



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.

Agenda

Wednesday, March 3, 2021 1:00 p.m. to 4:30 p.m.

[Council's Governance Principles](#)
 Council's Meeting Norms

1:00 p.m.	1. Agenda	Decision
1:05 p.m.	2. Minutes of the meeting of December 3, 2020	Decision
	3. Strategic Issues	
1:10 p.m.	3.1 Implementing Council's Governance Vision 3.1.1 Presentation on Council's Governance Vision 3.1.2 Nominating Committee Competencies and Attributes David Brown, Governance Solutions Inc. attending	Discussion Input
2:15 p.m.	3.2 Nursing Education Program Approval <ul style="list-style-type: none"> • Practical Nurse Program Reviews • Baccalaureate Program Reviews • Nurse Practitioner Program Reviews 	Decision
3:00 p.m.	Break	
3:15 p.m.	3.3 Registration Examinations – Amendments to By-law No.2: Fees	Decision

3:30 p.m.	3.4 Statutory Committee 2020 Annual Reports 3.4.1 Patient Relations , Sandra Robinson 3.4.2 Inquiries, Complaints and Reports , Sandra Robinson 3.4.3 Discipline , Terry Holland 3.4.4 Fitness to Practise , Terry Holland 3.4.5 Quality Assurance , Maria Sheculski 3.4.6 Registration , Judy Peterson	Information & Discussion
4:15 p.m.	Voting for the Executive Committee using Boardvantage – practice session	Run-through
4:30 p.m.	Recess	Information

Thursday, March 4, 2021
9:30 a.m. to 5:00 p.m.

9:30 a.m.	Election of the 2021-2022 Executive Committee	Decision
10:45 a.m.	Break	
	3. Strategic Issues, Continued	
11:00 a.m.	3.5 Report on Ministry's College Performance Measurement Framework	Decision
11:30	3.6 Strategy 2021-2024: Update and Next Steps	Information & Discussion
Noon	Break	
1:00 p.m.	3.7 Strategy 2021-2024 in Action 3.7.1 Modernizing the Practice Standards	Information & Input
1:30 p.m.	3.7.2 Modernizing Applicant Assessment	Information & Decision
2:00 p.m.	3.7.3 Quality Assurance Program: Moving Forward	Information & Discussion
	4. Reports	
2:30 p.m.	4.1 Executive Director Update	Information
3:00 p.m.	Break	

3:15 p.m.	<p>4.2 Executive Committee meetings</p> <p>4.2.1 January 13, 2021</p> <p>4.2.2 February 11, 2021</p>	Information
3:20 p.m.	4.3 Finance Committee meeting of February 11, 2021	Decision
3:40 p.m.	<p>5. Election and appointments: 2021-2022 Council</p> <p>5.1 Appointment of Statutory Committee Chairs</p> <p>5.2 Appointment of Statutory Committee Members</p> <p>5.3 Appointments to the Sub-Committee on Compensation</p>	<p>Decision</p> <p>Decision</p> <p>Decision</p>
	6. Discussion item(s) added by Council members	
4:15 p.m.	<p>Reflection:</p> <p>How did we do demonstrating Councils norms and Governance Principles in this meeting?</p>	
	Conclusion	
4:20 p.m.	Honouring outgoing Council members	

7. Information Items:

[7.1 Results of the 2021 Election of council members](#)

Next Meeting:

First meeting of the 2021-2022 Council: June 2 and 3, 2021

Governance Principles

Council is individually and collectively committed to regulating in the public interest in accordance with 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 in order 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

Notes

Present

S. Robinson, Chair
A. Arkell
J. Armitage
D. Cutler
S. Douglas
S. Eaton
C. Evans
A. Fox
Kerry Gartshore
K. Goldenberg
R. Henderson

N. Hillier
T. Holland
C. Hourigan
M. Klein-Nouri
D. Lafontaine
B. MacKinnon
C. Manning
I. McKinnon
N. Montgomery
J. Petersen

L. Poonasamy
D. A. Prillo
G. Rudanycz
M. Sabourin
M. Sheculski
P. Sullivan-Taylor
N. Thick
D. Thompson
J. Walker
H. Whittle
J. Wright

Regrets

T. Dion

B. Irwin
M. MacDougall

A. Vidovic

Staff

A. Coghlan
F. Garvey
J. Hofbauer, Recorder
E. Horlock

R. Jabbour
D. Jones
B. Knowles
K. McCarthy

A. McNabb
S. Mills
A. M. Shin
C. Timmings

Agenda

The agenda had been circulated and was approved on consent.

Closure

The Executive recommended closure for Council to receive an opinion from legal counsel.

Motion 1

Moved by H. Whittle, seconded by D. Cutler,

That the Council meeting be closed at 11:30 a.m. on Thursday, December 3, 2020 under Sub-Section 7(2)e of the *Health Professions Procedural Code* because “*instructions will be given to or opinions received from the solicitors of the College*”.

CARRIED

Minutes

Minutes of the Council meeting of September 17, 2020 had been circulated.

Motion 2

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

That the Minutes of the Council meeting of September 17, 2020 be approved as circulated.

CARRIED

Finance Committee

N. Thick presented the report of the Finance Committee meeting of November 12, 2020. She highlighted the unaudited financial statements for the nine-months ended September 30, 2020.

Motion 3

Moved by N. Thick, seconded by R. Henderson,

That Council accept the unaudited financial statements for the nine months ended September 30, 2020.

CARRIED

Report of Sub-Committee on Compensation

N. Thick informed Council that the Sub-Committee on Compensation had advised the Finance Committee that the compensation programs and policies on which the compensation budget was built are congruent with the Compensation Principles approved by Council and best practices in compensation.

Stipend Policies

Based on a recommendation of the Sub-Committee on Compensation, the Finance Committee is recommending an increase in the daily stipend for nurse Council and committee members. The stipend has not been increased for five years and is no longer aligned with the benchmark.

There was discussion about the difference in stipends for nurse and public members. Public member stipends are paid by the provincial government according to its policies and are the same for all health regulatory colleges.

It was noted that as part of Council's governance vision, CNO would assume all the costs of governance, including stipends for public members. The government has CNO's request for legislative change to implement the vision.

Motion 4

Moved by N. Thick, seconded by G. Rudanycz,

That Council approve the proposed changes to the Stipend Policies as they appear in Attachment 3 to the report, to come into effect on January 1, 2021.

CARRIED

2021 Operating and Capital budgets

Council had received the proposed 2021 operating and capital budgets, along with projections for the following three years. There was discussion about the budgetary provisions for building renovations and for implementation of Strategy 2021-2024.

N. Thick informed Council that the Finance Committee did its due diligence and is confident that the budget provides the resources needed to fulfil CNO's mandate, meet its strategic objectives and is within Council's budget guidelines.

Motion 5

Moved by N. Thick, seconded by J. Walker

That the 2021 operating and capital budgets be approved.

CARRIED

Proposed revisions to the Registration Regulation to establish a baccalaureate degree awarded by a College of Applied Arts and Technology as a requirement for registration as an RN

S. Robinson noted that the provincial government has decided that Colleges of Applied Arts and Technology (CAATs) will be able to grant baccalaureate degrees in nursing. For graduates from those programs to be eligible for registration, CNO's registration regulation needs to be revised.

S. Robinson reminded Council that this was discussed at its September meeting. After Council, CNO received a letter from the Minister asking CNO to present a final regulation to the Minister in December. This required the Executive to act on behalf of Council and approve the regulation for circulation and a shorter consultation timeframe.

While the government has made the decision about the program, Council's role is to be confident that there are regulatory mechanisms in place to ensure that graduates of those programs are safe to enter practice on graduation.

A. McNabb, Strategy Consultant highlighted the history of this issue, the feedback to the consultation, and the regulatory mechanisms to support public safety: CNO's Program Approval process and the NCLEX-RN exam. Despite the shortened consultation timeframe, CNO used its usual consultation process and received a record response.

Motion 6

Moved by N. Hillier, seconded by K. Goldenberg,

That the proposed changes, as shown in Attachment 1 to the briefing note, to Part II, Registration, of Ontario Regulation 275/94: General, as amended, under the *Nursing Act, 1991*, be approved for submission to the Minister of Health.

CARRIED

Follow-up Action

Submit the proposed regulation changes to the Minister of Health.
Executive Director and CEO

Closed session

Council held a closed session under Sub-Section 7(2)e of the *Health Professions Procedural Code* to receive an opinion from legal counsel.

Agenda

S. Robinson informed Council that agenda item 4.3 regarding Modernizing of the Practice Standards will be deferred to the March 2021 Council.

By-Law amendment related to RN prescribing

S. Robinson noted that Council has addressed RN prescribing previously and has submitted a request for a regulatory amendment to government. The proposed by-law amendment is to allow CNO to provide a notation on the register – Find a Nurse – when an RN is authorized to prescribe medications.

R. Jabbour, Strategy Consultant highlighted the history of the issue and the responses to the consultation.

It was noted that posting on Find a Nurse is an important public protection mechanism. It allows stakeholders to identify if an RN is authorized to prescribe medications.

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

Motion 7

Moved by C. Evans, seconded by J. Petersen,

That Council approve the addition of paragraph 39, below, specifying register information related to RN prescribing, to [Article 44.1.06 of By-Law No. 1: General](#):

39. If a member holds a certificate of registration as an RN in the general class and is authorized to prescribe a drug designated in the regulations under the Act, a notation of that fact.

CARRIED

Follow-up Action

Amend the By-Laws.

Add prescribing authority to Find a Nurse (on government passage of amendments to regulations to authorize RN prescribing)

Executive Director and CEO

Strategy 2021 – 2024 – Looking ahead

S. Robinson noted that last year, Council was engaged with CNO's Leadership Team and consultant support in the development of CNO's new strategic plan. She noted that they had been encouraged to think broadly and recognize the potential to amplify CNO's impact. Council members had received copies of the approved plan.

The three interrelated outcomes that will support meeting CNO's purpose "to protect the public by promoting safe nursing practice" were shared with Council:

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

- Nurses' conduct will exemplify understanding and integration of CNO standards for safe practice.
- CNO will be recognized as a trusted stakeholder to nurses, employers, and the public.

Council was also informed about development of draft metrics and rationales. In March, Council will receive an update on the outcomes and metrics.

The communication strategy for Strategy 2021-2024 was highlighted, including sharing an early draft of a simple graphic resource about the plan.

There was also discussion about the focus on long-term care. It was noted that CNO is working with its long-term care partners to support safe nursing practice in those environments. It was noted that CNO is trialing some ideas with long-term care facilities that may be broadened if successful.

Interest was expressed about how CNO will integrate its work on diversity, equity and inclusion into implementation of the strategic plan.

It was noted that Council's feedback will support planning for the March Council meeting, considering how to best meet Council's needs in relation to understanding the new strategic plan.

Follow-up Action

Provide measures, baselines and targets to Council in March.
Executive Director and CEO

2011-2020 Strategic Plan: Final Performance Report

It was noted that the current strategic plan will end December 31, 2020. The mission and vision will sunset at that time. Council had received a report: [Achieving Impact: CNO's 2011-2020 Strategic Plan](#).

S. Robinson noted that this is an opportunity to celebrate success. She reported on two areas where Council has made a significant contribution:

- Council's transformative and influential governance vision; and
- Council and committee adoption of technology, particularly receiving virtual meeting packages.

K. McCarthy and B. Knowles shared some highlights from the report. It was suggested that the report be shared with stakeholders.

Ministry of Health – College performance measurement framework

K. McCarthy informed Council about the government's performance measurement framework for health regulators, which was developed collaboratively. He noted that this is an example of the changing regulatory landscape with increasing government oversight.

CNO's 2020 report will come forward to Council in March for review and approval. Following Council's approval, it will be submitted to the Ministry and posted on CNO's website.

It was noted that this tool has been identified as a pilot. Based on the responses of regulators, it is expected to evolve.

Council was informed that CNO is in a good position to report on meeting the regulatory standards in the framework.

Executive Director Update

A. Coghlan updated Council about:

- The state of operations following recovery from the cyber-security attack;
- Preventing harm: CNO videos on intentional harm;
- Evaluation of the Emergency Assignment Class;
- Ongoing impact of Council's governance vision:
 - Tabling of legislation changing governance at the Ontario College of Teacher's; and
 - An article from the Journal of Nursing Regulation about the evidence that informed Council's governance vision; and
- CNO's work on diversity, equity and inclusion, including CNO's organizational goal:
 - CNO is an organization that embraces diversity, equity and inclusion.

A. Coghlan expressed appreciation to Council. She noted that with all the pressures of the pandemic, Council members continued their commitment and participation in regulatory activities. She noted the unique challenges that members who joined Council during the pandemic and identified that CNO looks forward to providing opportunities to further support board development and collegiality.

There was discussion about Council's governance vision and whether CNO has any sense of government plans for legislative change and for transition to the new governance model. CNO has not had any news about pending legislative change from government.

Executive Committee meetings

Council members received minutes of Executive Committee meetings of September 30, 2020 and November 12, 2020. S. Robinson noted that the Executive discussed its role in relation to governance, including supporting the continuing implementation of Council's governance vision and acting as an interim Election and Appointments Committee.

Confirmation of committee appointments

The Executive had made interim committee appointments to fill vacancies.

Motion 8

Moved by J. Walker, seconded by M. Klein-Nouri,

That Council confirm the following committee appointments:

- Marnie MacDougall, public member, to the Discipline and Fitness to Practise committees;
- Natalie Montgomery, public member, to the Conduct Committee; and
- Donna Rothwell, RN to the Inquiries, Complaints and Reports Committee (ICRC) until June 2, 2021.

CARRIED

Conclusion

S. Robinson thanked Council for its engagement and staff for support. She highlighted accomplishments over 2020.

At 4:15 p.m., on conclusion of the agenda and with the consent of Council, the meeting concluded.

Chair

Discussion Note – Council’s Governance Vision

Contact for Questions

Kevin McCarthy, Director of Strategy

Public Interest Rationale

Good governance is the foundation for effective regulation and public trust; Council’s governance vision is evidence-based and centered on public trust.

Overview

In December 2016, Council approved its vision for a new [governance model](#). Council’s governance vision is bold – putting evidence, best practice and public trust before the status quo. Some aspects of the vision rely on government to make changes to Ontario laws (e.g., *Nursing Act, Regulated Health professions Act*). Therefore, Council adopted a phased implementation strategy and in 2017 began implementing the vision, to the extent possible. An overview of the vision, the evidence supporting it and Council’s implementation to date will be provided on March 3rd.

Implementation Support for Council

Governance is a Council accountability. In 2017, Council established a time-limited Governance Work Group with a sole focus on supporting Council to implement its vision.¹ The Work Group included four Council members and was chaired by the President. Between 2017 and 2020, the Work Group supported Council in several achievements (described on page 3) to implement the vision. At each Council meeting, the Governance Work Group reported on its progress and sought Council’s input and direction.

¹ The Executive Committee’s role includes providing leadership to facilitate effective Council governance. A *dedicated* Work Group allowed for a team of Council members that could focus on the time-consuming work of advancing the vision, which included developing, evaluating and implementing new strategies, resources and governance processes. The Work Group Chair (Council President) liaised with the Executive Committee when needed.



The pandemic impacted CNO's ability to constitute the Work Group² and complete a key deliverable planned in 2020. The Work Group's last report to Council occurred in March 2020 and its Terms of Reference ended in December.

As highlighted in December, the Executive Committee is now assisting Council to meet the outstanding deliverable from last year; that is, to establish a new standing committee ([see agenda item 3.1.2](#)). This is in keeping with the Executive's accountability to support [efficient and effective governance](#) and, under the current by-law, to assist Council in making committee appointments.

Key Features

The model is illustrated in [attachment 1](#). Highlights of the vision and new governance model are summarized below.

Board Size and Composition

- A Board of Directors made up of 6 public members and 6 nurses (at least 1 RPN, RN and NP).
- Clear separation between the Board and statutory committees (no overlap in membership).

Competency-Based Appointments

- Board, statutory and standing committee members appointed by the board based on competencies. The Nominating Committee, a new standing committee, recommends appointments to the board and committees.
- Chairs (Board, Committees) and Vice-Chair (Board) will meet additional competencies specific to their leadership roles. The Governance Committee, a new standing committee, recommends appointments to leadership positions.
- People will receive education about regulatory governance / statutory committees before applying, to promote awareness and help people decide if this service is "right" for them.

Statutory Committees

- There will be no Executive Committee.
- All statutory committee members (public, nurses) appointed by the board on the recommendation of the Nominating Committee.

Standing Committees

- There will be three standing committees: Finance, Governance and Nominating.
- Governance and Nominating Committees will have roles in appointing directors, committee members and board and committee leadership.
- The Governance Committee will also be responsible for promoting ongoing best-practice in governance.

² The Work Group would have seen a significant membership change after March 2020, with the election of a new Council President and most other members' terms on Council ending.



Terms of Office

- Directors and committee members will have a three-year term and may serve a maximum of two terms.
- Chair, Vice-Chair and committee Chairs have a 1-year term with one possible reappointment based on meeting role expectations.

Funding

- All directors and committee members will receive equal compensation, paid for by the College.

Evaluation

- The Board will engage in ongoing evaluation of its overall functioning to support continuous improvement.
- The Board will undergo evaluation of its overall governance effectiveness every three years. The evaluation will be completed by external experts and results made public to support ongoing improvement and public accountability.

Advisory Groups

- The Board may establish advisory groups (e.g., public, educator, clinicians) to provide advice and ensure a diversity of perspectives on specific issues.

Implementation

The table below describes Council’s phased implementation strategy.

<p>Phase 1: Changes that are compatible with current law and advance the vision. These changes are within Council’s purview. They help to influence support for the vision and position CNO for the new governance model. They do not require government approval.</p>	<p>Example: competency-based process to appoint nurses to statutory committees</p>
<p>Phase 2: Changes that require amendments to Ontario law. These changes can only be made by government.</p>	<p>Example: competency-based process to appoint any individual to the board</p>

The Governance Work Group assisted Council in implementing the vision according to this phased approach. Below is a summary of activities completed, to date, towards the implementation of Council’s governance vision.

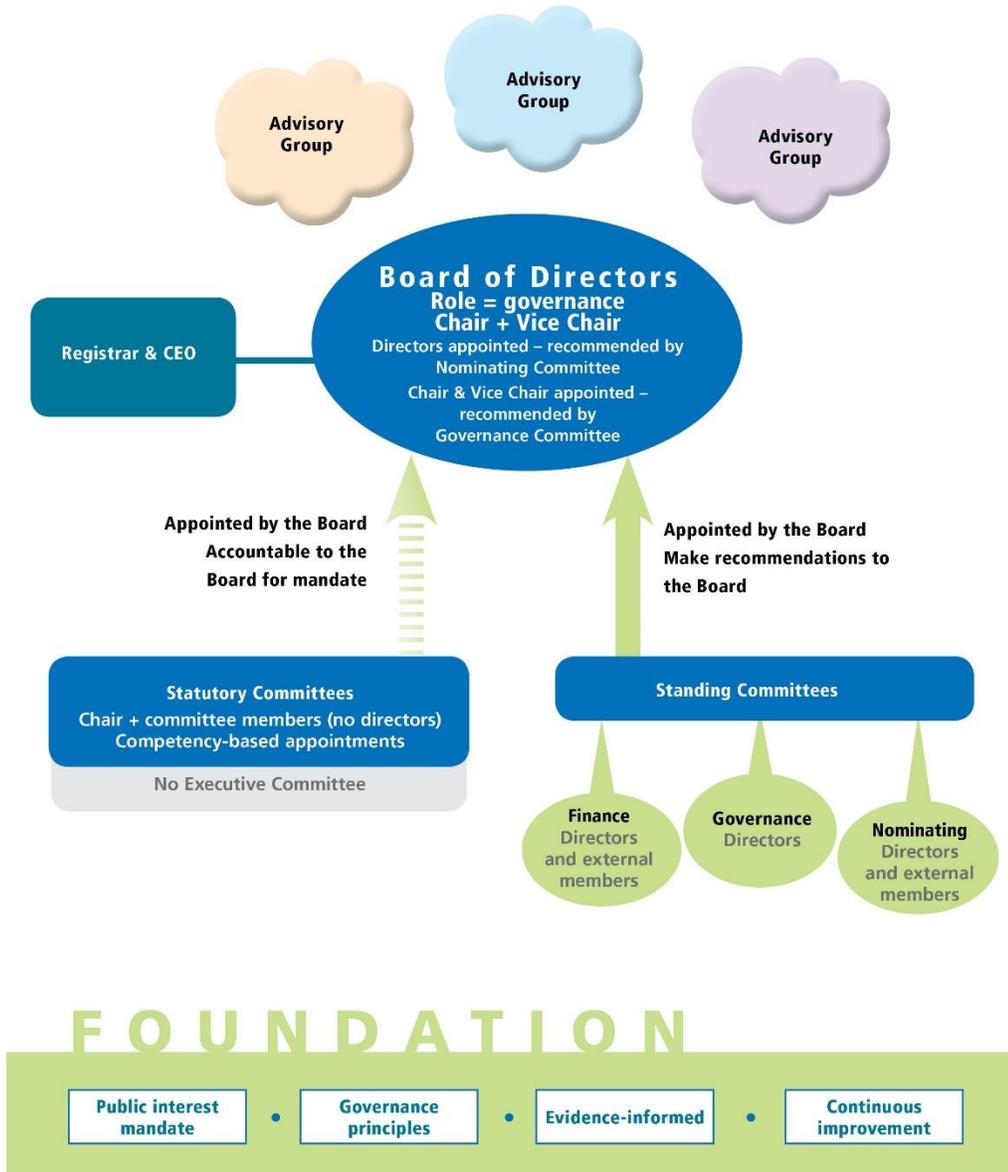
- Identified the [competencies and attributes](#) for effective regulatory governance.
- Identified the competencies and attributes for leadership positions (Board Chair, Vice Chair, committee Chairs) and began using those competencies to inform appointments to statutory committee chair positions.

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- Developed, evaluated and operationalized new competency-based process to appoint nurses to statutory committees and statutory committee chairs.
 - Developed and operationalized [appointments education](#) for nurses applying to statutory committees. Developed [appointments education](#) for future candidates to the board.
 - Implemented a public advisory group, which has since provided input supporting various Council decisions including, the composition of the Nominating Committee and CNO's Code of Conduct.
 - Communicated [the evidence](#) and Council's subsequent vision to regulators in Ontario, Canada and internationally. Contributed to the growing evidence-based about the need for regulatory reform. Sparked debate and dialogue that encouraged board across multiple sectors to conduct their own governance reviews.
 - Submitted a [proposal for legislative amendments](#) to the Minister of Health to enable CNO to implement Council's vision.
 - Initiated process to establish an Interim Nominating Committee, composed of experts with the competencies and attributes necessary to support Council and administer an effective nominations process.

[Attachment 2](#) provides an overview of the legislative amendments needed to implement the key features of Council's vision.

Attachment 1

Governance model



Attachment 2

Summary of Relevant Legislation

Current State ⁱ	Vision 2020	Reason for the Change ⁱⁱ	Relevant Legislation ⁱⁱⁱ
Terminology			
Council of the College	Board of Directors of the College	Changing the titles of the people and groups who govern the College makes their roles and responsibilities clearer to the public.	<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i> • O. Reg. 275/94
Council member(s)	Director(s)		<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i>
President of Council	Chair of the Board of Directors		<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i>
Vice-President of Council	Vice-Chair of the Board of Directors		<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i>
Executive Director of the College	Registrar & CEO of the College		<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i> • O. Reg. 275/94
Size, Composition, and Function of Board of Directors			
Size: 35 to 39 Council members	Size: 12 directors	Smaller boards of directors have been shown to communicate better, benefit from fuller participation of all directors, and make decisions faster and more effectively.	<ul style="list-style-type: none"> • <i>Nursing Act, 1991</i>

Current State ⁱ	Vision 2020	Reason for the Change ⁱⁱ	Relevant Legislation ⁱⁱⁱ
<p>Council is composed of:</p> <ul style="list-style-type: none"> • 21 nurses (14 RNs or NPs, and 7 RPNs); plus • 14 to 18 members of the public 	<p>Board of Directors is composed of:</p> <ul style="list-style-type: none"> • 6 nurses (including 1 RPN, 1 RN, and 1 NP); plus • 6 members of the public 	<p>Eliminating the professional majority on the College's Board increases the Board's independence from the profession, maintains focus on the public interest, and enhances public trust in the College. However, professional expertise in regulation is maintained.</p>	<ul style="list-style-type: none"> • <i>Nursing Act, 1991</i>
<p>Executive Committee exercises Council's powers in between Council meetings.</p>	<p>No Executive Committee necessary.</p>	<p>A small Board of Directors can convene and act quickly in response to emerging issues, removing the need for an Executive Committee. It is best practice for the Board of Directors to make all decisions.</p>	<ul style="list-style-type: none"> • RHPA
Procedures for Board of Directors			
<p>The 21 nurse Council members are elected by their peers in accordance with the College's by-laws.</p>	<p>All directors are appointed by the Board of Directors on the recommendation of a standing Nominating Committee, which includes non-directors.</p> <p>Appointments are based on</p>	<p>Nurse directors are to be appointed rather than elected because the election of nurses to the Board creates the risk and the perception that nurse directors represent the profession rather than the</p>	<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i>

Current State ⁱ	Vision 2020	Reason for the Change ⁱⁱ	Relevant Legislation ⁱⁱⁱ
<p>The 14 to 18 public Council members are appointed by the Lieutenant Governor in Council.</p>	<p>the competencies required for the role.</p>	<p>public interest.</p> <p>Competency-based appointments ensure the Board has the right mix of knowledge, skills, experience, and attributes to make evidence-informed decisions in the public interest.</p>	<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i>
<p>Nurse Council members:</p> <ul style="list-style-type: none"> • serve 3-year terms of office; with a • maximum of 9 consecutive years of service.^{iv} <p>No term limits exist for public Council members.</p>	<p>All directors serve:</p> <ul style="list-style-type: none"> • 3-year terms of office; with a • maximum of 6 consecutive years of service. • A 1-year extension is provided for the Chair of the Board of Directors to serve a second term. 	<p>Terms of office ensure that new perspectives are regularly brought to the Board, while appropriate transition and succession planning is maintained.</p>	<ul style="list-style-type: none"> • RHPA
<p>Expenses and remuneration of:</p> <ul style="list-style-type: none"> • nurse Council members are paid by the College in accordance with the by-laws, while • public Council members are paid by the Minister in amounts determined by the Lieutenant Governor in Council. <p>The amounts paid by the College and the Minister are unequal.</p>	<p>Expenses and remuneration of all directors are:</p> <ul style="list-style-type: none"> • equal; and • paid by the College in accordance with the by-laws. 	<p>The College is to assume the cost of paying public directors from the government. The profession bears the total cost of its regulation, and those performing equal work receive equal pay.</p>	<ul style="list-style-type: none"> • RHPA

Current State ⁱ	Vision 2020	Reason for the Change ⁱⁱ	Relevant Legislation ⁱⁱⁱ
<p>Council is led by:</p> <ul style="list-style-type: none"> • The President; and • 2 Vice-Presidents (1 RN and 1 RPN) <p>They are elected annually by the Council from among the Council's members.</p>	<p>Board of Directors is led by:</p> <ul style="list-style-type: none"> • the Chair; and • the Vice-Chair. <p>They are appointed annually by the Board on the basis of competencies.</p>	<p>The selection of Board leadership is to be on the basis of competencies and not professional designation.</p>	<ul style="list-style-type: none"> • RHPA • <i>Nursing Act, 1991</i>
Composition of Statutory Committees			
<p>Panels of the following statutory committees currently must include Council members:</p> <ul style="list-style-type: none"> • Registration Committee • Inquiries, Complaints, and Reports Committee • Discipline Committee • Fitness to Practise Committee • Quality Assurance Committee <p>Amendments not yet in force provide that the composition of committees and panels shall be in accordance with regulations made by the Minister of Health and Long-Term Care.</p>	<p>Directors on the Board do not sit on statutory committees.</p>	<p>Eliminating the overlap in membership between the Board of Directors and the statutory committees of the College recognizes that the work of the Board and of each committee is different and requires people with specific knowledge, skills, and experience to carry it out.</p>	<ul style="list-style-type: none"> • RHPA (with amended regulations) • O. Reg. 275/94

ⁱ This column describes the current state of the College's governance as set out in relevant legislation.

ⁱⁱ Please refer to the following reports for the evidence underlying Vision 2020:

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- Leading in Regulatory Governance Task Force. “Final Report: A vision for the future.” Updated May 2017. The College of Nurses of Ontario. <http://www.cno.org/globalassets/1-whatiscno/governance/final-report---leading-in-regulatory-governance-task-force.pdf>
 - “Governance Literature Review.” Updated November 28, 2016. The College of Nurses of Ontario. <http://www.cno.org/globalassets/1-whatiscno/governance/governance-literature-review---updated-november-2016.pdf>
 - Governance Task Force. “Trends in Regulatory Governance.” January 2016. The College of Nurses of Ontario. <http://www.cno.org/globalassets/1-whatiscno/governance/trends-is-regulatory-governance.pdf>
 - “Jurisdictional Governance Review Survey Summary Report.” January 16, 2016. The College of Nurses of Ontario. <http://www.cno.org/globalassets/1-whatiscno/governance/jurisdictional-survey---summary-report.pdf>

iii The following legislation will be referred to:

- *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, including the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act* [RHPA]
- *Nursing Act, 1991*, S.O. 1991, c. 32
- O. Reg. 275/94: General, under the *Nursing Act, 1991*, S.O. 1991, c. 32

iv Please note that the College’s by-laws provide that elections occur every three years, and elected councillors can serve a maximum of two consecutive terms. This functionally limits the College’s nurse Council members to a maximum of 6 consecutive years of service.

Discussion Note – Interim Nominating Committee Competencies and Attributes

Public Interest Rationale

Good governance is the foundation for effective regulation and public trust; Council's governance vision is evidence-based and centered on public trust. Identifying the competencies and attributes for the Interim Nominating Committee is aligned with Council's competency-based vision for governance and the first step in appointing a committee that has the experience, knowledge, skills and attributes for administering an effective nominations process.

Considerations for Council

Please provide feedback on the draft competencies and attributes identified for the Interim Nominating Committee ([attachment 1](#)).

Background – Council's Governance Vision

In 2016, Council approved its vision for a [new governance model](#) based on evidence, best practice and expert advice.

A key component of the vision is that nurses and members of the public will be appointed to CNO's board or a committee based on their competence. A Nominating Committee composed of individuals with the necessary expertise, some of whom are directors on the Board and some external, will help to ensure the Board and committees have the competencies and attributes to enable them to fulfil their roles and public protection purpose. The Nominating Committee will use a Board-approved competency profile and process to recruit and assess candidates before making recommendations to the Board. Final appointment decisions will rest with the Board.

Highlights of the vision and new governance model are summarized in the briefing for [agenda item 3.1.1](#). An overview of the vision, the evidence supporting it and Council's implementation to date will be provided on March 3rd. An example of implementation to date: CNO piloted and operationalized a new competency-based process to appoint nurses to statutory committees.

Background – *Interim* Nominating Committee

In 2019, Council decided to proceed with a Nominating Committee composed of five individuals with the necessary expertise, some of whom are Council members and some external, to administer the competency-based process for appointing nurses to statutory committees among



other accountabilities (e.g. election processes). Since Ontario laws do not yet enable a competency-based board appointments process, this Nominating Committee cannot fulfill all the accountabilities identified in the Vision; therefore, it is considered an [“interim” Nominating Committee](#).

To date, Council has made the following decisions about the Interim Nominating Committee:

- In [December 2019](#) - decision to implement an Interim Nominating Committee to replace the Election and Appointments Committee, and
- In [March 2020](#) - decision to approve the Interim Nominating Committee’s Terms of Reference ([attachment 2](#)) and associated by-law revisions.

Implementing¹ the Interim Nominating Committee is a key activity in Council’s governance journey because it positions CNO for the transition from its current to future governance model. If government amends laws as requested by CNO, the Interim Nominating Committee would assist Council with the transition by providing an evidence-based mechanism to support nominations of the first Board.

Competency and Attributes – Interim Nominating Committee

In keeping with Council’s vision for competency-based governance, the first step in appointing a Nominating Committee is to identify the competencies and attributes necessary for administering an effective nominations process. The Executive Committee is proposing the competencies and attributes outlined in attachment 1. These were identified with support from Governance Solutions Inc.² using the same framework that Council applied to develop its board competency profile. The competencies and attributes are aligned with the committee’s role and responsibilities, as outlined in the Council-approved Terms of Reference.

On March 3rd, representatives from Governance Solutions Inc. will join Council’s meeting to provide background information about the framework and seek input, on the Executive’s behalf, on the proposed competency profile for the Interim Nominating Committee ([attachment 1](#)).

Next Steps

Council’s feedback will be incorporated into the competency profile for the Interim Nominating Committee.

Governance Solutions Inc. will support the Executive Committee in assessing and validating candidates’ competence for service.

In September 2021, the Executive Committee will recommend to Council candidates for appointment to the new Interim Nominating Committee.

¹ Implementation was originally scheduled to occur in 2020 and was delayed due to the pandemic. Under the current by-law, the Executive is accountable for fulfilling responsibilities normally assigned to the Election and Appointments Committee, until such time that the Interim Nominating Committee is appointed.

² [GSI](#) is an external vendor with expertise in governance. GSI assisted Council by providing an evidence-based framework and process to support the implementation of competency-based appointments.

Attachment 1

Nominating Committee Competencies & Attributes Profile

CORE COMPETENCIES

It is expected that all, or most, of the members of the Nominating Committee would demonstrate these core competencies:

I. Leadership Skills

You demonstrate skills and ability to lead others to solve problems, adapt and manage change, innovate and achieve results.

II. Change Management

You demonstrate skills related to change management, such as relationship management, engagement, socialization of ideas, consultation and negotiation.

III. Decision Maker

You are a proven decision-maker using different decision-making methods.

IV. Public interest

You have experience in, and understanding of, protecting and acting in the public interest.

SPECIALIZED COMPETENCIES

Additionally, one, or two, members of the Nominating Committee would have expertise in one or more of these specialized competencies, so that collectively the committee would have the benefit of all of these:

V. Human Resources Leadership Experience

You have experience in, and an understanding of, human resource management with a strong understanding of organizational structure and human resources oversight, including recruiting, assessing and succession planning - well versed in assessing the competence and character of individuals based on a set of specific requirements.

VI. Psychology and Learning

You have experience and expertise working in the fields of human psychology and behaviour, which may include elements such as industrial-organizational psychology, workplace research, corporate culture, management styles, employee engagement, cognitive science, emotional intelligence, personality types, learning styles, and the application of psychometric tools and assessments.

VII. Governance and Boards

You demonstrate strong familiarity and understanding of governance roles and responsibilities, current governance policy, issues and trends. You may have gained this through prior board and/or committee experience in an organization of similar size, scope and complexity as the College, and/or through formal governance education and director certification (e.g. ICD.D (Institute of Corporate Directors), Pro.Dir. (Professional Director®), C.Dir (Director's College)).

VIII. Broad Health Sector Leadership

You have experience in a senior leadership position in a health care administrative setting.

IX. Cross-Cultural Experience

You demonstrate leadership in promoting diversity, equity and inclusion, including experience working with diverse teams and populations, e.g. working cross-culturally, internationally, experience with social, humanitarian, anti-racism, anti-oppression and LGBTQ positive principles.

X. Regulatory Experience

You have experience in the oversight of self-regulated professions, and the ability to understand and oversee regulations and standards setting and certification. You have awareness/knowledge of the regulatory climate and evolving regulatory issues, regulated industries and their oversight regimes. You may be, but are not necessarily, a lawyer.

DIVERSITY CONSIDERATIONS

CNO is an organization that embraces diversity, equity and inclusion. In composing the Nominating Committee, we seek a group that is itself diverse and also demonstrates commitment to diversity, equity and inclusion.

Diversity means recognizing and identifying the seen and unseen characteristics in the lived experiences of people that result in each person's unique perspectives.

Equity means ensuring fairness and objectiveness by recognizing and removing historical and contemporary barriers and biases that create unfair systems and practices.

Inclusion means actively creating and intentionally fostering an environment where everyone feels welcome, respected and has an opportunity to participate.

CHARACTER ATTRIBUTES

All Nominating Committee members would be expected to demonstrate these character attributes:

I. Communicator

You are able to communicate clearly, concisely and accurately, orally and in writing.

II. Constructive

You are able to build relationships, you are constructive and helpful.

III. Emotionally Mature

You are able to understand and skillfully manage emotions, especially when faced with conflict and confrontation; you are self-aware and professional.

IV. Ethical

You have unquestioned ethical integrity; you comply and/or will comply with the College's conduct expectations, bylaw and policies

V. Fiduciary

You are able to put others' interests first (servant leadership); you have a passion for the public interest, commitment and drive.

VI. Inclusive

You are able to create a place for everyone's voice; you understand the concept of equity; are aware of and respect diversity such as social and cultural differences; you are empathetic.

VII. Independent

You are able to think independently, while knowing when and how to consult others.

VIII. Learner

You are able to apply your learning to the public interest; you demonstrate a willingness to learn and develop.

IX. Listener

You are able to listen and question to achieve understanding; you are an effective and active listener.

X. Proactive

You are able to think proactively and to anticipate.

XI. Strategic

You are able to move beyond the details to envision the grander future; you are a strategic thinker.

XII. Adaptable

You are able to adapt easily and quickly to changing evidence and environments; you demonstrate cognitive flexibility.

XIII. Forthright

You are able to present an unpopular or controversial position in the face of opposition or opposing views.

XIV. Professional Judgement

You are able to think critically.

XV. Astute

You are able to apply your knowledge in the context of Board-level decision-making and leadership.

XVI. Problem Solver

You are able to evaluate complex issues and to make effective decisions (find solutions).

XVII. Unifier

You are able to encourage divergent thinking and dissent from others, and to build consensus; you stand behind the collective decisions of the Board in unity.

XVIII. Systems-level Thinker

You are able to conceptualize on a systems level and communicate this understanding to others.

Attachment 2

Interim Nominating Committee Terms of Reference

Role
<p>The interim Nominating Committee assists the Board of Directors ('Board')¹ in ensuring the Board and Committees (statutory, standing, and special committees) have the competencies and attributes (the experience, knowledge, skills, and character), to enable them to fulfil their roles and public protection mandate. The interim Nominating Committee fulfills specific roles related to the election of Board members and the Executive Committee, and recommends to the Board candidates for appointment or re-appointment to Committees.</p>
Responsibilities
<p>The interim Nominating Committee is responsible for:</p> <ul style="list-style-type: none">• Succession planning for the Board and Committees.• Collaborating with the Board, Committee chairs, and CNO staff to assess the needs of the Board and Committees.• Implementing a Board-approved process that is structured, transparent, and objective for actively recruiting, evaluating, and selecting qualified, diverse candidates for appointment to Committees.• Recommending to the Board candidates for appointment or re-appointment to Committees.• Acting in accordance with applicable legislation, CNO by-laws, and Board-approved principles, policies, processes, and criteria in discharging its duties.• Declaring election results, resolving election disputes and fulfilling other duties related to the election of nurses to the Board.• Making recommendations to the Board for filling Board vacancies in-between elections.• Supporting the Board to elect the Executive Committee.• Seeking the Board's input and involving the full Board in its work on a regular basis, as appropriate.• Discharging its duties in a transparent, independent, impartial, and fair manner.• Reviewing the interim Nominating Committee's processes on a regular basis and recommending improvements to the Board.• Reviewing these Terms of Reference no later than three years from their approval, and making recommendations to the Board about a more permanent Nominating Committee structure if required.• Performing any other activities necessary to fulfil its mandate, or as may be required by the Board from time to time.

¹ Also referred to as 'Council'.

Chair

The Chair of the interim Nominating Committee is the immediate past President of the Board, who may or may not be a current director of the Board.

The Chair may delegate their role to another member of the interim Nominating Committee when unavailable.

Membership

The Board appoints the members of the interim Nominating Committee.

The interim Nominating Committee is composed of 5 members. If the Chair is a director on the Board, the remaining committee shall be composed of:

- 1 other director of the Board;
- 3 individuals who are not on the Board, and have not been on the Board in the past 5 years.

If the Chair is not a director on the Board, the remaining committee shall be composed of:

- 2 directors;
- 2 individuals who are not on the Board, and have not been on the Board in the past 5 years.

The members of the Board who are also on the interim Nominating Committee shall be composed equally of 1 public director and 1 nurse director.

No more than 50% of the members of the interim Nominating Committee may be current or past registrants of CNO, or applicants to CNO.

The interim Nominating Committee is properly constituted despite any vacancy so long as there are sufficient members for quorum.

Terms of Office

The term of office for the interim Nominating Committee Chair is up to 2 years.

The other members of the interim Nominating Committee are appointed for up to 3-year terms, with a maximum of 2 consecutive terms. Interim Nominating Committee members' terms may be staggered so that no more than 2 expire in any given year.

Meetings

The interim Nominating Committee meets as needed to fulfil its mandate, at the call of the Chair.

Meetings are conducted in person, or by electronic means approved by the Chair.

The interim Nominating Committee meets in person at least once per year.

The interim Nominating Committee maintains minutes of its meetings.

Quorum
Four members of the interim Nominating Committee including at least 1 director on the Board and 1 member not on the Board constitutes a quorum of the interim Nominating Committee.
Decisions and Voting
<p>When possible, the interim Nominating Committee's decisions are made by consensus.</p> <p>Should consensus not be reached, the interim Nominating Committee's decisions are made by a simple majority vote of the members present at a meeting of the interim Nominating Committee that has achieved quorum.</p> <p>Each member of the interim Nominating Committee has 1 vote.</p>
Accountability and Reporting
<p>The interim Nominating Committee is accountable to the Board and reports its activities and recommendations to the Board at the Board's next meeting. Time-sensitive issues are brought to the Board's attention in a timely manner.</p> <p>The interim Nominating Committee provides the Board with sufficient information and documentation for the Board to make informed decisions.</p>
Resources
<p>The Registrar & CEO acts as a resource for the interim Nominating Committee, but is not a member of the interim Nominating Committee. The Registrar & CEO designates further staff resource(s) to support the interim Nominating Committee as required.</p> <p>Outside advisors and consultants may be retained to assist the interim Nominating Committee in discharging its duties.</p>
Approvals
<p>Approved: dd-mmm-yyyy</p> <p>Revisions: dd-mmm-yyyy; dd-mmm-yyyy; dd-mmm-yyyy</p> <p>Next review: dd-mmm-yyyy</p>

Decision Note – March 2021 Council

Nursing Education Program Approval

Contact for Questions

Anne Marie Shin, Director, Professional Practice

Decisions for Consideration

That council consider approval for each nursing program in Ontario. Due to the type of approval being sought (annual, comprehensive or new program), decisions have been divided into five separate categories as described below.

Decision 1:

That the status of the following Practical Nursing programs that had an annual review be approved as listed.

