College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

Agenda Item 2

Draft Council Agenda
September 18, 2025

September 18, 2025
9:00 a.m. – 2:00 p.m.

Council's Annual Plan
Council's Governance Principles
Council's Team Norms
Council and Committee Code of Conduct

Time	Item	Purpose
9:00 a.m. (5 mins)	**1. Land Acknowledgement**	
9:05 a.m. (5 mins)	**2. Agenda**	Decision
	3. Call for Conflicts of Interest	
9:10 a.m. (15 mins)	**4. CEO Remarks**	Information & Discussion
	5. Consent Agenda	
9:25 a.m. (5 mins)	5.1 Minutes of June 4, 2025, Council Meeting 5.2 Nursing Education Approvals 5.2.1 Nursing Education Programs 5.2.2 Transition to Practice Courses 5.3 Dates of Council Meetings in 2026 5.4 Confirmation of Committee Appointments 5.5 RN Council Vacancy in Eastern District	Decision
	6. Reports	
9:30 a.m. (15 mins)	6.1 Finance & Risk Committee Report and Recommendations	Decision
	7. Strategic Items	
9:45 a.m. (30 mins)	7.1 Strategic Plan 2021-2026 Reporting	Information & Discussion
10:15 a.m.	**Break**	

10:30 a.m. (45 mins)	7.2 Comprehensive Standards Review • Documentation Standard • Therapeutic Nurse-Client Relationship Standard	Decision
11:15 a.m. (15 mins)	7.3 RN Prescribing Standard Revision	Decision
11:30 a.m. (30 mins)	7.4 Hearings Initiative	Information & Discussion
12:00 p.m.	**Lunch**	
	8. Governance and Council Operations	
1:00 p.m. (25 mins)	8.1 Conduct Committee Appointments 8.1.1 Conduct Committee Members 8.1.2 Conduct Committee Chair	Decision
1:25 p.m. (5 mins)	**9. Agenda Items Added by Council members**	
1:30 p.m. (20 mins)	**10. CEO Remarks**	Information & Discussion
1:50 p.m. (10 mins)	**11. Dates of Upcoming Meetings** • December 10 & 11, 2025 – Virtual • March 11 & 12, 2026 (tentative) – Virtual • June 3 & 4, 2026 (tentative) – In-person **Dates for Strategic Planning** • October 29, 2025 – In-person	Information
2:00 p.m.	**12. Conclusion**	

Information Items:

Draft Minutes of August 21, 2025 Executive Committee Meeting

Draft Minutes of August 21, 2025 Governance Committee Meeting

RN Prescribing Education

Labour Mobility Update

Summary of Council Member Annual Declarations: Council and Committee Code of Conduct, including conflict of interest and prohibited positions

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

Council Minutes

June 4, 2025

Present

R. Lastimosa Jr., Chair
H. Anyia
D. Bankole
R. Burke
L. Carpenter
W. Cheuk
J. Ding
G. Fox
C. Gilchrist
G. Grewal
T. Hillhouse
M. Hogard
T. Holland
F. Kim
J. Ko
A. Lamsen
J. Lane
S. Larmour
S. Leduc
J. Mathew
S. Mumberson
F. Osime
L. Poonasamy
M. Sack
D. Scott
M. Sheculski
W. Stryker
P. Sullivan
D. Thompson
K. Wagg
S. Wilson

Regrets

C. Baretto
P. Pilon

Guests

B. MacKenzie, Hilborn LLP
N. Thick, Chair, Nominating Committee

Staff

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

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

Land Acknowledgement

M. Sheculski shared a Land Acknowledgement statement.

Agenda

The agenda had been circulated.

Motion 1

Moved by H. Anyia, seconded by G. Fox,

> That the agenda for the Council meeting of June 4, 2025 be accepted as circulated.

CARRIED

Conflicts of interest

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

CEO Remarks

S. Crawford, Registrar & CEO, shared opening remarks. Council had received the 2024 Annual Report "Building Better Together". In referencing the Annual Report, S. Crawford highlighted examples of:

> ongoing efforts to strengthen CNO as an effective and trusted regulator dedicated to promoting safe nursing practice and protecting the public; and recent accomplishments and agenda items that build on the success of 2024 and lay the groundwork for continued leadership.

Council was informed that registration regulation changes came into effect on April 1, and that this was one of CNO's most significant milestones in 2025 as these changes introduced the following key improvements:

- Expanded recognition of education: CNO now accepts nursing education recognized or approved in any jurisdiction, provided it prepares the applicant for the nursing category to which they are applying.
- CNO's Transition to Practice requirement: Applicants who haven't practiced in Canada will complete this requirement to support their readiness for safe and effective practice in our healthcare environment.

Council also received updates on labour mobility initiatives at both the provincial and federal level. It was noted that Ontario introduced Bill 2 (*Protect Ontario through Free Trade Within Canada Act, 2025*) and announced new interprovincial trade agreements, while the federal government has committed to removing internal barriers to labour mobility. Council was informed that CNO is well-positioned to act on provincial and federal government direction and is preparing to implement Interjurisdictional Nurse Licensure

(INL). S. Crawford noted that later in this meeting, Council will be considering by-law amendments to support INL definitions and approve a 25% annual fee reduction for INL registrants.

Council was advised that in the past 12 months, 8,218 Ontario graduates became registrants, representing 57.5% of the 14,285 new registrants.

S. Crawford highlighted the upcoming scope of practice changes effective July 1, 2025. It was noted that CNO continues to collaborate with system partners to develop resources to support these changes.

S. Crawford concluded by noting that CNO's ongoing success depends not only on evidence-informed regulation and sound governance, but also on remaining agile and being able to adapt to the evolving needs of the public, the profession, and the broader health system. She reiterated that agility will be essential in navigating change, addressing emerging challenges, and seizing opportunities to advance regulatory innovation.

Consent Agenda

R. Lastimosa Jr. introduced the consent agenda. Council received briefing materials on all items included in the consent agenda. No concerns were expressed about items on the consent agenda.

Motion 2

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

> That, through approval of the consent agenda, the following be approved:
>
> Minutes of the Council meeting of March 19 and 20, 2025
>
> The 2024 Annual Report for forwarding to the Minister of Health
>
> Appointment of Maria Sheculski, Public Member, as the Chair of the Inquiries, Complaints and Reports Committee
>
> Appointment of Neil Hillier, RPN to the Inquiries, Complaints and Reports Committee
>
> Appointment of Todd Hillhouse, Public Member, Aleksandra Grzeszczuk, RN and Mark Sack, Public Member to the Discipline and Fitness to Practise Committees

CARRIED

The 2024 Annual Reports of statutory committees were received for information.

Strategic Plan 2021-2026 Reporting

E. Horlock, Director, People & Communications, joined the meeting.

Council received a report on the current Strategic Plan, with progress reported up to March 31, 2025. The plan remains in effect until the end of 2026, with development of the next plan beginning this year for launch in 2027.

Organizational Health
S. Crawford noted that a significant enabler of achieving the Strategic Plan is positive organizational health.

E. Horlock, Director People & Communications, provided Council with an overview of CNO's organizational health, to support Council's oversight accountability.

E. Horlock confirmed that there were no risks to identify related to CNO's organizational health. The annual employee experience survey results indicated that CNO is a healthy organization with engaged staff. She noted that CNO will continue to monitor how employees and applicants experience the culture and practices, which will inform and shape future strategies to support organizational health.

CNO's continued improvements in organizational health and progress in supporting staff were acknowledged by Council.

Council emphasized the importance of work-life balance, employee satisfaction, and psychological safety. A brief discussion ensued about measures to support mental health, including confidential surveys, Employee Assistance Programs, access to mental health professionals within 24 hours, robust sick leave and benefits, and flexible work arrangements, including teleworking.

E. Horlock left the meeting.

Nursing Education Program Approval

C. Mill, Manager, Practice Quality and D. Rawlin, Team Lead, Education Program joined the meeting. Council members had received a decision note on nursing education program approval. R. Lastimosa Jr. noted that there were three decisions to be made.

The following Council members, who declared a conflict, left the meeting for the decision: S. Leduc, J. Ko, P. Sullivan, J. Lane and A. Lamsen.

Annual Nursing Education Program Approvals
S. Leduc and A. Lamsen declared a conflict and left the meeting.

Motion 3

Moved by K. Wagg, seconded by P. Sullivan,

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

CARRIED

A. Lamsen returned to the meeting.

Comprehensive Reviews of Nursing Education Programs
P. Sullivan, J. Ko and J. Lane declared a conflict of interest and left the meeting.

Motion 4

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

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

CARRIED

P. Sullivan, J. Ko and J. Lane rejoined the meeting.

Controlled Substances Education

Motion 5

Moved by J. Ko, seconded by S. Mumberson,

That the nurse practitioner programs listed in Attachment 2 to this decision note be approved as education for nurse practitioners to be able to prescribe controlled substances.

CARRIED

S. Leduc returned to the meeting.

Action

CNO will send a letter to each nursing program outlining the program's current approval status and the upcoming dates for the next annual or comprehensive review.

RN Prescribing Policy Revision

Council received briefing materials about revisions to the RN Prescribing Policy. R. Jabbour, Strategy Consultant, C. Mill, Manager, Practice Quality and M. Nikoloski, Director, Professional Practice, joined the meeting.

S. Crawford informed Council that first decisions about RN prescribing were made in 2017. At that time, Council approved a phased approach to implementation, which included a motion that RN prescribing be introduced as a post-registration qualification. She highlighted that significant system transformation has occurred since then, and CNO is seeing that the system need is outgrowing the original policy direction from 2017. Council was asked to consider an updated policy direction to allow RN prescribing education to be offered either before or after registration, and either as a standalone program or integrated into a broader RN education program. S. Crawford provided an overview of the current state and illustrated key changes for the future state, which would result in two pathways for RNs to obtain prescribing authority in Ontario. Undergraduate baccalaureate nursing programs wanting to offer RN prescribing education will be assessed to ensure RN prescribing competencies are appropriately reflected and determine what, if any, additional approval may be required.

Council inquired about the availability of standalone RN prescribing programs to which S. Crawford confirmed can be taken at any point in a nurse's career, maintaining flexibility alongside post-RN education. It was further noted that CNO is exploring opportunities to ensure that RN prescribing will be integrated into the QA program to support ongoing competency and professional development, with resources, learning modules, and case-based scenarios under development for all nurses.

Council discussed the evaluation of RN prescribing implementation, including comparing outcomes for new graduates completing prescribing education through their curriculum versus experienced nurses. Staff confirmed an evaluation plan is in place to monitor implementation, uptake, prescribing practices, and safety. Initial reports are expected in mid-2026, with Council to receive updates periodically.

Council discussed potential barriers to RN prescribing, including the need for medical directives in certain settings. It was noted that an evaluation will help identify these barriers. The importance of employer support was emphasized, as nurses must be competent, complete the required education, and have employer backing to practice prescribing safely. Benefits include a workforce able to practice to full scope, with engagement and guidance from employers to support implementation.

Motion 6

Moved by D. Scott, seconded by C. Gilchrist,

> That, after June 4, 2025, Council will consider approval of RN prescribing education offered either as a standalone program or integrated into a broader RN education program that is delivered either before or after RN registration.

CARRIED

Report of the Finance & Risk Committee

Council had received the report of the Finance & Risk Committee meeting of May 15, 2025. R. Lastimosa Jr. highlighted the report.

Audited Financial Statements

Council had received the draft audited financial statements for the year ended December 31, 2024.

B. MacKenzie from Hilborn LLP joined Council. He informed Council that the auditors joined the Finance & Risk Committee twice, in February to discuss plans for the audit and in May to review the results of the audit. The Finance & Risk Committee met in private with the auditors at both meetings.

B. MacKenize highlighted the audited statements.

Motion 7

Moved by R. Lastimosa Jr., seconded by S. Mumberson,

That Council approve the audited financial statements for the year ended December 31, 2024.

CARRIED

Unaudited Financial Statements
Council had received the unaudited financial statements for the three-months ended March 31, 2025. R. Lastimosa reported that the surplus for the period is $2.4M, which is $1.6M higher than the budgeted surplus of $0.8M. In addition to the statements, the committee reviewed a project portfolio report and the confidential management discussion and analysis, which includes information to support Council in its role of monitoring risk.

Motion 8

Moved by R. Lastimosa Jr., seconded by W. Stryker,

That Council approve the unaudited financial statements for the three-month period ended March 31, 2025.

CARRIED

Report of the Sub-Committee on Compensation

Council had received the report of the Finance & Risk Committee meeting of May 15, 2025. R. Lastimosa Jr. highlighted the report.

Sub-Committee Terms of Reference
Council was informed that the Sub-Committee on Compensation has broadened its focus beyond compensation. Proposed revisions to its Terms of Reference included renaming it the *Advisory Committee on Human Resources*, updating language to reflect the advice sought from members, formalizing a review cycle for the Terms of Reference, and clarifying meeting timing and frequency.

Motion 9

Moved by R. Lastimosa Jr., seconded by T. Holland,

That Council approve the proposed revised Terms of Reference for the Sub-Committee on Compensation as they appear in Attachment 4 to this report.

CARRIED

By-Law Revisions

Council received notice of proposed by-law amendments that are required because of its approval of the revised Terms of Reference renaming of the Sub-Committee on Compensation to the Advisory Committee on Human Resources. In addition to consequential amendments reflecting the new name and updated purpose, other changes include the addition of sub-article 26.02 to align the Advisory Committee's role with the Finance & Risk Committee, and clarification that it is not a standing committee of Council.

R. Lastimosa Jr. noted that Council had received the required notice of the proposed by-law amendments. Council was reminded that a 2/3 majority is required to amend by-laws.

Motion 10

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

> That Council approve amendments to By-Law No. 1: General, as they appear in Attachment 5 to this report, effective June 4, 2025.

CARRIED

Interjurisdictional Nurse Licensure

Council received notice of proposed amendments to By-Law No. 2: Fees, related to the implementation of Interjurisdictional Nurse Licensure (INL). Following Council's approval in March, the amendments were circulated for a 60-day consultation period (March 20 – May 22, 2025). A total of 1,648 responses were received: 82% in support, 10% opposed, and 8% unsure. Feedback themes were consistent with those previously reviewed by the Finance & Risk Committee and raised no new concerns.

The amendments introduce definitions to support INL implementation in Ontario and provide a 25% rebate on the annual fee for INL registrants.

R. Lastimosa Jr. noted that Council had received the required notice of the proposed by-law amendments. Council was reminded that a 2/3 majority is required to amend by-laws.

Motion 11

Moved by R. Lastimosa Jr., seconded by S. Douglas,

> That Council approve amendments to By-Law No. 2: Fees, as they appear in Attachment 6 to this report, effective June 4, 2025.

CARRIED

Auditor Appointment
R. Lastimosa Jr. noted that the Finance & Risk Committee works closely with the auditors, believes that they are independent of CNO and communicate clearly. The Finance & Risk Committee is recommending reappointment of Hilborn LLP as CNO's auditors.

Motion 12

Moved by R. Lastimosa Jr., seconded by G. Fox,

> That Hilborn LLP be reappointed as CNO's auditors for 2025.

CARRIED

Report of the Nominating Committee

N. Thick, Chair of the Nominating Committee joined the meeting.

N. Thick presented the report of the Nominating Committee to Council. Council had received a copy of the written report.

Terms of Reference
Council reviewed proposed revisions to the Nominating Committee Terms of Reference, following discussions since 2023 and previous Council support in June 2024 and March 2025. N. Thick noted that the proposed revisions would introduce greater flexibility in committee composition and members' terms of office, while maintaining balance and expertise, and refine language to remove overly rigid requirements that may limit the appointment of qualified members.

Motion 13

Moved by R. Burke, seconded by J. Ko,

> That, based on the recommendation of the Nominating Committee, Council approve the revised Nominating Committee Terms of Reference as they appear in Attachment 2 of this briefing note.

CARRIED.

Consequential By-Law Amendments

R. Lastimosa Jr. noted that Council had received the required notice of the proposed by-law amendments that are required because of its approval of the revised Nominating Committee Terms of Reference. Council was reminded that a 2/3 majority is required to amend by-laws.

Motion 14

Moved by S. Larmour, seconded by S. Wilson,

> That, based on the recommendation of the Nominating Committee, Council approve the proposed amendments to By-Law No. 1: General, as set out in Column 1 of Attachment 3 to the decision note, effective June 4, 2025.

CARRIED.

Standing Committee Appointments

N. Thick shared that the Nominating Committee met in May to discuss its recommendations for the standing committee appointments.

Finance & Risk Committee

Motion 15

Moved by C. Gilchrist, seconded by D. Scott,

> That, based on the recommendation of the Nominating Committee, Council appoint Doreen Bankole, RN, Alexis Lamsen, RN and Shari Wilson, public member of Council as members of the Finance & Risk Committee for 2025-2026.

CARRIED

Nominating Committee

Motion 16

Moved by S. Leduc, seconded by H. Anyia,

> That, based on the recommendation of the Nominating Committee, Council appoint Patricia Sullivan, RN and immediate past Council Chair; Fidelia Osime, public member of Council; and Morgan Krauter, NP, person not on Council, as members on the Nominating Committee for 2025-2026.

Conduct Committee

Motion 17

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

> That, based on the recommendation of the Nominating Committee, Council defer the appointment of four Council members (two nurse members and two public members) to serve as members of the 2025-2026 Conduct Committee to the September 2025 Council meeting.

Nominating Committee Chair
N. Thick noted that while the Terms of Reference originally designated the immediate Past Council Chair as Chair of the Nominating Committee, the Committee recommended the appointment of a non-Council member, who previously served on the Nominating Committee as a Council member, to the role of Chair.

Motion 18

Moved by T. Holland, seconded by A. Lamsen,

> That, based on the recommendation of the Nominating Committee, Council appoint Morgan Krauter as the Chair of the Nominating Committee for 2025- 2026.

CARRIED.

Conduct Committee Chair – Update

R. Lastimosa Jr. reminded Council that in March 2025, it supported appointing a legal firm as Conduct Committee Chair. It was identified that additional time and resources are required for the selection process. Council supported addressing the appointment of the Conduct Committee Chair at the September Council meeting.

CEO Closing Remarks

S. Crawford expressed appreciation to Council for its engagement. She noted that Council made important regulatory and governance decisions. She noted that some of the decisions made at this meeting will inform work that will come forward to Council in the future.

Council was informed of upcoming priorities, including the development of the new strategic plan and a third-party Council evaluation. S. Crawford confirmed CNO's continued commitment to advancing the national NP regulation framework, with draft

regulations submitted to government and planning underway for potential implementation in 2026. It was also noted Council that will consider approval of a national entry-level NP exam in 2025.

S. Crawford further highlighted CNO's collaboration with other regulators on initiatives such as Nursys, which supports labour mobility and enhances workforce planning.

Next Meeting

R. Lastimosa Jr. identified that the next meeting will be September 18, 2025. He informed Council that the meeting will be hybrid.

Conclusion

At 12:00 p.m. on conclusion of the agenda.

