



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

THE STANDARD OF CARE.

# Council briefing package

This package does not contain the minutes of the March 2, 2022 closed session of Council or any materials that will be presented in the June 8, 2022 closed session of this meeting.

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

## Agenda

[Council's Governance Principles](#)  
[Council's Team Norms](#)  
[Council's Annual Plan: 2022-2023](#)

9:00 a.m.	<b>1. Land Acknowledgement Statement</b>	
9:05 a.m.	<b>2. Agenda</b>	Decision
	2.1 <a href="#">Motion for closure</a>	Decision
9:10 a.m.	<b>3. Minutes</b>	Decision
	3.1 <a href="#">Minutes of the meeting of March 3, 2022</a>	
	3.2 <a href="#">Confidential Minutes of the closed session – March 3, 2022</a>	
	<b>4. Strategic Issues</b>	
9:15 a.m.	4.1 2021 Annual Report	
	4.1.1 <a href="#">Review of 2021 Annual Report for approval for submission to the Minister of Health</a>	Decision
	4.1.2 <a href="#">Audited Financial Statements for 2021</a>	Decision
	Blair MacKenzie, Hilborn LLP attending	
10:00	Break	
10:15	4.2 Strategy 2021-2024: update	Information & Discussion

10:45 a.m.	<p>4.3 Statutory Committee Annual Reports</p> <p>4.3.1 <a href="#">Patient Relations</a></p> <p>4.3.2 <a href="#">Inquiries, Complaints and Reports</a></p> <p>4.3.3 <a href="#">Discipline</a></p> <p>4.3.4 <a href="#">Fitness to Practise</a></p> <p>4.3.5 <a href="#">Quality Assurance</a></p> <p>4.3.6 <a href="#">Registration</a></p>	Information
	<b>5. Reports</b>	
11:00 a.m.	5.1 Executive Director Update	Information
11:30 a.m.	5.2 <a href="#">Executive Committee meeting of May 19, 2022</a>	Information
11:40 a.m.	5.3 <a href="#">Finance Committee meeting of May 19, 2022</a>	Decision
Noon.	<b>Lunch</b>	
	<b>6. Council Governance and Operations</b>	
1:00 p.m.	<p>6.1 Terms of Reference – recommendations from the Finance Committee</p> <p>6.1.1 <a href="#">Finance Committee</a></p> <p>6.1.2 <a href="#">Sub-Committee on Compensation</a></p>	Decision
1:20 p.m.	<p>6.2 Standing Committees</p> <p>6.2.1 <a href="#">Appointment of the Council members of the Finance Committee</a></p> <p>6.2.2 <a href="#">Conduct By-Law and Conduct Committee</a></p>	Decision Information
1:40 p.m.	6.3 <a href="#">Proposed by-law amendment re. quorum provisions for the Nominating Committee</a>	Decision
1:50 p.m.	<p><b>Reflection:</b></p> <p>How did we do demonstrating Council's norms and Governance Principles in this meeting?</p>	
2:00 p.m.	<b>Conclusion</b>	

**Next Meeting:**  
September 28 & 29, 2022

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

### Accountability

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

### Adaptability

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

### Competence

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

### Diversity

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

### Independence

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

### Integrity

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

### Transparency

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

Approved by Council, September 2016

# Team Norms

As members of Council, we are committed to:

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

Adopted by Council  
September 2021

# ANNUAL PLAN FOR COUNCIL

## JUNE

2022

- *2021 Annual Report* & audited financial statements
- 2021 statutory committee annual reports
- Appointment of the auditor for 2022
- By-law amendment re. Nominating Committee
- Conduct Committee
- Finance Committee, appointment of members & Terms of Reference
- *Strategic Plan 2021-2024*: Update

## SEPTEMBER

2022

- Board evaluation framework
- Dates of Council meetings in 2023
- Modernizing practice standards
- Nursing Education Program Approval
- NURSYS Canada update
- *Strategic Plan 2021-2024*

## DECEMBER

2022

- 2023 budget
- Board evaluation report
- Modernizing applicant assessment
- Modernizing practice standards

## MARCH

2023

- 2022 statutory committee annual reports
- Election of the Executive and committee appointments
- Nursing Education Program Approval: new programs

# JUNE

2023

- *2022 Annual Report*
- 2022 audited financial statements
- Nursing Education Program Approval



## Decision Note – June 2022 Council

### Closure of Council meeting

#### Contacts for Questions or More Information

Carol Timmings, Acting Executive Director and CEO

#### Decision for consideration

**That the Council meeting be closed at 2:00 p.m. on Wednesday, June 8, 2022, under Section 7(2)d of the *Health Professions Procedural Code* because personnel matters will be considered, and**

**That, in accordance with Section 7(3) of the *Health Professions Procedural Code*, Council orders that materials presented as part of the closed session not be made public.**

#### Background

A closed session is being recommended for the above reason. This is in accordance with Section 7(2) of the *Health Professions Procedural Code*.

Attached, for your information, are the Accountabilities for Closed Sessions.



# Accountabilities for Closed Sessions

## Council Member Accountabilities

- Maintain strict confidentiality.
- Do not discuss the issue outside of the closed session, even with others who participate. This includes:
  - before the meeting,
  - during break, and
  - after the closed session.

## Staff Accountabilities

- Maintain strict confidentiality
- Support Council decision-making (if relevant)
  - Provide staff resources to support decision-making.
  - Engage relevant external experts to attend meeting (e.g., legal counsel), where required.
  - Document closed session during meeting and prepare confidential appendix to minutes (where a formal decision is made).



Feb. 2011, Rev 2015 (Portal), Rev 2020 (Boardvantage & remote meeting)

## Notes

### Present

S. Robinson, Chair  
A. Arkell  
J. Armitage  
T. Crowder  
D. Cutler  
T. Dion  
S. Douglas  
R. Dunn  
N. Hiller  
M. Hogard

T. Holland  
C. Hourigan  
A. Jahangir  
R. Kaur  
M. Klein-Nouri  
R. Lastimoso Jr.  
S. Leduc  
M. MacDougall  
D. May  
F. Osime

M. E. Renwick  
J. Petersen  
L. Poonasamy  
M. Sabourin  
M. Sheculski  
P. Sullivan-Taylor  
N. Thick  
D. Thompson  
J. Walker

### Regrets

P. Ankamah  
S. Eaton  
K. Gartshore

K. Goldenberg  
R. Henderson

S. Larmour  
I. McKinnon

### Guest

C. Evans

### Staff

A. Coghlan  
V. Adetoye  
F. Garvey  
J. Hofbauer, Recorder

C. Gora  
E. Horlock  
B. Knowles  
K. McCarthy

S. Mills  
A. M. Shin  
C. Timmings

## Land Reconciliation

S. Robinson shared a Land Acknowledgment.

## Agenda

The agenda for the meeting had been circulated and was approved on consent.

## Motion for closure

Council received a recommendation for a closed session.

## Motion 1

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

That the Council meeting be closed at approximately 10:00 a.m. on Thursday, March 3, 2022 under Section 7(2)d of the *Health Professions Procedural Code* because “*personnel matters or property acquisition will be discussed*”.

CARRIED

## Minutes

Minutes of the Council meeting of December 2, 2021 had been circulated.

## Motion 2

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

That the minutes of the Council meeting of December 2, 2022 be approved as circulated.

CARRIED

## Closed session

Council held a closed session under Section 7(2)d of the *Health Professions Procedural Code*: “*personnel matters or property acquisitions will be discussed*”.

## Election of the Executive

S. Robinson informed Council that she delegated chairing the election of the Executive Committee to C. Evans, Chair of the Nominating Committee.

Following the processes set out in By-Law, Council elected the following members of the Executive Committee:

- N. Thick, RN, President
- P. Sullivan-Taylor, Vice-President, RN
- R. Kaur, Vice President, RPN
- F. Osime, Public member
- M. Sheculski, Public member

C. Evans left the meeting.

## Nursing Education Program Approval

Council had received a decision note about the approval of new programs. S. Leduc declared a conflict of interest and left the meeting.

### Motion 3

Moved by A. Jahangir, seconded by M. Klein-Nouri,

That the preliminary review status of the new nursing programs be approved as listed in Attachment 1 to the decision note.

CARRIED

S. Leduc returned to the meeting.

### Follow-up Action

Inform the education programs of their approval status.  
Update the status of programs on cno.org.  
Executive Director and CEO

### Strategic Plan in Action – System Impact

C. Timmings, A. McNabb and B. Knowles presented an update on the strategic plan in action, with a particular focus on system impact. They highlighted:

- continued enhancements and innovation within CNO's registration practices
- the impact of CNO's accomplishments together with system partners and
- the most recent registration data

The impact of the new language proficiency policy and the collaborative Supervised Practice Experience Partnership Program were highlighted, as was recent data showing an increase in the number of registrants choosing to renew and the overall number of nurses who report working in nursing in Ontario.

### Statutory Committee Chairs

Council was informed that the Statutory Committee Chairs are recommended by the Executive, based on Council member volunteers submitting an online, competency-based application to Governance Solutions Inc. It was noted that the terms of office of the Chairs begin on June 7, 2022.

## Motion 4

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

That Council appoint the following 2022-2023 statutory committee chairs:

Discipline & Fitness to Practise	M. Hogard
Quality Assurance	L. Poonasamy
Registration	D. Thompson

CARRIED

## Statutory Committee Appointments

C. Evans, Chair of the Nominating Committee highlighted the Committee's approach to recommending committee appointments for new Council and appointed committee members. The proposed members of the committees were presented.

## Motion 5

Moved by J. Armitage, seconded by D. Cutler,

That Council and committee members be appointed to statutory committees, effective June 7, 2022, in accordance with the list of committee appointments presented to Council by the Nominating Committee (attached to the minutes).

CARRIED

S. Robinson expressed appreciation to the Nominating Committee. C. Evans left the meeting.

## Sub-Committee on Compensation

Council received a briefing which included the Finance Committee's recommendation regarding the members of the Sub-Committee and the Executive Committee's recommendation on the Sub-Committee's chair.

## Motion 6

Moved by P. Sullivan-Taylor, seconded by J. Petersen,

That Robert (Bob) Canuel be reappointed to the Sub-Committee on Compensation until June 2025 and

That Craig Halket be re-appointed as the 2022-2023 Chair of the Sub-Committee on Compensation.

CARRIED

## Executive Committee

Minutes of the Executive Committee meeting of February 10, 2022 had been circulated. S. Robinson noted that, in its role as Council's governance committee, the Executive discussed plans for Council orientation and evaluation.

## Finance Committee

T. Holland presented the report of the Finance Committee meeting of February 10, 2022.

Council members had received the unaudited financial statements for the year ended December 31, 2021. T. Holland noted that the year end surplus of \$4.8M is \$10.5M more than the budgeted deficit of \$5.6M. She noted that the year-end results are materially the same as those included in the 2022 budget approved by Council in December 2021.

## Motion 7

Moved by T. Holland, seconded by M. MacDougall,

That Council approve the unaudited financial statements for the year ended December 31, 2021.

CARRIED

T. Holland noted that the Finance Committee received a report from the Sub-Committee on Compensation, including editorial changes to the Sub-Committee's Terms of Reference. The changes will be presented to Council in June, together with any changes proposed to the Finance Committee's terms of reference.

Council was informed that the auditors attended the Finance Committee to review the pre-audit process and met with the committee without staff present.

The Finance Committee is recommending that Council rescind Article 56, which is Part 3 of By-Law No. 1: General, regarding funding for therapy and counselling for victims of sexual abuse by nurses. The by-law is outdated, and legislation provides sufficient guidance to administer the fund.

S. Robinson reminded Council that a 2/3 majority is required to approval a by-law amendment.

## Motion 8

That article 56 Funding for Therapy and Counselling, which is Part 3 of By-Law No. 1: General be rescinded.

CARRIED

## Follow-up Action

Update the By-Laws on [cno.org](http://cno.org)  
Executive Director and CEO

## Executive Director Update

A. Coghlan updated Council on recent consultation with government related to changes in regulation, including governance changes reflective of Council's vision. She noted that if legislation is tabled, it will be shared with Council.

A. Coghlan thanked Council for its leadership and commitment, noting the provincial and national impact of Council's governance vision. She thanked Sandra for her leadership over the past two years. She also expressed appreciation to CNO staff for their contribution, particularly in supporting Council and committees.

S. Robinson thanked A. Coghlan, noting that as a leader, she fostered and supported the work of Council.

## Announcement

S. Robinson noted that while search for new Executive Director and CEO is ongoing, C. Timmings has been appointed Acting Executive Director and CEO effective April 1. She noted this appointment will support a smooth transition and the continuity of leadership.

## Team Norms

Council reflected on how they demonstrated the team norms during the meeting. It was confirmed that the discussion reflected the norms and the governance principles.

## Next Meeting

The first meeting of the 2022-2023 Council will be June 7 and 8, 2022.

## Conclusion

At 3:00 p.m., on completion of the agenda, Council concluded.

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Chair

## Attachment 1

### 2022-2023 Statutory Committee Members

#### Executive Committee

Naomi Thick, President  
Raj Kaur, Vice-President, RPN  
Patricia Sullivan-Taylor, Vice-President, RN  
Fidelia Osime, PM  
Maria Sheculski, PM

#### Quality Assurance Committee

Lalitha Poonasamy, PM, Chair  
Katie Condon, RPN\*  
Lisa Connolly, NP\*  
Sylvia Douglas, PM  
Kerry Gartshore, RPN  
Zaheeda Hamza, RN  
Sylvian Leduc, NP  
Ian McKinnon, PM  
Diane Morin-LeBlanc, RN\*  
Maria Sheculski, PM

#### Inquiries, Complaints & Reports Committee

Naomi Thick, RN, Chair  
Shana Anjema, RN\*  
Mary Campbell, RN\*  
Samantha Diceman, RPN\*  
Stephen Eaton, PM  
Raj Kaur, RPN  
Nicole Krywionek, RN\*  
Colleen Lewis, NP  
Fidelia Osime, PM  
Judy Petersen, PM  
Mary Ellen Renwick, RN  
Donna Rothwell, RN\*  
Maria Sheculski, PM  
Shelley Sheedy, RN\*  
Patricia Sullivan-Taylor  
Kathleen Tabinga, RPN\*  
Diane Thompson, PM  
Amy Vandekemp, RPN\*  
Heather Whittle, NP\*

#### Registration Committee

Diane Thompson, PM, Chair  
Priscilla Ankamah, RN  
Andrea Arkell, PM  
Linda Bishop, RPN\*  
Brock Cooper, NP\*  
Alexis Lamsen, RN\*  
Rodolfo Lastimoso Jr., RPN  
Fidelia Osime, PM  
Judy Petersen, PM

**Discipline & Fitness to Practise Committee**

Michael Hogard, RPN, Chair

Janet Adanty, RN\*

Andrea Arkell, PM

Jay Armitage, PM

Eloisa Busto, RPN\*

Antonia Colarossi, NP\*

Tim Crowder, PM

Jean-Laurent Domingue, RN\*

Sylvia Douglas, PM

Ramona Dunn, RN

David Edwards, RPN

Tomoko Fukushima, RN

Carly Gilchrist, RPN\*

Shaneika Grey, RPN\*

Lynn Hall, RN\*

Tyler Hands, RN

Max Hamlyn, RPN\*

Neil Hillier, RPN

Nazlin Hirji, RN\*

Carly Hourigan, PM

Aisha Jahangir, RN

Morgan Krauter, NP

Karen LaForet, RN\*

Sandra Larmour, PM

Sarah Louwagie, RPN\*

Marnie MacDougall, PM

Mary MacNeil, RN\*

Benson Mathai, RPN\*

Jane Mathews, RN\*

Donna May, RPN

Ian McKinnon, PM

Sharon Moore, RN\*

Edsel Mutia, RN

Shakhnoz Niezova, RN\*

Andrea Norgate, RN\*

Patricia Nowieka-Bujko, RPN\*

Lalitha Poonasamy, PM

Susan Roger, RN\*

Martin Sabourin, RN

Michael Schroder, NP\*

Emilija Stojsavljevic, RPN\*

Sherry Szucsko-Bedard, RN\*

Kari Van Camp, NP\*

Terah White, RPN\*

Ingrid Wiltshire-Stoby, NP\*

DRAFT

## Decision Note – June 2022 Council Minutes of the Closed Session

### Contacts for Questions or More Information

Carol Timmings, Acting Executive Director and CEO

### Decision for consideration re. recommendation of the Finance Committee

**That Council approve the minutes of the closed Council session of March 3, 2022**

### Background

Attached are draft minutes of a closed Council session, held March 3, 2022 under Section 7(2)d of the *Health Professions Procedural Code* because “personnel matters or property acquisition will be discussed”.

In accordance with by-laws ([Article 7.23.1 of By-Law No. 1: General](#)), these minutes are being circulated to all Council members. They are not being shared with staff or observers.

The contents of these minutes are strictly confidential and are being shared using Boardvantage. They cannot be downloaded.

When the Chair asks for Council to approve the minutes, there can be no discussion or questions that reveal the content of the minutes.

The by-laws identify that the minutes are to be approved by the Council members who are present at the “subsequent” meeting of Council and have received the minutes (7.23.1 v). It is not required that members have attended the closed session to participate in the motion to approve the minutes.

Minutes not included in observer package



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THE STANDARD OF CARE.

# Strengthening the System

## 2021 Annual Report



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## 2021 Annual Report

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# Welcome to CNO

WE ARE THE  
COLLEGE OF NURSES OF ONTARIO (CNO)  
AND WE PROTECT THE PUBLIC BY  
PROMOTING SAFE NURSING PRACTICE

## What do we do?



**WE SET THE  
REQUIREMENTS  
FOR BECOMING A  
NURSE IN ONTARIO**



**WE INFORM  
NURSES OF THEIR  
ACCOUNTABILITIES,  
AND TELL YOU WHAT  
YOU CAN EXPECT  
FROM NURSES**



**WE RESPOND  
TO YOUR CONCERNS  
ABOUT NURSES'  
CONDUCT,  
COMPETENCE  
AND HEALTH**



**WE ENSURE  
NURSES ENGAGE  
IN CONTINUOUS  
QUALITY  
IMPROVEMENT  
THROUGHOUT  
THEIR CAREERS**

# Nurses in Ontario



**125,663**

REGISTERED NURSES (RNs)



**63,330**

REGISTERED PRACTICAL NURSES (RPNs)

Total nurses  
**192,310**



**4,412**

NURSE PRACTITIONERS (NPs)



For more statistics  
about nurses  
and nursing, visit  
[www.cno.org/stats](http://www.cno.org/stats)

As of December 31, 2021

# Acting ED & CEO's message

**C**NO commenced 2021 with a laser focus on protecting patient safety. As we experienced year two of the pandemic, COVID-19 continued to pressure the health care system in Ontario and around the world.

At CNO we responded with agility, working closely with our system partners on solutions to challenges the nursing workforce faced, and to ensure patients received safe nursing care — even in the most uncertain circumstances. We focused significant efforts on registering as many qualified nurses as quickly as possible, to practice safely in the system.

Progress on our Strategic Plan also continued, as we modernized our registration practices, and supported nurses in upholding professional

standards in all aspects of providing quality patient care.

Within CNO, we made improvements to our technology systems to increase security and ensure our data is protected. Throughout the year, we used the data we collected to make evidence-based decisions about all our work, and shared it with stakeholders to support their decision-making, too.

Diversity, equity and inclusion remained a priority for CNO in 2021. We continued to build organizational knowledge and capacity, while embedding these principles more deeply into our regulatory functions.

CNO's accountability to Ontario's patients is at the heart of our purpose: to protect the public

by promoting safe nursing practice. Our purpose guides the commitment of our staff members and the innovative work they accomplish every day. I thank our staff for continuing to power our journey.

As we look back on 2021 as another extraordinary year in the health care system, I invite you to read this Annual Report for highlights of the patient safety work we accomplished together. There is a lot to be proud of and much more to be done, as we continue to put our Strategic Plan into action.

Stay safe and stay well,



**Carol Timmings, BNSc, MEd, RN**  
**Acting Executive Director & Chief Executive Officer**



# President's message

**“Operationalize” was the** theme for CNO and its Council (or board) in 2021. What did this mean? It meant, despite the challenges the COVID-19 pandemic continued to create for the health care system, CNO and its Council carried on putting our 2021-2024 Strategic Plan into action. We also worked with health care system partners to support CNO’s purpose: to protect the public by promoting safe nursing practice.

We supported the health care system in many different ways by making decisions about the nursing profession that supported patient safety. These included approving new nursing programs, providing input into modernizing

practice standards, and extending the date for the National Council Licensure Exam for internationally educated nurse applicants.

Throughout the year, Council sustained the momentum toward fully achieving our Governance Vision. To support this work, we formed a new standing committee to fill committee vacancies based on competencies and attributes — ensuring committee members have the knowledge and skills necessary to fulfil their role.

Council members upheld our commitment to diversity, equity and inclusion (DEI): we operationalized a new Land Acknowledgement to begin all Council meetings with, we all

participated in DEI workshops, and we created team norms to support respectful and inclusive dialogue during Council meetings.

In 2022, CNO will transition to new leadership when a new Executive Director and Chief Executive Officer is appointed. With its bold Strategic Plan and the commitment and dedication of CNO staff and Council, CNO is well-positioned to continue to be a leading regulator.



**Sandra Robinson, RN, MN, NP**  
**Council President, June 2020 – June 2022**



**Find more about your Council at:**  
[www.cno.org/council](http://www.cno.org/council)

**Read about CNO’s committees at:**  
[www.cno.org/committees](http://www.cno.org/committees)

**For Discipline Decisions, visit:**  
**Find a Nurse and [www.cno.org](http://www.cno.org)**



# Strengthening the System

**B**y any measure, 2021 was an extraordinary year. As it did around the world, the COVID-19 pandemic asked a lot of everyone — the public, nurses, health care workers and CNO.

