



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 Agenda

Wednesday, September 25, 2024

[Council's Annual Plan](#)

[Council's Governance Principles](#)

[Council's Team Norms](#)

[Council and Committee Code of Conduct](#)

Time	Item	Purpose
9:00 a.m.	1. Land Acknowledgement	
9:05 a.m.	2. Agenda	Decision
	3. Call for Conflicts of Interest	
9:10 a.m.	4. CEO Remarks	Information & Discussion
9:25 a.m.	5. Consent agenda 5.1 Minutes of Council meeting of June 6, 2024 5.2 Minutes of Executive Committee meeting of August 22, 2024 5.3 Nursing Education Program Approval 5.4 Dates of Council meetings in 2025 5.5 Confirmation of Committee Appointment	Decision
	6. Strategic Issues	
9:30 a.m.	6.1 Strategic Plan 6.1.1 Strategic Plan Reporting	Information & discussion
9:50 a.m.	6.1.2 Principles to Support Development of a New Strategic Plan	Discussion
10:10 a.m.	Break	

10:30 a.m.	6.2 Interjurisdictional Nurse Licensure	Discussion
11:15 a.m.	6.3. Nurse Practitioner Regulation Framework – Approval of Regulation Amendments for Circulation Guest: Sarah Yun, legal counsel	Decision
Noon	Break	
	7. Council Governance and Operations	
1:00 p.m.	7.1 Council and Committee Code of Conduct: Amendment of Article 16 to By-Law No. 3 regarding Code Proceedings Guest: Sarah Yun, legal counsel	Decision
1:30 p.m.	7.2 By-Law Amendments re. Council and Committees Guest: Sarah Yun, legal counsel	Decision
2:00 p.m.	7.3 Executive Committee Terms of Reference	Discussion
2:30 p.m.	7.4 Council Evaluation Policy	Discussion
3:00 p.m.	Break	
	8. Report	
3:15 p.m.	8.1 Finance Committee meeting of August 22, 2024	Decision

3:40 p.m.	9. Agenda Items Added by Council members	
3:45 p.m.	10. CEO Remarks	Discussion
	11. Dates of Upcoming Meeting <ul style="list-style-type: none">December 4 and 5, 2024 – Virtual	
4:00 p.m.	12. Conclusion	

Information Items:

[CNO's DEI Strategy, *Inclusion for All: Nothing About Us, Without Us*](#)

[Summary of Council Member Annual Declarations regarding the Council and Committee Code of Conduct, including declarations regarding conflict of interest and prohibited positions](#)

	Sept. 25 & 26	Dec. 4 & 5	March 2025	June 2025
Regular Items	Minutes: June Council	Minutes: September Council	Minutes: December Council	Minutes: March Council
	Reports: <ul style="list-style-type: none">▪ CEO Remarks▪ Executive Committee▪ Finance & Risk Committee	Reports: <ul style="list-style-type: none">▪ CEO Remarks▪ Executive Committee▪ Finance & Risk Committee	Reports: <ul style="list-style-type: none">▪ CEO Remarks▪ Executive Committee▪ Finance & Risk Committee▪ Statutory Committee Annual Reports	Reports: <ul style="list-style-type: none">▪ 2024 Annual Report▪ CEO Remarks▪ Executive Committee▪ Finance & Risk Committee<ul style="list-style-type: none">▪ 2024 Audited Financial Statements▪ 2025 Auditor appointment
Strategic Items	<ul style="list-style-type: none">▪ Interjurisdictional Nurse Licensure▪ Nurse Practitioner Regulation Framework▪ Strategic Plan Reporting▪ Principles for Development of a New Strategic Plan	<ul style="list-style-type: none">▪ 2025 Budget▪ Nurse Practitioner Regulation Framework▪ Quality Assurance Program Update▪ Strategic Plan Reporting▪ Standards Utilization Survey▪ Update on Modernization of Applicant Assessment	<ul style="list-style-type: none">▪ Strategic Plan Reporting	<ul style="list-style-type: none">▪ Nursing Education Program Approval (all programs)▪ Strategic Plan Reporting
Governance & Council Operations	<ul style="list-style-type: none">▪ Council and Committee Code of Conduct: By-Law Amendments re. Process to Address Complaints About Breaches of the Code▪ Council Evaluation Policy (discussion)▪ Dates of Council meetings in 2025▪ Executive Committee Terms of Reference (discussion)	<ul style="list-style-type: none">▪ Conduct Committee Terms of Reference (discussion)▪ Council Purpose and Role Descriptions (discussion/decision)▪ Council Evaluation Policy (decision)▪ Executive Committee Terms of Reference (Decision)▪ Council Evaluation▪ Nominating Committee Terms of Reference	<ul style="list-style-type: none">▪ Appointment of Statutory Committee members and Chairs▪ Appointment of Sub-Committee on Compensation and Chair▪ Conduct Committee Terms of Reference▪ Council Development plan (06/25 through 03/26)▪ Election of the Executive Committee	<ul style="list-style-type: none">▪ Appointment of Standing Committee Members
Council Development	<ul style="list-style-type: none">▪ Intercultural Development Inventory Cultural Fluency Assessment▪ Council Purpose and Role▪ CNO Finance and Budget	Council Development Topics: <ul style="list-style-type: none">▪ Governance Trends▪ Diversity, Equity, Inclusion (follow up from Council's cultural fluency assessment)		<ul style="list-style-type: none">▪ Orientation for All

FEB 2023
2023-04

Governance Principles

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

Accountability

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

Adaptability

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

Competence

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

Diversity

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

Independence

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

Integrity

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

Transparency

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

Approved by Council, September 2016

Team Norms

As members of Council, we are committed to:

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

Adopted by Council
September 2021

Council Minutes

June 6, 2024

Present

P. Sullivan, Chair	C. Gilchrist	J. Mathew
H. Anyia	T. Fukushima	C. Mumberson
J. Armitage	T. Hands	E. Mutia
L. Carpenter	J. Hess	G. Oltmann
J. Ding	M. Hogard	F. Osime
L. Donnelly	J. Ko	L. Poonasamy
S. Douglas	M. Krauter	V. Rathi
D. Edwards (Thursday)	A. Lamsen	D. Scott
J. Farag	S. Larmour	M. Sheculski
G. Fox	R. Lastimoso Jr.	D. Thompson
		K. Wagg

Regrets

T. Crowder	C. Hourigan	M. MacDougall
D. Edwards (Wednesday)	S. Leduc	

Guests

B. MacKenzie, Hilborn LLP	J. Maciura, SML Law	N. Thick, Chair Nominating Committee
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Staff

V. Adetoye	C. Gora	S. Mills
A. Brennand	E. Horlock	S. Porteous
S. Crawford	B. Knowles	A. Vrachidis, Recorder
F. Garvey		

Land Acknowledgement

J. Armitage shared a Land Acknowledgement statement.

Agenda

The agenda had been circulated.

Motion 1

Moved by M. Sheculski, seconded by K. Wagg

That the agenda for the Council meeting of June 6, 2024 be accepted as circulated.

CARRIED

Conflicts of interest

A. Lamsen declared a conflict of interest for Council's discussion and decision about the National Nurse Practitioner Regulation Framework.

P. Sullivan advised Council that there would be an opportunity to declare a conflict of interest immediately preceding each of the three decisions related to nursing education program approval.

CEO Opening Remarks

S. Crawford, Registrar/Executive Director & CEO shared opening remarks. Council had received the 2023 Annual Report "Building the Future". S. Crawford affirmed that CNO's commitment to the future continues. She highlighted examples of:

- ongoing efforts to build CNO as a future-oriented, effective and trusted organization dedicated to promoting safe nursing practices; and
- recent accomplishments and agenda items that reflect continued progress and are foundational for future success.

Council was informed that significant strides have been made in removing barriers to registration for Internationally Educated Nurses (IENs). In May, a Council-approved amendment to CNO's registration regulation addressed a major barrier related to the requirement for equivalent education. It was confirmed that the proposed changes to the regulation have been sent to government for approval.

Council was informed that in the past 12 months, 7,547 Ontario graduates became registrants, making up over 50% of the 14,183 new registrants. Eligibility for registration requires graduation from a Council-approved program. It was noted that the assessment process that supports Council's decisions to approve nursing education programs is a rigorous leading edge regulatory assessment that has been licensed to nine other Canadian nursing regulators.

S. Crawford highlighted CNO's international presence at the Global Partners Meeting on Nursing and Midwifery hosted by the World Health Organization, the International Confederation of Midwives and the International Council of Nurses, as well as engagement at the meeting of the International Nurse Regulator Collaborative. CNO was able to highlight its leading-edge initiatives such as Nursys Canada and CNO's Workforce Census with international nursing and midwifery regulators.

S. Crawford concluded by highlighting the importance of Council's contributions to the nursing workforce and safe practice, ensuring that CNO continues to build on its achievements and maintain its leadership as a regulator.

Consent Agenda

P. Sullivan introduced the consent agenda. She confirmed that Council had received briefing materials on all items included in the consent agenda. No concerns were expressed about items on the consent agenda.

Motion 2

Moved by G. Fox, seconded by E. Mutia,

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

Minutes of the Council meeting of March 20 and 21, 2024

Minutes of the Special Council meeting of May 15, 2024

The 2023 Annual Report for forwarding to the Minister of Health

Appointment of Diane Thompson and Kimberly Wagg to the Finance Committee

Appointment of Morgan Krauter as the nurse Council member on the Nominating Committee

Appointment of Sue Haywood and Tom Potter as the expert, non-Council members of the public on the Nominating Committee

Appointment of Lynda Carpenter to the Discipline/Fitness to Practise and Quality Assurance committees and

Appointment of Virender Rathi to the Inquiries, Complaints and Reports Committee.

CARRIED

Minutes of the Executive Committee meeting of April 1 and May 16, 2024 were received for information.

Action:

Send the 2023 Annual Report to the Minister of Health.

Strategic Plan Reporting

E. Horlock, Director, People & Communications, and B. Knowles, Director, Analytics & Research, joined the meeting.

Council had received a report on implementation of the Strategic Plan, including written updates on the three strategic outcomes and four pillars. New integrated project progress dashboards were added to enhance transparency by showing the status of all projects supporting the strategic plan.

Organizational Health

S. Crawford noted that a significant enabler of achieving the Strategic Plan is positive organizational health and referred Council to the briefing note.

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

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

A. Lamsen, B. Knowles and E. Horlock left the meeting.

Discontinuing or Declining to Provide Care Standard

Council received briefing materials, including a draft of a proposed practice standard: Discontinuing or Declining to Provide Care. C. Mills, Manager, Practice Quality, E. Tilley, Manager, Regulatory Policy and C. Rioux, Advanced Practice Consultant joined the meeting.

P. Sullivan noted that practice standards are an important public protection mechanism, which inform nurses of their accountabilities and the public of what to expect of nurses.

C. Rioux shared a presentation highlighting the evidence supporting the proposed standard. It was highlighted that the proposed standard aims to establish a strong regulatory framework to inform nurses, employers, other system partners, and the public of nurses' accountabilities in this high-risk practice area.

In discussion, it was noted that CNO will be developing practice resources for nurses and system partners in implementation of the new standard.

Motion 3

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

That Council approve the Discontinuing or Declining to Provide Care Standard, as it appears in Attachment 1 to the decision note, as a practice standard for the profession of nursing

CARRIED

C. Mill, C. Rioux and E. Tilley left the meeting.

Action:

Inform nurses and system partners about the new Discontinuing or Declining to Provide Care Standard and resources to support integration of the standard into practice.

National Nurse Practitioner Regulation Framework

Council received briefing materials. L. Mathias, Strategy Consultant, joined the meeting.

S. Crawford reminded Council that the Canadian Council of Registered Nurse Regulators, a national organization comprised of all the provincial and territorial registered nurse regulators, was supporting the national collaboration on a consistent approach to regulate Nurse Practitioners (NPs) across Canadian jurisdictions.

S. Crawford noted that the national NP regulation framework proposes:

- NP registration be a single classification without specialities
- NP education be based on common entry level competencies and
- A common entry-level exam.

She further shared that the proposed approach for NP regulation builds on the current NP regulation framework .

Council inquired about the evidence to support this initiative. L. Mathias reminded Council that there was a practice analysis review in 2015, as well as a curriculum review. In 2024, another practice analysis was done at a national level. The practice analyses confirmed that all NPs, no matter the specialties, share the same entry competencies.

Council was informed that additional information will come forward as this initiative evolves.

Motion 4

Moved by D. Thompson, seconded by M. Hogard

That Council approve CNO's continued work towards a national regulatory framework, supporting one classification of NP registration in Ontario.

CARRIED

It was noted that Council will be considering regulatory changes to implement this new framework in the future. Council requested that it receive information about the evidence that led to the recommendations for the national framework.

Action

Provide Council with the evidence that supports the national NP framework.

Nursing Education Program Approval

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

Annual Nursing Education Program Approvals

P. Sullivan noted that she has a conflict of interest for annual nursing education program approval and transferred the chair to R. Lastimosa Jr. The following Council members, who declared a conflict, left the meeting for the decision: H. Anyia, T. Fukushima, J. Ko, and P. Sullivan.

Motion 5

Moved by C. Gilchrist, seconded by D. Scott

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

CARRIED

H. Anyia, T. Fukushima, J. Ko and P. Sullivan rejoined the meeting. P. Sullivan resumed the chair.

Comprehensive Reviews of Nursing Education Programs

G. Oltmann declared a conflict of interest and left the meeting.

Motion 6

Moved by G. Fox, seconded by D. Edwards

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

CARRIED

G. Oltmann returned to the meeting.

Preliminary Nursing Education Program Reviews

Motion 7

Moved by T. Hands, seconded by S. Mumberson,

That the preliminary review recommendations of the new nursing program be approved as listed in Attachment 3.

CARRIED

Action:

Inform nursing education programs of their approval status.
Update [program status](#) on cno.org.

Election of a Public Member of the Executive Committee

N. Thick, Nominating Committee Chair, and I. Tirana, Strategy Consultant, joined the meeting.

P. Sullivan noted that Council elected its Executive Committee in March 2024. She reminded Council that at that time, there was one candidate for public member. She noted the by-laws are clear that the Executive Committee requires two public members. Following the March meeting CNO put out a call for nominations to fill the public member vacancy on the Executive Committee.

P. Sullivan-Taylor introduced N. Thick, Nominating Committee Chair and transferred the chair to N. Thick for the election of the public member of the Executive Committee.

N. Thick informed Council that F. Osime had been nominated to fill the public member position on the Executive Committee. Following the election process, F. Osime was acclaimed as a public member on the Executive Committee.

P. Sullivan assumed the Chair.

Nominating Committee Report

Council had received a written report from the Nominating Committee and a related briefing on competency-based Council elections. N. Thick highlighted the report.

N. Thick noted the Nominating Committee's work to integrate competencies into the Council election process, based on the process approved by Council.

Council Member Attributes and Competencies

N. Thick noted that the Nominating Committee had extensive discussions on the proposed revised attributes and competencies for Council members. She flagged the input from Council that was integrated into the proposed revised draft. Council was informed that consultation with the Citizen Advisory Group, a public advisory group, affirmed that the revised profile is inclusive and would not create barriers or exclude people of any culture.

N. Thick shared the proposed revised competencies and attributes and highlighted the simplified language and more focused list of competencies.

Motion 8

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

That Council approve the proposed revised CNO Council Attributes and Competencies Profile as shown in Attachment 1 to the decision note.

CARRIED

Competency-Based Council Elections

Council had received a description and visual of the proposed process to integrate the attributes and competencies into the Council election. N. Thick reported on the Nominating Committee's discussion about how to integrate the revised attributes and competencies into the competency-based elections process. The three phases of the election process were highlighted

N. Thick highlighted how the following are included in the proposed election process:

- confirmation that candidates will follow the Council and Committee Code of Conduct and do not hold a prohibited position
- candidate self-assessment against the approved attributes and competencies
- candidate responses to questions to demonstrate meeting the attributes/competencies and
- candidate's ability to voluntarily share their diversity.

N. Thick noted that Nominating Committee believes that the recommended approach is aligned with Council's direction that this process be inclusive and self-reflective. She noted that later in the meeting, Council will be asked to approve By-Laws to implement the new process.

Action:

Implement competency-based Council elections beginning with the 2025 Council election.

Nominating Committee Chair

N. Thick informed Council that each year, at its last meeting, the Nominating Committee reflects on the past year and identifies opportunities for improvement. She noted that the process includes a review of the committee's Terms of Reference.

The Nominating Committee has identified that the current structure in its Terms of Reference lacks flexibility, and the current requirement that the immediate past-president of Council chair the Nominating Committee is not aligned with best practice. It was noted that, other than the immediate Past-President of Council, members of the Nominating Committee are recommended to Council by the Nominating Committee, based on meeting [attributes and competencies for the members of the Nominating Committee](#).

In December, Council will receive draft revised Terms of Reference for the Nominating Committee to implement the proposed structure and approach to selecting the chair. N. Thick left the meeting.

Council and Committee Code of Conduct: Process to Address Complaints of Breach of the Code

J. Maciura, legal counsel, A. Tong, Strategy Consultant and A. Vrachidis, Manager, Governance & External Relations joined the meeting.

P. Sullivan noted that Council had approved its [Council and Committee Code of Conduct](#) (the Code) in December. The Code focused on the expectations for Council and committee member behaviour. In March, Council identified principles to support a new process for addressing complaints that a Council or committee member had breached the Code.

Council received a briefing note with a proposed process for addressing complaints about breaches of the Code. A. Tong reviewed the proposed process and its alignment with the principles identified by Council in March.

In discussion, the importance of resolving matters at each level of the process was flagged. It was also suggested that the process include a mechanism for receipt of complaints from individuals who are not members of Council or committees (e.g. member of the public).

Motion 9

Moved by J. Hess, seconded by C. Gilchrist,

That Council approve the proposed process for addressing complaints under By-Law No. 3: Council and Committee Code of Conduct (the “Code”).

CARRIED

Action:

Prepare amendments to Article 16 of the Council and Committee Code of Conduct to implement the approved process to address complaints about breaches of the Code.

Amendments to By-Law No. 1: General re: Competence-based Council Elections and the Council and Committee Code of Conduct

Council had received draft revisions to By-Law No. 1: General to align the Council election and statutory committee appointment process in by-law with previous Council decisions regarding Council elections and the Council and Committee Code of Conduct (Code) in by-law.

A. Tong highlighted the proposed by-law amendments.

P. Sullivan noted that Council had received the required notice of the by-law amendments and that a 2/3 majority is required to approve by-law amendments.

Motion 10

Moved by M. Sheculski, seconded by M. Krauter,

That Council approve amendments to Part 2: Elections and Appointments: Council and Committee Members of By-Law No. 1 General as they appear in column 1 of attachment 1 to the decision note.

CARRIED

J. Maciura, I. Tirana and A. Tong left the meeting.

Action:

Implement competency-based Council elections for the 2025 election.

Council Purpose and Roles

P. Sullivan reminded Council that one of the governance priorities approved for 2024 was articulating the Council purpose, and updating roles – for Council, Council members and the President. She noted that Council had received a discussion note identifying proposed foundational principles for that work.

A. Vrachidis noted the integration of the Council purpose with updated Council and Council member roles will support further governance enhancements. It was suggested that the updating of Executive Committee Terms of Reference, planned for 2024, align with this work.

Through discussion, Council confirmed the importance of this work. It was flagged that it will be important to reflect the expectations for a health profession regulatory board, while reflecting best practices and thought leadership in relation to governance. A. Vrachidis noted that there will be a development session in September on Council purpose and roles. A. Vrachidis left the meeting.

Finance Committee Report

Council had received the report of the Finance Committee meeting of May 16, 2024. R. Lastimosa Jr. chaired the meeting and highlighted the report.

Audited Financial Statements

Council had received the draft audited financial statements for the year ended December 31, 2023.

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

B. MacKenzie highlighted the audited statements.

Motion 11

Moved by R. Lastimosa Jr., seconded by C. Gilchrist,

That Council approve the Audited Financial Statements for the year ending December 31, 2023.

CARRIED

Unaudited Financial Statements

Council had received the unaudited financial statements for the three-months ended March 31, 2024. R. Lastimosa reported that the surplus for the period was \$2.81M, which is \$1.55M more than the budgeted surplus of \$1.27M.

Motion 12

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

That Council approve the Financial Statements for the three months ended March 31, 2024.

CARRIED

Terms of Reference

R. Lastimosa Jr. noted that the Finance Committee reviews its Terms of Reference and those of the Sub-Committee on Compensation biennially in February. The Terms of Reference of the Sub-Committee had been revised by Council in December, to allow for membership changes to support succession planning, and no further changes are recommended.

Council was informed that the Finance Committee is proposing amendments to its Terms of Reference to broaden its oversight accountabilities to include CNO's enterprise risk management program. Included in the proposed amendments is a change in the committee's name to Finance & Risk Committee.

Motion 13

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

That the Terms of Reference of the Finance & Risk Committee, as they appear as attachment 4 to the Finance Committee Report, be approved.

CARRIED

By-Law Amendments

Council received proposed by-law amendments that are required because of its approval of the Finance & Risk Committee Terms of Reference.

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

Motion 14

Moved by R. Lastimosa Jr., seconded by E. Mutia,

That Council approve the amendments to By-Law No. 1: General related to the Finance & Risk Committee as they appear in the Report of the Finance Committee.

CARRIED

Appointments of the Auditors for 2024

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

Motion 15

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

That Hilborn LLP be appointed as CNO's auditors for 2024.

CARRIED

CEO Closing Remarks

S. Crawford expressed appreciation to Council for its engagement. She noted that Council made important regulatory decisions and decisions that move forward Council's work on governance. She noted that some of the decisions made at this meeting will inform work that will come forward to Council in the future, including the framework for NP regulation, and governance work related to the Council and Committee Code of Conduct, the Council purpose and roles and the Executive Committee's Terms of Reference.

She noted that Council's commitment to diversity, equity and inclusion (DEI) is reflected in its Council and Committee Code of Conduct and at this meeting the Council attributes and competencies and election process were revised with a strong DEI lens.

S. Crawford noted that, as part of the organizational transformation, CNO will continue its work to enhance supports to governance both in relation to briefing materials and to the support provided to Council in its governance role.

President's Closing Remarks

P. Sullivan noted that Council members will receive two important communications from CNO over the summer:

- the annual Council and Committee Code of Conduct (Code) Compliance Form. Completion of the form is an accountability under the Code and
- the cultural fluency assessment that Hamlin Grange highlighted in the professional development session.

Next Meeting

P. Sullivan noted that the next meeting will be September 24, 2024 (afternoon), September 25, 2024 and September 26, 2024 (morning). She informed Council that the meeting will be a hybrid and encouraged all members to attend in person, if possible.

Conclusion

At 3:25 p.m., on completion of the agenda and with consent, the meeting concluded.

Executive Committee Minutes

August 22, 2024

Present

P. Sullivan, Chair
J. Armitage

T. Fukushima
R. Lastimoso Jr.

F. Osime

Guest

S. Yun, legal counsel

Staff

A. Brennand
S. Crawford
J. Hofbauer, Recorder

R. Jabbour
S. Mills
C. Tancioco

A. Tong
A. Vrachidis

Land Acknowledgement

T. Fukushima shared a Land Acknowledgement statement.

Agenda

Members had received the agenda for the Executive Committee meeting of August 22, 2024.

Motion 1

Moved by R. Lastimoso Jr., seconded by J. Armitage,

That the agenda for the Executive Committee meeting of August 22, 2024 be approved as circulated.

CARRIED

Minutes

Minutes of the Executive Committee meeting of May 16, 2024, had been circulated.

Motion 2

Moved by F. Osime, seconded by T. Fukushima,

That the minutes of the Executive Committee meeting of May 16, 2024 be approved as circulated.

CARRIED

June Council De-brief

The Executive Committee had received the report of the June Council and Orientation Pulse Check-In results and summary of potential enhancements.

It was noted that while hybrid meetings maximize the number of Council members who can attend Council meetings, there are limitations with current technology. For example, while names are clear on Zoom, it is not possible to see the names of Council members in the room. While improvements have been made, there are some changes that will only be possible with further advances in technology.

It was acknowledged that the President is diligent in engaging Council members in chambers and in Zoom. Moving forward members agreed that administrative items will be sent to Council members in advance and removed from opening remarks. Executive Committee also confirmed the importance of the connecting with Council colleagues during breaks to support member engagement.

Council Development Session

The Executive Committee received an information note about the Council development session planned for the morning of September 26, 2024. A. Vrachidis, Manager of Governance & External Relations, highlighted the plans for the session. She noted that the facilitator has a regulatory background and is a regulatory governance expert.

The session is to enhance the educational foundation for Council's decision making about its purpose and roles. It will build on the orientation about regulatory governance, supporting members in connecting legal principles to the work of Council. The session will focus on public interest, governance in a regulatory world and the foundations for governance.

The importance of continuing to clarify the difference between the roles, expectations and functions of a non-profit board of directors and a regulatory Council was identified. It was suggested that the session include tips on:

- avoiding advocacy,

- asking questions aligned with governance,
- ensuring Council members are acting in good faith to maintain immunity from prosecution, and
- appropriately communicate and support CNO information.

The Executive Committee received an information note on the plans for Council development for the remainder of 2024. In March, 2025, Council will approve its development plan for 2025.

Principles to Support the Development of a New Strategic Plan

The Executive Committee received a summary note. S. Crawford, Registrar/Executive Director & CEO flagged that in 2025 staff will partner with Council on the development of a new Strategic Plan, acknowledging that the existing Strategic Plan ends in 2026.

As a beginning step, guiding principles for developing the new plan have been articulated. Council will have an opportunity to provide input into the principles in September. This approach mirrors one of the principles, that development of the new Strategic Plan will be a partnership between Council and staff. Members recommended future Council development include strategy and strategic plan development to support Council's success in partnering on the development of the new CNO Strategic Plan.

S. Crawford noted that there will be two major areas of focus in the plan development: system partner engagement and evidence. It was shared that CNO will be taking a very different approach to system partner engagement, including intentionally engaging with voices that have not previously been at the table.

It was noted that the development of a new plan is taking place over a significant time frame and it is a time of change, both within CNO and the environment. It was suggested that the principles explicitly include being agile and flexible as the plan is developed, setting touchpoints where it can be assessed to ensure the work is still aligned with the environment, changing regulatory expectations and the organization.

National Nurse Practitioner Regulation Framework

The Executive Committee had received a summary note. The Executive was reminded that this is a long standing collaborative national project and the framework is designed to support labour mobility and nurse practitioner practice that will align with changing health care needs.

S. Crawford noted that in September, Council will be reviewing draft regulation amendments to implement this change in Ontario. The regulations are being considered for circulation. Council will receive a decision note, which will include information about

the evidence supporting this change, and there will be a presentation about the proposed regulation change. L. Mathias, Strategy Consultant, E. Tilley, Manager of Regulatory Policy and S. Yun, legal counsel will be attending the meeting for this agenda item.

It was flagged that there needs to be very clear messaging about how this change will be implemented, how it will impact on current NPs, impact on current students and recent graduates and what the difference will be for new NPs under this framework.

It was flagged that there needs to be clarity at Council that:

- it is not an automatic conflict of interest for Council members who are NPs or are in the process of becoming NPs to participate in this discussion and
- the discussion needs to focus on the public interest, for example how this change might support improved access to NP care and avoid the perception of advocacy.

It was identified that a visual timeline of the progress, completed and upcoming milestones, and status of this initiative be prepared to support Council understanding.

Interjurisdictional Nurse Licensure

S. Crawford referred members to the briefing note on a national project that has been addressing nurse mobility and interjurisdictional practice. She noted that health profession labour mobility is a strategic priority nationally and the nurse regulators across Canada have been working to identify an approach that supports regulatory integrity and reduces the burden on nurses who practice across borders.

In discussion, it was confirmed that, since all provinces have different legislation and scopes of practice, nurses seeking a secondary registration in Ontario will be required to complete the Jurisprudence Examination.

Governance Enhancements

R. Singh, Governance Consultant and M. Stephenson, Governance Administrator, joined the meeting. A. Vrachidis highlighted the new Governance Team staffing to provide increased and ongoing support for governance. P. Sullivan expressed appreciation for the addition of leadership and dedicated staff to support governance and reflected how these changes flow from the CEO's Leadership Vision.

P. Sullivan noted that the Executive Committee has taken a leadership role in governance including more active roles at Council development and meetings.

Members identified the Council agenda items for which they would initiate discussion by sharing their own reflections.

Council and Committee Code of Conduct: Amendments to Article 16 Regarding Code Proceedings.

A. Tong, Strategy Consultant and S. Yun, legal counsel, joined the meeting. The Executive Committee received the draft Council decision note, which included the draft by-law amendments and a preliminary visual showing the Council approved process with the enhancements identified during the drafting of the by-laws.

S. Yun highlighted the draft by-laws. She noted that, while the by-laws follow the process approved by Council in June, as the drafting of the detailed by-laws unfolded, matters arose that need to be addressed in the by-law. Those enhancements were highlighted in the decision note and in the draft by-law.

There was discussion about the wording of a few paragraphs and it was noted that there is one paragraph where its position in the by-law may create confusion.

The Executive confirmed that the proposed by-law amendments are reflective of the approved process and should move forward to Council. A. Tong left the meeting.

By-laws re. Council and Committees

The Executive Committee received a draft Council briefing note proposing three by-law changes to align the current by-laws with current legislation and with Council's commitments to remove barriers to participation in Council, committees and leadership positions. S. Yun highlighted the proposed changes, and noted that the changes are not related, each proposed change is distinct.

There was discussion about the proposed change to remove the requirement for the President to Chair the Inquiries, Complaints and Reports Committee (ICRC). It was noted that this proposed change builds on a Council decision in December 2023, removing the requirement that members of Executive serve on ICRC. In both cases, the fundamental purpose of the change is to remove barriers to Council members' standing for election to the Executive Committee.

It was acknowledged that participation on the ICRC gives members a unique perspective on professional conduct matters at CNO; however, it was identified that the role of the President relates to governance and not statutory matters. It was suggested that the orientation for any new President includes education about ICRC and other statutory committees.

P. Sullivan reminded the Executive Committee of the challenge of engaging Council members in the election of the Executive Committee. It was noted that with the recommended by-law change, the final barrier for some members considering running for Executive has been removed.

P. Sullivan suggested that she could use the opportunity of this by-law change to begin socializing at Council in September the opportunity to stand for election to the Executive Committee. The Executive Committee supported inviting Council members to observe its November meeting. This meeting takes place in advance of the call for nominations for election to the Executive Committee which will launch after December Council.

Executive Committee Terms of Reference

C. Tancioco and R. Jabbour, Strategy Consultants, joined the meeting. The Executive Committee received a draft Council discussion note about updating the Executive Committee Terms of Reference. C. Tancioco highlighted the briefing, noting that at this stage, Council will be asked for input to shape the updated terms of reference, which will come to Council in December. The scope of the work being done at this time was confirmed and the Executive Committee supported the briefing materials going forward to Council. C. Tancioco left the meeting.

Evaluation

The Executive Committee had received a draft Council discussion note sharing proposed changes to simplify and streamline Council's evaluation policy.

R. Jabbour noted that, based on Council's input in September, a draft revised Evaluation Policy will be presented to Council in December. Approval of a revised policy will support the next external evaluation of Council which will take place in 2025. R. Jabbour highlighted the three refinements that are proposed and rationale. The Executive Committee supported the briefing for forwarding to Council.

R. Jabbour and S. Yun left the meeting.

Council Agenda

The Executive Committee had received a decision note, draft agenda for the September Council meeting and a schedule of activities.

In discussion, there was concern that there may not be sufficient time allocated on the agenda for some agenda items. It was also suggested that consideration be given to moving the development about Finance and Budget planned to follow the business meeting to the development session on Thursday.

