



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

THE STANDARD OF CARE.

Council briefing package



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

Council

Wednesday and Thursday, Sept. 28 & 29, 2022

Agenda – Wednesday, Sept. 28 1:00 p.m. to 4:30 p.m.

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

1:00 p.m.	1. Land Acknowledgement	
1:10 p.m.	2. Agenda	Decision
1:15 p.m.	3. Minutes	
	3.1 Council, June 8, 2022	Decision
	3.2 Closed Council session, June 8, 2022	Decision
	4. Information presentations	
1:30 p.m.	4.1 Nursys Canada: A national database for sharing registration and discipline data about nurses across jurisdictions	Information & discussion
2:00 p.m.	4.2 CNO financial overview	Information & discussion
	5. Council Governance and Operations	
2:30 p.m.	5.1 Council evaluation framework Jane Butterfield from Watson attending	Decision
3:00 p.m.	Break	

3:20 p.m.	5.2 2021-2022 Nominating Committee: final report Cheryl Evans, Nominating Committee Chair attending <ul style="list-style-type: none">• Appointment of members of the 2022-2023 Nominating Committee• Council vacancy• Amendment to the Nominating Committee Terms of Reference	Decision
4:00 p.m.	5.3 Conduct Committee appointments	Decision
4:15 p.m.	5.4 Dates of Council meetings	Decision
4:30 p.m.	Recess	

Thursday, Sept. 29, 2022
9:00 a.m. to 3:30 pm.

9:00 a.m.	Welcome	
	6. Strategic Issues	
9:05 a.m.	6.1 Council's response to Minister Jones' directive <ul style="list-style-type: none"> • Registration regulation amendment 	Decision
10:15 a.m.	Break	
10:35 a.m.	6.2 Nursing education program approval	Decision
11:00 a.m.	6.3 Modernizing Standards	Information & discussion
Noon	Break	
1:00 p.m.	6.4 Strategic Plan: 2021-2024: update	Information & discussion
	7. Reports	
2:00 p.m.	7.1 Executive Director Update	Information
2:30 p.m.	7.2 Executive Committee meetings: <ul style="list-style-type: none"> 7.2.1 August 16 & 17, 2022 7.2.2 August 25, 2022 <ul style="list-style-type: none"> • Proposed By-Law revision to Article 13 of By-Law No. 1: General 	Information
2:45 p.m.	7.3 Finance Committee meeting of August 25, 2022 <ul style="list-style-type: none"> • Finance Committee recommendation: Proposed B-Law Revision to Article 26 of By-Law No. 1: General 	Decision
3:00 p.m.	8. Reflecting on Council's Norms	Discussion

3:15 p.m.	9. Date of next meeting	
3:20 p.m.	10. Conclusion	

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

Accountability

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

Adaptability

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

Competence

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

Diversity

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

Independence

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

Integrity

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

Transparency

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

Approved by Council, September 2016

ANNUAL PLAN FOR COUNCIL

September

2022

- Board evaluation framework
- By-Laws re. Deputy Registrar and Finance Committee
- Dates of Council meetings
- Council's response to Minister Jones' directive & Registration Regulation amendment
- Financial overview for Council
- Modernizing practice standards
- Nominating Committee report
 - Standing Committee appointments
- Nursing education program approval
- NURSYS Canada update
- Strategic Plan: 2021-2024

DECEMBER

2022

- 2023 budget
- Board evaluation report
- Dates of Council meetings
- Modernizing applicant assessment
- Modernizing practice standards
- Nursing education program approval: comprehensive and preliminary reviews
- Quality Assurance Program
- Strategic plan: 2021-2024

MARCH

2023

- 2023 statutory committee annual reports
- Election of the Executive
- Statutory committee appointments

JUNE

2023

- *2022 Annual Report*
- 2022 audited financial statements
- Nursing education program approval

SEPTEMBER

2023

- Dates of Council meetings in 2024

Team Norms

As members of Council, we are committed to:

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

Adopted by Council
September 2021

Minutes

Present

N. Thick, Chair
J. Armitage
T. Crowder
S. Douglas
R. Dunn
S. Eaton
D. Edwards
T. Fukushima
K. Gartshore
Z. Hamza
T. Hands

M. Hogard
C. Hourigan
A. Jahangir
R. Kaur
M. Krauter
S. Larmour
R. Lastimoso Jr.
S. Leduc
M. MacDougall
D. May
I. McKinnon

E. Mutia
I. McKinnon
L. Poonasamy
F. Osime
M. E. Renwick
J. Petersen
M. Sabourin
M. Sheculski
P. Sullivan-Taylor
D. Thompson

Regrets

P. Ankamah

A. Arkell

N. Hillier

Guest

B. MacKenzie

Staff

V. Adetoye
F. Garvey
J. Hofbauer, Recorder

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

S. Mills
A. M. Shin
C. Timmings

Land Acknowledgement

N. Thick shared a Land Acknowledgment.

Agenda

N. Thick noted that the agenda that had been circulated was amended with the addition of a closed session at 2:00 p.m.

Motion 1

Moved by F. Osime, seconded by A. Jahangir,

That the agenda for the Council meeting of June 8, 2022, be approved as amended.

CARRIED.

Motion for closure

Council received a recommendation for a closed session.

Motion 2

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

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

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

CARRIED

Minutes

The minutes of the Council meeting of March 3, 2022, had been circulated.

Motion 3

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

That the minutes of the Council meeting of March 3, 2022, be approved as circulated.

CARRIED

Confidential minutes

Minutes of the closed session had been circulated to Council.

Motion 4

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

That the minutes of the closed Council session on March 3, 2022, be approved as circulated.

CARRIED

2021 Annual Report

CNO's 2021 Annual Report "*Strengthening the System*" had been circulated to Council. C. Timmings provided highlights of the Annual Report, focusing on how CNO addressed the needs of the health care system in 2022.

N. Thick noted that while the Annual Report is an operational accountability, Council approves it for submission to the Minister of Health.

Motion 5

Moved by D. Thompson, seconded by D. Edwards,

That Council approve the 2021 Annual Report: *Strengthening the System*, for submission to Minister of Health.

CARRIED

Audited Financial Statements

Council had received the audited financial statements for the year ended December 31, 2021.

S. Mills informed Council that the Finance Committee met on May 19th, reviewed the audited financial statements, and that the committee is recommending that Council approve the statements. He introduced B. MacKenzie from Hilborn, LLP CNO's auditors.

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

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

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

B. MacKenzie highlighted the audited financial statements. He noted that CNO ended the year with unrestricted net assets (accumulated surplus) of \$35.3M.

He confirmed that the auditors believe that the statements fairly represent CNO's financial position and operations for the year ended 2021.

Motion 6

Moved by J. Petersen, seconded by Z. Hamza,

That the audited financial statements for the year ended December 31, 2021, be approved.

CARRIED

N. Thick expressed appreciation to B. MacKenzie. He left the meeting.

Strategic Plan 2021-2024 Update

N. Thick noted that developing and monitoring the strategic plan is a joint Council and staff accountability. C. Timmings provided an overview and update on implementation of the strategic plan.

Council provided input on information that would be helpful in monitoring the implementation of the plan. C. Timmings noted that in September Council will receive a consolidated road map for achieving the plan to support ongoing monitoring.

Statutory Committee Annual Reports

The statutory committee annual reports were provided to Council. N. Thick highlighted the important role of statutory committees in meeting CNO's public protection mandate and thanked them for their contribution to public safety.

Executive Director Update

C. Timmings updated Council on the following:

- The Pandemic and Emergency Preparedness Act, 2022, resulting changes to the *Regulated Health Professions Act*, and CNO's ability to meet the new legislative requirements
- Changes to provincial legislation to include new diagnostic tools related to the scope of practice for Nurse Practitioners
- Work being undertaken as part of the Canadian Nurse Regulator Collaborative
- The awarding of the National Council of State Boards of Nursing R. Louise McManus award to CNO's previous Executive Director and CEO, Anne Coghlan, for her sustained and significant contribution to regulation and
- Plans for re-opening of CNO's building to visitors and for a hybrid Council meeting in September (those who wish, joining in person).

Executive Committee meeting

Council members had received minutes of the Executive Committee meeting of May 19, 2022. N. Thick highlighted the Executive's discussion about integrating diversity, equity and inclusion into the Council evaluation.

Finance Committee Report

Council members had received the report of the Finance Committee meeting of May 19, 2022. N. Thick highlighted the report, noting that some outcomes of the meeting are being addressed separately.

Unaudited Financial Statements

Council members had received the unaudited financial statements for the three months ended March 31, 2022. N. Thick highlighted that the result of operations for the quarter was an operating surplus of \$323,000, which is \$1.2M more than the budgeted deficit of \$885,000. She noted that the Finance Committee is recommending Council's approval of the financial statements.

Motion 7

Moved by P. Sullivan-Taylor, seconded by R. Kaur,

That Council approve the unaudited financial statements for the three-months ended March 31, 2022.

CARRIED

Auditor for 2022

N. Thick noted that the Finance Committee is recommending that Hilborn LLP be appointed as CNO's auditor for 2022.

Motion 8

Moved by S. Leduc, seconded by S. Larmour,

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

CARRIED

Terms of reference – Finance Committee

The Finance Committee reviews its terms of reference biennially.

Council members had received a briefing and the amendments to the Finance Committee Terms recommended by the Finance Committee. N. Thick highlighted the changes, including to the membership structure of the committee.

Motion 9

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

That the proposed revised Terms of Reference for the Finance Committee, as they appear in attachment 1 to the decision note, be approved.

CARRIED

Terms of reference - Sub-Committee on Compensation

The Sub-Committee on Compensation reviews its terms of reference biennially. Any recommendations for change are reviewed by the Finance Committee. Council members had received a briefing and the proposed editorial amendments to the Sub-Committee's Terms recommended by the Finance Committee

Motion 10

Moved by M. Hogard, seconded by R. Dunn,

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

CARRIED

Finance Committee Members

Council received the Nominating Committee's recommendations for the Council members to be appointed to the Finance Committee. N. Thick confirmed that the members recommended align with the new membership set out in the revised Finance Committee Terms of Reference.

Motion 11

Moved by R. Kaur, seconded by J. Petersen,

That N. Hillier, RPN, F. Osime, public member and M. Sheculski, public member be appointed to the 2022-2023 Finance Committee.

CARRIED

Conduct Committee

Council had received a briefing. N. Thick informed Council that appointment of the members of the Conduct Committee will be deferred to Council in September and that a call for volunteers will be sent to all Council members.

By-law re. Nominating Committee

Council received a recommendation from the Nominating Committee that specific by-law provisions related to the committee's quorum be removed.

It was noted that, at the next meeting, Council will be making decisions about the members of the 2022-2023 Nominating Committee. It was flagged that it would be helpful to have background on the Nominating Committee, including its relationship to Council's governance vision, its role and the competencies needed for its membership

In advance of voting, N. Thick reminded Council that a 2/3 majority is required to approve a by-law.

Motion 12

Moved by A. Jahangir, seconded by M. E. Renwick,

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

CARRIED

Closed Session

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

Next meeting

Council will meet again on September 28 and 29, 2022.

Conclusion

At 3:30 p.m., on completion of the agenda, Council concluded the meeting on consent.

Chair

Decision Note – September 2022 Council

Council Evaluation Policy

Contacts for Questions or More Information

Kevin McCarthy, Director, Strategy

Decision for consideration:

That Council approves the Council Evaluation Policy as it appears in [attachment 2](#).

Background

Council's Governance Vision

Council's [governance vision](#) identifies education and evaluation as key board accountabilities for effective governance. The vision includes:

- Providing orientation and ongoing development to support competent regulatory governance.
- Ensuring ongoing evaluation to support continuous improvement.
- Developing and implementing an evaluation framework that includes the elements outlined below.
 - A formal evaluation of Council effectiveness by an external expert every 3 years, with the results being publicly available. This will allow the board to measure if it is meeting its public protection purpose.
 - Ongoing meeting evaluation.
 - Ongoing self-evaluation and peer feedback.

College Performance Measurement Framework

The influence of Council's governance vision is visible in the Ontario Ministry of Health's *College Performance Measurement Framework* (CPMF), which was introduced in 2020. The Ministry's standards for regulators include the requirements outlined below.

Standard 1.2:¹

Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.

- a. Council has developed and implemented a framework to regularly evaluate effectiveness of:

¹ College Performance Measurement Framework Reporting Tool available at:
<https://www.cno.org/en/what-is-cno/cpmf/>

- i. Council meetings
- ii. Council

b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.

c. Ongoing training provided to Council has been informed by:

- i. The outcome of relevant evaluation(s),
- ii. The needs identified by Council members, and / or
- iii. Evolving public expectations including risk management and diversity, equity, and inclusion.

Overview of Council Discussions

The Executive Committee is accountable for providing leadership to facilitate effective Council governance.² Over the past year, the Executive consulted Council on key aspects of the 2022 evaluation process, as outlined below.

	Rationale
<p>Scope - focus on evaluating Council effectiveness (Council as a “whole”).³</p> <p>Incorporate diversity, equity and inclusion principles.</p>	<p>This helps Council become more comfortable with the culture of evaluation before introducing other elements, such as individual-level evaluation. In keeping with Council’s vision and CPMF requirements.</p> <p>Incorporating diversity, equity and inclusion principles assists Council to articulate and meet its governance accountabilities in these areas and identifies opportunities for ongoing improvement (e.g., future professional development).</p>
<p>Timing – complete evaluation between September and December</p>	<p>New Council members join in June. This timing allows for participation of new and ongoing Council members. The action items stemming from the evaluation will inform 2023 professional development activities.</p>
<p>Approach – Establish evaluation framework and conduct evaluation with support of a third-party governance expert.</p> <p>Make evaluation findings and action plan public.</p>	<p>Involvement of third party brings independent governance evaluation expertise. In keeping with Council’s vision and CPMF requirements.</p> <p>Consistent with Council’s vision, demonstrates transparency and leadership. Council effectiveness evaluation does not include evaluation of individuals; therefore, there is no personal information.</p>

² Executive Committee Terms of Reference available at:
https://www.cno.org/globalassets/docs/council/executivecommittee_termsofref.pdf

³As opposed to individual level evaluations. Meeting effectiveness was added to the scope to meet CPMF standards.



Current Status

[WATSON](#) is the governance expert engaged to support Council's evaluation process. Jane Butterfield, Senior Governance Consultant, will attend Council as a resource.

Attachments

Attached are a brief memo from WATSON (attachment 1) and the Council Evaluation Policy (attachment 2).

DATE: September 28, 2022
TO: CNO Council
RE: CNO Council Evaluation Policy

WATSON was engaged in July 2022 to develop a Council Evaluation Framework for the College of Nurses of Ontario / Ordre des Infirmières et Infirmiers de L'Ontario (CNO). WATSON is a full-service governance consulting firm with offices in Toronto and Vancouver.

To inform the framework, WATSON reviewed relevant Council documentation, interviewed Executive Committee members, and reviewed a draft framework at the August 25th Executive Committee meeting. Coming out of the Executive Committee meeting, we developed a Council Evaluation Policy for Council review and approval at the September 28, 2022 Council meeting. We also developed detailed procedures to complement the Council Evaluation Policy and Question Banks to draw from for future evaluation processes.

The Council Evaluation Policy reflects input from Executive Committee members. The Council Evaluation Policy is informed by CNO's context, the College Performance Management Framework, and WATSON's knowledge of leading practices in board evaluation in the context of professional regulatory bodies.

COUNCIL EVALUATION POLICY

Council is committed to continuous improvement and, in this spirit, engages in ongoing evaluation of Council as a whole, Council meetings, Council members, and Council leadership. Regular evaluations provide Council with an opportunity to examine how Council, Council Members, and Council Leadership are performing and to identify opportunities for improvement. This policy provides a general overview of the evaluation framework and outlines the objectives, areas of focus, and process for each evaluation.

Evaluation Overview

Each year, the Executive Committee recommends to Council the specific evaluation process(es) to be undertaken based on Council's context and needs. The evaluation processes, which reflect leading practice in governance evaluation tailored to CNO's context, are designed to achieve the following objectives:

- Establish consistent practices to track and collect data, and criteria for understanding Council, Council meetings, Council Leadership, and Council Member effectiveness and performance
- Support a culture of transparency and honesty; encourage ongoing feedback and dialogue
- Enable Council to demonstrate its commitment to effective governance in the public interest
- Learn and grow together; demonstrate a shared commitment to strengthen Council and CNO for the long term
- Help drive Council cohesion, clarity, and alignment on CNO's best interests and sustained success
- Help generate habits of continuous learning, evaluation, feedback, and professional development
- Respect participants' time, while being designed to ensure meaningful impact and minimize evaluation "fatigue" or redundancy

Evaluations generally follow a multi-year process, as laid out below:

Year 1	Year 2	Year 3
In-depth Council Evaluation	Light Council Evaluation focused on key areas	Light Council Evaluation focused on key areas
Meeting Evaluation Pulse Check Survey (every meeting)	Meeting Evaluation Pulse Check Survey (every meeting)	Meeting Evaluation Pulse Check Survey (every meeting)
	Council Leadership Evaluation (including feedback on the President and Executive Committee) ¹	
		Council Member Evaluation ^{2,3}

¹ For efficiency, the Council Leadership Evaluation process can be conducted alongside the Council Evaluation process, with separate surveys and reports.

² Council Member Evaluation frequency will be re-evaluated after Year 3 in anticipation of a smaller sized board. In the future, with a smaller board, CNO may wish to conduct a Council Member Evaluation every second year.

³ Can also include feedback on the President and/or Executive Committee depending on areas of focus determined at the beginning of each annual Council planning year.