With a combination of leadership, collaboration and initiative, CNO responded to the significant, ongoing needs of the pandemic, contributing to the resilience of Ontario's health care system for now — and the future.

Throughout, we remained focused on our purpose to protect the public by promoting safe nursing practice.

Ontarians deserve quality care, and for this the public needs to have confidence in nursing.

That's where CNO comes in.

Just like the nurses who uphold CNO's standards every day, we are accountable, too. Every day we initiate, innovate and lead new programs to strengthen patient safety in our health care system.

**In this report, we are proud to highlight work we accomplished in 2021, and the difference we continue to make.**

## OUR STRATEGIC PLAN IN ACTION

COVID-19 brought with it challenging times for everyone. Changes in legislation, processes and procedures impacted how Ontario's nurses provide quality care. Yet even when circumstances change, CNO's accountability to protect patient safety does not.

The foundation of CNO's Strategic Plan is agility, proactivity, data insights and stakeholder engagement (see sidebar). In 2021, we continued to put our Strategic Plan into action to support safe health care for Ontarians.

We communicated regularly with nurses and their employers to ensure they had the right information at the right time. When the government issued emergency orders and public health measures, we shared that information on our website and on social media to make sure we kept nurses, employers and members of the public current and informed. We replied to questions from nurses who answered the call to support the pandemic by being redeployed or coming out of retirement. We registered nurses in the Emergency Assignment Class, helping Ontario's health care system respond to the historic circumstances.

But it wasn't enough to just respond to the pandemic.

We anticipated needs and worked to get ahead of them.

We started modernizing the way we assess individuals who want to become registered to practice nursing in Ontario. CNO continues to improve the applicant experience and make the process more effective and efficient. We began by reviewing four of the eight registration requirements: nursing education, evidence of practice, language proficiency and police criminal record checks. These changes will translate into improved and more timely processes for applicants on their journey to registration. All while making sure every nurse we register is qualified and safe to practice.

In 2021, we promoted self-assessment activities in our Quality Assurance (QA) Program to support ongoing professional development for nurses. QA is our commitment to the public that every practicing nurse in Ontario is engaged in continuing competence development and quality improvement throughout their careers. We developed new assessment tools and offered a new supportive way to guide nurses through QA Assessment in the form of coaching, so they can reflect more effectively on their practice. Daily self-reflection and ongoing QA activities help ensure nurses are providing safe, quality care to patients.

# Making progress Strategic Plan 2021-24

## CNO'S PURPOSE

To protect the public by promoting safe nursing practice

## OUTCOMES

- Applicants for registration will experience processes that are evidence-informed, fair, inclusive and effective, contributing to improve public access to safe nursing care
- Nurses' conduct will exemplify understanding and integration of CNO standards for safe practice
- CNO will be recognized as a trusted stakeholder to nurses, employers and the public



BUILD AND OPERATE AN INSIGHTS CAPABILITY



ENABLE PROACTIVITY



ENGAGE AND MOBILIZE OUR STAKEHOLDERS



OPERATE WITH AGILITY

As well, we articulated and promoted CNO's practice standards, to support nurses in providing safe, effective and ethical care. While we did this, we looked ahead: continuing work to modernize those standards so they reflect the evolving health care needs of patients and the dynamic nature of nursing in an ever-transforming health care system. We are carrying on this work in 2022, engaging with multiple stakeholders. In our 2021 *College Performance Measurement Framework* report, we provided information to the Ministry of Health about ways we are integrating diversity, equity and inclusion into our work at CNO (see box below). One way we are doing this is by ensuring our new modern standards of practice are diverse, equitable and inclusive.

As the pandemic evolved, so did we. CNO continued to be nimble, adapting to change and improving our systems, while upholding our purpose. We kept our Governance Vision in the spotlight, by establishing a Nominating

Committee to support competency-based appointments to our committees. When the Government of Canada changed legislation about medical assistance in dying, we partnered with stakeholders to understand the scope of these changes and developed resources so nurses would know how to apply them to their practice. As the province's source for data about the nursing profession in Ontario, we collaborated with our valued health care partners to share accurate information to support system needs and guide internal and external decision-making.

We also evolved our process for addressing concerns about a nurse or nursing care. In 2021, we created a complaints and reports intake approach that, when appropriate, resolves low-risk matters early and focuses our resources on higher-risk concerns. This allows us to respond in a more timely and proportionate way, in the interest of public safety.

In 2021, we focused our DEI efforts on reflection and education for all staff, Council and committee members. We will continue to integrate DEI into our work and initiatives. Because the more CNO and the health care system can reflect and serve the people it represents, the stronger we all are.

## Better patient outcomes for all

### Diversity, equity and inclusion

We know inclusive and culturally safe nursing practices lead to better patient outcomes. That's why CNO made an organizational commitment to embrace diversity, equity and inclusion (DEI). This includes the experience of CNO staff, nurses and stakeholders who interact with us, and the public's experience of nursing care in Ontario.



### SUPPORTING CAPACITY

The year highlighted the growing demand for nurses who are competent and safe to practice. Seeing this as an opportunity to strengthen the system, CNO rose to the challenge. We responded to the need for human health care resources across the province by partnering with the Ministry of Health to help identify individuals to take on unregulated health care roles. We also worked within new legislation that allows colleges of applied arts and technology to offer baccalaureate programs in nursing, previously only offered in universities. To this end, our Council granted preliminary approval to 18 new nursing programs.

We identified internationally educated nurses (IENS) as a priority for building momentum. We expanded the tools for assessing RN applicants' education,

enabling these applicants to become eligible for registration in a more timely way, adding nurses to the health care system. This is only the beginning of ongoing work to meet our Strategic Plan outcome that applicants for registration will experience processes that are evidence-informed, fair, inclusive and effective, contributing to improve public access to safe nursing care.

Despite pandemic challenges, CNO registered its second-highest amount of total new nurses over the past decade. Those 12,449 new nurses represented a 19% increase over 2020, and a 15% increase over 2019.

IENS represented a particular point of pride. In 2021, we registered 3,235 new IENS in Ontario, to help strengthen the province's health care system. That represents a 46% increase over 2020, and the fifth consecutive year of increasing numbers of registered IENS.



**We partner with a wide variety of stakeholders, policy experts, government decision-makers and members of the public to keep patient safety in the foreground. Throughout the pandemic we focused on how to keep these important relationships active and add value to them, so we can drive better patient outcomes.**

## **THE FOUNDATION FOR FUTURE SUCCESS**

Like all health regulatory colleges, CNO plays an important role in patient care in this province. But we don't do it alone. We partner with a wide variety of stakeholders, policy experts, government decision-makers and members of the public to keep patient safety in the foreground. Throughout the pandemic we focused on how to keep these important relationships active and add value to them, so we can drive better patient outcomes.

In 2021, we collaborated with stakeholders, in many different ways, on our shared purpose of public safety. We participated in the Ministry of Long-Term Care's working groups to enhance safe care in the long-term care sector. We also worked with the Ministry of Health on initiatives to support IENs' integration into the nursing workforce. Partnering with the British Columbia College of Nurses and Midwives, we are developing Nursys Canada, a national system for regulators to share regulatory information about nurses.

With Ontario Health, we created the Supervised Practice Experience Partnership, an initiative designed to match nursing applicants with employers, to help them meet their evidence of practice and language proficiency requirements for becoming registered as nurses.

**When there are ways to strengthen the system for all of us, it's not just a challenge — it's an opportunity.**

Our strong collaboration with the British Columbia College of Nurses and Midwives and the National Council of State Boards of Nursing also resulted in a new registration exam for RPNs, called the REx-PN. The exam is based on current evidence and best practice, and offers greater access for RPNs to demonstrate their knowledge, skill and judgment.

Throughout the pandemic, CNO sustained its core accountabilities, supporting the public and nurses with relevant information, registering record numbers of IENs and proactively working on new initiatives.

This accountability to the patients of Ontario is at the heart of who we are as an organization. When there are ways to strengthen the system for all of us, it's not just a challenge — it's an opportunity. ■



COLLEGE OF NURSES  
OF ONTARIO

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ET INFIRMIERS DE L'ONTARIO

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College of Nurses of Ontario | 101 Davenport Rd. Toronto ON | [cno.org](http://cno.org)



## Decision Note – June 2022 Council

### Audited Financial Statements

#### Contacts for Questions or More Information

Stephen Mills, Chief Administrative Officer

#### Decision for consideration re. recommendation of the Finance Committee

**That Council approve the audited financial statements for the year ended December 31, 2021.**

#### Background

The Finance Committee met on May 19, 2022 and reviewed the attached financial statements (see agenda item 5.3 for the report of the meeting).

Blair MacKenzie from Hilborn LLP attended the meeting and highlighted the statements. He also met in private with the Finance Committee. Following the private session, the Finance Committee recommended approval of the audited statements.

Blair MacKenzie will be attending Council on June 7<sup>th</sup> and will highlight the 2021 audited financial statements.

#### Attachment

Audited financial statements for the year ended December 31, 2021

**COLLEGE OF NURSES OF ONTARIO**

FINANCIAL STATEMENTS

DECEMBER 31, 2021

*Draft Statement Subject to Revision*

**HILBORN**<sub>LLP</sub>

## Independent Auditor's Report

To the Council of the College of Nurses of Ontario

### Opinion

We have audited the financial statements of the College of Nurses of Ontario (the "College"), which comprise the statement of financial position as at December 31, 2021, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2021, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

### Basis for Opinion

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are independent of the College in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion.

### Other Information

Management is responsible for the other information. The other information comprises the information, other than the financial statements and our auditor's report thereon, in the annual report.

Our opinion on the financial statements does not cover the other information and we will not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information identified above and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit, or otherwise appears to be materially misstated.

We obtained the annual report prior to the date of our auditor's report. If, based on the work we have performed on this other information, we conclude that there is a material misstatement of this other information, we are required to report that fact in our auditor's report. We have nothing to report in this regard.

### Responsibilities of Management and Those Charged with Governance for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the ability of the College to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management either intends to liquidate the College or to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for overseeing the financial reporting process of the College.

## Independent Auditor's Report (continued)

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of the financial statements.

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal control of the College.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the ability of the College to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the College to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.

We communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

We also provide those charged with governance with a statement that we have complied with relevant ethical requirements regarding independence, and to communicate with them all relationships and other matters that may reasonably be thought to bear on our independence, and where applicable, related safeguards.

Toronto, Ontario  
Date to be determined

Chartered Professional Accountants  
Licensed Public Accountants

# COLLEGE OF NURSES OF ONTARIO

## Statement of Financial Position

December 31	2021 \$	2020 \$
<b>ASSETS</b>		
Current assets		
Cash	64,142,000	46,194,137
Investments (note 4)	11,268,734	31,747,963
Amounts receivable	219,028	499,231
Prepaid expenses	1,227,453	891,044
	<b>76,857,215</b>	79,332,375
Investments (note 4)	14,508,491	14,278,799
Capital assets (note 5)	11,675,123	6,914,752
Intangible assets (note 6)	201,480	208,291
	<b>26,385,094</b>	21,401,842
	<b>103,242,309</b>	100,734,217
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities (note 10)	15,557,473	13,820,754
Deferred registration and examination fees	40,511,419	44,175,488
	<b>56,068,892</b>	57,996,242
<b>NET ASSETS</b>		
Invested in capital and intangible assets	11,876,603	7,123,043
Unrestricted	35,296,814	35,614,932
	<b>47,173,417</b>	42,737,975
	<b>103,242,309</b>	100,734,217

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

Vice-President

# COLLEGE OF NURSES OF ONTARIO

## Statement of Operations

Year ended December 31	2021 \$	2020 \$
Revenues		
Registration fees	51,877,080	50,356,305
Application, verification and transcript fees	5,694,434	4,789,205
Examinations	2,897,690	1,898,070
Investment income	703,895	1,143,246
Other	346,665	162,002
	<b>61,519,764</b>	<b>58,348,828</b>
Expenses		
Employee salaries and benefits	37,447,007	33,855,008
Consultants (note 9)	6,335,913	5,875,163
Legal services	3,298,596	2,664,976
Equipment, operating supplies and other services	5,052,228	4,140,943
Taxes, utilities and amortization (note 5)	1,985,835	1,374,238
Examination fees	2,473,436	1,490,690
Non-staff remuneration and expenses	491,307	408,853
	<b>57,084,322</b>	<b>49,809,871</b>
Excess of revenues over expenses for year	<b>4,435,442</b>	<b>8,538,957</b>

The accompanying notes are an integral part of these financial statements

Draft Statement Subject to Review

# COLLEGE OF NURSES OF ONTARIO

## Statement of Changes in Net Assets

Year ended December 31

	Invested in capital and intangible assets \$	Unrestricted \$	2021 Total \$
Balance, beginning of year	7,123,042	35,614,932	<b>42,737,975</b>
Excess of revenues over expenses for year	-	4,435,442	<b>4,435,442</b>
Amortization of capital assets	(1,257,469)	1,257,469	-
Loss on disposal of capital assets	(373,660)	373,660	-
Amortization of intangible assets	(124,305)	124,305	-
Purchase of capital assets	6,391,500	(6,391,500)	-
Purchase of intangible assets	117,494	(117,494)	-
Balance, end of year	<b>11,876,603</b>	<b>35,296,814</b>	<b>47,173,417</b>

	Invested in capital and intangible assets \$	Unrestricted \$	2020 Total \$
Balance, beginning of year	7,638,930	26,239,512	33,878,442
Excess of revenues over expenses for year	-	8,538,957	8,538,957
Amortization of capital assets	(1,007,150)	1,007,150	-
Amortization of intangible assets	(133,900)	133,900	-
Purchase of capital assets	625,163	(625,163)	-
Defined benefit costs - remeasurements and other items (note 7)	-	320,576	320,576
Balance, end of year	<b>7,123,042</b>	<b>35,614,932</b>	<b>42,737,975</b>

The accompanying notes are an integral part of these financial statements

# COLLEGE OF NURSES OF ONTARIO

## Statement of Cash Flows

Year ended December 31	2021 \$	2020 \$
Cash flows from operating activities		
Excess of revenues over expenses for year	4,435,442	8,538,957
Adjustments to determine net cash provided by (used in) operating activities		
Amortization of capital assets	1,257,469	1,007,150
Amortization of intangible assets	124,305	133,900
Loss on disposal of capital assets	373,660	-
Interest not received during the year capitalized to investments	(272,558)	(557,357)
Interest received during the year previously capitalized to investments	718,708	658,070
Pension benefits funding	-	(493,353)
Pension benefits expense	-	17,383
	<b>6,637,026</b>	9,304,750
Change in non-cash working capital items		
Decrease (increase) in amounts receivable	280,203	(476,567)
Decrease (increase) in prepaid expenses	(336,409)	135,181
Increase in accounts payable and accrued liabilities	1,736,719	463,735
Increase (decrease) in deferred registration and examination fees	(3,664,069)	900,245
	<b>4,653,470</b>	10,327,344
Cash flows from investing activities		
Purchase of investments	(11,225,275)	(33,289,176)
Proceeds from disposal of investments	31,028,662	20,534,221
Purchase of capital assets	(6,391,500)	(625,163)
Purchase of intangible assets	(117,494)	-
	<b>13,294,393</b>	(13,380,118)
Net change in cash	<b>17,947,863</b>	(3,052,774)
Cash, beginning of year	<b>46,194,137</b>	49,246,911
Cash, end of year	<b>64,142,000</b>	46,194,137

The accompanying notes are an integral part of these financial statements

# COLLEGE OF NURSES OF ONTARIO

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## Notes to Financial Statements

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December 31, 2021

### Nature and description of the organization

The College of Nurses of Ontario (the "College") was incorporated as a non-share capital corporation and continued as such under the Nursing Act, 1991. As the regulatory body of the nursing profession in Ontario, the major function of the College is to administer the Nursing Act, 1991 in the public interest.

The College is a not-for-profit organization, as described in Section 149(1)(l) of the Income Tax Act, and therefore is not subject to income taxes.

### 1. Significant accounting policies

These financial statements have been prepared in accordance with Canadian accounting standards for not-for-profit organizations and include the following significant accounting policies:

#### (a) Revenue recognition

##### Registration fees

Registration fees are recognized as revenue in the fiscal year to which they relate. The registration year of the College coincides with that of the fiscal year of the College, being January 1 to December 31. Registration fees received in advance of the fiscal year to which they relate are recorded as deferred registration fees.

##### Services

Revenue from application, verification and transcript fees and examinations is recognized when the service is rendered. Examination fees received in advance of the date the examination is held are recorded as deferred examination fees.

##### Investment income

Investment income comprises interest from cash and investments.

Revenue is recognized on the accrual basis. Interest on investments is recognized over the terms of the investments using the effective interest method.

#### (b) Investments

Investments consist of fixed income investments whose term to maturity is greater than three months from date of acquisition. Investments that mature within twelve months from the year-end date are classified as current.

# COLLEGE OF NURSES OF ONTARIO

## Notes to Financial Statements (continued)

December 31, 2021

### 1. Significant accounting policies (continued)

#### (c) Capital assets

The costs of capital assets are capitalized upon meeting the criteria for recognition as a capital asset, otherwise, costs are expensed as incurred. The cost of a capital asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Capital assets are measured at cost less accumulated amortization and accumulated impairment losses, if any.

Amortization is provided for, upon the commencement of the utilization of the assets, on a straight-line basis at rates designed to amortize the cost of the capital assets over their estimated useful lives. The annual amortization rates are as follows:

Building	2 1/2%
Building improvements	6 2/3%
Office furniture	10%
Office equipment	20%
Computer hardware	20%

Building improvements in progress will be reclassified to building improvements upon completion, at which time amortization will commence.

A capital asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the capital asset to its fair value. Any impairment of the capital asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the capital asset subsequently increases.

#### (d) Intangible assets

The costs of intangible assets are capitalized upon meeting the criteria for recognition as an intangible asset, with the exception of expenditures on internally generated intangible assets during the development phase, which are expensed as incurred. The cost of a separately acquired intangible asset comprises its purchase price and any directly attributable cost of preparing the asset for its intended use.

Intangible assets are measured at cost less accumulated amortization and accumulated impairment losses.

Amortization is provided for, upon the commencement of the utilization of the assets, on a straight-line basis at rates designed to amortize the cost of the intangible assets over their estimated useful lives. The annual amortization rate is as follows:

Computer application software	20%
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# COLLEGE OF NURSES OF ONTARIO

## Notes to Financial Statements (continued)

December 31, 2021

### 1. Significant accounting policies (continued)

#### (d) Intangible assets (continued)

An intangible asset is tested for impairment whenever events or changes in circumstances indicate that its carrying amount may not be recoverable. If any potential impairment is identified, the amount of the impairment is quantified by comparing the carrying value of the intangible asset to its fair value. Any impairment of the intangible asset is recognized in income in the year in which the impairment occurs.

An impairment loss is not reversed if the fair value of the intangible asset subsequently increases.

#### (e) Employee future benefits

##### Defined contribution pension plan

Components of the total cost of a defined contribution pension plan are recognized in income in the year incurred.

The components of the total cost of a defined contribution pension plan for a year are comprised of:

- current service cost;
- past service costs;
- interest cost on the estimated present value of any contributions required in future years related to employee services rendered during the current year or prior years; and
- a reduction for the interest income for the year on any unallocated plan surplus.

Current service cost for the year is comprised of the contributions required to be made in the year in exchange for employee services rendered during the year and the estimated present value of any contributions required to be made in future years related to employee services rendered during the year.

##### Multi-employer defined benefit pension plan

The College is an employer member of the Healthcare of Ontario Pension Plan (the "HOOPP Plan"), which is a multi-employer defined benefit pension plan. Although it has the characteristics of a defined benefit plan, HOOPP, as is normal for a multi-employer plan, does not provide sufficient information at an individual entity level, therefore the College accounts for the HOOPP Plan as a defined contribution pension plan. Pension contributions made to the HOOPP Plan are recognized in income in the year incurred.

#### (f) Related parties

A party is considered to be related to the College if such party or the College has the ability to, directly or indirectly, control or exercise significant influence over the other's financial and operating decisions, or if the College and such party are subject to common control or common significant influence. Related parties may be individuals or other entities.

Transactions with related parties are initially measured at cost, determined using undiscounted cash flows.

## Notes to Financial Statements (continued)

December 31, 2021

### 1. Significant accounting policies (continued)

#### (g) Financial instruments

##### Measurement of financial assets and liabilities

The College initially measures its financial assets and financial liabilities, with the exception of financial instruments originated or exchanged in a related party transaction, at fair value adjusted by the amount of transaction costs directly attributable to the instrument.

The College subsequently measures all of its financial assets and financial liabilities, with the exception of related party financial instruments, at amortized cost.

Related party financial instruments are subsequently measured at cost less impairment.

Amortized cost is the amount at which a financial asset or financial liability is measured at initial recognition minus principal repayments, plus or minus the cumulative amortization of any difference between that initial amount and the maturity amount, and minus any reduction for impairment.

Financial assets measured at amortized cost include cash, investments and amounts receivable.

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

Financial liabilities measured at cost less impairment include amounts due to a related party (note 10).

##### Impairment

At the end of each year, the College assesses whether there are any indications that a financial asset measured at cost or amortized cost may be impaired. Objective evidence of impairment includes observable data that comes to the attention of the College, including but not limited to the following events: significant financial difficulty of the issuer; a breach of contract, such as a default or delinquency in interest or principal payments; and bankruptcy or other financial reorganization proceedings.

When there is an indication of impairment, the College determines whether a significant adverse change has occurred during the year in the expected timing or amount of future cash flows from the financial asset.

