



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

THE STANDARD OF CARE.

# Council briefing package



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

## Council

Wednesday and Thursday, Sept. 27 & 28, 2023

### Agenda – Wednesday, Sept. 27 1:00 p.m. to 4:00 p.m.

[Council's Annual Plan](#)  
[Council's Governance Principles](#)  
[Council's Team Norms](#)

1:00 p.m.	<b>1. Land Acknowledgement</b>	
1:05 p.m.	<b>2. Agenda</b>	Decision
	<b>3. Call for Conflicts of Interest</b>	
1:10 p.m.	<b>4. CEO Remarks</b>	Information & Discussion
1:25 p.m.	<b>5. Consent agenda</b> 5.1 <a href="#">Minutes of Council meeting of June 8, 2023</a> 5.2 <a href="#">Minutes of the Special Council meeting of August 10, 2023</a> 5.3 <a href="#">Minutes of Executive Committee meeting of August 24, 2023</a> 5.4 <a href="#">Program Approval</a> 5.5 <a href="#">Dates of Council meetings in 2024</a>	Decision
	<b>6. Governance</b>	
1:30 p.m.	6.1 <a href="#">Council's Code of Conduct</a>  Julie Maciura, SML Law attending	Information & discussion
2:15 p.m.	6.2 <a href="#">Competency Based Appointments: Update Statutory Committee member competencies</a>  Naomi Thick, Chair of Nominating committee attending	Decision

3:00 p.m.	<b>Break</b>	
3:20 p.m.	6.3 <a href="#">Competency-based eligibility for election to Council</a>	Information & discussion
4:00 p.m.	<b>Recess</b>	

**Thursday, Sept. 28, 2023**  
**9:00 a.m. to 3:00 p.m.**

9:00 a.m.	<b>Welcome</b>	
	<b>Land Acknowledgement</b>	
	<b>7. Strategic Issues</b>	
9:05 a.m.	7.1 <a href="#">Strategic Plan 2021-2026: Update</a>	Information & Discussion
9:40 a.m.	7.2 Sharing our data – <a href="#">CNO’s Nursing Data Dashboard</a>	
10:00 a.m.	Break	
10:20 a.m.	7.3 <a href="#">Amendments to the Registration Regulation related to Education – for decision re. circulation</a> Julie Maciura, SML Law attending	Decision
11:00 a.m.	7.4 <a href="#">CNO’s Communications Strategy: Telling our Story</a>	Information & discussion
	<b>8. Reports</b>	
11:30 a.m.	8.1 <a href="#">Finance Committee meeting of August 18, 2023</a>	Decision
	<b>6. Governance (continued)</b>	
11:45 a.m.	6.4 Council Policies 6.4.1 <a href="#">In-Camera policy</a> Rebecca Durcan, SML Law attending	Decision
noon.	6.4.2 <a href="#">Orientation policy</a>	Decision
	<b>9. Agenda Items added by Council Members</b>	
12:15 p.m.	<b>10. CEO Remarks</b>	Information
12:30 p.m.	<b>11. Date of next meeting</b>	

12:45 p.m.	<b>12. Conclusion</b>	
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## Information Items

[Controlled Acts Regulation Changes \(RN Prescribing\)](#)

	Sept. 27 & 28	Dec. 6 & 7	March 2024	June 2024
<b>Regular Items</b>	<b>Minutes:</b> June Council	<b>Minutes:</b> Sept. Council	<b>Minutes:</b> Dec. Council	<b>Minutes:</b> March Council
	<b>Reports:</b> <ul style="list-style-type: none"> <li>CEO update</li> <li>Executive Committee</li> <li>Finance Committee</li> </ul>	<b>Reports:</b> <ul style="list-style-type: none"> <li>CEO update</li> <li>Executive Committee</li> <li>Finance Committee</li> </ul>	<b>Reports:</b> <ul style="list-style-type: none"> <li>2022 Statutory Committee reports</li> <li>CEO update</li> <li>Executive Committee</li> <li>Finance Committee</li> </ul>	<b>Reports:</b> <ul style="list-style-type: none"> <li>CEO update</li> <li>Executive Committee</li> <li>Finance Committee                             <ul style="list-style-type: none"> <li>2023 Audited Statements</li> <li>2023 Auditor appointment</li> </ul> </li> <li>2023 Annual report</li> </ul>
<b>Strategic Items</b>	<ul style="list-style-type: none"> <li>Communications Strategy</li> <li>Nursing Education Program Approval</li> <li>Registration regulation amendments (approval for publication)</li> <li>Controlled Acts Regulation Changes (RN Prescribing)</li> <li>Sharing our data: CNO's Nursing Data Dashboard</li> <li>Strategic Plan update</li> </ul>	<ul style="list-style-type: none"> <li>2024 Budget</li> <li>By-Law Update re. Emergency Class</li> <li>Nursing Education Program Approval (Comprehensive program review)</li> <li>Registration Regulation Amendments (final approval)</li> <li>Stakeholder Engagement</li> <li>Strategic Plan update</li> </ul>	<ul style="list-style-type: none"> <li>Strategic Plan update</li> </ul>	<ul style="list-style-type: none"> <li>Nursing Education Program Approval (all programs)</li> <li>Strategic Plan update</li> </ul>
<b>Governance &amp; Council Operations</b>	<ul style="list-style-type: none"> <li>Competency screen for Council election</li> <li>Council's Code of Conduct – preliminary discussion</li> <li>Dates of Council meetings in 2024</li> <li>In camera meeting policy</li> <li>Orientation policy</li> <li>Statutory committee competencies - update</li> </ul>	<ul style="list-style-type: none"> <li>Council's Code of Conduct and related By-Law amendments – decision</li> <li>Council evaluation: Review of progress on priority recommendations</li> <li>Competency screen for Council election - decision</li> <li>Statutory committee chair competencies - update</li> </ul>	<ul style="list-style-type: none"> <li>Election of the Executive Committee</li> <li>Appointment of Statutory Committee members and Chairs</li> <li>Professional Development plan for 2024</li> </ul>	<ul style="list-style-type: none"> <li>Appointment of standing committee members</li> </ul>
<b>Professional Development</b>	Diversity, Equity & Inclusion	<b>December 1 (morning):</b> Financial oversight and risk management	Council's Code of Conduct	Orientation for all: <ul style="list-style-type: none"> <li>Nursing Regulation and Regulatory Governance at CNO</li> </ul>

# Governance Principles

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

## Accountability

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

## Adaptability

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

## Competence

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

## Diversity

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

## Independence

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

## Integrity

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

## Transparency

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

Approved by Council, September 2016

# Team Norms

As members of Council, we are committed to:

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

Adopted by Council  
September 2021

## Minutes

### Present

P. Sullivan, Chair  
P. Ankamah  
H. Anyia  
J. Armitage  
T. Crowder  
S. Douglas  
R. Dunn  
D. Edwards  
J. Farag  
G. Fox  
T. Fukushima

Z. Hamza  
T. Hands  
J. Hess  
M. Hogard  
C. Hourigan  
A. Jahangir  
R. Kaur  
M. Krauter  
S. Larmour  
R. Lastimoso Jr.

S. Leduc  
D. May  
E. Mutia  
G. Oltmann  
F. Osime  
L. Poonasamy  
M. E. Renwick  
M. Sheculski  
D. Thompson  
K. Wagg

### Regrets

A. Arkell  
M. MacDougall

I. McKinnon

D. Scott

### Guests

R. Durcan

B. MacKenzie

S. Robinson

### Staff

V. Adetoye  
F. Garvey  
S. Crawford  
J. Hofbauer, Recorder

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

S. Mills  
A. M. Shin  
C. Timmings

### Land Acknowledgement

P. Sullivan shared a Land Acknowledgement.

### Agenda

The agenda had been circulated and was approved on consent.

### Call for conflicts of interest

Council was informed that the following had provided advance declarations of conflicts of interest for the decision related to Program Approval of annual reviews: H. Anyia, T. Fukushima, S. Leduc and P. Sullivan.

P. Sullivan called for any other conflicts of interest. No other conflicts were declared.

### **Consent agenda**

P. Sullivan reminded Council that implementation of a consent agenda for routine or non-controversial agenda items was a recommendation from the Council evaluation. Council members received background information on consent agendas and briefing materials for all decision and information items included in the consent agenda. Approval of the consent agenda results in approval of all the decisions included as part of the consent agenda.

It was noted that, should any Council member request it, an item will be removed from the consent agenda and added to the regular Council agenda. There were no requests to remove items from the consent agenda.

### **Motion 2**

Moved by A. Jahangir, seconded by M. Sheculski,

Through approval of the consent agenda, the following motions were approved:

That the minutes of the Council meeting of March 8 and 9, 2023 be approved as circulated.

That the minutes of the special Council meeting of May 8, 2023 be approved as circulated.

That Council approve the 2022 Annual Report, as it appears attached to the decision note, for forwarding to the Minister of Health.

That Council appoint the following Chair and members of the Conduct Committee:

- M. E. Renwick, RN, Chair
- D. Edwards, RPN
- M. Hogard, RPN and
- D. Thompson, public member.

That J. Farag, public member, M. Hogard, RPN and M.E. Renwick, RN be appointed to the 2023-2024 Finance Committee.

That Council confirm the appointment of Diane Scott to the Inquiries, Complaints and Reports Committee.

**CARRIED**

Council received the minutes of the Executive Committee meeting of May 18, 2023 and the 2022 annual reports of statutory committees, for information, as part of the consent agenda.

Through show of hands, Council supported using a consent agenda, where appropriate, for future Council meetings.

## Health Human Resource Planning

P. Sullivan noted that having sufficient qualified nurses is critical to patient safety. She identified that in March, Council expressed an interest in learning more about CNO's role in health human resource planning.

P. Sullivan welcomed July Linton, Executive Vice President, Clinical Institutes and Quality Programs and Chief Nursing Executive, Ontario. J. Linton highlighted the mandate of Ontario Health, its priorities and strategy, and her role. She outlined the ongoing collaborative work with CNO to support adding qualified nurses to Ontario's nursing workforce, including:

- the Temporary Nurse Expense Reimbursement Program which covers the costs of fees associated with nursing registration for inactive or internationally educated nurses to minimize financial strain and
- the Temporary Class Employment Supports Program which provides a more accelerated pathway to enter the workforce.

She confirmed that the ongoing partnership between Ontario Health and CNO continues to add qualified nurses to the system, to provide better access to safe care.

S. Crawford, Executive Director and CEO, highlighted how CNO's Strategic Plan provides a foundation that is responsive and relevant to system needs and looks toward the future, supporting CNO's role in fostering a sustainable health care system in Ontario. She highlighted the impact of CNO's work, including the initiatives to increase access to registration for qualified applicants.

B. Knowles, Director of Analytics and Planning, shared highlights from CNO's human resource data. He profiled future opportunities for CNO to support nursing human resource planning. He informed Council that CNO will be launching its Nursing Data Dashboard to provide stakeholders with self-serve access to CNO's data.

There was discussion about the importance of CNO's data. It was flagged that the implementation of NURSIS Canada will support better understanding of the movement of nurses between jurisdictions.

## Strategic Plan

P. Sullivan noted that in March, following a mid-term check in, Council approved extending the Strategic Plan to 2026 because of its belief that the plan continues to position CNO to meet its purpose and allows CNO to address changing societal expectations. She noted that regular updates on the Strategic Plan are on every Council agenda.

It was noted that CNO's focus remains resolute on the three strategic outcomes. Council was informed that staff are planning to introduce a new resource to make it easier for CNO to share its progress on the Strategic Plan.

It was identified that the Strategic Plan allows CNO to be responsive to societal and environmental changes. The ongoing engagement with nurses and stakeholders was highlighted. It was identified that in September staff will share resources to support Council in its role in monitoring the achievement of the Strategic Plan.

In discussion, Council shared examples of CNO's impact on the health care system. An interest in learning more about CNO's stakeholders was expressed.

### **Nursing Education Program Approval**

Council members had received a decision note regarding approval of nursing education programs. P. Sullivan noted that there are three decisions to be made.

#### **Annual Program Reviews**

P. Sullivan noted that she has a conflict of interest and transferred to chair to R. Lastimosa Jr. for the decision regarding Annual Program reviews. The following Council members, who declared a conflict, left the meeting for the decision: H. Anyia, R. Dunn, G. Fox, T. Fukushima, S. Leduc and P. Sullivan.

### **Motion 3**

Moved by F. Osime, seconded by D. May,

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

CARRIED

H. Anyia, R. Dunn, G. Fox, T. Fukushima, S. Leduc and P. Sullivan returned to the meeting. P. Sullivan assumed the chair.

#### **Comprehensive Program Reviews**

No conflicts of interest were declared.

### **Motion 4**

Moved by D. Edwards, seconded by K. Wagg,

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

CARRIED

#### **Preliminary Program Approval**

No conflicts of interest were declared.

### **Motion 5**

Moved by H. Anyia, seconded by E. Mutia,

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

CARRIED

## Modernizing Applicant Assessment

P. Sullivan noted that CNO's strategic plan makes a commitment to efficient and effective registration of qualified applicants. She highlighted the previous work of Council and staff to enhance access to registration.

S. Crawford noted that staff have been considering how CNO keeps pace with the changing societal needs and ensures that registration process are fair, efficient, and equitable.

Council members had received a decision note. A. McNabb, Manager, Registration Modernization highlighted the accomplishments to date in the modernizing applicant assessment, including the impact of past Council decisions.

It was identified that the need to have evidence of education that is equivalent to a Canadian program is one of the most significant barriers to registration for international applicants. E. Tilley provided an overview of the rationale and evidence for the staff proposal for a change in education registration requirements to remove the requirement for equivalent education.

It was noted that the evidence supports that the changes are in the public interest and will expedite the registration of qualified international applicants.

P. Sullivan flagged that the decision under consideration sets the policy direction for staff to prepare amendments to the Registration Regulation to implement the policy change.

## Motion 6

Moved by G. Fox, seconded by M. Hogard,

That Council support, in principle, that revisions be made to regulation 275/94 under the *Nursing Act, 1991* (Registration Regulation) to amend the education requirement for registration in the General Class from education equivalent to Canadian education to relevant nursing education recognized or approved in any jurisdiction.

That Council support, in principle, the requirement for General Class applicants to successfully complete a course to support the successful integration of applicants to the healthcare system in Ontario and that this expectation be integrated into the Registration Regulation.

CARRIED

P. Sullivan noted that the draft amendments to the Registration Regulation will be presented to Council in September, for approval for circulation.

## Finance Committee Report

P. Sullivan noted that Council had received the report of the Finance Committee. She welcomed CNO's auditor, Blair MacKenzie from Hilborn LLP to the meeting, and invited R. Kaur to highlight the report.

### Audited Financial Statements for the Year Ended December 31, 2022

R. Kaur noted that the Finance Committee met with the auditors in May to review the Audited Financial Statements. The meeting included an in camera session with the auditors. She invited B. MacKenzie to highlight the auditor's report and the audited financial statements.

B. MacKenzie highlighted the purpose of the audit and the role of the parties involved. He confirmed the independence of the auditor.

B. Mackenzie reported that the Finance Committee met twice with the auditors to fulfill its functions. Both meetings included time without staff to allow for frank discussion and for either party to raise concerns.

Council was informed that, while the audit was conducted virtually, neither the sufficiency of the audit nor the quality of the evidence was reduced in any way from previous audits.

B. MacKenzie highlighted the audited financial statements. He noted that CNO ended the year with unrestricted net assets (accumulated surplus) of \$37.6M.

He confirmed that the auditors believe that the statements fairly represent CNO's financial position and operations for the year ended 2022.

### Motion 7

Moved by R. Kaur, seconded by T. Crowder

That the audited financial statements for the year ended December 31, 2022, be approved.

CARRIED

P. Sullivan expressed appreciation to B. MacKenzie and he left the meeting.

### Unaudited Financial Statements

Council had received the unaudited financial statements for the three months ended March 31, 2023. R. Kaur noted that the deficit for the period of \$0.4M was \$2.1M less than the budgeted deficit of \$2.6M. She noted that, in addition to the statements, the Finance Committee reviewed detailed statements with notes and the confidential Management Discussion and Analysis document.

### Motion 8

Moved by R. Kaur, seconded by R. Dunn,

That the unaudited financial statements for the three-month period ended March 31, 2023 be approved.

CARRIED

### Auditor for 2023

R. Kaur reported that the Finance Committee is recommending the reappointment of Hilborn LLP as auditor for the 2023 fiscal year.

### Motion 9

Moved by R. Kaur, seconded by D. Thompson,

That Hilborn LLP be appointed as CNO's auditors for 2023.

CARRIED

R. Kaur noted that the Finance Committee is recommending changes to By-Law No. 2: Fees (Fees By-Law).

### Fees by-law

In March, Council approved amendments to the Fees By-Law for circulation. Council received background on the responses received and the recommendation of the Finance Committee.

P. Sullivan highlighted the discussion of the Finance Committee. She noted that, despite the positive budget variance, the Finance Committee believes the fee increase is still needed. She noted that Council's fundamental role is to support CNO's fiscal well-being, including providing resources to support CNO in its ability to address unanticipated system needs.

P. Sullivan noted that staff have been asked to explore the potential for opening the renewal portal earlier and installment fees. Staff have also made a commitment to communicate with nurses about the feedback received and about how CNO uses the fees to support our purpose.

P. Sullivan reminded Council that a 2/3 majority is required to pass a by-law.

### Motion 10

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

That Council approve rescinding By-Law No. 2: Fees and replacing it with By-Law No. 2: Fees as it appears in Attachment 1 to the briefing note.

CARRIED

### Modernizing Practice Standards

P. Sullivan reminded Council about the work done in the past to modernize practice standards, including modernizing CNO's Code of Conduct. Council was reminded that the Code of Conduct took effect recently. She noted that in March, when approving the Code of Conduct, Council discussed the retirement of two practice standards.

### Retiring Practice Standards

I. Tirana, Strategy Consultant highlighted staff's recommendations related to retiring existing practice standards, including providing assurances that the relevant content in the practice

standards proposed for retirement is addressed elsewhere. It was confirmed that, as with any regulatory change, CNO will undertake an evaluation of the outcome, and will address any issues identified in the evaluation.

### **Motion 11**

Moved by J. Hess, seconded by P. Ankamah,

That the Professional Standards and Ethics practice standards be retired effective Saturday, July 1, 2023.

CARRIED

#### **Scope of Practice Standard**

P. Sullivan noted that Council had been informed in March of the work being done to support nurses in safe practice given upcoming changes to scopes of practice. Council had received a briefing note, along with the draft Scope of Practice standard. A. Nowell, Advanced Practice Consultant noted that the draft standard outlines the legislative scope of nursing practice and other key requirements for safe client care that nurses need to consider when deciding whether to perform an activity. She noted that the expectations are outlined under three key concepts, authority, context and competence.

### **Motion 12**

Moved by E. Mutia, seconded by S. Leduc,

That Council approve the Scope of Practice standard, as it appears in Attachment 1 to the decision note, as a practice standard of the profession of nursing, effective July 1, 2023.

CARRIED

Council was informed that in developing the Scope of Practice standard, staff integrated content from the Decisions About Procedures and Authority standard and practice guidelines into the new practice standard.

### **Motion 13**

Moved by M. Hogard, seconded by E. Mutia,

That Council approve the retirement of Decisions About Procedures and Authority practice standard, effective Saturday, July 1<sup>st</sup>, 2023.

CARRIED

### **Evaluation of Temporary Class and Registration Regulation changes**

P. Sullivan noted that in September of 2022, in response to a directive from the Minister of Health, Council approved regulations to implement changes to the registration regulation related

to the temporary class and reinstatement to support access to registration by qualified candidates. At that time, staff shared their commitment to evaluating the impact of this decision.

Council received a briefing note highlighting the results of the preliminary evaluation. N. Thakkar, Team Lead, Analytics, shared some early evaluation findings. The plans for ongoing evaluation were highlighted, including a year end report in December of 2023.

## **CEO Update**

S. Crawford shared reflections on how CNO is contributing to system improvements and responding to environmental and regulatory changes.

S. Crawford shared some of the opportunities CNO has had to share its knowledge and innovation provincially, nationally and internationally. She highlighted how CNO is sharing its data to support the health care system and to engage with key stakeholders. Council was informed that other Canadian nursing regulators are adopting CNO's regulatory nursing education program approval process. Through this program, CNO is ensuring that Ontario nursing students graduate from approved nursing programs that prepare them to enter nursing practice safely.

Noting the importance of staff to CNO's success, Council was informed about how CNO is actively investing in its staff to support attraction and retention of high performing staff while fostering staff well-being.

## **In Camera Meetings**

P. Sullivan noted that the development of an in camera meeting policy was one of the recommendations from the Council evaluation. She welcomed R. Durcan, legal counsel to highlight key considerations related to the development of an in camera policy.