Staff were asked to revise the agenda, given input from the Executive Committee. When sharing the plans for the September meeting with Council, staff were asked to clarify that there will be a reception with leadership team but, based on feedback from a previous hybrid where there was a reception and a dinner, that there was too much food, a Council dinner is not being planned.

Motion 3

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

That the agenda for the September 25, 2024 meeting of Council be approved as amended by the Executive Committee.

CARRIED

From your Executive Committee

It was suggested that the governance improvements that are being made be highlighted for Council. Due to time constraints, the Executive Committee agreed to collaborate off-line on the content for the From Your Executive Committee.

Dates of Council meetings

The Executive Committee received a decision note with proposed dates for Council in 2025. A. Vrachidis noted that two hybrids are planned again for 2025 and added time is proposed for all meetings, to allow more time for Council development and to ensure there is adequate time for full discussion and decision-making. It was identified that, as agendas are finalized, the meeting duration may be adjusted. The Executive Committee supported the dates for recommendation to Council.

Public Member Vacancy on the Registration Committee

J. Armitage left the meeting. The Executive Committee received a decision note.

Motion 4

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

That J. Armitage be appointed to fill the public member vacancy on the Registration Committee.

CARRIED

The President will reach out to volunteers who were not appointed to share the Executive Committee's appreciation for their commitment.

J. Armitage returned to the meeting.

Next Meeting

The next meeting of the Executive Committee will be the morning of November 14, 2024.

Executive Session

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

DRAFT

Nursing Education Program Approval

Decision note – September 2024 Council

Contact for questions or more information

Catriona Mill, Manager, Practice Quality

Purpose and Action Required

Motion:

That Collège La Cité's RPN-BScN, using the Nursing Program Transformation Initiative (NPTI)¹ pathway baccalaureate program receive preliminary approval.

Public interest rationale

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

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

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

Background

Program Approval

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

In accordance with the [Program Approval Framework](#) approved by Council, CNO staff completes the review of all entry level nursing programs, including practical nurse

¹ Nursing Program Transformation Initiative is an RPN to BScN Bridge Pathway. Participating public colleges offer standardized hybrid bridging courses as an alternate pathway to enter Level 3 of a CNO Council preliminary approved RPN to BScN program.

diploma (PN), baccalaureate nursing (BScN or BN) and nurse practitioner (NP), and recommendations based on the Program Approval Framework come to Council annually for consideration for approval. The Program Approval methodology is described in Attachment 2.

Analysis

New Nursing Programs

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

One baccalaureate nursing program from Collège La Cité is presented for preliminary approval. The Preliminary Approval recommendation criteria are outlined in Attachment 1.

Program recommendations are forwarded to Council for approval.

Next steps

Following Council's decision CNO will provide:

- A letter to the Nursing School addressing the program's approval status, the upcoming dates for its next review, and a Program Approval Report outlining the results of a program's preliminary review.

Attachments

1. Preliminary approval of new nursing program in Ontario: Review Scoring
2. Program Approval Scoring Methodology

Attachment 1 – Preliminary approval of new nursing program in Ontario: Review Scoring

New Baccalaureate Nurse Programs: Preliminary Review

Institution	Nursing Program	CNO Program Category	Indicator 4: Curriculum	Approval Status Recommendation
Collège La Cité	RPN to BScN, using NPTI pathway*/Passerelle SIA vers BScInf via Initiative de transformation des programmes de professions infirmières (ITPPI)	Pre-Health education entry specified	Met	Preliminary Approval

* NPTI (Nursing Program Transformation Initiative) RPN-BScN Bridge Pathway: Participating public colleges offer standardized hybrid bridging courses as an alternate pathway to enter Level 3 of a CNO Council preliminary approved RPN to BScN program.

Attachment 2 – Program Approval Scoring Methodology

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

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

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

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

1. Program Approval Scorecard Overview

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

2. Mandatory Indicators

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

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

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

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

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

CNO NURSING EDUCATION PROGRAM APPROVAL SCORECARD	
Structure Standard (Total weight 25%)	
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.

Council Dates for 2025

Decision Note – August 22, 2024 Executive Committee

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose and action required

To approve the dates of Council meetings in 2025.

Motion:

That the following be the dates of Council meetings in 2025:

- Tuesday (afternoon), Wednesday and Thursday, March 18, 19 and 20, 2025
- Tuesday, Wednesday and Thursday, June 3, 4 and 5, 2025
- Tuesday, Wednesday and Thursday, September 16, 17 and 18, 2025
- Tuesday (afternoon), Wednesday and Thursday, December 9, 10 and 11, 2025.

Public protection rationale

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

Background

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

Changes in Meeting Patterns for 2025 – Council Meetings

The proposed dates reflect the following changes from the meeting patterns over the recent past:

- Two hybrids (June and September) are planned¹

¹ The extra hybrid in June of this year was not planned in advance. It was added in response to feedback from Council members about the positive impact of hybrid opportunities.

- Additional time is planned for each Council meeting
 - Three days are planned for June and September (hybrid)
 - Two and a half days are planned for March and December (remote)
- Time between the September and December Council meetings has been extended.

The additional meeting time is based on Council's request for additional education and more time for discussion. As agendas are developed, Council will be informed if less time is needed.

In addition, the dates recommended for Council take into account:

- 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

Dates for Strategic Planning Workshops in 2025

In 2025 Council will be engaged in developing the new Strategic Plan, which will commence in 2027.

CNO staff are exploring a range of approaches for Council engagement, which may include full Council workshops, small group sessions, asynchronous opportunities to provide feedback and other options. As soon as dates are available for full Council sessions and small group options, they will be shared with Council members.

Confirmation of Committee Appointment

Decision note – September Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose and action required

To fill a public member vacancy on the Registration Committee.

Motion:

That Council confirm the appointment of Jay Armitage to the Registration Committee.

Public protection rationale

The Registration Committee supports fair and equitable registration practices. Public member participation on committees is important to bring the public perspective to decision making. For that reason, the by-laws related to statutory committee structure include a minimum number of public members on each statutory committee.

Background

The Executive Committee fills mid-year committee vacancies ([Article 31.03](#)). Those appointments come into effect immediately and need to be confirmed by Council at its next meeting.

There was a public member vacancy on the Registration Committee. CNO sent a request for volunteers to public members. The Executive Committee appointed Jay Armitage to fill the vacancy.

Strategic Plan Reporting

Discussion Note – September 2024 Council

Contact for questions or more information

Silvie Crawford, Registrar/Executive Director & CEO

Purpose

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

Questions for consideration

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

Public protection rationale

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

Background

Council receives [quarterly updates](#) on the strategic plan to support their governance oversight accountability. This report focuses on new activity since the previous Council update.

Outcome Measures

The updated outcome dashboard, with data up until the end of June 2024, is included with this report. It includes reports on the outcome measures which demonstrate CNO's progress towards the outcomes and includes leading measures.

Reporting on the Measures

In an effort to enhance the transparency and effectiveness of our strategic planning process, CNO has undertaken visual and data-integrity related updates to our metrics dashboards. These updates, initially presented at the June Council meeting, are intended to refine our monitoring processes and improve both the visual clarity and accuracy of data reported in the dashboards.

Outcome Measures: Progress Updates

Outcome 1: Applicants for registration will experience processes that are evidence-informed, fair, inclusive and effective, contributing to improved public access to safe nursing care

Applicant Experience Survey

The Applicant Experience Survey collects information from CNO applicants about their experience registering with CNO. The data gathered from the survey provides the basis for the first outcome measure of the Strategic Plan “*Applicants for registration will experience processes that are evidence-informed, fair, inclusive, and effective, contributing to improved public access to safe nursing care*”. The survey launched in June 2024 and was sent retrospectively to all nurses who registered or reinstated between April and June 2024. It will continue on a rolling basis each month.

The survey was created, and is being administered by, an external research firm. The research firm developed the survey through an iterative process based on findings from a literature review and in-depth interviews and focus groups with CNO subject matter experts, other nursing and non-nursing regulators, nurses who recently registered or reinstated and other system partners. The survey measures three indices: fairness, inclusivity and effectiveness, from the applicant’s perspective. The scale for each index is from 0 – 100.

Results from the first wave of the survey indicate that overall, recently registered and reinstated applicants perceive the process to be fair, inclusive, and effective. Fairness and inclusivity were rated the highest at 84% each, while effectiveness was rated the lowest at 72%. Across all three indices, internationally educated nurses (IENs) consistently rated CNO’s processes the highest, while applicants educated in other Canadian provinces and reinstating nurses rated them the lowest. Nurse Practitioner (NP) applicants also consistently rated the registration process as less fair, inclusive and effective. The survey was completed by 1,483 newly registered or reinstated nurses, leading to a response rate of 30.1%.

While the data is weighted to account for seasonal differences in the composition of new registrations, such as the graduation cycles from Ontario programs and IEN application patterns, a full year of monthly survey data will be required to adequately establish a baseline. Qualitative data will inform continuous program improvement and quantitative results will be used to measure the impact of ongoing efforts to modernize the applicant assessment for IENs.

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

Standards Utilization Survey

The Standard Utilization Survey will be distributed to a random sample of 15,000 nurses (RN, RPN, NPs) on September 9, 2024. This survey will gather feedback from nurses on CNO’s standards of practice and awareness of recent changes, such as launch of

new and retirement of standards This survey was initially implemented in 2021 and this second issuance will allow for a comparison of data, including any change in awareness or knowledge of the standards. Findings will be reported to Council in December 2024 as part of ongoing reporting related to Outcome 2 of the Strategic Plan.

Outcome 3: CNO will be recognized as a trusted system partner to nurses, employers and the public

Across different areas of the College, various projects and initiatives that are anticipated to build or maintain trust and awareness in CNO are underway. Examples of these activities are described below.

Social Media Strategy: Greater advocacy for nurses was a top mention among the recommendations for CNO from both the public and nurses, and using social media, CNO has messaged that our purpose is to protect public safety by promoting safe nursing practice. Demonstrating this purpose in action informs all our social media campaigns and broadly, CNO's social media strategy continually expands its reach to increase awareness of CNO's regulatory role and scope. CNO recently reached a milestone of 100,000 followers across its social media platforms.

Enterprise Diversity, Equity and Inclusion (DEI) Strategy: In September, CNO will share a customized multi-year DEI Strategy that builds on over 2 years of internal DEI work the regulator has completed. The enterprise Strategy – Inclusion for All: Nothing About Us, Without Us, focuses on serving key audiences or constituencies - including registrants, applicants, CNO staff, relevant external partners, CNO's Council, committees and members of the public.

The DEI Strategy gives CNO the opportunity to bring greater value to system partnerships, to respond to societal changes and prevent harm. The strategy supports our commitment to broadly consult and create diverse, equitable and inclusive spaces. CNO will continue to share data-driven insights from a wide variety of sources including CNO's first Workforce Demographic Census for CNO registrants. Key to the strategy is the DEI Work Plan that provides CNO with a 3-year blueprint for key actions and specific projects.

Updated Education Requirements: The shortage of nursing staff was highlighted as a systemic issue compromising quality of nursing care by registrants and employers that they would like to see CNO address. While CNO's ability to address the nursing shortage is limited, in May 2024, Council approved of the proposed amendments to the registration requirements to support fair and equitable registration processes. Under the proposed change, CNO would accept relevant baccalaureate and diploma nursing

education recognized or approved in any jurisdiction, for RNs and RPNs respectively, which will reduce barriers for internationally educated applicants.

Educational Outreach: The Professional Conduct process is an area where employers expressed a desire for greater educational outreach. We are currently developing a summary of results from our Professional Conduct data to share with employers. For the first time, this data will provide employers with insights into the top nursing concerns described in the reports and complaints disposed of by CNO.

System Partner Engagement Framework: Future work within CNO will look to strengthen engagement with various system partners such as nursing employers.

In early 2026, CNO will remeasure trust and awareness among the public and registrants to determine the impact on these and other activities on the levels of trust and awareness within these groups. We will also be exploring approaches to measuring trust with employers as a part of the measurement activities in 2026.

Pillar 1: Build and Operate an Insights Engine

Building an insights capability is a key pillar of CNO's strategic plan, with significant progress made in enhancing our data governance practices and implementing the Enterprise Lakehouse. This advanced platform integrates data from various sources, providing tools for data governance, business intelligence, and machine learning across CNO. The Lakehouse is being rolled out to our operations teams, with milestone two, focusing on developing and deploying dashboards and reports to business units, expected to be completed next quarter. The project will then move to milestone three, which will focus on the operationalization of the platform, including ecosystem sustenance, business application support, and governance.

Pillar 2: Operate with Agility

The work under Pillar 2 continues to enhance the structural and process integrity of projects and operational initiatives at the CNO. Recently, the Business Services team conducted detailed operational planning along with the identification of operational priority statements to help guide the work for the upcoming year. In addition, project management practices are being aligned with key pillar deliverables to promote organizational efficiency.

Pillar 3: Enable Proactivity The scoping activity for the Proactivity Pillar is complete, with plans to create and pilot a model that will help CNO in identifying and addressing patient harm. This work is currently entering the detailed planning stage where deliverables and resources will be identified. A communication and resourcing plan is being developed. Various sources of data will inform this work, including data insights from the workforce census, trust and awareness surveys, and the Professional Conduct case file database project. Conduct data will also be a key input for decision-making, pending consultation

with the Analytics team. The work under this pillar may evolve into goals under the new Strategic Plan.

Pillar 4: Engage and Mobilize our Key System Partners Pillar

CNO has developed a new enterprise approach to conference presentation proposals and responses, improving our engagement approach and aligning with our new DEI Strategy. This involves revising our engagement strategy to incorporate a comprehensive enterprise focus. The engagement pillar also emphasizes proactive outreach and collaboration enhancing our visibility and influence in key forums. By integrating DEI principles into our engagement efforts, we aim to foster a more inclusive and representative organizational presence in all external interactions.

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

Attachments

1. (2021-2026) Strategic Plan Outcome Measures Dashboard
2. (2021-2026) Strategic Plan Project Progress Dashboard

*Note: CNO is transitioning away from the term "stakeholder" as a result of ongoing DEI awareness and recommendations from members of the Health Profession Regulators of Ontario and Indigenous partners.

Attachment 1: (2021-2026) Strategic Plan Outcome Measures Dashboard (up to the end of June 2024)



Strategic Plan 2021-2026 Outcome Dashboard

Outcome Measure

Leading Measure

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

Applicant Experience Survey



Index scores based on responses from nurses who registered or reinstated between April 1-June 30, 2024 (n=1,483)

Time to First Application Contact (15 days or less)

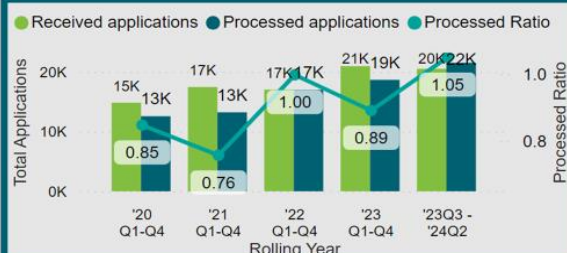
2023 Q3 - 2024 Q2

99% Ontario
100% Canadian
100% IEN

Baseline (2020-22)

100% Ontario
97% Canadian
97% IEN

Application Processing Ratio



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

Quality Assurance (QA) Assessment



QA Survey

2023 Q3 - 2024 Q2
QA Part A Survey Respondents
n=869

98%

Average % of nurses who agreed they understood CNO standards after completion of QA modules

Baseline (2023): 98%

Standards Survey

Work underway to prepare for data collection.

% of nurses indicating that they were familiar with CNO standards

Baseline (2021): 97%

Professional Conduct Remediation Dispositions

Year	% Remedial	Total
2020	71%	354
2021	78%	463
2022	78%	510
2023	76%	423

Proportion of professional misconduct and/or incompetence investigations with a remedial outcome.

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

Trust

Nurses (n=1249)

Public (n=798)

65%

61%

% that found CNO very or somewhat trustworthy

Awareness

Nurses (n=1250)

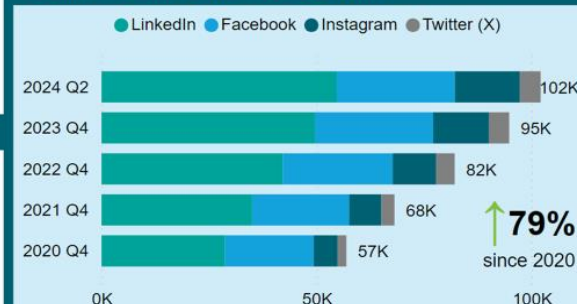
Public (n=1251)

100%

70%

% aware of CNO or organization that regulates nursing in ON

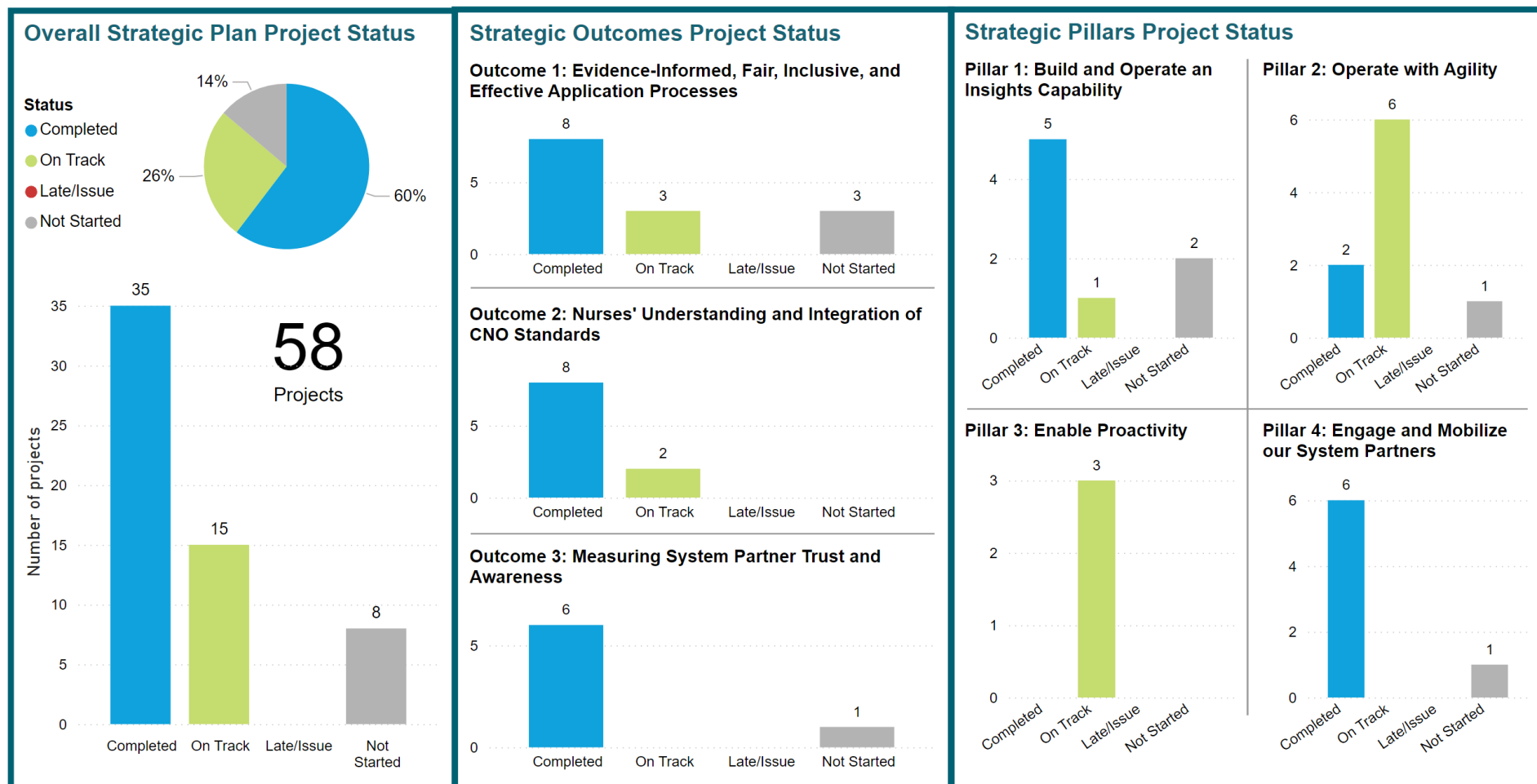
Social Media Audience Growth



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

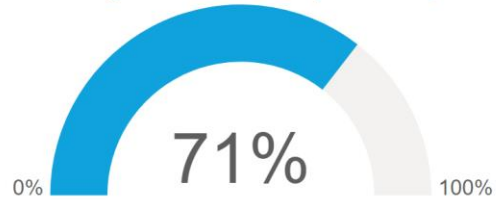


Strategic Plan 2021-2026 Project Progress Dashboard



Strategic Plan 2021-2026 Outcome Project Progress Dashboard

Percentage of Outcome Projects Completed



Status

Completed

On Track

Late/Issue

Not Started

Strategic Plan Projects	Status	% Complete
Outcome 1		
Revised Applicant Portal Implemented	Completed	100%
Applicant Experience Survey Developed	Completed	100%
Applicant Experience Survey Implemented	Completed	100%
Applicant Experience Survey Baseline Developed	On Track	25%
Applicant Experience Survey Target Setting	Not Started	0%
Modernization of Applicant Assessment (MAA)	On Track	61%
Language Proficiency (LP) Policy	Completed	100%
LP project (Bill 106 work)	Completed	100%
New Police Criminal Record Check policy implemented	Completed	100%
New Police Criminal Record Check platform implemented	Completed	100%
IEN Education Change Implemented (including reg. change)	On Track	40%
Evidence of Practice	Not Started	0%
Registration Applicant Approach Piloted	Completed	100%
CNO Registration Content Updated	Not Started	0%

Strategic Plan Projects

Status % Complete

Outcome 2

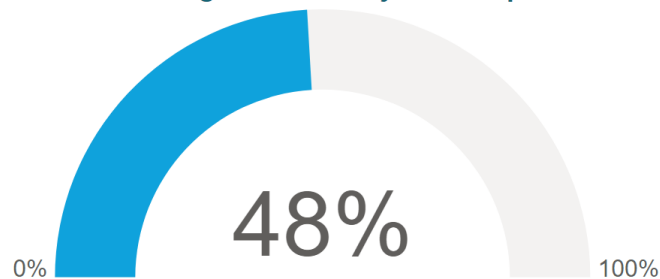
Revised Code of Conduct Implemented	Completed	100%
Professional Conduct Casefile Trends Analysis Completed	Completed	100%
Topic Specific Standard(s) Established (RN Prescribing)	Completed	100%
Quality Assurance Technology Platform Implemented	Completed	100%
New Quality Assurance Assessment Tools Established	Completed	100%
Professional Conduct Casefile Reporting & Querying Platform Established	Completed	100%
QA Participant Survey	Completed	100%
Modernized Standards: Standards utilization survey	On Track	20%
Quality Assurance Measurement Module Established	On Track	40%
Topic Specific Standard(s) Established (new standard development for 2024)	Completed	100%

Outcome 3

Establish Working Group	Completed	100%
Trust Scope Defined	Completed	100%
Baseline Survey Completed	Completed	100%
Baseline Report Back Completed	Completed	100%
Establish Advisory Group	Completed	100%
Trust Index Re-evaluation	Not Started	0%
Identify project manager	Completed	100%

Strategic Plan 2021-2026 Pillar Project Progress Dashboard

Percentage of Pillar Projects Completed



Strategic Plan Projects	Status	% Complete
Pillar 1		
Data Governance Framework for Operational Decision-Making Implemented	Completed	100%
Data Management & Data Quality Completed	Completed	100%
Insights Culture Enhancement Plan Established	Completed	100%
Milestone 1: Data Lakehouse Foundation	Completed	100%
Milestone 2: Dashboards Rolled out to Business Units	Completed	100%
Milestone 3: Dashboards, Analytics & Insights to Business Units	In Progress	50%
Milestone 4: Establishing Insights Capabilities & Sharing Stakeholder Engagement Framework	Not Started	0%
Exploration of Advanced Analytics & Machine Learning Completed	Not Started	0%

Strategic Plan Projects	Status	% Complete
Pillar 2		
Prioritization Model Completed	Completed	100%
Stage-Gate Approval Process Established	Completed	100%
Organization-Wide Project Management Function Established	In Progress	50%
Implementation of project management software platform	In Progress	25%
Implementation of PMO resourcing model	In Progress	50%
Decision-making for corporate projects framework finalized	In Progress	85%
Operational planning framework finalized	In Progress	80%
Prioritization model implemented (ops planning + corporate projects)	In Progress	50%
Two-Speed Organizational Model Established	Not Started	0%
Pillar 3		
Evaluation of "Risk-based" and "Right-touch" Framework Completed	In Progress	10%
Organizational Definition of "Right-touch" and "Risk-based" Established	In Progress	10%
Frameworks For Risk-based & Right-touch Regulatory Functions Implemented	In Progress	9%
Pillar 4		
Stakeholder Engagement Strategy Implemented	Completed	100%
External Communication Approach Established	Completed	100%
Internal Change Management (Comms & Training) Completed	Completed	100%
Evaluation of Stakeholder Engagement Strategy Completed	Completed	100%
Stakeholder Engagement Gaps Identification Complete	Completed	100%
Stakeholder Management Strategy Established	Completed	100%
Mobilizing Stakeholders through Implementation Plan	Not Started	0%

Principles to Support the Development of a New Strategic Plan

Discussion note – September 2024 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose

To seek Council's feedback on the draft principles to develop the Strategic Plan.

Questions for consideration

Do these draft principles adequately reflect our commitment to public protection?

Public protection rationale

The draft principles to develop the new Strategic Plan are intended to support Council in their governance oversight role. The development and implementation of the Strategic Plan supports CNO meeting its commitment to protect the public by promoting safe nursing practice.

Background

In March 2023, Council approved a recommendation to extend the duration of the Strategic Plan from December 31, 2024 to December 31, 2026. Council recognized that the existing plan continues to align with CNO's purpose and effectively guides the organization's direction. It was also acknowledged that initiating the development of a new strategic plan would divert resources from critical priorities that both meet changing societal expectations and are aligned with the purpose and outcomes in the Strategic Plan.

As we move towards the end of the current Strategic Plan, CNO staff are beginning the process to support the development of the new strategic plan, including the development of principles to develop the Strategic Plan, developing and issuing a Request for Proposal (RFP), and the subsequent selection of a vendor.

Draft Guiding Principles:

System Partner Engagement

CNO will create opportunities during the Strategic Plan development phase to hear from system partners and other interested parties with regards to the approach for developing its next Strategic Plan. This would also be informed by CNO's DEI strategy.

Evidence Informed Approach

In order to promote an evidence informed and data-driven approach, CNO will obtain information on key trends and best-practices for regulators and gain insights into the current landscape of nursing and healthcare.

Agile Approach:

Learnings from the key trends and environmental scan may necessitate review of the strategic plan development approach and potential shifts in approach.

Decision-making and Shared Accountability:

The approach to the development of the next Strategic Plan will be built on engagement and in-depth consultation with Council and CNO's Leadership Team ensuring shared accountability and transparent decision-making. This includes gathering insights from Council and the Leadership Team to inform the process, allowing for flexibility and responsiveness during the development phase to address emerging priorities and evolving needs for CNO.

Next steps

As Council will be a key contributor to the Strategic Plan, and will ultimately approve the Plan, CNO staff will ensure that Council is engaged and receives regular updates throughout the development process.

Interjurisdictional Nurse Licensure

Discussion note – September 2024 Council

Contact for questions or more information

Silvie Crawford, Registrar/Executive Director & CEO

Purpose

The purpose of this note is to update Council on the proposed work on Interjurisdictional Nurse Licensure (INL) to enhance labour mobility in Canada.

Questions for consideration

Does Council have any questions about CNO's ongoing participation in national work to implement INL in the public interest?

Public protection rationale

Interjurisdictional Nurse Licensure seeks to facilitate the movement of nurses across jurisdictional borders within Canada while maintaining high standards of public safety. This requires regulators, including CNO to contemplate licensing models to best protect the public while also reducing barriers to mobility and administrative burdens on nurses and increasing accessibility to professional nursing services for the public.

Background

Overview

For some time, Canadian nurse regulators have been considering ways to reduce barriers to mobility for nurses who wish to work in multiple Canadian jurisdictions or move from province to province. If supported, an interjurisdictional approach could allow nurses to remain registered in a primary province, while facilitating expedient registration and reducing duplication in regulatory requirements to enable practice in a secondary location.

As regulators work to solidify an approach, implementation of INL may look different across jurisdictions due to the applicable laws, policies and program requirements in each jurisdiction. Regulators will endeavour to reduce duplication, where appropriate, in how nurses meet the regulatory requirements and implement fair, transparent and consistent processes for INL applicants and registrants.

Regulatory Requirements for Interjurisdictional Nurse Licensure

Below are the regulatory requirements and processes that nurse regulators will consider when contemplating a model to support implementation of interjurisdictional nurse licensure:

- Scope of Practice
- Registration requirements (evidence of practice, jurisprudence etc.)
- Quality Assurance (QA) requirements
- Professional Conduct
- Information Sharing
- Liability Protection
- Annual Renewal
- Fees

For purposes of registration through Interjurisdictional Nurse Licensure (INL), nurses will be required to declare a primary (home) and secondary (host) jurisdiction(s) in which they provide nursing services. CNO will consider an approach for those registering in Ontario as a secondary jurisdiction. This will include how applicants and registrants will meet CNO's registration requirements, including evidence of practice and how they will uphold regulatory requirements such as QA requirements, professional conduct and liability insurance. In addition, CNO will consider implementation of a reduced fee structure.

To reduce duplication, CNO will take into consideration alternative ways INL applicants and registrants will meet CNO's regulatory requirements to help reduce barriers to mobility and remove administrative burdens on nurses.

Additional Considerations

Further discussion is required in determining how jurisdictions will define the primary and secondary jurisdiction(s) and whether that is based on a nurse's location (e.g. nurse's residence) or on their primary practice location. In addition, CNO will only register those categories that currently exist. For example, Registered Psychiatric Nurses who are regulated in other Canadian jurisdictions at this time would not be permitted to register as registered psychiatric nurses in Ontario as CNO does not currently have this category.

Next steps

- CNO will continue to consider implementation needs for Interjurisdictional Nurse Licensure and, when appropriate, collaborate with other Canadian regulators
- Council will continue to be informed as more information becomes available on the national approach to INL

National Nurse Practitioner Regulation Framework

Decision note -- September 2024 Council

Contact for questions or more information

Silvie Crawford, Registrar/Executive Director & Chief Executive Officer

Purpose and action required

This note outlines the policy framework for the national Nurse Practitioner (NP) regulation framework and the proposed amendments to Ontario Regulation 275/94 and Ontario Regulation 196/23 under the [Nursing Act, 1991](#).

Motion:

That Council approves the proposed amendments to O. Reg 275/94: General and O. Reg 196/23: Exemption – Restricted Titles under the *Nursing Act, 1991* as proposed in attachment 1 in this decision note for circulation to registrants and other system partners for 60 days.

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

Questions for consideration

1. Are the proposed regulations (attachment 1) in the public interest?

Public protection rationale

CNO's purpose is to promote safe nursing practices. Registering one classification of NP can promote access to patient care by supporting labour mobility and creating a more agile NP workforce that is not constrained by regulatory specialties.

Summary

Nursing regulators across Canada have been working together on a national Nurse Practitioner regulation framework. The national framework aims to streamline the registration of NPs into one single classification which involves the removal of NP speciality certificates in Ontario (Adult, Paediatrics and Primary Health Care).