When the College identifies a significant adverse change in the expected timing or amount of future cash flows from a financial asset, it reduces the carrying amount of the financial asset to the greater of the following:

- the present value of the cash flows expected to be generated by holding the financial asset discounted using a current market rate of interest appropriate to the financial asset; and
- the amount that could be realized by selling the financial asset at the statement of financial position date.

## Notes to Financial Statements (continued)

December 31, 2021

1. **Significant accounting policies (continued)**

(g) **Financial instruments (continued)**

**Impairment (continued)**

Any impairment of the financial asset is recognized in income in the year in which the impairment occurs.

When the extent of impairment of a previously written-down financial asset decreases and the decrease can be related to an event occurring after the impairment was recognized, the previously recognized impairment loss is reversed to the extent of the improvement, but not in excess of the impairment loss. The amount of the reversal is recognized in income in the year the reversal occurs.

(h) **Management estimates**

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make judgments, estimates and assumptions that affect the application of accounting policies and the reported amounts of assets and liabilities and the disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the current year. Actual results may differ from the estimates, the impact of which would be recorded in future years.

Estimates and underlying assumptions are reviewed on an ongoing basis. Revisions to accounting estimates are recognized in the year in which the estimates are revised and in any future years affected.

Significant estimates include those used when accounting for accruals related to the resolution of professional conduct matters in progress at year end.

2. **Accounting change**

The College adopted the amendments in Chartered Professional Accountants of Canada Handbook Section 3856, *Financial Instruments*, relating to the recognition of financial instruments originated or exchanged in a related party transaction on January 1, 2021. The adoption of these amendments had no impact on the College's financial statements.

# COLLEGE OF NURSES OF ONTARIO

## Notes to Financial Statements (continued)

December 31, 2021

### 3. Financial instrument risk management

The College is exposed to various risks through its financial instruments. The following analysis provides a measure of the College's risk exposure and concentrations.

The financial instruments of the College and the nature of the risks to which those instruments may be subject, are as follows:

Financial instrument	Risks				
	Credit	Liquidity	Market risk		
Currency			Interest rate	Other price	
Cash	X				X
Investments	X				X
Amounts receivable	X				
Accounts payable and accrued liabilities		X			
Amounts due to a related party		X			

#### Credit risk

The College is exposed to credit risk resulting from the possibility that parties may default on their financial obligations, or if there is a concentration of transactions carried out with the same party, or if there is a concentration of financial obligations which have similar economic characteristics that could be similarly affected by changes in economic conditions, such that the College could incur a financial loss.

The maximum exposure of the College to credit risk is as follows:

	2021 \$	2020 \$
Cash	64,142,000	46,194,137
Investments	25,777,225	46,026,762
Amounts receivable	219,028	499,231
	<u>90,138,253</u>	<u>92,720,130</u>

The College reduces its exposure to the credit risk of cash by maintaining balances with a Canadian financial institution.

The College manages its exposure to credit risk of investments through an investment policy which restricts the types of eligible investments.

#### Liquidity risk

Liquidity risk is the risk that the College will not be able to meet a demand for cash or fund its obligations as they come due.

The liquidity of the College is monitored by management to ensure sufficient cash is available to meet liabilities as they become due.

# COLLEGE OF NURSES OF ONTARIO

## Notes to Financial Statements (continued)

December 31, 2021

### 3. Financial instrument risk management (continued)

#### Market risk

Market risk is the risk that the fair value or future cash flows of a financial instrument will fluctuate because of changes in market prices. Market risk is comprised of currency risk, interest rate risk and other price risk.

#### Currency risk

Currency risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in foreign exchange rates.

The College is not exposed to currency risk.

#### Interest rate risk

Interest rate risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate due to changes in market interest rates.

#### Other price risk

Other price risk refers to the risk that the fair value of financial instruments or future cash flows associated with the instruments will fluctuate because of changes in market prices (other than those arising from currency risk or interest rate risk), whether those changes are caused by factors specific to the individual instrument or its issuer or factors affecting all similar instruments traded in the market.

The College is not exposed to other price risk.

#### Changes in risk

There have been no significant changes in the risk profile of the financial instruments of the College from that of the prior year.

### 4. Investments

	<b>2021</b>	<b>2020</b>
	<b>\$</b>	<b>\$</b>
Current	11,268,734	31,747,963
Long-term	14,508,491	14,278,799
	<u>25,777,225</u>	<u>46,026,762</u>
	<b>2021</b>	<b>2020</b>
Effective interest rates	0.70% - 2.38%	0.45% - 2.90%
Maturity dates	Jan 2022 to Mar 2026	Jan 2021 to Mar 2026

# COLLEGE OF NURSES OF ONTARIO

## Notes to Financial Statements (continued)

December 31, 2021

### 5. Capital assets

	Cost \$	Accumulated Amortization \$	2021 Net \$
Land	3,225,009	-	3,225,009
Building	6,835,907	5,930,323	905,584
Building improvements	2,789,091	2,510,107	278,984
Office furniture	2,184,062	1,986,092	197,970
Office equipment	1,448,638	1,154,438	294,200
Computer hardware	6,653,730	3,852,665	2,801,065
Building improvements in progress	3,972,311	-	3,972,311
	<u>27,108,748</u>	<u>15,433,625</u>	<u>11,675,123</u>
	3,225,009	-	3,225,009
Building	6,835,907	5,760,504	1,075,403
Building improvements	3,923,184	3,329,758	593,426
Office furniture	2,344,693	2,190,621	154,072
Office equipment	1,127,271	1,118,553	8,718
Computer hardware	5,394,389	3,536,265	1,858,124
	<u>22,850,453</u>	<u>15,935,701</u>	<u>6,914,752</u>

During the year, the College commenced the construction phase of the space redesign of the building and has incurred costs to date in the amount of \$3,972,311 which are recorded as building improvements in progress. Upon completion of the construction, building improvements in progress will be capitalized to building improvements.

During the year, capital assets comprised of i) building improvements with a net book value of \$178,285 (cost of \$1,134,093 and accumulated amortization of \$955,808), ii) office furniture with a net book value of \$120,468 (cost of \$376,001 and accumulated amortization of \$255,533), and iii) computer hardware with a net book value of \$74,907 (cost of \$623,111 and accumulated amortization of \$548,204), were disposed of for no proceeds resulting in a loss on disposal of \$373,660 being recognized in taxes, utilities and amortization in the statement of operations.

### 6. Intangible assets

	Cost \$	Accumulated Amortization \$	2021 Net \$
Computer application software	4,212,653	4,011,173	201,480
	4,095,159	3,886,868	208,291

# COLLEGE OF NURSES OF ONTARIO

## Notes to Financial Statements (continued)

December 31, 2021

### 7. Pension plan

The College previously maintained a registered pension plan for its employees, which prior to January 1, 2020, comprised defined benefit and defined contribution components.

During fiscal 2019, the College amended the defined benefit component of the plan whereby it ceased benefit accruals for all members of the defined benefit component effective June 30, 2019. Effective July 1, 2019, the defined benefit component of the plan was funded only by the College.

Effective December 31, 2019, the College wound-up the registered pension plan. The settlement on wind-up was recognized for accounting purposes in the fiscal 2020 year, resulting in an increase in the unrestricted net assets of the College in the amount of \$320,576 in fiscal 2020 as recognized through the statement of changes in net assets.

The benefits for the defined benefit component of the plan were settled in December 2020 by way of an annuity purchase and the payment of commuted values.

The members of the defined contribution component of the registered pension plan either joined a new defined contribution pension plan, sponsored by the College, that has equivalent terms and conditions as the defined contribution component of the previous registered pension plan, or joined the HOOPP Plan (note 8).

The College matches 100% of employee contributions up to 6% of eligible earnings and 50% of employee contributions over 6% of eligible earnings to the new defined contribution pension plan. The contributions made by the College on behalf of its employees during fiscal 2021 amounted to \$415,814 (2020 - \$468,855).

### 8. Multi-employer defined benefit pension plan

Certain employees of the College are members of the HOOPP Plan, which is a multi-employer defined benefit pension plan. Members of the HOOPP Plan will receive retirement benefits based on the member's contributory service, the highest average annualized earnings during any consecutive five-year period, and the most recent three-year average year's maximum pensionable earnings. As at December 31, 2021, the HOOPP Plan is 120% funded. The contributions made by the College on behalf of its employees during fiscal 2021 amounted to \$2,041,803 (2020 - \$1,646,237).

# COLLEGE OF NURSES OF ONTARIO

## Notes to Financial Statements (continued)

December 31, 2021

### 9. Related party transactions

The College has as a related party, Nurses' Health Program (Ontario) / Programme de santé pour infirmières (Ontario) ("NHP"), by virtue of the College having representation on the board of directors of NHP, participating in its policy-making processes and providing all funding to NHP, all of which enables the College to exercise significant influence over the financial and operating decisions of NHP.

The purpose of NHP is to provide for the establishment and operation of a voluntary program for nurses to support their recovery from substance use and/or mental health disorders so they may safely return to practice thereby protecting the public and promoting professional accountability, to raise nurses awareness of the program through collaboration with and among the nurses' regulatory college, professional associations, unions, employers and other organizations; and such other complementary purposes not inconsistent with the above-mentioned purposes.

NHP is a not-for-profit organization, as described in Section 149(1)(l) of the Income Tax Act, and therefore is not subject to income taxes.

The College has no economic interest in NHP.

During the year, the College provided funding to NHP in the amount of \$1,170,306 (2020 - \$1,283,663) which is recorded in consultants expense in the statement of operations. As at December 31, 2021, the College has a balance payable of \$100,297 (2020 \$125,074) due to NHP which is recorded in accounts payable and accrued liabilities in the statement of financial position (note 10).

### 10. Accounts payable and accrued liabilities

	2021	2020
	\$	\$
Trade payables and accrued liabilities	7,808,635	5,913,097
Accrued liabilities - professional conduct	3,794,800	3,224,800
Government remittances	3,853,741	4,557,783
Contribution payable to Nurses' Health Program (Ontario)	100,297	125,074
	<u>15,557,473</u>	<u>13,820,754</u>

### 11. Impact of COVID-19

The global pandemic of the virus known as COVID-19 has led the Canadian Federal government, as well as provincial and local governments, to impose measures, such as restricting foreign travel, mandating self-isolations and physical distancing and closing non-essential businesses. Because of the high level of uncertainty related to the outcome of this pandemic, it is difficult to estimate the future financial effect, if any, on the College.

# HILBORN

LISTENERS. THINKERS. DOERS.

## Patient Relations Committee

### 2021 Annual Report

#### Role of the Committee

The Patient Relations Committee (PRC) supports CNO's public commitment to address concerns about nurses' conduct. The *Regulated Health Professions Act, 1991* (RHPA) outlines two specific roles for the PRC:

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

#### Executive Summary

##### Patient Relations Program (PRP)

There were significant additions to the PRP in 2019 and 2020. No changes were made in 2021. Some of the previous changes include

- a [fact sheet](#) to support understanding of sexual abuse
- a [fact sheet](#) with warning signs so nurses can stop behaviours before they progress to sexual abuse
- a [fact sheet](#) to support nurses' wellbeing
- [case studies](#)
- an [employer tool kit](#)
- [videos to support harm prevention](#).

Further, new [web content](#) was added to the public sexual abuse webpage including a [fact sheet](#) to understand how the public participates in CNO's sexual abuse processes and a [fact sheet](#) related to therapy funding.

##### Request for funding

In 2021, there were no patients who completed the application process for funding for counselling.



## **Committee Members**

### **January to June 2021**

Sandra Robinson, Chair, NP  
Ashley Fox, RPN  
Judy Petersen, Public Member  
Naomi Thick, RN  
Diane Thompson, Public Member

### **July to December 2021**

Sandra Robinson, Chair, NP  
Terry Holland, RPN  
Maria Sheculski, Public Member  
Naomi Thick, RN  
Diane Thompson, Public Member

## **Staff Contact**

Kevin McCarthy, Director, Strategy, [KMcCarthy@cnomail.org](mailto:KMcCarthy@cnomail.org)

## **INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE 2021 Annual Report**

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

The Inquiries, Complaints and Reports Committee (ICRC) investigates complaints and reports to meet its commitment to the public interest that concerns about the conduct and practice of Ontario nurses are addressed.

### **ICRC Dispositions**

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

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

If the ICRC is satisfied that a complaint is an abuse of process, it is required to take no action.

### **Interim Orders**

If the conduct of the member exposes or is likely to expose a nurse's patients to harm or injury, the ICRC may make an interim order to suspend or impose restrictions on the nurse's certificate of registration pending the disposition of a health inquiry, an investigation, a Discipline Committee hearing, or a Fitness to Practise hearing.

### **Complaints**

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

The ICRC investigates most complaints with the consent of the patient/complainant to obtain relevant health information. Where the investigative powers obtained through an appointment,



such as the authority to issue a summons, are required to investigate a complaint, the ICRC can make a request to the Executive Director for an investigator appointment.

### *Dispositions*

The ICRC disposed of 448 complaints in 2021, which is an 80.6% increase from 248 complaints dispositions in 2020, and corresponds with the number of dispositions in years prior to 2020. Of the 448 dispositions made in 2021, the ICRC took no action in 39.5% of cases, adopted a resolution in 27.9% of cases and directed a remedial outcome (e.g., a letter of advice, a caution and/or an educational program) in 14.3% of cases. Resolutions and remedial outcomes increased 3.7% and 3%, respectively, as compared to 2020. Complaints referred to discipline remained a small proportion of dispositions at 1.8%. Please refer to Appendix 1, Section 1, Table 2.

### *Health Professions Appeal and Review Board*

The Health Professions Appeal and Review Board (HPARB) is an independent agency that reviews the decisions of the ICRC. HPARB assesses the adequacy of an investigation and the reasonableness of the ICRC's decision. Both complainants and nurses can request an HPARB review.

In 2021, there were 51 requests for HPARB review, which is on par with 49 requests for review in 2020. Complainants requested the review in 86.3% of cases. HPARB released 63 decisions in 2021, 50 of which addressed the adequacy of the investigation or reasonableness of the decision. HPARB upheld ICRC's decision in 94% of cases (47 of 50). HPARB returned one matter to the ICRC to reconsider its decision and in two matters, directed the ICRC to take no further action. In the remaining 13 of 63 HPARB decisions, the request for review was either withdrawn, dismissed by HPARB as untimely or found to be an abuse of process. Please refer to Appendix 1, Section 1, Table 4(b).

## **Reports**

Reports come from nursing employers, facility operators, nurses and others. CNO's Executive Director reviews a report of a preliminary investigation and may appoint one or more investigators to conduct an investigation, if they believe on reasonable and probable grounds that the nurse has committed an act of professional misconduct or is incompetent. The ICRC approves Executive Director investigator appointments. Also, it is informed of Executive Director emergency investigator appointments, which are made if they believe on reasonable and probable grounds that the nurse's conduct exposes, or is likely to expose, their patients to harm or injury.

## **Reports from the Quality Assurance Committee**

The ICRC can also request the Executive Director to appoint an investigator if it receives a report about a nurse's professional conduct or competence from the Quality Assurance Committee (QAC).



## Reports - Executive Director Investigations

### *Investigator Appointments*

In 2021, the ICRC approved the appointment of investigators to conduct Executive Director investigations in 307 matters, which is on par with investigator appointments in 2020. Please refer to Appendix 1, Section 2, Table 1.

### *Dispositions*

The ICRC disposed of 509 Executive Director investigations in 2021, which is an increase of 32.2% as compared to 2020 and corresponds with an increase in the number of investigator appointments since 2018 and the completion of investigations. Of the 509 dispositions, ICRC directed a remedial outcome (e.g., letters of advice, cautions, educational programs and remedial undertakings), in 58.2% of cases, a 0.6% increase from 57.6% in 2020. The percentage of cases referred to discipline was 16.1% in 2021, a decrease of 1.3% from 17.4% in 2020. Please refer to Appendix 1, Section 2, Table 2.

### *Interim Orders*

The ICRC made 16 interim orders in relation to Executive Director investigations: three imposing interim suspensions and 13 imposing interim restrictions on the nurse's certificate of registration.

## Health Inquiries

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

In 2021, the ICRC disposed of 98 health inquiries. The ICRC took no action in 27 matters (27.6%). The ICRC accepted undertakings by nurses to enter the Nurses' Health Program (NHP)<sup>1</sup> in 22 (22.4%) matters and referred 31 nurses (31.6%) to the Fitness to Practise Committee for a hearing. Please refer to Appendix 1, Section 3, Table 1.

### *Interim Orders*

The ICRC made a total of 23 interim orders in relation to health inquiries: 14 imposing interim suspensions and nine imposing interim restrictions on the nurse's certificate of registration.

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<sup>1</sup> NHP was launched in January 2019. It is a voluntary program that provides an opportunity for Ontario nurses with substance and/or mental health disorders to receive support to recover and practice safely. NHP is an alternative to the health inquiry process.



## **Committee Activities**

### **Committee Education and Panel Chair Meetings**

To enhance Committee governance and performance, the Committee initiated quarterly Panel Chair meetings and Committee education sessions. Foundational to this education cycle, the Committee held its annual orientation in June 2021.

### **Strengthening Remediation – Caution Process**

A Caution is a remedial disposition of the Committee in which the nurse attends before a panel of the Committee to be cautioned. In 2021, the Committee revised its Caution process to strengthen the remedial benefits of the Caution. The revised process supports enhanced reflection by the nurse on the concerns identified by the Committee in advance of and during their attendance before the panel and on resources and strategies that will support the nurse to practice safely in keeping with CNO standards going forward.



## Committee members:

### July to December 2021

Sandra Robinson, NP, Chair  
Shana Anjema, RN  
Mary Campbell, RN  
Samantha Diceman, RPN  
Stephen Eaton, Public Member  
Ryan Henderson, RN  
Terry Holland, RPN  
Nicole Krywionek, RN  
Judy Petersen, Public Member  
Mary Ellen Renwick, RN  
Donna Rothwell, RN  
Maria Sheculski, Public Member  
Shelley Sheedy, RN  
Kathleen Tabinga, RPN  
Naomi Thick, RN  
Diane Thompson, Public Member  
Amy Vandekemp, RPN  
Heather Whittle, NP

### January to June 2021

Sandra Robinson, NP, Chair  
Shana Anjema, RN  
Samantha Diceman, RPN  
Stephen Eaton, Public Member  
Cheryl Evans, RN  
Ashley Fox, RPN  
Ryan Henderson, RN  
Michelle Lewis, RN  
Judy Petersen, Public Member  
Mary Ellen Renwick, RN  
Donna Rothwell, RN  
Maria Sheculski, Public Member  
Sherry Simo, RPN  
Kathleen Tabinga, RPN  
Naomi Thick, RN  
Diane Thompson, Public Member

### Staff contacts

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

## Appendix 1 – Statistical tables

### Section 1: Complaints

Table 1: Investigator Appointments

Investigators Appointed	2017	2018	2019	2020	2021
Complaint - ICRC request	106	126	128	130	220
<b>Total</b>	<b>106</b>	<b>126</b>	<b>128</b>	<b>130</b>	<b>220</b>

Table 2: Dispositions

Dispositions	2017		2018		2019		2020		2021	
	#	%	#	%	#	%	#	%	#	%
Adopt resolution	122	38.7	167	33.2	123	25.1	60	24.2	125	27.9
Take no action - abuse of process	20	6.3	64	12.7	34	6.9	31	12.5	47	10.5
Withdrawn with ED approval	-	-	-	-	31	6.3	24	9.7	27	6.0
Take no action	125	39.7	196	39.0	200	40.8	99	39.9	177	39.5
Letter of advice	25	7.9	44	8.7	51	10.4	16	6.5	25	5.6
Caution	6	1.9	13	2.6	12	2.4	4	1.6	9	2.0
Educational program	9	2.9	8	1.6	19	3.9	3	1.2	8	1.8
Caution + educational program	3	1.0	4	0.8	9	1.8	5	2.0	22	4.9
Refer to Discipline Committee	5	1.6	7	1.4	11	2.2	6	2.4	8	1.8
<b>Total</b>	<b>315</b>	<b>100</b>	<b>503</b>	<b>100</b>	<b>490</b>	<b>100</b>	<b>248</b>	<b>100</b>	<b>448</b>	<b>100</b>

Table 3: Interim Orders

Orders	2017	2018	2019	2020	2021
Interim suspension	1	0	1	1	0
Interim restrictions	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>

Table 4. HPARB

## (a) Requests to Review ICRC decisions

<b>Requests</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
From complainants	42	31	69	47	44
From members	3	6	5	2	7
<b>Total</b>	<b>45</b>	<b>37</b>	<b>74</b>	<b>49</b>	<b>51</b>

## (b) HPARB Outcomes

<b>Decisions Received</b>	<b>2017</b>		<b>2018</b>		<b>2019</b>		<b>2020</b>		<b>2021</b>	
	<b>#</b>	<b>%</b>								
No review - request withdrawn	3	8.1	6	14.3	4	11.8	1	2.1	3	4.8
No review - abuse of process	0	0.0	1	2.4	4	11.8	3	6.3	9	14.3
No review - time limit exceeded	-	-	-	-	-	-	1	2.1	1	1.6
Confirm ICRC decision	32	86.5	29	69.0	15	44.1	38	79.2	47	74.6
Make recommendations to ICRC	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Return - further investigation	2	5.4	4	9.5	4	11.8	0	0.0	0	0.0
Return - reconsider decision	0	0.0	2	4.8	6	17.6	2	4.2	1	1.6
Direct ICRC to change decision	0	0.0	0	0.0	1	2.9	3	6.3	2	3.2
<b>Total</b>	<b>37</b>	<b>100</b>	<b>42</b>	<b>100</b>	<b>34</b>	<b>100</b>	<b>48</b>	<b>100</b>	<b>63</b>	<b>100</b>



## Section 2: Reports - Executive Director Investigations

Table 1: Investigator Appointments

<b>Investigators Appointed</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Report - Executive Director	157	443	667	343	306
Report - Emergency appointment by Executive Director	4	4	4	0	1
Report - Quality Assurance Committee	0	14	5	4	0
<b>Total</b>	<b>161</b>	<b>461</b>	<b>676</b>	<b>347</b>	<b>307</b>

## Section 2: Reports - Executive Director Investigations (cont'd)

Table 2. Dispositions

Dispositions	2017		2018		2019		2020		2021	
	#	%	#	%	#	%	#	%	#	%
Take no action	9	10.6	20	15.5	26	10.4	29	7.5	72	14.1
Letter of advice	20	23.5	27	20.9	47	18.7	40	10.4	65	12.8
Oral caution	5	5.9	3	2.3	28	11.2	38	9.9	42	8.3
Educational program	3	3.5	15	11.6	30	12.0	54	14.0	31	6.1
Caution + educational program	15	17.6	15	11.6	36	14.3	46	11.9	140	27.5
Refer to Discipline Committee	30	35.3	46	35.7	50	19.9	67	17.4	82	16.1
Accept permanent resignation	1	1.2	3	2.4	12	4.8	31	8.1	13	2.6
Accept remedial undertaking	-	-	-	-	9	3.6	44	11.4	18	3.5
Accept undertaking	2	2.4	-	-	-	-	-	-	-	-
Take no action on account of member status <sup>2</sup>	-	-	-	-	13	5.2	34	8.8	46	9.0
Take no action - enrolled in NHP	-	-	-	-	-	-	2	0.5	0	0.0
<b>Total</b>	<b>85</b>	<b>100</b>	<b>129</b>	<b>100</b>	<b>251</b>	<b>100</b>	<b>385</b>	<b>100</b>	<b>509</b>	<b>100</b>

<sup>2</sup> This disposition applies to nurses who have either resigned their certificate of registration or allowed it to expire and are not entitled to practice nursing. If the nurse makes an application for registration in the future, the information from the nurse's file related to the report will be reviewed and assessed through CNO's Entry to Practice (ETP) process. As part of the ETP process, the Executive Director has discretion to refer an applicant to the Registration Committee for further review.