Council received a discussion note and R. Durcan highlighted the legislative parameters related to open Council meetings, including Council's discretion to hold an in camera meeting when specific conditions are met. She noted that accountability and the requirements for transparent decision-making are the foundation for the legislation related to open Council meetings.

It was noted that, even when the conditions are met, Council would need to weigh if the risk of discussing an issue in public merits the decision to discuss an item in camera. There was discussion about Council might receive information related to enterprise risk management.

## **Nominating Committee Report**

S. Robinson joined the meeting to present the final report of the 2022-2023 Nominating Committee. Council had received a written report, which included a summary of the committee's activities for the year and recommended changes to the Nominating Committee's Terms of Reference. S. Robinson noted that the Nominating Committee's recommendations regarding the membership of standing committees were addressed through the consent agenda.

The Nominating Committee recommended changes to its Terms of Reference, including removal of the "Interim" nature of the committee. It was noted that the proposed amendments were informed by expert advice.

P. Sullivan reported that the Executive Committee had reviewed the proposed Terms of Reference.

## **Motion 14**

Moved by R. Lastimosa Jr., seconded by M. Krauter,

That Council approve the proposed revised amendments to its Terms of Reference as they appear in attachment 1 of the Nominating Committee's report.

CARRIED

P. Sullivan expressed appreciation to the 2022-2023 Nominating Committee. S. Robinson left the meeting.

## **Next Meeting**

Council will meet again September 27 and 28, 2023. Members will be able to join in person or on zoom.

## **Conclusion**

At 4:20 p.m., on completion of the agenda and consent, Council concluded.

DRAFT

## Minutes

### Present

P. Sullivan, Chair  
P. Ankamah  
H. Anyia  
A. Arkell  
R. Dunn  
D. Edwards  
J. Farag  
G. Fox  
T. Fukushima

M. Hogard  
A. Jahangir  
R. Kaur  
S. Larmour  
R. Lastimoso Jr.  
S. Leduc  
D. May  
E. Mutia

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

### Regrets

J. Armitage  
T. Crowder  
S. Douglas

Z. Hamza  
T. Hands  
J. Hess

C. Hourigan  
M. Krauter  
M. MacDougall  
I. McKinnon

### Guest

S. Yun, legal counsel

### Staff

S. Crawford  
B. Hammond  
J. Hofbauer, Recorder

E. Tilley  
S. Mills  
A. M. Shin

C. Timmings  
S. Vogler

## Purpose

This special meeting of Council was convened to discuss and make decisions regarding:

- further amendments to the proposed Registration Regulation amendments regarding the Emergency Class that were approved by Council on May 9, 2023 and
- circulation of the proposed further amendments.

P. Sullivan welcomed Council, S. Yun, legal counsel, and CNO staff.

## Land Acknowledgement

P. Sullivan shared a Land Acknowledgment.

## Agenda

The agenda had been circulated and was approved on consent.

### Call for conflicts of interest

P. Sullivan asked if any Council members had a conflict of interest to declare. None were declared.

### Registration Regulation

P. Sullivan noted that amendments to the Registration Regulation related to the Emergency Class were approved by Council on May 9, 2023. She noted that the Minister has requested further amendments.

Council members received a briefing note highlighting the two decisions for consideration and the rationale.

S. Crawford, Executive Director and CEO noted that Council has shown a strong commitment to enhancing access to registration for qualified applicants. She noted that in May, following circulation and consideration of the feedback, Council approved amendments to the Registration Regulation related to an Emergency Class. She noted that the further amendments proposed today do not impact the intent of the Emergency Class that Council approved in May.

E. Tilley, Manager of Regulatory Policy and Research highlighted the two further changes that are being recommended to the proposed regulation amendments approved by Council in May, the rationale for the amendments and the potential impact.

### Motion 1

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

That Council approve the amendments to Ontario Regulation 275/94 made under the *Nursing Act, 1991*, as proposed by the Minister of Health and shown in attachment 1 to the briefing note, which exempts application fees for emergency class registrants who apply to the temporary class and adds criteria for Council's consideration when opening the emergency class.

CARRIED

### Circulation

Council considered three options for circulation of the proposed revisions to the regulation:

- 60 days
- requesting that the Minister of Health approve an abridged circulation or
- requesting that the Minister of Health exempt the proposed regulation amendments from circulation.

E. Tilley highlighted the staff recommendation to request an exemption from circulation, and rationale.

Council discussed all three options for circulation. A strong commitment to transparency, circulation and stakeholder engagement was expressed.

The following were flagged in the discussion:

- Council approved the proposed regulation amendments in May following circulation and based on its belief that the changes in that regulation were in the public interest
- The amendments being discussed today make minor changes to the proposed regulation which do not affect the public interest nor pose a risk to CNO's ability to protect the public
- Legal counsel clarified that:
  - all three options regarding circulation are legal, and contemplated depending on circumstances, in the legislation
  - the goal for government is to have the new regulations approved by Cabinet by the end of August
  - the two proposed changes do not significantly change the intent of the regulation approved by Council in May
  - CNO may develop tools, such as policies, to support implementation of the regulatory changes, particularly related to the circumstances under which Council would open the Emergency Class.

## Motion 2

Moved by L. Poonasamy, seconded by D. Scott,

That Council request the Minister of Health exempt the proposed amendments to Ontario Regulation 275/94 under the Nursing Act, 1991 approved by Council on August 10, 2023, from circulation.

CARRIED

S. Crawford expressed appreciation to Council for the robust discussion and its focus on public interest and made a commitment to keep Council informed.

## Next Steps

P. Sullivan informed Council that CNO will send a request for an exemption from circulation to the Minister. If the Minister exempts circulation, the regulation amendments will be submitted to government.

### **Next Meeting**

P. Sullivan reminded Council that the next meeting will be September 27 and 28, 2023. Members will be able to participate in person or on zoom.

### **Conclusion**

At 8:20 p.m. on conclusion of the agenda, the meeting concluded on consent.

DRAFT

## Minutes

### Present

P. Sullivan, Chair  
J. Armitage

R. Lastimoso Jr.  
S. Leduc

F. Osime

### Guests

D. Brown, Governance  
Solutions

R. Durcan, SML Law

J. Maciura, SML Law

### Staff

S. Crawford  
J. Hofbauer

J. Jabbour  
S. Mills

L. Mathias  
A. Tong

### Land Acknowledgement

P. Sullivan shared a Land Acknowledgement statement.

### Agenda

Members of the Executive Committee had received the agenda. There were no additions and the agenda was approved on consent.

### Minutes

Minutes of the Executive Committee meeting of May 18, 2023, had been circulated and were approved on consent.

### Orientation Policy

The Executive received a draft Orientation Policy, including a report of a scan of the approaches of boards of other regulators of professions. R. Jabbour, Strategy Consultant highlighted that establishing an orientation policy to provide clarity about the accountabilities and orientation process for Council members in their governance role, was a priority identified out of the evaluation of Council's effectiveness.

It was noted that orientation content can be provided through a variety of approaches, including both theoretical and experiential learning. The policy gives flexibility to determine the right method based on the content, including content on the underlying foundations for a board of a health regulator and practical content to prepare Council members to participate in their new role.

It was confirmed that the policy is a starting point, providing high-level guidance on what needs to be addressed in orientation and that evaluation of the orientation will support identification of future needs and orientation effectiveness.

The importance of orientation for statutory committees was also flagged. It was noted that this is a governance policy. There is extensive orientation for statutory committees but consideration will be given to an over-arching policy on committee orientation.

It was confirmed that the Orientation Policy, with the Executive's input, is ready for Council review.

### **In Camera Meetings**

R. Durcan, legal counsel and L. Mathias, Strategy Consultant, joined the meeting to discuss a draft In Camera Policy and Factors for Council's consideration to decide whether to move in camera (Factors).

R. Durcan flagged that the policy is grounded in the transparency objectives of the legislation that discussion and decision-making will be open. The Factors document was prepared to support a decision about whether an in camera session is appropriate.

The Executive supported the current approach of the Executive recommending to Council when an in camera session is appropriate, considering the policy and Factors. This allows CNO to meet the legislative requirements for public posting of information regarding the plan for an in camera session.

R. Durcan and L. Mathias left the meeting.

### **Council and Committee Member Code of Conduct**

J. Maciura, legal counsel and A. Tong, Strategy Consultant, joined the meeting to discuss revisions of Council's Code of Conduct (Code). J. Maciura noted that in 2023, the focus will be on setting out the expectations in the Code.

J. Maciura highlighted the proposed approach with Council and some of the questions that will be posed. The Executive supported the approach.

The Executive flagged the importance of the guidance provided by the Code and the need for its title and contents to members of Council, committees and the public. There was discussion about the value of tools to support members in understanding the expectations in the Code and how to hold themselves and others accountable.

J. Maciura and A. Tong left the meeting.

### **Committee Competencies**

D. Brown from Governance Solutions (GSI) joined the meeting to highlight the work done to date in updating the competencies for appointment of nurses to statutory committees. He

highlighted the consultation that GSI had undertaken and noted that overall, there is confirmation that the process works and that incoming committee members are meeting needs.

There was interest in a more robust and explicit approach to addressing diversity, equity and inclusion in the process. It was also flagged as important that applicants for committee positions understand the commitment for which they are volunteering.

There was the discussion and support for three approaches to integrate diversity, equity and inclusion in the committee appointments process, including eliminating bias in the process, including specific competencies related to diversity, equity and inclusion and demographics.

S. Crawford informed that Executive that CNO has hired a Director of Diversity, Equity and Inclusion to bring a strategic and enterprise wide perspective to CNO's commitment to DEI.

There was support for the approach, including removing any barriers in the application while ensuring the candidates understand the nature of the commitment and the supports they will be provided to meet expectations.

It was suggested that the context be set for new members of Council regarding the difference between the process used to appoint nurses to statutory committees and how this differs from the way members join Council.

It was noted that the Nominating Committee will be reviewing the draft revised competencies and making recommendations to Council.

D, Brown left the meeting.

### **Dates of Council meetings**

The Executive agreed to recommend proposed dates for Council meetings in 2024 to Council.

### **June Council debrief**

It was noted that the Executive had debriefed on the meeting, including the orientation, and that the President and CEO had also debriefed.

The Executive received the report of the Pulse Check survey sent following the June Council meeting.

The common theme running through the responses was that the agenda felt rushed and that more time was needed for discussion. S. Crawford noted that staff are reviewing the way materials are brought to Council, with all the needed information included in the briefing package and brief introductions by staff. It was noted that the plan is to post the full Council package one week before the meeting, to allow time for preparation.

There was discussion about the response to the Pulse Check survey. It was suggested that the Chair remind members about the value of their feedback at the end of the meeting. It was also suggested that consideration be given to replacing the time for the poll questions with Council

taking 10 minutes at the end of the meeting for all members to complete the survey, including the poll questions.

It was agreed that, should zoom polling continue, questions about process are appropriate for a public forum but questions about an individual are not. The individual question could be included in the survey sent to some members after the meeting and a more generalized question included with the poll.

### **August Special Council Meeting Debrief**

It was confirmed that the Special Council meeting reflected staff and Council agility in supporting CNO's ability to meet government expectations.

### **September Council Planning**

The Executive was informed of the current plans of Council members for attending the meeting in person or on zoom.

The Executive received a draft agenda for the September 2023 Council agenda. It was identified that the plans related to Council education on, and discussion of, diversity, equity and Inclusion are still forming. It was noted that the professional development session may be brief, providing more time for discussion of the business agenda.

The Executive identified its support for the items included in the consent agenda. Some adjustments to time on the agenda were identified. It was agreed that, while there are a lot of items on the agenda, the revised plans for fewer lengthy presentations and more time for dialogue will support an effective meeting.

The Executive supported the new approach of the CEO setting context at the beginning of the meeting and providing closing remarks. It will support strategic focus for Council.

The Executive approved the Council agenda for posting, recognizing that there may be adjustments based on the outcome of the plans for education and a facilitated discussion on diversity, equity and inclusion.

On completion of the agenda, J. Hofbauer, R. Jabbour and S. Mills left the meeting.

### **Executive Session**

The Executive Committee met in private with S. Crawford, CNO's Chief Executive Officer.



## **Decision Note – September 2023 Council**

### **Nursing Education Program Approval**

#### **Contact for Questions**

Katie Dilworth, Manager, Education Program

#### **Decision for Consideration**

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

#### **Public Interest Rationale**

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

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

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

#### **Background**

##### **Program Approval**

In accordance with [the Program Approval Framework](#) approved by Council, all entry level nursing programs, including practical nurse diploma (PN), baccalaureate nursing (BScN or BN) and nurse practitioner (NP), come to Council annually for consideration for approval.

##### **New Nursing Programs:**

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

Four academic institutions' new programs are presented for preliminary approval including baccalaureate programs from Conestoga College, Georgian College, Lambton College, and Niagara College. Preliminary Approval recommendations are in Attachment 1.

Program recommendations are forwarded to Council for approval. Program Approval Scoring Methodology is described in Attachment 2.

### **Next Steps:**

Following Council's decisions CNO will provide:

- A letter to each of the Nursing Programs addressing the program's approval status and the upcoming dates for the next annual or comprehensive reviews as well as a Program Approval report outlining the results of the preliminary program review.

Each program's approval status will then be posted on CNO's website.

### **Attachments:**

**Attachment 1:** Preliminary approval of new nursing Programs in Ontario: Detailed Review Scoring

**Attachment 2:** Program Approval Scoring Methodology

## Attachment 1 – New Baccalaureate Programs: Detailed Review Scoring

### New Baccalaureate Nurse Programs: Preliminary Review

Institution	Nursing Program	CNO Program Category	Indicator 4: Curriculum	Approval Status Recommendation
Conestoga College	Bachelor of Science – Nursing (Honours)	Direct entry full	Met	Preliminary Approval
Georgian College	Honours Bachelor of Science – Nursing RPN to BScN Advanced Standing Pathway	Pre-health education entry specified	Met	Preliminary Approval
Lambton College	RPN Bridge to Honours BScN	Pre-health education entry specified	Met	Preliminary Approval
Niagara College	Honours Bachelor of Science in Nursing - Bridge	Pre-health education entry specified	Met	Preliminary Approval

## Attachment 2 – Program Approval Scoring Methodology

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

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

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

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

### 1. Program Approval Scorecard Overview

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

### 2. Mandatory Indicators

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

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

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

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

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

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

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

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

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

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

## Decision Note – September 2023 Council Meeting

### Dates of Council meetings

#### Contacts for Questions or More Information

Silvie Crawford, Executive Director and CEO

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

That the following be the dates for Council meetings in 2024:

- Wednesday and Thursday, March 20 and 21, 2024
- Wednesday and Thursday, June 5 and 6, 2024
- Wednesday and Thursday, September 25 and 26, 2024
- Wednesday and Thursday, December 4 and 5, 2024

#### Background

In accordance with Article 7.02 of *By-Law No. 1: General*, Council meetings take place on dates set by Council.

To support efficiency, the Executive recommends the dates of meetings to Council.

To allow for advance planning and communication with stakeholders, Council dates for 2024 are approved by Council in September.

The above proposed dates keep to previous patterns, with meetings scheduled over two days. They consider the following:

- the needed timing between each Council meeting, for preparatory work
- requirements for financial reporting (e.g., the March meeting is scheduled to allow for presenting the year-end management financial statements)
- avoiding March break and
- allowing for officer and staff participation in key stakeholder activities.

## Discussion Note – September 2023 Council

### Council and committee Code of Conduct

#### Contact for Questions or More Information

Silvie Crawford, Executive Director and CEO

#### Purpose of a Code of Conduct

Council and committees have an important role in making decisions that protect the public interest and promote public safety.

Having a Code of Conduct that clearly sets out the behavioural expectations for Council and Committee members enhances their ability to meet their public interest and safety mandates. In addition, clear guidance on the behavioural expectations helps to mitigate the risks which can impact the reputation of Council and Committee members, and CNO.

#### Background

CNO and legal staff from Steinecke Maciura LeBlanc (SML) have been working together on revisions to [Council's By-Law No. 3: Conduct of Councillors and Committee Members](#) to ensure alignment with best practice, address changing societal expectations such as diversity, equity and inclusion, and meet the requirements of the College Performance Measurement Framework.

A thorough jurisdictional review was completed early this year on Codes of Conduct and the different approaches other regulators have taken and identifying best practices. This review highlighted some of the opportunities and areas for improvement with Council's existing Code of Conduct.

Attached is a memo prepared by [Julie Maciura](#) from SML which provides an overview of areas for revisions to the current Code of Conduct. Council will have an opportunity to provide input to inform the development of a new Code of Conduct at the September Council meeting.

# MEMO

**TO:** Council of the College of Nurses of Ontario  
**FROM:** Julie Maciura, Steinecke Maciura LeBlanc  
**DATE:** September 8, 2023  
**RE:** **Code of Conduct Project**

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A Council and Committee Code of Conduct is necessary not just because the Ministry of Health requires it pursuant to the College Performance Measurement Framework but also because good governance practices require one. The CNO is a statutory regulator with a mandate to protect the public, and its Council and Committee members are held to a very high standard of behaviour and conduct. Those expectations must be written down so that Council and Committee members, as well as other stakeholders, know what those expectations are, and so that Council and Committee members can be held accountable when they do not meet those expectations. A breach of Council duties – such as acting while in a conflict of interest, making offensive or discriminatory comments, or breaching confidentiality – poses a serious risk to the reputation of the College and to the particular Council or Committee member.

The purpose of a Code of Conduct is to provide clear guidance to Council and Committee members about the behavioural expectations on them, as well as guidance on how to meet those expectations. A good Code of Conduct should also explain the reason for the expectations. Essentially, what are the rules and why do we have them?

A review of recently drafted or updated Codes of Conduct from other regulators in Canada and elsewhere demonstrated that some updating of your existing Code of Conduct is warranted as governance best practices change over time and different issues, such as Diversity, Equity and Inclusion, warrant greater focus as societal expectations change. Updating your existing Council Code of Conduct is also an opportunity for CNO Council to demonstrate leadership with a robust, well-written Code of Conduct that reflects stakeholder expectations in 2023.

## Framework

A review of other leading regulators' Codes of Conduct demonstrates that two frameworks are primarily used: a goal-oriented approach or a risk-management approach.

A goal-oriented framework describes the behaviours that are desired of Council and Committee members. This is sometimes, but not always, based on Nolan's 7 Principles of Public Life (selflessness, integrity, objectivity, accountability, openness, honesty, and leadership).

A risk-management framework describes the behaviours that are prohibited (i.e., which can cause harm to the individual Council or Committee member and to the organization as a whole).

Currently, the CNO Council Code of Conduct is written primarily using a goal-oriented approach, which focuses on what makes an effective and ethical Council or Committee member.

There are pros and cons to each approach but overall, our recommendation is that the CNO Code of Conduct continues to use a goal-oriented framework.

### Expectations

The expectations in a Code of Conduct may be drafted using aspirational language, principled language, or prescriptive language.

Examples of each of those types of language are:

- Aspirational: “Council members place the public interest above all other interests.”
- Principled: “Council members will avoid, and where not possible, appropriately manage, conflicts of interest.”
- Prescriptive: “Council members shall not be a director, officer, or employee of an entity that advances the interests of nurses”.

The Current CNO Code of Conduct uses a mix of principle and prescriptive language, such as:

- Principled wording: “Councillors shall fulfil their accountability to the public by making all decisions in the best interest of the public.”
- Prescriptive wording: “Councillors shall review at least annually and when there are changes, the provisions in the RHPA, especially s. 36) and the Code (especially ss. 83 and 83.1 relating to confidentiality.”

There are pros and cons to drafting expectations in any of the three possible ways, but generally aspirational language is not recommended since it leaves so much open to interpretation and is not clearly a “rule”. It is recommended that the CNO Code of Conduct continues to use a mix of principled and prescriptive language, as appropriate depending on the particular expectation being discussed.

### Language

The wording of a Code of Conduct can either be legalistic or can use plain language. While by-laws are often drafted using legalistic language, it is also possible to use more succinct, plain language that may lend itself to being better understood by Council and Committee members.

Our recommendation is to use simple, clear, plain language as much as possible in the Code of Conduct.

### Structure and Topics in Code

The existing Code of Conduct is currently included in the by-laws. Certain aspects of “rules” for Councillors and Committee members must reside in the by-laws (such as prescribing what constitutes a conflict of interests and rules governing the removal of disqualified members) but there is flexibility with respect to where the rest of the Council Code of Conduct is housed (e.g., in by-laws, in a Council policy, in a guide, etc).