Council Evaluation

Objectives

Key objectives of the Council Evaluation process include:

- Engage Council members and members of the CNO leadership team to provide constructive feedback on Council and Council meeting effectiveness
- Identify opportunities to enhance governance in ways that will have a positive impact on CNO
- Facilitate a discussion on key issues raised through the evaluation process
- Help establish actionable goals (including priority goals for the coming year) tailored to CNO's specific context emerging from the evaluation and follow up on these goals to drive accountability

Areas of Focus

Council Evaluation is designed to review the effectiveness of Council as a whole and Council meetings and may cover areas such as:

- Council purpose and functioning
- DEI (including Council DEI, oversight of DEI at CNO, DEI lens)
- Council composition and succession
- Alignment between Council and CNO leadership on strategy and priorities
- Council's role in key areas such as
 - Development and approval of strategic plans and priorities
 - Risk identification and risk management oversight
 - Executive Director & Chief Executive Officer evaluation
 - Executive Director & Chief Executive Officer succession planning
 - Financial oversight
 - Oversight of people and culture
 - Oversight of DEI
 - Oversight of regulatory functions
 - Stakeholder engagement
 - Council elections and appointments
 - Council succession planning
 - Council orientation and education
- Relationship between Council and CNO leadership and governance support from CNO leadership
- Council culture and dynamics
- Council meetings and materials
- Council renewal and development
- Stakeholder relationships

Process

Council conducts a Council Evaluation process each year with an in-depth process conducted at least once every three years. In years in which an in-depth process is not carried out, a light process focused on key areas is conducted.

In consultation with Council, the Executive Committee leads the process with the support of an external consultant.

To complement the Council Evaluation, Council conducts a short pulse-check Council Meeting Evaluation survey after each Council meeting. The pulse check survey includes questions on meeting focus, dialogue, planning, facilitation, and participation. This process is internally administered by CNO staff. The pulse check survey data is provided to the external consultant as part of the Council Evaluation.

Council Leadership

Objectives

Key objectives of the Council Leadership Evaluation process include:

- Provide specific feedback to the President (as an individual) and Executive Committee (as a group) with respect to their important leadership roles on Council
- Enhance President and Executive Committee performance

Areas of Focus

The Council Leadership Evaluation is designed to provide specific feedback to the President in respect of their role, and to the Executive Committee as a group, recognizing the importance of both on overall Council effectiveness.

The Council Leadership Evaluation is designed to support President and Executive Committee effectiveness and may cover areas such as:

- Leadership
- Meeting facilitation (President only)
- Contribution to Council culture and dynamics
- Contributions to Council effectiveness
- Communication and transparency
- Interface with committees, management, and stakeholders
- Strengths and opportunities to add greater value

Process

Council conducts a Council Leadership Evaluation process at least once every three years (or more frequently, as needed⁴) in conjunction with a light Council Evaluation process.

The Council Leadership Evaluation is conducted alongside the Council Evaluation, with the same external consultant leading both processes. The consultant prepares separate Council Leadership Evaluation reports for the President and the Executive Committee.

Council Member Evaluation

Objectives

Key objectives of the Council Member Evaluation process include:

- Enhance individual Council member performance
- Provide a mechanism for each Council member to receive clear, useful feedback in respect of their contributions to Council
- Provide insights on how Council members might contribute more and grow in their roles

Areas of Focus

Council Member Evaluation is designed to support individual Council Member effectiveness and seeks feedback on key strengths and opportunities to enhance contributions.

Process

Council conducts a Council Member Evaluation process every three years (or more frequently, as needed⁵).

In consultation with Council, the Executive Committee leads the process with the support of an external consultant.

Policy Review and Approval

The Executive Committee is responsible for the Council Evaluation Policy. The Executive Committee will review the Evaluation Policy every three years or as necessary to reflect changes in Council structure or practice and/or evolutions in expected governance practice of regulatory bodies. Council approves the Council Evaluation Policy.

⁴ In year three of the cycle, the Council Member Evaluation can also seek feedback on the President and/or Executive Committee depending on areas of focus determined at the beginning of the annual Council planning year.

⁵ Council Member Evaluation frequency will be re-evaluated after Year 3 in anticipation of a smaller sized board. In the future, with a smaller board, CNO may wish to conduct a Council Member Evaluation every second year.

Report of the 2022-2023 Nominating Committee

Contact for questions or more information

Kevin McCarthy, Director of Strategy

Background

Council's [governance vision](#) includes the Nominating Committee as a new standing Committee. The Nominating Committee's role as set out in the vision is to support competency-based appointments to the Board of Directors and all committees. Pending legislative change, the Nominating Committee's current focus is on statutory & standing committee appointments.

The following Nominating Committee members were appointed by Council in September, 2021, based on a [competencies and attributes](#) assessment:

- Cheryl Evans, Chair (immediate Past-President of Council)
- Diane Ballantyne, member of the public
- Sue Haywood, member of the public
- Terry Holland, nurse Council member

The Nominating Committee met four times between January and July of 2022 to fulfil its [terms of reference](#). The committee was supported by CNO staff and received advice from Governance Solutions Inc., the company that has provided expert support to Council on competency-based appointments.

Council made appointments to statutory committees in [March](#) and the Finance Committee in June based on recommendations of the Nominating Committee.

The following report includes:

- recommendations regarding appointment of members of the 2022-2023 Conduct and Nominating committees and
- recommendations from the Nominating Committee's annual de-brief on processes.

Standing Committee Appointments

The Nominating Committee recommends appointments to standing committees of Council - the Conduct, Finance and Nominating committees.

The Council members of the Finance Committee were appointed by Council in June.



Conduct Committee

The Conduct Committee's [terms of reference](#) specify 3 nurse and 2 public members. Members are recommended by the Nominating Committee. The Chair is recommended by the Executive.

Council members were provided with the opportunity to volunteer and to provide the Nominating Committee with information about what they would contribute to the Conduct Committee. There is no competency screen or external assessment of volunteers.

The Nominating Committee received information about nurse volunteers and is recommending the appointment of: David Edwards, RPN, Mary Ellen Renwick, RN and Tyler Hands, RN.

There were no public member volunteers, and the Nominating Committee asked that the Executive Committee address those potential vacancies.

Agenda item 5.3 on the Council agenda addresses the membership for the Conduct Committee, including the Nominating Committee's recommendations and input from the Executive Committee.

Nominating Committee


The Nominating Committee includes Council members and external (non-Council) appointees. Appointments to the Nominating Committee are made based on volunteers completing an application form that assesses for the required competencies, submitting resumes and, for shortlisted candidates, further assessment through third party reference checks and interviews.

For 2022-2023, the Nominating Committee vacancies are for one nurse and one public member, both from Council. Council members were provided with an opportunity to apply by completing an online application hosted by Governance Solutions Inc. and submitting a resume.

The Nominating Committee met twice to make its recommendation to Council. The committee had expert input from Governance Solutions, including an analysis of the incoming Chair's (Sandra Robinson) and ongoing members' (Diane Ballantyne and Sue Haywood) competencies in addition to those of the candidates. This ensures *the group* being recommended meets the competencies and attributes required for the Nominating Committee.

Recommendation to Council

That Aisha Jahangir, RN and Sylvia Douglas, public member, be appointed to the Nominating Committee.



If Council accepts the recommendation, the 2022-2023 Nominating Committee will be:
Sandra Robinson, NP, Chair (immediate Past-President of Council)
Diane Ballantyne, public member (not Council)
Sylvia Douglas, public member
Sue Haywood, public member (not Council)
Aisha Jahangir, RN

Council Vacancy

The Nominating Committee's current role includes some activities related to Council elections. One example is making recommendations to Council about filling board vacancies between elections.

The Nominating Committee was informed that M. Sabourin, RN from the Northwestern District resigned his position on Council. The Nominating Committee's recommendation takes into account:

- That there is less than one year remaining on the term of office for the position and
- the options in [by-law](#).

Recommendation to Council:

That, in accordance with Article 55.02 of By-Law No. 1: General, the RN/NP Council member position remain vacant until the newly elected RN/NP Council member joins Council in June 2023.

Nominating Committee year-end review


On completion of its activities for the year, the Nominating Committee de-briefed on their processes and discussed possible improvements.

Nominating Committee Terms of Reference Update

The current Terms of Reference were developed as "interim" because the full Nominating Committee role cannot be implemented without legislative change. They were intended for use for three years or until Council's governance vision was fully implemented as a result of legislative change.¹

In June, the Nominating Committee had [recommended](#), and Council approved revision of the by-laws to remove a quorum provision which was impacting on the committee's effectiveness.

¹ For example, the current terms include the committee's accountability for the Council election and election of the Executive Committee – neither process will exist once the vision is fully implemented as a result of legislative change.



This required changes to the committee's Terms of Reference. Several other changes are also recommended to clarify (e.g., terms of office) and allow for efficiencies. [Attachment 1](#) is a table showing the recommended changes and rationale. [Attachment 2](#) is the proposed revised Terms of Reference.

The Nominating Committee will complete an annual year-end review, including a review of its terms of reference.

A review and recommendations regarding a permanent Nominating Committee will take place in 2024, or sooner if legislation is passed implementing Council's governance vision.

Recommendation to Council:

That the proposed revised Terms of Reference for the Interim Nominating Committee, as they appear in attachment 2 to this report, be approved.

Nominating Committee Competencies and Attributes

In [March 2021](#), in advance of appointing the first Interim Nominating Committee, Council reviewed the Nominating Committee competencies and attributes profile. To date, there have been two application cycles for which this profile was used as a foundation for the assessment and validation process recommendation of the members of the Nominating Committee.

The Nominating Committee reviewed the profile during their year-end review and identified that the competency related to "Psychology and learning" is specialized and not required for the committee's role. "Human Resource Leadership" is appropriately broad and relates to the committee's role. Attachment 3 is the revised profile for the Nominating Committee.

Candidate Assessments – Interviews

This past year, brief interviews were added to the process for the final assessment of nurses being considered for appointment to statutory committees. Interviews were already part of the screening process for application to the Nominating Committee. The value of interviews in both processes was supported.

Attachments

1. Proposed revised terms of reference with rationale
2. Proposed revised terms of reference
3. Revised Nominating Committee Profile

Attachment 1 – Proposed Amendments to the Nominating Committee Terms of Reference

Summary of Recommendations and Rationale

Current	Proposed	Rationale
Responsibilities		
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.	<p>Reviewing these Terms of Reference every three years or more frequently if required.</p> <p>Recommending improvements to the board to ensure effective committee operations.</p> <p>Making recommendations to the board about a permanent Nominating Committee structure and Terms of Reference in 2024 or sooner if required.</p>	<p>The Terms of Reference (T of R) were approved by Council in March 2020 with the intent that they would be temporary.¹ A more permanent committee structure was to be identified in three years (or sooner if government amended legislation to implement CNO's governance vision).</p> <p>Implementation of the committee was delayed due to the pandemic. The interim Nominating Committee was appointed in September 2021.</p> <p>The proposed changes maintain Council's original intent – that the interim Nominating Committee would operate for up to three years or until legislation is amended.</p> <p>The proposed changes offer more flexibility and recognizes that more regular review of the T of R ensures time sensitive changes are addressed.</p>

¹ As an “interim” committee, the goal was to improve CNO's readiness to transition to a new governance model.

Current	Proposed	Rationale
		This flexibility is warranted given the dynamic environment (e.g., the pandemic persists).
Terms of Office		
<p>The term of office for the interim Nominating Committee Chair is up to 2 years.</p> <p>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.</p>	<p>The term of office for the interim Nominating Committee Chair is up to 2 years.</p> <p>Council members of the interim Nominating Committee are appointed for a 3-year term or until their current term on Council ends, whichever is sooner.</p> <p>Other members of the interim Nominating Committee are appointed for a 3-year term.</p> <p>Interim Nominating Committee members may serve two consecutive terms.</p> <p>Interim Nominating Committee members' terms may be staggered so that no more than 2 expire in any given year.</p>	<p>The proposed change:</p> <ul style="list-style-type: none"> • is clearer about the term of office (three years) • is aligned with the term length for all other CNO committees, <p>and</p> <ul style="list-style-type: none"> • supports efficient committee operations because it enables CNO to plan recruitment timelines. <p>Councillors serve on the Nominating Committee to bring the Council member perspective; therefore, the proposed change makes clear that when their current term on Council ends, they no longer serve on the Nominating Committee.</p> <p>Consistent with CNO's governance vision, members re-apply to serve a second consecutive term. This is CNO's current practice for all committee appointments.</p>
Meetings		

Current	Proposed	Rationale
<p>The interim Nominating Committee meets in person at least once per year.</p>		<p>The proposed change is to remove this statement. More flexibility in the T of R is warranted given the pandemic. The change aligns with the committee's current practice.</p>
Quorum		
<p>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.</p>	<p>A majority of the interim Nominating Committee members constitutes a quorum for a meeting of the committee</p>	<p>The proposed change aligns with Council's decision in June 2022 to replace the quorum requirement of "four members" with "a majority". This is consistent with other CNO committees.</p> <p>Proposed change removes requirement for at least one board and one non-board member to constitute a quorum. This is consistent with other CNO committees, including statutory committees.</p> <p>Too much specificity in the T of R has the potential to impede committee efficiency and encourages a "rules-based" approach.</p> <p>Nominating Committee members are appointed based on competencies and the committee's decision-making has been highly collaborative and collegial. The committee has the judgement and expertise to know when a decision should</p>

Current	Proposed	Rationale
		<p>be deferred, or if committee members can be consulted in other ways (e.g., email).</p> <p>More flexibility in the T of R is warranted given the increased risk of unplanned absences due to the pandemic.</p>

Attachment 2

~~Deletions are struck out~~
New content is in blue italics

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 <i>every</i> three years <i>or more frequently if required</i>.• <i>Recommending improvements to the board to ensure effective committee operations.</i>

¹ Also referred to as 'Council'.

- ~~from their approval, and in~~ Making recommendations to the Board about a more permanent Nominating Committee structure *and Terms of Reference in 2024 or sooner* if required.
- Performing any other activities necessary to fulfil its mandate, or as may be required by the Board from time to time.

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.

Council members of the interim Nominating Committee are appointed for a 3-year term or until their current term on Council ends, whichever is sooner.

Other members of the interim Nominating Committee are appointed for a 3-year term.

Interim Nominating Committee members may serve two consecutive terms.

~~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
<p>The interim Nominating Committee meets as needed to fulfil its mandate, at the call of the Chair.</p> <p>Meetings are conducted in person, or by electronic means approved by the Chair.</p> <p>The interim Nominating Committee meets in person at least once per year.</p> <p>The interim Nominating Committee maintains minutes of its meetings.</p>
Quorum
<p>A majority Four members of the interim Nominating Committee members including at least 1 director on the Board and 1 member not on the Board constitutes a quorum of the interim Nominating Committee for a meeting of the committee.</p>
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: March 2020</p> <p>Revisions:</p> <p>Next review: June 2022</p>

Attachment 3

College of Nurses of Ontario

Nominating Committee Competencies & Attributes Profile

Additions
Adapted and moved

Introduction

The Nominating Committee profile is informed by CNO's purpose, which is to protect the public by promoting safe nursing practice. The profile includes

- competencies - a person's ability to successfully do what is needed to fulfill the role, and
- attributes - qualities that are characteristic or inherent to a person and necessary to fulfill the role.

Both competencies and attributes are necessary for the committee to function effectively.

The competencies and attributes profile is used to:

- communicate sought-after knowledge, experience, skills, and attributes for the committee to function effectively
- identify, recruit, assess, and qualify committee candidates (includes incumbents applying to serve a second term), and
- build capacity of committee members (e.g., orientation, ongoing education)

The profile was developed by Governance Solutions Inc based on its research and industry knowledge about the competencies and attributes required for an effective nominations function and with input from CNO staff, the Executive Committee, and Council.

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 **employee engagement** and succession planning - well versed in assessing the competence and character of individuals based on a set of specific competencies. *May have additional experience working with psychometric tools and assessments including management styles and emotional intelligence.*

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.

Decision Note – September 2022 Council

Conduct Committee

Contacts for Questions or More Information

Kevin McCarthy, Director, Strategy

Decision for consideration re. recommendation of the Nominating and Executive committees:

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

- M. E. Renwick, RN, Chair
- David Edwards, RPN
- Tyler Hands, RN
- Judy Petersen, public member and
- Diane Thompson, public member

Background

The Conduct Committee is a standing committee of Council. Its role is to screen formal written complaints filed with the Chair of the Conduct Committee and the Executive Director and CEO about a Council or committee member breaching Council's Code of Conduct (Article 2 of By-Law No. 3: Conduct of Councillors and committee members).

The Conduct Committee's membership set in its [Terms of Reference](#) is three nurse and two public Council members. The members are recommended by the Nominating Committee and the Chair by Executive.

Following two calls for volunteers, the Nominating Committee (see agenda item 5.2) was able to recommend the nurse members.

Since the Executive Committee's role includes addressing committee vacancies, the Executive was asked to address the public members. Judy Petersen and Diane Thompson have agreed to serve.

The Executive reviewed information submitted by volunteers to Chair and is recommending M. E. Renwick be appointed as Chair.

Decision Note – September 2022 Council

Dates of Council meetings

Contacts for Questions or More Information

Kevin McCarthy, Director, Strategy

Decision for consideration re. recommendation of the Executive Committee

That Council approve the following meeting dates for 2023:

- Wednesday and Thursday, March 8 and 9, 2023 and
- Wednesday and Thursday, June 7 and 8, 2023.

Background

In accordance with Article 7.02 of By-Law No. 1: *General*, Council meetings take place on dates set by Council. To support efficiency, the Executive recommended the above dates.

To allow for advance planning, Council dates for:

- March and June 2023 will be approved by Council in September 2022 and
- September and December 2023 will be approved by Council in December of 2022

The above proposed dates keep to previous patterns, with meetings scheduled over two days. Plans are that the June meeting, which includes orientation for all, will be a hybrid meeting with in-person and remote options.