Institution	Nursing Program	Approval Status Recommendation	Institution	Nursing Program	Approval Status Recommendation
Algonquin College	Practical Nurse Diploma	Approved	Humber College	Practical Nurse Diploma	Approved
Cambrian College	Practical Nurse Diploma	Approved	La Cité Collégiale	Practical Nurse Diploma	Approved
Canadore College	Practical Nurse Diploma	Approved	Lambton College	Practical Nurse Diploma	Approved
Centennial College	Practical Nurse Diploma	Approved	Loyalist College	Practical Nurse Diploma	Approved
Centennial College	Practical Nurse Diploma for IENs	Approved	Mohawk College	Practical Nurse Diploma	Approved
Collège Boréal	Practical Nurse Diploma	Approved	Niagara College	Practical Nurse Diploma	Approved
Confederation College	Practical Nurse Diploma	Approved	Northern College	Practical Nurse Diploma	Approved
Conestoga College	Practical Nurse Diploma	Approved	Sault College	Practical Nurse Diploma	Approved
Durham College	Practical Nurse Diploma	Approved	Seneca College	Practical Nurse Diploma	Approved
Fanshawe College	Practical Nurse Diploma	Approved	Sheridan College	Practical Nurse Diploma	Approved
Fleming College	Practical Nurse Diploma	Approved	St. Clair College	Practical Nurse Diploma	Approved
George Brown College*	Practical Nurse Diploma	Approved	St. Lawrence College	Practical Nurse Diploma	Approved
Georgian College*	Practical Nurse Diploma	Approved			

* George Brown College and Georgian College both received Comprehensive Review decisions in the Program Approval Pilot. This year's annual review includes an update to the overall program scores (See Attachment 1).

Decision 2:

That the status of the following Baccalaureate Nursing programs that had an annual review be approved as listed.

Institution	Nursing Program	Approval Status Recommendation	Institution	Nursing Program	Approval Status Recommendation
Brock University	Bachelor of Science in Nursing: Honours Program	Approved	Ontario Tech University	Bachelor of Science in Nursing Collaborative Program	Approved
Lakehead University	Bachelor of Science in Nursing Program	Approved		Bachelor of Science in Nursing - RPN Bridge Program	Approved
		Bachelor of Science Nursing Compressed Program	Approved	University of Toronto	Bachelor of Science in Nursing
Laurentian University	Bachelor of Science in Nursing Program	Approved	University of Ottawa	Bachelor of Science in Nursing	Approved
McMaster University	Bachelor of Science in Nursing Program - Basic Stream	Approved		Registered Practical Nurse Bridging Program	Approved
	Bachelor of Science in Nursing Program - Accelerated Stream	Approved		Bachelor of Science in Nursing Second Entry Program	Approved
	Bachelor of Science in Nursing Program - Post Diploma Registered Practical Nurse (RPN) Stream	Approved			
Queen's University	Bachelor of Nursing Science Program	Approved	University of Windsor	Bachelor of Science in Nursing	Approved
	Bachelor of Nursing Science Program - Accelerated Standing Track	Approved		Bachelor of Science in Nursing for Graduates of Lambton College Practical Nurse Program	Approved
Trent Fleming School of Nursing *	Collaborative Bachelor of Nursing Program	Approved	Western University	Western-Fanshawe Collaborative Bachelor of Science in Nursing Program	Approved
	Compressed Bachelor of Nursing Program	Approved		Bachelor of Science in Nursing Compressed Time Frame Program	Approved
		Post-RPN Bridging Pathway Bachelor of Nursing Program	Approved		
University of New Brunswick at Humber College *	Collaborative Bachelor of Nursing Program – Regular 4 Year Pathway	Approved			
	Collaborative Bachelor of Nursing Program – Second-entry Pathway	Approved			
	Collaborative Bachelor of Nursing Program – Bridge Pathway	Approved			

* Trent Fleming School of Nursing and University of New Brunswick at Humber College both received Comprehensive Review decisions in the Program Approval Pilot. This year's review includes an update to the overall program scores (See Attachment 1).

Decision 3:

That the status of the following Baccalaureate Nursing programs that had a comprehensive review be approved as listed.

Institution	Nursing Program	Approval Status Recommendation
Nipissing University	Bachelor of Science in Nursing Collaborative with Canadore College Program	Approved
	Bachelor of Science in Nursing Scholar Practitioner Program	Approved
	Registered Practical Nurse (RPN) to Bachelor of Science in Nursing Program	Approved
Ryerson University	Bachelor of Science in Nursing Collaborative Program	Approved
	Bachelor of Science in Nursing - Post Diploma Completion Program	Approved
York University	Bachelor of Science in Nursing Collaborative Program	Approved
	Bachelor of Science in Nursing Compressed Program	Approved
	Post RN for Internationally Educated Nurses Program	Approved

Decision 4:

That the status of the following new Baccalaureate Nursing programs that had a new program review receive preliminary approval as listed.

Institution	Nursing Program	Approval Status Recommendation
Humber College	Bachelor of Science in Nursing – Direct Entry Pathway	Preliminary Approval
	Bachelor of Science in Nursing – Second Entry Pathway	Preliminary Approval
	Bachelor of Science in Nursing – Bridging Pathway	Preliminary Approval
St. Lawrence College	Bachelor of Science in Nursing	Preliminary Approval

Decision 5:

That the status of the following Nurse Practitioner programs that had an annual review be approved as listed.

Institution	Nursing Program**	Approval Status Recommendation
Lakehead University	Primary Health Care Nurse Practitioner	Approved
Laurentian University	Primary Health Care Nurse Practitioner	Approved
McMaster University	Primary Health Care Nurse Practitioner	Approved
Ryerson University	Primary Health Care Nurse Practitioner	Approved
University of Ottawa	Primary Health Care Nurse Practitioner	Approved
University of Toronto	Primary Health Care Nurse Practitioner – Global Health	Approved
University of Toronto	Primary Health Care Nurse Practitioner – Adult	Approved
University of Toronto	Primary Health Care Nurse Practitioner – Paediatrics	Approved
Western University	Primary Health Care Nurse Practitioner	Approved
York University	Primary Health Care Nurse Practitioner	Approved
Queens University	Primary Health Care Nurse Practitioner	Approved
University of Windsor	Primary Health Care Nurse Practitioner	Approved

** Approval includes masters and post-master's programs, as well as French programs as relevant.

Public Interest Rationale

Program Approval is a mechanism that allows for rigorous assessment of entry level education programs to ensure their graduates have knowledge, skill and judgement to practise safely, ethically and competently. 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 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 using the Program Approval Framework.

Each year, every nursing program undergoes an annual monitoring review or comprehensive review. New programs are assessed for preliminary approval.

- Annual monitoring review: this review is for all programs not doing a comprehensive review and includes three outcome indicators. This includes a review and update to program scores.
- Comprehensive review: this review is for all programs and occurs once every seven years when all nine indicators are evaluated. CNO is transitioning to the new Program Approval process. All schools will have their initial comprehensive review by 2025.
- Preliminary approval review; all new programs must have preliminary approval before admitting students which includes a review of the program’s curriculum. The remaining indicators are assessed one year after the first cohort of students have graduated.

Program Approval Scoring Methodology is described in [Attachment 1](#). Information about program scores for all five decisions can be found in [Attachment 2](#).

Impact of COVID 19:

Covid-19 caused a delay in Council approvals in 2020. This delay was due to the impact on the Academic sector and the need for programs to pivot to varied models to support the students’ education. Schools asked for a delay in submitting documents due to this emergent priority. There was also a delay in collection of Indicators 8 and 9 data due to reduction in clinical placements. In September 2020, Council was informed about the impact of these delays on Program Approval timelines. Due to the need to accommodate these timelines, Council will be asked to approve the annual and comprehensive reviews for 2021 in December 2021; for 2022 in September 2022. In June 2023, we will be back to our regular cycle of bringing forward programs for approval for that year.

Stand Alone Degrees:

For the first time, Colleges of Applied Arts and Technology can deliver BN degree programs independently. The regulation was approved at the [December 2020](#) Council meeting subsequently enacted by government. Two academic institutions's new Baccalaureate programs are presented for preliminary approval by Council: Humber College and St Lawrence. Preliminary approval includes the same rigorous curriculum review as in the Comprehensive review. Final approval for new BN programs, including the meeting the other indicators, does not occur until the initial cohort of students have completed the programs.

New Entry to Practice Competencies:

In September 2020, new RN and RPN entry-to-practice competencies came into effect. Program Approval documents have been revised to align with the new competencies and all baccalaureate and practical nursing programs were asked to submit mapping documents demonstrating how their curriculums would integrate the new competencies. Due to the cyber incident, programs were asked to resubmit their curriculum maps for these competency gaps in January 2021. All curriculum maps have been assessed for evidence of teaching and learning experiences that include the new competencies. All baccalaureate and practical nursing programs met this requirement.

Next Steps:

Following Council's decisions CNO will provide:

- A letter addressing the program's approval status and the upcoming dates for the next Annual or Comprehensive Reviews as well as:
 - A Program Approval Annual report indicating the outcome indicator scores (first time pass rates);
 - A Program Approval report outlining the results of a program's Comprehensive Review; or
 - A Program Approval report outlining the results of the New Program Review.

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

Attachments:

Attachment 1: Scorecard and Status Descriptions.
Attachment 2: Detailed Program Review scoring.

Attachment 1 – Program Approval Scoring Methodology

Nursing education programs are evaluated based on the three standards (Structure, Curriculum and Outcomes) and the associated 9 indicators. A score is calculated for each indicator, standard and overall for each program leading to entry-to-practice.

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 integrated into the curriculum.

3. First-time pass rates on registration exams (3-year cumulative totals)

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.

4. Indicators 8 and 9

Collection of outcome Indicators 8 and 9 commenced in 2021 (Indicator 8: recent graduates’ assessment of how well the program prepared them to practise safely, competently and ethically; and Indicator 9: preceptor ratings of student readiness to practice safely, competently and ethically).

These outcome indicators were to start collection in 2020 but due to the pandemic, this process did not take place. As the program approval outcome indicators scores are based on a cumulative 3-year review of aggregate data, these indicators will be part of annual assessments presented to Council beginning in 2024.

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

¹ Collection of outcome Indicators 8 and 9 commenced in 2021. As the program approval outcome indicators scores are based on a cumulative 3-years of aggregate data, these indicators will be part of annual assessments presented to Council beginning in 2024

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

Status	Criteria
Approved	Granted when the program meets a score of 75% and the mandatory indicators for program approval. 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	Given 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.

Attachment 2 - Detailed Program Review Scoring

Decision 1: Practical Nurse Programs (Annual Reviews)

Institution	Nursing Program	Map the Gap Curriculum ¹	Indicator 7: First-time Pass Rate ²	Approval Status Recommendation
Algonquin College	Practical Nurse Diploma	Met Expectations	Met	Approved
Cambrian College	Practical Nurse Diploma	Met Expectations	Met	Approved
Canadore College	Practical Nurse Diploma	Met Expectations	Met	Approved
Centennial College	Practical Nurse Diploma	Met Expectations	Met	Approved
Centennial College	Practical Nurse Diploma for Internationally Educated Nurses	Met Expectations	Met	Approved
Collège Boréal	Practical Nurse Diploma	Met Expectations	Met	Approved
Confederation College	Practical Nurse Diploma	Met Expectations	Met	Approved
Conestoga College	Practical Nurse Diploma	Met Expectations	Met	Approved
Durham College	Practical Nurse Diploma	Met Expectations	Met	Approved
Fanshawe College	Practical Nurse Diploma	Met Expectations	Met	Approved
Fleming College	Practical Nurse Diploma	Met Expectations	Met	Approved
Humber College	Practical Nurse Diploma	Met Expectations	Met	Approved
La Cité Collégiale	Practical Nurse Diploma	Met Expectations	Met	Approved
Lambton College	Practical Nurse Diploma	Met Expectations	Met	Approved
Loyalist College	Practical Nurse Diploma	Met Expectations	Met	Approved
Mohawk College	Practical Nurse Diploma	Met Expectations	Met	Approved
Niagara College	Practical Nurse Diploma	Met Expectations	Met	Approved
Northern College	Practical Nurse Diploma	Met Expectations	Met	Approved
Sault College	Practical Nurse Diploma	Met Expectations	Met	Approved
Seneca College	Practical Nurse Diploma	Met Expectations	Met	Approved
Sheridan College	Practical Nurse Diploma	Met Expectations	Met	Approved
St. Clair College	Practical Nurse Diploma	Met Expectations	Met	Approved
St. Lawrence College	Practical Nurse Diploma	Met Expectations	Met	Approved

Institution ³	Nursing Program	Map the Gap Curriculum	Indicator 7: First-time Pass Rate	Total Approval Score >=75%	Approval Status Recommendation
George Brown College	Practical Nurse Diploma	Met Expectations	Met	Met	Approved
Georgian College	Practical Nurse Diploma	Met Expectations	Met	Met	Approved

¹ Practical Nurse programs were assessed for evidence of teaching and learning experiences to prepare graduates for new entry-to-practice competencies effective September 2020.

² The first-time pass rates 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 of time expressed as a percentage.

³ Programs had a comprehensive review during the pilot in 2018 and updated with annual review data and Map the Gap results.

Decision 2: Baccalaureate Nurse Programs (Annual Reviews)

Institution	Nursing Program	Map the Gap Curriculum ⁴	Indicator 7: First-time Pass Rate ⁵	Approval Status Recommendation
Brock University	Bachelor of Science in Nursing: Honours Program	Meets Expectations	Partially Met	Approved
Lakehead University	Bachelor of Science in Nursing Program	Meets Expectations	Partially Met	Approved
	Bachelor of Science Nursing Compressed Program	Meets Expectations	Met	Approved
Laurentian University	Bachelor of Science in Nursing Program	Meets Expectations	Partially Met	Approved
McMaster University	Bachelor of Science in Nursing Program – Basic Stream	Meets Expectations	Met	Approved
	Bachelor of Science in Nursing Program – Accelerated Stream	Meets Expectations	Met	Approved
	Bachelor of Science in Nursing Program – Post Diploma Registered Practical Nurse (RPN) Stream	Meets Expectations	Met	Approved
Ontario Tech University	Bachelor of Science in Nursing Collaborative Program	Meets Expectations	Partially Met	Approved
	Bachelor of Science in Nursing - RPN Bridge Program	Meets Expectations	Met	Approved
Queen's University	Bachelor of Nursing Science Program	Meets Expectations	Met	Approved
	Bachelor of Nursing Science Program – Accelerated Standing Track	Meets Expectations	Met	Approved
University of Toronto	Bachelor of Science in Nursing	Meets Expectations	Met	Approved
University of Ottawa	Bachelor of Science in Nursing	Meets Expectations	Met	Approved
	Registered Practical Nurse Bridging Program	Meets Expectations	Met	Approved
	Bachelor of Science in Nursing Second Entry Program	Meets Expectations	Met	Approved
University of Windsor	Bachelor of Science in Nursing	Meets Expectations	Met	Approved
	Bachelor of Science in Nursing for Graduates of Lambton College Practical Nurse Program	Meets Expectations	Met	Approved
Western University	Western-Fanshawe Collaborative Bachelor of Science in Nursing Program	Meets Expectations	Met	Approved
	Bachelor of Science in Nursing Compressed Time Frame Program	Meets Expectations	Met	Approved

Institution ⁶	Nursing Program	Map the Gap Curriculum	Indicator 7: First-time Pass Rate	Total Approval Score >=75%	Approval Status Recommendation
Trent Fleming School of Nursing	Collaborative Bachelor of Nursing Program	Meets Expectations	Partially Met	Met	Approved
	Compressed Bachelor of Nursing Program	Meets Expectations	Met	Met	Approved
	Post-RPN Bridging Pathway Bachelor of Nursing Program	Meets Expectations	Partially Met	Met	Approved
University of New Brunswick at Humber College	Collaborative Bachelor of Nursing Program – Regular 4 Year Pathway	Meets Expectations	Met	Met	Approved
	Collaborative Bachelor of Nursing Program – Second-entry Pathway	Meets Expectations	Met	Met	Approved
	Collaborative Bachelor of Nursing Program – Bridge Pathway	Meets Expectations	Met	Met	Approved

⁴ Baccalaureate nursing programs were assessed for evidence of teaching and learning experiences to prepare graduates for new entry-to-competencies effective September 2020.

⁵ The first-time pass rates 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 of time expressed as a percentage.

⁶ Programs reviewed in pilot and updated with annual review data and Map the Gap results.

Decision 3: Baccalaureate Nurse Programs (Comprehensive Reviews)

Institution	Nursing Program	Mandatory Indicator: Curriculum ⁷	Mandatory Indicator: Client & Student Safety	Indicator 7: First-time Pass Rate ⁸	Total Approval Score >=75%	Approval Status Recommendation
Nipissing University	Bachelor of Science in Nursing Collaborative with Canadore College Program	Met	Met	Met	Met	Approved
	Bachelor of Science in Nursing Scholar Practitioner Program	Met	Met	Met	Met	Approved
	Registered Practical Nurse (RPN) to Bachelor of Science in Nursing Program	Met	Met	Partially Met	Met	Approved
Ryerson University	Bachelor of Science in Nursing Collaborative Program	Met	Met	Met	Met	Approved
	Bachelor of Science in Nursing – Post Diploma Completion Program	Met	Met	Partially Met	Met	Approved
York University	Bachelor of Science in Nursing Collaborative Program	Met	Met	Not Met	Met	Approved
	Bachelor of Science in Nursing Compressed Program	Met	Met	Met	Met	Approved
	Post RN for Internationally Educated Nurses Program	Met	Met	Partially Met	Met	Approved

Decision 4: Baccalaureate Nurse Programs (Preliminary Reviews)

Institution	Nursing Program	Mandatory Indicator: Curriculum	Approval Status Recommendation
Humber College	Bachelor of Science in Nursing – Direct Entry Pathway	Met	Preliminary Approval
	Bachelor of Science in Nursing – Second Entry Pathway	Met	Preliminary Approval
	Bachelor of Science in Nursing – Bridging Pathway	Met	Preliminary Approval
St. Lawrence College	Bachelor of Science in Nursing	Met	Preliminary Approval

⁷ Programs receiving comprehensive reviews were assessed to meet existing entry-to-practice competency profiles and new competencies effective September 2020.

⁸ The first-time pass rates 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 of time expressed as a percentage.

Decision 5: Nurse Practitioner Programs (Annual Assessments)

Institution	Nursing Program*	Indicator 7: First-time Pass Rate ⁹	Total Approval Score >=75%	Approval Status Recommendation
Lakehead University	Primary Health Care Nurse Practitioner	Met	Met	Approved
Laurentian University	Primary Health Care Nurse Practitioner	Met	Met	Approved
McMaster University	Primary Health Care Nurse Practitioner	Met	Met	Approved
Queen's University	Primary Health Care Nurse Practitioner	Met	Met	Approved
Ryerson University	Primary Health Care Nurse Practitioner	Met	Met	Approved
University of Ottawa	Primary Health Care Nurse Practitioner	Met	Met	Approved
University of Toronto	Primary Health Care Nurse Practitioner – Global Health	Met	Met	Approved
University of Toronto	Primary Health Care Nurse Practitioner – Adult	Met	Met	Approved
University of Toronto	Primary Health Care Nurse Practitioner – Pediatrics	Met	Met	Approved
University of Windsor	Primary Health Care Nurse Practitioner	Met	Met	Approved
Western University	Primary Health Care Nurse Practitioner	Met	Met	Approved
York University	Primary Health Care Nurse Practitioner	Met	Met	Approved

* Approval includes masters and post-master's programs, as well as French programs as relevant.

⁹ The first-time pass rates 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 of time expressed as a percentage.

Decision Note – March 2021 Council

Fees By-Law: Proposed amendments

Contact for more information

Stephen Mills, Chief Administrative Officer

Decision for consideration re. recommendation of the Finance Committee

That Council approve the following changes to By-Law No. 2: Fees, for notice and circulation:

That Article 8 of By-Law No. 2: Fees be amended as it appears in attachment 1.

That, effective 90 days after the last day of the last CPNRE window for Ontario applicants, Article 8 of By-Law No. 2: Fees be further amended as it appears in attachment 2.

Background

To become registered with CNO, applicants must meet several registration requirements, including completing a registration examination. A registration examination tests for the knowledge, skill and judgment nurses need at the beginning of their careers in Ontario to practice safely.

In [September 2019](#), Council approved that the Regulatory Exam-Practical Nurse (REx-PN™) will become the entry-to-practice examination for registration as a Registered Practical Nurse (RPN) in Ontario. This examination is currently being developed and will be effective January 4, 2022.

Examination administration

Canadian Practical Nurse Registration Examination (CPNRE)

The CPNRE will remain as the registration examination for practical nurses in Ontario until the end of 2021. In January 2022, the REx-PN™ will become the entry-to-practice examination for RPN applicants. The vendor for the REx-PN™ will assume responsibility for collecting the examination fees. CNO currently has a role in collecting the examination fees for the CPNRE as per the current by-laws



In terms of the administration process, there will be overlap once the REx-PN™ is in effect. CNO will continue to collect re-score fees for the CPNRE for approximately 3 months after the final CPNRE examination window (the examination is available over a period of time).

Canadian Nurse Practitioner Examination (CNPE)

The CNPE is a registration examination for nurses who have applied to the extended class (Nurse Practitioner). CNO no longer collects fees for the CNPE. The examination vendor has assumed responsibility for collecting the examination fees for this exam. The proposed changes bring the By-Law into alignment with current practice.

[Attachment 1](#) shows changes proposed to come into effect on approval by Council in June 2021

1. Revisions to the current by-law so it is clear when it refers to either the CPNRE or the CNPE.
2. Revocation of article 8.05 regarding fees for the CNPE and reference to this in article 8.08.

[Attachment 2](#) shows changes proposed to come into effect 90 days after the last day of **the last** CPNRE window for Ontario applicants

3. Revocations of three articles (8.02, 8.02.1, 8.04) since they are no longer relevant.
4. Amendments to article 8.08, which refers to some of the articles that will be revoked.

[Attachment 3](#) describes the rationale for the above changes.

Legislative framework

Under the *Regulated Health Professions Act, 1991* (RHPA), which enables Council to make by-laws, by-laws related to fees must be circulated for 60 days so members have an opportunity to provide feedback (as required under subsection 94(2) of Schedule 2 of the RHPA).

Next Steps

If Council approves the By-Law amendments:

- Beginning in 2022, CNO will no longer collect the fees for writing the CPNRE.
- Beginning 90 days after closing the last CPNRE window, CNO will no longer collect any fees related to re-scoring the CPNRE.
- By-Laws will be revised in accordance with Council's decisions.

Attachments

1. Proposed amendments to Fees By-Law to come into effect on Council's approval in June 2021.
2. Proposed amendments to Fees By-Law to come into effect 90 days after closing the last CPNRE window.
3. Table with rationale for the proposed amendments to the Fees By-Law.



Attachment 1

EXAMINATION FEES – Proposed Amendments effective June 2021

8.02 A person who applies to attempt ~~the an~~ examination which is a requirement for a certificate of registration in the general class as an RPN, **known as the Canadian Practical Nurse Registration Examination (CPNRE)**, ~~other than the jurisprudence examination,~~ shall pay a fee of

- i) \$220.00 if the examination is to be taken on or after May 1, 2016; ~~or-~~
- ii) \$225.00 if the examination is to be taken on or after June 1, 2019; ~~or and~~
- iii) \$230.00 if the examination is to be taken on or after June 1, 2020. (Amended June 2018)

8.02.1 A person who cancels or fails to attend a scheduled writing of ~~the an~~ examination which is a requirement for a certificate of registration in the general class as an RPN shall, **known as the Canadian Practical Nurse Registration Examination (CPNRE)**, - where the College is charged a cancellation fee, **shall** pay a fee of \$65.00. (Added June 2018)

8.04 A person who applies to have **a re-score of** the results of an ~~examination referred to in Article 8.02 re-scored~~ **the examination which is a requirement for a certificate of registration in the general class as an RPN, known as the Canadian Practical Nurse Registration Examination (CPNRE)**, shall pay a fee of \$50.00.

~~**8.05** A person who applies to attempt an examination in order to meet the requirement for the issuance of a specialty certificate in the extended class shall pay a fee of \$1,100.00.~~

8.06 A person who applies to have **a re-score of** the results of an ~~the~~ examination referred to in ~~Article 8.05 re-scored~~ **which is a requirement for the issuance of a specialty certificate in the extended class, known as the Canadian Nurse Practitioner Examination (CNPE)**, shall pay a fee of \$110.00.

8.08 A separate fee is payable for each application referred to in Articles 8.02, 8.04, ~~8.05, 8.06 and 8.07~~ and shall be paid at the time the application is submitted. (Amended September 2014)



Attachment 2

EXAMINATION FEES – Proposed Amendments effective 90 days after the last day of the last CPNRE window for Ontario applicants

~~8.02~~ A person who applies to attempt the examination which is a requirement for a certificate of registration in the general class as an RPN, known as the Canadian Practical Nurse Registration Examination (CPNRE), shall pay a fee of

- ~~i) \$220.00 if the examination is to be taken on or after May 1, 2016; or~~
- ~~ii) \$225.00 if the examination is to be taken on or after June 1, 2019; or and~~
- ~~iii) \$230.00 if the examination is to be taken on or after June 1, 2020. (Amended June 2018)~~

~~8.02.1~~ A person who cancels or fails to attend a scheduled writing of the examination which is a requirement for a certificate of registration in the general class as an RPN, known as the Canadian Practical Nurse Registration Examination (CPNRE), where the College is charged a cancellation fee, shall pay a fee of \$65.00. (Added June 2018)

~~8.04~~ A person who applies to have a re-score of the results of the examination which is a requirement for a certificate of registration in the general class as an RPN, known as the Canadian Practical Nurse Registration Examination (CPNRE), shall pay a fee of \$50.00.

~~8.08~~ A separate fee is payable for each application referred to in Articles ~~8.02, 8.04, 8.06 and 8.07~~ and shall be paid at the time the application is submitted. (Amended September 2014)

Attachment 3

Changes to the Examination Fees section of By-Law No. 2

ARTICLE 8 – EXAMINATION FEES

Current Article (Column 1)	Proposed Article (Column 2)	Rationale (Column 3)
<p>8.02 A person who applies to attempt an examination which is a requirement for a certificate of registration in the general class as an RPN, other than the jurisprudence examination, shall pay a fee of</p> <ul style="list-style-type: none"> i) \$220.00 if the examination is to be taken on or after May 1, 2016. ii) \$225.00 if the examination is to be taken on or after June 1, 2019; and iii) \$230.00 if the examination is to be taken on or after June 1, 2020 (Amended June 2018) 	<p>Effective Council approval in June 2021, Article 8.02 will be amended to read:</p> <p>8.02 A person who applies to attempt the an examination which is a requirement for a certificate of registration in the general class as an RPN, known as the Canadian Practical Nurse Registration Examination (CPNRE), other than the jurisprudence examination, shall pay a fee of</p> <ul style="list-style-type: none"> i) \$220.00 if the examination is to be taken on or after May 1, 2016; or- ii) \$225.00 if the examination is to be taken on or after June 1, 2019; or and iii) \$230.00 if the examination is to be taken on or after June 1, 2020. (Amended June 2018) <p>Effective 90 days after the last day of the last CPNRE window:</p> <p>Article 8.02 will be revoked.</p>	<p>Articles 8.02, 8.02.1 and 8.04 have been amended so it is clear that they relate to the current RPN examination, the CPNRE.</p> <p>The change in 8.02 also clarifies that only one of the amounts was/is payable.</p> <p>CNO will no longer be required to collect any fees related to the CPNRE.</p> <p>Note: CNO will not have a role in collecting examination or re-score fees for the new (2022) Practical Nurse registration examination, the REX-PN™.</p>



Current Article (Column 1)	Proposed Article (Column 2)	Rationale (Column 3)
<p>8.02.1 A person who cancels or fails to attend a scheduled writing of an examination which is a requirement for a certificate of registration in the general class as an RPN shall, where the College is charged a cancellation fee, pay a fee of \$65.00. (Added June 2018)</p>	<p>Effective Council approval in June 2021 Article 8.02.1 will be amended to read:</p> <p>8.02.1 A person who cancels or fails to attend a scheduled writing of the an examination which is a requirement for a certificate of registration in the general class as an RPN shall, known as the Canadian Practical Nurse Registration Examination (CPNRE), where the College is charged a cancellation fee, shall pay a fee of \$65.00. (Added June 2018)</p> <p>Effective 90 days after the last day of the last CPNRE window:</p> <p>Article 8.02.1 will be revoked.</p>	<p>Articles 8.02, 8.02.1 and 8.04 have been amended so it is clear that they relate to the current RPN examination, the CPNRE.</p> <p>CNO will no longer be required to collect any fees related to the CPNRE.</p> <p>Note: CNO will not have a role in collecting examination or re-score fees for the new (2022) Practical Nurse registration examination, the REx-PN™.</p>



Current Article (Column 1)	Proposed Article (Column 2)	Rationale (Column 3)
<p>8.04 A person who applies to have the results of an examination referred to in Article 8.02 re-scored shall pay a fee of \$50.00.</p>	<p>Effective Council approval in June 2021, article 8.04 will be amended to read:</p> <p>8.04 A person who applies to have a re-score of the results of an examination referred to in Article 8.02 re-scored the examination which is a requirement for a certificate of registration in the general class as an RPN, known as the Canadian Practical Nurse Registration Examination (CPNRE), shall pay a fee of \$50.00.</p> <p>Effective 90 days after the last day of the last CPNRE window:</p> <p>Article 8.04 will be revoked</p>	<p>Articles 8.02, 8.02.1 and 8.04 have been amended so it is clear that they relate to the current RPN examination, the CPNRE.</p> <p>CNO will no longer be required to collect any fees related to the CPNRE.</p> <p>Note: CNO will not have a role in collecting examination or re-score fees for the new (2022) Practical Nurse registration examination, the REx-PN™.</p>
<p>8.05 A person who applies to attempt an examination in order to meet the requirement for the issuance of a specialty certificate in the extended class shall pay a fee of \$1,100.00.</p>	<p>Effective Council approval in June, Article 8.05 will be revoked.</p> <p>8.05 A person who applies to attempt an examination in order to meet the requirement for the issuance of a specialty certificate in the extended class shall pay a fee of \$1,100.00.</p>	<p>CNO no longer collects fees for the CNPE.</p>





Current Article (Column 1)	Proposed Article (Column 2)	Rationale (Column 3)
<p>8.06 A person who applies to have the results of an examination referred to in Article 8.05 re-scored shall pay a fee of \$110.00.</p>	<p>Effective Council approval in June, Article 8.06 will read:</p> <p>8.06 A person who applies to have a re-score of the results of an the examination referred to in Article 8.05 re-scored which is a requirement for the issuance of a specialty certificate in the extended class, known as the Canadian Nurse Practitioner Examination (CNPE), shall pay a fee of \$110.00.</p>	<p>This article has been amended so it is clear that it relates to the CNPE.</p> <p>At the request of the provider, CNO collects the fees for the rescore of the CNPE.</p>
<p>8.08 A separate fee is payable for each application referred to in Articles 8.02, 8.04, 8.05, 8.06 and 8.07 and shall be paid at the time the application is submitted.</p>	<p>Effective Council approval in June, Article 8.08 will be amended to read:</p> <p>8.08 A separate fee is payable for each application referred to in Articles 8.02, 8.04, 8.05, 8.06 and 8.07 and shall be paid at the time the application is submitted. (Amended September 2014)</p> <p>Effective 90 days after the last day of the last CPNRE window, Article 8.08 will be amended to read:</p> <p>8.08 A separate fee is payable for each application referred to in Articles 8.02, 8.04, 8.06 and 8.07 and shall be paid at the time the application is submitted. (Amended September 2014)</p>	<p>In June 2021, CNO is proposing to remove reference to 8.05 since 8.05 would no longer exist subject to Council approval.</p> <p>To remove reference to articles 8.02 and 8.04 since they would no longer exist subject to Council approval.</p>



Attachment 1

EXAMINATION FEES – Proposed Amendments effective June 2021

8.02 A person who applies to attempt ~~the an~~ examination which is a requirement for a certificate of registration in the general class as an RPN, **known as the Canadian Practical Nurse Registration Examination (CPNRE)**, ~~other than the jurisprudence examination,~~ shall pay a fee of

- i) \$220.00 if the examination is to be taken on or after May 1, 2016; ~~or-~~
- ii) \$225.00 if the examination is to be taken on or after June 1, 2019; ~~or and~~
- iii) \$230.00 if the examination is to be taken on or after June 1, 2020. (Amended June 2018)

8.02.1 A person who cancels or fails to attend a scheduled writing of ~~the an~~ examination which is a requirement for a certificate of registration in the general class as an RPN shall, **known as the Canadian Practical Nurse Registration Examination (CPNRE)**, - where the College is charged a cancellation fee, **shall** pay a fee of \$65.00. (Added June 2018)

8.04 A person who applies to have **a re-score of** the results of an ~~examination referred to in Article 8.02 re-scored~~ **the examination which is a requirement for a certificate of registration in the general class as an RPN, known as the Canadian Practical Nurse Registration Examination (CPNRE)**, shall pay a fee of \$50.00.

~~**8.05** A person who applies to attempt an examination in order to meet the requirement for the issuance of a specialty certificate in the extended class shall pay a fee of \$1,100.00.~~

8.06 A person who applies to have **a re-score of** the results of an ~~the~~ examination referred to in Article 8.05 re-scored **which is a requirement for the issuance of a specialty certificate in the extended class, known as the Canadian Nurse Practitioner Examination (CNPE)**, shall pay a fee of \$110.00.

8.08 A separate fee is payable for each application referred to in Articles 8.02, 8.04, ~~8.05, 8.06 and 8.07~~ and shall be paid at the time the application is submitted. (Amended September 2014)



Attachment 2

EXAMINATION FEES – Proposed Amendments effective 90 days after the last day of the last CPNRE window for Ontario applicants

~~**8.02** A person who applies to attempt the examination which is a requirement for a certificate of registration in the general class as an RPN, known as the Canadian Practical Nurse Registration Examination (CPNRE), shall pay a fee of~~

- ~~i) \$220.00 if the examination is to be taken on or after May 1, 2016; or~~
- ~~ii) \$225.00 if the examination is to be taken on or after June 1, 2019; or and~~
- ~~iii) \$230.00 if the examination is to be taken on or after June 1, 2020. (Amended June 2018)~~

~~**8.02.1** A person who cancels or fails to attend a scheduled writing of the examination which is a requirement for a certificate of registration in the general class as an RPN, known as the Canadian Practical Nurse Registration Examination (CPNRE), where the College is charged a cancellation fee, shall pay a fee of \$65.00. (Added June 2018)~~

~~**8.04** A person who applies to have a re-score of the results of the examination which is a requirement for a certificate of registration in the general class as an RPN, known as the Canadian Practical Nurse Registration Examination (CPNRE), shall pay a fee of \$50.00.~~

~~**8.08** A separate fee is payable for each application referred to in Articles 8.02, 8.04, 8.06 and 8.07 and shall be paid at the time the application is submitted. (Amended September 2014)~~



Attachment 3

Changes to the Examination Fees section of By-Law No. 2

ARTICLE 8 – EXAMINATION FEES

Current Article (Column 1)	Proposed Article (Column 2)	Rationale (Column 3)
<p>8.02 A person who applies to attempt an examination which is a requirement for a certificate of registration in the general class as an RPN, other than the jurisprudence examination, shall pay a fee of</p> <ul style="list-style-type: none"> i) \$220.00 if the examination is to be taken on or after May 1, 2016. ii) \$225.00 if the examination is to be taken on or after June 1, 2019; and iii) \$230.00 if the examination is to be taken on or after June 1, 2020 (Amended June 2018) 	<p>Effective Council approval in June 2021, Article 8.02 will be amended to read:</p> <p>8.02 A person who applies to attempt the an examination which is a requirement for a certificate of registration in the general class as an RPN, known as the Canadian Practical Nurse Registration Examination (CPNRE), other than the jurisprudence examination, shall pay a fee of</p> <ul style="list-style-type: none"> i) \$220.00 if the examination is to be taken on or after May 1, 2016; or ii) \$225.00 if the examination is to be taken on or after June 1, 2019; or and iii) \$230.00 if the examination is to be taken on or after June 1, 2020. (Amended June 2018) <p>Effective 90 days after the last day of the last CPNRE window:</p> <p>Article 8.02 will be revoked.</p>	<p>Articles 8.02, 8.02.1 and 8.04 have been amended so it is clear that they relate to the current RPN examination, the CPNRE.</p> <p>The change in 8.02 also clarifies that only one of the amounts was/is payable.</p> <p>CNO will no longer be required to collect any fees related to the CPNRE.</p> <p>Note: CNO will not have a role in collecting examination or re-score fees for the new (2022)</p>



Current Article (Column 1)	Proposed Article (Column 2)	Rationale (Column 3)
		Practical Nurse registration examination, the REx-PN™.
<p>8.02.1 A person who cancels or fails to attend a scheduled writing of an examination which is a requirement for a certificate of registration in the general class as an RPN shall, where the College is charged a cancellation fee, pay a fee of \$65.00. (Added June 2018)</p>	<p>Effective Council approval in June 2021 Article 8.02.1 will be amended to read:</p> <p>8.02.1 A person who cancels or fails to attend a scheduled writing of the an examination which is a requirement for a certificate of registration in the general class as an RPN shall, known as the Canadian Practical Nurse Registration Examination (CPNRE), where the College is charged a cancellation fee, shall pay a fee of \$65.00. (Added June 2018)</p> <p>Effective 90 days after the last day of the last CPNRE window:</p> <p>Article 8.02.1 will be revoked.</p>	<p>Articles 8.02, 8.02.1 and 8.04 have been amended so it is clear that they relate to the current RPN examination, the CPNRE.</p> <p>CNO will no longer be required to collect any fees related to the CPNRE.</p> <p>Note: CNO will not have a role in collecting examination or re-</p>



Current Article (Column 1)	Proposed Article (Column 2)	Rationale (Column 3)
		score fees for the new (2022) Practical Nurse registration examination, the REx-PN™.



Current Article (Column 1)	Proposed Article (Column 2)	Rationale (Column 3)
<p>8.04 A person who applies to have the results of an examination referred to in Article 8.02 re-scored shall pay a fee of \$50.00.</p>	<p>Effective Council approval in June 2021, article 8.04 will be amended to read:</p> <p>8.04 A person who applies to have a re-score of the results of an examination referred to in Article 8.02 re-scored the examination which is a requirement for a certificate of registration in the general class as an RPN, known as the Canadian Practical Nurse Registration Examination (CPNRE), shall pay a fee of \$50.00.</p> <p>Effective 90 days after the last day of the last CPNRE window:</p> <p>Article 8.04 will be revoked</p>	<p>Articles 8.02, 8.02.1 and 8.04 have been amended so it is clear that they relate to the current RPN examination, the CPNRE.</p> <p>CNO will no longer be required to collect any fees related to the CPNRE.</p> <p>Note: CNO will not have a role in collecting examination or re-score fees for the new (2022) Practical Nurse registration examination, the REx-PN™.</p>
<p>8.05 A person who applies to attempt an examination in order to meet the requirement for the issuance of a specialty certificate in the extended class shall pay a fee of \$1,100.00.</p>	<p>Effective Council approval in June, Article 8.05 will be revoked.</p> <p>8.05 A person who applies to attempt an examination in order to meet the requirement for the issuance of a specialty certificate in the extended class shall pay a fee of \$1,100.00.</p>	<p>CNO no longer collects fees for the CNPE.</p>





Current Article (Column 1)	Proposed Article (Column 2)	Rationale (Column 3)
<p>8.06 A person who applies to have the results of an examination referred to in Article 8.05 re-scored shall pay a fee of \$110.00.</p>	<p>Effective Council approval in June, Article 8.06 will read:</p> <p>8.06 A person who applies to have a re-score of the results of an the examination referred to in Article 8.05 re-scored which is a requirement for the issuance of a specialty certificate in the extended class, known as the Canadian Nurse Practitioner Examination (CNPE), shall pay a fee of \$110.00.</p>	<p>This article has been amended so it is clear that it relates to the CNPE.</p> <p>At the request of the provider, CNO collects the fees for the rescore of the CNPE.</p>
<p>8.08 A separate fee is payable for each application referred to in Articles 8.02, 8.04, 8.05, 8.06 and 8.07 and shall be paid at the time the application is submitted.</p>	<p>Effective Council approval in June, Article 8.08 will be amended to read:</p> <p>8.08 A separate fee is payable for each application referred to in Articles 8.02, 8.04, 8.05, 8.06 and 8.07 and shall be paid at the time the application is submitted. (Amended September 2014)</p> <p>Effective 90 days after the last day of the last CPNRE window, Article 8.08 will be amended to read:</p> <p>8.08 A separate fee is payable for each application referred to in Articles 8.02, 8.04, 8.06 and 8.07 and shall be paid at the time the application is submitted. (Amended September 2014)</p>	<p>In June 2021, CNO is proposing to remove reference to 8.05 since 8.05 would no longer exist subject to Council approval.</p> <p>To remove reference to articles 8.02 and 8.04 since they would no longer exist subject to Council approval.</p>

Patient Relations Committee

2020 Annual Report

Role of the Committee

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

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

Overview of Activities

Patient Relations Program

The PRP, as it relates to preventing and dealing with sexual abuse, must include the following elements:

- education for nurses
- guidelines for the conduct of nurses
- training for CNO's staff
- the provision of information to the public.

Education and guidance for nurses

Early 2020, informed by evidence, CNO launched new resources to prevent sexual abuse since increased knowledge and awareness can change behaviours, thus preventing patient harm.

These resources include:

- new [web content](#)
- a [fact sheet](#) to support nurses' understanding of sexual abuse
- a [fact sheet](#) with warning signs so stakeholders can stop behaviours before they progress to sexual abuse
- a [fact sheet](#) describing the patient experience
- a [fact sheet](#) to support nurses' wellbeing
- a [fact sheet](#) about how to support a patient safety culture
- [case studies](#)
- a [webcast](#)
- an [employer tool kit](#).



Also, as it relates to intentional harm, and in response to a recommendation from the Long-Term Care Homes Public Inquiry report, CNO developed a series of [videos to support harm prevention](#) including a chapter on sexual abuse. Resources, such as guiding questions, accompany the videos.

Provision of information to the public

New [web content](#) was added to the public sexual abuse webpage late 2020 including:

- a new [fact sheet](#) to understand how the public participates in CNO's sexual abuse investigation and discipline processes
- a new [fact sheet](#) related to therapy funding for patients who have experienced sexual abuse by nurses to support individuals considering making an application.

Request for funding

In accordance with Ontario law, the PRC approved the one funding request it received in 2020 related to a sexual abuse complaint or report. Payment from the fund is provided directly to the therapist or counsellor. Restrictions regarding the therapist or counsellor include that: the therapist or counsellor cannot be a family member and must not be a person who has been found guilty of professional misconduct of a sexual nature, or been found civilly or criminally liable for an act of a similar nature.

Committee Members

January to June 2020

C. Evans, Chair, RN
Ashley Fox, RPN
Judy Petersen, Public Member
C. Ward, Public Member
H. Whittle, NP

July to December 2020

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

Staff Contact

Kevin McCarthy, Director, Strategy

INQUIRIES, COMPLAINTS AND REPORTS COMMITTEE 2020 Annual Report

Introduction: Role of the Committee

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

ICRC Dispositions

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

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

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

Interim Orders

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

Complaints

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

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



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

Dispositions

The ICRC made final dispositions in 248 complaints in 2020. The decrease is due, in part, to the ICRC's prioritization of high risk matters during the beginning stages of the pandemic. The majority of high risk matters are addressed through Executive Director investigations. The percentage of complaints disposed of by adopting a resolution remained consistent at 24.2%. The ICRC took no action in 39.9% of complaints in 2020. Remedial outcomes, including letters of advice, oral cautions and education programs, decreased from 18.5% in 2019 to 11.3% in 2020. Complaints referred to discipline remained a small proportion of final dispositions at 2.4%. Please refer to Appendix 1, Section 1, Table 2.