## Section 2: Reports - Executive Director Investigations (cont'd)

Table 3. Interim Orders

<b>Outcomes</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Interim suspension	10	4	6	4	3
Interim restrictions	3	5	1	6	13
<b>Total</b>	<b>13</b>	<b>9</b>	<b>7</b>	<b>10</b>	<b>16</b>

## Section 3: Health Inquiries

Table 1. Dispositions

Dispositions	2017		2018		2019		2020		2021	
	#	%	#	%	#	%	#	%	#	%
Take no action	21	21.0	28	23.1	25	24.3	14	18.2	27	27.6
Take no action - enrolled in NHP	-	-	-	-	21	20.4	15	19.5	22	22.4
Take no action - non-practising class	-	-	-	-	-	-	5	6.5	0	0.0
Suspend until medical assessment complete	11	11.0	11	9.1	13	12.6	4	5.2	14	14.3
Refer to Fitness to Practise Committee	61	61.0	76	62.8	37	35.9	31	40.3	31	31.6
Accept undertaking/ agreement	0	0.0	0	0.0	0.0	0.0	3	3.9	0	0.0
Cease inquiry <sup>3</sup>	7	7.0	6	5.0	7	6.8	5	6.5	4	4.1
<b>Total</b>	<b>100</b>	<b>100</b>	<b>121</b>	<b>100</b>	<b>103</b>	<b>100</b>	<b>77</b>	<b>100</b>	<b>98</b>	<b>100</b>

Table 2. Interim Orders

Outcomes	2017	2018	2019	2020	2021
Interim suspension	20	15	11	10	14
Interim restrictions	7	16	18	10	9
<b>Total</b>	<b>27</b>	<b>31</b>	<b>29</b>	<b>20</b>	<b>23</b>

<sup>3</sup> ICRC loses jurisdiction to conduct health inquiries for deceased or resigned members.

## **Discipline Committee**

### **2021 Annual Report**

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

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

#### **Executive summary**

The Discipline Committee's hearings and activities continued to be impacted by the global pandemic in 2021. Hearings of both contested and uncontested matters were conducted virtually.

#### **A. Panel Activities**

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

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

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

In 2021, Discipline Committee panels made findings of professional misconduct in 45 matters involving 45 members. The Penalty hearing for one matter that had findings made in 2020 was also completed. In addition, one matter was withdrawn. In total, 47 matters were completed in 2021.

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

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

36 matters were resolved by panels accepting agreed statements of facts and/or joint submissions on penalty presented by the College and the member. This represents 76.6% of all completed matters. On average, one hearing day<sup>2</sup> was required per matter.

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

10 contested matters, involving a total of 17.50 hearing days, were resolved. In addition, one hearing day was held for a matter that is continuing in 2022. The number of hearing days for contested matters ranged from one to three days with an average of 1.75 hearing days per matter.

(c) Penalty Orders (Table 4)

Discipline Committee panels made penalty orders in 46 matters where findings of professional misconduct were made. The penalties that were ordered included:

- 6 revocations;
- 32 suspensions;
- 32 terms, conditions and limitations; and
- 46 reprimands.

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

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

Discipline Committee panels met on 56.5 days for hearings, deliberation and decision-writing for 47 matters. 55.25 days were for hearings (includes one hearing day for a matter that is continuing in 2022, and 0.25 days hearing a motion to withdraw allegations). 1.25 days were for deliberation/decision-writing.

The administration of reprimands commonly occurs immediately following hearings, and the time spent on this administration is included in the calculation of hearing days. In 2021, the Discipline Committee spent an additional 0.5 days administering reprimands at proceedings specifically convened for that purpose.

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

### 3. Release of Decision and Reasons (Table 6)

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

The Discipline Committee released 72 written reasons in 2021, some of which related to matters that were heard in 2020. The Discipline Committee Guidelines set out that the Committee’s written reasons be released within 60 days of the conclusion of the hearing. The time period for the release of the written reasons can be impacted by the complexity of the legal and evidentiary issues in the case, or logistical issues, such as the availability of panel members. In 2021, the cascading effect of delays in releasing 2020 reasons due to the cyber-security incident and the continuing global pandemic resulted in the release of almost all the written reasons after the 60-day guideline.

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

In 16 matters, the written reasons were released between 61 and 90 days, and in 41 matters, they were released in 91 days or more.

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

In one contested matter the reasons on liability were released within 60 days. Two contested matters had reasons released between 61 and 90 days, and the written reasons in 12 matters were released in 91 days or more.

## **B. Committee Activities**

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

The number of matters in progress varies in relation to:

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

On December 31, 2021, one hearing was ongoing, six pre-hearings and 13 hearings were scheduled for 2022. 58 pre-hearings were to be scheduled of which 55 were for new referrals received between November and December 2021. Four hearings were in the process of being scheduled. Decision-writing was underway for 11 matters. 13 hearings were adjourned and in one matter the parties had to determine if they wanted to proceed with a pre-hearing or move directly to a hearing.

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

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

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

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

Of the 34 matters, where pre-hearings were held in 2021, 17 matters (50.0%) had pre-hearing conferences held within four months or less from the date of referral.

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

Of the 53 hearings that were scheduled in 2021, 42 hearings (79.2%) were scheduled in nine months or less from the date of referral from the ICRC and 7 hearings were scheduled between 10 and 12 months. Four hearings were scheduled 13 months or more from the referral date.

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

The average number of months from the ICRC's referral to the conclusion of a hearing for matters resolved by agreement between the parties was 10.6 months, with a range of five to 26 months. The average number of months from referral to the conclusion of a hearing for contested matters was 14.2 months, with a range of six to 29 months.

## **C. Discipline Committee Meetings**

The Committee held virtual meetings on February 22 & 23, 2021 for general education of Committee members. A virtual meeting was held on May 18, 2021, to orient new members and on May 10 & 11, 2021 to train Panel Chairs. Through January and February 2021, Committee members attended virtual training sessions on the use of CaseLines, the online file sharing platform used in hearings.

On April 9, 2021, four Committee members attended the “Conducting a Discipline Hearing Basic Workshop” hosted virtually by the Health Profession Regulators of Ontario (HPRO). Another four Committee members attended the Fall session of this workshop on October 1, 2021.

14 Committee Members attended the “Conducting a Discipline Hearing Advanced Workshop” hosted virtually by the HPRO on April 30, 2021.

Six Committee Members attended HPRO’s first ever “Reasons Writing Workshop” virtually on October 15, 2021.

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Saad Siddiqui, Hearings Administrator

## STATISTICAL TABLES

### A. Panel Activities

Table 1. Completed matters

Matters with:	2017		2018		2019		2020		2021	
	#	%	#	%	#	%	#	%	#	%
Findings	44	93.6	35	100	43	100	53	93.0	46	97.9
All allegations withdrawn	2	4.3	0	0.0	0	0.0	3	5.3	1	2.1
All allegations dismissed	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Reinstatement Abandoned	1	2.1	0	0.0	0	0.0	1	1.7	0	0.0
<b>Total</b>	<b>47</b>	<b>100</b>	<b>35<sup>3</sup></b>	<b>100</b>	<b>43</b>	<b>100</b>	<b>57</b>	<b>100</b>	<b>47<sup>4</sup></b>	<b>100</b>

Table 2. Types of completed matters

Completed cases	2017		2018		2019		2020		2021	
	#	%	#	%	#	%	#	%	#	%
Non-contested matters	33	70.2	25	71.4	31	70.5	46	80.7	36	76.6
Contested matters	11	23.4	10	28.6	13	29.5	7	12.3	10	21.3
All allegations withdrawn	2	4.3	0	0.0	0	0.0	3	5.3	1	2.1
Reinstatement Abandoned	1	2.1	0	0.0	0	0.0	1	1.7	0	0.0
Removal of Information Abandoned	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
<b>Total</b>	<b>47</b>	<b>100</b>	<b>35</b>	<b>100</b>	<b>44<sup>5</sup></b>	<b>100</b>	<b>57</b>	<b>100</b>	<b>47<sup>6</sup></b>	<b>100</b>

<sup>3</sup> For one matter, liability findings were made in 2018 but the penalty was heard in 2019.

<sup>4</sup> For one matter, liability findings were made in 2020 but the penalty was heard in 2021

<sup>5</sup> Includes the matter where liability findings were made in 2018 but penalty was ordered in 2019

<sup>6</sup> Includes the matter where liability findings were made in 2020 but penalty was ordered in 2021

Table 3. Hearing days<sup>7</sup> for 2021

<b>Completed matters</b>	<b>Matters</b>	<b>Total days</b>	<b>Min. days/case</b>	<b>Max. days/case</b>	<b>Average days/case</b>
Non-contested matters	36	36.5	1.0	1.5	1.0
Contested matters	10	17.5	1.0	3.0	1.75
All allegations withdrawn matters	1	0.25	0.25	0.25	0.25
<b>Total</b>	<b>47</b>	<b>54.25</b>	<b>-</b>	<b>-</b>	<b>-</b>

Table 4. Penalty Orders

<b>Penalty Types</b>	<b>2017</b>		<b>2018</b>		<b>2019</b>		<b>2020</b>		<b>2021</b>	
	<b>#</b>	<b>%</b>								
Reprimand	41	35.7	32	37.2	42	36.2	53	37.6	46	39.7
Suspension	33	28.7	22	25.6	32	27.6	41	29.1	32	27.6
Terms, conditions, limitations	33	28.7	22	25.6	33	28.4	41	29.1	32	27.6
Revocation	7	6.1	10	11.6	9	7.8	6	4.2	6	5.1
Fine	1	0.9	0	0.0	0	0.0	0	0.0	0	0.0
<b>Total</b>	<b>115</b>	<b>100</b>	<b>86</b>	<b>100</b>	<b>116</b>	<b>100</b>	<b>141</b>	<b>100</b>	<b>116</b>	<b>100</b>
<b># of matters with penalty orders</b>	<b>45</b>		<b>34</b>		<b>44</b>		<b>53</b>		<b>46</b>	

<sup>7</sup> A hearing day is approximately seven hours, measured in 0.25 day increments.

Table 5. Hearing and deliberation/decision-writing days

Activity days	2017		2018		2019		2020		2021	
	#	%	#	%	#	%	#	%	#	%
Hearings (including ongoing matters)	65.5	88.0	41.0	94.3	60.25	91.6	58	94.3	55.25	97.0
Hearing - Removal of Information Request	0.0	0.0	0.0	0.0	0.0	0.0	0	0.0	0	0.0
Reinstatement hearings	0.0	0.0	0.0	0.0	0.0	0.0	0	0.0	0	0.0
Deliberation/decision-writing	7.0	9.4	2.0	4.6	4.5	6.8	2	3.3	1.25	2.1
Administering Reprimands	2.0	2.6	0.50	1.1	1.00	1.5	1.5	2.4	0.5	0.9
<b>Total</b>	<b>74.5</b>	<b>100</b>	<b>43.5</b>	<b>100</b>	<b>65.75</b>	<b>100</b>	<b>61.5</b>	<b>100</b>	<b>57.0</b>	<b>100</b>
<b># of matters</b>	<b>48</b>		<b>35</b>		<b>44</b>		<b>57</b>		<b>47</b>	

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

Time	2017		2018		2019		2020		2021	
	#	%	#	%	#	%	#	%	#	%
60 days or fewer	24	62.0	18	54.5	4	9.5	2	8.0	1	1.4
61 days or more	15	38.0	15	45.5	38	90.5	23	92.0	71	98.6
<b>Total</b>	<b>39</b>	<b>100</b>	<b>33</b>	<b>100</b>	<b>42</b>	<b>100</b>	<b>25</b>	<b>100</b>	<b>72</b>	<b>100</b>

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

Time	Non-contested Matters		Contested Matters	
	#	%	#	%
60 days or fewer	0	0.0	1	6.7
61 days or more	57	100.0	14	93.3
<b>Total</b>	<b>57</b>	<b>100</b>	<b>15</b>	<b>100</b>

## B. Committee Activities

Table 8. Matters in progress on December 31, 2021

Matter Status	2017		2018		2019		2020		2021	
	#	%	#	%	#	%	#	%	#	%
Pre-hearing to be set	3	9.7	15	34.0	9	16.1	21	23.1	58 <sup>8</sup>	54.2
Pre-hearing scheduled	7	22.6	4	9.0	13	23.2	11	12.1	6	5.6
Hearing to be set	6	19.4	3	6.8	8	14.3	1	1.1	4	3.7
Hearing scheduled	6	19.4	14	32.0	20	35.7	21	23.1	13	12.2
Hearing in progress	2	6.4	1	2.2	0	0.0	0	0.0	1	0.9
Deliberation	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Decision-writing	6	19.3	7	16.0	6	10.7	35 <sup>9</sup>	38.4	11	10.3
To be determined	1	3.2	0	0.0	0	0.0	1	1.1	1	0.9
Adjournment	0	0.0	0	0.0	0	0.0	1	1.1	13	12.2
<b>Total</b>	<b>31</b>	<b>100</b>	<b>44</b>	<b>100</b>	<b>56</b>	<b>100</b>	<b>91</b>	<b>100</b>	<b>107</b>	<b>100</b>

Table 9. Time from referral to pre-hearing

Time	2020		2021	
	#	%	#	%
4 months or less	17	48.5	17	50.0
5-9 months	17	48.5	16	47.1
10-12 months	0	0.0	0	0.0
13 months or more	1	3.0	1	2.9
<b>Total</b>	<b>35</b>	<b>100</b>	<b>34</b>	<b>100</b>

Table 10. Time from referral to commencement of hearing

Time	2017		2018		2019		2020		2021	
	#	%	#	%	#	%	#	%	#	%
9 months or less	28	62.2	26	74.3	33	76.7	37	70.0	42	79.2
10-12 months	10	22.2	3	8.6	10	23.3	11	21.0	7	13.2
13 months or more	7	15.6	6	17.1	0	0.0	5	9.0	4	7.6
<b>Total</b>	<b>45</b>	<b>100</b>	<b>35</b>	<b>100</b>	<b>43</b>	<b>100</b>	<b>53</b>	<b>100</b>	<b>53</b>	<b>100</b>

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

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

Table 11. Time from referral to conclusion of hearing

	<b>Minimum months/case</b>	<b>Maximum months/case</b>	<b>Average months/case</b>
Matters with agreements	5	26	10.6
Contested matters	6	29	14.2

## Fitness to Practise Committee

### 2021 Annual Report

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

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

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

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

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

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

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

#### **Executive Summary**

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

There were 43 new matters referred to the Committee in 2021. In addition, 37 matters were carried over from the previous year, for a total caseload of 80 matters.



As of December 31, 2021, there were 36 matters in progress as follows:

- 4 matters were adjourned;
- 4 matters have hearings scheduled in 2022 (includes one matter that commenced in 2021);
- 3 hearings were to be set; and
- 25 matters were awaiting determination whether to proceed by hearing or Consent Order review.

### **Matters Completed**

Matters are completed when a determination of a member's capacity is made and a disposition is ordered. Matters may be resolved by Consent Order or by way of contested hearing.

In 2021, a total of 44 matters related to 44 members were completed. These were resolved as follows:

- 38 Consent Orders;
- 2 contested hearings completed;
- 1 Member abandoned their Return to Practise request; and
- 3 hearings did not proceed (two members resigned their certificate of registration and one member's certificate of registration expired. Therefore, the Committee lost jurisdiction).

### **Dispositions Ordered**

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

- 9 consent orders involved the member voluntarily surrendering their certificate of registration;
- 9 related to Return to Practice requests and breach of Orders;
- 20 had no finding of incapacity. In 18 of these matters, the member entered into an undertaking with the College; in one matter, the member moved into the non-practising class; and, in one matter, no finding was made based on a revised assessment.

#### **Hearings**

Panels of the FTP Committee spent 13.5 days hearing three FTP matters in 2021, as follows:

##### (a) Contested Matters

- 2 hearings completed and suspensions were ordered (Table 2)
- 1 hearing began in 2021 and will continue in 2022.

##### (b) Removal of Information matters (Table 3)

No Removal of Information matters were heard in 2020



## **Return to Practice (RTP) Requests**

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

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

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

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

In 2021, as seen in Table 5, eight RTP requests were granted and no requests were denied. All requests were resolved by Consent Order.

## **Breaches**

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

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

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

In 2021, as seen in Table 6, one matter related to a member who was alleged to be in breach of the terms, of a Panel's Order was resolved by Consent Order.



## **Committee Meetings**

The Committee held virtual meetings on February 22 & 23, 2021 for general education of Committee members. Virtual meetings were held on May 18, 2021, to orient new members and on January 26 and May 10 & 11, 2021 to train Panel Chairs. Through January and February 2021, Committee members attended virtual training sessions on the use of CaseLines, the online file sharing platform used in hearings.

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## Appendix 1 – Statistical tables

### 1. Disposition of Matters

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

<b>Outcomes</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Agree to terms, conditions or limitations	1	0	1	0	0
Voluntary surrender of Certificate of Registration	21	34	11	7	9
Return to Practice / Breach	16	15	10	9	9
No Findings	54	39	18	21	20
Variance	0	0	0	0	0
<b>Total</b>	<b>92</b>	<b>88</b>	<b>40</b>	<b>37</b>	<b>38</b>

#### ■ Table 2. Contested matters

<b>Outcomes</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Suspension	9	7	2	2	2
Terms, conditions or limitations	0	0	0	0	0
Re-instatement Granted/Not granted	-	1	0	0	0
No Findings	0	0	1 <sup>1</sup>	0	0
<b>Total</b>	<b>9</b>	<b>8</b>	<b>3</b>	<b>2</b>	<b>2</b>

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

<b>Outcomes</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Removal of Information	0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>

#### ■ Table 4. Motions

<b>Motion</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Adjournments	0	0	6	4	4
<b>Total</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>4</b>	<b>4</b>

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



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

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

<b>Resolution</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
RTP requests granted	10	13	8	5	8
RTP requests denied	0	0	0	0	0
<b>Total</b>	<b>10</b>	<b>13</b>	<b>8</b>	<b>5</b>	<b>8</b>

■ Table 6. Breach dispositions

<b>Resolution</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
Breaches resolved by Consent Order	6	2	2	4	1
Breach hearings	1	0	0	0	0
<b>Total</b>	<b>7</b>	<b>2</b>	<b>2</b>	<b>4</b>	<b>1</b>

## Quality Assurance Committee

### 2021 Annual Report

#### Quality Assurance Program and the Role of the Committee

The Quality Assurance (QA) Committee is responsible for administering the QA Program as legislated in the *RHPA, 1991*. The [QA Program](#) promotes continuing competence among members, assesses individual members' knowledge, skill and judgment and monitors members' participation and compliance with the program. The QA Committee supports the College's commitment to the public that nurses are engaged in continuous quality improvement. The QA Committee is composed of nurse and public members.

All members registered with the College are required by legislation to reflect on their practice, identify professional learning needs, and develop a learning plan to show how they plan to achieve their learning goals. Each year, members are randomly selected to participate in a [QA Assessment](#).

In 2021, new assessment tools and resources were launched. Selected members were required to submit their Learning Plan and complete a Code of Conduct Practice Activity. In addition, Nurse Practitioners (NPs) completed a Case Example activity. Optional coaching support was also provided to members as an opportunity to receive support and feedback from a Peer Assessor.

Peer Assessors assess the members' QA activities according to set criteria and write a report for the QA Committee. The QA Committee receives and reviews the individual member Peer Assessor Reports for decision making.

