboarding process.

The Executive reviewed the Council Purpose and Role description, the Council Member role description and the Council Chair role description and provided feedback.

The Executive discussed the proposed change in role title from President to Chair. It was agreed that this change will support role clarity. It was noted that, when necessary, the President can delegate the responsibility to chair all or part of a meeting.

### **Updating the Executive Committee Terms of Reference**

The Executive received briefing materials, including draft Terms of Reference for the Executive, Governance and Patient Relations committees. A. Tong, Strategy Consultant joined the meeting.

P. Sullivan identified the need for clear and updated Executive Committee Terms of Reference to reflect its functions, emphasizing that no new committees are being set up, but rather roles are being clarified through separate Terms of Reference. Similar to



the Council roles, the updated Terms of Reference will be presented to Council for discussion in December and for decision in March 2025.

R. Singh, Governance Consultant, highlighted the approach to developing and clarifying the terms.

There was discussion about the need to clarify eligibility for roles and the need to support Council member development, while balancing the need for continuity and welcoming new perspectives.

A. Tong left the meeting.

### **Council Evaluation Policy**

R, Jabbour, Strategy Consultant, joined the meeting.

P. Sullivan, noted that in September, Council supported the proposed enhancements to Council's evaluation policy. It was further noted that in 2025, Council will engage in the external third-party evaluation of Council effectiveness.

R. Jabbour clarified that Council supported the proposed enhancements to the Evaluation Policy which aim to simplify the evaluation process and integrate evaluation into regular operations. It was noted that implementation details are not addressed directly in the policy but that supporting Council to operationalize the policy is included in the proposed Governance Committee Terms of Reference.

### **Update on the Implementation of 2024 Governance Priorities and Proposed Priorities for 2025**

The Executive had received a briefing note addressing two topics: an update on the implementation of the 2024 governance priorities and the proposed governance priorities for 2025. P. Sullivan noted that the update on the implementation of the 2024 priorities included a reflection on the year's accomplishments and the commitments made to enhance governance.

P. Sullivan shared that the proposed governance priorities for 2025 were presented for consideration. She emphasized that these priorities, including contributing to the development of a new Strategic Plan and participating in the triennial third-party evaluation of governance effectiveness, are significant commitments for the coming year.

S. Crawford explained that the proposed plan for the year is a starting point, with flexibility to realign priorities if needed, aimed at continuing to improve governance effectiveness.

The Executive acknowledged the great progress made over 2024.

### **December 2024 Council Meeting Planning and Agenda**

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

A. Vranichidis provided an update on the election of the public member to the Executive. She noted a reminder will be sent to Council shortly.

The Executive discussed the timing of items on the agenda and asked that a break be included on the agenda in the afternoon and the dates being held for strategic planning in 2025 be included on the agenda.

### **Motion 3**

Moved by T. Fukushima, seconded by R. Lastimosa

That the Executive Committee approve the December 2024 Council agenda.

CARRIED

### **From Your Executive Committee**

The Executive addressed the key items to include in the next *From Your Executive Committee* message to Council.

### **Selection of Scrutineers for the Election of the Public Member of the Executive Committee**

It was noted that by-laws require three scrutineers for the election of the Executive. Three nurse members were selected using a random selection tool,

### **Motion 4**

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

That the scrutineers for the election of the Public Member of the Executive Committee be: A. Lamsen, J. Ding and J. Ko.

CARRIED

## **Consent Agenda**

The Executive agreed that having a consent agenda supported their focus on strategic issues and confirmed that a consent agenda should be an ongoing feature of Executive Committee agendas.

## **Next Meeting**

The next meeting of the Executive will be the afternoon of February 20, 2025.

## **Executive Session**

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

## Executive Committee Minutes

December 5, 2024

### Present

P. Sullivan, Chair

T. Fukushima

F. Osime

R. Lastimoso Jr.

### Staff

A. Brennand

J. Hofbauer

R. Singh, Recorder

S. Crawford

S. Mills

A. Vranichidis

### Purpose

The meeting was convened for the Executive to act pursuant to section 12 of the Health Professions Procedural Code, which is Schedule 2 to the *Regulated Health Professions Act, 1991*, which grants the Executive the authority to exercise all powers of Council with respect to matters that, in the Executive's opinion requires immediate attention between meetings of Council. This authority excludes the power to make, amend, or revoke regulations or by-laws.

P. Sullivan noted that the Council roles and Executive Committee Terms of Reference materials will be revised by staff and brought back to the Executive at its February meeting.

P. Sullivan noted that:

- Staff consulted with legal counsel to ensure this meeting, and the agenda items align with legislative provisions regarding the powers of Executive.
- The Executive should identify why immediate attention is required for each decision before proceeding to make it.

The Executive was informed that it is constituted and can make decisions, despite the public member vacancy.

The process of addressing the public member vacancy on the Executive was discussed. It was noted that Article 31.03 of By-Law No. 1 – General is clear that Executive Committee cannot fill an Executive Committee vacancy.

## **Agenda**

Members had received the agenda for the Executive meeting of December 5, 2024.

### **Motion 1**

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

That the agenda for the Special Executive Committee meeting of December 5, 2024, be approved as circulated.

CARRIED

### **Supporting Registration Regulation Changes**

The Executive confirmed that the following items required immediate attention to ensure that CNO is prepared to implement the Registration Regulation changes, which takes effect on April 1, 2025.

### **Motion 2**

Moved by F. Osime, seconded by T. Fukushima,

That the Transition to Practice (TTP) education courses, as listed in Attachment 1 to the agenda, be approved.

CARRIED

### **Motion 3**

Moved by T. Fukushima, seconded by F. Osime,

That the 2021 NCLEX-RN policy decision be repealed, effective April 1, 2025.

CARRIED

### **Nursing Education Program Approval**

The Executive confirmed that this item required immediate attention because of a planned program start date of Winter 2025 semester (i.e. January 2025).

## **Motion 4**

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

That Collège Boréal's RPN-BScN, using NPTI (Nursing Program Transformation Initiative) pathway baccalaureate program receive preliminary approval.

CARRIED

## **Statutory Committee Appointments**

The Executive confirmed that this item required immediate attention to support the effective operations of statutory committees, ensuring they are adequately prepared to fulfill their responsibilities.

## **Motion 5**

Moved by T. Fukushima, seconded by F. Osime,

That Patti (Patricia) Carmichael Pilon be appointed to the Discipline & Fitness to Practise Committees and Wes Stryker be appointed to the Inquiries, Complaints and Reports Committee.

CARRIED

## **Unaudited Financial Statements**

This item required immediate attention to be ready for the 2024 audit.

## **Motion 6**

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

That the unaudited Financial Statements for the nine-months ended September 30, 2024, as they appear in Attachment 2 to this agenda, be approved.

CARRIED

## **Fee By-Law Revisions**

The Executive confirmed that this item required immediate attention to support the implementation of the amended Registration Regulation that will come into effect on April 1, 2025. For clarity, the Executive did not amend by-laws but approved that

proposed amendments to by-laws be circulated to registrants and system partners for comment.

### **Motion 7**

Moved by F. Osime, seconded by T. Fukushima,

That amendments to By-Law No. 2: Fees, as they appear in Attachment 3 to this agenda, be approved for circulation.

CARRIED

### **2025 Budget**

The Executive confirmed that this item required immediate attention to ensure that the budget is approved and CNO is positioned for effective operations in 2025.

### **Motion 8**

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

That the 2025 budget be approved.

CARRIED

### **Council Evaluation Policy**

The Executive confirmed that this item required immediate action to ensure readiness for the third-party Council effectiveness evaluation in 2025, permitting sufficient time for preparation and execution.

### **Motion 9**

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

That the revised Council Evaluation Policy, as it appears on pages 17 to 19 of the meeting package, be approved.

CARRIED

## **Update on Implementation of 2024 Governance Priorities and Proposed Priorities for 2025**

The Executive confirmed that this item required immediate action to prioritize the governance initiatives for implementation in 2025, supporting the advancement of governance enhancements for the upcoming year.

### **Motion 10**

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

That the governance initiatives listed on pages 20 to 21 of the meeting package be prioritized for implementation in 2025.

CARRIED

### **Next Meeting**

The next meeting of the Executive will be in the afternoon of February 20, 2025.

### **Executive Session**

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



## Executive Committee Minutes

February 20, 2025

### Present

P. Sullivan, Chair

T. Fukushima

F. Osime

### Regrets

R. Lastimoso Jr.

### Staff

A. Brennand

S. Crawford

J. Hofbauer

R. Jabbour

S. Mills

R. Singh, Recorder

A. Tong

A. Vrachidis

### Agenda

Executive Committee members had received the agenda for the Executive meeting of February 20, 2025.

### Motion 1

Moved by F. Osime, seconded by T. Fukushima,

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

CARRIED

### Consent Agenda

P. Sullivan introduced the consent agenda. She confirmed that the Executive Committee (Executive) had received briefing materials on all items included in the consent agenda. No concerns were expressed about items on the consent agenda.

## Motion 2

Moved by F. Osime, seconded by T. Fukushima,

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

Minutes of the Executive Committee Meeting of November 14, 2024

Minutes of the Executive Committee Meeting of December 5, 2024

That Randall Burke, Public Member, be appointed to the Discipline/Fitness to Practise committees.

That Shari Wilson, Public Member, be appointed to the Discipline/Fitness to Practise and Registration committees.

That the scrutineers for the election of the 2025-2026 Executive Committee be: Edsel Mutia, RN, Michael Hogard, RPN and Sylvia Douglas, Public Member.

CARRIED

## March Council Development

The Executive was provided with a verbal update by R. Jabbour, Strategy Consultant, about the Council development session planned for March 19, 2025. R. Jabbour noted that this would be a follow-up on the Intercultural Development Inventory (IDI) session that Council participated in September 2024, which was facilitated by Hamlin Grange. The learning objectives for the session were highlighted.

The Executive provided input regarding materials to be shared to prepare in advance of the development session.

## National Nurse Practitioner Regulation Framework: Public Consultation Feedback and Decision

P. Sullivan noted that the purpose of this discussion would be to review the feedback received and determine how it will inform the upcoming Council meeting. Extensive consultation has ensured system partners are informed and supported. At the next Council meeting, members will be asked to consider approval of the proposed regulations for submission to the Ministry of Health.

It was noted that, while the feedback was largely supportive, there were some concerns expressed, particularly with the removal of what are perceived to be specialty certificates.

It was confirmed that this initiative aligns with the growing importance of labour mobility within Canada.

The Executive identified the need for continued engagement with both the public and system partners, with an emphasis on clear and consistent messaging to convey the benefits of the initiative, especially regarding labor mobility.

### **Scope of Practice and Medication Standard Revisions**

P. Sullivan noted that at its March meeting, Council will be asked to approve revisions to the Scope of Practice and Medication standards. The proposed revisions aim to align nursing standards with legislative changes, including expanding authorized prescribers to allow nurses to accept oral and topical medication orders from a broader range of health professionals, including pharmacists. Additionally, the revisions clarify that an order from NPs, physicians, midwives, chiropractors, dentists, or RN prescribers is only required for controlled acts involving injection or inhalation.

### **Executive Committee Review of Governance Agenda Items**

P. Sullivan introduced the governance agenda items, noting that, as the Executive serves as Council's Governance Committee, they have received the draft Council briefings.

### **Council, Council Member and Council Chair Roles**

The Executive received briefing materials, including the draft Council, Council member and Council Chair role statements.

A. Vrachidis noted that in drafting these role descriptions, CNO staff were mindful of the principles that Council approved in June for development of the roles. The updated roles are designed to serve as a helpful tool for Council members and can also be used as part of the onboarding process.

The Executive provided feedback about the Council Purpose and Role description, the Council Member role description and the Council Chair role description.

### **Updating the Executive Committee Terms of Reference**

The Executive received briefing materials, including draft Terms of Reference for the Executive, Governance and Patient Relations committees.

P. Sullivan identified the need for clear and updated Terms of Reference to reflect the various functions currently carried out by the Executive. She emphasized that no new committees are being set up, but rather roles are being clarified through separate Terms of Reference. Similar to the Council roles, the updated Terms of Reference will be presented to Council for decision in March 2025.

R. Singh, Governance Consultant, highlighted the approach to developing and clarifying the terms.

The Executive inquired about the changes to be implemented and how changes will impact meeting scheduling and reporting. It was confirmed that separate agendas will support clear discussions relevant to the specific functions of each committee.

### **Conduct Committee Terms of Reference and Chair**

A. Tong, Strategy Consultant, joined the meeting.

P. Sullivan noted that in September 2024, Council approved Article 16: Code of Conduct Proceedings of By-Law No. 3: Council and Committee Code of Conduct. The Conduct Committee's terms of reference have been updated to align with the revised process. Subject to Council approval in March, these revisions would allow for the appointment of a new Conduct Committee in June 2025.

There was discussion about the use of a legal firm as chair of the Conduct Committee, the mechanism and timing of the appointment.

A. Tong left the meeting.

### **Council Development Plan**

The Executive had received a plan outlining topics for Council development in 2025.

P. Sullivan noted that in June, there will be an orientation for all members, with the plan to be discussed at the next meeting. She identified that the proposed plan would allow the Executive and staff to determine needs and timing as they progress through governance work, including strategic planning, the third-party Council evaluation, and DEI initiatives. Other suggestions were made of which will be kept for future reference.

### **Review of Revised Council Meeting Evaluation Survey**

The Executive reviewed proposed revisions to the post-meeting "Pulse Check" survey, which aims to align with the revised Council Evaluation Policy (December 2024) and clarify Council roles and accountabilities. Staff will incorporate the Executive's input into

the new “Pulse Check” survey that will be used starting with the March 2025 Council meeting.

### **March 2025 Council Meeting Planning and Agenda**

The Executive had received the draft agenda for the March Council meeting.

The Executive discussed the timing of the dates for Council Strategic Planning workshops, noting that consideration should be given to potential meeting conflicts.

### **Motion 3**

Moved by T. Fukushima, seconded by F. Osime

That the Executive Committee approve the March 2025 Council agenda.

CARRIED

R. Jabbour left the meeting.

### **From Your Executive Committee**

The Executive identified the key items to include in the next *From Your Executive Committee* message to Council.

### **Statutory Committee Chair Appointments**

The Executive received a briefing note regarding recommending the Chairs of statutory committees to Council. Volunteers had submitted a self-assessment against the Chair competencies through a third-party governance expert.

### **Motion 4**

Moved by F. Osime, seconded by T. Fukushima,

That it be recommended to Council that the 2025-2026 Chairs of Statutory Committees be:

Discipline and Fitness to Practise:	M. Hogard
Quality Assurance:	H. Anyia
Registration:	F. Osime

CARRIED

The Executive confirmed that P. Sullivan will reach out to current members of ICRC to identify if there is a committee member that is willing to serve as ICRC Chair.

### **Chair of the Compensation Sub-Committee – recommendation to Council**

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

### **Motion 5**

Moved by T. Fukushima, seconded by F. Osime,

That it be recommended to Council that J. Nunes be the 2025-2026 Chair of the Sub-Committee on Compensation.

CARRIED

### **Date of Next Meeting**

The next meeting of the Executive will be on the morning of May 15, 2025.

### **Executive Session**

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

## Statutory Committee Appointments

### Decision note – March Council

#### Contact for questions or more information

Angie Brennand, Director, Strategy

#### Purpose and action required

To fill statutory committee vacancies.

##### Motions:

1. That Council confirm the appointments of:
  - Amy Vandekemp, RPN, as an appointed committee member to the Inquiries, Complaints and Reports Committee (ICRC) until June 2026<sup>1</sup>.
  - Randy (Randall) Burke, Patti (Patricia) Carmichael Pilon and Shari Wilson to the Discipline & Fitness to Practise committees
  - Wes Stryker to the Inquiries, Complaints and Reports Committee and
  - Shari Wilson to the Registration Committee.

#### Public protection rationale

Statutory committees play a key role in public safety. To maintain their effectiveness, it is important that statutory committees have the needed members.

#### Background

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

There are a number of statutory committee vacancies. In November, December and February, the Executive Committee (Executive) made appointments to fill the above vacancies, and Council is being asked to confirm those appointments.

---

<sup>1</sup> When a nurse is appointed to fill a vacancy they complete the term of the previous incumbent, which in this case ends June 2026.

## Statutory Committee Chairs

Decision note – March 2025 Council

### Contact for questions or more information

Angie Brennand, Director, Strategy

### Purpose and Action Required

To support effective leadership of statutory committees.

#### Motion:

That Council appoint the following 2025-2026 statutory committee chairs:

Discipline & Fitness to Practise	M. Hogard
Inquires, Complaints & Reports	Update to be provided at Council meeting
Quality Assurance	H. Anyia
Registration	F. Osime

### Background

In accordance with Article 30.05, chairs of statutory committees other than the Executive are appointed by Council each March on recommendation of the Executive Committee.

Statutory committees perform essential regulatory functions. Their powers and accountabilities are set in legislation, their processes are complex and there is a learning curve for members to become effective. The Chair of these committees has additional accountabilities. The Executive identified the importance of ensuring strong, experienced members serve as chair of these committees.

Chairs are recommended based on the chair profile which sets out the competencies and attributes needed to be a statutory committee chair (attachment 1). The chair profile was updated this year to reflect the changes Council made to the statutory committee member competencies.

All ongoing Council members were provided with an opportunity to put their names forward for consideration. Members who wished to serve as a statutory committee chair provided a self-assessment against the competencies through Governance Solutions<sup>1</sup>.

### Attachments

#### 1. Statutory Committee Chair Profile

<sup>1</sup> Governance Solutions Inc. has supported Council in the identification of competencies and attributes for the board, leadership (Board Chair/Vice-Chair and statutory committee chairs), and committee members and supports the competency-based appointment of statutory committee chairs, non-council statutory committee members and the members of the Nominating Committee.



## Attachment 1

### Statutory Committee Chair Profile

The governance competencies and attributes identified for the Statutory Committee chairs are largely drawn from the work performed by GSI on the Statutory Committee competencies as well as the focus groups with staff and current chairs conducted the summer of 2023

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

Competency Description	
1.	Familiarity and understanding of the regulatory and procedural process, including relevant rules of order and committee decision-making. Is experienced in the oversight of, and understands standards associated with, self-regulated professions.
2.	Is well versed in matters related to patient rights, including but not limited to, the abuse of patients and boundary violations.
3.	An individual with credibility based on experience working with diverse teams and marginalized or vulnerable client groups; understands and respects individual differences; demonstrates cultural fluency and creates an inclusive environment.
4.	Strong understanding of governance roles and responsibilities' issues and trends gained through prior chair/board experience, and/or governance education such as ICD.D (Institute of Corporate Directors), Pro Dir (Professional Director Inc) or C. Dir (Director's College).

*II. Functional Skills Competencies (What Do You Know?)*

Competency Description	
1.	Demonstrated proactive, continuous and systemic approach to understanding and overseeing risks relevant to the committee's mandate, such as risks associated with public interest, client safety and human rights fairness.
2.	Experience in locating, critically appraising, interpreting, synthesizing, weighing, evaluating and using evidence from qualitative and quantitative paradigms, including expert advice received in a hearing.
3.	A confident and professional facilitator with the demonstrated ability to use technology effectively while leading the committee through the decision-making process.
4.	Demonstrated skills and ability to facilitate constructive dialogue and lead others to solve problems, manage change, innovate and achieve outcomes. Flexible and can adjust coaching style to meet the needs of individuals and the team collectively.
5.	Understanding of the post-secondary nursing educational system in Canada, internationally and the relationship to the College.
6.	Familiarity and understanding of committee roles and responsibilities, current policy, issues and trends gained through previous committee and/or chair experience.

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

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

### IV. Character Attributes (Who are you?)

	<b>Attribute</b>	<b>Description</b>
1.	Communicator	Able to communicate clearly, concisely and accurately, verbally and in writing.
2.	Constructive	Able to build relationships being constructive and helpful rather than destructive.
3.	Emotionally Mature	Self aware; professional; able to understand and skillfully manage emotions especially when faced with conflict and confrontation.
4.	Fiduciary	Passion for the public interest, commitment and drive; service leadership; putting others' interests first.
5.	Inclusive	Empathetic; aware of and respects equality, diversity, social and cultural issues and differences. A place for everyone's voice.
6.	Continuous	Willingness to learn and develop and apply what they have learned to the best interests of the public,
7.	Listener	Effective and active listener; able to listen to understand rather than simply to respond.
8.	Proactive	Proactive and anticipatory rather than reactive and responsive.
9.	Strategic	Able to move beyond the details to envision the grander future; is a strategic thinker.
10.	Adaptable	Able to adapt easily and quickly to changing evidence and environments; demonstrates cognitive flexibility.
11.	Forthright	Able to present an unpopular or controversial position in the face of opposition or opposing views.
12.	Professional Judgement	Able to think critically.
13.	Astute	Able to apply their knowledge in the context of Board/Committee level decision-making and leadership.
14.	Problem Solver	Able to evaluate complex issues and to make effective decisions (find solutions).
15.	Systems-level Thinker	Able to conceptualize on a systems level and communicate this understanding to others.
16.	Adaptable/Agile	Able to adapt easily and quickly to changing evidence and environments, cognitively flexible.

## Appointments to the Sub-Committee on Compensation

### Decision note – March 2025 Council

#### Contact for questions or more information

Stephen Mills, Chief Operating Officer

#### Purpose and action required

Robert (Bob) Canuel's membership on the Sub-Committee on Compensation (Sub-Committee) is ending June 2025; he is eligible for reappointment. He is also the current chair of the Sub-Committee and is not eligible for reappointment as chair given that he has served the maximum of two consecutive terms<sup>1</sup>.

#### Motion:

1. That Bob Canuel be reappointed as a member of the Sub-Committee on Compensation until June 2028.
2. That Joe Nunes be appointed as the 2025-2026 chair of the Sub-Committee on Compensation.

#### Background

The Sub-Committee on Compensation (Sub-Committee) acts as a neutral and expert resource to support CNO in meeting its goal of being an employer of choice by advising the Registrar/Executive Director and CEO and the Finance & Risk Committee on compensation-related practices for staff, Council, and committee members. Members of the Sub-Committee are appointed based on meeting the competencies required for the committee (Attachment 1).

According to the Terms of Reference of the Sub-Committee, its members are recommended to Council by the Finance & Risk Committee and its chair is recommended to Council by the Executive Committee (Executive). The chair of the Sub-Committee is a member of the Finance & Risk Committee.

In considering Bob Canuel's background and the competencies required by the members of the Sub-Committee, the Finance & Risk Committee is recommending that he is reappointed for another term, until June 2028. If reappointed, the Sub-Committee will be fully constituted with 5 members.

Bob Canuel is the current Chair of the Sub-Committee and is not eligible for reappointment to the chair position. The Executive is recommending the appointment of Joe Nunes as chair of the Sub-Committee given his experience, tenure on the Sub-Committee and competencies.

Current members of the Sub-Committee are:

Bob Canuel	Current term ends June 2025
Joe Nunes	Current term ends June 2026
Shelly Rae	Current term ends June 2027
Morgan Bello	Current term ends June 2027
Craig Halket	Current term ends June 2027

**Attachments**

- 1. Competency model and evaluation scale



## Attachment 1

### Competency Model

RANKING	COMPETENCY	ATTRIBUTES
1	<b>Relevant professional experience related to compensation</b>	<p>Can evaluate an overarching compensation philosophy using knowledge of and experience with salary administration, and pension and benefit plan design</p> <p>Understands and considers risk management factors that are relevant to compensation</p> <p>Understands and considers appropriate market trends in compensation and external benchmark comparisons</p> <p>Demonstrates familiarity with best practices in attraction and retention and talent management</p>
2	<b>Governance</b>	<p>Applies principles of good governance, separating board oversight from management's administration</p> <p>Provides feedback and recommendations that are in the best interests of the organization as a whole; subjugates personal interests in favour of those of the organization</p>
3	<b>Personal effectiveness</b>	<p><b>Leadership</b> – contributes to a clear and appropriate sense of direction; promotes and engages in healthy conflict in the interests of providing the best possible input</p> <p><b>Teamwork</b> – contributes to the surfacing of all relevant perspectives, and effective and healthy discussion; recognizes and leverages the contributions of other members to the discussion; focuses the discussion on relevant material and guides it away from red herrings or minutia; in the absence of extraordinary circumstances, prepares for, attends and actively participates in all meetings and discussions</p> <p><b>Communication</b> – applies active listening skills to draw out and consider all relevant perspectives; expresses self in a clear, concise and logical manner</p> <p><b>Strategic Thinking</b> – applies synthesis to consider the organization's position in its employment market</p> <p><b>Critical Thinking</b> – assesses information and situations logically; demonstrates flexibility in developing multiple alternative solutions; can develop novel, innovative and aspirational solutions</p>

RANKING	COMPETENCY	ATTRIBUTES
		<p><b>Objective Problem-Solving</b> – seeks and relies on facts; applies professional skepticism to determine the reliability of facts before relying on them; demonstrates awareness of and tempers personal biases; balances facts and intuition; subjects proposed solutions to “the common-sense test”; provides input that is practical</p> <p><b>Continuous Learning</b> – Demonstrates awareness of “what they don’t know” and develops knowledge and skill and/or relies on colleagues’ knowledge and skill to close significant gaps; continuously participates in continuing education regarding the organizational context</p>
4	<b>Environmental knowledge</b>	Demonstrates knowledge of the compensation environment with the College’s market, that includes the regulatory and broader public sectors
5	<b>Business acumen</b>	<p>Identifies issues that may impact, and makes recommendations that protect, the College's reputation</p> <p>Avoids and prevents conflicts of interest or biases</p> <p>Encourages policies and practices to protect a healthy workplace culture</p> <p>Demonstrates financial literacy associated with administration of pension and benefit plans, and ensures impact of compensation plans is included in overall considerations</p>

## Competency Evaluation Scale

EVALUATION SCALE	EVIDENCE
<b>Very Strong</b>	<ul style="list-style-type: none"> <li>• Is recognized as an expert in these competencies</li> <li>• Consistently leads in the application of these competencies</li> <li>• Others welcome and value this person's guidance</li> </ul>
<b>Strong</b>	<ul style="list-style-type: none"> <li>• Has received formal guidance or training in these competencies, resulting in advanced knowledge</li> <li>• Actively and proactively demonstrates these competencies on a consistent basis</li> <li>• Actively and continuously advances own experience, knowledge and skill in these competencies</li> </ul>
<b>Acceptable</b>	<ul style="list-style-type: none"> <li>• Demonstrates a working knowledge and understanding of these competencies</li> <li>• Often demonstrates these competencies</li> <li>• Contributes to, but does not lead, in the application of these competencies</li> <li>• Is developing growing knowledge and skill in these competencies</li> </ul>
<b>Weak</b>	<ul style="list-style-type: none"> <li>• Has a limited or no understanding of these competencies</li> <li>• Has limited or no experience in the application of these competencies</li> <li>• Does not make a significant contribution using these competencies</li> </ul>

## Nursing Education Program Approval

### Decision note – March 2025 Council

#### Contact for questions or more information

Maya Nikoloski, Director, Professional Practice

#### Purpose and Action Required

The purpose of this note is to provide information to support Council's decision-making regarding preliminary approval status of two new baccalaureate nursing programs from Fanshawe College.

#### Motion:

That Council provide preliminary approval to Fanshawe College for its Honours Bachelor of Science in Nursing and Honours Bachelor of Science in Nursing – RPN to BScN Completion Pathway programs as outlined in [Attachment 1](#).

#### Public interest rationale

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

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

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



## Background

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

Under this framework, CNO staff complete the review of all entry level nursing programs, including Practical Nurse diplomas, Registered Nurse baccalaureate degrees and Nurse Practitioner programs, and brings recommendations to Council annually for consideration for approval. The Program Approval scoring methodology and indicators are described in Attachment 2.

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

Two new baccalaureate nursing programs from Fanshawe College are recommended for consideration for preliminary approval.

## Next steps

Following Council's decision, CNO will provide:

- A letter to the nursing school addressing the programs' approval statuses, the upcoming dates for their next review, and a Program Approval Report outlining the results of the programs' preliminary review.

## Attachments

1. Preliminary approval of new nursing programs in Ontario: Review Scoring
2. Program Approval Scoring Methodology

## Attachment 1 – Preliminary approval of new nursing programs in Ontario: Review Scoring

### New Baccalaureate Nurse Programs: Preliminary Review

Institution	Nursing Program	CNO Program Category	Indicator 4: Curriculum	Approval Status Recommendation
Fanshawe College	Honours Bachelor of Science in Nursing	Direct Entry	Met	Preliminary Approval
	Honours Bachelor of Science in Nursing – RPN to BScN Completion Pathway	Pre-Health education entry specified	Met	Preliminary Approval

## Attachment 2 – Program Approval Scoring Methodology

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

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

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

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

### 1. Program Approval Scorecard Overview

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

### 2. Mandatory Indicators

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

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

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

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

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

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

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

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

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

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

## Transition to Practice Course Approval

### Decision note – March 2025 Council

#### Contact for questions or more information

Maya Nikoloski, Director, Professional Practice

#### Purpose and Action Required

The purpose of this note is to provide information to support Council's decision-making regarding approval status for a new Transition to Practice course from the Ontario Internationally Educated Nurses (IENs) Course Consortium<sup>1</sup>.

#### Motion:

That Council approve the Ontario Internationally Educated Nurses Course Consortium's IEN Transition to Practice (TTP) Course.

#### Background

The Registration regulation changes approved by Council in May 2024 have been approved by government to come into effect on April 1, 2025.

Two significant changes are that:

- IEN applicants will meet CNO's education registration requirement if their primary nursing education program is recognized or approved in the jurisdiction in which it was completed as preparing them to practice in that jurisdiction for the category for which they are applying, and meets the threshold of a baccalaureate for RNs or a diploma for RPNs and
- All applicants will also need to meet a new TTP requirement. Several options will be available to applicants to meet this requirement, including an online TTP course to support IENs in meeting this new registration requirement when it is convenient for them in their application process.

---

<sup>1</sup> Partnership between continuing education areas from University of Windsor, Trent University, Toronto Metropolitan University and York University

## TTP Courses

TTP courses will satisfy the TTP requirement and provide RN and RPN applicants with the knowledge, skill and judgment to transition to safe nursing practice in Ontario. Approving TTP courses is an important part of Council's accountability to the public.

The course must incorporate specific competencies (as listed in Attachment 2) regardless of the time frame or the method of delivery of the course. .

Course development was informed by identifying which national entry level competencies should be incorporated. The competencies were selected by drawing on a wide variety of evidence including literature reviews. The competencies were validated internally by a working group drawing on a cross section of subject matter experts. Following this was an external validation supported by a psychometrician with a panel of other subject matter experts who:

1. identified each proposed competency for inclusion
2. rated their agreement with the competencies chosen
3. presented the findings and discussed amongst the group

CNO's Program Approval Framework, approved by Council in 2014, was used to develop the criteria for the TTP course review because it is a consistent, standardized, evidence-based framework used to assess entry level nursing education in Ontario. In accordance with the Program Approval Framework, CNO staff completed the review of all TTP course submissions. Recommendations for approval are based on the criteria described in Attachment 3. All TTP indicators are mandatory so only the TTP courses that met all requirements are being brought forward to Council for consideration.

The Ontario Internationally Educated Nurses Course Consortium has developed a TTP course that is presented for approval. The approval recommendation criteria are outlined in Attachment 1.

Subject to Council's decision, CNO will:

- provide a letter to the Consortium, acknowledging Council's decision and the course's approval status
- post the approved TTP course (if approved) on CNO's website

## **Attachments**

1. Recommended TTP Course with Detailed Scoring
2. Approved TTP Course Entry Level Competencies Incorporated into Curriculum
3. TTP Course Approval Indicators and Scoring Overview

## Attachment 1

### Recommended TTP Course with Detailed Scoring

<b>Institution</b>	<b>Transition to Practice (TTP) Course Name</b>	<b>Mandatory Indicator 1: Governance</b>	<b>Mandatory Indicator 2: Description, Delivery and Evaluation</b>	<b>Mandatory Indicator 3: Curriculum</b>	<b>Mandatory Indicator 4: Curriculum Review Process</b>	<b>Mandatory Indicator 5: Applied Learning Opportunities</b>	<b>Approval Status Recommendation</b>
Ontario Internationally Educated Nurses Consortium	IEN Transition to Practice Course	Met	Met	Met	Met	Met	Approved



## Attachment 2

### Approved TTP Course Entry Level Competencies Incorporated into Curriculum

RN Competencies			RPN Competencies
<b>Clinician</b>			
1.5	Develops plans of care using critical inquiry to support professional judgment and reasoned decision-making.	56	Uses critical thinking, critical inquiry and clinical judgment for decision-making.
1.6	Evaluates effectiveness of plan of care and modifies accordingly.	53	Evaluates the effectiveness of nursing interventions by comparing actual outcomes to expected outcomes.
1.9	Recognizes and responds immediately when client's condition is deteriorating.	60	Recognizes and responds immediately when a client's condition is deteriorating.
1.25	Uses strategies to promote wellness, to prevent illness, and to minimize disease and injury in clients, self, and others.	58	Recognizes high risk practices and integrates mitigation strategies that promote safe care. Interpretation includes system safe practice but could be adapted for this course re: wellness promotion (care of self and others).
1.23	Uses knowledge of the impact of evidence-informed registered nursing practice on client health outcomes.	11	Integrates relevant evidence into practice.
<b>Professional</b>			
2.1	Demonstrates accountability, accepts responsibility, and seeks assistance as necessary for decisions and actions within the legislated scope of practice.	1	Demonstrates accountability and accepts responsibility for own decisions and actions.
2.2	Demonstrates a professional presence, and confidence, honesty, integrity, and respect in all interactions.	14	Demonstrates a professional presence, honesty, integrity and respect in all interactions.
2.3	Exercises professional judgment when using agency policies and procedures, or when practising in their absence.	29	Practices according to legislation, practice standards, ethics and organizational policies.

<b>RN Competencies</b>			<b>RPN Competencies</b>
2.13	Recognizes, acts on, and reports, harmful incidences, near misses, and no harm incidences.	18	Recognizes, responds and reports own and others near misses, errors and adverse events.
<b>Communicator</b>			
3.2	Engages in active listening to understand and respond to the client's experience, references, and health goals.	64	Communicates collaboratively with the client and the health care team.
3.4	Uses conflict resolution strategies to promote healthy relationships and optimal client outcomes.	67	Uses conflict resolution strategies to promote healthy relationships and optimal client outcomes.
3.5	Incorporates the process of relational practice to adapt communication skills.	7	Provides client care in a non-judgmental manner.
3.7	Communicates effectively in complex and rapidly changing situations.	64	Communicates collaboratively with the client and the health care team.
3.8	Documents and reports clearly, concisely, accurately, and in a timely manner.	35	Documents according to established legislation, practice standards, ethics and organizational policies.
<b>Collaborator</b>			
4.3	Determines their own professional and interprofessional role within the team by considering the roles, responsibilities, and the scope of practice of others.	69	Determines their own professional and interprofessional role within the team by considering the roles, responsibilities and the scope of practice of others.
<b>Coordinator</b>			
5.1	Consults with clients and health care team members to make ongoing adjustments required by changes in the availability of services or client health status.	46	Responds to clients' conditions by organizing competing priorities into actions.
5.3	Organizes own workload, assigns nursing care, sets priorities, and demonstrates effective time management skills.	78	Organizes workload, assigns/coordinates nursing care, sets priorities and demonstrates effective time-management skills.
5.5	Participates in decision-making to manage client transfers within health care facilities.	79	Prepares client and collaborates with health care team in transition and transfer of responsibility of care.

RN Competencies			RPN Competencies
<b>Leader</b>			
6.1	Acquires knowledge of the Calls to Action of the Truth and Reconciliation Commission of Canada.	24	Obtains knowledge of and responds to the Calls to Action of the Truth and Reconciliation Commission of Canada.
6.4	Participates in creating and maintaining a healthy, respectful, and psychologically safe workplace.	73	Participates in creating and maintaining a quality practice environment that is healthy, respectful and psychologically safe.
6.6	Demonstrates self-awareness through reflective practice and solicitation of feedback.	3	Displays self-awareness and recognizes when to seek assistance and guidance.
6.10	Demonstrates knowledge of the health care system and its impact on client care and professional practice.	16	Maintains current knowledge about trends and issues that impact the client, the RPN, the health care team and the delivery of health services.
6.11	Adapts practice to meet client care needs within a continually changing health care system.	54	Reviews and revises the plan of care and communicates accordingly.
<b>Advocate</b>			
7.1	Recognizes and takes action in situations where client safety is actually or potentially compromised.	51	Applies principles of client safety.
7.2	Resolves questions about unclear orders, decisions, actions, or treatment.	31	Recognizes, responds and reports questionable orders, actions or decisions made by others.
7.4	Advocates for health equity for all, particularly for vulnerable and/or diverse clients and populations.	26	Advocates for equitable access, treatment and allocation of resources, particularly for vulnerable and/or diverse clients and populations.
7.7	Supports and empowers clients in making informed decisions about their health care and respects their decisions.	9	Supports clients in making informed decisions about their health care and respects their decisions.

<b>RN Competencies</b>			<b>RPN Competencies</b>
7.9	Assesses that clients have an understanding and ability to be an active participant in their own care, and facilitates appropriate strategies for clients who are unable to be fully involved.	63	Engages clients in identifying their health needs, strengths, capacities and goals.
7.12	Assesses client's understanding of informed consent, and implements actions when client is unable to provide informed consent.	36	Obtains informed consent to support the client's informed decision-making.
<b>Educator</b>			
8.2	Applies strategies to optimize client health literacy.	47	Assesses clients' health literacy, knowledge and readiness to learn.
<b>Scholar</b>			
9.8	Engages in practices that contribute to lifelong learning.	10	Engages in self-reflection and continuous learning to maintain and enhance competence.

## Attachment 3

### TTP Course Approval Indicators and Scoring Overview

#### Approval Indicators Overview

TTP course approval is based on meeting all identified indicators. Schools were required to describe and demonstrate how the programs meet each identified indicator requirement. Only TTP courses who met all requirements are submitted for approval.

#### Indicator Review

Each indicator for TTP course is mandatory and must be fully met for the program to receive an approved status.

#### Overall Approval Rating

Only one approval status is granted.

**Status:** Approved; indicates that the TTP course has been assessed and met all indicator requirements.

CNO TTP Course PROGRAM APPROVAL SCORECARD	
TTP Course Indicators (all must be met)	Met/Unmet
<b>Course Governance (Indicator 1)</b>	
<i>An overview of the governance structure for the course, including collaborative partnerships, across multiple sites, as applicable.</i>	<i>Met/Unmet</i>
<b>Course Description, Delivery and Evaluation Overview (Indicator 2)</b>	
<i>Online course components are reviewed, including design, total hours, delivery plans, course capacity and evaluation is included.</i>	<i>Met/Unmet</i>
<b>Course Curriculum (Indicator 3)</b>	
<i>Curriculum is mapped and reviewed using identified RN and RPN entry level competencies (Attachment 2).</i>	<i>Met/Unmet</i>
<b>Curriculum Review Process (Indicator 4)</b>	
<i>Course development and review process, including how evaluations will be used to inform future course revision.</i>	<i>Met/Unmet</i>
<b>Applied Learning Opportunities (Indicator 5)</b>	
<i>Description of learning opportunities used to support online course delivery, including virtual simulation, case-based application, virtual labs, small group work and discussion boards.</i>	<i>Met/Unmet</i>

## Strategic Plan Reporting

Discussion Note – March 2025 Council

### Contact for questions or more information

Silvie Crawford, Registrar/Executive Director & 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 to support their governance oversight accountability. This report focuses on new activity since the previous Council update.

### Outcome Measures

The updated outcome dashboard, with data up until the end of December 2024, 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.

### 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

Data collection for the applicant experience survey remains ongoing and is planned to continue throughout the remainder of the Strategic Plan period (ending December 2026). Reporting for Q2 and Q3 of 2024 has been completed and has provided valuable

insights into the applicant experience thus far. This data collection initiative is integral to understanding how registration processes can be improved.

Significant progress has also been made in preparing for upcoming registration regulation changes, which will come into effect on April 1, 2025. The filing of the regulations was completed on November 20, 2024, officially confirming the 'in-effect' date. Implementation is advancing steadily and work continues in Q1 2025 to ensure all components are successfully launched.

As part of its applicant communications strategy for the registration regulation changes, CNO has implemented a phased approach to ensure timely and clear messaging. Initial outreach began in December 2024, followed by structured communications to new applicants. To enhance engagement, CNO has also hosted webinars and is refining web and portal content, with further updates planned for April 2025. These efforts aim to provide applicants with seamless access to relevant information throughout the registration process.

In December 2024, the Executive Committee approved Transition to Practice courses to enable these courses to be available as one way to meet the new Transition to Practice requirement, as of April 1.

For applicants who do not meet the new education requirement, interested educators have been invited to engage in discussions about what is required for pathways to be approved by the Registration Committee. These discussions started earlier in the new year and are currently underway. These pathways will include the Transition to Practice course, an additional theory course and a clinical course.

Onboarding additional vendors for the credential verification process is progressing as planned. Work is progressing with Immigration, Refugees and Citizenship Canada vendors to ensure the necessary infrastructure is in place by April 1, 2025. Finally, an evaluation plan is being confirmed to assess the effectiveness of these changes. This evaluation will be managed in-house, leveraging existing methodologies such as the applicant survey to provide timely and actionable feedback.

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

The 2024 Standards Utilization Survey ran from September to October (please see dashboard). This survey has provided critical insights into how well nurses are integrating CNO standards into their daily practice and highlighted areas for further support and improvement.

CNO is currently developing a new QA Practice Assessment tool. This tool is being designed as an interactive learning module centered on the Scope of Practice standard. The module will include both knowledge and assessment components, providing nurses with a comprehensive and engaging way to deepen their understanding of the standard.

Development of the module is being undertaken internally, with the goal of launching it on the new Moodle Learning Management System platform in 2025.

### 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, proactive engagements with nurses, employers and the public. While the engagement activities strengthen relationships and can build trust, they also inform CNO of system needs and perspectives, and ensures partners understand their obligations in a regulated health environment.

As of 2025, 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, CEO updates, and our ongoing work in Diversity, Equity, and Inclusion.

Through this work, CNO has gained a detailed understanding of how it is 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 Strategic Plan

## **Strategic Plan Pillar Updates: CNO's enablers to support the Strategic Plan**

### Pillar 1: Build and Operate an Insights Capability

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 milestone: the operationalization of the Enterprise Lakehouse.

The Enterprise Lakehouse is a modern data platform that enables CNO to store, manage, and analyze all organizational data in one centralized environment. It serves as a comprehensive data hub, ensuring seamless access to information across business units for reporting, analytics, and strategic decision-making.

This transition is a significant milestone, as it establishes the Lakehouse as the core platform for reporting and dashboarding across all business areas. To date, we have



successfully completed implementation for the Registration and Professional Conduct teams and are actively working with additional teams to expand its adoption.

By integrating data from multiple sources, this platform enhances data governance, business intelligence capabilities, and operational efficiency. It will empower teams with real-time insights, self-service analytics, and improved data accessibility, ensuring that the Insights Engine delivers meaningful, data-driven outcomes to support CNO's strategic objectives.

### Pillar 2: Operate with Agility

CNO has commenced an environmental scan to inform the selection of a tool to facilitate CNO's project management and operational planning. This scan is examining both internal and external factors to identify a solution that best meets CNO's needs. The scan will be followed by several key activities to determine the suitability of available options. This process will lay the foundation for selecting and implementing a tool that aligns with CNO's operational planning objectives. Work under this pillar is successfully underway and on track.

### Pillar 3: Enable Proactivity

CNO has modified its Proactivity Plan and updated the framework used to identify and address emerging risks that may impact patient safety. This refined framework emphasizes collaboration with system partners to proactively identify and plan interventions to mitigate emerging issues and risks. Engagement with system partners is central to this framework, ensuring that interventions are both effective and collaborative. Work under this pillar is successfully underway and on track.

### Pillar 4: Engage and Mobilize our Key System Partners

CNO staff participated in conferences, external presentations, and engagements to educate, inform, and strengthen relationships with key system partners, including government, regulators, academics, registrants and diverse system partners. Presentations covered topics such as National NP regulatory framework, Workforce Census results (Ontario health regulators), evaluation of the SPEP program (government partners), regulatory and QA updates (association partners) and nursing scope in remote and Indigenous communities. Staff and Chief Officers also attended key conferences, including those of the Canadian Network of Agencies of Regulation, the Nursing Leadership Network of Ontario, and the Society of Ontario Adjudicators and Regulators.