Motion 15

Moved by S. Mumberson, seconded by J. Ko,

> That the June 2025 Council meeting conclude.

CARRIED.

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

Nursing Education Programs

Decision note – September 2025 Council

Contact for questions or more information

Maya Nikoloski, Director, Professional Practice

Purpose and action required

The purpose of this decision note is to provide Council with information to support decision-making regarding preliminary approval status of four new baccalaureate nursing programs.

> **Motion:**
> That Council provide preliminary approval of the new nursing programs listed in attachment 1 to this decision note.

Public protection 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

Program Approval

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

In accordance with the Program Approval Framework approved by Council, CNO staff completes the review of all entry level nursing programs, including practical nurse diploma (PN), baccalaureate nursing (BScN or BN) and nurse practitioner (NP), and recommendations based on the Program Approval Framework come to Council

annually for consideration for approval. The Program Approval methodology is described in Attachment 2.

Analysis

New Nursing Programs

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

Four new baccalaureate nursing programs, from Algonquin College, George Brown College, and Sheridan College, are presented for preliminary approval. The Preliminary Approval recommendation criteria are outlined in Attachment 1.

Program recommendations are forwarded to Council for approval.

Next steps

Following Council's decision, CNO will provide a letter to each nursing school addressing their 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
Algonquin College	Bachelor of Science in Nursing (Honours)	Direct Entry Full	Met	Preliminary Approval
	Bachelor of Science in Nursing (Honours): RPN to BScN Pathway	Pre-Health education entry specified	Met	Preliminary Approval
George Brown College	Bachelor of Science in Nursing (Honours)	Direct Entry Full	Met	Preliminary Approval
Sheridan College	RPN-BScN Bridge Program	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 though a comprehensive review their scores are updated with the annual approval data.

1. Program Approval Scorecard Overview

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

2. Mandatory Indicators

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

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

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

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

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

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

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

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

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

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

Transition to Practice Courses

Decision note – September 2025 Council

Contact for questions or more information

Maya Nikoloski, Director, Professional Practice

Purpose and action required

The purpose of this decision note is to provide Council with information to support decision-making regarding approval for a new Transition to Practice course from Seneca Polytechnic.

Motion:

That Council approve Seneca Polytechnic's Transition to Practice Course.

Background

The registration regulation changes approved by Council in May 2024 came into effect on April 1, 2025. Two significant changes are as follows:

- 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 Transition to Practice (TTP) requirement. Several options will be available to applicants to meet this requirement, including an online Transition to Practice course to support IENs in meeting this new registration requirement when it is convenient for them in their application process.

TTP Courses

These 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 incorporates specific competencies (as listed in Attachment 2) that are identified as supportive for transition to safe nursing practice.

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 internally validated 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 subject matter experts.

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. 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.

Seneca Polytechnic has developed a Transition to Practice Course that is presented for approval. The approval recommendation criteria are outlined in Attachment 1.

Next steps

Following Council's decision, CNO will:

- provide a letter to Seneca Polytechnic, acknowledging Council's decision and the course's approval status
- post the 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

Institution	Transition to Practice (TTP) Course Name	Mandatory Indicator 1: Governance	Mandatory Indicator 2: Description, Delivery and Evaluation	Mandatory Indicator 3: Curriculum	Mandatory Indicator 4: Curriculum Review Process	Mandatory Indicator 5: Applied Learning Opportunities	Approval Status Recommendation
Seneca Polytechnic	Transition to Ontario Nursing Practice Course	Met	Met	Met	Met	Met	**Approved**

Attachment 2

Approved TTP Course Entry Level Competencies Incorporated into Curriculum

RN Competencies			RPN Competencies
Clinician			
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.
Professional			
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.

RN Competencies			RPN Competencies
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.
Communicator			
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.
Collaborator			
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.
Coordinator			
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
Leader			
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.
Advocate			
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.
7.9	Assesses that clients have an understanding and ability to be an active participant in their own care, and facilitates appropriate	63	Engages clients in identifying their health needs, strengths, capacities and goals.

RN Competencies			RPN Competencies
	strategies for clients who are unable to be fully involved.		
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.
Educator			
8.2	Applies strategies to optimize client health literacy.	47	Assesses clients' health literacy, knowledge and readiness to learn.
Scholar			
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

Transition To Practice (TTP) courses are evaluated based on a standardized process aligned with our Program Approval Framework. Approval is based on meeting all identified requirements established for the TTP courses. Schools were required to describe and demonstrate how the programs meet each identified 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**
Course Governance (Indicator 1)	
An overview of the governance structure for the course, including collaborative partnerships, across multiple sites, as applicable.	*Met/Unmet*
Course Description, Delivery and Evaluation Overview (Indicator 2)	
Online course components are reviewed, including design, total hours, delivery plans, course capacity and evaluation is included.	*Met/Unmet*
Course Curriculum (Indicator 3)	
Curriculum is mapped and reviewed using identified RN and RPN entry level competencies (Attachment 2).	*Met/Unmet*
Curriculum Review Process (Indicator 4)	
Course development and review process, including how evaluations will be used to inform future course revision.	*Met/Unmet*
Applied Learning Opportunities (Indicator 5)	
Description of learning opportunities used to support online course delivery, including virtual simulation, case-based application, virtual labs, small group work and discussion boards.	*Met/Unmet*

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

Dates of Council Meetings in 2026

Decision note – September 2025 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose and action required

That Council approve the dates of Council meetings in 2026.

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

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

Public protection rationale

Council performs critical functions that are necessary to meet CNO's public protection purpose. Setting meeting dates in advance allows for advance planning for Council and staff and communication with system partners.

Background

In accordance with Article 7.02 of By-Law No. 1: General, Council meetings take place on dates set by Council. To support efficiency, the Executive Committee recommends the meeting dates to Council. To support planning, Council dates for the coming year are approved by Council each September.

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

Confirmation of Committee Appointments

Decision Note – September 2025 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose and action required

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

Motions:

That Council confirm the appointments of:

- Lorne Given, Public Member of Council, to the Discipline/Fitness to Practise Committees;
- Dheeraj Jha, Public Member of Council, to the Registration Committee and;
- Mary Ellen Renwick, RN, as an appointed committee member to the Inquiries, Complaints and Reports Committee (ICRC) until June 2026[1].

Public protection rationale

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

Background

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

At its meeting on August 21, 2025, the Executive Committee approved an appointment to address a vacancy on the ICRC. In addition, the Executive Committee approved the statutory committee appointments of two new Public Members. In accordance with Article 31.05 of By-Law No. 1: General. Council is being asked to confirm those appointments.

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

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

RN Council Vacancy in Eastern District

Decision note – September 2025 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose and action required

As a result of the resignation of a Council member, the Nominating Committee recommends to Council that the RN Council member vacancy in the Eastern District remain unfilled, as the district is scheduled for an election in early 2026.

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

Background

An RN Council member from the Eastern District resigned their position on Council effective May 23, 2025. The term of office for this position ends on June 4, 2026. As a result, a vacancy now exists for an RN elected Council member from this district.

In accordance with the Nominating Committee's Terms of Reference, the Nominating Committee is responsible for recommending to Council how to address such vacancies in between elections.

Legislative Framework

CNO's By-Law No. 1: General, outlines how Council vacancies are addressed.

Attachment 1 includes the extract from relevant by-laws related to filling Council vacancies.

Article 55.02 states that if the seat of an elected councillor becomes vacant for an electoral district not more than sixteen months before the expiry of their term, the Council shall

i) leave the seat vacant; or

ii) appoint as a councillor a member who meets the requirements for eligibility for election in that electoral district to serve the balance of the former elected member's term.

In addition, Article 55.04 clarifies that if a member is appointed, their term would end on the date of the former elected councillor or appointed committee member would have expired, which in this case, is June 4, 2026.

Rationale for the recommendation:

The vacancy occurred with less than 13 months remaining in the term and the election process for the district will begin shortly, with the call for nominations scheduled for early October of 2025. Historically, when a vacancy has occurred this close to the end of a term, Council has opted to leave the position vacant.

With this vacancy, there are currently 36 Council members: 13 RNs, 7 RPNs, and 16 public members.

Attachment

1. By-Law No. 1: General - Extracts Regarding Filling Council Vacancies

By-Law No. 1: General
Extracts Regarding Filling Council Vacancies

55. Vacancy

55.01 The seat of an elected councillor shall be deemed to be vacant upon the death, resignation or disqualification of the elected councillor.

(Amended March 2013)

55.02 If the seat of an elected councillor becomes vacant for an electoral district not more than sixteen months before the expiry of their term, the Council shall

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

(Amended June 2024)

55.03 If the seat of an elected councillor becomes vacant for an electoral district more than sixteen months before the expiry of their term, the Council shall

i) direct the holding of a by-election for that electoral district which shall be held in a manner consistent with the elections held under this by-law; or
ii) appoint as a councillor the eligible candidate who had the most votes of the unsuccessful candidates in the last election for that electoral district or if that candidate is not willing to accept the appointment, the eligible candidate with the next highest number of votes.

(Amended June 2024)

55.03.1 Where a by-election will be required under Article 55.03 because there is no eligible candidate who could be appointed pursuant to sub-Article 55.03(ii), no decision of the Council shall be required pursuant to Article 55.03 and the Council shall be deemed to have

directed the College of Nurses of Ontario By-Laws 61 holding of a by-election thereby allowing the Registrar to set a date for the by-election without a resolution of the Council.

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

(Amended March 2013)

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

Report of the August 21, 2025 Finance & Risk Committee Meeting

Contact for questions or more information

Veronica Adetoye, Director, Business Services & Chief Financial Officer

The first meeting of the 2025-2026 Finance & Risk Committee was held on August 21, 2025. Attachment 1 is the draft minutes of the meeting.

Unaudited Financial Statements

The unaudited financial statements for the six-month period ended June 30, 2025 (Attachment 2) were reviewed. The financial statements included a variance analysis, and the Management Discussion & Analysis included reports on projects and risk.

The surplus (excess of revenues over expenses) for the period is $4.13M, which is $1.63M higher than the budgeted surplus of $2.50M. This is comprised of:

- $0.74M more revenue than budget; and
- $0.89M expenses less than budget.

Based on a detailed discussion of the statements and the Management Discussion and Analysis, the Finance & Risk Committee recommends:

> **That Council approve the unaudited financial statements for the six-month period ended June 30, 2025.**

2026 Budget Development

The Finance & Risk Committee received an outline of the process for developing the 2026 budget. Resources will be included in the budget to account for the planning of CNO's new strategic plan that will commence in 2027.

A detailed review of the budget will take place in November, for presentation to Council in December. A professional development session on finance and budget is being planned for Council to support its December review of the 2026 budget.

Investment Portfolio Report

The Finance & Risk Committee received CNO's annual investment portfolio report as part of their oversight on finance and risk. All investment decisions are made in accordance with CNO's Investment Policy.

Attachments:

1. Draft minutes of the Finance Committee meeting of August 21, 2025
2. Unaudited Financial Statements for the six-months ended June 30, 2025

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

Attachment 1

Finance & Risk Committee Minutes

August 21, 2025 at 1:00 p.m.

Present

M. Hogard, Chair
D. Bankole
J. Ding
A. Lamsen
R. Lastimosa Jr.
J. Nunes
S. Wlison

Staff

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

Chair

M. Hogard chaired the meeting.

Agenda

The agenda had been circulated and was approved on consent.

Minutes

Minutes of the Finance & Risk Committee meeting of May 15, 2025 had been circulated.

Motion 1

Moved by R. Lastimosa Jr., seconded by J. Ding,

> That the minutes of the Finance & Risk Committee meeting of May 15, 2025 be accepted as presented.

CARRIED

Financial Statements

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

At the end of the second quarter there was a surplus of $4.13M, which is $1.63M more than the budgeted surplus of $2.50M. It was noted that revenues are $0.74M higher

than budget due to an increase in the overall registration and application numbers, as well as higher interest income. Expenses for the period are $0.89M lower than budgeted. The main contributors to the expense variance are employee related expenses due to fewer in-person engagements, and the timing of equipment and operating supplies, which are expected to reduce by the end of the year. The favourable expense variance is partially offset by an increase in employee salaries and benefits as a result of adding staffing resources. This increase was driven by recent changes in regulatory requirements (i.e., legislation changes to registration).

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

Motion 2

Moved by J. Ding, seconded by D. Bankole,

> That it be recommended that Council approve the unaudited financial statements for the six months ended June 30, 2025.

CARRIED

Budget Development Plan

The Committee received an overview of CNO's budget development process.

V. Adetoye highlighted CNO's approach to budgeting, noting that CNO reviews its ongoing regulatory mandate as informed by external and internal events, such as potential legislation changes and/or anticipated changes in registration/application volumes. CNO operates in a dynamic environment and has the ability to adapt to changing priorities to ensure we can appropriately respond to arising needs.

It was noted that CNO takes a conservative approach to estimating revenues using the fees as prescribed in the by-laws. Historically, there have been cyclic swings in fee increases to maintain the accumulated operating surplus guidelines approved by Council, which should be between 3 – 6 months of the operating expense budget. As raised at previous Finance & Risk Committee meetings, CNO is considering a steady state approach to fee increases in the future and will bring the discussion forward to this committee when the time comes.

The draft budget will undergo significant internal review, prior to presentation to the Committee in November.

Investment Portfolio Report

The Committee received CNO's annual investment portfolio report. This report provides an overview of CNO's investments, specifically focusing on the Guaranteed Investment Certificates (GICs) with CNO's banks and are categorized into short and long-term investments. The combined total investments were valued at $53.4M at the end of 2024. V. Adetoye noted that the investments outlined in the report align with the 2024 audited financial statements that were reviewed by the Committee in May and approved by Council in June 2025.

CNO is not-for-profit organization, and therefore investments are low-risk with a focus on capital preservation. They are not intended to generate a large return. All investments are made in accordance with CNO's corresponding policy as approved by the Finance & Risk Committee. V. Adetoye confirmed that CNO staff meet with the banks throughout the year to assess the best business strategy available relative to the market environment.

Self-Monitoring Tool

The self-monitoring tool supports the committee in assessing if it is fulfilling its mandate. The committee reviewed the items from the tool that were relevant to the current meeting and confirmed that it met its terms of reference for the meeting.

Next Meeting

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

Conclusion

At 2:00 p.m., on completion of the agenda and consent, the meeting concluded.

_____

Chair

Attachment 2

COLLEGE OF NURSES OF ONTARIO

FINANCIAL STATEMENTS AND NOTES

FOR THE SIX MONTHS ENDED JUNE 30, 2025 (Unaudited)

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

	2025 June	2024 June	2024 December
ASSETS			
Current assets			
Cash	36,964	31,961	66,894
Investments	44,914	37,760	41,425
Other receivables	274	341	268
Prepaid expenses	1,803	1,288	1,831
	83,955	71,350	110,417
Investments	5,746	9,546	11,938
Capital assets			
Furniture and fixtures	1,812	1,812	1,812
Equipment - non computer	534	534	534
Computer equipment	5,417	4,869	5,358
Building	6,836	6,836	6,836
Building improvements	5,542	5,542	5,542
Land	3,225	3,225	3,225
Art	45	45	45
Construction in progress	0	0	0
	23,410	22,862	23,351
Less: Accumulated amortization	(12,946)	(11,438)	(12,106)
	10,463	11,423	11,244
Intangible Assets	2,305	2,800	2,305
Less: Accumulated amortization	(2,150)	(2,536)	(2,097)
	155	264	208
	100,320	**92,583**	**133,808**
LIABILITIES			
Current liabilities			
Accounts payable and accrued liabilities	9,209	6,598	18,195
Deferred registration and examination fees	36,349	33,848	64,982
	45,558	40,446	83,177
	45,558	40,446	83,177
NET ASSETS			
Net assets invested in capital assets	10,619	11,687	11,453
Unrestricted net assets	44,143	40,449	39,179
	54,762	52,137	50,631
	100,320	**92,583**	**133,808**

College of Nurses of Ontario
Statement of Operations ($000)
For the Six Months Ending June

	2025 Year to Date June			2024 Year to Date June			2025 Budget	
	Budget	Actual	Variance ($) Fav/(Unfav)	Budget	Actual	Variance ($) Fav/(Unfav)	Remaining	Approved
REVENUES								
Registration fees	38,116	38,459	343	35,707	35,970	263	39,166	77,625
Application assessment	4,833	4,930	97	4,055	4,558	503	3,308	8,238
Verification and transcripts	61	78	17	85	77	(7)	36	114
Interest income	1,296	1,732	436	1,370	2,154	784	425	2,157
Examination	546	413	(133)	405	400	(5)	619	1,032
Other	24	2	(21)	22	26	4	205	207
Total Revenues	**44,875**	**45,614**	**739**	**41,644**	**43,185**	**1,542**	**43,759**	**89,373**
EXPENSES								
Employee salaries and benefits	30,873	31,093	(220)	28,652	27,589	1,063	30,907	62,000
Employee related expenses	675	350	324	811	628	183	1,756	2,106
Contractors and consultants	1,880	1,854	26	2,253	2,184	70	2,584	4,438
Legal services	2,025	1,966	59	1,693	1,885	(192)	2,085	4,050
Equipment, operating supplies and other services	3,287	2,743	544	3,888	2,695	1,193	5,300	8,044
Taxes, utilities and depreciation	1,016	1,007	9	998	999	(1)	1,026	2,033
Exam fees	70	137	(67)	0	0	0	10	147
Non-staff remuneration and expenses	445	323	122	465	394	71	562	886
Total Base Operating Expenses	**40,271**	**39,474**	**798**	**38,761**	**36,375**	**2,387**	**44,230**	**83,704**
Project Expenses	2,100	2,010	90	1,784	1,700	84	2,990	5,000
Total Expenses	**42,371**	**41,484**	**887**	**40,545**	**38,074**	**2,471**	**47,220**	**88,704**
Excess of (expenses over revenues) / revenues over expenses	**2,504**	**4,131**	**1,626**	**1,099**	**5,111**	**4,012**	**(3,461)**	**669**
Opening net assets		**50,631**			**47,025**			
Closing net assets		**54,762**			**52,137**			

College of Nurses of Ontario
Statement of Changes in Net Assets ($000)
For the Six Months Ending June

	2025			2024
	Invested in Capital and Intangible Assets	**Unrestricted**	**Total**	**December**
Balance, beginning of year	**11,453**	**39,179**	**50,631**	**47,025**
Excess of (expenses over revenues)/revenues over expenses	(893)	5,023	4,131	3,606
Purchase of capital assets	59	(59)	-	-
Balance, end of year	**10,619**	**44,143**	**54,762**	**50,631**

College of Nurses of Ontario
Statement of Cash Flows ($000)
For the Six Months Ending June

	2025 June	2024 June
Cash flows from operating activities		
Excess of revenue over expense for the year	4,131	5,111
Adjustments to determine net cash provided by/(used in) operating activities		
Amortization of capital assets	840	840
Amortization of intangible assets	53	29
Loss on disposal of capital assets	0	0
Interest not received during the year capitalized to investments	(797)	(706)
Interest received during the year previously capitalized to investments	479	554
	4,706	**5,828**
Changes in non-cash working capital items		
Decrease in amounts receivable	(6)	53
Increase in prepaid expenses	28	218
Increase in accounts payable and accrued liabilities	(8,986)	(8,046)
Increase in deferred registration fees	(28,633)	(26,685)
	(32,891)	(28,632)
Cash flow from investing activities		
Purchase of investment	(25,716)	(24,375)
Proceeds from disposal of investments	28,736	23,549
Purchase of capital assets	(59)	(220)
Disposal of intangible assets	-	0
	2,962	(1,046)
Net decrease in cash and cash equivalents	(29,929)	(29,679)
Cash and cash equivalents, beginning of year	66,894	61,640
Cash and cash equivalent, end of year	**36,964**	**31,961**

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

Strategic Plan 2021-2026 Reporting

Discussion Note – September 2025 Council

Contact for questions or more information

Silvie Crawford, Registrar & CEO

Purpose

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

Questions for consideration

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

Public protection rationale

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

Background

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

Outcome Measures

The updated outcome dashboard, with data up to the end of June 2025 (Q2), 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

The April 1, 2025, registration regulation changes related to International Educated Nurse (IEN) education have moved into the implementation phase. This phase includes the implementation of a new registration requirement - the Transition to Practice requirement and the onboarding of all documentation validation vendors, except for one.