The dates recommended to Council consider:

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



Decision Note – September 2022 Council

Subject – Proposed Registration Regulation Changes

Contact for Questions or More Information

Silvie Crawford, Executive Director and Chief Executive Officer (ED & CEO)

Decision for Consideration

That Council approve Ontario Regulation 275/94 (General), as amended, under the *Nursing Act, 1991* as it appears in attachment 1 to this briefing note. The Registrar and President are authorized to sign any Government proposed form of the changes that implement the intent of the changes approved by Council.

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

Public Interest

Section 2.1 of Schedule 2 of the *Regulated Health Professions Act, 1991* (RHPA) being the *Health Professions Procedural Code* (Code) states that: “It is the duty of the College to work in consultation with the Minister to ensure, as a matter of public interest, that the people of Ontario have access to adequate numbers of qualified, skilled and competent regulated health professionals”. It is the College of Nurses of Ontario’s (CNO’s) accountability to set requirements to ensure those entering the profession in Ontario will provide safe and competent patient care. While the catalyst to the proposed changes are health human resource needs, the changes are also informed by evidence and consideration for the regulatory mechanisms that will support patient safety.

Regulation Making Authority

Subsection 95(1) of the Code gives Council regulation making authority:

- “respecting applications for certificates of registration or classes of them and the issuing, suspension, revocation and expiration of the certificates or classes of them”, and
- “prescribing standards and qualifications for the issue of certificates of registration”.

Subject to Council approval, as per the RHPA, the Lieutenant Governor in Council has final approval (with prior review of the Minister) respecting any regulation that Council may pass.



Background

Direction from the Minister of Health

On August 4th 2022, [Health Minister Sylvia Jones directed Council](#), under [5\(1\)\(d\) of the RHPA](#), to:

- make “every effort” to register internationally educated nurse (IEN) applicants as expeditiously as possible
- develop supports for IENs that will allow them to successfully register to practice in a timely way, and
- report, within two weeks, on the efforts CNO will be taking.

Given the time constraints, the Executive Committee exercised its powers under [subsection 12\(1\) of the Code](#) to submit [Council's response](#) by the deadline. Council's response focussed on CNO's public protection purpose, highlighted successes to date and identified strategies to build on those successes. This briefing note focuses on regulation changes proposed to:

- enable IEN applicants to register in the Temporary Class while they continue to meet requirements for General Class registration, and
- make it easier for nurses to reinstate in the General Class should they choose to return to nursing practice.

On September 2nd, Health Minister Sylvia Jones sent a [letter to CNO](#) supporting Council's response and waived the circulation requirement for the anticipated regulation amendments. Under [section 95 of the Code](#), draft regulations or amendments to them are generally circulated to members and other stakeholders for 60 days and Council considers feedback before approving a regulation or amendment which is then forwarded to Government for its approval. This section of the legislation also has exceptions to the circulation requirement. In this case, the Minister stated “...given the urgency with which these amendments are needed, I am approving a waiver of the statutory 60-day circulation requirement”.

Overview of Proposed Regulatory Changes

Temporary Class


There are three changes related to the Temporary Class:

1. broadening the education requirement to successful completion of any registered nurse (RN) or registered practical nurse (RPN) program approved in any jurisdiction,
2. enabling someone in this class to take the approved registration exam twice (e.g. two exam failures would result in the certificate of registration being revoked), and
3. giving ED discretion related to the timeframe to revoke a certificate of registration (e.g. so the ED can give more time such that IENs have an opportunity to meet education gaps then get registered in the General Class).

Reinstatement

There is one change related to the reinstatement:

1. giving ED discretion related to the amount of time a nurse, who previously worked in the province, can be out of practice.



The proposed changes reflect our ongoing commitment to register nurses who have the knowledge, skill and judgment to practice safely in Ontario.

Alignment with CNO priorities

In relation to diversity, equity and inclusion (DEI), CNO strives to be diverse, inclusive, fair, equitable and accessible by addressing barriers and promoting dignity and respect for all. CNO's annual report to the Ministry of Health (the College Performance Measurement Framework or CPMF) asks for evidence that CNO promotes DEI principles. With respect to the regulatory changes proposed, they enable IENs to register in the Temporary class and the changes are being applied equitably. For example, Temporary Class changes will be applied to current and future registrants in the Temporary Class, regardless of where they completed their education (i.e. in Ontario, in Canada, internationally).

As it relates to CNO's Strategic Plan, the proposed changes link closely with the first strategic outcome: "Applicants for registration will experience processes that are evidence-informed, fair, inclusive, and effective, contributing to improved public access to safe nursing care". CNO's purpose, "to protect the public by promoting safe nursing practice" has been at the forefront of the proposed changes and our implementation plans.

Literature and Regulatory Body Reviews


Temporary Class

The regulatory body review related to the Temporary Class focussed on Canadian nurse regulators. Websites and legislation were reviewed, reflecting twenty-one regulatory schemes for Licensed Practical Nurses (LPNs)¹, RNs and NPs in Canada. The review examined three different areas: exam failures and revocation of the Temporary Class certificate of registration, the maximum amount of time one can be registered in the Temporary Class, and the education requirement related to eligibility for the Temporary Class.

Most other Canadian nursing regulators allow those in the Temporary Class more than one attempt to complete the relevant nursing exam. Only four (LPNs in New Brunswick, Nova Scotia, and Newfoundland, and NPs in New Brunswick) revoke a Temporary Class certificate of registration after a single exam fail. Among the other schemes, seven allowed two attempts, eight allowed three attempts and six allow unlimited attempts. The rationale for allowing multiple attempts is that failure to pass the exam may be attributed to factors unrelated to competence. Further, some literature suggests that score gain between the first and second exam attempt reflects an increase in ability, whereas pass rates drop considerably with subsequent attempts.

The Temporary Class certificate of registration at CNO is currently automatically revoked after six months. Of the 21 schemes implemented by other nursing regulators in Canada, 20 of them allow the certificate of registration to remain valid for longer than six months. The one exception is the Association of New Brunswick Licensed Practical Nurses, which links the certificate's expiry date to the exam schedule (i.e. not a defined time period).

¹ Equivalent to RPNs in Ontario.



Subject to Council and Government approval, the education requirement will change for the Temporary Class to include applicants who have completed a nursing program approved in their jurisdiction. This does not impact the education requirement for the General Class. This proposed change to the education requirement for the Temporary Class was not seen in the regulatory body review. It is a made-in-Ontario solution to address health human resource needs while maintaining patient safety (e.g. through terms, conditions and limitations).

Reinstatement

A regulatory body review was conducted of health regulatory Colleges in Ontario, Canadian nursing regulators and some international nursing regulators. This review assessed recent practice requirements. Feedback was received by email and/or through a review of their websites.

Recent practice requirements vary across health regulators in Ontario. Some regulators use an hours requirements while others require practice within a certain number of years, with variation among regulators with respect to the numbers of hours and years. Canadian nursing regulators generally apply an hours requirement (again, there is variation between jurisdictions with respect to the number of hours and years). This is the same case for international nursing regulators.


In general, there are no separate recent practice requirements for individuals seeking reinstatement (compared with classes of registration). Conversely, the College of Respiratory Therapists of Ontario enables inactive members seeking reinstatement to satisfy a panel of the Registration Committee that they possess the knowledge, skill and judgment relating to the practice of the profession.

The reason there is a recent practice requirement is that the literature shows that time out of practice can pose a risk to patient safety. And the literature shows there are individual factors that impact competence and safe return to practice (e.g. if a nurse practiced before taking a leave).

CNO Data

As of September 2022, there are approximately 6,000 active IEN applicants, currently residing in Ontario, who are not already registered with CNO. They have met various registration requirements and are at different stages of the registration process. Therefore, a multipronged approach is needed to support qualified IENs such that they can be registered as nurses to support health human resource needs in Ontario:

- CNO will continue with existing strategies. As of September 9, 2022, the Supervised Practice Experience Partnership program matched nearly 1,500 IEN applicants to practice with employers and helped approximately 700 new IENs register to practice nursing in Ontario. Language proficiency policy changes, made in November 2021, resulted in a sharp decline in timelines related to assessing language proficiency. The policy gives applicants several options for how they can demonstrate proficiency in



English or French at a level required to practice safely as a nurse. Applicants who meet language proficiency through completing nursing or health-related education no longer require a minimum number of clinical hours.

- Subject to Council and Government approval, regulation changes will enable IEN applicants to register in the Temporary Class. These changes will support IENs who have not yet met the education requirement for a General Class certificate. Of the 6,000 noted above, approximately 1,900 have their nursing education requirement outstanding. Further, CNO has new IENs applying daily that may also qualify for registration in the Temporary Class.
- CNO is analyzing data from a recent survey of IEN applicants to understand the potential barriers to meeting the exam requirement. The survey results may identify enablers and barriers for IEN applicants to complete the exam, which is often the final step in getting registered.

In relation to the changes proposed related to reinstatement, this would make it easier for some of the approximately 5,300 nurses in the Non-Practising Class currently residing in Ontario to return to the General Class.

Each applicant journey is unique. Ultimately, the decision to apply to the Temporary Class or reinstate rests with these individuals.


Implementation

CNO is actively working to implement the proposed changes (e.g. operational and system changes). Also, we will continue to collaborate with health system partners to build on existing successes and implement solutions to respond to growing system demand.

Mitigating Risk

Temporary Class registrants are directed and monitored by an RPN, RN or NP (i.e. in the General or Extended Classes). Also, both Temporary Class registrants and former members who reinstate are held accountable to the same regulatory requirements as any registrant. Nurses are accountable to the public, and responsible to ensure their practice meets legislative requirements and standards of the profession. As per the [Code of Conduct](#), nurses must recognize and work within the limits of their knowledge, skill and judgment and within their scope of practice. Also, as per [Professional Standards](#), registrants maintain and continually improve their competence by investing time, effort and other resources to improve knowledge, skills and judgment. Further, there are mechanisms should a concern about the nurse's practice be raised (e.g. through a complaint or report).

ED discretion enables flexibility now and in the future. Having the proposed enabling provisions not only allows CNO to be responsive to system needs but it also allows us to evolve as evidence and best practice change. For example, related to the recent practice requirement and the individual factors that impact competence and safe return to practice, the ED can apply current evidence to nurses who previously practiced in, and are familiar with, nursing practice in Ontario.



One risk is impact on, and response from, the health system. Employers and nurses will need to support IENs who register in the Temporary Class, which is an investment from a resource perspective. For example, one requirement in the regulation is that Temporary Class registrants are directed and monitored by an RPN, RN or NP (i.e. in the General or Extended Classes). To support employers, we are developing a stakeholder engagement and communication strategy. Also, as described below, we have developed an evaluation plan so we can learn from employers (e.g. to assess uptake and potential areas of risk). Within our legislative mandate, CNO would endeavour to address issues that arise.

Given some IENs have not received education that prepares them to practice as a nurse in Ontario, they will have different competency gaps compared with nurses currently in the Temporary Class (e.g. individuals who have just graduated from Ontario nursing programs). To mitigate this risk, we will be launching a new Temporary Class Webinar to support IENs' understanding of legal issues, ethical issues and professional accountabilities associated with nursing practice in Ontario's health system. Further, existing terms, conditions and limitations support public protection.

Evaluation Plan

Metrics that would be monitored include:

Temporary Class regulation changes

- how many IEN applicants CNO registered in the Temporary Class (i.e. related to broadening the education requirement and changes to revocation provisions)
 - of these, how many individuals from the Temporary Class then register in the General Class, and
 - how long individuals are staying registered in the Temporary Class before they are able to meet requirements to register in the General Class.

Reinstatement regulation changes

- how many individuals reinstated (i.e. related to ED discretion and the recent practice requirement).

Through a survey and/or focus groups, CNO will explore the following (e.g. with those who were eligible and did not apply, with those who registered, with employers):

- How effectively were the changes implemented?
- How effectively were the changes communicated to stakeholders?
- Were there any issues that arose including patient safety matters?
- What could we have done better?
- What feedback have we received as a result of the changes?
- Have there been any unanticipated outcomes?

Next Steps

1. Subject to Council approval, the draft regulation will be sent to Government for review and approval.
2. Staff will keep Council informed of any developments including Government decisions.



Attachments

1. Redlined version showing the proposed regulation changes
2. A chart that provides for the rationale for each change

Proposed Regulatory Amendments

Key

~~Deleted Text~~

Text Amendments

Temporary Certificates of Registration

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


1. The applicant must not have previously held,
 - i. a Temporary certificate of registration as a registered nurse, in the case of a registered nurse applicant, or
 - ii. a Temporary certificate of registration as a registered practical nurse, in the case of a registered practical nurse applicant.
2. ~~The applicant must meet the educational requirements for a General certificate of registration which are set out in,~~
 - i. ~~paragraph 1 of subsection 2 (1), in the case of a registered nurse applicant, or~~
 - ii. ~~paragraph 1 of subsection 3 (1), in the case of a registered practical nurse applicant.~~

REPEALED

3. ~~Since meeting the requirements mentioned in paragraph 2, the applicant must not have failed,~~

The applicant must not have twice failed,

- i. an examination mentioned in paragraph 2 of subsection 2 (1), in the case of a registered nurse applicant, or
 - ii. an examination mentioned in paragraph 2 of subsection 3 (1), in the case of a registered practical nurse applicant.
4. The applicant must have a written offer of employment with an Ontario facility described in Schedule 1, or approved by a panel of the Registration Committee,
- i. as a registered nurse, in the case of a registered nurse applicant, or



ii. as a registered practical nurse, in the case of a registered practical nurse applicant.

5. The applicant, within five years before the day that he or she is issued a Temporary certificate, must have successfully completed the examination in nursing jurisprudence approved by Council for,

i. a registered nurse, in the case of a registered nurse applicant, or

ii. a registered practical nurse, in the case of a registered practical nurse applicant.

6. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French within two years before the issuance of the certificate or such longer period of time as approved by a panel of the Registration Committee.

7. The applicant must have successfully completed a nursing program that was, at the time the applicant completed the program, recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant,

i. to practise as a registered nurse in that jurisdiction, in the case of an applicant for a Temporary certificate of registration as a registered nurse, or

ii. to practise as a registered practical nurse in that jurisdiction, in the case of an applicant for a Temporary certificate of registration as a registered practical nurse. O. Reg. 175/12, s. 1.

8. The applicant must have successfully completed the educational requirements set out in paragraph 7 of this subsection or in paragraph 1 of subsection 2 (1) or paragraph 1 of subsection 3 (1), as applicable, within three years before the day on which the applicant met all other requirements for the issuance of a Temporary certificate unless,

i. the applicant demonstrates evidence of practice as a registered nurse or registered practical nurse, as applicable, no more than three years before the day on which the applicant met all other requirements for the issuance of a Temporary certificate, or

ii. the applicant pays any fees required under the by-laws, undergoes an evaluation approved by the Registration Committee at a time when that evaluation was approved by the Registration Committee, and meets requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee, within three years before the day on which the applicant met all other requirements for the issuance of a Temporary certificate.

~~(2) The requirement of subparagraph 2 i of subsection (1) shall be deemed not to have been met unless,~~

~~(a) the requirement was met within three years before the day on which the applicant met all other requirements for the issuance of a Temporary certificate as a registered nurse;~~

~~(b) the applicant demonstrates evidence of practice as a registered nurse no more than three years before the day on which the applicant met all other requirements for the issuance of a Temporary certificate as a registered nurse; or~~

~~(c) the applicant pays any fees required under the by-laws, undergoes an evaluation approved by the Registration Committee, at a time when that evaluation was approved by the Registration Committee, and meets requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee within three years before the day on which the applicant met all other requirements for the issuance of a temporary certificate as a registered nurse. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 7 (1).~~

REPEALED

~~(3) The requirement of subparagraph 2 ii of subsection (1) shall be deemed not to have been met unless;~~

~~(a) the requirement was met within three years before the day on which the applicant met all other requirements for the issuance of a Temporary certificate as a registered practical nurse;~~

~~(b) the applicant demonstrates evidence of practice as a registered practical nurse no more than three years before the day on which the applicant met all other requirements for the issuance of a Temporary certificate as a registered practical nurse; or~~

~~(c) the applicant pays any fees required under the by-laws, undergoes an evaluation approved by the Registration Committee, at a time when that evaluation was approved by the Registration Committee, and meets requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee within three years before the day on which the applicant met all other requirements for the issuance of a temporary certificate as a registered practical nurse. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 7 (2).~~


REPEALED

~~(4) Subject to section 5.2, the requirements of subsection (1) are non-exemptible. O. Reg. 175/12, s. 1.~~

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

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

2. The member's practice must be monitored and directed by a member of the College holding a General or extended class certificate of registration.



3. The member shall not perform a controlled or authorized act, unless the act is ordered,

- i. pursuant to clause 5 (1) (b) of the Act, or
- ii. by a registered nurse in the General class.

4. The member shall not supervise, monitor or direct the performance of a controlled or authorized act or the practice of another member in any class.

5. The member shall not accept the delegation of a controlled or authorized act from another member or any other person.

6. The member shall not delegate to another member or any other person the authority to perform a controlled or authorized act.

7. The member shall at all times when providing nursing services identify himself or herself as a Temporary member.

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


- i. in the case of the holder of a Temporary certificate of registration as a registered nurse, “Registered Nurse (Temporary)” or “RN (Temp)”, or
- ii. in the case of the holder of a Temporary certificate of registration as a registered practical nurse, “Registered Practical Nurse (Temporary)” or “RPN (Temp)”. O. Reg. 175/12, s. 1.