Aside from the current expectation that NPs in the Adult and Paediatrics specialties focus their practice on clients in particular age ranges, CNO does not set requirements

related to the clinical areas or settings where NPs practice based on specialty certificates. If the proposed regulations are approved by government in the future, NPs would have a similar registration framework to Registered Nurses (RNs) and Registered Practical Nurses (RPNs) as CNO would no longer require NPs to register based on a specialty. The proposed changes do not change NPs' accountability to practice within their scope and competencies. As part of legacy planning, current NP registrants will be transitioned into the new framework without having to complete any further education, examination or training. These NPs will continue to work within their current education (and patient population), training and competence, and maintain their competencies by participating in CNO's Quality Assurance program.

Proposed Amendments

The proposed regulatory amendments (attachment 1) will:

- register all NPs (existing and new) into a single 'registered nurse in the extended class', while maintaining registration requirements
- the term "Nurse Practitioner" is proposed to be added to the definition and headings to clarify that the term, which is commonly used across Ontario, is synonymous with registrants who hold extended certificates of registration
- shift language to remove mention of specialty certificates through amendments to sections related to certificates of registration, title use, examinations, resignation, declaration of practice, revocation and reinstatement
- include the use of inclusive language
- propose transition language to:
 - indicate previous use of NP specialties and move toward a single classification
 - ensure students currently finishing their specialty programs can still be eligible for registration with CNO during the transition from the current to the new model
- align language with the proposed 'Education Regulations' that is currently being reviewed by government (e.g. that a program is substantially equivalent to an Ontario program and Registration Committee having the authority to make this decision rather than Council). Registration Committee will have the authority to deem RN education and/or exams substantially equivalent to Ontario for NP applications instead of requiring an applicant to go to Council.

All together, these proposed amendments will support NPs to practice across patient populations and practice settings while maintaining public safety.

Background

In 2018, the Canadian Council of Registered Nurse Regulators ([CCRNR](#)) – of which CNO is a member - launched the Nurse Practitioner Regulation Framework Implementation Plan Project (NPR-FIPP) to explore a single framework for NP regulation in Canada. In addition to registration practices, this project aims to create

consistency across Canada in entry-level education and a national entry-level exam for NPs.

Currently, NP entry requirements and exams vary per jurisdiction. NPs are educated and regulated in most Canadian provinces and territories based on their category or stream of practice, including the categories of Family/All Ages (or Primary Health Care), Adult, Paediatric and Neonatal. Evidence¹ indicates that NPs in Canada use similar competencies while practicing regardless of their patient population or practice setting. The national regulation framework will allow NPs across Canada to be educated based on common NP entry-level competencies, take a common NP entry-level exam, and be ready to provide care across the lifespan and practice settings as entry-level NP.

CNO continues to collaborate with CCRNR and other Canadian jurisdictions to recognize the benefits (to labour mobility and national alignment) and impacts of a national approach. In September 2019, CNO brought this national framework to Council for discussion. Council was supportive of this approach, noting it would add clarity to the public. In December 2022, CNO's Council reviewed the revised national NP entry-level competencies for entry-level education programs toward a single NP classification. In [June 2024](#), Council approved CNO's continued work toward a national regulatory framework and classification of NP registration in Ontario.

Current national work includes integrating updated national entry-level competencies and developing a new national exam with expected launch in 2026. CNO has worked with academic institutions to facilitate implementation of programs that prepare graduates to provide NP health services to clients across lifespans. Ontario universities will ramp down NP entry-level education programs for the current specialties and will begin to provide programs reflecting a single classification of NP starting September 2024.

Other jurisdictions will also be moving toward this framework with two exceptions. The College of Registered Nurses of Alberta (CRNA) will move toward the new framework, but will continue to register neonatal NPs in Alberta, providing the rationale that their neonatal education program is different to other specialty categories, and neonatal NPs do not share similar competencies to the Adult, Paediatric and Primary Health Care entry-level registration certificates. Furthermore, Quebec is not participating in the plan to develop a national NP regulatory framework.

Practice Analysis (Evidence)

In 2015, CCRNR conducted research and analysed NP practice across Canada in three practice streams (Adult, Family/All Ages, and Paediatrics) to inform the national

¹ Canadian Council of Registered Nurse Regulators (2015) Practical Analysis Study of Nurse Practitioner. Prepared by Professional Examination Service Credentialing Insights. Website: <https://ccnr.ca/assets/ccnr-practice-analysis-study-of-nurse-practitioners-report---final.pdf>

regulatory approach for NPs. The [practice analysis](#) was conducted to obtain a description of entry-level NP practice in Canada, understand common behavioural indicators and provide evidence to help regulators develop consistent approaches in NP regulation. Key findings from literature, subject matter expert and surveys (e.g., NPs, educators) indicated the following:

- competencies are an accurate and relevant description of the knowledge, skill and/or judgment for NP practice
- key aspects of NP practice are consistent across the country
- the competencies for entry-level NP practice are consistent across specialties (Adult, Paediatrics, Primary Health Care)

In early 2024, CCRNR commissioned a new NP practice analysis study to provide current information about the profession and inform development of a national single entry-to-practice NP exam. Ten NPs representing jurisdictions across Canada from a variety of practice settings (including areas such as, acute care, paediatrics, geriatrics, primary health care and indigenous health care) supported the development of a practice analysis document that was validated by NPs through an online national survey. Preliminary results from the 2024 NP practice analysis show that Canadian NPs continue to use similar foundational, entry to practice competencies while practicing regardless of their patient population or practice setting.

A jurisdictional scan and literature review was also conducted by CNO to inform policy direction for a single NP classification. Attachment 3 have more detail on this work.

Legislative Framework

Regulations under the *Nursing Act, 1991* outline registration requirements for NPs. Currently, NPs must be registered within a speciality certification and must meet registration and renewal requirements for their respective specialty (attachment 4 outlines the current registration and practice requirements for NPs). The regulations also provide exemptions to restricted titles which reference specialty certificates. The registration and practice requirements for NPs to register with CNO are still applicable as part of the current registration process and will not be changing.

System Partner Engagement

System partner engagement is key to successful regulatory change and has been ongoing. Over the past few months, CNO has engaged with government, employers, academics, regulators and NPs to discuss the national framework, understand potential impacts, and discuss potential risks and mitigation strategies. There has been general support for the national framework. A key focus has been discussions around how current NPs will be transitioned into the new framework. CNO has had targeted meetings with universities who will be providing NP entry-level programs to ensure new student cohorts are educated to practice across patient populations and practice settings at entry-level. Discussion with academics around continuing competence and

specialization certificates continue to evolve to ensure NPs have opportunities for professional development and training, if needed, to support their practice-specific needs (like neonatology, gerontology, to name a few). On September 5, 2024, CNO held a virtual townhall to share information and seek NP and system partner feedback to inform transitional planning. We are working with system partners and key interest groups to promote NP role clarity, support current NPs to transition to the new model as part of legacy planning and develop partnerships to facilitate safe and timely implementation.

Related Project – Nursing Scope of Practice

The Ontario government recently launched a consultation on nursing scope of practice changes, most of which will impact NP practice. Currently, all NPs, irrespective of specialty, are accountable to the same practice standards and legal authorities. All NPs in Ontario have the same scope of practice (that is, the authority to perform controlled acts, order diagnostic tests, perform procedures) and a wide range of other legal authorities and obligations (e.g., obligation to report communicable diseases under the *Health Protection and Promotion Act*; or authority to admit, attend to and discharge patients under the *Public Hospitals Act*). In the future, subject to the scope changes government proposed taking effect, they will continue to apply to all NPs.

Next steps

Subject to Council approval:

- in compliance with the *Regulated Health Professions Act, 1991*, the proposed regulation amendments will be circulated for 60 days to obtain feedback from registrants and system partners
- CNO will review feedback and provide a summary for Council in December 2024 to help inform a decision to submit regulations for government consideration
- CNO will continue to engage with system partners to support a national NP framework that promotes access to care for general and specialized services
- CNO will continue to take a phased approach to efficiently implement a single NP classification and inform system partners (registrants, applicants, others) of these changes

Attachments

1. Proposed Regulation Amendments - redline version showing regulation changes
2. A chart that provides rationale for each change
3. Jurisdictional scan and literature review
4. Registration and practice requirements for current NPs

NP Amendments to General Regulation – Redlined

Nursing Act, 1991

ONTARIO REGULATION 275/94

GENERAL

**PART I
INTERPRETATION**

0.1 In this Regulation,

“registered nurse in the extended class” or “nurse practitioner” means a member who holds an extended certificate of registration as a registered nurse; (“infirmière autorisée ou infirmier autorisé de la catégorie supérieure”)

“registered nurse in the General class” means a member who holds a General certificate of registration as a registered nurse; (“infirmière autorisée ou infirmier autorisé de la catégorie générale”)

“registered practical nurse in the General class” means a member who holds a General certificate of registration as a registered practical nurse. (“infirmière auxiliaire autorisée ou infirmier auxiliaire autorisé de la catégorie générale”) O. Reg. 175/12, s. 1.

0.2 Where the provisions of this Regulation are inconsistent with the provisions of the *Emergency Management and Civil Protection Act*, the provisions of that Act shall prevail and the provisions of this Regulation, to the extent that they are inconsistent with that Act, shall not apply. O. Reg. 175/12, s. 1.

**PART II
REGISTRATION**

CERTIFICATES OF REGISTRATION

1. (1) The following are prescribed as classes of certificates of registration for registered nurses:

1. General.
2. Extended.
3. Temporary.
4. Special Assignment.
5. Emergency.
6. Non-Practising. O. Reg. 175/12, s. 1; O. Reg. 291/23, s. 1.

(2) A registered nurse may not hold more than one class of certificate of registration as a registered nurse at one time. O. Reg. 175/12, s. 1.

1.1 (1) The following are prescribed as classes of certificates of registration for registered practical nurses:

1. General.
2. Temporary.

3.Special Assignment.

4.Emergency.

5.Non-Practising. O. Reg. 175/12, s. 1; O. Reg. 291/23, s. 2.

(2) A registered practical nurse may not hold more than one class of certificate of registration as a registered practical nurse at one time. O. Reg. 175/12, s. 1.

~~1.2 REVOKED:(1) The following are defined as specialties for certificates for a member who is a registered nurse in the extended class:~~

~~1.Primary Health Care.~~

~~2.Paediatrics.~~

~~3.Adult.~~

~~4.Anaesthesia. O. Reg. 175/12, s. 1.~~

~~—(2) A registered nurse in the extended class shall hold a certificate in a specialty mentioned in subsection (1). O. Reg. 175/12, s. 1.~~

~~—(3) A registered nurse in the extended class who is issued a certificate in a specialty mentioned in subsection (1) may be issued additional specialty certificates if he or she meets all the requirements in this Regulation relating to those specialty certificates. O. Reg. 175/12, s. 1.~~

~~—(4) For greater clarity, a specialty certificate defined under subsection (1) is not a class of certificate of registration. O. Reg. 175/12, s. 1.~~

APPLICATION FOR CERTIFICATE OF REGISTRATION

1.3 (1) A person may apply for a certificate of registration in any class by completing an application in the form provided by the Executive Director and submitting it along with any supporting documentation requested by the Executive Director and the applicable fees. O. Reg. 175/12, s. 1.

~~(2) REVOKED:If a person applies for an extended class certificate of registration, he or she must apply for a specialty certificate in at least one of the specialties of the extended class. O. Reg. 175/12, s. 1.~~

(3) A person who files an application for a certificate of registration may not make another application for the same class of certificate until the outstanding application has been finally disposed of. O. Reg. 175/12, s. 1.

REQUIREMENTS FOR ISSUANCE OF CERTIFICATE OF REGISTRATION, ANY CLASS

1.4 (1) The following are registration requirements for the issuance of a certificate of registration for any class:

- 1.The applicant must provide details to the Executive Director of any of the following that relate to the applicant at the time that the applicant submits the application, and of any of the following that come to relate to the applicant after the application is submitted and before a certificate of registration is issued:
 - i.A finding of guilt for any criminal offence, any offence relating to the use, possession or sale of drugs, any offence under the *Controlled Drugs and Substances Act* (Canada), or any other offence in relation to the practice of nursing or another profession in any jurisdiction.
 - ii.A finding of professional misconduct, incompetence, incapacity, professional negligence, malpractice or any similar finding against the applicant in relation to the practice of nursing or another profession in any jurisdiction.
 - iii.A current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity or any similar investigation or proceeding in relation to the practice of nursing or another profession in any jurisdiction.
 - iv.A current proceeding in respect of any offence in any jurisdiction.

- v. A refusal to register the applicant to practise as a nurse or in another profession in any jurisdiction.
- 2. The applicant's past and present conduct, in the opinion of the Executive Director or a panel of the Registration Committee, must afford reasonable grounds for the belief that the applicant,
 - i. does not suffer from any physical or mental condition or disorder that could affect his or her ability to practise nursing in a safe manner,
 - ii. will practise nursing with decency, honesty and integrity and in accordance with the law,
 - iii. has sufficient knowledge, skill and judgment to competently engage in the practice of nursing authorized by the certificate of registration, and
 - iv. will display an appropriately professional attitude.
- 3. The applicant must have paid any fees required under the by-laws for the issuance of the certificate of registration. O. Reg. 175/12, s. 1.
 - (2) It is a registration requirement for the issuance of a certificate of registration for any class, other than the Emergency and Non-Practising classes, that the applicant must be a Canadian citizen or permanent resident of Canada or must hold the appropriate authorization under the *Immigration and Refugee Protection Act* (Canada) to permit the applicant to engage in the practice of nursing in Ontario. O. Reg. 175/12, s. 1; O. Reg. 291/23, s. 3.
 - (3) The requirements under subsection (1) are non-exemptible. O. Reg. 175/12, s. 1.
 - (4) An applicant must meet all of the requirements for registration within two years from the day that he or she filed his or her application, but this does not prevent an applicant from filing a new application. O. Reg. 175/12, s. 1.
 - (5) An applicant shall be deemed not to have satisfied the requirements for the issuance of a certificate of registration of any class if the applicant makes a false or misleading statement or representation in his or her application or supporting documentation. O. Reg. 175/12, s. 1.

TERMS, ETC., OF EVERY CERTIFICATE

1.5 (1) Every certificate of registration is subject to the following terms, conditions and limitations:

- 1. The member shall provide to the Executive Director the details of any of the following that relate to the member and occur or arise on or after the day that the member was issued a certificate of registration:
 - i. A finding of guilt arising in any jurisdiction relating to any offence.
 - ii. A charge arising in any jurisdiction relating to any offence.
 - iii. A finding of professional misconduct, incompetence or incapacity or any similar finding, in relation to the practice of nursing or another profession in any jurisdiction.
 - iv. A current investigation, inquiry or proceeding for professional misconduct, incompetence or incapacity or any similar investigation or proceeding in relation to the practice of nursing or another profession in any jurisdiction.
- 2. The member shall, at the request of the Executive Director, provide information that is required pursuant to the Act, the *Regulated Health Professions Act, 1991*, regulations under those Acts or the by-laws in the form and manner requested by the Executive Director. O. Reg. 175/12, s. 1.

(2) Every certificate of registration, other than an Emergency or Non-Practising certificate of registration, is subject to the following terms, conditions and limitations:

- 1. The member shall not engage in the practice of nursing unless the member is a Canadian citizen or permanent resident of Canada or has authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of nursing in Ontario.

2. The member shall immediately advise the Executive Director in writing in the event that the member ceases to be a Canadian citizen or permanent resident of Canada or to have authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of nursing in Ontario.
 3. If a member to whom paragraph 2 applies subsequently obtains Canadian citizenship, becomes a permanent resident of Canada or attains authorization under the *Immigration and Refugee Protection Act* (Canada) permitting the member to engage in the practice of nursing in Ontario, he or she shall immediately advise the Executive Director in writing of that fact.
 4. The member shall maintain professional liability protection in accordance with the requirements, if any, set out in the by-laws.
 5. The member shall, at the request of the Executive Director, provide evidence satisfactory to the Executive Director that the member meets the condition required in paragraph 4, in the form and manner requested by the Executive Director. O. Reg. 175/12, s. 1; O. Reg. 291/23, s. 4 (1).
- (3) Every Emergency certificate of registration is subject, in addition to the terms, conditions and limitations set out in subsection (1), to the following terms, conditions and limitations:
1. The member shall maintain professional liability protection in accordance with the requirements, if any, set out in the by-laws.
 2. The member shall, at the request of the Executive Director, provide evidence satisfactory to the Executive Director that the member meets the condition required in paragraph 1, in the form and manner requested by the Executive Director. O. Reg. 175/12, s. 1; O. Reg. 291/23, s. 4 (2).

GENERAL CERTIFICATES OF REGISTRATION — REGISTERED NURSE

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

1. The applicant,
 - i. must have a minimum of a baccalaureate degree in nursing evidencing the successful completion of a program specifically designed to educate and train persons to be practising registered nurses,
 - A. awarded by a university in Canada as a result of successful completion of a program that was approved by Council or that was approved by a body approved by Council for that purpose,
 - B. awarded by a university as a result of successful completion of a program that was approved by Council or that was approved by a body approved by Council for that purpose, or
 - C. awarded by a college of applied arts and technology in Ontario as a result of successful completion of a program that was approved by Council or a body approved by Council for that purpose,
 - ii. must have a minimum of a baccalaureate degree in nursing evidencing the successful completion of a program specifically designed to educate and train persons to be practising registered nurses other than a program mentioned in subparagraph i, which program was approved by the Registration Committee as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A or C, or
 - iii. must have successfully completed a program in nursing specifically designed to educate and train persons to be practising registered nurses, other than a program mentioned in subparagraph i or ii, and,
 - A. must have successfully completed a program that, at the time the applicant commenced it, was approved by Council as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A or C, or

- B. must have paid any fees required under the by-laws, undergone an evaluation approved by Council and satisfied the Executive Director or a panel of the Registration Committee that he or she has successfully completed further education or training or combination of education and training approved by the Registration Committee that was identified in the evaluation as being necessary to evidence that the applicant possesses knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A or C.
2. The applicant must have successfully completed an examination for registration as a registered nurse at a time when that examination was approved by Council and at a time when he or she was eligible under section 9 to take that examination, or must have successfully completed an examination approved by Council for that purpose.
3. The applicant,
- i. must have been awarded the degree mentioned in subparagraph 1 i or ii no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration,
 - ii. must have successfully completed all requirements of one of sub-subparagraph 1 iii A or B no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration,
 - iii. must demonstrate evidence of practice as a registered nurse no more than three years before the day on which the applicant met all other requirements for the issuance of the certificate of registration, or
 - iv. must have paid any fees required under the by-laws, undergone an evaluation approved by the Registration Committee at a time when the evaluation was approved by the Registration Committee and met requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee within the period of time specified by the panel.
4. The applicant must, within five years before the day that the applicant is issued the certificate of registration, have successfully completed the examination in nursing jurisprudence that is approved by Council for applicants for the issuance of a certificate of registration as a registered nurse.
5. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French at a date no more than two years before the day that he or she is issued the certificate of registration, or such longer period of time as specified by a panel of the Registration Committee, unless,
- i. the applicant, on the day he or she submits the application, holds a certificate of registration as a registered nurse, other than a certificate in the Emergency or Non-Practising class, or
 - ii. the applicant previously held a certificate of registration as a registered nurse, other than a certificate in the Emergency, retired or Non-Practising class and since the date that the applicant last held that certificate no more than two years or such longer period of time as specified by a panel of the Registration Committee has elapsed. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 1; O. Reg. 741/20, s. 1; O. Reg. 291/23, s. 5.
- (2) The requirements in subparagraph 1 ii or iii of subsection (1) shall be deemed not to have been met if the nursing program which the applicant relies on to meet that requirement was not recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered nurse in that jurisdiction. O. Reg. 175/12, s. 1.
- (3) The requirements in paragraphs 1 and 2 of subsection (1) do not apply to an applicant who previously held a certificate as a registered nurse in the General or extended class. O. Reg. 175/12, s. 1.
- (4) An applicant is exempt from the requirements in paragraphs 1, 2 and 5 of subsection (1) if the applicant holds a certificate of registration in the extended class at the time that he or she applies for the issuance of a certificate of registration as a registered nurse in the General class. O. Reg. 175/12, s. 1.

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

MOBILITY WITHIN CANADA

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

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

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

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

(b) the applicant is in compliance with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant the out-of-province certificate as a registered nurse. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 2.

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

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

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

TITLES — REGISTERED NURSE

2.2 (1) Subject to subsection (2), a registered nurse in the General class shall only use the title “Registered Nurse” or the abbreviation “RN” when practising as a nurse. O. Reg. 175/12, s. 1.

(2) If a member is a registered nurse in the General class and a registered practical nurse in the General class, he or she shall only use the title “Registered Practical Nurse” or the abbreviation “RPN” when practising the profession as a registered practical nurse. O. Reg. 175/12, s. 1.

GENERAL CERTIFICATES OF REGISTRATION — REGISTERED PRACTICAL NURSE

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

1. The applicant,

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

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

- B. awarded as a result of successful completion of a program that was approved by Council or by a body approved by Council for that purpose,
 - ii. must have a diploma in practical nursing evidencing the successful completion of a program specifically designed to educate and train persons to be practising registered practical nurses, other than a program mentioned in subparagraph i, which program was approved by the Registration Committee as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A,
 - iii. must have successfully completed a program in practical nursing specifically designed to educate and train persons to be practising registered practical nurses, other than a program mentioned in subparagraph i or ii, and,
 - A. must have successfully completed a program that, at the time the applicant commenced it, was approved by Council as one whose graduates should possess knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A, or
 - B. must have paid any fees required under the by-laws, undergone an evaluation approved by Council and satisfied the Executive Director or a panel of the Registration Committee that he or she has successfully completed further education or training or combination of education and training approved by the Registration Committee that was identified in the evaluation as necessary to evidence that the applicant possesses knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A.
 - iv. must have satisfied the requirements of paragraph 1 of subsection 2 (1), or
 - v. must, if the applicant has not satisfied the requirements of paragraph 1 of subsection 2 (1), have successfully completed a program in nursing, specifically designed to educate and train persons to be practising registered nurses, must have paid any fees required under the by-laws, undergone an evaluation approved by Council and satisfied the Executive Director or a panel of the Registration Committee that he or she has successfully completed further education or training or combination of education and training approved by the Registration Committee that was identified in the evaluation as necessary to evidence that the applicant possesses knowledge, skill and judgment at least equivalent to those of current graduates of a program mentioned in sub-subparagraph i A.
2. The applicant must have successfully completed an examination for registration as a registered practical nurse at a time when that examination was approved by Council and at a time when he or she was eligible under section 9 to take that examination, or must have successfully completed an examination approved by Council for that purpose.
3. The applicant,
- i. must have been awarded the diploma mentioned in subparagraph 1 i or ii no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration,
 - ii. must have successfully completed all the requirements of subparagraph 1 iii, iv or v no more than three years before the day that the applicant met all other requirements for the issuance of the certificate of registration,
 - iii. must demonstrate evidence of practice as a registered practical nurse no more than three years before the day on which the applicant met all other requirements for the issuance of the certificate of registration, or
 - iv. must have paid any fees required under the by-laws, undergone an evaluation approved by the Registration Committee at a time when the evaluation was approved by the Registration Committee and met requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee within the period of time specified by the panel.

4. The applicant must, within five years before the day that the applicant is issued a certificate as a registered practical nurse, have successfully completed the examination in nursing jurisprudence that is approved by Council for applicants for the issuance of a certificate as a registered practical nurse.
 5. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French at a date no more than two years before the day that he or she is issued a certificate in the General class, or such longer period of time as specified by a panel of the Registration Committee, unless,
 - i. the applicant, on the day he or she submits the application, holds a certificate of registration as a registered practical nurse, other than a certificate in the Emergency or Non-Practising class, or
 - ii. the applicant previously held a certificate of registration as a registered practical nurse, other than a certificate in the Emergency, retired or Non-Practising class and since the last date that the applicant held that certificate no more than two years or such longer period of time as specified by a panel of the Registration Committee has elapsed. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 3 (1); O. Reg. 291/23, s. 6.
- (2) The requirements of subparagraph 1 ii, iii or v of subsection (1) shall be deemed not to have been met where the nursing program which the applicant relies on to meet that requirement was not recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered practical nurse in that jurisdiction. O. Reg. 175/12, s. 1.
- (3) The requirements in paragraphs 1 and 2 of subsection (1) do not apply to an applicant who previously held a certificate as a registered practical nurse in the General class. O. Reg. 175/12, s. 1.
- (4) Subject to subsection (3) and section 3.1, the requirements in subsection (1) are non-exemptible. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 3 (2).

MOBILITY WITHIN CANADA

- 3.1** (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a certificate of registration as a registered practical nurse in the General class, the requirements of paragraphs 1, 2 and 3 of subsection 3 (1) of this Regulation are deemed to be met by the applicant. O. Reg. 175/12, s. 1.
- (2) Despite subsection (1), it is a non-exemptible requirement that an applicant referred to in subsection (1) provide, for each jurisdiction where the applicant holds an out-of-province certificate, a certificate, letter or other evidence satisfactory to the Executive Director or a panel of the Registration Committee confirming that the applicant is in good standing as a nurse in that jurisdiction. O. Reg. 175/12, s. 1.
- (3) Without in any way limiting the generality of subsection (2), “good standing” shall include the fact that,
- (a) the applicant is not the subject of any discipline or fitness to practise order or of any proceeding or ongoing investigation or of any interim order or agreement as a result of a complaint, investigation or proceeding; and
 - (b) the applicant is in compliance with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant the out-of-province certificate as a registered practical nurse. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 4.
- (4) An applicant referred to in subsection (1) is deemed to have met the requirements of paragraph 5 of subsection 3 (1) where the requirements for the issuance of the applicant’s out-of-province certificate of registration included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 175/12, s. 1.
- (5) Despite subsection (1), a requirement set out in paragraph 1, 2 or 3 of subsection 3 (1) will apply to an applicant if that requirement is a requirement described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 175/12, s. 1.
- (6) If an applicant to whom subsection (1) applies is unable to satisfy the Executive Director or a panel of the Registration Committee that the applicant practised the profession of nursing to the

extent that would be permitted by a General certificate of registration as a registered practical nurse at any time in the three years immediately before the date of that applicant's application, the applicant must meet any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 175/12, s. 1.

TITLES — REGISTERED PRACTICAL NURSES

3.2 (1) Subject to subsections (2) and (3), a registered practical nurse in the General class shall use only the title “Registered Practical Nurse” or the abbreviation “RPN” when practising as a nurse. O. Reg. 175/12, s. 1.

(2) If a member is a registered practical nurse in the General class and a registered nurse in the General class, ~~they~~~~he or she~~ shall use only the title “Registered Nurse” or the abbreviation “RN” when practising the profession as a registered nurse. O. Reg. 175/12, s. 1.

(3) If a member is a registered practical nurse in the General class and a registered nurse in the extended class, ~~they~~~~he or she~~ shall use only the title “Registered Nurse Extended Class” or “Nurse Practitioner” and the abbreviation “RN(EC)” or “NP” when practising the profession as a registered nurse in the extended class. O. Reg. 175/12, s. 1.

EXTENDED CERTIFICATES OF REGISTRATION – NURSE PRACTITIONER

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

1. The applicant,

- i. must be or have been registered as a registered nurse in the General class by the College,
- ii. must meet the registration requirements as a registered nurse in the General class set out in paragraphs 1 and 2 of subsection 2 (1), or
- iii. must be or have been registered as a registered nurse by the health regulatory authority in a province or territory of Canada, in one of the states of the United States of America or in another jurisdiction approved by the Registration Committee~~Council~~.

2. The applicant,

- i. must have graduated from an Ontario university nursing program specifically designed to educate and train persons to be practising ~~a~~ registered nurses ~~to practise in the specialty for which he or she applied~~ in the extended class and which program was approved by Council or a body approved by Council for that purpose,
 - ii. must have graduated from a university nursing program specifically designed to educate and train persons to be practising ~~a~~ registered nurses ~~to practise in the specialty for which he or she applied~~ in the extended class and which program was approved by Council or a body approved by Council for that purpose,
 - iii. must have graduated from a university nursing program specifically designed to educate and train persons to be practising ~~a~~ registered nurses ~~to practise in the specialty for which he or she applied~~ in the extended class, other than a program mentioned in subparagraph i or ii, which program was approved by the Registration Committee as one whose graduates should possess knowledge, skill and judgment substantially equivalent~~at least equivalent~~ to those of current graduates of a program mentioned in subparagraph i, or
 - iv. must have graduated from a program in nursing specifically designed to educate and train persons to be practising ~~a~~ registered nurses ~~to practise in the specialty for which he or she applied~~ in the extended class other than a program mentioned in subparagraph i, ii or iii, and,
- A. must have successfully completed a program approved by the Registration Committee~~Council~~ as one whose graduates should possess knowledge, skill and judgment substantially equivalent~~at least equivalent~~ to current graduates of a program mentioned in subparagraph i, or

- B. must have paid any fees required under the by-laws, have undergone an evaluation approved by the Registration Committee ~~Council~~ and satisfied the Executive Director or a panel of the Registration Committee that they have ~~he or she has~~ successfully completed any further education or training or combination of education and training approved by the Registration Committee that was identified by the evaluation as being necessary to evidence that the applicant possesses knowledge, skill and judgment substantially equivalent ~~at least equivalent~~ to those of current graduates of a program mentioned in subparagraph i.
3. The applicant must have successfully completed an examination ~~in that specialty~~ in the extended class ~~for which he or she applied~~ at a time when that examination was approved by Council and at a time when they were ~~he or she was~~ eligible under section 9.1 to take that examination, or must have successfully completed an examination approved by Council for that purpose.
4. The applicant,
- i. must have graduated from a university nursing program referred to in subparagraph 2 i, ii or iii no more than three years before the day that they ~~he or she~~ met all other requirements for the issuance of a certificate as a registered nurse in the extended class,
 - ii. must have successfully completed all the requirements of one of sub-subparagraph 2 iv A or B no more than three years before the day that they ~~he or she~~ met all other requirements for the issuance of a certificate as a registered nurse in the extended class,
 - iii. must demonstrate evidence of practice as a registered nurse in the extended class more than three years before the day on which the applicant met all other requirements for the issuance of a certificate as a registered nurse in the extended class, and in such a case the practice must include,
 - A. clinical practice ~~within each specialty~~ in the extended class ~~for which the applicant applied~~, and
 - B. a nursing role ~~within that specialty~~ that required them ~~him or her~~ to use, in the treatment of patients, advanced knowledge and decision-making skill in assessment, diagnosis and therapeutics, or
 - iv. must have paid any fees required under the by-laws, undergone an evaluation approved by the Registration Committee at a time when that evaluation was approved by the Registration Committee and met requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee within the period of time specified by the panel.
5. The applicant must, within five years before the day that the applicant is issued a certificate as a registered nurse in the extended class, have successfully completed the examination in nursing jurisprudence that is approved by Council for applicants for the issuance of a certificate as a registered nurse in the extended class.
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 at a date no more than two years before the day that they are ~~he or she is~~ issued a certificate in the extended class, or such longer period of time as specified by a panel of the Registration Committee, unless,
- i. the applicant, on the day that they submit ~~he or she submits~~ the application, holds a certificate of registration issued by the College, other than an Emergency or Non-Practising class, or
 - ii. the applicant previously held a certificate of registration, other than an Emergency, retired or Non-Practising class, and no more than two years has elapsed since the date that the applicant last held that certificate or such longer period of time as specified by a panel of the Registration Committee. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 5 (1); O. Reg. 291/23, s. 7.
- (2) The requirements of subparagraph 2 iii or iv of subsection (1) shall be deemed not to have been met where the nursing program which the applicant relies on to meet that requirement was not recognized or approved in the jurisdiction in which the program was taken as qualifying the applicant to practise as a registered nurse or a registered nurse in the extended class in that jurisdiction. O. Reg. 175/12, s. 1.