At this time, we are seeing applicants complete the new Transition to Practice course and an update on registration numbers will follow in December. Implementation of credential validation vendors has proceeded smoothly, and the final vendor is expected to onboard this fall.

With regards to the Applicant Experience Survey, data covering the 12-month period from Q2 2024 to Q1 2025 was received in early May 2025. The results for each quarter have largely been consistent and CNO has received an 80% satisfaction rate regarding their registration (reinstatement) process. CNO is performing better on perception of fairness and inclusivity, with index scores of 85 and 84 out of 100, compared to the effectiveness index score of 73 out of 100. This dataset will serve as the baseline against which subsequent results will be compared, supporting CNO's efforts to ensure registration processes are evidence-informed, fair, inclusive, and effective.

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

One of the leading measures in CNO's Strategic Plan 2021-2026 is the percentage of nurses indicating familiarity with CNO standards. This key performance indicator (KPI) is informed by the Standards Utilization Survey, which was first conducted in 2021 and repeated in 2024. Both iterations yielded consistent results, with 97% of nurses reporting familiarity with the standards. The survey will be repeated in 2026 to allow for measurement of new standards that are currently under revision. This survey, part of the Modernized Standards initiative running from 2024 to 2026, remains on track and in progress.

When the KPIs were originally developed, no specific frequency for repeating the survey was established. In May 2025, CNO made the decision to defer the next survey to 2026. This recommendation was based on several factors:

- The results from 2021 and 2024 showed no significant variation, and there is no indication that a 2025 survey would yield different insights. Additionally, CNO aims to be mindful of survey fatigue, particularly when repeated questions do not generate new or actionable data.
- CNO will also be conducting other surveys related to standards and guidelines in 2025. To avoid overwhelming nurses with multiple surveys on similar topics, the organization is spacing out its data collection efforts.

The 2026 survey will provide an opportunity to include questions on newly developed or revised standards and guidelines, many of which are currently under review.

In addition to the work above, CNO is finalizing the development of its new Quality Assurance (QA) Assessment tool. The tool is designed to support learning and assessment related to the Scope of Practice standard and will be delivered through an interactive module. The launch of the new tool is scheduled for 2026. The organization

continues to prepare for implementation and remains committed to delivering robust and accessible QA experience for nurses.

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 regularly and proactively engages with nurses, employers, the public and other system partners. These engagement activities not only strengthen relationships and build trust, but also inform CNO about system needs and perspectives, and ensures that system partners understand their obligations in a regulated health environment.

As noted in the previous update to Council in June, the work under this outcome has been completed for this iteration of the Strategic Plan. Engagement with system partners is now embedded in all relevant CNO processes. This is reflected in the briefing notes shared with Council, Registrar & CEO updates, and CNO's ongoing work in Diversity, Equity, and Inclusion.

Through this work, we have gained a detailed understanding of how CNO 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

Pillar 1: Build and Operate an Insights Engine

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

CNO has made significant progress in rolling out dashboards across its teams. Enhancements for registration and professional conduct processes were completed earlier in the year, with both areas now fully operationalized.

Quality assurance processes were finalized, with training and implementation completed August 2025. Supporting documentation, including a data dictionary, data model, and mapping resources, have been reviewed collaboratively with teams.

CNO now has fully operationalized dashboards and reporting tools to support registration, professional conduct, and quality assurance processes. These tools are now actively supporting data-driven decision-making and performance monitoring.

Customer service-related processes have been identified as the next to undergo operationalization. Requirements are currently being updated to support the rollout. 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

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

Pillar 3: Enable Proactivity

Since the initial development of the Strategic Plan in 2019–2020, CNO has continued to evolve its understanding of proactivity as a regulatory approach. Recognizing that it is one of many system partners, CNO acknowledges that addressing harm in the healthcare system requires collaboration and coordination. The organization's proactive strategy focuses on identifying emerging risks and aligning with partners to implement interventions that support patient safety.

Recent examples of how CNO demonstrated its proactive approach include two internal projects and one responsive action: advancing work on artificial intelligence (AI), revising practice standards, and strengthening media approaches to Professional Conduct (PC) cases. Each initiative applied system partner engagement and guiding regulatory questions to anticipate risks, target interventions, and protect the public.

- **AI Project**: Consulted widely with regulators, academics, and the Health Profession Regulators of Ontario's Citizen's Advisory Group to identify risks and opportunities. Outcomes include a draft policy on responsible AI use, an emerging AI Centre of Excellence, governance and risk practices, and planned 2025 guidance for registrants.
- **Standards Development**: Prioritized revisions to Documentation and Therapeutic Nurse–Client Relationship standards, informed by internal insights and extensive consultation with nurses, employers, and academics. The Nurse Advisory Group, Employer and Academic Reference Groups, and public consultations will ensure robust, risk-based revisions in 2025.

- **Communications approaches**: CNO implemented an enterprise approach for communicating about higher-risk issues that integrates with law enforcement activities and prioritize transparency and public safety. The approach enables CNO to align its published statements with our purpose, relevant legislation and regulatory processes.

An internal report summarizing these activities formally closes the Proactivity Pillar.

Pillar 4: Engage and Mobilize our Key System Partners

CNO has been actively engaging with a wide range of key system partners for various purposes, including education, information sharing, and relationship strengthening. These include government, regulators, academics, registrants and diverse system partners. System partner engagement remains a key priority for CNO. In Q2, staff attended major sector conferences (WeRPN, AdvantAGE, Nursing Leadership Network of (NLN) Ontario, Registered Nurses Association of Ontario (RNAO)) and CNO was represented internationally at the International Council of Nurses (ICN) Congress in Helsinki. Teams delivered numerous tailored presentations to partners (e.g., CARE Centre for Internationally Educated Nurses, Porcupine Health Unit, Patient Ombudsman, St. Joseph's Hamilton) on nursing scope changes, the Interjurisdictional Nurse Licensure (INL) initiative, employer considerations, and the Nurse Practitioner (NP) framework, with further sessions scheduled into the Fall. Labour mobility has also become a major focus, engaging regularly with government partners to align on legislative and regulatory changes. This work supports both immediate member needs and the broader development of CNO's next Strategic Plan.

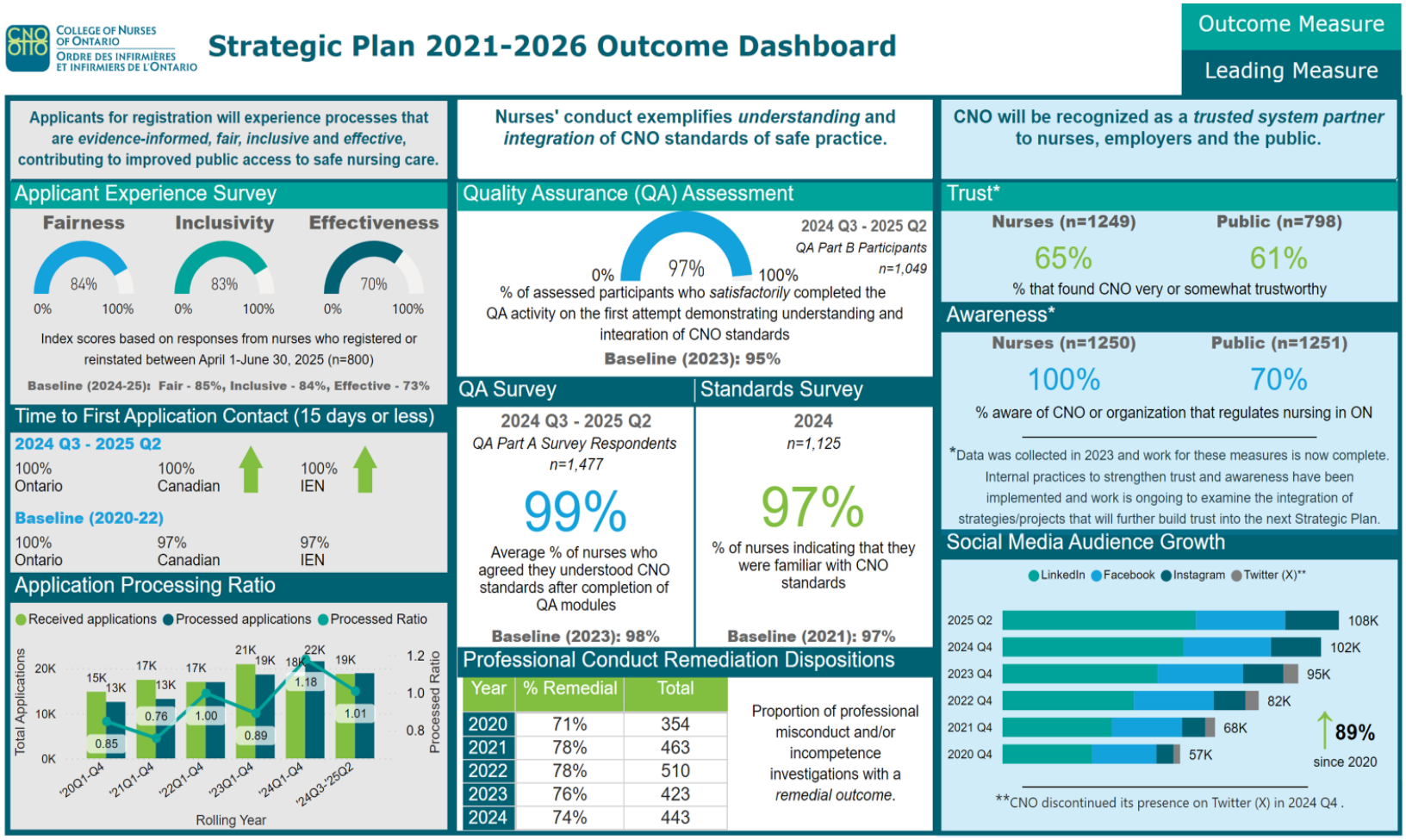
Next steps

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

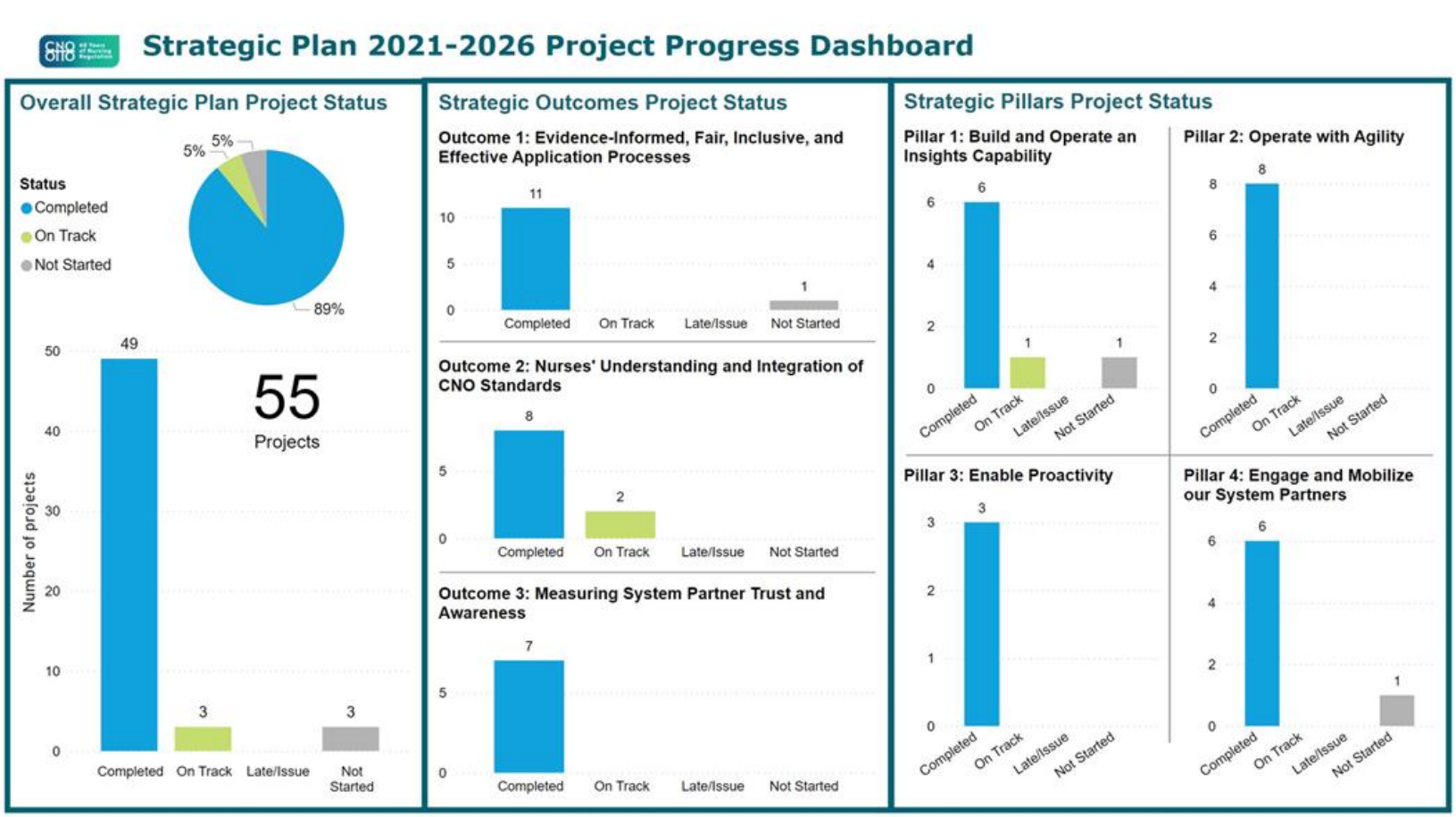
Attachments

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 June 2025)



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



College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

Comprehensive Standards Review

Decision note – September 2025 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose and action required

The purpose of this decision note is to provide Council with information to support decision making regarding the revisions to two practice standards: *Documentation* and *Therapeutic Nurse-Client Relationship* (*TNCR*).

> **Motion 1**:
> That the *Documentation* practice standard be approved by Council effective February 1, 2026, as set out in Attachment 1 of this decision note.
>
> **Motion 2**:
> That the *Therapeutic Relationships and Professional Boundaries* practice standard be approved by Council effective February 1, 2026, as set out in Attachment 2 of this decision note.

Questions for consideration

Does Council require additional information or clarification to support decision making related to the motions?

Public protection rationale

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

Background

As outlined in the *Regulated Health Professions Act, 1991*[1], Council's governance role includes approving standards of nursing practice. Practice standards outline the professional practice expectations for nurses. They inform nurses of their accountabilities and educate the public and system partners on what to expect of

[1] Subsection 94(3) of the Code

nurses. In addition to standards, CNO provides resources to help nurses understand their professional accountabilities (for example, practice guidelines, webinars, learning modules, etc.) and how to apply them (for example, Ask Practice FAQs and practice support).

Since 2020, Council has engaged in modernizing practice standards. Informed by evidence, the following objectives are applied to the revision of standards:

- accessible (clear and easy to understand)
- defensible (evidence-informed, measurable)
- relevant (reflect contemporary practice to prevent risk, informed by system partners including nurses)

Documentation and Therapeutic Nurse-Client Relationship

CNO is proposing revisions of two practice standards: Documentation and TNCR. Both standards are highly used by academic partners, employers and nurses, and they support some of CNO's regulatory functions. While there have been some updates, they have not undergone a comprehensive review since 2006 for TNCR and 2008 for Documentation.

Many sources of internal and external evidence informed the proposed revisions including:

- regulatory body reviews
- literature reviews
- professional conduct data
- practice inquiries
- input from CNO's Employer & Academic Reference Groups and Nurse Advisory Group (NAG)
- input from other system partners
- external legal counsel input (for legislative compliance as well as considering prosecutorial implications)

CNO's NAG supported revisions between April to August 2025 by sharing practice expertise. The group was composed to reflect the diversity of the nursing profession across Ontario, as well as diverse practice settings and roles in the province. NAG provided valuable input on areas of risk and strategies to make standards more accessible and relevant to nursing practice. The group also provided feedback on draft material (for example, definitions and draft standards) and advised on strategies, tools and resources to support knowledge translation.

Staff considered what public consultation and/or public perspectives might be needed to inform the draft standards. Given the direct client link to *TNCR*, integrating the public's perspective was identified as an important focus. Staff regularly bring strategic items to the Citizen Advisory Group (CAG), which is a group of Ontario clients and caregivers that supports the work of Ontario regulators. With this regular connection, there had already been consultations relating to *TNCR* with material/findings from these consultations publicly available. For example, as sources of evidence to inform the draft standard, CNO leveraged previous consultations from the CAG related to sexual abuse, boundaries, communication, respect and dignity. Furthermore, as part of the literature review, CNO explored expectations related to the nurse-client relationship (for example, this included expectations related to understanding the client's lived experience, taking a trauma-informed approach, practicing cultural humility, ensuring ethical decision making, developing and maintaining trust, and considering the impact of technology on the therapeutic nurse-client relationship).

Public Consultation Survey

After changes were made based on the evidence described above, consultation surveys were sent out for each draft standard to a broad range of external system partners including nurses, employers, health regulators in Ontario, nursing regulators across Canada, academics (colleges and universities), associations, unions and health care organizations. Through the survey, CNO obtained diverse perspectives at a nursing and system level on the draft *Documentation* and *TNCR* standards.

For each draft, the survey was disseminated to a random selection of 16,000 nurses (Nurse Practitioners, Registered Nurses and Registered Practical Nurses) in addition to other system partners. The survey and the draft standards were circulated in French and English (including French surveys directed to nurses who prefer to receive communication from CNO in French).