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

1. ~~The expiry of six months from the date the certificate was issued~~
Unless extended under subsection (2.1),

i. where the Temporary certificate of registration was issued on or after [insert filing date of this amending regulation], receipt of notification from the Executive Director of the expiry of a period of time from the date the certificate was issued that was determined, prior to the issuance of the certificate by the Executive Director, to be reasonably sufficient to allow the applicant to meet all of the educational and examination requirements to obtain a General class certificate, as long as the date determined by the Executive Director is not less than six months or more than 24 months from the date of issuance of the certificate; or**

ii. where the Temporary certificate of registration was issued before [insert filing date of this amending regulation], receipt of notification from the Executive Director of the expiry of the certificate, which notification shall not be provided less than six months or more than 24 months from the date of issuance of the certificate.**

- 
2. The issuance of a General class certificate of registration,
 - i. as a registered nurse, in the case of a member holding a Temporary certificate of registration as a registered nurse, or
 - ii. as a registered practical nurse, in the case of a member holding a Temporary certificate of registration as a registered practical nurse.
 3. Receipt of notification of the failure **for the second time** of an examination referred to in,
 - i. paragraph 2 of subsection 2 (1), in the case of a member holding a Temporary certificate of registration as a registered nurse, or
 - ii. paragraph 2 of subsection 3 (1), in the case of a member holding a Temporary certificate of registration as a registered practical nurse. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 8.


4. The expiry of 30 days after receipt of notification from the College that the member has met all of the educational and examination requirements for the issuance of a General class certificate of registration,

- i. as a registered nurse, in the case of a member holding a Temporary certificate of registration as a registered nurse, or**
- ii. as a registered practical nurse, in the case of a member holding a Temporary certificate of registration as a registered practical nurse**

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

- (3) Where a member holding a Temporary certificate of registration obtains alternate or additional employment as a nurse in the same class for which the Temporary certificate of registration was issued, the member may only practise the profession under that employment if,
- (a) the employment is with an Ontario facility that is described in Schedule 1 or approved by a panel of the Registration Committee; and
 - (b) the member has first filed with the College a written offer of employment from that facility. O. Reg. 175/12, s. 1.

Reinstatement, on Application



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

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

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

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

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

(c) the former member has paid,


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

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

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

(d) the former member,

(i) satisfies the Executive Director that he or she completed all education, experience and training requirements for the issuance of the certificate of registration that is the subject of the application for reinstatement within the three years immediately preceding the date on which the applicant satisfied all other requirements for reinstatement, or



(ii) demonstrates evidence of practice within the three years immediately preceding the date on which the applicant satisfied all other requirements for reinstatement,

(A) as a registered nurse, if he or she is applying for reinstatement of a General certificate of registration as a registered nurse,

(B) as a registered practical nurse, if he or she is applying for reinstatement of a General certificate of registration as a registered practical nurse, or

(C) as a registered nurse in the extended class, if he or she is applying for reinstatement of an extended certificate of registration as a registered nurse and in such a case the practice must include,

(1) clinical practice within each specialty in the extended class for which the former member is seeking reinstatement, and

(2) a nursing role within that specialty that required him or her to use, in the treatment of patients, advanced knowledge and decision-making skill in assessment, diagnosis and therapeutics.
O. Reg. 175/12, s. 1.


(4) A former member is ineligible for reinstatement under subsection (3) if he or she,

(a) was, after he or she ceased to be a member, found guilty of any criminal offence in any jurisdiction or of any offence involving the use, possession or sale of drugs in any jurisdiction;

(b) was, after he or she ceased to be a member, found guilty of any offence in any jurisdiction relating to the practice of nursing or any other profession;

(c) has been the subject of an inquiry or investigation by the Executive Director that was not completed on its merits prior to the time that the applicant ceased being a member or that resulted in the member's resignation;

(d) was, at the time he or she ceased to be a member, the subject of an outstanding order of a Committee or of a panel of a Committee or a Board of Inquiry of the College;



(e) was, at the time he or she ceased to be a member, in breach of an order of a Committee or of a panel of a Committee or a Board of Inquiry of the College;

(f) was, prior to the time he or she ceased to be a member, selected or directed to undergo an assessment or reassessment under the College's Quality Assurance Program unless the assessment or reassessment was completed and any continuing education or remedial program required by a panel of the Quality Assurance Committee was completed before the time he or she ceased to be a member;

(g) was, at the time he or she ceased to be a member, in breach of any written agreement with or undertaking provided to the College;

(h) was, after he or she ceased to be a member, refused registration in any jurisdiction either in nursing or any other profession; or

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

Reinstatement, Non-Practising

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


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

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

(a) the member has paid,

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

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



(b) the member demonstrates evidence of practice within the three years immediately preceding the date on which the applicant satisfies all other requirements for reinstatement,

(i) as a registered nurse, if he or she is applying for reinstatement of a General certificate of registration as a registered nurse,

(ii) as a registered practical nurse, if he or she is applying for reinstatement of a General certificate of registration as a registered practical nurse, or

(iii) as a registered nurse in the extended class if he or she is applying for reinstatement of an extended certificate of registration as a registered nurse, and in such a case the practice must have included,

(A) clinical practice within each specialty in the extended class for which the member is seeking reinstatement, and


(B) a nursing role within that specialty that required him or her to use, in the treatment of patients, advanced knowledge and decision-making skill in assessment, diagnosis and therapeutics;

(c) the member demonstrates language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French, unless the member held a certificate of registration, other than an Emergency Assignment, retired or Non-Practising certificate of registration, less than two years before applying for reinstatement or within such longer period as specified by the Executive Director; and

(d) the member successfully completed the examination in nursing jurisprudence approved by Council for applicants for the issuance of the class of certificate for which he or she is seeking reinstatement within five years before the date on which the member met all of the other requirements for reinstatement, unless the member held a certificate of registration, other than an Emergency Assignment, retired or Non-Practising certificate of registration, less than five years before applying for reinstatement. O. Reg. 175/12, s. 1.

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

Reinstatement, Extended Class



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

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

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

(a) the member has paid,

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

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

(b) the member demonstrates evidence of practice as a registered nurse in the extended class within the three years immediately preceding the date on which the applicant satisfied all other requirements for reinstatement, and in such a case the practice must have included,

(i) clinical practice within each specialty in the extended class for which the member is seeking reinstatement, and

(ii) a nursing role within that specialty that required him or her to use, in the treatment of patients, advanced knowledge and decision-making skill in assessment, diagnosis and therapeutics; and

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

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

Rationale Chart

Suggested Amendment	Reason for Change
<p>2. The applicant must meet the educational requirements for a General certificate of registration which are set out in,</p> <p>i. paragraph 1 of subsection 2 (1), in the case of a registered nurse applicant, or</p> <p>ii. paragraph 1 of subsection 3 (1), in the case of a registered practical nurse applicant.</p>	<p>The education requirement related to the General Class is removed.</p> <p>Rather, and relying on paragraph 7 in this subsection, the education will broaden to include applicants who have completed a nursing program in any jurisdiction.</p> <p>This proposed change does not impact the education requirement for the General Class.</p>
<p>5(1)3. Since meeting the requirements mentioned in paragraph 2, the applicant must not have failed, The applicant must not have twice failed,</p>	<p>Applicants can apply so long as they have not failed the registration exam twice.</p>
<p>(2) The requirement of subparagraph 2 i of subsection (1) shall be deemed not to have been met unless,</p> <p>(a) the requirement was met within three years before the day on which the applicant met all other requirements for the issuance of a Temporary certificate as a registered nurse;</p> <p>(b) the applicant demonstrates evidence of practice as a registered nurse no more than three years before the day on which the applicant met all other requirements for the issuance of a Temporary certificate as a registered nurse; or</p> <p>(c) the applicant pays any fees required under the by-laws, undergoes an evaluation approved by the Registration Committee, at a time when that evaluation was approved by the Registration Committee, and meets requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration</p>	<p>These subsections are replaced by 5(1)8 below.</p>

Suggested Amendment	Reason for Change
<p>Committee within three years before the day on which the applicant met all other requirements for the issuance of a temporary certificate as a registered nurse. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 7 (1).</p> <p>(3) The requirement of subparagraph 2 ii of subsection (1) shall be deemed not to have been met unless,</p> <p>(a) the requirement was met within three years before the day on which the applicant met all other requirements for the issuance of a Temporary certificate as a registered practical nurse;</p> <p>(b) the applicant demonstrates evidence of practice as a registered practical nurse no more than three years before the day on which the applicant met all other requirements for the issuance of a Temporary certificate as a registered practical nurse; or</p> <p>(c) the applicant pays any fees required under the by-laws, undergoes an evaluation approved by the Registration Committee, at a time when that evaluation was approved by the Registration Committee, and meets requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee within three years before the day on which the applicant met all other requirements for the issuance of a temporary certificate as a registered practical nurse. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 7 (2).</p>	
<p>8. The applicant must have successfully completed the educational requirements set out in paragraph 7 of this subsection or in paragraph 1 of subsection 2 (1) or paragraph 1 of subsection 3 (1), as applicable, within three years before the day on which the applicant met all other requirements for the issuance of a Temporary certificate unless,</p> <p>i. the applicant demonstrates evidence of practice as a registered nurse or</p>	<p>The newly added paragraph 8 of subsection 5(1) replaces subsections 5(2) and 5(3). This paragraph ensures that applicants to the Temporary Class have had recent practice.</p>

Suggested Amendment	Reason for Change
<p>registered practical nurse, as applicable, no more than three years before the day on which the applicant met all other requirements for the issuance of a Temporary certificate; or</p> <p>ii. the applicant pays any fees required under the by-laws, undergoes an evaluation approved by the Registration Committee at a time when that evaluation was approved by the Registration Committee, and meets requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee, within three years before the day on which the applicant met all other requirements for the issuance of a Temporary certificate.</p>	
<p>5.1(2) A member's Temporary certificate of registration is automatically revoked on the occurrence of one of the following events, whichever occurs first:</p> <p>1. The expiry of six months from the date the certificate was issued Unless extended under subsection 2.1,</p> <p>i. where the Temporary certificate of registration was issued on or after [**insert filing date of this amending regulation], receipt of notification from the Executive Director of the expiry of a period of time from the date the certificate was issued that was determined, prior to the issuance of the certificate by the Executive Director, to be reasonably sufficient to allow the applicant to meet all of the educational and examination requirements to obtain a General class certificate, as long as the date determined by the Executive Director is not less than six months or more than 24 months from the date of issuance of the certificate; or</p> <p>ii. where the Temporary certificate of registration was issued before [**insert filing date of this amending regulation],</p>	<p>Temporary Class registration is a pathway to General Class registration (e.g. while in the Temporary Class, and working as a nurse, they are fulfilling their General Class registration requirements). It is and should be a time limited class to best meet the needs of the public and in consideration of the impact on resources in the system. For example, the public is best served by qualified nurses who can practice autonomously in the General Class. Further, Temporary Class nurses have a resource impact on the system (e.g. their practice is monitored).</p> <p>The reason ED discretion is being proposed is in relation to Council's response to the Minister Jones' August 4th letter. Council's response describes that "the unavailability of appropriate education for IEN applicants is a key barrier to their timely registration". Given current limited capacity and options in Ontario for IENs to meet education gaps, ED discretion to modify the length of the certificate of registration enables CNO to be fair to IENs and be responsive to system needs. We want to ensure that IENs have</p>

Suggested Amendment	Reason for Change
<p>receipt of notification from the Executive Director of the expiry of the certificate, which notification shall not be provided less than six months or more than 24 months from the date of issuance of the certificate.</p>	<p>enough time to meet education gaps and, as more education is developed in the system and is more accessible for IENs, the need for an extension will evolve.</p> <p>This amendment gives the Executive Director the discretion to extend a Temporary Class certificate past six months, and no more than 24 months. The first clause (i) refers to new applicants under the potential new regulations. The second clause (ii) refers to current registrants (i.e. those currently in the temporary class – the new revocation provisions apply to them and this transitional provision provides clarity related to that). All Temporary Class certificates will have an expiration date.</p>
<p>5.1(1)3. Receipt of notification of the failure for the second time of an examination referred to in,</p>	<p>The proposed change brings 5.1(1)3 into alignment with amendments to 5(1)3.</p> <p>Two exam failures would result in the certificate of registration being revoked.</p>
<p>4. The expiry of 30 days after receipt of notification from the College that the member has met all of the educational and examination requirements for the issuance of a General class certificate of registration,</p> <p>i. as a registered nurse, in the case of a member holding a Temporary certificate of registration as a registered nurse, or</p> <p>ii. as a registered practical nurse, in the case of a member holding a Temporary certificate of registration as a registered practical nurse</p>	<p>After an applicant meets all General Class requirements, CNO could provide 30 days notice to revoke their Temporary Class certificate of registration.</p>

Suggested Amendment	Reason for Change
(2.1) The Executive Director may extend the expiry date of a Temporary certificate of registration on no more than two occasions, with each extension not to exceed six months, if the Executive Director is satisfied that the member has made reasonable efforts to meet all of the educational and examination requirements to obtain a General certificate.	The ED could give a further extension, before revoking the Temporary Class certificate of registration, if the registrant demonstrates they are progressing to meet General Class requirements. This is a maximum of 12 months (i.e. not to exceed 36 months in total, in the Temporary Class, if the extension is granted).
10.7.1 The Executive Director may extend the three-year period referred to in clause 10.5 (3) (b), subclause 10.5 (3) (d) (ii), clause 10.6 (3) (b) or clause 10.7 (3) (b) if the former member satisfies the Executive Director that the former member is safe and competent to engage in the practice of nursing.	This proposed amendment allows nurses previously registered with CNO (or in the Non-Practising Class) to be reinstated on authority of the ED if more than three years has passed with respect to the recent nursing practice requirement.

Decision Note – September 2022 Council

Nursing Education Program Approval

Contact for Questions

Katie Dilworth, Manager, Education Program

Decisions for Consideration¹

Decision 1:

That the annual monitoring review status of nursing programs, listed in [Attachment 1](#) to this decision note, be approved.

Decision 2:

That the comprehensive review status of nursing programs, listed in [Attachment 2](#) to this decision note, be approved.

Decision 3:

That the preliminary review status of new nursing programs, listed in [Attachment 3](#) to this decision note, be approved.

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 judgment to practise safely. The *Nursing Act, 1991* includes a requirement that in order to be eligible for registration, applicants must:

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

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

¹ Due to the type of approval being sought (annual, comprehensive, or preliminary), decisions have been divided into three separate categories.

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, all existing nursing programs undergo an annual monitoring review or comprehensive review:

- Annual monitoring review: this review is for all programs and includes assessment of three outcome indicators. Outcome indicators are calculated on a rolling 3-years of aggregate data. This includes a review and update to program scores.
- Comprehensive review: this review is for all programs but 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.

New programs are assessed for preliminary approval:

- Preliminary approval review: all new programs must receive preliminary approval before admitting students which includes a detailed review of the program's curriculum. The remaining indicators are assessed after the first cohort of students have graduated.

Program Approval Scoring Methodology is described in [Attachment 4](#). Information about program scores for all three decisions can be found in Attachments 1, 2, and 3.

New Nursing Programs:

All new nursing programs must receive preliminary approval before admitting students. Two new baccalaureate programs from Cambrian College are presented for preliminary approval by Council: a Pre-Health Specified Program and a Second-Level Entry Compressed Program. Preliminary approval includes the same rigorous curriculum review as in the comprehensive review. Full approval for all new nursing programs, including meeting the other indicators, occurs the year after the initial cohort graduates.

Impact of COVID 19:

In September 2020, Council was informed about delays of Program Approval timelines, impacting annual and comprehensive reviews, due to the ongoing pandemic. In September 2022, Council is being asked to approve annual and comprehensive reviews for 2021. In June 2023, we will be back to our regular cycle of bringing forward programs for approval every year in June.

Next Steps:

Following Council's decisions CNO will provide:

- A letter to each of the Nursing Programs addressing the program's approval status and the upcoming dates for the next annual or comprehensive reviews as well as:

- A Program Approval report indicating the annual review outcome indicator scores (first-time exam 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 preliminary program review.

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

Attachments:

Attachment 1: Annual approval of nursing programs in Ontario: Detailed Review Scoring

Attachment 2: Comprehensive approval of nursing programs in Ontario: Detailed Review Scoring

Attachment 3: Preliminary approval of new nursing Programs in Ontario: Detailed Review Scoring

Attachment 4: Program Approval Scoring Methodology

Attachment 1 – Annual approval of nursing programs in Ontario: Detailed Review Scoring

Practical Nursing Programs: Annual Reviews¹

Institution	Nursing Program	Indicator 7: First-time Pass Rate ²	Approval Status Recommendation
Cambrian College	Practical Nurse Diploma	Met	Approved
Canadore College	Practical Nurse Diploma	Met	Approved
Collège Boréal	Practical Nurse Diploma	Met	Approved
Conestoga College	Practical Nurse Diploma	Met	Approved
Confederation College	Practical Nurse Diploma	Met	Approved
Durham College	Practical Nurse Diploma	Met	Approved
Fanshawe College	Practical Nurse Diploma	Met	Approved
Lambton College	Practical Nurse Diploma	Met	Approved
Loyalist College	Practical Nurse Diploma	Met	Approved
Mohawk College	Practical Nurse Diploma	Met	Approved
Niagara College	Practical Nurse Diploma	Met	Approved
Northern College	Practical Nurse Diploma	Met	Approved
St. Clair College	Practical Nurse Diploma	Met	Approved

Practical Nursing Programs: Comprehensive reviews updated with Annual approval data

Institution	Nursing Program	Indicator 7: First-time Pass Rate	Total Approval Score >=75%	Approval Status Recommendation
Centennial College	Practical Nurse Diploma	Partially Met	Met	Approved
	Practical Nurse Diploma for Internationally Educated Nurses	Met	Met	Approved
Collège La Cité	Practical Nurse Diploma	Met	Met	Approved
George Brown College	Practical Nurse Diploma	Met	Met	Approved
Georgian College	Practical Nurse Diploma	Met	Met	Approved
Sault College	Practical Nurse Diploma	Partially Met	Met	Approved
Seneca College	Practical Nurse Diploma	Partially Met	Met	Approved

Baccalaureate Nursing Programs: Annual Reviews

Institution	Nursing Program	Indicator 7: First-time Pass Rate	Approval Status Recommendation
Laurentian University	Bachelor of Science in Nursing Program	Partially Met	Approved
University of Toronto	Bachelor of Science in Nursing	Met	Approved
University of Windsor	Bachelor of Science in Nursing	Met	Approved
	Bachelor of Science in Nursing for Graduates of Lambton College Practical Nurse Program	Met	Approved
Western University	Western-Fanshawe Collaborative Bachelor of Science in Nursing Program	Met	Approved
	Bachelor of Science in Nursing Compressed Time Frame Program	Met	Approved

¹ Based on a program's evidence, each indicator is evaluated against a rubric (see Attachment 4) that determines whether the indicator is met, partially met, or not met. A 'partially met' or 'not met' indicator score will not impact approval recommendation if the indicator is not mandatory, and the program continues to meet a total score of 75%. For PN and BN programs you will see two charts. This represents those that have, and have not, gone through a comprehensive review. The second chart reflects those that have already been through a comprehensive review and their scores are updated with the annual approval data.