(3) An applicant is deemed to have met the requirements of subparagraph 2 i of subsection (1) if ~~they~~~~he or she~~,

(a) ~~were~~~~was~~ enrolled before December 31, 2011, in an Ontario university program designed to educate and train registered nurses to practise the specialty for which the applicant applied in the extended class that was approved by the Council of Ontario University Programs in Nursing and the Senate or Governing Council of the Ontario university that offered the program; and

(b) graduated after December 31, 2011 from the program referred to in clause (a). O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 5 (2).

(3.1) An applicant is deemed to have met the requirements of subparagraph 2 i of subsection (1) if they

(a) were enrolled before August 31, 2024, in an Ontario university program designed to educate and train registered nurses to practise in the extended class that was approved by Council or a body approved by Council for that purpose; and

(b) graduated after [date amendments come into force] from the program referred to in clause (a).

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

(5) Subject to subsections (3), (3.1), ~~and~~ (4) and section 4.1, the requirements of subsection (1) are non-exemptible. O. Reg. 175/12, s. 1.

MOBILITY WITHIN CANADA

4.1 (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a certificate of registration as a registered nurse in the extended class, the requirements of paragraphs 1, 2, 3 and 4 of subsection 4 (1) of this Regulation are deemed to be met by the applicant. O. Reg. 175/12, s. 1.

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

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

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

(b) the applicant is in compliance with the continuing competency and quality assurance requirements of the regulatory authority that issued the applicant the out-of-province certificate as a registered nurse in the extended class. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 6.

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

(5) Despite subsection (1), a requirement set out in paragraph 1, 2, 3 or 4 of subsection 4 (1) will continue to apply to an applicant where that requirement is a requirement described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 175/12, s. 1.

(6) If an applicant to whom subsection (1) applies is unable to satisfy the Executive Director or a panel of the Registration Committee that the applicant practised the profession of nursing to the extent that would be permitted by an extended class certificate of registration at any time in the three years immediately before the date of that applicant’s application, the applicant must meet

any further requirement to undertake, obtain or undergo material additional training, experience, examinations or assessments that may be specified by a panel of the Registration Committee. O. Reg. 175/12, s. 1.

TITLES – NURSE PRACTITIONER

4.2 (1) Subject to subsections ~~(2), (3), (4) and (5)~~ and 3.2 (3), a registered nurse in the extended class shall use the title “Nurse Practitioner” or the abbreviation “NP” or the title “Registered Nurse Extended Class” or the abbreviation “RN(EC)” when practising as a nurse. O. Reg. 175/12, s. 1.

(2) ~~REVOKED: A member holding a primary health care specialty certificate may use the title “Nurse Practitioner – Primary Health Care” or the abbreviation “NP – PHC” when practising in that role. O. Reg. 175/12, s. 1.~~

(3) ~~REVOKED: A member holding a paediatrics specialty certificate may use the title “Nurse Practitioner – Paediatrics” or the abbreviation “NP – Paediatrics” when practising in that role. O. Reg. 175/12, s. 1.~~

(4) ~~REVOKED: A member holding an adult specialty certificate may use the title “Nurse Practitioner – Adult” or the abbreviation “NP – Adult” when practising in that role. O. Reg. 175/12, s. 1.~~

(5) ~~REVOKED: A member holding an anaesthesia specialty certificate may use the title “Nurse Practitioner – Anaesthesia” or the abbreviation “NP – Anaesthesia” when practising in that role. O. Reg. 175/12, s. 1.~~

(6) Except as permitted by the Act or this Regulation, no other title, designation, variation, abbreviation or an equivalent in another language shall be used by a registered nurse in the extended class. O. Reg. 175/12, s. 1.

(7) No member shall use the title “Nurse Practitioner” or any variation or abbreviation thereof, or the designation “Registered Nurse Extended Class” or any variation or abbreviation thereof, unless the member holds an extended class certificate of registration. O. Reg. 175/12, s. 1.

(8) ~~REVOKED: No member shall refer to himself or herself as a specialist in any specialty of the extended class unless the member holds a specialty certificate in that specialty. O. Reg. 175/12, s. 1.~~

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. ~~REVOKED: O. Reg. 509/22, s. 1 (1).~~

3. 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.
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. O. Reg. 175/12, s. 1; O. Reg. 509/22, s. 1 (1-3).

(2), (3) REVOKED: O. Reg. 509/22, s. 1 (4).

(4) Subject to subsection (5) and section 5.2, the requirements of subsection (1) are non-exemptible. O. Reg. 291/23, s. 8.

(5) A member who holds an Emergency certificate of registration who is practising at the time of applying for a Temporary certificate of registration is not required to meet the requirements of paragraphs 5, 6 and 7 of subsection (1) within the time-periods provided for in those paragraphs and in paragraph 8 of that subsection and, in addition, is not required to pay the application fee required under the by-laws,

1. as a registered nurse, if the member holds an Emergency certificate of registration as a registered nurse, or
2. as a registered practical nurse, if the member holds an Emergency certificate of registration as a registered practical nurse. O. Reg. 291/23, s. 8.

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. Unless extended under subsection (2.1),
 - i. where the Temporary certificate of registration was issued on or after October 31, 2022, 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 October 31, 2022, 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.
- 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. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 8; O. Reg. 509/22, s. 2 (1-3).

(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. O. Reg. 509/22, s. 2 (4).

(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.

MOBILITY WITHIN CANADA

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

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

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

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

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

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

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

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

SPECIAL ASSIGNMENT CERTIFICATES OF REGISTRATION

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

1. The applicant must have successfully completed the examination in nursing jurisprudence approved by Council for applicants for a General class certificate of registration as a registered nurse within five years before the day that he or she is issued a certificate as a registered nurse in the Special Assignment class.

2. 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 time as may be specified by a panel of the Registration Committee.

3. 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 to practise as a registered nurse in that jurisdiction.
4. The applicant,
 - i. must have met the program requirement mentioned in paragraph 3 within three years before the day on which the applicant met all other requirements for the issuance of a Special Assignment class certificate as a registered nurse,
 - ii. must demonstrate evidence of practice as a registered nurse no more than three years before the day on which the applicant met all other requirements for the issuance of a Special Assignment class certificate of registration as a registered nurse, or
 - iii. must have paid any fees required under the by-laws, undergone an evaluation approved by the Registration Committee when that evaluation was approved by the Registration Committee and met requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee within three years before the day on which the applicant met all other requirements for the issuance of a Special Assignment class of certificate of registration as a registered nurse.
5. The applicant must not have been previously registered with the College as a registered nurse except as the holder of a Special Assignment or Emergency class certificate.
6. The applicant must have an appointment or special assignment as a registered nurse with an Ontario facility described in Schedule 1 or another assignment approved by a panel of the Registration Committee.
7. The applicant must not have previously held a Special Assignment certificate for the same assignment or appointment. O. Reg. 175/12, s. 1; O. Reg. 291/23, s. 9 (1).

(2) Subject to section 6.1, the requirements of subsection (1) are non-exemptible. O. Reg. 175/12, s. 1.

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

1. The applicant must have successfully completed the examination in nursing jurisprudence approved by Council for applicants for a General class certificate of registration as a registered practical nurse within five years before the day that he or she is issued a certificate as a registered practical nurse in the Special Assignment class.
2. The applicant must have demonstrated language proficiency and the ability to communicate and comprehend effectively, both orally and in writing, in either English or French at a date no more than two years before the day that he or she is issued the certificate or such longer time as may be specified by a panel of the Registration Committee.
3. 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 to practise as a registered practical nurse in that jurisdiction.
4. The applicant,
 - i. must have met the program requirement mentioned in paragraph 3 within three years before the day on which the applicant met all other requirements for the issuance of a certificate as a registered practical nurse in the Special Assignment class,
 - ii. must demonstrate evidence of practice as a registered practical nurse no more than three years before the day on which the applicant met all other requirements for the issuance of a certificate as a registered practical nurse in the Special Assignment class, or

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

5. The applicant must not have been previously registered with the College as a registered practical nurse except as the holder of a Special Assignment or Emergency class certificate.

6. The applicant must have an appointment or special assignment as a registered practical nurse with an Ontario facility described in Schedule 1 or another assignment approved by a panel of the Registration Committee.

7. The applicant must not have previously held a Special Assignment certificate for the same assignment or appointment. O. Reg. 175/12, s. 1; O. Reg. 291/23, s. 9 (2).

(4) Subject to section 6.2, the requirements of subsection (3) are non-exemptible. O. Reg. 175/12, s. 1.

(5) The following are terms, conditions and limitations of a Special Assignment certificate of registration:

1. The member shall practise the profession only within the scope of his or her appointment or special assignment and only within the facility named in the certificate.

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, including one which is delegated to him or her, 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 delegate to another member or any other person the authority to perform a controlled or authorized act.

6. The member shall at all times when providing nursing services identify himself or herself as a Special Assignment member.

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

i. in the case of the holder of a Special Assignment certificate of registration as a registered nurse, "Registered Nurse (Special Assignment)" or "RN (Spec. Assign.)", or

ii. in the case of a holder of a Special Assignment certificate of registration as a registered practical nurse, "Registered Practical Nurse (Special Assignment)" or "RPN (Spec. Assign.)".
O. Reg. 175/12, s. 1.

(6) A Special Assignment certificate of registration is automatically revoked on the occurrence of one of the following events, whichever occurs first:

1. The date specified in the certificate or, if no date is specified, the day that is one year from the date the member was issued the certificate.

2. The last day of the appointment or Special Assignment. O. Reg. 175/12, s. 1.

(7) If a member who holds a Special Assignment certificate of registration does not receive a certificate of another class before the revocation of the Special Assignment certificate, he or she shall be deemed to have resigned as a member at the end of the last day the Special Assignment certificate is valid. O. Reg. 175/12, s. 1.

LABOUR MOBILITY — SPECIAL ASSIGNMENT CLASS

6.1 (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a Special Assignment certificate of registration as a registered nurse, the requirements of paragraphs 3 and 4 of subsection 6 (1) of this Regulation are deemed to be met by the applicant. O. Reg. 175/12, s. 1.

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

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

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

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 2 of subsection 6 (1) where the requirements for the issuance of the applicant’s out-of-province certificate of registration included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 175/12, s. 1.

(5) Despite subsection (1), a requirement set out in paragraphs 3 and 4 of subsection 6 (1) will apply to an applicant if that requirement is a requirement described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 175/12, s. 1.

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

6.2 (1) Where section 22.18 of the Health Professions Procedural Code applies to an applicant for a Special Assignment certificate of registration as a registered practical nurse, the requirements of paragraphs 3 and 4 of subsection 6 (3) of this Regulation are deemed to be met by the applicant. O. Reg. 175/12, s. 1.

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

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

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

(4) An applicant referred to in subsection (1) is deemed to have met the requirement of paragraph 2 of subsection 6 (3) where the requirements for the issuance of the applicant’s out-of-

province certificate of registration included language proficiency requirements equivalent to those required by that paragraph. O. Reg. 175/12, s. 1.

(5) Despite subsection (1), a requirement set out in paragraphs 3 and 4 of subsection 6 (3) will apply to an applicant if that requirement is a requirement described in subsection 22.18 (3) of the Health Professions Procedural Code. O. Reg. 175/12, s. 1.

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

EMERGENCY CERTIFICATES OF REGISTRATION

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

1. The Minister must have requested that the College initiate registrations under this class based on the Minister's opinion that emergency circumstances call for it or the Council must have determined, after taking into account all of the relevant circumstances that impact the ability of applicants to meet the ordinary registration requirements, that there are emergency circumstances, and that it is in the public interest that the College issue emergency certificates.
2. The applicant must satisfy the Executive Director that the applicant has language proficiency, in either English or French, to be able to communicate and comprehend effectively, both orally and in writing.
3. 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 to practise as a registered nurse in that jurisdiction.
4. The applicant must satisfy the Executive Director that the applicant practised as a registered nurse within three years before the day on which the applicant met all other requirements for the issuance of the certificate of registration.
5. The applicant must have successfully completed the examination in nursing jurisprudence approved by Council for a registered nurse, within five years before the day the applicant is issued an Emergency certificate.
6. If the applicant has attempted the examination mentioned in paragraph 2 of subsection 2 (1), the applicant must not have twice failed that examination. O. Reg. 291/23, s. 10.

(2) The requirements of subsection (1) are non-exemptible. O. Reg. 291/23, s. 10.

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

1. The Minister must have requested that the College initiate registrations under this class based on the Minister's opinion that emergency circumstances call for it or the Council must have determined, after taking into account all of the relevant circumstances that impact the ability of applicants to meet the ordinary registration requirements, that there are emergency circumstances, and that it is in the public interest that the College issue emergency certificates.
2. The applicant must satisfy the Executive Director that the applicant has language proficiency, in either English or French, to be able to communicate and comprehend effectively, both orally and in writing.
3. 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 to practise as a registered practical nurse in that jurisdiction.

4. The applicant must satisfy the Executive Director that the applicant practised as a registered practical nurse within three years before the day on which the applicant met all other requirements for the issuance of the certificate of registration.
5. The applicant must have successfully completed the examination in nursing jurisprudence approved by Council for a registered practical nurse, within five years before the day the applicant is issued an Emergency certificate.

6. If the applicant has attempted the examination mentioned in paragraph 2 of subsection 3 (1) the applicant must not have twice failed that examination. O. Reg. 291/23, s. 10.

(4) The requirements of subsection (3) are non-exemptible. O. Reg. 291/23, s. 10.

(5) Every certificate of registration in the Emergency class is subject to the following terms, conditions and limitations:

1. The member's practice must be monitored and directed by a member of the College holding a General or extended class certificate of registration.
2. The member shall at all times when providing nursing services identify themselves as an Emergency member.
3. The member shall be restricted to the use of the following titles:
 - i. In the case of a member holding an Emergency certificate of registration as a registered nurse, "Registered Nurse (Emergency)".
 - ii. In the case of a member holding an Emergency certificate of registration as a registered practical nurse, "Registered Practical Nurse (Emergency)".

4. 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.

5. 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.

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

7. The member shall not delegate to another member or any other person the authority to perform a controlled or authorized act. O. Reg. 291/23, s. 10.

(6) An Emergency certificate of registration is automatically revoked on the occurrence of the earliest of the following events:

1. Thirty days after receipt of notice of the Council's determination that the emergency circumstances have ended.
2. The expiry of 60 days from the date the certificate was issued, unless the Executive Director extends the certificate for one or more extensions under subsection (7).
3. The date to which the Executive Director extended the certificate under subsection (7).
4. The issuance of a General, Extended, Temporary or Special Assignment class certificate of registration as a registered nurse or a General, Temporary or Special Assignment certificate of registration as a registered practical nurse.
5. 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 an Emergency certificate of registration as a registered nurse, or
 - ii. paragraph 2 of subsection 3 (1), in the case of a member holding an Emergency certificate of registration as a registered practical nurse.

6. The date on which the Executive Director revokes the certificate under subsection (8). O. Reg. 291/23, s. 10.

(7) The Executive Director may extend an Emergency certificate of registration for one or more periods, each of which is not to exceed 60 days, if, in the opinion of the Executive Director, it is advisable or necessary to do so, if the Council has not determined the emergency circumstances have ended. O. Reg. 291/23, s. 10.

(8) The Executive Director may revoke an Emergency certificate of registration if, in the opinion of the Executive Director, it is in the public interest to do so. O. Reg. 291/23, s. 10.

NON-PRACTISING CERTIFICATES OF REGISTRATION

8. (1) The following are additional requirements for the issuance of a certificate of registration as a registered nurse in the Non-Practising class:

1. The applicant must be a member of the College holding a General or extended class certificate of registration as a registered nurse or have previously been a member of the College holding a General or extended class certificate of registration as a registered nurse.

2. The applicant must not be in default of payment of fees, penalties or any other amount owing to the College on the date of the issuance of the certificate. O. Reg. 175/12, s. 1.

(2) The requirements of subsection (1) are non-exemptible. O. Reg. 175/12, s. 1.

(3) The following are additional requirements for the issuance of a certificate of registration as a registered practical nurse in the Non-Practising class:

1. The applicant must be a member of the College holding a General class certificate of registration as a registered practical nurse or have previously been a member of the College holding a General class certificate of registration as a registered practical nurse.

2. The applicant must not be in default of payment fees, penalties or any other amount owing to the College on the date of the issuance of the certificate. O. Reg. 175/12, s. 1.

(4) The requirements of subsection (3) are non-exemptible. O. Reg. 175/12, s. 1.

(5) Subject to subsection (6), every Non-Practising class certificate of registration is subject to the following terms, conditions and limitations:

1. The member shall not engage in the practice of nursing in Ontario.

2. The member shall not hold ~~themselves~~~~himself or herself~~ out as a person qualified to practise in Ontario as a nurse, nurse practitioner, registered nurse, practical nurse, registered practical nurse, or ~~registered nurse in the extended class in any specialty of nursing~~.

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

i. in the case of a holder of a Non-Practising class certificate of registration as a registered nurse, “Registered Nurse, Non-Practising”, or “RN Non-Practising”, or

ii. in the case of a holder of a Non-Practising class certificate of registration as a registered practical nurse, “Registered Practical Nurse, Non-Practising” or “RPN Non-Practising”. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 10.

(6) A member holding a Non-Practising class certificate of registration shall not be considered to be in breach of paragraph 1 of subsection (5) if,

(a) the member is engaged in continuing education or remediation directed by a committee or a panel of a committee of the College, approved by the Executive Director or as required to obtain the reinstatement of a General or extended class certificate of registration which he or she formerly held; and

(b) the member maintains professional liability protection in accordance with the requirements, if any, set out in the by-laws for a member holding the class of certificate for which he or she is seeking reinstatement. O. Reg. 175/12, s. 1.

(7) All certificates of registration held by the member shall be revoked automatically at the time that the member is issued a certificate of registration as a registered nurse or registered practical nurse in the Non-Practising class. O. Reg. 175/12, s. 1.

EXAMINATIONS

8.1 (1) Where Council approves an examination for the purpose of paragraph 2 of subsection 2 (1) or 3 (1) or paragraph 3 of subsection 4 (1), Council shall determine whether the examination is one for which applicants shall be permitted an unlimited number of attempts to successfully complete that examination or whether the examination is one for which there shall be a limited number of attempts to successfully complete that examination. O. Reg. 462/16, s. 11.

(2) Subject to subsection (3), where Council determines that an examination is one for which there shall be a limited number of attempts, Council shall determine the maximum number of attempts which an applicant shall be permitted to successfully complete that examination. O. Reg. 462/16, s. 11.

(3) Where Council makes a determination under subsection (2), it shall provide for at least three attempts to successfully complete that examination. O. Reg. 462/16, s. 11.

(4) Where Council approved an examination before December 16, 2016, Council shall make a determination as to whether the examination is one for which applicants shall be permitted an unlimited number of attempts to successfully complete that examination or whether the examination is one for which there shall be a limited number of attempts to successfully complete that examination. O. Reg. 462/16, s. 11.

(5) If Council fails to determine the maximum number of attempts applicable to an examination under subsection (2) or (4), Council shall be deemed to have determined that an applicant shall be permitted a maximum of three attempts to successfully complete that examination. O. Reg. 462/16, s. 11.

(6) Nothing in this section shall prevent Council from subsequently determining the maximum number of attempts applicable to an examination under subsection (2). O. Reg. 462/16, s. 11.

EXAMINATIONS — GENERAL CLASS

9. (1) The College shall ensure that an examination that is a requirement for a General class certificate of registration for a registered nurse in the General class or a registered practical nurse in the General class is held at least once every six months. O. Reg. 175/12, s. 1.

(2) An applicant who meets the following requirements is eligible to attempt an examination referred to in paragraph 2 of subsection 2 (1) for a General certificate of registration as a registered nurse:

1. The person must file a completed examination application form.
2. The person must pay the required examination fee.
3. The person must meet the requirement of paragraph 1 of subsection 2 (1).
4. In respect of an examination for which Council has determined there shall be a limited number of attempts, the person must not have exhausted, after having met the requirement of paragraph 1 of subsection 2 (1), all of the attempts which Council determined were allowable for the applicant to successfully complete that examination. O. Reg. 462/16, s. 12.

(3) An applicant who meets the following requirements is eligible to attempt an examination referred to in paragraph 2 of subsection 3 (1) for a General certificate of registration as a registered practical nurse:

1. The person must file a completed examination application form.
2. The person must pay the required examination fee.
3. The person must meet the requirement of paragraph 1 of subsection 3 (1).
4. In respect of an examination for which Council has determined there shall be a limited number of attempts, the person must not have exhausted, after having met the requirement of

paragraph 1 of subsection 3 (1), all of the attempts which Council determined were allowable for the applicant to successfully complete that examination. O. Reg. 462/16, s. 12.

(4)-(7) REVOKED: O. Reg. 462/16, s. 12.

EXAMINATIONS — EXTENDED CLASS

9.1 (1) The College shall ensure that an examination ~~in each of the specialties~~ that is a requirement for an extended class certificate of registration, ~~other than anaesthesia~~, is available at least once every year. O. Reg. 175/12, s. 1.

(2) An applicant who meets the following requirements is eligible to attempt an examination referred to in paragraph 3 of subsection 4 (1) for an extended certificate of registration as a registered nurse:

1. The person must file a completed examination application form.
2. The person must pay the required examination fee.
3. The person must meet the requirements of paragraph 1 of subsection 4 (1).
4. The person must meet the requirements of paragraph 2 of subsection 4 (1) ~~for that specialty to which the examination relates~~.
5. In respect of an examination for which Council has determined there shall be a limited number of attempts, the person must not have exhausted, after having met the requirements of paragraphs 1 and 2 of subsection 4 (1), all of the attempts which Council determined were allowable for the applicant to successfully complete that examination. O. Reg. 462/16, s. 13.

(3), (4) REVOKED: O. Reg. 462/16, s. 13.

RESIGNATION

10. (1) A member may resign as a member of the College by giving written notice to the College. O. Reg. 175/12, s. 1.

(2) A resignation under this section is effective on the date set out in the resignation or on the date it is received by the College, whichever is later. O. Reg. 175/12, s. 1.

(3) A resignation under subsection (1) automatically revokes the certificate or certificates of registration ~~and any specialty certificates to which it applies~~ at the time the resignation becomes effective. O. Reg. 175/12, s. 1.

SUSPENSION FOR FAILURE TO PROVIDE INFORMATION

10.1 (1) If a member fails to provide to the College information about the member in the manner and form required under the by-laws, the Executive Director shall give the member notice of intention to suspend the member and may suspend one or more of the member's certificates of registration for failure to provide the information where at least 30 days have passed after notice is given. O. Reg. 175/12, s. 1.

(2) Where the Executive Director suspends a member's certificate of registration under subsection (1), the Executive Director shall lift the suspension upon being satisfied that the required information has been filed with the College and that any fees required under the by-laws for the lifting of that suspension have been paid. O. Reg. 175/12, s. 1.

SUSPENSION FOR FAILURE TO PROVIDE EVIDENCE OF PROFESSIONAL LIABILITY PROTECTION

10.2 (1) If the Executive Director requests evidence that the member holds professional liability protection in accordance with the requirements, if any, set out in the by-laws and the member fails to provide that evidence within 14 days of having been requested to do so or such longer period as is specified by the Executive Director, the Executive Director shall give the member notice of intention to suspend the member and may suspend the member's certificate of registration for failure to provide the evidence where at least 30 days have passed after notice is given. O. Reg. 175/12, s. 1.

(2) If a member holds more than one certificate of registration, a suspension mentioned in subsection (1) applies only to the certificate or certificates in respect of which notice was given. O. Reg. 175/12, s. 1.

(3) Where the Executive Director suspends the member's certificate of registration under subsection (1), the Executive Director shall lift that suspension upon being satisfied that the member holds professional liability protection in accordance with the requirements, if any, set out in the by-laws and that any fees required under the by-laws for the lifting of that suspension have been paid. O. Reg. 175/12, s. 1.

LIFTING OF CERTAIN SUSPENSIONS

10.3 Where the Executive Director suspended a certificate of registration pursuant to section 24 of the Health Professions Procedural Code, the Executive Director shall lift the suspension upon being satisfied that,

- (a) all amounts owing to the College at the time of the suspension have been paid; and
- (b) any fees required under the by-laws for the lifting of the suspension have been paid. O. Reg. 175/12, s. 1.

REVOCATION

10.4 (1) The Executive Director shall revoke the certificate of registration of a member where,
(a) ~~their~~~~his or her~~ certificate of registration was suspended pursuant to section 24 of the Health Professions Procedural Code and that suspension continued for at least 30 days; or

(b) ~~their~~~~his or her~~ certificate of registration was suspended pursuant to subsection 10.1 (1) or 10.2 (1) of this Regulation and the suspension continued for at least 30 days. O. Reg. 175/12, s. 1.

(2) The Executive Director may revoke a certificate of registration of a member if the member has more than one certificate of registration and gives written notice to the College asking that one of ~~their~~~~his or her~~ certificates of registration be revoked. O. Reg. 175/12, s. 1.

(3) ~~REVOKED: All specialty certificates are revoked at the time that a member's extended class certificate of registration is revoked. O. Reg. 175/12, s. 1.~~

(4) ~~REVOKED: The Executive Director shall revoke a specialty certificate of a registered nurse in the extended class if he or she gives written notice to the College asking that his or her specialty certificate be revoked. 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 ~~their~~~~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) ~~REVOKED: 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 ~~they~~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 ~~they are~~he or she is applying for reinstatement of a General certificate of registration as a registered nurse,
 - (B) as a registered practical nurse, if ~~they are~~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 ~~they are~~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 ~~them~~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 ~~they~~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) ~~REVOKED: 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 ~~they are~~he or she is applying for reinstatement of a General certificate of registration as a registered nurse,

(ii) as a registered practical nurse, if ~~they are~~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 ~~they are~~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 ~~them~~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, 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 ~~they are~~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, retired or Non-Practising certificate of registration, less than five years before applying for reinstatement. O. Reg. 175/12, s. 1; O. Reg. 291/23, s. 11.

(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 ~~their~~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) ~~REVOKED: 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 ~~them/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.

EXTENSIONS

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 member or former member satisfies the Executive Director that the member or former member is safe and competent to engage in the practice of nursing. O. Reg. 509/22, s. 3.

REINSTATEMENT, PURSUANT TO ORDER

10.8 (1) If a former member's certificate of registration is ordered to be reinstated by a panel of the Discipline Committee or of the Fitness to Practise Committee, the Executive Director shall reinstate the certificate of registration upon payment of,

(a) the reinstatement fee required under the by-laws; and

(b) any other applicable fees required under the by-laws. O. Reg. 175/12, s. 1.

(2) ~~REVOKED: If a former member's extended class certificate of registration is reinstated under subsection (1), any certificate that he or she held shall be reinstated unless otherwise ordered. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 15.~~

TERMS, ETC.

10.9 (1) The Executive Director may impose on a member's certificate of registration that is reinstated under this Regulation any terms, conditions or limitations that were imposed on the member's previously held certificate of registration. O. Reg. 175/12, s. 1.

(2) Nothing in sections 10.5, 10.6 or 10.7 prevents a member or former member from making an application for a new certificate of registration. O. Reg. 175/12, s. 1.

(3) An applicant for reinstatement under sections 10.5, 10.6 or 10.7 must meet all the requirements for reinstatement within two years of the date of filing his or her completed application to the Executive Director, but this does not prevent the member or former member from filing a new application for reinstatement. O. Reg. 175/12, s. 1.

(4) An applicant for reinstatement under sections 10.5, 10.6 or 10.7 shall be deemed not to have satisfied the requirements for reinstatement if he or she makes a false or misleading statement or representation in the application or supporting documents. O. Reg. 175/12, s. 1.

DECLARATION

11. (1) Every member holding a General or extended certificate of registration shall make a declaration, at the request of the Executive Director or at the time ~~they pay~~he or she pays the annual membership fee required under the by-laws, about whether the member has engaged in the practice of nursing during the previous three years,

- (a) as a registered nurse in the General class, if ~~they hold~~he or she holds that certificate;
- (b) as a registered practical nurse in the General class, if ~~they hold~~he or she holds that certificate; or
- (c) as a registered nurse in the extended class, if ~~they hold~~he or she holds that certificate, and such a member must also declare whether that practice included,
 - (i) clinical practice ~~within each specialty~~ in the extended class ~~for which the member holds a specialty certificate~~, and
 - (ii) a nursing role ~~within that specialty~~ that required ~~them~~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; O. Reg. 462/16, s. 16.

(2) If a member mentioned in clause (1) (a), (b) or (c) declares that ~~they have~~he or she has not engaged in the practice of nursing during the previous three years, all of the member's certificates of registration shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.

(3) If a member mentioned in clause (1) (c) declares that ~~they have~~he or she has engaged in the practice of nursing during the previous three years but has not practised as a registered nurse in the extended class ~~in any specialty for which the member holds a specialty certificate~~,

- (a) the member is deemed to have met all the requirements for the issuance of a certificate of registration as a registered nurse in the General class and the Executive Director shall issue that certificate to the member; and
- (b) the extended class certificate of registration that the member previously held, ~~along with all of the specialty certificates that the member held~~, shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.

(4) If a member who is a registered nurse in the General class and a registered practical nurse in the General class declares that ~~they have~~he or she has not practised as a registered nurse during the previous three years, but has practised as a registered practical nurse, the member's General certificate of registration as a registered nurse shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.

(5) If a member who is a registered nurse in the General class and a registered practical nurse in the General class declares that ~~they have~~he or she has not practised as a registered practical nurse during the previous three years, the member's General certificate of registration as a registered practical nurse shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.

(6) If a member who is a registered nurse in the extended class and a registered practical nurse in the General class declares that ~~they have~~he or she has not practised as a registered practical nurse during the previous three years, the member's General certificate of registration as a registered practical nurse shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.

(7) If a member who is a registered nurse in the extended class and a registered practical nurse in the General class declares that ~~they have~~he or she has not practised as a registered nurse in the extended class ~~in any of the specialties related to his or her extended certificate~~ during the previous three years, the member's extended certificate of registration, ~~along with all the specialty certificates~~, shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.

(8) ~~REVOKED. If a member who is a registered nurse in the extended class declares that he or she practised as a nurse during the previous three years in one or more of the specialties related to his or her extended certificate, but did not practise in one or more of the other specialties related to his~~

~~or her extended certificate, the one or more specialty certificates in which the member did not practise during the previous three years shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.~~

(9) At the request of the Executive Director, a member who makes a declaration under subsection (1) shall provide evidence that, in the opinion of the Executive Director, is satisfactory to support the declaration, within 14 days, or such longer period as approved by the Executive Director. O. Reg. 175/12, s. 1.

TRANSITION

12. (1) A member holding a retired certificate of registration as a registered nurse immediately before January 1, 2013 shall be deemed to be the holder of a Non-Practising certificate of registration as a registered nurse. O. Reg. 175/12, s. 1.

(2) A member holding a retired certificate of registration as a registered practical nurse immediately before January 1, 2013 shall be deemed to be the holder of a Non-Practising certificate of registration as a registered practical nurse. O. Reg. 175/12, s. 1.

12.1 Subject to section 12, every certificate of registration that was in existence immediately before January 1, 2013 is continued as the equivalent certificate of registration under this Regulation and is subject to any terms, conditions and limitations imposed on the certificate of registration. O. Reg. 175/12, s. 1.

12.2 If a certificate of registration of a former member was suspended for failure to pay a fee required under the by-laws or any previous legislation before January 1, 2013 and that suspension was in effect immediately before January 1, 2013, that certificate shall be deemed to be revoked 30 days after January 1, 2013. O. Reg. 175/12, s. 1.