An external vendor provided the analysis of the survey data. There were 621 responses from nurses and system partners. For the *Documentation* standard, a total of 345 completed responses were received. The survey responses for *Documentation* comprised 69% Registered Nurses (RNs), 26% Registered Practical Nurses (RPNs), 4% Nurse Practitioners (NPs) and 1% from other categories including system partners. For *TNCR,* 274 completed responses were received. The survey responses for *TNCR* comprised 60% RNs, 36% RPNs, 3% NPs and 1% from other categories including system partners.

Documentation Themes

Overall, the feedback on the *Documentation* standard was positive. Approximately 98% of the respondents felt the standard was clear and easy to understand.

For example, one respondent noted:

> *The way this draft is laid out is much easier to read and in plain language, which I appreciate. It's easier to consume and provides more clear direction on accountabilities.*

In addition to the positive feedback, there was constructive feedback. Qualitative feedback was thematically analyzed, reviewed and integrated into the draft, where relevant. Key revisions included:

- clarifying language for improved understanding
- enhancing the clarity of diversity, equity and inclusion (DEI) content

We also received feedback that will help to inform the development of other practice support and knowledge translation resources to support the application of the *Documentation* standard (for example, webinars, FAQs).

Therapeutic Nurse-Client Relationship Themes
Overall, the feedback on the *Therapeutic Nurse-Client Relationship* standard was positive. Approximately 98% of the respondents felt the standard was clear and easy to understand.

For example, one respondent noted:

> *The draft standard is comprehensive and aligns well with current nursing practice.*

Qualitative feedback was thematically analyzed, reviewed and integrated into the draft, where relevant. There was constructive feedback and key revisions included clarifying language for improved understanding.

Summary of changes

Documentation
The following changes have been integrated based on the evidence review and input from system partners including through the survey:

- **updating format** – updated format to align with modern standards
- **removing duplicative content** – mapped to existing CNO standards, such as CNO's *Confidentiality and Privacy: Personal Health Information* standard, and removed duplicate content
- **adding new nursing accountabilities** – evidence review and system partner input highlighted the need for new accountabilities related to the use of technology, such as artificial intelligence. New accountabilities related to collaborative care were also added to support nurses when documenting

assessments/interventions, including clarifying when an assessment/intervention is documented by another healthcare provider

- **integrating DEI expectations** – added DEI content to highlight the importance of using discrimination free language when documenting
- **adding new definitions** – added definitions to frequently used documentation terms identified as previously unclear or vague by system partners (for example, late entries, objective and subjective information)
- **adding a 'Partners in Safety' section** – new section added to highlight the importance of employer/organizational policies and procedures that prioritize, support and enable client safety

TNCR

The evidence reviews and system partner input, including through the survey, informed numerous changes to the *TNCR* standard including:

- **establishing a new title** – to highlight changes and critical expectation associated with safe practice, the draft title is *Therapeutic Relationships and Professional Boundaries* standard
- **format** – updated format to align with modern standards
- **removing duplicative content** – mapping to existing CNO standards showed duplication with the *Code of Conduct* related to sections 1 and 2 so this content was removed
- **shifting focus to boundaries and abuse** – evidence review highlighted the need for detailed information related to professional boundaries and abuse which was also reinforced by legal counsel
- **integrating DEI expectations** – updated with gender inclusive language and DEI content
- **adding expectations related to technology and social media** – identified gaps related to impact of technology on the therapeutic nurse-client relationship and integrated new content, including related to the use of social media and other technologies such as artificial intelligence

Knowledge translation resources

To support knowledge translation for the revised *Documentation* and *TNCR* standards, CNO will be using a variety of approaches. This fall, CNO will host webinars to introduce the upcoming changes and give nurses, employers and academic partners time to prepare. These sessions will help organizations update their policies and curricula ahead of the February 2026 implementation date. In response to feedback from NAG, CNO will use approaches that support accessible and efficient learning—

such as creating micro-learning[2] videos, frequently asked questions and decision trees to support the application of concepts. In addition, CNO will revise current web content to reflect the revisions. The revised practice standards will be promoted in all external presentations, conferences and exhibitor booths. CNO will continue to monitor any questions that arise and will develop additional resources to support understanding and consistent use in practice.

For Nurses	For Employers	For Academics
• Micro-learning videos • Frequently asked questions • Decision trees • Web resources • Onsite and virtual employer presentations • Article in *The Standard* • External engagement exhibitor (WeRPN, RNAO, NPAO: annual general meetings & conferences) • Social media	• Employer Reference Group presentation and updates in their newsletter • Onsite and virtual employer presentations • Article in *The Standard* • External engagement exhibitor (all employment sectors) • Social media	• Update to Academic Reference Group • Meeting updates to Ontario nursing programs (for example, through Council of Ontario University Programs in Nursing and nursing programs under Colleges of Applied Arts and Technology) • Article in *The Standard* • Social media

Next steps

Subject to Council's approval, CNO will:

1. Develop new and revise existing resources to support application of the revised standards.
2. Engage and help nurses and other system partners to understand and implement the changes.
3. Implement the revised practice standards.

Attachments

1. Draft *Documentation* standard
2. Draft *Therapeutic Relationships and Professional Boundaries* standard

[2] Micro-learning is an educational approach that delivers information in short, focused bursts, often as quick lessons or modules that can be consumed in a few minutes. It's designed to be easily digestible and accessible, promoting knowledge retention and engagement.

Documentation Standard

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

Introduction

Documentation is an essential component of safe nursing practice. It involves recording key information that provides evidence of a **client's** health status, needs or goals, **communication** with the **health care team**, the decision-making process and care provided, including outcomes and evaluations. This process supports both the delivery and continuity of care.

Documentation can take many forms, which include but are not limited to paper-based records, electronic systems, electronically generated notes and audio or visual recordings. It may include clinical assessments, the rationale behind care decisions and any changes in the client's condition.

Whether documenting for individual clients, groups or communities, documentation supports collaborative practice. It ensures all members of the health care team have access to clear, complete and accurate information, which is essential for making informed decisions and delivering coordinated care. Documentation that meets this standard ensures accountability, enhances client safety and supports legal and professional accountabilities.

As technology continues to evolve, nurses are required to meet documentation requirements regardless of the format or platform used.

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

Why Document?

Nursing documentation reflects:
• the nursing process and **nursing care** provided to demonstrate commitment to safe nursing practice
• the client's needs and goals
• the nurse's application of knowledge, skill and judgment in providing safe and effective care
• the communication across the broader health care team throughout the continuum of care

Consistent, appropriate and accurate documentation is essential for safe client care, as it supports the delivery and continuity of care by ensuring critical information gets communicated clearly to make informed decisions and deliver coordinated, continuous care.

Documentation may be used as evidence in legal proceedings, as it provides an account of the client's current health status, the nurse's assessment, decision-making and the actions taken based on collaboration with the client and/or **substitute decision makers** and the health care team. Not documenting relevant care, events or interactions may lead to the conclusion that the care, events or interactions did not occur.

Documentation has many other uses, including but not limited to:
• evaluating professional practice for quality improvement
• determining appropriate care and services for clients
• supporting reflective practice
• supporting nursing research

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

Communication: Effective communication through documentation promotes safe and quality care.

Documentation Requirements: Consistent, appropriate and accurate documentation practices meet legal and professional accountabilities and support safe care.

Information Security: Nurses ensure that any written or electronically documented information about a client is secure.

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

Communication

Effective communication is a foundational documentation accountability that promotes safe and quality nursing care. Nurses must apply their knowledge, skill and judgment when documenting, ensuring their documentation is a clear, complete and accurate representation of the client's health status including the nursing care provided and any significant interactions.

Accountabilities:

To maintain effective communication, nurses:

- document in a clear, complete and accurate manner
- document the nursing care provided and their decision-making involved in the care. This can include:
    - the nursing process (for example, assessment, diagnosis[1], planning, intervention and evaluation)
    - **subjective** and **objective information**
    - plan of care
- document the medication they administered to the client, as set out in CNO's Medication practice standard
- apply their knowledge, skill and judgment to include relevant information in their documentation
- document relevant communication with the client, family members, substitute decision makers or any person involved in the client's care, such as interpreters or religious or spiritual care providers
- document relevant communication with other health care team members, including name, any designated title (of the other health care team members), the mode of communication (such as in-person, telephone, email, video or other digital platforms) and the outcome of the discussion
- use documentation methods approved by their employer/organization—such as templates, flow sheets or narrative notes—to ensure a clear and comprehensive representation of the client's health status, adding relevant details as needed to capture clinical information, decision-making and care provided
- review their documentation for accuracy, including when generated through the use of technology, such as **artificial intelligence,** as outlined in CNO's Artificial Intelligence guidance and in accordance with employer/organizational policies
- ensure their documentation is free from discrimination and respects how a client self-identifies, as outlined in the *Ontario Human Rights Code*
- document services provided to a group of clients in accordance with employer/organizational policies. If advice, care or services are provided to an individual within a group, the nurse documents this information within the individual client's **record** (if applicable).

[1] Nurses recognize and work within the limits of their legal scope of practice and their knowledge, skill and judgment.

Documentation Requirements

Consistent, appropriate, and accurate documentation practices are essential for safe, reliable care. They support accessibility, ensure continuity, and uphold legal as well as professional accountabilities.

Accountabilities:

To maintain documentation requirements, nurses:

- sign all documentation entries with a unique identifier, such as their written signature, initials and/or electronically generated identifier, and designated title (NP, RN or RPN)
- document in chronological order
- ensure all documentation entries include the date and time
- document in a timely manner, either at the time they provide care or as soon as possible after the care or event occurred. Nurses do not document before the care is provided
- ensure all documentation is legible and in permanent form
- document the mode of communication with clients, such as in-person, telephone, email, video or other digital platforms
- capture all relevant documentation in the permanent record, including any images, videos or information exchanged through the use of technology
- indicate a **late entry** and the date and time the care or action occurred
- document any event or care they provide and do not document any care that is provided by another individual, except when there is a **designated recorder**
- do not co-sign documentation entries
- do not delete their own documentation. If documentation corrections are needed, nurses ensure the original documentation remains retrievable and legible
- do not delete, alter or modify any documentation produced by others
- do not falsify a record relating to their practice, including signing or issuing a document that they know or ought to know includes a false or misleading statement
- document **informed consent** as set out in the *Health Care Consent Act, 1996* (see CNO's Consent guideline for additional explanation)

Information Security

Documentation is a record of personal health information. Nurses secure and protect personal health information by maintaining privacy and confidentiality, which includes acting in accordance with relevant legislation, standards of practice and employer/organizational policies.

Accountabilities:

To protect personal health information, nurses:

- maintain the confidentiality and privacy of their documentation, as set out in CNO's Confidentiality & Privacy – Personal Health Information practice standard and the *Personal Health Information Protection Act, 2004*
- use their unique access credentials, such as login credentials, when documenting electronically
- obtain informed consent from the client when using artificial intelligence technologies for the purpose of documentation, in accordance with employer/organizational policies
- maintain the security of personal health records during the transmission or disclosure of information. This includes when using technologies, such as email or secure messaging
- transport documentation only when authorized and in a secure manner
- keep their documentation secure and participate in the confidential destruction of temporary documents

Partners in Safety

Standards of practice and employer/organizational policies guide nurses in determining documentation requirements, to ensure key information is communicated effectively.

Employers/organizations are important system partners and share responsibility for client safety. Employers/organizations and others in the system are responsible for establishing a work environment that supports safe and effective client care. They ensure nurses have access to the necessary training to support clear, accurate, consistent documentation practices, and access to resources that help nurses meet their professional standards of practice and legal obligations, such as establishing documentation policies and procedures. CNO does not regulate employers or organizations; however, CNO encourages policies and procedures that prioritize, support and enable client safety. Documentation policies and procedures should align with relevant legislation and CNO's standards of practice.

Nurses who are employers, including those operating an independent practice, may have additional record keeping responsibilities, as set out in legislation and CNO's Confidentiality & Privacy – Personal Health Information practice standard. In these circumstances, nurses are accountable for meeting both the standards of practice of the nursing profession, as well as their responsibilities as employers. Nurses who are employers also should be aware of the documentation requirements outlined in other applicable legislation, such as the *Employment Standards Act, 2000*, the *Occupational Health and Safety Act, 1990* and the *Ontario Human Rights Code*.

Glossary

Artificial intelligence: Encompasses a broad spectrum of technologies aimed at mimicking cognitive functions associated with human intelligence.

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

Communication: The transmission of verbal and/or nonverbal messages between a sender and a receiver for the purpose of exchanging or disseminating information (Nova Scotia College of Nursing, 2025).

Designated recorder: In situations (for example, cardiac arrest, during a procedure or surgery) where it may not be possible for the nurse providing care to document, it is acceptable to have a designated recorder. Typically, employer/organizational policies support the practice of designated recorders in these situations (Nova Scotia College of Nursing, 2024).

Documentation: Health records that provide evidence in a variety of forms (for example, paper-based, electronic, electronically generated, audio or visual), used to reflect the client’s health status, needs or goals, communication with the health care team, the decision-making process and care provided, including the outcomes and evaluations of those decisions.

Health care team: Members of the intraprofessional and/or interprofessional team and/or community supporting client care. This also includes students, new learners and Indigenous and traditional healers (Code of Conduct, 2025).

Informed consent: As described under the *Health Care Consent Act,1996*, a person’s consent is informed if the person receives information about a treatment that a reasonable person in the same circumstances would require to make a decision and if the person receives responses to their requests for additional information about the treatment.

The information must include the treatment’s nature, expected benefits, material risks and side effects; alternative courses of action; and likely consequences of not having the treatment (Code of Conduct, 2025).

Late entry: A documentation entry made after the usual or reasonably expected time from the care or event has passed, rather than at or near the time of the care or event. To maintain accuracy and transparency, a late entry should be clearly identified as a late entry, dated, and refer to the date and time of the related care or event.

Nursing care: Nursing care given to a client, which includes, but is not limited to, assessment, planning, delivery, monitoring, evaluation and care coordination (Code of Conduct, 2025).

Objective information: Objective information deals with facts or conditions as perceived without distortion by personal feelings, prejudices or interpretations. Objective data is observed (for example, swelling, bleeding) or measured (for example, temperature, blood pressure) and includes interventions, actions or procedures as well as the client's outcome (Nova Scotia College of Nursing, 2024).

Personal attributes: Qualities or characteristics unique to a person. As reflected in the *Ontario Human Rights Code*, this includes citizenship, race, place of origin, ethnic origin, colour, ancestry, disability, age, creed, sex/pregnancy, family status, marital status, sexual orientation, gender identity, gender expression, receipt of public assistance (in housing) and record of offences (in employment). Personal attributes also include political affiliation, income and social status (Code of Conduct, 2025).

Professional misconduct: An act or omission that contravenes nurses' legislated obligations or the standards of practice and ethics of the profession. Professional misconduct is defined in section 51(1) of the Health Professions Procedural Code, which is Schedule 2 to the *Regulated Health Professionals Act, 1991*, and further described in the Professional Misconduct regulation (O. Reg. 799/93) under the *Nursing Act, 1991* (Discontinuing or Declining to Provide Care, 2024).

Record: Any record of information, however recorded, whether in printed form, on film, by electronic means or otherwise (*Freedom of Information and Protection of Privacy Act*, 2024).

Subjective information: Subjective information may include information provided by a client or any person the client wants involved in their care and is modified or affected by personal views, experience or background (Nova Scotia College of Nursing, 2024).

Substitute decision-maker: Person, identified by the *Health Care Consent Act, 1996*, who makes a treatment decision for someone who cannot make their own decision. See CNO's Consent guideline for more information (Code of Conduct, 2025).

References

College of Nurses of Ontario. (2025). *Code of conduct*. https://cno.org/Assets/CNO/Documents/Standard-and-Learning/Practice-Standards/49040_code-of-conduct.pdf

College of Nurses of Ontario. (2024). *Discontinuing or declining to provide care*. https://cno.org/Assets/CNO/Documents/Standard-and-Learning/Practice-Standards/ps-discontinuing-or-declining-to-provide-care-en.pdf

Freedom of Information and Protection of Privacy Act, RSO 1990, c.F.31. https://www.ontario.ca/laws/statute/90f31

Nova Scotia College of Nursing. (2024). *Documentation guidelines for nurses*. https://www.nscn.ca/sites/default/files/documents/resources/DocumentationGuidelines.pdf

Nova Scotia College of Nursing. (2025). Glossary. https://www.nscn.ca/professional-practice/practice-support/practice-support-tools/glossary/glossary

Therapeutic Relationships and Professional Boundaries

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

Introduction

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

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

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

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

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

Professional boundaries: Establish and maintain appropriate boundaries.

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

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

Therapeutic Nurse-Client Relationship

The therapeutic nurse-client relationship involves providing safe, compassionate and ethical nursing care and promotes positive health outcomes (Hartley et al., 2022). Therapeutic nurse-client relationships may be direct or indirect and exist in diverse roles, settings and client interactions, regardless of the length of the interactions.

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

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

Nurses must demonstrate sensitivity to clients' dignity and privacy, including how and what they communicate within the context of care. Specific aspects of nursing care may create vulnerability or distress for clients. For example, nurses may require a heightened awareness while carrying out physical care activities, such as bathing, or assessments, which involve physical closeness or contact essential to the care.

Strategies that aim to protect the client's dignity and privacy include clearly communicating about the care in advance and implementing measures that promote safety and privacy, such as drawing the curtains or, if desired, having a trusted friend or family member be present during the care.

Communication is integral to the therapeutic nurse-client relationship. Nurses use effective verbal and non-verbal communication that demonstrates respect and empathy, to build and maintain trust. Nurses ensure that, regardless of the mode, time spent or context of communication, they reflect on the unique needs of every client (see Principles 1 & 2 of the *Code of Conduct*). This applies to both in-person and virtual care (see CNO's *Virtual Care* guideline).

Accountabilities:

In the therapeutic nurse-client relationship, nurses

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

Professional Boundaries

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

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

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

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

Boundary crossing

Competent and caring professionals can unintentionally cross boundaries. Boundary crossings may create role confusion, increase client vulnerability and lead to negative client outcomes. They can escalate when a nurse's actions exploit the relationship to meet their own personal needs. Boundary crossings are less likely to escalate into more serious boundary violations if the nurse reflects on their actions, recognizes the boundary breach, and takes appropriate action to protect the client and re-establish appropriate boundaries. Examples of boundary crossings depend on the context and may include preferential attention to a particular client, socializing with the client or their family or inappropriately sharing personal information. Additionally, nurses must not engage in any financial transactions unrelated to the provision of care with a client or client's family. These may include financial or personal benefit to themselves or loss to the client, such as borrowing money from a client. All breaches of professional boundaries are unacceptable and may constitute professional misconduct. See Appendix A for *Warning Signs of Boundary Crossings*.