One key engagement to highlight from Q4 2024 is CNO's meeting the World Health Organization. On December 18, 2024, CNO welcomed a representative of the World Health Organization to our offices at 101 Davenport. The senior leadership team

delivered a presentation highlighting shared priorities between CNO and WHO, including education, human health resources, leadership, and service delivery. The presentation sparked an engaging discussion, reinforcing our commitment to collaboration and we look forward to strengthening our understanding of WHO priorities as they relate to nurses.

### **Next steps**

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

### **Attachments**

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

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



## 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

**Fairness**

82%

**Inclusivity**

81%

**Effectiveness**

71%

Index scores based on responses from nurses who registered or reinstated between October 1-December 31, 2024 (n=760)

### Time to First Application Contact (15 days or less)

**2024 Q1 - Q4**

100% Ontario    100% Canadian ↑    100% IEN ↑

**Baseline (2020-22)**

100% Ontario    97% Canadian    97% IEN

### Application Processing Ratio

● Received applications ● Processed applications ● Processed Ratio

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

### Quality Assurance (QA) Assessment

2024 Q1 - Q4  
QA Part B Participants  
n=1,462

98%

% of assessed participants who *satisfactorily* completed the QA activity on the first attempt demonstrating understanding and integration of CNO standards

**Baseline (2023): 95%**

### QA Survey

2024 Q1 - Q4  
QA Part A Survey Respondents  
n=1,210

**99%**

Average % of nurses who agreed they understood CNO standards after completion of QA modules

**Baseline (2023): 98%**

### 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	Total
2020	71%	354
2021	78%	463
2022	78%	510
2023	76%	423
2024	74%	443

Proportion of professional misconduct and/or incompetence investigations with a *remedial outcome*.

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

### Trust

Nurses (n=1249)    Public (n=798)

**65%**    **61%**

% that found CNO very or somewhat trustworthy

### Awareness

Nurses (n=1250)    Public (n=1251)

**100%**    **70%**

% aware of CNO or organization that regulates nursing in ON

### Social Media Audience Growth

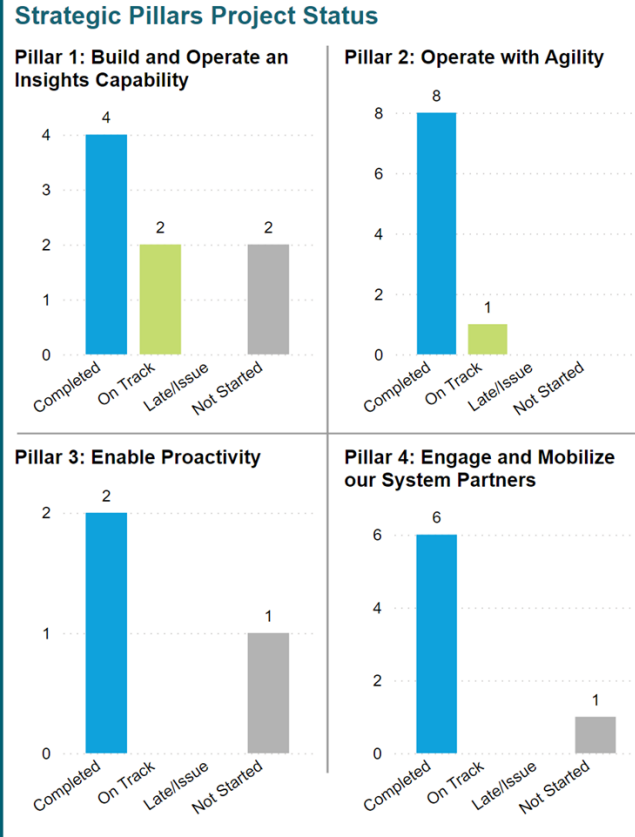
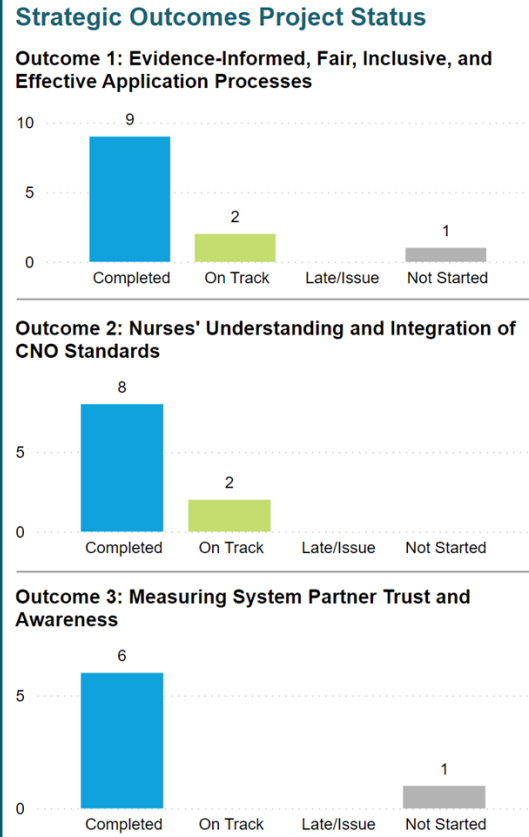
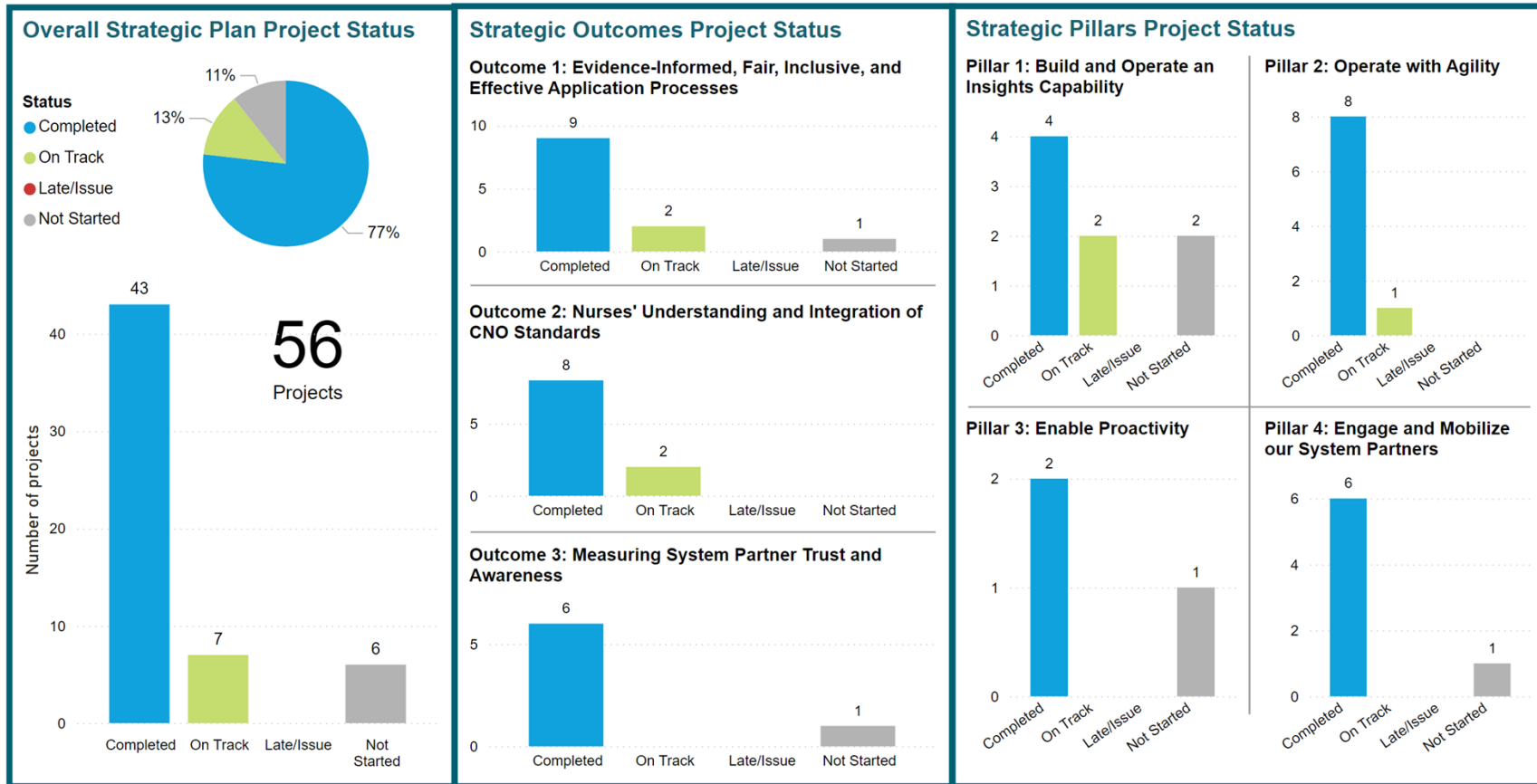
● LinkedIn ● Facebook ● Instagram ● Twitter (X)



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



### Strategic Plan 2021-2026 Project Progress Dashboard



## Scope of Practice and Medication Standard Revisions

Decision note – March 2025 Council

### Contact for questions or more information

Angie Brennand, Director, Strategy

### Purpose and actions required

The purpose of this note is to:

1. provide the background of a recent review of two practice standards related to administering medications
2. outline a decision for Council's consideration related to revised language in the *Medication* and *Scope of Practice* standards

### Motions:

That Council approve the revisions to the *Medication* standard.

That Council approve the revisions to the *Scope of Practice* standard.

### Public interest rationale

Practice standards outline the expectations for nurses that contribute to public protection. They inform nurses of their accountabilities and the public of what to expect of nurses. As other health care professionals' scopes of practice have evolved, there is an opportunity to align CNO's practice standards.

### Background

Over time, changes have been made to the scopes of practice of some Ontario regulated health care professionals. One recent example is the addition of new medications that pharmacists are authorized to prescribe. Changes to pharmacists' scope of practice prompted CNO staff to review practice standards in relation to who RNs and RPNs could accept medication orders from.

The review revealed that the existing *Medication* and *Scope of Practice* standards are restrictive regarding who RNs and RPNs can accept orders from, which could impact access to care. Both standards indicate that a medication order needs to be from one of the following health care providers: a physician, nurse practitioner, midwife, chiroprapist,

dentist or an RN who is authorized to prescribe medication. However, this list comes from the legislation<sup>1,2</sup>, which applies only to an order for controlled acts (e.g. in this case, the specific controlled act is authorizing an RN or RPN to administer a medication by injection or inhalation). In fact, the legislation enables RNs and RPNs to accept orders from an authorized provider when it's not a controlled act (e.g. authorizing an RN or RPN to administer a medication orally or topically). As an example, RNs and RPNs can administer a medication – so long as the medication is *not* administered by injection or inhalation – if there is a prescription from a pharmacist.

### Standards revision process

CNO sought legal advice to determine legislative accountabilities for nurses in relation to medication administration and to understand if RNs and RPNs can accept orders from pharmacists and other authorized prescribers. Legal counsel confirmed that nurses can accept medication orders from authorized prescribers including pharmacists when the medication administration does not involve a controlled act. They also confirmed that the *Public Hospitals Act* does not permit pharmacists to write orders for nurses; however, legislation governing retirement homes (*Retirement Homes Act, 2010*) and long-term care homes (*Fixing Long-Term Care Homes Act, 2021*) does enable this.

As a result of the legal review, changes to the *Medication* and *Scope of Practice* standards were drafted. The revisions were reviewed by subject matter experts with backgrounds in varied nursing practice settings to support clarity. CNO also consulted with the Ontario College of Pharmacists and we are exploring joint communication with them. The standards changes are outlined as line edits in the attachments.

## **Next steps**

If Council approves the revisions to the standards, the next steps will include:

- updating both the *Medication* standard and *Scope of Practice* standard on CNO's website in English and French
- conducting external communication to support registrants' and system partners' awareness of the revisions

## **Attachments**

1. Proposed *Medication* standard revisions
2. Proposed *Scope of Practice* standard revisions

---

<sup>1</sup> Subsection 5(1)

<sup>2</sup> Section 20 of regulation 275/94

## Medication Standard revisions

### Legend

~~Red strikethrough~~ = proposed deletion

Blue text = proposed addition

Black text = no change to text

The changes proposed below relate to content on page 3 of the [Medication standard](#).

### Authority

Nurses must have the ~~necessary~~ appropriate authority to perform medication practices.

RNs<sup>1</sup> and RPNs require an order for a medication practice when:

- a controlled act is involved
  - Nurses can accept orders for controlled acts from the following authorized providers: Physicians, Nurse Practitioners, Dentists, Chiropodists, Midwives and Registered Nurses with prescribing authority<sup>2</sup>
- administering a prescription medication<sup>3</sup> that does not involve a controlled act (for example, oral or topical)
  - Nurses can accept an order to administer a prescription medication from an authorized prescriber who has the authority through their health profession specific legislation
- it is required by legislation that applies to a practice setting, such as the *Public Hospitals Act*

---

<sup>1</sup> RNs with prescribing authority may dispense or administer by injection or inhalation a medication that they are authorized to prescribe without an order from another authorized provider.

<sup>2</sup> subsection 5(1) of the *Nursing Act* and section 20 of regulation 275/94 under the *Nursing Act*

<sup>3</sup> Medications requiring a prescription can be found in the Health Canada Drug Product Database.

## Proposed *Scope of Practice* standard revisions

### Legend

~~Red strikethrough~~ = proposed deletion

Blue text = proposed addition

Black text = no change to text

The changes proposed below relate to content on page 9 of the [Scope of Practice standard](#).

### Orders

An order is ~~a prescription~~ an authorizing mechanism for a procedure, treatment, drug or activity. Orders include direct orders and directives. An order is required when an activity:

- is a controlled act authorized to nursing, with the exception of those controlled acts that a nurse may initiate on their own authority (see Appendix D)
  - Nurses can accept orders for controlled acts from the following authorized providers: Physicians, Nurse Practitioners, Dentists, Chiropodists, Midwives and Registered Nurses with prescribing authority<sup>1</sup>
- involves the administration of a prescription medication that does not involve a controlled act (for example, oral or topical)
  - Nurses can accept an order to administer a prescription medication that does not involve a controlled act from a prescriber who has the authority through their health profession specific legislation
- is delegated and does not fall under a controlled act authorized to nursing

~~Additionally, an order may be required if:~~

- ~~• an activity does not fall within a controlled act, but is required as part of the client's plan of care and/or practice-setting policies~~
- is a requirement ~~of other legislation~~ by legislation that applies to a practice setting, such as the *Public Hospitals Act*

Orders may also be required as part of the client's plan of care or if specified in practice-setting policies.

---

<sup>1</sup> subsection 5(1) of the *Nursing Act, 1991* and section 20 of regulation 275/94 under the *Nursing Act*



## Nurse Practitioner Regulation Framework- Public Consultation Feedback

Decision note – March 2025 Council

### Contact for questions or more information

Silvie Crawford, Registrar/Executive Director & Chief Executive Officer

### Purpose and action required

This note provides an overview of consultation feedback received on the proposed Nurse Practitioner (NP) regulation amendments to support a single NP classification in Ontario.

#### Motion:

That Council approve the proposed amendments to O. Reg 275/94: General and O. Reg 196/23: Exemption – Restricted Titles under the *Nursing Act, 1991*, as set out in Attachment 1 in this decision note, and direct that the proposed amendments be submitted to Government.

Please see Attachment 1 for the redlined version showing the proposed amendments to the regulations and Attachment 2 for a chart that provides the rationale for each proposed change.

### Questions for consideration

- Does Council have any feedback and/or questions about the feedback received?
- Does Council, having considered the feedback from the consultation, continue to believe the regulations are drafted in the public interest?

### Public protection rationale

CNO's purpose is to promote safe nursing practices. Registering one classification of NP can promote access to patient care by supporting labour mobility and creating a more agile NP workforce.

### Background

In September 2019, CNO discussed a national NP regulation framework with Council. This framework was developed by the [Canadian Council of Registered Nurse Regulators](#) (CCRNRR) to support a nationally consistent approach in the way NPs are educated, licensed and regulated across Canada. The framework aims to streamline

the registration of NPs into one single classification which involves the removal of NP population-specific certificates in Ontario (Adult, Paediatrics and Primary Health Care). Council was supportive of this approach, noting it would add clarity to the public. In December 2022, Council reviewed the revised national NP entry-level competencies for entry-level education programs toward a single NP classification.

In June 2024, Council approved CNO's continued work toward a national regulatory framework and classification of NP registration. Council also requested evidence and foundational research that supported this framework being in the public interest.

In September 2024, CNO staff shared key findings from two NP practice analysis reports<sup>1,2</sup>, a literature review and a jurisdictional scan, which indicated the following:

- competencies are an accurate and relevant description of the knowledge, skill and/or judgment for NP practice
- key aspects of NP practice are consistent across the country
- the competencies for entry-level NP practice are consistent across population-specific certificates (Adult, Paediatrics, Primary Health Care) that prepare NP students on the foundational entry-to-practice accountabilities.

Population specific certificates do not prepare NP students to be specialists upon graduation. Within the NP curriculum, clinical placements as well as simulation, labs and observed structured clinical examinations can support development of population-specific knowledge and skills. These curriculum components will continue to be available under a national single NP classification. Employer provided training would continue to support requisite skills relevant for the practice setting, as is currently the case.

Council had a discussion on the evidence shared and the proposed framework, including aspects of transition planning (the process to transition current NPs into the proposed framework if implemented). At the meeting, Council approved the decision to circulate proposed NP regulation amendments for feedback from registrants and system partners.

## Circulation feedback

CNO notified all registrants (Registered Nurses, Registered Practical Nurses and Nurse Practitioners) and system partners by email about the proposed regulation changes on September 26, 2024. The following material was provided in English and French:

---

<sup>1</sup> Canadian Council of Registered Nurse Regulators (2015) *Practical Analysis Study of Nurse Practitioner*. Prepared by Professional Examination Service Credentialing Insights.

<sup>2</sup> Canadian Council of Registered Nurse Regulators (2024) *Practice Analysis Study of Nurse Practitioners*. Prepared by Meazure Learning Inc. Website: [https://static1.squarespace.com/static/671142bd58709c1e559e8c2a/t/675727c3fd36e756239f53fc/1733765060993/ccnr-nurse-practitioner-pa-report\\_english-final\\_oct-29-2024.pdf](https://static1.squarespace.com/static/671142bd58709c1e559e8c2a/t/675727c3fd36e756239f53fc/1733765060993/ccnr-nurse-practitioner-pa-report_english-final_oct-29-2024.pdf)

- A [summary](#) of the proposed changes
- A link to an online survey to provide feedback
- A redlined version of the proposed changes (this was only available in English)

Information was made available on [CNO's website](#) and social media alerts. CNO also informed registrants and system partners of the proposed changes and open consultation at conferences and exhibition booths CNO participated in.

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

- Several Ontario academic partners
- Several Ontario healthcare employers
- Health professional regulators in Ontario
- Nursing associations and unions in Ontario
- Several equity deserving groups and organisations in Ontario
- The Office of the Fairness Commissioner
- National nursing regulators across Canada

The 60-day public consultation ended on November 24, 2024. CNO received one submission after the consultation period. This feedback was incorporated into the qualitative feedback and themes. Over the course of the consultation period, CNO addressed questions and communicated clarifications. For example, CNO clarified that this national effort will not result in a single national scope of practice.

### **Quantitative and Qualitative Survey Feedback**

A total of 2,400 completed responses (2,376 from individual respondents and 24 responding on behalf of an organization) were received to the online survey between September 26, 2024, and November 24, 2024. A thematic analysis of the data was conducted to provide a summary of themes from the proposed NP regulation changes.

To ensure reliability of the results, two staff independently<sup>3</sup> conducted this process and met to compare themes that were identified for areas of convergence and divergence, agreeing on the predominant themes and associated verbatim quotes.

---

<sup>3</sup> French survey responses were reviewed by a French speaking staff to support thematic analysis of the data and inclusion in the overall comparison work.

Responses were received from the following individual groups:

Respondent Type	Count	Percent
An RN	1,231	51.81%
An RPN	460	19.36%
An NP	493	20.75%
An NP student and/or applicant	130	5.47%
A member of the public	7	0.29%
Other <sup>4</sup>	55	2.31%
<b>Total individual respondents</b>	<b>2,376</b>	<b>100%</b>

Responses were received from the following organizations:

Organization Type	Count	Percent
Health professional regulator	5	20.8%
Nursing association	3	12.5%
Union	2	8.3%
Healthcare employer organization	10	41.7%
Other professional association	1	4.2%
Other <sup>5</sup>	3	12.5%
<b>Total responding on behalf of an organization</b>	<b>24</b>	<b>100%</b>

<sup>4</sup> This respondent type included people who did not specify if they were a RN, RPN, NP or a member of public. These respondents completed all other survey questions and are included for completeness.

<sup>5</sup> This respondent type included people who identified as an organization but did not specify the type or name of the organization. These respondents completed all other survey questions and are included for completeness.

The table below shows the feedback broken down based on respondent type:

Responding as an individual	Do you support this proposed change?			
Respondent Type	Yes	Unsure	No	Count
An RN	72.8%	12.9%	14.3%	1,231
An RPN	71.3%	13%	15.7%	460
An NP	56.2%	18.7%	25.2%	493
An NP student and/or applicant	76.2%	9.2%	14.6%	130
A member of the public	57.1%		42.9%	7
Other individual	67.3%	18.2%	14.5%	55
<b>Total individual respondents</b>	<b>69.1%</b>	<b>14%</b>	<b>16.9%</b>	<b>2,376</b>
Responding on behalf of an organization	Do you support this proposed change?			
Health professional regulator	100%			5
Nursing association	100%			3
Union		100%		2
Healthcare employer organization	70%		30%	10
Other professional association	100%			1
Other	66.7%	33.3%		3
<b>Total organization respondents</b>	<b>75%</b>	<b>12.5%</b>	<b>12.5%</b>	<b>24</b>
<b>Grand Total: All respondents to the public consultation</b>	<b>69.1%</b>	<b>14%</b>	<b>16.9%</b>	<b>2,400</b>

The table below shows the feedback broken down by NP population-specific certificate only. Please note, this data is included in the above table under NP respondent type.

	Do you support this proposed change?			
Respondent Type	Yes	Unsure	No	Count
NP – Primary Health Care (PHC)	60.1%	17.9%	22.1%	308

	Do you support this proposed change?			
	Yes	No	Not sure	
NP – Adult	52%	21.1%	26.8%	123
NP – Paediatric	44.4%	18.5%	37%	54
NP – Multiple certificates	50%	12.5%	37.5%	8
<b>Total</b>	<b>56.2%</b>	<b>18.7%</b>	<b>25.2%</b>	<b>493</b>

### In support of the proposed changes to NP regulations

The majority of respondents, about 69% (this includes 1,641 individuals and 18 organizations) are in support of the proposed changes to NP registration requirements in Ontario.

In terms of the qualitative analysis, respondents and organizations who are in favour of the proposed changes felt that the amendments:

- support health human resource improvements as NPs would be able to care for a broader range of individuals (including in rural communities)
- could support workforce mobility across Canada and create a straightforward process for NPs to register to practice in Ontario
- facilitate a consistent and flexible model with a single NP classification and consistent title of NP which improves understanding of the NP role and accountabilities
- build on foundational education and increase NP knowledge with a “generalist” approach
- support current NPs who already possess the knowledge, skills and judgment to provide care across patient populations and move to areas of demand

### Against the proposed changes to NP regulations

16.9% of respondents (402 individuals and 3 organizations) do not support the proposed change to NP registration requirements in Ontario. The respondents who are not in favour of the proposed changes felt that:

- NPs would not have the sufficient skills, knowledge and judgment to provide the appropriate care to certain populations that require more in-depth experience, training and skills (e.g. paediatrics)
- could lead to a lower level of education due to “overgeneralization” and a “broad educational approach” and care which could impact public safety
- the lack of specialization would hinder the public’s ability to identify and choose specialized care
- NPs should be classified if they have completed a field of specialization

In engaging on the proposed changes (e.g. webinars) CNO has provided some considerations in response to these concerns:



- The proposed amendments do not change a nurse’s accountability to practice within their scope and competence (knowledge, skill and judgment). CNO’s [Code of Conduct](#) sets out this expectation for all nurses. So, an NP who does not have the competence to provide care to older age patients, for example, would not do so until they gain additional competence
- Many nurses – RPNs, RNs and NPs – specialize, through education and/or training after they complete their entry-level nursing program
- Like all nurses, NPs will require orientation to the specific practice settings and environments (employers can leverage their existing onboarding and orientation programs to meet their practice settings’ unique needs)
- Through CNO’s [Quality Assurance \(QA\) Program](#) nurses, including NPs, have an accountability to reflect on their practice, and identify and meet any learning needs to support safe patient care
- CNO continues to engage with academic institutions as part of our Program Approval process to ensure the NP education programs demonstrate integration of the revised entry-level competencies and support curriculum content relevant to adult and paediatric populations
- CNO and other nursing jurisdictions are having discussions with academic partners on expanding opportunities for bridging programs to equip current NPs who might want to move from their current population-specific practice to another with the appropriate knowledge and training
- CNO will ensure a robust evaluation plan post-implementation to facilitate timely feedback and address any potential or perceived risks to support transition to practice

### Unsure of the proposed changes to NP regulations

14% of respondents (333 individuals and 3 organizations) are unsure if they are in support of the proposed changes. Respondents who are uncertain about the proposed change said that:

- there are benefits and risks associated with the proposed changes
- they had questions about the model in relation to transition planning for current NPs and changes to education which has led to feeling uncertain

Please refer to attachment 3 for samples of verbatim quotes to illustrate the specific themes outlined in the in support, against and unsure responses received.

### Further system partner engagement

CNO staff also engaged with system partners through targeted engagements and meetings to seek their feedback on the proposed regulation changes. CNO’s Employer Reference Group met in October 2024 and shared perspectives on these proposed changes, namely the need for inclusion of paediatric content in NP education curriculum, and a concern related to the potential need for additional onboarding to support specific employment settings. In response, CNO has shared this feedback with

academic partners who review the NP education program as part of their Program Approval renewal process.

In September 2024, CNO attended the Nurse Practitioners' Association of Ontario (NPAO) annual conference to discuss the proposed NP regulation changes. CNO staff listened to NPs' feedback and responded to questions at the panel session as well as at the exhibition booth.

In November 2024, CNO engaged the Citizen Advisory Group (CAG), a public and patient advisory group, to understand from a public-interest perspective the impact of the proposed regulation changes on Ontarians who receive care from NPs across populations and practice settings. These members noted the potential for more equitable and accessible healthcare, increased opportunities and positive perception of NPs. They reinforced the need for a robust implementation plan and clear communication on the proposed changes to the public and health care professionals to support a safe transition and promote clarity of the NP role and scope of practice.

In addition, CNO had meetings with other system partners throughout the consultation period including the Office of the Fairness Commissioner, academic institutions, professional associations and Ontario health regulators.

CNO will continue to work closely with system partners to support transition planning, implementation planning and additional resources and guidance where needed.

## **Revisions to the redlined version**

In Attachments 1 and 2, there are two minor sets of changes proposed that differ from the regulations approved for circulation in September 2024. The first set of changes relate to changes initially proposed in September 2024 to align with other sections in the regulation. These caused confusion among system partners and are not needed to implement the national NP regulation framework. The regulations for Council's consideration today revert back to prior language of "at least equivalent to" and Council's authority regarding program approval. These changes could be explored in the future, including through additional engagement with system partners. Also, in the NP section, there is a second set of changes for inclusive language that takes effect in April and Attachments 1 and 2 reflect this new language.

## **Next steps**

If Council determines that this regulatory change continues to be in the public interest:

- Government approval is required for the regulation changes to take effect.
- This is a multi-year project with a potential implementation in 2026. A robust implementation and evaluation plan will support the next phase of this work to support change management and inform engagement.



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

## **Attachments**

1. Redlined version showing regulation changes
2. Table outlining the rationale for each proposed change
3. Qualitative themes with verbatim quotes

### Legend

No change = black font

Proposed changes (additions) = underlined blue font

Proposed changes (remove) = ~~strike-out and red font~~

Previous suggestion from September (remove) = ~~strike-out and underlined blue font~~

Reverted back to original language = green font

## **NP Amendments to General Regulation – Redlined Nursing Act, 1991 ONTARIO REGULATION 275/94 GENERAL**

### **PART I INTERPRETATION**

**0.1** In this Regulation,

“registered nurse in the extended class” or “nurse practitioner” means a member who holds an extended certificate of registration as a registered nurse; (“infirmière autorisée ou infirmier autorisé de la catégorie supérieure”)

“registered nurse in the General class” means a member who holds a General certificate of registration as a registered nurse; (“infirmière autorisée ou infirmier autorisé de la catégorie générale”)

“registered practical nurse in the General class” means a member who holds a General certificate of registration as a registered practical nurse. (“infirmière auxiliaire autorisée ou infirmier auxiliaire autorisé de la catégorie générale”) O. Reg. 175/12, s. 1.

**0.2** Where the provisions of this Regulation are inconsistent with the provisions of the *Emergency Management and Civil Protection Act*, the provisions of that Act shall prevail and the provisions of this Regulation, to the extent that they are inconsistent with that Act, shall not apply. O. Reg. 175/12, s. 1.

### **PART II REGISTRATION**

#### **CERTIFICATES OF REGISTRATION**

**1.** (1) The following are prescribed as classes of certificates of registration for registered nurses:

1. General.
2. Extended.
3. Temporary.
4. Special Assignment.
5. Emergency.
6. Non-Practising. O. Reg. 175/12, s. 1; O. Reg. 291/23, s. 1.

(2) A registered nurse may not hold more than one class of certificate of registration as a registered nurse at one time. O. Reg. 175/12, s. 1.

**1.1** (1) The following are prescribed as classes of certificates of registration for registered practical nurses:

1. General.
2. Temporary.
3. Special Assignment.
4. Emergency.
5. Non-Practising. O. Reg. 175/12, s. 1; O. Reg. 291/23, s. 2.

(2) A registered practical nurse may not hold more than one class of certificate of registration as a registered practical nurse at one time. O. Reg. 175/12, s. 1.

~~1.2 REVOKED: (1) The following are defined as specialties for certificates for a member who is a registered nurse in the extended class:~~

- ~~1. Primary Health Care.~~
- ~~2. Paediatrics.~~
- ~~3. Adult.~~
- ~~4. Anaesthesia. O. Reg. 175/12, s. 1.~~

~~(2) A registered nurse in the extended class shall hold a certificate in a specialty mentioned in subsection (1). O. Reg. 175/12, s. 1.~~

~~(3) A registered nurse in the extended class who is issued a certificate in a specialty mentioned in subsection (1) may be issued additional specialty certificates if he or she meets all the requirements in this Regulation relating to those specialty certificates. O. Reg. 175/12, s. 1.~~

~~(4) For greater clarity, a specialty certificate defined under subsection (1) is not a class of certificate of registration. O. Reg. 175/12, s. 1.~~

#### APPLICATION FOR CERTIFICATE OF REGISTRATION

1.3 (1) A person may apply for a certificate of registration in any class by completing an application in the form provided by the Executive Director and submitting it along with any supporting documentation requested by the Executive Director and the applicable fees. O. Reg. 175/12, s. 1.

~~(2) REVOKED: If a person applies for an extended class certificate of registration, he or she must apply for a specialty certificate in at least one of the specialties of the extended class. O. Reg. 175/12, s. 1.~~

(3) A person who files an application for a certificate of registration may not make another application for the same class of certificate until the outstanding application has been finally disposed of. O. Reg. 175/12, s. 1.

#### REQUIREMENTS FOR ISSUANCE OF CERTIFICATE OF REGISTRATION, ANY CLASS

1.4 (1) The following are registration requirements for the issuance of a certificate of registration for any class:

1. The applicant must provide details to the Executive Director of any of the following that relate to the applicant at the time that the applicant submits the application, and of any of the following that come to relate to the applicant after the application is submitted and before a certificate of registration is issued:
  - i. A finding of guilt for any criminal offence, any offence relating to the use, possession or sale of drugs, any offence under the *Controlled Drugs and Substances Act* (Canada), or any other offence in relation to the practice of nursing or another profession in any jurisdiction.

- ii. A finding of professional misconduct, incompetence, incapacity, professional negligence, malpractice or any similar finding against the applicant in relation to the practice of nursing or another profession in any jurisdiction.
  - iii. A current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity or any similar investigation or proceeding in relation to the practice of nursing or another profession in any jurisdiction.
  - iv. A current proceeding in respect of any offence in any jurisdiction.
  - v. A refusal to register the applicant to practise as a nurse or in another profession in any jurisdiction.
2. The applicant's past and present conduct, in the opinion of the Executive Director or a panel of the Registration Committee, must afford reasonable grounds for the belief that the applicant,
- i. does not suffer from any physical or mental condition or disorder that could affect his or her ability to practise nursing in a safe manner,  
**Note: On April 1, 2025, subparagraph 2 i of subsection 1.4 (1) of the Regulation is amended by striking out "his or her" and substituting "the applicant's". (See: O. Reg. 429/24, s. 3 (1))**
  - ii. will practise nursing with decency, honesty and integrity and in accordance with the law,
  - iii. has sufficient knowledge, skill and judgment to competently engage in the practice of nursing authorized by the certificate of registration, and
  - iv. will display an appropriately professional attitude.
3. The applicant must have paid any fees required under the by-laws for the issuance of the certificate of registration. O. Reg. 175/12, s. 1.
- (2) It is a registration requirement for the issuance of a certificate of registration for any class, other than the Emergency and Non-Practising classes, that the applicant must be a Canadian citizen or permanent resident of Canada or must hold the appropriate authorization under the *Immigration and Refugee Protection Act* (Canada) to permit the applicant to engage in the practice of nursing in Ontario. O. Reg. 175/12, s. 1; O. Reg. 291/23, s. 3.
- (3) The requirements under subsection (1) are non-exemptible. O. Reg. 175/12, s. 1.
- (4) An applicant must meet all of the requirements for registration within two years from the day that he or she filed his or her application, but this does not prevent an applicant from filing a new application. O. Reg. 175/12, s. 1.
- Note: On April 1, 2025, subsection 1.4 (4) of the Regulation is amended by striking out "he or she filed his or her" and substituting "the applicant filed their". (See: O. Reg. 429/24, s. 3 (2))**
- (5) An applicant shall be deemed not to have satisfied the requirements for the issuance of a certificate of registration of any class if the applicant makes a false or misleading statement or representation in his or her application or supporting documentation. O. Reg. 175/12, s. 1.
- Note: On April 1, 2025, subsection 1.4 (5) of the Regulation is amended by striking out "his or her" and substituting "their". (See: O. Reg. 429/24, s. 3 (3))**

#### TERMS, ETC., OF EVERY CERTIFICATE

**1.5** (1) Every certificate of registration is subject to the following terms, conditions and limitations:

1. The member shall provide to the Executive Director the details of any of the following that relate to the member and occur or arise on or after the day that the member was issued a certificate of registration:
    - i. A finding of guilt arising in any jurisdiction relating to any offence.
    - ii. A charge arising in any jurisdiction relating to any offence.
    - iii. A finding of professional misconduct, incompetence or incapacity or any similar finding, in relation to the practice of nursing or another profession in any jurisdiction.
    - iv. A current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity or any similar investigation or proceeding in relation to the practice of nursing or another profession in any jurisdiction.
  2. The member shall, at the request of the Executive Director, provide information that is required pursuant to the Act, the *Regulated Health Professions Act, 1991*, regulations under those Acts or the by-laws in the form and manner requested by the Executive Director. O. Reg. 175/12, s. 1.
- (2) Every certificate of registration, other than an Emergency or Non-Practising certificate of registration, is subject to the following terms, conditions and limitations:
1. The member shall not engage in the practice of nursing unless the member is a Canadian citizen or permanent resident of Canada or has authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of nursing in Ontario.
  2. The member shall immediately advise the Executive Director in writing in the event that the member ceases to be a Canadian citizen or permanent resident of Canada or to have authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of nursing in Ontario.
  3. If a member to whom paragraph 2 applies subsequently obtains Canadian citizenship, becomes a permanent resident of Canada or attains authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of nursing in Ontario, he or she shall immediately advise the Executive Director in writing of that fact.  
**Note: On April 1, 2025, paragraph 3 of subsection 1.5 (2) of the Regulation is amended by striking out “he or she” and substituting “the member”. (See: O. Reg. 429/24, s. 4)**
  4. The member shall maintain professional liability protection in accordance with the requirements, if any, set out in the by-laws.
  5. The member shall, at the request of the Executive Director, provide evidence satisfactory to the Executive Director that the member meets the condition required in paragraph 4, in the form and manner requested by the Executive Director. O. Reg. 175/12, s. 1; O. Reg. 291/23, s. 4 (1).
- (3) Every Emergency certificate of registration is subject, in addition to the terms, conditions and limitations set out in subsection (1), to the following terms, conditions and limitations:
1. The member shall maintain professional liability protection in accordance with the requirements, if any, set out in the by-laws.
  2. The member shall, at the request of the Executive Director, provide evidence satisfactory to the Executive Director that the member meets the condition required in paragraph 1, in the form and manner requested by the Executive Director. O. Reg. 175/12, s. 1; O. Reg. 291/23, s. 4 (2).

## GENERAL CERTIFICATES OF REGISTRATION — REGISTERED NURSE

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

1. The applicant,
  - i. must have a minimum of a baccalaureate degree in nursing evidencing the successful completion of a program specifically designed to educate and train persons to be practising registered nurses,
    - A. awarded by a university in Canada as a result of successful completion of a program that was approved by Council or that was approved by a body approved by Council for that purpose,
    - B. awarded by a university as a result of successful completion of a program that was approved by Council or that was approved by a body approved by Council for that purpose, or
    - C. awarded by a college of applied arts and technology in Ontario as a result of successful completion of a program that was approved by Council or a body approved by Council for that purpose,
  - ii. must have a minimum of a baccalaureate degree in nursing evidencing the successful completion of a program specifically designed to educate and train persons to be practising registered nurses other than a program mentioned in subparagraph i, which program was approved by the Registration Committee as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A or C, or  
**Note: On April 1, 2025, subparagraph 1 ii of subsection 2 (1) of the Regulation is revoked and the following substituted: (See: O. Reg. 429/24, s. 5 (1))**
    - ii. must have a minimum of a baccalaureate degree in nursing evidencing the successful completion of a program specifically designed to educate and train persons to be practising registered nurses, other than a program mentioned in subparagraph i, that was, at the time the applicant completed the program, recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered nurse in that jurisdiction, or
  - iii. must have successfully completed a program in nursing specifically designed to educate and train persons to be practising registered nurses, other than a program mentioned in subparagraph i or ii, and,
    - A. must have successfully completed a program that, at the time the applicant commenced it, was approved by Council as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A or C, or
    - B. must have paid any fees required under the by-laws, undergone an evaluation approved by Council and satisfied the Executive Director or a panel of the Registration Committee that he or she has successfully completed further education or training or combination of education and training approved by the Registration Committee that was identified in the evaluation as being necessary to evidence that the applicant possesses knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A or C.

**Note: On April 1, 2025, subparagraph 1 iii of subsection 2 (1) of the Regulation is revoked and the following substituted: (See: O. Reg. 429/24, s. 5 (1))**

iii. must have successfully completed a program in nursing specifically designed to educate and train persons to be practising registered nurses, other than a program mentioned in subparagraph i or ii, that was, at the time the applicant completed the program, recognized or approved, in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered nurse in that jurisdiction, and,

A. the program is one that the Registration Committee determines has provided the applicant with knowledge, skill and judgment that is substantially equivalent to those of current graduates of a program mentioned in subparagraph i, or

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

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

**Note: On April 1, 2025, paragraph 2 of subsection 2 (1) of the Regulation is amended by striking out “he or she” and substituting “the applicant”. (See: O. Reg. 429/24, s. 5 (2))**

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

**Note: On April 1, 2025, subparagraph 3 i of subsection 2 (1) of the Regulation is revoked and the following substituted: (See: O. Reg. 429/24, s. 5 (3))**

i. must have completed the applicable requirements in paragraph 1 no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration,

- ii. must have successfully completed all requirements of one of sub-subparagraph 1 iii A or B no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration,

**Note: On April 1, 2025, subparagraph 3 ii of subsection 2 (1) of the Regulation is revoked. (See: O. Reg. 429/24, s. 5 (3))**

- iii. must demonstrate evidence of practice as a registered nurse no more than three years before the day on which the applicant met all other requirements for the issuance of the certificate of registration, or
- iv. must have paid any fees required under the by-laws, undergone an evaluation approved by the Registration Committee at a time when the evaluation was approved by the

Registration Committee and met requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee within the period of time specified by the panel.

4. The applicant must, within five years before the day that the applicant is issued the certificate of registration, have successfully completed the examination in nursing jurisprudence that is approved by Council for applicants for the issuance of a certificate of registration as a registered nurse.
5. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French at a date no more than two years before the day that he or she is issued the certificate of registration, or such longer period of time as specified by a panel of the Registration Committee, unless,
  - i. the applicant, on the day he or she submits the application, holds a certificate of registration as a registered nurse, other than a certificate in the Emergency or Non-Practising class, or
  - ii. the applicant previously held a certificate of registration as a registered nurse, other than a certificate in the Emergency, retired or Non-Practising class and since the date that the applicant last held that certificate no more than two years or such longer period of time as specified by a panel of the Registration Committee has elapsed. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 1; O. Reg. 741/20, s. 1; O. Reg. 291/23, s. 5.

**Note: On April 1, 2025, paragraph 5 of subsection 2 (1) of the Regulation is amended by striking out “he or she” wherever it appears and substituting in each case “the applicant”. (See: O. Reg. 429/24, s. 5 (4))**

**Note: On April 1, 2025, subsection 2 (1) of the Regulation is amended by adding the following paragraph: (See: O. Reg. 429/24, s. 5 (5))**

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

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

**Note: On April 1, 2025, subsection 2 (2) of the Regulation is revoked. (See: O. Reg. 429/24, s. 5 (6))**

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

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

**Note: On April 1, 2025, subsection 2 (4) of the Regulation is revoked and the following substituted: (See: O. Reg. 429/24, s. 5 (7))**

(4) An applicant is exempt from the requirements in paragraphs 1, 2, 5 and 6 of subsection (1) if the applicant holds a certificate of registration in the extended class at the time that the applicant



applies for the issuance of a certificate of registration as a registered nurse in the General class. O. Reg. 429/24, s. 5 (7).

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

**Note: On April 1, 2025, subsection 2 (5) of the Regulation is revoked and the following substituted: (See: O. Reg. 429/24, s. 5 (7))**

(5) An applicant is deemed to have satisfied the requirement in paragraph 6 of subsection (1) if the applicant completed a recognized or approved registered nurse program in Canada within the last three years, practised nursing in Canada within the last three years or satisfies a panel of the Registration Committee that the applicant has successfully completed education or training or a combination of education and training that is substantially equivalent to the requirement in paragraph 6 of subsection (1). O. Reg. 429/24, s. 5 (7).

(6) Subject to subsections (3), (4) and (5) and section 2.1, the requirements in subsection (1) of this section are non-exemptible. O. Reg. 429/24, s. 5 (7).

## MOBILITY WITHIN CANADA

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

**Note: On April 1, 2025, subsection 2.1 (1) of the Regulation is amended by striking out “paragraphs 1, 2 and 3” and substituting “paragraphs 1, 2, 3 and 6”. (See: O. Reg. 429/24, s. 6 (1))**

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

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

- (a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and
- (b) the applicant is in compliance with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant the out-of-province certificate as a registered nurse. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 2.

(4) An applicant referred to in subsection (1) is deemed to have met the requirements of paragraph 5 of subsection 2 (1) where the requirements for the issuance of the applicant’s out-of-province certificate of registration included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 175/12, s. 1.

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

**Note: On April 1, 2025, subsection 2.1 (5) of the Regulation is amended by striking out “paragraph 1, 2 or 3” and substituting “paragraph 1, 2, 3 or 6”. (See: O. Reg. 429/24, s. 6 (2))**

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

#### TITLES — REGISTERED NURSE

**2.2 (1)** Subject to subsection (2), a registered nurse in the General class shall only use the title “Registered Nurse” or the abbreviation “RN” when practising as a nurse. O. Reg. 175/12, s. 1.

(2) If a member is a registered nurse in the General class and a registered practical nurse in the General class, he or she shall only use the title “Registered Practical Nurse” or the abbreviation “RPN” when practising the profession as a registered practical nurse. O. Reg. 175/12, s. 1.