² The first-time pass rates used for program approval purposes are calculated based on the total number of first-time writers that pass the registration exam based on a rolling 3-years of aggregate data expressed as a percentage.

Baccalaureate Nursing Programs: Comprehensive reviews updated with Annual approval data

Institution	Nursing Program	Indicator 7: First-time Pass Rate	Total Approval Score >=75%	Approval Status Recommendation
Lakehead University	Bachelor of Science in Nursing Program	Partially Met	Met	Approved
	Bachelor of Science Nursing Compressed Program	Met	Met	Approved
Nipissing University	Bachelor of Science in Nursing Collaborative with Canadore College Program	Met	Met	Approved
	Bachelor of Science in Nursing Scholar Practitioner Program	Met	Met	Approved
	Registered Practical Nurse (RPN) to Bachelor of Science in Nursing Program	Partially Met	Met	Approved
Queen's University	Bachelor of Nursing Science Program	Met	Met	Approved
	Bachelor of Nursing Science Program – Accelerated Standing Track	Met	Met	Approved
Toronto Metropolitan University (formerly known as Ryerson University)	Bachelor of Science in Nursing Collaborative Program	Met	Met	Approved
	Bachelor of Science in Nursing – Post Diploma Completion Program	Not Met	Met	Approved
Trent Fleming School of Nursing	Collaborative Bachelor of Nursing Program	Met	Met	Approved
	Compressed Bachelor of Nursing Program	Met	Met	Approved
	Post-RPN Bridging Pathway Bachelor of Nursing Program	Partially Met	Met	Approved
University of New Brunswick at Humber College	Collaborative Bachelor of Nursing Program – Regular 4 Year Pathway	Met	Met	Approved
	Collaborative Bachelor of Nursing Program – Second-entry Pathway	Met	Met	Approved
	Collaborative Bachelor of Nursing Program – Bridge Pathway	Met	Met	Approved
University of Ottawa	Bachelor of Science in Nursing	Met	Met	Approved
	Registered Practical Nurse Bridging Program	Met	Met	Approved
	Bachelor of Science in Nursing Second Entry Program	Met	Met	Approved
York University	Bachelor of Science in Nursing Collaborative Program	Partially Met	Met	Approved
	Bachelor of Science in Nursing Compressed Program	Met	Met	Approved
	Post RN for Internationally Educated Nurses Program	Partially Met	Met	Approved

Nurse Practitioner Programs: Annual Reviews

Institution	Nursing Program*	Indicator 7: First-time Pass Rate	Total Approval Score >=75%	Approval Status Recommendation
Lakehead University	Primary Health Care Nurse Practitioner	Met	N/A	Approved
Laurentian University	Primary Health Care Nurse Practitioner	Met	N/A	Approved
McMaster University	Primary Health Care Nurse Practitioner	Met	N/A	Approved
Queen's University	Primary Health Care Nurse Practitioner	Met	N/A	Approved
Toronto Metropolitan University (formerly known as Ryerson University)	Primary Health Care Nurse Practitioner	Met	N/A	Approved
University of Ottawa	Primary Health Care Nurse Practitioner	Met	N/A	Approved
University of Toronto	Primary Health Care Nurse Practitioner – Global Health	Met	N/A	Approved

Institution	Nursing Program*	Indicator 7: First-time Pass Rate	Total Approval Score ≥75%	Approval Status Recommendation
University of Toronto	Primary Health Care Nurse Practitioner – Adult	Met	N/A	Approved
University of Toronto	Primary Health Care Nurse Practitioner – Pediatrics	Met	N/A	Approved
University of Windsor	Primary Health Care Nurse Practitioner	Met	N/A	Approved
Western University	Primary Health Care Nurse Practitioner	Met	N/A	Approved
York University	Primary Health Care Nurse Practitioner	Met	N/A	Approved

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

Attachment 2 – Comprehensive approval of nursing programs in Ontario: Detailed Review Scoring

Practical Nursing Programs: Comprehensive Reviews¹

Institution	Nursing Program	Mandatory Indicator 4: Curriculum	Mandatory Indicator 2: Client & Student Safety	Indicator 7: First-time Pass Rate ²	Total Approval Score >=75%	Approval Status Recommendation
Algonquin College	Practical Nurse Diploma	Met	Met	Met	Met	Approved
Fleming College	Practical Nurse Diploma	Met	Met	Met	Met	Approved
Humber College	Practical Nurse Diploma	Met	Met	Met	Met	Approved
Sheridan College	Practical Nurse Diploma	Met	Met	Met	Met	Approved
St. Lawrence College	Practical Nurse Diploma	Met	Met	Met	Met	Approved

Baccalaureate Nursing Programs: Comprehensive Reviews*

Institution	Nursing Program	Mandatory Indicator 4: Curriculum	Mandatory Indicator 2: Client & Student Safety	Indicator 7: First-time Pass Rate	Total Approval Score >=75%	Approval Status Recommendation
Brock University	Bachelor of Science in Nursing: Honours Program	Met	Met	Partially Met	Met	Approved
McMaster University	Bachelor of Science in Nursing Program – Basic Stream	Met	Met	Met	Met	Approved
	Bachelor of Science in Nursing Program – Accelerated Stream	Met	Met	Met	Met	Approved
	Bachelor of Science in Nursing Program – Post Diploma Registered Practical Nurse (RPN) Stream	Met	Met	Met	Met	Approved

*Ontario Tech University's Comprehensive Review recommendation will be submitted in December 2022

¹ Based on a program's evidence, each indicator is evaluated against a rubric (see Attachment 4) that determines whether the indicator is met, partially met, or not met. A 'partially met' or 'not met' Indicator score will not impact approval recommendation if the indicator is not mandatory and the program continues to meet a total score of 75%.

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.

Attachment 3 – New Baccalaureate Programs: Detailed Review Scoring

New Baccalaureate Nurse Programs: Preliminary Review

Institution	Nursing Program	CNO Program Category	Indicator 4: Curriculum	Approval Status Recommendation
Cambrian College	Second (2nd) Entry BScN Bridge program	Second-Level Entry Compressed Program	Met	Preliminary Approval
	PN-RN Bridging program	Pre-Health Education Entry Specified Program	Met	Preliminary Approval

Attachment 4 – 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 (rolling 3-years of aggregate data)

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

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

CNO NURSING EDUCATION PROGRAM APPROVAL SCORECARD	
Structure Standard (Total weight 25%)	
Indicator¹ (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 ²	18
9. Preceptor ratings of student's readiness to practice	10
Sub-Total -Outcome Indicators	35%
All Standards and Indicators (Total weight 100%)	100%

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

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

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

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

Discussion Note – September 2022 Council

Standards Modernization

Contact for Questions or More Information

Kevin McCarthy, Director of Strategy

Introduction

We are seeking Council's input on key considerations and next steps to support modernizing CNO's practice standards.

Public Interest Rationale

Modern standards act as a proactive contributor to inform the public, employers and nurses of nursing accountabilities in safe nursing practice, thereby reducing patient harm.

Strategic Outcome

Modernizing practice standards supports the implementation of CNO's [Strategic Plan 2021-2024](#). Specifically, modernized practice standards advance CNO's strategic outcome so that *nurses' conduct will exemplify understanding and integration of CNO standards for safe practice*.


Informed by evidence, the objectives of this initiative are to ensure practice standards are:

- accessible (clear and easy-to-understand),
- defensible (evidence-informed, measurable), and
- relevant (reflect contemporary practice to prevent risk, informed by stakeholders, and meet stakeholder needs).

Background

In [December 2021](#), Council was provided an update regarding the conceptual diagram, key features of a modern standard and a stakeholder engagement plan.

In the conceptual diagram, the [Code of Conduct \(the Code\)](#) was identified as the “central hub” with topic specific practice standards as the spokes. Given that the Code is the lynchpin to all other topic specific practice standards, it was prioritized as the key practice standard to modernize for 2022. After critical review and analysis, it was identified that the Code requires



enhancements to reflect the dynamic nature of the healthcare environment and provide updated expectations of professional behaviour and ethical conduct for all nurses.

In addition to the evidence gathered and presented to Council in [March 2021](#), a more focused review was conducted to identify gaps within the Code. Attachment 1 provides a summary of key themes from the many sources of evidence:

- literature,
- jurisdictional scans,
- regulatory data analysis to identify risk of harm to the public,
- consultation with CNO teams and,
- consultation with external legal counsel.

Gaps within the Code of Conduct

The evidence identified the following gaps within the Code, including enhanced and clarified expectations on:

- Cultural humility and safety,
- Independent practice,
- Professional misconduct behaviours (e.g., abuse, misappropriation, lack of cooperation with CNO),
- Professional relationships with colleagues and,
- Social media use.

Informing the Current Draft Code

These many sources of input have informed the most recent enhancements to the Code, see Attachment 2 for the most recent draft of the Code. A review conducted by internal staff and external legal counsel ensures the Code is fit for all CNO regulatory purposes. The Code now reflects:

- New content to address identified gaps,
- New principle focused on cultural humility and cultural safety,
- Clarified statements to address areas of high risk (e.g., describing what nurses do not do),
- Reorganized principles and statements and,
- Direct links to topic specific practice standards where applicable to support greater usability.

Stakeholder Engagement

Recognizing the importance of obtaining diverse perspectives and to inform cultural humility and cultural safety content, here are examples of stakeholder groups¹ that have been engaged to date capturing patient, nursing and/or system-level perspectives including but not limited to:

- Alliance Ontario

¹ Stakeholder groups were identified based on the Stakeholder Engagement Pillar work of the Strategic Plan and the Government of Canada's research on vulnerable populations.

- Black Nursing Communities of Practice (e.g., academics with expertise in anti-black racism)
- Citizen's Advisory Group (e.g., comprising of diverse patients)
- Indigenous Communities (e.g., Indigenous Primary Health Care Council)
- LGBTQ2+ Communities (e.g., Queer Ontario, 519 Health)
- Mental Health & Addiction Communities (e.g., Centre for Addictions and Mental Health, Ontario Shores)
- Nurse Advisory Group (e.g., comprising of nurses working in rural/remote Ontario and with Francophone communities)
- Senior & Elder Communities (e.g., Advantage Ontario, Ontario Retirement Communities Association)

Stakeholders were invited to participate in individual interviews, focus groups or complete the Code's [public consultation survey](#) and participate in future work to modernize practice standards and develop additional resources for their respective communities.

Stakeholder Feedback

To date, stakeholders have been generally supportive of the update to the Code and appreciative of the new additions, specifically the new principle focusing on cultural humility and safety. Emerging themes from stakeholder feedback include:

- Ensuring statements are action-oriented,
- Ensuring definitions are clear,
- Integrating new concepts (e.g., anti-Indigenous racism, anti-black racism),
- Importance of self-reflection (e.g., nurses understanding their position of power),
- Importance of learning and unlearning behaviours and,
- Developing an effective implementation strategy with system partners (e.g., employers, academics)

Next Steps

- In follow up to Council, CNO will conduct:
 - Additional stakeholder engagement with employers, academics, associations and unions,
 - An analysis of all stakeholder feedback and,
 - Revisions to the Code of Conduct.
- In December 2022, Council can expect:
 - An updated Code of Conduct for decision,
 - An implementation plan for the Code of Conduct to take effect in June 2023.

Attachments

- 1) Attachment 1- Summary of Evidence
- 2) Attachment 2- DRAFT Code of Conduct

Summary of Evidence Standards Modernization Project: Code of Conduct Update

Introduction

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

In addition to extensive consultation with diverse stakeholder groups, this summary assembles additional evidence related to identifying gaps within the *Code of Conduct* (the Code), including a focused review on diversity, equity and inclusion (DEI) principles and the Code's functionality in professional conduct processes. The evidence reflects multiple sources, including a focused literature review, an environmental scan of other regulators, regulatory data and external legal consultations.

Literature

In addition to the literature review completed and presented to Council in [March 2021](#), a focused literature review was conducted to determine the behaviours that health care professionals must demonstrate to provide culturally safer care. Main themes from the data included:

- Education and training needs (e.g., focus on anti-racism training, need for regular, ongoing education),
- Variation in definitions (e.g., shift from “cultural competency” to “cultural humility” and “cultural safety”),
- Understanding culturally safe care (e.g., origin of cultural safety, including what it is and why it is important),
- Importance of self-reflection (e.g., identifying subconscious and implicit bias) and,
- Communication and active listening.

Jurisdictional Scans

In addition to the jurisdictional scan completed and presented to Council in March 2021, a focused jurisdictional scan was conducted to identify health regulators with practice standards that reflect DEI and cultural safety principles.

Based on key findings from the College Performance Management Framework (CPMF) reports, most Ontario health regulators do not have practice standards reflecting DEI or cultural safety or are currently in the process of development. For the few Ontario health regulators with practice standards, the main themes include:

- Integrating DEI principles within their Code of Ethics,
- Importance of building knowledge (e.g., understanding definitions, self-reflection),
- Importance of inclusivity,
- Importance of intersectionality and
- Understanding unique patient expectations.

National champions in developing DEI and cultural safety practice standards were also identified, including the British Columbia College of Nurses and Midwives (BCCNM) and the College of Registered Nurses of Alberta (CRNA). BCCNM recently developed an [Indigenous Cultural Safety, Cultural Humility and Anti-Racism practice standard](#). Core concepts and principles from this practice standard include self-reflective practice, building knowledge through education, anti-racism practice, creating safe health care experiences, person-led care and strengths-based and trauma-informed practice. [CRNA recently developed a Culturally Safe and Inclusive practice standard](#). Core concepts and principles from this practice standard include cultural humility, self-reflection, patient-centred care and effective communication.

Regulatory Data

Data was extracted across regulatory functions¹ to determine areas of risk in practice. Main themes from the data include:

¹ Includes data from Professional Conduct processes (e.g., common complaints, reports, discipline matters) and data from Practice Quality (e.g., inquiries from nurses, other stakeholders).

- Failing to report issues related to patient safety,
- Inappropriate business practices for nurses in independent practice,
- Lack of cultural awareness and professionalism between nurses and patients,
- Lack of cultural awareness and professionalism between nurses and members of the health care team and,
- Unprofessional social media use.

External Legal Consultations

To ensure the *Code* could be used in Professional Conduct processes, external legal consultations² were conducted. Legal counsel is generally supportive of the standards modernization approach and the draft *Code*. Themes arising from the feedback include:

- Improving clarity & enhancing content on practice standards related to the acts of Professional Misconduct (e.g., abuse, misappropriation, engaging in offences, compliance with the regulator, professional relationships with colleagues, lying, cheating, stealing);
- Directly referencing topic specific practice standards in the *Code* where appropriate;
- Aligning practice standard development implementation with the Ministry of Health's College Performance Management Framework expectations;
- Ensuring practice standards reflect standards of the nursing profession broadly, rather than solely CNO's practice standards.

Summary and Next Steps

The above sources of evidence have been analyzed and integrated into the current draft of the *Code*, see Attachment 2.

Given that stakeholder engagement is currently underway, CNO will wait to receive all stakeholder input prior to the next extensive revision to the *Code*.

² The CNO team consulted with two firms: Paliare Roland and Steinecke Maciura LeBlanc to obtain broad legal perspectives.

Code of Conduct: Standards Modernization Update September 2022

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

The Code of Conduct (Code) is a practice standard describing the accountabilities all Ontario nurses (Registered Nurses, Registered Practical Nurses, and Nurse Practitioners) have to patients, employers, colleagues, and the public. It articulates what the people of Ontario can expect from nurses and what is required from nurses to maintain professionalism, competence, and ethical behaviour to and provide safe care. All nurses registered with CNO are expected to uphold this practice standard regardless of their role, title, or responsibility.

To maintain public trust and confidence in the integrity of the profession and the care nurses provide, the Code outlines safe and ethical practice requirements based on current evidence. It is also informed by legislation such as the Ontario *Human Rights Code*, and recommendations in the *Truth and Reconciliation Commission of Canada: Calls to Action (2015)*.

The Code puts patients at the centre of **nursing care** and includes principles of diversity, equity, and inclusion to ensure patient care that is safe, compassionate, equitable and free of discrimination.

Throughout the Code, we use the word “**patient**” broadly to include individuals, substitute decision-makers, families, groups, communities, and populations who receive nursing care.

The Code reflects evolving changes in nursing practice, the health care environment, and societal values. Nurses are expected to apply the Code’s principles in their practice along with other CNO standards of practice, which provides more detailed guidance. CNO will consider the Code in regulatory processes and reviewing the practice of nurses.

A glossary of **bolded** terms is provided at the end of this document.