Health Professions Appeal and Review Board

The Health Professions Appeal and Review Board (HPARB) reviews the adequacy of an investigation and the reasonableness of an ICRC decision. Both complainants and nurses can request HPARB reviews.

In 2020, the number of requests for review to HPARB decreased from 74 to 49 (34%). Complainants made 96% of the requests for review. Of the 48 HPARB decisions released in 2020, 43 related to the adequacy of the investigation or reasonableness of the decision. In the remaining five matters, the request for review was withdrawn, the request was dismissed as untimely or HPARB found the request for review to be an abuse of process.

HPARB confirmed the ICRC's decision in 38 of 43 cases (88.4%). In the remaining five cases, HPARB returned the matter to the ICRC with the following direction: reconsider its decision (two cases); take no further action (two cases); or refer allegations to the Discipline Committee (one case). Please refer to Appendix 1, Section 1, Table 4(b).

Reports

Reports come from nursing employers, facility operators, nurses and others. CNO's Executive Director reviews a report of a preliminary investigation and decides on the appropriate response, which may include remediation or the appointment of investigators to conduct a full investigation. The ICRC approves Executive Director investigator appointments and is informed of Executive Director emergency investigator appointments, which are made if the nurse's conduct exposes, or is likely to expose, his or her patients to harm or injury.

Reports from the Quality Assurance Committee

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



Reports - Executive Director Investigations

Investigator Appointments

In 2020, investigators were appointed to conduct Executive Director investigations in 343 matters. This represents a 49% decrease in investigator appointments as compared to 2019. The decrease is due, in part, to the impact of COVID-19 and the cyber security incident. Please refer to Appendix 1, Section 2, Table 1.

Dispositions

The ICRC made final dispositions in 385 Executive Director investigations in 2020, an increase of 53.4% as compared to 2019. This increase corresponds with the completion of Executive Director investigations that were initiated in the previous two years.

The percentage of Executive Director investigations addressed by remedial undertaking increased from 3.6% in 2019 to 11.4% in 2020. Remedial undertakings are a right touch response to address gaps in a nurse's knowledge or knowledge application to nursing practice and directed where it is appropriate to do so in the public interest. To be eligible for a remedial undertaking, the concerns raised in the report must be remediable through education and the nurse must demonstrate accountability and a willingness to engage in remediation. Other remedial outcomes, such as letters of advice, oral cautions and specified education programs, comprised 46.2% of reports dispositions in 2020, a decrease of approximately 10% from 2019.

Referrals to discipline decreased slightly from 19.9% in 2019 to 17.4% in 2020. Please refer to Appendix 1, Section 2, Table 2.

Interim Orders

The ICRC made a total of ten interim orders in relation to Executive Director investigations: four suspensions and six restrictions on practice.

Health Inquiries

The ICRC conducts inquiries into whether a nurse has a mental or physical condition or disorder that impacts the nurse's capacity to practice safely. The ICRC makes inquiries and may require the nurse to undergo medical examinations and suspend the nurse's certificate of registration if he or she does not attend or comply. The ICRC, after reviewing the results of its inquiries, may refer the matter to the Fitness to Practise Committee.

The ICRC made final dispositions in 77 health inquiries, representing a decrease in the number of final dispositions as compared to each of the previous five years. This decrease corresponds with the availability of the Nurses' Health Program.¹ The ICRC accepted undertakings by nurses

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



to enter NHP in 15 (19.5%) matters. The ICRC referred 31 nurses (40.3%) to the Fitness to Practise Committee. No action was taken in 14 matters (18.2%). Please refer to Appendix 1, Section 3, Table 1.

Interim Orders

The ICRC made a total of 20 interim orders in relation to health inquiries: ten suspensions and ten restrictions on practice.

Committee members:

July to December 2020

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

January to June 2020

Cheryl Evans, RN, Chair
Frank Cardile, Public Member
Samantha Diceman, RPN
Ashley Fox, RPN
Ryan Henderson, RN
Michelle Lewis, RN
Danielle LiChong, Public Member
Candance Ngungu, RN
Kyle Nielsen, RN
Judy Petersen, Public Member
Mary Ellen Renwick, RN
Sandra Robinson, RN
Maria Sheculski, Public Member
Sherry Simo, RPN
Katharina Skrzypek, RN
Cathy Ward, Public Member
Heather Whittle, NP

Staff contacts

Carolyn Gora, Director, Professional Conduct
Jocelyn Loosemore, Manager, Intake and ICRC
Sheryl Sarfin, Manager, Investigations and Health

Appendix 1 – Statistical tables

Section 1: Complaints

Table 1: Investigator Appointments

Investigators Appointed	2016	2017	2018	2019	2020
Complaint - ICRC request	52	106	126	128	130
Total	52	106	126	128	130

Table 2: Dispositions

Dispositions	2016		2017		2018		2019		2020	
	#	%	#	%	#	%	#	%	#	%
Adopt resolution	102	34.2	122	38.7	167	33.2	123	25.1	60	24.2
Take no action - abuse of process	6	2.0	20	6.3	64	12.7	34	6.9	31	12.5
Withdrawn with ED approval	-	-	-	-	-	-	31	6.3	24	9.7
Take no action	156	52.3	125	39.7	196	39.0	200	40.8	99	39.9
Letter of advice	24	8.1	25	7.9	44	8.7	51	10.4	16	6.5
Oral caution	0	0.0	6	1.9	13	2.6	12	2.4	4	1.6
Educational program	2	0.7	9	2.9	8	1.6	19	3.9	3	1.2
Oral/written caution + educational program	3	1.0	3	1.0	4	0.8	9	1.8	5	2.0
Refer to Discipline Committee	5	1.7	5	1.6	7	1.4	11	2.2	6	2.4
Total	298	100	315	100	503	100	490	100	248	100



Section 1: Complaints (cont'd)

Table 3: Interim Orders²

Orders	2016	2017	2018	2019	2020
Interim suspension	1	1	0	1	1
Interim restrictions	0	0	0	0	0
Total	1	1	0	1	1

Table 4. HPARB

(a) Requests to Review ICRC decisions

Requests	2016	2017	2018	2019	2020
From complainants	34	42	31	69	47
From members	2	3	6	5	2
Total	36	45	37	74	49

² In 2017, ICRC's authority to issue interim orders expanded such that it could be exercised on receipt of a complaint, following the appointment of investigators or at the initial meeting of the health inquiry panel. Prior to 2017, ICRC could issue an interim order only on referral to the Discipline Committee or the Fitness to Practise Committee.

Section 1: Complaints (cont'd)

(b) HPARB Outcomes

Decisions Received	2016		2017		2018		2019		2020	
	#	%	#	%	#	%	#	%	#	%
No review - request withdrawn	8	22.9	3	8.1	6	14.3	4	11.8	1	2.1
No review - abuse of process	1	2.9	0	0.0	1	2.4	4	11.8	3	6.3
No review - time limit exceeded	-	-	-	-	-	-	-	-	1	2.1
Confirm ICRC decision	21	60.0	32	86.5	29	69.0	15	44.1	38	79.2
Make recommendations to ICRC	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Return - further investigation	0	0.0	2	5.4	4	9.5	4	11.8	0	0.0
Return - reconsider decision	5	14.3	0	0.0	2	4.8	6	17.6	2	4.2
Direct ICRC to change decision	0	0.0	0	0.0	0	0.0	1	2.9	3	6.3
Total	35	100	37	100	42	100	34	100	48	100



Section 2: Reports - Executive Director Investigations

Table 1: Investigator Appointments

Investigators Appointed	2016	2017	2018	2019	2020
Report - Executive Director	126	157	443	667	343
Report - Emergency appointment by Executive Director	10	4	4	4	0
Report - Quality Assurance Committee	17	0	14	5	4
Total	153	161	461	676	347

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

Table 2. Dispositions

Dispositions	2016		2017		2018		2019		2020	
	#	%	#	%	#	%	#	%	#	%
Take no action	8	7.8	9	10.6	20	15.5	26	10.4	29	7.5
Letter of advice	18	17.7	20	23.5	27	20.9	47	18.7	40	10.4
Oral caution	0	0.0	5	5.9	3	2.3	28	11.2	38	9.9
Educational program	7	6.9	3	3.5	15	11.6	30	12.0	54	14.0
Oral/written caution + educational program	19	18.6	15	17.6	15	11.6	36	14.3	46	11.9
Refer to Discipline Committee	46	45.1	30	35.3	46	35.7	50	19.9	67	17.4
Accept permanent resignation	4	3.9	1	1.2	3	2.4	12	4.8	31	8.1
Accept remedial undertaking	-	-	-	-	-	-	9	3.6	44	11.4
Take no action on account of member status ³	-	-	-	-	-	-	13	5.2	34	8.8
Take no action - enrolled in NHP	-	-	-	-	-	-	-	-	2	0.5
Total	102	100	85	100	129	100	251	100	385	100

³ This disposition applies to nurses who have either resigned their certificate of registration or allowed it to expire and are not entitled to practice nursing. If the nurse makes an application for registration in the future, the information from the nurse's file related to the report will be reviewed and assessed through CNO's Entry to Practice (ETP) process. As part of the ETP process, the Executive Director has discretion to refer an applicant to the Registration Committee for further review.



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

Table 3. Interim Orders

Outcomes	2016	2017	2018	2019	2020
Interim suspension	4	10	4	6	4
Interim restrictions	0	3	5	1	6
Total	4	13	9	7	10

Section 3: Health Inquiries

Table 1. Dispositions

Dispositions	2016		2017		2018		2019		2020	
	#	%	#	%	#	%	#	%	#	%
Take no action	22	18.5	21	21.0	28	23.1	25	24.3	14	18.2
Take no action - enrolled in NHP	-	-	-	-	-	-	21	20.4	15	19.5
Take no action - non- practising class	-	-	-	-	-	-	-	-	5	6.5
Suspend until medical assessment complete	14	11.8	11	11.0	11	9.1	13	12.6	4	5.2
Refer to Fitness to Practise Committee	74	62.2	61	61.0	76	62.8	37	35.9	31	40.3
Accept undertaking/ agreement	6	5.0	0	0.0	0	0.0	0.0	0.0	3	3.9
Cease inquiry ⁴	3	2.5	7	7.0	6	5.0	7	6.8	5	6.5
Total	119	100	100	100	121	100	103	100	77	100

Table 2. Interim Orders

Outcomes	2016	2017	2018	2019	2020
Interim suspension	14	20	15	11	10
Interim restrictions	9	7	16	18	10
Total	23	27	31	29	20

⁴ ICRC loses jurisdiction to conduct health inquiries for deceased or resigned members.

Discipline Committee

2020 Annual Report

Introduction: Role of the Committee

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

Executive summary

The Discipline Committee's hearings and activities were impacted by the onset of the global pandemic in the first quarter of 2020. The Discipline Committee transitioned expeditiously to hearing non-contested matters virtually and deferred the hearing of contested matters until a virtual process was established for them. In November 2020, the Committee commenced hearing contested matters virtually and employed the document sharing platform CaseLines.

A. Panel Activities

1. Completed Matters¹ (Table 1)

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

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

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

In 2020, Discipline Committee panels made findings of professional misconduct in 53 matters involving 53 members. In addition, three matters were withdrawn and one reinstatement request was abandoned. In total, 57 matters were completed in 2020.

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

46 matters were resolved by panels accepting agreed statements of facts and/or joint submissions on penalty presented by the College and the member. This represents 80.7% of all completed matters. On average, one hearing day² was required per matter.

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

Seven contested matters, involving a total of 10.25 hearing days, were resolved. In addition, three hearing days were held for a matter that is continuing in 2021. The number of hearing days for contested matters ranged from one to three days with an average of 1.5 hearing days per matter.

(c) Penalty Orders (Table 4)

Discipline Committee panels made penalty orders in 53 matters where findings of professional misconduct were made. The penalties that were ordered included:

- 6 revocations;
- 41 suspensions;
- 41 terms, conditions and limitations; and
- 53 reprimands.

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

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

Discipline Committee panels met on 60 days for hearings, deliberation and decision-writing for 57 matters. 58 days were for hearings (includes three hearing days for a matter that is continuing in 2021, and 0.75 days hearing motions to withdraw allegations). Two days were for deliberation/decision-writing.

² A hearing day is approximately seven hours.

The administration of reprimands commonly occurs immediately following hearings, and the time spent on this administration is included in the calculation of hearing days. In 2020, the Discipline Committee spent an additional 1.5 days administering reprimands at proceedings specifically convened for that purpose.

3. Release of Decision and Reasons (Table 6)

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

The Discipline Committee released 25 written reasons in 2020, some of which related to matters that were heard in 2019. The Discipline Committee Guidelines set out that the Committee’s written reasons be released within 60 days of the conclusion of the hearing. The time period for the release of the written reasons can be impacted by the complexity of the legal and evidentiary issues in the case, or logistical issues, such as the availability of panel members. In 2020, impacts on reason release timelines included the global pandemic and the cyber-security incident. In multiple cases, this resulted in the release of the written reasons after the 60-day guideline.

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

In two non-contested matters, the time for release of the written reasons met the 60-day guideline. In 10 matters, the written reasons were released between 61 and 90 days, and in nine matters, they were released in 91 days or more.

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

In four contested matters, the written reasons were released in 91 days or more.

B. Committee Activities

1. Matters in Progress (Table 8)

The number of matters in progress varies in relation to:

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

On December 31, 2020, 11 pre-hearings and 21 hearings were scheduled for 2021. 21 pre-hearings and one hearing were in the process of being scheduled. Decision-writing was underway for 35 matters (includes one Decision on Liability being written for a matter that is continuing in 2021). One hearing was adjourned and in one matter the parties had to determine if they wanted to proceed with a pre-hearing or move directly to a hearing.

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

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

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

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

Of the 35 matters, where pre-hearings were held in 2020, 17 matters (48.5%) had pre-hearing conferences held within four months or less from the date of referral.

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

Of the 53 hearings that commenced in 2020, 37 hearings (70.0%) commenced in nine months or less from the date of referral from the ICRC and 11 hearings commenced between 10 and 12 months. 5 hearings commenced 13 months or more from the referral date.

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

The average number of months from the ICRC's referral to the conclusion of a hearing for matters resolved by agreement between the parties was 9.4 months, with a range of four to 20 months. The average number of months from referral to the conclusion of a hearing for contested matters was 12.1 months, with a range of seven to 19 months.

C. Discipline Committee Meetings

The Committee held virtual meetings on July 8, 2020 to orient new members and on August 31, 2020 to train panel and pre-hearing chairs. The Committee also had a virtual Decision Writers' workshop on August 28, 2020. Through November and December 2020, Committee members attended virtual training sessions on the use of CaseLines, the online file sharing platform used in Discipline hearings.

On September 21, 2020, 16 Committee members attended the "Conducting a Discipline Hearing Basic Workshop" hosted by the Health Profession Regulators of Ontario.

Committee members:

July to December 2020

Terry Holland, RPN, Chair
Andrea Arkell, PM
Jay Armitage, PM
Margarita Cleghorne, RPN
Dawn Cutler, RN
Jacqueline Dillon, RPN
Tanya Dion, RN
Sylvia Douglas, PM
David Edwards, RPN
Jennifer Farah, RPN* (from September 2020)
Kerry Gartshore, RPN* (from September 2020)
Fotyne Georgopoulos, RPN* (from September 2020)
Carly Gilchrist, RPN
Karen Goldenberg, PM
Shaneika Grey, RPN
Max Hamlyn, RPN
Neil Hillier, RPN
Carly Hourigan, PM
Bill Irwin, PM
Carolyn Kargiannakis, RN
Karen Laforet, RN
Marnie MacDougall, PM (from November 2020)
Bonnie MacKinnon, RN
Mary MacNeil, RN
Jane Mathews, RN* (from September 2020)
Ian McKinnon, PM
Natalie Montgomery, PM
Andrea Norgate, RN* (from September 2020)
Linda Marie Pacheco, RN
Honey Palalon, RN

January to June 2020

Terry Holland, RPN, Chair
Margarita Cleghorne, RPN
Dawn Cutler, RN
Jacqueline Dillon, RPN
Tanya Dion, RN
Sylvia Douglas, PM
David Edwards, RPN
Catherine Egerton, PM
Grace Fox, NP
Carly Gilchrist, RPN
Deborah Graystone, NP
Carolyn Kargiannakis, RN
Mary MacNeil, RN
Linda Marie Pacheco, RN
Honey Palalon, RN
Tania Perlin, PM
Lalitha Poonasamy, PM
Desiree Ann Prillo, RPN
Heather Riddell, RN
George Rudanycz, RN
Michael Schroder, NP
Heather Stevanka, RN
Sherry Szucsko-Bedard, RN
Devinder Walia, PM
Jane Walker, RN
Terah White, RPN
Christopher Woodbury, PM (to May 2020)
Richard Woodfield, PM (to March 2020)

Committee members (contd.):

July to December 2020

Lalitha Poonasamy, PM

Desiree Ann Prillo, RPN

Heather Riddell, RN

George Rudanycz, RN

Martin Sabourin, RN

Michael Schroder, NP

Heather Stevanka, RN

Patricia Sullivan, RN* (from September 2020)

Sherry Szucsko-Bedard, RN

Fernando Tarzia, RN* (from September 2020)

Jane Walker, RN

Jody Whaley, RPN* (from September 2020)

Colleen Wilkinson, RN* (from September 2020)

Josée Wright, RPN* (from September 2020)

* From September 2020, the membership of the Discipline and Fitness to Practise Committees were merged.

Staff contacts:

Ravi Prathivathi, Manager, Business Support

Kurt Maben, Hearings Administration Coordinator, Business Support

Lesley Wright, Hearings Administrator, Business Support

Patty Lee Him, Hearings Administrator, Business Support

Adrienne Kang, Hearings Administrator, Business Support

Ana Djapa, Hearings Assistant, Business Support

STATISTICAL TABLES

A. Panel Activities

Table 1. Completed matters

Matters with:	2016		2017		2018		2019		2020	
	#	%	#	%	#	%	#	%	#	%
Findings	40	93.0	44	93.6	35	100	43	100	53	93.0
All allegations withdrawn	1	2.3	2	4.3	0	0.0	0	0.0	3	5.3
All allegations dismissed	2	4.7	0	0.0	0	0.0	0	0.0	0	0.0
Reinstatement Abandoned	0	0.0	1	2.1	0	0.0	0	0.0	1	1.7
Total	43	100	47	100	35³	100	43	100	57	100

Table 2. Types of completed matters

Completed cases	2016		2017		2018		2019		2020	
	#	%	#	%	#	%	#	%	#	%
Non-contested matters	29	69.0	33	70.2	25	71.4	31	70.5	46	80.7
Contested matters	12	28.6	11	23.4	10	28.6	13	29.5	7	12.3
All allegations withdrawn	1	2.4	2	4.3	0	0.0	0	0.0	3	5.3
Reinstatement Abandoned	0	0.0	1	2.1	0	0.0	0	0.0	1	1.7
Removal of Information Abandoned	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	42	100	47	100	35	100	44⁴	100	57	100

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

⁴ Includes the matter where liability findings were made in 2018 but penalty was ordered in 2019

Table 3. Hearing days⁵ for 2020

Completed matters	Matters	Total days	Min. days/case	Max. days/case	Average days/case
Non-contested matters	46	44.0	0.5	1.0	1.0
Contested matters	7	10.25	1.0	3.0	1.5
All allegations withdrawn matters	3	0.75	0.25	0.25	0.25
Total	56	55	-	-	-

Table 4. Penalty Orders

Penalty Types	2016		2017		2018		2019		2020	
	#	%	#	%	#	%	#	%	#	%
Reprimand	34	37.8	41	35.7	32	37.2	42	36.2	53	37.6
Suspension	20	22.2	33	28.7	22	25.6	32	27.6	41	29.1
Terms, conditions, limitations	23	25.6	33	28.7	22	25.6	33	28.4	41	29.1
Revocation	12	13.3	7	6.1	10	11.6	9	7.8	6	4.2
Fine	1	1.1	1	0.9	0	0.0	0	0.0	0	0.0
Total	90	100	115	100	86	100	116	100	141	100
# of matters with penalty orders	39		45		34		44		53	

⁵ A hearing day is approximately seven hours, measured in 0.25 day increments.

Table 5. Hearing and deliberation/decision-writing days

Activity days	2016		2017		2018		2019		2020	
	#	%	#	%	#	%	#	%	#	%
Hearings (including ongoing matters)	48.25	87.3	65.5	88.0	41.0	94.3	60.25	91.6	58	94.3
Hearing - Removal of Information Request	0.25	0.5	0.0	0.0	0.0	0.0	0.0	0.0	0	0.0
Reinstatement hearings	0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0.0
Deliberation/decision-writing	6.25	11.3	7.0	9.4	2.0	4.6	4.5	6.8	2	3.3
Administering Reprimands	0.50	0.9	2.0	2.6	0.50	1.1	1.00	1.5	1.5	2.4
Total	55.25	100	74.5	100	43.5	100	65.75	100	61.5	100
# of matters	44		48		35		44		57	

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

Time	2016		2017		2018		2019		2020	
	#	%	#	%	#	%	#	%	#	%
60 days or fewer	16	50.0	24	62.0	18	54.5	4	9.5	2	8.0
61 days or more	16	50.0	15	38.0	15	45.5	38	90.5	23	92.0
Total	32	100	39	100	33	100	42	100	25	100

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

Time	Non-contested Matters		Contested Matters	
	#	%	#	%
60 days or fewer	2	9.5	0	0.0
61 days or more	19	90.5	4	100.0
Total	21	100	4	100

B. Committee Activities

Table 8. Matters in progress on December 31, 2020

Matter Status	2016		2017		2018		2019		2020	
	#	%	#	%	#	%	#	%	#	%
Pre-hearing to be set	6	13.0	3	9.7	15	34.0	9	16.1	21	23.1
Pre-hearing scheduled	4	8.7	7	22.6	4	9.0	13	23.2	11	12.1
Hearing to be set	3	6.5	6	19.4	3	6.8	8	14.3	1	1.1
Hearing scheduled	20	43.5	6	19.4	14	32.0	20	35.7	21	23.1
Hearing in progress	2	4.3	2	6.4	1	2.2	0	0	0	0.0
Deliberation	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Decision-writing	8	17.4	6	19.3	7	16.0	6	10.7	35 ⁶	38.4
To be determined	0	0.0	1	3.2	0	0.0	0	0.0	1	1.1
Adjournment	3	6.5	0	0.0	0	0.0	0	0.0	1	1.1
Total	46	100	31	100	44	100	56	100	91	100

Table 9. Time from referral to pre-hearing

Time	2019		2020	
	#	%	#	%
4 months or less	11	30.6	17	48.5
5-9 months	24	66.7	17	48.5
10-12 months	0	0.0	0	0.0
13 months or more	1	2.8	1	3.0
Total	36	100	35	100

Table 10. Time from referral to commencement of hearing

Time	2016		2017		2018		2019		2020	
	#	%	#	%	#	%	#	%	#	%
9 months or less	27	61.4	28	62.2	26	74.3	33	76.7	37	70.0
10-12 months	9	20.4	10	22.2	3	8.6	10	23.3	11	21.0
13 months or more	8	18.2	7	15.6	6	17.1	0	0.0	5	9.0
Total	44	100	45	100	35	100	43	100	53	100

⁶ includes one Decision on Liability being written for a matter that is continuing in 2021

Table 11. Time from referral to conclusion of hearing

	Minimum months/case	Maximum months/case	Average months/case
Matters with agreements	4	20	9.4
Contested matters	7	19	12.1

Fitness to Practise Committee

2020 Annual Report

Introduction: Role of the Committee

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

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

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

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

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

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

Executive Summary

Fitness to Practise (FTP) Committee Caseload

There were 42 new matters referred to the Committee in 2020. In addition, 37 matters were carried over from the previous year, for a total caseload of 79 matters.



As of December 31, 2020, there were 39 matters in progress as follows:

- 2 hearings were completed and the written decisions and reasons for decision are pending;
- 4 matters were adjourned;
- 8 matters have hearings scheduled in 2021 (includes one matter that commenced in 2020);
- 4 hearings were to be set; and
- 21 matters are awaiting determination whether to proceed by hearing or Consent Order review.

Matters Completed

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

In 2020, a total of 40 matters related to 40 members were completed. These were resolved as follows:

- 37 Consent Orders;
- 2 contested hearings completed; and
- 1 hearing did not proceed (the member's certificate of registration expired and therefore the Committee lost jurisdiction).

Dispositions Ordered

Resolution by Consent Order (Table 1)

- 7 consent orders involved the member voluntarily surrendering their certificate of registration;
- 9 related to Return to Practice requests and breach of Orders;
- 21 had no finding of incapacity. In 17 of these matters, the member entered into an undertaking with the College; in 3 matters, the member moved into the non-practising class; and, in one matter, no finding was made based on a revised assessment.

Hearings

Panels of the FTP Committee spent 3.25 days hearing three FTP matters in 2020, as follows:

(a) Contested Matters

- 2 hearings completed and suspensions were ordered (Table 2)
- 1 hearing began in 2020 and will continue in 2021.

(b) Removal of Information matters (Table 3)

No Removal of Information matters were heard in 2020



Return to Practice (RTP) Requests

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

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

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

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

In 2020, as seen in Table 5, five RTP requests were granted and no requests were denied. All requests were resolved by Consent Order.

Breaches

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

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

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

In 2020, as seen in Table 6, matters related to four members who were in breach of the terms, of their Undertakings with the College were resolved by Consent Order.

Committee Meetings

The Committee held a virtual meeting on July 8, 2020 to orient new members. Through November and December 2020, Committee members attended virtual training sessions on the use of CaseLines, the new online file sharing platform used in hearings.

On September 21, 2020, some new Committee members attended the "Conducting a Discipline Hearing Basic Workshop" hosted by the Health Profession Regulators of Ontario. This workshop included a session on conducting FTP hearings.



Committee members:

July to December 2020

Terry Holland, RPN, Chair
Andrea Arkell, PM
Jay Armitage, PM
Margarita Cleghorne, RPN* (from September 2020)
Dawn Cutler, RN* (from September 2020)
Jacqueline Dillon, RPN* (from September 2020)
Tanya Dion, RN* (from September 2020)
Sylvia Douglas, PM
David Edwards, RPN* (from September 2020)
Jennifer Farah, RPN
Kerry Gartshore, RPN
Fotyne Georgopoulos, RPN
Carly Gilchrist, RPN* (from September 2020)
Karen Goldenberg, PM
Shaneika Grey, RPN* (from September 2020)
Max Hamlyn, RPN* (from September 2020)
Neil Hillier, RPN* (from September 2020)
Carly Hourigan, PM* (from September 2020)
Bill Irwin, PM
Carolyn Kargiannakis, RN* (from September 2020)
Karen Laforet, RN* (from September 2020)
Marnie MacDougall, PM (from November 2020)
Bonnie MacKinnon, RN* (from September 2020)
Mary MacNeil, RN* (from September 2020)
Jane Mathews, RN
Ian McKinnon, PM
Natalie Montgomery, PM* (from September 2020)
Andrea Norgate, RN
Linda Marie Pacheco, RN* (from September 2020)
Honey Palalon, RN* (from September 2020)
Lalitha Poonasamy, PM* (from September 2020)
Desiree Ann Prillo, RPN* (from September 2020)
Heather Riddell, RN* (from September 2020)
George Rudanycz, RN* (from September 2020)
Martin Sabourin, RN* (from September 2020)
Michael Schroder, NP* (from September 2020)
Heather Stevanka, RN* (from September 2020)
Patricia Sullivan, RN
Sherry Szucsko-Bedard, RN* (from September 2020)
Fernando Tarzia, RN

January to June 2020

Naomi Thick, RN, Chair
Sylvia Douglas, PM
Catherine Egerton, PM
Jennifer Farah, RPN
Barbara Frayne, RN
Fotyne Georgopoulos, RPN
Kathleen Patterson, RPN
Fernando Tarzia, RN
Kari Van Camp, NP
Kimberly Wagg, RPN
Jody Whaley, RPN
Colleen Wilkinson, RN
Christopher Woodbury, PM (to May 2020)



Committee members (contd.):

July to December 2020

Jane Walker, RN* (from September 2020)

Jody Whaley, RPN

Colleen Wilkinson, RN

Josée Wright, RPN

* From September 2020, the membership of the Discipline and Fitness to Practise Committees were merged.

Staff contacts

Ravi Prathivathi, Manager, Business Support

Kurt Maben, Hearings Administration Coordinator, Business Support

Lesley Wright, Hearings Administrator, Business Support

Patty Lee Him, Hearings Administrator, Business Support

Adrienne Kang, Hearings Administrator, Business Support

Ana Djapa, Hearings Assistant, Business Support

Appendix 1 – Statistical tables

1. Disposition of Matters

■ Table 1. Resolution by Consent Order

Outcomes	2016	2017	2018	2019	2020
Agree to terms, conditions or limitations	12	1	0	1	0
Voluntary surrender of Certificate of Registration	25	21	34	11	7
Return to Practice / Breach	13	16	15	10	9
No Findings	10	54	39	18	21
Variance	2	0	0	0	0
Total	62	92	88	40	37

■ Table 2. Contested matters

Outcomes	2016	2017	2018	2019	2020
Suspension	6	9	7	2	2
Terms, conditions or limitations	0	0	0	0	0
Re-instatement Granted/Not granted	-	-	1	0	0
No Findings	9	0	0	1 ¹	0
Total	15	9	8	3	2

■ Table 3. Removal of Information matters

Outcomes	2016	2017	2018	2019	2020
Removal of Information	3	0	0	0	0
Total	3	0	0	0	0

■ Table 4. Motions

Motion	2016	2017	2018	2019	2020
Adjournments	9	0	0	6	4
Total	9	0	0	6	4

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



Return to Practice Requests and Breaches

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

Resolution	2016	2017	2018	2019	2020
RTP requests granted	6	10	13	8	5
RTP requests denied	0	0	0	0	0
Total	6	10	13	8	5

■ Table 6. Breach dispositions

Resolution	2016	2017	2018	2019	2020
Breaches resolved by Consent Order	7	6	2	2	4
Breach hearings	3	1	0	0	0
Total	10	7	2	2	4

Quality Assurance Committee

2020 Annual Report

QA Program and the Role of the Committee

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

All members registered with the College are required by legislation to reflect on their practice, identify professional learning needs, and develop a learning plan to show how they plan to achieve their learning goals. Members are randomly selected each year to submit their Learning Plan and complete multiple-choice tests measuring their knowledge of specific practice standards. In addition, some NPs are selected to complete a clinical assessment.

Peer Assessors assess the members' learning plans and test results according to set criteria and write a report for the QA Committee. The Peer Assessors then provide members with written constructive feedback. The QA Committee receives and reviews the individual member Peer Assessor Reports for decision making.

2020 QA Committee Summary

Due to the COVID-19 pandemic, the QA program was simplified to meet the needs of nurses during such an unprecedented time in health care. The QA program focused on practice reflection and encouraging nurses to think about their experiences in the past year. Nurses were also accountable to complete a Learning Plan. In 2020, there was no new member selection for practice assessment. This simplified program approach ensured nurses were not unduly burdened, while still ensuring that CNO met its minimum regulatory requirements outlined in the legislation.

However, there were 45 members who had outstanding QA matters from previous years in progress with QA Committee prior to the pandemic. These members continued to complete their QA requirements, such as practice assessments or remedial activities, during the fall. The only

exception to this were the practice assessments for NPs, (referred to as the Objective Structured Clinical Examination, OSCE), which were cancelled¹ due to the pandemic.

Peer Assessors assessed and provided written feedback to members on their learning plans and practice assessments. Feedback reports were also submitted to the QA Committee.

The QA Committee met on an ad-hoc basis. During 2020, seven ad-hoc QA Committee meetings were held virtually using video conferencing. In addition, an annual education session was held virtually on July 29th, 2020.

By the end of the calendar year, a total of 28 members were peer assessed as satisfactory in practice assessment and directed by the QA Committee to exit the QA program.

Terms, limitations, and conditions were imposed on one member's certificate of registration which were subsequently lifted as the member participated and was assessed as satisfactory. In addition, there were eight members whose participation in practice assessment was deferred until 2021. Due to the cancellation of OSCE (Objective Structure Clinical Examination) was also affected by the pandemic which was originally scheduled for September 2020. As a result, seven NPs that were initially granted a deferral to complete the OSCE in 2020, were granted a deferral to complete the assessment in 2021. Eight members are continuing their remedial activities into 2021.

By the end of 2020, seven members had changed their registration by transferring to the Non-Practising Class or resigning and therefore are not required to participate in practice assessment if not actively registered. If these members do reinstate in the active class, they will be required to complete their participation in the QA program.

Table 1 summarizes members' outcomes during practice assessment from 2015 - 2020.

Table 1. Historical Practice Assessment Outcomes

Practice Assessment Outcomes	2015		2016		2017		2018		2019		2020
	#	%	#	%	#	%	#	%	#	%	
Satisfactory	394	85.3	523	84.1	536	85.5	446	83.7	639	91.3	28
Remediation	4	0.8	15	2.4	12	1.9	27	5.1	11	1.6	8
Deferred	10	2.2	19	3.1	22	3.5	19	3.6	14	2	15
Referred to the ICRC	18	3.9	31	5.0	13	2.1	7	1.3	7	1	-
Impose TCL	-	-	-	-	8	1.3	5	0.9	10	1.4	-
Non-Practicing	13	2.8	17	2.7	18	2.9	15	2.8	5	0.7	7
Resigned	21	4.5	17	2.7	18	2.9	14	2.6	10	1.4	-

¹ The NP OSCE is held in-person and due to public health measures to prevent the spread of COVID-19, the practice assessment previously scheduled for September 2020 was cancelled.



Suspended	-	-	-	-	-	-	-	-	2	0.3	-
Deceased	-	-	-	-	-	-	-	-	2	0.3	-
Changed NP to RN	-	-	-	-	-	-	-	-	3	1	2
Total	462	100	622	100	627	100	533	100	700	100	60

Staff contacts

Catriona Mill, Manager, Practice Quality

Mohini Pershad, Advanced Practice Consultant

Carly Spragg, Advanced Practice Consultant

Calvon Charles, Committee Administrator – QA and Registration

Committee members:

July to December 2020 (Current committee)

Maria Sheculski, Public Member, Chair

Desirée-Ann Prillo, RPN

Diane Morin-LeBlanc, RN

Dale Lafontaine, PM

Monica Klein-Nouri, RN

Lalitha Poonasamy, PM

Ian McKinnon, PM

Zaheeda Hamza, RN

Katie Condon, RPN

Heather Whittle, NP

January to June 2020

Maria Sheculski, Public Member, Chair

Dana Hardy, RN

Devinder Walia, PM

Desirée-Ann Prillo, RPN

Diane Morin-LeBlanc, RN

Andrea Jewell, RN

Anneke Schroder, RPN

Dale Lafontaine, PM

Monica Klein-Nouri, RN

Lalitha Poonasamy, PM

Registration Committee

2020 Annual Report

Introduction: Role of the Committee

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

The Registration Committee ("the Committee") considers referrals from the Registrar¹ of applicants who do not meet the registration requirements.² The Committee also determines if any terms, conditions or limitations should be imposed, modified or removed in relation to certificates of registration.

Applications for registration can be in the General, Temporary, Special Assignment, Emergency Assignment or Non-Practising Classes for Registered Nurses (RNs), Registered Practical Nurses (RPNs) or the Extended Class (NPs).

The Chair of the Committee selects a panel, which must be composed of at least three people, to review applications. The Committee sits as two panels. In 2020, the Committee met a total of 16 times: two (2) times in person and 14 times virtually via zoom. Given the impact of the COVID-19 Pandemic, all Registration Committee meetings were changed from in-person to virtual zoom meetings beginning in March 2020. The purpose of meetings included: annual orientation, review of policy decisions, and review of applications.

This report provides highlights of the applications considered by the Committee and the number of reviews or hearings conducted by the Health Professions Appeal and Review Board ("the Board"). This report also includes Committee and Board statistics.

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

² Ontario Regulation 275/94, made under the *Nursing Act, 1991* (as amended). Amendments to Ont. Reg. 275/94 came into effect on January 1, 2013.



Executive Summary

Applicants, who do not meet registration requirements, are referred to the Committee by the Registrar or can request to have their application reviewed by the Committee. They may make written submissions to support their application. Once the Committee has considered the application and the applicant's written submissions, the Committee may do any of the following:

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

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

In 2020, the Committee reviewed 1,225 applications for those applicants who did not meet one or more requirements for registration, as seen in Table 1. Of these applications, the Committee directed the Registrar to refuse registration for five applicants in character, conduct and health related matters, as seen in Table 3.

The Committee directed four independent medical assessments to determine if an applicant had a health condition that could impact their ability to practise nursing safely.

The Committee also reviewed 25 applications of applicants who required terms, conditions and limitations to be placed on their certificate of registration and met all other registration requirements, as seen in Table 3. This included:

- one applicant who was referred to the Committee regarding a conduct issue or health condition; and
- 24 applicants who did not hold the appropriate authorization under the *Immigration & Refugee Act (Canada)* to permit the applicant to engage in the practice of nursing in Ontario. For these applicants (i.e., holding a restricted work permit), the Committee directed that the applicant be registered with a term, condition or limitation that the applicant is not allowed to practise in Ontario until the proper documentation is provided.

³ RHPA, *Health Professions Procedural Code*, s. 18(2)



Members who are registered with specified terms, conditions or limitations may apply to the Committee to remove or vary the terms, conditions or limitations. Alternatively, the terms, conditions or limitations may end once the member has complied with a specific requirement such as providing specific documentation.

The Committee also decided to register eight applicants subject to an undertaking, which reflects an agreement between the applicant and the College to ensure safe practice and public protection.

One requirement that the Committee often considers is whether an applicant has demonstrated language proficiency in English or French, within the past two years. Many applicants demonstrate language proficiency through evidence such as successful completion of education in English or French or of a College-approved language test. Alternatively, an applicant can request that the Committee consider other evidence of language proficiency, which can include both nursing and non-nursing employment.

The review of language proficiency matters represented 91% of the total matters reviewed for 2020. Of these matters, the Committee decided the following:

- additional information was requested to assist in making a decision in 47 applications;
- reasonable and sufficient evidence was provided to meet the requirement in 1,051 applications as seen in Table 2; and
- the requirement was not met for 14 applications as seen in Table 3.

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

The Board can review decisions of the Committee. In 2020, 11 appeals were in process with the Board, as seen in Table 4. In each of these cases, the Committee had refused to register the applicant as they had not met one or more of the following non-exemptible registration requirements:

- Nursing education requirement;
- Registration examination requirement; or
- Health/conduct requirement.

Of the matters in process during 2020,⁴ two matters were taken back to the Committee either by order of the Board (1) or by staff (1) based on new information submitted by the applicant. Two matters were withdrawn by the Applicants prior to a Board Decision.

As of December 31, 2020, the Board confirmed 6 of the Committee’s decisions and the College was awaiting decisions on one matter.

⁴ Including matters filed before January 1, 2020 but resolved in 2020.



Committee members:

June to December 2020

(Current Committee)

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

January to June 2020

(2019-2020 Committee)

- Judy Petersen, Public Member, Chair
- Linda Bishop, RPN
- Cathy Egerton, PM
- Carrie Heer, NP
- Connie Manning, RPN
- Maureen Ralph, RN
- Diane Thompson, PM
- Andrea Vidovic, RN
- Cathy Ward, PM
- Richard Woodfield, PM

Staff contacts

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





STATISTICAL TABLES

Table 1. Registration Committee decisions

	2016		2017		2018		2019		2020	
	#	%	#	%	#	%	#	%	#	%
Requirement Met	457	36.0	437	69.5	750	81.5	1,269	82.0	1,062	86.7
Other Decisions	814	64.0	192	30.5	170	18.5	278	18.0	163	13.3
Total	1,271	100	629	100	920	100	1,547	100	1,225	100

Table 2. Registration Committee decisions: Requirement met

Requirement Met	2016		2017		2018		2019		2020	
	#	%	#	%	#	%	#	%	#	%
Language Proficiency	425	93.0	426	97.5	744	99.2	1,265	99.7	1,051	99.0
Health/Conduct	30	6.6	8	1.8	5	0.7	4	0.3	10	0.9
Evidence of Practice	0	0.0	1	0.2	1	0.1	0	0.0	1	0.1
Nursing Education	2	0.4	2	0.5	0	0.0	0	0.0	0	0.0
Nursing Exam	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Total	457	100	437	100	750	100	1,269	100	1,062	100

Table 3. Registration Committee decisions: Other decisions

Other Decisions	2016		2017		2018		2019		2020	
	#	%	#	%	#	%	#	%	#	%
Refuse registration	376	46.2	90	46.9	83	48.8	111	39.9	5	3.1
Directed to complete further study or an approved exam	46	5.6	11	5.7	4	2.3	0	0.0	0	0.0
Impose terms, conditions or limitations	13	1.6	22	11.5	17	10.0	21	7.5	25	15.3
Modify terms, conditions or limitations	0	0.0	0	0.0	1	0.6	0	0.0	0	0.0
Complete independent medical assessments	4	0.5	3	1.6	11	6.5	6	2.2	4	2.5
Language Proficiency – Requirement not met	38	4.7	12	6.2	16	9.4	55	19.8	14	8.6
Nursing Education – Requirement not met	18	2.2	10	5.2	2	1.2	6	2.2	3	1.8
Health/Conduct – Requirement not met	0	0.0	0	0.0	0	0.0	0	0.0	3	1.8
Evidence of Practice - Requirement not met	1	0.1	1	0.5	0	0.0	2	0.7	1	0.6
Other	318	39.1	43	22.4	36	21.2	77	27.7	108 ⁵	66.3
Total	814	100	192	100	170	100	278	100	163	100

⁵ The “Other” category includes:

- 70 applications deferred by the Registration Committee for additional information or further review (2 Nursing Education; 20 Character, Conduct and health; 1 Registration Exam; 47 language proficiency);
- 1 application deferred to explore an undertaking or terms, conditions or limitations;
- 8 applications where the applicant was registered subject to an undertaking/agreement;
- 3 applications where the applicant was granted an annulment for one or more exam attempts; and
- 26 applications where the applicant did not meet the Registration Exam requirement. Instead of refusing, the Registration Committee decided to keep the applicant’s application open until January 2022, at which time the applicant will become eligible for unlimited attempts on the new RPN registration exam.