Gifts

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

Professional Boundaries and Technology Use

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

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

Providing Nursing Care to Family and Friends

Nurses should avoid providing nursing care for family and friends, except in limited circumstances when they are unable to transfer care. For example, in small communities, nurses may be required to provide care to their family members or friends, if there are no other health care providers available. In circumstances in which nurses are required to provide care to family or friends, nurses should acknowledge their dual roles, set clear boundaries to clarify their personal and professional roles, and transfer

care to another health care provider whenever possible. See Appendix B for further considerations, when caring for family or friends.

Accountabilities:

To maintain professional boundaries, nurses

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

Protection from Abuse

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

Sexual abuse

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

- sexual intercourse or other forms of physical sexual relations between the nurse and the patient
- touching, of a sexual nature[3], of the patient by the nurse
- behaviour or remarks of a sexual nature by the nurse toward the patient

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

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

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

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

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

Accountabilities:

To protect clients from harm, nurses

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

Partners in Safety

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

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

Glossary

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

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

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

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

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

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

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

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

- There is, at the time the nurse provides the health care services, a sexual relationship between the individual and the nurse.

- The nurse provided the health care service to the individual in emergency circumstances or in circumstances in which the service is minor in nature.
- The nurse has taken reasonable steps to transfer the care of the individual to another nurse or there is no reasonable opportunity to transfer care to another nurse.

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

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

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

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

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

Appendix A: Warning Signs of Crossing a Boundary

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

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

Appendix B: Nursing a Family Member or Friend

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

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

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

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

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

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

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

Appendix C: Abusive Behaviours

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

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

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

Physical abuse includes, but is not limited to:

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

Neglect includes, but is not limited to:

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

Sexual abuse includes, but is not limited to:

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

Financial abuse includes, but is not limited to:

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

References

Canadian Centre for Diversity and Inclusion. (2025). *Glossary of Terms*. https://ccdi.ca/glossary-of-terms/

College of Nurses of Ontario. (2025). *Code of Conduct*. https://www.cno.org/Assets/CNO/Documents/Standard-and-Learning/Practice-Standards/49040_code-of-conduct.pdf

College of Nurses of Ontario. (2024). *Discontinuing or Declining to Provide Care*. https://www.cno.org/Assets/CNO/Documents/Standard-and-Learning/Practice-Standards/ps-discontinuing-or-declining-to-provide-care-en.pdf

College of Nurses of Ontario. (2021). *Independent Practice.* https://www.cno.org/globalassets/docs/prac/41011_fsindepprac.pdf

College of Nurses of Ontario. (2025). *Virtual Care*. https://www.cno.org/Assets/CNO/Documents/Standard-and-Learning/Practice-Standards/practice-guideline-virtual-care-en.pdf

Du, J., Huang, S., Lu, Q., Ma, L., Lai, K., & Li, K. (2022). Influence of empathy and professional values on ethical decision-making of emergency nurses: A cross sectional study. *International Emergency Nursing, 63*, 101186. https://doi.org/10.1016/j.ienj.2022.101186

Hartley, S., Redmond, T., & Berry K. (2022). Therapeutic relationships within child and adolescent mental health inpatient services: A qualitative exploration of the experiences of young people, family members and nursing staff. *PLoS ONE, 17*(1): e0262070. https://doi.org/10.1371/journal.pone.0262070

Nursing Act, 1991. S.O. 1991, c. 32. https://www.ontario.ca/laws/statute/91n32

Regulated Health Professions Act, 1991, SO 1991, c 18. https://www.ontario.ca/laws/statute/91r18

Virkstis, K., Whitemarsh, K., Rewers, L., & Paiewonsky, A. (2021). A 4-part strategy to engage frontline nurses in cultural humility. *The Journal of Nursing Administration*, 51(12), 597–599. https://doi.org/10.1097/NNA.0000000000001080

Zinan, N. (2021). Humility in health care: A model. *Nursing Philosophy*, *22*(3), 1–8. https://doi.org/10.1111/nup.12354

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

RN Prescribing Standard Revision

Decision note – September 2025 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose and action required

The purpose of this decision note is to provide Council with information to support decision making regarding revised language in the *RN Prescribing* practice standard.

> **Motion:**
> That the *Registered Nurse* (*RN) Prescribing* practice standard be approved by Council effective September 19, 2025, as set out in Attachment 1 of this decision note.

Questions for consideration

Does Council require additional information or clarification to support decision making related to the motion?

Public protection 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.

Background

Legislation

As outlined in the *Regulated Health Professions Act, 1991*[1], Council's governance role includes approving standards of nursing practice.

Under O. Reg. 275/94 of the *Nursing Act, 1991*, RNs must complete approved education to become authorized to prescribe.[2]

RN Prescribing Practice Standard

[1] Subsection 94(3) of the Code
[2] Subsections 16.1 (4) and (5) of the regulation.

The *RN Prescribing* practice standard describes the scope of practice and professional accountabilities of RNs who are authorized to prescribe. There are proposed revisions to the *RN Prescribing* practice standard to align with Council's policy direction at the June 2025 Council meeting. RN prescribing was initially introduced as a post-RN continuing education requirement, which is currently referenced in the practice standard. At the June meeting, Council approved that RN prescribing education can be offered either as a standalone course or integrated into a broader RN education program and can be delivered either before or after RN registration. This decision supported the evolution and innovation in how RN prescribing education can be offered in Ontario. (For additional context, see the information note included in the September 18, 2025, Council Agenda).

The revisions to the *RN Prescribing* practice standard are outlined as line edits in the attachment below. There are no changes to the professional accountabilities associated with RN prescribing; the only edits that have been made are those to reflect the policy shift to broaden education options for RNs.

Next steps

Pending Council approval of revisions to the *RN Prescribing* practice standard, next steps will include:

- updating the *RN Prescribing* practice standard on CNO's website (English and French)
- clearly communicate these changes to nurses and system partners

Attachments

1. Proposed *RN Prescribing* practice standard (proposed revisions in track changes)

Registered Nurse (RN) Prescribing

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

CONTENTS

Purpose: Our purpose is to protect the public by promoting safe nursing practice.

Pub. No. 49042
ISBN 978-1-77116-166-4

College of Nurses of Ontario 101
Davenport Rd.
Toronto, ON M5R 3P1
www.cno.org

Ce fascicule existe en français sous le titre : *Norme d'exercice Prescription de médicaments par les infirmières autorisées (IA)*

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

The purpose of this practice standard is to outline the legislated scope of practice and the accountabilities for Registered Nurses (RNs) in the General Class who have the authority to prescribe certain medications[1]. CNO refers to this authority as "RN prescribing." ~~.~~

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

~~RN prescribing competencies are not part of the entry-level competencies obtained in undergraduate RN education.~~ To be authorized ~~obtain the authority~~ to prescribe, RNs must successfully complete ~~a continuing~~ RN prescribing education ~~program~~ approved by CNO's Council.~~[2]~~ CNO's public registry, Find A Nurse, will indicate when a nurse is authorized to prescribe.

The ~~regulation[3]~~ regulation[2] under the *Nursing Act, 1991,* specifies the medications and categories of medications an RN is authorized to prescribe. For a list of the medications and categories of medications, see Appendix A: Medications that may be prescribed by RNs with prescribing authority.

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

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

~~[2]~~[3] See O. Reg. 275/94

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

Authority

Nurses must practice in compliance with their legislated scope of practice and employer policies.

Competence

Nurses must ensure they have the knowledge, skill and judgment to prescribe a medication and/or communicate a diagnosis they made for the purpose of prescribing medication.

Safety

Nurses promote safe care and must ensure their prescribing practices are in the client's best interests and contribute to a culture of safety.

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

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

AUTHORITY

Under the *Nursing Act,* ~~*1991*~~[4] *1991*[3], RNs with prescribing authority, who meet specified conditions, are authorized to:

i) prescribe a medication, or a drug from within a category of medications, set out in the ~~regulation~~[5] regulation[4] (see Appendix A: Medications that may be prescribed by RNs with prescribing authority)

ii) communicate to a client or their representative a diagnosis made by the RN where the purpose of that communication is for prescribing the medication

iii) dispense or administer by injection or inhalation (without an order from another authorized provider), a medication that they have prescribed

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

[4] See O. Reg. 275/94

RNs with prescribing authority must:

- have completed CNO Council-approved education for RN prescribing
- have a therapeutic nurse-client relationship with the client
  - ✓ for whom they are prescribing a medication
  - ✓ for whom they are communicating a diagnosis that they made, for the purpose of prescribing a medication
- prescribe the medication for therapeutic purposes only
- ensure all required information is on the prescription and retain that information in the client's health record (See Appendix B: Medication Practices: Requirements for medication prescriptions)
- only prescribe a medication in compliance with the route of administration or other specification indicated for that ~~medication[6]~~medication[5]
- only communicate a diagnosis they made to their client or their representative and only for the purpose of prescribing the medication
- comply with all relevant legislation, the standards of practice of the profession and applicable employer policies. For example, the *Public Hospitals Act* does not permit RN prescribing.

Also, RNs with prescribing authority are only authorized to provide medication orders to other RNs or RPNs for the purposes of dispensing or administering by injection or inhalation the medications specified in Appendix A: Medications that may be prescribed by RNs with prescribing authority.

Restrictions

- RNs with prescribing authority are not permitted to **delegate** the controlled acts of:
  - x prescribing a medication
  - x communicating a diagnosis they made to a client or their representative for the purposes of prescribing
- RNs with prescribing authority are not permitted to prescribe medications that are not included in Appendix A: Medications that may be prescribed by RNs with prescribing authority
- Provincial laws do not permit RNs: x to order lab or diagnostic ~~tests[7]~~ tests[6] x to sell or compound ~~medications[8]~~medications[7]

~~6~~ 5 See subsection 16.1(3) of O. Reg 275/94

~~7~~ 6 For example, the *Laboratory and Specimen Collection Centre Licensing Act* does not allow RNs or RPNs to order lab tests

~~8~~ 7 The *Nursing Act, 1991* and the regulations O. Reg 275/94 do not allow RNs or RPNs to sell or compound medications

RNs with prescribing authority also must ensure they have the knowledge, skill and judgment to safely, effectively and ethically prescribe a medication from Appendix A: Medications that may be prescribed by RNs with prescribing authority.
Competence to prescribe includes being able to perform a health assessment, formulate a diagnosis and provide therapeutic management appropriate to the diagnosis.

Health Assessment

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

RNs with prescribing authority:

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

COMPETENCE

Diagnosis

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

i) they are the person who made the diagnosis

ii) they are prescribing a medication that is appropriate to treat the disease or condition that is diagnosed

RNs with prescribing authority:

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

Therapeutic Management

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

RNs with prescribing authority:

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

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

SAFETY

Collaboration, Consultation and Transfer of Client Care

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

RNs with prescribing authority:

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

Conflict of Interest

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

RNs with prescribing authority:

- must not engage in conduct that results, directly or indirectly, in a personal or financial benefit that conflicts with their professional or ethical duty to a ~~client[9]~~client[8]
- do not use their professional designation to promote one treatment option over another if it is not in the client's best interest
- do not prescribe medication to themselves
- only prescribe medication to family members, partners, friends or acquaintances when there are no other providers available in circumstances outlined in the *Therapeutic Nurse-Client Relationship* practice standard and until other arrangements can be made
- do not allow their interactions with industry[9~~10~~] to interfere with evidence-informed decision-making

~~9~~ 8 See subsection 16(1) of O. Reg. 275/94

~~10~~ 9 Includes pharmaceutical, medical device and technology companies

GLOSSARY

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

Client: Individuals, families, communities or populations.

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

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

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

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

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

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

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

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

Immunization

- any vaccines for prevention of bacterial and viral disease

Contraception

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

- any hormonal contraceptives for systemic use
- any intravaginal contraceptives

Travel Health

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

Topical Wound Care

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

Smoking Cessation

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

Anesthetics

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

Allergic Reaction

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

Over-The-Counter Medication

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

APPENDIX B: MEDICATION PRACTICES: REQUIREMENTS FOR PRESCRIPTIONS

Information required on a medication prescription:

- Name and address of the person for whom the medication is prescribed
- Name of the medication, strength (where applicable) and quantity of the medication that is prescribed
- Directions for use, including dose, route of administration, frequency and if applicable the duration of therapy
- Prescribing RN's name, business address and telephone number, title and registration number
- Prescribing RN's signature (may be an electronic signature)
- Date on which the medication is prescribed
- Number of refills, if applicable

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

REFERENCES

College of Nurses of Ontario. (2023). Code of Conduct.
https://www.cno.org/globalassets/docs/prac/49040_code-of-conduct.pdf

College of Nurses of Ontario. (2017). Consent.
https://www.cno.org/globalassets/docs/policy/41020_consent.pdf

College of Nurses of Ontario. (2019). Documentation, Revised 2008.
https://www.cno.org/globalassets/docs/prac/41001_documentation.pdf

College of Nurses of Ontario. (2022). Medication Practice Standard.
https://www.cno.org/globalassets/docs/prac/41007_medication.pdf

College of Nurses of Ontario. (2021). Nurse Practitioner Practice Standard.
https://www.cno.org/globalassets/docs/prac/41038_strdrnec.pdf

College of Nurses of Ontario. (2023). Scope of Practice.
https://www.cno.org/globalassets/docs/prac/49041-scope-of-practice.pdf

College of Nurses of Ontario. (2019). Therapeutic Nurse-Client Relationship, Revised 2006.
https://www.cno.org/globalassets/docs/prac/41033_therapeutic.pdf

Nursing Act, 1991. S.O. 1991, c. 32. https://www.ontario.ca/laws/statute/91n32

Regulated Health Professions Act, 1991. S.O. 1991, c. 18.
https://www.ontario.ca/laws/statute/91r18

Registered Nurse (RN) Prescribing

Practice Standard

College of Nurses of Ontario
101 Davenport Rd.
Toronto, ON M5R 3P1

cno@cnomail.org
416 928-0900
Toll-Free in Canada 1
800 387-5526

DEC 2023
2023-126

Hearings Initiative

Discussion note – September 2025 Council

Contact for questions or more information

Veronica Adetoye, Director, Business Services & CFO

Purpose

The purpose of this discussion note is to engage Council on a proposed initiative to add experienced adjudicators into the composition of the Discipline and Fitness to Practise (FTP) Committees for the purpose of integrating adjudicative expertise, building capacity and enhancing efficiency to address the increase in hearing volumes and complexity.

Questions for consideration

Does Council support in principle adding experienced adjudicators to the Discipline and FTP Committees and bringing the by-law changes to December Council for consideration?

What further information would Council find helpful to support decision-making in December?

Public protection rationale

The Discipline and FTP Committees assist in CNO's mandate to protect the public interest in the regulation of nurses in Ontario. CNO is accountable for ensuring that the Discipline Committee adjudicates allegations of professional misconduct and incompetence and the FTP Committee adjudicates allegations of incapacity in a fair, efficient and timely manner. It is important for the public, nurses and system partners to have confidence in the discipline process.

Background

Discipline Committee

The Discipline Committee is established in the *Regulated Health Professions Act, 1991* under the Health Professions Procedural Code. It decides allegations of professional misconduct and incompetence referred by the Inquiries, Complaints and Reports Committee (ICRC) and applications for reinstatement. The Committee is an administrative tribunal with rules and processes similar to courts. It holds formal hearings that are open to

the public, applies rules of evidence and sometimes must decide complex legal issues. After each hearing, the panel must prepare reasons that are public and published on CNO's website and on legal databases. The Committee's decisions may be appealed to the Divisional Court by either party. Independent legal counsel (ILC) attends every hearing to provide independent legal advice to the panel as most Committee members are not legally trained and do not possess extensive legal knowledge or experience.

Currently, there are 46 Committee members: 9 public members of Council, 12 elected nurse Council members and 25 appointed nurse members (non-Council). Section 38 of the Health Professions Procedural Code states that discipline panels must be composed of 3 to 5 Committee members (2 must be public members and 1 must be a nurse member of Council). The current practice is to compose 5-member panels. For each hearing panel, current practice is to assign one of the 5 Committee members to chair the hearing and another one of the 5 Committee members to write the decision and reasons. Chairing hearings and writing decisions are voluntary roles for Committee members after they gain hearing experience. Specialized training for these roles is provided. Due to varying levels of interest in these roles and availability among Committee members, it can sometimes be difficult to compose panels with the desired collective skills/experience.

Before each hearing, a committee member chairs a pre-hearing conference, which is a confidential meeting with the parties involved. During this meeting, the chair provides their candid assessment of the case to help facilitate resolution and provides case management so that the hearing proceeds efficiently. Similar to chairing hearings and writing decisions, experienced committee members volunteer to take on the role of pre-hearing chair and receive specialized training.

FTP Committee

Members of the Discipline Committee are also members of the FTP Committee which holds hearings to decide whether members are "incapacitated", meaning they are suffering from a physical or mental condition such that it is in the public interest to restrict their practice or no longer permit them to practise. Although there are some differences between the discipline and FTP processes, common membership is efficient since both committees hold formal hearings similar to a court and there is much overlap in the training and knowledge required.

Internal Data on Increased Hearing Volumes

CNO Discipline Committee data shows that over the last few years, there has been a significant increase in hearing volumes. In 2024, total referrals to the Discipline Committee increased by 71% compared to 2019. The number of hearing days for matters heard in 2024 increased by 83% from 2019 and the number of decisions and reasons released in 2024 increased by 102% compared to 2019. See Attachment 1 for further details. An additional factor impacting the Discipline Committee has been some lengthy and complex contested cases in recent years. Writing reasons following a lengthy complex case can be

challenging and time-consuming. The increase in hearing volumes and case complexity has stretched the time commitment required from committee members, particularly those who are trained in the roles of conducting pre-hearings, chairing hearings and writing decisions.

Significantly more cases are referred to the Discipline Committee than to the FTP Committee. CNO data shows no increasing trend in the number of referrals to the FTP Committee.

Proposed Initiative

CNO is proposing to add experienced adjudicators to the Discipline and FTP Committees to help build adjudicative capacity, improve efficiency and manage increasing discipline hearing volumes. Experienced adjudicators would serve as non-Council members on the Committees. An experienced adjudicator would be assigned as one of the 5-member panel hearing a case.

The following chart illustrates discipline hearing panel composition in the current practice compared to the proposed hearing initiative with experienced adjudicators:

Current Practice 5 member panel	**Proposed Hearings Initiative 5 member panel**
• Two Public Members of Council • One nurse Council member • Two additional nurses (may be either appointed nurses (non-Council) or nurse Council members) From the five-member panel above, one Committee member is trained as panel chair and another committee member is trained to write decisions.	• Two Public Members of Council • One nurse Council member • One additional nurse (may be either appointed nurse (non-Council) or nurse Council member) • One experienced adjudicator (chairs and writes decision)

Having experienced adjudicators chair some hearings and write decisions will help manage the Discipline Committee's workload effectively. In addition, having experienced adjudicators chair some pre-hearing conferences will contribute to hearing efficiency. Their expertise will enable them to identify key issues, streamline processes, and resolve matters through case management before the hearing begins. This proactive approach may reduce the number of hearing days needed in complex cases.