#### 2021 QA Committee Summary

Due to the ongoing COVID-19 pandemic, the QA Assessment program and selection was modified and delayed to September. A total of **392** members were selected for 2021 QA Assessment. This included: **365** members who were randomly selected using risk-based selection criteria, and an additional **27** members who were directed to participate due to outstanding QA matters from previous years. Members were notified in September and given six weeks to complete their activities. Given the pandemic, short-term extensions and deferrals were available to members.

Peer Assessors assessed and provided written feedback to members on their QA Assessment activities. Feedback reports were also submitted to the QA Committee.

The QA Committee met eight (8) times in 2021. This included three (3) ad-hoc and two (2) QA Committee meetings panel meetings. All meetings were held virtually using video conferencing. In addition, a three-part education session was held virtually on June 16<sup>th</sup>, August 26<sup>th</sup> and September 21<sup>st</sup>.

For the 2021 QA Assessment, a total of **312**<sup>1</sup> members have been assessed by the QA Peer Assessors as satisfactory and directed by the QA Committee to exit the QA program. Thirty-three (**33**) members are still in progress with their QA Assessment. No Terms, limitations and conditions have been imposed by the QA Committee on a member's certificate of registration. Twenty-two (**22**) members deferred their participation to a later date throughout the program. Two (**2**) members have been referred to Investigation, Complaints and Reports (ICR) Committee.

Fourteen (**14**) members changed their registration class and moved to the non-practicing class. As non-practicing members, they are not required to participate in QA Assessment. If these members reinstate to the active class, they will be required to complete their outstanding QA Assessment activities. Eight (**8**) members resigned from the CNO. Sadly, one (**1**) member is deceased.

Please see table 1 below for a summary members' QA Assessment outcomes from 2017-2021.

**Table 1. Historical QA Assessment Outcomes (RN, RPNs, NPs)**

QA Assessment Outcomes	2017		2018		2019		2020 <sup>2</sup>		2021	
	#	%	#	%	#	%	#	%	#	%
Satisfactory	713	84.8	758	87.1	912	91.2	28	46.7	312	79.6
Still In Progress	-	-	-	-	-	-	-	-	33	8.4
Remediation	29	3.4	45	5.2	15	1.5	8	13.3	-	-
Deferred	41	4.9	24	2.8	24	2.4	15	25	22	5.6
Referred to the ICRC	14	1.7	8	1.0	7	0.7	-	-	2	0.5
Impose TCL	8	1.0	5	0.6	10	1	-	-	-	-
Non-Practicing	18	2.1	15	1.7	8	0.8	7	11.7	14	3.6
Resigned	18	2.1	15	1.7	16	1.6	-	-	8	2.0
Suspended	-	-	-	-	2	0.2	-	-	-	-
Deceased	-	-	-	-	3	0.3	-	-	1	0.3
Changed Registration Class from NP to RN	-	-	-	-	3	0.3	2	3.3	-	-
<b>Total</b>	<b>841</b>	<b>100</b>	<b>870</b>	<b>100</b>	<b>1000</b>	<b>100</b>	<b>60</b>	<b>100</b>	<b>392</b>	<b>100</b>

<sup>1</sup> Due to the ongoing pandemic in 2021, member selection for QA Assessment occurred in September which is much later in the year than previous QA cycles (i.e., typically selection occurs in April). As a result, reporting for 2021 is based on member status as of April 30, 2022.

<sup>2</sup> There was no random selection in 2020 due to the pandemic. Only members with activities in progress from previous cycles participated in the QA Assessment.



## **Staff contacts**

Catriona Mill, Manager, Practice Quality

Amanda Laird, Team Lead, Practice Quality

Cathy Tersigni, Advanced Practice Consultant

Dina Vaidyaraj, Advanced Practice Consultant

Kristine Turnbull, Advanced Practice Consultant

George-Ann Watt, Committee Administrator – QA and Registration

## **Committee members:**

### **June to December 2021**

Lalitha Poonasamy, Public Member, Chair

Katie Condon, RPN

Sylvia Douglas, PM

Zaheeda Hamza, RN

Neil Hillier, RPN

Monica Klein-Nouri, RN

Ian McKinnon, PM

Diane Morin-LeBlanc, RN

Maria Sheculski, RN

### **January to May 2021**

Maria Sheculski, Public Member, Chair

Katie Condon, RPN

Zaheeda Hamza, RN

Monica Klein-Nouri, RN

Dale Lafontaine, PM

Ian McKinnon, PM

Diane Morin-LeBlanc, RN

Lalitha Poonasamy, PM

Desirée-Ann Prillo, RPN

Heather Whittle, NP

## Registration Committee

### 2021 Annual Report

#### Introduction: Role of the Committee

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

Applicants, who do not meet a registration requirement, are referred to the Registration Committee ("the Committee") by the Registrar<sup>1</sup> or can request to have their application reviewed by the Committee.<sup>2</sup> They may make written submissions to support their application. Once the Committee has reviewed all information, the Committee may do any of the following:

- direct the Registrar to issue a certificate of registration;
- direct the Registrar to issue a certificate of registration if the applicant successfully completes an examination set or approved by the panel;
- direct the Registrar to issue a certificate of registration if the applicant successfully completes additional training as specified by the panel;
- direct the Registrar to impose specified terms, conditions or limitations (TCLs) on a certificate of registration of the applicant and specifying a limitation on the applicant's right to apply under subsection 19(1); or
- direct the Registrar to refuse to issue a certificate of registration.<sup>3</sup>

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

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<sup>1</sup> The *Regulated Health Professions Act, 1991 (RHPA)* refers to the "Registrar". In Section 1 of the *Nursing Act, 1991*, it states that the "Executive Director and CEO is the Registrar".

<sup>2</sup> Ontario Regulation 275/94, made under the *Nursing Act, 1991* (as amended). Amendments to Ont. Reg. 275/94 came into effect on January 1, 2013.<sup>3</sup> *RHPA, Health Professions Procedural Code*, s. 18(2).

<sup>3</sup> *RHPA, Health Professions Procedural Code*, s. 18(2).



## Executive Summary

In 2021, the Committee held a total of 24 meetings. The Committee sat as two panels with each panel meeting on either a monthly or bimonthly basis to review applications. The full Committee met for:

- orientation in May 2021; and
- to review and make policy decisions about the evidence of practice requirement. This included new initiatives around developing a supervised practice experience option for applicants and accepting additional nursing education programs with varying amounts of clinical practicum hours.

In September 2021, the Committee began using a Consent Agenda specifically for language proficiency matters. Before each meeting, the assigned panel members review each application and propose a disposition (e.g., met, discussion required). A list of applications is prepared for all matters where all panel members agree that the applicant has met the requirement. At the meeting, a motion is passed with no further discussion for all matters listed on the Consent Agenda. The remainder of the meeting focusses on matters requiring discussion and reasons.

As seen in Table 1, the Committee reviewed 2,716 applications. Of these applications, the Committee determined that an applicant met a registration requirement in 2,503 matters, as seen in Table 2. After the Committee's review, some applicants became eligible for registration if all other registration requirements were met.

As seen in Table 3, the Committee's decisions also included the following:

- directing eight independent medical assessments to determine if an applicant had a health condition that could impact their ability to practise nursing safely;
- directing four<sup>4</sup> applicants to meet with a regulatory expert to discuss conduct/practice concerns and to review relevant standards, prior to becoming eligible for registration;
- registering two<sup>5</sup> applicants subject to an undertaking, which reflects an agreement between the applicant and CNO to ensure safe practice and public protection; and
- directing one applicant to be registered with TCLs placed on their certificate of registration in relation to a character, conduct or health matter. Generally, such TCLs end once a member has complied with the specific requirement or the member requests removal or variance of the TCL.

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<sup>4</sup> See breakdown of "Other" in Table 3.

<sup>5</sup> See breakdown of "Other" in Table 3.



In 2021, the total number of applicants who were directed by the Committee to be registered with TCLs decreased from previous years given a process change around the Committee’s review of applications for applicants who did not hold the appropriate authorization under the *Immigration & Refugee Act* to practise nursing in Ontario (i.e., restricted work permit for a specific type of employment or place outside Ontario). In December 2020, the Committee approved a policy, which was implemented in January 2021, authorizing such applicants to register once they agree to be registered subject to a TCL that they cannot practise as a nurse in Ontario until proper immigration authorization documents are provided. The TCL is removed once the documentation is submitted. These applicants no longer experience delays associated with waiting for Committee review.

One requirement that the Committee often considers is whether an applicant has demonstrated language proficiency in English or French, within the past two years.

As outlined above, changes in processes enabled the Committee to review an increased volume of language proficiency-related matters in 2021, which represented 95.6%<sup>6</sup> of the total matters reviewed for 2021.

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

The Board can review decisions of the Committee. In 2021, three appeals were in process with the Board, as seen in Table 4. In each of these cases, the Committee had refused to register the applicant as they had not met one or more of the following non-exemptible registration requirements:

- Nursing education requirement
- Registration examination requirement

Of the matters in process during 2021<sup>7</sup>, one matter was withdrawn by the Applicants prior to a Board Decision.

As of December 31, 2021, and the College was awaiting decisions on two matters.

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<sup>6</sup> This percentage is based on the total number of language proficiency matters reviewed as viewed in Tables 2 and 3 – 2485 met, 26 not met, and 85 defer for information.

<sup>7</sup> Including matters filed before January 1, 2021, but resolved in 2021.



**Committee members:**

**June to December 2021**

**(Current Committee)**

- Diane Thompson, Public Member, Chair
- Andrea Arkell, PM
- Brock Cooper, NP
- Carrie Heer, NP
- Fidelia Osime, PM
- Judy Petersen, PM
- Linda Bishop, RPN
- Priscilla Ankamah, RN
- Raj Kaur, RPN

**January to May 2021**

**(2020-2021 Committee)**

- Judy Petersen, Public Member, Chair
- Andrea Vidovic, RN
- Bill Irwin, PM
- Carrie Heer, NP
- Connie Manning, RPN
- Diane Thompson, PM
- Karen Goldenberg, PM
- Linda Bishop, RPN

**Staff contacts**

- Suzanne Vogler, Manager, Entry to Practice
- Tracy Bardell, Team Lead, Entry to Practice



## STATISTICAL TABLES

Table 1. Registration Committee decisions

	2017		2018		2019		2020		2021	
	#	%	#	%	#	%	#	%	#	%
Requirement Met	437	69.5	750	81.5	1,269	82.0	1,062	86.7	2,503	92.2
Other Decisions	192	30.5	170	18.5	278	18.0	163	13.3	213	7.8
<b>Total</b>	<b>629</b>	<b>100</b>	<b>920</b>	<b>100</b>	<b>1,547</b>	<b>100</b>	<b>1,225</b>	<b>100</b>	<b>2,716</b>	<b>100</b>

Table 2. Registration Committee decisions: Requirement met

Requirement Met	2017		2018		2019		2020		2021	
	#	%	#	%	#	%	#	%	#	%
Language Proficiency	426	97.5	744	99.2	1,265	99.7	1,051	99.0	2,485	99.3
Health/Conduct	8	1.8	5	0.7	4	0.3	10	0.9	17	0.67
Evidence of Practice	1	0.2	1	0.1	0	0.0	1	0.1	1	0.03
Nursing Education	2	0.5	0	0.0	0	0.0	0	0.0	0	0.0
Nursing Exam	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
<b>Total</b>	<b>437</b>	<b>100</b>	<b>750</b>	<b>100</b>	<b>1,269</b>	<b>100</b>	<b>1,062</b>	<b>100</b>	<b>2,503</b>	<b>100</b>



Table 3. Registration Committee decisions: Other decisions

Other Decisions	2017		2018		2019		2020		2021	
	#	%	#	%	#	%	#	%	#	%
Refuse registration	90	46.9	83	48.8	111	39.9	5	3.1	0	0.0
Directed to complete further study or an approved exam	11	5.7	4	2.3	0	0.0	0	0.0	0	0.0
Impose terms, conditions or limitations	22	11.5	17	10.0	21	7.5	25	15.3	1	0.5
Modify terms, conditions or limitations	0	0.0	1	0.6	0	0.0	0	0.0	0	0.0
Complete independent medical assessments	3	1.6	11	6.5	6	2.2	4	2.5	8	3.7
Language Proficiency – Requirement not met	12	6.2	16	9.4	55	19.8	14	8.6	26	12.2
Nursing Education – Requirement not met	10	5.2	2	1.2	6	2.2	3	1.8	1	0.5
Health/Conduct – Requirement not met	0	0.0	0	0.0	0	0.0	3	1.8	2	0.9
Evidence of Practice - Requirement not met	1	0.5	0	0.0	2	0.7	1	0.6	0	0.0
Other	43	22.4	36	21.2	77	27.7	108	66.3	175 <sup>8</sup>	82.2
<b>Total</b>	<b>192</b>	<b>100</b>	<b>170</b>	<b>100</b>	<b>170</b>	<b>100</b>	<b>278</b>	<b>100</b>	<b>213</b>	<b>100</b>

<sup>8</sup> The “Other” category includes:

- 108 applications deferred by the Registration Committee for additional information or further review (2 Nursing Education; 19 Character, Conduct and health; 2 Registration Exam; 85 language proficiency);
- 4 applications deferred by the Registration Committee to enable the applicant to meet with a regulatory expert;
- 2 applications where the applicant was registered subject to an undertaking/agreement;
- 9 applications where the applicant was granted an annulment for one or more exam attempts; and
- 52 applications where the applicant did not meet the Registration Exam requirement. Instead of refusing, the Registration Committee decided to keep the applicant’s application open until January 2022, at which time the applicant will become eligible for unlimited attempts on the new RPN registration exam.



Table 4. Reviews or hearings by the Health Professions Appeal and Review Board<sup>9</sup>

	2017		2018		2019		2020		2021	
	#	%	#	%	#	%	#	%	#	%
Decision confirmed by the Board	11	61.1	24	29.3	6	35.3	6	54.5	0	0
Review withdrawn by applicant	0	0	31	37.8	0	0	2	18.2	1	33.33
Application returned by the Board for Registration Committee review	1	5.6	7	8.5	1	5.9	1	9.1	0	0
CNO opted to return the application to Committee	1	5.6	4	4.9	1	5.9	1	9.1	0	0
Awaiting Board Decision	4	22.2	12	14.6	8	47.0	1	9.1	2	66.67
Matters closed – No jurisdiction or Abandoned	1	5.6	-	-	1	5	0	0	0	0
<b>Total</b>	<b>18</b>	<b>100</b>	<b>78</b>	<b>100</b>	<b>17</b>	<b>100</b>	<b>11</b>	<b>100</b>	<b>3</b>	<b>100</b>

<sup>9</sup> A dash “-” indicates that data was not available or collected for that year.

## Minutes

### Present

S. Robinson, Chair  
T. Holland

M. Sheculski  
N. Thick

D. Thompson

### Guests

R. Kaur

F. Osime

P. Sullivan-Taylor

### Staff

C. Timmings  
J. Hofbauer

R. Jabbour

K. McCarthy

### Orientation

S. Robinson welcomed R. Kaur, F. Osime and P. Sullivan-Taylor, who are attending the meeting for orientation. She highlighted the role of the Executive and how the committee functions at its meetings and at Council.

She noted that the Executive is CNO's Patient Relations Committee. An orientation to the role of the Patient Relations Committee will be provided when the Executive meets as Patient Relations, later in the morning.

C. Timmings highlighted the staff support for the Executive.

### Agenda

The agenda had been circulated and was approved on consent.

### Minutes

Minutes of the Executive Committee meeting of February 10, 2022, had been circulated and were approved on consent.

### Proposed By-Law Amendment: Request from the Nominating Committee

The Executive considered a recommendation from the Nominating Committee for a by-law amendment to address issues with the quorum provisions set in by-law. It was flagged that the amendment will align the quorum for the Nominating Committee with other committees and is a process improvement.

On consent, the Executive decided to recommend the proposed amendment to Council. The Executive asked that the briefing clarify the number of members that will be needed for Nominating Committee quorum, if the by-law amendment is approved.

## **Conduct By-Law and Conduct Committee**

The Executive reviewed a briefing on *By-Law No. 3: Conduct of Councillors and Committee Members* (Conduct By-Law) and the Conduct Committee. Staff were asked to undertake a review of the literature and best practises regarding Codes of Conduct, including processes to address complaints, and bring recommendations forward for the Executive Committee to review.

The Executive identified the importance of having the Conduct Committee in place in the interim, should a complaint be received before the review is completed, and supported Council appointment of the members of the Conduct Committee in September.

## **Diversity, Equity and Inclusion**

The Executive received a briefing on the proposed approaches for addressing diversity, equity and inclusion with Council and statutory committees. Staff highlighted the proposed approaches.

### Council

The Executive supported integration of diversity, equity and inclusion into the board evaluation that will be taking place starting at the September Council meeting. It was noted that one of the outcomes of the evaluation could be a multi-year Council plan for diversity, equity and inclusion.

### Statutory Committees

The Executive supported the plan for an assessment of statutory committees' learning needs related to diversity, equity, and inclusion. It was identified that the assessment may identify some common learning needs and some that are unique to each committee's role.

## **March Council de-brief**

The Executive discussed the March Council meeting. It was noted that the process for election of the Executive Committee was managed efficiently and effectively.

The Executive agreed to be mindful of teambuilding and to consider the time for items when reviewing Council agendas.

## **Professional Development**

Seven new Council members are joining in June. The Executive received a briefing and discussed the plans for orientation and integration of the new members into the Council team.

There was confirmation of the value of mentorship for new Council members. Members of the incoming Executive agreed to be mentors and asked staff to use a random selection tool to pair them with new Council members.

## **Welcome Session**

The Executive discussed the plans for the May 27<sup>th</sup> welcome session with new members. This initial orientation session is to introduce how Council works and the expectations of Council members. While all members of the incoming Executive will be contributing throughout, specific

members agreed to take responsibility for facilitating portions of the agenda. The supports that will be provided by staff were highlighted.

### **Regulatory Governance: Orientation for all**

The Executive discussed the plan for the June 7<sup>th</sup> orientation to regulatory governance.

There was support for the social activity. The Executive was informed of the supports that they will receive from staff to facilitate the small group activity.

Following the social, the agenda includes content from the President and Executive Director and CEO about CNO's governance and nursing regulation, and an introduction to regulatory governance by Richard Steinecke. There was confirmation that he will be using polling as part of the session. The Executive noted that was effective last year. The Vice-Presidents confirmed that they will manage the speakers list for the workshop.

As part of the support for new members, a few members of the Executive made themselves available for questions over part of lunch during the Council meeting last year and some new members took advantage of the opportunity. F. Osime and P. Sullivan-Taylor volunteered to be available for new members over lunch on June 8<sup>th</sup>.

### **Council agenda**

The Executive reviewed the annotated agenda for the June 8 Council meeting.

There was discussion about the Land Acknowledgment Statement, given the change in Presidents. It was identified that this can be discussed with the President during her orientation.

On consent, the Executive approved the Council agenda for posting.

### **Executive Session**

J. Hofbauer, R. Jabbour and K. McCarthy left the meeting. C. Timmings met with the Executive Committee.

### **Conclusion**

On completion of the agenda and following the Executive Session, the meeting of the Executive Committee concluded.

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Chair

## Report of the May 19, 2022 Finance Committee Meeting

### Contact for questions or more information

Stephen Mills, Chief Administrative Officer

The Finance Committee met on May 19, 2022. Blair MacKenzie, senior audit partner and Geoff Clute, Principal, from Hilborn LLP attended the meeting. [Attachment 1](#) is the draft minutes of the meeting.

### 1. Audited Financial Statements

The Finance Committee reviewed the results of the audit of CNO's financial statements for the year ended December 31, 2021 with Blair MacKenzie from Hilborn LLP. As part of the review, the committee had an in-camera meeting with the auditor.

The auditors' report was presented without qualification. In the opinion of the auditors, CNO's internal financial controls are strong and the financial statements are a fair presentation of CNO's financial position on December 31, 2021. The Finance Committee recommended that Council approve the audited financial statements (see Agenda Item 4.1.2).

### 2. Unaudited Financial Statements

The unaudited financial statements for the three-month period ended March 31, 2022 ([Attachment 2](#)) were reviewed. The surplus for the period is \$0.32M, which is \$1.2M more than the budgeted deficit of \$0.89M. Based on a discussion of the statements and the Management Discussion and Analysis, the Finance Committee recommends:

**That the unaudited financial statements for the three-month period ended March 31, 2022 be approved.**

### 3. Terms of Reference

The Finance Committee conducted the biennial review of its Terms of Reference and is recommending changes to Council (Agenda Item 6.1.1). Included is a proposal to change the membership structure of the committee to give more discretion to the Nominating Committee in recommending the best candidates.



## 4. Policies

The Finance Committee conducted its triennial review of the policies. In addition to editorial changes, substantive changes were approved that set out the financial controls needed to safeguard CNO's financial integrity while allowing CNO to be agile and proactive. A new procurements policy was developed to add clarity and rigor to the procurements process.

Following a policy-by-policy review, the Finance Committee approved the policies. As required, the policies are being shared with Council ([Attachment 3](#)).

## 5. Auditor Appointment

The Finance Committee received a briefing from management on the performance of the current auditor. The committee confirmed that the auditor communicates with it effectively and is independent of CNO.

The Finance Committee is recommending:

**That Hilborn LLP be reappointed as CNO's auditors for 2022.**

## 6. Self-Monitoring Tool

The Finance Committee reviewed the self-monitoring tool for the year and confirmed that the committee met its terms of reference as reflected in the tool.