**Note: On April 1, 2025, subsection 2.2 (2) of the Regulation is amended by striking out “he or she” and substituting “the member”. (See: O. Reg. 429/24, s. 7)**

#### GENERAL CERTIFICATES OF REGISTRATION — REGISTERED PRACTICAL NURSE

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

1. The applicant,
  - i. must have a diploma in practical nursing evidencing the successful completion of a program specifically designed to educate and train persons to be practising registered practical nurses,
    - A. awarded by a College of Applied Arts and Technology in Ontario whose program was approved by Council or by a body approved by Council for that purpose, or
    - B. awarded as a result of successful completion of a program that was approved by Council or by a body approved by Council for that purpose,
  - ii. must have a diploma in practical nursing evidencing the successful completion of a program specifically designed to educate and train persons to be practising registered practical nurses, other than a program mentioned in subparagraph i, which program was approved by the Registration Committee as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A,

**Note: On April 1, 2025, subparagraph 1 ii of subsection 3 (1) of the Regulation is revoked and the following substituted: (See: O. Reg. 429/24, s. 8 (1))**

- ii. must have a minimum of a diploma in practical nursing evidencing the successful completion of a program specifically designed to educate and train persons to be practising registered practical nurses, other than a program mentioned in subparagraph i, that was, at the time the applicant completed the program, recognized or approved in

- the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered practical nurse in that jurisdiction,
- iii. must have successfully completed a program in practical nursing specifically designed to educate and train persons to be practising registered practical nurses, other than a program mentioned in subparagraph i or ii, and,
    - A. must have successfully completed a program that, at the time the applicant commenced it, was approved by Council as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A, or
    - B. must have paid any fees required under the by-laws, undergone an evaluation approved by Council and satisfied the Executive Director or a panel of the Registration Committee that he or she has successfully completed further education or training or combination of education and training approved by the Registration Committee that was identified in the evaluation as necessary to evidence that the applicant possesses knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A.

**Note: On April 1, 2025, subparagraph 1 iii of subsection 3 (1) of the Regulation is revoked and the following substituted: (See: O. Reg. 429/24, s. 8 (1))**

- iii. must have successfully completed a program in practical nursing specifically designed to educate and train persons to be practising registered practical nurses, other than a program mentioned in subparagraph i or ii, that was, at the time the applicant completed the program, recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered practical nurse in that jurisdiction, and,
  - A. the program is one that the Registration Committee determines has provided the applicant with knowledge, skill and judgment that is substantially equivalent to those of current graduates of a program mentioned in subparagraph i, or
  - B. must have paid any fees required under the by-laws, undergone an evaluation approved by the Registration Committee and satisfied the Executive Director or a panel of the Registration Committee that the applicant has successfully completed further education or training or a combination of education and training approved by the Registration Committee that was identified in the evaluation as necessary to evidence that the applicant possesses knowledge, skill and judgment that is substantially equivalent to those of current graduates of a program mentioned in subparagraph i.
- iv. must have satisfied the requirements of paragraph 1 of subsection 2 (1), or
- v. must, if the applicant has not satisfied the requirements of paragraph 1 of subsection 2 (1), have successfully completed a program in nursing, specifically designed to educate and train persons to be practising registered nurses, must have paid any fees required under the by-laws, undergone an evaluation approved by Council and satisfied the Executive Director or a panel of the Registration Committee that he or she has successfully completed further education or training or combination of education and training approved by the Registration Committee that was identified in the evaluation as necessary to evidence that the applicant possesses knowledge, skill and judgment at least

equivalent to those of current graduates of a program mentioned in sub-subparagraph i A.

**Note: On April 1, 2025, subparagraph 1 v of subsection 3 (1) of the Regulation is revoked and the following substituted: (See: O. Reg. 429/24, s. 8 (2))**

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

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

**Note: On April 1, 2025, paragraph 2 of subsection 3 (1) of the Regulation is amended by striking out “he or she” and substituting “the applicant”. (See: O. Reg. 429/24, s. 8 (3))**

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

**Note: On April 1, 2025, subparagraph 3 i of subsection 3 (1) of the Regulation is revoked and the following substituted: (See: O. Reg. 429/24, s. 8 (4))**

i. must have completed the applicable requirements in paragraph 1 no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration,

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

**Note: On April 1, 2025, subparagraph 3 ii of subsection 3 (1) of the Regulation is revoked. (See: O. Reg. 429/24, s. 8 (4))**

- iii. must demonstrate evidence of practice as a registered practical nurse no more than three years before the day on which the applicant met all other requirements for the issuance of the certificate of registration, or
- iv. must have paid any fees required under the by-laws, undergone an evaluation approved by the Registration Committee at a time when the evaluation was approved by the Registration Committee and met requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee within the period of time specified by the panel.

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

**Note: On April 1, 2025, paragraph 4 of subsection 3 (1) of the Regulation is amended by striking out “within five years before the day that the applicant is issued a certificate as a registered practical nurse” and substituting “within five years before the day that the applicant is issued the certificate of registration”. (See: O. Reg. 429/24, s. 8 (5))**

5. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French at a date no more than two years before the day that he or she is issued a certificate in the General class, or such longer period of time as specified by a panel of the Registration Committee, unless,
  - i. the applicant, on the day he or she submits the application, holds a certificate of registration as a registered practical nurse, other than a certificate in the Emergency or Non-Practising class, or
  - ii. the applicant previously held a certificate of registration as a registered practical nurse, other than a certificate in the Emergency, retired or Non-Practising class and since the last date that the applicant held that certificate no more than two years or such longer period of time as specified by a panel of the Registration Committee has elapsed. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 3 (1); O. Reg. 291/23, s. 6.

**Note: On April 1, 2025, paragraph 5 of subsection 3 (1) of the Regulation is amended by striking out “he or she” wherever it appears and substituting in each case “the applicant”. (See: O. Reg. 429/24, s. 8 (6))**

**Note: On April 1, 2025, subsection 3 (1) of the Regulation is amended by adding the following paragraph: (See: O. Reg. 429/24, s. 8 (7))**

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

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

**Note: On April 1, 2025, subsection 3 (2) of the Regulation is revoked. (See: O. Reg. 429/24, s. 8 (8))**

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

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

**Note: On April 1, 2025, subsection 3 (4) of the Regulation is revoked and the following substituted: (See: O. Reg. 429/24, s. 8 (9))**

(4) An applicant is deemed to have satisfied the requirement in paragraph 6 of subsection (1) if the applicant completed a recognized or approved registered practical nurse program or registered

nurse program in Canada within the last three years, practised nursing in Canada within the last three years or satisfies a panel of the Registration Committee that the applicant has successfully completed education or training or a combination of education and training that is substantially equivalent to the requirement in paragraph 6 of subsection (1). O. Reg. 429/24, s. 8 (9).

(5) Subject to subsections (3) and (4) and section 3.1, the requirements in subsection (1) of this section are non-exemptible. O. Reg. 429/24, s. 8 (9).

### MOBILITY WITHIN CANADA

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

**Note: On April 1, 2025, subsection 3.1 (1) of the Regulation is amended by striking out “paragraphs 1, 2 and 3” and substituting “paragraphs 1, 2, 3 and 6”. (See: O. Reg. 429/24, s. 9 (1))**

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

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

- (a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and
- (b) the applicant is in compliance with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant the out-of-province certificate as a registered practical nurse. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 4.

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

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

**Note: On April 1, 2025, subsection 3.1 (5) of the Regulation is amended by striking out “paragraph 1, 2 or 3” and substituting “paragraph 1, 2, 3 or 6”. (See: O. Reg. 429/24, s. 9 (2))**

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

## TITLES — REGISTERED PRACTICAL NURSES

3.2 (1) Subject to subsections (2) and (3), a registered practical nurse in the General class shall use only the title “Registered Practical Nurse” or the abbreviation “RPN” when practising as a nurse. O. Reg. 175/12, s. 1.

(2) If a member is a registered practical nurse in the General class and a registered nurse in the General class, ~~the member he or she~~ shall use only the title “Registered Nurse” or the abbreviation “RN” when practising the profession as a registered nurse. O. Reg. 175/12, s. 1.

(3) If a member is a registered practical nurse in the General class and a registered nurse in the extended class, ~~the member he or she~~ shall use only the title “Registered Nurse Extended Class” or “Nurse Practitioner” and the abbreviation “RN(EC)” or “NP” when practising the profession as a registered nurse in the extended class. O. Reg. 175/12, s. 1.

**Note: On April 1, 2025, section 3.2 of the Regulation is amended by striking out “he or she” wherever it appears and substituting in each case “the member”. (See: O. Reg. 429/24, s. 10)**

## EXTENDED CERTIFICATES OF REGISTRATION – NURSE PRACTITIONER

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

1. The applicant,
  - i. must be or have been registered as a registered nurse in the General class by the College,
  - ii. must meet the registration requirements as a registered nurse in the General class set out in paragraphs 1 and 2 of subsection 2 (1), or
  - iii. must be or have been registered as a registered nurse by the health regulatory authority in a province or territory of Canada, in one of the states of the United States of America or in another jurisdiction approved by ~~Council~~ the Registration Committee ~~Council~~.
2. The applicant,
  - i. must have graduated from an Ontario university nursing program specifically designed to educate and train persons to be practising a registered nurses ~~to practise in the specialty for which he or she applied~~ in the extended class and which program was approved by Council or a body approved by Council for that purpose,
  - ii. must have graduated from a university nursing program specifically designed to educate and train persons to be practising a registered nurses ~~to practise in the specialty for which he or she applied~~ in the extended class and which program was approved by Council or a body approved by Council for that purpose,
  - iii. must have graduated from a university nursing program specifically designed to educate and train a persons to be practising a registered nurses ~~to practise in the specialty for which he or she applied~~ in the extended class, other than a program mentioned in subparagraph i or ii, which program was approved by the Registration Committee as one whose graduates should possess knowledge, skill and judgment ~~at least~~ substantially at least equivalent to those of current graduates of a program mentioned in subparagraph i, or
  - iv. must have graduated from a program in nursing specifically designed to educate and train persons to be practising a registered nurses ~~to practise in the specialty for which he or she applied~~ in the extended class other than a program mentioned in subparagraph i, ii or iii, and,

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

**Note: On April 1, 2025, paragraph 2 of subsection 4 (1) of the Regulation is amended by striking out “he or she” wherever it appears and substituting in each case “the applicant”. (See: O. Reg. 429/24, s. 11 (1))**

**Note: On April 1, 2025, sub-subparagraph 2 iv B of subsection 4 (1) of the Regulation is amended by striking out “being”. (See: O. Reg. 429/24, s. 11 (2))**

- 3. The applicant must have successfully completed an examination ~~in that specialty~~ in the extended class ~~for which he or she applied~~ at a time when that examination was approved by Council and at a time when ~~they were~~ he or she was eligible under section 9.1 to take that examination, or must have successfully completed an examination approved by Council for that purpose.

**Note: On April 1, 2025, paragraph 3 of subsection 4 (1) of the Regulation is revoked and the following substituted: (See: O. Reg. 429/24, s. 11 (3))**

3. The applicant must have successfully completed an examination in that specialty in the extended class for which the applicant applied at a time when that examination was approved by Council and at a time when they were eligible under section 9.1 to take that examination, or must have successfully completed an examination approved by Council for that purpose.

- 4. The applicant,
  - i. must have graduated from a university nursing program referred to in subparagraph 2 i, ii or iii no more than three years before the day that the applicant ~~he or she~~ met all other requirements for the issuance of a certificate as a registered nurse in the extended class,
  - ii. must have successfully completed all the requirements of one of sub-subparagraph 2 iv A or B no more than three years before the day that the applicant ~~he or she~~ met all other requirements for the issuance of a certificate as a registered nurse in the extended class,
  - iii. must demonstrate evidence of practice as a registered nurse in the extended class more than three years before the day on which the applicant met all other requirements for the issuance of a certificate as a registered nurse in the extended class, and in such a case the practice must include,
    - A. clinical practice ~~within each specialty~~ in the extended class ~~for which the applicant applied~~, and
    - B. a nursing role ~~within that specialty~~ that required the applicant ~~him or her~~ to use, in the treatment of patients, advanced knowledge and decision-making skill in assessment, diagnosis and therapeutics, or



**Note: On April 1, 2025, sub-subparagraph 4 iii B of subsection 4 (1) of the Regulation is amended by striking out “him or her” and substituting “the applicant”. (See: O. Reg. 429/24, s. 11 (5))**

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

**Note: On April 1, 2025, paragraph 4 of subsection 4 (1) of the Regulation is amended by striking out “he or she” wherever it appears and substituting in each case “the applicant”. (See: O. Reg. 429/24, s. 11 (4))**

- 5. The applicant must, within five years before the day that the applicant is issued a certificate as a registered nurse in the extended class, have successfully completed the examination in nursing jurisprudence that is approved by Council for applicants for the issuance of a certificate as a registered nurse in the extended class.
- 6. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French at a date no more than two years before the day that [the applicant](#) ~~he or she~~ is issued a certificate in the extended class, or such longer period of time as specified by a panel of the Registration Committee, unless,

**Note: On April 1, 2025, paragraph 6 of subsection 4 (1) of the Regulation is amended by striking out “he or she” in the portion before subparagraph i and substituting “the applicant”. (See: O. Reg. 429/24, s. 11 (6))**

- i. the applicant, on the day that [they submit](#) ~~he or she submits~~ the application, holds a certificate of registration issued by the College, other than an Emergency or Non-Practising class, or

**Note: On April 1, 2025, subparagraph 6 i of subsection 4 (1) of the Regulation is amended by striking out “he or she submits” and substituting “they submit”. (See: O. Reg. 429/24, s. 11 (7))**

- ii. the applicant previously held a certificate of registration, other than an Emergency, retired or Non-Practising class, and no more than two years has elapsed since the date that the applicant last held that certificate or such longer period of time as specified by a panel of the Registration Committee. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 5 (1); O. Reg. 291/23, s. 7.

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

(3) An applicant is deemed to have met the requirements of subparagraph 2 i of subsection (1) if [the applicant](#) ~~he or she~~,

**Note: On April 1, 2025, subsection 4 (3) of the Regulation is amended by striking out “he or she” in the portion before clause (a) and substituting “the applicant”. (See: O. Reg. 429/24, s. 11 (8))**

- (a) was enrolled before December 31, 2011, in an Ontario university program designed to educate and train registered nurses to practise the specialty for which the applicant applied in the extended class that was approved by the Council of Ontario University Programs in Nursing and the Senate or Governing Council of the Ontario university that offered the program; and
- (b) graduated after December 31, 2011 from the program referred to in clause (a). O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 5 (2).

(3.1) An applicant is deemed to have met the requirements of subparagraph 2 i of subsection (1) if they

(a) were enrolled before August 31, 2024, in an Ontario university program designed to educate and train registered nurses to practise in the extended class that was approved by Council or a body approved by Council for that purpose; and

(b) graduated after [date amendments come into force] from the program referred to in clause (a).

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

(5) Subject to subsections (3), ~~(3.1),~~ and (4) and section 4.1, the requirements of subsection (1) are non-exemptible. O. Reg. 175/12, s. 1.

#### MOBILITY WITHIN CANADA

**4.1** (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a certificate of registration as a registered nurse in the extended class, the requirements of paragraphs 1, 2, 3 and 4 of subsection 4 (1) of this Regulation are deemed to be met by the applicant. O. Reg. 175/12, s. 1.

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

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

- (a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and
- (b) the applicant is in compliance with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant the out-of-province certificate as a registered nurse in the extended class. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 6.

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

(5) Despite subsection (1), a requirement set out in paragraph 1, 2, 3 or 4 of subsection 4 (1) will continue to apply to an applicant where that requirement is a requirement described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 175/12, s. 1.

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

### TITLES – NURSE PRACTITIONER

4.2 (1) Subject to subsections ~~(2), (3), (4) and (5)~~ and 3.2 (3), a registered nurse in the extended class shall use the title “Nurse Practitioner” or the abbreviation “NP” or the title “Registered Nurse Extended Class” or the abbreviation “RN(EC)” when practising as a nurse. O. Reg. 175/12, s. 1.

(2) ~~REVOKED: A member holding a primary health care specialty certificate may use the title “Nurse Practitioner – Primary Health Care” or the abbreviation “NP – PHC” when practising in that role. O. Reg. 175/12, s. 1.~~

(3) ~~REVOKED: A member holding a paediatrics specialty certificate may use the title “Nurse Practitioner – Paediatrics” or the abbreviation “NP – Paediatrics” when practising in that role. O. Reg. 175/12, s. 1.~~

(4) ~~REVOKED: A member holding an adult specialty certificate may use the title “Nurse Practitioner – Adult” or the abbreviation “NP – Adult” when practising in that role. O. Reg. 175/12, s. 1.~~

(5) ~~REVOKED: A member holding an anaesthesia specialty certificate may use the title “Nurse Practitioner – Anaesthesia” or the abbreviation “NP – Anaesthesia” when practising in that role. O. Reg. 175/12, s. 1.~~

(6) Except as permitted by the Act or this Regulation, no other title, designation, variation, abbreviation or an equivalent in another language shall be used by a registered nurse in the extended class. O. Reg. 175/12, s. 1.

(7) No member shall use the title “Nurse Practitioner” or any variation or abbreviation thereof, or the designation “Registered Nurse Extended Class” or any variation or abbreviation thereof, unless the member holds an extended class certificate of registration. O. Reg. 175/12, s. 1.

(8) ~~REVOKED: No member shall refer to himself or herself as a specialist in any specialty of the extended class unless the member holds a specialty certificate in that specialty. O. Reg. 175/12, s. 1.~~

### TEMPORARY CERTIFICATES OF REGISTRATION

5. (1) The following are additional requirements for the issuance of a certificate of registration in the Temporary class:

1. The applicant must not have previously held,
  - i. a Temporary certificate of registration as a registered nurse, in the case of a registered nurse applicant, or

- ii. a Temporary certificate of registration as a registered practical nurse, in the case of a registered practical nurse applicant.
- 2. REVOKED: O. Reg. 509/22, s. 1 (1).
- 3. The applicant must not have twice failed,
  - i. an examination mentioned in paragraph 2 of subsection 2 (1), in the case of a registered nurse applicant, or
  - ii. an examination mentioned in paragraph 2 of subsection 3 (1), in the case of a registered practical nurse applicant.
- 4. The applicant must have a written offer of employment with an Ontario facility described in Schedule 1, or approved by a panel of the Registration Committee,
  - i. as a registered nurse, in the case of a registered nurse applicant, or
  - ii. as a registered practical nurse, in the case of a registered practical nurse applicant.
- 5. The applicant, within five years before the day that he or she is issued a Temporary certificate, must have successfully completed the examination in nursing jurisprudence approved by Council for,

**Note: On April 1, 2025, paragraph 5 of subsection 5 (1) of the Regulation is amended by striking out “he or she is” in the portion before subparagraph i and substituting “they are”. (See: O. Reg. 429/24, s. 13)**

- i. a registered nurse, in the case of a registered nurse applicant, or
- ii. a registered practical nurse, in the case of a registered practical nurse applicant.
- 6. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French within two years before the issuance of the certificate or such longer period of time as approved by a panel of the Registration Committee.
- 7. The applicant must have successfully completed a nursing program that was, at the time the applicant completed the program, recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant,
  - i. to practise as a registered nurse in that jurisdiction, in the case of an applicant for a Temporary certificate of registration as a registered nurse, or
  - ii. to practise as a registered practical nurse in that jurisdiction, in the case of an applicant for a Temporary certificate of registration as a registered practical nurse.
- 8. The applicant must have successfully completed the educational requirements set out in paragraph 7 of this subsection or in paragraph 1 of subsection 2 (1) or paragraph 1 of subsection 3 (1), as applicable, within three years before the day on which the applicant met all other requirements for the issuance of a Temporary certificate unless,
  - i. the applicant demonstrates evidence of practice as a registered nurse or registered practical nurse, as applicable, no more than three years before the day on which the applicant met all other requirements for the issuance of a Temporary certificate, or
  - ii. the applicant pays any fees required under the by-laws, undergoes an evaluation approved by the Registration Committee at a time when that evaluation was approved by the Registration Committee, and meets requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee, within three years before the day on which the applicant met all other requirements for the issuance of a Temporary certificate. O. Reg. 175/12, s. 1; O. Reg. 509/22, s. 1 (1-3).

(2), (3) REVOKED: O. Reg. 509/22, s. 1 (4).

(4) Subject to subsection (5) and section 5.2, the requirements of subsection (1) are non-exemptible. O. Reg. 291/23, s. 8.

(5) A member who holds an Emergency certificate of registration who is practising at the time of applying for a Temporary certificate of registration is not required to meet the requirements of paragraphs 5, 6 and 7 of subsection (1) within the time-periods provided for in those paragraphs and in paragraph 8 of that subsection and, in addition, is not required to pay the application fee required under the by-laws,

1. as a registered nurse, if the member holds an Emergency certificate of registration as a registered nurse, or
2. as a registered practical nurse, if the member holds an Emergency certificate of registration as a registered practical nurse. O. Reg. 291/23, s. 8.

**5.1** (1) The following are terms, conditions and limitations of a Temporary certificate of registration:

1. The member shall practise the profession only within the facility mentioned in paragraph 4 of subsection 5 (1) and only within the scope of his or her employment with that facility.

**Note: On April 1, 2025, paragraph 1 of subsection 5.1 (1) of the Regulation is amended by striking out “his or her” and substituting “the member’s”. (See: O. Reg. 429/24, s. 14 (1))**

2. The member’s practice must be monitored and directed by a member of the College holding a General or extended class certificate of registration.
3. The member shall not perform a controlled or authorized act, unless the act is ordered,
  - i. pursuant to clause 5 (1) (b) of the Act, or
  - ii. by a registered nurse in the General class.
4. The member shall not supervise, monitor or direct the performance of a controlled or authorized act or the practice of another member in any class.
5. The member shall not accept the delegation of a controlled or authorized act from another member or any other person.
6. The member shall not delegate to another member or any other person the authority to perform a controlled or authorized act.
7. The member shall at all times when providing nursing services identify himself or herself as a Temporary member.

**Note: On April 1, 2025, paragraph 7 of subsection 5.1 (1) of the Regulation is amended by striking out “himself or herself” and substituting “themselves”. (See: O. Reg. 429/24, s. 14 (2))**

8. The member shall be restricted to the use of the following title:
  - i. in the case of the holder of a Temporary certificate of registration as a registered nurse, “Registered Nurse (Temporary)” or “RN (Temp)”, or
  - ii. in the case of the holder of a Temporary certificate of registration as a registered practical nurse, “Registered Practical Nurse (Temporary)” or “RPN (Temp)”. O. Reg. 175/12, s. 1.

(2) A member’s Temporary certificate of registration is automatically revoked on the occurrence of one of the following events, whichever occurs first:

1. Unless extended under subsection (2.1),

- i. where the Temporary certificate of registration was issued on or after October 31, 2022, receipt of notification from the Executive Director of the expiry of a period of time from the date the certificate was issued that was determined, prior to the issuance of the certificate by the Executive Director, to be reasonably sufficient to allow the applicant to meet all of the educational and examination requirements to obtain a General class certificate, as long as the date determined by the Executive Director is not less than six months or more than 24 months from the date of issuance of the certificate, or
  - ii. where the Temporary certificate of registration was issued before October 31, 2022, receipt of notification from the Executive Director of the expiry of the certificate, which notification shall not be provided less than six months or more than 24 months from the date of issuance of the certificate.
2. The issuance of a General class certificate of registration,
    - i. as a registered nurse, in the case of a member holding a Temporary certificate of registration as a registered nurse, or
    - ii. as a registered practical nurse, in the case of a member holding a Temporary certificate of registration as a registered practical nurse.
  3. Receipt of notification of the failure for the second time of an examination referred to in,
    - i. paragraph 2 of subsection 2 (1), in the case of a member holding a Temporary certificate of registration as a registered nurse, or
    - ii. paragraph 2 of subsection 3 (1), in the case of a member holding a Temporary certificate of registration as a registered practical nurse.
  4. The expiry of 30 days after receipt of notification from the College that the member has met all of the educational and examination requirements for the issuance of a General class certificate of registration,
    - i. as a registered nurse, in the case of a member holding a Temporary certificate of registration as a registered nurse, or
    - ii. as a registered practical nurse, in the case of a member holding a Temporary certificate of registration as a registered practical nurse. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 8; O. Reg. 509/22, s. 2 (1-3).

(2.1) The Executive Director may extend the expiry date of a Temporary certificate of registration on no more than two occasions, with each extension not to exceed six months, if the Executive Director is satisfied that the member has made reasonable efforts to meet all of the educational and examination requirements to obtain a General certificate. O. Reg. 509/22, s. 2 (4).

(3) Where a member holding a Temporary certificate of registration obtains alternate or additional employment as a nurse in the same class for which the Temporary certificate of registration was issued, the member may only practise the profession under that employment if,

- (a) the employment is with an Ontario facility that is described in Schedule 1 or approved by a panel of the Registration Committee; and
- (b) the member has first filed with the College a written offer of employment from that facility. O. Reg. 175/12, s. 1.

## MOBILITY WITHIN CANADA

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

- (2) Despite subsection (1), it is a non-exemptible requirement that an applicant referred to in subsection (1) provide, for each jurisdiction where the applicant holds an out-of-province certificate, a certificate, letter or other evidence satisfactory to the Executive Director or a panel of the Registration Committee confirming that the applicant is in good standing as a nurse in every jurisdiction where the applicant holds an out-of-province certificate. O. Reg. 175/12, s. 1.
- (3) Without in any way limiting the generality of subsection (2), “good standing” shall include the fact that,
- (a) the applicant is not the subject of any discipline or fitness to practise order or any proceeding or ongoing investigation or any interim order or agreement as a result of a complaint, investigation or proceeding; and
  - (b) the applicant is in compliance with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant the out-of-province certificate as a registered nurse in the case of an application for a Temporary certificate as a registered nurse, or as a registered practical nurse in the case of an application for a Temporary certificate as a registered practical nurse. O. Reg. 175/12, s. 1.
- (4) An applicant referred to in subsection (1) is deemed to have met the requirements of paragraph 6 of subsection 5 (1) where the requirements for the issuance of the applicant’s out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 175/12, s. 1.
- (5) Despite subsection (1), a requirement set out in paragraph 2 or 7 of subsection 5 (1) will continue to apply to an applicant where that requirement is a requirement described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 175/12, s. 1.
- (6) If an applicant to whom subsection (1) applies is unable to satisfy the Executive Director or a panel of the Registration Committee that the applicant practised the profession of nursing to the extent that would be permitted by a Temporary certificate of registration at any time in the three years immediately before the date of that applicant’s application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 9.

### SPECIAL ASSIGNMENT CERTIFICATES OF REGISTRATION

6. (1) The following are additional requirements for the issuance of a certificate of registration as a registered nurse in the Special Assignment class:
- 1. The applicant must have successfully completed the examination in nursing jurisprudence approved by Council for applicants for a General class certificate of registration as a registered nurse within five years before the day that he or she is issued a certificate as a registered nurse in the Special Assignment class.  
**Note: On April 1, 2025, paragraph 1 of subsection 6 (1) of the Regulation is amended by striking out “he or she” and substituting “the applicant”. (See: O. Reg. 429/24, s. 16 (1))**
  - 2. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French within two years before the issuance of the certificate or such longer time as may be specified by a panel of the Registration Committee.

3. The applicant must have successfully completed a nursing program that was, at the time the applicant completed the program, recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered nurse in that jurisdiction.
  4. The applicant,
    - i. must have met the program requirement mentioned in paragraph 3 within three years before the day on which the applicant met all other requirements for the issuance of a Special Assignment class certificate as a registered nurse,
    - ii. must demonstrate evidence of practice as a registered nurse no more than three years before the day on which the applicant met all other requirements for the issuance of a Special Assignment class certificate of registration as a registered nurse, or
    - iii. must have paid any fees required under the by-laws, undergone an evaluation approved by the Registration Committee when that evaluation was approved by the Registration Committee and met requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee within three years before the day on which the applicant met all other requirements for the issuance of a Special Assignment class of certificate of registration as a registered nurse.
  5. The applicant must not have been previously registered with the College as a registered nurse except as the holder of a Special Assignment or Emergency class certificate.
  6. The applicant must have an appointment or special assignment as a registered nurse with an Ontario facility described in Schedule 1 or another assignment approved by a panel of the Registration Committee.
  7. The applicant must not have previously held a Special Assignment certificate for the same assignment or appointment. O. Reg. 175/12, s. 1; O. Reg. 291/23, s. 9 (1).
- (2) Subject to section 6.1, the requirements of subsection (1) are non-exemptible. O. Reg. 175/12, s. 1.
- (3) The following are additional registration requirements for the issuance of a certificate as a registered practical nurse in the Special Assignment class:
1. The applicant must have successfully completed the examination in nursing jurisprudence approved by Council for applicants for a General class certificate of registration as a registered practical nurse within five years before the day that he or she is issued a certificate as a registered practical nurse in the Special Assignment class.  
**Note: On April 1, 2025, paragraph 1 of subsection 6 (3) of the Regulation is amended by striking out “he or she” and substituting “the applicant”. (See: O. Reg. 429/24, s. 16 (2))**
  2. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French at a date no more than two years before the day that he or she is issued the certificate or such longer time as may be specified by a panel of the Registration Committee.  
**Note: On April 1, 2025, paragraph 2 of subsection 6 (3) of the Regulation is amended by striking out “he or she” and substituting “the applicant”. (See: O. Reg. 429/24, s. 16 (3))**
  3. The applicant must have successfully completed a nursing program that was, at the time the applicant completed the program, recognized or approved in the jurisdiction in which the



program was taken as qualifying the applicant to practise as a registered practical nurse in that jurisdiction.

4. The applicant,
  - i. must have met the program requirement mentioned in paragraph 3 within three years before the day on which the applicant met all other requirements for the issuance of a certificate as a registered practical nurse in the Special Assignment class,
  - ii. must demonstrate evidence of practice as a registered practical nurse no more than three years before the day on which the applicant met all other requirements for the issuance of a certificate as a registered practical nurse in the Special Assignment class, or
  - iii. must have paid any fees required under the by-laws, undergone an evaluation approved by the Registration Committee at a time when that evaluation was approved by the Registration Committee and met requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee within three years before the day on which the applicant met all other requirements for the issuance of the certificate of registration.
5. The applicant must not have been previously registered with the College as a registered practical nurse except as the holder of a Special Assignment or Emergency class certificate.
6. The applicant must have an appointment or special assignment as a registered practical nurse with an Ontario facility described in Schedule 1 or another assignment approved by a panel of the Registration Committee.
7. The applicant must not have previously held a Special Assignment certificate for the same assignment or appointment. O. Reg. 175/12, s. 1; O. Reg. 291/23, s. 9 (2).

(4) Subject to section 6.2, the requirements of subsection (3) are non-exemptible. O. Reg. 175/12, s. 1.

(5) The following are terms, conditions and limitations of a Special Assignment certificate of registration:

1. The member shall practise the profession only within the scope of his or her appointment or special assignment and only within the facility named in the certificate.

**Note: On April 1, 2025, paragraph 1 of subsection 6 (5) of the Regulation is amended by striking out “his or her” and substituting “the member’s”. (See: O. Reg. 429/24, s. 16 (4))**

2. The member’s practice must be monitored and directed by a member of the College holding a General or extended class certificate of registration.
3. The member shall not perform a controlled or authorized act, including one which is delegated to him or her, unless the act is ordered,

**Note: On April 1, 2025, paragraph 3 of subsection 6 (5) of the Regulation is amended by striking out “him or her” in the portion before subparagraph i and substituting “the member”. (See: O. Reg. 429/24, s. 16 (5))**

- i. pursuant to clause 5 (1) (b) of the Act, or
- ii. by a registered nurse in the General class.
4. The member shall not supervise, monitor or direct the performance of a controlled or authorized act or the practice of another member in any class.
5. The member shall not delegate to another member or any other person the authority to perform a controlled or authorized act.

6. The member shall at all times when providing nursing services identify himself or herself as a Special Assignment member.

**Note: On April 1, 2025, paragraph 6 of subsection 6 (5) of the Regulation is amended by striking out “himself or herself” and substituting “themselves”. (See: O. Reg. 429/24, s. 16 (6))**

7. The member shall be restricted to the use of the following title:
  - i. in the case of the holder of a Special Assignment certificate of registration as a registered nurse, “Registered Nurse (Special Assignment)” or “RN (Spec. Assign.)”, or
  - ii. in the case of a holder of a Special Assignment certificate of registration as a registered practical nurse, “Registered Practical Nurse (Special Assignment)” or “RPN (Spec. Assign.)”. O. Reg. 175/12, s. 1.

(6) A Special Assignment certificate of registration is automatically revoked on the occurrence of one of the following events, whichever occurs first:

1. The date specified in the certificate or, if no date is specified, the day that is one year from the date the member was issued the certificate.
2. The last day of the appointment or Special Assignment. O. Reg. 175/12, s. 1.

(7) If a member who holds a Special Assignment certificate of registration does not receive a certificate of another class before the revocation of the Special Assignment certificate, he or she shall be deemed to have resigned as a member at the end of the last day the Special Assignment certificate is valid. O. Reg. 175/12, s. 1.

**Note: On April 1, 2025, subsection 6 (7) of the Regulation is amended by striking out “he or she” and substituting “the member”. (See: O. Reg. 429/24, s. 16 (7))**

#### LABOUR MOBILITY — SPECIAL ASSIGNMENT CLASS

**6.1** (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a Special Assignment certificate of registration as a registered nurse, the requirements of paragraphs 3 and 4 of subsection 6 (1) of this Regulation are deemed to be met by the applicant. O. Reg. 175/12, s. 1.

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

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

- (a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and
- (b) the applicant has complied with continuing competency and quality assurance requirements of the regulatory authority that issued the applicant the out-of-province Special Assignment certificate as a registered nurse. O. Reg. 175/12, s. 1.

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 2 of subsection 6 (1) where the requirements for the issuance of the applicant’s out-of-province certificate of registration included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 175/12, s. 1.

(5) Despite subsection (1), a requirement set out in paragraphs 3 and 4 of subsection 6 (1) will apply to an applicant if that requirement is a requirement described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 175/12, s. 1.

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

**6.2** (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a Special Assignment certificate of registration as a registered practical nurse, the requirements of paragraphs 3 and 4 of subsection 6 (3) of this Regulation are deemed to be met by the applicant. O. Reg. 175/12, s. 1.

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

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

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

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

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 2 of subsection 6 (3) where the requirements for the issuance of the applicant's out-of-province certificate of registration included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 175/12, s. 1.

(5) Despite subsection (1), a requirement set out in paragraphs 3 and 4 of subsection 6 (3) will apply to an applicant if that requirement is a requirement described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 175/12, s. 1.

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

## EMERGENCY CERTIFICATES OF REGISTRATION

**7.** (1) The following are additional requirements for the issuance of a certificate as a registered nurse in the Emergency class:

1. The Minister must have requested that the College initiate registrations under this class based on the Minister's opinion that emergency circumstances call for it or the Council must have determined, after taking into account all of the relevant circumstances that impact the ability of applicants to meet the ordinary registration requirements, that there are emergency circumstances, and that it is in the public interest that the College issue emergency certificates.
  2. The applicant must satisfy the Executive Director that the applicant has language proficiency, in either English or French, to be able to communicate and comprehend effectively, both orally and in writing.
  3. The applicant must have successfully completed a nursing program that was, at the time the applicant completed the program, recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered nurse in that jurisdiction.
  4. The applicant must satisfy the Executive Director that the applicant practised as a registered nurse within three years before the day on which the applicant met all other requirements for the issuance of the certificate of registration.
  5. The applicant must have successfully completed the examination in nursing jurisprudence approved by Council for a registered nurse, within five years before the day the applicant is issued an Emergency certificate.
  6. If the applicant has attempted the examination mentioned in paragraph 2 of subsection 2 (1), the applicant must not have twice failed that examination. O. Reg. 291/23, s. 10.
- (2) The requirements of subsection (1) are non-exemptible. O. Reg. 291/23, s. 10.
- (3) The following are additional requirements for the issuance of a certificate of registration as a registered practical nurse in the Emergency class:
1. The Minister must have requested that the College initiate registrations under this class based on the Minister's opinion that emergency circumstances call for it or the Council must have determined, after taking into account all of the relevant circumstances that impact the ability of applicants to meet the ordinary registration requirements, that there are emergency circumstances, and that it is in the public interest that the College issue emergency certificates.
  2. The applicant must satisfy the Executive Director that the applicant has language proficiency, in either English or French, to be able to communicate and comprehend effectively, both orally and in writing.
  3. The applicant must have successfully completed a nursing program that was, at the time the applicant completed the program, recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered practical nurse in that jurisdiction.
  4. The applicant must satisfy the Executive Director that the applicant practised as a registered practical nurse within three years before the day on which the applicant met all other requirements for the issuance of the certificate of registration.
  5. The applicant must have successfully completed the examination in nursing jurisprudence approved by Council for a registered practical nurse, within five years before the day the applicant is issued an Emergency certificate.
  6. If the applicant has attempted the examination mentioned in paragraph 2 of subsection 3 (1) the applicant must not have twice failed that examination. O. Reg. 291/23, s. 10.

- (4) The requirements of subsection (3) are non-exemptible. O. Reg. 291/23, s. 10.
- (5) Every certificate of registration in the Emergency class is subject to the following terms, conditions and limitations:
  1. The member's practice must be monitored and directed by a member of the College holding a General or extended class certificate of registration.
  2. The member shall at all times when providing nursing services identify themselves as an Emergency member.
  3. The member shall be restricted to the use of the following titles:
    - i. In the case of a member holding an Emergency certificate of registration as a registered nurse, "Registered Nurse (Emergency)".
    - ii. In the case of a member holding an Emergency certificate of registration as a registered practical nurse, "Registered Practical Nurse (Emergency)".
  4. The member shall not perform a controlled or authorized act, unless the act is ordered,
    - i. pursuant to clause 5 (1) (b) of the Act, or
    - ii. by a registered nurse in the General class.
  5. The member shall not supervise, monitor or direct the performance of a controlled or authorized act or the practice of another member in any class.
  6. The member shall not accept the delegation of a controlled or authorized act from another member or any other person.
  7. The member shall not delegate to another member or any other person the authority to perform a controlled or authorized act. O. Reg. 291/23, s. 10.
- (6) An Emergency certificate of registration is automatically revoked on the occurrence of the earliest of the following events:
  1. Thirty days after receipt of notice of the Council's determination that the emergency circumstances have ended.
  2. The expiry of 60 days from the date the certificate was issued, unless the Executive Director extends the certificate for one or more extensions under subsection (7).
  3. The date to which the Executive Director extended the certificate under subsection (7).
  4. The issuance of a General, Extended, Temporary or Special Assignment class certificate of registration as a registered nurse or a General, Temporary or Special Assignment certificate of registration as a registered practical nurse.
  5. Receipt of notification of the failure for the second time of an examination referred to in,
    - i. paragraph 2 of subsection 2 (1), in the case of a member holding an Emergency certificate of registration as a registered nurse, or
    - ii. paragraph 2 of subsection 3 (1), in the case of a member holding an Emergency certificate of registration as a registered practical nurse.
  6. The date on which the Executive Director revokes the certificate under subsection (8). O. Reg. 291/23, s. 10.
- (7) The Executive Director may extend an Emergency certificate of registration for one or more periods, each of which is not to exceed 60 days, if, in the opinion of the Executive Director, it is advisable or necessary to do so, if the Council has not determined the emergency circumstances have ended. O. Reg. 291/23, s. 10.
- (8) The Executive Director may revoke an Emergency certificate of registration if, in the opinion of the Executive Director, it is in the public interest to do so. O. Reg. 291/23, s. 10.

## NON-PRACTISING CERTIFICATES OF REGISTRATION

8. (1) The following are additional requirements for the issuance of a certificate of registration as a registered nurse in the Non-Practising class:

1. The applicant must be a member of the College holding a General or extended class certificate of registration as a registered nurse or have previously been a member of the College holding a General or extended class certificate of registration as a registered nurse.
2. The applicant must not be in default of payment of fees, penalties or any other amount owing to the College on the date of the issuance of the certificate. O. Reg. 175/12, s. 1.

(2) The requirements of subsection (1) are non-exemptible. O. Reg. 175/12, s. 1.

(3) The following are additional requirements for the issuance of a certificate of registration as a registered practical nurse in the Non-Practising class:

1. The applicant must be a member of the College holding a General class certificate of registration as a registered practical nurse or have previously been a member of the College holding a General class certificate of registration as a registered practical nurse.
2. The applicant must not be in default of payment fees, penalties or any other amount owing to the College on the date of the issuance of the certificate. O. Reg. 175/12, s. 1.

(4) The requirements of subsection (3) are non-exemptible. O. Reg. 175/12, s. 1.

(5) Subject to subsection (6), every Non-Practising class certificate of registration is subject to the following terms, conditions and limitations:

1. The member shall not engage in the practice of nursing in Ontario.
2. The member shall not hold ~~themselves himself or herself~~ out as a person qualified to practise in Ontario as a nurse, nurse practitioner, registered nurse, practical nurse, registered practical nurse, or ~~registered nurse in the extended class in any specialty of nursing~~.

**Note: On April 1, 2025, paragraph 2 of subsection 8 (5) of the Regulation is amended by striking out “himself or herself” and substituting “themselves”. (See: O. Reg. 429/24, s. 17 (1))**

3. The member shall be restricted to the use of the following title:

- i. in the case of a holder of a Non-Practising class certificate of registration as a registered nurse, “Registered Nurse, Non-Practising”, or “RN Non-Practising”, or
- ii. in the case of a holder of a Non-Practising class certificate of registration as a registered practical nurse, “Registered Practical Nurse, Non-Practising” or “RPN Non-Practising”. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 10.

(6) A member holding a Non-Practising class certificate of registration shall not be considered to be in breach of paragraph 1 of subsection (5) if,

- (a) the member is engaged in continuing education or remediation directed by a committee or a panel of a committee of the College, approved by the Executive Director or as required to obtain the reinstatement of a General or extended class certificate of registration which ~~the member he or she~~ formerly held; and
- (b) the member maintains professional liability protection in accordance with the requirements, if any, set out in the by-laws for a member holding the class of certificate for which ~~the member he or she~~ is seeking reinstatement. O. Reg. 175/12, s. 1.

**Note: On April 1, 2025, subsection 8 (6) of the Regulation is amended by striking out “he or she” wherever it appears and substituting in each case “the member”. (See: O. Reg. 429/24, s. 17 (2))**

(7) All certificates of registration held by the member shall be revoked automatically at the time that the member is issued a certificate of registration as a registered nurse or registered practical nurse in the Non-Practising class. O. Reg. 175/12, s. 1.

## 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 — GENERAL CLASS

**9.** (1) The College shall ensure that an examination that is a requirement for a General class certificate of registration for a registered nurse in the General class or a registered practical nurse in the General class is held at least once every six months. O. Reg. 175/12, s. 1.

(2) An applicant who meets the following requirements is eligible to attempt an examination referred to in paragraph 2 of subsection 2 (1) for a General 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 requirement of paragraph 1 of subsection 2 (1).
4. 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 requirement

of paragraph 1 of subsection 2 (1), all of the attempts which Council determined were allowable for the applicant to successfully complete that examination. O. Reg. 462/16, s. 12.

(3) An applicant who meets the following requirements is eligible to attempt an examination referred to in paragraph 2 of subsection 3 (1) for a General certificate of registration as a registered practical 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 requirement of paragraph 1 of subsection 3 (1).
4. 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 requirement of paragraph 1 of subsection 3 (1), all of the attempts which Council determined were allowable for the applicant to successfully complete that examination. O. Reg. 462/16, s. 12.

(4)-(7) REVOKED: O. Reg. 462/16, s. 12.

#### 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.

#### RESIGNATION

**10.** (1) A member may resign as a member of the College by giving written notice to the College. O. Reg. 175/12, s. 1.

(2) A resignation under this section is effective on the date set out in the resignation or on the date it is received by the College, whichever is later. O. Reg. 175/12, s. 1.

(3) A resignation under subsection (1) automatically revokes the certificate or certificates of registration ~~and any specialty certificates to which it applies~~ at the time the resignation becomes effective. O. Reg. 175/12, s. 1.

#### SUSPENSION FOR FAILURE TO PROVIDE INFORMATION



**10.1** (1) If a member fails to provide to the College information about the member in the manner and form required under the by-laws, the Executive Director shall give the member notice of intention to suspend the member and may suspend one or more of the member's certificates of registration for failure to provide the information where at least 30 days have passed after notice is given. O. Reg. 175/12, s. 1.