Although panels with experienced adjudicators would be composed with two rather than three nurses, the nurse perspective is maintained with two nurses on every panel. There

would be no change to the number of public members of Council, with two on every panel. Panel deliberations would be the same as current practice, with all five panel members having equal authority and input in decision-making. Robust training for all committee members would remain a priority to support their engagement, maintain their knowledge, and ensure they are well equipped to fulfil their mandate. It is anticipated that ILC may not be required at every hearing due to the knowledge and experience of the adjudicator.

Many regulatory bodies in Canada and internationally appoint experienced individuals on hearing panels to adjudicate discipline matters, usually with a focus on legal training and experience in chairing hearings, writing decisions and reasons, and managing cases before the hearing starts. CNO has obtained a legal opinion confirming that there is nothing preventing the appointment of experienced adjudicators (who are neither nurses nor public members of Council) to the Discipline and FTP Committees panels so long as the composition requirements in the Health Professions Procedural Code and CNO by-laws are met. As indicated above, the panel composition requirements in the Code would be maintained (i.e. panels would include two public members of Council and at least one nurse Council member). By-law changes related to the criteria for committee membership would be needed for the initiative to proceed.

This initiative would complement other initiatives being implemented by the Discipline Committee to address growing hearing volumes. For example, new scheduling initiatives have been introduced to maximize capacity in the hearings calendar and the Committee's Rules of Procedure are being revised to enhance procedural efficiency.

This initiative will undergo a thorough evaluation which will involve quantitative (e.g., survey, administrative data) and qualitative (e.g., interviews) data collection to understand the impact of using experienced adjudicators on a variety of outcomes (e.g., efficiency, cost, experiences). The evaluation will include assessing time from referral to release of the decision and reasons document. Feedback will be sought from committee members and system partners. It is anticipated that adding experienced adjudicators will not have a significant cost impact since any increase in costs will likely be offset by ILC not being required to attend some hearings.

Next Steps

If Council supports in principle, in December, CNO staff will propose changes to CNO's by-laws (e.g., the criteria for Committee membership) for consideration by Council[1]. Subject to the initiative moving ahead, Council will be kept updated on the progress.

Attachment

1. Internal Data

[1] Articles 19 (Discipline Committee), 20 (Fitness to Practice Committee) and 30 (Committee Chairs)

Attachment 1

Internal Data

Figure 1 – Referrals to Discipline Committee from ICRC

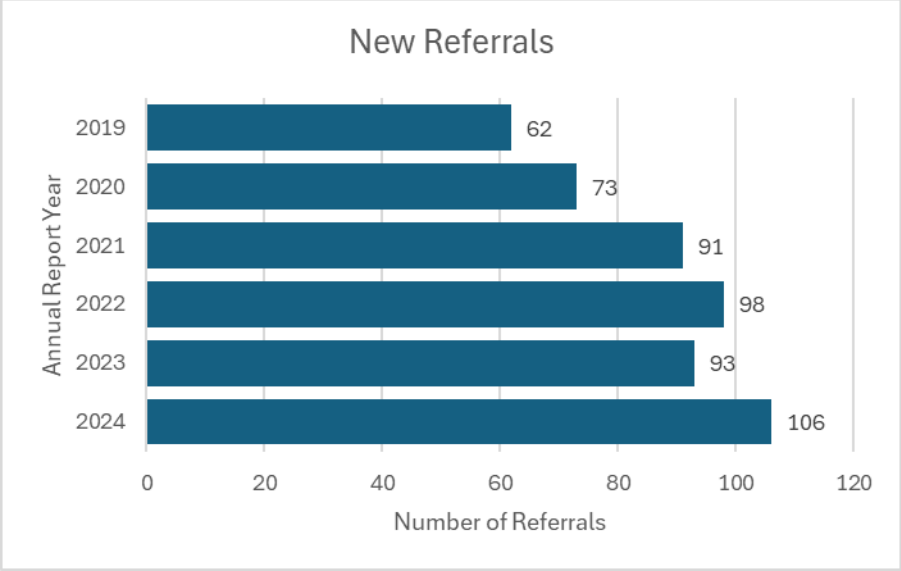


Figure 2 – Total Hearing Days

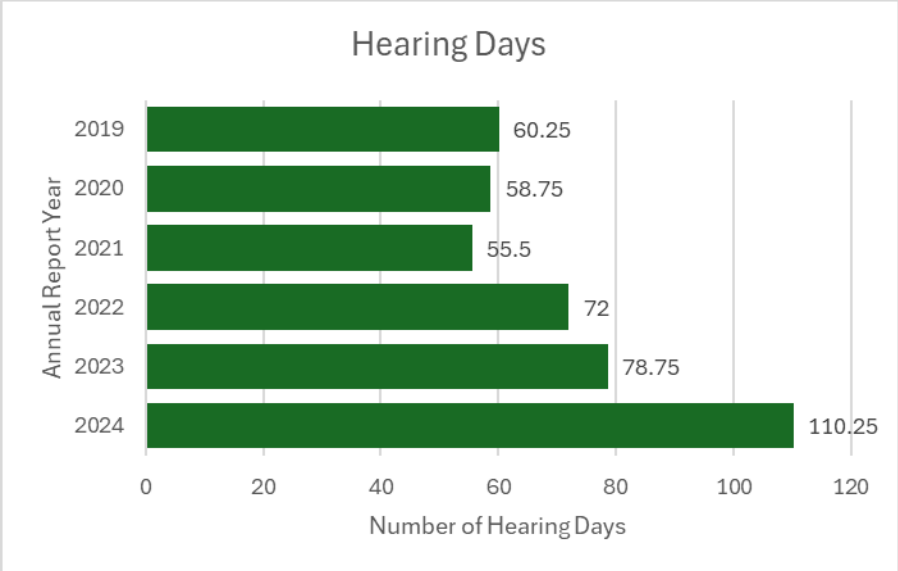
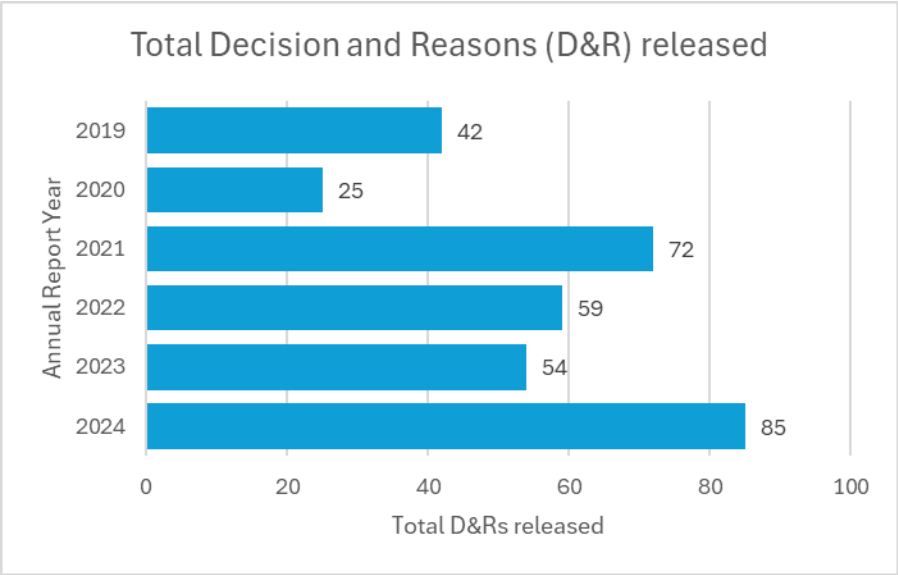


Figure 3 – Total Discipline Decisions and Reasons Released



Appointment of Conduct Committee Members

Decision note – September 2025 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose and action required

Council is being asked to approve the Nominating Committee's recommendation to appoint members to the Conduct Committee, selected from those Council members who have volunteered.

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

Background

The Conduct Committee is a standing committee of Council that manages concerns regarding breaches of By-Law No. 3: Council and Committee Code of Conduct (the Code). The Committee only meets if a written complaint is received in accordance with Article 16.04 of the Code.

If a complaint is received that a Council or committee member has breached the Code, a panel will be established consisting of the Chair of the Conduct Committee, with the appointment to be addressed under item 8.1.2, and two Council members, selected from the Committee's membership. This panel will manage the investigation, attempt to resolve the matter, if appropriate, and if needed, the Chair of the Conduct Committee will provide a report to Council.

The Conduct Committee membership consists of two nurse members of Council and two public members of Council. The following Conduct Committee positions need to be filled, from among volunteers from Council:

- Two nurse members
- Two public members

The Conduct Committee's Terms of Reference are attached for reference.

In June 2025, due to the need to further recruit volunteers, the Nominating Committee recommended that the appointment of the members of the Conduct Committee be deferred to the September Council meeting. Further recruitment efforts have resulted in four volunteers.

Attachment

1. Conduct Committee Terms of Reference

COLLEGE OF NURSES OF ONTARIO
ORDRE DES INFIRMIÈRES ET INFIRMIERS DE L'ONTARIO
THE STANDARD OF CARE.

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[1] 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.

[1] 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 Chair 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 & 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

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

Appointment of Conduct Committee Chair

Decision note – September 2025 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose and action required

To support the effective leadership of the Conduct Committee, Council is being asked to consider the appointment of Hum Law to serve as Chair of the Conduct Committee.

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

Background

In March 2025, Council approved the revised Terms of Reference for the Conduct Committee and requested that staff proceed with a search for the legal firm to act as Chair. The Conduct Committee is a standing committee of Council, established under By-Law No. 1: General to address concerns regarding breaches of By-Law No. 3: Council and Committee Code of Conduct. The updated Terms of Reference approved by Council in March 2025 provide that a legal firm will be appointed as Chair of the Conduct Committee.

The search was guided by the following Council-approved criteria:

- Strong communication and facilitation skills
- Broad range of expertise and experience in regulation of professions
- 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

Based on these criteria, CNO issued an invitational Request for Proposal (RFP) to prospective law firms. No responses were received during the submission period. A decision was made to directly contact law firms who received the invitational RFP.

Feedback from firms indicated that some larger firms were concerned about limited billable hours and potential conflicts with future work for CNO. Some also noted that the scope of work fell outside their core areas of expertise.

Through CNO's follow-up, two firms expressed interest and meetings were held with representatives from those firms.

Legal Firm Recommendation

Both firms demonstrated strong credentials, with relevant experience and expertise in the areas under consideration.

Hum Law offered services that were more closely aligned with CNO's anticipated needs and is being recommended to Council for approval as a result. See Attachment 1 for the CV for Lai-King Hum.

Next steps

Subject to Council's approval, CNO will enter into an agreement with Hum Law to act in the role of Conduct Committee Chair.

Attachments

1. CV for Hum Law Firm – Lai-King Hum

Current: September 2025

Lai-King Hum (she/her/elle)
Email: lhum@thehumlawfirm.ca
Direct: (416) 277-5453
General: (416) 214.2329

"Caring is the only daring" defines Lai's approach to work and life.

Called to the bars of both Quebec (1997) and Ontario (1997), Lai keeps busy with her multi-layered practice.

Lai founded a boutique law firm in 2014 after 15 years at national firms in Montreal and Toronto. Her practice is focused on workplace law and professional regulation, serving clients in English, French, Mandarin, Cantonese and Filipino. Her clients include individuals, businesses of all sizes across various industries including finance, education, manufacturing, not-for-profit organizations, and various profession regulators. She is also called upon to conduct complex workplace investigations.

In addition to Lai's busy practice, in 2022, she was appointed as the Independent Complaints Review Officer for the College of Immigration and Citizenship Consultants. Lai is also a bilingual Deputy Judge of the Small Claims Court (Toronto), and one of three Counsel in the Discrimination and Harassment Counsel Program (Law Society of Ontario), addressing discrimination and harassment by lawyers or paralegals.

Lai also keeps busy within the community outside of her legal practice, with matters important to her. In early 2024, she was appointed to the role of Chair of the Board of the Chinese and Southeast Asian Legal Clinic. She is a Past President of the Ontario Deputy Judges Association and a board member of the Toronto Deputy Judges Regional Association. She has held roles as the past-Chair of the Roundtable of Legal Diversity Associations (RODA), a group of legal associations committed to diversity initiatives, and the past President of the Federation of Asian Canadian Lawyers (FACL, http://on.facl.ca). In recognition of her significant and longstanding contributions to the legal community and positive contributions made to social justice and the Asian community over the last 25 years, Lai received the 2025 Lifetime Achievement Award from FACL.

She is also a regular speaker at the OBA/CBA and the LSO, amongst others, and is called by the media on workplace law, professional regulation, and matters of equity, diversity and inclusion.

Curriculum Vitae

Called as a lawyer in Ontario (1999) and Quebec (1997)

Languages

- English, French (professionally fluent)
- Toisanese, Mandarin, Spanish (casual)

Focus areas of practice:	*employment and labour law* *administrative law (professional regulation)* *civil litigation* *human rights*
Special areas of practice:	*workplace investigations* *independent counsel to professional regulators*
List of Speaking and Other Engagements, and Media	See Appendix

CURRENT

Hum Law Firm **April 2014 to present**

Principal/Senior Lawyer

Principal and Senior Lawyer of a boutique firm with two lawyers, a paralegal, and business manager, with a practise focused on employment / labour law, and niche areas in workplace investigations (including very complex investigations with multiple parties and senior executives), administrative law (professional regulation, such as ILC, complaints management, discipline, licensing requirements, accreditation, etc), and general corporate litigation (shareholder disputes, etc). Employment law practice includes wrongful or constructive dismissal claims; employment standards; human rights; related common law tort actions (breach of restrictive covenants, intentional interference with contractual relations, defamation, etc.); workplace investigations; and management side collective bargaining and labour relations.

College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario
Independent Legal Counsel to the Council, May 2023 to current

Providing advice to the Council, on as needed basis, particularly with respect to governance structure and enacting legislation and regulations.

College of Immigration and Citizenship Consultants
Independent Complaints Review Officer **June 10, 2022 – present**
The ICRO is appointed by the CICC, but is independent of the CICC. The ICRO's work includes reporting quarterly to Council for the CICC, with an anonymized overview of the ICRO reviews for that quarter. The ICRO may, as appropriate, also provide Council with assessments of the CICC's handling of complaints, and provide recommendations for improvements to its complaints process and procedure to ensure procedural fairness.

Superior Court of Justice, Small Claims Court (Toronto) **January 2017 - present**
Deputy Judge (Toronto, bilingual)

Discrimination and Harassment Counsel (bilingual)
Discrimination and Harassment Counsel Program **July 2017 - present**
One of three Discrimination and Harassment Counsel (DHC) in the DHC Program, which is funded by the Law Society of Ontario but operates independently. The DHC provide information and guidance to those who have experienced or witnessed discrimination or discriminatory harassment by a lawyer, paralegal, or student member of the Law Society of Ontario (LSO), in breach of the *Human Rights Code*. On a semi-annual basis, the DHC shares only anonymized statistical data with the LSO, reporting on the number and nature of new contacts.

CURRENT PROFESSIONAL / COMMUNITY ACTIVITIES and MEMBERSHIPS

CHINESE AND SOUTHEAST ASIAN LEGAL CLINIC
Chair of the Board **February 2024 to present**
Board Member **November 2023 to present**

ONTARIO DEPUTY JUDGES ASSOCIATION
Board Member **May 2019 to May 2025**
President **May 2021 to May 2023**

UP WITH WOMEN
Board Member **January 2017 to September 2021**
Counsel **October 2021 to present**
Up With Women is a non-profit organization with national reach (Ontario, Quebec, Alberta, and BC) dedicated to helping low-income women and gender diverse individuals build sustainable, prosperous careers and businesses with the aim of permanently exiting poverty.

Advisor with the Coach and Advisor Network,
Law Society of Upper Canada **December 2016 to present**
The Law Society's Coach and Advisor Network (CAN) provides lawyers and paralegals with mentorship and assistance, through access to Coaches and Advisors drawn from the professions.

LexisNexis
Contributing Author on Employment Law

MEMBER OF:

ADR Institute of Ontario
Since September 2015

Canadian Bar Association / Ontario Bar Association
Since 2007

Association des juristes d'expression française de l'Ontario (AJEFO)
Since 2007

Toronto Lawyers Association
Since 2014

Women's Law Association of Ontario
Member

PRIOR PROFESSIONAL HISTORY

Ontario College of Teachers

- Independent Legal Counsel (bilingual) to Registration Appeals Committee and Accreditation Appeal Committee **February 2020 – December 2024**
- Independent Legal Counsel to Unrepresented Parties (Fitness to Practice - Investigation / Fitness to Practice Committee) **August 2020 – December 2024**

Also provided training on:

- Public interest mandate of the regulatory college
- Administrative law and the role of the committee
- Decision-writing and the need for reasons

Condominium Authority Tribunal **August 2017 – December 2019**
Tribunal Member (bilingual)

McMillan LLP, Employment & Labour Law Group **Sept 2007 to March 2014**
(formerly at Lang Michener LLP)

Law Society of Upper Canada (as it was then) **Sept 2004 to Sept 2007**
Bilingual Counsel, Complaints Resolution, Professional Regulation Division

Note: Prior to September 2004, also worked in Montreal, Quebec at now Davies Ward Phillips & Vineberg LLP, as well as Teplitsky Colson LLP, boutique commercial litigation/employment law firm.

PRIOR PROFESSIONAL / COMMUNITY ACTIVITIES and MEMBERSHIPS

Action, Chinese Canadians Together (ACCT) Foundation **May 2022 to March 2024**
Board Member/Vice Chair

FEDERATION OF ASIAN CANADIAN LAWYERS **June 2011 to July 2017**
Past-President, FACL National (June 2015 to July 2017)
Past President, FACL Ontario (June 2013 to May 2014)
Board member from 2011 - 2017

ROUNDTABLE OF DIVERSITY ASSOCIATIONS **April 2015 to March 2017**
Chair, April 2015 to March 2017, and FACL Ontario representative, 2013 to 2017
An umbrella group of legal associations in Ontario, committed to diversity initiatives.

SERVE! CANADA **November 2006 to August 2011**
Board member, and Chair of HR Committee, and Governance Committee. Serve! Canada provided vulnerable youth in the GTA with the opportunity to participate in a long-term educational program focused on developing team-cooperation and leadership skills, while earning a stipend.

NOMINATIONS / AWARDS

2025: Awarded FACL Lifetime Achievement Award: In recognition of an Asian-Canadian legal professional, who has practised law for a minimum of 25 years, and has made significant and longstanding contributions to the legal community and for positive contributions made to social justice and/or the Asian community.

2025: Awarded Canadian HR Law Top Labour & Employment Law Firms

2023: Awarded 5-Star Lawyer for Canadian HR Reporter

2020: Awarded FACL Lawyer of Distinction Award: In recognition of an Asian-Canadian legal professional, who has practised law for a minimum of 10 years, for significant accomplishments in the law and for service to the legal profession, in the areas of social justice and/or the Asian community.