### Attachments:

1. Draft minutes of the Finance Committee meeting of May 19, 2022
2. Unaudited Financial Statements for the six-months ended March 31, 2022
3. Policies approved by the Finance Committee

## Minutes

### Present

S. Douglas  
C. Halket  
N. Hillier  
T. Holland

S. Robinson  
M. Sheculski  
P. Sullivan-Taylor  
N. Thick, Chair

### Staff

V. Adetoye  
J. Hofbauer  
M. Kelly, Recorder

N. Mamodehousen  
S. Mills  
C. Timmings

### Guests

R. Kaur

G. Clute, Hilborn  
B. MacKenzie, Hilborn

### Chair

N. Thick chaired the meeting. She welcomed R. Kaur, in-coming Vice President, attending as part of orientation, as well as G. Clute and B. MacKenzie from Hilborn LLP.

### Agenda

The agenda had been circulated prior to the meeting. A request was made to review the audited financial statements prior to the first quarter unaudited statements. With this change, the agenda was approved on consent.

### Minutes

Minutes of the Finance Committee meeting of February 10, 2022 had been circulated.

### Motion 1

Moved by P. Sullivan-Taylor, seconded by T. Holland,

That the minutes of the February 10, 2022 meeting of the Finance Committee be accepted as presented.

CARRIED

## Audited Financial Statements

The Finance Committee received the draft audited financial statements for the year ended December 31, 2021.

B. MacKenzie outlined the audit process, explaining that the purpose of the audit is to ensure the financial statements are free of material misstatement. He assured the Finance Committee of Hilborn's independence from CNO and confirmed that CNO has a strong control environment with a conscientious management team that follows best practices in accounting for non-profit organizations. He noted that it is the role of the auditor to add credibility to the financial statements and confirmed that the statements represented CNO's financial position at the end of 2021.

B. MacKenzie identified 3 adjustments that were made to the audited financial statements which cumulatively decreased the surplus by \$0.4M when compared to the unaudited financial statements presented in February. He noted that some of these adjustments were expected and confirmed that none are unusual or concerning.

After reviewing the post-audit communication with the Finance Committee, B. MacKenzie recommended that the Committee bring the financial statements forward to Council for approval.

## In camera session

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

## Motion 2

Moved by S. Robinson, seconded by C. Halket,

That approval of CNO's audited financial statements for the year ended December 31, 2021 be recommended to Council.

CARRIED

B. MacKenzie and G. Clute left the meeting.

## Unaudited financial statements

S. Mills reviewed the unaudited financial statements for the three months ending March 31, 2022. He noted that the statement of financial position depicts an increase in cash assets as compared to March 2021, which is due to management deferring investments given the currently low interest rates. It is expected that this will change over time as interest rates increase. This statement also depicts an increase to investments in capital assets as a result of building improvements that were made as part of the renovations. As these improvements are

now substantially completed, they have been capitalized. The accumulated results of the capital investments are reflected in net assets.

The first quarter of 2022 was budgeted to be a deficit of \$0.89M, however the actual financial result for the first quarter was a surplus of \$0.32M, which is \$1.21M more than budgeted. By the end of 2022, it is expected that the financial result will be a deficit – this is planned for and expected.

In response to a question regarding recruitment, S. Mills explained that the employment market remains competitive and CNO has experienced some examples of offers not being accepted. CNO continues to use agency staff to meet short-term needs for resources while a vacancy is filled, with agency fees offsetting salary savings.

The committee reviewed and discussed the confidential Management Discussion and Analysis document. S. Mills highlighted various projects and initiatives that are outlined in the document.

### **Motion 3**

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

That it be recommended that Council approve the unaudited financial statements for the 3 months ended March 31, 2022.

CARRIED

### **Biennial Review of the Finance Committee Terms of Reference**

The Finance Committee discussed proposed amendments to their Terms of Reference as part of a biennial review. Many of the proposed changes were editorial in nature, however a new membership structure is being proposed. The proposed new structure is aligned with more recent terms of reference, in that it does not specify categories of nurses. This approach will allow the Nominating Committee to recommend the most suitable candidates from among the volunteers.

The Committee suggested approaches that could increase interest in the Finance Committee and give the Nominating Committee more options. The Committee is scheduled to review the Terms of Reference again in two years time, which will include a review of its structure.

### **Motion 4**

Moved by T. Holland, seconded by S. Robinson,

That it be recommended that Council approve the proposed revised Finance Committee Terms of Reference.

CARRIED

### **Triennial Review of the Financial Policies**

As part of their triennial review, the Finance Committee discussed proposed amendments to the six financial policies that were originally created in 2019. Many of the proposed changes are

editorial in nature – they provide clarity and reflect the current organizational structure. However, one key change proposed across all policies clarifies that the role of the Finance Committee is to approve the policies.

Staff also introduced a new policy for approval – the Procurement Policy. This policy was created to clarify requirements and the rigor of CNO procurement processes. The Committee noted the importance of implementing internal controls for instances where vendor selection may be done without requesting alternate proposals/quotes. S. Mills confirmed that in addition to an internal procedure guide and a strict approval process, all procurement plans are reviewed before the procurement begins. He also noted that the Finance Committee, in their oversight role, will have visibility into procurements as they materialize since contracts over \$20K are outlined in the MD&A.

If approved, these changes will take effect immediately. It was confirmed that workflow will not be disrupted as many practices have already been in place, rather processes are now being formally captured in operational policies and procedures.

### **Motion 6**

Moved by C. Halket, seconded by T. Holland,

That the proposed revised financial policies be approved.

CARRIED

### **Auditor Appointment**

Staff are recommending that Hilborn be reappointed as auditors for the coming year. S. Mills noted that CNO goes to market occasionally, in line with best practice, to ensure high quality audit services are received. Last time this occurred was in 2017, renewing the appointment without a market review at this time is within the industry standard.

The Finance Committee noted that the information provided by the auditors is clear, relevant and comprehensive, and confirmed their confidence in the auditor's independence.

### **Motion 6**

Moved by S. Douglas, seconded by P. Sullivan-Taylor,

That it be recommended to Council that Hilborn<sub>LLP</sub> be appointed as CNO's auditors for the 2022 fiscal year.

CARRIED

### **Self-monitoring tool**

The Finance Committee reviewed the self-monitoring tool. The committee concurred that their fiduciary responsibilities have been fulfilled and that members are well prepared to make informed decisions at meetings.

The Committee confirmed that they have met their terms of reference for the year.

### **Next meeting**

The first meeting of the 2022-2023 Finance Committee meeting will be held on August 25<sup>th</sup> at 1:00pm. An orientation meeting will also take place in July.

N. Thick acknowledged and expressed appreciation to the outgoing members.

### **Conclusion**

At 3:09 p.m., on completion of the agenda and consent, the meeting concluded.

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Chair

DRAFT

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

	<b>2022</b>	<b>2021</b>	<b>2021</b>
	<b>March</b>	<b>March</b>	<b>December</b>
<b>ASSETS</b>			
Current assets			
Cash	52,152,690	34,866,471	64,142,000
Investments	11,053,529	30,818,058	11,268,734
Sundry receivables	112,943	539,701	219,028
Prepaid expenses	1,165,630	1,369,266	1,227,453
	<u>64,484,792</u>	<u>67,593,497</u>	<u>76,857,216</u>
Investments	14,810,124	14,303,813	14,508,491
Capital assets			
Furniture and fixtures	3,077,359	2,300,024	2,139,393
Equipment - non computer	1,449,671	1,127,271	1,448,638
Computer equipment	6,720,039	5,550,876	6,653,730
Building	6,835,907	6,835,907	6,835,907
Building improvements	7,062,592	3,923,184	2,789,091
Land	3,225,009	3,225,009	3,225,009
Art	44,669	44,669	44,669
Construction in progress	-	-	3,972,310
	<u>28,415,244</u>	<u>23,006,939</u>	<u>27,108,747</u>
Less: Accumulated amortization	<u>(15,845,737)</u>	<u>(16,318,414)</u>	<u>(15,433,624)</u>
	<u>12,569,508</u>	<u>6,688,526</u>	<u>11,675,123</u>
Intangible Assets	4,228,843	4,095,159	4,212,653
Less: Accumulated amortization	<u>(4,036,541)</u>	<u>(3,915,007)</u>	<u>(4,011,173)</u>
	<u>192,302</u>	<u>180,152</u>	<u>201,480</u>
	<b><u>92,056,727</u></b>	<b><u>88,765,987</u></b>	<b><u>103,242,310</u></b>
<b>LIABILITIES</b>			
Current liabilities			
Accounts payable and accrued liabilities	7,941,887	8,252,360	15,557,474
Deferred registration and examination fees	36,618,124	35,763,910	40,511,419
	<u>44,560,011</u>	<u>44,016,270</u>	<u>56,068,894</u>
	<u>44,560,011</u>	<u>44,016,270</u>	<u>56,068,894</u>
<b>NET ASSETS</b>			
Net assets invested in capital assets	12,761,810	6,868,678	11,876,603
Unrestricted net assets	34,734,905	37,881,039	35,296,813
	<u>47,496,715</u>	<u>44,749,717</u>	<u>47,173,416</u>
	<b><u>92,056,727</u></b>	<b><u>88,765,987</u></b>	<b><u>103,242,310</u></b>

**College of Nurses of Ontario  
Statement of Operations (\$)  
Three Months Ended March 31**

	2022 Year to Date March			2021 Year to Date March			2022 Budget	
	Budget	Actual	Variance Fav/(Unfav)	Budget	Actual	Variance Fav/(Unfav)	Remaining	Approved
<b>REVENUES</b>								
Registration fees	13,181,405	12,998,263	(183,142)	12,668,277	13,043,320	375,043	39,073,737	52,072,000
Application assessment	1,305,200	1,296,700	(8,500)	1,335,775	1,325,925	(9,850)	4,003,050	5,299,750
Verification and transcripts	40,050	44,595	4,545	19,000	23,620	4,620	23,255	67,850
Interest income	168,000	184,354	16,354	212,761	212,497	(264)	310,789	495,143
Examination	145,200	144,280	(920)	560,740	564,650	3,910	467,720	612,000
Other	12,383	28,129	15,746	119,128	59,098	(60,030)	156,621	184,750
<b>Total Revenues</b>	<b>14,852,238</b>	<b>14,696,321</b>	<b>(155,917)</b>	<b>14,915,681</b>	<b>15,229,110</b>	<b>313,429</b>	<b>44,035,172</b>	<b>58,731,493</b>
<b>EXPENSES</b>								
Employee salaries and expenses	11,322,494	10,345,220	977,274	9,540,664	8,820,014	720,650	35,104,369	45,449,589
Contractors and consultants	1,119,921	1,055,910	64,011	1,084,666	1,255,635	(170,969)	3,180,365	4,236,275
Legal services	834,728	580,754	253,974	532,200	779,618	(247,418)	2,832,246	3,413,000
Equipment, operating supplies and other services	1,088,257	1,117,642	(29,385)	895,717	940,027	(44,310)	4,172,982	5,290,624
Taxes, utilities and depreciation	486,844	496,903	(10,059)	490,128	472,833	17,295	1,551,195	2,048,098
Exam fees	42,075	40,387	1,688	477,000	471,243	5,757	149,913	190,300
Non-staff remuneration and expenses	148,523	116,150	32,373	108,511	117,164	(8,653)	515,258	631,408
<b>Total Base Operating Expenses</b>	<b>15,042,842</b>	<b>13,752,966</b>	<b>1,289,876</b>	<b>13,128,886</b>	<b>12,856,534</b>	<b>272,352</b>	<b>47,506,328</b>	<b>61,259,294</b>
Project Expenses	694,569	620,058	74,511	337,739	360,834	(23,095)	4,104,003	4,724,061
<b>Total Expenses</b>	<b>15,737,411</b>	<b>14,373,024</b>	<b>1,364,387</b>	<b>13,466,625</b>	<b>13,217,368</b>	<b>249,257</b>	<b>51,610,331</b>	<b>65,983,355</b>
<b>Excess of (expenses over revenues) / revenues over expenses</b>	<b>(885,173)</b>	<b>323,297</b>	<b>1,208,470</b>	<b>1,449,056</b>	<b>2,011,742</b>	<b>562,686</b>	<b>(7,575,159)</b>	<b>(7,251,862)</b>
<b>Opening net assets</b>		<b>47,173,416</b>			<b>42,737,975</b>			
<b>Closing net assets</b>		<b>47,496,713</b>			<b>44,749,717</b>			

**College of Nurses of Ontario  
Statement of Changes in Net Assets (\$)  
Three Months Ended March 31**

	<b>2022</b>			<b>2021</b>
	<b>Invested in Capital and Intangible Assets</b>	<b>Unrestricted</b>	<b>Total</b>	<b>December</b>
<b>Balance, beginning of period</b>	<b>11,876,603</b>	<b>35,296,813</b>	<b>47,173,416</b>	<b>42,737,975</b>
Excess of (expenses over revenues)/revenues over expenses	(437,481)	760,778	323,297	4,435,442
Purchase of capital assets	1,322,688	(1,322,688)	-	-
<b>Balance, end of period</b>	<b>12,761,810</b>	<b>34,734,903</b>	<b>47,496,713</b>	<b>47,173,417</b>

**College of Nurses of Ontario**  
**Statement of Cash Flows (\$)**  
**Three Months Ended March 31**

	<b>2022 March</b>	<b>2021 March</b>
<b>Cash flows from operating activities</b>		
Excess of revenue over expense for the period	323,297	2,011,742
Adjustments to determine net cash provided by/(used in) operating activities		
Amortization of capital assets	412,113	382,713
Amortization of intangible assets	25,368	28,139
Interest not received during the year capitalized to investments	(78,438)	(145,115)
Interest received during the year previously capitalized to investments	276,447	224,506
	<b>958,787</b>	<b>2,501,985</b>
<b>Changes in non-cash working capital items</b>		
Decrease (increase) in amounts receivable	106,085	(40,471)
Decrease (increase) in prepaid expenses	61,823	(478,222)
(Decrease) in accounts payable and accrued liabilities	(7,615,586)	(5,568,392)
(Decrease) in deferred registration fees	(3,893,295)	(8,411,577)
	<b>(10,382,186)</b>	<b>(11,996,678)</b>
<b>Cash flow from investing activities</b>		
Purchase of investment	(11,276,031)	(5,991,595)
Proceeds from disposal of investments	10,991,595	6,817,094
Purchase of capital assets	(1,306,498)	(156,487)
Purchase of intangible assets	(16,190)	-
	<b>(1,607,124)</b>	<b>669,012</b>
Net (decrease) in cash and cash equivalents	(11,989,310)	(11,327,666)
Cash and cash equivalents, beginning of year	64,142,000	46,194,137
<b>Cash and cash equivalent, end of quarter</b>	<b>52,152,690</b>	<b>34,866,471</b>

<b>Policy – Banking</b>	<b>Policy #</b> <i>(for admin use only)</i>
	<b>Page: 1 of 2</b>
Developed by: Finance & Hearings	Date Originated: Aug. 2019
Maintained by: Finance & Hearings	Date Revised: July 2020 May 2022
Approved by: Finance Committee	

## PURPOSE

The purpose of this policy is to establish standards and authority for banking to minimize the risk to CNO funds.

## APPLICATION/SCOPE:

This policy will apply to the Finance Committee, CNO management and staff in Business Services.

## KEY TERMS/DEFINITIONS:

- **Bank:** those listed under [Schedule 1](#) of the [Bank Act \(Canada\)](#).
- **CNO Management:** includes the Chief Executive Officer (CEO), the Chief Administrative Officer (CAO), the Chief Quality Officer (CQO), directors and managers.

## BACKGROUND:

The Finance Committee ensures that this policy reflects best practice, addresses the business needs of CNO, and safeguards CNO's financial resources. Council approves banks where CNO funds will be held. The CAO will approve any additional and/or special accounts opened as required with an approved bank. The Manager of Finance & Hearings will ensure that all funds are housed within a bank that meets the requirements set out in this policy.

## POLICY:

### (A) Banks and Banking

- Funds belonging to CNO will be deposited with the approved bank(s) in the name of the College of Nurses of Ontario.
- When required, the CEO, CAO or delegate may endorse any negotiable instrument for collection on account of CNO through the bank(s) or for deposit to the credit of CNO with the bank(s).

**(B) Assurance and Maintenance**

- The Finance Committee may consult with the auditors during the annual review to validate that this policy is meeting its purpose.
- CNO auditors will confirm during the report on the audit that CNO staff have complied with this policy and related procedures.
- The Finance Committee will review this policy every 3 years to ensure it continues to meet its purpose.
- This policy and all revisions will be shared with Council for information.

**RELATED POLICIES:** *(if applicable)*

- [Payment](#)
- [Expenditures](#)

**APPLICABLE LEGISLATION/REGULATIONS/STANDARDS:**

- Article 36 – Banking of *By-Law No. 1: General*
- Bank Act (Canada)

**RELATED PROCEDURES:**

- Operating Procedure – Banking

**RELATED FORMS, TEMPLATES, JOB AIDS**

- Job Aid Bank reconciliation
- Job Aid Payment processes
- Job Aid Collections

<b>Policy – Borrowing</b>	<b>Policy # (for admin use only)</b>
	<b>Page: 1 of 2</b>
Developed by: Finance & Hearings	Date Originated: Aug. 2019
Maintained by: Finance and Hearings	Date Revised: July 2020 May 2022
Approved by: Finance Committee	

**PURPOSE:**

The purpose of this policy is to establish standards and authority for borrowing money that ensures CNO’s credit rating is not impacted and minimizes the risk of misuse of funds.

**APPLICATION/SCOPE:**

This policy will apply to the Council, the Finance Committee, the Chief Executive Officer (CEO), the Chief Administrative Officer (CAO) and the Director, Business Services.

**KEY TERMS/DEFINITIONS:** *(if applicable)*

**BACKGROUND:**

The Finance Committee ensures that this policy reflects best practice, addresses the business needs of CNO, and safeguards CNO’s financial resources. The CEO and CAO are responsible for ensuring the borrowing is necessary to CNO’s ongoing fiscal or operational well-being and that the costs of borrowing are minimized.

**POLICY:**

- (A) CNO may only borrow money, increase credit limits or mortgage assets where appropriately authorized.
- (B) A Council resolution will be required to:
  - borrow money on the credit of CNO;
  - issue, sell or pledge debt obligations of CNO including without limitation bonds, debentures, notes or similar obligations of CNO, whether secured or unsecured; and charge, mortgage, hypothecate or pledge all or any of the real or personal property of CNO, currently owned or subsequently acquired, to secure any such debt or obligations or any money borrowed, or debt or liability of CNO.
- (C) Any two of the following, President, Vice Presidents, CEO and the CAO can execute the documents once the Council’s authorization for borrowing has been secured.

(D) Access to overdraft will not be consider as borrowing. There may situations where an overdraft may be needed for a short period of time. This will be treated as overdraft and no formal approval needed.

**(E) Assurance and Maintenance**

- The Finance Committee may consult with the auditors during the annual review to validate that this policy is meeting its purpose.
- CNO auditors will confirm during the report on the audit that CNO staff have complied with this policy and related procedures.
- The Finance Committee will review this policy every 3 years to ensure it continues to meet its purpose.
- This policy and all revisions will be shared with Council for information.

**RELATED POLICIES:** *(if applicable)*

**APPLICABLE LEGISLATION/REGULATIONS/STANDARDS:**

- Article 39 – Borrowing of *By-Law No. 1: General*

**RELATED PROCEDURES:**

- Operating Procedure – Borrowing

<b>Policy – Contracts</b>	<b>Policy # (for admin use only)</b>
	<b>Page: 1 of 2</b>
Developed by: Finance & Hearings	Date Originated: Aug. 2019
Maintained by: Finance & Hearings	Date Revised: July 2020 May 2022
Approved by: Finance Committee	

**PURPOSE:**

The purpose of this policy is to establish standards and authority for the execution of contracts that binds CNO, in order to minimize the risk to CNO funds.

**APPLICATION/SCOPE:**

This policy will apply to Council Officers, Finance Committee, CNO management and all staff.

**KEY TERMS/DEFINITIONS:**

- **Contracts:** include other documents such as Letters of Intent, Memorandum of Understanding, general agreements, service agreements, partnership agreements, etc.
- **CNO Management:** includes the Chief Executive Officer (CEO), Chief Administrative Officer (CAO), Chief Quality Officer (CQO), directors, and managers.
- **CNO Fiscal Year:** starts on January 1 and ends on December 31.

**BACKGROUND:**

The Finance Committee ensures that this policy reflects best practices, addresses the business needs of CNO, and safeguards CNO's financial resources. CNO management is responsible for ensuring that this policy is followed in the execution of all contracts. The Director, Business Services is accountable for ensuring that all contracts are appropriately executed.

**POLICY:**

- (A) All contracts and supporting documentation must be vetted by the Manager, Finance & Hearings or delegate prior to contract documents being executed.
- (B) All contracts will be executed by the appropriate contract signing authority.
- (C) Where contracts and documents require a signature from CNO, these shall be signed by (contract signing authority):
  - i) A director or a manager if the expenditure under the contract is reasonably

expected not to exceed \$25,000 and is within the approved operating expense or capital budget for the functional area.

- ii) Two from among a director or a manager, the CEO, CAO, and the CQO if the contract is reasonably expected to be greater than \$25,000 but not to exceed \$50,000 and is within the approved operating expense or capital budget for a functional area.
- iii) Two signatories, the CEO and CAO, and in the absence of either the CQO, if the expenditure under the contract is reasonably expected to exceed \$50,000 and is within the approved operating expense and capital budget for that functional area.
- iv) Where a contract is entered into that does not have a dollar limit but is based on the amount of product or services supplied or provided. The amount of expenditure under the contract for the purposes of determining the authorized signatory shall be the reasonable estimate of the total anticipated expense for the fiscal year.
- v) Contracts where the expenditure is for more than one fiscal year shall require two signatures from among the CEO, CAO and the CQO. The exception would be in cases where the expenditure is less than \$50,000 and has been budgeted in full for the fiscal year, then the signature requirement will be the same as under “(i and ii)” above.
- vi) Contracts for purchase of land and/or buildings and mortgages, requiring the execution by CNO shall be signed by the President or a Vice-President together with one of the CEO or the CAO.
- vii) Contracts entered by CNO that do not have a specific term and/or dollar limit will require the signature of the CEO and the CAO.
- viii) If an amendment to a contract is required, the signing authority for the amendment should be based on the cumulative value of the contract inclusive of all amendments.