PRINCIPLES OF THE CODE

There are six principles in the Code supported by a set of statements of core behaviours all nurses are accountable to:

1. Nurses respect the dignity of patients.
2. Nurses demonstrate cultural humility and promote culturally safer care.
3. Nurses provide safe and competent care.
4. Nurses work respectfully with the health care team.
5. Nurses act with integrity in the best interest of patients.
6. Nurses maintain public confidence in the nursing profession.

All principles have equal importance and work together to describe the conduct, behaviour, and professionalism necessary for safe and ethical nursing practice in Ontario.

HOW TO USE THE CODE

The *Code* is the central “hub” of all practice standards. It is supported by topic specific practice standards, which provide further detail to support nurses in their practice.



Foundational to the Code are the Entry-Level competencies. These competencies are the base for nursing practice and guide the assessment of members' continuing competence for maintaining registration with CNO.

The Code applies to any mode a nurse may be using to deliver health care services, such as in-person, virtually or by telephone.

CNO acknowledges that there are many partners in patient safety that use the Code across the health care system such as nurses, patients, employers, and educators. Some of the ways partners can use the Code include:

- Nurses can use it to promote safe and effective practice in their place of work.
- Patients can use it to understand what to expect from their nurse and to provide feedback to nurses.
- Employers can use it to support staff in upholding the standards of the profession as part of providing the quality and safety expected by patients.
- Educators can use it to help nursing students understand what it means to be a nurse and how integrating the Code in their practice helps to achieve that.

Principle One: Nurses respect the dignity of patients

[New] In this principle, nurses work together with patients with respect and sensitivity to patient needs. To achieve this principle, nurses are expected to demonstrate the following core behaviours:

[Enhanced] 1.1 Nurses treat patients with respect and compassion.

[New] 1.2 Nurses prioritize patients' health and well-being in the **therapeutic nurse-patient relationship**.

[New] 1.3 Nurses act in the patient's best interests respecting their care preferences, choices, and decisions.

[Enhanced] 1.4 Nurses respect patients' rights and involve and support patients in making care decisions.

[Enhanced] 1.5 Nurses listen and respond to patients' concerns by collaborating with patients and any person the patient wants involved in their care.

[Enhanced] 1.6 Nurses maintain patients' privacy and dignity, regardless of wherever the patient is receiving care and the mode of delivery of care. This includes after the nurse-patient relationship ends.

[Enhanced] 1.7 Nurses communicate to patients the details of care they propose to provide in a clear and timely way.

[Enhanced] 1.8 Nurses obtain **informed consent** from patients or their **substitute decision-makers** when patients are unable to do so as set out in CNO's [Consent](#) guideline and the [Health Care Consent Act, 1996](#).

1.9 Nurses identify when their own personal beliefs conflict with a patient's care plan, and provide safe, compassionate, and timely care to those patients, until other arrangements are in place.

Principle Two: Nurses demonstrate cultural humility and promote culturally safer care

[New] Introduction:

In this principle, nurses **self-reflect** and evaluate their own behaviour to advocate for equitable and **culturally safer** care that is free from discrimination. To achieve this principle, nurses are expected to demonstrate the following core behaviours:

Self-Reflection

[New] 2.1 Nurses self-reflect on how their privileges, biases, values, belief structures, behaviours and positions of power may impact the therapeutic nurse-patient relationship and take action to neutralize their effect on patient care.

[New] 2.2 Nurses identify and do not act on any stereotypes or assumptions they may have about patients.

[New] 2.3 Nurses seek feedback from many sources, including patients and the health care team, and evaluate their own behaviour and culturally safe practice.

Creating Safer Health Care Experiences

[New] 2.4 Nurses address patients by their preferred name, title, and pronoun.

[New] 2.5 Nurses recognize that many identity factors and **personal attributes**, including those identified in the Ontario [Human Rights Code](#), may impact a patient, their lived experience and perspective on healthcare.

[Enhanced] 2.6 Nurses assess and strive to meet patients' language, cultural and communication needs in ways patients understand.

[New] 2.7 Nurses ask patient's questions about whether they are open to sharing their lived experiences and how they identify themselves.

[New] 2.8 Nurses actively listen to and seek to understand the patient's lived experiences.

[New] 2.9 Nurses assess patients to determine if they are at risk for **health inequities** and take steps to optimize patient outcomes.

[New] 2.10 Nurses provide care that focuses on the patient's resilience and strengths. Nurses work with patients to achieve their health and wellness goals.

Training and Education

[New] 2.11 Nurses continually seek to improve their ability to provide patients culturally safer care.

[New] 2.12 Nurses undertake continuous education in areas including Indigenous health care, **determinants of health**, cultural safety, **cultural humility**, and anti-racism.

Principle Three: Nurses provide safe and competent care

[NEW] Introduction:

In this principle, nurses work within the limits of their legal scope of practice, education, experience, knowledge, skill, and judgment to ensure safe and competent nursing care. To achieve this principle, nurses are expected to demonstrate the following core behaviours:

[Enhanced] 3.1 Nurses identify themselves to patients in way that is consistent with [CNO's public register](#), using their name, title (RN, RPN, NP) and their role within the health care team.

[Enhanced] 3.2 Nurses recognize and work within the limits of both their legal **scope of practice** and knowledge, skill, and judgment.

[New] 3.3 Nurses identify when patients' therapeutic needs are outside of their legal scope of practice or individual competence and support patients to seek services from appropriate health care professionals.

[Enhanced] 3.4 Nurses seek and use the best available evidence to inform their practice.

[New] 3.5 Nurses conduct research ethically including placing patient well-being above all other research objectives.

[Enhanced] 3.6 Nurses use their knowledge, skill and judgment when providing nursing care. Nurses modify patient care plans as appropriate for safe patient care.

[Enhanced] 3.7 Nurses respond and are available to patients in their care.

[Enhanced] 3.8 Nurses provide timely nursing care. When this is not possible, nurses explain to patients the reasons for the delay and take steps to avoid or limit patient harm.

3.9 Nurses advocate and support patients in accessing timely health care that meets patients' needs.

[New] 3.10 Nurses are accountable to engage in safe **medication practices** as set out in CNO's [Medication](#) practice standard including having the appropriate legal authority and requisite knowledge, skill and judgment to do so.

[Enhanced] 3.11 Nurses are accountable to maintain and keep clear, complete, accurate and timely **documentation** as set out in CNO's [Documentation](#) practice standard. Nurses do not document false or misleading information.

[New] 3.12 Nurses in **independent practice** conduct **appropriate business practices** as set out in CNO's [Independent Practice](#) guideline, including accurate record keeping, informing patients of fee components and charging appropriate and reasonable fees.

[New] 3.13 Nurses discontinue nursing services if the patient requests it. Nurses arrange alternative or replacement services in a timely way or provides the patient a reasonable opportunity to arrange alternative services.

Principle Four: Nurses work respectfully with the health care team to best meet patients' needs

[NEW] Introduction:

In this principle, nurses are accountable to one another and are expected to build and maintain respectful relationships with the **health care team**, including students and new learners. To achieve this principle, nurses are expected to demonstrate the following core behaviours:

[New] 4.1 Nurses self-reflect on how their privileges, biases, values, belief structures, behaviours and positions of power may impact relationships with health care team members.

[New] 4.2 Nurses identify and do not act on any stereotypes or assumptions they may have about health care team members.

[New] 4.3 Nurses address health care team members by their preferred name, title, and pronoun.

[New] 4.4 Nurses recognize that many identity factors and personal attributes, including those identified in the Ontario [Human Rights Code](#), may impact a health care team member, their lived experience and perspective on nursing and healthcare.

[Enhanced] 4.5 Nurses demonstrate professionalism and treat all health care team members with respect in all contexts, including on **social media**.

4.6 Nurses collaborate and communicate with the health care team in a clear, effective, professional, and timely way to provide safe patient care.

[New] 4.7 Nurses do not physically, verbally, emotionally, financially, or sexually harass or abuse health care team members.

[Enhanced] 4.8 Nurses support, mentor and teach health care team members.

[New] 4.9 Nurses assess the learning needs of health care team members and determine whether individuals have appropriate knowledge, skill, and judgment to perform safe nursing care.

[New] 4.10 Nurses delegate nursing care in a way that upholds the expectations outlined in the [Nursing Act, 1991](#). Nurses do not direct health care team members to perform nursing care they are not adequately trained or competent to perform.

[New] 4.11 Nurses provide and accept feedback from the health care team to support positive patient outcomes.

[New] 4.12 Nurses continually seek to improve their ability to provide culturally safer working environments for the health care team.

[New] 4.13 Nurses demonstrate reliability and commitment to individual growth and improvement.

Principle Five: Nurses act with integrity in the best interest of patients.

[NEW] Introduction:

In this principle, nurses are honest and fair practitioners who strive to build a trustworthy, therapeutic, nurse-patient relationship. To achieve this principle, nurses are expected to demonstrate the following core behaviours:

[New] 5.1 Nurses fairly allocate and advocate resources. Nurses prioritize care based on objective health-related factors.

[Enhanced] 5.2 Nurses protect the privacy and confidentiality of patients' **personal health information** as set out in CNO's [Confidentiality & Privacy – Personal Health Information](#) practice standard and the [Personal Health Information Protection Act, 2004](#).

[Enhanced] 5.3 Nurses do not share patients' personal health information, unless for therapeutic reasons and only in compliance with laws and standards of practice governing privacy and confidentiality. This includes on social media or through digital communication such as texts or emails.

[Enhanced] 5.4 Nurses do not act as attorneys for personal care or substitute decision-makers for patients in accordance with the [Health Care Consent Act, 1996](#).

[Enhanced] 5.5 Nurses identify, prevent, and do not practice in situations that cause **conflict of interest**. If a conflict of interest exists or arises at any point during the therapeutic nurse-patient relationship, nurses explore alternative services with patients.

[Enhanced] 5.6 Nurses place their professional responsibilities ahead of their **personal gain**.

[Enhanced] 5.7 Nurses initiate, establish and maintain professional **boundaries** with patients and terminate the nurse-patient relationship as set out in CNO's [Therapeutic Nurse-Client Relationship](#) practice standard.

[New] 5.8 Nurses do not physically, verbally, emotionally, financially or sexually abuse, harass or neglect their patients as set out in CNO's [Therapeutic Nurse-Client Relationship](#) practice standard and the [Regulated Health Professions Act, 1991, 1991](#).

[Enhanced] 5.9 Nurses protect patients from any type of harm, neglect, or abuse. This includes taking action to stop and refrain from unsafe, incompetent, unethical or unlawful practice.

[New] 5.10 Nurses are **truthful** in their professional practice.

[New] 5.11 Nurses demonstrate reliability and commitment to patients.

[New] 5.12 Nurses identify moral or ethical situations and proactively address conflict, dilemmas and/or distress of patients in their care.

[New] 5.13 Nurses promote healthy relationships with patients, their caregivers, advocates, and members of the health care team by managing and resolving conflict for optimal patient care.

Principle Six: Nurses maintain public confidence in the nursing profession

[NEW] Introduction:

In this principle, nurses promote dignity and respect for the nursing profession by modelling professionalism and demonstrating leadership. To achieve this principle, nurses are expected to demonstrate the following core behaviours:

[Enhanced] 6.1 Nurses understand and practice in compliance with relevant laws and **standards of practice** and do not breach them.

[Enhanced] 6.2 Nurses are accountable for their own decisions, actions, omissions, and related outcomes.

[New] 6.3 Nurses take accountability for their errors and use them as learning opportunities.

[Enhanced] 6.4 Nurses **report** any error, unsafe behaviour, unethical conduct, or system issue to relevant individuals, including employers, CNO and other regulatory colleges, whether or not harm has occurred.

[Enhanced] 6.5 Nurses participate and advocate for improving the quality of their practice setting to support safe patient care.

[Enhanced] 6.6 Nurses do not steal, misuse, abuse or destroy the property of their patients, health care team or employers.

[Enhanced] 6.7 Nurses self-reflect and are responsible for maintaining their health. Nurses seek help if their health affects their ability to practice safely.

6.8 Nurses do not practice when impaired by any substance.

[New] 6.9 Nurses self-reflect, identify learning needs in their practice and engage in continuous learning to improve their competence.

[Enhanced] 6.10 Nurses participate in and keep records of their participation in CNO's Quality Assurance Program.

[New] 6.11 Nurses do not publicly communicate health care statements that contradict the best available evidence.

[New] 6.12 Nurses do not engage in **offences** that impact their ability to practise nursing.

[New] 6.13 Nurses cooperate with CNO, including cooperation in investigations and providing comprehensive and accurate information.

Code of Conduct Glossary

[New] Appropriate business practices: Reasonable actions that nurses in [independent practice](#) implement for patient safety. This includes, but not limited to, record keeping, setting reasonable fees, obtaining professional liability protection, providing accurate advertising, and developing appropriate staffing policies.

Boundaries: The points when a relationship changes from professional and therapeutic to unprofessional and personal. [Therapeutic nurse-patient relationships](#) put patients' needs first. Crossing a boundary means a nurse is misusing their power and trust in the relationship to meet personal needs or behaving in an unprofessional manner with the patient. Crossing a boundary can be intentional or unintentional. See CNO's

Conflict of interest: When a nurse's personal interests improperly influence his/her professional judgment or conflict with their duty to act in the best interest of patients. This includes financial and non-financial benefit, whether direct or indirect.

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

Cultural safety: The effective care of a patient by a healthcare provider who has undertaken a process of reflection on their own cultural identity and recognizes the impact of their own culture on their practice. It addresses issues of inequality rooted in historical and structural violence and discrimination that has led to power differences and inequalities and focuses on safe systems, clinical settings, and interactions (Gower et al., 2022; Withall et al., 2021).

Determinants of health: The broad range of personal, social, economic, and environmental factors that determine individual and population health. The main determinants of health include income and social status, employment and working conditions, education and literacy, childhood experiences, physical environments, social supports and coping skills, healthy behaviours, access to health services, biology and genetic endowment, gender, culture, race / racism (Government of Canada, 2022).

[Enhanced] Documentation: Health records which may be in a variety of forms (e.g., paper, electronic, audio) and used to reflect the needs or goals of the patient, the nurses' inactions, actions and decisions, communication with other health care providers and the outcomes and evaluation of those inactions, actions and decisions.

[Enhanced] Health care team: Members of the intraprofessional and/or interprofessional team supporting patient care. This includes students and new learners.

Health inequities: Differences in health status or in the distribution of health resources between different population groups, arising from the social conditions in which people are born, grow, live, work and age. (World Health Organization, 2018)

[New] Independent practice: Nurses in [independent practice](#) are self-employed (e.g., operating their own economic enterprise) for the purposes of providing nursing services and/or operating their own nursing business.

Informed consent: As described under the [Health Care Consent Act](#), a person's [consent](#) is informed if: the person receives information about a treatment that a reasonable person in the same circumstances would require to make a decision; and the person receives responses to their requests for additional information about the treatment.

The information must include the nature of the treatment; expected benefits of the treatment; material risks and side effects of the treatment; alternative courses of action; and likely consequences of not having the treatment.

Medication practices: Patient-centered practices to optimize safe and effective medication therapy. Practices may include but is not limited to the following activities: administration, prescribing, dispensing, medication storage, inventory management and disposal of medications.

Nursing care: Care provided from a nurse to a patient which includes, but is not limited to, assessment, planning, implementation, monitoring, evaluation, and coordination of care.

[New] Offence: Behaviour that is considered harmful to public safety or threatens the public's trust in nurses as defined in provincial and federal legislation.

Patient: An individual, family, group, community, or population receiving nursing care, including, but is not limited to, "clients" or "residents."

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

Personal gain: Advantage or benefit, financial or otherwise, that a nurse receives. A personal gain can be monetary (cash, gifts, and rewards) or provide the nurse other personal advantages. A personal gain includes interests of the nurse's family, charitable causes, or organizations the nurse supports. It does not include a nurse's salary or benefits.

[Enhanced] Personal health information: As reflected in the [Personal Health Information Protection Act, 2004](#), including any identifying information about patients' physical or mental health or the health history of their family.

Quality Assurance Program: A CNO program where nurses demonstrate their commitment to continuing competence and quality improvement of their knowledge, skill and judgment through self-assessment, practice assessment, and peer assessment. CNO's Quality Assurance Program is mandated by the [Regulated Health Professions Act, 1991, 1991](#).

[Enhanced] Report: The legal and organizational requirement to disclose safety issues related to the individual practice of health care professionals, or issues impacting practice settings. Examples of legal reporting requirements include reporting to the appropriate authorities any health care team member whose actions or behaviours toward patients are unsafe or unprofessional in accordance with applicable legislation, including but not limited to the [Fixing Long-Term Care Homes Act, 2021](#), [Child, Youth and Family Services Act, 2017](#), the [Public Hospitals Act, 1990](#). Another example is reporting sexual abuse of a client by a regulated health professional to the registrar of appropriate regulatory college in accordance with the [Regulated Health Professions Act, 1991 1991](#). An example of an organizational reporting requirement is reporting medication near-misses.

[New] Self-reflection: An intentional and continuous process nurses engage in to critically think about their practice. Reflecting on practice daily will help nurses identify strengths and any learning needs. See [CNO's Quality Assurance program](#) for more information.

[Enhanced] Scope of practice: The expectations and limitations of duties and responsibilities of nurses who are legislated, educated, and authorized to perform roles, responsibilities and functions, as reflected in the controlled acts authorized to nurses in the [Regulated Health Professions Act, 1991](#) and in Section 3 and 4 of the [Nursing Act](#), and the regulations thereunder. The Scope of Practice is further as defined in Section 3 of the [Nursing Act](#): "The practice of nursing is the promotion of health and assessment of, the provision of, care for, and the treatment of, health conditions by supportive, preventive, therapeutic, palliative and rehabilitative means in order to attain or maintain optimal function."

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

[Enhanced] Standards of practice: Expectations for how a competent nurse should perform. Standards describe the behaviour expected from nurses. Standards of practice contribute to public protection.