[CNO Code of Conduct](#) currently has the following components:

- Purpose statement
- Definitions and Interpretations
- Code of Conduct
  - Accountability
  - Adaptability
  - Competence
  - Diversity
  - Independence
  - Integrity
  - Transparency
- Conflicts of Interest
- Confidentiality
- Code of Conduct Proceedings (enforcement of Code)

Based on the review of other recently drafted and updated Codes of Conduct, our recommendation is that some adjustments be made to the organization of the Code, to more clearly highlight certain elements that are particularly important for the Council of a statutory regulator.

Possible Structure of a Revised Code:

- Purpose Statement
- Application
- Public Interest Mandate
- Fiduciary Duties of honesty, loyalty, good faith, diligence
- Conflict of Interest
- Confidentiality
- Equity, Diversity, and Inclusion (and anti-harassment)
- Integrity
- Objectivity
- Accountability
- Active Participation
- Communication – internal and external
- Compliance/Breaches (\* this topic to be addressed next year)

We are seeking Council's feedback with respect to this suggested structure as well as its view of the recommendations above.

Questions for Council:

- Should the name be changed to "Council and Committee Code of Conduct" to differentiate it from the Code of Conduct for registrants?
- Does Council agree that maintaining a goal-oriented framework is preferred?

- Does Council agree that maintaining a mix of principled and prescriptive language is preferred?
- Does Council prefer that the Code use clear, simple language as much as possible?
- Are there any other topics/rules that Council believes should be addressed in a revised Code of Conduct?

## Decision Note – September 2023 Council

### Statutory Committee Competencies Update

#### Contact for questions or more information

Stephen Mills, Chief Administrative Officer

#### Decision for consideration re. recommendation of the Nominating Committee:

**That the Statutory Committee Competencies and Attributes as they appear in attachment 1 to this decision note be approved for the assessment of candidates for appointment to fill appointed statutory committee member vacancies.**

#### Competencies/Attributes Update

The foundation for the appointed statutory committee member recommendation process are the competencies and attributes for statutory committee members. The current competencies have been used since 2019, following their approval by Council in 2018 (see background following).

They were developed following a year of research and consultation. Updating them was identified as a priority for 2024.

[Governance Solutions Inc.](#) (GSI) was contracted to update the competencies, with a particular focus on addressing diversity, equity and inclusion. GSI consulted with committee chairs, the staff who support committees and the Executive Committee. In addition, they carried out their own research to update the competencies, including addressing DEI.

The Nominating Committee received an extensive report from GSI, highlighting the research and consultation undertaken to revise the competencies. It was noted that the findings included that competent members are joining statutory committees.

The following opportunities to improve the competencies and attributes had been identified in the report from GSI:

- Revision of the competencies and attributes to more clearly focus on diversity, equity and inclusion



- Addition of new competencies
- Revision of the Diversity Considerations section to capture the breadth of diversity
- Elimination of potentially exclusionary or biased language and wording.

The Nominating Committee (NC) met on September 12 and September 18 to review the draft, revised competencies and attributes. The Committee reviewed all competencies and attributes in detail and provided suggestions related to clarity and role.

Attachment 1 is the draft competencies and attributes recommended to Council.

Attachment 2 is a chart showing the original competencies approved by Council in 2018 and identifying changes:

- Editing of competencies/attributes to more clearly identify DEI, remove barriers, and add clarity
- Addition of competencies re fairness and bias and broad health care sector experience
- Removal of competencies that are unclear, not relevant to the statutory committee role or could pose barriers
- Moving competencies to better reflect their nature (e.g. from Career/Experience to Functional competencies).

The attached draft addresses revised competencies and attributes that incorporate the input of the NC. If approved by Council, the competencies and attributes will be used for the 2024 appointment cycle which launches in the fall.

The NC will assess the impact of the changes on their ability to assess candidates and may recommend further revisions to the competencies and attributes in the future.

## **Background on the statutory committee competencies and assessment process**

### Competency appointment process

In 2019, as part of its work in moving forward the Governance Vision, Council implemented a process for the appointment of the non-Council nurse members of statutory committees (appointed committee members). The development and process includes:

- Articulation of core competencies and attributes required of all statutory committee members<sup>1</sup>
- [Education of candidates](#) about the role and accountabilities of statutory committee members

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<sup>1</sup> This decision to address core competencies and attributes recognizes the key public safety role played by statutory committees. Since most statutory committees meet in panels, it is important that all members have the core competencies needed to fulfil their role.



- A third-party expert to receive and analyze the applications and provide a report and recommendations to the Nominating Committee
- A Nominating Committee whose members are selected based on having the competencies required for the committee's role.

The committee appointment process piloted in 2019 and there have been improvements over time, such as changes made following an evaluation of the pilot and introduction of interviews in 2022.

### **Assessment of Competencies and Attributes.**

There are a variety of tools that are used to assess candidates' competencies and attributes. GSI provides third-party expert input throughout the process, including reports to the Nominating Committee at both stages of the committee appointment process.

All candidates submit:

- An online application which includes self-ranking against core competencies and narrative anecdotes to describe how the candidate demonstrates the competency
- A resume.

Short-listed candidates:

- Review the Conduct By-Law and sign a declaration that they will comply with the Code if appointed and do not have a position that would be a conflict of interest
- Review again information about the committee for which they are being considered, including the work involved and the time commitment
- Participate in an interview<sup>2</sup> with GSI (short-listed candidates)
- Submit references.

For incumbent candidates applying for reappointment, the statutory committee or panel chair provides a peer assessment, which serves as one of the references.

The application, resume, interview and references are all mechanisms through which competencies and attributes are assessed.

### **Attachments**

1. Proposed revised competencies and attributes for statutory committee member appointment
2. Table comparing current and proposed revised competencies and attributes for statutory committee member appointment

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<sup>2</sup> The Nominating Committee reviews and provides input into the interview questions. All candidates are asked the same questions.

## **Attachment 1**

### **Proposed Revised Statutory Committee Member Competencies and Attributes Recommended by the Nominating Committee**

#### **Where Have You Been? Career Knowledge and Experience Competencies**

1. Well versed in matters related to client rights, including but not limited to the abuse of clients and boundary violations.
2. Experience and understanding protecting and acting in the public interest.
3. An individual with credibility based on experience working with diverse teams and marginalized or vulnerable client groups, understands and respects individual differences; demonstrates cultural fluency and creates an inclusive environment.
4. RN, RPN or NP: experience in and understanding of nursing practice and conduct especially related to public concerns, standards of practice and client safety.
5. A familiarity and understanding of the regulatory and procedural process including relevant rules of order and committee decision-making, experience in the oversight of, and understanding standards and processes associated with self-regulated professions.
6. You have experience working as a healthcare professional with a variety of disciplines and environments.
7. Demonstrated ability to remain unbiased and make decisions fairly; strive to provide an environment of fairness.

## **What do you know? Functional Skills Competencies**

- 1.** Able to effectively use technology at work and on board or committee matters and operations.
- 2.** Demonstrated proactive, continuous and systemic approach to identifying, understanding and overseeing risks relevant to the committee's mandate, such as risks associated with public interest, client safety and human rights fairness.
- 3.** Demonstrated ability in advanced skills in locating, critically appraising, interpreting, synthesizing, weighing, evaluating and using evidence from qualitative and quantitative paradigms, including expert evidence received in a hearing according to legislated standards.
- 4.** Demonstrated skills and ability to facilitate constructive dialogue and lead others to solve problems, adapt and manage change, innovate and achieve outcomes.
- 5.** Understanding of the post-secondary nursing educational system in Canada and internationally, and its relationship to the College.
- 6.** Skills related to relationship management, engagement, socialization of ideas, consultation and negotiation.
- 7.** A functional understanding of systems as well as some understanding of quality frameworks and how they support client safety and quality care.
- 8.** Familiarity and understanding of committee roles and responsibilities, current policy, issues and trends gained through committee experience in an organization of similar size, scope and complexity as the College.

## **Diversity Considerations**

- 1.** Candidates will be invited to self-report on their own diversity and Indigeneity (for example, but not limited to, how you identify, your lived experience, visible and invisible attributes) in the Application.
- 2.** Provincial geographic diversity including urban-rural representation.

## Who Are You? Character Attributes

- 1. Adaptable/Agile** (Able to adapt easily and quickly to changing evidence and environments; cognitive flexibility)
- 2. Communicator** (Able to communicate clearly, concisely, accurately and confidently; verbally and in writing)
- 3. Constructive** (Able to build relationships, being constructive and helpful rather than destructive, or tearing down the efforts of others)
- 4. Emotionally Mature** (Self-aware, professional: able to understand and skillfully manage emotions especially when faced with conflict and confrontation)
- 5. Fiduciary** (passion for the public interest; commitment and drive; service leadership: putting others' interests first)
- 6. Inclusive** (Empathetic; aware of and respects equality, diversity, social and cultural issues and differences. A place for everyone's voice)
- 7. Continuous Learner** (Willingness to learn and develop, and apply what they have learned to the best interests of the public)
- 8. Listener** (Effective and active listener, able to listen to understand rather than simply respond; questioning and understanding)
- 9. Problem Solver** (Able to evaluate complex issues and to make effective decisions (find solutions))
- 10. Professional Judgement** (Demonstrates integrity while making critical and timely decisions)
- 11. Unifier** (Able to encourage divergent thinking and dissent from others, and to build consensus; to stand behind the collective decisions of the committee in unity)
- 12. Forthright** (Able to present an unpopular or controversial position in the face of opposition or opposing views)
- 13. Independent** (Be an independent thinker; decides independently but knows when and how to consult others)
- 14. Proactive** (Proactive and anticipatory rather than reactive and responsive)
- 15. Systems-level Thinker** (Conceptualize on a systems level and be able to communicate this understanding to others)

## Attachment 2 – Proposed Revised Statutory Committee Member Attributes and Competencies recommended by the Nominating Committee

New

Moved

Deleted

Current Competency/Attribute	Proposed Competency/Attribute/Consideration	Rationale
<b>Where Have You Been? Career Knowledge and Experience Competencies</b>		
1. Well versed in matters related to patient rights, including but not limited to the abuse of patients and boundary violations	1. Well versed in matters related to <del>patient</del> <b>client</b> rights, including but not limited to the abuse of <del>patients</del> <b>clients</b> and boundary violations.	
Moved to 4, below	<b>2. Experience and understanding protecting and acting in the public interest.</b>	Moved from functional competencies
<b>3</b> An individual with credibility based on experience working with diverse teams and marginalized or vulnerable client groups, e.g., working cross-culturally, internationally, experience with social, humanitarian, anti-oppression and LGBTQ positive principles, sensitivity and knowledge dealing with victims, boundary issues, sexual abuse	<b>3. An individual with credibility based on experience working with diverse teams and marginalized or vulnerable client groups, e.g., working cross-culturally, internationally, experience with social, humanitarian, anti-oppression and LGBTQ positive principles, sensitivity and knowledge dealing with victims, boundary issues, sexual abuse</b> understands and respects individual differences; demonstrates cultural fluency and creates an inclusive environment.	Removed outdated language Broadened the competency to reflect the broad concepts related to DEI Including specific reference to cultural competence

Current Competency/Attribute	Proposed Competency/Attribute/ Consideration	Rationale
2. RN, RPN or NP: experience in and understanding of nursing practice and conduct especially related to public concerns, standards of practice and client safety	4. RN, RPN or NP: experience in and understanding of nursing practice and conduct especially related to public concerns, standards of practice and client safety.	
4. A familiarity and understanding of the regulatory and procedural process including relevant rules of order and committee decision-making, experience in the oversight of, and understanding standards and processes associated with, self-regulated professions	5. A familiarity and understanding of the regulatory and procedural process including relevant rules of order and committee decision-making, experience in the oversight of, and understanding standards and processes associated with self-regulated professions.	<b>Renumbered</b>
5. Familiar with the use of technology for working on board or committee matters and operations	<del>5. Familiar with the use of technology for working on board or committee matters and operations.</del>	<b>Moved to Functional Skills Competencies</b>
<del>6. Experience in a senior leadership position in a health care administrative setting</del>	6. You have experience working as a healthcare professional with a variety of disciplines and environments.	Broadened to remove the requirement for senior leadership position – potential barrier Consultation identified having broad experience (e.g., more than one sector) as important
	7. Demonstrated ability to remain unbiased and make decisions fairly; strive to provide an environment of fairness.	New - Identified during consultation with committee chairs and staff as important for statutory committee members.
7. Understanding of the post-secondary educational system and its relationship to the College	<del>7. Understanding of the post-secondary educational system and its relationship to the College.</del>	<b>Moved to Functional Skills Competencies</b>

Current Competency/Attribute	Proposed Competency/Attribute/ Consideration	Rationale
<b>What Do You Know? Functional Skills Competencies</b>		
	<b>1.</b> Able to effectively use technology at work and on board or committee matters and operations.	Moved from Career Knowledge and Experience Competencies
1. Experience and understanding protecting and acting in the public interest	<del>1. Experience and understanding protecting and acting in the public interest</del>	Moved to Career Knowledge and Experience Competencies
5. Demonstrated proactive, continuous and systemic approach to identifying, understanding and overseeing risks relevant to the committee’s mandate, such as risks associated with public interest, patient safety and human rights fairness	<b>2.</b> Demonstrated proactive, continuous and systemic approach to identifying, understanding and overseeing risks relevant to the committee’s mandate, such as risks associated with public interest, <b>patient client</b> safety and human rights fairness.	Moved from 5
2. Proven decision-maker using different decision-making methods beyond evidence-based.	<del>2. Proven decision-maker using different decision-making methods beyond evidence-based.</del>	Decisions at statutory committees are based on evidence.
3. Demonstrated ability in advanced skills in locating, critically appraising, interpreting, synthesizing, weighing, evaluating and using evidence from qualitative and quantitative paradigms, including expert evidence received in a hearing according to legislated standards	<b>3.</b> Demonstrated ability in advanced skills in locating, critically appraising, interpreting, synthesizing, weighing, evaluating and using evidence from qualitative and quantitative paradigms, including expert evidence received in a hearing according to legislated standards.	
4. Demonstrated skills and ability to lead others to solve problems, adapt and manage change, innovate and achieve outcomes	<b>4.</b> Demonstrated skills and ability to <b>facilitate constructive dialogue and</b> lead others to solve problems, adapt and manage change, innovate and achieve outcomes	Including the concept of facilitating construct dialogue to broaden the concept of leadership

Current Competency/Attribute	Proposed Competency/Attribute/Consideration	Rationale
	<p>5. Understanding of the post-secondary nursing educational system in Canada and internationally, and its relationship to the College.</p>	<p>Moved from Career Knowledge and Experience Competencies</p> <p>Nominating Committee flagged the need to identify that this related to <i>nursing</i> education.</p> <p>Specifically related to Quality Assurance and Registration committees.</p>
<p>6. Skills related to relationship management, engagement, socialization of ideas, consultation and negotiation</p>	<p>6. Skills related to relationship management, engagement, socialization of ideas, consultation and negotiation.</p>	
<p>7. A functional understanding of systems as well as some understanding of quality frameworks and how they support client safety and quality care.</p>	<p>7. A functional understanding of systems as well as some understanding of quality frameworks and how they support client safety and quality care.</p>	
<p>8. Strong familiarity and understanding of governance roles and responsibilities, current governance policy, issues and trends gained through prior board or committee experience in an organization of similar size, scope and complexity as the College, and/or governance education (e.g. ICD.D (Institute of Corporate Directors), Pro.Dir. (Professional Director®), C.Dir (Director's College))</p>	<p>8. <del>Strong</del> Familiarity and understanding of <del>committee governance</del> roles and responsibilities, current <del>governance</del> policy, issues and trends gained through prior <del>board or</del> committee experience in an organization of similar size, scope and complexity as the College. <del>, and/or governance education (e.g. ICD.D (Institute of Corporate Directors), Pro.Dir. (Professional Director®), C.Dir (Director's College))</del></p>	<p>Clarifying that this does not relate to governance or the board but to statutory committee functioning.</p> <p>Removing requirements that do not support the committee function (governance credentials) and could be a barrier.</p>
<p>9. Have served as Chair and/or Committee Chair on at least one other Board of an</p>	<p><del>9. Have served as Chair and/or Committee Chair on at least one other Board of an</del></p>	<p>Deleted. Not relevant to the role. Potential barrier.</p>

Current Competency/Attribute	Proposed Competency/Attribute/Consideration	Rationale
organization of comparable size and complexity	<del>organization of comparable size and complexity</del>	
10. The ability to understand and ensure the effective oversight of engagement and communications with the public, government, and other key stakeholders	<del>10. The ability to understand and ensure the effective oversight of engagement and communications with the public, government, and other key stakeholders</del>	Not relevant to the role of statutory committees. Council role is oversight Potential barrier.
<b>What Has Informed Your Thought? Affinity Attributes Diversity Considerations</b>		
1. Visible Diversity (Cultural and historical backgrounds representative of the public they serve.	<b>1. Candidates will be invited to self-report on their own diversity and Indigeneity (for example, but not limited to, how you identify, your lived experience, visible and invisible attributes) in the Application.</b>	Nominating committee suggest this be kept as broad as possible to include all types of diversity.
2. Geographic Diversity Across Ontario	± <b>2. Provincial geographic diversity including urban-rural representation</b>	
3. Gender Diversity (A balance of perspectives reflective of the public they represent.	<del>3. Gender Diversity (A balance of perspectives reflective of the public they represent.)</del>	Remove – potential for unconscious bias in future (e.g., viewing male nurses as underrepresented)
4. Patient Safety and Broader Social Needs and Safety	<del>4. Patient Safety and Broader Social Needs and Safety</del>	Unclear and addressed with client rights and public interest.
5. Diverse Patient Population Needs (e.g., geriatric, pediatric, mental health, care settings)	<del>5. Diverse Patient Population Needs (e.g., geriatric, pediatric, mental health, care settings)</del>	Addressed in broad diversity and the Knowledge Competency 6 that addresses having a broad range of experience in a “variety of environments”
6. Urban/Rural Diversity	<del>6. Urban-Rural Diversity</del>	Addressed in provincial Geographic, urban rural community diversity

Current Competency/Attribute	Proposed Competency/Attribute/ Consideration	Rationale
7. Age Diversity	<del>7. Age Diversity</del>	Addressed in candidate diversity
<b>Who Are You? Character Attributes<sup>1</sup></b>		
<b>1. Adaptable</b> (Able to adapt easily and quickly to changing evidence and environments; cognitive flexibility)	<b>1. Adaptable/Agile</b> (Able to adapt easily and quickly to changing evidence and environments; cognitive flexibility)	
<b>2. Communicator</b> (Able to communicate clearly, concisely and accurately orally and in writing)	<b>2. Communicator</b> (Able to communicate clearly, concisely, <del>and</del> accurately <b>and confidently</b> ; <del>orally verbally</del> and in writing)	
<b>3. Constructive</b> (Able to build relationships, being constructive and helpful rather than destructive, or tearing down the efforts of others)	<b>3. Constructive</b> (Able to build relationships, being constructive and helpful rather than destructive, or tearing down the efforts of others)	
<b>4. Emotionally Mature</b> (Self-aware, professional: able to understand and skillfully manage emotions especially when faced with conflict and confrontation)	<b>4. Emotionally Mature</b> (Self-aware, professional: able to understand and skillfully manage emotions especially when faced with conflict and confrontation)	
<b>5. Fiduciary</b> (passion for the public interest; commitment and drive; servant leadership: putting others' interests first)	<b>5. Fiduciary</b> (passion for the public interest; commitment and drive; <del>servant</del> <b>service</b> leadership: putting others' interests first)	

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<sup>1</sup> These character attributes were developed from Governance Solutions' meta-research, supplemented and customized with the Ontario Government Regulatory and Adjudicative Agencies' core competencies. This is not mandated for the College, but it is a helpful and relevant source. In general, all board and committee members should possess these core character attributes.