**(D) Additional considerations related to multi-year/multiple contracts with the same vendor:**

- i) For contracts with a multi-year term, only 3 additional renewals are permitted. After the third renewal, the procurement plan should be reviewed (see procurement policy).
- ii) Where multiple contracts are entered into with the same vendor, the cumulative value of the contracts with the vendor should be used to determine if the \$100K limit is reached for obtaining competitive bids.
- iii) In the case of small value monthly service contracts, with no term limits, the total value of the contract is arrived at assuming a 3-year term.
- iv) If the contract is written for a 1-year term but there is a possibility it could be renewed or extended for an additional term, approvals for the additional years should be obtained at the same time as the initial term.

**(E) Assurance and Maintenance**

- The Finance Committee may consult with the auditors during the annual review to validate that this policy is meeting its purpose.
- CNO auditors will confirm during the report on the audit that CNO staff have complied with this policy and the related procedures.
- The Finance Committee will review this policy every 3 years to ensure it continues

to meet its purpose.

- This policy and all revisions will be shared with Council for information.

**RELATED POLICIES:**

- [Expenditures](#), [Procurement](#), [Payments](#), [Borrowing](#), [Investments](#)

**APPLICABLE LEGISLATION/REGULATIONS/STANDARDS:**

- Article 41 – Contracts and Other Documents of *By-Law No. 1: General*

**RELATED PROCEDURES:**

- Operating procedures: Procurement



<b>Policy – Expenditures</b>	<b>Policy # (for admin use only)</b>
	<b>Page: 1 of 2</b>
Developed by: Finance & Hearings	Date Originated: Aug. 2019
Maintained by: Finance & Hearings	Dates Revised: July 2020 May 2022
Approved by: Finance Committee	

**PURPOSE:**

The purpose of this policy is to establish standards and authority for CNO expenditures to minimize the risk of misused funds.

**APPLICATION/SCOPE:**

This policy applies to Council, Finance Committee, CNO management, and all staff.

**KEY TERMS/DEFINITIONS:**

**CNO Management:** includes the Chief Executive Officer (CEO), Chief Administrative Officer (CAO), Chief Quality Officer (CQO), directors, and managers.

**BACKGROUND:**

The Finance Committee ensures that this policy reflects best practices, addresses the business needs of CNO, and safeguards CNO’s financial resources. The CEO and CAO are accountable for ensuring that all CNO expenditures are subject to proper approvals and budgetary controls. The Manager, Finance & Hearings is responsible for maintaining controls over expenditures, and for ensuring expenditures are properly authorized and documented. CNO staff and management are individually accountable for ensuring expenditures are for amounts authorized in the approved budget and ensuring that proper authorization is received for unplanned expenditures and those outside of the budget.

**POLICY:**

- (A) Council shall approve, for each fiscal year:
  - an operating expense and revenue budget; and
  - a capital budget.
- (B) The CEO and the CAO may authorize all budgeted expenditures provided that the expenditures do not result in expenditures exceeding the total of the annual operating expense budget or the total of the annual capital budget.
- (C) The CEO may authorize expenditures that were not contemplated by the operating expense or capital budgets or that exceed the amounts set out in those budgets

provided that, the CEO is satisfied that:

- the contemplated expenditures would not compromise the Council's annual objectives; and
- the operating expense and capital budgets for the fiscal year will not be exceeded.

**(D)** Where the CEO authorizes an expenditure under "C" above that is more than one percent of the annual operating expense budget, it shall be reported to the Finance Committee at its next meeting.

**(E)** The Executive Committee may authorize CNO to incur expenditures where it is anticipated that the operating expense and/or capital budgets for the fiscal year will be exceeded, based on a recommendation from the Finance Committee, and provided that the Executive Committee is satisfied that the contemplated expenditure would not compromise the Council's annual objectives.

**(F) Assurance and Maintenance**

- The Finance Committee may consult with the auditors during the annual review to validate that this policy is meeting its purpose.
- CNO auditors will confirm during the report on the audit that CNO staff have complied with this policy and the related procedures.
- The Finance Committee will review this policy every 3 years to ensure it continues to meet its purpose.
- This policy and all revisions will be shared with Council for information.
- Random internal reviews will be conducted to ensure integrity of controls.

**RELATED POLICIES:**

- [Banking](#)
- [Contracts](#)
- [Procurement](#)

**APPLICABLE LEGISLATION/REGULATIONS/STANDARDS:**

- Article 38 – Expenditures of *By-Law No. 1: General*

**RELATED PROCEDURES:**

- Operating procedures: Procurement
- Operating procedure: Operating and Capital Budgets

<b>Policy – Investments</b>	<b>Policy # (for admin use only)</b>
	<b>Page: 1 of 2</b>
Developed by: Finance & Hearings	Date Originated: Aug. 2019
Maintained by: Finance & Hearings	Date Revised: July 2020 May 2022
Approved by: Finance Committee	

### PURPOSE:

The purpose of this policy is to establish standards and authority to safeguard CNO funds by minimizing the risk of financial loss due to investments losing value and maximizing return on investments.

### APPLICATION/SCOPE:

This policy will apply to the Finance Committee, Chief Administrative Officer (CAO) and Director, Business Services and Finance & Hearings staff.

### KEY TERMS/DEFINITIONS:

- **Investment Grade Bonds:** A bond is considered “investment grade” if its credit rating is BBB or higher by Fitch Ratings or S&P, or Baa3 or higher by Moody<sup>1</sup>.
- **Investible surplus funds:** Funds that are not required for meeting operation expenses **for** the next three months.

### BACKGROUND:

The Finance Committee ensures that this policy reflects best practices, addresses the business needs of CNO, and safeguards CNO’s financial resources. The CAO ensures that surplus funds are invested in accordance with this policy. The CAO will recommend for approval by the Finance Committee, any investment options outside of bank and government-issued securities or debt instruments. The Director, Business Services will be responsible for identifying the funds available for investments. The Manager, Finance and Hearings is responsible for maintaining controls over investments and for ensuring that investments are maintained in authorized investment vehicles and are properly monitored so that income is maximized and losses from investments do not jeopardize CNO’s financial well-being.

<sup>1</sup> Taken from: <https://www.nasdaq.com/investing/glossary/i/investment-grade-bonds>

## **POLICY:**

### **(A) Investment**

- A minimum of 90% of CNO's investible surplus funds should be invested in:
  - securities and debt instruments issued or guaranteed by any of the following:
    - the Government of Canada; or
    - the Government of any Canadian province; and
  - securities and debt instruments guaranteed by a bank listed in Schedule I under the Bank Act (Canada).
- A maximum of 10% of CNO's investible surplus funds may be invested in:
  - securities and debt instruments guaranteed by a bank listed in Schedule II and Schedule III under the Bank Act (Canada); or
  - investment grade corporate bonds and mutual funds of investment grade corporate bonds.

### **(B) Assurance and Maintenance**

- The Finance Committee will receive an annual report of CNO's investment strategy and the outcome of its investments.
- The Finance Committee may consult with the auditors during the annual review to validate that this policy is meeting its purpose.
- CNO auditors will confirm during the report on the audit that CNO staff have complied with this policy and related procedures.
- The Finance Committee will review this policy every 3 years to ensure it continues to meet its purpose.
- This policy and all revisions will be shared with Council for information.

## **RELATED POLICIES:**

- [Banking](#)

## **APPLICABLE LEGISLATION/REGULATIONS/STANDARDS:**

- Article 37 – Investments, of *By-Law No. 1: General*
- Not-for-Profit Corporations Act, 2010

## **RELATED PROCEDURES:**

- Finance Committee's guideline related to accumulated surplus or net assets
- Operating Procedures related to monitoring of investments and reporting

<b>Policy – Payments</b>	<b>Policy #</b> <i>(for admin use only)</i>
	<b>Page: 1 of 2</b>
Developed by: Finance & Hearings	Date Originated: Aug. 2019
Maintained by: Finance & Hearings	Dates Revised: July 2020 February 2022 May 2022
Approved by: Finance Committee	

### **PURPOSE:**

The purpose of this policy is to establish standards and authority for payments made by CNO to minimize the risk of misuse of funds, ensure that payments are made for authorized purchases, and support timely and accurate disbursements.

### **APPLICATION/SCOPE:**

This policy will apply to the President, Chief Executive Officer (CEO), the Chief Administrative Officer (CAO), the Chief Quality Officer (CQO), the Director, Business Services, and the Manager, Finance & Hearings.

### **KEY TERMS/DEFINITIONS:**

- **Payments:** any form of payment, for example, cheques, electronic fund transfers, wireless payments, Automated Clearing House transfers, etc.
- **Authorization:** any type of signature, manual or digital, affixed by the payment approver.

### **BACKGROUND:**

The Finance Committee ensures that this policy reflects best practice, addresses the business needs of CNO, and safeguards CNO's financial resources. The Manager, Finance & Hearings is responsible for maintaining controls over the issuance of any payment.

### **POLICY:**

- (A) Payment approvers are responsible for ensuring that payments are only made for expenditures or items that are properly authorized and have appropriate supporting documentation.
- (B) All payments require approvals of one or two authorized payment approvers.
- (C) Payment approval limits and appropriate payment approver(s) are:

- A payment of \$5,000 or less can be approved by one of the President, CEO, CAO, CQO, Director, Business Services, or Manager, Finance & Hearings.
- A payment of between \$5,001 and \$20,000 can be approved by one of the President, CEO, CAO, CQO, or Director, Business Services.
- A payment of over \$20,000 can be approved by any two of the above approvers.

**(D)** Payment approvers may not be the sole authorization for release of a payment for an expenditure that they approved. A second approver will be required to authorize such payments.

**(E) Assurance and Maintenance**

- The Finance Committee may consult with the auditors during the annual review to validate that this policy is meeting its purpose.
- CNO auditors will confirm during the report on the audit that CNO staff have complied with this policy and the related procedures.
- The Finance Committee will review this policy every 3 years to ensure it continues to meet its purpose.
- This policy and all revisions will be shared with Council for information.

**RELATED POLICIES:**

- [Expenditures, Contracts](#)
- [Stipend and Expense Policies for Council and committee members](#)

**APPLICABLE LEGISLATION/REGULATIONS/STANDARDS:**

- Article 40 – Payments of *By-Law No. 1: General*

**RELATED PROCEDURES:**

- Operating procedures on Staff and Non-staff expenses
- Operating procedure on Council and committee member stipend and expense payments



<b>Policy – Procurement</b>	<b>Policy # (for admin use only)</b>
	<b>Page: 1 of 2</b>
Developed by: Finance & Hearings	Date Originated: May 2022
Maintained by: Finance & Hearings	Date Revised:
Approved by: Finance Committee	

**PURPOSE:**

The purpose of this policy is to establish standards and authority for the procurement of goods and services and to ensure that procurement processes are fair, open, support CNO’s purpose and protect CNO’s financial well-being.

**APPLICATION/SCOPE:**

This policy will apply to CNO management and all staff.

**KEY TERMS/DEFINITIONS:**

- **CNO Management:** includes the Chief Executive Officer (CEO), Chief Administrative Officer (CAO), Chief Quality Officer (CQO), directors, and managers.

**BACKGROUND:**

The Finance Committee ensures that this policy reflects best practices, addresses the business needs of CNO, and safeguards CNO’s financial resources. CNO management is responsible for ensuring that this policy is followed in all procurements. The Director, Business Services is accountable for ensuring that all procurements are appropriately determined.

**POLICY:**

- (A) The plan for all proposed procurement activities where the expected cost exceeds \$5000 must be vetted and agreed to by Manager, Finance & Hearings (or delegate) prior to execution.
- (B) Other than C, below, all procurements for goods and services will be made in accordance with the parameters below:
  - i) For procurements up to \$100,000, at the discretion of the Manager, Finance & Hearings, the procurement plan may require that competitive quotes be obtained. This assessment will be based on the nature of the product or service being procured and the likelihood of improved value for CNO (e.g. cost of quoting versus potential savings).

- ii) For procurements of \$100,001 or more, a minimum of three bids are to be obtained through a competitive process. All bids are assessed by appropriate staff including a representative from the Finance & Hearings Team. If fewer than three bids are obtained, then evaluation of the remaining bids can be authorized by the CEO and CAO.
  - iii) All procurements require a written rationale provided to the Finance & Hearings Team for the selected vendor.
- (C)** Following review by the Director, Business Services, the CEO and CAO may authorize that a vendor be selected without requesting proposals or quotes from other vendors under the following circumstances:

- i) the services to be purchased are confidential in nature and disclosure through an open bidding process could compromise confidentiality;
- ii) only one vendor is qualified to perform the service or provide the goods;
- iii) compatibility with a product or service from a vendor already in use is an overriding consideration;
- iv) where there is an existing contract, and the extension or reinstatement of the contract would be the most beneficial or effective method and in the best interest of CNO;
- v) where there is an urgent need and obtaining competitive bids in a timely manner would impact CNO's day to day operations.

**(D)** The policy as outlined in this section does not apply to the following procurements:

- i) Employment
- ii) Those relating to continuing professional services such as legal counsel for prosecution, audit service, insurance where the amounts have been approved by Council as part of the annual operating expense budget.

**(E) Assurance and Maintenance**

- The Finance Committee may consult with the auditors during the annual review to validate that this policy is meeting its purpose.
- CNO auditors will confirm during the report on the audit that CNO staff have complied with this policy and the related procedures.
- The Finance Committee will review this policy every 3 years to ensure it continues to meet its purpose.
- This policy and all revisions will be shared with Council for information.

**RELATED POLICIES:**

- [Expenditures](#), [Contracts](#), [Payments](#)

**APPLICABLE LEGISLATION/REGULATIONS/STANDARDS:**

- Article 38 (38.06 and 38.07) Expenditures of *By-Law No. 1: General*

**RELATED PROCEDURES:**

- Operating procedures: Procurement

## Decision Note – June 2022 Council

### Finance Committee Terms of Reference

#### Contacts for Questions or More Information

Stephen Mills, Chief Administrative Officer

#### Decision:

That Council approve the proposed revised Finance Committee Terms of Reference, as they appear in attachment 1 to this decision note.

#### Background

The Finance Committee reviews its Terms of Reference biennially, and recommends any changes to Council (Self-Governance, Term 1).

The committee is recommending changes:

- Attachment 1 is a clean version of the proposed revised Terms of Reference and
- Attachment 2 is a red-lined version, showing the changes.

Most changes are editorial and include:

- Updating (e.g., reference to purpose rather than mission/vision, inclusion of Director, Business Services)
- Consistency (e.g., all terms begin with a verb)

The following are other changes on section-by-section basis.

#### Objectives:

To remove any perception of rank order, the numbers for the Objectives have been replaced with bullets.

The final objective has been deleted because it is subsumed in the first. To advise Council, the Finance Committee needs to provide Council with the necessary information.

## Financial Information:

Since this term relates to both annual and quarterly financial statements, the name of the term has been revised.

The content of the third and fourth terms has been re-organized for clarity and to follow the audit process.

## Other

The third term was edited to clarify that the Finance Committee's review of the Stipend and Expense policies is based on recommendations from the Sub-Committee on Compensation.

The fourth term was removed. Operational policies are not reviewed by the Finance Committee. The terms of reference continue to refer to the review of the policies approved by the Finance Committee. This term was added in 2020, when the Terms of Reference were last reviewed.

## Membership

A change is recommended to the membership of the Finance Committee, as follows:

<b>Current Terms</b> <b>8 members</b>	<b>Proposed Terms</b> <b>7 members</b>
<b>Ex Officio members (4)</b>	
President	President
Vice-President, RN	Vice-President, RN
Vice-President, RPN	Vice-President, RPN
Chair, Sub-Committee on Compensation	Chair, Sub-Committee on Compensation
<b>Appointed members</b>	
1 RN	3 Council members • At least 1 nurse • At least 1 public member
1 RPN	
2 public members	

The new structure is reflective of more recent terms of reference, which include public and nurse Council members, but are not specific about the category of nurse (e.g., Conduct and Nominating committees).

The Finance Committee noted that, given its mandate, it is not clear that the category of a nurse member makes a difference.



The proposed structure allows the Nominating Committee to recommend the most suitable candidates from among the volunteers.

Attachments

1. Proposed revised Finance Committee Terms of Reference
2. Red-lined version of Finance Committee Terms of Reference



## **Attachment 1**

### **Proposed Revised Finance Committee Terms of Reference**

#### ***Objectives***

Primary responsibility for the College of Nurses of Ontario's (CNO's) financial reporting and control systems is vested in management, overseen by the Council. The Finance Committee ("the Committee") is a standing committee of the Council established to:

- Advise Council on CNO's financial affairs (General By-Law, Article 26.04).
- Assist the Council in fulfilling its fiduciary responsibilities in regard to financial reporting, internal control systems, its relationships with auditors, legal and ethical conduct, and ensuring accountability for the use of assets.
- Communicate effectively with the Council, external auditor and senior management.
- Ensure the independence of the external auditors.

#### ***Authority***

The Council grants the Committee the authority to fulfill the Specific Terms as outlined below, in order to achieve its stated objectives. The Committee shall have access to personnel, documents, records and resources necessary to carry out its responsibilities. The Committee shall have the authority to initiate investigations into any matter within the Committee's scope of responsibilities and is empowered to retain special legal, accounting or other consultants to advise the Committee. The Committee is authorized to require Management to promptly inform the Committee and external auditor of any material misstatement or error in the financial statements following discovery of such situation.

#### ***Specific Terms***

##### **Financial Information**

1. Ensure operating and capital budgets:
  - Support annual operations that contribute to achievement of CNO's purpose, key regulatory and support functions and
  - Provide for CNO's ongoing fiscal well-being.

## **FINANCE COMMITTEE**

### **Terms of Reference**

2. Review the following for recommendation to Council:
  - (i) the unaudited financial statements prepared by management, a minimum of four times a year and
  - (ii) the annual operating and capital budgets.
3. Review the planning of the external audit, including:
  - the engagement letter and estimated audit fee and
  - the scope of the audit, including areas of audit risk, timetable, deadlines, materiality limits, extent of internal control testing and co-ordination with internal audit.
4. Review CNO's annual audited financial statements and the auditors' report, with both management and the auditor (including in a closed session) and, based on the review, recommend approval of the statements to the Council. The review should include:
  - the selection, application and consistency of significant accounting policies
  - indications of weakness in the reporting and control systems
  - significant accounting judgments, accruals and estimates
  - significant disclosure or presentation issues addressed by management and the external auditor during the course of the audit and preparation of the financial statements and
  - any significant changes detected by the audit and how they were resolved with management.

### **Risk Management, Accounting and Internal Controls**

1. Review and evaluate the critical areas of financial risk and exposure as determined by CNO's management, including but not limited to insurance protection, environmental risk, political factors, treasury/credit and other areas as determined from time-to-time.
2. Review any emerging accounting issues and their potential impact on CNO's financial statements.
3. Obtain reasonable assurance from discussions with and/or reports from management and the external auditor that CNO's accounting systems and internal control systems, including the policies approved by the Finance Committee, are efficient, effective and operating continuously.
4. Direct the external auditor's examinations to specific areas as deemed necessary by the Committee.

### **External Auditor Independence**

1. Ensure that the external auditor understands their ultimate accountability to the Council and the Committee, on behalf of CNO's registrants.
2. Strengthen and preserve external auditor independence by:
  - holding periodic in-camera sessions with the external auditor

## **FINANCE COMMITTEE**

### **Terms of Reference**

- annually reviewing any non-audit engagements undertaken by the audit firm for CNO and assessing their impact on the external auditors' objectivity and independence
- assessing the performance of the external auditor and developing resolutions related to the reappointment or any proposed change in external auditors to the June meeting of Council
- reviewing the co-operation received by the external auditor from management and
- ensuring the external auditors issue a letter to the Committee on an annual basis declaring their independence from management and CNO.

### **Ethical and Legal Conduct**

1. Ensure there are adequate systems and practices in place to provide reasonable assurance of compliance with laws, regulations and standards of ethical conduct, with respect to the CNO's financial affairs.
2. Receive and review updates from management and general counsel on compliance matters and litigation claims or other contingencies that could have a significant impact on CNO's financial affairs.
3. Require reporting of all fraudulent and illegal acts to the Committee along with management's response to them.

### **Self-Governance**

1. Review the Committee Terms of Reference biennially, and recommend changes to Council.
2. Review the Terms of Reference of the Sub-Committee on Compensation biennially and recommend changes, if any, to Council.
3. Self-assess annually whether the Committee has met the specific terms and report these results to Council.
4. Ensure disclosure of or appropriate access to the Committee Terms of Reference for all members of CNO.
5. Perform any other activities consistent with these Terms of Reference, CNO's bylaws and governing law, as the Committee or Council deems necessary or appropriate.
6. Report to Council at least four times a year on how the terms of reference are being met.

### **Other**

1. Review proposed changes to the Compensation Principles recommended by the Sub-Committee on Compensation and recommend changes to Council.

## **FINANCE COMMITTEE**

### **Terms of Reference**

2. Review annually the appropriateness of the application and membership fee structure and other revenue charges and recommend changes to Council, as required.
3. Review, at least biennially, recommendations from the Sub-Committee on Compensation for changes to the stipend and expense policies for Council and committee members, and recommend changes to Council.
4. Review, every three years and as needed, the policies approved by the Finance Committee and provide any amended policies to Council.
5. Review, at least annually, CNO's By-Laws regarding the financial affairs and recommend changes to Council.
6. Recommend the members of the Compensation Sub-Committee to Council.