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

Therapeutic nurse-patient relationship: A professional [relationship between a nurse and a patient](#), the focus of which is to meet the patient's health needs. There are five components to the nurse-client relationship: trust, respect, professional intimacy, empathy, and power.

Truthfulness: Speaking or acting without intending to deceive. Truthfulness also refers to the provision of accurate information. Intentional omissions are as untruthful as false information.



Discussion Note – September 2022 Council

Subject – 2021-2024 Strategic Plan

Contact for Questions or More Information

Silvie Crawford, Executive Director and Chief Executive Officer (ED & CEO)

Purpose

To provide context, this briefing note describes background on the development and implementation of CNO's 2021-2024 Strategic Plan.

Background


Development of CNO's Strategic Plan 2021-2024

Planning began in the fall of 2018 to renew the Strategic Plan. CNO partnered with an external organization (Level5 Strategy) to develop an innovative planning approach that involved ongoing collaboration with Council and staff.

A Steering Committee was established March 2019 to provide oversight to this process and support Council's engagement. The committee was comprised of the Executive Committee of Council (five members) and five members of staff (the Chief Executive Officer, Chief Quality Officer, Chief Administrative Officer, Director of Strategy and Director of Communications). The process involved a comprehensive environmental scan including consultation with stakeholders. Challenges and opportunities identified in the environmental scan informed the draft Strategic Plan.

Supported by the Steering Committee, Council provided important feedback and direction at each phase of the project including:

- June 2019: 2-day workshop in which Council and staff reviewed the results of the environmental scan and validated the themes emerging that would inform the new strategy
- September 2019: workshop in which Council reviewed the purpose statement and endorsed the future direction, which was based on their input from June 2019
- December 2019: workshop in which Council approved the purpose statement and endorsed the preliminary direction of the new strategic plan



At the March 2020 Council meeting, the final Strategic Plan was approved by Council to take effect January 2021.

Preparation for the Launch of the Strategic Plan

Early 2020, CNO staff worked alongside Level5 Strategy to identify and implement T-1 activities. These were the activities that would position CNO to be ready to implement the new Strategic Plan in 2021. While this work was not completed given the pandemic, it did inform individual roadmaps which are described later in the briefing note.

Introduction of Strategic Outcomes

In December 2020, to support implementation, staff introduced three interrelated outcomes for Council input:

- 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.

Implementation of CNO's Strategic Plan 2021-2024

As approved by Council, CNO's current Strategic Plan is driven by our purpose, which was created when the plan was being developed: "to protect the public by promoting safe nursing practice". We created our purpose statement to unite Council and CNO around a clear explanation of why CNO exists, how it approaches this purpose and what actions are required to achieve it.


Our [Strategic Plan 2021-2024](#) positions CNO to influence the broader patient care system in four main ways through:

- insights capabilities (e.g. better data and insight to inform our decision-making)
- agility (e.g. agile approach to resources, development of meaningful key performance indicators)
- proactivity (e.g. integrating right-touch and risk-based regulatory principles to prevent patient harm)
- stakeholders (e.g. working with, influencing and being influenced by other patient care system stakeholders, and creating partnerships that can significantly and sustainably affect the system).

The plan identifies that our capabilities and culture provide a strong foundation and are evolving to support the successful implementation of the Strategic Plan.

Impact of the COVID-19 Pandemic

In 2021 and 2022, Council has been updated on the implementation of the Strategic Plan (i.e. "Strategic Plan in action"). Certain activities are well underway such as the development and implementation of insights capabilities. That being said, and as discussed with Council, CNO continues to have a critical role as it relates to responding to the COVID-19 pandemic, including supporting health human resource needs. Since staff resources have been prioritized to support the pandemic, certain aspects of CNO's Strategic Plan have been delayed (e.g. the T-1 work



described earlier). And yet, as it relates to “Strategic Plan in action”, throughout the pandemic, CNO has demonstrated agility, and its ability to support stakeholders in the system and leverage insights by sharing our data to inform decision-making.

Work Underway: Roadmaps and Metrics

At the September 2022 meeting, Council will learn more about, and have an opportunity to provide input on, recent progress to support successful implementation of the plan including:

- describing an integrated roadmap (e.g. how the map was built and how it can be leveraged to measure our journey)
- highlighting work done to develop roadmaps for the three strategic outcomes
- sharing draft outcome measures for the three strategic outcomes.

We are seeking Council’s feedback on how this work aligns with Council expectations.

More specifically, staff will share and seek input on an integrated roadmap that depicts how we will measure our journey toward achieving our strategic outcomes. Metrics have been drafted, which involve engaging with different stakeholders so we can learn about the results of our efforts. The integrated roadmap was informed by individual roadmaps for each pillar and each outcome of the Strategic Plan. Each of these includes milestones, activities and metrics that need to happen to achieve success. To help illustrate the work done with the individual roadmaps, Council will have an opportunity to provide feedback on the detailed roadmap for strategic outcome #1 (i.e. applicants for registration will experience processes that are evidence-informed, fair, inclusive, and effective, contributing to improved public access to safe nursing care).

Notes

Present

N. Thick, Chair
R. Kaur

F. Osime
P. Sullivan-Taylor

M. Sheculski

Purpose and approach

Due to significant time constraints, the Executive Committee acted under ss 12(1) of the *Health Professions Procedural Code* to approve Council's response to Minister Jones' letter of direction, dated August 4, 2022.

To support CNO meeting the response deadline of August 18, 2022, the decision-making took place over email.

On August 16, 2022, the members of the Executive received an email sharing the documents below and including information about where to direct questions:

- A briefing note providing background and including the proposed process for voting and
- Council's draft response to the Minister's letter.

Members of the Executive had received the Minister's letter. All relevant materials were also posted for the Executive in Boardvantage.

Approval of Council's response to Minister Jones' letter of direction

N. Thick tabled the motion and requested a mover and seconder. It was:

Motion 1

Moved by R. Kaur, seconded by P. Sullivan-Taylor,

That, in accordance with subsection 12(1) of the *Health Professions Procedural Code*, because the Executive Committee believes this matter requires immediate action, the Executive Committee approves the letter, attached to these minutes, as Council's response to Minister Jones's direction of August 4, 2022.

CARRIED

Approval of posting of CNO's response to Minister Jones' letter of direction

N. Thick tabled the motion and requested a mover and seconder. It was:

Motion 2

Moved by P. Sullivan-Taylor, seconded by F. Osime,

That the Executive Committee approve making Council's response to Minister Jones available on CNO's website at the same time it is submitted to the Minister.

CARRIED

Next Steps

Following submission of the response to the Minister and its publication, it will be sent to Council members. The Executive and Council agendas will include this issue, to allow for updates and further discussion.

Chair

Minutes

Present

N. Thick, Chair
R. Kaur

F. Osime
P. Sullivan-Taylor

M. Sheculski

Staff

J. Hofbauer
R. Jabbour

K. McCarthy
C. Timmings

Guests

Jane Butterfield

Heather Kelsall

Agenda

The agenda was circulated in advance. No items were added and the agenda was approved on consent.

Minutes

Draft minutes of the Executive Committee meeting of May 19, 2022 had been circulated.

Motion 1

Moved by R. Kaur, seconded by F. Osime,

That the minutes of the Executive Committee meeting of May 19, 2022 be approved as circulated.

CARRIED

Draft notes documenting the Executive Committee's approval of Council's response to Minister Jones' directive had been circulated.

Motion 2

Moved by M. Sheculski, F. Osime,

That the notes of the Executive Committee decision of August 16 and 17, 2022 be approved as circulated.

CARRIED

Council's response to Minister Jones' directive

N. Thick noted that it was unusual to get a directive from the Minister with a short response time. She thanked the Executive Committee for its engagement and action in approving Council's response.

The Executive was informed that there has not been feedback or formal response from the Minister. It was noted that the government has made an announcement about their plan to cover examination and registration fees for international applicants.

The Executive was informed that CNO has had positive feedback from stakeholders to Council's response. CNO is maintaining consistent messaging focusing on our public safety mandate and our proactive recommendations as a system-partner.

It was noted that Council will receive further updates in September.

Council dates

The Executive received a decision note with proposed dates for the March and June 2023 Council meetings. The Executive agreed to recommend the dates to Council in September.

It was noted that the December 2022 meeting will be virtual. In June 2023, with orientation, plans are for a hybrid (in person and remote) meeting.

Conduct Committee

Public Member Vacancies

The Executive was informed that there were no public member volunteers to serve on Council's Conduct Committee. The Nominating Committee will be recommending three nurse members to Council. The Terms of Reference for the Conduct Committee specify three nurse and two public members.

The Executive discussed options to recruit public members. M. Sheculski and F. Osime volunteered to reach out collaboratively to public members and bring forward two candidates for appointment by Council.

K. McCarthy noted that staff are planning a review of the Conduct By-Law, including Article 5 which sets out the mechanism to address complaints regarding breaches of the Code of Conduct and includes the Conduct Committee. Updating Council's Code of Conduct at least every three years is a requirement of the College Performance Measurement Framework.

Chair

In accordance with the Conduct Committee Terms of Reference, the Executive recommends the Chair of the Conduct Committee to Council. The Executive received information submitted by Council members volunteering to serve as Chair.

Motion 3

Moved by M. Sheculski, seconded by F. Osime,

That it be recommended that Council appoint M. E. Renwick as Chair of the 2022-2023 Conduct Committee.

CARRIED

June Council De-Brief

The Executive discussed the Council orientation activities and the June Council meeting. Members noted that they felt supported in their roles in orientation and Council activities. It was reported that there was positive feedback from new members, which was reflected in their engagement at the Council meeting.

September Council meeting

N. Thick noted that a hybrid meeting (members attending in person and remotely) is planned for September and there is a full agenda. The Executive received a briefing, including an annotated agenda and a draft agenda.

The Executive was updated on the planning including the current information on the plans of Council members for attendance. The meeting will continue to be made public through streaming on You Tube.

The Executive was informed that plans are underway for a social at the CNO office following Council on Wednesday, September 28. It will be an opportunity for staff and Council members to build relationships. Staff were asked to inform Council members about the plan and invite all members attending Council in person to a Council dinner on Wednesday evening following the reception.

It was noted that the second day will begin with a discussion of CNO's response to Minister Jones' directive re. internationally educated nurses.

The Executive was informed that the update on the strategic plan will include road maps and outcome measures to support Council in meeting its accountability to monitor the implementation of Strategic Plan 2021-2024.

Motion 4

Moved by M. Sheculski, seconded by R. Kaur,

That the agenda for the September 2022 Council meeting be approved for posting.

CARRIED

N. Thick noted that there may be an item added to the Council agenda arising out of the Executive's confidential session with C. Timmings.

Council Evaluation

Jane Butterfield and Heather Kelsall from Watson joined the meeting. The Executive Committee had received briefing materials. N. Thick noted that the Executive is providing leadership on the evaluation and that all members of the Executive have participated in interviews with Watson.

Watson highlighted the feedback from the consultation with Executive and leading practices in board evaluation.

The Executive provided input on the proposed evaluation framework, including draft objectives, processes, participants, key areas of focus, and guiding questions for Council evaluation, Council meeting evaluation, Council member evaluation, and Council leadership evaluation.

There was support for having an in-depth and comprehensive evaluation every three years, with a focused evaluation the following two years. The Executive supported that the entire process be externally led. It was identified that, should there be legislative change, the new board can consider whether it would lead evaluation in the focused years.

While the overall evaluation will include the Council meeting, it was agreed that it is helpful to have a short survey after each meeting. It was suggested that half of Council be asked to complete the survey at each meeting – so that each member would participate twice a year.

Watson will update the framework based on the input from the Executive and prepare briefing documents. Watson will attend the September meeting.

At the PD session on September 28, Watson will provide education on board evaluation and seek Council input on the framework. To maximize participation, there will be a mix of plenary and small group sessions.

In the business meeting, Council will be asked to approve a Board Evaluation Policy. The policy will confirm Council's commitment to an assessment process and provide authority for future decision-making.

Jane Butterfield and Heather Kelsall left the meeting.

Executive session

The Executive met with C. Timmings, Acting Executive Director and CEO in a closed session.

N. Thick brought forward a proposal to implement a Deputy Registrar role, informed by legal advice. The public interest rationale for the role was highlighted.

It was confirmed that it is the role of the Registrar (Executive Director and CEO) to appoint all staff, including a Deputy Registrar. However, given the statutory role of the Deputy Registrar

and in the absence of a by-law authorizing the role, legal counsel's advice was that the Executive could make the appointment pending Council approval of a by-law change so that CNO operations can continue while a new ED and CEO is onboarded.

Motion 5

Moved by M. Sheculski, seconded by R. Kaur,

Whereas Carol Timmings is Acting Registrar, and a new Registrar will be appointed effective September 7, 2022,

And whereas it is desirable to ensure continuity of the regulation of the profession and ongoing knowledge and expertise in the office of the Registrar and to share the workload of that office,

Be it resolved that, effective September 7, 2022, Carol Timmings is appointed Deputy Registrar of the College with full authority to perform all of the functions of the Registrar under the Health Professions Procedural Code, as may be requested, authorized or permitted by the Registrar.

CARRIED

Once S. Crawford becomes CNO's Registrar, she can delegate the Registrar's statutory functions to the Deputy Registrar appointed by the Executive.

In September, Council will be asked to approve amendments to CNO's by-laws to enable the appointment of a Deputy Registrar by the ED and CEO.

Once that has been done, S. Crawford will have the authority to appoint a Deputy Registrar.

Conclusion

The Executive Committee meeting concluded on completion of the agenda and the Executive Session.



Decision Note – September 2022 Council

Subject – Proposed By-Law Changes

Contact for Questions or More Information

Silvie Crawford, Executive Director and Chief Executive Officer

Decision for Consideration

That Council approve the amendments to By-Law No. 1, Part 1, Article 13 as they appear in attachment 1 to this briefing note.

Please see attachment 1 for the redlined version showing the proposed by-law changes and attachment 2 for a chart that provides for the rationale for each change.

Public Interest


Having a Deputy Registrar facilitates the timely processing of regulatory matters in the public interest. Also, having a Deputy Registrar will ensure we can be responsive and support system needs in a timely manner especially given the increasing volumes which are described below.

Background

The *Regulated Health Professions Act, 1991* (RHPA) sets out the role of the Registrar (e.g. “The Council shall appoint one of its employees as the Registrar”). Further, the RHPA gives the Registrar the authority over several regulatory areas (e.g. the authority to refer a matter to the Registration Committee, to appoint an investigator, to maintain a public register known at CNO as Find a Nurse).

The Council of the College of Nurses of Ontario (CNO) named Silvie Crawford (RN, BHScN, LLM - Health Law) Executive Director (ED) and Chief Executive Officer (CEO), effective Wednesday, September 7, 2022. The ED and CEO (also known as the Registrar) is Council's employee.

At its meeting August 25, 2022, Executive Committee passed a motion to appoint Carol Timmings, Chief Quality Officer and prior Acting Registrar and CEO, as Deputy Registrar effective September 7, 2022. This decision was made to support continuity of the regulation of the profession, and to continue to build knowledge and expertise in the office of the Registrar. CNO is the largest health professional regulatory body in Canada and requires this additional



capacity within the organization. On September 7, 2022, Silvie Crawford, in support of Executive Committee's decision, delegated statutory functions to the Deputy Registrar.

From a governance perspective, Council only has one employee. Thus, the by-laws are drafted such that the Registrar appoint a Deputy Registrar. The time-limited appointment by Executive Committee, while by-laws were being drafted, was made to ensure CNO operations would continue.

Other Regulators

In addition to the Registrar role, many RHPA Colleges have a Deputy Registrar role. This assists the Registrar in their regulatory role to respond in a timely manner to meet the needs of the public. Having a Deputy Registrar also permits the development of specialized expertise in regulatory areas. It is also prudent succession planning (e.g. to have someone in place who can immediately step into an unexpected vacancy).

Internal data

Under the RHPA, several decisions must be made by the Registrar including decisions relating to registration, operating the public register, complaints, investigations, discipline, incapacity, quality assurance, receiving mandatory reports, fees and forms, and Code of Conduct concerns. Many of these actions require critical judgement and the exercise of discretion. The workload is significant and complexity of matters has increased significantly over the years. In many cases the volume of matters has doubled in the past few years.

Below is data to illustrate a few examples with respect to workload related to some of the matters that require review and decision by the Registrar:

Type of decision	Year	Number of matters
Matters related to entry-to practice	2018	123
	2019	192
	2020	176
	2021	202
	2022 (to date)	113
Reports closed by ED action	2018	627
	2019	912
	2020	429
	2021	926
	2022 (to date)	528
Section 75 investigator appointments	2018	515
	2019	594
	2020	332
	2021	329
	2022 (to date)	249
Section 57 health inquiries	2018	124
	2019	69
	2020	101

Type of decision	Year	Number of matters
	2021	120
	2022 (to date)	59

Next Steps

If Council approves the by-law, Silvie Crawford will immediately appoint Carol Timmings as Deputy Registrar under the new by-law authority.