Current Competency/Attribute	Proposed Competency/Attribute/Consideration	Rationale
<p><b>6. Inclusive</b> (Empathetic; aware of and respects equality, diversity, social and cultural issues and differences. A place for everyone’s voice, e.g., people with accessibilities challenges, mental health)</p>	<p><b>6. Inclusive</b> (Empathetic; aware of and respects equality, diversity, social and cultural issues and differences. A place for everyone’s voice). <del>e.g. people with accessibilities challenges, mental health</del></p>	<p>Broadening. Not want to create bias towards examples.</p>
<p><b>7. Learner</b> (Willingness to learn and develop, and apply what they have learned to the best interests of the public)</p>	<p><b>7. Continuous Learner</b> (Willingness to learn and develop, and apply what they have learned to the best interests of the public)</p>	
<p><b>8. Listener</b> (Effective and active listener, able to listen to understand rather than simply respond; questioning and understanding)</p>	<p><b>8. Listener</b> (Effective and active listener, able to listen to understand rather than simply respond; questioning and understanding)</p>	
<p><b>9. Problem Solver</b> (Able to evaluate complex issues and to make effective decisions (find solutions))</p>	<p><b>9. Problem Solver</b> (Able to evaluate complex issues and to make effective decisions (find solutions))</p>	
<p><b>10. Professional Judgement</b> (Critical thinker)</p>	<p><b>10. Professional Judgement</b> <del>(Critical thinker)</del> <b>(Demonstrates integrity while making critical and timely decisions)</b></p>	<p>Nominating Committee recommended inclusion of “integrity” to balance the deletion of ethics, noting the high expectations for regulator decision-makers. Integrity is a clear expectation for regulatory decision makers.</p>
<p><b>11. Unifier</b> (Able to encourage divergent thinking and dissent from others, and to build consensus; to stand behind the collective decisions of the committee in unity)</p>	<p><b>11. Unifier</b> (Able to encourage divergent thinking and dissent from others, and to build consensus; to stand behind the collective decisions of the committee in unity)</p>	
<p><b>12. Fortright</b> (Able to present an unpopular or controversial position in the face of opposition or opposing views)</p>	<p><b>12. Fortright</b> (Able to present an unpopular or controversial position in the face of opposition or opposing views)</p>	

Current Competency/Attribute	Proposed Competency/Attribute/ Consideration	Rationale
<b>13. Independent</b> (Be an independent thinker; decides independently but knows when and how to consult others)	<b>13. Independent</b> (Be an independent thinker; decides independently but knows when and how to consult others)	
<b>14. Proactive</b> (Proactive and anticipatory rather than reactive and responsive)	<b>14. Proactive</b> (Proactive and anticipatory rather than reactive and responsive)	
<b>15. Systems-level Thinker</b> (Conceptualize on a systems level and be able to communicate this understanding to others)	<b>15. Systems-level Thinker</b> (Conceptualize on a systems level and be able to communicate this understanding to others)	
<b>Ethical (Have an unquestioned level of ethical integrity)</b>	<del>Ethical (Have an unquestioned level of ethical integrity)</del>	Integrated integrity into professional judgement to be more explicit that it is about integrity.
<b>Strategic (be a strategic thinker, able to move beyond the details to envision the grander future.</b>	<del>Strategic (be a strategic thinker, able to move beyond the details to envision the grander future.</del>	Board competency rather than statutory committee member
<b>Astute (Able to apply their knowledge in the context of Board level decision-making and leadership)</b>	<del>Astute (Able to apply their knowledge in the context of Board high level decision-making and leadership)</del>	



## Discussion Note – September 2023 Council

### Competency-based eligibility for election to Council

#### Contact for Questions or More Information

Silvie Crawford, Executive Director & CEO

#### Background

As CNO's governing body, Council sets the strategic direction for regulating nursing in the public interest. According to the legislation, CNO's Council is composed of nurses who are elected to Council and public members, appointed by the Ontario government.<sup>1</sup> Competency-based appointment of board members is a governance best practice and supported by evidence. Having key competencies on a board enable CNO Council members to carry out their governance responsibilities, including providing strategic oversight to the organization and regulation of the profession in the public interest.

The [College Measurement Performance Framework \(CPMF\)](#) benchmarked measure 1.1 a (i) requires Ontario health regulators, including CNO, to demonstrate the following:

*Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.*

- a. Professional members are eligible to stand for election to Council only after:
  - i. Meeting pre-defined competency and suitability criteria;

In 2022, CNO self-reported as “partially met” to this measure of the CPMF. Currently, nurse Council members are elected by their peers in regional elections. There are basic eligibility requirements in CNO's [By-Laws](#).<sup>2</sup> Candidates are asked to reflect on the [Board Profile](#) and Code of Conduct. They review a list of [competencies and attributes](#) and are asked to identify which knowledge, skills and attributes they bring to Council. Candidates include in their election profiles their reflections on CNO's purpose, and the competencies and attributes they bring to the board.

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<sup>1</sup> Section 9(1) of the [Nursing Act, 1991](#).

<sup>2</sup> Section 52 – Eligibility for Election.



Council has been a leader in regulatory governance. CNO's [Governance Vision](#) proposed board appointments for all board members (nurses and public members), based on specific competencies and attributes. However, for CNO to implement the competency-based appointment process requires government support for legislative change.

Staff are seeking Council's input at the September 2023 Council meeting to inform a competency-based election process to be considered by Council in December 2023. By establishing a competency-based election process, CNO's Council could address potential gaps and meet the requirements set out in the CPMF. These changes would also align with Council's [governance principles](#) and recent Council evaluation recommendations related to Council composition and profile.<sup>3</sup> In addition, a competency-based election process with an emphasis on diversity, equity and inclusion (DEI) supports Council's composition of qualified individuals that bring a wide range of expertise, skills, knowledge, and perspectives. This demonstrates Council's leadership in regulatory governance and commitment in regulating nursing in the public interest.

## Summary of the Environmental Scan

CNO staff conducted an environmental scan to explore the approaches and processes other regulators have taken to establish a competency-based eligibility for election to Council. CNO reviewed the CPMF responses to this measure by all Ontario health regulators. In addition, we reviewed other Canadian and international jurisdictions as well as other non-health regulators. **Attachment 1** provides an overview of the key findings from the environmental scan.

## Principle-based approach for consideration

For consideration, below are some proposed principles to guide the development of an approach in establishing a competency-based eligibility for election process for CNO's Council. Based on Council's input, these principles will inform an approach to implement a competency-based eligibility process for election to Council.

### Principles

1. *Evidence-informed*
  - The competency-based election process will be evidence-informed and reflect current governance best practices.
2. *Competency-based*
  - Competency-based election process enhances board effectiveness by ensuring incoming board members have the needed skills and competencies.
  - Reassures the public, nurses and stakeholders that board members have necessary skills and competencies to make important regulatory decisions in the public interest.

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<sup>3</sup> Recommendations 20-23, [Watson Report 2022](#)



### 3. *Diversity*

- Board diversity is a priority for CNO's Council. An emphasis on DEI would promote board diversity and strive to reflect the diversity of the Ontario population.
- Council members have the competencies to apply DEI concepts in their discussions and decision-making.
- Council members have the competence to provide strategic oversight of organizational DEI priorities.

### 4. *Risk-based*

- The competency-based election process will take into consideration potential risks and develop appropriate risk mitigation strategies to ensure:
  - board constitution,
  - that Council can meet quorum requirements, and
  - there are sufficient numbers of board members to meet legislative requirements for statutory committees' composition.<sup>4</sup>

### 5. *Transparency*

- The established processes and procedures are fair, objective and transparent, accessible to all stakeholders and publicly available.

### 6. *Quality Improvement*

- Ongoing quality improvement will be integrated in the established processes to address changing expectations, evidence and best practices.
- Establishing a process to evaluate and address any potential biases would be built into the competency-based election process and/or systems.
- Regular feedback from multiple sources, including candidates, the Nominating Committee, board members and staff will result in continuous improvement of the competency-based process.

## **Questions for Council**

- Are the proposed principles clear? Are there other principles that should be considered?
- Does Council support these principles as a foundation for implementing a competency-based election process?
- What outcomes would Council want to achieve with a competency-based election process?

## **Next Steps**

- Based on Council's input, staff will continue to develop a proposed approach to be brought forward for decision in December 2023.

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<sup>4</sup> As per sections 17-21, [CNO By-Laws](#).



## Attachment 1 – Findings from the Environmental Scan

Excluding CNO, the following responses were self-reported by Ontario’s health regulatory Colleges regarding Measure 1.1a (i) of the 2022 CPMF:

- 16 met
- 7 partially met
- 1 did not meet

There is variability noted in the responses by Ontario health regulatory Colleges, as highlighted below:

- Of those Colleges indicating they “met” or “partially met” Measure 1.1a (i), some have implemented a robust competency matrix (e.g., [College of Occupational Therapists](#), [College of Registered Psychotherapists](#)) and some outlined a clear process for candidate screening and assessment (e.g., [College of Physicians and Surgeons](#), [College of Dental Technologists](#), [College of Kinesiologists](#), [Ontario College of Pharmacists](#)).
- Some Colleges indicated using an annual assessment of Board skills or competency gaps to inform targeted recruitment for subsequent elections. For instance, the Ontario College of Pharmacists (OCP) assesses existing Board competence through an annual ‘skills inventory questionnaire’. OCP’s Governance Committee uses this data to develop a Board Director Profile for the annual election, targeting specific competency gaps for recruitment for one third of the seats every year.
- Other Colleges list out pre-defined competencies approved by the board (e.g., [College of Audiologists and Speech-Language Pathologists](#), [College of Homeopaths](#), [College of Medical Radiation and Imaging Technologists](#), [College of Opticians](#)).

All the Colleges that self-reported “partially met” or “did not meet” did indicate plans, or are already in progress, to implement a competency-based to Council elections. Some Colleges that self-reported “met” also indicated work underway (e.g., [College of Medical Laboratory Technologists](#)). Of note, the [College of Midwives](#) self-reported “partially met” and clarified in their response that they are currently considering competency-based criteria for eligibility for election but are not committed to implementing “unless directed by legislative change”.

We also included select Canadian and international regulators in the scan, as well as non-health regulators, where we had awareness of relevant and recent governance reform. Highlights from this group of regulators include the following:

- Ontario College of Social Workers and Social Service Workers has work underway to implement a screening process using a skills matrix. In May 2023, Council approved draft amended by-laws, a draft screening policy, and a draft competency matrix.
- Ontario College of Teachers developed a [competency matrix](#) that is used to assess each individual who applies for a Council position (appointment process).

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- The British Columbia College of Nurses and Midwives (BCCNM) uses a [competency matrix](#) that covers four areas: values and attributes (that every Board member will bring), skills, practices and knowledge (that every Board member will bring, or be willing to learn), diverse experience and perspectives, and specific professional experience, knowledge and skills (that one or more Board members will have). BCCNM asks board members to assess themselves against the [composition matrix](#). Based on the results, the Governance Committee identifies priority needs for the coming year. BCCNM publishes its decision as part of the election material, both the call for nominations and ballot communication. They also inform the Crown Agencies and Board Resourcing Office (CABRO) as part of the public appointment/re-appointment process.
  - The College of Registered Nurses of Alberta (CRNA) follows a similar process to BCCNM, where each year Council's [skills and competencies](#) will be assessed to determine where gaps may exist. The recruitment for new Council members will focus on filling these gaps to enhance Council's ability to govern the profession in the public interest.

Many regulators in Ontario and Canada have incorporated DEI in their competencies. For instance, the College of Occupational Therapists' Board Competency Framework, recognizes that the Board and committees need to reflect the diverse populations that use occupational therapy services in Ontario (diversity including culture, gender, race, age, geography, and practice setting). OCP's Board approved updated by-laws that added a competency regarding diversity and inclusion. CPSO explicitly encourages nominations from physicians with diversity in a set list of attributes (race/ethnicity, Indigenous, gender, LGBTQ2S+, age, disability, practice setting and practice specialty). The British Columbia College of Nurses and Midwives (BCCNM) and the College of Registered Nurses of Alberta (CRNA) have integrated DEI competencies in their board composition matrices.



## Discussion Note – September 2023 Council

### Strategic Plan Measures Reporting: Outcome Measures and Approach to Reporting

#### Contact for Questions or More Information

Silvie Crawford, Executive Director & CEO

#### Purpose

The purpose of this discussion note is to provide Council with an update of the measures that have been developed to indicate the progress of the Strategic Plan and to provide information that will guide Council's discussions on how this information could best be presented.

#### Questions for Consideration

- Is Council confident that the organization has a method to monitor and present the progress of the implementation of the Strategic Plan?
- Is Council confident that the organization has a way to monitor the outcome and achievements of Strategic Plan?
- Does Council have any questions about our progress on the Strategic Plan?
- Is there any additional information that would further support a discussion of the Strategic Plan?

#### Background

This discussion note is the result of CNO's commitment to keep Council informed about the Strategic Plan implementation progress.

#### Extension of Strategic Plan

In March 2023, Council approved a recommendation to extend the duration of the Strategic Plan from 2024 to December 31, 2026, based on an environmental scan and mid-term review of the plan. The decision affirmed the plan remained relevant and aligned with CNO's purpose and evolving public expectations. There was commitment to provide regular updates to Council on CNO's progress, as Council has a shared responsibility to oversee the plan's implementation.

## Environmental Scan

An environment scan conducted by CNO prior to the March 2023 council meeting showed that the health care system continues to evolve and that the pace of change in the system is increasing. The scan noted that CNO is often being called upon to support government priorities associated with health and human resources as challenges emerge. CNO is also committed to adapting to the evolving social expectations of regulation and other emerging opportunities. New measures were developed to support CNO as it responds and adapts to this dynamic health system.

## Update of Measures

All measures, existing and new, were evaluated against each of the following criteria (see **Attachment 1**) to determine the final list of measures for Council input:

- Relevance
- Feasibility
- Interpretability
- Reliability
- Validity
- Attributability to CNO

As a result of this process, one outcome measure and multiple leading measures (see **Attachment 2**) for each of the three outcomes of the Strategic Plan were developed. The outcome measure (directly related to the outcome) shows whether CNO is achieving the outcome, while the leading measures (not directly measuring the outcome but related to it) show whether CNO is on track to do so.

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

### Reporting on the Measures

To present this data in a useful way, we have developed a *dashboard* (see **Attachment 3**) that will provide a broad summary of CNO's progress in implementing the Strategic Plan. This will be updated for each Council meeting. Additionally, CNO may provide more in-depth information on specific measures or sets of measures as needed.

CNO is also adopting a project management approach (see **Attachment 4**), including the introduction of new technology such as Smartsheet dashboards, to increase the efficiency of information gathering and the visibility of information in the organization.

### **Next Steps**

CNO will explore any changes recommended by Council and continue to report on the Strategic Plan, with the new measures described in this briefing note.

### **Attachments**

1. Selection Framework for Measures
2. Strategic Plan Measures
3. Strategic Plan Outcome Measures



## Attachment 1 - Selection Framework

The following selection framework lists the criteria used to evaluate the appropriateness of the measures in CNO's Strategic Plan. Criteria from multiple frameworks, including Health Quality Ontario, were selected based on their applicability to the regulatory context.

All measures were evaluated against each criterion on a binary scale (yes/no). *Relevant* and *Feasible* were necessary for inclusion in the final Strategic Plan. Other factors considered in determining appropriateness of measures were whether there was opportunity for improvement and any risks and/or limitations associated with the measure.

Criteria	Definition
Relevant	The indicator is directly related to the outcome or is a reasonable proxy for it. Movement in the indicator can be reasonably expected to be correlated with the outcome.
Feasible	The indicator can be measured, and data is available or can be collected. The effort required, cost to collect and/or report is reasonable.
Interpretable	The indicator is easily understood by relevant stakeholders (staff, Leadership Team, Council, the public), and there is a clear direction the indicator should move in (e.g., increase is positive, decrease is incompatible with desired goal).
Reliable	Values are reproducible if measured repeatedly.
Valid	The indicator measures what it claims to measure.
Attributable to CNO	Movement in the indicator can be reasonably attributable to activities/actions of CNO.

**Attachment 2 - Strategic Plan Measures**

Metric	Type	Description	Rationale
Applicant experience survey results	Outcome 1	Measures the experience of applicants with CNO's registration process.	Survey results will provide a direct measure of all constructs listed in the outcome (fair, inclusive, and effective).
Application processing ratio	Leading (Outcome 1)	Measures the number of applications processed divided by the number of applications received.	Greater efficiency in processing applications (more applications processed than received) should result in faster registration for applicants and reflects an effective registration process.

Metric	Type	Description	Rationale
Time to first contact for applications	Leading (Outcome 1)	Measures the percentage of applicants contacted within 15 days of submission (target = 100%).	This is an operational metric of effectiveness and ensures that applicants are contacted in a timely manner once they apply. All registration applicant types (e.g., Ontario, IEN, and Canadian) are compared to ensure similarity (fairness). This metric is a requirement for CNO based on the established target set by Bill 106.

Metric	Type	Description	Rationale
Quality Assurance (QA) assessment results	Outcome 2	Measures the proportion of participants who satisfactorily completed the Code of Conduct QA assessment activity on their first attempt (from Part B of the QA program).	The results from Part B provide an objective measure of understanding and integration of standards as participants apply their knowledge to real experiences. An increase in the proportion of participants who are successful would reflect an increase in the understanding and integration of the standards.
QA survey results	Leading (Outcome 2)	Measures the perception of QA participants regarding their understanding of CNO standards after completion of QA modules (from Part A of the QA program).	This measures self-perceived knowledge of standards as a proxy measure of understanding.

Metric	Type	Description	Rationale
Standards utilization survey results	Leading (Outcome 2)	Measures familiarity with practice standards.	Familiarity with CNO standards is a proxy measure for understanding. The standards modernization membership survey from 2021 will be used as a representative baseline measure.
Professional Conduct remediation dispositions	Leading (Outcome 2)	Measures the proportion of professional conduct (professional misconduct and/or incompetence) investigations with a remedial outcome.	An increase in the proportion of remedial outcomes reflects action by the ICRC to address nurses' practice deficiencies and improve understanding and integration of the standards of practice of the profession through directing remedial outcomes, wherever appropriate, potentially reducing referrals to discipline.

Metric	Type	Description	Rationale
Trust index/score survey results	Outcome 3	Measures the level of trust in CNO from the perspectives of stakeholders.	This is a direct and representative measure of trust for various stakeholder groups.
Awareness and perception survey results	Leading (Outcome 3)	Measure of stakeholders' awareness and perception of CNO as an organization and its regulatory mandate.	This measures awareness and perception of CNO in stakeholders and underpins trust (based on the theoretical model where awareness is first needed to establish trust).
Social media audience growth	Leading (Outcome 3)	Measures the number of followers for each of CNO's social media accounts.	This measures the growth of CNO's followers and is a proxy measure for awareness, which is a necessary antecedent for trust.



### **Attachment 3 - Strategic Plan Outcome Dashboard**

Dashboards are tools designed to visually present a variety of related critical data and information in a single place. . For organizations, dashboards typically display a range of measures that give a broad, high-level view of the performance of a project, program, or the organization itself, in a clear and legible manner. The main purpose is to provide key stakeholders one-stop, at-a-glance, information on the progress an organization is making towards its goals.

While dashboards can present data in several ways, they can broadly be broken down into two types: interactive and static. Interactive dashboards enable the user to pick and choose which data is visualized, how it is visualized, and may allow the user to modify date ranges or change filters.

Static dashboards, on the other hand, provide a snapshot of information from a single point in time. Users can access all the presented data in a single place but are not able to modify what or how it is presented. The two dashboards presented to Council related to the strategic plan, the Strategic Plan Smartsheet Dashboard and the Strategic Plan Outcome Dashboard are both static dashboards.



# Strategic Plan 2021-2026 Outcome Dashboard

Outcome Measure

Leading Measure

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

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

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

## Applicant Experience Survey



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

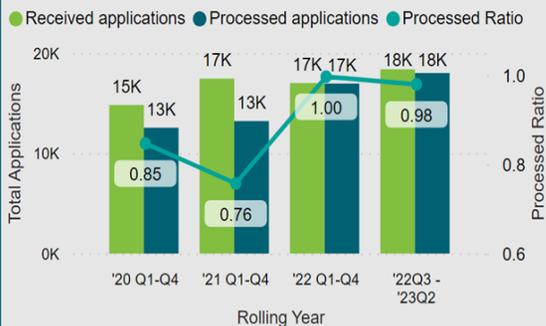
### 2023 YTD



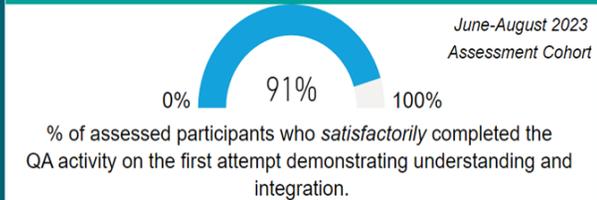
### Baseline (2020-22)



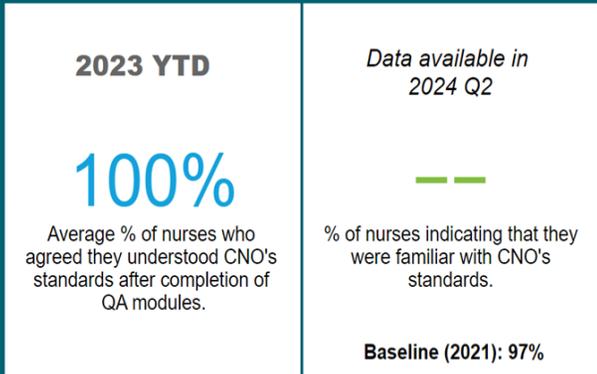
## Application Processing Ratio



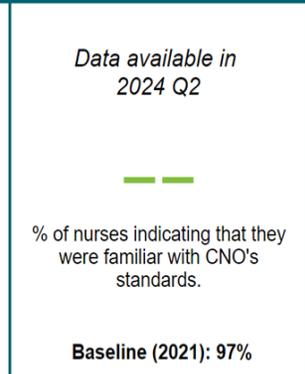
## Quality Assurance (QA) Assessment



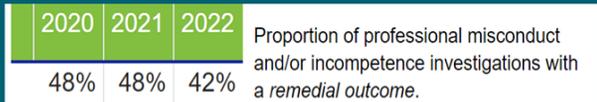
### QA Survey



### Standards Survey



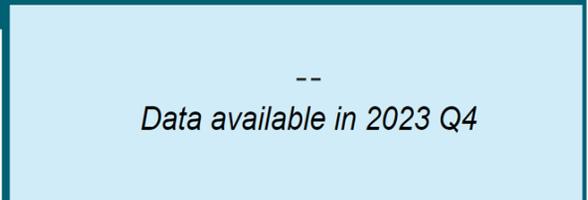
## Professional Conduct Remediation Dispositions



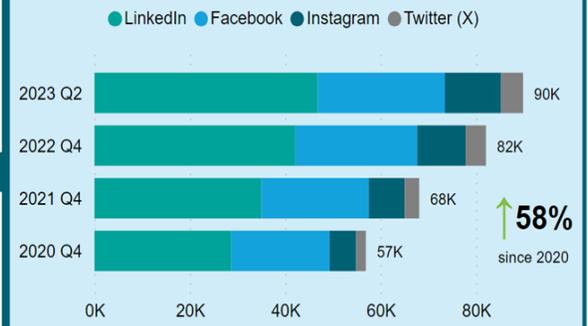
## Trust



## Awareness



## Social Media Audience Growth





#### **Attachment 4 – Managing the Strategic Plan: Project Management Approach**

CNO has recently acquired Smartsheet, a project management solution, to bolster our capacity in managing our Strategic Plan 2021-2026. This aligns with our commitment to efficient and structured project management practices, ensuring that our efforts across the organization remain focused, streamlined, and directed toward the successful realization of the strategic plan.