(2) Where the Executive Director suspends a member's certificate of registration under subsection (1), the Executive Director shall lift the suspension upon being satisfied that the required information has been filed with the College and that any fees required under the by-laws for the lifting of that suspension have been paid. O. Reg. 175/12, s. 1.

### SUSPENSION FOR FAILURE TO PROVIDE EVIDENCE OF PROFESSIONAL LIABILITY PROTECTION

**10.2** (1) If the Executive Director requests evidence that the member holds professional liability protection in accordance with the requirements, if any, set out in the by-laws and the member fails to provide that evidence within 14 days of having been requested to do so or such longer period as is specified by the Executive Director, the Executive Director shall give the member notice of intention to suspend the member and may suspend the member's certificate of registration for failure to provide the evidence where at least 30 days have passed after notice is given. O. Reg. 175/12, s. 1.

(2) If a member holds more than one certificate of registration, a suspension mentioned in subsection (1) applies only to the certificate or certificates in respect of which notice was given. O. Reg. 175/12, s. 1.

(3) Where the Executive Director suspends the member's certificate of registration under subsection (1), the Executive Director shall lift that suspension upon being satisfied that the member holds professional liability protection in accordance with the requirements, if any, set out in the by-laws and that any fees required under the by-laws for the lifting of that suspension have been paid. O. Reg. 175/12, s. 1.

### LIFTING OF CERTAIN SUSPENSIONS

**10.3** Where the Executive Director suspended a certificate of registration pursuant to section 24 of the Health Professions Procedural Code, the Executive Director shall lift the suspension upon being satisfied that,

- (a) all amounts owing to the College at the time of the suspension have been paid; and
- (b) any fees required under the by-laws for the lifting of the suspension have been paid. O. Reg. 175/12, s. 1.

### REVOCAION

**10.4** (1) The Executive Director shall revoke the certificate of registration of a member where,

- (a) [the member's](#) ~~his or her~~ certificate of registration was suspended pursuant to section 24 of the Health Professions Procedural Code and that suspension continued for at least 30 days; or
- (b) [the member's](#) ~~his or her~~ certificate of registration was suspended pursuant to subsection 10.1 (1) or 10.2 (1) of this Regulation and the suspension continued for at least 30 days. O. Reg. 175/12, s. 1.

(2) The Executive Director may revoke a certificate of registration of a member if the member has more than one certificate of registration and gives written notice to the College asking that one of [the member's](#) ~~his or her~~ certificates of registration be revoked. O. Reg. 175/12, s. 1.

(3) ~~REVOKED: All specialty certificates are revoked at the time that a member's extended class certificate of registration is revoked. O. Reg. 175/12, s. 1.~~

(4) ~~REVOKED: The Executive Director shall revoke a specialty certificate of a registered nurse in the extended class if he or she gives written notice to the College asking that his or her specialty certificate be revoked. O. Reg. 175/12, s. 1.~~

**Note: On April 1, 2025, section 10.4 of the Regulation is amended by striking out “his or her” wherever it appears and substituting in each case “the member’s”. (See: O. Reg. 429/24, s. 18 (1))**

#### REINSTATEMENT, ON APPLICATION

**10.5** (1) A former member who held a General certificate of registration as a registered nurse or registered practical nurse or an extended certificate of registration as a registered nurse, and who resigned pursuant to section 10 or whose certificate was revoked pursuant to section 10.4 or a predecessor to one of those provisions may apply for the reinstatement of [the former member's](#) ~~his or her~~ certificate of registration by submitting a completed application to the Executive Director in the form provided by the Executive Director. O. Reg. 175/12, s. 1.

**Note: On April 1, 2025, subsection 10.5 (1) of the Regulation is amended by striking out “his or her” and substituting “the former member’s”. (See: O. Reg. 429/24, s. 19 (2))**

(2) ~~REVOKED: A former member who applies for reinstatement of a certificate of registration as a registered nurse in the extended class under subsection (1) shall also apply for reinstatement of one or more specialty certificates that he or she previously held. O. Reg. 175/12, s. 1.~~

(3) Subject to subsection (4), the Executive Director may reinstate the former member's certificate of registration if,

(a) the Executive Director is satisfied that the former member has corrected the deficiency or deficiencies that provided the grounds for the revocation of the former member's certificate pursuant to section 10.4, if applicable;

(b) the application for reinstatement was submitted to the Executive Director within three years of the date on which the former member's certificate of registration was revoked;

(c) the former member has paid,

(i) the reinstatement fees required under the by-laws,

(ii) any other applicable fees required under the by-laws,

(iii) any other money otherwise owed by the former member to the College at the date the application for reinstatement is submitted, including, without limitation, any costs or expenses ordered to be paid under section 53.1 of the Health Professions Procedural Code, any costs awarded to the College by a court and any amount owing to the College under a by-law or former regulation made under the Act; and

(d) the former member,

(i) satisfies the Executive Director that [the former member](#) ~~he or she~~ completed all education, experience and training requirements for the issuance of the certificate of registration that is the subject of the application for reinstatement within the three years

- immediately preceding the date on which the applicant satisfied all other requirements for reinstatement, or
- (ii) demonstrates evidence of practice within the three years immediately preceding the date on which the applicant satisfied all other requirements for reinstatement,
    - (A) as a registered nurse, if the former member ~~he or she~~ is applying for reinstatement of a General certificate of registration as a registered nurse,
    - (B) as a registered practical nurse, if the former member ~~he or she~~ is applying for reinstatement of a General certificate of registration as a registered practical nurse, or
    - (C) as a registered nurse in the extended class, if the former member ~~he or she~~ is applying for reinstatement of an extended certificate of registration as a registered nurse and in such a case the practice must include,
      - (1) clinical practice ~~within each specialty~~ in the extended class ~~for which the former member is seeking reinstatement~~, and
      - (2) a nursing role ~~within that specialty~~ that required the former member ~~him or her~~ to use, in the treatment of patients, advanced knowledge and decision-making skill in assessment, diagnosis and therapeutics. O. Reg. 175/12, s. 1.
- Note: On April 1, 2025, sub-subsubclause 10.5 (3) (d) (ii) (C) (2) of the Regulation is amended by striking out “him or her” and substituting “the former member”. (See: O. Reg. 429/24, s. 19 (3))**
- (4) A former member is ineligible for reinstatement under subsection (3) if the former member ~~he or she~~,
    - (a) was, after the former member ~~he or she~~ ceased to be a member, found guilty of any criminal offence in any jurisdiction or of any offence involving the use, possession or sale of drugs in any jurisdiction;
    - (b) was, after the former member ~~he or she~~ ceased to be a member, found guilty of any offence in any jurisdiction relating to the practice of nursing or any other profession;
    - (c) has been the subject of an inquiry or investigation by the Executive Director that was not completed on its merits prior to the time that the applicant ceased being a member or that resulted in the member’s resignation;
    - (d) was, at the time the former member ~~he or she~~ ceased to be a member, the subject of an outstanding order of a Committee or of a panel of a Committee or a Board of Inquiry of the College;
    - (e) was, at the time the former member ~~he or she~~ ceased to be a member, in breach of an order of a Committee or of a panel of a Committee or a Board of Inquiry of the College;
    - (f) was, prior to the time the former member ~~he or she~~ ceased to be a member, selected or directed to undergo an assessment or reassessment under the College’s Quality Assurance Program unless the assessment or reassessment was completed and any continuing education or remedial program required by a panel of the Quality Assurance Committee was completed before the time the former member ~~he or she~~ ceased to be a member;
    - (g) was, at the time the former member ~~he or she~~ ceased to be a member, in breach of any written agreement with or undertaking provided to the College;
    - (h) was, after the former member ~~he or she~~ ceased to be a member, refused registration in any jurisdiction either in nursing or any other profession; or

- (i) was, after the former member ~~he or she~~ ceased to be a member, the subject of a finding of professional negligence or malpractice in any jurisdiction in relation to nursing or any other profession. O. Reg. 175/12, s. 1.

**Note: On April 1, 2025, section 10.5 of the Regulation is amended by striking out “he or she” wherever it appears and substituting in each case “the former member”. (See: O. Reg. 429/24, s. 19 (1))**

#### REINSTATEMENT, NON-PRACTISING

**10.6 (1)** A member holding a Non-Practising certificate of registration may apply for reinstatement of the General certificate of registration as a registered nurse or registered practical nurse or the extended certificate of registration as a registered nurse that the member ~~he or she~~ previously held by submitting a completed application to the Executive Director in the form provided by the Executive Director. O. Reg. 175/12, s. 1.

(2) ~~REVOKED: A member who applies for reinstatement of a certificate of registration as a registered nurse in the extended class under subsection (1) shall also apply for reinstatement of one or more specialty certificates that he or she previously held. O. Reg. 175/12, s. 1.~~

(3) Subject to subsection (4), the Executive Director may reinstate the member’s certificate of registration if,

- (a) the member has paid,
  - (i) the reinstatement fees required under the by-laws, and
  - (ii) any other applicable fees required under the by-laws;
- (b) the member demonstrates evidence of practice within the three years immediately preceding the date on which the applicant satisfies all other requirements for reinstatement,
  - (i) as a registered nurse, if the member ~~he or she~~ is applying for reinstatement of a General certificate of registration as a registered nurse,
  - (ii) as a registered practical nurse, if the member ~~he or she~~ is applying for reinstatement of a General certificate of registration as a registered practical nurse, or
  - (iii) as a registered nurse in the extended class if the member ~~he or she~~ is applying for reinstatement of an extended certificate of registration as a registered nurse, and in such a case the practice must have included,
    - (A) clinical practice ~~within each specialty~~ in the extended class ~~for which the member is seeking reinstatement~~, and
    - (B) a nursing role ~~within that specialty~~ that required the member ~~him or her~~ to use, in the treatment of patients, advanced knowledge and decision-making skill in assessment, diagnosis and therapeutics;

**Note: On April 1, 2025, sub-subclause 10.6 (3) (b) (iii) (B) of the Regulation is amended by striking out “him or her” and substituting “the member”. (See: O. Reg. 429/24, s. 20 (2))**

- (c) the member demonstrates language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French, unless the member held a certificate of registration, other than an Emergency, retired or Non-Practising certificate of registration, less than two years before applying for reinstatement or within such longer period as specified by the Executive Director; and
- (d) the member successfully completed the examination in nursing jurisprudence approved by Council for applicants for the issuance of the class of certificate for which the member ~~he or~~

~~she~~ is seeking reinstatement within five years before the date on which the member met all of the other requirements for reinstatement, unless the member held a certificate of registration, other than an Emergency, retired or Non-Practising certificate of registration, less than five years before applying for reinstatement. O. Reg. 175/12, s. 1; O. Reg. 291/23, s. 11.

(4) A member is ineligible for reinstatement under subsection (3) if any of the provisions set out in clauses 10.5 (4) (a) to (i), with necessary modifications, apply to the member. O. Reg. 175/12, s. 1.

**Note: On April 1, 2025, section 10.6 of the Regulation is amended by striking out “he or she” wherever it appears and substituting in each case “the member”. (See: O. Reg. 429/24, s. 20 (1))**

#### REINSTATEMENT, EXTENDED CLASS

**10.7** (1) A member who holds a General certificate of registration as a registered nurse and who formerly held an extended certificate of registration as a registered nurse may apply for the reinstatement of the member’s ~~his or her~~ extended certificate of registration by submitting a completed application to the Executive Director in the form provided by the Executive Director. O. Reg. 175/12, s. 1.

**Note: On April 1, 2025, subsection 10.7 (1) of the Regulation is amended by striking out “his or her” and substituting “the member’s”. (See: O. Reg. 429/24, s. 21 (1))**

(2) ~~REVOKED: A member who applies for reinstatement of a certificate of registration as a registered nurse in the extended class under subsection (1) shall also apply for reinstatement of one or more specialty certificates that he or she previously held. O. Reg. 175/12, s. 1.~~

(3) The Executive Director may reinstate the member’s extended certificate of registration ~~and one or more specialty certificates~~ previously held by the member if,

- (a) the member has paid,
  - (i) the reinstatement fees required under the by-laws, and
  - (ii) any other applicable fees required under the by-laws;
- (b) the member demonstrates evidence of practice as a registered nurse in the extended class within the three years immediately preceding the date on which the applicant satisfied all other requirements for reinstatement, and in such a case the practice must have included,
  - (i) clinical practice ~~within each specialty~~ in the extended class ~~for which the member is seeking reinstatement~~, and
  - (ii) a nursing role ~~within that specialty~~ that required the member ~~him or her~~ to use, in the treatment of patients, advanced knowledge and decision-making skill in assessment, diagnosis and therapeutics; and

**Note: On April 1, 2025, subclause 10.7 (3) (b) (ii) of the Regulation is amended by striking out “him or her” and substituting “the member”. (See: O. Reg. 429/24, s. 21 (3))**

(c) the member successfully completed the examination in nursing jurisprudence approved by Council for applicants for the issuance of an extended certificate of registration within five years before the date on which the member met all of the other requirements for reinstatement, unless the member held an extended class certificate of registration as a registered nurse less than five years before applying for reinstatement. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 14.

## EXTENSIONS

**10.7.1** The Executive Director may extend the three-year period referred to in clause 10.5 (3) (b), subclause 10.5 (3) (d) (ii), clause 10.6 (3) (b) or clause 10.7 (3) (b) if the member or former member satisfies the Executive Director that the member or former member is safe and competent to engage in the practice of nursing. O. Reg. 509/22, s. 3.

## REINSTATEMENT, PURSUANT TO ORDER

**10.8** (1) If a former member's certificate of registration is ordered to be reinstated by a panel of the Discipline Committee or of the Fitness to Practise Committee, the Executive Director shall reinstate the certificate of registration upon payment of,

- (a) the reinstatement fee required under the by-laws; and
- (b) any other applicable fees required under the by-laws. O. Reg. 175/12, s. 1.

(2) ~~REVOKED: If a former member's extended class certificate of registration is reinstated under subsection (1), any certificate that he or she held shall be reinstated unless otherwise ordered. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 15.~~

## TERMS, ETC.

**10.9** (1) The Executive Director may impose on a member's certificate of registration that is reinstated under this Regulation any terms, conditions or limitations that were imposed on the member's previously held certificate of registration. O. Reg. 175/12, s. 1.

(2) Nothing in sections 10.5, 10.6 or 10.7 prevents a member or former member from making an application for a new certificate of registration. O. Reg. 175/12, s. 1.

(3) An applicant for reinstatement under sections 10.5, 10.6 or 10.7 must meet all the requirements for reinstatement within two years of the date of filing his or her completed application to the Executive Director, but this does not prevent the member or former member from filing a new application for reinstatement. O. Reg. 175/12, s. 1.

**Note: On April 1, 2025, subsection 10.9 (3) of the Regulation is amended by striking out "his or her" and substituting "the". (See: O. Reg. 429/24, s. 23 (1))**

(4) An applicant for reinstatement under sections 10.5, 10.6 or 10.7 shall be deemed not to have satisfied the requirements for reinstatement if he or she makes a false or misleading statement or representation in the application or supporting documents. O. Reg. 175/12, s. 1.

**Note: On April 1, 2025, subsection 10.9 (4) of the Regulation is amended by striking out "he or she" and substituting "the applicant". (See: O. Reg. 429/24, s. 23 (2))**

## DECLARATION

**11.** (1) Every member holding a General or extended certificate of registration shall make a declaration, at the request of the Executive Director or at the time ~~the member he or she~~ pays the annual membership fee required under the by-laws, about whether the member has engaged in the practice of nursing during the previous three years,

- (a) as a registered nurse in the General class, if ~~the member he or she~~ holds that certificate;
- (b) as a registered practical nurse in the General class, if ~~the member he or she~~ holds that certificate; or
- (c) as a registered nurse in the extended class, if ~~the member he or she~~ holds that certificate, and such a member must also declare whether that practice included,

- (i) clinical practice ~~within each specialty~~ in the extended class ~~for which the member holds a specialty certificate~~, and
- (ii) a nursing role ~~within that specialty~~ that required ~~the member him or her~~ to use, in the treatment of patients, advanced knowledge and decision-making skill in assessment, diagnosis and therapeutics. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.

**Note: On April 1, 2025, subclause 11 (1) (c) (ii) of the Regulation is amended by striking out “him or her” and substituting “the member”. (See: O. Reg. 429/24, s. 24 (2))**

(2) If a member mentioned in clause (1) (a), (b) or (c) declares that ~~the member he or she~~ has not engaged in the practice of nursing during the previous three years, all of the member’s certificates of registration shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.

(3) If a member mentioned in clause (1) (c) declares that ~~the member he or she~~ has engaged in the practice of nursing during the previous three years but has not practised as a registered nurse in the extended class ~~in any specialty for which the member holds a specialty certificate~~,

(a) the member is deemed to have met all the requirements for the issuance of a certificate of registration as a registered nurse in the General class and the Executive Director shall issue that certificate to the member; and

(b) the extended class certificate of registration that the member previously held, ~~along with all of the specialty certificates that the member held~~, shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.

(4) If a member who is a registered nurse in the General class and a registered practical nurse in the General class declares that ~~the member he or she~~ has not practised as a registered nurse during the previous three years, but has practised as a registered practical nurse, the member’s General certificate of registration as a registered nurse shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.

(5) If a member who is a registered nurse in the General class and a registered practical nurse in the General class declares that ~~the member he or she~~ has not practised as a registered practical nurse during the previous three years, the member’s General certificate of registration as a registered practical nurse shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.

(6) If a member who is a registered nurse in the extended class and a registered practical nurse in the General class declares that ~~the member he or she~~ has not practised as a registered practical nurse during the previous three years, the member’s General certificate of registration as a registered practical nurse shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.

(7) If a member who is a registered nurse in the extended class and a registered practical nurse in the General class declares that ~~the member he or she~~ has not practised as a registered nurse in the extended class ~~in any of the specialties related to his or her extended certificate~~ during the previous three years, the member’s extended certificate of registration, ~~along with all the specialty certificates~~, shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.

**Note: On April 1, 2025, subsection 11 (7) of the Regulation is amended by striking out “his or her” wherever it appears and substituting in each case “their”. (See: O. Reg. 429/24, s. 24 (3))**

(8) ~~REVOKED. If a member who is a registered nurse in the extended class declares that he or she practised as a nurse during the previous three years in one or more of the specialties related to his or her extended certificate, but did not practise in one or more of the other specialties related to his or her extended certificate, the one or more specialty certificates in which the member did not~~

~~practise during the previous three years shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.~~

(9) At the request of the Executive Director, a member who makes a declaration under subsection (1) shall provide evidence that, in the opinion of the Executive Director, is satisfactory to support the declaration, within 14 days, or such longer period as approved by the Executive Director. O. Reg. 175/12, s. 1.

**Note: On April 1, 2025, section 11 of the Regulation is amended by striking out “he or she” wherever it appears and substituting in each case “the member”. (See: O. Reg. 429/24, s. 24 (1))**

## TRANSITION

**12.** (1) A member holding a retired certificate of registration as a registered nurse immediately before January 1, 2013 shall be deemed to be the holder of a Non-Practising certificate of registration as a registered nurse. O. Reg. 175/12, s. 1.

(2) A member holding a retired certificate of registration as a registered practical nurse immediately before January 1, 2013 shall be deemed to be the holder of a Non-Practising certificate of registration as a registered practical nurse. O. Reg. 175/12, s. 1.

**12.1** Subject to section 12, every certificate of registration that was in existence immediately before January 1, 2013 is continued as the equivalent certificate of registration under this Regulation and is subject to any terms, conditions and limitations imposed on the certificate of registration. O. Reg. 175/12, s. 1.

**12.2** If a certificate of registration of a former member was suspended for failure to pay a fee required under the by-laws or any previous legislation before January 1, 2013 and that suspension was in effect immediately before January 1, 2013, that certificate shall be deemed to be revoked 30 days after January 1, 2013. O. Reg. 175/12, s. 1.

**12.3.** (1) A member holding an extended certificate of registration in the primary health care specialty immediately before [date amendments come into force] shall be deemed to be a holder of an extended certificate of registration.

(2) A member holding an extended certificate of registration in the adult specialty immediately before [date amendments come into force] shall be deemed to be a holder of an extended certificate of registration.

(3) A member holding an extended certificate of registration in the paediatrics specialty immediately before [date amendments come into force] shall be deemed to be a holder of an extended certificate of registration.

**12.4** Subject to section 12.3, every certificate of registration that was in existence immediately before [date amendments come into force] is continued as the equivalent certificate of registration under this Regulation and is subject to any terms, conditions and limitations imposed on the certificate of registration. O. Reg. 175/12, s. 1.

**12.5** If a certificate of registration of a former member was suspended for failure to pay a fee required under the by-laws or any previous legislation before [date amendments come into force] and that suspension was in effect immediately before [date amendments come into force], that certificate shall be deemed to be revoked 30 days after [date amendments come into force].



**NP Amendments to General Regulation**  
**Nursing Act, 1991**  
**ONTARIO REGULATION 196/23**  
**EXEMPTION - RESTRICTED TITLES**

**Exemption**

1. A person is exempted from subsections 11 (1) and (5) of the Act if the person satisfies all of the following conditions:

1. The person is registered with a regulatory authority in a Canadian jurisdiction, other than Ontario, and holds in that jurisdiction the equivalent of a certificate of registration in the general or extended class for registered nurses or the general class for registered practical nurses in Ontario.
2. A regulatory authority in a Canadian jurisdiction has not refused to grant the person a certificate of registration in the profession within the two years preceding their application for a certificate of registration under paragraph 6.
3. A finding of professional misconduct, incompetence or incapacity has not been made about or against the person as a result of a proceeding in relation to the profession of nursing.
4. The person must not be the subject of any current professional misconduct, incompetence or incapacity proceeding or any similar proceeding in relation to the profession of nursing.
5. In Ontario, with respect to the practice of nursing, the person only provides professional services in or on behalf of a public hospital, the University of Ottawa Heart Institute or a long-term care home and only in a nursing capacity consistent with the certificate of authorization and, where applicable, with the **specialty** certificate of registration issued to the person by the regulatory authority in the other Canadian jurisdiction.
6. The person has submitted to the College an application for a certificate of registration prior to providing professional services in accordance with paragraph 5.
7. The person holds professional liability insurance or benefits from professional liability insurance coverage or a similar protection that extends coverage to Ontario.

**Loss of exemption**

2. A person who is exempted from subsections 11 (1) and (5) of the Act in accordance with section 1 is no longer exempted in any of the following circumstances:

1. The person's application for a certificate of registration has been rejected by the College before six months have elapsed since they first began to provide professional services in Ontario.
2. The person has not been issued a certificate of registration by the College within the six months following the day they first began to provide professional services in Ontario.
3. The person no longer satisfies a condition under section 1.
3. OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS REGULATION).

## Rationale Chart

Proposed Change	Rationale
<b>Ontario Regulation 275/94 - GENERAL</b>	
0.1 In this Regulation, “registered nurse in the extended class” or “nurse practitioner” means a member who holds an extended certificate of registration as a registered nurse; (“infirmière autorisée ou infirmier autorisé de la catégorie supérieure”)	The term “nurse practitioner” has been added to the definition of “registered nurse in the extended class” to clarify that, in Ontario, the two terms are synonymous.
CERTIFICATES OF REGISTRATION 1.2 <del>REVOKED: (1) The following are defined as specialties for certification for a member who is a registered nurse in the extended class: 1. Primary Health Care. 2. Paediatrics. 3. Adult. 4. Anaesthesia. O. Reg. 175/12, s. 1.</del>	These paragraphs would be removed to streamline the registration of nurse practitioners into one single classification. Primary Health Care, Paediatrics and Adult specialties would be removed from the regulation. The Anaesthesia specialty was not operational in Ontario and is also proposed to be removed from the regulation.
<del>1.2 (2) A registered nurse in the extended class shall hold a certificate in a specialty mentioned in subsection (1). O. Reg. 175/12, s. 1.</del>	
<del>1.2 (3) A registered nurse in the extended class who is issued a certificate in a specialty mentioned in subsection (1) may be issued additional specialty certificates if he or she meets all the requirements in this Regulation relating to those specialty certificates. O. Reg. 175/12, s. 1.</del>	
<del>1.2 (4) For greater clarity, a specialty certificate defined under subsection (1) is not a class of certificate of registration. O. Reg. 175/12, s. 1.</del>	
APPLICATION FOR CERTIFICATE OF REGISTRATION 1.3 (2) <del>REVOKED: If a person applies for an extended class certificate of registration, he or she must apply for a specialty certificate in at least one of the specialties of the extended class. O. Reg. 175/12, s. 1.</del>	This paragraph would be removed to streamline the registration of nurse practitioners into one single classification.
TITLES – REGISTERED PRACTICAL NURSES 3.2 (2) If a member is a registered practical nurse in the General class and a registered nurse in the General class, <del>the member he or she</del> shall use only the title “Registered Nurse” or the abbreviation “RN” when practising the	The change proposes inclusive language.

Proposed Change	Rationale
<b>Ontario Regulation 275/94 - GENERAL</b>	
<p>profession as a registered nurse. O. Reg. 175/12, s. 1.</p> <p>3.2 (3) If a member is a registered practical nurse in the General class and a registered nurse in the extended class, <del>the member he or she</del> shall use only the title “Registered Nurse Extended Class” or “Nurse Practitioner” and the abbreviation “RN(EC)” or “NP” when practising the profession as a registered nurse in the extended class. O. Reg. 175/12, s. 1.</p> <p><b>Note: On April 1, 2025, section 3.2 of the Regulation is amended by striking out “he or she” wherever it appears and substituting in each case “the member”. (See: O. Reg. 429/24, s. 10)</b></p>	
<p>EXTENDED CERTIFICATES OF REGISTRATION - <a href="#">NURSE PRACTITIONER</a></p> <p>4 (1) The following are additional requirements for the issuance of a certificate of registration as a registered nurse in the extended class:</p> <p>1. The applicant,</p> <ul style="list-style-type: none"> <li>i. must be or have been registered as a registered nurse in the General class by the College,</li> <li>ii. must meet the registration requirements as a registered nurse in the General class set out in paragraphs 1 and 2 of subsection 2 (1), or</li> <li>iii. must be or have been registered as a registered nurse by the health regulatory authority in a province or territory of Canada, in one of the states of the United States of America or in another jurisdiction approved by <del>Council</del> <a href="#">the Registration Committee Council</a>.</li> </ul>	<p>Nurse practitioner is proposed to be added to the heading to clarify that the term, which is commonly used across Canada, is synonymous with registrants who hold extended certificates of registration.</p>
<p>The applicant,</p> <ul style="list-style-type: none"> <li>i. must have graduated from an Ontario university nursing program specifically designed to educate and train <a href="#">persons to be practising</a> <del>registered nurses to practise in the specialty for which he or she applied</del> in the extended class and which program was approved by Council or a body approved by Council for that purpose,</li> <li>ii. must have graduated from a university nursing program</li> </ul>	<p>The proposed change removes reference to specialties to streamline nurse practitioner into one single classification.</p> <p>The changes propose inclusive language.</p>



Proposed Change	Rationale
<b>Ontario Regulation 275/94 - GENERAL</b>	
<p>iii. specifically designed to educate and train <u>persons to be practising</u> a registered nurses <del>to practise in the specialty for which he or she applied</del> in the extended class and which program was approved by Council or a body approved by Council for that purpose, must have graduated from a university nursing program specifically designed to educate and train a <u>persons to be practising</u> a registered nurses <del>to practise in the specialty for which he or she applied</del> in the extended class, other than a program mentioned in subparagraph i or ii, which program was approved by the Registration Committee as one whose graduates should possess knowledge, skill and judgment <del>at least</del> <u>substantially at least</u> equivalent to those of current graduates of a program mentioned in subparagraph i, or</p> <p>iv. must have graduated from a program in nursing specifically designed to educate and train <u>persons to be practising</u> a registered nurses <del>to practise in the specialty for which he or she applied</del> in the extended class other than a program mentioned in subparagraph i, ii or iii, and,</p> <p>A. must have successfully completed a program approved by <del>Council</del> <u>the Registration Committee</u> <del>Council</del> as one whose graduates should possess knowledge, skill and judgment <del>at least</del> <u>substantially at least</u> equivalent to current graduates of a program mentioned in subparagraph i, or</p> <p>B. must have paid any fees required under the by-laws, have undergone an evaluation approved by <del>Council</del> <u>the Registration</u></p>	



Proposed Change	Rationale
<b>Ontario Regulation 275/94 - GENERAL</b>	
<p><del>Committee</del> Council and satisfied the Executive Director or a panel of the Registration Committee that <del>the applicant</del> <del>he or she</del> has successfully completed any further education or training or combination of education and training approved by the Registration Committee that was identified by the evaluation as being necessary to evidence that the applicant possesses knowledge, skill and judgment <del>at least</del> <del>substantially</del> <del>at least</del> equivalent to those of current graduates of a program mentioned in subparagraph i.</p> <p><b>Note: On April 1, 2025, paragraph 2 of subsection 4 (1) of the Regulation is amended by striking out “he or she” wherever it appears and substituting in each case “the applicant”. (See: O. Reg. 429/24, s. 11 (1))</b></p> <p><b>Note: On April 1, 2025, sub-subparagraph 2 iv B of subsection 4 (1) of the Regulation is amended by striking out “being”. (See: O. Reg. 429/24, s. 11 (2))</b></p>	
<p>3. The applicant must have successfully completed an examination <del>in that specialty</del> in the extended class <del>for which he or she applied</del> at a time when that examination was approved by Council and at a time when <del>they were he or she was</del> eligible under section 9.1 to take that examination, or must have successfully completed an examination approved by Council for that purpose.</p> <p><b>Note: On April 1, 2025, paragraph 3 of subsection 4 (1) of the Regulation is revoked and the following substituted: (See: O. Reg. 429/24, s. 11 (3))</b></p> <p>3. The applicant must have successfully completed an examination in that specialty in the extended class for which the applicant applied at a time when that examination was approved by Council and at a time when they were eligible under section 9.1 to take that examination, or must have successfully completed an examination approved by Council for that purpose.</p>	<p>The proposed changes remove requirement to complete an examination associated with specialties.</p> <p>NP applicants would continue to complete an NP examination (across patient populations)</p>



Proposed Change	Rationale
<b>Ontario Regulation 275/94 - GENERAL</b>	
<p>4. The applicant,</p> <p>i. must have graduated from a university nursing program referred to in subparagraph 2 i, ii or iii no more than three years before the day that <a href="#">the applicant</a> <del>he or she</del> met all other requirements for the issuance of a certificate as a registered nurse in the extended class,</p> <p>ii. must have successfully completed all the requirements of one of sub-subparagraph 2 iv A or B no more than three years before the day that <a href="#">the applicant</a> <del>he or she</del> met all other requirements for the issuance of a certificate as a registered nurse in the extended class,</p> <p>iii. must demonstrate evidence of practice as a registered nurse <a href="#">in the extended class</a> no more than three years before the day on which the applicant met all other requirements for the issuance of a certificate as a registered nurse in the extended class, and in such a case the practice must include,</p> <p style="padding-left: 20px;">A. clinical practice <del>within each specialty</del> in the extended class <del>for which the applicant applied</del>, and</p> <p style="padding-left: 20px;">B. a nursing role <del>within that specialty</del> that required <a href="#">the applicant</a> <del>him or her</del> to use, in the treatment of patients, advanced knowledge and decision-making skill in assessment, diagnosis and therapeutics, or</p> <p><b>Note: On April 1, 2025, sub-subparagraph 4 iii B of subsection 4 (1) of the Regulation is amended by striking out “him or her” and substituting “the applicant”. (See: O. Reg. 429/24, s. 11 (5))</b></p> <p>iv. must have paid any fees required under the by-laws, undergone an evaluation approved by the Registration Committee at a time when that evaluation was approved by the Registration Committee and met requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee within the period of time specified by the panel.</p> <p><b>Note: On April 1, 2025, paragraph 4 of subsection 4 (1) of the Regulation is amended by striking out “he or she” wherever it appears and substituting in</b></p>	<p>The changes propose inclusive language.</p> <p>The proposed changes will allow applicants to demonstrate evidence of practice across patient populations rather than requiring evidence of practice within a speciality.</p>



Proposed Change	Rationale
<b>Ontario Regulation 275/94 - GENERAL</b>	
<p>each case “the applicant”. (See: O. Reg. 429/24, s. 11 (4))</p>	
<p>6. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French at a date no more than two years before the day that <del>the applicant he or she</del> is issued a certificate in the extended class, or such longer period of time as specified by a panel of the Registration Committee, unless,</p> <p><b>Note: On April 1, 2025, paragraph 6 of subsection 4 (1) of the Regulation is amended by striking out “he or she” in the portion before subparagraph i and substituting “the applicant”. (See: O. Reg. 429/24, s. 11 (6))</b></p> <p>i. the applicant, on the day that <del>they submit he or she submits</del> the application, holds a certificate of registration issued by the College, other than an Emergency or Non-Practising class, or</p> <p><b>Note: On April 1, 2025, subparagraph 6 i of subsection 4 (1) of the Regulation is amended by striking out “he or she submits” and substituting “they submit”. (See: O. Reg. 429/24, s. 11 (7))</b></p> <p>ii. the applicant previously held a certificate of registration, other than an Emergency, retired or Non-Practising class, and no more than two years has elapsed since the date that the applicant last held that certificate or such longer period of time as specified by a panel of the Registration Committee. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 5 (1); O. Reg. 291/23, s. 7.</p>	<p>The changes propose inclusive language.</p>
<p>4 (3) An applicant is deemed to have met the requirements of subparagraph 2 i of subsection (1) if <del>the applicant he or she,</del></p> <p><b>Note: On April 1, 2025, subsection 4 (3) of the Regulation is amended by striking out “he or she” in the portion before clause (a) and substituting “the applicant”. (See: O. Reg. 429/24, s. 11 (8))</b></p> <p>(a) was enrolled before December 31, 2011, in an Ontario university</p>	<p>The changes propose inclusive language.</p>



Proposed Change	Rationale
<b>Ontario Regulation 275/94 - GENERAL</b>	
<p>program designed to educate and train registered nurses to practise the specialty for which the applicant applied in the extended class that was approved by the Council of Ontario University Programs in Nursing and the Senate or Governing Council of the Ontario university that offered the program; and</p> <p>(b) graduated after December 31, 2011 from the program referred to in clause (a). O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 5 (2).</p>	
<p><u>4 (3.1) An applicant is deemed to have met the requirements of subparagraph 2 i of subsection (1) if they (a) were enrolled before August 31, 2024, in an Ontario university program designed to educate and train registered nurses to practise in the extended class that was approved by Council or a body approved by Council for that purpose; and (b) graduated after [date amendments come into force] from the program referred to in clause (a).</u></p>	<p>This proposed transitional provision accommodates students currently enrolled in Ontario NP specialty education programs. The transitional provision allows Ontario graduates who were enrolled in approved specialty education programs prior to August 24, 2024, to apply to CNO after the regulation amendments are in force.</p>
<p>4 (5) Subject to subsections (3), <del>(3.1)</del>, and (4) and section 4.1, the requirements of subsection (1) are non-exemptible. O. Reg. 175/12, s. 1.</p>	<p>Includes the proposed transitional provisions as an exception to the non-exemptible registration requirements.</p>
<p><b>TITLES – NURSE PRACTITIONER</b></p> <p>4.2 (1) Subject to <del>subsections (2), (3), (4) and (5)</del> and 3.2 (3), a registered nurse in the extended class shall use the title “Nurse Practitioner” or the abbreviation “NP” or the title “Registered Nurse Extended Class” or the abbreviation “RN(EC)” when practising as a nurse. O. Reg. 175/12, s. 1.</p>	<p>Nurse practitioner, which is a commonly used across Canada, is proposed to be added to the heading, which aligns with the headings for RN and RPN title protection provisions.</p> <p>Certain references to subsections would be removed, as those subsections related to specialty titles would be removed.</p>
<p>4.2 (2) <del>REVOKED: A member holding a primary health care specialty certificate may use the title “Nurse Practitioner – Primary Health Care” or the abbreviation “NP – PHC” when practising in that role. O. Reg. 175/12, s. 1.</del></p>	<p>These paragraphs, which reference specialty certificates and specialty titles, would be removed to streamline nurse practitioners into one single classification</p>
<p>4.2 (3) <del>REVOKED: A member holding a paediatrics specialty certificate may use the title “Nurse Practitioner – Paediatrics” or the abbreviation “NP – Paediatrics” when practising in that role. O. Reg. 175/12, s. 1.</del></p>	





Proposed Change	Rationale
<b>Ontario Regulation 275/94 - GENERAL</b>	
<p>4.2 (4) <del>REVOKED: A member holding an adult specialty certificate may use the title “Nurse Practitioner — Adult” or the abbreviation “NP — Adult” when practising in that role. O. Reg. 175/12, s. 1.</del></p>	
<p>4.2 (5) <del>REVOKED: A member holding an anaesthesia specialty certificate may use the title “Nurse Practitioner — Anaesthesia” or the abbreviation “NP — Anaesthesia” when practising in that role. O. Reg. 175/12, s. 1.</del></p>	
<p>4.2 (8) <del>REVOKED: No member shall refer to himself or herself as a specialist in any specialty of the extended class unless the member holds a specialty certificate in that specialty. O. Reg. 175/12, s. 1.</del></p>	
<p><b>NON PRACTISING CERTIFICATES OF REGISTRATION</b></p> <p>8 (5) 2. The member shall not hold <del>themselves himself or herself</del> out as a person qualified to practise in Ontario as a nurse, nurse practitioner, registered nurse, practical nurse, registered practical nurse, or <del>registered nurse in the extended class in any specialty of nursing.</del></p> <p><b>Note: On April 1, 2025, paragraph 2 of subsection 8 (5) of the Regulation is amended by striking out “himself or herself” and substituting “themselves”. (See: O. Reg. 429/24, s. 17 (1))</b></p> <p>(6) A member holding a Non-Practising class certificate of registration shall not be considered to be in breach of paragraph 1 of subsection (5) if,</p> <p>(a) the member is engaged in continuing education or remediation directed by a committee or a panel of a committee of the College, approved by the Executive Director or as required to obtain the reinstatement of a General or extended class certificate of registration which <del>the member he or she</del> formerly held; and</p> <p>(b) the member maintains professional liability protection in accordance with the requirements, if any, set out in the by-laws for a member holding the class of certificate for which <del>the member he or she</del> is seeking reinstatement. O. Reg. 175/12, s. 1.</p>	<p>The change proposes inclusive language.</p> <p>The proposed change adds “registered nurse in the extended class” to align with other Ontario legislation that uses the registered nurse in the extended class language. This ensures that a Non-Practising nurse does not hold themselves out as a registered nurse in the extended class to the public.</p> <p>The proposed change removes language related to specialty certificates which would not exist within a single classification of NPs.</p>



Proposed Change	Rationale
<b>Ontario Regulation 275/94 - GENERAL</b>	
<p><b>Note: On April 1, 2025, subsection 8 (6) of the Regulation is amended by striking out “he or she” wherever it appears and substituting in each case “the member”. (See: O. Reg. 429/24, s. 17 (2))</b></p>	
<p><b>EXAMINATION – EXTENDED CLASS</b>            9.1 (1) The College shall ensure that an examination <del>in each of the specialties</del> that is a requirement for an extended class certificate of registration, <del>other than anaesthesia,</del> is available at least once every year. O. Reg. 175/12, s. 1.</p>	<p>The proposed change removes reference to examinations associated with specialties.</p> <p>NP applicants would continue to complete an NP examination (across patient populations).</p>
<p>9.1 (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:</p> <ol style="list-style-type: none"> <li>1. The person must file a completed examination application form.</li> <li>2. The person must pay the required examination fee.</li> <li>3. The person must meet the requirements of paragraph 1 of subsection 4 (1).</li> <li>4. The person must meet the requirements of paragraph 2 of subsection 4 (1). <del>for that specialty to which the examination relates.</del></li> <li>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.</li> </ol>	
<p><b>RESIGNATION</b>            10 (3) A resignation under subsection (1) automatically revokes the certificate or certificates of registration <del>and any specialty certificates to which it applies</del> at the time the resignation becomes effective. O. Reg. 175/12, s. 1.</p>	<p>The proposed change removes reference to specialty.</p>
<p><b>REVOCATION</b>  <b>10.4</b> (1) The Executive Director shall revoke the certificate of registration of a member where,</p> <p>(a) <del>the member's his or her</del> certificate of registration was suspended pursuant to section 24 of the Health Professions</p>	<p>The changes propose inclusive language.</p>

Proposed Change	Rationale
<b>Ontario Regulation 275/94 - GENERAL</b>	
<p>Procedural Code and that suspension continued for at least 30 days; or</p> <p>(b) <del>the member's his or her</del> certificate of registration was suspended pursuant to subsection 10.1 (1) or 10.2 (1) of this Regulation and the suspension continued for at least 30 days. O. Reg. 175/12, s. 1.</p>	
<p><b>10.4 (2)</b> The Executive Director may revoke a certificate of registration of a member if the member has more than one certificate of registration and gives written notice to the College asking that one of <del>the member's his or her</del> certificates of registration be revoked. O. Reg. 175/12, s. 1.</p>	The changes propose inclusive language.
<p><b>10.4 (3)</b> <del>REVOKED: All specialty certificates are revoked at the time that a member's extended class certificate of registration is revoked. O. Reg. 175/12, s. 1.</del></p>	This paragraph has been removed to align with the shift toward a single classification for NPs.
<p><b>10.4 (4)</b> <del>REVOKED: The Executive Director shall revoke a specialty certificate of a registered nurse in the extended class if he or she gives written notice to the College asking that his or her specialty certificate be revoked. O. Reg. 175/12, s. 1.</del></p> <p><b>Note: On April 1, 2025, section 10.4 of the Regulation is amended by striking out "his or her" wherever it appears and substituting in each case "the member's". (See: O. Reg. 429/24, s. 18 (1))</b></p>	This paragraph has been removed to align with the shift toward a single classification for NPs.
<p>REINSTATEMENT, ON APPLICATION</p> <p>10.5 (1) A former member who held a General certificate of registration as a registered nurse or registered practical nurse or an extended certificate of registration as a registered nurse, and who resigned pursuant to section 10 or whose certificate was revoked pursuant to section 10.4 or a predecessor to one of those provisions may apply for the reinstatement of <del>the former member's his or her</del> certificate of registration by submitting a completed application to the Executive Director in the form provided by the Executive Director. O. Reg. 175/12, s. 1.</p> <p><b>Note: On April 1, 2025, subsection 10.5 (1) of the Regulation is amended by striking out "his or her" and substituting "the</b></p>	The changes propose inclusive language.