APPENDIX

SPEAKING AND OTHER ENGAGEMENTS (going back to 2014)

Upcoming: November 24, 2025 Law Society of Ontario, Co-Chair/Moderator, Half-Day program, "**Discrimination and Harassment in the Legal Profession**" (part 2)

July 10, 2025 HR Law Webinar – "**Remote & Hybrid Work: Legal Considerations for a Distributed Workforce**"

June 10, 2025 Law Society of Ontario, Co-Chair/Moderator, Half-Day program, "**Discrimination and Harassment in the Legal Profession**" (part 1)

May 13, 2025, Law Society of Ontario's The Eight-Minute Employment Lawyer 2025, presenting "**A Brief Overview: Taxation of Employment Dispute Settlements**"

April 30, 2025, Toronto Lawyers Association, "**How to Succeed at Small Claims Court, 2025**"

March 21, 2025, Law Society of Ontario, Client Management for Paralegals 2025, presenting **"Ethics and Compliance: Tips to Better Representing your Client in Small Claims Court"**

January 28, 2025, Ministry of the Attorney General
Featured Speaker, "**Lunch and Learn: MeToo Reaches the Law Profession**"

January 25, 2025, Ryerson University, **Law and Business Student Association Case Competition**
Case Competition Judge, overseen by Professor Gil Lan

October 16, 2024, HR Law Canada
Featured speaker for "**Deciding When to Investigate: The Role of HR in Internal and External Workplace Investigations"**

October 15, 2024, Law Society of Ontario's 25th Employment Law Summit
Presented on panel for, "**Ethical Issues for Employment Lawyers**"

April 24, 2024, HR Law Canada
Featured speaker for "**Employment Law: Key Differences in Civil Law Quebec from the Rest of Canada**"

April 17, 2024, Women in Law Summit Canada 2024
Speaker for "**Fireside chat: Innovations in accountability, the role of senior leadership in advancing diversity in law**", on the impact of mental health burnout in women, and resources available (including Discrimination and Harassment Counsel, LSO)

April 11, 2024, Human Resources Professional Association, MicroConference, Open Forum: Ask an Expert
Presented on domestic violence in the workplace, employer obligations and employee rights, and trauma informed understanding on panel for "**Hot Topics: Embracing Uncomfortable Conversations**", in conference on "**Unpacking the Duty to Accommodate: Building Inclusive Spaces**"

April 10, 2024, 2024 Caswell Education Seminar
Presented on Toronto panel for oral decisions part: "**Delivering Written & Oral Decisions**".

February 22, 2024, HR Law Canada
Featured speaker, "**The Workplace Legal Barometer: A look back at key 2023 developments and what to expect through 2024**"

January 30, 2024, Ontario Bar Association
Panellist, "**Excellence in Small Claims Advocacy: From the Deputy Judges' Bench**", speaking on the panel for trials

October 25, 2023, Ontario Regulatory Authority
Co-Panellist, on "**Diversity, Equity and Inclusion Workshop**" speaking to role of DEI Committees in the workplace, etc.

September 28, 2023, HR Law Canada
Featured Speaker, "**Best Practices in Workplace Investigations**"

June 5, 2023, Ontario Bar Association
Moderator for "**Identifying Risks to Ensure Highly Effective Workplace Investigations**"

Various dates, May 8 – 16, 2023, Ontario Deputy Judges' Council, Caswell Seminar
Speaker, "**Best Practices: Motions in Writing**"

March 23, 2023, Law Society of Ontario
"**Views from the Bench**", speaker on the EDI component "**Professionalism Before the Courts**"

December 13, 2022, Ontario Bar Association
Moderator, for "**Managing micro-aggressions and discriminatory/harassing behaviour**" in program on "**Ethical Issues for Young Advocates: Lessons Learned**"

November 25, 2022, Roundtable of Diversity Associations/OBA Annual Diversity Conference, "Respect in the Law: Understanding and Action", on panel for "**Power Play: Respect and Pay Equity**"

November 8, 2022, Ontario Bar Association
Co-Chair and Moderator, "**Tricky Professionalism Issues for Labour and Employment Lawyers**"

October 13, 2022, Ontario Regulatory Authority
Co-Panellist, "Diversity and Equality in Regulated Industries/Professions"

October 3, 2022, Law Society of Ontario, "Evidence Update for Litigators"
Speaker, "**Professionalism Panel**", on (i) Avoiding bias in leading and assessing evidence; (ii) Cultural competence in presenting and challenging evidence; and (iii) Counsel's role as evidence gatekeeper

June 4, 2022, Ontario Deputy Judges' Association AGM
Speaker: "**Employment Law Update"**

May 30, 2022, Ontario Bar Association's Women Lawyers Forum / Black Female Lawyers Network
Panellist: "**Responding To And Preventing Workplace Violence And Harassment In The Legal Profession"**

Various dates April 25-29, 2022, Ontario Deputy Judges' Council, Virtual Caswell Seminars for Deputy Judges, Moderator, with Justices Petersen and Nishikawa as panellists, "**Exploring Unconscious Bias, Raising Awareness and Cultural Competency**"

April 27, 2022, Canadian Bar Association, 20th Annual Current Issues in Employment Law
Co-Presenter: on the topic of Pandemic Update: "**Where Are We Now, and Where Are We Going?**"

April 25, 2022, Canadian Bar Association
Co-Presenter: "**Employment Law Fundamentals on the topic of Commencing Employment Relationships**"

January 18, 2022, Canadian Association of Counsel to Employers
Panel Speaker: "**Lawyers' role in promoting EDI and human rights**"

November 16, 2021, MAG Criminal Law Division, Anti-Racism Education Session
Speaker: "**Anti-East Asian Racism and how we move forwards**"

October 27, 2021, Law Society of Ontario
Drafting Pleadings: A Guide for Paralegals 2021
Panel Speaker: "**Ethical Issues that Can Arise from Drafting**"]

June 26, 2021, ACCT Summit
Panel Speaker, "**What does a Seat at the Table mean for Chinese Canadians?**"

Various dates April 12 – 19, 2021, Ontario Deputy Judges' Council, Caswell Seminar
Presenter, ""**Employment Law in COVID-19: important cases decided during, or related to, COVID-19 pandemic"**

February 19, 2021, Law Society of Ontario, The Annotated Employment Agreement 2021: A Focus on Key Clauses
Panel Speaker, for "**Clauses that may be challenged for Non-Compliance with Statutory Requirements**", as part of "**Annotated Employment Agreement 2021**" program

October 20, 2020, Law Society of Ontario,
Panel Speaker, "**Best Practices in Small Claims Court: Civility Before the Courts**"

October 6, 2020, Infonex, Annual Professional Regulation & Discipline Conference
Speaker, "**Best Practices in Managing the Challenge of Sexual Harassment & Abuse Allegations**"

August 12, 2020, Canadian Virtual Employment Law Conference
"**Employment Law: Know your rights during a pandemic**"

July 15, 2020, Chinese and Southeast Asian Legal Clinic
"**Litigation: Guiding Individual Claimants Through Litigation, with Focus on Small Claims Court**"

June 27, 2020, Ontario Deputy Judges' Association
Speaker, "**Employment Litigation Issues for Small Claims Court, and Covid-19 Considerations**"

June 5, 2020, Ontario Bar Association, Litigation Issues Arising from the Global Crisis
Panellist, "**Employment and Family Law Issues**", as part of program, "**Litigation Issues Arising from the Global Pandemic**"

April 17-18, 2020, Ontario Deputy Judges Association, AGM
Speaker: "**Employment Law Issues for Small Claims Court Deputy Judges**"

June 5, 2020, Ontario Bar Association, Litigation Issues Arising from the Global Pandemic
Panel Speaker: "**Employment and Family Law Issues**"

April 29, 2020, South Asian Bar Association, Webcast
Speaker, "**Employment Law Issues in the Legal Profession: How are firms handling COVID-19?**"

April 23, 2020, Federation of Asian Canadian Lawyers, Podcast
Speaker on Podcast highlighting impact of Covid-19 and impact on Asian Canadians lawyers, speaking on employment law issues (e.g. employer's rights and employee's responsibilities; temporary lay-offs, effects on small firms/solo practitioners)

April 14, 2020, Infonex, Annual Professional Regulation & Discipline Conference
Panel Speaker, "**Best Practices in Managing the Challenge of Sexual Harassment Allegations**"

February 2, 2020 , Ryerson University, **Law and Business Student Association Case Competition**
Case Competition Judge, overseen by Professor Gil Lan

January 26, 2020, Human Rights Professional Association, **HRPA Conference 2020**
Speaker on "**Are You Unconsciously Biased?**" for "**Power Up HR**" program

December 8, 2019, Ontario Bar Association
Speaker on "**Beyond wanting diversity: Why it matters"** as part of program, **Professionalism & Ethical Issues for Tax Lawyers - OBA**

December 5, 2019, Canadian Bar Association
Facilitator / Panel Speaker, **CBA Senior Racialized Lawyers Summit**

November 19, 2019, Osgoode Hall Law School
Facilitator / Speaker: "**The Role of Gender and Power: Discussion**", as part of **Osgoode Certificate in Negotiation**

September 12, 2019, Law Society of Ontario
Presenter, **"Unconscious Bias"** as part of **The Twelve-Minute Litigator 2019**

June 11, 2019, Ontario Bar Association – Litigation Section
Speaker, "**Tips for Building Your Own Litigation Practice**"

June 6, 2019, Law Society of Ontario
Speaker, **Practice Management for Paralegals**

April 4, 2019, Ontario Bar Association – Young Lawyers Division
Speaker, "**Equity and Inclusion in the Legal Profession**"

April 2, 2019, Law Society of Ontario
Chair and Moderator, "**Practice Management for Litigators**"

March 13, 2019, Saskatchewan Self Regulating Professions Working Group
(hosted by Association of Professional Engineers and Geoscientists of Saskatchewan)
Keynote speaker: "**Fitness to Practice: Good Character and Incapacity, and Intersection with Human Rights**"

February 23, 2019, Federation of Asian Canadian Lawyers – Annual Conference

Panel Moderator, "**Top Employment and Labour Law Issues in 2018 and What's Ahead for 2019**"

February 3, 2019, Ryerson University, **Law and Business Student Association Case Competition**
Case Competition Judge, overseen by Professor Gil Lan

November 28, 2018, Roundtable of Diversity Associations (RODA), 4th Annual Diversity Conference in Partnership with the OBA
Panellist, "**Implementing Strategies to Combat Discrimination**", as part of program "**Accelerating a Culture Shift in the Legal Profession**"

November 27, 2018, Confederation of Greater Toronto Chinese Business Associations
Speaker, "**Employment Law Changes and Tips for Employers**", on program "**Creating Better Trade and Export Opportunities"**

October 9, 2018, Ryerson University, Law Practice Program
Facilitator for Workshop on Equity, Diversity and Inclusion for the "Equality, Diversity, and Inclusion Conference"

April 26, 2018, Senate of Canada, Standing Senate Committee on Banking, Trade & Commerce
Speaker, on **"Employment and Labour aspects of free trade agreements"**

April 11, 2018, Public Prosecution Service of Canada Committee Panellist, "**Breaking down Barriers to Gender and Racial Discrimination***"* as part of program, **PPSC Employment Equity and Diversity**

April 10, 2018, Infonex, Speaker at 22nd Annual Professional Regulation & Discipline Conference
Presenter, **Discrimination and Harassment**

March 13, 2018, Law Society of Ontario, International Women's Day Speaker
Panellist. "**Sexual Harassment and Discrimination in the Legal Profession**"

December 5, 2017, Janus Conferences
Panellist on Roundtable Discussion for **"Human Rights & Sexual Harassment – Prevent the Violations & Costs"**

November 9, 2017, Ontario Bar Association, TechXpo
Speaker on use of cloud-based practice management software

June 17, 2017, Economic Club of Canada
Group Discussion Facilitator (as Chair, RODA), "**The Case for Change: Is the Canadian Legal Profession Facing a Diversity Deficit?"**

April 15-16, 2017, Infonex, 21st Annual Professional Regulation & Discipline Conference
Speaker, **"New Cases, New Trends, New Challenges!"**

February 16, 2017, Osgoode Hall Law School, JD/MBA Association & ODC Diversity Panel
Speaker, "**Diversity on the Street- A Discussion of Diversity in Corporate Law**"

January 19, 2017, Federation of Asian Canadian Lawyers, Small / Solo Lawyers Meetup
Speaker, "**Exploring Competitive Advantages**"

October 27, 2016, Osgoode Professional Development
Speaker, "Acting with Integrity: Successful Strategies for Advocates Appearing Before Tribunals"

May 30, 2016, Ontario Bar Association
Panellist, "**Expert Evidence in Systemic Discrimination Cases**" as part of Annual Update on Human Rights, OBA (Toronto)

May 26, 2016, Law Society of Upper Canada (Toronto)
Panellist, "**Update on the Legal Obligation to Mitigate**", as part of Six-Minute Employment Lawyer, including paper "Should I stay or should I go? – and other mitigation questions"

May 17, 2016, Law Society of Upper Canada, Asian and South Asian Heritage Month
Organizer, FACL representative, and Introductory Speaker, with Moderator: Avvy Go, Clinic Director, Metro Toronto Chinese & Southeast Asian Legal Clinic and Law Society Bencher, and Panellists: Benny Tai, Associate Professor of Law, University of Hong Kong; and Karin Baqi, Staff Lawyer, South Asian Legal Clinic of Ontario

April 19-20, 2016, Infonex, 20th Annual Professional Regulation & Discipline Conference
Co-Chair of Conference, and Speaker, "**The Reason for Reasons: The Duty to Give Reasons and Effective Decision-Writing**"

March 2, 2016, Law Society of Upper Canada
Speaker: *« Compétence culturelle : La diversité de la main-d'œuvre et les tensions en milieu de travail »*, as part of program, *«* **Un milieu de travail en évolution : nouveaux développements en droit de l'emploi, du travail et de la personne** *»*

February 22, 2016, Osgoode Hall Law School
Panellist, Osgoode Diversity Panel**, "Diversity and Building Relationships"**

February 19, 2016, Society of Ontario Adjudicators and Regulators with Osgoode Hall Law School
Panellist – webinar taping, **"Administrative Ethics for Those Appearing On or Before Tribunals"**

November 27, 2015, Kirsch Institute
Panellist, "**Diversity in the Legal Profession**"

November 26, 2015, Roundtable of Diversity Associations, 1st Diversity Conference
Moderator: **"Starting Your Own Practice: Tips, Tricks and Traps"**

May 29, 2015, Ontario Bar Association, Annual Update on Human Rights
Speaker: **"Taking a Closer Look at Ontario Human Rights Commission Policy Directives: *Policy on removing the "Canadian experience" barrier* and *Policy on preventing discrimination based on mental health disabilities and addictions*"**

April 14, 2015, Infonex, 19th Annual Professional Regulation & Discipline Conference
Panellist: **"Respecting Human Rights in Professional Regulation"**

February 4, 2015, Law Society of Upper Canada
Panellist, "Creating a Marketing Plan" as part of program, "**Business Development for Women Lawyers**"

April 15, 2014, Infonex, 18th Annual Professional Regulation & Discipline Conference
Presenter, "**New Developments in Judicial Reviews**" as part of program, "Conducting Regulatory Investigations"

August 28, 2014, Lorman Conference, "Workplace Accommodation in Ontario"
Presenter, "**Accommodating for Age and Avoiding Discrimination Claims**"

April 15, 2014, Infonex, 18th Annual Professional Regulation & Discipline
Presenting on two topics:

- **"Discrimination or Being Discriminated? The Ontario Human Rights Tribunal Policy Directive Regarding the Requirement for "Canadian Experience"**
- **"Determining "Good Character" in Registration"**

MEDIA (select list)

January 13, 2025, "B.C. case highlights risks of discrimination in accommodating disability requests", https://www.hcamag.com/ca/specialization/diversity-inclusion/bc-case-highlights-risks-of-discrimination-in-accommodating-disability-requests/520290

October 7, 2024, "What constitutes 'fresh consideration' in new employment contracts?", https://www.hrreporter.com/news/hr-news/what-constitutes-fresh-consideration-in-new-employment-contracts/388968

June 28, 2024, HCM Dialogue (news source for Human Capital Management News and Community)
https://hcmdialogue.ca/articles/off-duty-misconduct-go-transit-firings-offer-lessons-on-workplace-investigations/

April 26, 2024, CBC News, "About That" with Andrew Chang
Interviewed, Ontario sick notes and the expected legislation that would change the *Employment Standards Act, 2000*.

March 8, 2024, The Globe and Mail
https://thehumlawfirm.ca/i-havent-been-scheduled-for-a-shift-in-three-weeks-would-i-qualify-for-ei-the-globe-and-mail/

December 21, 2023, Canadian Mining Magazine
Workplace Investigations: Best Practices in Mining

November 14, 2023, The Globe and Mail
Can my boss legally reject a vacation request after they approve it?

November 6, 2023, The Globe and Mail
Ontario to require pay ranges in job postings, disclose if AI used to screen applicants

October 31, 2023, Canadian Manufacturing
Workplace investigations in a manufacturing setting

October 24, 2023, Canadian Manufacturing
Workplace harassment and discrimination prevention: policies and training in manufacturing

September 11, 2023, Canadian Bar Association, National Magazine
Heat stress – Employers will have to respond to climate change. Their lawyers need to prepare them for that

April 19, 2023, HR Law Canada
Lessons from Lisa LaFlamme, Echoes from Julie Payette and the Perils of Toxic Workplace by Lai-King Hum via HR Law Canada

October 3, 2022
Law Society Gazette, An interview with the Discrimination and Harassment Counsel

November 11, 2022, Canadian Manufacturing
Consider these factors to reduce the legal risk and costs when cutting jobs in manufacturing

May 24, 2022, Canadian Manufacturing
Canadian manufacturers, grappling with an aging workforce and lack of available skilled workers, can face a myriad of employment law issues

March 1, 2022, The Globe and Mail
Will my two-month leave of absence affect my maternity leave EI?

January 13, 2022, The Globe and Mail
Scores of unvaccinated workers are filing wrongful dismissal claims against employers, lawyers say

June 17, 2020
Lai-King Hum, Special to the Globe and Mail as part of Globe Careers' Leadership Lab series "How the shifting face of leadership is changing employment law"

May 7, 2020, E-Channel News
Lai-King Hum spoke with Julian Lee of eChannelNEWS on "What should employers do to manage their employees as businesses reopen?"