Smartsheet will serve as a pivotal tool in enhancing our management practices in several ways as it offers:

**Streamlined Project Management:** Smartsheet will enable us to establish a structured project approach to managing the overall strategic plan. By providing a single platform where the high-level status of all projects and activities contributing to the strategic plan can be monitored, it will eliminate data silos and support broad organizational awareness of the many aspects of our strategic plan.

**Real-Time Visibility:** The platform's real-time dashboard and reporting features will offer us a comprehensive view of project status, key milestones, and potential bottlenecks. This transparency will empower decision-makers with the information needed to make informed choices and allocate resources efficiently.

**Efficiency Gains:** Smartsheet's automation capabilities will reduce manual administrative tasks, allowing our teams to focus on the work of delivering the strategic plan.

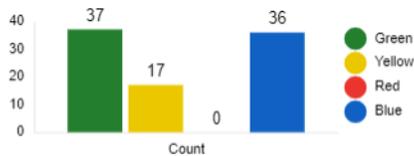
**Progress Tracking:** Through Smartsheet, we can easily track progress against our strategic plan's objectives. Milestones, timelines, and dependencies can be managed, ensuring that we stay on course, can pivot as needed, and understand the resulting implications on our work. Smartsheet includes dashboard features, which will allow us to view project health visually. A few sample snapshots of the dashboards are provided below:



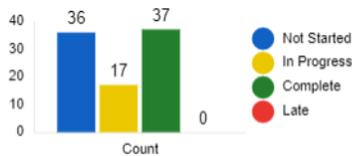
# College of Nurses of Ontario

## Overall

### Health



### Status



### Dashboards

- 🕒 Outcome 1 - C...
- 🕒 Outcome 2 - C...
- 🕒 Outcome 3 - C...
- 🕒 Pillar 1 - CNO ...
- 🕒 Pillar 2 - CNO ...
- 🕒 Pillar 3 - CNO ...
- 🕒 Pillar 4 - CNO ...

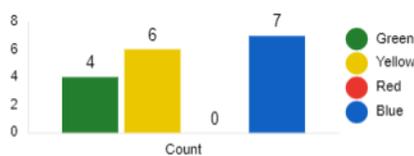
Image 1- Overall Strategy Plan- Smartsheet dashboard view



# College of Nurses of Ontario

## Outcome 1

### Health



### Status



### Dashboards

- 🕒 Outcome 2 - ...
- 🕒 Outcome 3 - ...
- 🕒 CNO Dashbo...

### Report for Outcome 1

Health	Primary	% Complete	Jan 29	Feb 5	Feb 12											
			S	M	T	W	T	F	S	S	M	T	W	T	F	S
🔵	Applicant Survey Implementation/Applicant Survey Baseline Development	0%														
🔵	Applicant Experience Survey Target Setting	0%														
🟡	Modernization of Applicant Assessment (MAA)	21%														
🟡	LP project (Bill 106 work)	50%														
🟢	New Police Criminal Record Check policy implemented	100%														
🟡	New Police Criminal Record Check platform implemented	11%														
🟢	Procure vendor	100%														
🟡	Implementation Planning with Vendor	10%														
🔵	Evidence of Practice/Legislation Change: Evidence of Practice	0%														

Image 2- Outcome 1- Smartsheet dashboard view

As we embark on this journey with Smartsheet, CNO remains committed to realizing our strategic goals. Our aim is to ensure that all our endeavors align with the overarching strategic plan, and that progress is continually monitored to propel us towards its successful realization.





## Decision Note – September 2023 Council

### Amendments to the Registration Regulation related to Education – for decision re. circulation

#### Contact for Questions or More Information

Anne Marie Shin, Director of Professional Practice

#### Decision for Consideration

That Council approve amendments to Ontario Regulation [275/94](#) (General) under the *Nursing Act, 1991*, as shown in attachment 1 to this decision note, for circulation to members and other stakeholders for 60 days.

(Please see attachment 1 for the redlined version showing the proposed regulation changes and attachment 2 for a chart that provides the rationale for each change).

#### Public Interest

Meeting evidence-informed registration requirements ensures CNO registers applicants who have the knowledge, skills, judgment and character to practice nursing safely in Ontario. As described in the [June 2023 Council briefing note](#), the proposed regulation changes are evidence-based to support safe patient care.

#### Discussion Question

Do you believe the proposed regulations, described in attachment 2, are in the public interest?

#### Background

At the June 2023 Council meeting, Council supported proposing revisions to Regulation 275/94 under the *Nursing Act, 1991* (Registration Regulation) to:

1. amend the education requirement from “education equivalency” to “nursing education recognized or approved in any jurisdiction”, and
2. require General Class applicants to successfully complete a course to support the successful integration of applicants to the healthcare system in Canada.<sup>1</sup>

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<sup>1</sup> Canadian graduates will meet the requirement given this content is already integrated in Canadian programs.



### Current Education Requirement

Under *the Nursing Act, 1991*, Registered Nurse (RN) and Registered Practical Nurse (RPN) applicants who are educated in Ontario successfully complete a baccalaureate degree in nursing for RNs or a diploma in practical nursing for RPNs approved by Council.<sup>2</sup>

Applicants who are educated outside of Canada and have not completed an Ontario approved program undergo an evaluation approved by Council.<sup>3</sup> The regulation states that this evaluation assesses whether the applicant possesses competencies that are equivalent to the above nursing programs.

The education requirement is one of eight registration requirements to obtain a General Class certificate of registration. As previously shared with Council and external stakeholders, meeting the current education requirement is the greatest barrier for Internationally Educated Nurses (IENs) to register in Ontario.

For more information, please refer to the [June 2023 Council briefing note](#).

### Regulation-Making Authority

Subsection 95(1) of Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA) being the *Health Professions Procedural Code* (Code) gives Council regulation making authority “prescribing standards and qualifications for the issue of certificates of registration”. Subject to Council approval, as per the RHPA, the Lieutenant Governor in Council has final approval (with prior review of the Minister) respecting any regulation that Council may pass.

### **Next Steps**

1. Subject to Council approval, the draft regulations will be circulated to registrants and other stakeholders over the 60-day consultation period (from September 29th to November 27th).
2. Following the 60-day consultation period, Council will meet again to review the consultation feedback and consider approval of the regulations. Subject to Council approval, the proposed regulations would be submitted to the Government for their review and approval processes.
3. CNO staff would develop and execute plans to support implementation of the regulatory changes including engagement with external stakeholders.

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<sup>2</sup> Sections 2(1)1.i. and 3(1)1.i., *Ontario Regulation 275/94*

<sup>3</sup> Sections 2(1)1.iii.B. and 3(1)1.iii.B., *Ontario Regulation 275/94*.



Attachment 1

Redlined Version Showing the Proposed Regulation Changes

Nursing Act, 1991

ONTARIO REGULATION 275/94

GENERAL

**Consolidation Period:** From May 15, 2023 to the [e-Laws currency date](#).

Last amendment: 96/23.

Legislative History: 115/96, 39/98, 158/00, 212/00, 472/01, 264/04, 376/04, 406/04, 433/04, 22/06, 190/06, 387/06, 131/07, 433/07, 502/07, 410/08, 311/10, 387/11, 174/12, 175/12, 268/13, CTR 15 JL 08 - 1, 462/16, 111/17, 473/19, 741/20, 308/22, 509/22, 96/23.

*This is the English version of a bilingual regulation.*

...

**PART II  
REGISTRATION**

GENERAL CERTIFICATES OF REGISTRATION — REGISTERED NURSE

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

1. The applicant,

- i. must have a minimum of a baccalaureate degree in nursing evidencing the successful completion of a program specifically designed to educate and train persons to be practising registered nurses,
  - A. awarded by a university in Canada as a result of successful completion of a program that was approved by Council or that was approved by a body approved by Council for that purpose,
  - B. awarded by a university as a result of successful completion of a program that was approved by Council or that was approved by a body approved by Council for that purpose, or
  - C. awarded by a college of applied arts and technology in Ontario as a result of successful completion of a program that was approved by Council or a body approved by Council for that purpose, or
- ii. must have successfully completed a relevant program ~~a minimum of a baccalaureate degree~~ in nursing ~~evidencing the successful completion of a program~~ specifically designed to educate and train persons to be practising registered nurses other than a program mentioned in subparagraph i, which program was recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise



~~as a registered nurse in that jurisdiction which program was approved by the Registration Committee as one whose graduates should possess knowledge, skill and judgement at least equivalent to those of current graduates of a program mentioned in sub-sub paragraph i A or C, or~~

~~iii. must have successfully completed a program in nursing specifically designed to educate and train persons to be practising registered nurses, other than a program mentioned in subparagraph i or ii, and,~~

~~————— A. must have successfully completed a program that, at the time the applicant commenced it, was approved by Council as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A or C, or~~

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

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

3. The applicant,

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

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

iii. must demonstrate evidence of practice as a registered nurse no more than three years before the day on which the applicant met all other requirements for the issuance of the certificate of registration, or

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

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

5. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French at a date no more than two years before the day that ~~he or she~~ the applicant is issued the certificate of registration, or such longer period of time as specified by a panel of the Registration Committee, unless,

i. the applicant, on the day ~~he or she~~ the applicant submits the application, holds a certificate of registration as a registered nurse, other than a certificate in the Emergency Assignment or Non-Practising class, or

ii. the applicant previously held a certificate of registration as a registered nurse, other than a certificate in the Emergency Assignment, retired or Non-Practising class and since the date that the applicant last held that certificate no more than two years or such longer period of time as specified by a panel of the Registration Committee has elapsed.

O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 1; O. Reg. 741/20, s. 1.

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

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

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

(4) An applicant is exempt from the requirements in paragraphs 1, 2, and 5 and 6 of subsection (1) if the applicant holds a certificate of registration in the extended class at the time that he or she applies for the issuance of a certificate of registration as a registered nurse in the General class. O. Reg. 175/12, s. 1.

(4.1) An applicant satisfies the requirement in paragraph 6 of subsection (1) if, within the last three years, the applicant completed a recognized or approved registered nurse program in Canada or practised nursing in Canada.

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

#### MOBILITY WITHIN CANADA

**2.1** (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a certificate of registration as a registered nurse in the General class, the requirements of paragraphs 1, 2, and 3 and 6 of subsection 2 (1) of this Regulation are deemed to be met by the applicant. O. Reg. 175/12, s. 1.

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

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

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

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

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

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

GENERAL CERTIFICATES OF REGISTRATION — REGISTERED PRACTICAL NURSE

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

1. The applicant,

i. must have a diploma in practical nursing evidencing the successful completion of a program specifically designed to educate and train persons to be practising registered practical nurses,

A. awarded by a College of Applied Arts and Technology in Ontario whose program was approved by Council or by a body approved by Council for that purpose, or

B. awarded as a result of successful completion of a program that was approved by Council or by a body approved by Council for that purpose,

ii. must have successfully completed a relevant program ~~a diploma~~ in practical nursing ~~evidencing the successful completion of a program~~ specifically designed to educate and train persons to be practising registered practical nurses, other than a program mentioned in subparagraph i, which program was recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered practical nurse in that jurisdiction; ~~which program was approved by the Registration Committee as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A, or~~

~~iii. must have successfully completed a program in practical nursing specifically designed to educate and train persons to be practising registered practical nurses, other than a program mentioned in subparagraph i or ii, and,~~

~~A. must have successfully completed a program that, at the time the applicant commenced it, was approved by Council as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A, or~~

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

~~iv. iii must have satisfied the requirements of paragraph 1 of subsection 2 (1), or~~

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

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

3. The applicant,

- 
- i. must have met the requirements ~~been awarded the diploma~~ mentioned in subparagraph 1 i. ii or iii no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration,
  - ~~ii. must have successfully completed all the requirements of subparagraph 1 iii, iv or v no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration,~~
  - iii. must demonstrate evidence of practice as a registered practical nurse no more than three years before the day on which the applicant met all other requirements for the issuance of the certificate of registration, or
  - ~~iv. iii.~~ must have paid any fees required under the by-laws, undergone an evaluation approved by the Registration Committee at a time when the evaluation was approved by the Registration Committee and met requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee within the period of time specified by the panel.

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

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

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

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

(3.1) An applicant satisfies the requirement in paragraph 6 of subsection (1) if, within the last three years, the applicant completed a recognized or approved registered practical nurse program in Canada or practised nursing in Canada.

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

#### MOBILITY WITHIN CANADA

**3.1** (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a certificate of registration as a registered practical nurse in the General class, the requirements of paragraphs 1, 2, ~~and 3~~ and 6 of subsection 3 (1) of this Regulation are deemed to be met by the applicant. O. Reg. 175/12, s. 1.



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

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

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

(b) the applicant is in compliance with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant the out-of-province certificate as a registered practical nurse. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 4.

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

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

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

...

#### MOBILITY WITHIN CANADA

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

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

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

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

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

(4) An applicant referred to in subsection (1) is deemed to have met the requirements of paragraph 6 of subsection 5 (1) where the requirements for the issuance of the applicant’s out-of-province certificate included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 175/12, s. 1.



(5) Despite subsection (1), a requirement set out in paragraph ~~2~~ 7 of subsection 5 (1) will continue to apply to an applicant where that requirement is a requirement described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 175/12, s. 1.

(6) If an applicant to whom subsection (1) applies is unable to satisfy the Executive Director or a panel of the Registration Committee that the applicant practised the profession of nursing to the extent that would be permitted by a Temporary certificate of registration at any time in the three years immediately before the date of that applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 9.

Attachment 2

Rationale Chart

Existing Clause (if applicable)	Proposed New Clause	Reason for change
<p>1. The applicant, i. must have a minimum of a baccalaureate degree in nursing evidencing the successful completion of a program specifically designed to educate and train persons to be practising registered nurses,     A. awarded by a university in Canada as a result of successful completion of a program that was approved by Council or that was approved by a body approved by Council for that purpose,     B. awarded by a university as a result of successful completion of a program that was approved by Council or that was approved by a body approved by Council for that purpose, or     C. awarded by a college of applied arts and technology in Ontario as a result of successful completion of a program that was approved by Council or a body approved by Council for that purpose,</p>	<p>1. The applicant, i. must have a minimum of a baccalaureate degree in nursing evidencing the successful completion of a program specifically designed to educate and train persons to be practising registered nurses,     A. awarded by a university in Canada as a result of successful completion of a program that was approved by Council or that was approved by a body approved by Council for that purpose,     B. awarded by a university as a result of successful completion of a program that was approved by Council or that was approved by a body approved by Council for that purpose, or     C. awarded by a college of applied arts and technology in Ontario as a result of successful completion of a program that was approved by Council or a body approved by Council for that purpose, <u>or</u></p>	<p>Adding “or” is an editorial change given new numbering.</p>
<p>2(1)1. ii. must have a minimum of a baccalaureate degree in nursing evidencing the successful completion of a program specifically designed to educate and train persons to be practising registered nurses other than a program mentioned in subparagraph i, which program was approved by the Registration Committee as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A or C, or</p>	<p>2(1)1. ii. must have <u>successfully completed a relevant program</u> <del>a minimum of a baccalaureate degree</del> in nursing <del>evidencing the successful completion of a program</del> specifically designed to educate and train persons to be practising registered nurses other than a program mentioned in subparagraph i, <u>which program was recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered nurse in that jurisdiction</u> <del>which program was approved by the</del></p>	<p>Data shows that the largest barrier for Internationally Educated Nurses (IENs) to register is the education equivalency requirement. Currently, for programs completed outside of Canada, education must be assessed for equivalency, which is an expensive and time-consuming process.</p> <p>The proposed change will mean that IEN applicants, who have successfully</p>



Existing Clause (if applicable)	Proposed New Clause	Reason for change
	<del>Registration Committee as one whose graduates should possess knowledge, skill and judgement at least equivalent to those of current graduates of a program mentioned in sub-sub paragraph i A or C, or</del>	completed an RN program recognized or approved in any jurisdiction, will meet the education requirement (thus allowing the IEN to write the NCLEX-RN registration exam).
<p>2(1)1. iii. must have successfully completed a program in nursing specifically designed to educate and train persons to be practising registered nurses, other than a program mentioned in subparagraph i or ii, and,</p> <p>A. must have successfully completed a program that, at the time the applicant commenced it, was approved by Council as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A or C, or</p> <p>B. must have paid any fees required under the by-laws, undergone an evaluation approved by Council and satisfied the Executive Director or a panel of the Registration Committee that he or she has successfully completed further education or training or combination of education and training approved by the Registration Committee that was identified in the evaluation as being necessary to evidence that the applicant possesses knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A or C.</p>	<del>2(1)1. iii.- must have successfully completed a program in nursing specifically designed to educate and train persons to be practising registered nurses, other than a program mentioned in subparagraph i or ii, and,</del> <p>A. <del>must have successfully completed a program that, at the time the applicant commenced it, was approved by Council as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A or C, or</del></p> <p>B. <del>must have paid any fees required under the by-laws, undergone an evaluation approved by Council and satisfied the Executive Director or a panel of the Registration Committee that he or she has successfully completed further education or training or combination of education and training approved by the Registration Committee that was identified in the evaluation as being necessary to evidence that the applicant possesses knowledge, skill and</del></p>	

Existing Clause (if applicable)	Proposed New Clause	Reason for change
	<p style="color: red; text-align: center;"><del>judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A or C.</del></p>	
<p>2(1)2. The applicant must have successfully completed an examination for registration as a registered nurse at a time when that examination was approved by Council and at a time when he or she was eligible under section 9 to take that examination, or must have successfully completed an examination approved by Council for that purpose.</p>	<p>2(1)2. The applicant must have successfully completed an examination for registration as a registered nurse at a time when that examination was approved by Council and at a time when <del>he or she</del> <u>the applicant</u> was eligible under section 9 to take that examination, or must have successfully completed an examination approved by Council for that purpose.</p>	<p>“The applicant” is inclusive language.</p>
<p>2(1)3. The applicant, i. must have been awarded the degree mentioned in subparagraph 1 I or ii no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration,</p>	<p>2(1)3. The applicant, i. must have <u>completed</u> <del>been awarded</del> the <del>degree</del> <u>requirements</u> mentioned in subparagraph 1 i or ii no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration,</p>	<p>This relates to the requirement for applicants to have nursing practice in the last three years. There are different pathways to meet this requirement including having completed a nursing program in the last three years. This paragraph has been amended to align with the proposed education program changes.</p>
<p>2(1)3. ii. must have successfully completed all requirements of one of sub-subparagraph 1 ii iii A or B no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration,</p>	<p style="color: red;"><del>2(1)3. ii. must have successfully completed all requirements of one of sub-subparagraph 1 ii iii A or B no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration,</del></p>	
<p>2(1)3. iii. must demonstrate evidence of practice as a registered nurse no more than three years before the day on which the applicant met all other requirements for the issuance of the certificate of registration, or</p>	<p>2(1)3. iii. must demonstrate evidence of practice as a registered nurse no more than three years before the day on which the applicant met all other requirements for the issuance of the certificate of registration, or</p>	<p>This is editorial given new numbering.</p>
<p>2(1)3. iv. must have paid any fees required under the by-laws,</p>	<p>2(1)3. <del>iv.</del> <u>iii.</u> must have paid any fees required under the by-laws,</p>	<p>This is editorial given new numbering.</p>