Proposed Change	Rationale
<b>Ontario Regulation 275/94 - GENERAL</b>	
<b>former member's". (See: O. Reg. 429/24, s. 19 (2))</b>	
<p>10.5 (2) <del>REVOKED: A former member who applies for reinstatement of a certificate of registration as a registered nurse in the extended class under subsection (1) shall also apply for reinstatement of one or more specialty certificates that he or she previously held. O. Reg. 175/12, s. 1.</del></p>	<p>This paragraph has been removed to align with the shift toward a single classification for NPs.</p>
<p>10.5 (3) Subject to subsection (4), the Executive Director may reinstate the former member's certificate of registration if</p> <p>(a) the Executive Director is satisfied that the former member has corrected the deficiency or deficiencies that provided the grounds for the revocation of the former member's certificate pursuant to section 10.4, if applicable;</p> <p>(b) the application for reinstatement was submitted to the Executive Director within three years of the date on which the former member's certificate of registration was revoked;</p> <p>(c) the former member has paid,</p> <p>(i) the reinstatement fees required under the by-laws,</p> <p>(ii) any other applicable fees required under the by-laws,</p> <p>(iii) any other money otherwise owed by the former member to the College at the date the application for reinstatement is submitted, including, without limitation, any costs or expenses ordered to be paid under section 53.1 of the Health Professions Procedural Code, any costs awarded to the College by a court and any amount owing to the College under a by-law or former regulation made under the Act; and</p> <p>(d) the former member,</p> <p>(i) satisfies the Executive Director that <u>the former member</u> <del>he or she</del> completed all education, experience and training requirements for the issuance of the certificate of registration that is the subject of the application for reinstatement within the three years immediately preceding the date on which the applicant satisfied all other requirements for reinstatement, or</p>	<p>The changes propose inclusive language.</p> <p>The proposed changes will allow applicants to demonstrate evidence of practice across patient populations rather than requiring evidence of practice within a specialty.</p>



Proposed Change	Rationale
<b>Ontario Regulation 275/94 - GENERAL</b>	
<p><b>Note: On April 1, 2025, sub-subsubclause 10.5 (3) (d) (ii) (C) (2) of the Regulation is amended by striking out “him or her” and substituting “the former member”. (See: O. Reg. 429/24, s. 19 (3))</b></p> <p>(ii) demonstrates evidence of practice within the three years immediately preceding the date on which the applicant satisfied all other requirements for reinstatement,</p> <p>(A) as a registered nurse, if <a href="#">the former member</a> <del>he or she</del> is applying for reinstatement of a General certificate of registration as a registered nurse,</p> <p>(B) as a registered practical nurse, if <a href="#">the former member</a> <del>he or she</del> is applying for reinstatement of a General certificate of registration as a registered practical nurse, or</p> <p>(C) as a registered nurse in the extended class, if <a href="#">the former member</a> <del>he or she</del> is applying for reinstatement of an extended certificate of registration as a registered nurse and in such a case the practice must include,</p> <p>(1) clinical practice <del>within each specialty</del> in the extended class <del>for which the former member is seeking reinstatement</del>, and</p> <p>(2) a nursing role <del>within that specialty</del> that required <a href="#">the former member</a> <del>him or her</del> to use, in the treatment of patients, advanced knowledge and decision-making skill in assessment, diagnosis and therapeutics. O. Reg. 175/12, s. 1.</p> <p><b>Note: On April 1, 2025, sub-subsubclause 10.5 (3) (d) (ii) (C) (2) of the Regulation is amended by striking out “him or her” and substituting “the former member”. (See: O. Reg. 429/24, s. 19 (3))</b></p>	
<p>(4) A former member is ineligible for reinstatement under subsection (3) if <a href="#">the former member</a> <del>he or she</del>,</p> <p>(a) was, after <a href="#">the former member</a> <del>he or she</del> ceased to be a member, found guilty of any criminal offence in any jurisdiction or of any offence involving the use, possession or sale of drugs in any jurisdiction;</p> <p>(b) was, after <a href="#">the former member</a> <del>he or she</del> ceased to be a member, found guilty of any offence in any jurisdiction relating to the practice of nursing or any other profession;</p>	<p>The changes propose inclusive language.</p>



Proposed Change	Rationale
<b>Ontario Regulation 275/94 - GENERAL</b>	
<p>(c) has been the subject of an inquiry or investigation by the Executive Director that was not completed on its merits prior to the time that the applicant ceased being a member or that resulted in the member's resignation;</p> <p>(d) was, at the time <u>the former member</u> <del>he or she</del> ceased to be a member, the subject of an outstanding order of a Committee or of a panel of a Committee or a Board of Inquiry of the College;</p> <p>(e) was, at the time <u>the former member</u> <del>he or she</del> ceased to be a member, in breach of an order of a Committee or of a panel of a Committee or a Board of Inquiry of the College;</p> <p>(f) was, prior to the time <u>the former member</u> <del>he or she</del> ceased to be a member, selected or directed to undergo an assessment or reassessment under the College's Quality Assurance Program unless the assessment or reassessment was completed and any continuing education or remedial program required by a panel of the Quality Assurance Committee was completed before the time <u>the former member</u> <del>he or she</del> ceased to be a member;</p> <p>(g) was, at the time <u>the former member</u> <del>he or she</del> ceased to be a member, in breach of any written agreement with or undertaking provided to the College;</p> <p>(h) was, after <u>the former member</u> <del>he or she</del> ceased to be a member, refused registration in any jurisdiction either in nursing or any other profession; or</p> <p>(i) was, after <u>the former member</u> <del>he or she</del> ceased to be a member, the subject of a finding of professional negligence or malpractice in any jurisdiction in relation to nursing or any other profession. O. Reg. 175/12, s. 1.</p> <p><b>Note: On April 1, 2025, section 10.5 of the Regulation is amended by striking out "he or she" wherever it appears and substituting in each case "the former member". (See: O. Reg. 429/24, s. 19 (1))</b></p>	
<p>REINSTATEMENT, NON-PRACTISING 10.6 (1) A member holding a Non-Practising certificate of registration may apply for</p>	<p>The change proposes inclusive language.</p>



Proposed Change	Rationale
<b>Ontario Regulation 275/94 - GENERAL</b>	
reinstatement of the General certificate of registration as a registered nurse or registered practical nurse or the extended certificate of registration as a registered nurse that <del>the member he or she</del> previously held by submitting a completed application to the Executive Director in the form provided by the Executive Director. O. Reg. 175/12, s. 1.	
10.6 (2) <del>REVOKED: A member who applies for reinstatement of a certificate of registration as a registered nurse in the extended class under subsection (1) shall also apply for reinstatement of one or more specialty certificates that he or she previously held. O. Reg. 175/12, s. 1.</del>	This paragraph has been removed to align with the shift toward a single classification for NPs.
10.6 (3) Subject to subsection (4), the Executive Director may reinstate the member's certificate of registration if, <ul style="list-style-type: none"> <li>(a) the member has paid, <ul style="list-style-type: none"> <li>(i) the reinstatement fees required under the by-laws, and</li> <li>(ii) any other applicable fees required under the by-laws;</li> </ul> </li> <li>(b) the member demonstrates evidence of practice within the three years immediately preceding the date on which the applicant satisfies all other requirements for reinstatement, <ul style="list-style-type: none"> <li>(i) as a registered nurse, if <del>the member he or she</del> is applying for reinstatement of a General certificate of registration as a registered nurse,</li> <li>(ii) as a registered practical nurse, if <del>the member or she</del> is applying for reinstatement of a General certificate of registration as a registered practical nurse, or</li> <li>(iii) as a registered nurse in the extended class if <del>the member he or she</del> is applying for reinstatement of an extended certificate of registration as a registered nurse, and in such a case the practice must have included, <ul style="list-style-type: none"> <li>(A) clinical practice <del>within each specialty</del> in the extended class <del>for which the member is seeking reinstatement</del>, and</li> <li>(B) a nursing role <del>within that specialty</del> that required <del>the member him or her</del> to use, in the treatment of patients, advanced knowledge and decision-making skill in assessment, diagnosis and therapeutics;</li> </ul> </li> </ul> </li> </ul>	The changes propose inclusive language.  The proposed changes will allow applicants to demonstrate evidence of practice across patient populations rather than requiring evidence of practice within a specialty.



Proposed Change	Rationale
<b>Ontario Regulation 275/94 - GENERAL</b>	
<p><b>Note: On April 1, 2025, sub-subclause 10.6 (3) (b) (iii) (B) of the Regulation is amended by striking out “him or her” and substituting “the member”. (See: O. Reg. 429/24, s. 20 (2))</b></p> <p>(c) the member demonstrates language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French, unless the member held a certificate of registration, other than an Emergency, retired or Non-Practising certificate of registration, less than two years before applying for reinstatement or within such longer period as specified by the Executive Director; and</p> <p>(d) the member successfully completed the examination in nursing jurisprudence approved by Council for applicants for the issuance of the class of certificate for which <del>the member he or she is</del> seeking reinstatement within five years before the date on which the member met all of the other requirements for reinstatement, unless the member held a certificate of registration, other than an Emergency, retired or Non-Practising certificate of registration, less than five years before applying for reinstatement. O. Reg. 175/12, s. 1; O. Reg. 291/23, s. 11.</p> <p>(4) A member is ineligible for reinstatement under subsection (3) if any of the provisions set out in clauses 10.5 (4) (a) to (i), with necessary modifications, apply to the member. O. Reg. 175/12, s. 1.</p> <p><b>Note: On April 1, 2025, section 10.6 of the Regulation is amended by striking out “he or she” wherever it appears and substituting in each case “the member”. (See: O. Reg. 429/24, s. 20 (1))</b></p>	
<p>REINSTATEMENT, EXTENDED CLASS 10.7 (1)</p> <p>A member who holds a General certificate of registration as a registered nurse and who formerly held an extended certificate of registration as a registered nurse may apply for the reinstatement of <del>the member’s his or her</del> extended certificate of registration by submitting a completed application to the</p>	<p>The change proposes inclusive language.</p>





Proposed Change	Rationale
<b>Ontario Regulation 275/94 - GENERAL</b>	
<p>Executive Director in the form provided by the Executive Director. O. Reg. 175/12, s. 1.</p> <p><b>Note: On April 1, 2025, subsection 10.7 (1) of the Regulation is amended by striking out “his or her” and substituting “the member’s”. (See: O. Reg. 429/24, s. 21 (1))</b></p>	
<p>10.7 (2) <del>REVOKED: A member who applies for reinstatement of a certificate of registration as a registered nurse in the extended class under subsection (1) shall also apply for reinstatement of one or more specialty certificates that he or she previously held. O. Reg. 175/12, s. 1.</del></p>	<p>This paragraph has been removed to align with the shift toward a single classification for NPs.</p>
<p>10.7 (3) The Executive Director may reinstate the member’s extended certificate of registration <del>and one or more specialty certificates</del> previously held by the member if,</p> <p>(a) the member has paid,</p> <p style="padding-left: 40px;">(i) the reinstatement fees required under the by-laws, and</p> <p style="padding-left: 40px;">(ii) any other applicable fees required under the by-laws;</p> <p>(b) the member demonstrates evidence of practice as a registered nurse in the extended class within the three years immediately preceding the date on which the applicant satisfied all other requirements for reinstatement, and in such a case the practice must have included,</p> <p style="padding-left: 40px;">(i) clinical practice <del>within each specialty</del> in the extended class <del>for which the member is seeking reinstatement</del>, and</p> <p style="padding-left: 40px;">(ii) a nursing role <del>within that specialty</del> that required <del>the member him or her</del> to use, in the treatment of patients, advanced knowledge and decision-making skill in assessment, diagnosis and therapeutics; and</p> <p><b>Note: On April 1, 2025, sub-subclause 10.6 (3) (b) (iii) (B) of the Regulation is amended by striking out “him or her” and substituting “the member”. (See: O. Reg. 429/24, s. 20 (2))</b></p> <p>(c) the member successfully completed the examination in nursing jurisprudence approved by Council for applicants for the issuance of an extended certificate of registration within five years before the date</p>	<p>The changes propose inclusive language.</p> <p>The proposed changes will allow applicants to demonstrate evidence of practice across patient populations rather than requiring evidence of practice within a specialty.</p>



Proposed Change	Rationale
<b>Ontario Regulation 275/94 - GENERAL</b>	
<p>on which the member met all of the other requirements for reinstatement, unless the member held an extended class certificate of registration as a registered nurse less than five years before applying for reinstatement. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 14.</p>	
<p>REINSTATEMENT, PURSUANT TO ORDER <b>10.8 (1)</b> If a former member's certificate of registration is ordered to be reinstated by a panel of the Discipline Committee or of the Fitness to Practise Committee, the Executive Director shall reinstate the certificate of registration upon payment of,</p> <p>(a) the reinstatement fee required under the by-laws; and</p> <p>(b) any other applicable fees required under the by-laws. O. Reg. 175/12, s. 1.</p> <p>(2) <del>REVOKED: If a former member's extended class certificate of registration is reinstated under subsection (1), any specialty certificate that he or she held shall be reinstated unless otherwise ordered. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 15.</del></p>	<p>This paragraph has been removed to align with the shift toward a single classification for NPs.</p>
<p>DECLARATION</p> <p><b>11. (1)</b> Every member holding a General or extended certificate of registration shall make a declaration, at the request of the Executive Director or at the time <del>the member he or she</del> pays the annual membership fee required under the by-laws, about whether the member has engaged in the practice of nursing during the previous three years,</p> <p>(a) as a registered nurse in the General class, if <del>the member he or she</del> holds that certificate;</p> <p>(b) as a registered practical nurse in the General class, if <del>the member he or she</del> holds that certificate; or</p> <p>(c) as a registered nurse in the extended class, if <del>the member he or she</del> holds that certificate, and such a member must also declare whether that practice included,</p> <p>(i) clinical practice <del>within each specialty</del> in the extended class <del>for which the member holds a specialty certificate</del>, and</p>	<p>The changes propose inclusive language.</p> <p>The proposed changes will allow applicants to declare practice across patient populations rather than requiring practice within a specialty.</p>



Proposed Change	Rationale
<b>Ontario Regulation 275/94 - GENERAL</b>	
<p>(ii) a nursing role <del>within that specialty</del> that required <del>the member him or her</del> to use, in the treatment of patients, advanced knowledge and decision-making skill in assessment, diagnosis and therapeutics. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.</p> <p><b>Note: On April 1, 2025, subclause 11 (1) (c) (ii) of the Regulation is amended by striking out “him or her” and substituting “the member”. (See: O. Reg. 429/24, s. 24 (2))</b></p>	
<p>(2) If a member mentioned in clause (1) (a), (b) or (c) declares that <del>the member he or she</del> has not engaged in the practice of nursing during the previous three years, all of the member’s certificates of registration shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.</p>	The change proposes inclusive language.
<p>(3) If a member mentioned in clause (1) (c) declares that <del>the member he or she</del> has engaged in the practice of nursing during the previous three years but has not practised <del>as a registered nurse in the extended class in any specialty for which the member holds a specialty certificate,</del></p> <p>(a) the member is deemed to have met all the requirements for the issuance of a certificate of registration as a registered nurse in the General class and the Executive Director shall issue that certificate to the member; and</p> <p>(b) the extended class certificate of registration that the member previously held, <del>along with all of the specialty certificates that the member held,</del> shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.</p>	<p>The change proposes inclusive language.</p> <p>This paragraph has been removed to align with the shift toward a single classification for NPs.</p>
<p>(4) If a member who is a registered nurse in the General class and a registered practical nurse in the General class declares that <del>the member he or she</del> has not practised as a registered nurse during the previous three years, but has practised as a registered practical nurse, the member’s General certificate of registration as a registered nurse shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.</p>	The change proposes inclusive language.
<p>(5) If a member who is a registered nurse in the General class and a registered practical nurse in the General class declares that <del>the member he or she</del> has not practised as a registered practical nurse during the previous</p>	

Proposed Change	Rationale
<b>Ontario Regulation 275/94 - GENERAL</b>	
<p>three years, the member's General certificate of registration as a registered practical nurse shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.</p>	
<p>(6) If a member who is a registered nurse in the extended class and a registered practical nurse in the General class declares that <a href="#">the member</a> <del>he or she</del> has not practised as a registered practical nurse during the previous three years, the member's General certificate of registration as a registered practical nurse shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.</p>	
<p>(7) If a member who is a registered nurse in the extended class and a registered practical nurse in the General class declares that <a href="#">the member</a> <del>he or she</del> has not practised <a href="#">as a registered nurse in the extended class</a> <del>in any of the specialties related to his or her extended certificate</del> during the previous three years, the member's extended certificate of registration, <del>along with all the specialty certificates</del>, shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.            Note: On April 1, 2025, subsection 11 (7) of the Regulation is amended by striking out "his or her" wherever it appears and substituting in each case "their". (See: O. Reg. 429/24, s. 24 (3))  <b>Note: On April 1, 2025, subsection 11 (7) of the Regulation is amended by striking out "his or her" wherever it appears and substituting in each case "their". (See: O. Reg. 429/24, s. 24 (3))</b></p>	<p>The changes propose inclusive language and remove reference to specialty certificates to streamline nurse practitioners into one single classification.</p>
<p>(8) <del>REVOKED: If a member who is a registered nurse in the extended class declares that he or she practised as a nurse during the previous three years in one or more of the specialties related to his or her extended certificate, but did not practise in one or more of the other specialties related to his or her extended certificate, the one or more specialty certificates in which the member did not practise during the previous three years shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.</del></p> <p>(9) At the request of the Executive Director, a member who makes a declaration under subsection (1) shall provide evidence that, in the opinion of the Executive Director, is</p>	<p>This paragraph has been removed given specialty certificates will no longer be available and NPs will be under a single classification.</p>



Proposed Change	Rationale
<b>Ontario Regulation 275/94 - GENERAL</b>	
<p>satisfactory to support the declaration, within 14 days, or such longer period as approved by the Executive Director. O. Reg. 175/12, s. 1.</p> <p><b>Note: On April 1, 2025, section 11 of the Regulation is amended by striking out “he or she” wherever it appears and substituting in each case “the member”. (See: O. Reg. 429/24, s. 24 (1))</b></p>	
<p>TRANSITION</p> <p><a href="#">12.3. (1) A member holding an extended certificate of registration in the primary health care specialty immediately before [date amendments come into force] shall be deemed to be a holder of an extended certificate of registration.</a></p> <p><a href="#">(2) A member holding an extended certificate of registration in the adult specialty immediately before [date amendments come into force] shall be deemed to be a holder of an extended certificate of registration.</a></p> <p><a href="#">(3) A member holding an extended certificate of registration in the paediatrics specialty immediately before [date amendments come into force] shall be deemed to be a holder of an extended certificate of registration.</a></p>	<p>The proposed change includes language around the transition of existing NPs into the new single classification. The Anaesthesia specialty was not operational in Ontario, so no transition clause is required for that specialty.</p>
<p><a href="#">12.4 Subject to section 12.3, every certificate of registration that was in existence immediately before [date amendments come into force] is continued as the equivalent certificate of registration under this Regulation and is subject to any terms, conditions and limitations imposed on the certificate of registration. O. Reg. 175/12, s. 1.</a></p>	<p>The proposed change ensures any terms, conditions and limitations remain on the certificate of registration after the transition.</p>
<p><a href="#">12.5 If a certificate of registration of a former member was suspended for failure to pay a fee required under the by-laws or any previous legislation before [date amendments come into force] and that suspension was in effect immediately before [date amendments come into force], that certificate shall be deemed to be revoked 30 days after [date amendments come into force].</a></p>	<p>The proposed change ensures continuity should there be a suspension for failure to pay a fee.</p>
<b>Ontario Regulation 196/23 - EXEMPTION – RESTRICTED TITLES</b>	
<p>EXEMPTION</p> <p>1. (5) In Ontario, with respect to the practice of nursing, the person only</p>	<p>The proposed changes include a grammatical correction and removes reference to specialty certificates which will no longer exist.</p>



Proposed Change	Rationale
<b>Ontario Regulation 275/94 - GENERAL</b>	
<p>provides professional services in or on behalf of a public hospital, the University of Ottawa Heart Institute or a long-term care home and only in a nursing capacity consistent with the certificate of authorization and, where applicable, with the specialty certificate of registration issued to the person by the regulatory authority in the other Canadian jurisdiction.</p>	



### Qualitative themes with verbatim quotes

The themes below are focused on responses that were relevant to the changes being proposed.

#### In support of the proposed changes

- Some respondents felt that the amendments would help support health human resource challenges as NPs would be able to care for a broader range of individuals. It would also support mobility as NPs from across Canada could more easily be able to register to practice in Ontario. As one example, a respondent wrote that the changes: “Allows RN(EC) to flexibly provide care within their community when a need arises and makes them more accessible (e.g. not just limited to caring for pediatric populations). Also ensures training would cover a wide variety of care.” Another respondent wrote: “With NPs having less restrictions on their license, we may see more fluidity across the province/country.”
- A number of the respondents who are favourable of the proposed changes thought that a single classification and standard title could improve the understanding of the NP role. For example, one individual stated: “I think its confusing for the public to understand the current system of nursing (RPN, RN, NP) and NPs (acute, peds, primary), so this will help to simplify things. When nurses graduate, they are prepared to care for any population from primary care to NICU to adult ICU. Nurses (NPs included) all know that we must work within our own knowledge and skill to be able to practice safe nursing care.” And another wrote: “It is in line with other nurses (RN, RPN) who do not state specialty. It is simpler, straightforward. I don't feel there are any risks as NPs will still be required to maintain competency and meet CNO standards.”
- Several respondents also highlighted that the proposed changes may lead to consistent foundational knowledge and increase NP knowledge due to generalist approach. For example, one respondent wrote: “It would be more streamlined and standardized which is good.”
- Some respondents who are in favour of the proposed changes felt that current NPs already possess the knowledge, skills and judgment to provide care across the patient populations and are themselves accountable for providing care within their capacity. For example, one person stated: “NP are well prepared to take on a safe practice for the general public. Just like other nursing professionals she is responsible to refer patients she believes need another professional involved in the patient care.” And another respondent wrote: “I think the risks are minimal as NPs are very aware of their obligation to ensure that they have the knowledge, skill and judgment before assessing/treating patients. I am an Adult NP so I would never care for primary care pediatric patients but I could certainly care for adult patients in the community with the appropriate educational upgrades.”

### In opposition of the proposed changes to the NP regulations

- Several respondents who are not in favour of the proposed changes felt that NPs would not have the sufficient skills, knowledge and judgment to provide the appropriate care to populations. Some stated that certain populations are distinct and require more in-depth experience and skills, in particular, paediatrics. For example, one respondent wrote: “Risks: no acknowledgment of specialty education in regard to a specific population and significant limitations to provide care within another population. As pediatric NPs, we have very little education on diseases affecting those in older ages, pharmacology of medications often used as well as challenges in the adult health care system. This would be a great disservice to the general public in terms of highlighting our strengths and limitations.”
- Some respondents indicated that the proposed changes would lead to a lower level of education and care which would impact public safety. For example, one individual stated: “Considering this from the public perspective, the risk would be that changing Nurse Practitioner licensure to a single class, without distinguishing between specialties like adult, pediatric, or primary health care, poses several risks. The most significant concern is the potential lack of specialized knowledge needed to care for different patient populations, such as children or the elderly, leading to misdiagnosis or inappropriate treatment. A general license could dilute clinical competency and increase the likelihood of medical errors, particularly in complex cases.” And another wrote: “Overgeneralization: A broader educational approach could lead to an "inch-deep, mile-wide" problem, where students learn a wide range of topics but may not achieve deep expertise in any particular one.”
- A handful of respondents indicated that the lack of specialization would hinder the public’s ability to identify and select specialized care. For example, one respondent stated: “Specificity in specialty would be beneficial if patients are seeking this. The listed specialties would add clarity, similar to people looking for a medical specialist.”
- Some respondents mentioned that NPs should be classified if they have completed a field of specialization instead of being rebranded as a general NP. For example, one individual wrote: “Nurse practitioners (NPs) who have specialized expertise bring a level of skill comparable to physician specialists. If this level of specialization is lost, it could reduce them to the status of general practitioners, which might not align with the needs of hospitals that rely on specialized NPs. A benefit of having more NP-led health clinics practicing independently is increased accessibility and equality.”

### Unsure of the proposed changes to NP regulations

Several respondents are uncertain if they are in support or against the proposed changes.



- Some respondents who are uncertain about the proposed change highlighted that there may be benefits and risks associated with the proposed change. One wrote: “Benefit for public is one category of NP for understanding and consistency. Risk is that current NPs will not be able to move across practice settings as the future state is intending. May limit experienced NPs moving into new positions or practice domains in the health care system which may impact retention of experienced NPs which could benefit the public if they remain in the workforce.”
- Some respondents had inquiries about the model in relation to transition planning and changes to education. For example, one respondent wrote: “Great for the NPs if they want to change area but will they still require the specialty training in their area before working.” And another wrote: “Having a common, national NP education program makes sense. However, I am curious how NP will then gain education specific to their area of practice. Will this require further, self-funded education?”

### Key Stakeholder Feedback

CNO has received responses from several system partners.

#### Regulatory Bodies

A few national nursing regulators were in support of the proposed changes and said the changes could lead to consistency across Canada and improve patient understanding of the NP profession. One wrote: “All nurse practitioners across Canada will be NPs - it is consistent- easier for patients to understand. This will also help with mobility actually across Canada not just within Ontario.” Another stated: “Benefits the scope of practice of NPs will be the same across Canadian jurisdictions.” They also felt the changes could increase NPs’ knowledge base and mobility. Another regulator wrote: “Consistency across the country in relation to employee mobility. Increased public safety in relation to knowledge base and use of skills.” While another stated: “Role clarity harmonization labor mobility.”

#### Employers:

A children’s hospital in Ontario in support of the proposed changes highlighted that NPs could assess their own skills, knowledge and judgment while providing care across the health care sector. They also mentioned the importance of obtaining proper education and support as NPs enter or move through the workforce. They wrote: “The public is well-served by moving to a model where NPs can move more freely and self-assess their skills and competencies related to the population that they are working with. Risks to be mitigated include ensuring that NPs with a more general education are well-supported as they begin their career and/or change specialties. Should this not occur, there is a risk that specialty areas will experience NP shortages and/or that NPs will be frustrated and leave the profession if felt to be overwhelmed. This change brings NP to a similar preparation as RNs entering the profession - with a robust but general preparation and also the risks that were seen when new graduates were not well-supported. CNO should advocate for appropriately funded programs to allow NPs to

receive specialty training (could be on the job) as they begin their careers as NPs or when they wish to change specialties”

A few municipal long-term care facilities felt the changes would bring positive change as it could contribute to a seamless transition into the Ontario workforce and adaptability. For example, one stated: “Provide care to Ontarians from the beginning of our career. Meet the needs of people without obstacles. No further education or exams or training for graduating NPs. The change in title use is good. It will enhance the adaptation to all areas that NPs are practicing.” These facilities also noted alignment with RNs and consistency across Canada. Another wrote: “Better for the change. It is more in line with the Registered Nurse. It brings it in line across the nation.”

A regional municipality in support of the proposed changes cited the ability for NPs to move across the healthcare sector to provide care across ages and the patient population. They wrote: “De-specializing the registration will allow more movement of NPs across the healthcare sector and will allow for care that may incorporate a continuum of care across ages/demographics.”

Another employer was in support of the proposed changes because they felt the changes could increase clarity and access to care. They wrote: “Ensures clarity to the public and supports the NP to provide access to care.”

A regional hospital in support of the proposed changes felt the changes improve the understanding of the NP role. They stated: “No risk identified; Benefits: increases understanding of NP role and decreases confusion for public.”

A provincial employer health network in support of the proposed changes felt the changes could allow NPs to see more patients.

A couple of other healthcare organizations and a long-term care facility were against the proposed changes because they felt there were implications associated with specialties. They were concerned about care being provided to specific age groups by experts. One organization stated: “When a practicing in a certain field one is more of an expert in that field diagnosis are accurate diagnosis are easier to make because a practice centers around a certain age group.”

Another organization wrote: “The healthcare system is complex and evolving. In order to meet the public's needs Nurse's should be specialized in various areas of care. They should be recognized for this by the CNO. Downgrading a nurse who has built a specialize set of skills and knowledge should be accepted and valued”.

#### Associations/Unions

A few associations in support of the proposed changes stated that they felt there would be greater accessibility to care. One wrote: “Benefits accessibility for care. Risks of taking away specialty certifications would take away from more focused

interests/passions from a more interest focused care of individuals wanting to care for a specific age group. Overall, I think the changes would be very beneficial, effective and more simplified.” They also felt there could be greater clarity of the NP role and greater access to care. Another stated: “Role /title clarity, access across the lifespan and sector. When amending nursing act kindly enable doctoral prepared nurses to use their title across all domains of practice.”

## Executive Committee Election Materials

March 2025 Council

### Contact for questions or more information

Angie Brennand, Director, Strategy

### Background

The Executive Committee (Executive) is made up of the President, Vice-President, RN and Vice-President, RPN and two “other” members<sup>1</sup>. The President can be a public member or a professional nurse member. Of the five members of Executive, there must be two public members (Article 16, By-Law No. 1: General).

The election of the Executive takes place in accordance with [Schedule 1 to By-Law No. 1: General](#): *Process for Election of Council Officers and Other Members of the Executive Committee* (Attachment 3).

### Notes about the election process:

#### Before the election

Nomination forms were circulated to all Council members in December. The deadline to submit advance nominations was February 14, in order to have nominations included with the Council package.

Nominations are open until the election of the Executive on March 20. Council members may submit their nomination prior to the meeting or during the meeting and will be added to the electronic ballot.

In February, the Executive Committee selected three Council members to serve as scrutineers.

#### Nomination Update

Nominations were received from:

- Rodolfo Lastimoso Jr. RPN, President
- Jerry Ding, NP, Vice-President – RN
- Maria Sheculski, Public member

---

<sup>1</sup> If the President is a nurse, the “other” members are public members. If the President is a public member, the “other” members are one public member and one nurse.

## Voting

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

Voting will take place using the survey feature in Boardvantage. The Chair of the election will review the voting process with Council members and there will be voting instructions on the screen.

Since the category of the President<sup>1</sup> (nurse, public member) impacts the two other members of the Executive, the election of the President and Vice-President, RN and Vice-President, RPN takes place first.

## Election Process

The election process shown in Attachment 2 is used for both election of the President and Vice-Presidents and election of the other members.

The election process begins with a call for nominations from the floor for the President and Vice President positions. Candidates require three nominators. Since the meeting is remote:

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

## Speeches & Question period

In accordance with Council's decision about the process for election of the Executive Committee in December 2016, after the call for nominations and before voting, candidates for **contested** positions will make a short speech (no longer than 3 minutes) and there will be a question-and-answer period following the speeches.

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

- CNO's public interest mandate
- [Council's governance principles](#)
- The leadership role and the candidate's qualifications for the role

## Voting

Following the question period, on request of the Chair of the Nominating Committee, all Council members in attendance at the meeting will receive a ballot. The ballot will

---

<sup>1</sup> Under current by-laws, if the President is a nurse then the "other" members of the Executive Committee are public members. If the President is a public member, the "other" members of the Executive Committee will be one public member and one nurse. For this reason, the election of the President and Vice-Presidents takes place first.

be sent using the Boardvantage survey feature which Council members use at each meeting to complete the meeting evaluation (Pulse Check).

Following voting, the Chair of the Nominating Committee will join the scrutineers and CNO staff in a breakout room to review the results of the voting.

- If there is a candidate elected by majority – that person will be declared elected
- If there is no candidate elected by majority – the candidate with the fewest votes will be removed from the ballot and Council will vote again.

The above process is used until there is a candidate elected by majority, which is a requirement of the provision 18 in Schedule No. 1 of By-Law No. 1: Process for Election of Council Officers and Other Members of the Executive Committee.

### **Attachments:**

1. Candidate Profile, President – Rodolfo Lastimoso Jr.
2. Candidate Profile, Vice President, RN – Jerry Ding, NP
3. Diagram of the process for the election of the Executive Committee
4. Schedule No. 1 of By-Law No. 1: General re. Election of Council Officers and Other Members of the Executive Committee

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

## **Candidate for President**

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

#### **Professional Experience**

- Clinical Manager in Post-Acute and Reactivation Care Centre at Humber River Health
- Clinical Practice Leader in Acute Medicine and Stroke Rehabilitation Departments at Humber River Health
- Registered Nurse in the Nursing Resource Department at Humber River Health
- Registered Practical Nurse in Respiriology and Gastroenterology Departments at Humber River Health
- 21 years of nursing experience both in the Philippines and Canada

#### **Governance Experience**

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

#### **Education**

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

#### **Contact**

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



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

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

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

#### **Leadership Attributes**

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

# Jerry Ding, NP

Candidate for  
Vice-President, RN



## Education

Western University - BScN '17

Western University - MN '20

Western University - NP-PHC '21

## Contact

[jerryihaoding@gmail.com](mailto:jerryihaoding@gmail.com)

[LinkedIn](#)

---

## Experience

Dedicated full-scope Nurse Practitioner with extensive experience providing high-quality, patient-centered care in the outpatient setting. Skilled in assessing, diagnosing, and treating acute and chronic conditions, managing patient health across the lifespan. Collaborates with physicians, pharmacists, respiratory therapists, and other nurses, to ensure comprehensive care. Passionate about teaching and mentoring, with a proven track record of supervising and guiding students in both clinical and academic settings.

---

## CNO Governance Experience

CNO council member - 2024 to present

ICRC - 2024 to present

---

## Candidate

My experience as a Nurse Practitioner has not only sharpened my clinical skills, but also deepened my commitment to advocating for safe nursing practice. In addition to my clinical work, I have been actively involved in mentoring and educating the next generation of nursing professionals. This has further reinforced my belief in the power of strong leadership, education, and collaboration in healthcare. My goal is to bring expertise with a passion for nursing to the executive council to help shape policies that promote professional excellence, ensure the highest standards of practice, and address the evolving needs of healthcare delivery in Ontario.



# Process for Electing the Executive Committee

## Before

the March Council Meeting

**Request for nomination**  
Circulated in advance

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

## During

the March Council Meeting

**Officer election**  
(President, Vice-President RN and Vice-President RPN)

- Nominations from the floor
- Speeches
- Voting
- Counting
- Announcing results

Public Member president

Nurse president

**Public member election (1)**

- Nominations from the floor
- Speeches
- Voting
- Counting
- Announcing results

**Public member election (2)**

- Nominations from the floor
- Speeches
- Voting (2 votes/member)
- Counting
- Announcing results

+

**RN/NP/RPN member election (1)**

- Nominations from the floor
- Speeches
- Voting
- Counting
- Announcing results

## After

the March Council Meeting

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

**Schedule No. 1 to By-Law No. 1**  
**Process for Election of Council Officers and Other Members of the Executive Committee**  
*Revised version March,2020*

*In this Schedule,*

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

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

**1.** Prior to any Council meeting, where councillors are expected to elect one or more Council Officers and/or other members of the Executive Committee, nomination forms for the nomination of the Council Officers and/or other members of the Executive Committee to be elected at that meeting shall be sent by the Registrar to persons who the Registrar expects to be councillors at the meeting of Council where the elections are to be held.

**2.** Subject to paragraphs 8 and 34, to be nominated for election as a Council Officer or another member of the Executive Committee, a councillor must submit a completed nomination form including the written consent of the councillor wishing to stand for election for that position and the signatures of three persons who, at the time of the nomination, were councillors.

**3.** A councillor may not run for election for more than one Council Officer position.

**4.** A councillor may withdraw as a candidate at any time.

**5.** A councillor nominated for more than one Council Officer position must, prior to the commencement of the election, withdraw as a candidate from all but one Council Officer position, failing which the councillor shall not be eligible to run for election for any Council Officer position.

**6.** The chair of the Nominating Committee or his or her designate shall preside as chair of that portion of the meeting of Council where the election of Council Officers and/or other members of the Executive Committee takes place.

(Amended September 2021)

**7.** Council shall appoint three scrutineers for the election.

### **Election of Council Officers**

- 8.** The chair will call for nominations from the floor which nominations must be in writing and must comply with paragraph 2 above.
- 9.** Ballots will be distributed for election of the Council Officers to be elected at that Council meeting. Each ballot will include all Council Officer positions to be elected and will include the names of all candidates.
- 10.** The chair will announce the names of all candidates running for election for each Council Officer position.
- 11.** If no councillor has been nominated for any Council Officer position for which an election was to be held at that Council meeting, the Nominating Committee will nominate a candidate or candidates for the office(s).  
(Amended September 2021)
- 12.** If only one candidate has been nominated for a Council Officer position, the chair shall declare the candidate elected by acclamation.
- 13.** Each candidate for election shall be offered the opportunity to briefly address Council.
- 14.** Voting shall be by secret ballot and shall take place simultaneously for all Council Officer positions which are subject of election at that Council meeting.
- 15.** The completed ballots will be collected and reviewed by the scrutineers.
- 16.** A staff member designated by the chair will review and confirm the election results under the supervision of the scrutineers.
- 17.** The scrutineers will report to the chair the results in writing including the number of votes cast for each candidate for each Council Officer election. The chair will announce the results to Council without referring to the number of votes cast for each candidate.
- 18.** A candidate receiving a majority of the votes cast for that Council Officer position shall be declared the successful candidate. Where there were more than two candidates running for election

for a Council Officer position and no candidate received a majority of the votes cast, the candidate with the lowest number of votes shall be dropped from the election and another vote (ballot) shall be taken. The same process shall be followed until one candidate receives a majority of the votes cast for that Council Officer position. In the event that two candidates remain with an equal number of votes which tie, in the opinion of Council, is unlikely to be broken by additional ballots, the tie shall be broken by the chair by lot.

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

#### **Election of the Balance of the Executive Committee**

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

#### **Process where the President is a member of the College**

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

24. If only one public councillor candidate has been nominated for election to the Executive Committee, the chair shall declare that candidate elected by acclamation.
25. If insufficient public councillors have been nominated for election to the Executive Committee for which an election was to be held at that Council meeting, the Nominating Committee will nominate a candidate or candidates for the position(s).

(Amended September 2021)
26. Where more than two eligible candidates have been nominated for election to the Executive Committee, elections shall be held in a manner consistent with the process for election of Council Officers save and except that each councillor will be entitled to cast a vote for not more than two of the candidates.
27. For greater clarity, a ballot cast under paragraph 26 shall not be considered spoiled simply because a councillor only votes for one candidate.

**Process where the President is a Public Councillor**

28. Where the President elected at the meeting is public councillor, the provisions of paragraphs 29 to 37 shall apply in order to elect one additional public councillor and one additional councillor who is a member of the College, to the Executive Committee.
29. The Chair shall request nominations for the public councillor position on the Executive Committee, which nominations must be in writing and must comply with paragraph 2 above.
30. If only one public councillor candidate has been nominated for election to the Executive Committee, the chair shall declare that candidate elected by acclamation.
31. If no public councillor has been nominated for the Executive Committee position the Nominating Committee will nominate a candidate for the position.

(Amended September 2021)
32. If more than one eligible candidate is nominated, an election shall be held in a manner consistent with the election of Council Officers.
33. The chair shall then call for nominations for the remaining position on the Executive Committee which position shall be filled from among eligible councillors who are members of the College.

34. Nominations for the position referred to in paragraph 33 may be in writing, in compliance with paragraph 2 or may be made orally at the meeting if supported either orally or in writing by three persons who, at the time of the nomination, were councillors, provided the person being nominated for election consents to being a candidate.
35. If only one candidate has been nominated for that Executive Committee position, the chair shall declare the candidate elected by acclamation.
36. If no councillor has been nominated for that Executive Committee position the Nominating Committee will nominate a candidate for that position.  
(Amended September 2021)
37. If more than one eligible candidate is nominated, an election shall be held in a manner consistent with the election of Council Officers.
38. The following rules and procedures apply to all elections held in accordance with this Schedule:
1. If a request by a candidate is made within thirty days of the election, the chair of the Nominating Committee will advise the candidate of the number of votes cast for each candidate in respect of any position for which he or she ran for election.  
(Amended September 2021)
  2. Unless Council directs otherwise, ballots shall be destroyed immediately following the chair declaring the successful candidates for all positions.

**Schedule No. 2 to By-Law No. 1  
Process for the Selection of Chairs**

Deleted March 2009

## Report of the Nominating Committee

### Decision Note, March 2025 Council

### Contact for questions or more information

Angie Brennand, Director, Strategy

### Motion

That Council and committee members be appointed to statutory committees, effective June 4, 2025, as outlined in the committee appointment list presented by the Nominating Committee to Council on March 20, 2025.

### Background

The 2024-2025 [Nominating Committee](#) (NC) met twice to prepare a slate of recommended appointments to statutory committees for presentation to March 2025 Council meeting.

The NC also:

- approved a guideline to support the NC in determining whether to recommend a former Inquiries, Complaints and Reports Committee member for appointment to the Discipline and Fitness to Practise committee in the future, and
- initiated discussions on proposed revisions to the NC's Terms of Reference, regarding its membership and leadership, which were supported by Council in [June 2024](#).

### Statutory committee membership

The NC presents its recommendations regarding the membership of statutory committees to Council each March, including:

- nurse candidates to fill non-Council vacancies and
- newly elected Council members to fill vacancies.

### Assignment of non-Council members to statutory committees:

Appointed (non-Council) committee members of statutory committees are recommended based on candidates meeting the core competencies and attributes required of all committee members. The assessment is based on the competencies and

attributes approved by Council in September 2023 and includes candidates' voluntary self-declaration of their diversity.

To enhance CNO's capacity to move to French-language Discipline hearings, candidates were asked if they were "*functionally fluent orally and in writing in English and French*".<sup>1</sup> The NC is pleased to report that it was able to recommend three candidates for Discipline and Fitness to Practise committees (D/FPT) who identified on their applications that they are functionally bilingual (written and oral, English and French).

The appointments process is supported by third-party experts that host the on-line application, receive and analyze the applications and resumes, carry out further assessment of candidates "short-listed" by the NC, and attend all meetings of the NC to provide expert advice.

Throughout its discussions and decision making, the NC was diligent and thorough in addressing conflicts of interest. One member of the NC was a candidate for committee appointment, and the member recused themselves from that portion of the meeting and did not receive any of the related briefing materials.

The NC was also committed to integrating DEI into its decision-making. Candidate scoring included responses to the following question:

*Please describe your work with vulnerable or marginalized groups of people. What was your role in bringing about positive outcomes? How did you adapt your practice or guide others to adapt theirs?*

The NC also considered candidates' voluntary responses to the following question:

*Please let us know all relevant information that you would like the College to know about your own diversity and Indigeneity (for example, but not limited to, how you identify, your lived experience, visible and invisible attributes)*

When providing input into the interview questions for short-listed candidates, the NC requested removal of a question it believed might create an unintended barrier for some candidates.

The NC's first review was to select candidates to move forward in the process – a short list.

---

<sup>1</sup> Section 86 of the *Health Professions Procedural Code* requires Colleges to provide services in French. That provision contains an exception permitting reasonable limits in the circumstances. However, a recent decision of the Ontario Divisional Court, *Bélanger v. College of Physicians and Surgeons of Ontario*, 2021 ONCS 5132 (CanLII), <https://canlii.ca/t/jh6mf>, emphasizes that French language dealings with the College should be the norm and that the exception should be given a narrow interpretation.



The NC considered:

- the third-party's written reports which assessed the candidates against the competencies and attributes, included candidates' self-declarations about diversity and ranked them into tiers
- candidate resumes
- additional expert advice from the third-party experts at the meeting and
- insights from members of the NC.

In February, the NC discussed reports on the outcome of interviews with, and reference checks of, candidates. Following review and discussion, the NC is recommending 9 RNs/NPs and 2 RPN candidates to fill statutory committee vacancies. This includes:

- 1 RPN appointed committee member vacancy created on the Inquiries, Complaints and Reports Committee (ICRC) when current appointed committee member was elected to Council and
- additional committee members, to Inquiries, Complaints and Resolutions Committee (ICRC) to support the committee moving to five panels with five members (currently three panels with five members and two panels with four members).

Recognizing the complexity of the role and the learning curve, the NC is recommending the reappointment of 5 incumbents who applied for reappointment. The NC is also recommending 6 new candidates, who will bring new perspectives and support succession planning as they will be eligible for a second term of office.

The NC noted the high caliber of candidates applying for positions, making the selection process challenging. The NC is confident in recommending a strong and diverse group of candidates for appointment to statutory committees.

### **Assignment of Council members to statutory committees:**

Since most Council members remain on the same committees throughout their term of office, the NC focused on assigning newly elected Council members to committees.

This year, there are seven newly elected Council members, six RN/NPs and one RPN who will be joining Council in June.

The new Council RPN member is currently an appointed committee member on the ICRC. The NC is recommending that she remain on ICRC in the capacity of a Council member.

The NC is recommending the appointment all six new RN/NP Council members to fill the six Council member RN/NP vacancies. This supports the Discipline Committee in meeting the statutory requirements to have one nurse Council member on every Discipline panel (s 38 (3) of the [Health Professions Procedural Code](#)). The NC also

recommended a nurse Council member to fill the vacancy on the Quality Assurance Committee.

The NC debriefed on the committee appointment process and reaffirmed its confidence in the competency-based assessment process, recognizing its effectiveness in supporting informed decision-making. The NC is confident that it has selected the most qualified candidates to join statutory committees in June. Opportunities to enhance the information provided to the NC were identified for future consideration.

The NC's recommendations for committee appointments will be presented to Council the afternoon of March 20, 2025.

### **Next steps**

In the Spring, the NC will address appointments to Council's standing committees, including the newly structured Conduct Committee, Finance & Risk Committee and the Nominating Committee.

Based on Council's direction in June of 2024, the NC is reviewing and revising its Terms of Reference to change its membership to:

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

The NC will also integrate the proposal that the NC's Chair be selected from amongst its members rather than being the immediate Past-President of Council. In June of 2024, Council also agreed that, as a small, competency-based committee, having an ex officio (appointed by virtue of holding another position) chair is not a best practice. The NC will also recommend by-law revisions to implement these changes.

Since Council is reviewing the Terms of Reference of other standing committees in March, the NC will complete its review of its Terms of Reference in the spring, ensuring that the proposed revised Terms of Reference align with any changes to the framework for Terms of Reference more broadly.

The NC will seek Council's continued support, in principle, of these changes and will recommend members of the 2025-2026 Nominating Committee based on the changes.