Table 4. Reviews or hearings by the Health Professions Appeal and Review Board⁶

	2016		2017		2018		2019		2020	
	#	%	#	%	#	%	#	%	#	%
Decision confirmed by the Board	19	21.6	11	61.1	24	29.3	6	35.3	6	54.5
Review withdrawn by applicant	14	15.9	0	0	31	37.8	0	0	2	18.2
Application returned by the Board for Registration Committee review	1	1.1	1	5.6	7	8.5	1	5.9	1	9.1
CNO opted to return the application to Committee	7	8.0	1	5.6	4	4.9	1	5.9	1	9.1
Awaiting Board Decision	47	53.4	4	22.2	12	14.6	8	47	1	9.1
Matters closed – No jurisdiction or Abandoned	-	-	1	5.6	-	-	1	5	0	0
Total	88	100	18	100	78	100	17	100	11	100

⁶ A dash “-” indicates that data was not available or collected for that year.

Executive Election Package – March 2021 Council

The Executive is made up of the Officers (President, Vice-President, RN and Vice-President, RPN) and 2 other members. There are two public members on the Executive. (Article 16, General By-Law)

Contents

Candidate profiles for nominees¹

Nominations remain open and can be submitted up to the call for nominations at the March meeting. A nomination form can be requested from Jenna Hofbauer.

President

[Natalie Montgomery, PM](#)
[Sandra Robinson, NP](#)

Vice-President, RN

[Naomi Thick](#)

Vice-President, RPN

[Neil Hillier](#)
[Terry Holland](#)
[Josee Wright](#)

Other members of the Executive – Public members

Natalie Montgomery, PM
[Maria Sheculski, PM](#)
[Diane Thompson, PM](#)

Other members of the Executive - Nurse:

Neil Hillier, RPN
Josee Wright, RPN

Note: If the President is a nurse, the two other members of the Executive are public members. If the President is a public member, the other members of Executive will be one public member and one nurse.

[Notes about the election process](#)

[Diagram of the election process](#)

[Governance principles](#)

[Chair/Vice-Chair Competences \(Council's Governance Vision\)](#)

¹ The advance candidates have all submitted nominations and profiles in advance of the February 2nd deadline.



Dr. Natalie Dimitra M. Montgomery, PhD
Public Member
Council of the College of Nurses of Ontario

Natalie is a PhD in Population Health & an expert in self-disclosure and social support. A bilingual educator in strategic and health communication and a patient advocate, she is passionate about serving and protecting the public while promoting evidence-based best practices in healthcare. Prior to her academic career she worked in communications/ stakeholder relations at all three levels of government in addition to crown agencies.

Natalie's patient advocacy work in access to fertility-care has given her a track record engaging the Ministry of Health. These government relations and pro bono activities with Conceivable Dreams coupled with her background in health sciences led her to express her interest to Government in serving the needs of the public on health professional boards. Natalie brings a holistic understanding of health systems and healthcare and an objective perspective to CNO.

Currently Natalie sits the Disciplinary and Fitness to Practice committee where she regularly delivers reprimands to College members. The opportunity to guide the transition and adoption of the new Strategic Plan sparked her drive to contribute in a leadership capacity. Serving Council and the Executive Committee she would focus on the following goals, objectives and policies reflective of our December 2020 session:

1. more dialogue & debate during meetings, a shared podium between Staff & Council Members.
2. transparent & two-way communication with government, representative of Council & stakeholder feedback
3. adapted committee meetings that reflect best practices and opportunities for efficiency stemming from the shift to virtual practices (as a result of COVID-19).
4. regular team building activities, breakout sessions, & check-ins with Council members.
5. increased Council meetings, mini-sessions- i.e. lunch & learns from various Directors at CNO
6. enhanced stakeholder relations & communications for CNO reflective of the new normal facing nurses during COVID-19 and in a post-pandemic Ontario, in order to build public confidence.
7. a smaller efficient Council with a robust compliment of committee members, the transfer of remuneration responsibility to CNO from MoH for all members and the assurance of equity between nurses and public members on Council - equal pay for equal work.
8. documentation and government reporting of overall quality assurance trends relevant to the profession of nursing, in order to mitigate public risk.

She is honoured to put her name forward to serve on the Executive Committee in any capacity Council members see fit, and ready to roll-up her sleeves in the spirit of serving Council and the public at-large.

**Sandra Robinson
RN, MN, NP (Adult)**



**CNO Council President
Interim Clinical Manager -
COVID Vaccine Clinic,
University Health Network**

Competencies:

- CNO Council President, ICRC Chair
- Decisions are evidence-informed and focused on public safety
- Significant regulatory experience as Council member since 2016
- Transformational leader who encourages diverse opinions and respectful dialogue in order to arrive at a shared vision

Attributes:

- Thoughtful, clear and concise communicator
- Foster inclusive environments that promote respectful dialogue and the sharing of diverse thoughts and opinions
- Actively listen and ask clarifying questions to ensure a clear understanding
- Move beyond the details to envision a broader perspective

Contact: sandra.robinson2@uhn.ca

Candidate for President

An experienced leader with a comprehensive knowledge of the interplay between regulation and legislation and how it impacts regulatory decisions made in the public interest.

Committed to achieving:

- Public protection by promoting safe nursing practice
- Pride in the privilege of self-regulation
- Leadership in regulatory excellence
- Agility in moving forward with transformative initiatives
- Public confidence in the profession by maintaining transparency and accountability
- A positive board culture
- Active engagement and participation of all Council members in making evidence-informed decisions
- Respect for divergent opinions that generate robust discussion about decisions that promote public protection through safe nursing practice.

Candidate for Vice President - RN

My WHY:

I am passionate about the nursing profession and the role of the regulatory body in ensuring that public safety is maintained as we navigate through this time of dynamic system transformation.

I have worked in rural hospitals, health centers, nursing stations and clinics throughout my career. I have worked with patients across the life-span, in diverse communities and environments. Having this varied experience provides me with a broad understanding of different environments and some of the structures that are needed to uphold patient safety, in a complex and rapidly changing health care environment.

As a Council Member for the past 4 years and VP-RN for the last year I feel like I have demonstrated the leadership capabilities below and would like to offer my candidacy for VP- RN. I would like the opportunity to continue in this leadership role as we work to implement our new strategic vision.

Professional Experience

Staff Nurse – QEII (NS), Wabasca-Desmarais Memorial Hospital (AB), Winchester District Memorial Hospital (ON)

Nurse Manager, Medical Team Leader – Doctors Without Borders, Somalia

Treatment Nurse – Nunee Health Authority (AB)

Clinical Manager – Winchester District Memorial Hospital (ON) & Children’s Hospital of Eastern Ontario (ON).

Governance Experience

Board Member/Secretary – Wabasca Public Library

Chairperson – Greely Elementary School Council

Council Member/ VP-RN / FTP Chair (2019-2020)

Leadership Capabilities

Change Management
Consensus-building
Accountability
Strategic & Critical Thinker

Quality Improvement
Risk Management
Continuous Learner
Problem-solver

Naomi Thick
RN, BScN, MN:ANP



Contact

[LinkedIn](#)

[Email](#)

I would like to accept my nomination as RPN VP on the Executive Council.

I have a keen interest in the function of governance and have been a part of regulation within Council over the last six months as a member from Eastern Ontario. We, as Nurses, have a duty to protect the public interest and be involved with the process of governance. To facilitate this objective, I am expressing my interest in becoming a member of the Executive Committee.

I bring a wide range of experiences with me.

My back ground is of course Nursing but more specifically, peri-operative Nursing. In addition, I have a formal education in biochemical engineering as well as environmental technologies and industrial systems. Previously I was a member of the Canadian Armed Forces as a Surgical-Trauma medic and attended the Canadian Forces Medical Services School.

I have been a Staff Nurse at the Ottawa Hospital for more than 21 years. Currently I supervise the Surgical Clinic at the General Campus. I have had many opportunities to participate in committees during my tenure at the Ottawa Hospital:

Consultant for the Ottawa Regional Colo-Rectal Cancer Program (2005-2008)

Mentor for the New Grad Initiative Program (2001-2008)

Chair Nursing Education and Promotion Committee (2011-2015)

The Ottawa Hospital Nursing Profession Practice Committee (2011-2013)

Director / Representative for Nursing at The Ottawa Hospital; (2009-2014)

Nursing Affairs; Union Stewart (2009-present)

Adviser to legal counsel; Union arbitration and CNO hearings (2009-2014)

Consultant for the Cornwall Hospital Plastic Surgery Program (2020)

Plastics Surgery Improvement Committee (2018-2020)

Concurrent with my employment at The Ottawa Hospital, I am also an Ottawa Firefighter. After being certified by the Mental Health Commission of Canada I was fortunate enough to instruct hundreds of Firefighters in Mental Health First Aid. I am also a Master Instructor with both St. Johns Ambulance and the Red Cross; I instruct the new firefighters as Medical First Responders. In addition, I am a founding member of the Peer Support Initiative for the Ottawa Fire Service.

Of course, working in a unionized environment at the Ottawa Hospital has given me experience with various committees as well. I have been a member of my locals Executive Committee and chaired several others including the arbitration of a new collective agreement and participation in number of trials and hearings.

During my time in regulation at the College of Nurses of Ontario it has been my pleasure to be involved in the Discipline and Fitness to Practice Committees.

I look forward to being committed to a larger degree with the CNO through the position of Vice President on the Executive Committee.

Neil Hillier, RPN

Terry Holland, Candidate for RPN VP, CNO Executive Council

I would be proud and honoured to serve as your RPN Vice-President of Executive Council this next term.

This will be my final year on CNO Council. Throughout my tenure I've been engaged and dedicated. I've taken my position to heart and I am acutely aware of the vital role we play in important decisions that shape the regulation of nursing and promote the best care for our patients.

What I bring to the position:

Past Experience at the College

- CNO Council: June 2016 - present
- Discipline Committee Member: June 2016 - present
- Committee Chair - Discipline and FTP Committees: June 2019 – June 2021
- CNO Council and Committee Member: 2004 - 2010

Nursing History

- Professional Practice Coordinator; Quinte Health Care (4 community hospitals in Southeastern Ontario) 2005 – present
- RPN direct-care staff nurse 20 + years
- Member, RPNAO and RNAO

Covid-19 has presented challenges for nurses and care teams, for families and for all of society. Never before has our resilience and courage been so tested. At the same time, Covid has reinforced for me the value of empathy, the importance of family, of connecting (yay Zoom!), and the importance of support for each other.



Please vote for me as Executive RPN Vice-President and, together, we will advocate for safe quality care for the people we serve.

Please contact me anytime with any questions or just to chat, at terry.louise.holland@gmail.com or

613-827-1410



Josee Wright is an RPN Psychotherapist and Reiki Master with an extensive and diverse nursing background spanning 14 years in areas such as LTC, community, acute care and education. Josee's nursing career has taken her throughout the country, working at some of the best hospitals in the country, and some of the most remote as well. Josee has worked and held a nursing license in Manitoba, the NWT and Ontario, and is currently working and residing in Thunder Bay.

She has a diverse and extensive education ranging from formal college training to independent study and includes different forms of psychotherapy from prestigious teachers like Dr. Gabor Mate. Josee holds a certificate as a Legal Nurse Consultant, Clinical Instructor, and has obtained numerous advanced nursing skills, knowledge and competencies gained from working in remote northern communities. Josee is a natural leader and has exceeded the typical RPN career trajectory by pursuing opportunities, rising confidently to challenges and respectfully pushing for higher forms of patient care. Josee has shown exceptional leadership throughout her bedside nursing career, as well as through her position as a clinical instructor, and her various teaching positions.

Josee is currently the CEO of Josee Wright Nursing Professional Corporation where she heads her independent psychotherapy practice. In her provision of services she goes above and beyond to ensure that client needs are met, while providing support and seeing them through a lens of compassion, connectivity and empathy. Josee supports and practices patient and family centered care, and thrives in health education by promoting self-awareness, nutrition and emotional and mental wellbeing. Protecting the public and patient safety is at the forefront of Josee's day to day life. Josee values effective, transparent communication, clear decision ownership, and vulnerability, as these are at the core of collaboration and relationship building. Josee has demonstrated exceptional critical thinking, ethical values, moral values, accountability, respect and professional integrity. As a team player who is innovative, intuitive, knowledgeable and solution oriented, Josee can bring forth key wisdom to address the issues at hand using higher-quality decision's based models and integrating the core needs and values of the group.

Josée currently serves the Council of CNO on the FTP and Discipline committees. Serving on the Executive board, Josee would build on the four pillars of the CNO's Strategic Plan 2020, with her natural ability to be compassionate and guide difficult conversations with clear ethical and moral etiquette. Some of her priorities are cultivating open & honest, transparent communication with all members and stakeholders, Embracing heart-centered quality care, that focuses on compassion, connectivity, and holistic patient centered care. Josee is passionate about bringing the CARE back in healthcare.

MARIA SHECULSKI

MSHECULSKI61@GMAIL.COM

**CANDIDATE: Executive Committee
Public Member,**



PROFESSIONAL PROFILE:

- Currently Retired but Active Educator
- Former Board/System Program Principal for French as a 2nd Language K-12 and Early Years K-3 at DSB Ontario NE
- Former School Principal

PROFESSIONAL COMPETENCIES:

- Chair of QA
- Current member of ICRC, Finance committees
- Member of local fundraising organizations and committees
- Leadership

ATTRIBUTES:

- I'm a life long learner unafraid to question until clarity supports my decision making.
- I appreciate social interactions and interested in diverse thoughts regarding health and education.
- I am adaptable and proactive when shifting practice serves the learner more effectively or supports public protection.

As a member of council, I believe I've demonstrated the necessary competencies to join the Executive Committee. As part of the executive team, I will ensure your voice is heard and you feel included in decisions made and actions taken to protect the public.

It would be my honour to represent you as a public member on the Executive Committee.

DIANE THOMPSON
PUBLIC MEMBER CANDIDATE
EXECUTIVE COMMITTEE

REGULATORY

- Current Executive Committee and ICRC Member
- Current Member of Registration Committee
- Former member and President of College of Respiratory Therapists of Ontario (CRTO)
- Former member (6 yrs) and President (3 yrs) of Ontario College of Social Workers and Social Service Workers (OCSWSSW)
- Former Chair of numerous working groups and statutory committees

OTHER EXPERIENCE

- Over twenty-five years of experience working for and with public sector organizations developing and managing performance initiatives to achieve corporate financial and operating objectives
- Currently assist clients as an OD (Organization Development) consultant in the people side of change (human systems) to achieve performance efficiencies
- With a keen interest in workplace wellness, served as a board member and co-lead of Public Policy/Systemic change with the Ontario Healthy Workplace Coalition from 2011-2013 which participated in the development of the Voluntary Standard on Psychological Health and Safety in the Workplace by the Mental Health Commission.



EDUCATION

BA (Sociology) Queens University 2005

- Concentration Health Education, Family Studies, Criminal Justice

MA (Human Systems Intervention) Concordia University 2007

- MA Project Intervention in a long-term care home for six months

ATTRIBUTES

- Systems perspective
- Consensus builder
- Seeks full engagement
- Comfortable with change
- Meets challenges strategically
- Builds trust

Notes about the election process:

Before the election

In February, the Executive Committee will select one RN, one RPN and one public member as scrutineers.

Voting

Voting will take place using the survey feature of Boardvantage. There will be a short session on how to vote before the election.

Officer Election

The officers are elected first. The election process begins with a call for nominations from the floor for the officer positions. Candidates require three nominators. Since the meeting is remote:

- candidates will be asked to identify their nominators
- nominators will be asked to confirm that they are nominating the candidate.

Election of the other members of the Executive

The election of the other two members of the Executive follows election of the Officers. The election process will begin with nominations from the floor (as above):

- If the **President is a nurse** – the other members of the Executive will be two public members
- If the **President is a public member** – the other members of the Executive will be one nurse and one public member

The election will follow the process set out in [Schedule 1 of By-Law No. 1: General](#).

Question period

In accordance with Council decisions about the process (December, 2016), candidates for contested positions will make a short speech (3 minutes) and there will be a question and answer period following the speeches.

Questions will be asked to all candidates for a specific position and will relate to:

- The College's public interest mandate
- Council's governance principles (refer to page 3)
- The leadership role and the candidate's qualifications for the role (Chair/Vice-Chair competencies are attached).

Process for Electing the Executive Committee

Before

the March Council Meeting

Request for nomination
Circulated in advance

Candidate information
Council receives information on nominated candidates

During

the March Council Meeting

Officer election
(President, Vice-President RN and Vice-President RPN)
• Nominations from the floor
• Speeches
• Voting
• Counting
• Announcing results

Public Member president

Nurse president

Public member election (1)
• Nominations from the floor
• Speeches
• Voting
• Counting
• Announcing results

Public member election (2)
• Nominations from the floor
• Speeches
• Voting (2 votes/member)
• Counting
• Announcing results

New Process

RN/NP/RPN member election (1)
• Nominations from the floor
• Speeches
• Voting
• Counting
• Announcing results

After

the March Council Meeting

Results
Numeric results provided to candidates on request

Governance Principles

Council is individually and collectively committed to regulating in the public interest in accordance with 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 in order 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

Board Chair/Vice-Chair Profile

The Board Chair/Vice-Chair competencies and attributes are derived from the Board profile. These were identified in consultation with the Work Group, Committee Chairs, Committee staff resources and expert advice from Governance Solutions.¹

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

There are no specific career knowledge or experience competencies that are called for in the Chairs: if these individuals possess the other qualities (below), they may be drawn from any career path or experience mix.

II. Functional Skills Competencies (What do you know?)

Competency		Description
1.	Chairing Boards and/or Committees	Has served as Chair and/or Committee Chair on at least one other Board of an organization of comparable size and complexity, or demonstrates an equivalent combination of education and experience.
2.	Governance and Boards	Has a strong familiarity with and understanding of governance roles and responsibilities, and current governance policy, issues, and trends, gained through prior Board or committee experience in an organization of similar size, scope and complexity to the College, and/or governance education, for example ICD.D (Institute of Corporate Directors), Pro.Dir. (Professional Director®), or C.Dir (Director's College).
3.	Change Management	Demonstrates skills related to relationship management, engagement, socialization of ideas, consultation and negotiation.
4.	Leadership	Demonstrates skills and ability to lead others to solve problems, adapt and manage change, innovate and achieve results.
5.	Evidence-Based Decision-Making	Demonstrates ability and advanced skills in locating, critically appraising, interpreting, synthesizing, weighing,

¹ <https://www.governancesolutions.ca>

Competency		Description
		evaluating and using evidence from qualitative and quantitative paradigms.
6.	Decision-Maker	Is a proven decision-maker using different decision-making methods beyond evidence-based.
7.	Public Interest	Has experience and understanding protecting and acting in the public interest.
8.	Stakeholder Relations	Demonstrates understanding and ability to provide effective oversight of engagement and communications with the public, government, and other key stakeholders.

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

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

IV. *Character Attributes¹ (Who are you?)*

Attribute		Description
1.	Communicator	Able to communicate clearly, concisely and accurately, orally and in writing.
2.	Constructive	Able to build relationships, and to be constructive and helpful.

¹ These character attributes were developed from Governance Solutions’ meta-research, supplemented and customized with the Ontario Government Regulatory and Adjudicative Agencies’ core competencies. These are available at: <https://www.ontario.ca/document/member-regulatory-and-adjudicative-agencies-core-competencies>. These competencies are not mandated for regulatory colleges, but they are a helpful and relevant source. In general, all board and committee members should possess these core character attributes.

Attribute		Description
3.	Emotionally Mature	Able to understand and skillfully manage emotions, especially when faced with conflict and confrontation; self-aware and professional.
4.	Ethical	Able to meet the expectations set out in the Conduct by-law; has an unquestioned level of ethical integrity.
5.	Fiduciary	Able to put others' interests first (servant leadership); has a passion for the public interest, commitment and drive.
6.	Inclusive	Able to create opportunities for all voices and backgrounds to be heard and considered; demonstrates respect and long-standing commitment and action to achieve equity, diversity and inclusivity.
7.	Independent	Able to think independently, while knowing when and how to consult others.
8.	Learner	Able to apply learning to the public interest; demonstrates a willingness to learn and develop.
9.	Listener	Able to listen and question to achieve understanding; is an effective and active listener.
10.	Proactive	Able to think proactively and to anticipate.
11.	Strategic	Able to move beyond the details to envision the grander future; is a strategic thinker.
12.	Adaptable	Able to adapt easily and quickly to changing evidence and environments; demonstrates cognitive flexibility.

Attribute		Description
13.	Forthright	Able to present an unpopular or controversial position in the face of opposition or opposing views.
14.	Professional Judgement	Able to think critically.
15.	Astute	Able to apply their knowledge in the context of Board level decision-making and leadership.
16.	Problem Solver	Able to evaluate complex issues and to make effective decisions (find solutions).
17.	Unifier	Able to encourage divergent thinking and dissent from others, and to build consensus; stands behind the collective decisions of the board in unity.
18.	Systems-level Thinker	Able to conceptualize on a systems level and communicate this understanding to others.

Decision Note – March 2021 Council

College Performance Measurement Framework

Contacts for questions

Brent Knowles, Director, Analytics and Research

Kevin McCarthy, Director, Strategy

For decision

That Council supports the submission to the Ministry, as seen in [attachment 1](#), for the 2020 calendar year.

Background

The Ministry of Health (MOH) has a new annual reporting requirement for all health regulatory Colleges. MOH has asked that the report have Council approval.

As described by MOH, the College Performance Measurement Framework (CPMF) “strengthens the accountability and oversight of Ontario’s health regulatory Colleges by providing information that is transparent, consistent and aligned across all Colleges on their performance in serving the public’s interest”. Developed by experts including regulators and informed by the public, the CPMF provides an opportunity to reflect on best practices and identify areas for improvement. This inaugural report is a baseline report in which health regulatory Colleges and MOH will learn through the process. In fact, based on these learnings, the CPMF will likely be refined for the next reporting cycle.

There are seven domains included in the CPMF. As described in attachment 1, domains are attributes that contribute to a College effectively serving and protecting the public interest. Under each domain are standards, which are described in attachment 1 as best practices that a regulatory College is expected to achieve and against which a College will be measured. Under each standard, CNO has provided evidence in terms of how the standard is met and where there are areas for improvement.

CNO’s Response

Below is a high-level overview of the information CNO has provided related to the CPMF’s seven domains:



1. Governance
 - CNO's [Governance Vision](#) is featured as evidence for this domain, including some of the recent changes Council has approved to support having the competencies that are needed on the Board and on committees. Orientation for Council and committees is also described.
2. Resources
 - For this domain, CNO describes how the strategic plan informs the annual budget, which is proposed to Council for approval. CNO also described how it assesses operational requirements to meet human resource needs.
3. System Partner
 - Stakeholder engagement is featured in this domain related to projects in 2020, such as CNO's new [Strategic Plan](#) (2021-2024). As another example, CNO describes work it continues to lead related to harm prevention. Ongoing stakeholder engagement is also described. For example, how CNO learns from its academic and employer reference groups.
4. Information Management
 - CNO references its public [Privacy Policy](#) that describes the full lifecycle management of personal information (collection to disposition), which complies with legislative requirements.
5. Regulatory Policies
 - This domain identifies an area of improvement for CNO related to ensuring CNO has processes in place for evaluating and updating practice standards and guidelines, to ensure they are evidence-informed, meet the needs of the settings in which nurses practice, and reflect changing public expectations and societal values. CNO is embarking on a project to modernize CNO's standards and guidelines.
6. Suitability to Practice
 - CNO describes how it meets best practices related to registering applicants, communicating changes to practice standards and guidelines, promoting its Quality Assurance Program (QAP) and dealing with complaints. In this domain, CNO identifies a couple of areas for improvement where work has already started: identifying how the application journey can be improved and launching a new QAP informed by evidence and [right-touch principles](#).

In this domain, Colleges are to report on certain statistics. MOH has provided specific instructions so these are calculated consistently across all Colleges.
7. Measurement, reporting and improvement
 - CNO describes key performance indicators from the previous strategic plan (as per the 2020 calendar year reporting cycle). Also, CNO's response highlights how the strategic plan and risk assessments inform CNO's work. Highlighted in this domain is planned work related to developing a risk register, which was discussed with Council in December 2020.



Next steps

- CNO will:
 - send the final CPMF to MOH
 - post the CPMF on CNO's website so it is publicly available
- After their review, MOH will:
 - provide CNO with performance feedback
 - develop and post a Summary Report on their website that will capture an overview of all Colleges' CPMF results (at a system level)

Attachment

1. CNO's College Performance Measurement Framework (CPMF)

College Performance Measurement Framework (CPMF) Reporting Tool

December 2020

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 The College Performance Measurement Framework (CPMF) 3

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INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

A CPMF has been developed by the Ontario Ministry of Health in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate which is to act in the public interest?”. This information will:

1. strengthen accountability and oversight of Ontario’s health regulatory Colleges; and
2. help Colleges improve their performance.

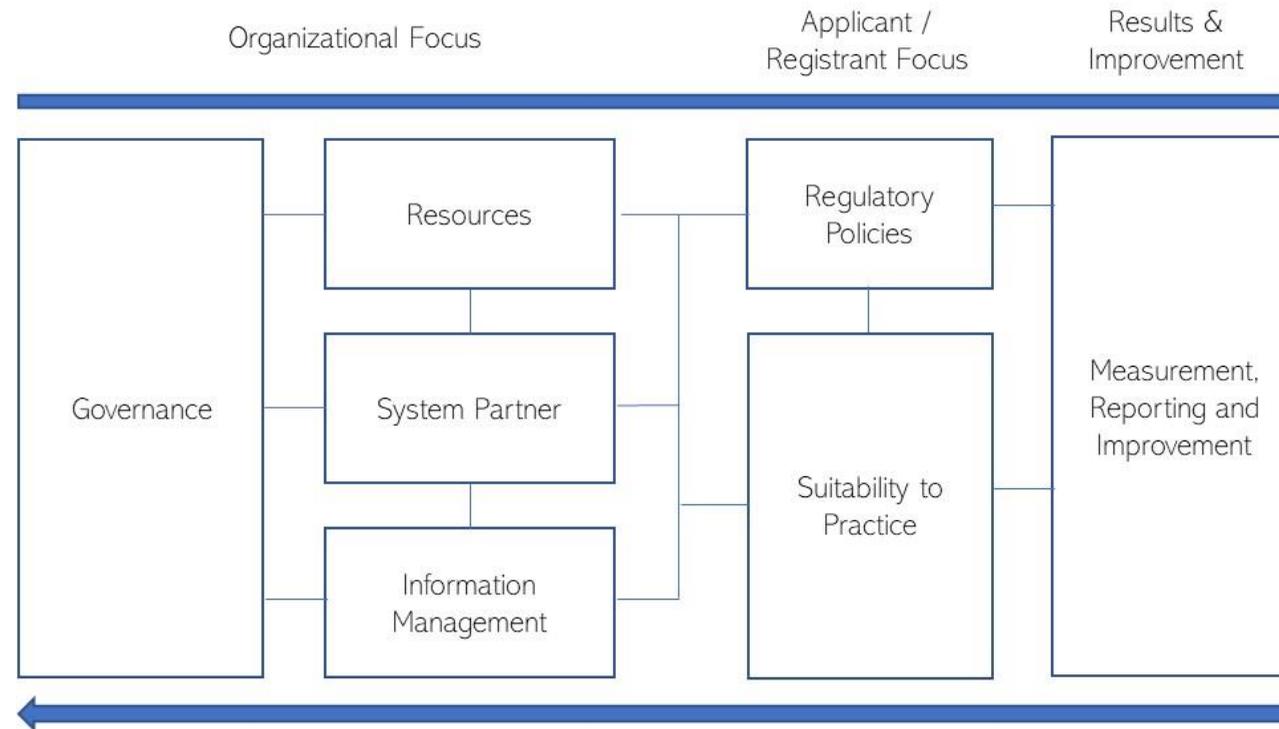
a) Components of the CPMF:

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
3	Measures	→ Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

b) Measurement domains:

The proposed CPMF has seven measurement domains. These domains were identified as the most critical attributes that contribute to a College effectively serving and protecting the public interest (Figure 1). The measurement domains relate to Ontario’s health regulatory Colleges’ key statutory functions and key organizational aspects, identified through discussions with the Colleges and experts, that enable a College to carry out its functions well.

Figure 1: CPMF Model for measuring regulatory excellence



The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

Table 1: Overview of what the Framework is measuring

Domain	Areas of focus
1 Governance	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance. Integrity in Council decision making. The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.
2 Resources	<ul style="list-style-type: none"> The College's ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.
3 System Partner	<ul style="list-style-type: none"> The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.
4 Information Management	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.
5 Regulatory Policies	<ul style="list-style-type: none"> The College's policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.
6 Suitability to Practice	<ul style="list-style-type: none"> The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.
7 Measurement, Reporting and Improvement	<ul style="list-style-type: none"> The College continuously assesses risks, and measures, evaluates, and improves its performance. The College is transparent about its performance and improvement activities.

c) Standards, Measures, Evidence, and Improvement:

The CPMF is primarily organized around five components: **domains, standards, measures, evidence** and **improvement**, as noted on page 3. The following example demonstrates the type of information provided under each component and how the information is presented within the Reporting Tool.

Example:

Domain 1: Governance			
Standard	Measure	Evidence	Improvement
1. Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.	1. 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: <ul style="list-style-type: none"> i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. 	<ul style="list-style-type: none"> • The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.
		b. Statutory Committee candidates have: <ul style="list-style-type: none"> i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member’s role and responsibilities. 	<ul style="list-style-type: none"> • The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.
		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.	Nil
	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ul style="list-style-type: none"> i. Council meetings; ii. Council 	Nil
		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

THE CPMF REPORTING TOOL

For the first time in Ontario, the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will provide comprehensive and consistent information to the public, the Ministry of Health ('ministry') and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain;
2. complete the self-assessment;
3. post the Council approved completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

The information reported through the completed CPMF Reporting Tools will be used by the ministry to strengthen its oversight role of Ontario's 26 health regulatory Colleges and may help to identify areas of concern that warrant closer attention and potential follow-up.

Furthermore, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), what initiatives health regulatory Colleges are undertaking to improve regulatory excellence and areas where opportunities exist for colleges to learn from each other. The ministry's Summary Report will be posted publicly.

As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. It is envisioned that subsequent reporting iterations will be less intensive and ask Colleges only to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting; and
- Changes resulting from refined standards, measures and evidence.¹

¹ Informed by the results from the first reporting iteration, the standards, measures and evidence will be evaluated and where appropriate further refined before the next reporting iteration.

Completing the CPMF Reporting Tool

Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the “required Evidence” set out in column two.

Furthermore,

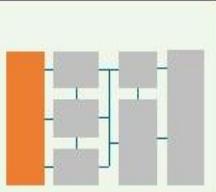
- where a College fulfills the “required evidence” it will have to:
 - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is required:
 - clarification of which component of the evidence the College meets and the component that the College does not meet;
 - for the component the College meets, provide link(s) to relevant background material, policies and processes **OR** provide a concise overview of this information; and
 - for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.
- where a College does not fulfill the required evidence, it will have to:
 - indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the manner in which a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the proposed CPMF Reporting Tool the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

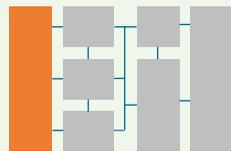
The areas outlined in red in the example below are what Colleges will be asked to complete.

Example:

DOMAIN 1: GOVERNANCE		
Standard 1 Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1. 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: <ul style="list-style-type: none"> i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. 	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> • The competency/suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i> • Duration of orientation training: • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): • Insert a link to website if training topics are public OR list orientation training topics: <i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i> Additional comments for clarification (optional):

PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is “No”, but also to provide information on improvement plans or improvement activities underway if the response is “Yes” or “Partially”.

DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
<p>1.1 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.</p>	<p>a. Professional members are eligible to stand for election to Council only after:</p> <ul style="list-style-type: none"> i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially X No <input type="checkbox"/></p> <ul style="list-style-type: none"> • The competency/suitability criteria are public: Yes X No <input type="checkbox"/> <p><i>If yes, please insert link to where they can be found, if not please list criteria:</i></p> <p><u>Standard 1.1 a (i)</u></p> <p>Nurse members are elected by their peers in regional elections. There are basic requirements in CNO’s By-Laws (Section 52 – Eligibility for Election) that articulate the eligibility to run for election to Council. To be eligible to run for elections, you must do the following:</p> <ul style="list-style-type: none"> • Meet the requirements set out in the by-laws (for example, must be a current member of the General or Extended Class, no revocation in the past six years, no Discipline/Fitness-to-Practise finding in the past three years) • Complete a Conflict of Interest Form (provided when CNO receives the candidate’s nomination) <p>When candidates submit the Conflict of Interest Form, they must confirm the following:</p> <ul style="list-style-type: none"> • They have read and understand By-Law No.3: Conduct of Councillors and Committee Members (Conduct By-Law)

		<ul style="list-style-type: none"> • If elected, they will behave in accordance with the Conduct By-Law • They do not hold a conflicting position (set out in Sub-Article 3.05e) or if they hold a conflicting position, they will resign from that position if elected <p>Candidates wishing to run for election are encouraged to watch a playlist of six videos, Thinking of serving on Council, to determine if serving on Council is right for them. At this time there are no processes in place to check if the candidates have watched and understood the videos.</p> <p>In addition, they are asked to reflect on the board’s profile and code of conduct to help them decide if serving on CNO’s board is right for them. Within the board profile, candidates must review the list of competencies and attributes. They are asked to identify and articulate which knowledge, skills and attributes from the list they bring to Council. For example, candidates have an opportunity to send voters a profile linked to the ballot. To support voters in the election process, understanding CNO’s public interest role and assessing whether candidates have the skills and attributes to contribute to Council, candidates’ profiles reflect on CNO’s purpose and the competencies and attributes required of the board. Candidates’ profiles include their responses to the following statements:</p> <ul style="list-style-type: none"> • I want to serve on Council (CNO’s board of directors), a board whose only role is to uphold patient safety • As a member of Council, I would bring these skills to the board • As a member of Council, I would bring these attributes to the board <p>No other information can be included in the candidate’s profile.</p> <p>Furthermore, CNO’s Governance Vision proposes board appointments for all board members, nurses and the public. Once implemented, board members who are nurses will no longer be elected by their peers. Instead, they will be appointed based on specific attributes and competencies — having the necessary experience, knowledge, and skills to effectively execute their role and responsibilities as board members according to CNO’s mandate.</p> <p><u>Standard 1.1 a (ii)</u></p> <p>All new Council members attend an orientation training about CNO’s mandate and expectations related to member’s role and responsibilities. The orientation includes the following:</p> <ul style="list-style-type: none"> • CNO’s regulatory role and purpose, including legislative foundation and key regulatory functions • Board role: oversight, insight and foresight • Partnerships <ul style="list-style-type: none"> ○ Board – public members and nurses ○ Board and staff
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		<ul style="list-style-type: none"> ○ CNO and stakeholders • CNO’s strategic plan • Conduct By-Law • Council’s Governance Vision <p>As members of statutory committees, Council members receive detailed orientation to the mandate and their role on those committees and how they contribute to CNO’s public interest mandate.</p> <p>In addition, Council members are also provided with ongoing education. For example, in December 2020, Council received a facilitated Professional Development session to address “Council’s culture”. The goal of this workshop was to develop a shared understanding and explore the cultural attributes that will be required of Council to support and lead CNO in meeting its purpose and strategic priorities.</p> <p>Education is also built into meetings and briefing material. For example, for ongoing issues there is background about past decisions and rationale both in the briefing material and in staff presentations. To support understanding of the primacy of the public interest, all Council decision-notes include the public interest rationale for the proposed recommendation(s).</p> <p>The competency and attribute dimensions can be found under the Board Profile page, available on the link below:</p> <p>https://www.cno.org/en/what-is-cno/councils-and-committees/council/governance-vision-2020/board-profile/</p> <ul style="list-style-type: none"> • Duration of orientation training: Half day • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): Generally, Council orientation is delivered in-person by the President and the Executive Director and CEO. This year, due to the COVID-19 pandemic and supporting the province’s response, new members received a self-learning package covering the topics noted above. In addition, members met with the President and the Executive Director and CEO to discuss and raise any questions about the orientation material. <p>In June 2021, we are planning a “level setting” half-day orientation session for all Council members.</p> <ul style="list-style-type: none"> • Insert a link to website if training topics are public OR list orientation training topics:
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		<p>The training topics are not available online. Please refer to the topics listed under Standard 1.1 a (ii) above.</p>
		<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>As noted above, CNO’s Governance Vision proposes that all board members (professional and public) be appointed based on competencies. CNO’s vision proposes removal of elections to eliminate the risk and perception that professional members will represent the profession rather than the public interest, and to ensure all the competencies needed for board members are acquired.</p> <p>In January 2019, CNO submitted its vision for change to the Minister of Health to make the legislative amendments needed to implement CNO’s Governance Vision, which would include board appointments based on competencies. Once the necessary changes have been made, CNO is committed to ensure board members are appointed based on competencies to strengthen and enhance public trust in nursing regulation.</p> <p>While this framework addresses the nurses on Council, nurses and public members are partners on Council and committees. If it is important that nurses’ participation be determined based on a competency assessment, it should be equally important for public members, both in terms of contribution and perceptions of equality of Council members.</p> <p>We have requested that the government use the competency-based appointment process for public members appointed to serve on CNO’s board.</p>
		<p><i>Additional comments for clarification (optional):</i></p>
	<p>b. Statutory Committee candidates have:</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>

	<ul style="list-style-type: none"> i. met pre-defined competency / suitability criteria, and ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities. 	<ul style="list-style-type: none"> • The competency / suitability criteria are public: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <p><i>If yes, please insert link to where they can be found, if not please list criteria:</i></p> <p><u>Standard 1.1 b (i)</u></p> <p>CNO uses competencies and attributes in the process of appointing nurses to statutory committees. CNO has developed competency-based appointment for committee members. There is online education about what it means to be a committee member, including videos and reflections, which are also shared with Council candidates.</p> <p>Similar to Council candidates, committee members must review the Conduct By-Law and make a commitment to abide by the conflict-of-interest by-laws and governance principles. There is an annual review of the Conduct By-Law and they also make annual declarations (for example, no conflict of interest).</p> <p><u>Standard 1.1 b (ii)</u></p> <p>Education sessions at the committee level are provided and there is extensive orientation about the mandate of the committees' and members' roles and expectations.</p> <p>The competency and attribute dimensions can be found under the Board Profile page, available on the link below:</p> <p>https://www.cno.org/en/what-is-cno/councils-and-committees/council/governance-vision-2020/board-profile/</p> <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training: <p>The training takes one day. Discipline Committee has a second meeting mid-year. During the pandemic, the orientation session for some committees has been condensed (for example, Quality Assurance Committee held a 2-hour virtual session).</p> <ul style="list-style-type: none"> • Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): <p>Generally in-person, but due to COVID-19, the orientation is delivered online. Orientation is provided by the Chair, staff and legal counsel, where relevant. For Discipline and Fitness-to-Practise Committees, orientation is largely delivered by independent legal counsel.</p>
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		<p>Advance preparatory materials are provided, including committee handbooks, rules and guidelines (for example, for Discipline Committee).</p> <p>New members of Discipline and Fitness-to-Practise Committees attend the Health Profession Regulators of Ontario’s Discipline Basic Workshop while more experienced members attend the Advanced session.</p> <ul style="list-style-type: none"> • Insert link to website if training topics are public <i>OR</i> list orientation training topics for Statutory Committee: <p>Committee education is specific to role of the committee, but all include the following:</p> <ul style="list-style-type: none"> • Committee’s legislated mandate • Relevant legislation (for example, Regulated Health Professions Act, 1991, Statutory Powers and Procedures Act, 1990, Human Rights Code, 1990) • Procedural fairness and confidentiality provisions specific to the committee • Conduct By-Law, particularly related to bias and conflict of interest in statutory matters • In-depth orientation for specific knowledge related to committee role, for example: <ul style="list-style-type: none"> ○ interim orders for ICRC ○ sexual abuse for ICRC and Discipline Committee ○ assess health reports for Registration Committee ○ review learning modules provided by the Office of the Fairness Commissioner and fairness legislation for the Registration Committee ○ review specific finance tools and resources for Finance Committee, including Finance Committee Terms of Reference, financial policies, insurance schedule etc. • Additional training for specific roles: <ul style="list-style-type: none"> ○ All statutory chairs have a standardized orientation with the committee staff resource ○ Members who take on specific roles (for example, pre-hearing chairs, panel chairs, decision writers) have specialized training <p>In 2020, the membership of the Discipline Committee and Fitness-to-Practise (FTP) Committee merged for purposes of creating efficiencies and better use of resources. This provides additional opportunities including cross-training across committees and assists with volume fluctuations. In particular, the Discipline Committee has seen increases in volume and having additional resources allows CNO to address serious matters efficiently.</p> <p>In addition, there are other process improvements related to committee orientation that occurred in 2020. For example, CNO designed and administered a survey to Registration Committee (RC) members to gather their feedback on the orientation and solicit their interest in on-going education to support existing members in the performance of their role. In 2021, CNO will be using the committee’s feedback to update the orientation for RC and to provide new learning program/opportunities to members. CNO plans to administer</p>
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		<p>this survey annually and adapt the orientation and on-going learning program for RC based on the results of the survey.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional):</i></p>
	<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Duration of orientation training: Half day • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): Generally, training is in-person, but due to COVID-19, the orientation is delivered virtually by the Council President, and the Executive Director and CEO. • Insert link to website if training topics are public OR list orientation training topics: The training topics are not available online. Please refer to the topics listed under Standard 1.1 a (ii) above. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>

		<p>Additional comments for clarification (optional):</p> <p>The role of public members and nurses at Council and committees is identical; thus, the orientation is the same. Whenever the appointment timing permits, CNO orients nurses and public members together. This builds mutual respect and supports public members and nurses in understanding that while they have different perspectives, they have the same role. Public appointees to Council receive the same orientation training course about CNO’s mandate and expectations pertaining to their role and responsibilities at Council and committees.</p> <p>We understand the government has recently launched a new eLearning program for all public appointees, which will be administered by the Public Appointments Secretariat. This program will provide appointees with foundational knowledge about serving on a health regulatory board, their roles and responsibilities as public appointees including their fiduciary duties and acting in an ethical way.</p>
<p>1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.</p>	<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> i. Council meetings; ii. Council 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No X</p> <p>• Year when Framework was developed OR last updated:</p> <p>Standard 1.2 a (i)</p> <p>Currently, CNO does not have a framework to evaluate the effectiveness of Council meetings. However, when we had physical Council meetings prior to the pandemic, the President usually led a debrief at the end of the meeting and sought input from Council members on the effectiveness of the meeting(s). We have discontinued this practice since we have moved to virtual meetings, via Zoom, but it is something that we plan on resuming this year.</p> <p>Standard 1.2 a (ii)</p> <p>Council has begun a process to identify how it can work more effectively as a board, solely focused on public safety. This is the start of a learning process, which will continue throughout this year and will support the identification of goals for evaluation. In December 2020, Council received a facilitated Professional Development session to begin the process of shaping their desired board culture. The session focused on developing a shared understanding and explored the cultural attributes that will be required of the board to support and lead CNO in meeting its purpose and strategic priorities.</p> <p>Council also identifies opportunities to enhance its effectiveness in a particular area by bringing in external expertise. For example, in September 2020, Council discussed adopting a land acknowledgment statement. To do so meaningfully, Council invited an expert in the field to provide insight on the issue. In December 2020, Council had the opportunity to hear from Virginia May Katt (Mae Katt), a member of Temagami First</p>