Existing Clause (if applicable)	Proposed New Clause	Reason for change
<p>undergone an evaluation approved by the Registration Committee at a time when the evaluation was approved by the Registration Committee and met requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee within the period of time specified by the panel.</p>	<p>undergone an evaluation approved by the Registration Committee at a time when the evaluation was approved by the Registration Committee and met requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee within the period of time specified by the panel.</p>	
<p>2(1)5. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French at a date no more than two years before the day that he or she is issued the certificate of registration, or such longer period of time as specified by a panel of the Registration Committee, unless,</p>	<p>2(1)5. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French at a date no more than two years before the day that <del>he or she</del> <u>the applicant</u> is issued the certificate of registration, or such longer period of time as specified by a panel of the Registration Committee, unless,</p>	<p>“The applicant” is inclusive language.</p>
<p>2(1)5. i. the applicant, on the day he or she submits the application, holds a certificate of registration as a registered nurse, other than a certificate in the Emergency Assignment or Non-Practising class, or</p>	<p>2(1)5. i. the applicant, on the day <del>he or she</del> <u>the applicant</u> submits the application, holds a certificate of registration as a registered nurse, other than a certificate in the Emergency Assignment or Non-Practising class, or</p>	<p>“The applicant” is inclusive language.</p>
<p>N/A</p>	<p><u>2(1)6. The applicant must, within five years before the day that the applicant is issued the certificate of registration, have successfully completed the program or course regarding successful integration to the healthcare system in</u></p>	<p>The regulations propose applicants successfully complete a program or course focusing on the healthcare system in Canada.  Evidence shows that such a program will support patient safety.</p>

Existing Clause (if applicable)	Proposed New Clause	Reason for change
	<a href="#">Canada that is approved by Council for applicants for the issuance of a certificate of registration as a registered nurse.</a>	A five-year timeframe aligns with our Jurisprudence Exam timing.
2(2) The requirements in subparagraph 1 ii or iii of subsection (1) shall be deemed not to have been met if the nursing program which the applicant relies on to meet that requirement was not recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered nurse in that jurisdiction.	<del>2(2) The requirements in subparagraph 1 ii or iii of subsection (1) shall be deemed not to have been met if the nursing program which the applicant relies on to meet that requirement was not recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered nurse in that jurisdiction.</del>	This has been integrated into the education program requirement in the newly proposed 2(1)1ii.
2(4) An applicant is exempt from the requirements in paragraphs 1, 2 and 5 of subsection (1) if the applicant holds a certificate of registration in the extended class at the time that he or she applies for the issuance of a certificate of registration as a registered nurse in the General class.	(4) An applicant is exempt from the requirements in paragraphs 1, 2, <del>and 5</del> <a href="#">and 6</a> of subsection (1) if the applicant holds a certificate of registration in the extended class at the time that he or she applies for the issuance of a certificate of registration as a registered nurse in the General class.	This exempts applicants from completing a course on healthcare in Canada if they are currently a Nurse Practitioner (and looking to transition to the General Class as an RN).
N/A	<a href="#">2(4.1) An applicant satisfies the requirement in paragraph 6 of subsection (1) if, within the last three years, the applicant completed a recognized or approved registered nurse program in Canada or practised nursing in Canada.</a>	This exempts applicants from completing the healthcare in Canada course if they practiced nursing in Canada within the last three years or completed a program that integrates the national entry-to-practice competencies within the last three years (i.e., RN programs in Canada).
<u>Mobility Within Canada</u>  2.1(1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a certificate of registration as a registered nurse in the General class, the requirements of paragraphs 1, 2 and 3 of subsection 2 (1) of this Regulation are deemed to be met by the applicant.	<u>Mobility Within Canada</u>  2.1(1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a certificate of registration as a registered nurse in the General class, the requirements of paragraphs 1, 2, <del>and 3</del> <a href="#">and 6</a> of subsection 2 (1) of this Regulation are deemed to be met by the applicant.	The proposed change exempts labour mobility applicants from completing the healthcare in Canada course.
3(1)1. ii. must have a diploma in practical nursing evidencing the successful completion of a program	3(1)1. ii. must have <a href="#">successfully completed a relevant program</a> <del>a diploma</del> in practical nursing	Data shows that the largest barrier for Internationally Educated Nurses (IENs) to

Existing Clause (if applicable)	Proposed New Clause	Reason for change
<p>specifically designed to educate and train persons to be practising registered practical nurses, other than a program mentioned in subparagraph i, which program was approved by the Registration Committee as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A,</p>	<p><del>evidencing the successful completion of a program</del> specifically designed to educate and train persons to be practising registered practical nurses, other than a program mentioned in subparagraph i, <u>which program was recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered practical nurse in that jurisdiction</u>, <del>which program was approved by the Registration Committee as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A, or</del></p>	<p>register is the education equivalency requirement. Currently, for programs completed outside of Canada, education must be assessed for equivalency, which is an expensive and time-consuming process.</p> <p>The proposed change will mean that IEN applicants, who have successfully completed an RPN program recognized or approved in any jurisdiction, will meet the education requirement (thus allowing the IEN to write the REx-PN registration exam).</p>
<p>3(1)1. iii. must have successfully completed a program in practical nursing specifically designed to educate and train persons to be practising registered practical nurses, other than a program mentioned in subparagraph i or ii, and,</p> <p>A. must have successfully completed a program that, at the time the applicant commenced it, was approved by Council as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A, or</p> <p>B. must have paid any fees required under the by-laws, undergone an evaluation approved by Council and satisfied the Executive Director or a panel of the Registration Committee that he or she</p>	<p><del>3(1)1. iii. must have successfully completed a program in practical nursing specifically designed to educate and train persons to be practising registered practical nurses, other than a program mentioned in subparagraph i or ii, and,</del></p> <p><del>A. must have successfully completed a program that, at the time the applicant commenced it, was approved by Council as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A, or</del></p> <p><del>B. must have paid any fees required under the by-laws, undergone an evaluation approved by Council and satisfied the Executive Director or a panel of the Registration Committee that he or she has</del></p>	

Existing Clause (if applicable)	Proposed New Clause	Reason for change
<p>has successfully completed further education or training or combination of education and training approved by the Registration Committee that was identified in the evaluation as necessary to evidence that the applicant possesses knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-paragraph i A.</p>	<p><del>successfully completed further education or training or combination of education and training approved by the Registration Committee that was identified in the evaluation as necessary to evidence that the applicant possesses knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-paragraph i A.</del></p>	
<p>3(1)1. iv. must have satisfied the requirements of paragraph 1 of subsection 2 (1), or</p>	<p>3(1)1. <del>iv.</del> <u>iii</u> must have satisfied the requirements of paragraph 1 of subsection 2 (1), or</p>	<p>This is editorial given new numbering.</p>
<p>3(1)1. v. must, if the applicant has not satisfied the requirements of paragraph 1 of subsection 2 (1), have successfully completed a program in nursing, specifically designed to educate and train persons to be practising registered nurses, must have paid any fees required under the by-laws, undergone an evaluation approved by Council and satisfied the Executive Director or a panel of the Registration Committee that he or she has successfully completed further education or training or combination of education and training approved by the Registration Committee that was identified in the evaluation as necessary to evidence that the applicant possesses knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-paragraph i A.</p>	<p><del>3(1)1. v. must, if the applicant has not satisfied the requirements of paragraph 1 of subsection 2 (1), have successfully completed a program in nursing, specifically designed to educate and train persons to be practising registered nurses, must have paid any fees required under the by-laws, undergone an evaluation approved by Council and satisfied the Executive Director or a panel of the Registration Committee that he or she has successfully completed further education or training or combination of education and training approved by the Registration Committee that was identified in the evaluation as necessary to evidence that the applicant possesses knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-paragraph i A.</del></p>	<p>This paragraph was removed to move away from an equivalency assessment.</p>

Existing Clause (if applicable)	Proposed New Clause	Reason for change
3(1)2. The applicant must have successfully completed an examination for registration as a registered practical nurse at a time when that examination was approved by Council and at a time when he or she was eligible under section 9 to take that examination, or must have successfully completed an examination approved by Council for that purpose.	3(1)2. The applicant must have successfully completed an examination for registration as a registered practical nurse at a time when that examination was approved by Council and at a time when <del>he or she</del> <u>the applicant</u> was eligible under section 9 to take that examination, or must have successfully completed an examination approved by Council for that purpose.	"The applicant" is inclusive language.
3(1)3. The applicant, i. must have been awarded the diploma mentioned in subparagraph 1 i or ii no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration,	3(1)3. The applicant, i. must have <u>met the requirements been awarded the diploma</u> mentioned in subparagraph 1 i, <del>or ii or iii</del> no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration,	This relates to the requirement for applicants to have nursing practice in the last three years. There are different pathways to meet this requirement including having completed a nursing program in the last three years. This paragraph has been amended to align with the proposed education program changes.
3(1)3. ii. must have successfully completed all the requirements of subparagraph 1 iii, iv or v no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration,	<del>3(1)3. ii. must have successfully completed all the requirements of subparagraph 1 iii, iv or v no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration,</del>	
3(1)3. iii. must demonstrate evidence of practice as a registered practical nurse no more than three years before the day on which the applicant met all other requirements for the issuance of the certificate of registration, or	3(1)3. iii. must demonstrate evidence of practice as a registered practical nurse no more than three years before the day on which the applicant met all other requirements for the issuance of the certificate of registration, or	This is editorial given new numbering.
3(1)3. iv. must have paid any fees required under the by-laws, undergone an evaluation approved by the Registration Committee at a time when the evaluation was approved by the Registration Committee and met	<del>3(1)3. iv.</del> <u>iii.</u> must have paid any fees required under the by-laws, undergone an evaluation approved by the Registration Committee at a time when the evaluation was approved by the Registration Committee	This is editorial given new numbering.

Existing Clause (if applicable)	Proposed New Clause	Reason for change
requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee within the period of time specified by the panel.	and met requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee within the period of time specified by the panel.	
3(1)5. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French at a date no more than two years before the day that he or she is issued a certificate in the General class, or such longer period of time as specified by a panel of the Registration Committee, unless,	3(1)5. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French at a date no more than two years before the day that <del>he or she</del> <u>the applicant</u> is issued a certificate in the General class, or such longer period of time as specified by a panel of the Registration Committee, unless,	"The applicant" is inclusive language.
3(1)5. i. the applicant, on the day he or she submits the application, holds a certificate of registration as a registered practical nurse, other than a certificate in the Emergency Assignment or Non-Practising class, or	3(1)5. i. the applicant, on the day <del>he or she</del> <u>the applicant</u> submits the application, holds a certificate of registration as a registered practical nurse, other than a certificate in the Emergency Assignment or Non-Practising class, or	"The applicant" is inclusive language.
N/A	<u>3(1)6. The applicant must, within five years before the day that the applicant is issued the certificate of registration, have successfully completed the program or course regarding successful integration to the healthcare system in Canada that is approved by Council for applicants for the issuance of a certificate of registration as a registered practical nurse.</u>	The regulations propose applicants successfully complete a program or course focusing on the healthcare system in Canada.  Evidence shows that such a program will support patient safety.  A five-year timeframe aligns with our Jurisprudence Exam timing.
3(2) The requirements of subparagraph 1 ii, iii or v of subsection (1) shall be deemed not to have been met where the nursing program which the applicant relies on to meet that requirement was not recognized or	<del>3(2) The requirements of subparagraph 1 ii, iii or v of subsection (1) shall be deemed not to have been met where the nursing program which the applicant relies on to meet that requirement was not</del>	This has been integrated into the education program requirement in the newly proposed 3(1)1ii.

Existing Clause (if applicable)	Proposed New Clause	Reason for change
approved in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered practical nurse in that jurisdiction.	<del>recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered practical nurse in that jurisdiction.</del>	
N/A	<u>3(3.1) An applicant satisfies the requirement in paragraph 6 of subsection (1) if, within the last three years, the applicant completed a recognized or approved registered practical nurse program in Canada or practised nursing in Canada.</u>	This exempts applicants from completing the healthcare in Canada course if they practiced nursing in Canada within the last three years or completed a program that integrates the national entry-to-practice competencies within the last three years (i.e., practical nursing programs in Canada).
<u>Mobility Within Canada</u> <b>3.1(1)</b> Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a certificate of registration as a registered practical nurse in the General class, the requirements of paragraphs 1, 2, and 3 of subsection 3 (1) of this Regulation are deemed to be met by the applicant.	<u>Mobility Within Canada</u> <b>3.1(1)</b> Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a certificate of registration as a registered practical nurse in the General class, the requirements of paragraphs 1, 2, <del>and 3</del> <u>and 6</u> of subsection 3 (1) of this Regulation are deemed to be met by the applicant.	The proposed change exempts labour mobility applicants from completing the healthcare in Canada course.
<u>Mobility Within Canada</u> <b>5.2(1)</b> Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a certificate of registration in the Temporary class, the requirements of paragraph 7 of subsection 5 (1) of this Regulation are deemed to be met by the applicant.	<u>Mobility Within Canada</u> <b>5.2(1)</b> Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a certificate of registration in the Temporary class, the requirements of paragraphs <del>2 and</del> 7 of subsection 5 (1) of this Regulation are deemed to be met by the applicant.	This is editorial to align with changes that took effect in October 2022 (paragraph 2 was revoked).
<u>Mobility Within Canada</u> <b>5.2(5)</b> Despite subsection (1), a requirement set out in paragraph 2 or 7 of subsection 5 (1) will continue to apply to an applicant where that requirement is a requirement described in subsection 22.18 (3) of the Health Professions Procedural Code.	<u>Mobility Within Canada</u> <b>5.2(5)</b> Despite subsection (1), a requirement set out in paragraph <del>2 or</del> 7 of subsection 5 (1) will continue to apply to an applicant where that requirement is a requirement described in subsection 22.18 (3) of the Health Professions Procedural Code.	This is editorial to align with changes that took effect in October 2022 (paragraph 2 was revoked).



## Discussion Note – September 2023 Council

### CNO's Communications Strategy: Telling our Story

#### Contact for Questions or More Information

Bradley Hammond, Manager, Communications

#### Purpose of Decision Note

The purpose of this discussion note is to provide Council with an overview of CNO's approach to communications and the role they can play.

#### Background

CNO's communications strategy aims to bring the right information to the right audience at the right time. It focuses on two main areas: telling our story and issues management.

CNO focuses on sharing its voice, expertise and data insights on nursing regulation, practice information and public safety through various channels. We highlight the Code of Conduct and practice standards in our direct outreach efforts to nurses (social media, The Standard, webinars, conferences, etc.), which reinforces the importance of its adherence to patient safety and promotes a culture of continuous learning and improvement. Through issues management, CNO monitors the health and regulatory environment, corrects misinformation and responds to emerging issues that may affect CNO's reputation or public trust.

CNO's communications strategy is dynamic and responsive, based on environmental scanning, audience analysis, and impact measurement.

#### Telling our Story through Media

CNO works with members of the media to build credibility and awareness for CNO and promote safe nursing practice in the public interest. The only spokespeople for CNO include: Silvie Crawford, Chief Executive Officer; Bradley Hammond, Manager of Communications, the media relations team within Communications, and other staff on select topics, as needed.

All media inquiries should be directed to the Communications team at [media@cnomail.org](mailto:media@cnomail.org).

#### Council's Role in the Conversation

The Council President acts as the spokesperson for Council on governance matters. This spokesperson role is supported by CNO staff.



Council members should always act in accordance with the [Council Code of Conduct](#) that guides Council members to refer all requests for comment by the media, political interests or any others to the CNO spokesperson. This ensures that official CNO spokespeople are involved in communication, consistent messaging and accuracy of information.

Council members who are comfortable interacting with CNO social media content, through likes and shares, follow the social media tip-sheet provided by CNO (Appendix 1).

## **Attachments**

1. Social Media Guidelines for CNO Council and Committee Members

# Social Media Guidelines

## for CNO Council and Committee Members



### Why use these guidelines?

Social media is a significant tool for CNO to share information and engage stakeholders. However, misuse can result in reputational risk and loss of public trust.

These guidelines support your role as a member of CNO Council/a committee while minimizing risks to CNO. **Remember: you are not a spokesperson for CNO.**

### What's included as social media?

“Social media” includes **online** and **mobile tools** people and organizations use to share comments, information, images, video and audio clips:

#### Social networking

platforms such as Facebook, LinkedIn and X (Twitter)



#### Content-sharing

websites such as YouTube, Instagram and Pinterest



#### Directories and review

websites such as Yelp and Google Business Reviews



#### Blogs

(Personal, professional and anonymous)



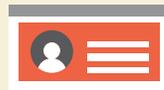
#### Messaging apps

such as SnapChat and WhatsApp



#### Discussion forums and

message boards such as Reddit and Quora



#### TIP:

Review the **Code of Conduct** for Council members.



**TIP:** Follow @collegeofnurses on...



COLLEGE OF NURSES  
OF ONTARIO

ORDRE DES INFIRMIÈRES  
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.

# Before you post, ask yourself 4 QUESTIONS



## 1

**“Should I state that I'm a CNO Council or Committee member?”**

If you discuss matters related to nursing, health care or regulation, be open about your identity and connection to CNO.

**TIP** On LinkedIn or similar sites, list your role under "Volunteer experience."

## 2

**“Do I have a conflict of interest, or could someone perceive that I do?”**

Ensure others perceive your social media interactions as consistent with your ability to perform your role fairly and ethically.

**TIP** Never comment on a CNO-related legal issue, investigation, report or complaint.

## 3

**“Is the information personal about others or confidential?”**

Never share personal information about any CNO stakeholders, or CNO information covered under legislation, and privacy and confidentiality policies.

**TIP** Even if you use privacy tools or delete posts, assume everything you do on social media is public... forever.

**TIP** Technically, social media organizations can "see" confidential info you put in a post, and can release them to a third party without your knowledge.

**TIP** Be aware of copyright infringements or proprietary material.

## 4

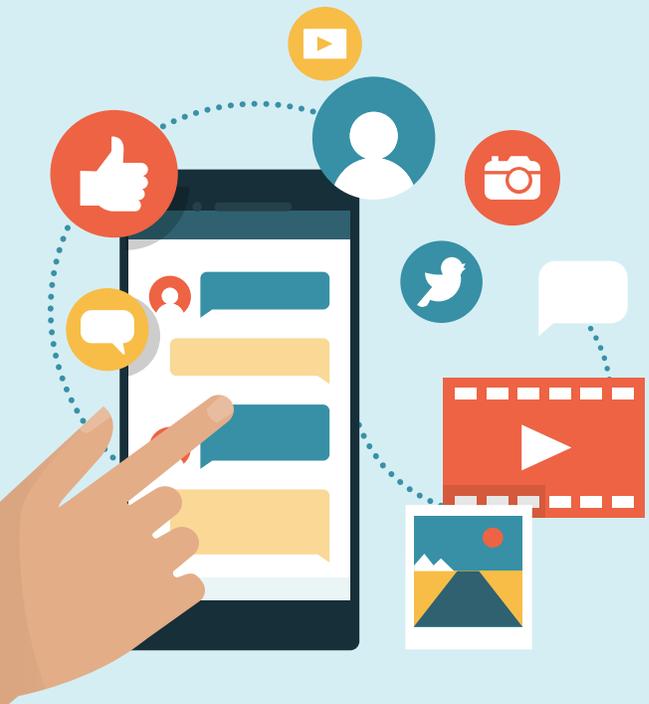
**“Could my post damage CNO's reputation or impact our work?”**

Ensure your interactions do not harm CNO's ability to protect the public and to work with government, nurses, employers, educators and other stakeholders.

**TIP** On social media, you're always "on the record."

**TIP** Don't answer posts on behalf of CNO. Send to CNO staff for follow up.

**TIP** Avoid commenting on, responding to, or posting material that is, or could be perceived as, defamatory, libelous or obscene.



## How can you help CNO through social media?

By being an advocate for CNO's work, you enhance our engagement with other stakeholders and help us get our important messages out to more people.



Follow our accounts



Like or share our posts

### DO'S

- ✓ Follow CNO on LinkedIn, Facebook, Instagram and X (Twitter).
- ✓ Be a champion of our work by liking posts.
- ✓ Help us reach new stakeholders by sharing posts with your networks.
- ✓ Assume that everything you say online is permanent and public (even private messages can be leaked).
- ✓ Be honest about your identity and your connection with CNO. If you use social media, add a disclosure about your role to your profile:

"For inquiries related to my role as a member of CNO Council, contact [@collegeofnurses](https://twitter.com/collegeofnurses)."