May 5, 2020, HR Reporter
Lai-King Hum spoke with John Dujay of the Canadian HR Reporter on "6 legal questions on return to 'new normal'"

May 1, 2020, Financial Post
Lai-King Hum spoke with Vanmala Subramaniam of the Financial Post for "Why reopening the economy is just the start of even more headaches for already struggling businesses"

March 25, 2019, Law Times
Law Times, "Delegating, hiring well key to firm success"
Law Times, "The role of leadership"

January 2, 2019
Comments on Small Claims Court decision:

- Montreal Gazette, https://montrealgazette.com/news/canada/citing-spiritual-trauma-judge-orders-company-to-pay-25000-for- misrepresenting-cake-mix-as-kosher/wcm/efd76854-780d-4a4e-9a06-117abf7d02c2

- CBC News, https://www.cbc.ca/news/canada/toronto/flour-company-fined-1.4965079

November 3, 2018, Toronto Star
Comments on Law Society program, and role as Discrimination and Harassment Counsel
https://www.thestar.com/news/canada/law-society-program-sees-spike-in-harassment-complaints-in-wake-of-metoo-movement/article_25f4fedf-ac92-57b7-a588-d7458df141ef.html

October 29, 2018, Law Times
Comments on harassment and discrimination, and role as Discrimination and Harassment Counsel
https://www.lawtimesnews.com/practice-areas/human-rights/harassment-and-discrimination-complaints-skyrocket/263282

March 16, 2018, Law360 Canada
"Legal professionals would rather deal with sexual harassment quietly, panellists say"
https://www.law360.ca/ca/articles/1745337/legal-professionals-would-rather-deal-with-sexual-harassment-quietly-panellists-say

September 25, 2017, Law Times
Entity regulation encouraged to boost diversity

January 17, 2017, The Eyeopener
Former RSU Employee Michael Verticchio Claims Union Owes Him $40,000

September 19, 2016, "Law Society Proposes Changes to Combat Systemic Racism"
https://www.thestar.com/news/gta/2016/09/19/law-society-report-proposes-changes-to-combat-systemic-racism.html

April 24, 2015, Canadian Lawyer Magazine,
https://www.canadianlawyermag.com/news/general/profession-divided-on-mandatory-collection-of-diversity-data-report/273163

January 2015:

- Western Gazette - Lawyers work towards racial equity - January 29, 2015
- Brampton Guardian - Consultations to look at discrimination of lawyers, paralegals - January 28, 2015

December 18, 2014, "Diverse bar groups are calling on the federal government for a more transparent and accountable process judicial appointments process saying the last round had an appalling lack of diversity"
https://www.canadianlawyermag.com/news/general/bar-groups-call-out-appalling-lack-of-diversity-of-new-judges/272948

November 26, 2012, Droit Inc.
Les avocats asiatiques entre mythe et réalité - November 26, 2012

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

Executive Committee Minutes

August 21, 2025

Present

R. Lastimosa Jr., Chair	M. Hogard	D. Thompson
J. Ding	M. Sheculski	

Staff

A. Brennand	S. Mills	L. Sweed
S. Crawford	R. Singh, Recorder	A. Vranchidis

Agenda

R. Lastimosa Jr. welcomed the members of the Executive Committee to the meeting. Members had received the agenda for the Executive Committee meeting of August 21, 2025.

Motion 1

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

> That the agenda for the Executive Committee meeting of August 21, 2025, be approved as circulated.

CARRIED

Consent Agenda

R. Lastimosa Jr. introduced the consent agenda and confirmed that the Committee 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. Hogard, seconded by J. Ding,

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

Minutes of the Executive Committee Meeting of May 15, 2025

Appointment of Mary Ellen Renwick to the Inquiries, Complaints and Reports Committee (ICRC) until June 2026.

Appointment of Lorne Given to the Discipline and Fitness to Practise Committees and the appointment of Dheeraj Jha to the Registration Committee.

CARRIED.

Approval of RN Prescribing Education (Carleton University)

The Committee confirmed that the following item required immediate attention to be able to offer the education program, and the approval needs to be communicated before students are admitted.

Motion 3

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

That the Executive Committee, in accordance with section 12(1) of the *Health Professions Procedural Code*, is exercising the powers of Council to make this decision on the basis that the matter requires immediate attention.

CARRIED.

Motion 4

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

That the Executive Committee provide preliminary approval of Carleton University's BScN with RN Prescribing three-year program.

CARRIED

Controlled Substances Education

The Committee confirmed that the following items required immediate attention to ensure compliance with the legislation and timely registration of NP applicants.

Motion 5

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

That the Executive Committee, in accordance with section 12(1) of the *Health Professions Procedural Code*, is exercising the powers of Council to make this decision on the basis that the matter requires immediate attention.

CARRIED

Motion 6

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

> That the Executive Committee approve controlled substances education as set out in attachment 1 to the briefing note.

CARRIED.

Motion 7

Moved by J. Ding, seconded by D. Thompson,

> That the Executive Committee delegate review and approval of controlled substances education to staff relative to the criteria previously applied by Council.

CARRIED.

The Committee engaged in a discussion about the importance of ensuring all criteria are addressed and that nurses demonstrate entry-level competencies to meet the minimum requirements.

It was confirmed that information related to Motions 4, 6 and 7 would be shared in accordance with the requirements of Section 12(2) of the *Health Professions Procedural Code, 1991*.

September Council: Review of Strategic Agenda Items

Standards Revisions

The Committee received a summary note on Standards Revisions. R. Lastimosa Jr. noted that three practice standards will be presented at the September Council meeting for decision.

In the discussion, it was suggested by the Committee that additional information on consultation, including patient groups, be included in the materials that will be presented to Council. The Committee suggested that additional information be incorporated into the decision note that will be shared with Council.

Hearings Initiative

The Committee had received a summary note regarding the proposal to use experienced adjudicators on the Discipline and Fitness to Practice Committees.

The Committee sought clarification regarding the qualifications needed to serve on the Discipline and Fitness to Practice Committees. It was noted that Council may want to ensure that the process considers the necessary training and experience of adjudicators. Staff clarified that adjudicators would serve as non-Council members on Discipline and Fitness to Practise committees, thereby supporting efficiency in response to the growing volume and complexity of cases, but without changing the structure of the Discipline and Fitness to Practise committees.

As a result of the discussion, S. Crawford confirmed that staff would incorporate visuals showing current and future state, providing additional clarification in Council materials, roles, and clearly documenting the purpose and safeguards of the proposed initiative.

The Committee emphasized the importance of monitoring and evaluating the initiative's outcomes.

September 2025 Draft Council Agenda

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

Motion 8

Moved by J. Ding, seconded by D. Thompson,

> That the Executive Committee approve the September 2025 Council agenda.

CARRIED

S. Crawford confirmed that the Finance & Risk Committee report and strategic items are scheduled for the morning. The Committee provided input into the agenda, including the order and to ensure adequate time for agenda items.

Dates of Council Meetings in 2026

The Committee received a decision note with proposed dates for Council in 2026. A. Vranchidis noted that two hybrids are planned again for 2026. It was identified that, as agendas are finalized, the meeting duration may be adjusted. The Committee supported the dates for recommendation to Council.

Motion 9

Moved by M Sheculski, seconded by M. Hogard,

> That the Executive Committee recommend to Council the following Council meeting dates for 2026:
>
> - Wednesday, March 11 and Thursday, March 12, 2026
> - Wednesday, June 3 and Thursday, June 4, 2026
> - Wednesday, September 23 and Thursday, September 24, 2026
> - Wednesday, December 9 and Thursday, December 10, 2026

CARRIED

From Your Executive

R. Lastimosa Jr. informed the Committee that this is a message that is shared with Council members between Council meetings. He added that this would be their first message for the 2025-2026 Council year and shared with all Council members.

R. Lastimosa reminded the Committee that in accordance with the requirements of Section 12(2) of the *Health Professions Procedural Code, 1991* the decisions which required immediate attention would be conveyed in the message to Council.

Next Meeting

The next meeting of the Committee will be the morning of November 20, 2025.

Executive Session

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

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

Governance Committee Minutes

August 21, 2025

Present

R. Lastimosa Jr., Chair	M. Hogard	D. Thompson
J. Ding	M. Sheculski	

Guests

J. Danto-Clancy	D. Murchison	K. Salgo

Staff

A. Brennand	R. Singh, Recorder	A. Vranchidis
S. Crawford	L. Sweed	
S. Mills		

Agenda

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

Motion 1

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

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

CARRIED

Third-Party Council Evaluation

Guests from the Institute on Governance (IOG), J. Danto-Clancy, D. Murchison and K. Salgo, joined the meeting.

R. Lastimosa Jr. noted that Council is committed to continually improve its governance effectiveness through evaluation and this includes engaging in a third-party evaluation at least every three years. He shared that objectives of evaluation include identifying improvements, informing Council orientation, learning and development needs, and ultimately enhancing Council's governance performance. He also noted that this is part

of Council's Evaluation Policy and is also an accountability under the Ministry of Health's College Performance Measurement Framework.

R. Lastimosa Jr. welcomed the guests from the Institute on Governance who provided the Committee with an overview of the evaluation process, and their plan for the Council development workshop on September 17th.

IOG confirmed that it will lead the evaluation using a three-phase methodology of research, engagement, and analysis, with emphasis on Council's collective performance. It was identified that the session will orient Council to the evaluation framework, build shared understanding of good governance, and set expectations for how the evaluation will unfold.

Appointment of Conduct Committee Chair

R. Lastimosa Jr. identified that in March 2025, Council supported a legal firm to be appointed as the Conduct Committee Chair.

The Committee reviewed the information regarding the appointment of a legal firm to be the Conduct Committee Chair. The Committee was reminded that in March 2025, Council approved specific criteria to select a legal firm be the Conduct Committee Chair. A. Vranchidis, Manager of Governance & External Relations, highlighted that Hum Law was endorsed to be presented to Council in September for consideration as Conduct Committee Chair, highlighting that the firm meets all the criteria approved by Council.

September Council Development

The Committee received an information note about the Council development session planned for the morning of September 17, 2025. A. Vranchidis, Manager of Governance & External Relations, highlighted the plans for the session.

The meeting concluded.

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

RN Prescribing Education

Information note – September 2025 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose

To provide Council with an update on recent developments in RN prescribing education.

Public protection rationale

Council's governance role includes setting and overseeing direction for regulating the nursing profession in Ontario. CNO's Program Approval process is a mechanism that allows for rigorous assessment of entry-level education programs to ensure graduates have the knowledge, skill, and judgement to practice safely.

Background

RN prescribing became operational in early 2024. As of September 1, 2025, there were 689 RNs authorized to prescribe in Ontario. To become authorized to prescribe, an RN must successfully complete approved education that is specifically designed to educate RNs to safely, effectively and ethically prescribe medication and communicate diagnoses for the purpose of prescribing.[1]

RN prescribing was initially introduced as a post-RN qualification achieved through completion of CNO-approved RN Prescribing education. As implementation proceeded, academic partners contacted CNO about offering RN prescribing curriculum as part of their baccalaureate nursing programs. In June 2025, Council approved a motion making it possible for RN prescribing education to be offered either as a standalone program or integrated into a broader RN education program and may be delivered either before or after RN registration. This decision was made to provide flexibility and to support future evolution and innovation in how RN prescribing education is delivered in Ontario so that future graduates would be prepared to meet evolving health system needs.

[1] O.Reg 94/275 ss 16.1 (4)(a). We refer to this expanded legislative authority as "RN prescribing" because it is the terminology that is best understood by system partners.

Current Status

Refer to Draft Minutes of the Executive Committee Meeting of August 21, 2025[2] for information about CNO's recent approval of Carleton University's *Bachelor of Science in Nursing with RN Prescribing, Three-year Program.* This program started in early September 2025.

Also in early September, Humber College, Georgian College, and University of Windsor began offering their CNO-approved RN prescribing education to students enrolled in their CNO-approved baccalaureate programs as part of undergraduate education.[3]

CNO's website has been updated to reflect the approval status of these BScN with RN Prescribing Programs offered by the colleges and universities noted above.

[2] Included under information items in the September 2025 Council meeting agenda.

[3] Given that there were no curriculum changes to assess, no further CNO approval was required.

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

Labour Mobility Updates

Information note – September 2025 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose

The purpose of this information note is to provide an update on work underway to support labour mobility initiatives.

Background

Labour mobility of health care professionals, including nurses has become a priority for provincial and federal governments. On April 16, 2025, the Ontario Government introduced the *Protect Ontario through Free Trade Within Canada Act, 2025* (Bill 2), which passed and came into effect June 5, 2025. It amended existing laws and created new ones. To support the legislative changes, updates to Ontario Regulation 196/23: Exemption – Restricted Titles, under the *Nursing Act, 1991* came into effect on June 5, 2025.

Protect Ontario through Free Trade Within Canada Act, 2025 (Bill 2)

The *Protect Ontario through Free Trade Within Canada Act, 2025* aims to remove existing barriers to free trade and labour mobility within Canada. The legislation outlines four key areas that are relevant to health care professionals:

1. expand "*As of Right*" rules to additional out-of-province regulated health professionals
2. remove practice setting restrictions for health professions currently using *"As of Right"*
3. expand the "*As of Right*" rules to American-licensed nurses and physicians who are seeking to live and work in Ontario
4. automatic recognition of another provincial/territorial certificate of registration

New "*As of Right*" Rules

Under the new "*As of Right*" rules, nurses who are registered in good standing in other Canadian or American jurisdiction(s) can practice for up to 6 months while completing their registration with CNO.

Nurses who wish to apply under "*As of Right*" are required to:

- submit an application to CNO for a certificate of registration prior to providing nursing services

- submit an attestation to CNO, in the form specified by CNO, confirming that the person meets the requirements of the regulation (Ontario Regulation 196/23: Exemption – Restricted Titles)
- hold professional liability insurance
- be physically present in Ontario to provide nursing services

In addition, US-licensed nurses registered in good standing in American jurisdiction(s) are required to meet specific education requirements:

- to apply as a Registered Nurse, a minimum of a Baccalaureate degree in nursing is required
- to apply as a Registered Practical Nurse, a minimum of a Diploma in practical nursing is required
- to apply as a Nurse Practitioner, a minimum of a Baccalaureate degree and completion of a university degree designed to educate and train NPs

New Approach to Labour Mobility Registration

In 2023, CNO implemented registration process changes to enable labour mobility applicants (i.e. those registered in another Canadian jurisdiction) to register with CNO more quickly and efficiently. Currently, labour mobility applicants may choose to complete an undertaking and agreement form to verify they are registered in a Canadian jurisdiction. This enables them to be registered and begin practicing in Ontario quickly.

CNO will expand our current attestation approach by making it the default process for registering all labour mobility applicants. Eligible labour mobility applicants will be required to submit an undertaking and agreement form to meet certain registration requirements such as evidence of practice, verification of registration and authorization to work in Ontario.

Upon submission of the undertaking and agreement form, and completion of the jurisprudence exam and Police Criminal Record Check (PCRC), the applicant would be eligible for registration. With the jurisprudence exam and PCRC available online, the applicant can complete these requirements quickly and become registered through this process in two to three business days. CNO aims to implement this registration process for labour mobility applicants later this fall.

Interjurisdictional Nurse Licensure (INL)

CNO's Council has supported the implementation of INL: a national initiative led by the Canadian Nurse Regulators Collaborative (CNRC) to enhance labour mobility by enabling nurses to maintain registration in multiple Canadian jurisdictions and practice across Canada, while supporting patient safety.

In June, Council approved fee by-law changes that would enable INL registrants who register with CNO as their host jurisdiction[1] to receive a 25% rebate of the annual fee. On June 26th, 2025, CNO introduced INL by launching system changes that would enable eligible nurses to register with CNO as their host jurisdiction. Later this fall, CNO will implement changes to the Annual Membership Renewal to enable INL registrants to renew their registration with CNO as their host jurisdiction. In addition, INL registrants registering with CNO as their host jurisdiction will only have to meet the Quality Assurance (QA) requirements in their home jurisdiction.[2] They are not required to comply with CNO's QA requirements.[3]

Next steps

- Continue to provide updates to Council related to the Ontario government's legislative changes on labour mobility that impact nursing regulation

[1] "host jurisdiction" means one or more jurisdictions where a nurse is registered in the same category, in addition to their home jurisdiction.
[2] "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.
[3] Due to some differences in the QA requirements, INL registrants (RN, RPN or NP) in Quebec and LPNs in the Yukon, are required to complete QA Every Day (self-assessment) component of CNO's QA Program.

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

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario
THE STANDARD OF CARE.

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 see nor perceived to conflict with my responsibilities to CNO
5. I confirm that I do not hold, and have not held any position prohibited[1] 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[2] on any organizations or positions where it is reasonably conceivable that a conflict of interest or bias could arise, or where a reasonable person, knowing of your involvement, might perceive that there could be a conflict of interest or bias, please list the organizations and positions below

Final confirmation and declaration of changes:

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

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

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

2025-2026 Council member responses

Full name	Declaration (1, 2, 3)	No conflict of interest (4, 5, 6)	Possible conflict of interest positions (7)	Final confirmation and declaration of changes (8, 9, 10)
Anyia, Helen	Yes	Yes		Yes
Bankole, Doreen	Yes	Yes		Yes
Baretto, Clinton	Yes	Yes	• NPAO, Co-Chair Independent Practice Working Group	Yes
Burke, Randy	Yes	Yes		Yes
Carmichael Pilon, Patti	Yes	Yes	• Blessed Sacrament Church, Member of Finance Committee	Yes
Carpenter, Lynda	Yes	Yes		Yes
Cheuk, Wendy	Yes	Yes	• Michael Garron Hospital, Director of Nursing Practice and Education • RNAO, BPSO Working Group • Unity Health, After Hours Manager	Yes
Ding, Jerry	Yes	Yes		Yes
Douglas, Sylvia	Yes	Yes		Yes
Fox, Grace	Yes	Yes		Yes
Gilchrist, Carly	Yes	Yes		Yes
Given, Lorne	Yes	Yes		Yes
Grewal, Geeta	Yes	Yes		Yes
Hillhouse, Todd	Yes	Yes		Yes
Hogard, Michael Allan	Yes	Yes	• Riverside Healthcare Facilities, Staff Nurse • Ministry of the Solicitor General, Staff Nurse	Yes
Holland, Terry	Yes	Yes		Yes
Jha, Dheeraj	Yes	Yes		Yes
Kim, Fred	Yes	Yes		Yes
Ko, Jeffrey	Yes	Yes	• Niagara College Canada, Professor	Yes
Lamsen, Alexis	Yes	Yes	• Conestoga College, Associate Professor	Yes
Lane, Jeanette	Yes	Yes		Yes
Larmour, Sandra	Yes	Yes		Yes
Lastimosa, Jr., Rodolfo	Yes	Yes		Yes
Leduc, Sylvain	Yes	Yes	• Laurentian University, Faculty Nursing Lecturer • NP-PHC – Council of Ontario Universities, Course Professor, Curriculum Committee	Yes
Mathew, Jijo	Yes	Yes	• We Care4 U Staffing Solution, Director	Yes
Mumberson, Christopher	Yes	Yes		Yes
Osime, Fidelia	Yes	Yes		Yes
Poonasamy, Lalitha	Yes	Yes		Yes
Scott, Diane	Yes	Yes		Yes
Sheculski, Maria	Yes	Yes		Yes
Stryker, Wes	Yes	Yes		Yes
Sullivan, Patricia	Yes	Yes		Yes
Thompson, Diane	Yes	Yes		Yes
Wagg, Kimberly	Yes	Yes		Yes

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