## **Members of the 2024-2025 Nominating Committee<sup>2</sup>**

Naomi Thick, RN, Chair

Sylvia Douglas, public member of Council

Sue Haywood, member of the public

Morgan Krauter, NP member of Council

Tom Potter, member of the public

---

<sup>2</sup> Members of the Nominating Committee are appointed by Council based on the full committee meeting the Nominating Committee competencies. Candidates complete a self-assessment against the Nominating Committee profile. They are assessed and the NC recommends appointees to fill vacancies to Council in June.

The two “members of the public” are selected to bring specialty competencies to the committee (e.g. human resources leadership).

## Updating the Executive Committee Terms of Reference

### Decision Note – March 2025 Council

#### Contact for questions or more information

Angie Brennand, Director of Strategy

#### Purpose and action required

To seek Council's approval on the draft terms of reference for the Executive Committee, the Governance Committee and the Patient Relations Committee.

#### Motion

That the draft proposed terms of reference for the Executive Committee, the Governance Committee and the Patient Relations Committee, as they appear in attachments 2, 3 and 4 to the briefing note, be approved to come into effect on June 4, 2025.

#### Questions for consideration

Do the draft Terms of Reference for the Executive Committee, Governance Committee and Patient Relations Committee reflect a shared understanding of the committees' respective roles and accountabilities?

#### Public protection rationale

Council is accountable for effective governance, which includes regulatory and organizational oversight to ensure CNO fulfils its public protection purpose. Clear, transparent and consistent terms of reference, including specific duties and responsibilities of each committee, will support role clarity, and the efficient and effective functioning of Council and committees. Their review fosters a culture of continuous improvement and ensures Council is well-positioned to make all decisions in the public interest.

#### Background

In [September 2024](#), Council reviewed a summary of findings related to best practices of committee structures, functions and governance accountabilities. Based on the findings, the following approaches were proposed and supported by Council:

- Clarifying roles and accountabilities by separating terms of reference for Executive, Governance and Patient Relations committees

- Enhancing governance accountabilities
- Clarifying and developing robust terms of reference with clear organization of relevant accountabilities, duties and powers, including more explicit reference to legislation, [Council & Committee Code of Conduct](#), and [CNO By-laws](#) where applicable

## Summary of Updates

Staff drafted terms of reference for Executive, Governance and Patient Relations committees (See Attachments 2, 3, and 4). These updates are further summarized below.

The proposed revised Executive Committee Terms of Reference, proposed Governance Committee Terms of Reference and proposed Patient Relations Committee Terms of Reference currently reflect the Council President title as it currently appears in by-laws. If Council approves a change from “President” to “Chair” in the Council Roles briefing ([Agenda Item 9.4](#)), CNO will carry this terminology through future governance updates.

## Executive Committee Terms of Reference

Based on Council’s direction for separate terms of reference, the current [Executive Committee Terms of Reference](#) has been divided into three terms of reference: Executive Committee, Governance Committee and Patient Relations Committee with the relevant accountabilities being assigned appropriately from a governance perspective and best practice. The rationale for these updates is summarized in [Attachment 1](#).

Key updates to the current [Executive Committee Terms of Reference](#) include:

- Reference to CNO’s legislative duty as a health professions regulator under the statutory mandate in the *Regulated Health Professions Act, 1991*.
- Removing the Patient Relations Committee section as it now has separate terms of reference.
- Aligning with other health regulators, accountability to give instruction on Discipline/Fitness to Practice Committee appeals are proposed to rest with the Registrar instead of the Executive Committee.
- Removing dated content and replaced with direct and relevant references to CNO by-laws to improve clarity.

## Governance Committee Terms of Reference

The Governance Committee terms of reference ([Attachment 3](#)) have been developed by drawing from governance related terms found in the current Executive Committee

Terms of Reference and updated to reflect governance best practices and evidence. These accountabilities relate to guiding governance, overseeing compliance, facilitating learning opportunities, monitoring and evaluating Council's governance effectiveness and structure.

In March, Council will be asked to approve amendments to By-Law No. 1: General to support the addition of the Governance Committee as a standing committee.

Council will receive a briefing note and detailed by-law amendments. Sarah Yun, legal counsel, will attend Council.

### **Patient Relations Committee Terms of Reference**

The [\*Health Professions Procedural Code\*](#) requires that all health regulatory colleges have a number of Statutory Committees, including an Executive Committee and Patient Relations Committee.

The Patient Relations Committee Terms of Reference ([Attachment 4](#)) includes clarified and more robust accountabilities and direct reference to relevant legislation and CNO By-laws.

### **Next steps**

Subject to Council's approval, the draft Terms of Reference for the Executive Committee, Governance Committee and Patient Relations Committee will come into effect on June 4, 2025. Subject to Council's approval, staff will make the necessary editorial updates to all relevant documents to reflect the change from "President" to "Council Chair."

### **Attachments**

1. Updates to the Executive Committee Terms of Reference (Rationale Chart)
2. Proposed Revised Executive Committee Terms of Reference
3. Proposed Governance Committee Terms of Reference
4. Proposed Patient Relations Committee Terms of Reference

## Attachment 1 – Updates to the Executive Committee Terms of Reference

Former Terms in Executive Committee Terms of Reference	Change (e.g., new, addition, modified, removed) (changes identified with green font)	Rationale
<p><b>A. Statutory Mandate:</b></p> <p>1. Acts on behalf of Council when necessitated by time constraints and reports to Council.</p>	<p>Remains in Executive Committee Terms of Reference but expanded.</p> <p><b>Statutory Mandate as per Health Professions Procedural Code</b></p> <ul style="list-style-type: none"> <li>• <b>Executive Committee’s exercise of Council’s powers</b></li> </ul> <p><b>12</b> (1) Between the meetings of the Council, the Executive Committee has all the powers of the Council with respect to any matter that, in the Committee’s opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law.</p> <ul style="list-style-type: none"> <li>• <b>Report to Council</b></li> </ul> <p>(2) If the Executive Committee exercises a power of the Council under subsection (1), it shall report on its actions to the Council at the Council’s next meeting. 1991, c. 18, Sched. 2, s. 12.</p>	<p>Included direct reference of CNO’s legislative duty as a health professions regulator under the <a href="#">Regulated Health Professions Act, 1991</a>.</p>
<p>2. Carries out the functions of the Patient Relations Committee with respect to the Patient Relations Program as required in the Procedural Code, in particular:</p> <p>a) Approving funding for therapy for victims of sexual abuse by nurses; and Section 85.7(3)</p> <p>b) Reporting to and advising Council on the College’s Patient Relations Program. Section 85</p>	<p>Removed from the Executive Committee Terms of Reference.</p>	<p>Moved to Patient Relations Terms of Reference for better clarity of committee accountabilities.</p>
<p>Facilitates the effectiveness of Council governance by reviewing processes related to the governance of Council and making recommendations to Council.</p>	<p>Removed from the Executive Committee Terms of Reference.</p>	<p>Moved to Governance Terms of Reference for better clarity of committee accountabilities.</p>



Former Terms in Executive Committee Terms of Reference	Change (e.g., new, addition, modified, removed) (changes identified with green font)	Rationale
Reviews and approves the agenda for Council meetings as prepared by the Executive Director for clarity and priority, identifies items for which Council meetings may be closed to observers in accordance with s. 7(2) of the Procedural Code and recommends closure, with rationale to Council.	<p>Modified in the Executive Committee Terms of Reference.</p> <p>Reviews and approves the agenda for Council meetings as prepared by the Registrar/Executive Director &amp; CEO for clarity and priority, identifies items for which Council meetings may be closed to observers in accordance with the <a href="#">Regulated Health Professionals Act, 1991</a>.</p>	This term has been updated to reflect the title of CNO's Registrar/Executive Director & CEO and to reflect Council's In-Camera Policy.
Reviews briefing materials for Council for clarity and comprehensiveness, for planning the appropriate approach for presentation, and may make recommendations to Council. May identify additional background that would assist Council in discussing specific items.	Removed from the Executive Committee Terms of Reference.	This term no longer reflects the Executive Committee's role as the decisions are made by Council.
Reviews the evaluations of Council meetings to identify process improvements.	Removed from the Executive Committee Terms of Reference.	Moved to Governance Terms of Reference for better clarity of committee accountabilities.
Receives updates on key trends and issues in the regulatory environment.	<p>Removed from the Executive Committee Terms of Reference.</p> <p>Receives updates on current key trends in governance and the regulatory environment.</p>	Moved to Governance Terms of Reference for better clarity of committee accountabilities.
Participates in the strategic planning process.	Removed from the Executive Committee Terms of Reference.	Council role, not specific to any committees.





Former Terms in Executive Committee Terms of Reference	Change (e.g., new, addition, modified, removed) (changes identified with green font)	Rationale
<p>Gives instruction regarding Discipline/Fitness to Practise committee appeals to the Superior Court of Justice (Divisional Court), or in respect of judicial review applications.</p>	<p>Removed from the Executive Committee Terms of Reference.</p>	<p>This term is dated and reflective of a time period prior to the formation of the Inquiries, Complaints and Reports committee and Executive Committee managed this responsibility. Similar to the approach of other health regulatory colleges, CNO staff are recommending this be removed from the Executive Committee Terms of Reference and rest internally with the Registrar. The Registrar brings regulatory expertise and will be supported by CNO staff and external counsel who would opine on legal and public interest. Having this accountability rest internally would also support process efficiency, given the 30-day appeal period.</p>
<p>Recommends membership on standing and special committees, including the expert member of the Finance Committee, and the Election and Appointments Committee.</p>	<p>Modified in the Executive Committee Terms of Reference.</p> <p>Recommends membership on standing and special committees, <del>including the expert member of the Finance Committee,</del> and the <del>Election and Appointments</del> Nominating Committee.</p>	<p>This term has been revised to align with the update to the name of the committee.</p>
<p>Makes recommendations to Council on the appointment of the Executive Director.</p> <p>Approves the terms of the employment contract of the Executive Director.</p>	<p>Modified in the Executive Committee Terms of Reference.</p> <p><u>Recommends the appointment of the Registrar/Executive Director &amp; CEO to Council and approves the Registrar's written employment contract, ensuring it aligns with the College's personnel policy in effect at the time as outlined in Article 12.05 of By-Law 1: General<sup>1</sup>.</u></p>	<p>This term has been updated to reflect the title of CNO's Registrar/Executive Director &amp; CEO.</p> <p>In accordance with the provisions under Article 12:05 of Bylaw No. 1: General these terms were updated to better reflect the accountability of the Executive Committee.</p> <p>Included direct reference to CNO by-laws for improved clarity of term. Reference to the CNO by-laws highlights that the approval of the contract is formally documented in order to standardize the decision-making process.</p>



Former Terms in Executive Committee Terms of Reference	Change (e.g., new, addition, modified, removed) (changes identified with green font)	Rationale
Ensures the regular review of the terms of reference of standing committees and sub-committees of Council; role descriptions of Council members, officers, and committee chairs; the by-laws, and the legislation, and makes recommendations to Council regarding amendments to maintain relevancy.	<p>Modified in the Executive Committee Terms of Reference.</p> <p>Ensures the regular review of the terms of reference of standing committees and <b>ad hoc</b> committees of Council and makes recommendations to Council regarding amendments to maintain relevancy.</p>	This term has been revised to specify that this accountability pertains to ad hoc committees of Council.
Authorizes unbudgeted expenses in accordance with Article 38.04 of the by-laws.	<p>Modified in the Executive Committee Terms of Reference.</p> <p>Authorizes unbudgeted expenses in accordance with <b>CNO's Expenditure's Policy: "The Executive Committee may authorize CNO to incur expenditures where it is anticipated that the operating expense and/or capital budgets for the fiscal year will be exceeded, based on a recommendation from the Finance and Risk Committee, and provided that the Executive Committee is satisfied that the contemplated expenditure would not compromise the Council's annual objectives."</b></p>	Removed reference to dated article of CNO by-laws and included more accurate reference to CNO's Expenditure policy. Reference to CNO's Expenditure's Policy improves clarity by specifying the decision-making process for unbudgeted expenses. By outlining clear conditions for authorizing expenses through structured oversight, there is an increase in transparency and accountability.
Reviews and recommends changes in expense and stipend policies biennially.	Removed from the Executive Committee Terms of Reference.	This term has been moved to the Finance & Risk Committee, as they are the most appropriate committee to oversee expense and stipend policies.
Reviews processes related to the governance of statutory committees and makes recommendations to Council	<p>Removed from the Executive Committee Terms of Reference.</p> <p><b>Facilitates the effectiveness and performance of Council governance by reviewing processes related to the governance of Council and making recommendations to Council.</b></p>	Revised wording and moved to Governance Terms of Reference for better clarity of committee accountabilities.
Recommends chairs of statutory and standing (except Finance) committees to Council in March, based on the chair attributes and process approved by Council.	<p>Removed from Executive Committee Terms of Reference.</p> <p><b>Recommend chairs of committees to Council in March, based on the chair attributes and process approved by Council.</b></p>	Revised wording and moved to Governance Terms of Reference for better clarity of committee accountabilities.



Former Terms in Executive Committee Terms of Reference	Change (e.g., new, addition, modified, removed) (changes identified with green font)	Rationale
<p>Makes appointments to statutory committees to fill vacancies, including appointments from the list of eligible members provided by the Election and Appointments Committee.</p>	<p>Modified in the Executive Committee Terms of Reference.</p> <p>Makes appointments to statutory committees to fill vacancies, including appointments from the list of eligible members provided by the <b>Nominating Committee</b>.</p>	<p>This term has been revised to align with the update to the name of the committee that provides oversight of the nominations and appointments process.</p>
<p>Disqualifies an appointed committee member in accordance with the provisions of Article 54.3 of the General By-Law.</p>	<p>Modified in the Executive Committee Terms of Reference.</p> <p>Disqualifies an appointed committee member in accordance with the provisions of <b>Articles 29.1.02 and 29.1.03 of By-law No. 1: General</b>.</p>	<p>This term has been updated to reflect the update to the relevant by-law.</p>
<p>Removes the chair of a committee, other than the Executive or Finance committees, on receipt of a requisition signed by at least two-thirds of the members of the committee, identifies a new chair for recommendation to Council and appoints the recommended individual as an interim chair pending Council's decision at its next meeting.</p>	<p>Modified in the Executive Committee Terms of Reference.</p> <p>Removes the chair of a committee, other than the Executive, or Finance &amp; Risk committees, on receipt of a requisition signed by at least two-thirds of the members of a committee <b>in accordance with the provision of Article 30.06 of By-law No. 1: General</b>.</p> <ul style="list-style-type: none"> <li>Identifies a new chair for recommendation to Council and appoints the recommended individual as an interim chair pending Council's decision at its next meeting <b>in accordance with the provisions of Articles 30.07 and 30.05 of By-law No. 1: General</b>.</li> </ul>	<p>These revisions reflect updates to committee responsibilities and provides a clear reference to the by-laws for the process of removal of the Chair of a committee, and appointment of an interim Chair.</p>
<p>The Executive Committee is accountable for acting in accordance with the Code, Nursing Act, regulations, by-laws and any laws that apply to its processes and decision making.</p>	<p>Modified in the Executive Committee Terms of Reference.</p> <p>The Executive Committee is accountable for acting in accordance with the <b>Council and Committee Code of Conduct, Regulated Health Professions Act, 1991, Nursing Act, 1991</b> regulations, <b>by-laws</b> and any laws that apply to its processes and decision making.</p>	<p>Expanded to include full title of Council and Committee Code of Conduct, <i>Regulated Health Professions Act, 1991</i> for improved clarity and usability of term.</p>

Former Terms in Executive Committee Terms of Reference	Change (e.g., new, addition, modified, removed) (changes identified with green font)	Rationale
<p>Receives a report from the Conduct Committee of a formal complaint made under Article 16 of By-Law No. 3: Council and Committee Code of Conduct, and takes action as set out in Article 16 Code of Conduct Proceedings of By-Law No. 3: Council and Committee Code of Conduct.</p>	<p>Removed from the Executive Committee Terms of Reference.</p>	<p>The Executive Committee no longer has a role under the new Article 16 of By-Law No. 3: Council and Committee Code of Conduct.</p>
<p>The President and two Vice-Presidents (one RN and one RPN) are members of the Executive. There are two public members on the Executive. The President and Vice-Presidents are Officers of the College.</p> <p>All members of the Executive are elected by the Council in March.</p>	<p>Modified in the Executive Committee Terms of Reference.</p> <p>Members of the Executive Committee will be elected annually as outlined in Articles 9.01 to 9.04 <a href="#">By-Law No. 1: General</a>.</p> <p>Removal and replacement of members of the Executive Committee will align with Articles 10.01 and 10.02 of By-Law No. 1: General.</p>	<p>This term has been updated to reflect the relevant By-Law.</p>
<p>No previous term highlighting quorum accountabilities</p>	<p>Added to the Executive Committee Terms of Reference.</p> <p>A majority of committee members constitutes a quorum for a meeting of a committee as outlined in Articles 5.01 to 5.04 of By-Law No. 1: General.</p>	<p>Similar to the Finance &amp; Risk Committee Terms of Reference and Nominating Committee Terms of Reference, this provides clarity on decision-making and is reflective of the quorum requirement in the by-laws.</p>
<p>No previous term on Chair of the Executive Committee.</p>	<p>Added to the Executive Committee Terms of Reference.</p> <p>The chair of the Executive Committee will be the President<sup>1</sup> of Council as outlined in Article 11.01 (ii) of By-Law No. 1: General.</p>	<p>This term has been updated to clearly identify the Chair of the Committee in accordance with the relevant By-Law.</p>
<p>No previous term on expectations of Council and Committee Code of Conduct</p>	<p>Added to the Executive Committee Terms of Reference.</p> <p>Committee members are expected to meet the expectations outlined in the <a href="#">Council &amp; Committee Code of Conduct</a>.</p>	<p>Added to align with expectations in updated Council and Committee Code of Conduct.</p>

<sup>1</sup> Subject to Council's support, the term 'Council Chair' will replace 'President' in alignment with updated governance terminology.



Former Terms in Executive Committee Terms of Reference	Change (e.g., new, addition, modified, removed) (changes identified with green font)	Rationale
No previous term highlighting committee evaluation	<p>Added to the Executive Committee Terms of Reference.</p> <p>Self-assess annually whether the Committee has met the Specific Terms of Reference and report these results to Council.</p>	Reflective of best practices of committees to evaluate their effectiveness for continuous improvement.

## DRAFT EXECUTIVE COMMITTEE TERMS OF REFERENCE

The Executive Committee is a statutory committee of the Council. The Executive Committee is accountable for acting in accordance with the [Council and Committee Code of Conduct](#), [Regulated Health Professions Act, 1991](#), [Nursing Act, 1991](#) regulations, [By-Laws](#) and any laws that apply to its processes and decision making.

### 1. Statutory Mandate

Under the [Regulated Health Professions Act, 1991](#), the Executive Committee is authorized to exercise all the powers of Council between Council meetings on matters that, in the Committee's opinion, require immediate attention. This authority excludes the power to make, amend, or revoke regulations or By-laws.

If the Executive Committee exercises a power of the Council under subsection (1) of the [Regulated Health Professions Act, 1991](#), it is required to report on its actions to the Council at the next Council meeting.

### 2. Responsibilities

- a. Reviews and approves the agenda for Council meetings as prepared by the Registrar/Executive Director & CEO for clarity and priority, identifies items for which Council meetings may be closed to observers in accordance with the *Regulated Health Professions Act, 1991*.
- b. Recommends the appointment of the Registrar/Executive Director & CEO to Council and approves the Registrar's written employment contract, ensuring it aligns with the College's personnel policy in effect at the time as outlined in Article 12.05 of By-Law 1: General<sup>1</sup>.
- c. Participates in the Registrar/Executive Director & CEO's performance as outlined in the *Registrar and CEO Performance Feedback Process*.
- d. Authorizes unbudgeted expenses in accordance with CNO's Expenditures Policy: *"The Executive Committee may authorize CNO to incur expenditures where it is anticipated that the operating expense and/or capital budgets for the fiscal year will be exceeded, based on a recommendation from the Finance & Risk Committee, and provided that the Executive Committee is satisfied that the contemplated expenditure would not compromise the Council's annual objectives."*

- e. Makes appointments to statutory committees to fill vacancies, including appointments from the list of eligible members provided by the Nominating Committee.
- f. Recommends membership on standing and special committees, including the Nominating Committee.
- g. Disqualifies an appointed committee member in accordance with the provisions of Articles 29.1.02 and 29.1.03 of By-law 1: General<sup>1</sup>.
- h. Removes the chair of a committee, other than the Executive, Patient Relations, Governance or Finance & Risk committees, on receipt of a requisition signed by at least two-thirds of the members of a committee in accordance with the provision of Article 30.06 of By-law 1: General<sup>1</sup>.
  - Identifies a new chair for recommendation to Council and appoints the recommended individual as an interim chair pending Council's decision at its next meeting in accordance with the provisions of Articles 30.07 and 30.05 of By-law 1: General<sup>1</sup>.

### **3. Membership**

Members of the Executive Committee will be elected annually as outlined in Article 9 of CNO By-laws<sup>1</sup>.

Removal and replacement of members of the Executive Committee will align with Articles 10.01 and 10.02 of By-Law 1: General<sup>1</sup>.

### **4. Meeting Expectations and Duties**

Committee members are expected to meet the expectations outlined in the [Council and Committee Code of Conduct](#).

#### **Quorum**

A majority of committee members constitutes a quorum for a meeting of a committee as outlined in Articles 5.01 to 5.04 of By-Law 1: General<sup>1</sup>.

#### **Chair**

The chair of the Executive Committee will be the President of Council as outlined in Article 11.01 (ii) of By-Law No. 1: General<sup>1</sup>.

---

<sup>1</sup> [By-Law No. 1: General](#)

## 5. Reporting

The Executive Committee minutes, other than confidential appendices, are provided to Council.

## 6. Evaluation

In accordance with *Section 11 (1) of the Regulated Health Professions Act, 1991*, the Executive Committee shall monitor and evaluate its processes and outcomes.

## 7. Revision Process

These terms of reference are approved by Council. To maintain currency, a review of these terms of reference takes place every three years, with the exception noted below.

Where there is a substantive legislative change or change in societal expectations, a review will be undertaken to determine if the role needs interim amendment.

**Developed by:** Registrar/Executive Director & CEO

**Maintained by:** Governance Committee

**Accountability:** Council

**Date originated:** December 2017

**Next review:** March 2025

**Date revised:**



## DRAFT GOVERNANCE COMMITTEE TERMS OF REFERENCE

The Governance Committee advises Council on matters related to governance practices, policies, and processes, ensuring effective Council operations and alignment with regulatory trends. It supports Council in meeting its governance accountabilities by overseeing evaluations, orientation, and committee appointments.

### 1. Responsibilities

#### Governance Practices

- a. Facilitates the effectiveness and performance of Council governance by reviewing processes related to the governance of Council and making recommendations to Council.
- b. Regularly reviews, develops and maintains governance policies and processes and makes recommendations to Council regarding the development and updates of governance policies and processes.
- c. Ensures regular review of terms of reference of standing committees and ad-hoc committees of Council and makes recommendations to Council regarding amendments to maintain relevancy.
- d. Receives updates on key trends in governance and the regulatory environment.

#### Council Development/Evaluation

- e. Reviews the evaluations of Council meetings to identify process improvements and support meeting effectiveness.
- f. Accountable for providing mentorship and support to new Council members, advising Council on matters related to orientation and relevant policies, and ensuring that all Council members understand and effectively apply these policies in their roles as outlined in the Council Orientation Policy.
- g. The Governance Committee, in consultation with Council, is responsible for Council evaluation processes, including:
  - i. identifying specific topics;
  - ii. working with a third party conducting the evaluation triennially;
  - iii. reviewing and reporting evaluation findings;
  - iv. recommending improvements; and
  - v. supporting the implementation of improvements.

## **Council and Committee Appointments**

- h. Recommends membership on special committees/task forces.
- i. Recommends chairs of statutory committees to Council in March, based on the chair attributes and process approved by Council.

## **2. Membership**

The Executive Committee shall be CNO's Governance Committee.

## **3. Meeting Expectations and Duties**

Committee members are expected to meet the expectations outlined in By-law No 3: [Council & Committee Code of Conduct](#).

### **Quorum**

A majority of committee members constitutes a quorum for a meeting of a committee as outlined in Articles 5.01 to 5.03.

### **Chair**

The Chair of the Governance Committee is the President of Council.

The Chair may delegate their role to another member of the Governance Committee when unavailable.

## **4. Reporting**

The Governance Committee is accountable to the Council and reports its activities and recommendations to Council quarterly.

The Governance Committee provides Council with sufficient information and documentation for Council to make informed decisions.

## **5. Evaluation**

The Governance Committee will self-assess annually whether the Committee has met these terms of reference and report these results to Council.

## **6. Revision Process**

These terms of reference are approved by Council. To maintain currency, a review of these terms of reference takes place every three years, with the exception noted below.

Where there is a substantive legislative change or change in regulatory or societal expectations, a review will be undertaken to determine if the terms of reference need interim amendment.

Approved by Council:  
Revised:  
Next Review:

## DRAFT PATIENT RELATIONS COMMITTEE TERMS OF REFERENCE

### 1. Statutory Mandate

The Patient Relations Committee is a statutory committee of Council. It fulfills the statutory mandate outlined in the [Regulated Health Professions Act, 1991](#) (RHPA) by:

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

### 2. Membership

The Executive Committee shall be the College's Patient Relations Committee as outlined in Article 22.01 and 22.02 of [By-Law No. 1: General](#).

### 3. Meeting Expectations and Duties

Committee members are expected to meet the expectations outlined in the [Council & Committee Code of Conduct](#).

The committee shall meet as required.

#### Quorum

A majority of committee members constitutes a quorum for a meeting of a committee as outlined in Articles 5.01 to 5.04 of CNO by-laws.

#### Chair

The Chair of the Patient Relations Committee is the President of Council.

The Chair may delegate their role to another member of the Patient Relations Committee when unavailable.

### 4. Reporting

A report of the Patient Relations Committee is presented to Council annually.

## 5. Revision Process

These terms of reference are approved by Council. To maintain currency, a review of these terms of reference takes place every three years, with the exception noted below.

Where there is a substantive legislative or change in regulatory or societal expectations, a review will be undertaken to determine if the terms of reference need interim amendment.

Approved by Council:  
Revised:  
Next Review:

## Conduct Committee Terms of Reference

Decision Note – March 2025 Council

### Contact for questions or more information

Angie Brennand, Director of Strategy

### Purpose and action required

To seek Council's approval of the proposed revised Terms of Reference for the Conduct Committee (Attachment 1). This will facilitate the appointment of a new Conduct Committee by Council in June.

Council is also being asked to approve that the chair of the Conduct Committee be a legal firm to be appointed by Council. Any of the duties of the chair would be carried out by a person designated by the firm at such time that the Conduct Committee's support is required.

Subject to Council's support of the approach, Council will also be asked to provide input on proposed criteria used to develop a recommendation to Council for the specific legal firm to be appointed.

#### Motion 1

That Council approve the revised Conduct Committee Terms of Reference as they appear in Attachment 1 of this briefing note.

#### Motion 2

That Council approve staff conducting a search for the legal firm to act in the role of Conduct Committee Chair. Such search is to be based on the criteria discussed and will result in a recommendation being brought to Council with supporting rationale.

### Questions for consideration

Are the roles and accountabilities outlined in the Conduct Committee Terms of Reference clear?

Are there any additional criteria (to the ones outlined below) that Council would like considered when selecting a legal firm for appointment as chair of the Conduct Committee?

### Public protection rationale

Council is accountable for effective governance, which includes oversight to ensure CNO fulfills its public protection purpose. The Code sets out the behavioural expectations for Council and Committee members. Having terms of reference with clear guidance on the roles and responsibilities of the Conduct Committee to address breaches of the Code, helps maintain integrity and mitigate reputational risks to CNO, Council and committees.

### Background

Attached is the proposed Conduct Committee terms of reference which aligns with the Article 16: Code of Conduct Proceedings for [By-Law No. 3: Council and Committee Code of Conduct](#) (the Code) process, approved in [September 2024](#) Council for addressing complaints about breaches of the Code

Council has played an important role in shaping the direction of the Code, providing substantial feedback that guided its development, including the process for addressing complaints related to breaches of the Code. In December 2023, Council approved the Council and Committee Code of Conduct, setting the behaviour expectations for CNO Council and committee members.

In September 2024, Council approved the replacement of Article 16: Code of Conduct Proceedings with the updated Article 16 which provides multiple opportunities for a complaint to be resolved informally. Wherever possible and if appropriate, the aim is to resolve the matter between the parties<sup>1</sup> first. As outlined in 16.01 the parties can engage with various resources which could include: CNO staff, committee chair, and the Council President for support when addressing a matter in the early stages.

### Terms of Reference

The proposed Conduct Committee Terms of Reference (Attachment 1), outline the roles and accountabilities of the Conduct Committee. It is a standing committee of Council that manages concerns regarding breaches of the Code, if a written complaint is received in accordance with Article 16.04. The committee is responsible for investigating complaints and, wherever possible, resolving matters informally. If a complaint cannot be resolved, the committee reports to Council with recommended actions, which may include sanctions. When necessary, in accordance with Article 16, the committee may impose interim sanctions on the member involved.

In March, Council will be asked to approve amendments to By-Law No. 1: General, Article 25 Conduct Committee. Proposed amendments align with the new Conduct Committee process and roles outlined in the Code Article 16 Code of Conduct Proceedings approved by Council, and proposed Conduct Committee Terms of Reference. Council will receive a briefing note and detailed by-law amendments.

### Conduct Committee Chair

The Conduct Committee Terms of Reference also outlines the roles and accountabilities of the committee chair. Some of the chair's accountabilities when a complaint is received by the Conduct Committee include:

- Establishing a panel to investigate the matter, including screening the Council members on the committee for potential conflicts.
- Participating in the meeting of Council held to address the matter if the Conduct Committee provides a report to Council.
- Overseeing the secret ballot vote results and announcing the results of the vote by Council on the matter if required.

In September 2024, Council supported the recommendation that the chair of the Conduct Committee be an external third-party expert. This aligns with the principles Council agreed to in June 2024, to include expertise and impartiality in adjudicating Council matters. The chair, independent of CNO, would have a background and expertise in areas such as regulatory governance, mediation, and legal sanctions to support the investigation and provide recommendations to the Council.

The following are proposed criteria for selecting a legal firm to act in the role of Conduct Committee Chair. The legal firm would employ lawyers with:

- Strong communication and facilitation skills
- Broad range of expertise and experiences in regulation of professions

---

<sup>1</sup> Referred collectively as the person who has a concern about the conduct of a Council or committee member and the person who is the subject of the concern.

- Experience in reputational risk management and resolution
- Experience dealing with investigations process
- Experience in dispute resolution and mediation
- Experience in tribunal decisions and/or deliberations

The criteria will support CNO staff to seek a suitable legal firm appointed as chair of the Conduct Committee. Recommendations will be brought to Council for approval in June 2025.

The rationale for appointing a suitable legal firm to chair the Conduct Committee is to ensure the availability of an expert resource to be identified by that firm and serve on a panel in the event that Conduct Committee support is required. Given that the Conduct Committee is only called upon in certain circumstances, the legal firm appointed by Council as the Conduct Committee Chair will be able to select an individual from the firm whose skills and expertise most align with the nature of the matter to be the panel chair.

### **Review Process**

It is proposed that these Terms of Reference be reviewed every three years. However, it is recommended that the first review take place March 2027. This will follow the next review of the Code, which is scheduled for December 2026. Going forward, the review of the Conduct Committee Terms of Reference will always take place following Council's review of the Code, to support integration of any relevant changes to the Code into the Terms of Reference.

The term of the chair appointment shall be reviewed every three years as aligned with the Terms of Reference review timeframe.

### **Next steps**

If Council approves the Conduct Committee Terms of Reference and the process to appoint a legal firm for the chair role, the next steps will include:

- Nominating Committee will recommend members of a new Conduct Committee in June 2025
- Recommendations on legal firm to chair the Conduct Committee will be brought to Council in June 2025

### **Attachments**

1. Draft Conduct Committee Terms of Reference
2. Article 16 re. Code of Conduct Proceedings, of By-Law No. 3: Conduct of Councillors and Committee Members



## DRAFT CONDUCT COMMITTEE TERMS OF REFERENCE

The Conduct Committee is a standing committee of Council. It manages the investigation of a matter if a written complaint is received in accordance with Article 16.04 about a breach(es) to [By-Law No. 3: Council and Committee Code of Conduct](#) (the Code) and will submit a report to Council regarding the investigation with recommendations if the matter is not resolved at the investigation stage. The Conduct Committee only meets if a written complaint is received from any person with a concern that a Council or committee member has breached the Code.

### 1. Specific Terms of Reference

- a. The Conduct Committee receives complaints filed under Article 16.04 of the Code.
- b. In accordance with Article 16.05, once a written complaint is received, the Conduct Committee Chair will constitute a panel of three persons to manage the investigation of the matter.
- c. In accordance with Article 16.07, the Conduct Committee provides a copy of the complaint to the Council or committee member who is the subject of the complaint and receives any submissions during the investigation.
- d. At any time during the investigation stage, if the parties<sup>1</sup> come to a resolution of the matter, then the matter is concluded in accordance with Article 16.08.
- e. The Conduct Committee identifies if external resources (e.g. legal, mediation, external investigator with expertise in the area) are needed to support the management of the investigation.
- f. The Conduct Committee receives and reviews the complaint, including any submissions, and may undertake any additional investigation it deems appropriate. On review of all the facts, the Conduct Committee shall identify its proposed recommendations. In accordance with 16.10, the outcome of the review and recommendations (if applicable) shall be shared with the parties. The parties may resolve the matter at this point and the final report may not be needed for Council.

---

<sup>1</sup> Referred collectively as the person who has a concern about the conduct of a Council or committee member and the person who is the subject of the concern.

- g. Where the matter cannot be resolved informally, the Conduct Committee submits a report to Council regarding the investigation and their recommendations which may include sanctions as outlined in 16.14. A copy of the report is provided to the parties.
- h. Where, at any time during the process, the Conduct Committee believes that the integrity and reputation of the College are at risk, in accordance with Article 16.09 it can make an interim direction by majority vote to direct the Council or Committee member who is the subject of the complaint to be suspended from their positions or duties until the matter is resolved or concluded. In the event of an interim direction, the procedure set out in the Code will be expedited recognizing the risk to the reputation of the College and fairness considerations.

## 2. Membership

Four Council members (two nurses and two public members) will be appointed to the Conduct Committee, on recommendation of the Nominating Committee.

A convening Conduct Committee panel shall be composed of two Council members, selected from the Committee's membership, and the Chair.

The President of Council is not eligible to serve on the Conduct Committee.

### Chair

A legal firm shall be appointed by Council as the Chair of the Conduct Committee and the duties of the Chair will be carried out by a person designated by the firm.

The Chair appointment shall be reviewed every three years.

## 3. ACCOUNTABILITIES

### Role of the Chair of the Conduct Committee

- Receives all matters at the informal stage. If the parties are unable to resolve the matter independently, the Chair will refer the matter to the Council President.
- Manages the President's duties in the informal stage to provide support and guidance to the individuals involved if the President has a conflict of interest or is unavailable.
- Constitutes a panel to investigate a matter when a written complaint is received by the Conduct Committee under Article 16.04 and screens Council members on the committee for potential conflicts.
- If the Conduct Committee provides a report to Council, the Chair shall be invited to attend the meeting of Council held to address this matter and may participate

in introducing the report and recommendations and answering questions during the Council's deliberation of the matter.

- Oversees the secret ballot vote at Council, which includes reviewing the results of the vote and announcing the results of the vote.

## 4. Meeting Expectations and Duties

### Meetings

The Conduct Committee will meet if there is a written complaint filed under the Code. In those circumstances, it will meet as frequently as required to fulfil its accountability to address the complaint.

## 5. Resources

The Registrar/Executive Director & CEO will provide staff resources to the Conduct Committee.

In the addition to appointing an external expert as Chair of the Conduct Committee in accordance with Article 16.05, if required, the Conduct Committee can access external experts such as legal counsel.

## 5. Evaluation

The Conduct Committee will self-assess and report to Council whether it met the specific terms of reference above and requirements under the Code to address a complaint regarding breaches of the Code.

## 6. Revision Process

These terms of reference are approved by Council. To maintain currency, a review of these terms of reference takes place every three years, with the exception noted below.

Where there is a substantive legislative change or change in regulatory or societal expectations, a review will be undertaken to determine if the terms of reference need interim amendment.

Approved by Council: December 2017  
Revised: March 2025  
Next Review: March 2027

## Attachment 2

### Extract from By-Law No. 3: Council and Committee Code of Conduct

#### **16. Code of Conduct Proceedings**

(Revoked and replaced September 2024)

- 16.01** Wherever possible and unless it is inappropriate to do so, a person who has a concern about the conduct of a Council or Committee member and the person who is the subject of the concern (collectively, referred to as the “parties”) shall attempt to informally resolve the matter prior to engaging the Chair of the Conduct Committee.
- 16.02** If the person who has a concern about the conduct of a Council or Committee member is not a Council or Committee member, the person with the concern should bring the matter to the Chair of the Conduct Committee.
- 16.03** If the parties are unable to resolve the matter independently, the Chair of the Conduct Committee shall refer the matter to the President, if appropriate, to provide support and guidance to the individuals involved.
- If the President is the subject of the concern, otherwise in a conflict of interest or unavailable, the Chair of Conduct Committee shall fulfil these duties.
- 16.04** If attempts to resolve the matter informally are unsuccessful, any person with a concern may make a written complaint to the Conduct Committee.
- 16.05** If the Conduct Committee receives a written complaint, the Chair of the Conduct Committee shall constitute a panel of three persons for the matter. The panel shall be composed of two Council members and the Chair.
- 16.06** The Conduct Committee panel shall manage the investigation of the matter and, where appropriate, may have access to external resources (e.g., legal, mediation, external investigator with expertise in the area).

- 16.07** The Council or Committee member who is the subject of the complaint shall receive a copy of the complaint and have an opportunity to make submissions during the investigation.
- 16.08** If the person who made the complaint and the Council or Committee member who is the subject of the complaint come to an agreement or the matter is otherwise resolved during the investigation stage, the matter is concluded.
- 16.09** The Conduct Committee panel may make an interim direction by majority vote, at any time, to protect the integrity and reputation of the College including directing that the Council or Committee member who is the subject of the complaint be suspended from their positions or duties until the matter is finally resolved or otherwise concluded. In such circumstances, the Council or Committee member who is the subject of the interim direction shall have an opportunity to make submissions. In the event of an interim direction, the procedure set out in this Article is to be expedited recognizing the risk to the reputation of the College and fairness to all involved.
- 16.10** If the matter is not resolved at the investigation stage, the Conduct Committee panel shall submit a report to the Council regarding the investigation and their recommendations. A copy of the report shall be provided to the parties.
- 16.11** The Council shall provide the parties with an opportunity to make submissions prior to their deliberations on the matter.
- 16.12** The Council may make an interim direction by majority vote, at any time, to protect the integrity and reputation of the College including directing that the Council or Committee member who is the subject of the complaint be suspended from their positions or duties until the matter is finally resolved or otherwise concluded. In such circumstances, the Council or Committee member who is the subject of the interim direction shall have an opportunity to make submissions. In the event of an interim direction, the procedure set out in this Article is to be expedited recognizing the risk to the reputation of the College and fairness to all involved.

- 16.13** The Council shall determine, by majority vote, whether there has been a breach of the Code of Conduct.
- 16.14** The Council shall determine whether to apply informal recommendations from the Conduct Committee's report and/or, if Council determined there has been a breach under Article 16.13, the appropriate sanction(s). Sanctions may include, but are not limited to, one or more of the following:
- (a) censure of the Council or Committee member verbally or in writing;
  - (b) removal of the Council or Committee member from any committee on which they serve;
  - (c) removal of the Council or Committee member as a Chair of any committee on which they serve;
  - (d) exclusion of the Council or Committee member from all or part of meetings of the Council or any committees;
  - (e) restricting access to confidential information by the Council or Committee member;
  - (f) suspension of an elected councillor;
  - (g) disqualification of an elected councillor;
  - (h) delivery of a report to the Public Appointments Secretariat requesting the removal of a councillor who has been appointed by the Lieutenant Governor in Council; or
  - (i) any other sanction appropriate to the circumstances.
- 16.15** The Council's determination under Article 16.14 shall be made by a majority vote, except where a two-thirds vote shall be required for disqualifying an elected councillor pursuant to Article 16.14(g) and requesting the removal of a councillor who has been appointed by the Lieutenant Governor in Council pursuant to Article 16.14(h).
- 16.16** Any deliberation or vote by the Council under this Article shall exclude the public, in accordance with subsection 7(2) of the Health Professions

Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991*. The Chair of the Conduct Committee shall be invited to attend the meeting but shall not vote. The parties will not be permitted to attend the deliberation or vote and if one or more parties are Council members, they shall not be counted as a Council member for the purpose of determining quorum.

- 16.17** The vote by the Council shall be taken by secret ballot. The Chair of the Conduct Committee shall review the results of the vote and announce the results of the vote to the Council.
- 16.18** The Council shall provide a copy of its decision and reasons to the parties.
- 16.19** The Council's decision is final and not subject to review or appeal.

## Amendments to By-Law No. 1: General re: Committees

Decision note – March 2025 Council

### Contact for questions or more information

Angie Brennand, Director of Strategy

### Purpose and Action Required

To ensure By-Law No. 1: General aligns with the proposed Governance, Patient Relations and Conduct Committee Terms of References.

### Motion

That Council approve amendments to By-Law No. 1: General to come into effect on June 4, 2025 as they appear in Column 1 of attachment 1 to this decision note.

### Background

#### Conduct Committee

Council is asked to approve amendments to By-Law No. 1: General, Article 25 Conduct Committee. The proposed amendments align with the new Conduct Committee process and roles outlined in Article 16 of By-Law No. 3: Council and Committee Code of Conduct, approved by Council in [September 2024](#), and the proposed Conduct Committee Terms of Reference.

#### Governance Committee

Council is asked to approve the addition of Article 27.1 to By-Law No. 1: General, to support the addition of the Governance Committee as a standing committee, in alignment with its proposed Terms of Reference. Council will also be asked to approve the proposed amendments to Article 30 of By-Law No. 1: General to address the roles and responsibilities outlined, specifically as it relates to the Chair of the Governance Committee.

#### Patient Relations Committee

Council is asked to approve the amendments to Article 30 of By-Law No. 1: General to address the roles and responsibilities outlined in the proposed Patient Relations Committee Terms of Reference, specifically as it relates to the Chair of the Patient Relations Committee.



Column 1 of Attachment 1 is based on the current By-Law. In September 2024, Council approved amendments to Article 30 of By-Law No:1 General removing the requirement that the President be the chair of the Inquiries, Complaints and Reports Committee, with these amendments set to take effect on June 4, 2025. The proposed revisions align with the amendments approved by Council in September 2024.

### **Notice of By-Law Amendments**

As required under Article 2.03 of By-Law No. 1: General, Council received notice of these proposed by-law amendments on March 6, 2025.

### **Next Steps**

Subject to Council's approval, the proposed bylaw amendments will come into effect on June 4, 2025.