Attachments

1. Redlined version showing the proposed by-law changes
2. A chart that provides for the rationale for each change

Proposed By-Law Amendments: Deputy Registrar

Legend:

Bold and red = additions/new content

~~Strikethrough and black~~ = deletions from the current version

Proposed changes:

13. Deputy Registrar and Acting Executive Director

- 13.01** The Executive Director may appoint an employee of the College to act as Deputy Registrar and, when so appointed, that person shall have all the duties and responsibilities of the Registrar that are delegated to them by the Executive Director.
- 13.02** Where the Executive Director is absent or there is a vacancy in the office of the Executive Director, a Deputy Registrar shall act as the Executive Director and shall have all the duties and responsibilities of the Executive Director including those contained in the RHPA, the Act, the Regulations and bylaws of the College.
- 13.04 03** If a vacancy occurs in the office of the Executive Director, **and no Deputy Registrar is available**, the Executive Committee or the Council shall appoint an Acting Executive Director until an Executive Director is appointed.
- 13.02 04** Where the Executive Committee appoints an Acting Executive Director that appointment shall be valid only until the next meeting of Council unless ratified by the Council.
- 13.03 05** A person appointed as Acting Executive Director under Article 13.04**03** shall have all the duties and responsibilities of the Executive Director including those contained in the RHPA, the Act, the Regulations and bylaws of the College.
- 13.04 06** During extended absences **where no Deputy Registrar is available**, the Executive Director shall appoint in writing a **senior staff person** ~~department director~~ as the Acting Executive Director.
- 13.05 07** The Acting Executive Director appointed in accordance with Article 13.04**06** shall **have all the duties and responsibilities of the Executive Director including those contained in the RHPA, the Act, the Regulations and bylaws of the College** ~~fulfil the duties and responsibilities and have the power and authority vested in the Registrar as set out in the RHPA.~~



Rationale Chart

12.01 The Executive Director shall

Proposed by-law change		Rationale
13. Deputy Registrar and Acting Executive Director		The proposed change reflects new content in Article 13.
13.01	The Executive Director may appoint an employee of the College to act as Deputy Registrar and, when so appointed, that person shall have all the duties and responsibilities of the Registrar that are delegated to them by the Executive Director.	<p>The proposed change specifies that the Deputy Registrar can only appoint an employee of CNO to the position of Deputy Registrar.</p> <p>As proposed, the Executive Director could delegate all of the Registrar functions to the Deputy Registrar. And the drafting allows the appointment of a Deputy Registrar for just one task.</p> <p>“Duties and responsibilities” terminology is used in Article 13 to be consistent with Article 12.</p>
13.02	Where the Executive Director is absent or there is a vacancy in the office of the Executive Director, a Deputy Registrar shall act as the Executive Director and shall have all the duties and responsibilities of the Executive Director including those contained in the RHPA, the Act, the Regulations and bylaws of the College.	This provision allows the Deputy Registrar to step in automatically where the Executive Director is not available.

Proposed by-law change		Rationale
13.04 03	If a vacancy occurs in the office of the Executive Director, and no Deputy Registrar is available , the Executive Committee or the Council shall appoint an Acting Executive Director until an Executive Director is appointed.	The proposed change reinforces that the Deputy Registrar will ordinarily step in automatically. However, another appointment can be made when both the Registrar and Deputy Registrar are unavailable.
13.02 04	Where the Executive Committee appoints an Acting Executive Director that appointment shall be valid only until the next meeting of Council unless ratified by the Council.	Housekeeping changes.
13.03 05	A person appointed as Acting Executive Director under Article 13.04 03 shall have all the duties and responsibilities of the Executive Director including those contained in the RHPA, the Act, the Regulations and bylaws of the College.	
13.04 06	During extended absences where no Deputy Registrar is available , the Executive Director shall appoint in writing a senior staff person department director as the Acting Executive Director.	<p>The proposed change reinforces that the Deputy Registrar will ordinarily step in automatically. However, another appointment can be made by the ED when the Deputy Registrar is not available.</p> <p>The change from “department director” to “senior staff person” is a housekeeping change. Current by-laws were drafted under a different organizational structure (e.g. CNO currently has Chief Officers). This proposed change is broad enough such that it can reflect the current and future organization structure.</p>

Proposed by-law change	Rationale
<p>13.05 07 The Acting Executive Director appointed in accordance with Article 13.0406 shall have all the duties and responsibilities of the Executive Director including those contained in the RHPA, the Act, the Regulations and bylaws of the College fulfil the duties and responsibilities and have the power and authority vested in the Registrar as set out in the RHPA.</p>	<p>The proposed change aligns wording with Articles 12.02, 13.02 and 13.05.</p>

Finance Committee Report – August 25, 2022

Contact for questions or more information

Stephen Mills, Chief Administrative Officer

The Finance Committee met on August 25, 2022. Attachment 1 is the draft minutes of the meeting. This was the first meeting of the 2022-2023 Finance Committee; an orientation had been held in July.

Financial statements

The unaudited financial statements for the six months ended June 30, 2022 (Attachment 2) were reviewed in detail. The financial statements included variance analysis and the Management Discussion and Analysis included reports on projects.

The six-month operating surplus is approximately \$2.3M, a \$4.4 M favourable variance from the budgeted deficit of \$2.1M. The \$3.8 M expense variance is a result of a number of factors, the largest related to salaries and benefits, resulting from vacancies.

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

That Council approve the unaudited financial statements for the six-months ended June 30, 2022.

Budget development

The Finance Committee received an outline of the process for developing the 2023 budget. A detailed review of the budget will take place in November, for presentation to Council in December.

By-Law amendment

The Finance Committee notes that Article 26 of By-Law No. 1: General regarding the Finance Committee is no longer aligned with the structure set out in the Committee's revised [Terms of Reference](#). Its current structure is reflective of older, detailed by-laws rather than the broader and enabling approach reflected in Article 27, the updated article about the Sub-Committee on Compensation. Attachment 3 is a table highlighting the proposed change and rationale.



The Finance Committee recommends:

That Article 26 of By-Law No. 1: General be rescinded and replaced with:

26.01 The Finance Committee advises Council on the financial affairs of the College. Specifics regarding the Finance Committee's authority, role and membership is set out in its Terms of Reference, as approved by Council.

If Council approves this amendment, the following editorial change will be made to the first bullet under "Objectives" of the committee's [Terms of Reference](#).

- Advise Council on CNO's financial affairs (General By-Law, Article ~~26.04~~ **26.01**)

This change is editorial and will automatically be made consequential to the amendment of the by-law, if approved by Council.

Attachments:

1. Draft minutes of the Finance Committee meeting of August 25, 2022
2. Unaudited financial statements for the six-months ended June 30, 2022
3. Rationale for revocation of the current by-law

Minutes

Present

P. Sullivan-Taylor, Chair
C. Halket
R. Kaur

F. Osime
M. Sheculski
N. Thick

Regrets

N. Hillier

Staff

J. Hofbauer
M. Kelly, Recorder

S. Mills
C. Timmings

Chair

P. Sullivan-Taylor chaired the meeting.

Agenda

The agenda had been circulated and was approved on consent.

Minutes

Minutes of the Finance Committee meeting of May 19, 2022 had been circulated.

Motion 1

Moved by C. Halket, seconded by, R. Kaur

That the minutes of the May 19, 2022 meeting of the Finance Committee be accepted as presented.

CARRIED

Financial Statements

S. Mills reviewed the unaudited financial statements for the six months ended June 30, 2022. The statement of financial position depicts a decrease in both assets and liabilities as expected when compared to December 2021.

S. Mills reported that major construction on the renovation has been completed. The costs of renovation have been recorded as a capital asset and will be depreciated over time.

The first 6 months of 2022 was budgeted to be a deficit of \$2.1M. The actual result for this period was a surplus of \$2.3M, which is \$4.4M more than budgeted. S. Mills highlighted the reasons for this surplus, with the most notable contributor being employee-related costs, with a favourable variance of \$3.2M. This variance is due to a number of factors including delays in filling budgeted positions and the timing of project work. Some of this underspend was partially offset by the use of contractors. It is anticipated that this variance will continue until the end of the year.

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

Motion 2

Moved by N. Thick, seconded by C. Halket,

That approval of the unaudited six-month financial statements as of June 30, 2022 be recommended to Council.

CARRIED

Budget Development Plan

The Finance Committee received information about the process for budget development. The committee will review the draft 2023 budget in November.

S. Mills highlighted the approach to budgeting and releasing funds for projects. He also noted that in planning for the 2023 budget, there is an opportunity to re-evaluate how and where the organization should invest in resources. Inflation is very high right now, and this will be a topic of discussion at the upcoming Compensation Sub-Committee meeting. In November, the Finance Committee will review any advice the Sub-Committee has regarding whether CNO's compensation is consistent with the principals approved by Council and with best practices in human resources.

In response to a question, S. Mills confirmed that there will be no increase to registration fees in 2023. When considering a fee increase, there is a specific process that takes place, and the Finance Committee will be consulted early on.

By-Law re. Finance Committee

Upon recommendation from the Finance Committee, Council approved changes to the committee's terms of reference in June. The terms of reference outline a new committee structure which no longer aligns with the current by-laws. The Finance Committee was asked to consider recommending that Article 26 of By-Law No. 1: General be broadened to reflect the Finance Committee's role and move details to the terms of reference. This aligns with the approach to the revision of the article regarding the Sub-Committee on Compensation.

Motion 3

Moved by M. Sheculski, seconded by C. Halket,

That it be recommended to Council that Article 26 of By-Law No. 1: General be revoked and replaced with:

26.01 The Finance Committee advises Council on the financial affairs of the College. Specifics regarding the Finance Committee's authority, role and membership is set out in its Terms of Reference, as approved by Council.

CARRIED

With Council's approval of the by-law amendment and the revocation of the current by-law provisions, an editorial change will be made to the Finance Committee's terms of reference to align with the revision.

In-Person vs Virtual Meetings

The Committee discussed the effectiveness of having virtual meetings over the last couple of years and were asked to determine if some in-person meetings should be considered in the future.

All committee members concurred that virtual Finance Committee meetings have been very effective. They feel well connected to the other committee members and are well prepared for each meeting. At this time, the committee's effectiveness would not be enhanced by meeting in-person.

Self-Monitoring Tool

The self-monitoring tool supports the committee in assessing if it is fulfilling its mandate. The committee received the tool for August and confirmed that it met its terms of reference for the meeting. P. Sullivan-Taylor reminded members that the Finance Committee Handbook, which can be found in Boardvantage, is a helpful reference tool.

Next Meeting

The next meeting will be the afternoon of November 17, 2022.

Conclusion

At 2:35 p.m., on completion of the agenda and consent, the Finance Committee meeting concluded.

Chair

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

	2022 June	2021 June	2021 December
ASSETS			
Current assets			
Cash	40,720,088	33,753,290	64,142,000
Investments	11,049,028	21,318,822	11,268,734
Sundry receivables	73,653	(31,629)	219,028
Prepaid expenses	958,735	1,103,972	1,227,453
	<u>52,801,504</u>	<u>56,144,454</u>	<u>76,857,216</u>
Investments	14,899,484	14,329,105	14,508,491
Capital assets			
Furniture and fixtures	3,458,379	2,300,024	2,139,393
Equipment - non computer	1,547,568	1,244,766	1,448,638
Computer equipment	6,791,300	7,276,842	6,653,730
Building	6,835,907	6,835,907	6,835,907
Building improvements	7,485,944	3,923,184	2,789,091
Land	3,225,009	3,225,009	3,225,009
Art	44,669	44,669	44,669
Construction in progress	-	-	3,972,310
	<u>29,388,775</u>	<u>24,850,399</u>	<u>27,108,747</u>
Less: Accumulated amortization	<u>(16,257,849)</u>	<u>(16,701,127)</u>	<u>(15,433,624)</u>
	<u>13,130,926</u>	<u>8,149,273</u>	<u>11,675,123</u>
Intangible Assets	4,305,949	4,095,159	4,212,653
Less: Accumulated amortization	<u>(4,061,909)</u>	<u>(3,943,146)</u>	<u>(4,011,173)</u>
	<u>244,041</u>	<u>152,013</u>	<u>201,480</u>
	<u>81,075,956</u>	<u>78,774,845</u>	<u>103,242,310</u>
LIABILITIES			
Current liabilities			
Accounts payable and accrued liabilities	6,584,639	7,504,914	15,557,474
Deferred registration and examination fees	24,988,009	24,323,234	40,511,419
	<u>31,572,648</u>	<u>31,828,148</u>	<u>56,068,894</u>
	<u>31,572,648</u>	<u>31,828,148</u>	<u>56,068,894</u>
NET ASSETS			
Net assets invested in capital assets	13,374,967	8,301,286	11,876,603
Unrestricted net assets	36,128,341	38,645,411	35,296,813
	<u>49,503,308</u>	<u>46,946,697</u>	<u>47,173,416</u>
	<u>81,075,956</u>	<u>78,774,845</u>	<u>103,242,310</u>

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


	2022 Year to Date June			2021 Year to Date June			2022 Budget	
	Budget	Actual	Variance Fav/(Unfav)	Budget	Actual	Variance Fav/(Unfav)	Remaining	Approved
REVENUES								
Registration fees	25,812,843	26,103,760	290,917	24,843,867	25,598,920	755,053	25,968,240	52,072,000
Application assessment	3,204,650	3,173,975	(30,675)	3,110,825	3,313,564	202,739	2,125,775	5,299,750
Verification and transcripts	51,365	81,975	30,610	19,790	49,930	30,140	(14,125)	67,850
Interest income	270,524	430,022	159,498	384,874	403,847	18,973	65,121	495,143
Examination	349,200	358,040	8,840	1,226,700	1,457,430	230,730	253,960	612,000
Other	18,133	32,239	14,106	137,133	90,158	(46,975)	152,511	184,750
Total Revenues	29,706,715	30,180,011	473,296	29,723,189	30,913,849	1,190,660	28,551,482	58,731,493
EXPENSES								
Employee salaries and expenses	22,669,356	19,501,574	3,167,782	19,404,143	17,672,809	1,731,334	25,948,015	45,449,589
Contractors and consultants	2,112,277	2,054,535	57,742	1,950,685	2,288,303	(337,618)	2,181,740	4,236,275
Legal services	1,684,156	1,304,311	379,845	1,064,400	1,357,624	(293,224)	2,108,689	3,413,000
Equipment, operating supplies and other services	2,203,086	2,058,043	145,043	2,026,325	1,907,247	119,078	3,232,581	5,290,624
Taxes, utilities and depreciation	1,007,050	990,983	16,067	989,730	947,317	42,413	1,057,115	2,048,098
Exam fees	100,860	99,636	1,224	991,166	1,206,244	(215,078)	90,664	190,300
Non-staff remuneration and expenses	288,259	276,516	11,743	220,794	214,050	6,744	354,892	631,408
Total Base Operating Expenses	30,065,044	26,285,598	3,779,446	26,647,243	25,593,594	1,053,649	34,973,696	61,259,294
Project Expenses	1,723,700	1,564,521	159,179	2,450,817	1,111,283	1,339,534	3,159,540	4,724,061
Total Expenses	31,788,744	27,850,119	3,938,625	29,098,060	26,704,877	2,393,183	38,133,236	65,983,355
Excess of (expenses over revenues) / revenues over expenses	(2,082,029)	2,329,892	4,411,921	625,129	4,208,972	3,583,843	(9,581,754)	(7,251,862)
Opening net assets		47,173,416			42,737,975			
Closing net assets		49,503,308			46,946,947			

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

	2022			2021
	Invested in Capital and Intangible Assets	Unrestricted	Total	December
Balance, beginning of period	11,876,603	35,296,813	47,173,416	42,737,975
Excess of (expenses over revenues)/revenues over expenses	(874,961)	3,204,853	2,329,892	4,435,441
Purchase of capital assets	2,373,325	(2,373,325)	-	-
Balance, end of period	13,374,967	36,128,341	49,503,308	47,173,416

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

	2022 June	2021 June
Cash flows from operating activities		
Excess of revenue over expense for the period	2,329,889	4,208,722
Adjustments to determine net cash provided by/(used in) operating activities		
Amortization of capital assets	824,225	765,426
Amortization of intangible assets	50,736	56,278
Interest not received during the year capitalized to investments	(163,297)	(218,081)
Interest received during the year previously capitalized to investments	276,447	559,849
	3,318,000	5,372,194
Changes in non-cash working capital items		
Decrease in amounts receivable	145,375	530,860
Decrease (increase) in prepaid expenses	268,718	(212,928)
(Decrease) in accounts payable and accrued liabilities	(8,972,833)	(6,315,838)
(Decrease) in deferred registration fees	(15,523,410)	(19,852,254)
	(20,764,151)	(20,477,966)
Cash flow from investing activities		
Purchase of investment	(11,276,032)	(5,991,595)
Proceeds from disposal of investments	10,991,596	16,028,662
Purchase of capital assets	(2,280,029)	(1,999,947)
Purchase of intangible assets	(93,296)	-
	(2,657,761)	8,037,119
Net (decrease) in cash and cash equivalents	(23,421,912)	(12,440,847)
Cash and cash equivalents, beginning of year	64,142,000	46,194,137
Cash and cash equivalent, end of quarter	40,720,088	33,753,290



Attachment 3: Rationale for revocation of current by-law

Proposed Revised By-Law – Article 26. Finance Committee

26.01 The Finance Committee advises Council on the financial affairs of the College. Specifics regarding the Finance Committee's authority, role and membership is set out in its Terms of Reference, as approved by Council.

Current by-Law	Rationale for revocation
26.01 The Finance Committee shall be composed of eight persons including i) the President; ii) two RN councillors, one of whom is the Vice-President; iii) two RPN councillors, one of whom is the Vice-President; iv) two public member councillors; and v) The Chair of the Sub-Committee on Compensation.	Committee composition is addressed in #1 under the Membership section of the Finance Committee's Terms of Reference.
26.02 Subject to Article 26.01, Council shall appoint the members of the Finance Committee at the June Council meeting.	The timing of appointments to Finance committee are addressed as follows: <ul style="list-style-type: none">• Article 29.02, which identifies that the appointed Council members on the Finance Committee are appointed by Council in June.• #3 under the Membership section of the Finance Committee's Terms of Reference, which identifies that members are appointed annually.
26.03 Deleted December 2019	



Current by-Law	Rationale for revocation
26.04 The Finance Committee shall act in an advisory capacity to Council on the financial affairs of the College.	This article is addressed in the first line of the proposed revised by-law and is outlined in the Objectives section in the Terms of Reference.
26.05 Deleted March 2009	