12.3. (1) A member holding an extended certificate of registration in the primary health care specialty immediately before [date amendments come into force] shall be deemed to be a holder of an extended certificate of registration.

(2) A member holding an extended certificate of registration in the adult specialty immediately before [date amendments come into force] shall be deemed to be a holder of an extended certificate of registration.

(3) A member holding an extended certificate of registration in the paediatrics specialty immediately before [date amendments come into force] shall be deemed to be a holder of an extended certificate of registration.

12.4 Subject to section 12.3, every certificate of registration that was in existence immediately before [date amendments come into force] is continued as the equivalent certificate of registration under this Regulation and is subject to any terms, conditions and limitations imposed on the certificate of registration. O. Reg. 175/12, s. 1.

12.5 If a certificate of registration of a former member was suspended for failure to pay a fee required under the by-laws or any previous legislation before [date amendments come into force] and that suspension was in effect immediately before [date amendments come into force], that certificate shall be deemed to be revoked 30 days after [date amendments come into force].

NP Amendments to General Regulation

Nursing Act, 1991

ONTARIO REGULATION 196/23

EXEMPTION - RESTRICTED TITLES

Exemption

1. A person is exempted from subsections 11 (1) and (5) of the Act if the person satisfies all of the following conditions:

1. The person is registered with a regulatory authority in a Canadian jurisdiction, other than Ontario, and holds in that jurisdiction the equivalent of a certificate of registration in the general or extended class for registered nurses or the general class for registered practical nurses in Ontario.
2. A regulatory authority in a Canadian jurisdiction has not refused to grant the person a certificate of registration in the profession within the two years preceding their application for a certificate of registration under paragraph 6.
3. A finding of professional misconduct, incompetence or incapacity has not been made about or against the person as a result of a proceeding in relation to the profession of nursing.
4. The person must not be the subject of any current professional misconduct, incompetence or incapacity proceeding or any similar proceeding in relation to the profession of nursing.
5. In Ontario, with respect to the practice of nursing, the person only provides professional services in or on behalf of a public hospital, the University of Ottawa Heart Institute or a long-term care home and only in a nursing capacity consistent with the certificate of authorization and, where applicable, with the ~~specialty~~ certificate of registration issued to the person by the regulatory authority in the other Canadian jurisdiction.
6. The person has submitted to the College an application for a certificate of registration prior to providing professional services in accordance with paragraph 5.
7. The person holds professional liability insurance or benefits from professional liability insurance coverage or a similar protection that extends coverage to Ontario.

Loss of exemption

2. A person who is exempted from subsections 11 (1) and (5) of the Act in accordance with section 1 is no longer exempted in any of the following circumstances:

1. The person's application for a certificate of registration has been rejected by the College before six months have elapsed since they first began to provide professional services in Ontario.
2. The person has not been issued a certificate of registration by the College within the six months following the day they first began to provide professional services in Ontario.
3. The person no longer satisfies a condition under section 1.
3. OMITTED (PROVIDES FOR COMING INTO FORCE OF PROVISIONS OF THIS REGULATION).

Attachment 2

Rationale Chart

Proposed Change	Rationale
Ontario Regulation 275/94 - GENERAL	
0.1 In this Regulation, “registered nurse in the extended class” <u>or</u> “ <u>nurse practitioner</u> ” means a member who holds an extended certificate of registration as a registered nurse; (“infirmière autorisée ou infirmier autorisé de la catégorie supérieure”)	The term “nurse practitioner” has been added to the definition of “registered nurse in the extended class” to clarify that, in Ontario, the two terms are synonymous.
<p>CERTIFICATES OF REGISTRATION</p> <p>1.2 REVOKED: (1) The following are defined as specialties for certification for a member who is a registered nurse in the extended class:</p> <p>1. Primary Health Care.</p> <p>2. Paediatrics.</p> <p>3. Adult.</p> <p>4. Anaesthesia. O. Reg. 175/12, s. 1.</p> <p>1.2 (2) A registered nurse in the extended class shall hold a certificate in a specialty mentioned in subsection (1). O. Reg. 175/12, s. 1.</p> <p>1.2 (3) A registered nurse in the extended class who is issued a certificate in a specialty mentioned in subsection (1) may be issued additional specialty certificates if he or she meets all the requirements in this Regulation relating to those specialty certificates. O. Reg. 175/12, s. 1.</p> <p>1.2 (4) For greater clarity, a specialty certificate defined under subsection (1) is not a class of certificate of registration. O. Reg. 175/12, s. 1.</p>	These paragraphs would be removed to streamline the registration of nurse practitioners into one single classification. Primary Health Care, Paediatrics and Adult specialties would be removed from the regulation. The Anaesthesia specialty was not operational in Ontario and is also proposed to be removed from the regulation.
<p>APPLICATION FOR CERTIFICATE OF REGISTRATION</p> <p>1.3 (2) REVOKED: If a person applies for an extended class certificate of registration, he or she must apply for a specialty certificate in at least one of the specialties of the extended class. O. Reg. 175/12, s. 1.</p>	This paragraph would be removed to streamline the registration of nurse practitioners into one single classification.
<p>TITLES – REGISTERED PRACTICAL NURSES</p> <p>3.2 (2) If a member is a registered practical nurse in the General class and a registered nurse in the General class, <u>they</u>he or she shall use only the title “Registered Nurse” or the abbreviation “RN” when practising the profession as a registered nurse. O. Reg. 175/12, s. 1.</p>	The change proposes inclusive language.

Proposed Change	Rationale
<p>3.2 (3) If a member is a registered practical nurse in the General class and a registered nurse in the extended class, theyhe or she shall use only the title “Registered Nurse Extended Class” or “Nurse Practitioner” and the abbreviation “RN(EC)” or “NP” when practising the profession as a registered nurse in the extended class. O. Reg. 175/12, s. 1.</p>	
<p>EXTENDED CERTIFICATES OF REGISTRATION - <u>NURSE PRACTITIONER</u></p> <p>4 (1) The following are additional requirements for the issuance of a certificate of registration as a registered nurse in the extended class:</p> <p>1. The applicant,</p> <ul style="list-style-type: none"> i. must be or have been registered as a registered nurse in the General class by the College, ii. must meet the registration requirements as a registered nurse in the General class set out in paragraphs 1 and 2 of subsection 2 (1), or iii. must be or have been registered as a registered nurse by the health regulatory authority in a province or territory of Canada, in one of the states of the United States of America or in another jurisdiction approved by the <u>Registration Committee</u>Council. 	<p>Nurse practitioner is proposed to be added to the heading to clarify that the term, which is commonly used across Canada, is synonymous with registrants who hold extended certificates of registration.</p> <p>The other proposed change shifts the decision-making from CNO Council (board of directors) to the Registration Committee where this related to RN registration outside of Ontario. The shift of authority to a committee allows CNO to leverage the committee’s expertise in this field while also aligning with the increasing trends amongst regulators to provide this authority to their committees. Individual matters are more appropriate for a committee, rather than the board, and decisions can be more timely with a committee.</p>
<p>2. The applicant,</p> <ul style="list-style-type: none"> i. must have graduated from an Ontario university nursing program specifically designed to educate and train <u>persons to be practising</u> a registered nurses to practise in the specialty for which he or she applied in the extended class and which program was approved by Council or a body approved by Council for that purpose, ii. must have graduated from a university nursing program specifically designed to educate and train <u>persons to be practising</u> a registered nurses to practise in the specialty for which he or she applied in the extended class and which program was approved by Council or a body approved by Council for that purpose, iii. must have graduated from a university nursing program specifically designed to educate and train <u>persons to be practising</u> a registered nurses to practise in the specialty for which he or she applied in the extended class, 	<p>The proposed changes align with corresponding regulations for RNs and RPNs.</p> <p>The proposed change removes reference to specialities to streamline nurse practitioner into one single classification.</p> <p>The proposed changes shift authority from Council to the Registration Committee to:</p> <ul style="list-style-type: none"> • approve NP programs as substantially equivalent (note the language change from “at least equivalent to”, since “substantially equivalent” is more reflective of CNO’s processes, aligns with regulations previously approved by Council and aligns with other regulators in Ontario); and • approve an evaluation to assess knowledge, skill and judgment. <p>The changes propose inclusive language.</p>

Proposed Change	Rationale
<p>other than a program mentioned in subparagraph i or ii, which program was approved by the Registration Committee as one whose graduates should possess knowledge, skill and judgment <u>substantially equivalent</u>at least equivalent to those of current graduates of a program mentioned in subparagraph i, or</p> <p>iv. must have graduated from a program in nursing specifically designed to educate and train a registered nurse <u>persons to be practising</u>a registered nurses to practise in the specialty for which he or she applied in the extended class other than a program mentioned in subparagraph i, ii or iii, and,</p> <p>A. must have successfully completed a program approved by <u>the Registration Committee</u>Council as one whose graduates should possess knowledge, skill and judgment <u>substantially equivalent</u>at least equivalent to current graduates of a program mentioned in subparagraph i, or</p> <p>B. must have paid any fees required under the by-laws, have undergone an evaluation approved by <u>the Registration Committee</u>Council and satisfied the Executive Director or a panel of the Registration Committee that <u>they have</u>he or she has successfully completed any further education or training or combination of education and training approved by the Registration Committee that was identified by the evaluation as being necessary to evidence that the applicant possesses knowledge, skill and judgment <u>at substantially equivalent</u>least equivalent to those of current graduates of a program mentioned in subparagraph i.</p>	

Proposed Change	Rationale
<p>3. The applicant must have successfully completed an examination in that specialty in the extended class for which he or she applied at a time when that examination was approved by Council and at a time when they werehe or she was eligible under section 9.1 to take that examination, or must have successfully completed an examination approved by Council for that purpose.</p>	<p>The proposed changes remove requirement to complete an examination associated with specialties.</p> <p>NP applicants would continue to complete an NP examination (across patient populations).</p>
<p>4. The applicant,</p> <p>i. must have graduated from a university nursing program referred to in subparagraph 2 i, ii or iii no more than three years before the day that theyhe or she met all other requirements for the issuance of a certificate as a registered nurse in the extended class,</p> <p>ii. must have successfully completed all the requirements of one of sub-subparagraph 2 iv A or B no more than three years before the day that theyhe or she met all other requirements for the issuance of a certificate as a registered nurse in the extended class,</p> <p>iii. must demonstrate evidence of practice as a registered nurse <u>in the extended class</u> no more than three years before the day on which the applicant met all other requirements for the issuance of a certificate as a registered nurse in the extended class, and in such a case the practice must include,</p> <p style="padding-left: 40px;">A. clinical practice within each specialty in the extended class for which the applicant applied, and</p> <p style="padding-left: 40px;">B. a nursing role within that specialty that required themhim or her to use, in the treatment of patients, advanced knowledge and decision-making skill in assessment, diagnosis and therapeutics, or</p> <p>iv. must have paid any fees required under the by-laws, undergone an evaluation approved by the Registration Committee at a time when that evaluation was approved by the Registration Committee and met requirements regarding additional training, experience, examinations or assessments specified by a panel of the Registration Committee within the period of time specified by the panel.</p>	<p>The changes propose inclusive language.</p> <p>The proposed changes will allow applicants to demonstrate evidence of practice across patient populations rather than requiring evidence of practice within a specialty.</p>
<p>6. The applicant must have demonstrated language proficiency and the ability to</p>	<p>The changes propose inclusive language.</p>

Proposed Change	Rationale
<p>communicate and comprehend effectively, both orally and in writing, in either English or French at a date no more than two years before the day that they arehe or she is issued a certificate in the extended class, or such longer period of time as specified by a panel of the Registration Committee, unless,</p> <ul style="list-style-type: none"> i. the applicant, on the day that they submithe or she submits the application, holds a certificate of registration issued by the College, other than an Emergency or Non-Practising class, or ii. the applicant previously held a certificate of registration, other than an Emergency, retired or Non-Practising class, and no more than two years has elapsed since the date that the applicant last held that certificate or such longer period of time as specified by a panel of the Registration Committee. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 5 (1); O. Reg. 291/23, s. 7. 	
<p>4 (3) An applicant is deemed to have met the requirements of subparagraph 2 i of subsection (1) if theyhe or she,</p> <p>(a) werewas enrolled before December 31, 2011, in an Ontario university program designed to educate and train registered nurses to practise the specialty for which the applicant applied in the extended class that was approved by the Council of Ontario University Programs in Nursing and the Senate or Governing Council of the Ontario university that offered the program; and</p> <p>(b) graduated after December 31, 2011 from the program referred to in clause (a). O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 5 (2).</p>	<p>The changes propose inclusive language.</p>
<p><u>4 (3.1) An applicant is deemed to have met the requirements of subparagraph 2 i of subsection (1) if they</u></p> <p><u>(a) were enrolled before August 31, 2024, in an Ontario university program designed to educate and train registered nurses to practise in the extended class that was approved by Council or a body approved by Council for that purpose; and</u></p>	<p>This proposed transitional provision accommodates students currently enrolled in Ontario NP specialty education programs. The transitional provision allows Ontario graduates who were enrolled in approved specialty education programs prior to August 24, 2024, to apply to CNO after the regulation amendments are in force.</p>

Proposed Change	Rationale
<u>(b) graduated after [date amendments come into force] from the program referred to in clause (a).</u>	
4 (5) Subject to subsections (3), <u>(3.1), and</u> (4) and section 4.1, the requirements of subsection (1) are non-exemptible. O. Reg. 175/12, s. 1.	Includes the proposed transitional provisions as an exception to the non-exemptible registration requirements.
TITLES – NURSE PRACTITIONER 4.2 (1) Subject to subsections (2), (3), (4) and (5) and 3.2 (3), a registered nurse in the extended class shall use the title “Nurse Practitioner” or the abbreviation “NP” or the title “Registered Nurse Extended Class” or the abbreviation “RN(EC)” when practising as a nurse. O. Reg. 175/12, s. 1.	Nurse practitioner, which is a commonly used across Canada, is proposed to be added to the heading, which aligns with the headings for RN and RPN title protection provisions. Certain references to subsections would be removed, as those subsections related to specialty titles would be removed.
4.2 (2) REVOKED: A member holding a primary health care specialty certificate may use the title “Nurse Practitioner — Primary Health Care” or the abbreviation “NP — PHC” when practising in that role. O. Reg. 175/12, s. 1.	These paragraphs, which reference specialty certificates and specialty titles, would be removed to streamline nurse practitioners into one single classification.
4.2 (3) REVOKED: A member holding a paediatrics specialty certificate may use the title “Nurse Practitioner — Paediatrics” or the abbreviation “NP — Paediatrics” when practising in that role. O. Reg. 175/12, s. 1.	
4.2 (4) REVOKED: A member holding an adult specialty certificate may use the title “Nurse Practitioner — Adult” or the abbreviation “NP — Adult” when practising in that role. O. Reg. 175/12, s. 1.	
4.2 (5) REVOKED: A member holding an anaesthesia specialty certificate may use the title “Nurse Practitioner — Anaesthesia” or the abbreviation “NP — Anaesthesia” when practising in that role. O. Reg. 175/12, s. 1.	
4.2 (8) REVOKED: No member shall refer to himself or herself as a specialist in any specialty of the extended class unless the member holds a specialty certificate in that specialty. O. Reg. 175/12, s. 1.	
NON PRACTISING CERTIFICATES OF REGISTRATION 8 (5) 2. The member shall not hold themselveself or herself out as a person qualified to practise in Ontario as a nurse, nurse practitioner, registered nurse, practical nurse, registered practical nurse, or <u>registered nurse in the extended class</u> in any specialty of nursing.	The change proposes inclusive language. The proposed change adds “registered nurse in the extended class” to align with other Ontario legislation that uses the registered nurse in the extended class language. This ensures that a Non-Practising nurse does not hold themselves out as a registered nurse in the extended class to the public.

Proposed Change	Rationale
	The proposed change removes language related to specialty certificates which would not exist within a single classification of NPs.
<p>EXAMINATION – EXTENDED CLASS</p> <p>9.1 (1) The College shall ensure that an examination in each of the specialties that is a requirement for an extended class certificate of registration, other than anaesthesia, is available at least once every year. O. Reg. 175/12, s. 1.</p>	<p>The proposed change removes reference to examinations associated with specialties.</p> <p>NP applicants would continue to complete an NP examination (across patient populations).</p>
<p>9.1 (2) An applicant who meets the following requirements is eligible to attempt an examination referred to in paragraph 3 of subsection 4 (1) for an extended certificate of registration as a registered nurse:</p> <ol style="list-style-type: none"> 1. The person must file a completed examination application form. 2. The person must pay the required examination fee. 3. The person must meet the requirements of paragraph 1 of subsection 4 (1). 4. The person must meet the requirements of paragraph 2 of subsection 4 (1). for that specialty to which the examination relates. 5. In respect of an examination for which Council has determined there shall be a limited number of attempts, the person must not have exhausted, after having met the requirements of paragraphs 1 and 2 of subsection 4 (1), all of the attempts which Council determined were allowable for the applicant to successfully complete that examination. O. Reg. 462/16, s. 13. 	
<p>RESIGNATION</p> <p>10 (3) A resignation under subsection (1) automatically revokes the certificate or certificates of registration and any specialty certificates to which it applies at the time the resignation becomes effective. O. Reg. 175/12, s. 1.</p>	The proposed change removes reference to specialty.
<p>REVOCATION</p> <p>10.4 (1) The Executive Director shall revoke the certificate of registration of a member where,</p> <p>(a) theirhis or her certificate of registration was suspended pursuant to section 24 of the Health Professions Procedural Code and that suspension continued for at least 30 days; or</p> <p>(b) theirhis or her certificate of registration was suspended pursuant to subsection 10.1 (1) or 10.2 (1) of this Regulation and the</p>	The changes propose inclusive language.

Proposed Change	Rationale
suspension continued for at least 30 days. O. Reg. 175/12, s. 1.	
10.4 (2) The Executive Director may revoke a certificate of registration of a member if the member has more than one certificate of registration and gives written notice to the College asking that one of their his or her certificates of registration be revoked. O. Reg. 175/12, s. 1.	The changes propose inclusive language.
10.4 (3) REVOKED: All specialty certificates are revoked at the time that a member's extended class certificate of registration is revoked. O. Reg. 175/12, s. 1.	This paragraph has been removed to align with the shift toward a single classification for NPs.
10.4 (4) REVOKED: The Executive Director shall revoke a specialty certificate of a registered nurse in the extended class if he or she gives written notice to the College asking that his or her specialty certificate be revoked. O. Reg. 175/12, s. 1.	This paragraph has been removed to align with the shift toward a single classification for NPs.
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 their 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.	The changes propose inclusive language.
10.5 (2) REVOKED: 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.	This paragraph has been removed to align with the shift toward a single classification for NPs.
10.5 (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	The changes propose inclusive language. The proposed changes will allow applicants to demonstrate evidence of practice across patient populations rather than requiring evidence of practice within a specialty.

Proposed Change	Rationale
<p>years of the date on which the former member's certificate of registration was revoked;</p> <p>(c) the former member has paid,</p> <p>(i) the reinstatement fees required under the by-laws,</p> <p>(ii) any other applicable fees required under the by-laws,</p> <p>(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</p> <p>(d) the former member,</p> <p>(i) satisfies the Executive Director that theyheor 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</p> <p>(ii) demonstrates evidence of practice within the three years immediately preceding the date on which the applicant satisfied all other requirements for reinstatement,</p> <p>(A) as a registered nurse, if they arehe or sheis applying for reinstatement of a General certificate of registration as a registered nurse,</p> <p>(B) as a registered practical nurse, if they arehe or she is applying for reinstatement of a General certificate of registration as a registered practical nurse, or</p> <p>(C) as a registered nurse in the extended class, if they arehe 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,</p> <p>(1) clinical practice within each specialty in the extended class for which the former member is seeking reinstatement, and</p> <p>(2) a nursing role within that specialty that required themhim or her to use, in the treatment of patients, advanced knowledge and</p>	

Proposed Change	Rationale
decision-making skill in assessment, diagnosis and therapeutics. O. Reg. 175/12, s. 1.	
<p>REINSTATEMENT, NON-PRACTISING</p> <p>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 theyhe 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.</p>	The change proposes inclusive language.
<p>10.6 (2) REVOKED: 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.</p>	This paragraph has been removed to align with the shift toward a single classification for NPs.
<p>10.6 (3) Subject to subsection (4), the Executive Director may reinstate the member's certificate of registration if,</p> <p>(a) the member has paid,</p> <p>(i) the reinstatement fees required under the by-laws, and</p> <p>(ii) any other applicable fees required under the by-laws;</p> <p>(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,</p> <p>(i) as a registered nurse, if they arehe or she is applying for reinstatement of a General certificate of registration as a registered nurse,</p> <p>(ii) as a registered practical nurse, if they arehe or she is applying for reinstatement of a General certificate of registration as a registered practical nurse, or</p> <p>(iii) as a registered nurse in the extended class if they arehe 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,</p> <p>(A) clinical practice within each specialty in the extended class for which the member is seeking reinstatement, and</p> <p>(B) a nursing role within that specialty that required themhim or her to use, in</p>	<p>The changes propose inclusive language.</p> <p>The proposed changes will allow applicants to demonstrate evidence of practice across patient populations rather than requiring evidence of practice within a specialty.</p>

Proposed Change	Rationale
<p>the treatment of patients, advanced knowledge and decision-making skill in assessment, diagnosis and therapeutics;</p> <p>(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, 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</p> <p>(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 they are 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, retired or Non-Practising certificate of registration, less than five years before applying for reinstatement. O. Reg. 175/12, s. 1; O. Reg. 291/23, s. 11.</p>	
<p>REINSTATEMENT, EXTENDED CLASS 10.7 (1)</p> <p>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 their 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.</p>	<p>The change proposes inclusive language.</p>
<p>10.7 (2) REVOKED: 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.</p>	<p>This paragraph has been removed to align with the shift toward a single classification for NPs.</p>
<p>10.7 (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,</p> <p>(a) the member has paid,</p>	<p>The changes propose inclusive language.</p> <p>The proposed changes will allow applicants to demonstrate evidence of practice across patient populations rather than requiring evidence of practice within a specialty.</p>

Proposed Change	Rationale
<p>(i) the reinstatement fees required under the by-laws, and</p> <p>(ii) any other applicable fees required under the by-laws;</p> <p>(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,</p> <p>(i) clinical practice within each specialty in the extended class for which the member is seeking reinstatement, and</p> <p>(ii) a nursing role within that specialty that required them <u>him or her</u> to use, in the treatment of patients, advanced knowledge and decision-making skill in assessment, diagnosis and therapeutics; and</p> <p>(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.</p>	
<p>REINSTATEMENT, PURSUANT TO ORDER 10.8 (1) If a former member's certificate of registration is ordered to be reinstated by a panel of the Discipline Committee or of the Fitness to Practise Committee, the Executive Director shall reinstate the certificate of registration upon payment of,</p> <p>(a) the reinstatement fee required under the by-laws; and</p> <p>(b) any other applicable fees required under the by-laws. O. Reg. 175/12, s. 1.</p> <p>(2) REVOKED: If a former member's extended class certificate of registration is reinstated under subsection (1), any specialty certificate that he or she held shall be reinstated unless otherwise ordered. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 15.</p>	<p>This paragraph has been removed to align with the shift toward a single classification for NPs.</p>

Proposed Change	Rationale
<p>DECLARATION</p> <p>11. (1) Every member holding a General or extended certificate of registration shall make a declaration, at the request of the Executive Director or at the time they payhe or she pays the annual membership fee required under the by-laws, about whether the member has engaged in the practice of nursing during the previous three years,</p> <p>(a) as a registered nurse in the General class, if they holdhe or she holds that certificate;</p> <p>(b) as a registered practical nurse in the General class, if they holdhe or she holds that certificate; or</p> <p>(c) as a registered nurse in the extended class, if they holdhe or she holds that certificate, and such a member must also declare whether that practice included,</p> <p>(i) clinical practice within each specialty in the extended class for which the member holds a specialty certificate, and</p> <p>(ii) a nursing role within that specialty that required themhim 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; O. Reg. 462/16, s. 16.</p>	<p>The changes propose inclusive language.</p> <p>The proposed changes will allow applicants to declare practice across patient populations rather than requiring practice within a specialty.</p>
<p>(2) If a member mentioned in clause (1) (a), (b) or (c) declares that they havehe or she has not engaged in the practice of nursing during the previous three years, all of the member's certificates of registration shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.</p>	<p>The change proposes inclusive language.</p>
<p>(3) If a member mentioned in clause (1) (c) declares that they havehe or she has engaged in the practice of nursing during the previous three years but has not practised as a registered nurse in the extended classin any specialty for which the member holds a specialty certificate,</p> <p>(a) the member is deemed to have met all the requirements for the issuance of a certificate of registration as a registered nurse in the General class and the Executive Director shall issue that certificate to the member; and</p> <p>(b) the extended class certificate of registration that the member previously held, along with all of the specialty certificates that the member</p>	<p>The change proposes inclusive language.</p> <p>This paragraph has been removed to align with the shift toward a single classification for NPs.</p>

Proposed Change	Rationale
held, shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.	
(4) If a member who is a registered nurse in the General class and a registered practical nurse in the General class declares that they have he or she has not practised as a registered nurse during the previous three years, but has practised as a registered practical nurse, the member's General certificate of registration as a registered nurse shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.	The change proposes inclusive language.
(5) If a member who is a registered nurse in the General class and a registered practical nurse in the General class declares that they have he or she has not practised as a registered practical nurse during the previous three years, the member's General certificate of registration as a registered practical nurse shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.	
(6) If a member who is a registered nurse in the extended class and a registered practical nurse in the General class declares that they have he or she has not practised as a registered practical nurse during the previous three years, the member's General certificate of registration as a registered practical nurse shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.	
(7) If a member who is a registered nurse in the extended class and a registered practical nurse in the General class declares that they have he or she has not practised as a registered nurse in the extended class in any of the specialties related to his or her extended certificate during the previous three years, the member's extended certificate of registration, along with all the specialty certificates, shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.	The changes propose inclusive language and remove reference to specialty certificates to streamline nurse practitioners into one single classification.
(8) REVOKED: If a member who is a registered nurse in the extended class declares that he or she practised as a nurse during the previous three years in one or more of the specialties related to his or her extended certificate, but did not practise in one or more of the other specialties related to his or her extended certificate, the one or more specialty certificates in which the member did not practise during the previous three years shall be revoked. O. Reg. 175/12, s. 1; O. Reg. 462/16, s. 16.	This paragraph has been removed given specialty certificates will no longer be available and NPs will be under a single classification.

Proposed Change	Rationale
<p>TRANSITION</p> <p><u>12.3. (1) A member holding an extended certificate of registration in the primary health care specialty immediately before [date amendments come into force] shall be deemed to be a holder of an extended certificate of registration.</u></p> <p><u>(2) A member holding an extended certificate of registration in the adult specialty immediately before [date amendments come into force] shall be deemed to be a holder of an extended certificate of registration.</u></p> <p><u>(3) A member holding an extended certificate of registration in the paediatrics specialty immediately before [date amendments come into force] shall be deemed to be a holder of an extended certificate of registration.</u></p>	<p>The proposed change includes language around the transition of existing NPs into the new single classification. The Anaesthesia specialty was not operational in Ontario, so no transition clause is required for that specialty.</p>
<p><u>12.4 Subject to section 12.3, every certificate of registration that was in existence immediately before [date amendments come into force] is continued as the equivalent certificate of registration under this Regulation and is subject to any terms, conditions and limitations imposed on the certificate of registration. O. Reg. 175/12, s. 1.</u></p>	<p>The proposed change ensures any terms, conditions and limitations remain on the certificate of registration after the transition.</p>
<p><u>12.5 If a certificate of registration of a former member was suspended for failure to pay a fee required under the by-laws or any previous legislation before [date amendments come into force] and that suspension was in effect immediately before [date amendments come into force], that certificate shall be deemed to be revoked 30 days after [date amendments come into force].</u></p>	<p>The proposed change ensures continuity should there be a suspension for failure to pay a fee.</p>
Ontario Regulation 196/23 - EXEMPTION – RESTRICTED TITLES	
<p>EXEMPTION</p> <p>1. (5) In Ontario, with respect to the practice of nursing, the person only provides professional services in or on behalf of a public hospital, the University of Ottawa Heart Institute or a long-term care home and only in a nursing capacity consistent with the certificate of authorization and, where applicable, with the specialty certificate of registration issued to the person by the regulatory authority in the other Canadian jurisdiction.</p>	<p>The proposed changes include a grammatical correction and removes reference to specialty certificates which will no longer exist.</p>

Jurisdictional Scan and Literature Review

Jurisdictional Scan

A jurisdictional scan was conducted to inform policy direction for a single class of registration for NPs. The research aimed to collect information on focused components of the national approach from Canadian provinces, Australia, Ireland, Netherlands, New Zealand, United Kingdom and the United States. Key findings include the following:

- use of specialities varies based on jurisdictions; however, in most cases specialities are not protected but rather general terms such as “nurse”, “nurse practitioner”, “NP” or equivalent titles are protected
- where jurisdictions have moved toward one single class of NPs and reduced the number of specialty classes or discontinued specific specialties, different approaches to managing the transition were employed (e.g., updated their NP curriculum, automatic transition of class, additional training requirements)
- in terms of examinations, New Zealand and Australia do not register speciality certifications for NPs or have NP examinations
- in the United States, dependent on the state, multiple specialities are registered; therefore, speciality certification exams are available
- many jurisdictions require a minimum number of clinical hours to maintain registration

Literature Review on Title Designation Protection

Currently, NP is a commonly protected title across Canada. A study conducted on role clarity indicated that patients are not always concerned with understanding roles but rather focused on their relationship and how well their health care professionals communicate with them (Turner, 2019). Even with information on roles, the public did not necessarily comprehend roles well (Turner, 2019). Furthermore, a United Kingdom study showed that there was a lack of consistency of job titles, variation in preparation for roles and variation in levels of practice. This causes confusion to the public, employing organisations and, in England, to commissioners of service (Leary, 2017). These studies tell us that keeping a consistent NP title can help alleviate confusion but that the public is more focused on quality care.

Registration and Practice Requirements for Current NP Registrants

Registration Requirements for NPs

These are current registration requirements under the RN, extended class:

- eligibility for registration as a RN in the General Class
- Council-approved nursing education specific to specialty
- evidence of recent practice in an advance nursing role within a specialty area
- successful completion of Council-approved specialty certificate exam
- successful completion of the Extended Class jurisprudence exam
- language proficiency in English and French
- evidence of good character, conduct and health
- authorization to work

Practice Requirements

Once registered, the following are ongoing practice requirements for NPs:

- nurses must engage in Quality Assurance ([QA Every Day](#)) activities each year, and declare this when renewing their CNO membership
- nurses must complete the Annual Membership Renewal form which consists of questions regarding employment status, areas of practice and education
- while completing the Annual Membership Renewal all nurses in the Extended Classes to make a declaration about their nursing practice within the previous three years and this is currently related to the relevant specialty

Council and Committee Code of Conduct: Amendments to By-Law No. 3

Decision note – September 2024 Council

Contact for questions or more information

Angie Brennand, Director of Strategy

Purpose and action required

Attached is an updated Article 16: Code of Conduct Proceedings for By-Law No. 3: Council and Committee Code of Conduct (the Code). The updated Article 16 aligns with the process for addressing complaints about breaches of the Code, which was approved at the [June Council](#) meeting.

Council is asked to rescind the current Article 16 and replace it with the updated Article 16.

Motion

That Article 16 of By-Law No. 3: Council and Committee Code of Conduct be rescinded and replaced with the updated Article 16, as it appears in column 1 of Attachment 1 to this decision note.