		<p>Nation and a Nurse Practitioner. Mae’s presentation addressed racism and barriers to safe care for Indigenous patients and nurses, as well as her own experiences of racism. She provided insight as to how CNO can take a leading role in addressing racism in healthcare.</p> <ul style="list-style-type: none"> • Insert a link to Framework OR link to Council meeting materials where (updated) Framework is found and was approved: <insert link> <p>Not applicable</p> <ul style="list-style-type: none"> • Evaluation and assessment results are discussed at public Council meeting: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> • If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed: <p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>We intend to resume our process of debriefing at the end of Council meetings to evaluate a 37-member Council meeting effectiveness. To support a large board, in 2021, we plan to focus on professional development for Council and continue to work towards a process of how a 37-member Council can work more effectively as a team. The planned activities for 2021 may support the identification of goals for future Council evaluation.</p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> • A third party has been engaged by the College for evaluation of Council effectiveness: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>If yes, how often over the last five years? <insert number></i> • Year of last third-party evaluation: <p>In 2015, Council completed a self-assessment, led by an external governance expert, which helped Council members reflect on how they were governing, and identified areas for improvement. This was part of the evidence gathered in informing Council’s Governance Vision.</p>

		<p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes X No <input type="checkbox"/></p> <p>CNO will continue to work with the Ministry to implement CNO’s Governance Vision, which will include a formal evaluation of a competency-based board. See details below.</p> <p>Additional comments for clarification (optional)</p> <p>One of the features of CNO’s Governance Vision is the evaluation of the board and 12 directors (6 public, 6 nurses). The vision includes an evaluation of governance effectiveness by an external expert every three years, with the results being publicly available. This will support continuous improvement and reinforce public accountability.</p> <p>While the specifics of this external evaluation have not yet been determined, it is intended to allow the board to measure whether it is meeting its public interest mandate and will enable directors to determine if they are meeting their duties while identifying opportunities for improvement. The external evaluation will allow the board to report to stakeholders, including the Ministry and the public as to how it is meeting its accountability for regulating nursing in the public interest.</p>
	<p>c. Ongoing training provided to Council has been informed by:</p> <ul style="list-style-type: none"> i. the outcome of relevant evaluation(s), and/or ii. the needs identified by Council members. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially X No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training; <p>Ongoing training provided to Council has mainly been informed by the needs identified by Council members. Please refer to Standard 1.2 a (ii) above for more information.</p> <ul style="list-style-type: none"> • Insert a link to Council meeting materials where this information is found OR • Describe briefly how this has been done for the training provided <u>over the last year</u>. <p>As noted in Standard 1.2 a (ii), Council has begun a process to identify how it can work more effectively as a board. The Executive Committee discussed Council’s professional development session in November 2020. This information can be found in the December Council package. Following those discussions, in December 2020, Council received a facilitated Professional Development session to begin the process of shaping their desired board culture.</p> <p>In September 2020, in the discussion of developing a land acknowledgement statement, Council identified education sessions with opportunities for dialogue with members of the Indigenous community, to develop</p>

		<p>an understanding of the perspectives and needs of that community including with respect to health care. The September 2020 Council minutes highlight Council’s request for education in this area.</p> <p>Following those discussions, in December 2020, Council had the opportunity to hear from Virginia May Katt (Mae Katt), a member of Temagami First Nation and a Nurse Practitioner. Mae’s presentation addressed racism and barriers to safe care for Indigenous patients and nurses, as well as her own experiences of racism. She provided insight as to how CNO can take a leading role in addressing racism in healthcare.</p> <p>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>In 2021, we plan to focus on professional development for Council and continue to work towards a process of how a 37-member Council can work more effectively as a team. The planned activities for 2021 may support the identification of goals for future Council evaluation.</p> <p><i>Additional comments for clarification (optional):</i></p>
<p>Standard 2 Council decisions are made in the public interest.</p>		
Measure	Required evidence	College response
<p>2.1 All decisions related to a Council’s strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.</p>	<p>a. The College Council has a Code of Conduct and ‘Conflict of Interest’ policy that is accessible to the public.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Year when Council Code of Conduct and ‘Conflict of Interest’ Policy was implemented OR last evaluated/updated: <p>CNO has a Conduct By-Law for councillors and committee members, which contains the Code of Conduct and Conflicts of Interest provisions Council and committee members are required to abide by, available online. The Conduct By-Law was approved by Council in September 2017.</p> <ul style="list-style-type: none"> Insert a link to Council Code of Conduct and ‘Conflict or Interest’ Policy OR Council meeting materials where the policy is found and was discussed and approved: <p>Council set its conflict of interest provisions in by-law so that it is enforceable. By-Law No: 3: Conduct of Councillors and Committee Members (Conduct By-Law) sets out the standards for behaviour, identifies in detail specific expectations, with examples related to conflicts of interest and confidentiality. The Conduct By-</p>

		Law also includes an Article on how the by-law will be enforced and the potential outcomes for breaching the provisions of the by-law.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	b. The College enforces cooling off periods ² .	The College fulfills this requirement: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

² Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

		<ul style="list-style-type: none"> • Cooling off period is enforced through: Conflict of interest policy <input type="checkbox"/> By-law <input type="checkbox"/> Competency/Suitability criteria <input type="checkbox"/> Other <please specify> <p>CNO’s current by-laws do not include cooling off periods. Specific articles in the Conduct By-Law articulate conflict of interest provisions, but do not enforce cooling off periods. For example, Article 3.05 identifies positions where a Council or committee member would be in a positional conflict (for example, leadership position or staff with a provincial, national or international entity that advances the interests of nurses, has policy making responsibilities for nurses or oversees the regulation of nurses). Holding or taking on such a position would require the member withdrawing from a CNO position.</p> <ul style="list-style-type: none"> • The year that the cooling off period policy was developed OR last evaluated/updated: Not applicable • How does the college define the cooling off period? <ul style="list-style-type: none"> – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; Not applicable – insert a link to Council meeting where cooling of period has been discussed and decided upon; OR – where not publicly available, please describe briefly cooling off policy: Not applicable <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes X No <input type="checkbox"/></p> <p>Implementing CNO’s Governance Vision will include an overall review of by-laws related to governance. One of the issues that will be reviewed is whether we implement cooling off periods, such as:</p> <ul style="list-style-type: none"> • cooling off period after serving the maximum number of Council or committee terms • cooling off periods between Council/committee and staff roles • cooling off periods between Council/committee and organizations that pose a conflict (for example, professional associations/unions/Ministry of Health) <p><i>Additional comments for clarification (optional)</i></p>
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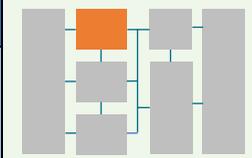
	<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially X No <input type="checkbox"/></p> <ul style="list-style-type: none"> • The year when conflict of interest the questionnaire was implemented OR last evaluated/updated: Not applicable • Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never X • Insert a link to most recent Council meeting materials that includes the questionnaire: This information is not available publicly. It is located in Council’s documents. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes X No <input type="checkbox"/></p> <p>CNO will review this policy in 2021.</p> <p><i>Additional comments for clarification (optional)</i></p> <p>To be eligible to stand for election/appointment, an annual declaration of conflicts of interest is signed by all Council and non-Council committee members.</p> <p>Before candidates apply for election or appointment, they are required to complete a conflict-of-interest statement in which they confirm the following:</p> <ul style="list-style-type: none"> • they have read and understood By-Law No. 3: Conduct of Councillors and Committee Members • that, if elected/appointed, they would behave in accordance with the Conduct By-Law • that they do not have a position that would be a conflict of interest or, if they do, that they would withdraw from that position if elected/appointed. <p>Additionally:</p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package;
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		<p>The report is available in Council’s material. Members are asked to identify any positions that might pose a potential conflict of interest and nurses are required to declare all nursing positions, including volunteer positions.</p> <p>ii. questionnaires include definitions of conflict of interest;</p> <p>The definition and examples of conflict-of-interest are articulated in By-Law No. 3: Conduct of Councillors and Committee Members.</p> <p>iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and</p> <p>Please see above.</p> <p>iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda.</p> <p>Depending on the issue, the Council President will advise Council members to leave the room if they have a conflict of interest (for example, during program approval, any Council member affiliated with the school leaves the room).</p> <p>When a Council or committee member declares a conflict of interest, they are required to leave the room (or in Zoom are put into a separate room). The conflict and that the member left the meeting is noted in the minutes, along with the member’s return.</p>
	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Describe how the College makes public interest rationale for Council decisions accessible for the public: <p>Council’s meeting materials identify the public interest rationale and the evidence supporting a decision for any strategic issue, regulatory process or action for which Council is providing direction or decision. Meeting materials are available online and include supporting briefing notes for each issue.</p> <p>The public interest rationale is included in all briefing materials to Council, which are available online and accessible to the public. Council meetings are also live-tweeted, with a focus on the public interest.</p> <ul style="list-style-type: none"> Insert a link to meeting materials that include an example of how the College references a public interest rationale:

		<p>An example of how CNO references the public interest rationale can be found on Agenda Item 4.2 – RN Prescribing By-Law – For Approval (p.81). See link below:</p> <p>https://www.cno.org/globalassets/1-whatiscno/council/meetings/2020/meeting-materials-observer-package.pdf</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
<p>Standard 3 The College acts to foster public trust through transparency about decisions made and actions taken.</p>		
Measure	Required evidence	College response
<p>3.1 Council decisions are transparent.</p>	<p>a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert link to webpage where Council minutes are posted: <p>Draft Council minutes are posted on CNO’s website between meetings. Once approved at the next meeting, the draft minutes are replaced by the final minutes. The minutes report on the outcomes of Council decisions. In addition, updates on Council decisions are also shared through our communication tools including: The Standard (newsletter for members) and social media.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

	<p>b. The following information about Executive Committee meetings is clearly posted on the College’s website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. 	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to webpage where Executive Committee minutes / meeting information are posted: <p>Minutes of Executive Committee meetings are part of CNO’s Council packages, which is available to the public. That would include any decision made on behalf of Council.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College’s website (where a College does not have a strategic plan, the activities or programs it plans to undertake).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to the College’s latest strategic plan and/or strategic objectives: <p>CNO has recently developed a new Strategic Plan (2021-2024), which will advance our purpose: To protect the public by promoting safe nursing practice. Below is the link:</p> <p>https://www.cno.org/globalassets/docs/general/strategic-plan-2021.pdf</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

<p>3.2 Information provided by the College is accessible and timely.</p>	<p>a. Notice of Council meeting and relevant materials are posted at least one week in advance.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p>Additional comments for clarification (optional)</p> <p>Dates of Council meetings are posted once they are approved for the year, in September of the year before. Meeting packages are posted as soon as they are complete (one week before the meeting). Council meetings are live-streamed on YouTube and the link is provided before the meeting. The information is available here. We also announce upcoming Council meetings and key issues being discussed through social media.</p>
		<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>
	<p>b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)</p>	<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p>Additional comments for clarification (optional)</p> <p>Notice of Discipline Hearings and materials are posted online at least one week in advance. The current hearings schedule is available here.</p>



Standard 4

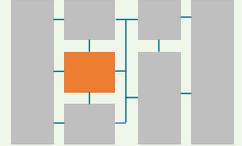
The College is a responsible steward of its (financial and human) resources.

Measure	Required evidence	College response
<p>4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.</p>	<p>a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly.</p> <p><u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to Council meeting materials that include approved budget OR link to most recent approved budget: <p>The operating and capital budgets were approved by Council in December 2020 in advance of the 2021 fiscal year. The Finance Committee reviews the budget and makes a recommendation to Council based on financial management principles. The operating and capital budgets provide projections to the end of 2024.</p> <p>Bases of the operating budget</p> <ul style="list-style-type: none"> • The implementation of CNO’s regulatory mandate (the four key regulatory functions) • Development and implementation of initiatives/projects that support strategic outcomes • Providing effective and efficient support services to regulatory functions • Managing any accumulated surplus over the long term <p>Bases of the capital budget</p> <ul style="list-style-type: none"> • Purchase of new assets needed to function effectively (for example, network hardware, computer platforms to support new system functionality) • Replacement of assets where the useful life has been exhausted • Capital expenditures to maintain or extend the life of existing capital assets (for example, major building renovations) <p>The 2021 operating and capital budget include significant new resources to support regulatory effectiveness, such as to support implementing the new strategic plan (2021-2024), moving forward with renovations to CNO’s building, and other activities.</p> <p>Detailed information on the 2021 operating and capital budget is available in the December 2020 Council briefing material (p. 13).</p> <p>For additional information, please refer to the Draft 2021 Operating and Capital Budget below:</p> <p>College of Nurses of Ontario. Draft 2021 Operating & Capital Budget (p.28-57) https://www.cno.org/globalassets/1-whatiscno/council/meetings/2020/meeting-materials-observer-package.pdf</p>

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
	<p>b. The College:</p> <ul style="list-style-type: none"> i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves; ii. possesses the level of reserve set out in its “financial reserve policy”. 	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p>If applicable:</p> <ul style="list-style-type: none"> • Insert a link to “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved: <p>The Finance Committee has developed a guideline for CNO’s financial reserves that sets out the level CNO needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses or a reduction in revenue.</p> <p>A key consideration in determining the accumulated surplus guideline is CNO’s status as a not-for-profit organization. As a not-for-profit, CNO does not pay federal or provincial income taxes. CNO would risk its tax-free status by building up an unrestricted accumulated surplus that significantly exceeded Canada Revenue Agency (CRA) targets.</p> <p>The Finance Committee has set the following ranges for the unrestricted (available for spending) accumulated surplus:</p> <ul style="list-style-type: none"> • ≤ six months of operating expenses – or \$ 32.03M for 2021 • ≥ three months of operating expenses – or \$16.0M for 2021. <p>Council’s budget approval includes these recommended ranges that the Finance Committee forwarded with the proposed 2021 budget.</p>

		<p>Furthermore, our auditors informed CNO these ranges are congruent with CRA’s expectations. CNO also confirms with auditors periodically the range noted above is acceptable by the CRA.</p> <p>The accumulated surplus guideline set by the Finance Committee, and planned and projected expenditures, are used to determine when a fee increase is needed. The 2021 budget and projections through 2024 show the accumulated surplus in the 3.80 months for 2021 to 0.57 months of operating costs by the end of 2024.</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p> <p>Please see above.</p> <p>For additional information, please refer to:</p> <p>College of Nurses of Ontario. Draft 2021 Operating & Capital Budget (p.28-57) https://www.cno.org/globalassets/1-whatiscno/council/meetings/2020/meeting-materials-observer-package.pdf</p> <ul style="list-style-type: none"> • Insert most recent date when “financial reserve policy” has been developed OR reviewed/updated: <p>The financial reserves were last reviewed at the time of orientation of the Finance Committee (August 2020).</p> <ul style="list-style-type: none"> • Has the financial reserve policy been validated by a financial auditor? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <p>Please note that the audited financial statements are expected to be ready for the Finance Committee review by May 2021. If recommended by the Finance Committee, the statements will be submitted to Council for approval at the June 2021 meeting.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
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	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed. <p>In determining the annual provision for compensation, the following were considered:</p> <ul style="list-style-type: none"> The compensation principles approved by Council CNO's fiscal situation, both in the coming year and the projected years. <p>In 2020, the Sub-Committee on Compensation reviewed CNO's compensation practices as they relate to salary administration, performance management, benefits and pension. They advised the Finance Committee that CNO practices are congruent with best/current practices and with the Compensation Principles approved by Council.</p> <p>In general, CNO assesses its operational requirements and determines if there are resource needs. For example, based on the 2021 budget, 27 permanent staff will be added by the end of 2021, with 3 having already been hired in 2020 and 24 to be hired in 2021.</p> <p>For additional information, please refer to:</p> <p>College of Nurses of Ontario. Draft 2021 Operating & Capital Budget (p.28-57) https://www.cno.org/globalassets/1-whatiscno/council/meetings/2020/meeting-materials-observer-package.pdf</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
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DOMAIN 3: SYSTEM PARTNER		
Standard 5 The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.		
Standard 6 The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.		
Standard 7 The College responds in a timely and effective manner to changing public expectations.		
Measure / Required evidence: N/A	<p style="text-align: center; margin: 0;">College response</p> <p style="margin: 0;"><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.</i></p> <p style="margin: 0;"><i>Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).</i></p>	

<p>The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no 'best practice' regarding the execution of these three standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p> <p>In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:</p> <ul style="list-style-type: none"> • Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken. 	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none"> • <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).</i> 	
	<table border="1"> <tr> <td data-bbox="701 683 1623 1417"> <p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is "pushed" information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> • <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i> </td> <td data-bbox="1631 683 2491 1417"> <p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none"> • <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i> • <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i> </td> </tr> </table>	<p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is "pushed" information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> • <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i>
<p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p> <p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is "pushed" information by system partners, or where the College proactively seeks information in a timely manner.</p> <ul style="list-style-type: none"> • <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i> • <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i> 	<p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p> <p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p> <ul style="list-style-type: none"> • <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i> • <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i> 	

Standard 5**Introduction**

This section describes how the College of Nurses of Ontario (CNO) engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and to support public protection.

CNO's Strategic Plan (2021 – 2024)

CNO developed a new [strategic plan for \(2021-2024\)](#) based on extensive consultation and collaboration with nurses, regulators, nursing organizations, employers and other system partners. The strategic plan was approved by Council in March 2020 and planning for implementation is underway.

Consultation with stakeholders led to the identification of three outcomes that the 2021-2024 strategic plan will achieve (see below). One of the outcomes pertains to CNO being recognized as a trusted stakeholder to nurses, employers and the public.

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

CNO is in the process of planning for the activities and metrics upon which these statements will be measured.

Strategy 2021-2024 positions CNO to influence the broader patient care system by leveraging insights, agility, proactivity and relationships with stakeholders. These are the key pillars of Strategy 2021-2024:

- Build and operate an insights engine
- Operate with agility
- Enable proactivity
- Engage and mobilize our stakeholders

The outcome of our stakeholder consultation is a strategic plan that reflects stakeholder needs, stakeholder interests in partnership with CNO, and opportunities to meaningfully collaborate with stakeholders to influence system change.

During stakeholder engagement, we heard that CNO is seen as a leader, and we want to increase our reach and influence. System influence is a core theme and a key outcome that crosses every pillar of the Strategy 2021-2024. To implement the new Strategic Plan, CNO will aspire to influence the system by enabling nurses and collaborating with a broad range of stakeholders such as patient groups, health care regulators, regulated and unregulated health care professionals, employers, academic partners and government bodies. Another way CNO will influence the system is by sharing our data with others. This is from feedback we heard through stakeholder consultation.

CNO's Governance Vision (2016 – ongoing)

CNO's Council has engaged in a proactive, objective, expert- and evidence-informed governance review centred on public trust. The findings from the review and recommendations were published in a report called [Final Report: A vision for the future](#). CNO's Governance Vision has generated interest among regulators nationally who are looking to enhance public confidence by modernizing their governance structures.

Throughout 2020, Health Profession Regulators of Ontario (HPRO) continue to recognize CNO [resources](#) informed and influenced their own Council's governance reviews. In October 2020, CNO published an article focused on the evidence that led to CNO's Governance Vision in the Journal of Nursing Regulation, entitled [The College of Nurses of Ontario's Governance Vision: Using Evidence to Transform Regulatory Governance in the Public Interest](#).

Implementation of the main features of CNO's Governance Vision, such as board size, composition and competency-based appointments, require legislative change. In 2019, CNO submitted its [vision](#) for change to the Ontario government and has requested the Minister of Health to make the legislative amendments to implement CNO's governance vision. To date, CNO has implemented some aspects of the Governance Vision that do not require legislative changes:

- implemented a Public Advisory Group
- identified competencies and attributes for effective regulatory governance
- implemented a competency-based appointment process for statutory committees and chairs
- launched education for nurses applying to statutory committees
- launched education about what CNO's board is, so that candidates can make an informed decision about serving on the board

Additional information and resources on CNO's Governance Vision is available [here](#).

Canadian NURSYS (2018 - ongoing)

NURSYS is a system developed by the National Council of State Boards of Nursing (NCSBN) that allows for the sharing of licensure and disciplinary information among US nursing regulators. As described on their [website](#), NCSBN is a not-for-profit organization through which nursing regulatory bodies act and counsel together on matters of common interest and concern affecting public health and safety.

NURSYS Canada is a national project under the joint-leadership of the BC College of Nurses and Midwives (BCCNM) and CNO. We have partnered with the National Council of the State Boards of Nursing (NCSBN) to develop an electronic repository for Canadian nurse registration and discipline information. NURSYS Canada will enhance public protection by allowing all nurse regulators across Canada to review and exchange the relevant information needed to verify it is safe to permit a nurse to work across provincial and territorial jurisdictions. This information was live tweeted during our March 2020 Council meeting. Information can also be found in the Council package ([item 3.5](#)).

Preventing Patient Harm (2016 - ongoing)

In 2016, when we learned that there had been a health care serial killer registered with CNO, we committed to learning more about this terrible crime to prevent future intentional harm. In January 2020, CNO posted its [final report](#) in response to the recommendations from the Public Inquiry and shared it with the Ministry of Long-Term Care. The report describes engagement with system partners, which has continued through 2020. Some examples of this engagement are described below.

CNO has two employer reference groups that were developed to enhance professional collaboration, and improve education and consultation related to regulatory issues. One group is multisector, the other group is long-term care (LTC). In January 2020, one of the agenda items for the LTC group was to engage them in a discussion about health care serial killers and what we have learned in the last few years. The [meeting minutes](#) provide an overview of the discussion. The multisector group, which previously discussed this item, received CNO's updated report at their January 2020 meeting, as reflected in the [minutes](#). Resources, such as CNO's [publication](#) on health care serial killers, which includes prevention strategies, were shared with both employer reference groups.

In March 2020, [CNO presented to international nursing regulators on intentional harm](#) (NCSBN conference). [Another presentation was also shared with international regulators](#) in September 2020 (CLEAR conference). To help educate others, CNO shared themes from two literature reviews related to health care providers intentionally harming patients. The evidence shows that understanding the science, and being live to the possibility of intentional harm, can help those in the system prevent and detect harm. CNO also shared strategies that other regulators could adopt to prevent intentional harm. One area of interest from regulators related to a [new evidence-informed risk tool](#) that CNO developed in 2019. Along with this tool, a detailed guide was shared with 2020 conference participants to support the application of this tool. On November 24, 2020, CNO had an opportunity to share this information with the College of Registered Nurses of Newfoundland and Labrador, including their stakeholder groups.

Resources were also shared with provincial nursing educator groups related to health care serial killers including information about how intentional harm can be prevented. We have requested to present to these provincial groups early in 2021 (these presentations were initially scheduled in 2020 and delayed due to COVID-19). One resource that we will share during these meetings is a new [video series](#) that CNO developed late in 2020 on intentional harm. We received earlier educator feedback to inform the development of these videos. The purpose of the video series is to increase knowledge of those in the system since the evidence shows that increased knowledge can lead to prevention and early detection of patient harm. We will also be sharing this resource with others in the system, including nurses, through newsletters and social media. In addition, CNO has been providing expertise and support to the Coroner's office as they collaborate with Queen's University to implement some of the recommendations from the Public Inquiry.

Further to the work on preventing patient harm, CNO also focused on preventing sexual abuse by nurses. There are two profiles of nurses who sexually abuse patients: the predator who intentionally harms patients and the nurse who crosses professional boundaries and engages in sexual relations with a patient. Both are sexual abuse and both can cause significant patient harm.

CNO completed its own research on sexual abuse by nurses, which was summarized for CNO's Council ([item 3.7](#)) and shared with stakeholders in 2019. This research, along with other sources of evidence, resulted in a number of new resources that were developed for stakeholders and posted on [CNO's website](#) in 2020.

Examples of the new resources include a [webcast](#), a [toolkit for employers](#), [case scenarios](#) that were adapted from the College of Physicians and Surgeons of Ontario, and several fact sheets, such as a [true and false](#) one to understand how sexual abuse is defined and one related to [warning signs](#). The resources were shared across the country with a number of health care regulators and some have adapted the resources for their registrants. We also shared the resources with provincial stakeholders including nursing associations, employers and educators. Furthermore, in 2020, when nurses receive confirmation about their annual renewal, they will receive an overview of the new sexual abuse resources with links to the new resources. CNO is endeavouring to prevent sexual abuse by increasing stakeholder knowledge, which we hope will lead to behaviour changes.

Evidence-Informed Entry Exam (2017-2022)

CNO and BCCNM are working together to develop a new entry-to-practice exam for Registered Practical Nurses (RPNs) that will update our approach to testing applicants for competencies they need to practice safely. Each year in Ontario and BC, about 7,000 people apply to write the regulatory exam that enables them to practice as an RPN. As two of the country's largest regulators of RPNs, we have similar needs related to exam validity, reliability and security when assessing this large number of applicants. [CNO's website](#) has information and resources that describe this collaborative project.

A key component of our work has been stakeholder engagement. A few examples undertaken in 2020 are described below. We have established an RPN Exam Transition Working Group to provide expertise and consultation during the transition period to the new exam. For example, they provide insight on emerging trends in the education sector that may impact transition to the new exam. The group includes RPN academic stakeholders from across Ontario. Information about this group, including terms of reference and meeting minutes, can be found on [CNO's website](#).

Academics and clinicians, with expertise in entry level RPN practice, have participated in the development of content for the exam. A description of these roles, with a callout for future volunteers, can be found on [CNO's website](#).

In Autumn 2020, we collaborated with the exam vendor to host webinars on three different topics for RPN educators, to help them prepare for the new exam. These [webcasts](#) are publicly available. We are also working with RPN students who are close to graduation to test newly developed content.

Sharing Program Approval Program Nationally (2018 - ongoing)

To ensure that individuals who enter the nursing profession have the knowledge, skills and judgment to practice safely, CNO reviews entry-level nursing education programs. In 2018, CNO launched a new evidence-informed program approval program. This is described in CNO's [program approval guide](#).

CNO is partnering with a number of regulators across Canada to share our new process and tools, which will result in alignment in oversight of entry-level nursing education across the country. The College of Registered Nurses of Newfoundland and Labrador (CRNNL) was the first to adopt CNO's process and tools for their internationally educated nurses bridging and NP programs. We undertook a pilot with them to understand and rectify any barriers to implementing the process in other jurisdictions. In follow-up to this earlier work, in 2020, we conducted 'train the trainer' so CRNNL can run the program on their own.

The Saskatchewan Registered Nurses Association and the Nurses Association of New Brunswick previously adopted the program. A staff refresher got underway in 2020 to support consistent application of the program by new staff. Other jurisdictions are also exploring adopting and adapting the program, including BCCNM.

Ongoing stakeholder engagement

The examples above highlight how CNO is engaging stakeholders to align practice and support public protection. Engagement associated with these discrete activities are complementary to ongoing stakeholder engagement. As described above, CNO has two [Employer Reference Groups](#) that we engage regularly on a variety of regulatory issues. We also engage an [Academic Reference Group](#), which includes 10 Ontario nursing educators who represent nursing programs across the province. The goal of the group is to provide an opportunity for discussion and collaboration on regulatory issues of importance to both educators and the CNO.

As another example of ongoing engagement, during the COVID-19 pandemic, CNO collaborated with the Office of the Chief Coroner (OCC) to understand how to best respond to recommendations following a coroner report. The OCC also created a new process for managing resident deaths during the pandemic and CNO provided input on nurses' authority in signing Medical Certificates of Death. In addition, we provided relevant resources related to this issue on our [COVID-19 webpage](#).

Other ongoing stakeholder engagement includes new collaborations with the Retirement Homes Regulatory Authority (RHRA) and AdvantAge. In March 2020, CNO held a meeting with RHRA where we discussed goals for collaboration, identified key areas of risk between the two groups and revised objectives for collaboration. CNO provided updates and sought input from this group on a variety of regulatory issues. Due to COVID-19, some engagement with other stakeholders has been put on hold.

CNO also meets regularly with provincial nursing associations, unions, and international regulators. For example, we have ongoing engagements with:

- [Health Profession Regulators of Ontario](#) (HPRO)
- [Canadian Council of Registered Nurse Regulators](#) (CCRNRR)
- [Canadian Council for Practical Nurse Regulators](#) (CCPNR)
- [International Nurse Regulator Collaborative](#) (INRC)
- [National Council of State Boards of Nursing](#) (NCSBN)

CNO collaborates with these groups to discuss various regulatory issues of mutual interest. For example, in 2020 we met with the HPRO practice advisory group to discuss challenges that Ontario health regulators face during the pandemic and share relevant resources. Similarly, we are currently engaging and sharing information with HPRO for purposes of completing the Ministry of Health's College Performance Measurement Framework (CPMF) tool.

Furthermore, CNO has prioritized leveraging social media to increase our outreach to stakeholders, including the public. Since January 1, 2020, we've grown our social media followers by over 15,000 (a net growth of 14%). Also, so far this year, we've had a total of 165,725 engagements, which is an increase of 45% compared with 2019.

We have a presence on [Twitter](#) and live tweet Council meetings. Twitter engagements are up 78% since last year. In 2020, our Council meetings also became live on [YouTube](#), which increases accessibility. We have had increased [Instagram](#) followers in 2020 by 155% and our [Facebook](#) presence has also increased by 57%. Finally, [LinkedIn](#) continues to be leveraged.

Conclusion

As described earlier, system influence is a core theme and a key outcome of CNO's new strategic plan. To position us to implement our new strategic plan in 2021, CNO is looking at how we can collaborate and engage more effectively with existing and newly identified stakeholders, allowing us to leverage these relationships and work together toward our shared purpose of safe patient care.

Standards 6 and 7**Introduction**

This section describes collaborative relationships CNO has established to ensure it is responsive to changing public expectations. There are also examples of how CNO responds in a timely and effective manner to those changing expectations.

Citizens Advisory Group

CNO joined the Citizens Advisory Group (CAG) as part of [CNO's Governance Vision](#). This is a partnership with 18 health regulators in Ontario, who leverage CAG to engage the public in their work. It is made up of patients and caregivers who provide feedback on various regulatory issues related to standards of practice, policies, strategic priorities and communications. Their input helps support health regulators work in protecting the public interest.

In 2020, CNO engaged CAG in a focus group on standards of practice and nurses' competence. We sought feedback on their experience using the health system and the expectations they have of nurses involved in their care. Also, we got their input on what the public needs to know about a nurse's competence, including accountabilities for safe practice.

Diversity, Equity and Inclusion

In 2020, in response to the Black Lives Matter movement, CNO joined the Health Profession Regulators of Ontario's (HPRO's) anti-racism efforts. Also, CNO engaged external experts to explore new opportunities to enhance our commitment to diversity, equity and inclusion. As a first step, CNO's Leadership Team received training on diversity, equity and inclusion. Also, CNO developed the following organizational goal: "That CNO is an organization that embraces diversity, equity and inclusion." Diversity at CNO means recognizing and identifying the seen and unseen characteristics in the lived experiences of people that result in each person's unique perspective. Equity at CNO means ensuring fairness and objectiveness by recognizing and removing historical and contemporary barriers and biases that create unfair systems and practices. Inclusion at CNO means actively creating and intentionally fostering an environment where everyone feels welcome, respected and has an opportunity to participate.

Leadership team and staff are working together to identify next steps in pursuing our goal, which will consider a number of dimensions, including the experience of nurses and stakeholders who interact with CNO as well as the public's experience of nursing care in Ontario.

In September 2020, as reflected in the meeting material ([item 4.5](#)), Council discussed the Truth and Reconciliation Commission Report and the concept of a land acknowledgement statement. The statement was seen as one step to acknowledge and reflect on the past and current oppression of Indigenous Peoples, and to give thanks for this land. It was important to Council that this be done thoughtfully, with meaning. Thus, as a first step, Council requested education. In December 2020, a Nurse Practitioner and member of Temagami First Nation (Ojibway) near North Bay presented to Council on issues related to health equity and racism experienced by Indigenous Peoples in Canada.

CNO's Response to COVID-19

In response to the global pandemic, CNO focused its priorities in supporting the health human resource needs in the province by establishing the Emergency Assignment Class (EAC). The EAC was a limited time registration, which enabled applicants who met certain registration requirements to practice nursing in Ontario. CNO made the application for EAC registration available online and proactively reached out to various applicant groups that would be eligible for registration.

As Ontario moved into [Phase III](#) of the COVID-19 pandemic, and following feedback from system partners such as employers, CNO expired EAC registrations. If a need arises in the future, CNO can re-enact the EAC at the Ministry of Health's request. To inform any future enactment, as well as to learn about other opportunities to improve our processes, we evaluated the implementation of the EAC. One component of the evaluation was a survey to those who registered in the EAC. Overall, the feedback was positive. In terms of opportunities for improvement, some comments in the survey suggested that more support is needed for members looking to join another class when EAC ends. Also, there was feedback that CNO could do more to explain this new class to employers.

During the COVID-19 pandemic, CNO also provided relevant information and resources to members of the public, nurses, employers and students/new graduates. For example, public health resources were made available on our [website](#). In addition, CNO responded to inquiries from nurses and other stakeholders related to COVID-19.

On our social media channels, CNO is also supporting the #StopTheSpread campaign led by the Ontario Hospital Association. Hearing a consistent message from health care leaders across the system helps send a powerful message to Ontarians. This kind of stakeholder engagement is an important part of our new strategic plan. It will enable us to make a greater collective impact on the patient care system.

Preventing Sexual Abuse

The #MeToo movement and changing public expectations was a catalyst for our sexual abuse project, which has been described under Standard 5. As one activity for this project, all of CNO's public-facing content related to sexual abuse was reviewed by an external expert on sexual abuse to ensure the content on the website is clear, has the resources a member of the public would need and is sensitive to victims of sexual abuse (that is, the language would not cause further trauma). As a result, several pages and documents were updated in 2020 including [information for the public on sexual abuse](#).

New fact sheets were also developed for the public with the external expert's feedback:

- [Participating in CNO's sexual abuse investigation and discipline process: What to expect](#)
- [Therapy funding for patients who have experienced sexual abuse by nurses: Information for individuals considering making an application](#).

Lastly, all materials sent to a member of the public, related to sexual abuse funding, were updated following an internal review and feedback from the external expert on sexual abuse.

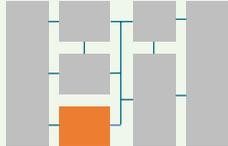
Public Trust Survey

Every year, an independent market research company conducts a survey on behalf of CNO to measure public trust. Each year, 1,000 members of the Ontario public are surveyed. They are asked to reflect on their last experience with nurses and asked a series of questions related to trust, communication, competence and meeting individual needs. This survey was completed in October 2020. Yearly, the survey is reflected in the strategic plan report (see March 2020 report as an example, [item 3.7](#)). Findings are also used as one source of evidence for projects such as the development of the new [Code of Conduct](#).

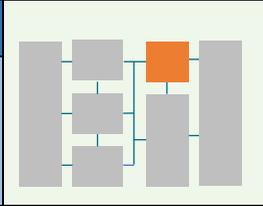
In terms of findings from 2020, 94% of survey respondents indicated that they trusted nurses in Ontario to provide safe care. This was an increase from the previous year, which was 91%. When asked about competence, 84% of respondents felt the nurse was competent (12% didn't remember and 4% were concerned about competence). Similarly, 81% of respondents felt the nurse communicated clearly (13% didn't remember and 6% had concerns about communication). When asked about whether the nurse showed respect for their culture, identity and beliefs, 73% said yes (21% didn't recall and 6% said no). These findings will be used to inform CNO's work, such as standards modernization and advice to members.

Conclusion

The examples above highlight how CNO is engaging in collaborative relationships and responding to changing public expectations. Similar to Standard 5, these examples are in addition to ongoing engagement.

DOMAIN 4: INFORMATION MANAGEMENT		
Standard 8		
Information collected by the College is protected from unauthorized disclosure.		
Measure	Required evidence	College response
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to policies and processes OR provide brief description of the respective policies and processes. <p>CNO makes publicly available its Privacy Policy that describes the full lifecycle management (collection to disposition) of personal information (PI), personal health information (PHI) and other sensitive data that it collects and is in its custody to fulfill its obligations and activities as a regulator.</p> <p>In 2020, CNO was the subject of a cybersecurity incident. While CNO has no evidence that PI, PHI and/or other sensitive data was compromised, CNO has been taking proactive measures and approaches to continue to strengthen and advance its information security and management practices and infrastructure (for example, strengthening of its Information Security and Business Continuity programs, modernizing the Privacy Management program, and improving lifecycle controls for information assets using data and information governance standards).</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

DOMAIN 5: REGULATORY POLICIES		
Standard 9		
Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.		
Measure	Required evidence	College response
9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/>

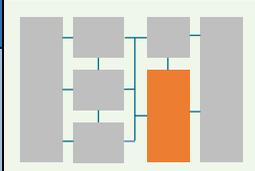


		<ul style="list-style-type: none"> • Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment OR describe in a few words the College’s evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how). <p>CNO has processes in place for evaluating its policies, standards of practice and practice guidelines to determine whether they are appropriate or require revisions. A process guide, developed in 2017, provides an overview of how standards of practice are established and maintained to protect the public interest. It includes details related to the following:</p> <ul style="list-style-type: none"> • Driving factors for the development of standards of practice • Principles that guide the development process • Process for revising and/or developing standards of practice, including monitoring and evaluation. <p>The process for revising and/or developing standards of practice considers the broader context of nursing practice. The purpose is to identify the ways nursing practice is posing or may pose potential risk to the public. Furthermore, monitoring and evaluation processes examine how the changes in the broader environment influence the standards. This ensures the standards achieve their intended purpose, and that they remain relevant and appropriate to public protection over time.</p> <p>CNO constantly monitors the environment to keep standards, guidelines and practice resources current. Over time CNO has revised, retired and introduced new standards in response to changes in legislation, nursing practice, the health system, best practice in regulation and public expectations. Despite many changes over the years, some standards remain dated and there has not been a comprehensive review of all standards, guidelines and practice resources to date.</p> <p>In 2020, CNO began the “Modern Standards” initiative, which aims to modernize our standards of practice to ensure they reflect these factors:</p> <ul style="list-style-type: none"> • Current evidence • Regulatory best practices • Current and evolving nursing practice/health system realities, and • Changing public expectations and societal values. <p>The driver for this project is the new Strategic Plan (2021-2024). One outcome of the new plan is for nurses to demonstrate understanding and integration of CNO standards in their practice. To achieve this, our practice standards must be relevant to nurses’ day-to-day work and easily accessible to nurses and the public. This project will position CNO to establish standards that are relevant to our evolving environment. It will support CNO’s proactive approach to regulation, by strengthening our position as a system partner in patient safety.</p>
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		<p>Furthermore, one of the key deliverables of this project will be to document a plan for ongoing maintenance of standards, such as:</p> <ul style="list-style-type: none"> • cyclic reviews • data sources • reporting • integration with ongoing implementation of the new strategic plan (2021-2024). <p>The framework guiding this process is currently underway and the plan for ongoing maintenance of standards will be completed by the end of 2021.</p> <p>As noted above, the current process guide for developing and maintaining standards is accessible online: Developing Standards (cno.org)</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>As noted above, the “Modern Standards” project will address the cyclical review of all standards of practice, guidelines and practice resources to ensure relevancy and that they meet current and evolving nursing practice and changing public expectations.</p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components:</p> <ol style="list-style-type: none"> evidence and data, the risk posed to patients / the public, the current practice environment, alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap) expectations of the public, and stakeholder views and feedback. 	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) OR describe it in a few words. <p>The last new standard, the Code of Conduct (Code), was implemented in 2019. This overarching standard describes the behaviour and conduct that nurses uphold and what the public can expect from nurses. The development of the code was informed by a variety of sources of evidence, including:</p> <ul style="list-style-type: none"> • public’s perspective and feedback • evidence and data (for example, literature review, analysis of CNO’s professional conduct data) • review of other regulators’ codes of conduct • stakeholder consultation on the Code.