- ✓ List your involvement with CNO under "volunteer experience" on LinkedIn or similar professional sites.
- ✓ Refer questions and comments about CNO's work to [@collegeofnurses](https://twitter.com/collegeofnurses)

### DONT'S

- ✗ Don't speak on behalf of CNO.
- ✗ Don't say yes to interviews with media, TV, podcasts, etc. in your capacity as a Council member.
- ✗ Don't comment on a CNO-related legal issue, investigation, report or complaint.

### Have questions or need more information?



**Contact:**  
CNO Communications team  
[media@cnomail.org](mailto:media@cnomail.org)



## Finance Committee Report – August 24, 2023

### Contact for questions or more information

Stephen Mills, Chief Administrative Officer

The Finance Committee met on August 24, 2023. Attachment 1 is the draft minutes of the meeting. This was the first meeting of the 2023-2024 Finance Committee; an orientation had been held in July.

### Internal controls

The Finance Committee supported an external review of CNO's internal financial controls in 2025.

### Financial statements

The unaudited financial statements for the six months ended June 30, 2023 (Attachment 2) were reviewed in detail. The financial statements included variance analysis and the Management Discussion and Analysis included reports on projects and risk.

The six-month operating deficit of \$0.83M is a \$4.18M favourable variance from the budgeted deficit of \$5.02M. The \$2.53M expense variance is a result of a number of factors, the largest related to salaries and benefits, resulting from vacancies.

After extensive discussion of the statements and accompanying confidential Management Discussion and Analysis document, the Finance Committee recommends:

**That Council approve the unaudited financial statements for the six-months ended June 30, 2023.**

### Budget development

The Finance Committee received an outline of the process for developing the 2024 budget. A detailed review of the budget will take place in November, for presentation to Council in December. A professional development session for Council on finance and risk will support Council in its December review of the 2024 budget.

## **Enterprise risk management**

The Finance Committee was updated on the development of CNO's enterprise risk management program.

It was suggested that the Finance Committee's Terms of Reference be reviewed to assess if the terms are clear related to the committee's role in relation to enterprise risk management, and how it supports Council in meeting its governance accountability for risk oversight of risk.

### **Attachments:**

1. Draft minutes of the Finance Committee meeting of August 24, 2023
2. Unaudited financial statements for the six-months ended June 30, 2023

**Finance Committee**  
August 24, 2023 at 1:00 p.m. by Zoom

## Minutes

### Present

R. Lastimoso Jr., Chair  
B. Canuel  
J. Farag

M. Hogard  
S. Leduc

P. Sullivan  
M. E. Renwick

### Staff

V. Adetoye  
S. Crawford

J. Hofbauer  
C. Jiang

M. Kelly, Recorder  
S. Mills

### Guests

C. Rene, Observer

### Chair

L. Lastimoso chaired the meeting.

### Agenda

The agenda had been circulated and was approved on consent.

### Minutes

Minutes of the Finance Committee meeting of May 18, 2023 had been circulated.

### Motion 1

Moved by P. Sullivan, seconded by M.E. Renwick,

That the minutes of the May 18, 2023 meeting of the Finance Committee be accepted as presented.

CARRIED

## **Internal Controls**

At their last meeting, after discussions with the auditors during the in-camera session, the Finance Committee suggested that a review of internal financial controls be considered. Following the May meeting, staff met with Hilborn LLP to gain a better understanding of the request. The committee was provided with an overview of the discussion between Hilborn and staff, and recommendations made by Hilborn were noted.

After speaking with the auditor and reviewing the current projects, which includes replacing CNO's financial management system, the committee was informed that staff are planning on a review of the internal control environment in 2025, which would be performed by an external party. This is also in line with Hilborn's recommendation that the internal controls should not be tested directly following the implementation of a new system. The committee was supportive of this approach and noted that it is important to recognize that the financial audit is separate from an audit of internal controls and the robustness of those controls.

## **Financial Statements**

V. Adetoye reviewed the unaudited financial statements for the six months ended June 30, 2023. The statement of financial position depicts a decrease in both assets and liabilities as expected when compared to December 2022.

The deficit for the six months ended June 30, 2023 was \$0.8M, which is \$4.2M less than the budgeted deficit of \$5.0M. It was noted that revenues are \$1.6M higher than budget due to an increase in the overall registration and application numbers, as well as the high interest rate environment, while expenses for the period are \$2.5M lower than budgeted. The main contributor to the expense variance is employee related expenses. However, V. Adetoye noted that this variance is partially offset by the use of contractors, and she also highlighted that CNO will continue its rigorous monitoring of vacancies in 2024.

The Finance Committee discussed the confidential Management Discussion and Analysis (MD&A). V. Adetoye highlighted various initiatives and projects that are outlined in the document.

In reviewing the unaudited financial statements and the MD&A for the quarter, the Finance Committee suggested revisions in the way some of the information is presented.

## **Motion 2**

Moved by M. Hogard, seconded by S. Leduc,

That approval of the unaudited six-month financial statements as of June 30, 2023 be recommended to Council.

CARRIED



## **Report of the Sub-Committee on Compensation**

R. Lastimoso Jr. noted that the Sub-Committee is an expert, third-party committee that advises the Finance Committee. The Report of the Sub-Committee's meeting of May 10, 2023, including draft notes of the meeting had been circulated to the Finance Committee. The meeting revolved around human resource metrics and CNO's activities to support the attraction and retention of staff members. The Sub-committee offered suggestions and provided feedback to enhance opportunities for success.

B. Canuel, Chair of the Sub-Committee, highlighted that two of the three Sub-Committee members' terms are coming to an end in 2024 and 2025. As a result, CNO will initiate a recruitment to find new members and will report on the progress to the Finance Committee at their next meeting. Establishing a transition plan that allows for the continuation of knowledge and expertise of members is of the utmost importance. S. Mills noted that in order to ensure a smooth transition in membership over time, CNO will likely look for more than one member during this recruitment to help mitigate any risk of losing the knowledge base. This could potentially have implications for the Sub-Committee terms of reference in regard to membership composition, or the way in which members are onboarded (i.e., acting as an observer prior to membership).

## **Budget Development Plan**

The Finance Committee received information about the process for budget development and will review the draft 2024 budget in November.

The committee noted that the budget process outlined in the briefing was solid and well-founded, however they questioned if it was possible to engage Council earlier on in the process for items pertaining to strategic initiatives to ensure funding is fully aligned with Council's vision. It was suggested that during S. Crawford's strategic updates to Council, budgetary implications could be highlighted to articulate more clearly any financial or resource capacity implications. Through further discussion it was noted that CNO operates in a dynamic environment and adapts on-the-fly to changing priorities. This is reflected in CNO's approach to project and portfolio management, which includes regular assessment and re-prioritization, when needed. S. Mills also noted that a financial education session for Council will take place before their December meeting, which could also be an opportunity to outline the process that is used to identify initiatives reflected in upcoming plans.

## **Enterprise Risk Management**

D. Badian, CNO's Coordinator of Risk Management & Business Continuity joined the meeting. He presented the committee with an overview of the enterprise risk management (ERM) activities currently underway.

In response to a question, it was confirmed that the Finance Committee will be accountable for oversight of both financial and enterprise risk. V. Adetoye noted that the intention is to regularly bring ERM updates to Finance Committee, however the schedule and timing of the updates is still being determined. It was also highlighted that the committee's terms of reference and self-monitoring tool may need to be adjusted to ensure this oversight is accurately reflected.

Enterprise risk management will also be a topic for Council's education session.

### **Self-Monitoring Tool**

The self-monitoring tool supports the committee in assessing if it is fulfilling its mandate. The committee received the tool for August and confirmed that it met its terms of reference for the meeting.

### **Next Meeting**

The next meeting will be the afternoon of November 16, 2023.

### **Conclusion**

### **Motion 3**

Moved by S. Leduc, seconded by P. Sullivan,

That the Finance Committee meeting conclude.

CARRIED

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Chair

## Attachment 2

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

	2023 June	2022 June	2022 December
<b>ASSETS</b>			
Current assets			
Cash	16,870,024	40,720,088	60,754,331
Investments	33,652,634	11,049,028	21,266,239
Sundry receivables	19,706	73,653	131,138
Prepaid expenses	1,061,853	958,735	1,175,257
	<u>51,604,216</u>	<u>52,801,504</u>	<u>83,326,967</u>
Investments	18,239,671	14,899,484	15,019,079
Capital assets			
Furniture and fixtures	1,816,974	3,458,379	1,694,086
Equipment - non computer	559,934	1,547,568	552,871
Computer equipment	5,170,326	6,791,300	4,721,628
Building	6,835,907	6,835,907	6,835,907
Building improvements	5,542,274	7,485,944	5,501,486
Land	3,225,009	3,225,009	3,225,009
Art	44,669	44,669	44,669
Construction in progress	-	-	-
	<u>23,195,093</u>	<u>29,388,775</u>	<u>22,575,655</u>
Less: Accumulated amortization	<u>(10,436,852)</u>	<u>(16,257,849)</u>	<u>(9,615,386)</u>
	<u>12,758,241</u>	<u>13,130,926</u>	<u>12,960,269</u>
Intangible Assets	4,041,298	4,305,949	4,041,298
Less: Accumulated amortization	<u>(3,886,729)</u>	<u>(4,061,909)</u>	<u>(3,845,323)</u>
	<u>154,570</u>	<u>244,041</u>	<u>195,975</u>
	<b><u>82,756,698</u></b>	<b><u>81,075,956</u></b>	<b><u>111,502,291</u></b>
<b>LIABILITIES</b>			
Current liabilities			
Accounts payable and accrued liabilities	6,844,381	6,584,639	14,329,241
Deferred registration and examination fees	25,959,193	24,988,009	46,385,841
	<u>32,803,574</u>	<u>31,572,648</u>	<u>60,715,083</u>
	<u>32,803,574</u>	<u>31,572,648</u>	<u>60,715,083</u>
<b>NET ASSETS</b>			
Net assets invested in capital assets	12,912,810	13,374,967	13,156,244
Unrestricted net assets	37,040,313	36,128,341	37,630,964
	<u>49,953,124</u>	<u>49,503,308</u>	<u>50,787,208</u>
	<b><u>82,756,698</u></b>	<b><u>81,075,956</u></b>	<b><u>111,502,291</u></b>

College of Nurses of Ontario  
Statement of Operations (\$)  
Six Months Ended June 30

	2023 Year to Date June			2022 Year to Date June			2023 Budget	
	Budget	Actual	Variance Fav/(Unfav)	Budget	Actual	Variance Fav/(Unfav)	Remaining	Approved
<b>REVENUES</b>								
Registration fees	27,184,230	27,684,155	499,925	25,812,843	26,103,760	290,917	27,690,905	55,375,060
Application assessment	3,206,675	3,584,425	377,750	3,204,650	3,173,975	(30,675)	2,136,525	5,720,950
Verification and transcripts	78,795	101,195	22,400	51,365	81,975	30,610	26,680	127,875
Interest income	1,024,401	1,542,706	518,305	270,524	430,022	159,498	218,375	1,761,081
Examination	228,800	414,920	186,120	349,200	358,040	8,840	(56,920)	358,000
Other	14,205	57,309	43,104	18,133	32,239	14,106	312,859	370,168
<b>Total Revenues</b>	<b>31,737,106</b>	<b>33,384,710</b>	<b>1,647,604</b>	<b>29,706,715</b>	<b>30,180,011</b>	<b>473,296</b>	<b>30,328,424</b>	<b>63,713,134</b>
<b>EXPENSES</b>								
Employee salaries and expenses	26,895,194	24,646,797	2,248,397	22,665,566	19,501,785	3,163,781	29,519,320	54,166,117
Contractors and consultants	1,699,666	2,063,214	(363,548)	2,112,277	2,054,535	57,742	2,051,227	4,114,441
Legal services	1,596,683	1,591,266	5,417	1,684,156	1,304,311	379,845	1,650,354	3,241,620
Equipment, operating supplies and other services	2,849,573	2,294,356	555,217	2,233,086	2,058,043	175,043	4,329,504	6,623,860
Taxes, utilities and depreciation	1,013,195	977,064	36,131	1,007,050	990,983	16,067	1,025,564	2,002,628
Exam fees	92,400	114,673	(22,273)	100,860	99,636	1,224	5,777	120,450
Non-staff remuneration and expenses	343,417	277,069	66,348	288,259	276,309	11,950	431,814	708,883
<b>Total Base Operating Expenses</b>	<b>34,490,128</b>	<b>31,964,439</b>	<b>2,525,689</b>	<b>30,091,254</b>	<b>26,285,602</b>	<b>3,805,652</b>	<b>39,013,560</b>	<b>70,977,999</b>
Project Expenses	2,265,295	2,254,357	10,938	931,637	1,564,521	(632,884)	745,644	3,000,000
<b>Total Expenses</b>	<b>36,755,423</b>	<b>34,218,796</b>	<b>2,536,627</b>	<b>31,022,891</b>	<b>27,850,123</b>	<b>3,172,768</b>	<b>39,759,204</b>	<b>73,977,999</b>
<b>Excess of (expenses over revenues) / revenues over expenses</b>	<b>(5,018,317)</b>	<b>(834,086)</b>	<b>4,184,231</b>	<b>(1,316,176)</b>	<b>2,329,888</b>	<b>3,646,064</b>	<b>9,430,780</b>	<b>(10,264,865)</b>
<b>Opening net assets</b>		<b>50,787,208</b>			<b>47,173,416</b>			
<b>Closing net assets</b>		<b>49,953,124</b>			<b>49,503,308</b>			

College of Nurses of Ontario  
Statement of Changes in Net Assets (\$)   
Six Months Ended June 30

	2023			2022
	Invested in Capital and Intangible Assets	Unrestricted	Total	December
<b>Balance, beginning of period</b>	13,156,244	37,630,964	50,787,208	47,173,416
Excess of (expenses over revenues)/revenues over expenses	(862,872)	28,786	(834,086)	3,613,793
Purchase of capital assets	619,438	(619,438)	-	-
<b>Balance, end of period</b>	<b>12,912,810</b>	<b>37,040,312</b>	<b>49,953,122</b>	<b>50,787,209</b>

**College of Nurses of Ontario**  
**Statement of Cash Flows (\$)**  
**Six Months Ended June 30**

	<b>2023</b>	<b>2022</b>
	<b>June</b>	<b>June</b>
<b>Cash flows from operating activities</b>		
Excess of revenue over expense for the period	(834,086)	2,329,889
Adjustments to determine net cash provided by/(used in) operating activities		
Amortization of capital assets	821,466 -	824,225
Amortization of intangible assets	41,405 -	50,736
Loss on disposal of capital assets	-	-
Interest not received during the year capitalized to investments	(775,740) -	(163,297)
Interest received during the year previously capitalized to investments	177,104	276,447
	<b>(569,851)</b>	<b>3,318,000</b>
<b>Changes in non-cash working capital items</b>		
Decrease in amounts receivable	111,432	145,375
Decrease (increase) in prepaid expenses	113,405	268,718
(Decrease) in accounts payable and accrued liabilities	(7,484,858)	(8,972,833)
(Decrease) in deferred registration fees	(20,426,648)	(15,523,410)
	<b>(28,256,520)</b>	<b>(20,764,151)</b>
<b>Cash flow from investing activities</b>		
Purchase of investment	(31,336,287)	(11,276,032)
Proceeds from disposal of investments	16,327,937	10,991,596
Purchase of capital assets	(619,438)	(2,280,029)
Purchase of intangible assets	-	(93,296)
	<b>(15,627,788)</b>	<b>(2,657,761)</b>
Net (decrease) in cash and cash equivalents	(43,884,308)	(23,421,912)
Cash and cash equivalents, beginning of year	60,754,331	64,142,001
<b>Cash and cash equivalent, end of quarter</b>	<b>16,870,022</b>	<b>40,720,088</b>

## Decision Note – Council September 2023

### Council In Camera Policy

#### Contact for Questions

Silvie Crawford, Executive Director and CEO

#### For Decision

That Council approve the in camera policy (attachment 1).

#### Background

It is in the public interest for the public to hear and understand the regulatory rationale for Council deliberations and decisions. This is set in legislation to demonstrate accountability and transparency. However, there is clear legislation on certain prescribed situations when Council is permitted (but not mandated) to move in camera (in private), where the public is excluded, and all communications must remain confidential.

In June 2023, Council had a discussion with Rebecca Durcan from Steinecke Maciura LeBlanc (SML) Law about the foundations for a policy and relevant supporting document that will support Council in meeting its accountability for transparency and understanding when it is appropriate to move in camera.

The practice has been that when the Executive Committee reviews Council's meeting agenda, the Executive Committee might identify if there is an item that might be addressed in camera and make a recommendation to Council. Subject to Council's approval, the in camera policy and the factors for Council's consideration to decide to move in camera will guide Council's decision to move in camera going forward.

Rebecca Durcan from SML Law provided expertise in the drafting of this policy and will be attending Council to discuss the draft documents.

#### Attachment

1. Draft In Camera Policy

## Draft In Camera Policy

### Purpose

The purpose of this policy is to support Council in meeting the legislative requirements for transparent discussion and decision-making.

### Application/Scope

This policy applies to:

- all regular or special meetings of Council, in accordance with *Article 7 of By-Law No. 1: General*
- all members of Council and
- CNO staff.

### Background

CNO is the statutory regulator of the nursing profession in Ontario and is mandated to serve and protect the public interest. CNO's role, powers and accountabilities are set out in legislation.

The legislation sets out expectations for transparency for all Ontario health profession regulatory bodies, including that Council meetings be open to the public and that specific information about Council meetings (e.g., dates, briefing packages) be publicly available. These legislative provisions set out the rights of stakeholders, including the public and nurses, to observe the deliberation of policy matters by Council.<sup>1</sup>

Recent amendments to the legislation in 2017 reflect a strengthening of the commitment to transparency for health regulators by enhancing the transparency requirements related to Council meetings to include providing the briefing packages.

The legislation does recognize that, as a board of directors, there may be some discussions of Council that may pose a risk when conducted in public. Given the unique accountabilities of health regulatory boards, the default requirement set in legislation (the *Health Professions Procedural Code*) is open meetings and there are specific, limited provisions allowing for Council to meet in camera.

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<sup>1</sup> Section 7(1) of the *Health Professions Procedural Code*

## Policy:

- (A) In accordance with S7(1) and 7(1.1) of the *Health Professions Procedural Code*, all Council meetings will be open to the public and all Council briefing materials will be available to the public on cno.org.
- (B) In accordance with S7(2), if one or more of the following matters is being considered at a meeting, Council may determine to meet in camera to address that matter:
- a. *matters involving public security may be disclosed;*
  - b. *financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;*
  - c. *a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced;*
  - d. *personnel matters or property acquisitions will be discussed;*
  - e. *instructions will be given to, or opinions received from, the solicitors for the College; or*
  - f. *the Council will deliberate whether to exclude the public from a meeting or whether to make an order for a publication ban.*
- (C) The decision to meet in camera is made at the Council meeting through approval of a formal motion which will include reference to the specific legislative provisions under which Council will meet in camera.
- (D) The Executive Director and CEO and/or their delegate(s) will attend the in camera session unless they are the subject of the in camera session.
- (E) Confidential minutes of the in camera session will be prepared and will be approved at the next Council meeting.
- (F) All in camera discussions and decisions, including the subject matter discussed and any decisions made, are strictly confidential. No discussions will take place outside of the session, even among members who participated in the in camera session.
- (G) The *Factors for Council's consideration to decide to move in camera* (Appendix 1) should be considered in determining whether to approve an in camera session.

## Key Terms/Definitions

### In Camera meeting

Meeting or part of a Council meeting where the public is excluded by motion of Council under the provisions of Section 7(2) of the *Health Professions Procedural Code*.



### **Council meeting**

Under this policy, Council meeting refers to a regular or special meeting of Council held to discuss and decide regulatory policy and process, in accordance with Article 7 of By-Law No. 1: General.

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

- Health Professions Procedural Code (Code) (Section 7 re. Council meetings)
- By-Law No. 1: General (Article 7 re. Council meetings)
- Conduct By-Law

### **RELATED FORMS, TEMPLATES, JOB AIDS**

- Executive Committee [Terms of Reference](#)

**Maintained by:** CNO Executive Committee

**Accountability:** Council

**Approved by Council:** Pending Council input and approval



## Appendix 1- Factors For Council’s Consideration To Decide To Meet In Camera

Council can only go in camera if the deliberations or issue fall within the parameters of s. 7(2) of the *Health Professions Procedural Code* (see extract, Appendix 2 attached).