Questions for consideration

Does the proposed new Article 16: Code of Conduct Proceedings in By-Law No. 3: Council and Committee Code of Conduct (the Code) reflect Council's input from June?

Is there anything that is unclear?

Public protection rationale

Council is accountable for effective governance, which includes oversight to ensure CNO fulfills its public protection purpose. The [Council and Committee Code of Conduct](#) (the Code) sets out the behavioural expectations for Council and Committee members. Clear guidance on the process set in by-laws to address breaches of the Code helps maintain integrity and mitigate reputational risks to Council and the committees.

Background

Council has played an important role in setting the direction of the Code and has provided substantive feedback that has informed its development including the process to address complaints with breaches to the Code. In December 2023, Council approved the Council and Committee Code of Conduct, setting the expectations for behaviour of CNO Council and committee members.

In March 2024, Council reviewed and discussed options to address complaints. Council approved a new process for addressing complaints in June 2024. The new process was the foundation for the proposed Article 16 (Attachment 1) developed by CNO staff and legal counsel.

The current Article 16: Code of Conduct Proceedings, implemented under the previous by-law, served as an interim measure. This article was added to address complaints about breaches of the Code until a new process could be developed and approved.

The proposed article was prepared with the understanding that, wherever possible, the matter should be resolved informally. For that reason, the proposed article provides multiple opportunities for the matter to be resolved informally.

Additions and enhancements to the process

As staff and legal counsel worked together on the detail of the by-law, it became clear that some minor additions and enhancements were needed to implement the process. These changes align with the process approved by Council (Attachment 2). Changes include:

- Integrating procedural fairness safeguards and opportunities to resolve or conclude the matter at every stage
- The Chair of the Conduct Committee will receive all matters
- Providing a pathway for complaints made by someone who is not a member of Council or committees
- Explicitly identifying that the President and the Conduct Committee will have resources needed to address complaints
- Empowering the Conduct Committee to take action (e.g., suspend member(s) from participating on Council/committee, remove access to confidential information) on interim basis¹ if there is evidence to support that that action/behaviour that occurred and/or continuing puts CNO at risk
- Confirming that if a complaint about the Code of Conduct comes to Council, it will be addressed in-camera

Attachment 1 is the proposed Article 16: Code of Conduct Proceedings, including the rationale for each of the provisions. The areas highlighted in green in the attachment show the enhancements made to support the implementation of the process.

In addition, it is being recommended the Chair of the Conduct Committee be the external third-party expert member of the committee. This aligns with the principles Council agreed to, to include expertise and impartiality in adjudicating Council matters.

The expert member, independent of CNO, would have a background in areas such as regulatory governance, mediation, and legal sanctions to support the investigation and provide recommendations to the Council. This expert member would be the least likely to have a conflict of interest, as the risk of conflict is higher among the other four committee members, who are Council members. One of the Chair's responsibilities would be to establish a panel to investigate the matter, including screening the Council members on the committee for potential conflicts. The details about the Chair of the Conduct Committee, their roles, expertise, and appointment will be addressed in the Terms of Reference coming to Council in the future.

Next steps

If Council approves the proposed by-law amendments, the next steps will include:

- Development of Terms of Reference for a new Conduct Committee which includes the recruitment of an external third-party expert member of the Conduct Committee
- Nominating Committee will recommend members of a new Conduct Committee in June 2025

Attachments

1. Proposed Article 16: Code of Conduct Proceedings for By-Law No. 3: Council and Committee Code of Conduct
2. Expansion of the Approved Process to Address Complaints (June 2024 Council)

¹ If the Conduct Committee makes an interim order, the investigation is expedited.

Proposed New Article 16 of By-Law No. 3: Council and Committee Code of Conduct

Column 1	Column 2
Proposed New Article 16	Rationale
<p>16. <u>Code of Conduct Proceedings</u></p> <p>16.01 Wherever possible and unless it is inappropriate to do so, a person who has a concern about the conduct of a Council or Committee member and the person who is the subject of the concern (collectively, referred to as the “parties”) shall attempt to informally resolve the matter prior to engaging the Chair of the Conduct Committee.</p>	<p>Consistent with the current provision in the by-laws, informal and early resolution between the parties is always the preferred pathway to conclude a Code of Conduct matter, wherever possible.</p>
<p>16.02 If the person who has a concern about the conduct of a Council or Committee member is not a Council or Committee member, the person with the concern should bring the matter to the Chair of the Conduct Committee.</p>	<p>To allow a person who is not a Council or Committee member to engage in informal resolution, with assistance, as the first step.</p>
<p>16.03 If the parties are unable to resolve the matter independently, the Chair of the Conduct Committee shall refer the matter to the President, if appropriate, to provide support and guidance to the individuals involved.</p> <p>If the President is the subject of the concern, otherwise in a conflict of interest or unavailable, the Chair of Conduct Committee shall fulfil these duties.</p>	<p>To continue to support informal and early resolution. There will be internal (i.e., Chair of the Conduct Committee, President) and external resource support (e.g., legal, mediation) provided to the parties during the informal resolution stage if required.</p> <p>To account for potential conflicts of interest or unavailability of the President, the Chair of the Conduct Committee would assist.</p>

Column 1	Column 2
Proposed New Article 16	Rationale
16.04 If attempts to resolve the matter informally are unsuccessful, any person with a concern may make a written complaint to the Conduct Committee.	If informal resolution fails and a person decides to formally make a complaint, then the matter escalates to the Conduct Committee level.
16.05 If the Conduct Committee receives a written complaint, the Chair of the Conduct Committee shall constitute a panel of three persons for the matter. The panel shall be composed of two Council members and the Chair.	To clarify that every complaint would be considered by a panel of the Conduct Committee. CNO staff would support panel composition, which would include consideration of conflicts of interest.
16.06 The Conduct Committee panel shall manage the investigation of the matter and, where appropriate, may have access to external resources (e.g., legal, mediation, external investigator with expertise in the area).	To equip the Conduct Committee with necessary resources and allow it to determine whether an internal or external investigation is appropriate.
16.07 The Council or Committee member who is the subject of the complaint shall receive a copy of the complaint and have an opportunity to make submissions during the investigation.	To ensure procedural fairness.
16.08 If the person who made the complaint and the Council or Committee member who is the subject of the complaint come to an agreement or the matter is otherwise resolved during the investigation stage, the matter is concluded.	To clarify that the remaining steps in the process would not apply if resolution is reached.
16.09 The Conduct Committee panel may make an interim direction by majority vote, at any time, to protect the integrity and reputation of the College including directing that the Council or Committee member who is	Consistent with the current provision in the by-laws, this interim power would be used in rare circumstances if the alleged behaviour and the

Column 1	Column 2
Proposed New Article 16	Rationale
<p>the subject of the complaint be suspended from their positions or duties until the matter is finally resolved or otherwise concluded. In such circumstances, the Council or Committee member who is the subject of the interim direction shall have an opportunity to make submissions. In the event of an interim direction, the procedure set out in this Article is to be expedited recognizing the risk to the reputation of the College and fairness to all involved.</p>	<p>evidence regarding it puts the College at risk.</p> <p>To ensure procedural fairness, the opportunity to make submissions is included.</p> <p>The matter is expedited to minimize risk to the College and ensure procedural fairness.</p>
<p>16.10 If the matter is not resolved at the investigation stage, the Conduct Committee panel shall submit a report to the Council regarding the investigation and their recommendations. A copy of the report shall be provided to the parties.</p>	<p>It is more appropriate for the matter to be considered by the Council instead of by the Executive Committee.</p> <p>To ensure procedural fairness and inform the parties, a copy of the report is provided.</p>
<p>16.11 The Council shall provide the parties with an opportunity to make submissions prior to their deliberations on the matter.</p>	<p>To ensure procedural fairness.</p>
<p>16.12 The Council may make an interim direction by majority vote, at any time, to protect the integrity and reputation of the College including directing that the Council or Committee member who is the subject of the complaint be suspended from their positions or duties until the matter is finally resolved or otherwise concluded. In such circumstances, the Council or Committee member who is the subject of the interim direction shall have an opportunity to make submissions. In the event of an interim direction, the procedure set out in this Article is to be expedited recognizing the risk to the reputation of the College and fairness to all involved.</p>	<p>Consistent with the current provision in the by-laws, this interim power would be used in rare circumstances if the alleged behaviour and the evidence regarding it puts the College at risk.</p> <p>To ensure procedural fairness, the opportunity to make submissions is included.</p> <p>The matter is expedited to minimize risk to the College and ensure procedural fairness.</p>

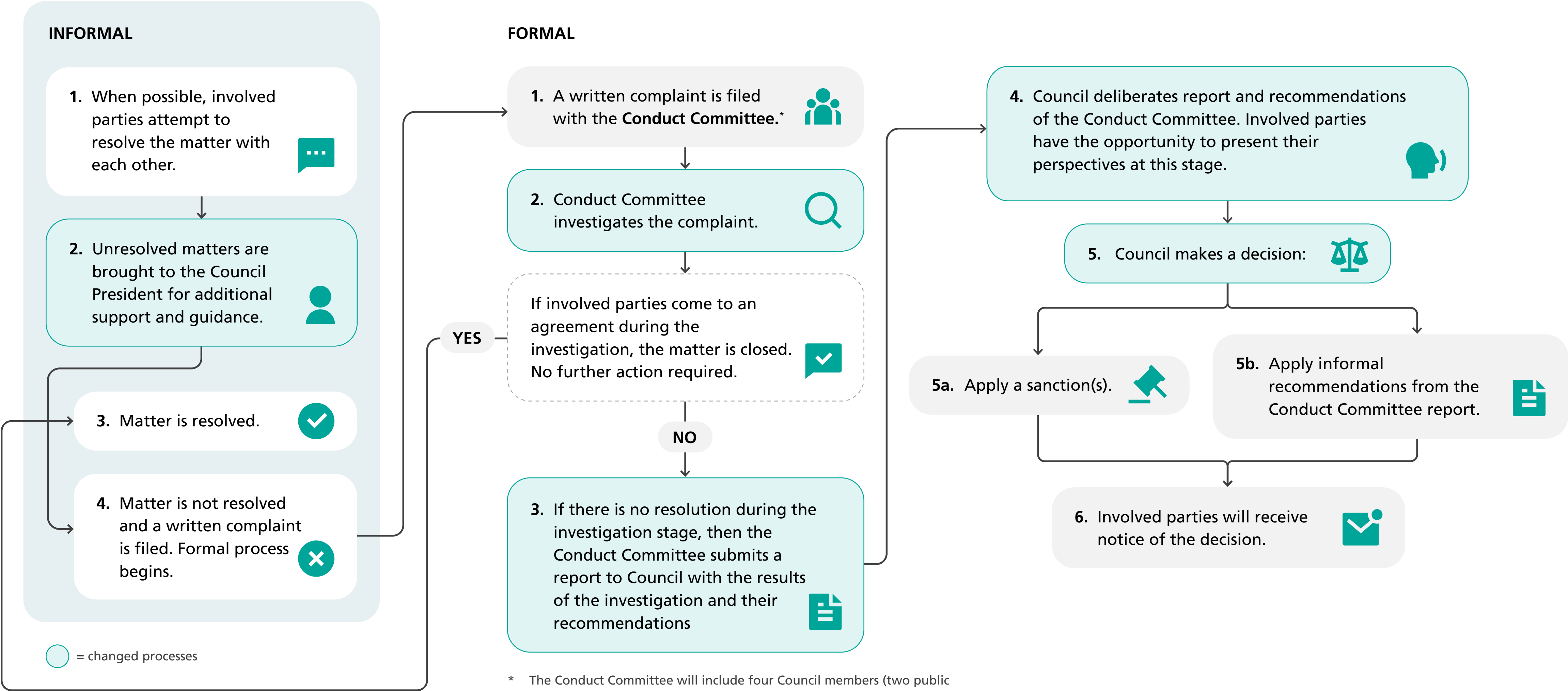
Column 1	Column 2
Proposed New Article 16	Rationale
<p>16.13 The Council shall determine, by majority vote, whether there has been a breach of the Code of Conduct.</p>	<p>It is more appropriate for the matter to be considered by the Council instead of by the Executive Committee.</p> <p>A majority vote for determination of breach is consistent with the current by-laws.</p>
<p>16.14 The Council shall determine whether to apply informal recommendations from the Conduct Committee's report and/or, if Council determined there has been a breach under Article 16.13, the appropriate sanction(s). Sanctions may include, but are not limited to, one or more of the following:</p> <ul style="list-style-type: none"> (a) censure of the Council or Committee member verbally or in writing; (b) removal of the Council or Committee member from any committee on which they serve; (c) removal of the Council or Committee member as a Chair of any committee on which they serve; (d) exclusion of the Council or Committee member from all or part of meetings of the Council or any committees; (e) restricting access to confidential information by the Council or committee member; (f) suspension of an elected councillor; (g) disqualification of an elected councillor; (h) delivery of a report to the Public Appointments Secretariat requesting the removal of a councillor who has been appointed by the Lieutenant Governor in Council; or 	<p>The list of sanctions is non-exhaustive and is adapted from the current corresponding provision.</p>

Column 1	Column 2
Proposed New Article 16	Rationale
(i) any other sanction appropriate to the circumstances.	
16.15 The Council's determination under Article 16.14 shall be made by a majority vote, except where a two-thirds vote shall be required for disqualifying an elected councillor pursuant to Article 16.14(g) and requesting the removal of a councillor who has been appointed by the Lieutenant Governor in Council pursuant to Article 16.14(h).	<p>A majority vote for imposing sanctions is consistent with the current by-laws.</p> <p>However, a two-thirds vote is required for the most severe sanctions (i.e., disqualification of an elected councillor and requesting the removal of a councillor who has been appointed by the Lieutenant Governor in Council), which is consistent with disqualification provisions in the by-laws.</p>
16.16 Any deliberation or vote by the Council under this Article shall exclude the public, in accordance with subsection 7(2) of the Health Professions Procedural Code, being Schedule 2 to the <i>Regulated Health Professions Act, 1991</i> . The Chair of the Conduct Committee shall be invited to attend the meeting but shall not vote. The parties will not be permitted to attend the deliberation or vote and if one or more parties are Council members, they shall not be counted as a Council member for the purpose of determining quorum.	Given their sensitive nature, the Council's deliberation and vote on the matter shall not include the public or the parties. The Chair of the Conduct Committee is invited to answer questions from the Council regarding the Conduct Committee's report and assist with the secret ballot vote.
16.17 The vote by the Council shall be taken by secret ballot. The Chair of the Conduct Committee shall review the results of the vote and announce the results of the vote to the Council.	Consistent with CNO's method of voting for other sensitive matters involving individuals.

Column 1	Column 2
Proposed New Article 16	Rationale
16.18 The Council shall provide a copy of its decision and reasons to the parties.	To ensure procedural fairness and provide finality to the parties regarding the matter.
16.19 The Council's decision is final and not subject to review or appeal.	To clarify finality of decision within the College.

Code of Conduct Proceedings

Attachment 2: Expansion of the approved process



* The Conduct Committee will include four Council members (two public members and two nurse members), and an external third-party expert. Two out of the four Council members from the Conduct Committee would be selected to participate in a Conduct Committee panel, along with the external expert.

Council and Committee By-Law Amendments

Decision note – September 2024 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose and Action Required

The proposed amendments to By-Law No. 1: General are intended to align with current legislation, streamline processes, and enhance accessibility to encourage broader participation.

Motion:

That Council approve the amendments to By-law No. 1: General, as they appear in Column 2 to attachment 1 to this decision note and that the proposed amendments to Article 30 regarding Committee Chairs be approved to take effect on June 4, 2025

Questions for consideration

Do you agree with the proposed amendments?

Public protection rationale

Council is accountable for effective governance, which includes oversight to ensure CNO fulfills its public protection mandate. CNO's by-laws support good governance by promoting the efficient and effective functioning of the Council and committees, and by ensuring that the College operates in an environment of continuous improvement and is well positioned to make all decisions in the public interest.

Background

There are three proposed amendments to By-Law No. 1: General (General By-Law) which pertain to the Council and committees. These proposed amendments aim to align the General By-Law with current legislation, streamline processes, and enhance accessibility to encourage broader participation.

Board of Inquiry

Until June 2009, the Board of Inquiry existed pursuant to the [Health Professions Procedural Code](#) (the Code), which is Schedule 2 to the *Regulated Health Professions Act, 1991*. At that time, the Board of Inquiry had specific roles in relation to incapacity.

In June 2009, the *Health System Improvements Act, 2007 (Schedule M)* introduced amendments to the Code, including the establishment of the Inquiries, Complaints and Reports Committee (ICRC). ICRC assumed the responsibilities of the Board of Inquiry, leading to the dissolution of the Board of Inquiry.

It is recommended that the following amendments be made to the General By-Law to align it with current legislation:

- the reference to the Board of Inquiry be deleted from the definition of a “committee” (Article 1.01); and
- the provisions regarding the Board of Inquiry’s processes be deleted (Article 33).

If Council approves these changes, the only reference to the Board of Inquiry which will remain in the General By-Law is in clause 25(c) of Article 44.1.06 regarding information published on the register, which includes suspensions ordered by the Board of Inquiry or the ICRC. This clause ensures that suspensions ordered by the Board of Inquiry remain on the register for public protection purposes. When last reviewed in 2020, there were approximately 70 suspensions ordered by the Board of Inquiry noted on the register.

Council Elections and Statutory Committee Appointments

Nurses can be involved in nursing regulation in several ways, including serving on Council and as a non-Council statutory committee member. Those roles are separate: a registrant cannot be both a Council member and a non-Council committee member. Statutory committee membership includes Council and non-Council nurse members as well as public members.

The General By-Law currently precludes registrants from putting their name forward for both a Council member and a non-Council committee member. Article 54.1.07 states:

A member¹ may not apply to be appointed as an appointed committee member if the member is a candidate for the election as an elected councillor.

A registrant in a district in which there is an election, who is interested in participating in either Council or a committee, currently cannot put their name forward for both opportunities. They are required to choose one role at the outset.

Since both the Council election and committee appointment processes are completed before the late February/early March meeting of the Nominating Committee, when it makes its final recommendations for appointing members to statutory committees, there is no reason to limit eligible candidates to applying for one role.

¹ In By-Law No. 1: General “member” is defined as “a member of the College as that term is used in the RHPA and the Act” (NP, RN, RPN)

There are several unintended consequences and risks with the current model:

- It can be seen as a barrier to election or application for appointment – a registrant who is interested in serving and might be eligible for both opportunities must decide on one role early in the process. Council has made it clear that it wants both the election and appointment processes to be barrier-free.
- It poses an additional administrative burden. Staff are required to cross-reference election and committee appointment candidates and to reach out to candidates for both positions and discuss the requirement to make a choice.
- There is a potential risk that a candidate, after consulting with CNO staff and not being successful in the option they selected, may feel they received poor advice and could challenge the outcome of either the election or committee appointment process².

It is proposed that Article 54.1.07 be revised to clarify that a candidate for both election to Council and appointment as a non-Council statutory committee member will, if elected to Council, serve as a Council member. That provision will make it transparent that anyone elected to Council will serve in that capacity, which maintains the integrity of the election.

Chair of the Inquiries, Complaints and Reports Committee

The election of the Executive Committee, including the President, begins following the December Council meeting, with a call for nominees.

Currently, there is a requirement in the General By-Law that the President of Council also act as Chair of the Inquiries, Complaints and Reports Committee (ICRC). It is recommended that this requirement be removed, as it results in unintended consequences, which include but are not limited to the following:

- potential candidates for the President of Council may not be willing to run for President because they do not want to serve on ICRC
- a Council member who has no experience on ICRC can be elected as the President of Council and become the Chair of ICRC
- a new President would take on three significant new roles (President of Council, Chair of Executive Committee and Chair of ICRC) simultaneously and
- there is a competency-based process for appointment of other statutory committee chairs which is not currently applied to ICRC.³

² Staff discuss the two positions and their differences, answer candidate questions and do not attempt in any way to influence the candidate.

³ Council members who wish to volunteer to chair a statutory committee (currently, this does not include ICRC) complete a competency self-assessment through GSI and the Executive Committee recommends the chairs of statutory committees to Council each March.

The President is the Chair of Council. In collaboration with the Registrar/Executive Director and CEO, the President supports Council in meeting its governance accountabilities. The statutory committees have a distinct role that is separate from governance. Membership on any specific statutory committee is not relevant to the governance role.

This proposed amendment aligns with Council's decision in [March 2024](#) to amend Article 18.01 to remove the requirement that members of the Executive Committee automatically serve on ICRC. Along with that decision, this change is proposed to align with Council's commitment to removing barriers to participation. It will expand the eligibility to run for election for President to over half of the Council members who are not currently eligible unless they are willing to change to ICRC.

It is proposed that these amendments come into effect June 4, 2025.⁴

They are proposed at this time, to address the unintended consequence that the requirement might pose a barrier for candidates who might otherwise be interested in running for the role of President.⁵

Next steps

- If these amendments are approved, the appropriate changes will be made to the election and appointments and committee processes.
- The Statutory Committee Chair appointment processes will include the Chair of ICRC, whose term will come into effect in June 2025. In the interim, the President will continue to serve as Chair of ICRC.

Attachments

1. Proposed Revised By-Law Amendments

⁴The by-law change relates to when the new Chair comes into effect. The selection and appointment of the Chair can take place in advance, in anticipation of the by-law amendment.

⁵ The call for nominations for election to the Executive Committee is sent to all Council members in December and the election takes place in March.

Attachment 1

Proposed Revised By-Law Amendments

Column 1 Current Article	Column 2 Proposed Revision	Column 3 Rationale
Board of Inquiry		
1.01 Definitions In this by-law and in any other by-law of the College, unless otherwise defined or required by the context of the specific provision, “ committee ” means a committee of the College and includes statutory, standing and ad hoc committees but does not include a Board of Inquiry appointed under the RHPA;	1.01 Definitions In this by-law and in any other by-law of the College, unless otherwise defined or required by the context of the specific provision, “ committee ” means a committee of the College and includes statutory, standing and ad hoc committees; but does not include a Board of Inquiry appointed under the RHPA	To remove references to the Board of Inquiry, as a CNO committee, as it no longer exists under the current legislation.
33. Board of Inquiry 33.00 When the Executive Committee appoints the Board of Inquiry it shall appoint one of the members of the Board to serve as chair. 33.01 Meetings of the Board of Inquiry may be held in person or, at the direction of the chair, by teleconference. 33.02 Minutes of a Board of Inquiry shall be taken and include a record	33. Board of Inquiry 33.00 When the Executive Committee appoints the Board of Inquiry it shall appoint one of the members of the Board to serve as chair. 33.01 Meetings of the Board of Inquiry may be held in person or, at the direction of the chair, by teleconference. 33.02 Minutes of a Board of Inquiry shall be taken and	

Column 1 Current Article	Column 2 Proposed Revision	Column 3 Rationale
<p>of all motions, recommendations and decisions.</p> <p>33.03 Minutes shall be circulated to all members of the Board which held the inquiry.</p> <p>33.04 The chair of the Board of Inquiry shall sign all minutes, records or other forms related to the Board's activities.</p>	<p>include a record of all motions, recommendations and decisions.</p> <p>33.03 Minutes shall be circulated to all members of the Board which held the inquiry.</p> <p>33.04 The chair of the Board of Inquiry shall sign all minutes, records or other forms related to the Board's activities.</p>	
Council Elections and Statutory Committee Member Appointments		
54.1.07 A member may not apply to be appointed as an appointed committee member if the member is a candidate for the election as an elected councillor.	54.1.07 A member may not apply to be appointed as an appointed committee member if the member is elected as a candidate for the election as an elected councillor <u>in the election immediately preceding any potential appointment.</u>	<p>To allow candidates to put their names forward for election to Council and appointment as a non-Council statutory committee member.</p> <p>To clarify that if a registrant is elected to Council, that is the position that they will fill.</p>
Chair of Inquiries, Complaints and Reports Committee (To come into effect June 4, 2025)		
30. Committee Chairs 30.03 The President shall be the chair of the Executive Committee and of the Inquiries, Complaints and Reports Committee.	30. Committee Chairs 30.03 The President shall be the chair of the Executive Committee and of the Inquiries, Complaints and Reports Committee.	To remove the requirement that the President of Council also serve as Chair of ICRC.

Column 1 Current Article	Column 2 Proposed Revision	Column 3 Rationale
30.05 Save and except where the by-laws specifically provide otherwise, the chair of every committee, other than the Executive Committee, Inquiries, Complaints and Reports Committee and Finance & Risk Committee, shall be appointed by Council on the recommendation of the Executive Committee and shall be a member of the committee.	30.05 Save and except where the by-laws specifically provide otherwise, the chair of every committee, other than the Executive Committee, Inquiries, Complaints and Reports Committee and Finance & Risk Committee, shall be appointed by Council on the recommendation of the Executive Committee and shall be a member of the committee.	This allows the Chair of ICRC to be selected among the Council members on the committee, as is done for CNO's other statutory committees (i.e., Discipline/Fitness to Practise, Quality Assurance and Registration).
30.06 A chair of a committee, other than the Executive Committee, Inquiries, Complaints and Reports Committee and the Finance & Risk Committee, shall cease to be chair upon the receipt by the Executive Committee of a requisition signed by at least a two-thirds of the members of the committee.	30.06 A chair of a committee, other than the Executive Committee, Inquiries, Complaints and Reports Committee and the Finance & Risk Committee, shall cease to be chair upon the receipt by the Executive Committee of a requisition signed by at least a two-thirds of the members of the committee.	
30.07 Where the position of chair of any committee, other than the Executive Committee, Inquiries, Complaints and Reports Committee or the Finance & Risk Committee, becomes vacant for any reason, the Executive Committee shall appoint an interim chair who shall serve	30.07 Where the position of chair of any committee, other than the Executive Committee, Inquiries, Complaints and Reports Committee or the Finance & Risk Committee, becomes vacant for any reason, the Executive Committee shall appoint an interim	

Column 1 Current Article	Column 2 Proposed Revision	Column 3 Rationale
until a new chair can be appointed by Council in accordance with Article 30.05.	chair who shall serve until a new chair can be appointed by Council in accordance with Article 30.05.	

Updating the Executive Committee Terms of Reference

Discussion Note -- September 2024 Council

Contact for questions or more information

Angie Brennand, Director of Strategy

Purpose and Action Required

CNO is seeking Council's feedback and guidance on updating the Executive Committee Terms of Reference.

Questions for consideration

- 1) Does Council require additional information regarding updating the Executive Committee Terms of Reference?
- 2) If so, what additional information should CNO staff explore to inform updating the Executive Committee Terms of Reference?

Public interest rationale

Council is accountable for effective governance, which includes oversight to ensure CNO fulfils its public protection purpose. Clear, transparent and consistent terms of reference, including specific duties and responsibilities of each committee, will support the efficient and effective functioning of Council and committees. It also fosters a culture of continuous improvement and ensures Council is well-positioned to make all decisions in the public interest.

Background

This item is part of a suite of [governance improvements Council](#) planned for 2024 that aim to promote clarity and a shared understanding of Council's purpose, role, and accountabilities. All together, these are foundational to supporting Council's effective governance and set the stage for future enhancements and continuous improvement. They ensure CNO's ongoing compliance with the College Performance Measurement Framework and advance improvement opportunities identified in the 2022 Council evaluation. Details about timing are available in [Council's Annual Plan](#).

Legislative Framework

The [Health Professions Procedural Code](#) requires that all health regulatory colleges have an Executive Committee and Patient Relations Committee. Between Council meetings, Executive Committee has all the powers of the Council that in the Executive Committee's opinion, requires immediate attention, other than the power to make, amend or revoke a regulation or by-law [Section 12(1)].

Currently, the Executive Committee also functions as CNO's Patient Relations Committee as outlined in [CNO By-laws and](#) also functions as the Governance Committee, as outlined in the [current terms of reference](#).

Findings

A focused review was conducted to identify opportunities within the current Executive Committee Terms of Reference, including reviews of board committee structures¹, governance accountabilities and overall committee functions. Attachment 1 provides a summary of findings derived from literature and jurisdictional scans.

Potential Approaches

Based on the summary of findings, the following approaches are currently being explored:

- **Clarifying roles and accountabilities by separating terms of reference for Executive, Governance and Patient Relations committees:** This will promote clarity, task-division efficiency and greater accountability. Executive Committee members will continue to be the members for each committee. This is the same approach taken for Discipline and Fitness to Practice committees, where there are different committees and roles but the same membership.
- **Enhancing Governance Accountabilities:** This approach includes clarifying accountabilities in guiding governance, facilitating Council learning opportunities and monitoring and evaluating Council's governance effectiveness.
- **Clarifying and developing robust terms of reference:** This approach supports clear organization of relevant accountabilities, duties and powers, including more explicit reference to legislation, Council & Committee Code of Conduct, and CNO By-laws where applicable.

Next steps

Based on Council's feedback, CNO will:

¹ This did not include statutory committees as they do not support board governance.

- Draft revised terms of reference for review in December 2024.

Attachments

1. Attachment 1- Summary of Findings

Attachment 1

Summary of Findings Updating Executive Committee Terms of Reference

Introduction

This summary highlights findings related to identifying opportunities to address, clarify and strengthen the roles set out within the current Executive Committee Terms of Reference. The review focused on:

- board committee structures¹,
- governance accountabilities and
- general committee functions (e.g., decision-making processes, reporting, meetings).

This review was undertaken recognizing that current legislation requires:

- that CNO have an Executive Committee (S. 10 (1) 1. of the *Health Professions Procedural Code*) and
- that the President and Vice-Presidents be elected by Council each year (S. 10 (1) of the *Nursing Act, 1991*).

Three main themes emerged from the findings which will be further explored:

- separate committee terms of references with clear purposes
- enhancing the role of Governance Committee
- clear and more robust terms of references.

Separate committee terms of references with clear purposes

A focused grey literature review² was conducted to determine the functionality and best practices of board committee structures. Chen & Wu (2016) highlights the importance of separate committee terms of references which will promote:

- **Task-division Efficiency:** Allows for more efficient task allocation, leading to greater efficiency.
- **Greater Accountability:** Promotes increased accountability to the board by enabling directors to perform their specific duties clearly and more effectively.

A review was also conducted focusing on the role and structure of Executive Committees. Key themes included:

- **Composition:** Some regulators with large boards have an Executive Committee made up of a portion of the Board, usually composed of the board's executives such as the chair. An Executive Committee is sometimes a hybrid of the two types of committees: it can be both a Board committee and a committee that makes regulatory decisions (Steinecke, n.d.).

¹ This did not include statutory committees as they do not support board governance.

² Grey literature is information produced outside of traditional publishing and distribution channels and can include reports, policy literature, working papers, government documents etc.

- **Current Trends:** More frequently in recent years, Executive Committees are becoming a committee with a role limited to making urgent decisions that cannot wait until a full Board meeting and reviews the agenda and topics eliminate Executive Committees, as it can serve a duplicative function when discussing matters that have already been discussed by other committees or would be referred to the board (Steinecke, n.d.). Council's previous work on governance included removing the requirement for an executive committee³ to align with best practice evidence.

Enhancing the role of Governance Committee

A focused grey literature review was conducted to identify the functionality and best practices of Governance Committees. Key themes included:

- **Composition:** Diversified group (e.g., diversified race, ethnicity, gender, skills, experience), typically comprised of competent directors suited to the committee's role.
- **Guiding Governance:** Act as a primary resource on governance issues by staying current on governance trends, the committee examines and monitors board effectiveness, performance and governance policies and by-laws.
- **Overseeing Compliance:** Recommending action to Council to ensure the organization complies with its legal and fiduciary duties. For example, ensuring CNO complies with its legal requirements under the *Health Professions Procedural Code*. An example of a fiduciary duty is CNO fulfilling its public interest mandate.
- **Facilitating Learning Opportunities:** Planning board development, including overseeing the delivery of a council orientation and education that will increase their knowledge and improve their leadership.
- **Monitoring and evaluating Council's governance effectiveness and structure:** Establishing a process for monitoring and evaluating board meetings and board functionality (Kouaib et. al., 2020).