		<p>1. CNO’s “Practice Guideline: Telepractice”, amended in May 2020, related to telepractice care in Ontario. The guideline was amended to clarify that nurses must be registered with CNO to provide care to patients in Ontario. Also, nurses registered and employed in other jurisdictions wanting to provide telepractice care to patients in Ontario need to be registered with CNO (p.8).</p> <p>During the pandemic, telepractice has increased in popularity. This amendment was based on practice inquiries from other jurisdictions, a review of other regulators’ positions on this statement nationally and internationally as well as the review of the nursing legislation.</p> <p>2. COVID-19 Update: Standard of Care and Nurses’ Accountabilities Statement</p> <p>CNO issued a public statement on the standard of care and outlined nurses’ accountabilities as a result of the COVID-19 pandemic. The statement was issued to acknowledge the challenges with the global pandemic and nurses’ accountabilities in maintaining standards of nursing practice.</p> <p>The message to nurses was that the standard of care is always considered in context. The standard of care can evolve with the dynamic nature of the pandemic, including that resources may become scarce or absent. We encouraged nurses to comply with any direction from the Chief Medical Officer of Health and workplace policies and procedures pertaining to COVID-19 management.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
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DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 10		
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.		
Measure	Required evidence	College response
10.1 Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ³ .	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>



³ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

		<ul style="list-style-type: none"> Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements OR describe in a few words the processes and checks that are carried out: <p>CNO's website describes registration requirements that applicants need to meet. The applicant or a third party, such as a nursing school, submits documentation to CNO for verification. Documentation is reviewed by trained staff based on specific criteria for each registration requirement. Below, in 10.3, there are links to reports to the Office of the Fairness Commissioner, which provide details about CNO's policies and processes.</p> <p>CNO's website describes the need for documents to come from an official source. This supports registering only those who are qualified and competent to provide nursing care in Ontario. Staff verifies that these documents are from the official source.</p> <p>Furthermore, established through national consensus, all internationally educated RNs and RPNs must initially apply through the National Nursing Assessment Service (NNAS) before applying to CNO. The NNAS collects, validates and authenticates documents relating to applicants' nursing education, nursing employment, nursing registration and identity. They also complete an initial assessment of an applicant's nursing education. Copies of all documents, along with an Advisory Report outlining the outcome of the NNAS' nursing education assessment, are provided to CNO. The NNAS' website describes the application process, and the policies associated with falsified documents.</p> <ul style="list-style-type: none"> Insert a link OR provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.): <p>As part of continuous improvement, CNO regularly reviews and updates processes to ensure its registration processes are efficient, and the documentation provided by applicants is used to satisfy as many requirements as possible. For example, given the challenges posed by the COVID-19 pandemic, we adopted processes that enabled applicants and third parties, such as nursing regulatory bodies, nursing schools and nursing employers, to submit documents via fax or email (instead of mail). We were able to validate that these documents had originated from a specific source and authenticated these documents via authorized signatures. As well, where available/possible, CNO validated nursing registration and an applicant's background information (related to character, conduct and health) via online registers with regulatory bodies in Canada, the U.S. and some countries such as Australia (instead of requiring a paper format of the Verification of Registration form).</p>
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		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
		The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>

	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).</p>	<ul style="list-style-type: none"> • Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon OR describe in a few words the process and checks that are carried out. <p>As part of continuous improvement, and based on evidence, CNO regularly reviews and updates criteria for how CNO assesses whether an applicant meets the registration requirements or not. Furthermore, when changes are made, all relevant staff receive training.</p> <p>One example was the registration of applicants in the Emergency Assignment Class (EAC) in 2020. While the EAC existed in regulation, the pandemic was the catalyst for registering members in the EAC for the first time. CNO had to implement this class in accordance with the registration requirements outlined in regulation. This class was implemented quickly, and qualified nurses were registered for the authorized 60-day period, which was renewed as needed.</p> <p>All those registered in the EAC during 2020 were invited to respond to a survey. The results of this survey will be used to improve how the EAC is implemented, should it be needed again in the future.</p> <p>At the end of 2020, and largely as a result of the opportunities identified while the EAC was open to applicants, CNO initiated a rapid prototyping initiative. This internal initiative is focused on how the application journey and its respective processes can be improved for applicants. While still in its early days, the initiative has improved the response time for new applications.</p> <ul style="list-style-type: none"> • Provide the date when the criteria to assess registration requirements was last reviewed and updated. <p>There are regular changes to our processes as improvements can be found to develop efficiencies for applicants. In 2021, we are beginning a comprehensive review of our application processes to support timely registration of applicants.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
		<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>

<p>10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>	<p>a. Checks are carried out to ensure that currency⁴ and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<ul style="list-style-type: none"> • Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon OR provide a brief overview: <p>As part of registration requirements, applicants must demonstrate currency (recent practice) and good character (see CNO's website, which describes the registration requirements). Recent practice is one requirement that can expire. The applicant must have practiced nursing in the last three years on the day they met all registration requirements. If it has been more than three years, there are options to meet this requirement including completion of a nursing refresher program that has a clinical practice component. In terms of the registration requirements that expire, there are safeguards in place such that our system will show that the requirement is now unmet. The applicant can only register when all registration requirements are met, and they are current.</p> <p>In terms of ongoing currency, the website describes the declaration of practice requirement. In order to practice nursing in Ontario, nurses in the General or Extended Classes, as part of annual renewal, must declare that they have practiced nursing within the previous three years.</p> <p>Furthermore, reporting requirements also support patient safety. For example, nurses have self-reporting requirements under Regulation 275/94 including reporting a charge or a finding of guilt. CNO would assess this information to ensure there is no risk to the public. The Regulated Health Professions Act, 1991 also has reporting requirements that need to be met by nurses and organizations that employ nurses. For example, reports are required if a nurse has a condition that may prevent them from providing safe care. Again, this is assessed by CNO to see if any action is needed to keep patients safe.</p> <ul style="list-style-type: none"> • List the experts / stakeholders who were consulted on currency: <p>To inform the declaration of practice requirement, a literature review was conducted related to knowledge retention (to understand how quickly knowledge can be lost). Also, CNO consulted provincial health regulators and international nursing regulators.</p> <ul style="list-style-type: none"> • Identify the date when currency requirements were last reviewed and updated: <p>This policy was updated, as part of broader Registration Regulation changes (under the <i>Nursing Act, 1991</i>), in 2012.</p> <ul style="list-style-type: none"> • Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.
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		<p>This is a self-declaration, which is part of annual renewal. It is required by law (subsection 11(1) of Regulation 275/94). As part of this law, CNO has the authority to request information to verify the declaration. If there is information reported to CNO indicating an individual may have made a false declaration, this is investigated by CNO.</p> <p>If the individual cannot provide evidence of nursing practice in the last three years, they are asked to move to the Non-Practising Class or their certificate of registration is revoked. They cannot practice nursing in Ontario if they have not practiced nursing in the last three years in any jurisdiction.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>10.3 Registration practices are transparent, objective, impartial, and fair.</p>	<p>a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to the most recent assessment report by the OFC OR provide summary of outcome assessment report: <p>CNO’s yearly <i>Fair Registration Practices</i> reports can be found on the website. The last report from the OFC was from 2016 and can be found on their website. Their feedback includes comments that CNO implemented changes previously recommended by the OFC.</p> <ul style="list-style-type: none"> Where an action plan was issued, is it: Completed <input checked="" type="checkbox"/> In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> No Action Plan Issued <input type="checkbox"/> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>

⁴ A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

		<i>Additional comments for clarification (if needed)</i>
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Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Measure	Required evidence	College response
11.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: <ul style="list-style-type: none"> - Name of Standard - Duration of period that support was provided - Activities undertaken to support registrants - % of registrants reached/participated by each activity - Evaluation conducted on effectiveness of support provided <p>As described in standard 9, there were no new standards in 2020. The last new standard, the Code of Conduct, was implemented in 2019 with a robust stakeholder engagement plan. Resources can be found on the website and include a webcast, poster and frequently asked questions. Several strategies were utilized to share information and resources to nurses and other stakeholders including a CNO hosted webinar, messaging on social media, cno.org updates, information in nurse and employer newsletters as well as direct contact with key stakeholders.</p> <p>Also described in standard 9, some guidance was revised in response to the pandemic (that is, <i>Telepractice</i> guideline and <i>Standard of Care and Nurses' Accountabilities</i> statement). To convey pandemic related information to nurses and other stakeholders, CNO developed new web pages for different audiences that were updated regularly. Furthermore, the monthly nurse newsletter (The Standard) shifted to focus on COVID-19 in 2020. Social media was also leveraged to share messaging. Lastly, key stakeholders were contacted directly to share evolving information.</p> <p>As mentioned in standard 9, we are seeking to modernize practice standards and part of that work will be identifying new ways to support knowledge transfer including findings new ways to integrate standards into the Quality Assurance (QA) Program.</p> <ul style="list-style-type: none"> • Does the College always provide this level of support: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <p><i>If not, please provide a brief explanation:</i></p>

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
		<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>

<p>11.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation⁵.</p>	<p>a. The College has processes and policies in place outlining:</p> <ul style="list-style-type: none"> i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant’s practice; ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary. 	<ul style="list-style-type: none"> • List the College’s priority areas of focus for QA assessment and briefly describe how they have been identified OR link to website where this information can be found: <p>For a number of years, CNO has been randomly selecting nurses to participate in practice and peer assessments. Thus, any nurse, in any practice setting, in any role, can be selected.</p> <p>In addition to general random selection, CNO randomly selects from priority areas (areas of risk). In 2012, Council approved a policy to incorporate a risk management component into the QA program. Since that time, population subsets have been defined and selected based on areas of risk, with the main driver to enhance nurse competencies. Subsets have included nurses who work in the long-term care sector, internationally educated nurses and nurses employed by an agency. A literature review, CNO data and a government white paper were used to inform areas of risk. The approach is not a punitive one; rather, it is a learning opportunity for groups that have been identified as needing practice support to promote continuing competence and continuing quality improvement.</p> <p>Given the pandemic and the increase in demands on nurses, CNO did not conduct the selection process in 2020 (general or priority areas). Rather, the focus in 2020 was a self-reflection with the development of an action plan. The website has more information about this approach. Furthermore, the QA program will be changing in 2021 and these priority areas may change.</p> <ul style="list-style-type: none"> • Is the process taken above for identifying priority areas codified in a policy: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <p><i>If yes, please insert link to policy</i></p> <p>The policy is not on CNO’s website (no link to provide).</p> <ul style="list-style-type: none"> • Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach OR describe right touch approach and evidence used: <p>Right-touch principles state that regulation should be targeted, which is something CNO has been doing with the priority areas since 2012.</p> <p>Regulation should also be proportionate. As such, CNO only intervenes when necessary. For example, the legislation enables CNO to refer a member to professional conduct processes when significant concerns are</p>
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⁵ “Right touch” regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<p>identified and a resolution cannot otherwise be obtained. However, well before a referral to professional conduct, CNO works with the nurse to encourage participation in the QA program (for example, we provide one-to-one coaching and phone support). This principle is also a key consideration for the new QA program that is being launched in 2021, to ensure regulation is proportionate to the level of risk.</p> <p>We are also consistent in the application of the QA program, which is another right-touch principle. For example, as it relates to selection, Peer Assessors are trained and have specific criteria to follow for a consistent review.</p> <p>The program is also transparent, with up-to-date information publicly available on the website.</p> <p>In terms of the last right-touch principles, CNO is striving to be accountable and agile as it develops and implements a new evidence-informed QA program. To support the revised program, a new tool was piloted in 2020, which assesses risks: assessors evaluate whether the learning plan indicates the nurse is providing safe and ethical nursing practice. As mentioned above, several other changes to the QA program will be implemented in 2021. In terms of evidence to inform the new program, this includes a literature review, a review of other regulatory bodies, stakeholder engagement and an internal data analysis. The new program will take a right-touch and risk-based approach.</p> <ul style="list-style-type: none"> • Provide the year the right touch approach was implemented OR when it was evaluated/updated (if applicable): <p>The current QA program was launched in the Fall of 2009 before the Professional Standards Authority (PSA) developed right-touch regulation (as described on their website). However, CNO’s current QA program integrates the principles of right-touch regulation.</p> <p>The new program, which will be launched in 2021, has explicitly integrated these principles as set out by the PSA.</p> <p><i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i></p> <ul style="list-style-type: none"> - Public Yes <input type="checkbox"/> No <input type="checkbox"/> - Employers Yes <input type="checkbox"/> No <input type="checkbox"/> - Registrants Yes <input type="checkbox"/> No <input type="checkbox"/> - other stakeholders Yes <input type="checkbox"/> No <input type="checkbox"/> <ul style="list-style-type: none"> • Insert link to document that outlines criteria to inform remediation activities OR list criteria:
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		<p>As described above, given the pandemic and the increase in demands on nurses, CNO did not conduct the selection process in 2020. Prior to 2020, when a nurse was selected for assessment, they completed objective tests that are based on two practice standards that all nurses are accountable to: Therapeutic Nurse-Client Relationship and Documentation. NPs are also tested on the NP practice standard. The objective tests are psychometrically sound and the purpose of the tests is to identify competency gaps. Learning plans were also submitted, which are reviewed by peer assessors for competency gaps. These criteria and activities will be changing in 2021 with the new QA program.</p> <p>Through the QA program, individuals who have competency gaps have an opportunity to demonstrate they meet the gaps. In the past, members have provided case examples to demonstrate they meet competency gaps, which are reviewed by peer assessors based on specific criteria. A learning model is applied if the member still has competency gaps after the case studies (that is, CNO staff supporting the nurse to meet competency gaps).</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
		<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>

<p>11.3 The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.</p>	<p>a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.</p>	<ul style="list-style-type: none"> • Insert a link to the College’s process for monitoring whether registrant’s complete remediation activities OR describe the process: <p>CNO staff monitor completion of remedial activities. Coaching and support are provided to the nurse in the spirit of continuing competence and continuous quality improvement (that is, not a punitive approach). Nurses are only referred to professional conduct processes if member fails to co-operate with the directions of the QAC despite multiple opportunities and encouragement from staff.</p> <ul style="list-style-type: none"> • Insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation OR describe the process: <p>Case studies are reviewed to assess if competency gaps are met based on specific criteria.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
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Standard 12		
The complaints process is accessible and supportive.		
Measure	Required evidence	College response
12.1 The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College’s website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to the College’s website that describes in an accessible manner for the public the College’s complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: <p>CNO has a guide entitled <i>Addressing Complaints at the College of Nurses of Ontario</i>, which can be found on the website. The guide includes information to support making a complaint, information about the complaints process as well as information about possible outcomes. In addition, CNO provides an email address and phone number on the website for any inquiries, which are responded to within 48 hours. The website also enables an individual to submit a complaint through an online form.</p> <p>In terms of supporting accessibility, content on the website and in the form have undergone a clear language review to support comprehension by the public. Furthermore, information provided to complainants has been informed by results from complaints surveys. The survey was last disseminated to complainants in March 2020 to obtain feedback regarding the experience of the complaints process, and areas of strength and opportunities for improvement.</p>
		<ul style="list-style-type: none"> Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Does the College evaluate whether the information provided is clear and useful: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>

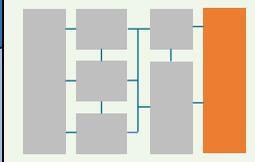
	<p>b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> 100% <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p>Additional comments for clarification (optional)</p> <p>All inquiries related to filing a complaint about a nurse are responded to within 5 business days. Inquiries from researchers and media about aggregate information about the complaints process are not tracked.</p>
	<p>c. Examples of the activities the College has undertaken in supporting the public during the complaints process.</p>	<ul style="list-style-type: none"> List all the support available for public during complaints process: <p>As mentioned in 12.1 a, the public can contact CNO. There is a staff person on call to respond to public inquiries within 48 hours. Furthermore, once a complaint is made, the investigator provides the complainant with support throughout the process (for example, updates as per requirements in the legislation). Also, if there is a decision made at a panel, the complainant receives a copy of that decision.</p> <p>New resources were developed in 2020 that provide additional guidance and support for sexual abuse matters. For example, there is a new fact sheet about funding for therapy or counselling for any patient named in a sexual abuse complaint or report. Also, there is a new fact sheet that gives information about participating in CNO’s processes. Furthermore, the website describes supports that CNO can provide such as CNO paying for the patient’s travel and accommodation when they are part of a hearing.</p> <p>CNO’s public register, Find-a-Nurse, provides detailed information about every nurse practicing in Ontario. For example, it will tell a member of the public if there are any restrictions on a nurse’s practice as well as disciplinary history.</p> <ul style="list-style-type: none"> Most frequently provided supports in CY 2020: <p>The on-call function, which involves having a staff person on call to respond to inquiries, was the most frequent support in 2020.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

<p>12.2 All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.</p>	<p>a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process OR provide a brief description: <p>As described in the complaints guide found on the website, CNO writes to the complainant to acknowledge receipt of the complaint and explains the complaints process. As mentioned in 12.1 c, the assigned investigator provides the complainant with support throughout the process. If the complaint is referred to the Discipline Committee, information about what to expect at a hearing can be found in a fact sheet and a guide for witnesses on the website.</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</p>		
<p>Measure</p>	<p>Required evidence</p>	<p>College response</p>
<p>13.1 The College addresses complaints in a right touch manner.</p>	<p>a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to guidance document OR describe briefly the framework and how it is being applied: <p>At intake, complaints are assessed to determine whether they are suitable for Alternative Dispute Resolution (ADR), require an investigation or merit consideration as an abuse of process. To be eligible for ADR, a matter must be considered low risk (as determined by meeting set criteria) and both the complainant and nurse must agree to resolve the complaint using this approach.</p> <p>For complaints that proceed to an investigation, there is an ongoing internal process to ensure high risk matters are prioritized to support public safety. Investigators use a job aid that identifies what matters are high risk. For example, matters related to abuse, incapacity as well as multiple incidents of substandard practice are given priority. The job aid provides other factors that impact prioritizing a matter including the amount of time since the complaint was made. A matter is either "High Risk", "Priority" or "Regular". Matters that are marked as Priority or Regular will change over time, depending on the criteria in the job aid.</p>

		<p>In terms of reports, in 2020, CNO applied a Risk Analysis Tool to assess reports. Compared with complaints, the law enables the Executive Director to make a number of decisions about how to proceed following a report. The tool shows the different regulatory options (an investigation is one option). A regulatory option is recommended based on risk. When using the tool, the investigator considers the nurse’s conduct (including the nurse’s intent, behaviour and response, and conduct history).</p> <p>When a matter is brought to the Inquiries, Complaints and Reports Committee, they also assess risk. The Committee applies a tool that identifies risk factors so they can determine if a matter has minimal, low, moderate or high risk. The level of risk leads to a recommended response to inform the Committee’s decision-making (for example, the tool may recommend that the member is cautioned or referred to the Discipline Committee, based on the risk to the public).</p> <ul style="list-style-type: none"> • Provide the year when it was implemented OR evaluated/updated (if applicable): <p>The job aid was last updated in 2019. The Risk Analysis Tool was launched in 2019 and changes are being piloted for 2021.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
<p>Standard 14 The College complaints process is coordinated and integrated.</p>		
<p>Measure</p>	<p>Required evidence</p>	<p>College response</p>
<p>14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).</p>	<p>a. The College’s policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • Insert a link to policy OR describe briefly the policy: <p>Internal policies, which align with legal requirements, provide criteria for disclosure as described in the overview below.</p> <p>In accordance with the law, specified information can be shared with employers, other regulators, and external system partners such as law enforcement. Regulators include other nursing regulatory bodies (in Canada or international) and bodies that regulate other professions [for example, colleges under the <i>Regulated Health Professions Act, 1991</i> (RHPA) and those that do not fall under the RHPA, such as the</p>

		<p>Ontario College of Teachers and Ontario College of Social Workers and Social Service Workers]. Certain information can also be shared with organizations tasked with evaluating nursing credentials for a regulator (for example, the Australian Nursing and Midwifery Accreditation Council).</p> <ul style="list-style-type: none"> • Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <p>When there is a professional conduct outcome that affects a member’s entitlement to practice (for example, a suspension or practice terms, conditions or limitations), employers are notified. Also, if a member is registered with another regulatory body, that regulatory body is notified. CNO directs the other jurisdiction to look on Find-a-Nurse, which has all the relevant information. This is done for all Canadian and international regulatory bodies in which we are aware the member is registered.</p> <p>In addition to individual matters, a team at CNO sends out a quarterly report of CNO outcomes to all Canadian nursing regulators. This report identifies members who have professional conduct and quality assurance outcomes, other conduct-related updates to the public register (for example, criminal charges and findings of guilt, restrictions imposed by a court or other regulatory body) and known unregistered practitioners. Details given to nursing regulators about the outcomes include whether there is a suspension, practice restrictions, and/or a hearing pending, etcetera, and they are given a link to the relevant information on CNO’s website.</p> <p>Furthermore, when a verification of registration is requested by another regulator, CNO runs a report to check the member’s registration history. If there is any relevant history, such as history related to a professional conduct matter, this information is disclosed to the other regulator in the interest of public safety.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
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DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT		
Standard 15		
The College monitors, reports on, and improves its performance.		
Measure	Required evidence	College response
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> • Insert a link to document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included OR list KPIs and rationale for selection: <p>CNO reports annually to Council on its performance as it relates to the strategic plan and associated KPIs. The last report, which can be found on the website (see item 3.7), was in March 2020. These KPIs relate to CNO’s previous strategic plan that ended December 2020. The performance measures for CNO’s new strategic plan (2021-2024) are being developed.</p> <p>The previous KPIs were developed in 2015. The following provide rationale for why each was developed:</p> <ul style="list-style-type: none"> • KPI #1: % of the public we poll who trust nurses <ul style="list-style-type: none"> ○ Rationale: The regulatory body is accountable for ensuring that nurses are safe and competent, and this indicator gives information about public perception • KPI #2: % of nurses who participate in activities that demonstrate engagement <ul style="list-style-type: none"> ○ Rationale: This KPI measures nurse engagement with CNO’s regulatory functions given research shows that engagement supports competence • KPI #3: The number of large employers (50+ nurses) that confirm the registration status of their employees <ul style="list-style-type: none"> ○ Rationale: This measures the number of employers that confirm that all nurses they employ are entitled to practise, to support that those who provide care are safe to do so • KPI #4: The number of visits to cno.org <ul style="list-style-type: none"> ○ Rationale: cno.org is our primary source of information about nursing regulation and access is an indicator of relevance • KPI #5: Time to respond to data and information inquiries



		<ul style="list-style-type: none"> ○ Rationale: To be relevant to the user, responses from CNO must be provided in a timely manner ● KPI #6: % of nurses surveyed who report using CNO information to make decisions about their practice <ul style="list-style-type: none"> ○ Rationale: Nurses should use information provided by CNO to make decisions about their practice ● KPI #7: Transparency of information on cno.org <ul style="list-style-type: none"> ○ Rationale: Increasing transparency and clarity of information improves stakeholder understanding and confidence ● KPI #8: CNO registration and discipline data are part of a national database accessible by all Canadian nursing regulators <ul style="list-style-type: none"> ○ Rationale: Sharing information reduces the risk of harm ● KPI #9: Median days to register applicants to the general class <ul style="list-style-type: none"> ○ Rationale: To identify and implement changes that can result in efficiencies ● KPI #10: % of public complaints completed within 150 days <ul style="list-style-type: none"> ○ Rationale: To identify and implement changes that can result in efficiencies ● KPI #11: % of Council and Committee members' functions supported through technology-based mediums <ul style="list-style-type: none"> ○ Rationale: Technology is a valuable tool to gain efficiencies and improve processes ● KPI #12: % of members selected for practice assessment who complete the QA process within the same year of selection <ul style="list-style-type: none"> ○ Rationale: Similar to KPIs #9 and #10, new technology has been implemented. The impact of this has been measured to assess whether there have been efficiencies gained. ● KPI #13: Each of CNO's collaborations and strategic partnerships results in innovative change <ul style="list-style-type: none"> ○ Rationale: Professional collaborations should provide new information or practices that result in innovative change <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
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	<p>b. Council uses performance and risk information to regularly assess the College’s progress against stated strategic objectives and regulatory outcomes.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to last year’s Council meetings materials where Council discussed the College’s progress against stated strategic objectives, regulatory outcomes and risks that may impact the College’s ability to meet its objectives and the corresponding meeting minutes: <p>As described above, CNO reports annually to Council on its performance as it relates to the strategic plan. The last report, which can be found on the website (see item 3.7), was in March 2020. At that meeting, Council received updates on the previous Strategic Plan goals and discussed challenges in terms of why some KPIs could not be met. High level March Council notes can be found on the website (see page 8). Work associated with assessing and responding to risk is described below.</p> <p>There are different types of risk and ways for CNO and Council to assess risk. Finance Committee is a standing committee of Council. At CNO, the Finance Committee oversees risk assessment and has reporting accountabilities to Council.</p> <p>As one example, serious breaches are reported to, and considered by, the Finance Committee. As another example, Finance Committee uses a tool to assess performance to ensure risks are addressed. One expectation in this tool is that the Committee meets with management to assist in understanding, reviewing and evaluating risk. Risks are one lens considered when CNO proposes its budget to Council and risks are shared with Council for their consideration. The budget is directly linked to the work planned for the coming year (in turn, the annual work planned is directly linked to CNO’s strategic objectives and outcomes, which relate to what is reported annually to Council). Also, Finance Committee ensures CNO complies with guidelines to maintain the net assets within a recommended range, which is approved by Council as part of approving the budget (so we can meet our short-term operating expenses). Finance Committee also has a role in risk mitigation efforts assessment as they review our insurance coverage each year by type of coverage.</p> <p>In terms of planned work related to risk, developing a risk register was discussed with Council in December 2020 and is work planned for 2021.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
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		<p><i>Additional comments for clarification (if needed)</i></p>
<p>15.2 Council directs action in response to College performance on its KPIs and risk reviews.</p>	<p>a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to Council meeting materials where relevant changes were discussed and decided upon: <p>The last report, which can be found on the website (see item 3.7), outlines improvements that were made the previous year. Also, the paragraphs below describe the process used by CNO when an item is raised by Council.</p> <p>There are times when Council requests staff to provide additional information about activities or issues associated with the Strategic Plan report. In terms of process, evidence is gathered (for example, a literature review, input from key stakeholders) and briefing material would be brought back to Council at a future meeting.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
<p>15.3 The College regularly reports publicly on its performance.</p>	<p>a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to College’s dashboard or relevant section of the College’s website: <p>As described in 15.1, CNO reports annually to Council on its performance as it relates to the strategic plan and associated KPIs. The last report can be found on the website (see item 3.7).</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>

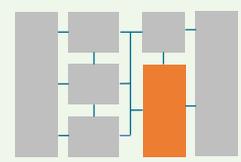
PART 2: CONTEXT MEASURES

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, a recommended methodology to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g. due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

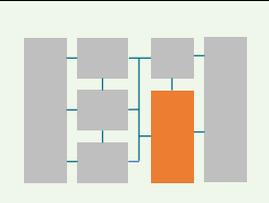
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

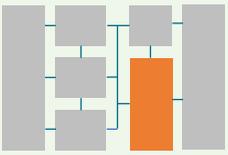
Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using methodology other than outlined in the following Technical Document, the College is asked to provide the methodology in order to understand how the College calculated the information provided.

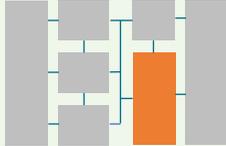
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11 The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*		<p>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</p> <p>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.</p>
Type of QA/QI activity or assessment	#	
i. Objective test	17	
ii. Learning plan	18	
iii. Simulation	0	
iv. Other remedial activities	17	
v. <Insert QA activity or assessment>		
vi. <Insert QA activity or assessment>		
vii. <Insert QA activity or assessment>		
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		
* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period. NR = Non-reportable: results are not shown due to < 5 cases		

Additional comments for clarification (if needed)

In 2020 all nurses were accountable to reflect on their practice and develop a learning plan. **Due to the COVID-19 pandemic no members were selected for practice assessments in 2020.** There were some participants who carried over from 2019 who completed QA/QI activities in the calendar year.

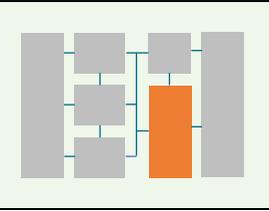
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11 The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care			
Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology			
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)	#	%	
CM 2. Total number of registrants who participated in the QA Program CY 2020	26		What does this information tell us? If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer him or her to the College’s QA Committee. The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *	17	65%	
<i>Additional comments for clarification (optional)</i>			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)			

DOMAIN 6: SUITABILITY TO PRACTICE				
Standard 11 The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.				
Statistical data collected in accordance with recommended methodology or College own methodology:			<input checked="" type="checkbox"/> Recommended	<input type="checkbox"/> College methodology
If College methodology, please specify rationale for reporting according to College methodology:				
Context Measure (CM)				
CM 4. Outcome of remedial activities in CY 2020*:	#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.	
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**	10	59%		
II. Registrants still undertaking remediation (i.e. remediation in progress)	7	41%		
Additional comments for clarification (if needed)				
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %) ** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.				

DOMAIN 6: SUITABILITY TO PRACTICE					
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.					
Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:					
Context Measure (CM)					
CM 5. Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020	Formal Complaints received†		Registrar Investigations initiated†		<i>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.</i>
Themes:	#	%	#	%	
I. Advertising	0	0	0	0	
II. Billing and Fees	0	0	0	0	
III. Communication	160	18%	111	9%	
IV. Competence / Patient Care	470	53%	502	42%	
V. Fraud	11	1%	40	3%	
VI. Professional Conduct & Behaviour	104	12%	258	21%	
VII. Record keeping	67	7%	107	9%	
VIII. Sexual Abuse / Harassment / Boundary Violations	27	3%	113	9%	
IX. Unauthorized Practice	NR	NR	14	1%	
X. Other <please specify>	50	6%	59	5%	
Total number of formal complaints and Registrar’s Investigations**	332	100%	328	100%	

<p>* Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar’s Investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>‡ NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p> <p>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar’s investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations.</p>	
<p><i>Additional comments for clarification (if needed)</i></p> <p>Examples of themes categorized as “Other” include findings in other jurisdictions, charges or convictions, and uncategorized allegations.</p>	

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	224	
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	371	
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar’s Investigation brought forward to the ICRC that were approved in CY 2020	345	
CM 9. Of the formal complaints* received in CY 2020**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)†	77	25%
II. Formal complaints that were resolved through ADR	51	16%
III. Formal complaints that were disposed** of by ICRC	176	
IV. Formal complaints that proceeded to ICRC and are still pending	61	37%
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ	NR	NR
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR	NR
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	NR	NR
<p>** Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</p> <p>* Formal Complaints: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.</p> <p>† ADR: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</p>		
<p>What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar’s Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College’s committee that investigates concerns about its registrants.</p>		

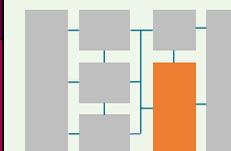


<p>△ <i>The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</i></p> <p># <i>May relate to Registrars Investigations that were brought to ICRC in the previous year.</i></p> <p>** <i>The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.</i></p> <p>φ Registrar's Investigation: <i>Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</i></p> <p>NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p>	
<p><i>Additional comments for clarification (if needed)</i></p> <p>III. This measure was interpreted based on the description given in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures" to include all formal complaints that were disposed of in 2020 (i.e. it includes complaints that were filed in a previous year)</p> <p>IV. This measure was interpreted based on the description given in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures" to include all formal complaints that were brought forward to a panel in 2020 (i.e. it includes complaints that were filed in a previous year)</p>	

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: Recommended College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2020	564						
Distribution of ICRC decisions by theme in 2020*	# of ICRC Decision†						
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.
I. Advertising	0	0	0	0	0	0	0
II. Billing and Fees	0	0	0	0	0	0	0
III. Communication	47	9	4	24	9	6	48
IV. Competence / Patient Care	118	34	20	85	60	25	55
V. Fraud	NR	0	NR	6	12	NR	NR
VI. Professional Conduct & Behaviour	30	11	14	26	27	24	14
VII. Record keeping	18	NR	6	21	19	6	NR
VIII. Sexual Abuse / Harassment / Boundary Violations	15	NR	5	10	6	21	NR
IX. Unauthorized Practice	NR	0	NR	NR	NR	NR	0
X. Other <please specify>	68	31	22	63	37	45	10

* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar’s investigations brought forward prior to 2020.

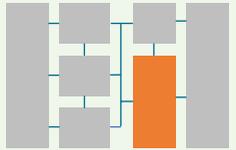
† NR = Non-reportable: results are not shown due to < 5 cases.

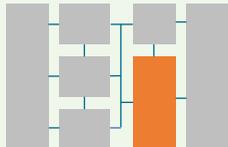
++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or findings.

What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.

Additional comments for clarification (if needed)

Examples of themes categorized as “Other” include findings in other jurisdictions, charges or convictions, and uncategorized allegations.

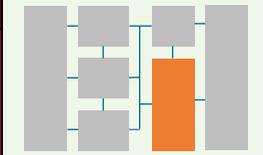
DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 11. 90 th Percentile disposal* of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College. The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.
I. A formal complaint in working days in CY 2020	486	
II. A Registrar’s investigation in working days in CY 2020	651	
* Disposal Complaint: The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant). * Disposal Registrar’s Investigation: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).		
Additional comments for clarification (if needed)		

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13 All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology:		<input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology
If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 12. 90th Percentile disposal* of:	Days	<p>What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. *</p> <p>The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.</p>
I. An uncontested^ discipline hearing in working days in CY 2020	324	
II. A contested# discipline hearing in working days in CY 2020	329	
<p>* Disposal: Day where all relevant decisions were provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).</p> <p>^ Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.</p> <p># Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.</p>		
Additional comments for clarification (if needed)		
Hearings in which neither the registrant nor their representative are present are considered contested hearings.		

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: Recommended College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 13. Distribution of Discipline finding by type*

Type	#
I. Sexual abuse	7
II. Incompetence	0
III. Fail to maintain Standard	43
IV. Improper use of a controlled act	0
V. Conduct unbecoming	0
VI. Dishonourable, disgraceful, unprofessional	59
VII. Offence conviction	5
VIII. Contravene certificate restrictions	5
IX. Findings in another jurisdiction	0
X. Breach of orders and/or undertaking	NR
XI. Falsifying records	NR
XII. False or misleading document	6
XIII. Contravene relevant Acts	45

What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.

* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.

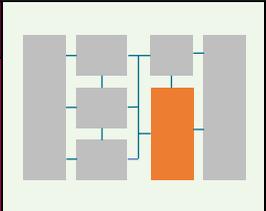
NR = Non-reportable: results are not shown due to < 5 cases.

Additional comments for clarification (if needed)

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: Recommended College methodology

If College methodology, please specify rationale for reporting according to College methodology:

Context Measure (CM)

CM 14. Distribution of Discipline orders by type*

Type	#
I. Revocation ⁺	6
II. Suspension [§]	41
III. Terms, Conditions and Limitations on a Certificate of Registration ^{**}	41
IV. Reprimand [^] and an Undertaking [#]	0
V. Reprimand [^]	53

What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.

* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not be equal and may not equal the total number of discipline cases.

+ Revocation of a registrant’s certificate of registration occurs where the discipline or fitness to practice committee of a health regulatory college makes an order to “revoke” the certificate which terminates the registrant’s registration with the college and therefore his/her ability to practice the profession.

§ A suspension of a registrant’s certificate of registration occurs for a set period of time during which the registrant is not permitted to:

- a. Hold himself/herself out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),
- b. Practice the profession in Ontario, or
- c. Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

** Terms, Conditions and Limitations on a Certificate of Registration are restrictions placed on a registrant’s practice and are part of the Public Register posted on a health regulatory college’s website.

^ A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice

An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.

NR = Non-reportable: results are not shown due to < 5 cases

Additional comments for clarification (if needed)

For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:

Regulatory Oversight and Performance Unit
Health Workforce Regulatory Oversight Branch
Strategic Policy, Planning & French Language Services Division
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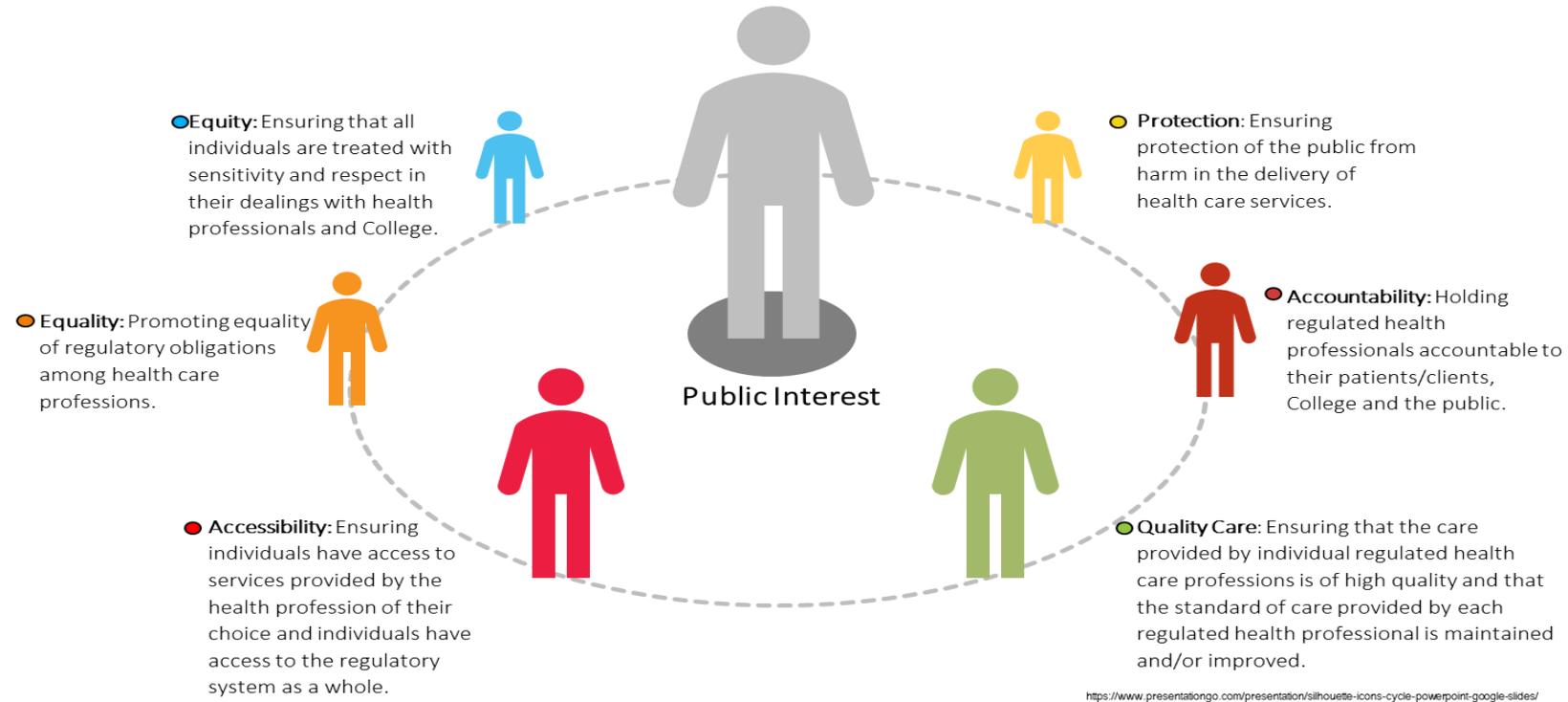
E-mail: RegulatoryProjects@Ontario.ca

Appendix A: Public Interest

When contemplating public interest for the purposes of the CPMF, Colleges may wish to consider the following (please note that the ministry does not intend for this to define public interest with respect to College operations):

PUBLIC INTEREST

in the context of the College Performance Measurement Framework



Discussion Note – March 2021 Council Modernizing Practice Standards

Contact for Questions

Kevin McCarthy, Director of Strategy (kmccarthy@cnomail.org)

Public Interest Rationale

CNO's purpose is to protect the public by promoting safe nursing practice. The standards of practice set the foundation for how CNO regulates; therefore, they are integral to achieving our purpose. Standards that align with our purpose will reflect:

- current evidence
- regulatory best practices
- current and evolving nursing practice / health system realities, and
- changing public expectations and societal values.

Modernizing standards of practice will support CNO's proactive approach to regulation, strengthening our position as a system partner in patient safety.

Introduction

The purpose of this item is to update Council on a new strategic initiative to modernize CNO's standards of practice. Staff is seeking input from Council.

Background

CNO's [standards of practice](#) are the benchmark for safe and ethical nursing practice. The standards inform nurses of their accountabilities. They also inform the public of what to expect from nurses. CNO's standards are complemented by practice guidelines and web-based practice resources (for example, webcasts, frequently asked questions), which address specific topics and help nurses make safe and ethical decisions. CNO's consultation services support nurses and other stakeholders in understanding and applying the standards of practice. Together, the standards, guidelines, web resources and practice support services promote safe nursing practice.

CNO monitors the environment to ensure standards, guidelines and practice resources remain current. Over time CNO has revised, retired and introduced new standards in response to changes in legislation, nursing practice, the health system, best practice in regulation and public expectations. In 2019, CNO introduced the [Code of Conduct](#) for the nursing profession. Informed by evidence, the Code tells the public and other stakeholders the behaviour they can



expect from nurses. The Code changed how CNO communicated standards - it became an overarching standard of practice and CNO's other standards now complement the Code by providing greater detail in certain practice areas.

Rationale for Modernizing

Despite changes to standards over the years, many remain dated and there has not been a review of all standards *and their relationship to each other*.¹ A review of the evidence suggests there is opportunity to learn from other regulators that have recently modernized. Given that standards are integral to CNO's public protection purpose, their modernization supports the achievement of ambitious goals set out in [Strategic Plan 2021-2024](#).

A comprehensive review to modernize standards, guidelines and practice resources will:

- reduce duplication
- address gaps in content
- promote a consistent format
- ensure alignment with the strategic plan
- ensure they are contemporary and relevant to complexities of practice, and
- provide an integrated framework to promote safe nursing practice.

Objectives

Informed by the evidence, the objectives of this initiative are to ensure standards, guidance and knowledge translation strategies are:

- accessible (for example, clear and easy-to-understand)
- defensible (for example, evidence-informed, measurable), and
- relevant (for example, reflect contemporary practice, meet the needs of stakeholders).

Modernizing the standards will support implementation of CNO's [Strategic Plan 2021-2024](#), including a proactive approach to regulation, stakeholder engagement, and strengthening CNO's position as a system partner in patient safety.

Together, the standards, guidance and knowledge translation strategies support the strategic outcome that *nurses' conduct will exemplify understanding and integration of CNO standards for safe practice*.

Findings to Date – Key Highlights

Attachments to this briefing note summarize evidence collected *to date* from the profession, other stakeholders, literature, and other regulators. Key findings are outlined below.

¹ This type of analysis is particularly relevant since the Code of Conduct created a new relationship among the various standards.

- 
- Regulators are accountable for articulating standards and supporting nurses to understand and integrate standards in their practice. The need to modernize applies to CNO's standards, guidance² and knowledge translation strategies.³
 - The evidence supports a risk-based approach to regulation. CNO will explore how to use standards, guidance and/or knowledge translation strategies to target risk and become key tools in proactive regulation.
 - To protect the public, stakeholders expect standards to be clear and easy-to-understand. There is an opportunity to clarify / simplify regulatory terminology (e.g., definitions), to streamline/merge content and reduce duplication.
 - Stakeholders expect regulators to regularly review standards to ensure they are current⁴ and relevant to the needs of society, the health system, and the profession.
 - Standards must align with the current legislative framework governing nursing regulation in Ontario (*Regulated Health Professions Act (RHPA) and Nursing Act*). Nursing practice is influenced by a complex array of other laws that extend beyond the RHPA and Nursing Act. Modernizing the standards will include exploring criteria for when and how CNO communicates these other laws to nurses.
 - There is an opportunity for CNO to innovate. A review of standards produced by other regulators, including those who have completed their own modernization, reveals a trend toward fewer standards, especially those that are topic-specific and clinically oriented.
 - In a recent survey, most nurses report that they are familiar with CNO standards and find the standards helpful. Opportunities for improvement identified by survey participants includes improving accessibility and relevance of standards.

Next Steps

In June 2021, CNO will update Council on additional stakeholder engagement findings and seek input on an approach for modernizing key standards.

Attachments

Attachment 1 – [Survey Highlights](#)

Attachment 2 – [Stakeholder Perspective \(to date\)](#)

Attachment 3 – [Summary of Evidence](#)

² Guidance refers to information that supports nurses to understand and integrate the standards in their practice. Guidance illustrates how standards are met in specific situations.

³ Knowledge translation refers to how we support nurses to apply the standards and includes how we synthesize and disseminate information with this objective in mind.

⁴ In addition to the evidence summarized in attachment 3, the government's new College Performance Measurement Framework requires colleges to report on how their policies, standards and practice guidelines are based in evidence, reflect current best practice, are aligned with public expectations and where appropriate aligned with other colleges.

Attachment 1

Standards Modernization Survey

Introduction

A random sample of 15,000 nurses (RPNs, RNs and NPs) were emailed a link to participate in an online survey to help CNO better understand how nurses are using CNO's practice standards. The response rate was approximately 7% (N=1089).¹ Survey findings are generalizable to the broader nursing profession.

This attachment provides key highlights, a [complete report](#) of survey data is available in BoardVantage.

Highlights

The table below provides an overview of survey respondents by category/class of registration.

Category / Class	N	Percent
RN	709	65.1%
RPN	328	30.1%
NP	50	4.6%
Dual (RN/RPN)	2	0.2%

Findings

Overview

Over 97% of respondents reported that they are “very” (48.9%) or “somewhat” (48.2%) familiar with CNO's standards.² The vast majority (91.8%) of respondents said the information in the standards meet their needs. Qualitative themes indicate that standards helped meet nurses' needs related to:

- advocacy
- understanding and knowledge (e.g., guiding practice, accountabilities)
- education and training, and
- Quality Assurance (e.g., self-reflection)

Accessibility and relevance were key qualitative themes throughout the survey, with diverse perspectives on each point.

- *Accessibility* - Many nurses said the standards are clear and easy-to-read, while others found them difficult-to-navigate, too wordy, vague, and ambiguous. Nurses also cited duplication and suggested some standards could be merged (e.g., Therapeutic Nurse Client Relationship and Code of Conduct).
- *Relevance* – Some nurses said the standards are relevant and applicable to their setting, while others found them outdated, not applicable and in need of regular revision to reflect changes in practice.