### **Attachments:**

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

**Proposed Amendments to Bylaw No. 1: General**

Column 1	Column 2
By-Law No. 1: General (To come into effect June 4, 2025)	Rationale
<p><b>23. Standing Committees</b></p> <p>23.01 The standing committees of the College shall include the Nominating Committee, the Conduct Committee, the Finance &amp; Risk Committee, <b>the Governance Committee</b> and the Sub-Committee on Compensation.</p> <p align="right">(Amended June 2024)</p>	<p>This addition aligns with CNO’s commitment to strong governance practices and supports the roles and responsibilities outlined in the proposed Governance Committee Terms of Reference.</p>
<p><b>25. Conduct Committee</b></p> <p>25.01 The Conduct Committee addresses concerns regarding breaches of By-law No. 3: Council and Committee Code of Conduct. It promotes informal resolution, oversees the management of investigations and, where no resolution is possible, reports on the outcome of the investigation to Council with recommendations. Specifics regarding the Conduct Committee’s role and membership is set out in its terms of reference, as approved by Council.</p> <p><del>25. Conduct Committee (Added September 2017 to come into effect December 2017)</del></p> <p><del>25.01 The Conduct Committee shall be composed of five councillors, three of whom are RNs or RPNs and two of whom are public councillors. Members of the Executive Committee shall not serve on the Conduct Committee.</del></p> <p><del>25.02 The members of the Conduct Committee shall be appointed by the Council at the June Council meeting.</del></p> <p align="right"><del>(Amended December 2019)</del></p> <p><del>25.03 Deleted December 2019</del></p>	<p>Amendments align with the new Conduct Committee process and roles outlined in the Code Article 16 Code of Conduct Proceedings approved by Council and proposed Conduct Committee Terms of Reference.</p>

Column 1	Column 2
<b>By-Law No. 1: General (To come into effect June 4, 2025)</b>	<b>Rationale</b>
<p><del>25.04 A member of the Conduct Committee who ceases to be a member of the Committee after a Code of Conduct matter has commenced under the College's conduct of councillors and committee members by-law, shall be deemed, for the purpose of dealing with that matter, to remain a member of the Committee until the final disposition of the matter.</del></p> <p><del>25.05 The Conduct Committee shall perform the duties assigned to it in By-Law No. 3 and any other duties assigned to it by Council in its terms of reference.</del></p> <p style="text-align: right;"><del>(Amended September 2017; Effective December 2017)</del></p>	
<p><b>27.1 Governance Committee</b></p> <p>27.1.01 The Governance Committee advises Council on matters related to governance practices, policies, and processes, ensuring effective Council operations and alignment with regulatory trends. Specifics regarding the Committee's role and membership are set out in its terms of reference, as approved by Council.</p>	<p>The addition of the Governance Committee as a standing committee of Council is aligned with best practice to ensure that governance processes remain effective and transparent.</p>
<p><b>30. Committee Chairs</b></p> <p>30.03 The President shall be the chair of the Executive Committee, <del>of the Governance Committee and of the Patient Relations Committee.</del> <del>and of the Inquiries, Complaints and Reports Committee</del></p> <p style="text-align: right;">(Amended March 2009)</p> <p>30.05 Save and except where the by-laws specifically provide otherwise, the chair of every committee, other than the Executive Committee, <del>the Governance Committee, the Patient Relations Committee, Inquiries, Complaints and Reports Committee</del> and Finance &amp; Risk Committee, shall be appointed by Council on the recommendation of the Executive Committee and shall be a member of the committee.</p> <p style="text-align: right;">(Amended June 2024)</p>	<p>These additions support the roles and responsibilities outlined in the proposed Governance Committee Terms of Reference, and Patient Committee Terms of Reference specifically as it relates to the Chair of the Governance Committee and Patient Relations Committee.</p>

Column 1	Column 2
By-Law No. 1: General (To come into effect June 4, 2025)	Rationale
<p>30.06 A chair of a committee, other than the Executive Committee, the Governance Committee, the Patient Relations Committee, <del>Inquiries, Complaints and Reports Committee</del> and the Finance &amp; Risk Committee, shall cease to be chair upon the receipt by the Executive Committee of a requisition signed by at least a two-thirds of the members of the committee. (Amended June 2024)</p> <p>30.07 Where the position of chair of any committee, other than the Executive Committee, the Governance Committee, the Patient Relations Committee, <del>Inquiries, Complaints and Reports Committee</del> or the Finance &amp; Risk Committee, becomes vacant for any reason, the Executive Committee shall appoint an interim chair who shall serve until a new chair can be appointed by Council in accordance with Article 30.05. (Amended June 2024)</p>	

## **Part 1: General**

### **23. Standing Committees**

- 23.01** The standing committees of the College shall include the Nominating Committee, the Conduct Committee, the Finance & Risk Committee, the Governance Committee and the Sub-Committee on Compensation.  
(Amended June 2025)

### **24. Nominating Committee**

(Original Revoked and Replaced September 2021)

- 24.01** The Nominating Committee supports Council and committees to demonstrate the competencies and attributes, such as experience, knowledge, skills, and character, to enable them to fulfil their roles and their public protection mandate. Specifics regarding the Nominating Committee's role and membership is set out in its Terms of Reference, as approved by Council.
- 24.02** Despite Article 30.01, the chair of the Nominating Committee shall be the immediate past President of the Council so long as he or she is willing and able to serve and Council or the Executive Committee has not specifically directed otherwise or Article 30.06 has not been invoked.
- 24.03** Deleted, June 2022

### **25. Conduct Committee**

(Amended June 2025)

- 25.01** The Conduct Committee addresses concerns regarding breaches of By-law No. 3: Council and Committee Code of Conduct. It promotes informal resolution, oversees the management of investigations and, where no resolution is possible, reports on the outcome of the investigation to Council with recommendations. Specifics regarding the Conduct Committee's role and membership is set out in its terms of reference, as approved by Council.
- 25.02** Deleted March 2025
- 25.03** Deleted December 2019
- 25.04** Deleted March 2025
- 25.05** Deleted March 2025

### **26. Finance & Risk Committee**

(Amended June 2024)

- 26.01** The Finance & Risk Committee advises Council on the financial affairs of the College and assists Council in meeting its fiduciary and governance accountabilities regarding both CNO financial matters, and also enterprise risk management. Specifics regarding the Committee's authority, role and membership are prescribed in its Terms of Reference, as approved by Council.  
(Amended June 2024)

## **27. Sub-Committee on Compensation**

- 27.01** The Sub-Committee on Compensation acts as a neutral and expert resource to the Registrar and CEO and the Finance & Risk Committee on staff compensation, and on Council or committee member compensation where there is a financial impact to the budget. Specifics regarding the Sub-Committee on Compensation's role and membership is set out in its Terms of Reference, as approved by Council.  
(Amended June 2024)

**27.02** Deleted September 2019

**27.03** Deleted September 2019

**27.04** Deleted March 2009

**27.05** Deleted September 2019

### **27.1 Governance Committee**

- 27.1.01** The Governance Committee advises Council on matters related to governance practices, policies, and processes, ensuring effective Council operations and alignment with regulatory trends. Specifics regarding the Committee's role and membership are set out in its terms of reference, as approved by Council.

## **28. Revoked March 2012.**

## **29. Appointments to Committees**

**29.01** Deleted June 2013

**29.02** Having regard for the composition requirements of each committee and following any protocol approved by Council, the Nominating Committee shall (Amended September 2021) i) at the March Council meeting present a

slate of candidates for each statutory committee; and ii) at the June Council meeting, present a slate of candidates for the members of the Conduct Committee and the Finance & Risk Committee.

(Amended June 2024)

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

(Amended December 2019 and September 2021)

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

(Amended June 2013)

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

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

(Added September 2020)

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

### **29.1 Removal of Committee Members**

(Article 29.1 added September 2008)

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

(Amended March 2013)

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

(Amended March 2013)

**29.1.03** A member of a committee who is neither a councillor, nor an appointed committee member 1 may be removed from the committee, with or without cause, by resolution of the Executive Committee at a meeting called for that purpose.

(Amended March 2013)

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

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

(Added September 2020)

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

(Added March 2013)

### **30. Committee Chairs**

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

(Amended March 2009)

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

**30.02.1** Deleted - March 2009.

**30.03** The President shall be the chair of the Executive Committee, of the Governance Committee and of the Patient Relations Committee.

(Amended June 2025)

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

(Amended June 2024)

**30.05** Save and except where the by-laws specifically provide otherwise, the chair of every committee, other than the Executive Committee, the Governance Committee, the Patient Relations Committee and Finance & Risk Committee, shall be appointed by Council on the recommendation of the Executive Committee and shall be a member of the committee.

(Amended June 2025)

**30.06** A chair of a committee, other than the Executive Committee, the Governance Committee, the Patient Relations Committee and the Finance &



Risk Committee, shall cease to be chair upon the receipt by the Executive Committee of a requisition signed by at least a two-thirds of the members of the committee.

(Amended June 2025)

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

(Added September 2020)

**30.07** Where the position of chair of any committee, other than the Executive Committee, the Governance Committee, the Patient Relations Committee or the Finance & Risk Committee, becomes vacant for any reason, the Executive Committee shall appoint an interim chair who shall serve until a new chair can be appointed by Council in accordance with Article 30.05.

(Amended June 2025)

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

(Approved March 2009)

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

(Amended June 2024)

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

(Numbering change March 2009)

## Role of Council, Council Members and Council Chair

### Decision Note – March 2025 Council

#### Contact for questions or more information

Angie Brennand, Director of Strategy

#### Purpose

To seek Council's approval of the draft role descriptions for Council, Council members, and the Council Chair (President).

#### Motion

That the Council Purpose and Role, Council Member Role and Council Chair Role as they appear in Attachments 2, 3 and 4, be approved.

#### Questions for consideration

Staff are seeking Council's approval on the role descriptions proposed in Attachments 2 through 4:

- 1) Are the Council, Council members and Council Chair role descriptions clear, and relevant, i.e.:
  - aligned with Council's regulatory and oversight accountabilities and culture?
  - aligned with governance best practices?
- 2) Does Council support the use of the term "Chair" in place of President?

#### Public protection rationale

Council is accountable for effective governance of CNO to ensure that CNO fulfills its public protection purpose. Relevant and clearly defined role descriptions support a shared understanding of Council's role and effective oversight and regulatory governance of CNO.

#### Overview

Council is CNO's board of directors ([Health Professions Procedural Code, S.4](#)).

Clearly defined roles help to ensure a shared understanding of obligations and accountabilities so that Council can make important regulatory and governance decisions that ensure CNO meets its public protection purpose.

## Role Development

The [principles](#) that Council supported in June 2024 informed the development of the draft role descriptions.

The drafts build on strengths from previous role descriptions and integrate changes Council has made to its governance processes.

To support the development of roles that reflect current best practice in governance, CNO staff undertook a review of literature as well as the governance policies of regulatory, public interest and other organizations.

A review of relevant legislation and by-laws assures that the roles align with legislated expectations for CNO.

## Proposed Roles

The proposed role descriptions complement existing information in legislation and by-law.

Attachment 1 is a table summarizing the proposed Council purpose and role, Council Member role and Council Chair role. The draft roles are Attachments 2 through 4.

To ensure that these roles continue to reflect best practice, they will be reviewed at least every three years and may be reviewed more frequently if there is significant legislative change or a significant shift in societal expectations.

## Next Steps

Subject to Council's approval, staff will make the necessary editorial updates to all relevant documents to reflect the change from "President" to "Chair."

## Attachments

1. Table highlighting role descriptions, rationale and findings
2. Proposed Council Purpose and Role Description
3. Proposed Role Description Council Member
4. Proposed Role Description Council Chair

## Attachment 1 – Table Highlighting Roles

### 1. Proposed Council Purpose and Role

Statement	Rationale	Findings
<b>Purpose:</b> Council’s purpose is to govern CNO to ensure it effectively fulfils its public protection purpose in a sustainable way.	Council’s purpose is to ensure that CNO <ul style="list-style-type: none"> <li>fulfils its purpose. This is the Council’s “why”</li> <li>is sustainable (i.e. financial, risk management).</li> </ul>	The literature defines a board’s/council’s purpose as ensuring the corporation serves its object or purposes and is viable <sup>1</sup> .
<b>Accountability:</b> As set out in legislation, Council is accountable to the public.	Explicitly stating accountability in role statements helps create trust in a Council and the organization.	The scan of other not-for-profit and regulatory boards/councils reflect inclusion of accountability in role statements.  For CNO, the proposed content included in Council’s role is reflective of its legislated accountability.
<b>Regulatory direction and oversight:</b> Council will set consistent, risk-based direction for the regulation of the nursing profession through approval of regulatory policy and monitor its public-protection effectiveness.	RHPA College councils have legislated regulatory responsibilities that include setting regulations and standards for Ontario health professionals.	The scan of not-for-profits including regulators, reflects that boards/councils have a dual focus of ensuring achievement of a social purpose and viability, which fosters public trust. In addition to oversight, RHPA college boards/councils set public-interest regulatory policy to provide public safety and guide the profession in the public interest. (e.g. Standards)
<b>Organizational direction and oversight:</b> To ensure CNO carries out its public protection purpose, Council will define CNO’s strategic direction and oversee CNO’s effectiveness in achieving its regulatory purpose, its strategic and financial performance, risks to its purpose and strategic plan, and legal and legislative	The oversight role of a council of a public-interest organization is to ensure it sustainably achieves its social purpose.	The literature defines good governance as oversight through strategic and policy direction and monitoring to ensure the organization effectively achieves its priorities. In comparable organizations, oversight boards/councils oversee through strategic and policy direction, delegate operational decisions to

<sup>1</sup> A key distinguishing feature of a regulatory body is that its purpose is set out in legislation. For non-regulator organizations such as associations, charities and for-profit corporations, the board sets the organization’s purpose.

Statement	Rationale	Findings
<p>compliance. Council will ensure CNO has the trust of the public, Minister of Health, registrants and other system partners as a result of effective regulatory policy, regulatory programs, organizational performance and governance.</p>		<p>management, and address governance quality. Those having comprehensive governance manuals effectively describe roles and areas of oversight such as board/council work planning and delegation of authority to the CEO.</p>
<p><b>Council effectiveness:</b> To ensure its oversight of CNO is effective and transparent, Council will define its role in writing (role description), establish governance-supporting structures, evaluate itself regularly as a collective, identifying areas for improvement and taking action to strengthen its effectiveness and governance practices, make effective decisions, and set the direction of the organization through the Registrar/Executive Director &amp; CEO.</p>	<p>Written policies and structures enable Council to understand and perform its role effectively.</p>	<p>A board/council is responsible for governance and the quality of its governance. Governance literature notes that board/council effectiveness is supported by having a written mandate to ensure the board/council has a shared understanding of its governance role, structures such as committees to support governance work, efficient and effective meetings focused on matters that support effective governance decisions, and regular evaluation of board/council effectiveness. In addition, board/council effectiveness and independence (oversight role) is supported through a clear written statement of its authority and setting the direction of the organization through the Registrar/Executive Director &amp; CEO.</p>

## 2. Proposed Council Member Role

Statement	Rationale	Findings
<p>Council, as a collective, relies on the diverse knowledge, skills, and attributes of its members to function effectively and fulfill its mandate.</p>	<p>Knowledgeable, skilled council members support good governance.</p>	<p>Effective board/council members understand individual and board/council fiduciary duties and governance responsibilities, and act accordingly. The review of roles from comparable organizations and boards/councils with director role descriptions reflect a focus on the need for governance skills and good behaviour (e.g. preparing for meetings, participating in respectful discussion).</p>

Statement	Rationale	Findings
		The <a href="#">Council and Committee Code of Conduct</a> (approved by Council, December 2023) was foundational to developing the role statement.

### 3. Proposed [Council Chair Role](#)

Statement	Rationale	Findings
This is a proposed change in title from “President” to Chair.	Clear, modern language supports role clarity.	In the review of other regulators, a shift from President to Chair was identified.  Chair more clearly reflects the role, which is to lead Council, and clearly differentiates between the role of the Council Chair and the CEO.
The Council Chair <sup>2</sup> (President) will lead Council’s execution of role, facilitate good governance practices, chair effective Council meetings and represent Council to outside parties as required. The Council Chair (President) is accountable to Council and works collaboratively with the Registrar/Executive Director & CEO, to support alignment between governance and operations, fostering effective leadership.	The Council Chair (President) leads and supports council effectiveness.	The Council Chair (President) supports governance integrity by leading the Council in executing its governance role. The Chair (President) facilitates governance discussions and decisions. They publicly represent the Council and are accountable to the Council. Generally, in comparable organizations, the Chair (President) demonstrates and facilitates good governance practices and decisions, represents the council publicly and is accountable to the council.

<sup>2</sup> Subject to Council's support, the term 'Council Chair' will replace 'President' in alignment with updated governance terminology.

## Draft Council Purpose and Role

### Council Purpose

Council's purpose is to govern the College of Nurses of Ontario (CNO) to ensure it effectively achieves its public protection purpose in a sustainable way.

### Overview of Purpose

CNO regulates Ontario nurses according to its legislative framework and CNO's purpose is to protect the public by promoting safe nursing practice. CNO is accountable to the public through the Minister of Health.

The [Health Professions Procedural Code \(HPPC\)\(S.4\)](#) requires CNO to have a Council as its board of directors.

As set out in legislation, Council is **accountable to** the public for:

- decisions, including long term direction, that support CNO's public protection purpose and meet CNO's regulatory obligations as set under the HPPC, including the objects (S.3.1) and align with changing societal expectations
- organizational oversight to ensure that the CNO operates effectively within its strategic goals, legal obligations and regulatory framework
- Council effectiveness

### Overview of Council's Role

As the board, **Council's role** is to

- set and oversee direction for the regulation of the nursing profession
- set and oversee direction for the organization.

### Regulatory Direction and Oversight

Council will:

- set consistent, risk-based direction for the regulation of the nursing profession through approval of regulatory policy (such as regulations, by-laws, standards of practice) that are evidence-based, based on best-practice, reflect a system approach and are aligned with changing societal expectations
- make regulations or address other requirements as directed by the Minister of Health under the RHPA 5(1)

- appoint Statutory Committee Chairs and members per [By-law No. 1: General](#)
- monitor and ensure the effectiveness of regulatory policy, with a focus on continuous improvement
- monitor and ensure the effectiveness of CNO's regulatory programs with a focus on continuous improvement.

## Organizational Direction and Oversight

To ensure CNO carries out its public protection purpose, Council will define CNO's strategic direction and oversee CNO's effectiveness in achieving its regulatory purpose, its strategic and financial performance, risks to its purpose and strategic plan, and legal and legislative compliance. Through Council's effective governance oversight, CNO will maintain the trust of the public, Minister of Health, registrants and other system partners through effective regulatory policy, regulatory programs, organizational performance and governance. Council will:

### Strategy

- set CNO's strategic plan
- oversee its execution through receipt and discussion of periodic outcome-focused reports

### People and Culture

- approve compensation principles, based on recommendations from the Finance & Risk Committee, to support CNO's ability to attract and retain high calibre staff by reflecting current legislation, organizational imperatives and best practices in human resources
- confirm CNO has employment practices that are legislatively compliant and reflect current best practices
- monitor CNO's organizational health through outcome-focused reporting

### Diversity, Equity and Inclusion

- support the organization's commitment to diversity, equity and inclusion
- receive an annual update on DEI activities

### Finance

- ensure adequate resources are allocated to support CNO's mandate and strategic plan by approving the annual operating and capital budget, along with two-year projections
- monitor financial performance through receipt and discussion of quarterly financial reports and the annual auditor's report and audited financial statements



- ensure financial integrity by appointing the auditor and approving the annual audited financial statements
- foster CNO's long-term financial viability by approving changes to Fee By-Laws, on recommendation of the Finance & Risk Committee

### **Risk Management**

- provide direction on its risk profile
- delegate direct oversight to the Finance & Risk Committee of the enterprise risk management system that identifies, assesses, treats and reports risks to the organization and in the regulation of the profession through a quarterly report from the Finance & Risk Committee.

### **Council Effectiveness**

To ensure its oversight of CNO is effective, Council will:

#### **Structure and Functioning**

- ensure governance work is aligned with the strategic plan
- define and ensure a shared understanding of its role and responsibilities through a written manual of governance policies aligned with effective governance oversight
- ensure governance policies are transparent to the public
- define and ensure shared understanding of the role of Council members
- identify and implement structures to ensure Council's effective functioning and performance, including:
  - maintain requirements for Council member recruitment and nomination, terms, succession, evaluation and development
  - establish/maintain standing and ad hoc committees, appoint Committee chairs and members and approve their terms of reference that support Council's role and work
- regularly evaluate Council's performance against the expectations herein using an approach that is consistent with robust council effectiveness standards, and identify areas for improvement and taking action to strengthen its effectiveness and governance practices
- ensure effective Council member onboarding and ongoing education that supports Council's priorities and development needs and Council's responsibility for its own performance

- govern CNO and itself and make decisions according to governance principles of transparency, accountability, and its expectations on diversity, equity, and inclusion

## Discussions and Decisions

- determine its annual work plan to support its role and responsibilities
- hold effective and efficient Council meetings by structuring agendas for appropriate and informed discussion, using frameworks for consistent, transparent decision-making and using a consent agenda where no debate is expected or for matters required by law to be approved by Council but delegated to the Registrar/Executive Director & CEO or a committee
- focus on policy and performance outcomes rather than operational decisions, details and processes
- determine and define its requirements for independent (external) expertise
- stay informed about external trends and risks, as well as external laws, regulations, and obligations with which CNO must comply and whether laws or regulations go against the organization's purpose
- engage in robust, informed discussions with critical thinking to understand and reach consensus, where possible, on strategic, evolving, and high stakes issues
- function as a single unit, making decisions and giving direction as a group (speaking with one voice)

## Registrar/Executive Director & CEO

- initiates the recruitment of and appoints the Registrar/Executive Director & CEO
- ensures role clarity and preserves the independent role by defining in governance policy the role of the Registrar/Executive Director & CEO, including what Council will do and what the Registrar/Executive Director & CEO will do (i.e. delegation of authority, oversight versus execution)

## Role Revision Process

This role is approved by Council. To maintain currency, a review of this role takes place every three years, with the exception noted below.

Where there is a substantive legislative change or change in regulatory or societal expectations, a review will be undertaken to determine if the role needs interim amendment.

## Draft Council Member Role

### Overview

Council defines the stewardship role and responsibilities of its members to support Council's accountability to the public. Council members contribute directly to effective governance by:

- actively understanding and effectively fulfilling their role and responsibilities
- demonstrating responsible actions and behaviours and
- demonstrating an unwavering understanding of and commitment to CNO's public protection purpose

Council members will:

- understand and respect Council's purpose, role and the distinction between Council and staff responsibilities, as outlined in Council's approved role descriptions and governance policies
- comply with individual and collective fiduciary duties as outlined in the [Council and Committee Code of Conduct](#) (Code) and execute them with integrity
- act in good faith (in accordance with the Code and CNO's statutory and legislative requirements) to support a Council member's actions being covered by the immunity provisions of the [Regulated Health Professions Act, 1991 \(RHPA\)](#), [CNO's by-laws](#) and insurance coverage
- participate in Council orientation, and ongoing education and development
- participate in Council evaluation activities as set out in Council's Evaluation Policy
- prepare for and attend meetings, to support informed engagement and meaningful discussions to contribute to Council's decision-making process
- communicate inclusively, clearly and respectfully in Council discussions (e.g., avoid side conversations, interruptions, repetition)
- support the Council Chair in facilitating productive and efficient meetings
- respect and support the decisions made by Council, recognizing that individual Council members have no independent authority. Council members are expected to speak with one voice, upholding the collective decisions and actions of the group
- maintain constructive, collaborative and mutually respectful relationships with other Council members and CNO staff

- respect that no one individual member can speak on behalf of Council or provide direction, including to the Registrar/Executive Director & CEO or staff

### **Role Revision Process**

This role is approved by Council. To maintain currency, a review of this role takes place every three years, with the exception noted below.

Where there is a substantive legislative change in regulatory or societal expectations, a review will be undertaken to determine if the role needs interim amendment.

## Draft Council Chair Role

### Overview

The Chair (President) provides **leadership to Council** to support the integrity and effectiveness of its governance processes and functioning. This role ensures that Council **adheres to its governance policies and legislation** so the College of Nurses of Ontario (CNO) achieves its public protection mandate and goals.

The Chair demonstrates leadership in presiding over meetings, facilitating Council discussions, modelling good governance practices and supporting Council members in meeting their accountabilities.

The Chair communicates Council positions or decisions (regulatory or governance related) to outside parties, as appropriate.

The Chair's authority includes duties outlined in [legislation](#), [by-law](#) and Council's governance policies. The Chair is an **officer of the College**<sup>1</sup> and has signing authority for by-laws, regulations and loans.

**The Chair has no independent authority and is accountable to Council.**

The Chair works collaboratively with the Registrar/Executive Director & CEO, to support alignment of governance and operations, fostering effective leadership.

### Lead Governance

The Chair demonstrates leadership in chairing meetings to facilitate informed and effective decisions that align with CNO's public protection mandate. This includes fostering a collaborative environment where diverse perspectives are heard and considered and to ensure Council is effective in carrying out its role according to legislation, by-laws and Council's governance policies. The Chair supports transparency in decision-making, while upholding the integrity and efficiency of Council governance processes. The Chair:

- ensures Council sets and follows an annual work plan that aligns with its accountabilities and reflects CNO's Strategic Plan
- leads by example, modelling the behaviour expected of all Council members that is consistent with the diligence required in [By-Law No. 3: Council and Committee Code of Conduct \(Code\)](#) and of a board of directors in Ontario

---

<sup>1</sup> (By-Law No. 1: General, Article 8)

- maintains collegial, collaborative, effective working relationships with the Registrar/Executive Director & CEO, and Council members to support execution of their respective roles and Council's role
- supports regular evaluation of governance and meeting effectiveness, as well as Council's governance planning, development and progress
- supports Council members in fulfilling their responsibilities and performance expectations by encouraging development through comprehensive onboarding, continuing education opportunities and informal mentoring as needed
- is conscious of their leadership strengths, seeks support where needed and is open to regular feedback from other Council members and the Registrar/Executive Director & CEO
- seeks resolution respectfully but promptly if disagreements or conflicts occur between Council members, understanding that unresolved conflict can diminish Council effectiveness
- fulfils role in addressing complaints of breaches of the Code in accordance with Article 16.03 of the Code ([By-Law No. 3](#))
- delegates their role authority, where needed, to a Vice Chair (Vice-President), in accordance with the provisions of Article 7.15 of [By-Law No. 1: General](#).
- participates, on behalf of Council, in the annual performance assessment of the Registrar/Executive Director and CEO, as set out in Council's Governance Manual ([link](#))
- has no independent authority to make governance policy decisions or independently set the direction for the organization through the Registrar/Executive Director & CEO as this authority is held by Council

The Chair will preside over meetings of Council in accordance with the provisions of Article 7.15 of [By-Law No. 1: General](#).

## Lead Council Meetings

The Chair facilitates effective and efficient Council meetings that support Council in making informed regulatory and governance decisions that support CNO's public protection purpose. The Chair:

- ensures meeting agendas are focused on the annual work plan
- collaborates with the Registrar/Executive Director & CEO in the development and management of Council meeting agendas to support CNO's strategic initiatives, while ensuring the integrity and efficiency of governance processes

- supports Council members in attending, being prepared for, participating in meetings and complying with governance policies and the Code
- ensures meeting discussion, content and decisions support CNO's public protection purpose and align with to Council's oversight role
- is inclusive, using communication techniques that elicit and respect diverse and dissenting perspectives that support Council's decision-making
- ensures Council member conflicts of interest, including their own, are declared and managed
- determines Council members in favour, opposed, and abstaining after which the Chair may cast their vote, in accordance with the provisions of Article 7.20 of [By-Law No. 1: General](#).

## Represent Council

In preparing and issuing communications on Council's behalf, the Chair is supported by the Registrar/Executive Director & CEO to assure consistency with CNO's communication policies and processes.

In all other matters the Registrar/Executive Director & CEO is CNO's official spokesperson.

## Evaluation

The Chair will be evaluated regularly through Council meeting evaluation processes.

The Chair will participate in governance leadership development and commit to continuous development throughout their term of office.

## Voting, Election, Term, Signing Authority

Council elects the Chair at the March Council meeting each year ([By-Law No. 1: General, Article 9](#)).

The term of office for the Chair begins at the June Council meeting<sup>2</sup> and is for one year (S. 10(1) of the [Nursing Act, 1991](#), By-Law No. 1: General, Article 9.04).

The Chair is not eligible to serve (they are not eligible to be nominated or stand for election) as Chair if they have held the position for the previous two consecutive one-year terms. (By-law No. 1: General, Article 9.02).

---

<sup>2</sup> For the purpose of this role statement, the June Council Meeting is defined to include the business meeting, the orientation session and any Council development.

The Chair will not take part in debate while presiding to ensure impartiality, but retains the entitlement to vote at Council, after determining those Council members in favour and opposed (By-Law No. 1: General, Article 7).

The Chair will be available to perform any signing authority duties as required in governance policy or by-law.

### **Role Revision Process**

This role is approved by Council. To maintain currency, a review of this role takes place every three years, with the exception noted below.

Where there is a substantive legislative change or change in regulatory or societal expectations, a review will be undertaken to determine if the role needs interim amendment.



## Council Development Plan

Discussion note – March 2025 Council

### Contact for questions or more information

Angie Brennand, Director, Strategy

### Purpose

To support Council discussion about its broad development priorities for the upcoming Council year (June 2025-June 2026).

### Questions for consideration

1. Do the proposed topics support Council in executing its governance accountabilities?
2. Do they align with Council priorities for the year ahead (June 2025-June 2026)?
3. Is anything missing?

### Background

Council is accountable for good governance, which is supported by its commitment to continuous learning. Ongoing education is accepted governance practice, a key feature of Council's governance vision and a requirement under the Ministry of Health's [College Performance Measurement Framework](#) (CPMF).<sup>1</sup>

Topics for Council's development are informed by multiple considerations. This includes a [CPMF](#) requirement that ongoing education be informed by evaluations, evolving public expectations (e.g., risk management, diversity, equity and inclusion) and priorities identified by Council members. Topics are further informed by Council's annual plan (i.e., upcoming Council decisions) and its governance priorities.

---

<sup>1</sup> The [CPMF](#) requires Council-effectiveness evaluation completed by a third-party at least every three years (measure 1.2 (b)).

Council’s 2025-2026 governance priorities are key opportunities for development.

Topic	Background / Considerations
Governance training	<ul style="list-style-type: none"> <li>• Foundational governance education to serve on CNO’s Council.</li> <li>• Incorporated into the June development session.<sup>2</sup></li> <li>• Externally led (e.g., legal counsel).</li> </ul>
Governance role in Strategic Planning	<ul style="list-style-type: none"> <li>• Development of the new Strategic Plan to commence and is a governance priority in 2025.</li> </ul>
Diversity, equity and inclusion	<ul style="list-style-type: none"> <li>• Learning opportunities to build Council’s intercultural competence, which better positions Council to meet its governance accountabilities related to diversity, equity, and inclusion.</li> </ul>
Governance role in board evaluation	<ul style="list-style-type: none"> <li>• Council Evaluation Policy, revised in December 2024, will inform next steps in the third-party Council-effectiveness evaluation to be completed in 2025.</li> </ul>

**Next steps**

Staff will work with the Executive Committee to schedule Council’s board development throughout the 2025-2026 year taking into consideration timing of Council decisions related to key governance priorities this year.

---

<sup>2</sup> In keeping with Council’s Orientation Policy, the June Council development session is an annual orientation workshop attended by all Council members. In addition to orienting new Council members, this workshop is a refresher for continuing Council members and one of the ways Council members demonstrate commitment to maintaining competence. It includes, but is not limited to, governance basics for CNO Council.



## Report of the February 20, 2025 Finance & Risk Committee Meeting

### Contact for questions or more information

Veronica Adetoye, Director, Business Services & Chief Financial Officer

### Background

The Finance & Risk Committee meeting was held on February 20, 2025. Geoff Clute and Blair MacKenzie, from Hilborn LLP, were guests at the meeting.

Attachment 1 is the draft minutes of the meeting.

### Unaudited Financial Statements

The unaudited financial statements for the year period ended December 31, 2024 (Attachment 2) and the confidential and privileged Management Discussion and Analysis (MD&A) were reviewed in detail.

The 2024 year-end operating surplus is \$3.6M, which is \$3.2M higher than the budgeted surplus of \$0.4M. This is the result of:

- revenues being higher than budgeted by \$0.9M due primarily to a higher number of overall registrations and applications, and higher interest income; and
- expenses being \$2.3M less than budgeted. The favourable variance is largely due to unfilled staff positions and savings on operating costs and equipment.

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

**That Council accept the unaudited financial statements for the year ended December 31, 2024.**

### Pre-Audit Communication

Blair MacKenzie and Geoff Clute of Hilborn LLP presented the approach being used for the audit of CNO's financial results for the year ended December 31, 2024. They noted that they use a risk-based approach to the audit and provided details about their independence.

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

## Fees By-Law Revisions

### Interjurisdictional Nurse Licensure

The Finance & Risk Committee reviewed a proposal to amend By-Law No. 2: Fees, to support the implementation of Interjurisdictional Nurse Licensure (INL) in Ontario. This aims to facilitate the registration of nurses in multiple jurisdictions within Canada while maintaining high standards of public safety.

Council has previously discussed the national work related to INL and the regulatory implications for its operationalization in Ontario. To support this, CNO is introducing definitions for a nurse's home<sup>1</sup> and host jurisdictions<sup>2</sup>. Once implemented, INL would reduce duplication and administrative burden on nurses in maintaining ongoing regulatory requirements while enabling practice in a secondary Canadian province or territory (host jurisdiction).

As a result of a reduction in duplicative efforts, CNO is proposing that INL registrants who register with CNO as their host jurisdiction receive a 25% rebate of the annual fee. The committee reviewed a detailed fee reduction model to assess the potential impact of the proposed fee rebate on CNO's budget; the revenue impact of the rebate is not expected to be significant. If approved, this rebate would be effective January 1, 2025.

A redlined version of the by-laws outlining the proposed amendments, along with the rationale for the changes, is detailed in Attachment 3.

The Finance & Risk Committee is recommending:

**That Council approve amendments to By-Law No. 2: Fees, as they appear in Attachment 3 to this report, for circulation.**

As is required under the *Health Professions Procedural Code*, the amendments are being recommended for circulation. Final decision will be made by Council in June 2025.

### Nursing Education Regulation

Amendments to the fees by-law are being proposed to support implementation of the nursing education regulation changes that will take effect on April 1, 2025.

Based on a recommendation of the Finance & Risk Committee, in December 2024, the Executive Committee approved a 60-day consultation of proposed changes to the fees

---

<sup>1</sup> "Home Jurisdiction" - the jurisdiction in which the nurse physically resides for the purposes of taxes, and is registered to practice as a Nurse in that jurisdiction.

<sup>2</sup> "Host Jurisdiction" - one or more jurisdictions in which the nurse is registered to practice as a nurse in that jurisdiction in addition to their Home jurisdiction.

by-law as required by the *Regulated Health Professions Act, 1991 (RHPA)*. These proposed revisions remove the higher applicant fee charged to Internationally Educated Nurses (IENs) who have their credential validated by an external vendor other than the National Nursing Assessment Service (NNAS) and streamline related articles. The proposed changes would ensure that all CNO applicants, whether educated in Ontario, elsewhere in Canada or abroad, would pay the same application fee.

The committee reviewed the feedback from the consultation; approximately 5,500 survey responses were received between December 11, 2024 to February 8, 2025. The majority of the feedback was unrelated to the changes proposed, however of those that were, the perspectives varied. Those who supported the revisions noted that they were equitable, while others who were not supportive felt that IENs should pay more than those domestically educated.

After considering the feedback received and given that the proposed revisions aim to promote fairness to applicants, the Finance & Risk Committee noted their support.

A redlined version of the fees by-laws outlining the proposed amendments, along with the rationale for the changes, is detailed in Attachment 4.

The Finance & Risk Committee is recommending:

**That Council approve amendments to By-Law No. 2: Fees, as they appear in Attachment 4 to this report, effective April 1, 2025.**

## **Financial Policies**

The Finance & Risk Committee conducted its triennial review of financial policies. In addition to editorial changes, some substantive changes were approved to strengthen financial controls, clarify accountabilities and reassess approval thresholds to allow CNO to be agile and proactive.

Following a policy-by-policy review, the committee approved the policies. As required, the policies are being shared with Council for information (Attachment 5).

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

In June 2025, Bob Canuel's term of office on the Sub-Committee on Compensation is ending and he is eligible for reappointment. The Finance & Risk Committee received information on his relevant experience and background.

The Finance & Risk Committee's recommendation is addressed in the briefing for Council [Agenda Item 5.8](#).

## **Attachments:**

1. Draft minutes of the Finance & Risk Committee meeting of February 20, 2025
2. Unaudited Financial Statements for the year ended December 31, 2024
3. Redlined version of the Fees-By-laws for INL, including rationale for the amendments
4. Redlined version of the Fees-By-laws for nursing education regulation, including rationale for the amendments
5. Financial policies as approved by the Finance & Risk Committee

## Finance & Risk Committee Minutes

February 20, 2025 at 9:00 a.m.

### Present

T. Fukushima, Chair

B. Canuel

P. Sullivan

D. Thompson

K. Wagg

### Regrets

R. Lastimoso Jr.

### Staff

V. Adetoye

S. Crawford

C. Jiang

M. Kelly, Recorder

S. Mills

### Guests

G. Clute

B. MacKenzie

### Chair

T. Fukushima chaired the meeting.

### Agenda

The agenda had been circulated and was approved on consent.

### Minutes

Minutes of the Finance & Risk Committee meeting of November 14, 2024 had been circulated.

### Motion 1

Moved by P. Sullivan, seconded by K. Wagg,

That the minutes of the Finance & Risk Committee meeting of November 14, 2024 be accepted as presented.

CARRIED

## Financial Statements

V. Adetoye highlighted the unaudited financial statements for the year ended December 31, 2024.

In reviewing the statement of operations, V. Adetoye highlighted that at the end of 2024 there was a surplus of \$3.6M, which is \$3.2M more than the budgeted surplus of \$0.4M. The surplus is in line with the year-end projection of \$3.7M presented to committee late last year. It was noted that revenues are \$0.9M higher than budget due to an increase in the overall registration and application numbers, as well as higher interest income. Expenses are \$2.3M less than budget due to unfilled staff positions and savings related to operating costs and equipment. V. Adetoye noted that the \$1.8M variance for unfilled staff positions is a significant improvement when compared to the same period last year as CNO has implemented an improved approach to managing vacancies as outlined in the 2024 budget. The expense variance is partially offset by an increase in costs for legal services, which is due to an increase in case volume and the complexity of services required. It was noted that this increase is expected to continue into 2025 as CNO has experienced an increase in complaints and reports year over year. V. Adetoye noted that the final financial result for 2024 will be reported on the audited statements in May.

The Finance & Risk 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 analyzed based on their potential impact and likelihood.

### Motion 2

Moved by D. Thompson, seconded by P. Sullivan,

That approval of the unaudited financial statements for the year ended December 31, 2024 be recommended to Council.

CARRIED

## Pre-Audit Communication

The Finance & Risk Committee had received a pre-audit package from CNO's auditor. B. MacKenzie and G. Clute presented the approach for the 2024 audit. They noted that the external audit adds to the credibility of the financial statements that are prepared by



management. The committee's role is to provide oversight to the process, to ensure that the audit process is managed appropriately and that the financial statements are an appropriate reflection of CNO's year-end financial situation. It was noted that the audit is collaborative and carried out under generally accepted auditing standards with the common goal of reliable financial statements. The standards for not-for-profit organizations as prescribed by CPA Canada will remain constant for 2024 and therefore no changes will be seen in the form of the statements.

G. Clute outlined the three phases to the audit:

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

He noted that the goal is that the financial statements be free from material error – that is an error that would influence decision-making. The materiality level was highlighted, and it was noted that it is common to make some adjustments to the financial statements at year-end. The importance of auditor's independence was highlighted. Their independence is confirmed in both the engagement and independence letters issued and will also be confirmed post-audit.

### **In camera session**

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

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

### **Interjurisdictional Nurse Licensure: Proposed By-Law Amendments**

The Finance & Risk Committee reviewed a proposal to amend By-Law No. 2: Fees, in order to support the implementation of Interjurisdictional Nurse Licensure (INL) in Ontario. INL aims to facilitate the movement of nurses across jurisdictional borders within Canada while maintaining public safety.

, CNO is proposing that INL registrants receive a 25% rebate of the annual fee. If approved, this rebate will take effect January 1, 2025. It was noted that the proposed reduction of the annual fee is also in alignment with the approaches taken by other

Canadian nursing regulatory bodies, however there is no requirement for the regulators to implement the same fee model.

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

### **Motion 3**

Moved by P. Sullivan, seconded by, D. Thompson,

That it be recommended that Council approve amendments to By-law No. 2: Fees, articles 1.01 and 5.06.1 for publication as outlined in Attachment 1 of the decision note.

CARRIED

### **Nursing Education Regulation: Proposed By-Law Amendments**

At their last meeting in November, the Finance & Risk Committee reviewed a proposal to amend By-Law No. 2: Fees, to support the implementation of the nursing education regulation changes and to promote fairness to applicants. These regulation changes have been approved by the provincial government and will take effect April 1, 2025.

The proposed by-law changes do not introduce any new fees, rather they:

- remove the higher application fee for internationally educated nurses (IENs) who have their credential validated by an external vendor other than the National Nursing Assessment Service (NNAS), and
- streamline the by-laws by amalgamating Articles 2.02 and 2.02.1.

The proposed changes would ensure that all CNO applicants, whether educated in Ontario, elsewhere in Canada or abroad, would pay the same application fee.

As a requirement under the *Regulated Health Professions Act, 1991 (RHPA)*, and as approved by the Executive Committee in December 2024, the by-law amendments were circulated for feedback. The Finance & Risk Committee was informed that approximately 5,500 responses were obtained during the consultation period which ran from December 11, 2024 to February 8, 2025. While the majority of feedback received was not related to the proposed changes, those that were related consisted of varying perspectives. Those in support suggested that the proposed changes were more equitable, while others who were not supportive felt that IENs should pay more than those domestically educated. It was clarified that the proposed by-law changes pertain to the removal of a fee to promote equity across IENs; they are still charged an application fee to cover costs associated with processing their application.

After reviewing the feedback from the consultation, the Finance & Risk Committee confirmed their support for the proposed revisions to the by-laws.

#### **Motion 4**

Moved by K. Wagg, seconded by, P. Sullivan,

That it be recommended that Council approve amendments to By-law No. 2: Fees, as outlined in Attachment 1 of the decision note, effective April 1, 2025.

CARRIED

#### **Annual By-Law Review**

The Finance & Risk Committee's terms of reference include an annual review of all the by-laws related to CNO's financial affairs. Proposed by-law amendments regarding INL and implementation of the nursing education regulation changes were highlighted for the review.

It was noted that changes may be required to the Terms of Reference for the Sub-Committee on Compensation to more accurately reflect their accountabilities. If applicable, by-law amendments will be presented to the Finance & Risk Committee at a future meeting.

Staff did not suggest any other changes, nor did Finance & Risk Committee members.

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

The Finance & Risk Committee recommends the membership of the Sub-Committee on Compensation, and the Executive recommends its Chair. It was confirmed that Bob Canuel is eligible for reappointment on the Sub-Committee until June 2028. His background and relevant experience were shared with the Finance & Risk Committee.

B. Canuel expressed his interest in continuing to serve on the Sub-Committee and noted that members' knowledge and contribution is enhanced as they become more familiar with CNO over time since the Sub-Committee only meet twice per year. His reappointment would continue to provide knowledge transition and continuity to newer committee members.

B. Canuel declared a conflict of interest and left the meeting.

## **Motion 5**

Moved by P. Sullivan, seconded by D. Thompson,

That it be recommended to Council that Bob Canuel be reappointed as a member of the Sub-Committee on Compensation until June 2028.

CARRIED

B. Canuel returned to the meeting.

## **Financial Policies**

As part of their triennial review, the Finance & Risk Committee discussed proposed amendments to seven financial policies that are referenced in the by-laws for which they have oversight. Many of the proposed changes are editorial in nature – they provide clarity and reflect the current organizational structure. However, one key change proposed across all policies clarifies the role of the Finance & Risk Committee in approving and overseeing the policies on behalf of Council.

If approved, these changes will take effect immediately.

## **Motion 6**

Moved by D. Thompson, seconded by T. Fukushima,

That the proposed revised financial policies as outlined in the decision note be approved.

CARRIED

As required, the policies will be shared with Council for information.

## **Self-Monitoring Tool**

The committee reviewed the self-monitoring tool and confirmed that they had met their accountability for the meeting, noting their discussions pertaining to policy reviews, by-law amendments and inquiries from management and the external auditor.

The committee confirmed that materials provided were well prepared and supported them in making their recommendations. They noted appreciation for staff's responsiveness to their inquiries and continuous improvements made to meeting materials over time.

### **Upcoming meetings**

The Finance & Risk Committee will meet the afternoon of May 16, 2025 for their final meeting of this term. It was noted that the auditors will also attend.

### **Conclusion**

At 11:00 a.m., on completion of the agenda, the Finance & Risk Committee meeting concluded.