### **Membership**

1. The Committee will consist of seven members:
  - President of Council
  - Vice-President – RN
  - Vice-President – RPN
  - Chair of the Sub-Committee on Compensation and
  - Three members of Council, at least one of whom is a nurse and one of whom is a public member.

Each member shall be free of any relationship that, in the opinion of the Council, would interfere with his or her individual exercise of independent judgement.

2. The Vice-Presidents will act as co-chairs.
3. The term of office for members will be one year with the option of reappointment by Council and re-election of the President and Vice-President.

In the event of mid-term vacancies, the Council will appoint replacement members to complete the term.

The Executive Director & CEO, the Chief Administrative Officer, the Director, Business Services, and the Manager, Finance & Hearings, shall be staff resource to the Committee except for the portions of the meetings that are in camera with the auditor.

### **Meetings**

1. Meetings may be convened at the request of any member of the Committee or at the request of the College's auditor, but in no circumstances less than four times each year.

## **FINANCE COMMITTEE**

### **Terms of Reference**

2. CNO's auditor shall receive notice of all meetings of the Committee and is entitled to appear and be heard.
3. Any member of the Committee may require the attendance of the auditor at any meeting of the Committee.
4. Meetings may be held in person, electronically, or by any individual member or members participating electronically.

### **Agenda**

The Co-Chairs shall, in consultation with management and the auditors, establish the agenda for the meetings and ensure that properly prepared agenda materials are circulated to members in sufficient time for study prior to the meeting. Committee members may recommend agenda items subject to approval of the agenda by the Committee.

The Committee will maintain minutes of its meetings.

### **Decision Making**

A quorum consists of a majority of the members of the Committee. Each Committee member is entitled to one vote and decision shall be by majority vote of those present.

Approved by Council, March 2005

Amended:

- March 2007
- June 2009
- June 2011
- June 2012
- June 2014
- March 2020

## Attachment 2

### Finance Committee Terms of Reference

#### **Objectives**

Primary responsibility for the College of Nurses of Ontario's (CNO's) financial reporting and control systems is vested in ~~M~~management, overseen by the Council. The Finance Committee ("the Committee") is a standing committee of the Council established to:

- ~~1-~~ Advise Council on CNO's financial affairs (General By-Law, Article 26.04).
- ~~2-~~ Assist the Council in fulfilling its fiduciary responsibilities in regard to financial reporting, internal control systems, its relationships with auditors, legal and ethical conduct, and ensuring accountability for the use of assets.
- ~~3-~~ Communicate effectively with the Council, external auditor and senior management.
- ~~4-~~ Ensure the independence of the external auditors.
- ~~5- Provide Council with the information it requires to fulfill its fiduciary responsibilities.~~

#### **Authority**

The Council grants the Committee the authority to fulfill the Specific Terms as outlined below, in order to achieve its stated objectives. The Committee shall have access to personnel, documents, records and resources necessary to carry out its responsibilities. The Committee shall have the authority to initiate investigations into any matter within the Committee's scope of responsibilities and is empowered to retain special legal, accounting or other consultants to advise the Committee. The Committee is authorized to require Management to promptly inform the Committee and external auditor of any material misstatement or error in the financial statements following discovery of such situation.

#### **Specific Terms**

##### Annual Financial Information

1. Ensure operating and capital budgets:
  - Support annual operations that contribute to achievement of ~~the mission, vision and strategic objectives~~ **CNO's purpose, key regulatory and support functions**; and
  - Provide for CNO's ongoing fiscal well-being.

## FINANCE COMMITTEE

### Terms of Reference

2. Review the following for recommendation to Council:
  - (iii) the unaudited financial statements prepared by management, a minimum of four times a year; **and**
  - (iv) the annual operating **and capital** budgets.
  - ~~(v) the annual capital budget.~~
3. **Review the planning and results of the external audit, including:**
  - **the engagement letter and estimated audit fee; and**
  - **the scope of the audit, including areas of audit risk, timetable, deadlines, materiality limits, extent of internal control testing and co-ordination with internal audit.;**
  - ~~▪ the auditors' report;~~
  - ~~▪ any errors detected by the audit, how they were resolved with management, and whether they indicate a weakness in the reporting and control system; and~~
  - **consider any other matters, including the external auditors' management letter and management's response thereto.**

~~The Committee should report on its findings to the Council before the Council approves such annual financial statements, as reported upon by the external auditor.~~

4. Review CNO's annual audited financial statements **and the auditors' report, with both management and the auditor (including in a closed session)** and, **based on the review,** recommend their approval **of the statements** to the Council. ~~after discussing with management and the auditors, matters pertaining to:~~ **The review should include:**
  - the selection, application and consistency of significant accounting policies;
  - **indications of weakness in the reporting and control systems;**
  - significant accounting judgments, accruals and estimates; ~~and~~
  - significant disclosure or presentation issues addressed by management and the external auditor during the course of the audit and preparation of the financial statements; **and**
  - **any significant changes errors detected by the audit and how they were resolved with management.** ~~, and whether they indicate a weakness in the reporting and control system; and~~

### Risk Management, Accounting and Internal Controls

1. Review and evaluate the critical areas of financial risk and exposure as determined by CNO's management, including but not limited to insurance protection, environmental risk, political factors, treasury/credit and other areas as determined from time-to-time.
2. ~~Periodically~~ **R**review any emerging accounting issues and their potential impact on CNO's financial statements.
3. Obtain reasonable assurance from discussions with and/or reports from management and the external auditor that CNO's accounting systems and internal control systems, including the policies approved by the Finance Committee, are efficient, effective and operating continuously.

## **FINANCE COMMITTEE**

### **Terms of Reference**

4. Direct the external auditor's examinations to specific areas as deemed necessary by the Committee.

### **External Auditor Independence**

1. ~~The Committee shall~~ **E**nsure that the external auditor understands their ultimate accountability to the Council and the Committee, on behalf of CNO's ~~members~~ **registrants**.
2. ~~The Committee shall~~ **S**trengthen and preserve external auditor independence by:
  - holding periodic in-camera sessions with the external auditor;
  - annually reviewing any non-audit engagements undertaken by the audit firm for CNO and assessing their impact on the external auditors' objectivity and independence;
  - assessing the performance of the external auditor and developing resolutions related to the reappointment or any proposed change in external auditors to the June meeting of Council;
  - reviewing the co-operation received by the external auditor from management; and
  - ensuring the external auditors issue a letter to the Committee on an annual basis declaring their independence from management and CNO.

### **Ethical and Legal Conduct**

1. Ensure there are adequate systems and practices in place to provide reasonable assurance of compliance with laws, regulations and standards of ethical conduct, with respect to the CNO's financial affairs.
2. Receive and review updates from management and general counsel on compliance matters and litigation claims or other contingencies that could have a significant impact on CNO's ~~the~~ financial affairs.
3. Require reporting of all fraudulent and illegal acts to the Committee along with management's response to them.

### **Self-Governance**

1. ~~Biennially~~ **R**evise ~~the~~ Committee Terms of Reference **biennially**, and recommend ~~appropriate~~ changes to Council.
2. Review the Terms of Reference of the Sub-Committee on Compensation biennially and recommend changes, if any, to Council.
3. ~~Annually~~ **S**elf-assess **annually** whether the Committee has met the specific terms and report these results to Council.
4. Ensure disclosure of or appropriate access to the Committee Terms of Reference for all members of CNO.

## FINANCE COMMITTEE

### Terms of Reference

5. Perform any other activities consistent with these Terms of Reference, CNO's bylaws and governing law, as the Committee or Council deems necessary or appropriate.
6. Report to Council **at least** four times a year on how the terms of reference are being met.

### Other

1. Review proposed changes to the Compensation Principles recommended by the Sub-Committee on Compensation and recommend changes to Council.
2. Review annually the appropriateness of the application and membership fee structure and other revenue charges and recommend changes to Council, as required.
3. Review, **at least** biennially, **recommendations from the Sub-Committee on Compensation for changes to** the stipend and expense policies for Council and committee members, and recommend changes to Council.
- ~~4. Review College policies on financial matters and make recommendations for change to Council.~~
- 4.** Review, every three years and as needed, the policies approved by the Finance Committee and provide any amended policies to Council.
- 5.** Review, at least annually, CNO's By-Laws regarding the financial affairs and recommend changes to Council.
- 6.** Recommend the members of the Compensation Sub-Committee to Council.

### Membership

1. The Committee will consist of ~~eight~~ **seven** members:
  - President of Council
  - ~~▪ 2 RN councillors, one of whom is the Vice-President;~~
  - ~~▪ 2 RPN councillors, one of whom is the Vice-President;~~
  - **Vice-President – RN**
  - **Vice-President – RPN**
  - The Chair of the Sub-Committee on Compensation **and**
  - ~~2 public member councillors;~~ and
  - **three members of Council, at least one of whom is a nurse and one of whom is a public member.**

Each member shall be free of any relationship that, in the opinion of the Council, would interfere with his or her individual exercise of independent judgement.

2. The Vice-Presidents will act as co-chairs.

## **FINANCE COMMITTEE**

### **Terms of Reference**

3. The term of office for members will be one year with the option of reappointment by Council and re-election of the President and Vice-President.

In the event of mid-term vacancies, the Council will appoint replacement members to complete the term.

The Executive Director ~~& and~~ CEO, ~~and~~ the Chief Administrative Officer, **the Director, Business Services, and the Manager, Finance & Hearings**, shall be staff resource to the Committee except for the portions of the meetings ~~dealing with audit.~~ **that are in camera with the auditor.**

### **Meetings**

1. Meetings may be convened at the request of any member of the Committee or at the request of the College's auditor, but in no circumstances less than four times each year.
2. CNO's auditor shall receive notice of all meetings of the Committee and is entitled to appear and be heard ~~thereat~~.
3. Any member of the Committee may require the attendance of the auditor at any meeting of the Committee.
4. Meetings may be held in person, electronically, or by any individual member or members participating electronically.

### **Agenda**

The Co-Chairs shall, in consultation with management and the auditors, establish the agenda for the meetings and ensure that properly prepared agenda materials are circulated to members in sufficient time for study prior to the meeting. Committee members may recommend agenda items subject to approval of the agenda by the Committee.

The Committee will maintain minutes of its meetings.

### **Decision Making**

A quorum consists of a majority of the ~~voting~~ members of the Committee. Each Committee member is entitled to one vote and decision shall be by majority vote of those present.

Approved by Council, March 2005

Amended:

- March 2007
- June 2009
- June 2011
- June 2012
- June 2014

## **FINANCE COMMITTEE**

### **Terms of Reference**

- March 2020

## Decision Note – June 2022 Council

### Sub-Committee on Compensation Terms of Reference

#### Contacts for Questions or More Information

Stephen Mills, Chief Administrative Officer

#### Decision for consideration re. recommendation from the Finance Committee:

That the proposed revised Terms of Reference for the Sub-Committee on Compensation, as they appear in attachment 1 to this decision note, be approved.

#### Background

The Sub-Committee on Compensation reviews its Terms of Reference biennially and recommends changes, if any, to the Finance Committee. The Finance Committee reviewed the recommendations from the Sub-Committee on Compensation at its meeting in [February 2022](#) and supported the recommended changes.

It was agreed to defer recommending changes to the Sub-Committee's Terms of Reference to June, so that they could be addressed at the same time as Council considers the Finance Committee's recommendations regarding its terms of reference.

The Terms of Reference for the Sub-Committee are broad and enabling. No substantive changes are recommended.

Two editorial changes are being recommended:

- Removal of temporary membership provisions to support previous transition to an expert group that is appointed based on competencies and
- Updating of a staff position.

#### Attachments

1. Proposed revised Sub-Committee on Compensation Terms of Reference
2. Red-lined version of the proposed revised Sub- Committee on Compensation Terms of Reference



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

The Sub-Committee on Compensation acts as a neutral and expert resource to support CNO in meeting its goal of being an employer of choice by advising the Executive Director and CEO and the Finance Committee on compensation-related practices for staff and Council and committee members.

**Specific terms of reference are:**

1. To review the CNO's Compensation Principles at the request of Council, the Finance Committee or not less than once every five years to ensure that the principles support CNO's ability to attract and retain high caliber staff by reflecting current legislation, organizational imperatives and best practices in human resources. To make recommendations for change, if any, to the Finance Committee.
2. To advise the Executive Director and CEO on staff compensation-related matters aligned with the Compensation Principles and human resource best practices.
3. To advise the Finance Committee whether the compensation component included in the annual proposed budget is congruent with the CNO's Compensation Principles and human resource best practices.
4. To advise the Finance Committee on changes in the stipend and expense policies for Council or committee members.

**Membership**

1. The Sub-Committee consists of members with senior level experience and expertise in compensation, drawn from CNO's market, who individually have substantive experience in one or more areas of compensation and who collectively possess all the required competencies, including senior level experience as a human resources practitioner.
2. Members are appointed by Council on recommendation of the Finance Committee.
3. The Chair is appointed by Council on recommendation of the Executive Committee. The Chair of the Sub-Committee shall be a member of the Finance Committee.

4. No member of the Sub-Committee shall be a member of Council or staff.
5. The term of office is 3 years with the option of reappointment by Council. Members can serve no more than two full three-year terms. In the event that a member of the Sub Committee is not able to complete their term, a new member will be appointed for the remainder of that term and will be eligible for reappointment for two full three-year terms.

The following staff will act as resource persons for the Committee:

- Executive Director and CEO
- Chief Administrative Officer
- Director, People and Culture

## **Meetings**

The Committee will meet at least twice per year. One meeting will be held in the first quarter of the year and one meeting will be held in the third quarter of the year.

Approved by Council June 2011

Revised 2014 June 2017, March 2020

## Decision Note – June 2022 Council

### Appointment of members to the 2022-2023 Finance Committee

#### Contacts for Questions or More Information

Kevin McCarthy, Director, Strategy

#### Decision re Recommendation of the Nominating Committee

That Neil Hillier, RPN, Fidelia Osime, public member and Maria Sheculski, public member be appointed to the 2022-2023 Finance Committee.

#### Background

The Finance Committee is a standing committee of Council. It supports Council in meeting its accountability to ensure CNO's fiscal well-being.

The committee is made up of ex officio members (see below) and Council members appointed from among volunteers. Currently, the Council appointees are one RN/NP, one RPN and two public members. However, the Finance Committee is recommending a change to its membership (Agenda item 5.1.1).

It is the role of the Nominating Committee to recommend the Council appointees to the Finance Committee. The recommendations from the Nominating Committee align with the membership structure being recommended by the Finance Committee: three appointed Council members, at least one of whom is a nurse and one of whom is a public member.

#### Ex officio members – selected by Council in March:

- Council Officers
  - President Naomi Thick, RN
  - Vice-President, RN Patricia Sullivan Taylor
  - Vice-President, RPN Raj Kaur
  
- Chair of the Sub-Committee on Compensation
  - Craig Halket

The two Vice-Presidents co-chair the committee.



The Nominating Committee received and reviewed the information submitted by volunteers. However, unlike the statutory committee appointments process, there was no formal application and no external validation of the competencies.

The Nominating Committee is recommending appointment of the following Council member volunteers to the Finance Committee.

Nurse Member: Neil Hillier, RPN

Public Members: Fidelia Osime  
Maria Sheculski

## Information Note – September 2022 Council

### Conduct By-Law and committee

#### Contacts for Questions or More Information

Kevin McCarthy, Director, Strategy

#### Background

By-Law No.3: Conduct of Councillors and Committee Members ([Conduct By-Law](#)) was approved by Council in 2017. It includes:

- Council's Code of Conduct (Article 2),
- specific examples of conflict of interest (Article 3) and confidentiality (Article 4) and
- a process to address complaints of an alleged breach of the Code (Article 5).

A best practice identified in the governance expectations under the [College Performance Management Framework](#), is that Council's Code of Conduct is reviewed every three years. The current By-Law has not been reviewed since it was created.

The Executive asked that staff review literature and best practices and bring recommendations regarding amendments to the Conduct By-Law, including the process to address complaints, in the future.

Recruitment for the Conduct Committee had been deferred pending the Executive's discussion of the By-Law review.

The Executive believes it is important to have a complaints process in place pending completion of the review of Conduct By-Law. The current By-Law, which remains in place, includes provisions for a Conduct Committee to receive and screen complaints. Pending future completion of a review and amendment of the Conduct By-Law, those provisions will remain in effect.

A request for volunteers, including information about the Conduct Committee, will be sent to Council members following the June meeting. The Nominating Committee will review the volunteers and recommend the members of Council's 2022-2023 Conduct Committee to Council in September.

## Decision Note – June 2022 Council

### Proposal to Amend the By-Laws related to the Nominating Committee

#### Contacts for Questions or More Information

Kevin McCarthy, Director, Strategy

#### Decision re. recommendation of the Executive Committee

That Council revoke [Article 24.03](#) of By-Law No. 1, which establishes the quorum for the Nominating Committee.

#### Background

The Nominating Committee requested, and the Executive is recommending, that Article 24 be amended to support the effective functioning of the Nominating Committee, by removing 24.03 which states:

*Despite Article 5.01, where the Nominating Committee has five members, including any positions that are vacant, a quorum for any meeting of the Committee is four members.*

The Nominating Committee is CNO's only standing committee with a quorum provision set in by-law. All other committees are subject to Article 5.01, which states:

*Unless specifically provided for otherwise under the Act, the RHPA or the by-laws, a majority of councillors constitutes a quorum for any meeting of Council and a majority of committee members constitutes a quorum for a meeting of a committee.*

According to its [terms of reference](#), the Nominating Committee, when fully constituted has five members. A majority of members of the Nominating Committee, based on this membership is three members. Article 5.02 identifies that even when the committee has a vacancy, the quorum is determined based on its full membership. For example, the current Nominating Committee has a vacancy and is constituted with four rather than five members. The quorum, should the by-law amendment be approved, would be three members.

The quorum provisions are also included in the Nominating Committee's Terms of Reference. At this time, no changes are recommended to the terms of reference. In June, the Nominating Committee will debrief on its first year of operation, including a more comprehensive review of



its terms of reference.<sup>1</sup> This review may identify a need for other amendments to the committee's terms. In the meantime, provisions of the by-law supersede the terms of reference and will take effect with Council's approval of the by-law.

## Considerations

The Nominating Committee has four members, which is the quorum set in Article 24.03<sup>2</sup>. It has flagged that this requirement limits its ability to operate effectively. If a committee member is unavailable for a meeting or can no longer serve (e.g., resignation, conflict of interest) the committee cannot fulfill its role.

According to by-laws, standing committees are appointed by Council in June. The Nominating Committee was part way through its process in recommending the members for the 2022-2023 Nominating Committee when it lost quorum because a member took a leave of absence to run in the provincial election<sup>3</sup>. It was not able to meet in mid-May to make its final recommendations to Council about the members of the Nominating Committee.

If the by-law is amended by Council in June, the Nominating Committee will have quorum no matter the outcome of the election and will be able to recommend the incoming Nominating Committee members to Council in September. While the new Nominating Committee's term would normally start in June, CNO by-laws allow the current committee to continue, until new members are appointed by Council<sup>4</sup>.

## Next Steps

If the amendment passes:

- The Nominating Committee will have the quorum it needs to make its recommendations to September Council.
- Recommendations<sup>5</sup> related to the Nominating Committee's terms of reference will also be tabled for Council in September.

## Attachment:

By-Law provisions related to Nominating Committee

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<sup>1</sup> The debrief will also include a review of their competencies/attributes and processes.

<sup>2</sup> The public Council member position is currently vacant.

<sup>3</sup> According to the Conduct By-Law (Article 3.05 f) a member running for provincial or federal office must take a leave of absence. If the member is elected, they must resign their position. If the member is not elected, they rejoin the committee.

<sup>4</sup> 26.06 Where for any reason the Council fails to appoint a new committee at the time or times provided for in this by-law, the existing members of the committee shall continue to serve as the committee provided that a quorum exists.

<sup>5</sup> Even if the Nominating Committee review doesn't identify further revisions, the terms will be updated to reflect the by-law change.



## Extracts from By-Law No. 1: General re. Quorum Provisions

### 5. Quorum

- 5.01** Unless specifically provided for otherwise under the Act, the RHPA or the by-laws, a majority of councillors constitutes a quorum for any meeting of Council and a majority of committee members constitutes a quorum for a meeting of a committee.
- 5.02** In determining whether a quorum of Council or a committee is present, the number of members of the Council or committee shall be deemed not to be reduced as a result of any vacancy.
- 5.03** A committee of the College shall be considered properly constituted despite the presence of a vacancy or vacancies so long as the committee continues to have a quorum.
- 5.04** If, prior to the intended commencement of a Council meeting or at any time during a Council meeting, a quorum is lost, the presiding officer/chair may, notwithstanding that there is no quorum, adjourn the meeting and reconvene that meeting if, as, and when a quorum is present, so long as the meeting is reconvened on a day or days previously scheduled for that meeting of Council.

### 24. Nominating Committee

- 24.01** The Nominating Committee supports Council and committees to demonstrate the competencies and attributes, such as experience, knowledge, skills, and character, to enable them to fulfil their roles and their public protection mandate. Specifics regarding the Nominating Committee's role and membership is set out in its Terms of Reference, as approved by Council.
- 24.02** Despite Article 30.01, the chair of the Nominating Committee shall be the immediate past President of the Council so long as he or she is willing and able to serve and Council or the Executive Committee has not specifically directed otherwise or Article 30.06<sup>6</sup> has not been invoked.
- 24.03** ~~Despite Article 5.01, where the Nominating Committee has five members, including any positions that are vacant, a quorum for any meeting of the Committee is four members.~~

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<sup>6</sup> Article 30.06 sets out a process for the removal of a committee chair.