Topics of Interest

Within the past year, nurses were most likely to refer to Confidentiality and Privacy (64.7%), Documentation (61.9%) and the Code of Conduct (60.5%). On average, 75% of respondents said the standards were “very” or “somewhat” applicable to their practice:

- Confidentiality and Privacy (78.2%)
- Professional Standards (77.7%)
- Documentation (77.6%)
- Code of Conduct (76.8%)
- TNCR (75%)
- Medication (74%)
- Ethics (73.6%), and
- Decisions About Procedures and Authority (65.6%).

Qualitative themes suggest nurses are accessing CNO resources about:

- scope of practice / legal authority (e.g., delegation)
- nurse-patient relationship (e.g., communication)
- accountability
- leadership
- continuing competence, and
- knowledge application.

¹ Another 642 partially completed surveys were submitted.

² Comparable to a 2016 survey in which 55% said they were “very” familiar and 43% said “somewhat” familiar.

Reasons for Referring to Standards

The most common reasons for referring to CNO standards include to understand scope of practice (74.6%) and support / advocate for safe practice (65.4%). Nurses registered within the past five years are most likely to use the standards to understand their scope (83.6%), compared to 75.1% of nurses registered between 6-25 years, and 68.3% of nurses registered for more than 26 years.

Almost half of respondents indicated that they refer to CNO's standards to inform their learning plan (44.8%), evaluate themselves (46.6%) or to help them make patient care decisions (49.8%). The least common reasons included giving feedback to other nurses (35.4%), preparing educational material (28.7%), developing organizational policies (21.9%) and evaluating other nurses / performance management (18.6%). Of the nurses who said "other", additional reasons for referring to standards included:

- education (e.g., student in a nursing program, faculty member or educator)
- employer – labour considerations (e.g., workload complaints), and
- career (e.g., advancement).

Attachment 2

Stakeholder Perspectives

Stakeholder engagement is key to the success of this modernization initiative. Stakeholder input will help to shape CNO's standards, guidance and knowledge translation strategies. A key objective is that the outcome will meet the needs of stakeholders who use the standards.

Multiple strategies will be used over the course of the initiative to engage key audiences who use the standards, including:

- nurses
- public
- academia, and
- employers.

Highlights from stakeholder engagement to date with Employer Reference Groups, academic stakeholders, and Council's public advisory group (the [Citizen Advisory Group](#)) are outlined below. All groups responded positively to the initiative, recognizing a need to modernize standards.

- Employers and academics discussed concepts of diversity, equity and inclusion.
 - Health equity was a theme with employers citing risks to patients arising from systemic racism (anti-black, anti-Indigenous, refugees and new immigrants) and other biases (e.g., socioeconomic) in the health system and nursing care.
 - Academics highlighted the importance of CNO's guidance being accessible in both official languages.
- Generally, employers said they use the standards to develop policies and support performance management discussions with nurses. Employers suggested CNO do more to proactively promote awareness among nurses of the standards and what it means to be regulated.
- Council's public advisory group discussed the importance that standards be accessible (e.g., clear, easy-to-understand) and relevant (e.g., kept up to date). Beyond the standards, an important aspect of accessibility is that patients and caregivers *know* that the college exists, that nurses are regulated and held accountable to standards.
- Reflecting on their experiences as patients or caregivers, the public advisory group said they use the standards to:
 - educate themselves
 - feel "empowered"
 - evaluate care they are receiving
 - hold nurses accountable when they have concerns
 - provide a "roadmap" if there is a negative outcome
 - promote their own confidence / provide "peace of mind" with respect to their care
 - promote realistic expectations, and
 - clarify roles and determine who is the "right" health care provider.
- The public advisory group was asked to reflect on areas of risk in nursing care; that is, where gaps in care have the potential to create harm. The following topics were discussed, listed in order of priority to the group:

- communication with patients, caregivers and among members of the health care team
 - treating patients with respect and dignity (e.g., personal biases interfere with care, making assumptions, racism and issues of equity)
 - providing medication to patients
 - transitions in care (e.g., patients being forgotten when discharged from one setting to another, lack of accountability)
 - boundaries, and
 - privacy.
- Communication was its own theme, but also a key concern that intersected with / contributed to many other patient safety risks. For example, gaps in communication lead patients and caregivers to experience nursing care as unsafe, disrespectful and lacking empathy.
 - The group expressed concern about the risk of conflict between a nurse's professional standards and workplace demands. They emphasized nurses' duty to advocate for patients and to supporting patients in navigating / accessing other health services, especially given their vantage point in the system.

Attachment 3

Summary of Evidence Modernizing Standards of Practice

Introduction

CNO's purpose is to protect the public by promoting safe nursing practice. The standards of practice are integral to meeting our purpose.

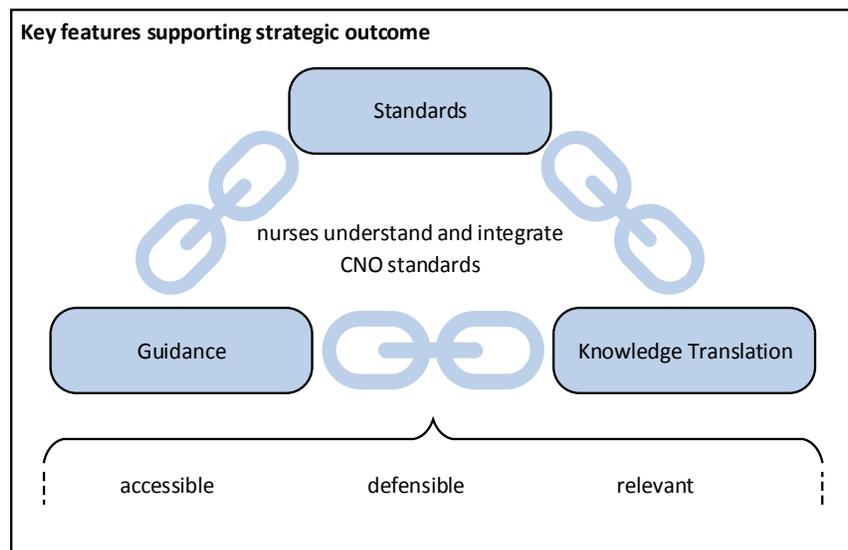
This summary assembles evidence from multiple sources, including CNO's strategic plan, CNO's legislative framework, focussed literature review (grey, academic) and an environmental scan of other regulators.

Alignment with Strategic Plan 2021-2024

Modernizing the standards will support implementation of CNO's new and aspirational [Strategic Plan 2021-2024](#), including our proactive approach to regulation and strengthening our position as a system partner in patient safety. CNO aims to establish standards, guidance¹ and knowledge translation² strategies that are:

- accessible (for example, clear and easy-to-understand)
- defensible (for example, evidence-informed, measurable), and
- relevant (for example, reflect contemporary practice, meet the needs of stakeholders).

Together, the standards, guidance and knowledge translation strategies support the strategic outcome *that nurses' conduct will exemplify understanding and integration of CNO standards for safe practice* (figure below).



¹ Guidance refers to information that supports nurses to understand and integrate the standards in their practice. Guidance illustrates how standards are met in specific situations.

² Knowledge translation refers to how we support nurses to apply the standards and includes how we synthesize and disseminate information with this objective in mind.

The evidence supports a risk-based approach to regulation^{i ii iii} and CNO's strategic plan describes proactivity as a function of risk-based regulation. The goal is to upstream our interventions to prevent harms from occurring. CNO is building organizational capacity, including, data and analytics ("insights engine") to improve proactivity.

CNO's standards, guidance and knowledge translation can be key tools in proactive regulation. A modern approach to standards will include exploring ways to target risk. While work is underway to build data/analytic capacity, we will focus on evidence currently available about known areas of risk in nursing practice (for example, failing to understand scope of practice and authority, gaps in communication, medication practices).

Literature

CNO completed a focussed review of literature (grey, academic) related to standards of practice, with a focus on principles, definitions and criteria for evaluating standards.

Standards

Standards reflect the values and norms of the profession,^{iv} they are "authoritative"^v and set out the "generally accepted consensus of right-thinking members of the profession".^{vi} Standards distinguish the nature and identity" of a profession for its members and stakeholders.^{vii viii}

Standards describe the performance or behaviour expected of a professional, against which actual performance can be measured. They convey the rules, requirements, responsibilities and conditions that describe the expected level of performance to provide safe, high quality services.^{ix}

Standards are the rules or definition of what it means to provide competent care.^x They are tools for nurses to self-evaluate^{xi} and for regulatory oversight.^{xii} To be defensible, standards accurately reflect, and do not go beyond, the "generally accepted practice" of the profession. An exception is that standards prescribed in legislation are legally binding.^{xiii xiv} Good regulation requires regulators to maintain up-to-date standards that prioritize patient centred care and safety.^{xv}

Ideally, standards identify outcomes that must be achieved, rather than processes for how they are achieved. A principle-based approach has the potential to support innovation and a more agile approach to regulation that focusses on patient safety / patient-centred care outcomes and encourages professional judgement.^{xvi xvii xviii} Principle-based regulation is more likely to succeed when outcomes are clearly articulated, enforcement is consistent and there exists trust between the profession and its regulator.^{xix}

Other best practices include standards that:

- align with a risk-based approach^{xx xxi xxii xxiii}
- are relevant to the environment, society and nursing practice^{xxiv}
- provide clarity on roles, authority, leadership, accountability and scope of practice,^{xxv} and
- provide a clear benchmark.^{xxvi}

Other Relevant Terms

CNO describes practice guidelines as helping nurses "understand their responsibilities and legal obligations to enable them to make safe and ethical decisions."^{xxvii xxviii xxix} Steinecke refers to guidelines as "merely suggestions" used to educate and support professionals to reflect on their practice and change behaviour. ^{xxx} However, the Professional Standards Authority's - *Standards*

of *Good Regulation*, describes the regulator’s accountability to provide “guidance to help registrants apply the standards and ensures this guidance is up-to-date, addresses emerging areas of risk, prioritizes patient-centred care and safety”.^{xxxii}

The concept of “professionalism” is not well defined^{xxxiii} and is informed by multiple constructs, including values, societal expectations, culture and norms.^{xxxiii} A scoping review completed in 2019 found an inherent link between professionalism and regulation. To “be professional” means nurses are applying and demonstrating requirements of their regulators professional practice framework, which includes requirements related to entry and practice.^{xxxiv}

The Modern Health System

The McMaster Health Forum’s recent report entitled *Modernizing the oversight of the health workforce in Ontario* identifies several examples of the current legislative framework failing to keep pace with the needs of today’s health system, including:^{xxxv}

- technology
- adopting a risk-based approach
- the personalized care (“soft skills”) required by all health professionals
- the system’s shift to chronic and community-based care
- interprofessional / team-based models of care, and
- emphasizing controlled acts and scopes of practice, rather than a competency-based model.

A recent report on the Vision for the Future of Nursing in Canada discusses the necessity of modernizing the profession so that it can support health system transformation. Trends in health system transformation include:^{xxxvi}

- shifting care from institutions into home and community settings
- interprofessional collaboration
- focus on quality improvement
- enhancing use of technology, and
- partnering with patients and families.

A key part of modernizing involves fostering a systems perspective with “shared responsibility and accountability among the four regulated nursing groups”.³ From a regulatory perspective, the vision report calls for:^{xxxvii}

- a common set of entry-level competencies for each category, including common format, structure and terminology
- a single code of ethics and common approach to professional conduct review processes
- harmonized standards of practice, including common format structure and terminology
- a risk-based approach, and
- common regulatory requirements within each nursing category and across categories as appropriate.

A key finding from the evidence is that our system of health professional regulation is fragmented and does not reflect the level of integration needed for today’s health system. This applies to the regulation of all health professionals within Ontario,^{xxxviii} and nursing professionals across multiple jurisdictions.^{xxxix}

³ The four regulated nursing groups are licensed practical nurses, registered nurses, registered psychiatric nurses and nurse practitioners.

This fragmentation is especially evident in our inconsistent and confusing terminology. To protect the public, regulators are accountable for setting expectations for practice. Within the context of health professional regulation⁴ there is considerable variation in how we label and communicate those expectations.^{xi} Regulators use terms such as code,⁵ policy, standard,⁶ guideline, practice guide, competency,⁷ indicator, advisory statement, knowledge/attribute/activity/skill.

Environmental Scan

In recent years, due to legislative requirements associated with labour mobility, nursing regulators in Canada have made progress harmonizing entry-to-practice competencies. Although there’s consistency across jurisdictions, we have not yet adopted common format, structure and terminology for the different types of nurses regulated in Canada (registered psychiatric nurses, licensed practical nurses, RPNs, RNs and NPs).^{xii} Despite some progress related to standards for entering the profession, we have not harmonized standards of practice of the profession.

CNO launched the [Code of Conduct](#) in 2019. The Code is an innovation and a model for what modern standards might look like: it meets the principles of accessibility, defensibility and relevance. Our use of the Code as an overarching standard of practice is consistent with nursing regulators in other jurisdictions, including U.K., Australia and New Zealand.

CNO’s Code of Conduct is unique in Canada. The table below highlights the structure used by other Canadian regulators compared to the structure of CNO’s Code.

Major concepts captured by overarching standards of practice	
CNO’s Code of Conduct	Overarching Standards of Practice
Overarching standard of practice. Accompanied by a variety of other practice standards (including “professional standards”) and / or guidance on a range of topics.	Overarching standard of practice may be referred to as “professional standards”. Accompanied by a code of ethics, ⁸ other practice standards, scope of practice standards, and / or guidance on a range of topics
Principles: <ul style="list-style-type: none"> • Nurses respect the dignity of patients and treat them as individuals • Nurses work together to promote patient well-being 	Common categories/principles: <ul style="list-style-type: none"> • professional responsibility and accountability / responsibility to profession • knowledge-based practice (competency-based practice)

⁴ Both within the nursing profession (in Ontario and elsewhere) and other health professions.

⁵ Common among regulators in Ontario and nurse regulators in several other jurisdictions. Most often code of “conduct” or “ethics”.

⁶ Common among regulators in Ontario and nurse regulators in several other jurisdictions. Often referred to as “standard of practice”, “practice standard”, “scope of practice standard”, “standard of proof”. Nurse Midwifery Council in the U.K. also publishes “proficiency standards”, which inform entry to the profession.

⁷ Common among regulators in Ontario and nurse regulators in Canada. In nursing, they most often inform entry to the profession; however, occasionally inform regulation of registrants. There is variation among other professions in Ontario as they may be referred to as “core”, “essential”, “entry” depending on their use.

⁸ Some regulators adopt the Canadian Nurses’ Association’s Code of Ethics, whereas others include “ethics” in their professional standards.

<ul style="list-style-type: none"> • Nurses maintain patients' trust by providing safe and competent care • Nurses work respectfully with colleagues to best meet patients' needs • Nurses act with integrity to maintain patients' trust • Nurses maintain public confidence in the nursing profession 	<ul style="list-style-type: none"> • service to the public (client-focused services, client-centred relationship, client-centred practice, responsibility to public/clients) • self-regulation • ethics • professional relationship and leadership (collaborative care, responsibility to colleagues)
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Legislative Framework

Legislation

Requirements under the *Regulated Health Professions Act, 1991* (RHPA) and *Nursing Act, 1991* set out CNO's oversight of the profession.

Under the RHPA, CNO is accountable for developing, establishing and maintaining standards of:^{xliii}

- qualification for entry to the profession
- practice to assure the quality of the practice of the profession
- knowledge and skill to promote continuing evaluation, competence and improvement
- knowledge, skill and judgement relating to performance of controlled acts (together with other colleges whose registrants are authorized to perform the same controlled acts)
- professional ethics, and
- registrants' abilities to respond to changes in practice environments, advances in technology and other emerging issues.

Altogether, the RHPA objects form the professional practice framework for nursing regulation in Ontario, which CNO enacts through a variety of regulatory mechanisms, including:

- regulations
- by-laws
- standards of practice (code, practice standards)
- guidelines and online practice resources
- ETP competencies, and
- reference documents.

Several standards of practice for nurses are prescribed in regulation under the *Nursing Act, 1991*. O. Reg. 275/94 includes standards of practice related to:

- title use
- initiating certain controlled acts
- participating in the Quality Assurance program
- reporting
- professional liability protection, and
- delegating controlled acts.

O. Reg. 799/93 outlines acts of professional misconduct.

Nursing practice is influenced by a complex array of laws, which extend beyond the RHPA and *Nursing Act* (for example, Personal Health Information Protection Act).

Constraints

Despite various updates over the years there is increasing criticism that Ontario's legislative framework for health professional oversight does not meet the needs of today's health system. Among the concerns is an emphasis on scope of practice and controlled acts over a competency-based model of oversight.^{xliii}

Antiquated legislation also constrains CNO's ability to universally adopt best practice in regulation. Principle-based regulation has the potential to support innovation and a more agile approach to regulation that focusses on outcomes and encourages professional judgement.^{xliv xlv} The transparency principle of right-touch regulation discusses the importance of keeping regulation simple and user-friendly.^{xlvi} Both concepts are consistent with CNO's shift away from detail-oriented standards⁹ in recent years; however, legislation will continue to oblige us to communicate prescriptive legal requirements for performing clinical controlled act procedures, such as wound care, medication practices and delegation.^{xlvii}

Another example of fragmented health professional regulation stems from a lack of harmonization. Team-based models of care are increasingly the norm.^{xlviii xlix} The system requires health professionals to collaborate - both within the nursing profession and among different professions. Ontario's health professions are governed by common laws, work on the same teams, provide care to the same patients; however, they do not share the same standards for conduct, ethics or communication. Within nursing, this fragmentation exists across jurisdictions and in regulatory approaches towards the different types of nurses regulated.

⁹ For example, removing clinical detail from the Medication practice standard, retiring the Infection Prevention and Control practice standard.

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- ⁱ McMaster Health Forum (2017) Modernizing the Oversight of the Health Workforce in Ontario. Retrieved from: <https://www.mcmasterforum.org/find-evidence/products/project/modernizing-the-oversight-of-the-ontario-health-workforce>.
- ⁱⁱ FPT Committee on Health Workforce (2020) Vision for the Future of Nursing in Canada. Retrieved from: <https://nnpbc.com/pdfs/media/news/2020/Vision-for-the-Future-of-Nursing-in-Canada.pdf>
- ⁱⁱⁱ Black, J. (2008) Forms and paradoxes of principles-based regulation. *Capital Markets Law Journal*, 3 (4), 425-457.
- ^{iv} Ostaszkiwicz (2019). A national project to develop and validate practice standards for Australian nurse continence specialists. *Australian and New Zealand Continence Journal* 25(1)16-21.
- ^v Ostaszkiwicz (2019). A national project to develop and validate practice standards for Australian nurse continence specialists. *Australian and New Zealand Continence Journal* 25(1)16-21.
- ^{vi} Steinecke Maciura LeBlanc (2004) Grey Areas: A Commentary on Legal Issues Affecting Professional Regulation. *Types of Standards and Guidelines*. Retrieved from: <https://www.sml-law.com/wp-content/uploads/2019/04/Greyar74.pdf>
- ^{vii} Reel (2012) The Benefits of Practice Standards and Other Practice-Defining Texts: And Why Healthcare Ethicists Ought to Explore Them, 24: 203-217.
- ^{viii} Terry, et al. (2017). An overview of the ways nurses understand and utilize the existing Australian Competency Standards for Registered Nurses. *Collegian* 24, 109-116.
- ^{ix} Council on Licensure Enforcement and Regulation (2010) Glossary of General Terminology Used in Professional and Occupational Regulation. Retrieved from: https://www.clearhq.org/resources/Glossary_General.pdf
- ^x Preston, K. and Reid. C. (2015) Revision Process for the Standards of Practice for Life Care Planners. *Journal of Life Care Planning*, 13(3), 21-30.
- ^{xi} Preston, K. and Reid. C. (2015) Revision Process for the Standards of Practice for Life Care Planners. *Journal of Life Care Planning*, 13(3), 21-30.
- ^{xii} Reel (2012) The Benefits of Practice Standards and Other Practice-Defining Texts: And Why Healthcare Ethicists Ought to Explore Them, 24: 203-217.
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Decision Note – March 2021 Council

Proposed change to the education assessment process of internationally educated Registered Nurse applicants

Contact for Questions

Anne Marie Shin, Director, Professional Practice
Suzanne Vogler, Manager, Entry to Practice

For Decision

That the Council approved nursing education assessment process for evaluating Registered Nurse (RN) applicants be amended to include passing the NCLEX-RN as evidence that an RN applicant possesses the requisite nursing knowledge, skill and judgement to meet the nursing education requirement.

Public Interest

Entry to practice is a key mechanism to enable CNO to assess and determine whether applicants, who are applying to become nurses in Ontario, have the knowledge, skill, judgement and character to practice nursing safely and competently.

CNO has a legal duty¹ to ensure that its registration practices are transparent, objective, impartial and fair. The intent of this motion is to enhance CNO's nursing education assessment process for internationally educated RN (IERN) applicants, while continuing to protect the public by registering competent nurses and improving public access to safe nursing care.

Background

Legislative Framework: Nursing education requirements for IERN applicants

RN applicants, who are educated in Ontario or Canada, must have successfully completed a minimum of a baccalaureate degree nursing program approved by Council or Registration Committee, that is specifically designed to educate and train an individual to be a practicing RN.

¹ Section 22.2, Health Professions Procedural Code, Schedule B, *Regulated Health Professions Act, 1991*



Graduates of such approved programs are assumed to possess the knowledge, skill and judgement required to meet entry-to-practice competencies and practice nursing safely.²

IERN applicants, who are educated outside of Canada and have not completed an approved program, can undergo an evaluation approved by Council.³ The evaluation identifies whether the RN applicant possesses the entry-level knowledge, skill and judgement equivalent to a graduate of an approved Ontario RN baccalaureate degree nursing program. The basis of assessing the equivalency of nursing knowledge, skill and judgement education is the national RN entry-to-practice competencies.

If there is evidence that the applicant has the knowledge, skill and judgement equivalent to a graduate of an approved program, the applicant will have met the education requirement. If the evaluation identifies gaps in knowledge, skill and judgement, the applicant will need to complete additional education to address identified competency gaps. The applicant will meet the nursing education requirement when the additional education is completed and competency gaps are addressed.

There are different assessment methods to determine if the IERN applicant has the equivalent knowledge, skill and judgement, and each method has benefits and limitations. The goal is to use all evidence available (e.g. education, experience, or assessment results) to determine if an applicant has the required entry-level nursing knowledge, skill and judgement to practice nursing safely and competently.

Current approach to assessment of nursing education

In 2016, Council approved the current three-stage nursing education assessment process⁴.

Stage 1 - Comparative analysis of curriculum content by the National Nursing Assessment Service

The National Nursing Assessment Service (NNAS) provides a streamlined process for IERN applicants and regulatory bodies by collecting documents and completing initial authentication, validation and fraud screening. In addition, NNAS completes an assessment of whether an IERN applicant's nursing education is equivalent to that of a current Canadian graduate. The assessment is a technology supported content analysis of curriculum information to identify whether the program provided the applicant with equivalent nursing knowledge, skill and judgement as compared with a Canadian nursing program. Evidence of entry-to-practice competencies found in the applicant's nursing education are compared to the evidence of entry-to-practice competencies found in a representative sample of Canadian programs. The sample programs form the basis for the threshold set for equivalence.

NNAS issues an Advisory Report to CNO outlining if the IERN applicant's education meets the threshold of equivalence. Based on the results of NNAS' assessment, CNO determines that:

² Section 2(1)1.i. and 2(1)1.ii, *Ontario Regulation 275/94*

³ Section 2(1)1.iii.B., *Ontario Regulation 275/94*.

⁴ Background information can be found in the Council Decision Note: Assessment of international applicants, September 2016.

- an applicant whose nursing education is reported to meet the threshold of equivalence will meet the education requirement and be eligible to write the registration examination; or
- an applicant whose education is reported to not meet the threshold of equivalence will be identified as having gaps in nursing knowledge, skill and judgement and can continue in the assessment process.

Stage 2: Assessment of past and current RN practice

Applicants submit practice-related documentation (e.g. current/past RN employment). CNO will evaluate the context of practice to determine if it addresses any gaps in nursing knowledge, skill and judgement identified in the NNAS assessment. After completing Stage 2:

- an applicant meets the nursing education requirement if they submit practice information that addresses gaps in nursing knowledge, skill and judgement; or
- an applicant continues in the assessment process if they continue to have gaps in nursing knowledge skill and judgement.

Stage 3: Objective clinical assessment

RN applicants can be evaluated through an objective clinical assessment⁵, which consists of two components: (1) multiple choice questionnaire examination and (2) objective structured clinical examination (OSCE). Applicants can demonstrate their nursing knowledge, skill and judgement acquired from their education and/or experience. Valid and reliable threshold scores have been developed for both components, which are mapped to key RN entry-to-practice competencies. After completing this stage:

- an applicant who achieves the required threshold scores demonstrates the requisite entry-level nursing knowledge, skill and judgement to meet the nursing education requirement; or
- an applicant who does not achieve the required threshold scores continues to have gaps in nursing knowledge skill and judgement and is required to complete additional education.

As there are costs, time and resources associated with pursuing Stages 2 and 3, an applicant can choose to return to school, instead of completing Stages 2 and/or 3, to complete additional education to address any gaps in nursing knowledge, skill and judgement.

Impact of Council approved nursing education assessment process on IERN applicants

Meeting the nursing education requirement for registration has been a long-standing issue for IERNs. Some impacts include the following:

- Curriculum assessment - While the NNAS assessment is a valid and reliable assessment of nursing education, it is limited by the sophistication of curriculum documents submitted by schools. The level of detail provided in and the framing of course descriptions and syllabi

⁵ Further information about this assessment can be found at: <https://www.cno.org/en/become-a-nurse/registration-requirements/education/internationally-educated-nurses-competency-assessment-program/>.



significantly impacts the outcome of the NNAS education assessment. As a result, many applicants, including United States graduates, whose education may have prepared them with the requisite nursing knowledge, skill and judgement, are not demonstrating equivalence. As a result, they do not meet the nursing education requirement without completing further assessment and/or additional education.

- Practice assessment – When applicants submit practice documents to CNO, there is a timing impact given the need to request documents from jurisdictions outside Canada and to wait to receive them at CNO, even by email. Once the documents arrive, applicants then wait again until they receive the outcome of that evaluation. Most often, the practice information does not address all remaining gaps in nursing knowledge, skill and judgement, and applicants must complete additional steps.

Collectively, these challenges highlight the need for alternative assessment methods to improve efficiency and ensure fairness. One proposed alternative is: passing the National Council Licensure Examination for RNs (NCLEX-RN) - the approved RN registration examination⁶.

Proposed Amendment to the Nursing Education Assessment Process: Passing the NCLEX-RN

Among the jurisdictions from which IERNs apply, we have noted that some applicants, who are educated for example in the United States, Phillipines, and India, apply to CNO having already passed the NCLEX-RN. This happens when they have also applied to register with a nursing regulatory body in the United States where passing the NCLEX-RN is also a registration requirement.

Some of these applicants, however, based solely on the results of their NNAS curriculum-based education assessment, are identified as having gaps in their entry-level nursing knowledge, skill and judgement. As a result, they do not meet the nursing education requirement and must complete further assessment (e.g. practice or objective clinical assessment) or return to school to complete additional education to address the identified gaps.

These IERN applicants have consistently inquired: why they have to complete further assessment or go back to school if they have passed the NCLEX-RN already. The additional cost and time are frequently expressed as areas of concern. In exploring alternative methods of assessing nursing education, CNO focussed on this issue to determine if applicants, who have passed this valid, reliable computer-adaptive registration examination, have demonstrated that they possess the requisite entry-level nursing knowledge, skill and judgement to meet the nursing education requirement.

CNO reviewed the 2019 NCLEX-RN Test Plan⁷ (i.e. content of the test), and information about testing requirements and administration. The Test Plan forms the basis of the NCLEX-RN and is formulated from the practice analysis results and the knowledge, skills and abilities survey.

⁶ Further information on the NCLEX-RN can be found in the March 2013 Council Briefing Note – Entry-to-Practice Examination – NCLEX-RN, February 19, 2013.

⁷ 2019 NCLEX-RN Test Plan, National Council of State Boards of Nursing, https://www.ncsbn.org/2019_RN_TestPlan-English.pdf



The focus is on identifying the core RN entry-level competencies and required knowledge that are essential to providing safe and effective care and protecting the public. It is assumed that RNs apply fundamental principles of clinical decision-making and critical thinking to nursing practice. There is also an assumption that RNs integrate concepts from the social sciences (psychology and sociology); biological sciences (anatomy, physiology, biology and microbiology); and physical sciences (chemistry and physics).

The current Test Plan, which remains valid from April 1, 2019 to March 31, 2023, is organized into the following content categories:

- Safe and effective care environment
 - Management of care
 - Safety and infection control
- Health Promotion and Maintenance
- Psychosocial integrity
- Physiological integrity
 - Basic care and comfort
 - Pharmacological and parenteral therapies
 - Reduction of risk potential
 - Physiological adaptation

The NCLEX-RN is developed, administered, and maintained using psychometrically sound methods to ensure requisite standards for validity, reliability, and fairness. It is a registration examination that measures competencies, along with the knowledge, skill and abilities, that are essential for the entry-level nurse to perform safely and effectively to meet the needs of clients requiring the promotion, maintenance or restoration of health.

In light of our analysis of the NCLEX-RN and its assessment of key entry-level competencies required for safe nursing practice, we have determined that passing the NCLEX-RN is a valid, reliable measure that indicates an RN applicant possesses the required entry-level nursing knowledge, skill and judgement required to meet the nursing education requirement and practice nursing safely and competently.

Given CNO's strategic commitment that applicants for registration will experience evidence-informed, fair, inclusive and effective processes, Council is being asked to consider approving the NCLEX-RN as part of the nursing education assessment process. If approved by Council, an immediate impact will be that about 500 current applicants, who are reported to have passed the NCLEX-RN, will be deemed to have demonstrated the requisite entry-level nursing knowledge, skill and judgement to meet the nursing education requirement.

Next Steps

- If approved by Council, implement the updated nursing education assessment for current and future IERN applicants who have been assessed as not having equivalent education. This includes current applicants who have already been directed to complete further steps.
- Update communications to applicants.
- As further valid, reliable methods of assessing nursing education are identified, these will be brought forward to Council for review and consideration.

Information Note – March 2021 Council

Quality Assurance Program: Moving Forward

Contact for Questions

Kevin McCarthy, Director, Strategy

Public Interest and Public Safety Rationale

The Quality Assurance (QA) Program is CNO's commitment to the public that every practicing nurse in Ontario is engaged in continuous improvement. QA is a key regulatory function that is designed to proactively strengthen the quality of nursing practice and, as such, supports the achievement of CNO's Strategic Plan.

The purpose of this note is to provide an overview of the work that has occurred to develop a new QA program, in keeping with Council's vision, and share the next steps that will continue to evolve the QA program in response to the rapidly changing healthcare environment.

Background:

Themes from 2016 Council workshop

In [March 2016](#), Council participated in a workshop that explored the purpose of QA and what it could become in the future. Council identified the need to enhance CNO's QA program to include:

- an increased focus on member accountability to participate in QA activities
- applicability and relevancy of QA requirements to the member's practice
- evidence to inform selection criteria
- a risk-based approach
- enhanced stakeholder engagement and
- increased use of technology.



Development Overview

2017:

- Throughout the year, Council reviewed and discussed various sources of evidence to inform the development of a new QA Program, including a comprehensive literature and jurisdictional review.
- In December 2017, Council approved a conceptual model for CNO's Future QA program informed by evidence and the current regulatory framework.

2018:

- CNO staff developed self-assessment resources for nurses including a new Practice Reflection Worksheet and a new Action Plan.

2019:

- CNO consulted extensively with internal and external stakeholders on the usability, relevance, and comprehensiveness of the Practice Reflection Worksheet and the Action Plan.
- A plan was shared with Council for broad implementation of the new tools and further program development in 2020.

2020:

- As part of CNO's pandemic response to COVID-19 all CNO QA activities, including program development, were placed on hold in March 2020.
- In September 2020, CNO launched a simplified approach to QA. This modified program reflected CNO's regulatory obligations while not placing undue burden on members, many of whom work directly in relation to the COVID response. This included
 - a focus on Practice Reflection activities and
 - a small number of remedial obligations that were in progress and that could not be deferred to 2021.

Alignment with the Strategic Plan

CNO's purpose, as stated in the new Strategic Plan, is to protect the public by promoting safe nursing practice. The QA program is a key regulatory mechanism that supports CNO in attaining its purpose.

Leveraging the *Future QA* program work described above and building on the simplified QA approach introduced in 2020, the QA program of the future will utilize a continuous quality improvement approach. The program will continue to evolve to meet the changing realities of modern nursing practice while helping nurses to exemplify understanding and implementation of the CNO standards. The path forward recognizes the importance of agility in program development in order to be responsive to significant shifts that have occurred in the last year



and continue today, as a result of the COVID-19 pandemic and the introduction of CNO's new Strategic Plan.

Principles to Guide Further Program Development

As we look to uphold our legislated requirements and further strengthen the QA program, the principles guiding program development include:

- Ensuring safe and quality nursing care by emphasizing that QA activities are daily activities (i.e. QA everyday)
- Increasing public confidence in the quality of nursing care by supporting ongoing self-reflection and professional development
- Employing a risk-based approach
- Ensuring a transparent process and decision-making structure
- Responding to the diverse day-to-day realities faced by nurses and employers
- Positioning the program as a paradigm of coaching and guidance
- Promoting the intentional application of CNO's Code of Conduct and modernized Standards of Practice once developed
- Engaging and collaborating with stakeholders to identify opportunities for innovation in continuous professional development
- Ensuring alignment with best practices, literature and other health regulators
- Leveraging previous Future QA program work and QA resources from other regulators
- Meaningfully contributing to the organization's strategic goals and objectives.

The Path Forward

2021 will include the:

- launch of a new Learning Plan that has been simplified based on learnings in 2020
- launch of a new tool to explicitly assist nurses with reflecting on and integrating CNO's Code of Conduct
- member selection, with a small number of members selected as well as utilizing the small pool of nurses who deferred Practice Assessment activities with QAC to 2021
 - Compassionate selection processes will be utilized, respecting the impact of the pandemic and member requests to defer selection and
- piloting of a coaching approach to support the continuous professional development of members.

2022 will include the:

- piloting of a more modern and larger scale delivery approach, integrating a systems solution to support and monitor member learning and
- introduction of new interactive tools to proactively strengthen the quality of nursing practice e.g. webinars, learning modules, self-test platforms, facilitated chat rooms, etc.



Communications Strategy

An ongoing, comprehensive communications and education plan will be implemented to ensure nurses are prepared and receive timely information to support them through the QA process.

Next Steps

- Development and implementation of 2021 QA supports, as described above.
- Communications to ensure awareness and understanding of new program requirements.
- Ongoing development of the QA program for 2022 and beyond.
- Continue to keep Council informed of QA program implementation.

Minutes

Present

S. Robinson, Chair
A. Fox

J. Petersen
N. Thick

D. Thompson

Staff

A. Coghlan
J. Hofbauer

R. Jabbour

K. McCarthy

On Invitation

David Brown

Nominating Committee

Council has decided to appoint an interim Nominating Committee pending passage of legislation that will allow full implementation of the vision. A first step in moving forward with the appointment of an interim Nominating Committee is the identification of the competencies and attributes against which candidates will be assessed. D. Brown highlighted the process for identification of the draft competencies and attributes.

The Executive provided input into the draft. It was noted that there are quite few competencies and it was suggested that it be clarified that the full range of competencies is provided through the combined membership. There was discussion about reframing, editing or reorganizing some of the competencies to clarify and support broader recruitment in the future. There was also discussion about how to best organize the attributes.

D. Brown will revise the draft competencies and attributes for review by the Executive in February. D. Brown left the meeting.

Professional Development Session follow-up

The Executive debriefed on the Council Professional Development session and December Council meeting.

It was agreed that the presentation by Mae Katt was impactful and informative. It provided all Council members with an understanding of the challenges faced by indigenous nurses, patients and communities.

The Executive noted that a commitment had been made to Council that the Executive would provide some guidance on following up on this activity.



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It was noted that Mae Katt had identified that, while a land acknowledgment statement is appreciated, other more meaningful action is required, including reviewing the recommendations from the Truth and Reconciliation Commission.

It was noted that CNO is refining its plans for its work on diversity, equity and inclusion, which will include engagement with Council and committees. While our relationship with indigenous people is unique, it was recognized as important that it be addressed in a way that is aligned with the work on diversity, equity and inclusion

Staff were asked to bring a proposal to the next meeting

The Executive noted that the Council Culture session was an important beginning in identifying a preferred culture and working towards that culture. It was noted that the realities of remote meetings, the size of Council and the number of new members has made it difficult to build and maintain the relationships that support culture.

It was identified that members really appreciated the opportunity to participate in small groups and to share perspectives and get to know new colleagues. the Executive supported continuing with PD or workshop sessions to allow for learning and team building.

It was noted that some key messages about culture came out of the workshop, including the wish to hear diverse voices and encourage those who do not speak or who may have a divergent view to feel confident and participate.

It was agreed that exploring Council's Governance Principles and Code of Conduct, which is based on the principles, would provide a strong foundation for constructive and productive small group discussion.

Staff were asked to develop a proposal, based on input from the Executive, for the March PD session. It was identified as important for Council to come to agreement on how they will come together as a group and work together effectively to make decisions.

The Executive will review the proposal for the PD workshop in February.

Conclusion

On completion of the agenda, the meeting concluded on consent.

Next meeting

The next meeting of the Executive will be February 11, 2021, in the afternoon.

Chair

Minutes

Present

S. Robinson, Chair
A. Fox

J. Petersen
N. Thick

D. Thompson

Staff

A. Coghlan
J. Hofbauer

R. Jabbour

K. McCarthy
A. M. Shin

On Invitation

David Brown

Vicki Dickson

Agenda

The agenda had been circulated and was approved on consent.

Notes of meetings

Notes of Executive Committee meetings of November 12, 2020 and January 13, 2021 had been circulated and were approved on consent.

Governance Vision

In January, the Executive had suggested that there be a presentation on Council's Governance Vision at Council in March. The presentation will provide all Council members with an understanding of the vision and will provide context for the discussion about the competencies and attributes for the Interim Nominating Committee.

The Executive reviewed a draft discussion note about the Governance Vision. It was suggested that the difference between those changes that Council has made to advance the vision and governance effectiveness and those that are dependent on legislative change be clarified.

Interim Nominating Committee – Competencies and Attributes

The Executive reviewed the revised draft competencies and attributes for the Interim Nominating Committee. David Brown highlighted the changes.

The Executive identified that differentiating between the core and specialty competencies made the potential for membership in the Nominating Committee more accessible.

The Executive supported the materials going forward to Council. David Brown and Vicki Dickson left the meeting.

Council Professional Development Session

The Executive discussed a proposal for a half day Council professional development session. Based on the Executive's input in January, the session will follow-up the work on culture begun in December and leverage Council's Governance Principles and Code of Conduct. The session is designed to result in an agreed upon set of behaviours and norms for Council that can be tested at the March Council meeting.

It was agreed that members of the Executive Committee will take accountability to lead the small groups. Input was provided into the small group questions.

The Executive discussed the follow-up to Mae Katt's presentation and Council's wish for meaningful engagement in addressing the needs of the Indigenous community. The Executive supported deferring action on a land acknowledgement statement pending Council's engagement in discussions on diversity, equity and inclusion.

The Executive supported that part of the June Council meeting be set aside for an orientation/learning session for all of Council and provided input on the topics to be addressed.

Approval of Nursing Education Programs

A.M. Shin joined the Executive to discuss the approach to Council's approval of nursing education programs. She outlined the plans for a presentation. The Executive was informed that two new stand-alone CAAT baccalaureate programs will be considered for approval. It was noted that a rigorous curriculum review was undertaken, and the programs met the criteria for recommendation of initial approval. As with all new programs, full approval is pending indicators based on graduation of the first cohort of students.

R. Jabbour and A. M. Shin left the meeting.

College Performance Measurement Framework

The Executive received a Council briefing note on the Ministry's College Performance Measurement Framework(CMPF). Staff are working on completing the framework and will ensure the relevant information is reflected in the tool. The result will be a large document with extensive detailed information and data. Since Council approval is required by government, Council will be asked to approve submission of the report to government.

It was noted that the information from the CPMF may inform CNO's annual report.

Strategy 2021-2024 – update and next steps

Following Council discussion in December, staff are recommending taking a step back to complete foundational work around the outcomes and metrics. It was identified that there will be quarterly updates for Council and CNO will continue to see progress in 2021 to further the strategic plan. In March, Council will receive updates on three initiatives that relate directly to the outcomes of the strategic plan:

- modernizing the practice standards

- modernizing applicant assessment, and
- CNO's continuing work on the Quality Assurance Program.

Scrutineers

To support a virtual election of the Executive in March, the Executive Committee randomly selected J. Armitage, K. Gartshore and G. Rudanycz as scrutineers for the election.

Statutory Committee Chairs

The Executive received a report of the candidates who volunteered to serve as chairs of statutory committees.

Motion 1

Moved by N. Thick, seconded by A. Fox,

That the following be recommended as the 2021-2022 Chairs of statutory committees:

Discipline and Fitness to Practise	D. Cutler
Quality Assurance	L. Poonasamy
Registration	D. Thompson

CARRIED (1 abstention)

Chair of the Sub-Committee on Compensation

A. Fox reported that the Finance Committee is recommending that Craig Halket be reappointed to the Sub-Committee on Compensation. She noted that J. Nunes who is the current chair spoke highly of him and staff have recommended that he be appointed as chair.

Motion 2

Moved by A. Fox, seconded by N. Thick,

That it be recommended that C. Halket be the Chair of the Sub-Committee on Compensation.

CARRIED

Agenda – March 2021 Council

The draft agenda for the March 2021 Council meeting was reviewed and approved for posting.



Conclusion

On completion of the agenda, the meeting concluded on consent.

Next meeting

The next meeting of the Executive will be the morning of May 6, 2021.

Chair

DRAFT

Report of the February 11, 2021 Finance Committee Meeting

Contact for Questions or More Information

Stephen Mills, Chief Administrative Officer

The Finance Committee met on February 11, 2021. Geoff Clute and Blair MacKenzie, from Hilborn LLP, were guests at the meeting. The draft minutes are [Attachment 1](#) to this report.

Financial Statements

The unaudited financial statements for the year ending December 31, 2020 ([Attachment 2](#)) were discussed, together with the confidential Management Discussion & Analysis.

The financial result for the year was a surplus of \$8.2M which is \$8.5M more than the budgeted deficit of \$352K. It was noted that this variance is largely due to the impact of COVID-19 which resulted in delays in hiring and deferral of projects, including building redesign which was deferred to 2021.

The committee was informed that the unrestricted net assets (accumulated operating surplus) of \$35.3M is more than the maximum of the budget surplus guideline (6 months of the expense budget). It was confirmed that with CNO fully operational, there is a plan to bring the surplus in line with the guideline in 2021.

Following a detailed review of the variance analysis and discussion of the statements and the Management Discussion & Analysis, the Finance Committee recommends:

That Council approve the unaudited year-end financial statements for the period ending December 31, 2020.