A jurisdictional scan was conducted of other health profession regulators in Ontario, as they share the same legislative requirements under the Health Professions Procedural Code. The purpose of the scan was to identify accountabilities within their Executive Committee and Governance related committees' terms of reference. This included identifying their governance accountabilities, policies and general committee functions (e.g., meetings, chair accountabilities, decision-making, reporting).

Variation was noted across Ontario health regulators. For example, some regulators' Executive Committees have encompassed accountabilities in governance, finance, conduct, risk and nominating council members. Some regulators combined their Executive Committee with their Governance committee and others had separate governance committees or panels. It is also important to note that the Ontario health regulators reviewed for this scan had separate Patient Relations Committees.

Key themes related to how their Governance Committees support their board with effective governance include:

³ At this time, CNO is required to have an Executive Committee as per the Health Professions Procedural Code and elimination of the Executive Committee cannot be done until there is legislative change.

- **Evaluation:** Establishing and administering a process for assessing the effectiveness of Council, committees and making recommendations to Council.
- **Board Development:** Overseeing the delivery of appropriate Council education and development to ensure onboarding and continuous development.
- **Governance Policies:** Regularly reviewing, developing and maintaining governance policies and processes and making recommendations to Council regarding the development and updates of governance policies and processes.
- **Governance Excellence:** Promoting and recommending practices that will enhance governance excellence at both Council and Committee levels.

Clear and more robust terms of references

A review was also conducted to identify the best practices of Board committees. To function effectively, board committees must have:

- A clear role and purpose for each committee, including responsibilities for participating and decision-making
- Terms of reference
- A chairperson
- A mechanism to determine competent members suited to the role of the committee
- An appropriate number of committee members
- A mechanism to report back to the Board
- A mechanism to evaluate their work (Kouaib, 2020).

Other common elements found in other regulators' terms of reference include:

- **Detailed Meeting Information:** Including frequency, requirement to provide notice ahead of time, use of technology for meetings, circumstances for special meetings.
- **Reporting Mechanisms:** Information on how committees are to report back to Council and when annual reports are due to Council.
- **Decision-Making:** Details on how a decision is passed (e.g., consensus, majority) and the distribution of votes (one vote per person, chair cannot overstep on decision). Depending on the regulator, information on the composition of a quorum was found in other documents such as by-laws or policy.
- **Membership:** Length and limitations associated with membership and/or term of office.
- **Role of the Chair:** The role and duties of the chair were at times defined in terms of reference or in the by-laws.

References

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Kouaib, A., Mhiri, S., & Jarboui, A. (2020). Board of directors' effectiveness and sustainable performance: The triple bottom line. *The Journal of High Technology Management Research*, 31(2), 100390.

Steinecke, R. (n.d.). *Governance for Regulators: A Handbook for Board and Committee Members*.

Council Evaluation Policy

Discussion Note – September 2024 Council

Contact for questions or more information

Angie Brennand, Director Strategy

Purpose

To seek Council's input on the scope of its Evaluation Policy as it relates to the different groups being evaluated.

In December 2024, Council will consider approval of an updated evaluation policy. Council's input in September will inform changes related to the scope of the policy as it relates to the different groups being evaluated.

Questions for consideration

Staff are seeking Council's input on the changes proposed in [Attachment 1](#).

Are there additional changes related to the groups being evaluated that will ensure Council's updated policy supports evaluation processes that are:

- aligned with Council's governance accountability and culture
- aligned with evidence related to best practice
- clear
- streamlined

Public protection rationale

Council is accountable for effective governance, which includes oversight of CNO to ensure it fulfills its public protection purpose. Council's commitment to continuously evaluate its performance and seek opportunities for improvement is essential to maintaining effective governance.

Background

Overview

Evaluation is an accepted governance practice, a feature of Council's [governance vision](#), and a requirement under the Ministry of Health's [College Performance Measurement Framework](#) (CPMF).

Why is the policy being updated?

In December 2023, Council identified a need to update its Evaluation Policy to:

- simplify and streamline the process
- ensure that any future evaluation is based on best practice and up-to-date requirements (e.g., role descriptions, competencies)
- ensure the policy reflects current evidence prior to Council's next third-party evaluation, which is planned in 2025.

This update is part of a [suite of governance improvements](#) planned for approval in 2024 that aim to promote clarity and shared understanding of Council's purpose, role, and accountabilities. All together, these are foundational to supporting Council's effective governance and set the stage for future enhancements and continuous improvement. They ensure CNO's ongoing compliance with the CPMF and advance improvement opportunities identified in the 2022 Council evaluation. Refer to Council's [Annual Plan](#) for details about timing.

Council's Evaluation Policy and activities to date

Council approved its first Evaluation Policy in September 2022. In addition to regular meeting evaluation, the current policy outlines a three-year cycle that includes:

- in-depth Council-effectiveness evaluation in year one, followed by focused evaluations in years two and three
- evaluation of the President and Executive Committee in year two
- evaluation of individual Council members in year three.

Council evaluation activities to date include:

- an in-depth Council evaluation (third-party assessment, 2022)
- regular meeting evaluation (quarterly since March 2023)
- annual Council evaluation (year-end, 2023)
- Executive Committee and President evaluation (2023)

Evaluation of individual Council members did not proceed this year¹ as role descriptions, competencies, and the code of conduct were outdated; therefore, there was no valid foundation on which to base evaluation. These changes are part of the larger suite of governance improvements in development.

College Performance Measurement Framework (CPMF) requirements

The CPMF (measure 1.2) requires that Council regularly assess its effectiveness and addresses identified opportunities for improvement through ongoing education, this includes:

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

¹ 2024 is year three of the current cycle.

- 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.

Summary of evidence

Staff reviewed evidence from multiple sources, which will inform the revision to Council's Evaluation Policy. The review focused on governance / board evaluation purposes and processes; it included a focused review of literature² on best practice, and a scan of board/council evaluation policies of other regulators (Ontario health professions, Canadian nursing regulators).

Evidence relevant to the current agenda item (i.e., the scope of the policy) is outlined below.

- Annual evaluation is the standard across all sources reviewed.
- The most common object of evaluation is the board as a group, which may also include individual-level evaluation of board members. Individual evaluations are most useful when there is an already well-established and valid board evaluation process and require appropriate structure for reporting/disseminating findings.
- Evaluation methods may vary depending on “who” and “what” being evaluated, there are various levels of formality in board evaluation processes. Self-evaluation is common, with third-party reviewers providing opportunity for additional perspective (e.g., through facilitated discussion, document review, and direct observation).
- Board member accountability to participate in evaluation may be embedded in role descriptions or competencies.

Analysis and considerations

The evidence and CPMF requirements support continuing annual Council evaluations with third-party assessment every three years, and regular Council meeting evaluation.

Beyond this, there is opportunity to:

- streamline and add clarity the policy
- align with current evidence, and
- better integrate the different components of evaluation, making Council evaluation processes more sustainable.

² Academic and grey literature is related mostly to corporate or non-profit boards; findings are reviewed with a regulatory lens to ensure they are translated in a way that is appropriate to regulation and CNO's public protection purpose.

Please see [Attachment 1](#) for proposed refinements to the scope of Council's Evaluation Policy.

Next steps

- In December 2024, Council will:
 - consider a revised Evaluation Policy for approval
 - complete its annual year-end evaluation.
- The next third-party evaluation of Council, as required by the CPMF, is in 2025.

Attachments

1. [Attachment 1](#) Evaluation Policy: Proposed Scope Considerations and Rationale

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Attachment 1

Evaluation Policy: Proposed Scope Considerations and Rationale

“Who” is being evaluated (current policy)	Proposed Refinement	Considerations and Rationale
Current policy sets out a separate process to evaluate the Executive Committee every three years.	<p>Remove the section about Executive Committee evaluation.</p> <p>Add reference to regular committee evaluations based on committees’ terms of reference.</p>	<ul style="list-style-type: none"> - Broadens the policy’s scope beyond Executive Committee, while streamlining evaluation processes. - The rationale for including Executive Committee in the current policy is that its Terms of Reference include supporting Council in governance. - This change would expand evaluation to other committees that support Council in governance (e.g., Finance & Risk, Nominating standing committees). - Aligned with evidence about: <ul style="list-style-type: none"> o Governance evaluation o Committee terms of reference. - Aligned with governance oversight accountability (Council approves committee terms of reference, which sets an expectation for regular evaluation and reporting). - Entrusts committees to appropriately assume accountability for their own evaluation.
Current policy sets out a separate process to evaluate individual Council members every three years.	<p>Remove the section about Council member performance evaluation.</p> <p>Incorporate individual Council member evaluation into the larger Council effectiveness evaluation process.</p>	<ul style="list-style-type: none"> - Provides a ‘right touch’ approach. <ul style="list-style-type: none"> o Given Council’s size, integrating a level of individual self-assessment alongside the council effectiveness evaluation (rather than a separate endeavour) streamlines the process. o Provides Council members with experience, understanding and increased comfort with the culture of evaluation and their updated role description. (Council will consider approval of

“Who” is being evaluated (current policy)	Proposed Refinement	Considerations and Rationale
		<p>an updated role description in December 2024).</p> <ul style="list-style-type: none"> - Council is introducing competency-based elections, which also supports comfort with evaluation and may contribute to future evolution of Council’s evaluation policy. (By 2028, all nurses elected to Council will have gone through individual competency assessment.) - Individual Council members contribute to Council’s overall effectiveness; therefore, integrating these components is appropriate.
<p>Current policy sets out a separate process to evaluate the Council President (alongside Executive Committee) every three years.</p>	<p>Remove the section about President evaluation.</p> <p>Continue to use the meeting evaluation survey¹ to provide feedback on the President’s meeting facilitation.</p>	<ul style="list-style-type: none"> - Streamlines process by reducing duplication. - The current policy’s three-year cycle is not aligned with the annual election and 1-year term length of the President. - The President participates in the individual self-assessment noted above. Given the potential influence of this role on Council’s overall effectiveness, the additional real-time peer feedback via post-meeting evaluation is appropriate for continuous improvement. - Similar to considerations identified above, this change also provides opportunity for more experience, understanding and comfort with the culture of evaluation and the new President role description

¹ The updated Evaluation Policy will continue to include content about meeting evaluations; however, the current process will be reviewed to ensure it’s consistent with evidence.

“Who” is being evaluated (current policy)	Proposed Refinement	Considerations and Rationale
		(Council will consider approval of an updated President role description in December 2024).

Report of the August 22, 2024 Finance & Risk Committee Meeting

Contact for questions or more information

Veronica Adetoye, Director, Business Services & Chief Financial Officer

The first meeting of the 2024-2025 Finance & Risk Committee was held on August 22, 2024. Attachment 1 is the draft minutes of the meeting.

Unaudited Financial Statements

The unaudited financial statements for the six-month period ended June 30, 2024 (Attachment 2) were reviewed. The statements now include a summary. The Finance & Risk Committee confirmed that this information was helpful and it will continue to be part of the statements presented to the committee and included in the statements provided to Council.

The surplus (excess of revenues over expenses) for the period is \$5.111M, which is \$4.012M higher than the budgeted surplus of \$1.099M. This is comprised of:

- \$1.542M more revenue than budget; and
- \$2.470M expenses less than budget.

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

That Council accept the unaudited financial statements for the six-month period ended June 30, 2024.

2025 Budget Development

The Finance & Risk Committee received an outline of the process for developing the 2025 budget. It was confirmed that there will be resources in the budget for the work planned to develop CNO's new strategic plan.

A detailed review of the budget will take place in November, for presentation to Council in December. A professional development session for Council on finance and budget will support Council in its December review of the 2025 budget.

Investment Portfolio Report

As part of strengthening its oversight on finance and risk, the Finance Committee received its first annual report on CNO's investment portfolio.

Enterprise Risk Management

The committee received an update on CNO's progress in relation to its enterprise risk management program. The new software tool being used by CNO was demonstrated to the committee, along with the inclusion of the first Enterprise Risk Management Heat Map in the Management Discussion and Analysis supplement to the financial statements. The Heat Map shows the likelihood of each risk occurring, and the potential severity of impact, after prevention and control mechanisms have been implemented and assessed (referred to as the 'residual risk score'). The Committee was shown risks with residual scores of either 'moderate', or 'high'.

4. Self-Monitoring Tool

In June, Council approved changes to the Finance Committee's Terms of Reference, including expanding the committee's role related to enterprise risk and changing its name to Finance & Risk Committee.

The committee has a robust self-monitoring tool that it reviews at the end of each meeting and at the end of the year, to determine if it is meeting its Terms of Reference.

Proposed amendments to the Self-Monitoring Tool to align with the updated Terms of Reference were reviewed. The revised Self-Monitoring Tool will be used going forward.

Attachments:

1. Draft minutes of the Finance Committee meeting of August 22, 2024
2. Unaudited Financial Statements for the six-months ended June 30, 2024

Finance & Risk Committee Minutes

August 22, 2024 at 1:00 p.m.

Present

T. Fukushima, Chair
B. Canuel

R. Lastimoso Jr.
P. Sullivan

D. Thompson
K. Wagg

Staff

V. Adetoye
D. Badian

S. Crawford
C. Jiang

M. Kelly, Recorder
S. Mills

Chair

T. Fukushima chaired the meeting.

Agenda

The agenda had been circulated.

Motion 1

Moved by R. Lastimoso Jr., seconded by K. Wagg,

That the agenda be accepted as presented.

CARRIED

Minutes

Minutes of the Finance & Risk Committee meeting of May 16, 2024 had been circulated.

Motion 2

Moved by B. Canuel, seconded by R. Lastimoso Jr.,

That the minutes of the Finance Committee meeting of May 16, 2024 be accepted as presented.

CARRIED

Financial Statements

The committee was informed that a new financial summary which highlights CNO's financial position for the period will now accompany the unaudited statements. The committee members confirmed that this addition was helpful and should continue moving forward.

V. Adetoye reviewed the unaudited financial statements for the six months ended June 30, 2024. At the end of the second quarter there was a surplus of \$5.11M, which is \$4.01M more than the budgeted surplus of \$1.09M. It was noted that revenues are \$1.54M higher than budget due to an increase in the overall registration and application numbers, as well as higher interest income, while expenses for the period are \$2.47M lower than budgeted.

The main contributor to the expense variance is employee salary expenses. A positive variance for employee expenses is still expected at the end of 2024 as vacancies will inevitably create variances, however significant improvements have been made when compared to previous years. It was also confirmed that any vacancies are not expected to result in project delays or impact delivering on any of the strategic objectives.

The Finance & Risk Committee discussed the confidential Management Discussion and Analysis (MD&A). V. Adetoye highlighted various initiatives and projects that are outlined in the document. The committee also reviewed the first risk dashboard as part of the report. The dashboard identifies potential risks which are analyzed based on their potential impact and likelihood. The committee suggested some additional data be included on the next report for further clarity.

Motion 3

Moved by D. Thompson, seconded by P. Sullivan,

That it be recommended that Council approve the unaudited financial statements for the six months ended June 30, 2024.

CARRIED

Budget Development Plan

The Finance & Risk Committee received an overview of CNO's budget development process. The committee will review the draft 2025 budget at their November meeting.

V. Adetoye highlighted the approach to budgeting and releasing funds for projects. She noted that during the budgeting process, CNO reviews its ongoing regulatory mandate as informed by external and internal events.

It was noted that CNO operates in a dynamic environment and has the ability to adapt to changing priorities. Achieving the goals of the Strategic Plan 2021-2026 is a priority, as is building a strong foundation to appropriately launch the next Strategic Plan. S. Crawford also noted that as part of CNO's Leadership Vision, prioritization activities and environmental scans are considered to ensure we can appropriately respond to arising needs.

Investment Portfolio Report

The committee received its first investment portfolio report for CNO, which will be presented to the committee on an annual basis going forward. This report provides an overview of CNO's investments, specifically focusing on the Guaranteed Investment Certificates (GICs) with CNO banks and are categorized into short and long-term investments. The combined total investments were valued at \$46.32M at the end of 2023.

V. Adetoye noted that the investments outlined in the report align with the 2023 audited financial statements that were reviewed by the committee in May and approved by Council in June 2024. All investments are made in accordance with CNO's corresponding policy as approved by the Finance & Risk Committee. V. Adetoye confirmed that CNO staff meet with the banks throughout the year to assess the best business strategy available relative to the market environment.

Enterprise Risk Management

D. Badian, CNO's Coordinator of Risk Management & Business Continuity presented the committee with an update on CNO's enterprise risk management (ERM) program which included a demo of the risk software platform. This platform was configured to align with CNO's ERM process. He informed the committee that CNO's leadership team received training on the platform and have participated in enterprise risk assessments for their business areas. The risk assessments are updated by the leadership team on an ongoing basis as needed.

The committee was informed that they will receive risk reports as part of the MD&A each quarter. The report will include a dashboard illustrating residual risk scores, while identifying which of the four risk quadrants each potential risk falls into. The committee will be presented with all risks rated as moderate or higher on the risk register.

The committee noted that Council would benefit from a professional development session on risk in the future.

Self-Monitoring Tool

The self-monitoring tool supports the committee in assessing if it is fulfilling its mandate. As a result of the revisions to the Finance & Risk Committee's Terms of Reference in June, the self-monitoring tool was revised to ensure alignment. The committee reviewed the revisions and confirmed that with some minor editorial changes, the updated tool was reflective of their accountabilities.

The committee then reviewed the items from the revised self-monitoring tool that were relevant to the current meeting. The committee noted that the meeting materials were clear and comprehensive, highlighting the recent updates to the financial statements and the addition of the enterprise risk management dashboard.

Noting the extensive discussions at this meeting, the committee confirmed that it met its Terms of Reference for the meeting.

Next Meeting

The next meeting will be the afternoon of November 14, 2024.

Conclusion

Motion 4

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

That the Finance Committee meeting conclude at 3:00 p.m.

CARRIED

Chair

Attachment 2

College of Nurses of Ontario Financial Summary for the six months ended June 30, 2024

Statement of Financial Position:

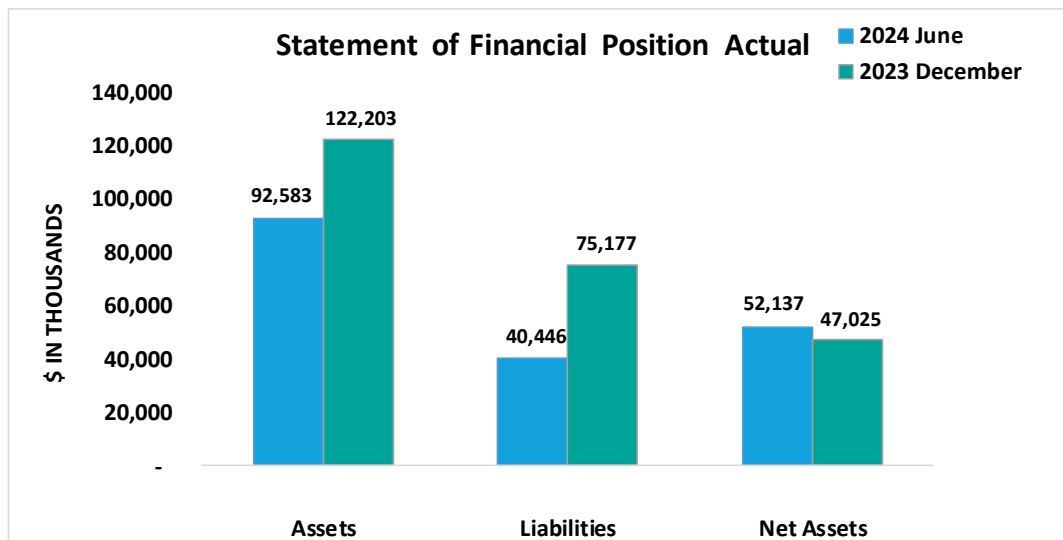
(page 1 of Financial Statements)

CNO's total assets decreased to \$92.583M when compared to \$122.203M at the beginning of the year. This decrease is primarily due to the decrease in cash, mainly driven by decrease in deferred registration fees, accounts payable and accrued liabilities, partially offset by increase in operating surplus and non-cash transactions such as amortization of assets.

The \$34.731M decrease in the current liabilities from \$75.177M at the beginning of the year to \$40.446M at the end of the period results from a \$26.685M decrease in deferred revenue and a \$8.046M decrease in accounts payable and accrued liabilities.

The increase the total net assets from \$47.025M to \$52.137M reflects the excess of revenue over expenses (surplus) of \$5.111M during the period.

Overall, CNO's financial position remains strong with over \$31.961M in cash at the end of the period.



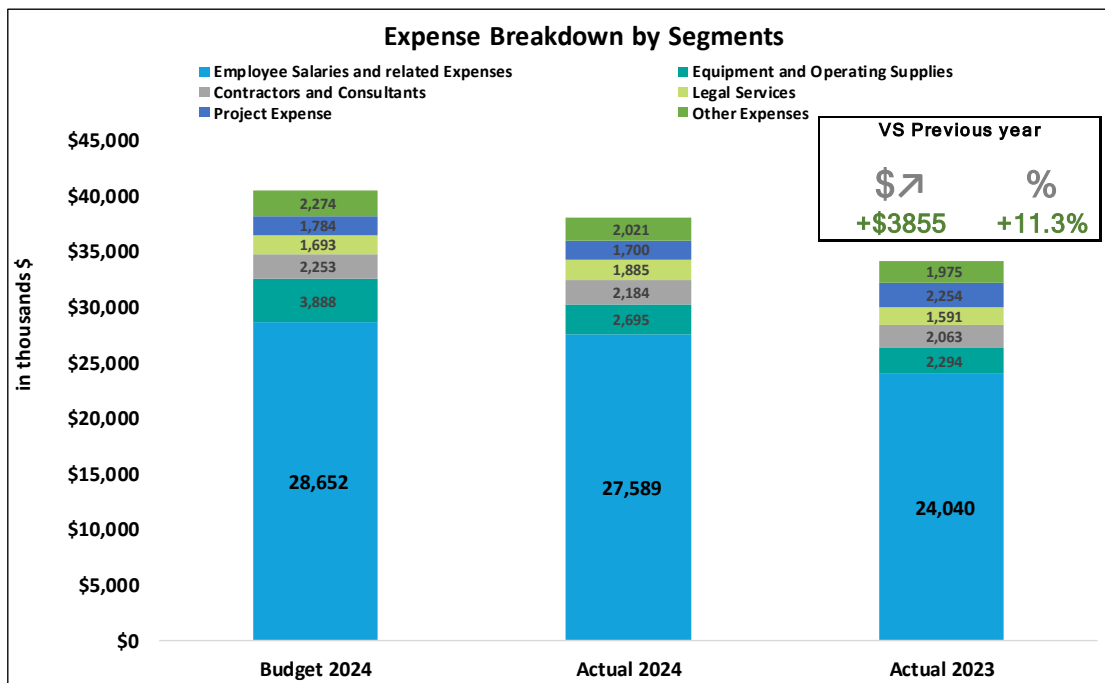
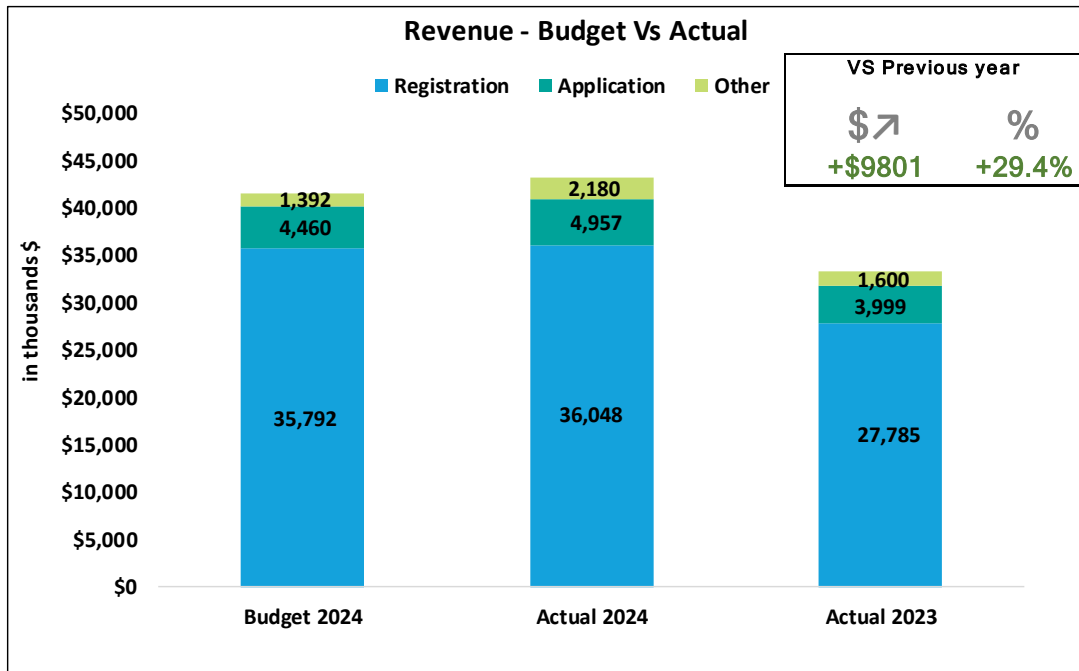
Statement of Operations

(page 2 of Financial Statements)

Our year-to-date total revenues increased to \$43.185M which represents an increase of \$1.542 (29%) when compared to June 2023. The increase represents a higher number of overall registrations and application assessments, as well as higher interest income due to the high interest rate in the first half of the year.

Total expenses were \$2.470M less than budgeted. The favourable variance is largely due to unfilled staff positions and the timing of costs on equipment and operating supplies.

CNO has an excess of revenue over expenses (a surplus) of \$5.111M which is \$4.012M higher than the budgeted surplus of \$1.099M.



COLLEGE OF NURSES OF ONTARIO
FINANCIAL STATEMENTS
FOR THE SIX MONTHS ENDED JUNE 30, 2024 (Unaudited)

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

	2024	2023	2023
	June	June	December
ASSETS			
Current assets			
Cash	31,961	16,870	61,640
Investments	37,760	33,653	33,750
Other receivables	341	20	394
Prepaid expenses	1,288	1,062	1,506
	<u>71,350</u>	<u>51,604</u>	<u>97,288</u>
Investments	<u>9,546</u>	<u>18,240</u>	<u>12,578</u>
Capital assets			
Furniture and fixtures	1,812	1,817	1,812
Equipment - non computer	534	560	529
Computer equipment	4,869	5,170	4,654
Building	6,836	6,836	6,836
Building improvements	5,542	5,542	5,542
Land	3,225	3,225	3,225
Art	45	45	45
	<u>22,862</u>	<u>23,195</u>	<u>22,642</u>
Less: Accumulated amortization	<u>(11,438)</u>	<u>(10,437)</u>	<u>(10,598)</u>
	<u>11,423</u>	<u>12,758</u>	<u>12,044</u>
Intangible Assets	<u>2,800</u>	<u>4,041</u>	<u>2,800</u>
Less: Accumulated amortization	<u>(2,536)</u>	<u>(3,887)</u>	<u>(2,507)</u>
	<u>264</u>	<u>155</u>	<u>293</u>
	<u>92,583</u>	<u>82,757</u>	<u>122,203</u>
LIABILITIES			
Current liabilities			
Accounts payable and accrued liabilities	6,598	6,844	14,644
Deferred registration and examination fees	33,848	25,959	60,533
	<u>40,446</u>	<u>32,804</u>	<u>75,177</u>
	<u>40,446</u>	<u>32,804</u>	<u>75,177</u>
NET ASSETS			
Net assets invested in capital assets	11,687	12,913	12,337
Unrestricted net assets	<u>40,449</u>	<u>37,040</u>	<u>34,689</u>
	<u>52,137</u>	<u>49,953</u>	<u>47,025</u>
	<u>92,583</u>	<u>82,757</u>	<u>122,203</u>

College of Nurses of Ontario
Statement of Operations (\$000)
Six Months Ended June 30

	2024 Year to Date June			2023 Year to Date June			2024 Budget	
	Budget	Actual	Variance (\$) Fav/(Unfav)	Budget	Actual	Variance (\$) Fav/(Unfav)	Remaining	Approved
REVENUES								
Registration fees	35,707	35,970	263	27,184	27,684	500	36,454	72,425
Application assessment	4,055	4,558	503	3,207	3,584	378	3,591	8,148
Verification and transcripts	85	77	(7)	79	101	22	79	156
Interest income	1,370	2,154	784	1,024	1,543	518	586	2,740
Examination	405	400	(5)	229	415	186	429	828
Other	22	26	4	14	57	43	180	206
Total Revenues	41,644	43,185	1,542	31,737	33,385	1,648	41,319	84,504
EXPENSES								
Employee salaries and benefits	28,652	27,589	1,063	26,326	24,040	2,286	30,982	58,571
Employee related expenses	811	628	183	568	606	(39)	1,155	1,784
Contractors and consultants	2,253	2,184	70	1,700	2,063	(364)	2,237	4,421
Legal services	1,693	1,885	(192)	1,597	1,591	5	1,516	3,401
Equipment, operating supplies and other services	3,888	2,695	1,193	2,850	2,294	555	6,164	8,859
Taxes, utilities and depreciation	998	999	(1)	1,013	977	36	996	1,996
Exam fees	0	0	0	92	115	(22)	104	104
Non-staff remuneration and expenses	465	394	71	343	277	66	546	940
Total Base Operating Expenses	38,761	36,375	2,386	34,489	31,964	2,525	43,700	80,075
Project Expenses	1,784	1,700	84	2,265	2,254	11	2,300	4,000
Total Expenses	40,544	38,074	2,470	36,754	34,219	2,536	46,001	84,075
Excess of (expenses over revenues) / revenues over expenses	1,099	5,111	4,012	(5,017)	(834)	4,183	(4,682)	429
Opening net assets		47,025			50,787			
Closing net assets		52,137			49,953			

College of Nurses of Ontario
Notes to the Revenue and Schedule of Expense Variances
For the Six Months Ended June 30, 2024

College of Nurses of Ontario
Statement of Changes in Net Assets (\$000)
Six Months Ended June 30

	2024			2023
	Invested in Capital and Intangible Assets	Unrestricted	Total	December
Balance, beginning of period	12,337	34,689	47,025	50,787
Excess of (expenses over revenues)/revenues over expenses	(869)	5,981	5,111	(3,762)
Purchase of capital assets	220	(220)	0	0
Balance, end of period	11,687	40,449	52,137	47,025

College of Nurses of Ontario
Notes to the Revenue and Schedule of Expense Variances
For the Six Months Ended June 30, 2024

College of Nurses of Ontario
Statement of Cash Flows (\$000)
Six Months Ended June 30

	2024 June	2023 June
Cash flows from operating activities		
Excess of revenue over expense for the period	5,111	(834)
Adjustments to determine net cash provided by/(used in) operating activities		
Amortization of capital assets	840	821
Amortization of intangible assets	29	41
Loss on disposal of capital assets		
Interest not received during the year capitalized to investments	(706)	(776)
Interest received during the year previously capitalized to investments	554	177
	5,828	(570)
Changes in non-cash working capital items		
Decrease in amounts receivable	53	111
Decrease in prepaid expenses	218	113
Decrease in accounts payable and accrued liabilities	(8,046)	(7,485)
Decrease in deferred registration fees	(26,685)	(20,427)
	(28,632)	(28,257)
Cash flow from investing activities		
Purchase of investment	(24,375)	(31,336)
Proceeds from disposal of investments	23,549	16,328
Purchase of capital assets	(220)	(619)
	(1,046)	(15,628)
Net decrease in cash and cash equivalents	(29,679)	(43,884)
Cash and cash equivalents, beginning of year	61,640	60,754
Cash and cash equivalent, end of quarter	31,961	16,870

CNO's Diversity, Equity and Inclusion (DEI) Strategy: *Inclusion for All: Nothing About Us, Without Us*

Information Note – September 2024 Council

Contact for questions or more information

Sandra Porteous, Director of Diversity, Equity and Inclusion (DEI)

Purpose

To provide Council with a copy of CNO's DEI Strategy for information.