---

Chair

DRAFT

## **Attachment 2**

**COLLEGE OF NURSES OF ONTARIO  
FINANCIAL STATEMENTS AND NOTES  
FOR THE YEAR ENDED DECEMBER 31, 2024 (Unaudited)**

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

	<b>2024</b>	<b>2023</b>
	<b>December</b>	<b>December</b>
<b>ASSETS</b>		
Current assets		
Cash	66,894	61,640
Investments	41,425	33,750
Other receivables	268	394
Prepaid expenses	1,831	1,506
	<u>110,417</u>	<u>97,288</u>
Investments	<u>11,938</u>	<u>12,578</u>
Capital assets		
Furniture and fixtures	1,812	1,812
Equipment - non computer	534	529
Computer equipment	5,358	4,654
Building	6,836	6,836
Building improvements	5,542	5,542
Land	3,225	3,225
Art	45	45
	<u>23,351</u>	<u>22,642</u>
Less: Accumulated amortization	<u>(12,106)</u>	<u>(10,598)</u>
	<u>11,244</u>	<u>12,044</u>
Intangible Assets	2,305	2,800
Less: Accumulated amortization	<u>(2,097)</u>	<u>(2,507)</u>
	<u>208</u>	<u>293</u>
	<b><u>133,808</u></b>	<b><u>122,203</u></b>
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities	18,174	14,644
Deferred registration and examination fees	64,982	60,533
	<u>83,156</u>	<u>75,177</u>
	<u>83,156</u>	<u>75,177</u>
<b>NET ASSETS</b>		
Net assets invested in capital assets	11,453	12,337
Unrestricted net assets	39,199	34,689
	<u>50,652</u>	<u>47,025</u>
	<b><u>133,808</u></b>	<b><u>122,203</u></b>

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

	2024 Year to Date December			2023 Year to Date December			2024 Budget	
	Budget	Actual	Variance (\$)	Budget	Actual	Variance (\$)	Remaining	Approved
			Fav/(Unfav)			Fav/(Unfav)		
<b>REVENUES</b>								
Registration fees	72,425	73,146	721	55,375	56,468	1,093	721	72,425
Application assessment	8,148	7,674	(475)	5,721	6,589	868	(475)	8,148
Verification and transcripts	156	144	(12)	128	173	45	(12)	156
Interest income	2,740	3,584	844	1,761	2,800	1,039	844	2,740
Examination	828	698	(130)	358	836	478	(130)	828
Other	206	194	(12)	370	257	(113)	(12)	206
<b>Total Revenues</b>	<b>84,504</b>	<b>85,440</b>	<b>936</b>	<b>63,713</b>	<b>67,124</b>	<b>3,411</b>	<b>936</b>	<b>84,504</b>
<b>EXPENSES</b>								
Employee salaries and benefits	58,571	56,737	1,834	52,796	49,013	3,783	1,834	58,571
Employee related expenses	1,784	1,240	544	1,371	1,233	137	544	1,784
Contractors and consultants	4,421	4,472	(52)	4,114	4,748	(634)	(52)	4,421
Legal services	3,401	6,645	(3,244)	3,242	3,329	(87)	(3,244)	3,401
Equipment, operating supplies and other services	8,859	6,692	2,167	6,624	6,160	464	2,167	8,859
Taxes, utilities and depreciation	1,996	1,927	68	2,003	1,971	32	68	1,996
Exam fees	104	142	(38)	120	232	(111)	(38)	104
Non-staff remuneration and expenses	940	689	251	709	594	115	251	940
<b>Total Base Operating Expenses</b>	<b>80,075</b>	<b>78,544</b>	<b>1,531</b>	<b>70,978</b>	<b>67,280</b>	<b>3,698</b>	<b>1,531</b>	<b>80,075</b>
Project Expenses	4,000	3,270	730	3,000	3,605	(605)	730	4,000
<b>Total Expenses</b>	<b>84,075</b>	<b>81,814</b>	<b>2,261</b>	<b>73,978</b>	<b>70,885</b>	<b>3,093</b>	<b>2,261</b>	<b>84,075</b>
<b>Excess of (expenses over revenues) / revenues over expenses</b>	<b>429</b>	<b>3,627</b>	<b>3,197</b>	<b>(10,265)</b>	<b>(3,762)</b>	<b>6,503</b>	<b>3,197</b>	<b>429</b>
Opening net assets		<u>47,025</u>			<u>50,787</u>			
Closing net assets		<u>50,652</u>			<u>47,025</u>			



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

	<b>2024</b>			<b>2023</b>
	<b>Invested in Capital and Intangible Assets</b>	<b>Unrestricted</b>	<b>Total</b>	<b>December</b>
<b>Balance, beginning of year</b>	<b>12,337</b>	<b>34,689</b>	<b>47,025</b>	<b>50,787</b>
Excess of (expenses over revenues)/revenues over expenses	(1,680)	5,306	3,627	(3,762)
Purchase of capital assets	796	(796)	-	-
<b>Balance, end of year</b>	<b>11,453</b>	<b>39,199</b>	<b>50,652</b>	<b>47,025</b>

**College of Nurses of Ontario**  
**Statement of Cash Flows (\$000)**  
**Year Ended December 31**

	<b>2024</b>	<b>2023</b>
	<b>December</b>	<b>December</b>
<b>Cash flows from operating activities</b>		
Excess of revenue over expense for the year	3,627	(3,762)
Adjustments to determine net cash provided by/(used in) operating activities		
Amortization of capital assets	1,595	1,608
Amortization of intangible assets	85	84
Loss on disposal of capital assets	7	39
Interest not received during the year capitalized to investments	(806)	(1,007)
Interest received during the year previously capitalized to investments	810	271
	<b>5,317</b>	<b>(2,767)</b>
<b>Changes in non-cash working capital items</b>		
Decrease in amounts receivable	125	(262)
Increase in prepaid expenses	(325)	(330)
Increase in accounts payable and accrued liabilities	3,530	315
Increase in deferred registration fees	4,449	14,147
	<b>13,096</b>	<b>11,103</b>
<b>Cash flow from investing activities</b>		
Purchase of investment	(58,953)	(43,369)
Proceeds from disposal of investments	51,913	34,063
Purchase of capital assets	(802)	(731)
Disposal of intangible assets	-	(180)
	<b>(7,842)</b>	<b>(10,218)</b>
Net decrease in cash and cash equivalents	5,254	885
Cash and cash equivalents, beginning of year	61,640	60,754
<b>Cash and cash equivalent, end of year</b>	<b>66,894</b>	<b>61,640</b>

## Attachment 3

### Proposed amendments to By-law No.2: Fees

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);

**"home jurisdiction"** means the Canadian jurisdiction in which the nurse physically resides for the purposes of income taxes, and in which the nurse is registered to practice in the same category. If this definition cannot be applied for any reason, "home jurisdiction" will be defined as the Canadian jurisdiction in which the nurse is registered to practice in the same category and in which they practice most often;

**"host jurisdiction"** means one or more jurisdictions where a nurse is registered in the same category, in addition to their home jurisdiction;

**"interjurisdictional registrant"** refers to a member registered in Ontario as one of their host jurisdictions in the same category as their home jurisdiction;

**"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.

## **ANNUAL FEES**

- 5.01 Unless otherwise provided in the by-law, an annual fee is payable by each member for each calendar year in accordance with this by-law.
- 5.02 The Registrar shall notify every member of the amount of the annual fee and the day on which the fee is due.
- 5.03 The annual fee for the calendar year for which a person first becomes a member in a category must be paid immediately prior to the issuance of that certificate of registration.
- 5.04 Except where Article 5.03 or 5.08 is applicable, or unless otherwise authorized by the Registrar, the annual fee for the calendar year must be paid on or before December 31st of the previous year.
- 5.05 No annual fee is payable in relation to the issuance of an emergency class certificate of registration or by a member who only holds an emergency class certificate of registration.
- 5.06 A member holding a certificate of registration in a class other than the non-practising class
- i) for members registered in one category, shall pay an annual fee of
    - a) \$270.00 for the 2023 calendar year;
    - b) \$340.00 for the 2024 calendar year;
    - c) \$354.00 for the 2025 calendar year;
    - d) \$368.00 for the 2026 calendar year and subsequent calendar years.
  - ii) for members registered in two categories, shall pay an annual fee of
    - a) \$540.00 for the 2023 calendar year;
    - b) \$680.00 for the 2024 calendar year;
    - c) \$708.00 for the 2025 calendar year;
    - d) \$736.00 for the 2026 calendar year and subsequent calendar years.
- 5.06.1 For the 2025 calendar year and subsequent years, a member registered as an interjurisdictional registrant in the General or Extended class shall be entitled to receive a rebate each year equal to 25% of the annual fees paid in respect of that year.
- 5.07 A member who only holds a certificate of registration in the non-practising Class
- i) for members registered in one category, shall pay an annual fee of
    - a) \$50.00 for the 2023 calendar year;
    - b) \$63.00 for the 2024 calendar year;
    - c) \$66.00 for the 2025 calendar year;
    - d) \$69.00 for the 2026 calendar year and subsequent calendar years.

- ii) for members registered in two categories, shall pay an annual fee of
  - a) \$100.00 for the 2023 calendar year;
  - b) \$126.00 for the 2024 calendar year;
  - c) \$132.00 for the 2025 calendar year;
  - d) \$138.00 for the 2026 calendar year and subsequent calendar years.

5.08

A member who holds a non-practising class certificate of registration and to whom another class of certificate is issued shall pay, on the issuance of that other class of certificate, the fee set out in Article 5.06 less any annual fee paid by the member for that calendar year

## Rationale Chart

Proposed Change	Rationale
<p><b>“home jurisdiction”</b> means the Canadian jurisdiction in which the nurse physically resides for the purposes of income taxes, and in which the nurse is registered to practice in the same category. If this definition cannot be applied for any reason, “home jurisdiction” will be defined as the Canadian jurisdiction in which the nurse is registered to practice in the same category and in which they practice most often;</p>	<p>This is the definition of “home jurisdiction” related to Interjurisdictional Nurse Licensure (INL). It is based on the jurisdiction where the nurse physically resides for purposes of income cases, and in which the nurse is registered to practice. In cases where the definition of “home jurisdiction” cannot be applied, it will be defined as the Canadian jurisdiction in which the nurse is registered to practice and in which they practice most often.</p> <p>For example, a nurse resides in Gatineau, Quebec but not registered in Quebec. The nurse is registered to practice in Ontario and New Brunswick. In this case, since the nurse is not registered in the province where they reside, their home jurisdiction will be based on the province/territory in which the nurse practices most often. If they practice more often in Ontario than in New Brunswick, then their “home jurisdiction” will be CNO.</p>
<p><b>“host jurisdiction”</b> means one or more jurisdictions where a nurse is registered in the same category, in addition to their home jurisdiction;</p>	<p>This is the definition of “host jurisdiction” related to INL.</p>
<p><b>“interjurisdictional registrant”</b> refers to a member registered in Ontario as one of their host jurisdictions in the same category as their home jurisdiction;</p>	<p>This is the definition of “interjurisdictional registrant” for purposes of registering with CNO as one of the host jurisdictions.</p> <p>Currently, nurses who are registered in more than one Canadian jurisdiction, pay full annual fees to each nursing regulatory body. Implementing INL would help to reduce the financial burden on nurses by enabling them to pay a reduced annual fee, if Ontario is one of their Host jurisdictions.</p>
<p><b>5.06.1</b> For the 2025 calendar year and subsequent years, a member registered as an interjurisdictional registrant in the General or Extended class shall be entitled to receive a rebate each year equal to 25% of the annual fees paid in respect of that year.</p>	<p>As of January 1, 2025, a member registered as an interjurisdictional registrant with CNO as their host jurisdiction will receive a rebate equal to 25% of the annual fees each year.</p>

## Attachment 4

### Proposed amendments to By-law No.2: 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 ~~or in the general class as a registered practical nurse~~ shall pay an application fee of

~~i) if the applicant is a graduate of a nursing program required for registration as a registered nurse which was taken in Canada or if the applicant, at the time of application, holds an out-of-province certificate that is equivalent to a general class certificate of registration as a registered nurse or if the applicant previously held a general or 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) a) \$400.00 for an application made in the 2024 calendar year;~~

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

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

~~ii) if the applicant is not one described in (i), and the applicant provides a current assessment report from the National Nursing Assessment Service 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.~~

2.02.1 Deleted (date) A person who submits an application for a certificate of registration in the general class as a registered practical nurse

~~i) if the applicant is a graduate of a nursing program required for registration as a registered practical nurse which was taken in Canada or if the applicant, at the time of application, holds an out-of-province certificate that is equivalent to a general class certificate of registration as a registered practical nurse or 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 is not one described in (i), and the applicant provides a current assessment report from the National Nursing Assessment Service 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.~~



## Rationale Chart

Proposed Change	Rationale
<p>2.02 A person who submits an application for a certificate of registration in the general class as a registered nurse <del>or in the general class as a registered practical nurse shall pay an application fee of</del></p> <p><del>i) — if the applicant is a graduate of a nursing program required for registration as a registered nurse which was taken in Canada or if the applicant, at the time of application, holds an out-of-province certificate that is equivalent to a general class certificate of registration as a registered nurse or if the applicant previously held a general or extended class certificate of registration as a registered nurse issued by the College shall pay an application fee of</del></p>	<p>The proposed changes would ensure that all CNO applicants, whether educated in Ontario, elsewhere in Canada or abroad, would pay the same application fee which would support implementation of the proposed nursing education regulation changes and promote fairness to applicants. If the by-law is not amended, there will be two different application fees charged for IENs depending on which external vendor conducts their credential assessment.</p> <p>In addition, separate provisions for RN and RPN applicants would no longer be necessary, given that fees are the same for all applicants; so, the changes propose to merge Articles 2.02 and 2.02.1.</p> <p>Lastly, the application fee for the 2023 calendar year is no longer applicable and is removed. Fees for 2024, 2025, and 2026 remain and apply to all current and/or future CNO applicants. No new fees are proposed.</p>
<p><del>a) — \$300.00 for an application made in the 2023 calendar year;</del></p> <p><del>b) <u>a</u>) \$400.00 for an application made in the 2024 calendar year;</del></p> <p><del>c) <u>b</u>) \$416.00 for an application made in the 2025 calendar year;</del></p> <p><del>d) <u>c</u>) \$433.00 for an application made in the 2026 calendar year and subsequent calendar years.</del></p>	
<p><del>ii) — if the applicant is not one described in (i), and the applicant</del></p>	

Proposed Change	Rationale
<p><del>provides a current assessment report from the National Nursing Assessment Service shall pay an application fee of</del></p> <ul style="list-style-type: none"> <li><del>a) \$300.00 for an application made in the 2023 calendar year;</del></li> <li><del>b) \$400.00 for an application made in the 2024 calendar year;</del></li> <li><del>c) \$416.00 for an application made in the 2025 calendar year;</del></li> <li><del>d) \$433.00 for an application made in the 2026 calendar year and subsequent calendar years.</del></li> </ul> <p><del>iii) if the applicant is not described in (i) or (ii), shall pay an application fee of</del></p> <ul style="list-style-type: none"> <li><del>a) \$1,000.00 for an application made in the 2023 calendar year;</del></li> <li><del>b) \$1,330.00 for an application made in the 2024 calendar year;</del></li> <li><del>c) \$1,383.00 for an application made in the 2025 calendar year;</del></li> <li><del>d) \$1,438.00 for an application made in the 2026 calendar year and subsequent calendar years.</del></li> </ul>	

Proposed Change	Rationale
<p>2.02.1 <del>Deleted (date) A person who submits an application for a certificate of registration in the general class as a registered practical nurse</del></p> <p><del>i) — if the applicant is a graduate of a nursing program required for registration as a registered practical nurse which was taken in Canada or if the applicant, at the time of application, holds an out-of-province certificate that is equivalent to a general class certificate of registration as a registered practical nurse or as a registered nurse, issued by the College shall pay an application fee of</del></p> <p style="padding-left: 40px;"><del>a) \$300.00 for an application made in the 2023 calendar year;</del></p> <p style="padding-left: 40px;"><del>b) \$400.00 for an application made in the 2024 calendar year;</del></p> <p style="padding-left: 40px;"><del>c) \$416.00 for an application made in the 2025 calendar year;</del></p> <p style="padding-left: 40px;"><del>d) \$433.00 for an application made in the 2026 calendar year and subsequent calendar years.</del></p> <p><del>ii) — if the applicant is not one described in (i), and the applicant provides a current assessment report from the National Nursing Assessment</del></p>	<p>Given the proposed changes above, Article 2.02.1 would no longer be necessary and is proposed to be removed.</p>

Proposed Change	Rationale
<p><del>Service shall pay an application fee of</del></p> <ul style="list-style-type: none"> <li><del>a) \$300.00 for an application made in the 2023 calendar year;</del></li> <li><del>b) \$400.00 for an application made in the 2024 calendar year;</del></li> <li><del>c) \$416.00 for an application made in the 2025 calendar year;</del></li> <li><del>d) \$433.00 for an application made in the 2026 calendar year and subsequent calendar years.</del></li> </ul> <p><del>iii) if the applicant is not described in (i) or (ii) shall pay an application fee of</del></p> <ul style="list-style-type: none"> <li><del>a) \$1,000.00 for an application made in the 2023 calendar year;</del></li> <li><del>b) \$1,330.00 for an application made in the 2024 calendar year;</del></li> <li><del>c) \$1,383.00 for an application made in the 2025 calendar year;</del></li> <li><del>d) \$1,438.00 for an application made in the 2026 calendar year and subsequent calendar years.</del></li> </ul>	

<b>Policy – Banking</b>	<b>Policy # (for admin use only)</b>
	<b>Page: 1 of 2</b>
Developed by: Finance & Operations	Date Originated: Aug. 2019
Maintained by: Finance & Operations	Date Revised: July 2020 May 2022 February 2025
Approved by: Finance & Risk Committee	

## PURPOSE

The purpose of this policy is to establish standards and authority for banking to minimize the risk to CNO funds.

## APPLICATION/SCOPE:

This policy will apply to the Finance & Risk Committee, CNO management and staff in Finance & Operations.

## KEY TERMS/DEFINITIONS:

- **Bank:** those listed under [Schedule 1](#) of the [Bank Act \(Canada\)](#).
- **CNO Management:** includes the chief officers, directors and managers.

## BACKGROUND:

The Finance & Risk Committee is responsible for approving and overseeing this policy on behalf of Council. This policy reflects best practice, addresses the business needs of CNO, and minimizes risk to CNO's financial resources. Council approves banks where CNO funds will be held. The Chief Operating Officer (COO) will approve any additional and/or special accounts opened as required with an approved bank. The Manager of Finance & Operations will ensure that all funds are housed within a bank that meets the requirements set out in this policy.

## POLICY:

### (A) Bank Deposits and Banking

- i) Funds belonging to CNO will be deposited with the approved bank(s) in the name of the College of Nurses of Ontario.
- ii) When required, any one (1) chief officer or delegate may endorse any negotiable instrument for collection on account of CNO through the bank(s) or for deposit to the credit of CNO with the bank(s).

**ASSURANCE AND MAINTENANCE**

- The Finance & Risk Committee may consult with the auditors during the annual review to validate that this policy is meeting its purpose.
- The Finance & Risk Committee will review this policy every 3 years to ensure it continues to meet its purpose.
- This policy and all revisions will be shared with Council for information.

**RELATED POLICIES:**

- Payment
- Expenditures

**APPLICABLE LEGISLATION/REGULATIONS/STANDARDS:**

- Article 36 – Banking of *By-Law No. 1: General*
- Bank Act (Canada)

**RELATED PROCEDURES:**

- Operating Procedure – Banking

**RELATED FORMS, TEMPLATES, JOB AIDS**

- Job Aid Bank reconciliation
- Job Aid Payment processes
- Job Aid Collections

<b>Policy – Borrowing</b>	<b>Policy # (for admin use only)</b>
	<b>Page: 1 of 2</b>
Developed by: Finance & Operations	Date Originated: Aug. 2019
Maintained by: Finance & Operations	Date Revised: July 2020 May 2022 February 2025
Approved by: Finance & Risk Committee	

### PURPOSE:

The purpose of this policy is to establish standards and authority for borrowing money that ensures CNO's credit rating is not impacted and minimizes the risk of misuse of funds.

### APPLICATION/SCOPE:

This policy will apply to the Council, Finance & Risk Committee, chief officers and the Director of Business Services & CFO.

### KEY TERMS/DEFINITIONS:

- **Debt obligations:** legally binding commitments in which a borrower agrees to repay a specified amount of money to a lender, typically with interest, over a predetermined period. Examples are loans, bonds or other financial instruments.

### BACKGROUND:

The Finance & Risk Committee is responsible for approving and overseeing this policy on behalf of Council. This policy reflects best practice, addresses the business needs of CNO, and minimizes risk to CNO's financial resources. The chief officers are responsible for ensuring the borrowing is necessary to CNO's ongoing fiscal or operational well-being and that the costs of borrowing are minimized.

### POLICY:

- (A) CNO may only borrow money, increase credit limits or mortgage assets where appropriately authorized.
- (B) A Council resolution will be required to:
- borrow money on the credit of CNO;
  - issue, sell or pledge debt obligations of CNO, whether secured or unsecured; and charge, mortgage, hypothecate or pledge all or any of the real or personal property of CNO, currently owned or subsequently acquired, to secure any such debt or obligations or any money borrowed, or debt or liability of CNO.

- (C) Any two of the following, President, Vice Presidents, or the chief officers can execute the documents once Council's authorization for borrowing has been secured.
- (D) Access to overdraft will not be consider as borrowing. There may be situations where an overdraft may be needed for a short period of time. This will be treated as overdraft and no formal approval needed.

**ASSURANCE AND MAINTENANCE**

- The Finance & Risk Committee may consult with the auditors during the annual review to validate that this policy is meeting its purpose.
- The Finance & Risk Committee will review this policy every 3 years to ensure it continues to meet its purpose.
- This policy and all revisions will be shared with Council for information.

**RELATED POLICIES:** *(if applicable)*

**APPLICABLE LEGISLATION/REGULATIONS/STANDARDS:**

- Article 39 – Borrowing of *By-Law No. 1: General*

**RELATED PROCEDURES:**

- Operating Procedure – Borrowing





<b>Policy – Contracts</b>	<b>Policy # (for admin use only)</b>
	<b>Page: 1 of 2</b>
Developed by: Finance & Operations	Date Originated: Aug 2019
Maintained by: Finance & Operations	Date Revised: July 2020 May 2022 February 2025
Approved by: Finance & Risk Committee	

**PURPOSE:**

The purpose of this policy is to establish standards and authority for the execution of contracts that bind CNO, in order to minimize the risk to CNO funds.

**APPLICATION/SCOPE:**

This policy applies to all CNO management and staff, CNO Council President, and the CNO Council Vice Presidents.

**KEY TERMS/DEFINITIONS:**

- i) **CNO Management:** includes the chief officers, directors, and managers.
- ii) **Goods and/or Services:** includes one or more of the following: furnished or performed by a vendor under a contract: supplies, equipment, construction, labour, materials, products, software, maintenance services, information, information technology, consulting or professional services.
- iii) **Procurement:** the process of sourcing, assessing, selecting and managing the acquisition of goods and services required to support CNO’s operations.
- iv) **Contract:** a binding commitment between CNO and another party for the exchange of goods, services or other products, and which may or may not involve monetary consideration. A contract may include but is not limited to the following: letter of intent, memorandum of understanding, license agreements, service and/or maintenance agreements, partnership agreements, and agreements of purchase and sale.
- v) **Purchase Order (PO):** a document issued to a supplier, as a formal request to the purchase of goods or services. It includes details such as item descriptions, quantities, prices, delivery and payment information, and/or any applicable conditions. A PO may be issued under the framework of a pre-existing master agreement or contract, or it acts as a contract when it includes all the necessary terms and conditions of the transactions. Once the supplier accepts the PO, it becomes a legally binding document.
- vi) **CNO Fiscal Year:** commences annually on January 1<sup>st</sup> and ends on December 31<sup>st</sup>.

vii) **Signing Authority Matrix (“SAM”)**: A tabular summary detailing the levels of signing authority required to approve contracts under this policy.

**BACKGROUND:**

The Finance & Risk Committee is responsible for approving and overseeing the policy on behalf of Council. CNO management is responsible for ensuring adherence to the policy.

**SIGNING AUTHORITY MATRIX (“SAM”):**

Signatories shall be determined based on the cumulative dollar value (for the full term) of the contract, including all optional term extensions.

<b>SIGNING AUTHORITY MATRIX</b>				
	<b>Any One (1)</b>	<b>Any One (1)</b>	<b>Any Two (2)</b>	<b>Any Two (2)</b>
<b>Approval Authority</b>	-	-	<b>Reporting Chief Officer</b>	<b>Chief Officers</b>
	-	<b>Requisitioning Director</b>	<b>Requisitioning Director</b>	-
	<b>Requisitioning Manager</b>	-		-
	<b>\$0 - \$25,000</b>	<b>\$25,001 - \$50,000</b>	<b>\$50,001 - \$100,000</b>	<b>\$100,001 and above</b>

Values not expressed in Canadian dollars shall be converted by using the [Bank of Canada](#) foreign exchange rates as of the date of execution of the Purchase Order (PO) or contract.

Under this policy, no individual is permitted to make commitments to third parties on behalf of CNO, without the involvement of Contract & Procurement Specialists, or the Manager of Finance & Operations.

**POLICY:**

- (A)** Prior to approvals, all contracts shall be carried out in consultation with either a Contract & Procurement Specialist, or the Manager of Finance & Operations.
- (B)** The requisitioning team is responsible for ensuring that all contracts (new or renewal) align with CNO’s purposes, objectives and budgetary approval.
- (C)** All contracts and supporting documents shall be executed in accordance with the SAM, with the following exceptions:
  - i) If a contract has no prescribed dollar limit but is instead based on the quantity of product or services provided to CNO, then the authorized signatory(ies) shall be determined based on a reasonable estimate of the total anticipated expense for a fiscal year.
  - ii) Contracts with no specific term end date must approved by at least one (1) chief officer and the requisitioning director, unless the estimated contract value requires the signature of two (2) chief officers.
  - iii) Contracts for the purchase of land and/or buildings and mortgages, requiring execution by CNO shall be signed by the President or a Vice-President together

with one (1) chief officer.

- iv) If a contract amendment is required, the signing authority for the amendment shall be based on the cumulative dollar value of the contract inclusive of all amendments.

**(D) Options to Renew:**

- i) Options to renewal must be approved in accordance with the Procurement Policy and should be included as part of the initial contract wordings.
- ii) Options to renew shall be limited to one (1) term, not to exceed three (3) years. At the end of the renewal term, a new procurement plan must be prepared in accordance with Procurement Policy.
- iii) The decision to renew a contract must be supported by a Supplier Evaluation Form completed by the requisitioning team.

**(DI) Other:**

- i) In the case of month-to-month service contracts with no specific term end date, the total dollar value of the contract shall be calculated based on a 3-year term.

**ASSURANCE AND MAINTENANCE**

- The Finance & Risk Committee may consult with the external auditors during the annual review to validate that the policy is meeting its purpose.
- The Finance & Risk Committee will review this policy every 3 years to ensure it continues to meet its purpose.
- This policy and all revisions will be shared with Council for information.

**RELATED POLICIES:**

- Expenditures, Procurement, Payments, Conflict of Interest

**APPLICABLE LEGISLATION/REGULATIONS/STANDARDS:**

- Article 41 Contracts and Other Documents of *By-Law No. 1: General*

**RELATED PROCEDURES:**

- Operating procedures: Procurement and Contract Management



<b>Policy – Expenditures</b>	<b>Policy # (for admin use only)</b>
	<b>Page: 1 of 2</b>
Developed by: Finance & Operations	Date Originated: Aug. 2019
Maintained by: Finance & Operations	Dates Revised: July 2020 May 2022 February 2025
Approved by: Finance & Risk Committee	

**PURPOSE:**

The purpose of this policy is to establish standards and authority for CNO expenditures to minimize the risk of misused funds.

**APPLICATION/SCOPE:**

This policy applies to Council, Finance & Risk Committee, Executive Committee, CNO management, and all staff.

**KEY TERMS/DEFINITIONS:**

- i) **CNO Management:** includes the chief officers, directors, and managers.
- ii) **CNO Fiscal Year:** commences annually on January 1<sup>st</sup> and ends on December 31<sup>st</sup>.

**BACKGROUND:**

The Finance & Risk Committee is responsible for approving and overseeing this policy on behalf of Council. This policy reflects best practices, addresses the business needs of CNO, and minimizes risk to CNO’s financial resources. The chief officers are accountable for ensuring that all CNO expenditures are subject to proper approvals and budgetary controls. The Manager, Finance & Operations is responsible for maintaining controls over expenditures, and for ensuring authorized expenditures are properly documented. CNO staff and management are individually accountable for ensuring expenditures are for amounts authorized in the approved budget and ensuring that proper authorization is received for unplanned expenditures and those outside of the budget.

**POLICY:**

- (A) Council shall approve, for each fiscal year:
  - i) an operating expense and revenue budget; and
  - ii) a capital budget.
- (B) Any one (1) chief officer may authorize all budgeted expenditures provided that the expenditures do not result in expenditures exceeding the total of the annual operating

expense budget or the total of the annual capital budget.

- (C) The Chief Executive Officer (CEO) may authorize expenditures that were not contemplated by the operating expense or capital budgets or that exceed the amounts set out in those budgets provided that, the CEO is satisfied that:
- i) the contemplated expenditures would not compromise the Council's annual objectives; and
  - ii) the total of both the operating expense and capital budgets for the fiscal year will not be exceeded.
- (D) Where the CEO authorizes an expenditure under "C", that is more than one (1) percent of the annual operating expense budget, it shall be reported to the Finance & Risk Committee at its next meeting.
- (E) The Executive Committee may authorize CNO to incur expenditures where it is anticipated that the operating expense and capital budgets for the fiscal year will be exceeded, based on a recommendation from the Finance & Risk Committee, and provided that the Executive Committee is satisfied that the contemplated expenditure would not compromise the Council's annual objectives.

#### **ASSURANCE AND MAINTENANCE**

- The Finance & Risk Committee may consult with the auditors during the annual review to validate that this policy is meeting its purpose.
- The Finance & Risk Committee will review this policy every 3 years to ensure it continues to meet its purpose.
- This policy and all revisions will be shared with Council for information.
- Random internal reviews will be conducted to ensure integrity of controls.

#### **RELATED POLICIES:**

- Banking
- Contracts
- Procurement

#### **APPLICABLE LEGISLATION/REGULATIONS/STANDARDS:**

- Article 38 – Expenditures of *By-Law No. 1: General*

#### **RELATED PROCEDURES:**

- Operating procedures: Procurement
- Operating procedure: Operating and Capital Budgets

<b>Policy – Investments</b>	<b>Policy # (for admin use only)</b>
	<b>Page: 1 of 2</b>
Developed by: Finance & Operations	Date Originated: Aug. 2019
Maintained by: Finance & Operations	Date Revised: July 2020 May 2022 February 2025
Approved by: Finance & Risk Committee	

### PURPOSE:

The purpose of this policy is to establish standards and authority to safeguard CNO funds by minimizing the risk of financial loss due to investments losing value and maximizing return on investments.

### APPLICATION/SCOPE:

This policy will apply to the Finance & Risk Committee, Chief Operating Officer (COO), Director Business Services & CFO, Manager Finance & Operations, and Finance & Operations staff.

### KEY TERMS/DEFINITIONS:

- **Investment Grade Bonds:** A bond is considered “investment grade” if its credit rating is BBB or higher by Fitch Ratings or S&P, or Baa3 or higher by Moody<sup>1</sup>.
- **Investible surplus funds:** Funds that are not required for meeting operation expenses for the next three months.

### BACKGROUND:

The Finance & Risk Committee is responsible for approving and overseeing this policy on behalf of Council. This policy reflects best practices, addresses the business needs of CNO and minimizes risk to CNO’s financial resources.

### POLICY:

- (A) The Director of Business Services & CFO is responsible for:
- ensuring that surplus funds are invested in accordance with this policy;
  - recommending any investment options, outside of bank and government-issued securities or debt instruments, to the Finance & Risk Committee for their approval; and

<sup>1</sup> Taken from: <https://www.nasdaq.com/investing/glossary/i/investment-grade-bonds>

- iii) identifying the funds available for investments.
- (B)** The Manager, Finance & Operations is responsible for:
  - i) maintaining controls over investments; and
  - ii) ensuring that investments are maintained in authorized investment vehicles and are properly monitored.
- (C)** A minimum of 90% of CNO's investible surplus funds should be invested in:
  - i) securities and debt instruments issued or guaranteed by any of the following:
    - the Government of Canada; or
    - the Government of any Canadian province; and
  - ii) securities and debt instruments guaranteed by a bank listed in Schedule I under the Bank Act (Canada).
- (D)** A maximum of 10% of CNO's investible surplus funds may be invested in:
  - i) securities and debt instruments guaranteed by a bank listed in Schedule II and Schedule III under the Bank Act (Canada); or
  - ii) investment grade corporate bonds and mutual funds of investment grade corporate bonds.

#### **ASSURANCE AND MAINTENANCE**

- The Finance & Risk Committee will receive an annual report of CNO's investment portfolio and the outcome of its investments.
- The Finance & Risk Committee may consult with the auditors during the annual review to validate that this policy is meeting its purpose.
- The Finance & Risk Committee will review this policy every 3 years to ensure it continues to meet its purpose.
- This policy and all revisions will be shared with Council for information.

#### **RELATED POLICIES:**

- Banking

#### **APPLICABLE LEGISLATION/REGULATIONS/STANDARDS:**

- Article 37 – Investments, of *By-Law No. 1: General*
- Not-for-Profit Corporations Act, 2010

#### **RELATED PROCEDURES:**

- Finance & Risk Committee's guideline related to accumulated surplus or net assets
- Operating Procedures related to monitoring of investments and reporting



<b>Policy – Payments</b>	<b>Policy # (for admin use only)</b>
	<b>Page: 1 of 2</b>
Developed by: Finance & Operations	Date Originated: Aug. 2019
Maintained by: Finance & Operations	Dates Revised: July 2020 February 2022 May 2022 February 2025
Approved by: Finance & Risk Committee	

**PURPOSE:**

The purpose of this policy is to establish standards and authority for payments made by CNO to minimize the risk of misuse of funds, ensure that payments are made for authorized purchases, and support timely and accurate disbursements.

**APPLICATION/SCOPE:**

This policy will apply to the President, the chief officers, the Director Business Services & CFO, the Manager Finance & Operations and Finance & Operations staff.

**KEY TERMS/DEFINITIONS:**

- **Payments:** any form of payment, for example, cheques, electronic fund transfers, wireless payments, Automated Clearing House transfers, etc.
- **Authorization:** any type of signature, manual or digital, affixed by the payment approver.

**BACKGROUND:**

The Finance & Risk Committee is responsible for approving and overseeing this policy on behalf of Council. This policy reflects best practice, addresses the business needs of CNO, and minimizes risk to CNO's financial resources. The Manager, Finance & Operations is responsible for maintaining controls over the issuance of any payment.

**POLICY:**

- (A) Payment approvers are responsible for ensuring that payments are only made for expenditures or items that are properly authorized and have appropriate supporting documentation.
- (B) All payments require approvals of one (1) or two (2) authorized payment approvers.



**(C)** Payment approval and release rules, as well as authorized approver(s) are as follows:

- i) A payment of \$5,000 or less can be approved and released by one (1) of the President, chief officers, Director Business Services & CFO, or Manager Finance & Operations.
- ii) A payment of over \$5,000 can be approved by any two (2) of the above approvers and the final payment release can be done by any one (1) of the President, chief officers or Director Business Services & CFO.

#### **ASSURANCE AND MAINTENANCE**

- The Finance & Risk Committee may consult with the auditors during the annual review to validate that the policy is meeting its purpose.
- The Finance & Risk Committee will review this policy every 3 years to ensure it continues to meet its purpose.
- This policy and all revisions will be shared with Council for information.

#### **RELATED POLICIES:**

- Expenditures
- Contracts
- Stipend and Expense Policies for Council and committee members

#### **APPLICABLE LEGISLATION/REGULATIONS/STANDARDS:**

- Article 40 – Payments of *By-Law No. 1: General*

#### **RELATED PROCEDURES:**

- Operating procedures on Staff and Non-staff expenses
- Operating procedure on Council and committee member stipend and expense payments



<b>Policy- Procurement</b>	<b>Policy # (for admin use only)</b>
	<b>Page: 1 of 2</b>
Developed by: Finance & Operations	Date Originated: May 2022
Maintained by: Finance & Operations	Date Revised: February 2025
Approved by: Finance & Risk Committee	

**PURPOSE:**

The purpose of this policy is to establish standards and authority for the procurement of goods and services and to ensure that procurement processes are fair, open, support CNO's purpose and protect CNO's financial well-being.

**APPLICATION/SCOPE:**

This policy applies to all CNO management and staff.

**KEY TERMS/DEFINITIONS:**

- i) **CNO Management:** includes chief officers, directors, and managers.
- ii) **Procurement:** The process of sourcing, assessing, selecting and managing the acquisition of goods and services required to support CNO's operations.
- iii) **Goods and/or Services:** Includes one or more of the following furnished or performed by a vendor under a contract: supplies, equipment, construction, labour, materials, products, software, maintenance services, information, information technology, consulting or professional services.
- iv) **Contract:** A binding commitment between CNO and another party for the exchange of goods, services or other products, and which may or may not involve monetary consideration. A contract may include but is not limited to the following: letter of intent, memorandum of understanding, license agreements, service and/or maintenance agreements, partnership agreements, and agreements of purchase and sale.
- v) **Purchase Order (PO):** a document issued to a supplier, as a formal request to the purchase of goods or services. It includes details such as item descriptions, quantities, prices, delivery and payment information, and/or any applicable conditions. A PO may be issued under the framework of a pre-existing master agreement or contract, or it acts as a contract when it includes all the necessary terms and conditions of the transactions. Once the supplier accepts the PO, it becomes a legally binding document.

**BACKGROUND:**

The Finance & Risk Committee is responsible for approving and overseeing the policy on behalf of Council. CNO management is responsible for ensuring that this policy is followed in

all procurements. The Director, Business Services & CFO is accountable for ensuring that all procurements are appropriately determined.

**POLICY:**

- (A) The plan for all proposed procurement activities shall be carried out in consultation with either a Contract & Procurement Specialist, or the Manager, Finance & Operations prior to execution.
- (B) Other than C, below, all procurements for goods and services will be made in accordance with the parameters below:
- i) For procurements up to \$100,000, a procurement plan may require that competitive quotes be obtained. Both the Contract & Procurement team and the requisitioning team will assess whether a competitive process is necessary, considering the nature of the product or service being procured.  
This evaluation will weigh the cost of obtaining quotes against the potential savings to determine the best approach for CNO. If an agreement can not be reached on whether a competitive process should be followed, the case will be escalated to the Director of Business Services & CFO for final determination.
  - ii) For procurements of \$100,001 or more, a minimum of three bids are to be obtained through a competitive process. All bids are assessed by appropriate staff including a Contract & Procurement Specialist or the Manager, Finance & Operations. If fewer than three bids are obtained, then evaluation of the remaining bids can be authorized by any one (1) chief officer.
  - iii) Values not expressed in Canadian dollars shall be converted by using the [Bank of Canada](#) foreign exchange rates as of the date of execution of the Purchase Order (PO) or contract.
- (C) Following review by the Director, Business Services & CFO, the Chief Officers may authorize that a vendor be selected without requesting proposals or quotes from other vendors under the following circumstances:
- i) the services to be purchased are sensitive in nature and disclosure through an open bidding process could compromise privilege, confidentiality or create undue risk to CNO;
  - ii) only one vendor is qualified to perform the service or provide the goods;
  - iii) compatibility with a product or service from a vendor already in use is an overriding consideration;
  - iv) where there is an existing contract, and the extension or reinstatement of the contract would be the most beneficial or effective method and in the best interest of CNO;
  - v) The need is sudden, immediate and unanticipated, and further delay is likely to cause adverse impact on CNO's day-to-day operations.
- (D) Under this policy, no individual is permitted to make commitments to third parties on behalf of CNO, without the involvement of Contract & Procurement Specialists, or the Manager of Finance & Operations.
- (E) The policy as outlined in this section does not apply to the following procurements:
- i) Recruitment and hiring of CNO staff and/or management
  - ii) Those relating to continuing professional services such as legal counsel for prosecution, audit service, insurance where the amounts have been approved by

Council as part of the annual operating expense budget.

**ASSURANCE AND MAINTENANCE**

- The Finance & Risk Committee may consult with the external auditors during the annual review to validate that the policy is meeting its purpose.
- The Finance & Risk Committee will review this policy every 3 years to ensure it continues to meet its purpose.
- This policy and all revisions will be shared with Council for information.

**RELATED POLICIES:**

- Expenditures, Contracts, Payments

**APPLICABLE LEGISLATION/REGULATIONS/STANDARDS:**

- *Article 38 Expenditures of By-Law No. 1: General*

**RELATED PROCEDURES:**

- Operating procedures: Procurement and Contract Management

## Report of the 2025 Council Election

### Information note – March 2025 Council Meeting

### Contact for questions or more information

Angie Brennand, Director, Strategy

### Purpose and action required

This information note provides Council members with information regarding the candidates elected in the 2025 Council Election.

### Background

Voting in the elections for nurse members of Council closed on Friday, February 7, 2025. This was the first election where candidates self-reflected on the needed competencies and attributes and provided a candidate profile that includes responses to three questions related to key competencies and voluntary self-disclosure about diversity. This further strengthens CNO's commitment to the CPMF requirement for competency based election of the nurse members of Council.

The following is a list of the candidates elected by region. These new members will join Council in June 2025.

### Elected Candidates

Region	RNs
Central	<b>2 positions</b> Clinton Baretto Geeta Grewal
Central Eastern	<b>2 positions</b> Doreen Bankole Jeanette Lane
Central Eastern RPNs	<b>1 position</b> Terry Holland, Acclaimed
Toronto	<b>2 positions</b> Wendy Cheuk Fred Kim

# 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 prohibited<sup>1</sup> 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 serve<sup>2</sup> 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

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

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

## 2024-2025 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
Burke, Randall	Yes	Yes		Yes
Carmichael Pilon, Patti	Yes	Yes		Yes
Carpenter, Lynda	Yes	Yes		Yes
Crowder, Timothy	Yes	Yes		Yes
Ding, Jerry	Yes	Yes		Yes
Bliss Donnelly, Lisa	Yes	Yes		Yes
Douglas, Sylvia	Yes	Yes		Yes
Edwards, David	Yes	Yes		Yes
Fox, Grace	Yes	Yes		Yes
Fukushima, Tomoko	Yes	Yes	<ul style="list-style-type: none"> <li>University of Toronto, Clinical Instructor</li> </ul>	Yes
Gilchrist, Carly	Yes	Yes		Yes
Hands, Tyler	Yes	Yes		Yes
Hess, Jane	Yes	Yes		Yes
Hogard, Michael Allan	Yes	Yes		Yes
Hourigan, Carly	Yes	Yes		Yes
Ko, Jeffrey	Yes	Yes	<ul style="list-style-type: none"> <li>Niagara College Canada, Professor</li> </ul>	Yes
Krauter, Morgan	Yes	Yes	<ul style="list-style-type: none"> <li>Royal Victoria Regional Health Centre, Chair of the Nurse Practitioners Community of Practice</li> <li>Royal Victoria Regional Health Centre, Nurse Practitioner/Advanced Practice Nurse Committee</li> <li>University of Toronto, Lawrence S. Bloomberg Faculty of Nursing, Adjunct faculty member</li> </ul>	Yes
Lamsen, Alexis	Yes	Yes	<ul style="list-style-type: none"> <li>Niagara Region, Manager, Clinical Practice and NP Lead Outreach Program</li> <li>Conestoga College, Professor</li> <li>Mohawk McMaster, Clinical Supervisor</li> <li>Ina Grafton LTCH, Board of Director</li> </ul>	Yes
Larmour, Sandra	Yes	Yes		Yes
Lastimoso, Jr., Rodolfo	Yes	Yes		Yes
Leduc, Sylvain	Yes	Yes	<ul style="list-style-type: none"> <li>Laurentian University, Faculty Nursing Lecturer</li> <li>NP-PHC – Council of Ontario Universities, Course Professor, Curriculum Committee</li> <li>Sudbury &amp; District Nurse Practitioner Clinic, Board of Directors</li> </ul>	Yes
Mathew, Jijo	Yes	Yes	<ul style="list-style-type: none"> <li>We Care4 U Staffing Solution, Owner</li> </ul>	Yes
Mumberson, Christopher	Yes	Yes		Yes
Mutia, Edsel	Yes	Yes		Yes
Oltmann, Lillian (Grace)	Yes	Yes		Yes
Osime, Fidelia	Yes	Yes		Yes
Poonasamy, Lalitha	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)
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
Wilson, Shari	Yes	Yes		Yes