Report of the Sub-Committee on Compensation

The Sub-Committee on Compensation provided the Finance Committee with a report on its January 2021 meeting. J. Nunes, Chair of the Sub-Committee reported on the Sub-Committee's brainstorming session on human resource metrics and CNO's plans for a comprehensive survey on compensation in 2021.

Pre-Audit Communication

Geoff Clute and Blair MacKenzie of Hilborn LLP presented the approach being used for the audit of CNO's financial results for the year ended December 31, 2020. The committee had an in-camera meeting with the auditor.



By-Law Review

The Finance Committee undertakes an annual review of all by-laws related to the committee and financial matters. Changes are recommended to the Fees By-Law to address the planned implementation of the RExPN in January of 2022 and transition fee collection for all registration examinations, other than CNO's jurisprudence exam, to the providers ([see Council Agenda Item 3.3](#)).

Sub-Committee on Compensation Appointment

This year, Craig Halket's term of office on the Sub-Committee is ending. Craig had served three years and is eligible for reappointment. The Finance Committee is recommending his reappointment to the Sub-Committee ([see Council Agenda Item 5.3](#)).

Recommendation for Decision

That the unaudited financial statements for the year ended December 31, 2020 be accepted.

Attachments

1. Draft Minutes of the Finance Committee meeting of February 11, 2021
2. Unaudited financial statements and notes for the year ended December 31, 2020

Minutes

Present

A. Fox, Chair	S. Robinson
C. Manning	M. Sheculski
J. Nunes	P. Sullivan-Taylor
J. Petersen	N. Thick

Staff

A. Coghlan	S. Mills
J. Hofbauer, Recorder	N. Mamodehousen
L. Parsons	R. Prathivathi

Guests

G. Clute, Hilborn LLP	B. MacKenzie, Hilborn LLP
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Chair

A. Fox chaired the meeting.

Agenda

The agenda had been circulated and was approved on consent. Geoff Clute and Blair MacKenzie from Hilborn LLP were welcomed.

Minutes

Minutes of the Finance Committee meeting of November 12, 2020 had been circulated and were approved on consent.

Unaudited Financial Statements

S. Mills highlighted the unaudited financial statements for the year ended December 31, 2020, with particular attention to the Statement of Financial Position and the Statement of Operations. He noted that the financial result for the year was a surplus of \$8.2M which is \$8.5M more than the budgeted deficit of \$352K. It was noted that, while the revenues were largely on budget, this variance was primarily the result of the impact of COVID-19 which resulted in delays in hiring and deferral of projects, including building redesign (deferred to 2021).

He reported that the unrestricted net assets (accumulated operating surplus) of \$35.3M is more than the maximum of the budget surplus guideline (6 months of the expense budget) and confirmed that with CNO fully operational, the unrestricted net assets will be reduced in 2021.

S. Mills noted that with the wind up of CNO's old pension plan and settling of the liabilities of the defined benefit component of CNO's previous plan, the Statement of Financial position will no longer include an asset or liability for the pension plan. In response to a question, it was noted that the cost of wrapping up CNO's previous plan was less than anticipated and there is a one-time saving of \$320K.

The Finance Committee flagged that there has been a significant savings in stipend and expenses in 2020 as CNO moved to remote meetings in March. When CNO fully re-opens in the future, Council and committees will need to think strategically about whether they are meeting their outcomes with remote meetings and how to operate efficiently and effectively moving forward. It was noted that the budget for 2021 was based on the premise of remote meetings and does not include travel expenses for Council or committees. Staff will consider where in the budget development cycle for 2022 it would be most helpful to have input from committees on what approach will work most effectively and efficiently in the future – remote meetings, in-person meetings or a hybrid.

S. Mills highlighted the confidential Management Discussion and Analysis document, including the projects underway in 2020 and the update to their status. He updated the committee on CNO's recovery from the cyber-security incident and noted that much of the cost will be covered by insurance.

There was a general discussion about risk and risk-management. While CNO does not anticipate any new risks, staff are working on a risk register and will be integrating learnings from the pandemic and the cyber-security incident.

The committee was informed that CNO plans to move forward with the space redesign and renovations in 2021. The design will provide flexibility in how the building will be used. It was noted that staff have adapted to working remotely during the pandemic and, based on staff feedback, it is anticipated that a majority will primarily work from home. This gives CNO added flexibility with the building, which will be designed to ensure health and safety and support new ways of working.

There was discussion about supports for staff, in addressing the strains of the pandemic, working remotely and workload. It was confirmed that CNO has an Employee Assistance Program. CNO conducted two staff wellness surveys in 2020 and will conduct its biennial staff engagement survey in 2021. Learnings from the unique circumstances of 2020 will be integrated into the survey questions.

There was also discussion of privacy breaches and the mitigation undertaken to prevent future breaches.

Motion 1

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

That the approval of the unaudited financial statements for the year ended December 31, 2020 be recommended to Council.

CARRIED

Report of the Sub-Committee on Compensation

The Finance Committee received the report of the Sub-Committee on Compensation, for information. J. Nunes, Chair of the Sub-Committee noted that there has been a shift in addressing compensation, from a focus on the salary to a more wholistic approach. This will be incorporated to CNO's comprehensive compensation survey which was deferred to 2021.

The Finance Committee was informed that CNO's new integrated human resources information system allows for the collection of more metrics. The Sub-Committee provided input into the initial metrics.

There was discussion about whether CNO anticipates challenges with recruitment and retention. It was noted that CNO has been able to effectively recruit in 2020. The decision to move to HOOPP as CNO's pension plan has facilitated recruitment, particularly of nurses. There are some jobs where it is more difficult to recruit and CNO has used specific strategies to fill those positions.

Pre-Audit Communication

G. Clute presented the approach for the 2020 audit. He noted that the external audit adds to the credibility of the financial statements that are prepared by management. The Finance Committee's role is to provide oversight to the process, to ensure that the audit process is managed appropriately and that the financial statements are an appropriate reflection of the CNO's year-end financial situation. He noted that the audit is collaborative and carried out under generally accepted auditing standards with the common goal of reliable financial statements.

He outlined the three phases to the audit:

- the pre-audit includes an interim audit and discussion with the Finance Committee about the audit strategy and a review of systems;
- the year-end audit begins in February; and
- the post-audit Finance Committee review of the draft audited financial statements will take place in May.

It was noted that the goal is that the Financial Statements be free from material error – that is an error that would influence decision-making. The materiality level was highlighted. It was noted that it is common to make some adjustments to the financial statements at year-end. The committee was informed that CNO has strong financial management and controls.

B. MacKenzie informed that committee that the standards for not-for-profit organizations as prescribed by CPA Canada will remain constant for 2020 and therefore no changes will be seen in the form of the statements.

The importance of auditor independence was highlighted. It was noted that independence is confirmed in the engagement and independence letters and will also be confirmed post-audit.

In response to a question, it was identified that the summary financial statements include all of the statements but do not include the full notes that are part of the complete statements.

In camera session

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

Annual By-Law Review

The Finance Committee received the By-Laws related to the committee and financial matters. It was agreed that no change is required other than those proposed related to examination fees.

Proposed By-Law amendment re. Exam Fees

The Finance Committee received proposed amendments to Article 8 of the Fees By-Law related to examination fees. These changes are proposed because, once the Rex-PN (new PN registration exam) is fully implemented, CNO will no longer be collecting fees for registration examinations.

It was noted that the Finance Committee had previously supported shifting the payment of fees to the provider. S. Mills explained the phase-in of the by-law changes.

Motion 2

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

That the Finance Committee recommend the following changes to By-Law No. 2: Fees to Council, for notice and circulation:

That Article 8 of By-Law No. 2: Fees be amended as it appears in attachment 1 to the briefing.

That, effective 90 days after the last day of the last Canadian Practical Nurse Registration Examination window for Ontario applicants, Article 8 of By-Law No. 2: Fees be further amended as it appears in attachment 2 to the briefing.

CARRIED

In discussing the fees by-law, members of the Finance Committee discussed the social media posts about CNO fees, in particular whether, given the unique circumstances of 2020 CNO should have reduced annual fees.

It was noted that the fees are needed to fund regulatory processes and that those continued through the pandemic. It was also noted that a reduction of fees in one year could result in greater future increases.

It was agreed that ongoing communication about the value of professional regulation and the contribution nurses make through their fees is important. It was also flagged as important to support nurses in understanding the CNO is responsible in its expenditures and uses the fees paid by nurses wisely.

Sub-Committee on Compensation Appointment

Craig Halket's term on the Sub-Committee on Compensation ends in June 2021. At its last meeting, the Finance Committee was informed that Craig is a strong contributor to the Sub-Committee.

Motion 2

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

That it be recommended to Council that Craig Halket be appointed as a member of the Sub-Committee on Compensation until June of 2024.

CARRIED

Self-Monitoring Tool

The committee reviewed the tool and confirmed that they had met their accountability for the meeting.

The committee expressed an interest in a greater understanding of CNO's procurement process. To provide for a more focused discussion at the next meeting, committee members were asked to review the content of the Finance Committee's Handbook relevant to expenditures and procurements and to forward questions to staff.

There was another discussion about office redesign. It was confirmed that learnings from the pandemic, staff preferences regarding remote work and the changes in how work is being done will all be considered in developing a new design. The new design will include flexibility to address potential changing circumstances. A foundation of the design will be the health, safety, and well-being of staff and anyone accessing the building.

Next Meeting

The next meeting will be the afternoon of May 6, 2021 at 1:00 p.m.

Conclusion

At 11:45 a.m., on completion of the agenda and consent, the Finance Committee meeting concluded.

Chair

Attachment 2

**COLLEGE OF NURSES OF ONTARIO FINANCIAL
STATEMENTS AND NOTES
FOR THE TWELVE MONTHS ENDED DECEMBER 31, 2020 (Unaudited)**

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

	2020	2019
	December	December
ASSETS		
Current assets		
Cash	46,967,239	49,246,911
Investments	31,747,419	21,192,321
Sundry receivables	465,042	22,664
Prepaid expenses	521,159	1,026,225
	<u>79,700,859</u>	<u>71,488,121</u>
Investments	<u>14,278,799</u>	<u>12,180,199</u>
Capital assets		
Furniture and fixtures	2,300,024	2,300,024
Equipment - non computer	1,127,271	1,127,271
Computer equipment	5,394,389	4,769,226
Building	6,835,907	6,835,907
Building improvements	3,923,184	3,923,184
Land	3,225,009	3,225,009
Art	44,669	44,669
	<u>22,850,452</u>	<u>22,225,289</u>
Less: Accumulated amortization	<u>(15,935,701)</u>	<u>(14,928,550)</u>
	<u>6,914,752</u>	<u>7,296,739</u>
Intangible Assets	4,095,159	4,095,159
Less: Accumulated amortization	<u>(3,886,868)</u>	<u>(3,752,968)</u>
	<u>208,291</u>	<u>342,191</u>
	<u>101,102,700</u>	<u>91,307,250</u>
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	14,494,851	13,357,018
Deferred membership and examination fees	44,175,488	43,275,243
	<u>58,670,339</u>	<u>56,632,261</u>
Accrued pension liability	-	796,546
	<u>58,670,339</u>	<u>57,428,807</u>
NET ASSETS		
Net assets invested in capital assets	7,123,043	7,638,930
Unrestricted net assets	<u>35,309,318</u>	<u>26,239,513</u>
	<u>42,432,361</u>	<u>33,878,443</u>
	<u>101,102,700</u>	<u>91,307,250</u>

College of Nurses of Ontario
Statement of Operations (\$)
Twelve Months Ended December 31

	2020 Year to Date December			2019 Year to Date December			2020 Budget	
	Budget	Actual	Variance Fav/(Unfav)	Budget	Actual	Variance Fav/(Unfav)	Remaining	Approved
REVENUES								
Membership fees	50,262,480	50,356,305	93,825	49,193,450	49,602,126	408,676	(93,825)	50,262,480
Application assessment	4,349,625	4,731,425	381,800	4,824,875	4,393,025	(431,850)	(381,800)	4,349,625
Verification and transcripts	56,250	57,680	1,430	48,750	77,290	28,540	(1,430)	56,250
Interest income	1,119,703	1,142,802	23,099	710,360	1,237,451	527,091	(23,099)	1,119,703
Examination	1,916,000	1,898,070	(17,930)	2,088,600	1,899,655	(188,945)	17,930	1,916,000
Other	355,250	162,002	(193,248)	216,100	268,201	52,101	193,248	355,250
Total Revenues	58,059,308	58,348,284	288,976	57,082,135	57,477,748	395,613	(288,976)	58,059,308
EXPENSES								
Employee salaries and expenses	37,126,830	34,062,679	3,064,151	32,473,587	29,007,869	3,465,718	3,064,151	37,126,830
Contractors and consultants	8,967,382	5,850,579	3,116,803	5,905,420	5,249,356	656,064	3,116,803	8,967,382
Legal services	2,674,400	2,620,376	54,024	2,269,300	2,697,549	(428,249)	54,024	2,674,400
Equipment, operating supplies and other services	5,384,936	4,307,320	1,077,616	5,070,501	5,138,391	(67,890)	1,077,616	5,384,936
Taxes, utilities and depreciation	1,967,236	1,374,238	592,998	1,724,746	1,510,277	214,469	592,998	1,967,236
Exam fees	1,458,903	1,490,690	(31,787)	1,591,800	1,483,634	108,166	(31,787)	1,458,903
Non-staff remuneration and expenses	831,715	409,060	422,655	814,435	809,340	5,095	422,655	831,715
Total Expenses	58,411,402	50,114,942	8,296,460	49,849,789	45,896,416	3,953,373	8,296,460	58,411,402
Excess of revenues over expenses/(expenses over revenues)	(352,094)	8,233,342	8,585,436	7,232,346	11,581,332	4,348,986	(8,585,436)	(352,094)
Opening net assets		33,878,443			23,535,809			
Defined Benefit cost remeasurement		320,576			(1,238,699)			
Closing net assets		42,432,361			33,878,442			

College of Nurses of Ontario
Statement of Changes in Net Assets (\$)
Twelve Months Ended December 31

	2020			2019
	Invested in Capital and Intangible Assets	Unrestricted	Total	December
Balance, beginning of period	7,638,930	26,239,513	33,878,443	23,535,809
Excess of (expenses over revenues)/revenues over expenses	(1,141,050)	9,374,392	8,233,342	11,581,332
Purchase of capital assets	625,163	(625,163)	-	-
Defined benefit pension plan - remeasurements and other items	-	320,576	320,576	(1,238,699)
Balance, end of period	7,123,043	35,309,318	42,432,361	33,878,442

College of Nurses of Ontario
Statement of Cash Flows (\$)
Twelve Months Ended December 31

	<u>2020</u> <u>December</u>	<u>2019</u> <u>December</u>
Cash flows from operating activities		
Excess of revenue over expense for the period	8,233,342	11,581,332
Adjustments to determine net cash provided by/(used in) operating activities		
Amortization of capital assets	1,007,151	1,103,409
Amortization of intangible assets	133,899	136,962
Interest not received during the year capitalized to investments	(557,255)	(619,075)
Interest received during the year previously capitalized to investments	658,495	213,718
Funding of pension benefits	(962,208)	(1,320,318)
Pension benefit expense	486,238	1,142,890
	<u>8,999,662</u>	<u>12,240,744</u>
Changes in non-cash working capital items		
(Increase) decrease in amounts receivables	(442,379)	148,305
Decrease (increase) in prepaid expenses	505,066	(498,229)
Increase in accounts payables and accrued liabilities	1,137,833	3,725,589
Increase in deferred membership fees	900,245	961,915
	<u>11,100,428</u>	<u>16,578,324</u>
Cash flow from investing activities		
Purchase of investment	(83,289,189)	(23,683,606)
Proceeds from disposal of investments	70,534,252	29,837,865
Purchase of capital assets	(625,163)	(738,901)
Purchase of intangible assets	-	(64,507)
	<u>(13,380,100)</u>	<u>5,350,851</u>
Net decrease in cash and cash equivalents	(2,279,672)	21,929,175
Cash and cash equivalents, beginning of year	49,246,911	27,317,736
Cash and cash equivalent, end of year	<u>46,967,239</u>	<u>49,246,911</u>

College of Nurses of Ontario
Schedule of Membership Transactions (Numbers)
Twelve Months Ended December 31

Transaction Type	2020 December		2019
	Budget	Actual	December Actual
RN Renewals - General/Extended Class On Time	105,647	106,660	104,639
RN Renewals - Non-Practising Class	10,243	8,564	8,535
RN Renewals - Late General/ Extended	5,000	5,141	5,619
RN Renewals - Late Non-Practising	500	2,208	2,019
	121,390	122,573	120,812
RN Reinstatements	55	70	68
RN Reinstatements from NonPrac to GEN/EXT	100	196	145
RN Reinstatements after Revocation	-	14	-
RN Lifting Administrative Suspension	200	407	251
RN Reinstatement Additional Fee	5	4	3
RN Emergency Reinstatement	-	224	-
RN Initials - Extended Class	340	293	332
RN Specialty Registration	350	298	334
RN Initials - General Class	5,850	5,103	5,193
RN Temporary to General	780	923	769
RN Initials - Temporary Class	800	1,007	735
RN Emergency Assignment Class	-	607	-
Total RN Membership Transactions	129,870	131,719	128,642
RPN Renewals - General Class On time	51,821	51,140	49,675
RPN Renewals - Non-Practising Class	3,222	2,634	2,366
RPN Renewals - Late General	3,000	3,789	3,908
RPN Renewals - Late Non-Practising	200	827	796
	58,243	58,390	56,745
RPN Reinstatements	40	57	57
RPN Reinstatements from NonPrac to GEN	50	65	74
RPN Reinstatements after Revocation	-	22	-
RPN Lifting Administrative Suspension	150	295	260
RPN Reinstatement Additional Fee	5	9	9
RPN Emergency Reinstatement	-	74	-
RPN Initials - General Class	4,970	3,615	4,100
RPN Temporary to General	300	426	519
RPN Initials -Temporary Class	500	591	541
RPN Emergency Assignment Class	-	225	-
Total RPN Membership Transactions	64,258	63,544	62,305
Total Membership Transactions	194,128	195,488	190,947

A small number of members have multiple transactions. For example, a member may join the Temporary Class early in the year and register in the General Class later.

College of Nurses of Ontario
Schedule of Expense Budget and Variances (by major category) (\$)
Twelve Months Ended December 31

Expense Category	Executive Office and Strategy & Innovation		Quality		Administration		Total (per Summary of Revenues and Expenses)	
	Budget	Variance Fav/(Unfav)	Budget	Variance Fav/(Unfav)	Budget	Variance Fav/(Unfav)	Budget	Variance Fav/(Unfav)
Salary Expense	5,105,449	538,292 ¹	18,146,889	1,420,686 ²	13,124,667	869,937 ³	36,377,005	2,828,915
Employee Expense	137,040	16,127 ⁴	134,954	88,367 ⁵	477,832	130,743 ⁶	749,826	235,237
Non-Staff Remuneration and Expense	194,760	98,958 ⁷	293,955	136,645 ⁸	343,000	187,051 ⁹	831,715	422,654
Legal Services	140,000	112,819 ¹⁰	2,216,400	(20,312)	318,000	(38,485) ¹¹	2,674,400	54,022
Contractors and Consultants	623,784	220,111 ¹²	436,000	(285,411) ¹³	7,907,599	3,182,105 ¹⁴	8,967,383	3,116,805
Other Services	309,022	232,960 ¹⁵	69,050	52,596 ¹⁶	1,676,562	130,947 ¹⁷	2,054,634	416,503
Equipment and Operating Supplies	265,920	127,130 ¹⁸	20,668	9,773	3,043,713	524,207 ¹⁹	3,330,301	661,110
Examination Fees	-	(100)	1,458,903	(31,687)	-	-	1,458,903	(31,787)
Taxes	-	-	-	-	85,000	9,845	85,000	9,845
Utilities	-	-	-	-	210,000	51,967 ²⁰	210,000	51,967
Depreciation Expense	-	-	-	-	1,672,235	531,186 ²¹	1,672,235	531,186
Total	<u>6,775,975</u>	<u>1,346,297</u>	<u>22,776,819</u>	<u>1,370,657</u>	<u>28,858,608</u>	<u>5,579,503</u>	<u>58,411,402</u>	<u>8,296,457</u>

College of Nurses of Ontario
Notes to the Revenue and Schedule of Expense Variances
For the Twelve Months Ended December 31, 2020

All variances are:

- a comparison of actual to budget; and
- the net impact of both favourable and unfavourable variances. The amount may not be exact because small variances are not addressed.

REVENUE VARIANCES

A. Membership Fees: \$93,825 favourable

The favourable variance in membership fees is the net impact of favourable and unfavourable variances below. Only the material variances are shown below.

• fewer initial registrations	\$(576,480)
• 1262 more nurses renewed in the general and extended class	340,670
• 298 more temporary registrations	95,360
• 930 more nurses renewed late in the general class	93,000
• 2335 more nurses renewed late in the non-practicing class	58,375
• 192 more reinstatements (298 emergency reinstatements - no fee)	31,170
• 111 more nurses switched from non-practicing to general class	24,420
• 352 more suspensions lifted	17,600

B. Application Assessment: \$381,800 favourable

• 1656 more international applicants	\$496,800
• 789 fewer Ontario applicants	(236,700)
• 173 more competency assessments	38,925
• 323 more former member applicants	48,450
• 555 more temporary applications	27,750

C. Examination: \$17,930 unfavourable

• 476 fewer jurisprudence examination writes	(\$19,040)
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D. Interest Income: \$23,099 favourable

• Larger amount invested	\$23,099
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E. Other: \$193,248 unfavourable

• Program approval revenue	\$(114,250)
• Lower courier costs due to shift to electronic processes	(33,320)
• Lower parking revenues due to remote work	(28,325)

College of Nurses of Ontario
Notes to the Revenue and Schedule of Expense Variances
For the Twelve Months Ended December 31, 2020

EXPENSE VARIANCES

Explanations for variances are provided only where the amount of variance (positive or negative) exceeds 5% of the budget and \$10,000 or is greater than \$50,000.

Impact of COVID-19

The pandemic has had an impact on spending across the organization, resulting in significant positive variances:

- all recruitment was delayed at the beginning of the pandemic causing favourable salary variances across all teams. Only some of the vacancies were filled in the latter part of the year;
- all staff and committee travel stopped in mid-March and activities were either deferred or took place remotely, resulting in savings across a wide range of expenses; and
- a variety of projects were put on hold, resulting in savings in consulting and other services.

Cyber Security Incident Impact

The cyber security incident had some impact on spending in Q3 and Q4 during the systems recovery period. The recovery is completed and work to improve the overall cyber security posture continues.

A. Salary Expenses: \$ 2,828,915 favourable

- 1. Executive Office (EO) and Strategy & Innovation: \$538,292 favourable**
 - Delay in filling vacancies in Communications and Analytics & Research, and a leave in Strategy \$372,524
 - Vacation carry over adjustment (carry over suspended for 2020) 143,567
 - Project on hold for 2020 due to the pandemic in Strategy 22,205
- 2. Quality: \$1,420,686 favourable**
 - Delays in filling vacancies, partially offset by termination costs and use of agency staff \$1,249,754
 - Vacation carry over adjustment 155,952
- 3. Administration: \$869,937 favourable**
 - Delay in filling vacancies, offset by use of temporary staff and agency resources \$785,785
 - Termination costs partially offset by lower than expected actual salaries, leaves and merit (organization-wide) (190,770)
 - Vacation carry over adjustment 187,102
 - Project delays due to the pandemic 149,788

B. Employee Expenses: \$235,237 favourable

Conferences, external meetings and skills developments were conducted virtually or put on hold resulting in savings across all teams.

- 4. Executive Office (E.O.) and Strategy & Innovation: \$16,127 favourable**
- 5. Quality: \$88,367 favourable**
- 6. Administration: \$130,743 favourable**

College of Nurses of Ontario
Notes to the Revenue and Schedule of Expense Variances
For the Twelve Months Ended December 31, 2020

C. <u>Non-Staff Remuneration and Expenses: \$422,654 Favourable</u>	
7. E.O. and Strategy & Innovation: \$98,958 favourable	
• Council and Governance Committees meetings were conducted virtually resulting in lower stipends and expenses	\$98,958
8. Quality: \$136,645 favourable	
• Registration Committee, Inquiries Complaints and Reports Committee (ICRC) and Quality Assurance (QA) Committee meetings carried out virtually	\$65,173
• No OSCE (Objective Structure Clinical Exam) offered by external provider	50,800
9. Administration: \$187,051 favourable	
• Discipline and Fitness to Practice hearing and orientation sessions were conducted virtually	\$187,051
D. <u>Legal Services: \$54,022 favourable</u>	
10. E.O. and Strategy & Innovation: \$112,819 favourable	
• Legal policy advice for consultation on Strategy projects was not spent due to the hold on projects	\$86,588
• Nursys project activities deferred due to the pandemic	30,000
11. Administration: \$38,485 unfavourable	
• More Discipline independent legal advice (ILC) to handle the change to virtual hearings and increased hearing activity, partially offset by less Fitness to Practise ILC	(\$58,271)
• Fewer activities requiring policy advice	10,985
• Timing of reports and transcripts costs for discipline matters	11,915
E. <u>Contractors and Consultants: \$3,116,805 favourable</u>	
12. E.O. and Strategy & Innovation: \$220,111 favourable	
• Timing of projects in Communications, Analytics & Research, and Strategy	\$106,839
• Reduced costs for Government relations in Communications, Council speaker, and coaching	40,000
• Collaborative work with Canadian Council of Registered Nurse Regulators (CCRNR) and International Nurse Regulator Collaborative (INRC) slowed down due to the pandemic	35,000
• Agency costs not used as Policy Analyst support work done internally	30,418
13. Quality: \$285,411 unfavourable	
• Increased use of outsourcing resources for Investigations	\$(291,879)
• OSCE was put on hold due to pandemic and modified QA program	132,600
• Investigations vacancies were filled partly by agency staff (offset by salary savings)	(65,462)
• Prosecutions and Monitoring positions filled by agency resources at the beginning of the year (offset by salary savings)	(46,492)
• Vacancy in CQO was filled partly by agency staff (offset by salary savings)	(14,178)

College of Nurses of Ontario
Notes to the Revenue and Schedule of Expense Variances
For the Twelve Months Ended December 31, 2020

14. Administration: \$3,182,105 favourable	
• Deferred projects in CAO, Facilities, Planning & Records, Strategy & Innovation, Technology Infrastructure, and Technology Applications	\$3,545,478
• Agency resources to cover vacancies and to respond to COVID-19 pandemic (offset by salary savings)	(609,382)
• Lower than planned volume in Nurses' Health Program	211,636
• Fewer number of applicants seeking funding for sexual abuse therapy	54,288
F. Other Services: \$416,503 favourable	
15. E.O. and Strategy & Innovation: \$232,960 favourable	
• Advertising, translation, and printing and production charges not spent due to deferred Strategy & Innovation projects	\$231,731
16. Quality: \$52,596 favourable	
• Lower translation and postage costs and no booth rental cost	\$52,595
17. Administration: \$130,947 favourable	
• Space rental originally planned in anticipation of space redesign will not happen due to deferral of project	\$100,000
• Document storage and handling costs lower due to teleworking	36,976
G. Equipment and Operating Supplies: \$661,110 favourable	
18. E.O. and Strategy & Innovation: \$127,130 favourable	
• Savings in operating supplies	\$106,551
• Moderated conference calls for stakeholder engagement replaced by Zoom	16,383
19. Administration: \$524,207 favourable	
• Only part of the information system was migrated to the cloud in 2020, which occurred in the last quarter, resulting in savings in data communications, cloud services and software licensing	\$248,341
• Projects on hold resulting in savings in software licensing (Future QA, Network Improvements, Office 365 Access to non-corporate devices)	151,279
• Savings in operating supplies and catering as a result of the office closure and staff teleworking. These savings are partially offset by the purchase of furniture and equipment offered to staff as teleworking support	144,446
• Additional unforeseen costs incurred on garage waterproofing and elevator repairs, partially offset by costs related to facilities equipment maintenance and repair	(47,117)
• Lower use of Xerox, lease cost and other office equipment	21,902

College of Nurses of Ontario
Notes to the Revenue and Schedule of Expense Variances
For the Twelve Months Ended December 31, 2020

H. Utilities: \$51,967 favourable

20. Administration: \$51,967 favourable

- Timing of utilities costs combined with lower than planned costs based on usage as a result of staff working remotely. \$51,967

I. Depreciation Expense: \$531,186 favourable

21. Administration: \$531,186 favourable

- Due to the pandemic, the Space Redesign project was deferred to 2021 and we incurred lower than planned capital expenditure resulting in lower depreciation. \$531,186

Decision Note – March 2021 Council

Appointment of Statutory Committee Chairs

Contact for questions or more information

Anne Coghlan, Executive Director and CEO

Decision for consideration re. recommendations of the Executive Committee

That Council appoint the following 2021-2022 statutory committee chairs:

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

Background

Statutory committees perform essential regulatory functions. In accordance with Article 30.05, chairs of statutory committees other than the Executive and Inquiries, Reports and Complaints Committee (chaired by the President) are appointed by Council on recommendation of the Executive Committee.

Chairs are recommended based on the chair profile which set out the competencies and attributes needed to be a statutory committee chair (attached).

All ongoing Council members were provided with an opportunity to put their names forward for consideration. Members who wished to serve provided a self-assessment through Governance Solutions¹.

¹ Governance Solutions Inc. has supported the past Governance Workgroup and Council in the identification of competencies and attributes for the board, leadership (Board Chair/Vice-Chair and statutory committee chairs), and committee members.



Attachment 1

Statutory Committee Chair Profile

The governance competencies and attributes identified for the Statutory Committee Chairs are largely drawn from the focus groups of Committee Chairs and responsible staff; the Statutory Committees, especially those with specific quasi-judicial or panel authority; and expert advice from Governance Solutions Incorporated.

This profile resembles the Board Chair/Vice-Chair profile, which Council will be reviewing under section 3 of this report. Any changes made to that profile may also apply here (pending Council discussion).

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

Competency		Description
1.	Regulatory Experience	Has understanding of regulatory and procedural processes, including relevant rules of order and committee decision-making. Is experienced in the oversight of, and understands standards associated with, self-regulated professions.
2.	Patient Rights	Is well versed in matters related to patient rights, including but not limited to the abuse of patients and boundary violations.
3.	Cross-Cultural Experience	Has 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).
4.	Information Technology	Is familiar with the use of technology for working on Board or committee matters and operations

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

Competency		Description
1.	Evidence-Based Decision-Making	Demonstrates ability and advanced skills in locating, critically appraising, interpreting, synthesizing, weighing, evaluating and using evidence from qualitative and quantitative paradigms.



Competency		Description
2.	Chairing Boards and/or Committees	Has served as Chair and/or Committee Chair on at least one other Board of an organization of comparable size and complexity, or demonstrates an equivalent combination of education and experience. (Preference given to individuals with previous experience serving on the committee to which they are applying to chair.)
3.	Public Interest	Has experience and understanding protecting and acting in the public interest.
4.	Governance and Boards	Has a strong familiarity with and understanding of governance roles and responsibilities, and current governance policy, issues, and trends, gained through prior Board or committee experience in an organization of similar size, scope and complexity to the College, and/or governance education, for example ICD.D (Institute of Corporate Directors), Pro.Dir. (Professional Director®), or C.Dir (Director's College).
5.	Change Management	Demonstrates skills related to relationship management, engagement, socialization of ideas, consultation and negotiation.
6.	Leadership	Demonstrates skills and ability to lead others to solve problems, adapt and manage change, innovate and achieve results.
7.	Decision-Maker	Is a proven decision-maker using different decision-making methods beyond evidence-based.

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

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

IV. *Character Attributes² (Who are you?)*

Attribute		Description
1.	Communicator	Able to communicate clearly, concisely and accurately, orally and in writing.
2.	Constructive	Able to build relationships, and to be constructive and helpful.

² These character attributes were developed from Governance Solutions' meta-research, supplemented and customized with the Ontario Government Regulatory and Adjudicative Agencies' core competencies. These are available at: <https://www.ontario.ca/document/member-regulatory-and-adjudicative-agencies-core-competencies>. These competencies are not mandated for regulatory colleges, but they are a helpful and relevant source. In general, all board and committee members should possess these core character attributes.

Attribute		Description
3.	Emotionally Mature	Able to understand and skillfully manage emotions, especially when faced with conflict and confrontation; self-aware and professional.
4.	Ethical	Able to meet the expectations set out in the Conduct By-Law; has an unquestioned level of ethical integrity.
5.	Fiduciary	Able to put others' interests first (servant leadership); has a passion for the public interest, commitment and drive.
6.	Inclusive	Able to create opportunities for all voices and backgrounds to be heard and considered; demonstrates respect and long-standing commitment and action to achieve equity, diversity and inclusivity.
7.	Independent	Able to think independently, while knowing when and how to consult others.
8.	Learner	Able to apply learning to the public interest; demonstrates a willingness to learn and develop.
9.	Listener	Able to listen and question to achieve understanding; is an effective and active listener.
10.	Proactive	Able to think proactively and to anticipate.
11.	Strategic	Able to move beyond the details to envision the grander future; is a strategic thinker.
12.	Adaptable	Able to adapt easily and quickly to changing evidence and environments; demonstrates cognitive flexibility.
13.	Forthright	Able to present an unpopular or controversial position in the face of opposition or opposing views.
14.	Professional Judgement	Able to think critically.
15.	Astute	Able to apply their knowledge in the context of Board level decision-making and leadership.
16.	Problem Solver	Able to evaluate complex issues and to make effective decisions (find solutions).
17.	Unifier	Able to encourage divergent thinking and dissent from others, and to build consensus; stands behind the collective decisions of the board in unity.
18.	Systems-level Thinker	Able to conceptualize on a systems level and communicate this understanding to others.

Report of the Election and Appointments Committee

Appointments to Statutory Committees

Contact for questions or more information

Anne Coghlan, Executive Director and CEO

Kevin McCarthy, Director of Strategy

Decision for consideration re. recommendation of the Election and Appointments Committee¹:

That Council and committee members be appointed to statutory committees, effective June 2, 2021, in accordance with the list of committee appointments presented to Council by the Election and Appointments Committee.

Background

The Election and Appointments Committee's (EAC's) role includes recommending to March Council:

- candidates to fill non-Council vacancies on statutory committees
- newly elected and appointed Council members to fill vacancies on committees and
- any adjustments needed to address changes to the membership of the Executive Committee.

Assignment of non-Council members of statutory committees:

As part of implementation of Council's governance vision, CNO implemented appointments to statutory committees based on candidates meeting the core competencies and attributes required of all committee members. The process was supported by Governance Solutions Inc. (GSI)². GSI hosted the application, received

¹Until the establishment of the Interim Nominating Committee, the Executive serves as the Election and Appointments Committee (By-Law No. 1:General, Article 24.08)

² GSI had supported the Governance Work Group and Council in the identification of the competencies and attributes for the future board and statutory committees.



and analyzed the applications and resumes, and checked references of selected candidates.

EAC met twice to identify the proposed committee members to recommend to Council in March:

- In January, EAC had an orientation to the competency-based appointments. Based on reviewing the reports of candidates' applications and their resumes, EAC selected candidates to move forward to the next step: reference checks and completion of a conflict of interest declaration.
- In February, EAC received a report on the outcome of reference checks for the selected candidates. The final candidates for inclusion in the committee membership to be recommended to Council were confirmed.

EAC noted that there were strong candidates across all categories – RNs, NPs and RPNs, many with leadership experience.

EAC found it helpful to have the report from Governance Solutions, which provided an assessment of candidates against the competencies and character attributes. EAC's decisions were guided by the competency-based assessment and governance principles.

EAC filled 16 (11 RN/NP and five RPN) non-Council committee vacancies:

- Three RN/NP incumbents are recommended for re-appointment and
- Thirteen new candidates (eight RNs and five RPNs) are recommended for appointment.

Assignment of Council members to statutory committees:

Since most Council members remain on the same committees throughout their term of office, EAC focused on assigning new members to committees.

This year, there are seven newly elected Council members (4 RNs and 3 RPNs). They were assigned to fill Council member vacancies on statutory committees based on their background and time availability.

One current member requested a committee change and EAC was able to accommodate the request. In addition, a few Council member committee changes were identified to address potential moves to the Executive Committee.

There are 10 current public members with terms expiring in 2021 (two in March, one in April, six in June and one in November). Other than one member who has informed the Ministry that they are not seeking reappointment, the status of those appointments is unknown. For that reason, as has been done in the past, public members have been assigned to the committees on which they currently serve.



EAC noted that, in accordance with by-laws, if new public members are appointed, they will be assigned to statutory committees by the Executive Committee.

Members of the Election and Appointments Committee

Sandra Robinson, Chair

Ashley Fox, VP-RPN

Judy Petersen, Public member

Naomi Thick, VP-RN

Diane Thompson, Public member

Decision Note – March 2021 Council

Appointments to the Sub-Committee on Compensation

Contact for questions or more information

Stephen Mills, Chief Administrative Officer

Decision for consideration re. recommendations from the Finance and Executive committees

That Craig Halket

- be reappointed to the Sub-Committee on Compensation until June 2024; and
- be appointed as the 2021-2022 Chair of the Sub-Committee on Compensation.

Background

Craig Halket (see attachment 1 for Craig's profile) joined the first competency based Sub-Committee on Compensation in June of 2018. His term of office is ending this June and he is eligible for reappointment. He has been a strong contributor to the Sub-Committee.

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

The Finance Committee recommends the members of the Sub-Committee; the Executive recommends its chair.

Other current members of the Sub-Committee are:

- Robert Canuel, term ending 2022, and
- Joe Nunes, term ending 2023 (Chair from 2019-2021).

Attachment

Craig Halket's profile.



Attachment 1

Craig T. Halket

Current job:

- Vice President, Total Rewards and Solutions Centre, Ontario Power Generation (2013-2019, recently retired)

Previous professional experience

- Vice President, HR Services, Ontario Power Generation (2010 to 2012)
- Director, Compensation and Performance Improvement, Ontario Power Generation (2008 to 2010)
- Director, HR Strategy and Reporting, Ontario Power Generation (2000 to 2008)

Professional designations:

- Member of Professional Engineers of Ontario
- Certified Human Resources Professional and member of Human Resources Professionals Association of Ontario
- Advanced Program in Human Resources Management, University of Toronto – Rotman School of Management
- Master of Business Administration (Honours), University of Toronto
- Bachelor of Applied Science – Chemical Engineers (Honours), University of Waterloo

Competency	Examples
Relevant compensation-related experience	Very extensive knowledge of and experience with design and administration of compensation, performance, benefits and pension programs, in senior management roles
Governance	<ul style="list-style-type: none"> • Member of two regulated professions (Engineers and HR) • Career experience working in a highly regulated environment
Effectiveness – strategic; critical thinking; problem solving	Demonstrated in his professional experience as a Vice President, Director and Manager
Effectiveness – leadership; teamwork; communication	Demonstrated in his professional experience as a Vice President, Director and Manager
Environmental knowledge	Knowledge of the broader public sector as a result of professional experience, including leading the team that provided data and costing to negotiate collective agreements
Business Acumen	Demonstrated in his professional experience as a Vice President, Director and Manager

Information Note – March 2021 Council

Report of the 2021 Council election

Contact for Questions or More Information

Kevin McCarthy, Director, Strategy

Background

Voting in the elections for nurse members of Council closed at 5:01p.m. (EST) on Friday, February 5th. On February 23, following the deadline for requests for recount, the election of the candidates was confirmed by the Election and Appointments Committee.

The following is a report on the outcome of the election and on nurse engagement in the election.

Outcome of the election

District	RN	RPN
Southwestern	Ramona Dunn Mary Ellen Renwick	Mary Furlan
Central Western	Priscilla Ankamah Aisha Jahangir	Raj Kaur
Central Toronto	RNs vote in 2022	Rodolfo D. Lastimoso Jr.

Nurse engagement in the election

The results below show continuing declines in voting despite:

- maintaining the same voting process, which includes sending 2 reminders to nurses who have not voted; and
- increasing and more diverse communication to support engagement in the election, including communication across all CNO social media platforms.

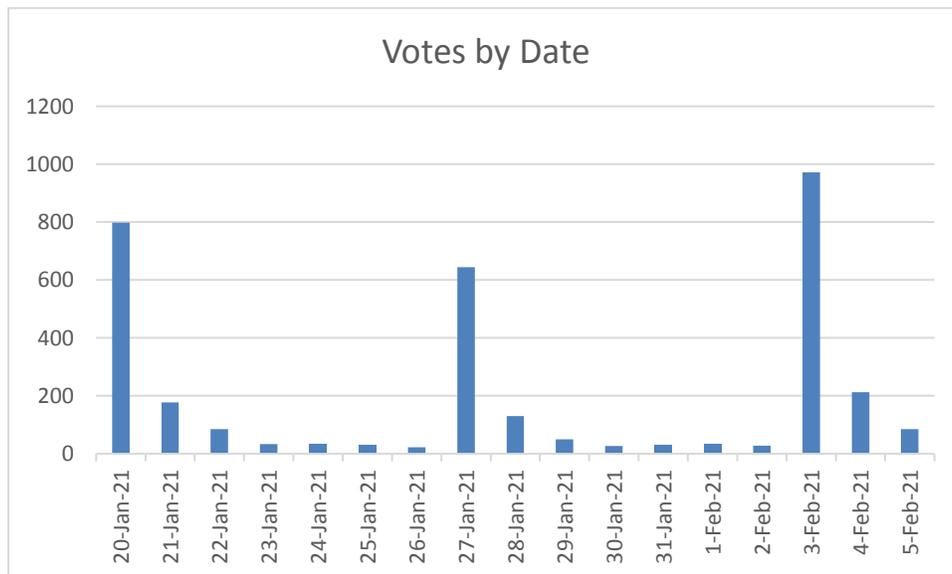
The percentage of voters using mobile devices has continued to grow about 10% year over year:

- 69.2% in 2021,
- 58.9% in 2020 and
- 48.4% in 2019.

Total percentage voted in the election is: 5.2% and the percentage votes by district/category are in the table that follows.

District/category	Percentage Vote			
	2015 ¹	2018	2021	Decrease: 2015 - 2021
Southwestern RN	9.78	6.83	4.52	5.26 46.2% decrease
Southwestern RPN	10.51	7.69	4.48	6.03 57.4% decrease
Central Western RN	9.10	6.47	4.80	4.30 47.3% decrease
Central Western RPN	9.70	6.70	5.14	4.56 47.1% decrease
Central Toronto RPN	11.89	9.10	6.21	5.68 47.8% decrease

The election launched on January 20th with an email sent to 66,189 nurses in the Southwestern, Central Western and Central/Toronto (RPN only districts). 3,427 nurses voted. The graph below shows the votes by date. Reminder emails went to anyone who had not voted on January 27th and February 3rd. The chart below shows votes received by date.



¹ 2015 was the first election using electronic voting. CNO experienced a significant increase in voting across all regions for that election. Participation has dropped in each subsequent election.



- January 20: E-mail with voting link sent to all voters at 9:00 a.m. (798 votes)
- January 27: First reminder with voting link sent to voters who have not voted at 9:00 a.m. (644 votes)
- February 3: Final reminder with voting link sent to voters who have not voted at 9:00 a.m. (972 votes).