Public protection rationale

CNO's DEI Strategy supports public protection by supporting CNO in addressing bias and discrimination in regulatory processes and helping advance equity in the broader health care system.

Background

The College Performance Measurement Framework requires health regulatory colleges to have a DEI plan (measure 3.3). The development and implementation of the DEI strategy is an operational accountability of CNO and is built on a strong foundation of organizational learning and commitment. This note shares CNO's process and next steps.

In 2021-23, CNO developed and implemented an internal DEI plan focussed on creating a more inclusive and equitable work environment for staff. That foundational work led to the next phase of CNO's trajectory, the DEI Strategy, "*Inclusion for All: Nothing About Us, Without Us*".¹

Strategy development

The development of CNO's DEI Strategy relied on evidence and broad consultation, with a rigorous review of best practices. This supports CNO in developing unique actions and tactics for each constituent group within the strategy: public, registrants, applicants, CNO employees, external partners and CNO's Council and committees.

¹ Today this statement is rooted in the Disability community, and championed by Mental Health advocates, who call for full participation and equalization of opportunities.

Using Evidence

Multiple sources of evidence were used to support development including:

- literature review
- jurisdictional scan of the practices of other regulators
- Council's input provided in March 2024
- data from CNO's first Demographic Workforce Census of registrants
- CNO's Measuring Trust and System Partner Awareness survey data
- CNO's annual Employee Experience survey data.
- Input from CNO staff over "5 Days of Diversity" in person sessions in April

Broad Consultation

CNO conducted focused consultations with key partners using a strengths-based and collaborative approach, including Council, staff, the Canadian Centre for Diversity and Inclusion and the Indigenous Primary Health Care Council. CNO will continue to build ongoing relationships and broadly consult with key partners, including those from historically underrepresented groups also known as Equity-Deserving Groups.² as part of the more detailed workplan described below.

Delivering on the DEI Strategy – Next steps

Part two includes the development of a detailed internal DEI Work Plan to support operations over the next three years, including DEI Development opportunities for Council.

Attachment

CNO's DEI Strategy, "Inclusion for All: Nothing About Us, Without Us"

² Equity deserving groups refer to groups who identify as racialized, 2SLGQ+, have a disability, another gender, or Indigenous.

INCLUSION FOR ALL: NOTHING ABOUT US, WITHOUT US.

DEI STRATEGY 2024-2027



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

THE STANDARD OF CARE.



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Paintings in this document are from artist Mekayla Dionne.



CNO'S LAND OR TERRITORIAL ACKNOWLEDGEMENT

CNO operates on the traditional, ancestral and unceded territories of many Indigenous communities across Ontario, which continue to be home to Indigenous Peoples.

CNO's office is in Toronto, on land that is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee and the Wendat peoples.

We are honouring these lands as part of our deeper commitment to Indigenous communities in Ontario.

Diversity, equity and inclusion means how we do our work is as important as what we do. When putting together this document, CNO set out to work with diverse artists who are passionate about representing Equity-Deserving Groups, to ensure our design process is as diverse, inclusive and equitable as possible.

INTRODUCTION

The College of Nurses of Ontario's (CNO's) three-year Diversity, Equity and Inclusion (DEI) Strategy supports our public protection purpose by addressing bias and discrimination in regulatory processes, and helping advance equity in the broader health care system.

Our DEI journey isn't new. We have developed (and will continue to develop) our cultural awareness and fluency to review processes, policies and practices through a DEI lens and to implement changes that enable a DEI culture. As CNO progresses from the journey to a true trajectory, the DEI Strategy moves CNO beyond awareness and compliance, to a tactical and integrated approach of implementation.

We recognize CNO's DEI work needs to be dynamic and move forward with increased momentum. Our DEI Strategy shifts our focus from a journey of discovery to an organization-wide movement, advancing as a collaborative whole with clear objectives to achieve transformational change. This is underscored by four key actions:

Evolve

Educate

Engage

Evaluate

The title of CNO's DEI Strategy, *Inclusion for All: Nothing About Us, Without Us*, references a concept that has been around for hundreds of years, first as the Latin phrase, "Nihil de nobis, sine nobis." It became a motto for people who wanted a say in how they were governed.

The title of our DEI Strategy links back to CNO's guiding principles, which include our commitment to broadly consult and create diverse, equitable and inclusive spaces for all.

At CNO our strategy is rooted in the principle of **broadly consulting**. We honour the example from the Disability community; the principle of full participation applies to all DEI activities. In an inclusive world, we rely deeply on lived experiences.

Our DEI Strategy is supported by an annual work plan. This plan will ensure we apply an effective equity and anti-racist lens to organizational processes, operations, communications and interactions. Reducing risk and potential harm to the public remains a key goal. We will also reinforce our thought leadership as a bridge to improved health outcomes well beyond 2027.



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

As Ontario's nursing regulator, CNO recognizes our social contract with all Ontarians. **CNO's DEI Strategy** will make health equity a priority by:

- seeking to **understand the perspectives and experiences** of the public, applicants, registrants, CNO employees, external partners and CNO's Council and committees
- implementing **equitable and transparent** policies, practices and processes
- conducting all interactions with **respect and awareness of culture**

OUR APPROACH

CNO’s DEI Strategy is built on a foundation of broadly consulting. This means we reach out to all involved, as well as external interested parties, to understand and reflect the knowledge, perspectives and lived experiences of the internal and external partners who are affected by, and responsible for, the strategy.

We have customized the actions and tactics in our DEI Strategy to our work. The actions are also tailored to the specific constituencies and audiences we serve:



Photo credit: Amanda Soriano



Members of the public who experience health care



Registrants



Applicants



CNO Staff



CNO’s Council (or board) and committees



Relevant External Partners

GUIDING PRINCIPLES

As Canada's largest health care regulator, we have a responsibility and an opportunity to bring greater value to our system partnerships, respond to societal changes and prevent harm from occurring. CNO's DEI Strategy is guided by principles that ensure we stay focused on the fundamental ideas and values that guide our DEI work. They support our commitment to broadly consult and create diverse, equitable inclusive spaces for our staff, the public, registrants, applicants, CNO Council members and relevant external partners to contribute and collaborate.

The DEI Strategy is grounded in our core values (innovation, integrity, collaboration and well-being), and informed by:



BROAD-MINDEDNESS

We openly consider new ways regulators can influence change, and how CNO can model inclusive practices as a trusted and effective organization.



STRENGTHS-BASED PLANNING

Our collaborative approach is rooted in leveraging what we are getting right, while adjusting our approach when needed.



EVIDENCE-INFORMED DECISION-MAKING

We use data from a wide range of sources to inform our decisions.



FORWARD-THINKING

We strategically identify themes, accountabilities and timelines to ensure our approach and actions are fit for the future.



INTENTIONAL ACTION

We are ambitious, aspirational and focused on a clear trajectory that translates vision into action.



CNO will be:

- **fair and equitable**, and this will be the experience of those who interact with us
- **recognized as a leader**, consciously and deliberately modeling an equity lens in our core work
- **trusted**, benefitting from the public's perception of the regulator as approachable, effective and trustworthy
- **transparent, openly sharing successes and challenges** with partners and offering insights from our DEI trajectory
- **at the table**, hosting and participating in conversations about health services needs in underserved communities. This includes conversations for Indigenous Peoples, and promoting cultural safety and acceptance of Indigenous health and healing models, with a specific lens on the 2015 Truth and Reconciliation Commission of Canada health care calls to action



“

This is an important opportunity for CNO to recognize the many ways our system partners' contributions, achievements and lived experiences enrich Ontario's health care system. We will continue to share data-driven insights, experiences and innovations in regulation. These not only enhance our organizational outcomes, but reflect the diverse nature of our communities' lived realities. This DEI Strategy is the blueprint for the type of meaningful action that creates equity, inclusion and societal transformation.

– Silvie Crawford, RN,
Registrar/Executive Director & CEO

”



Photo credit: Alaa Taher

Photo credit: Faiza Omer



Photo credit: Shelby Lisk | CIRA



The DEI Strategy will ensure CNO continues to evolve by:

- building on previous DEI and organizational work to focus on actions that deliver impact
- being agile, with the ability to respond to change informed by evidence, feedback and shifts in public expectations and the health care environment
- modeling a willingness to grow and broaden our perspectives
- continuing to review and update policies and processes based on the best available information and practices
- sharing insights with partners and interested parties to support system change
- identifying and addressing structural barriers to health equity to build public trust
- encouraging personal ownership and responsibility for DEI in our work and interactions

Enabling a culture of DEI is central to CNO's core values. It is an on-going organizational priority, with experienced leadership and dedicated employees united in our commitment to advance DEI.



Photo: CNO | Staff members cleaning up public spaces

CULTURAL AWARENESS AND FLUENCY

CNO completed two years of internally focused DEI work for employees to build cultural awareness and fluency. Getting our "own house" in order allowed our employees to be part of important, broader conversations about equity.



Photo credit: Amanda Soriano

COMMITMENT TO DEI EDUCATION

Education is a game changer when it comes to DEI. CNO's core values- innovation, integrity, collaboration, well-being- enable a culture of diversity, equity and inclusion supported by continuous learning.



Photo credit: Ally Gonzalo



Broadly consulting is our strength; internal and external engagement is a valued CNO practice. We regularly consult on important issues, such as regulation changes, applicant experience, employee experience and the perception of CNO through surveys, focus groups and listening sessions. Broadly consulting also informs this DEI Strategy.

INTERNAL

CNO's Leadership Team completed a Visioning Exercise and Tactics/ Action workshop to help them "step into others' shoes" to consider alternative perspectives.



Photo credit: Alaa Taher

Council members participated in a facilitated discussion to identify actions for doing their work through an inclusion lens.

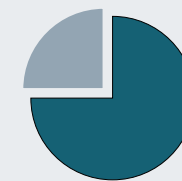


Photo credit: Alaa Taher

Employees were invited to participate in cross-functional team meetings focused on identifying recommendations for integrating DEI into our workplace and achieving our purpose.



Photo: CNO



80%

CNO employees attended a DEI session to provide input

WHAT WE HEARD

- Fairness, equity, transparency and the ability to be authentic at work, but also having a sense of agency, is paramount to a successful work culture.
- Our work will benefit by connecting and building trust with a wider and more diverse group of external partners.
- We should all expect to be heard, valued and play an active role in building a culture of belonging, to enhance CNO's reputation as a trusted and effective organization.

Photo: CNO | Hamlin Grange C.M. presents for Library's Speaker Series



Photo: CNO | Truth and Reconciliation Flag at CNO



The DEI Strategy supports continuous learning to broaden perspectives and support success by:

- seeking and valuing learned and lived experiences, with a focus on resiliency and perseverance
- continuing to identify and offer learning opportunities to develop our cultural fluency, and identify and address bias
- developing leaders to manage a diverse workforce and enable culture
- increasing awareness of societal barriers and changes that affect health care equity and regulation
- bringing subject matter experts, partners and interested parties together to learn from each other through knowledge and experience sharing



CNO's Council members and leaders will participate in an *Intercultural Development Assessment* to measure individual and group progression on the DEI continuum, and to inform development plans.

EXTERNAL

- CNO initiated valuable relationships and consulted with members of **Equity-Deserving Groups** to inform CNO's first Workforce Census of Ontario's nurses.
- We partnered with the **Black Nurses Task Force, Canadian Black Nurses Alliance** and **Pan-Canadian Association of Nurses of African Descent** to develop our first Workforce Census.
- We made important connections with new partners, including the **Indigenous Primary Health Care Council**.
- CNO applied a DEI lens when reaching out to **nurses in remote corners of Ontario** for diverse perspectives on regulation changes.
- CNO joined the **Canadian Centre for Diversity and Inclusion** as an Employer Partner in 2024. Our membership provides CNO with access to CCDI's leading practices, knowledge database, workshops and webinars.
- We engaged with the **Health Professions Regulators of Ontario's Equity, Diversity and Inclusion committee** to share key learnings.

CNO uses a variety of consultation methods to engage with key partners, including finding out how they engage, then creating targeted engagement plans that meet their specific needs.



Photo: CNO | Staff members connecting and learning



The DEI Strategy identifies actions that span key areas of our operations and focus on internal and external audiences. Building trust and strong relationships with relevant system and community partners, and fully understanding the public's needs, will enable this strategy's success. CNO is committed to identifying and broadening our engagement with external partners so we can continue to learn and reflect on a broad range of lived experiences. This is just the beginning.

Actions include:

- committing to serve a variety of audiences—public, nurses and students, as well as CNO's employees, Council and committees
- engaging with those who experience health care, as well as with related and interested parties who share our commitment to DEI
- asking "Who is not at the table?" and "Which voices need to be heard?"
- ensuring we engage with external partners from Equity-Deserving Groups
- continuing to engage with employees to gain insights, feedback and input
- providing ongoing opportunities for employees to learn and support our engagement strategy in a psychologically safe way
- understanding how multiple audiences experience CNO and the role of compassionate regulation, to ensure our purpose and values remain core to the work

DATA AND METRICS MATTER

CNO has the most comprehensive information on nurses in the province. Data and metrics support our Strategic Plan to provide insights through a data-driven approach. Primary and secondary data informed the DEI Strategy.

Primary and secondary data informed the DEI Strategy including:

- a fulsome literature review offered important insights and examples
- results of the *DEI Best Practices Survey* provided a deep dive into the strategies of other regulators
- data from CNO's Workforce Census gave us a better understanding of the demographic composition and experiences of nurses in Ontario
- CNO's 2023 Measuring Trust and System Partner Awareness survey data improved our understanding of the ways the public, nurses and employers experience CNO
- CNO's annual Employee Experience Survey data increased our understanding of staff experiences



EVALUATE



The DEI Strategy is informed by many sources of data and supports an evidence-based approach for identifying actions, accountability and measuring progress. For transparency, we will share data insights to bring partners to the table, make it easy to have conversations and identify opportunities for greater collective impact.

To do this we will:

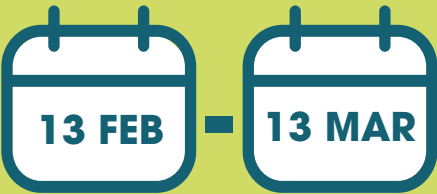
- identify relevant qualitative and quantitative data to collect and support monitoring and evaluation
- consider data we currently collect and new metrics we need to start tracking
- commit to measuring progress year over year, to ensure progression
- ensure each action is grounded in research and critical inquiry
- review or reconsider priorities based on evidence, and adjust as needed
- gather, analyze and interpret data, and disseminate the findings of each evaluation



In 2024, CNO launched the first-ever Workforce Census to approximately 200,000 nurses in Ontario. The results give us a baseline to identify gaps and measure progress for advancing policies that are more equitable and inclusive.

WORKFORCE CENSUS

DATA COLLECTION BETWEEN



2024

RESPONSE RATE



15.4%

of nurses who received an email participated

GENDER IDENTITY

91%

Woman

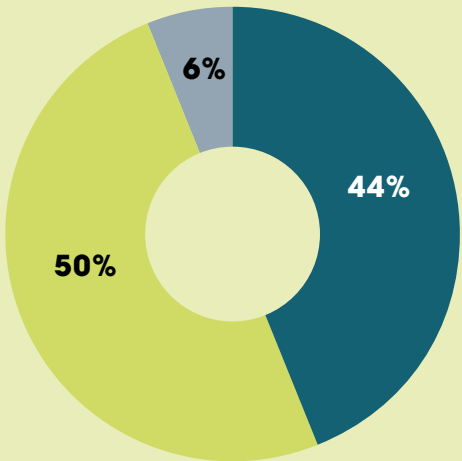
8%

Man

1%

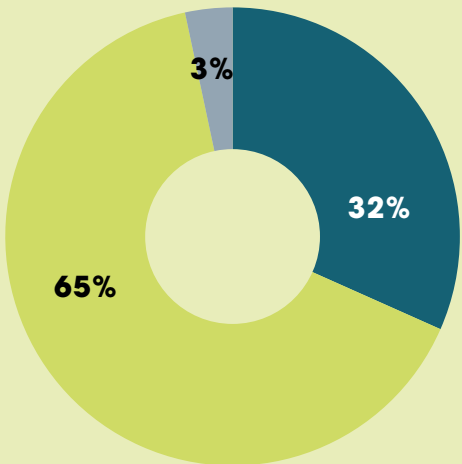
Another gender

<1% of respondents preferred not to answer



ALL SURVEY RESPONDENTS

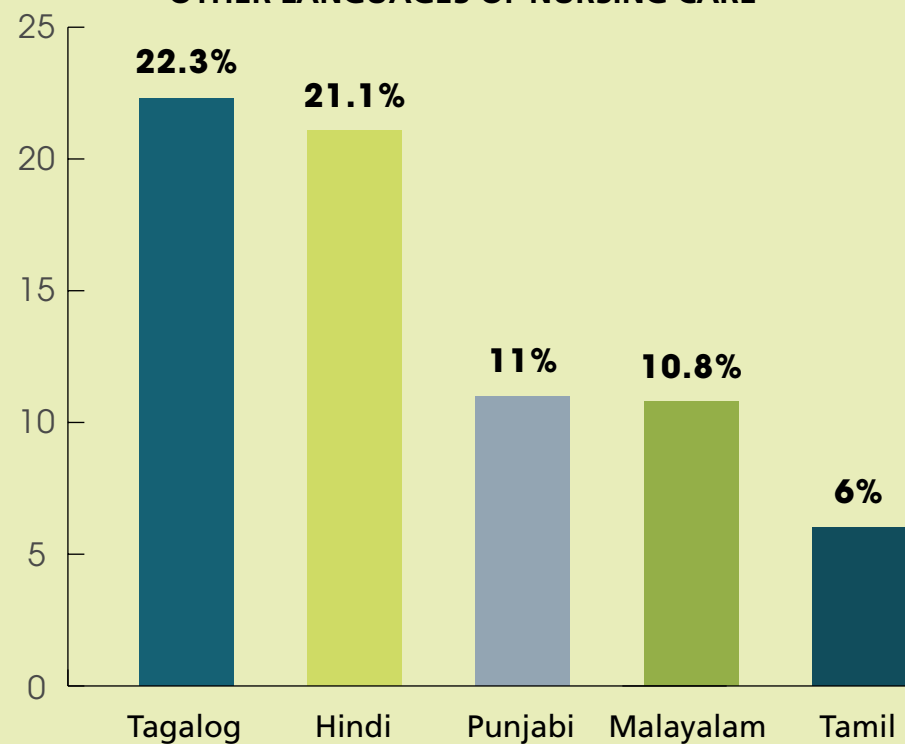
- Equity-deserving groups
- Other respondents
- No demographic data



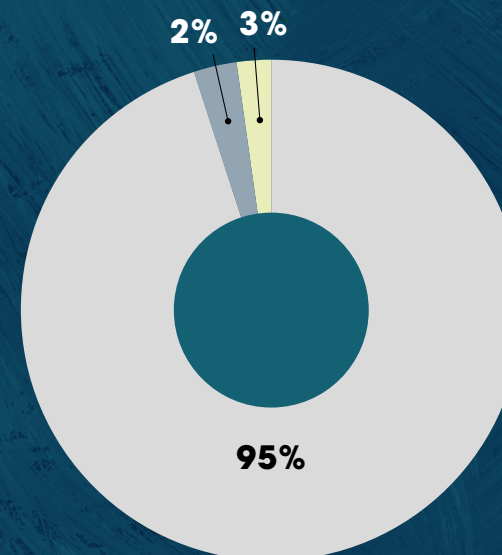
RACE

- White
- Racialized
- Prefer not to answer

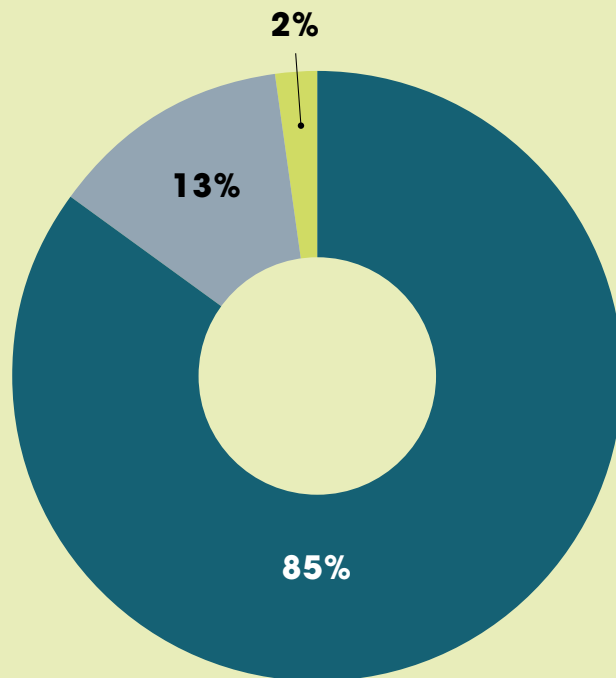


OTHER LANGUAGES OF NURSING CARE

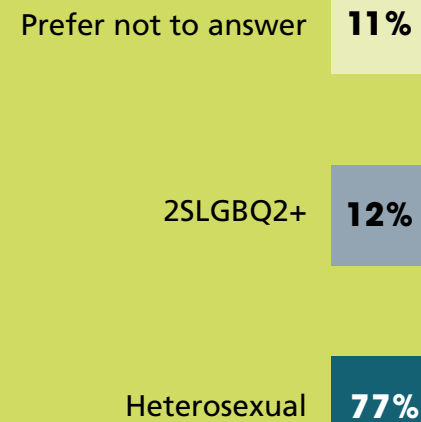
23% of respondents can provide nursing care in another language other than English or French

INDIGENOUS

Not Indigenous
First Nations, Inuit or Métis
Prefer not to answer

DISABILITY

- No
- Yes
- Prefer not to say

SEXUAL ORIENTATION

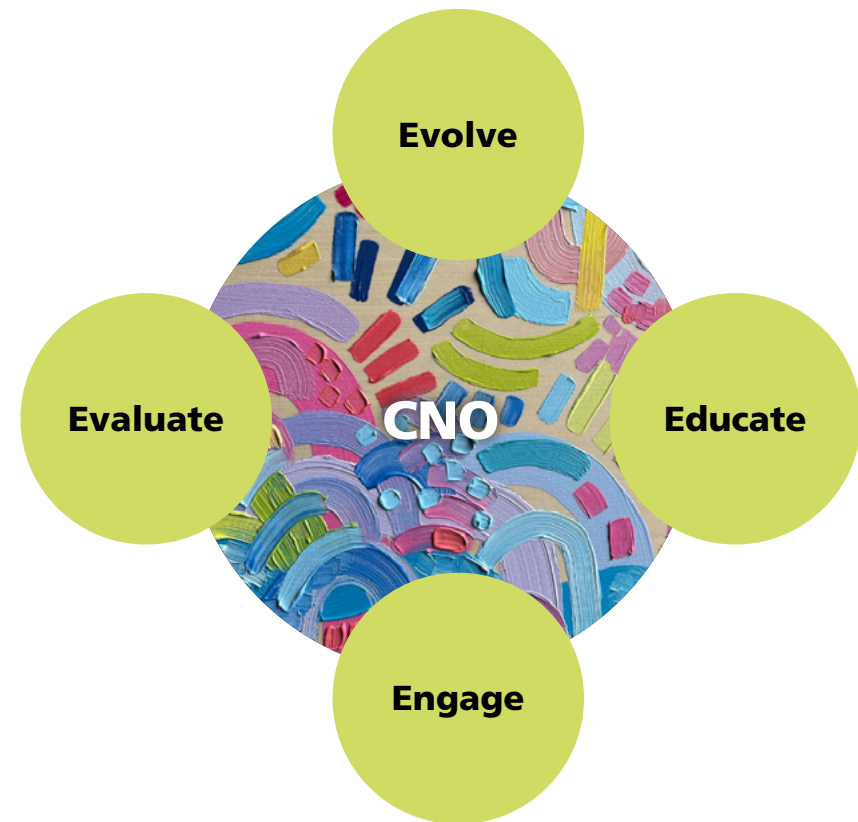
The largest segment of respondents at 6% was a 55-64, White, female, heterosexual, domestically educated, RN, reporting no disabilities



REALIZING THE DEI STRATEGY

The DEI Strategy charts a course for progress by focusing on representation, equitable policies and understanding the changing expectations of the public, to eliminate structural barriers and promote health equity.

Our annual work plan identifies actions by key audiences across CNO and commits to broadly consulting during the next three years to stay focused and relevant.





We will continue seeking to **understand the perspectives and experiences** of applicants, registrants, students, external partners and the public.



CNO will implement **equitable and transparent** policies, practices and processes.



We will continue conducting all interactions with **respect and awareness of culture**.

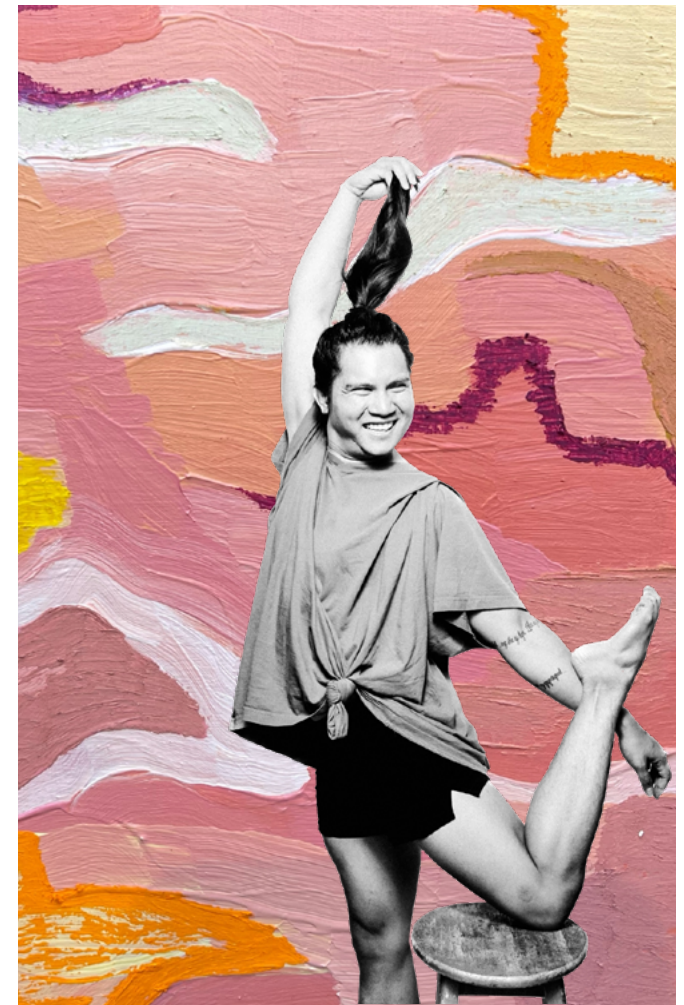


Photo credit: Ally Gonzalo



College of Nurses of Ontario

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

The Council and Committee Code of Conduct Compliance Form must be completed annually by CNO Council and committee members. For Council members, responses are made available to the public in accordance with the College Performance Management Framework requirements.

Council members were asked to confirm the following statements:

Declaration:

1. I have read and understand the Code
2. I commit to meeting the expectations set out in the Code
3. I confirm that I have reviewed the provisions from the *Regulated Health Professions Act, 1991* related to confidentiality and that I will behave in accordance with those requirements

Conflict of interest:

4. I confirm that I have reviewed Article 6 provisions with respect to conflict of interest and confirm to the best of my abilities that my personal or private interests do not conflict with, or cannot reasonably be seen nor perceived to conflict with my responsibilities to CNO
5. I confirm that I do not hold, and have not held any position prohibited¹ within the three years prior to commencing my term of office under Articles 6.10, 6.11, 6.12, or 6.13 of the Code
6. I confirm that I have not been an employee of, or contractor for, CNO for at least one year preceding the commencement of my term of office under Article 6.23

Conflict of interest positions:

A conflict of interest occurs when a member's personal or private interests conflict with, or can reasonably be seen or perceived to conflict with, the member's responsibilities to CNO.

7. If you serve² on any organizations or positions where it is reasonably conceivable that a conflict of interest or bias could arise, or where a reasonable person, knowing of your involvement, might perceive that there could be a conflict of interest or bias, please list the organizations and positions below

Final confirmation and declaration of changes:

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

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

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

2024-2025 Council member responses

Full name	Declaration (1, 2, 3)	No conflict of interest (4, 5, 6)	Possible conflict of interest positions (7)	Final confirmation and declaration of changes (8, 9, 10)
Anyia, Helen	Yes	Yes		Yes
Armitage, Jay	Yes	Yes		Yes
Carpenter, Lynda	Yes	Yes		Yes
Crowder, Timothy	Yes	Yes		Yes
Ding, Jerry	Yes	Yes		Yes
Bliss Donnelly, Lisa	Yes	Yes		Yes
Douglas, Sylvia	Yes	Yes		Yes
Edwards, David	Yes	Yes		Yes
Farag, Joe	Yes	Yes		Yes
Fox, Grace	Yes	Yes		Yes
Fukushima, Tomoko	Yes	Yes	<ul style="list-style-type: none"> University of Toronto, Clinical Instructor 	Yes
Gilchrist, Carly	Yes	Yes		Yes
Hands, Tyler	Yes	Yes		Yes
Hess, Jane	Yes	Yes		Yes
Hogard, Michael Allan	Yes	Yes		Yes
Hourigan, Carly	Yes	Yes		Yes
Ko, Jeffrey	Yes	Yes	<ul style="list-style-type: none"> Niagara College Canada, Professor 	Yes
Krauter, Morgan	Yes	Yes	<ul style="list-style-type: none"> Royal Victoria Regional Health Centre, Chair of the Nurse Practitioners Community of Practice 	Yes
Lamsen, Alexis	Yes	Yes	<ul style="list-style-type: none"> Niagara Region, Manager, Clinical Practice and NP Lead Outreach Program Conestoga College, Professor Mohawk McMaster, Clinical Supervisor Ina Grafton LTCH, Board of Director 	Yes
Larmour, Sandra	Yes	Yes		Yes
Lastimos, Jr., Rodolfo	Yes	Yes		Yes
Leduc, Sylvain	Yes	Yes	<ul style="list-style-type: none"> Sudbury & District Nurse Practitioner Clinic, Board of Directors NP-PHC – Council of Ontario Universities, Course professor, Curriculum Committee 	Yes
MacDougall, Marnie			On leave	
Mathew, Jijo	Yes	Yes	<ul style="list-style-type: none"> We Care4 U Staffing Solution, Owner 	Yes
Mumberson, Christopher	Yes	Yes		Yes
Mutia, Edsel	Yes	Yes		Yes
Oltmann, Lillian (Grace)	Yes	Yes		Yes
Osime, Fidelia	Yes	Yes		Yes
Poonasamy, Lalitha	Yes	Yes		Yes
Rathi, Virender				
Scott, Diane	Yes	Yes		Yes
Sheculski, Maria	Yes	Yes		Yes
Sullivan, Patricia	Yes	Yes		Yes
Thompson, Diane	Yes	Yes		Yes

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