The ability to move in camera is discretionary and not mandatory. Therefore, Council will want to ensure that the issue to be considered warrants triggering the in camera provision as this will be a departure from the statutory intent that all Council deliberations and decisions occur in public.

If the issue falls with the parameters of s. 7(2) of the Code, the following questions should be considered in determining whether to approve an in camera session:

- Will the public and the profession justifiably question the legitimacy of having this discussion in camera? If so, this is a flag that the discussion should occur in public.
- Will going in camera jeopardize the reputation of Council as being a transparent policy maker? If so, this is a flag that the discussion should occur in public.
- Is the primary concern of Council that the discussion may offend or embarrass an individual or the College? If so, this is insufficient for the matter to be discussed in camera. All comments must be respectful (in accordance with the Code of Conduct). There will be times when difficult and embarrassing matters need to be addressed. This is not justification to go in camera.
- Is the issue simply financial or personal? If so, this is insufficient for the matter to be discussed in camera. Council needs to be of the consensus that discussing the financial or personal issue would create a level of harm that outweighs the desirability and expectation that Council discussions remain transparent and in open session.
- Does Council believe that public discussion of a civil or criminal matter will “prejudice” (or legally harm or injure) any person? If not, there is no justification to go in camera. Council needs to be of the consensus that persons involved may be “prejudiced” to go in camera.

**Note** – If there is any concern that consideration of these factors when determining whether to hold a session in camera could result in the sharing of confidential information, the discussion regarding holding the session in camera should be held in camera. This is contemplated in Sub-section 7(2)f of the Code. Under those circumstances, the meeting Chair would call for a motion to move in camera under Section 7(2)f of the Code.



## **Appendix 2- Extract From *Health Professions Procedural Code* on Public Council Meetings**

### **Meetings**

7 (1) The meetings of the Council shall be open to the public and reasonable notice shall be given to the members of the College, to the Minister, and to the public. 2007, c. 10, Sched. M, s. 20 (1).

### **Posting of meeting information**

(1.1) The College shall post on its website information regarding upcoming meetings of the Council, including the dates of those meetings, matters to be discussed at those meetings, and information and documentation that will be provided to members of the Council for the purpose of those meetings. 2017, c. 11, Sched. 5, s. 8.

### **Items where public excluded**

(1.2) If the Registrar anticipates that the Council will exclude the public from any meeting or part of a meeting under subsection (2), the grounds for doing so shall be noted in the information posted under subsection (1.1) and information and documentation related to that meeting or part of that meeting shall not be posted under subsection (1.1). 2017, c. 11, Sched. 5, s. 8.

### **Exclusion of public**

(2) Despite subsection (1), the Council may exclude the public from any meeting or part of a meeting if it is satisfied that,

- (a) matters involving public security may be disclosed;
- (b) financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public;
- (c) a person involved in a criminal proceeding or civil suit or proceeding may be prejudiced;
- (d) personnel matters or property acquisitions will be discussed;
- (e) instructions will be given to or opinions received from the solicitors for the College; or
- (f) the Council will deliberate whether to exclude the public from a meeting or whether to make an order under subsection (3). 1991, c. 18, Sched. 2, s. 7 (2); 2007, c. 10, Sched. M, s. 20 (2).



## **Orders preventing public disclosure**

(3) In situations in which the Council may exclude the public from meetings, it may make orders it considers necessary to prevent the public disclosure of matters disclosed in the meeting, including banning publication or broadcasting of those matters. 1991, c. 18, Sched. 2, s. 7 (3).

## **Grounds noted in minutes**

(4) If the Council excludes the public from a meeting or makes an order under subsection (3), it shall have its grounds for doing so noted in the minutes of the meeting. 2007, c. 10, Sched. M, s. 20 (3).





## Decision Note – September 2023 Council

### Council Orientation Policy

#### Contact for Questions

Silvie Crawford, Executive Director and CEO

#### Recommendation:

That Council approve the proposed draft Orientation Policy (attachment 1)

#### Background

Council is accountable for good governance. The Council orientation process plays a key role in promoting good governance.

Council's evaluation (completed Fall 2022) found variation in Council members' orientation experiences.

In March 2023, Council established its [priorities](#) related to the evaluation recommendations that would be implemented this year. Council's priorities included enhancing the orientation process and establishing an orientation policy. The rationale for a policy is to provide clarity about the process, accountabilities and expected outcomes of the orientation process for Council members in their governance role.<sup>1</sup>

After Council input and approval, the orientation policy will be added to the new [Governance Manual](#).

The draft policy (attachment 1) is informed by findings from Council's evaluation,<sup>2</sup> Council's orientation process, Executive Committee's debrief about the process, and an [environmental scan](#) of other regulators' policies to identify common features.

#### Considerations / Questions for Council

Please provide input on the draft policy.

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<sup>1</sup> Council members also receive extensive orientation to their statutory committee roles.

<sup>2</sup> Which included Council members' feedback about the orientation process.



# Attachment 1

## Council Orientation Policy

### PURPOSE

This policy describes the accountabilities and objectives associated with orienting Council members to Council's governance role.

### APPLICATION / SCOPE

This policy applies to Council orientation. It includes onboarding new Council members and providing an orientation 'refresher' to continuing Council members.

Each Council member serves on one or more statutory committees; they receive extensive orientation to their statutory roles from Committee Chairs, CNO staff and legal counsel. **This policy does not apply to the orientation of Council members to their statutory committee roles.**

### BACKGROUND

- Council members receive orientation to facilitate effective governance, role preparedness and promote their understanding of, and compliance with, their accountabilities.
- Orientation provides an entry-level foundation for the successful integration and participation of new Council members. It is the beginning of a continuous learning process that will continue throughout a Council member's term.
- There is annual turnover on Council<sup>3</sup> with a "new Council" beginning every year in June.
- Occasionally, members may join Council at other times of the year.

### POLICY

#### (A) ACCOUNTABILITIES

- **Council** is accountable for ensuring Council members receive appropriate orientation or re-orientation to their governance role.
- The **Executive Committee** (as Council's Governance Committee)<sup>4</sup> is accountable for:
  - providing mentorship and other supports to new Council members
  - advising Council on matters related to orientation and this policy
  - supporting Council members to understand and apply this policy.
- The **Executive Director and Chief Executive Officer** (CEO), and / or their delegate(s), is accountable for:

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<sup>3</sup> Due to annual elections.

<sup>4</sup> The Executive Committee's Terms of Reference include facilitating Council's efficient and effective functioning.

- assessing the orientation needs of new Council members and designing, administering, and evaluating an orientation program (e.g., content outline) and process in keeping with this policy
  - ensuring that orientation is appropriately resourced.
- **New Council members** are accountable for preparing for and participating in the orientation process. This includes, but is not limited to:
    - completing relevant self-directed learning (e.g., reflection, reading material, reviewing educational videos)
    - attending and participating in orientation meetings and workshops
    - participating in discussions with their mentor
    - providing feedback about the orientation (e.g., taking part in any evaluation conducted by CNO, talking to their mentor or a member of the Executive Committee).
  - **Continuing Council members** are accountable for maintaining their competence and supporting new Council members. This includes, but is not limited to:
    - modelling Council's governance principles, team norms and commitment to ongoing learning
    - being a resource and providing mentorship to new Council members
    - attending and participating in orientation activities as requested (e.g., annual orientation workshop).

## **(B) FORMAT**

Council orientation will be delivered through a variety of formats, forums and resources. These include but are not limited to the following.

Self-Directed: New Council members will receive a variety of learning and reference material (e.g., governance manual, briefing notes, educational videos, learning modules). Based on individuals' needs, the Executive Committee or CNO may highlight specific elements that should be reviewed as part of orientation; however, most of these are relevant as a reference for ongoing self-directed learning and development.

Discussion/Dialogue: New Council members will meet with variety of groups / individuals who support their orientation. This may include the President, Executive Committee, the CEO (and / or delegates), members of CNO's leadership team, legal counsel and external experts and guest speakers.

Orientation Session: All Council members participate in an annual orientation session, which includes an opportunity to meet new Council members, a range of educational presentations (live, pre-recorded), and additional opportunity for discussion and dialogue. The session is supported by a range of resources, which may include but is not limited to, the President, Executive Committee, the CEO (and / or delegates), members of CNO's leadership team, legal counsel and external experts and guest speakers.



**Mentorship:** New Council members are paired with a mentor for their first year to support their orientation and integration onto Council. Mentorship helps to address new Council members' individual orientation needs and assists them in acclimating to how Council operates and adopting Council's team norms. Mentors are usually members of the Executive Committee and are randomly assigned by staff using a random selection tool.

### **(C) LEARNING OBJECTIVES**

After completing orientation, Council members will:

- be prepared to fulfil their role as a Council member
- understand and make use of the tools and resources available to support their participation on Council
- articulate any additional learning needs that they require to fulfil their role
- understand CNO's purpose, role, and legislative framework
- understand how CNO's regulatory functions address risk of harm to the public
- understand CNO as an organization for the purpose of executing its governance accountabilities
- discuss / describe Council's governance role
- discuss / describe key roles and responsibilities (President, Officers, Executive Committee, CEO and Registrar)
- understand how Council operates
- know how to prepare for their first Council meeting
- know how to use the technology that Council uses to conduct its business (e.g., Board Vantage, virtual meeting platform)
- demonstrate Council's governance principles, team norms and code of conduct
- apply Council policies

### **(D) TIMING**

- Annual orientation occurs after the election and prior to the first meeting of the new Council, sometime between April and June each year.
- Mentors will meet with mentees prior to their first Council meeting. Ongoing mentorship meetings are mutually decided by the pair.
- When new members join Council mid-year, they receive materials for self-directed learning, are paired with a mentor and meet with the President and the CEO. They also participate in the next annual orientation (e.g., orientation session).

### **(E) EVALUATION**

Evaluation will assess

- that Council orientation is administered as outlined in this policy
- if the learning objectives were met
- what is working well and what could be improved.

Feedback will be sought from all participants immediately after the annual orientation session. Additional feedback will be sought from new Council members at a later stage when they have a better understanding of the role. Executive Committee will also seek feedback from mentees.



**APPLICABLE LEGISLATION/REGULATIONS/STANDARDS**

[College Performance Measurement Framework](#)

[Executive Committee Terms of Reference](#)

[By-Law No. 3: Conduct of Councillors and Committee Members](#)

**Developed by:** Executive Director and CEO

**Maintained by:** Executive Director and CEO

**Accountability:** Council

**Date approved:** Pending Council input and approval

## Information Note – September 2023 Council Controlled Act Regulation Changes

### Contact for Questions

Anne Marie Shin, Director Professional Practice

### Introduction

This note provides background information and a status update about regulations that were approved by Council and submitted to the Ontario Ministry of Health in 2019. The Ministry paused their review of these regulations during the COVID-19 pandemic. Earlier this year, the Ministry resumed their review.

Once approved and in-effect, the regulations will result in the following changes to nursing practice.

- 1) Introduction of RN prescribing<sup>1</sup> to Ontario's health system ([attachment 1](#))
- 2) Changes in professional accountabilities when nurses (RPNs, RNs, NPs) dispense medication or administer a substance by injection or inhalation ([attachment 2](#)).

This note provides information to prepare Council for *future* decisions that will be brought forward to Council for consideration.

### Council's Regulatory Governance Role

When the regulation is approved and in effect, Council's first order of business will be to consider the following for approval:

- RN prescribing education program(s) and practice standards.
- Changes to other practice standards (e.g., *Medication*) to reflect the new professional accountabilities associated with dispensing medication and administering substances by injection or inhalation.

The *Nursing Act* requires that CNO specify the medications RNs are authorized to prescribe in the regulation. As RN prescribing is evaluated and evolves, Council can expect regulation amendment proposals from time to time to add additional medications.

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<sup>1</sup> We refer to the new legislative authority in Ontario as "RN prescribing" because it is the terminology that is best understood by stakeholders. The changes to the *Nursing Act* also permit RNs to communicate a diagnosis for the purpose of prescribing medication.

## **Status and Next Steps**

CNO staff are collaborating with the Ministry to support their review of the regulations and preparing for the implementation of these changes.

RN prescribing is a significant system change and implementation involves multiple partners to promote client safety. CNO's ongoing preparations include:

- Communicating and raising awareness of RN prescribing, CNO's role and the regulatory mechanisms that will be in place to promote safe nursing practice (e.g., regulations, program review, practice standards, educational resources, Find-a-Nurse changes).
- Working with nursing programs that expressed interest in developing RN prescribing education to ensure they understand program review requirements.
- Assessing RNs' ongoing attitudes towards, and interest in, RN prescribing.
- Engaging stakeholders (e.g., nurses, employers) to identify the educational resources and support CNO can provide to promote safe nursing practice as RN prescribing is implemented.

Staff will continue to prepare for implementation and keep Council informed of the status of these regulations.

## **Attachments**

Attachment 1 – [RN Prescribing](#)

Attachment 2 – [Changes to Professional Accountabilities \(Dispensing, Administering Substances\)](#)

Attachment 3 – [Key Highlights of Council Decision Making \(Chronology\)](#)

## Attachment 1

### RN Prescribing

#### Background – Legislation

The Ontario government amended the [Nursing Act, 1991](#) in May 2017 to authorize RNs to perform the following controlled acts:<sup>1</sup>

- prescribe medications that are designated in regulation, and
- communicate diagnoses for the purpose of prescribing.

These changes do not take effect until the regulations proposed by Council are approved by government. While the *Nursing Act* will permit RNs to perform these controlled acts, the practice may be restricted by other laws. For example, under current law, RNs will not be permitted to prescribe medication in hospitals.<sup>2</sup>

The *Nursing Act* requires that CNO specify in regulation the medications that RNs are authorized to prescribe. The regulations may identify medication categories (e.g., hormonal contraceptives), or specific medication (e.g., a specific birth control pill).

Current laws do not permit RNs to order lab or diagnostic tests.

Council approved RN prescribing regulations in [March 2019](#). Council's policy decisions about RN prescribing (see attachment 3 for a chronology) were driven by client safety considerations and multiple sources of evidence, including:

- legislative analyses
- literature
- environmental scans
- research about RNs' attitudes towards prescribing, and
- extensive stakeholder engagement (public, nurses, employers, associations and others).

#### RN Prescribing – Key Highlights

The proposed RN prescribing regulations include the following:

- Conditions that must be met for an RN to prescribe medication (e.g., education).
- Practice requirements that must be met when an RN prescribes medication (e.g., information required on a prescription).
- Authorizing nurses (e.g., RPNs and other RNs) to dispense or administer medication prescribed by an RN.
- The medications (a combination of categories and individual medications) that RNs will be authorized to prescribe.
- Restrictions associated with RN prescribing (e.g., delegation of the new controlled acts will be prohibited).

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<sup>1</sup> Controlled acts are activities restricted by law because it could cause harm if they were performed by unqualified individuals.

<sup>2</sup> The *Public Hospitals Act* does not permit it. In settings where RN prescribing is permitted by law employers have discretion as to whether they will implement this change in their practice setting.

The proposed regulations require that RNs successfully complete Council-approved education to become authorized to prescribe. The [competencies for prescribing](#) build on the entry-level competencies for RNs; therefore, Council decided to implement RN prescribing as a continuing education requirement.

RN prescribing is optional. Only those who choose to add prescribing to their practice will be required to complete the education program. There will be a notation on [Find-a-Nurse](#) to communicate that the individual RN is authorized to prescribe.<sup>3</sup> RNs who become authorized to prescribe will continue to be registered in the General Class (i.e., there is no change in their class or category of registration).

The proposed regulations will permit RNs to prescribe medications outlined below:

- immunization
- contraception
- smoking cessation medications
- travel health (prevention) medications
- wound care (topical) medications, and
- over-the-counter medications.<sup>4</sup>

RPNs and RNs usually require a client care order from another health professional (e.g., a physician or NP) to perform controlled acts. Under the proposed regulations, RNs who are authorized to prescribe will not require an order to perform the controlled acts of “dispensing a drug” and “administering a substance by injection/inhalation” to provide to a client a medication they have prescribed. They would continue to require an order from another health professional for any medication they have not prescribed.

The proposed regulations also enable the RN who is authorized to prescribe to provide a client care order for another nurse (RPN, RN) to administer or dispense a medication.

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<sup>3</sup> Council approved a by-law in December 2020 to permit adding this notation ([paragraph 39 of Article 44.1.06 of By-Law No.1 General](#)).

<sup>4</sup> These are medications that can be purchased without a prescription. However, prescriptions are required in certain circumstances. For example, the Ontario Drug Benefit program will cover the costs of some over-the-counter medications when they are prescribed.



## Attachment 2

### **Changes to Professional Accountabilities (Dispensing, Administering Substances)**

#### **Background**

“Dispensing a drug”<sup>1</sup> and “administering substances by injection or inhalation” are controlled acts. It is currently within the scope of practice for all nurses (RPNs, RNs and NPs) to perform these controlled acts.<sup>2</sup>

Any requirements associated with performing a controlled act should be linked to client safety; therefore, the same requirements would apply irrespective of which nurse is performing the controlled act.

Currently there is variation in the requirements that apply when an NP performs these controlled acts compared to when an RN or RPN does. This variation creates inconsistencies that may result in confusion and client safety risks; therefore, Council’s policy direction (attachment 3) included changes to address these inconsistencies in nursing practice.

The proposed regulations ensure that:

- i) practice expectations appropriately target risk of harm to clients, and
- ii) all nurses are held to the same requirements when appropriate.<sup>3</sup>

These changes are not directly related to RN prescribing; however, variation in practice was identified as a risk that may be exacerbated as nursing’s scope of practice evolves. Therefore, these changes were proposed along with the RN prescribing regulations.

#### **Changes to Dispensing and Administering Substances – Key Highlights**

Key features of the proposed regulations related to nurses dispensing medication or administering substances are described below.

- Removing certain conditions that currently apply to NPs; specifically, NPs are only permitted to dispense medication in specified circumstances (e.g., if the client doesn’t have access to a pharmacy).
  - These conditions may have unintended consequences (e.g., impeding access) and do not contribute to client safety.

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<sup>1</sup> Dispensing medication involves the selection, preparation and transfer of one or more prescribed medication doses to a client (or their representative) to be administered at a later time.

<sup>2</sup> As noted above, RPNs and RNs usually require an order from another health professional to perform controlled acts. NPs do not require an order.

<sup>3</sup> There may be circumstances when differences are warranted; for example, based on differences in scope of practice.

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- Adding new practice requirements for RPNs and RNs when dispensing medication (e.g., the expectation that medication is only dispensed for therapeutic purposes, requirements related to labelling medications that are dispensed). NPs are already accountable to these requirements.
    - These expectations promote client safety.
    - The changes ensure all nurses are held to the same safety standards when dispensing medication.
  - Adding new practice requirements for RPNs and RNs when administering substances by injection or inhalation (e.g., the expectation that this be for therapeutic purposes).



## Attachment 3

### Key Highlights of Council Decision Making

Council decision-making was supported by rigorous evidence. RN prescribing was on every Council agenda for over a year. The table below provides a chronology of events relevant to Council decision-making about RN prescribing.

May 2017	Government amends the <i>Nursing Act, 1991</i> to enable RN prescribing
Jun 2017	Minister sends letter to CNO President asking that CNO develop the regulations necessary to implement RN prescribing
Jun-Aug 2017	CNO completes initial scoping research, including literature review, legislative analysis, e-scan, survey of RNs
Sept 2017	Council reviews report of consolidated evidence. Approves overarching vision and approach that includes: <ul style="list-style-type: none"><li>- focus on specific practice areas/client populations</li><li>- phased implementation</li><li>- introduce RN prescribing as a post-RN qualification</li></ul> Council provides direction about the areas of focus
Dec 2017-Sept 2018	Based on additional research and ongoing stakeholder engagement, Council provides input and direction on a range of policy considerations (below), which determine the regulations, by-laws and implementation plans <ul style="list-style-type: none"><li>- permitting RNs authorized to prescribe to provide an order for another nurse (RPN, RN) to perform certain controlled acts</li><li>- prohibiting RNs from delegating the new controlled acts</li><li>- providing input on practice expectations applying to RN prescribing</li><li>- improving consistency in the practice expectations applying to any nurse (RN, RPN and NP) when dispensing medication</li><li>- identifying terminology for the notation on Find-a-Nurse</li><li>- identifying the medications RNs would be authorized to prescribe</li><li>- identifying education competencies</li></ul>
Dec 2018	Council approves draft regulations for 60-day circulation
Mar 2019	Council approves regulations
Mar 2020	Council approves draft by-law for 60-day circulation (by-law to permit CNO to add a notation on Find-a-Nurse) <sup>1</sup>
Dec 2020	Council approves by-law, to take effect when the regulation is in force

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<sup>1</sup> There was a delay between circulation and approval due to the COVID 19 pandemic.