



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

June 4, 2025

Wednesday, June 4, 2025
9:00 a.m. – 4:00 p.m.

[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
	5. Consent Agenda	
9:25 a.m.	5.1 Minutes of March 19 and 20, 2025 Council Meeting 5.2 Approval of the 2024 Annual Report for Forwarding to the Minister of Health 5.3 Appointment of Inquiries, Complaints and Reports Committee Chair 5.4 Statutory Committee Appointments 5.5 2024 Annual Reports of Statutory Committees 5.5.1 Patient Relations Committee 5.5.2 Discipline Committee 5.5.3 Fitness to Practise Committee 5.5.4 Inquiries, Complaints and Reports Committee 5.5.5 Quality Assurance Committee 5.5.6 Registration Committee	Decision

	6. Strategic Items	
9:30 a.m.	6.1 Strategic Plan 2021-2026 Reporting • Organizational Health	Information & Discussion
10:30 a.m.	Break	
10:45 a.m.	6.2 Nursing Education Program Approval	Decision
11:00 a.m.	6.3 RN Prescribing Policy Revision	Decision
	7. Reports	
11:30 a.m.	7.1 Finance & Risk Committee Report and Recommendations 7.1.1 Audited Financial Statements for the Year Ended December 31, 2024 <i>Blair MacKenzie, Hillborn LLP</i> 7.1.2 Unaudited Financial Statements for the Three Months Ended March 31, 2025 7.1.3 Sub-Committee on Compensation Terms of Reference 7.1.4 Proposed Amendments to By-Law No. 1: General Re: Revised Terms of Reference 7.1.5 Proposed Amendments to By-Law No. 2: Fees Re: Interjurisdictional Nurse Licensure, for final approval 7.1.6 Appointment of the Auditors for 2025	Decisions
12:30 p.m.	Lunch	
	8. Governance and Council Operations	
1:30 p.m.	8.1 Nominating Committee Report and Recommendations <i>Naomi Thick, Chair, Nominating Committee</i> 8.1.1 Nominating Committee Terms of Reference	Decisions

	Proposed Amendments to By-Law No. 1: General re: Revised Terms of Reference 8.1.2 Standing Committee Appointments: Conduct, Finance & Risk and Nominating Committees 8.1.3 Appointment of Nominating Committee Chair	
2:30 p.m.	8.2 Appointment of Conduct Committee Chair - Update	Discussion
2:45 p.m.	Break	
3:00 p.m.	9. Agenda Items Added by Council members	
3:15 p.m.	10.CEO Remarks	Discussion
3:45 p.m.	11. Dates of Upcoming Meetings - September 17 & 18, 2025 – Hybrid - December 10 & 11, 2025 – Virtual Dates for Strategic Planning - June 26, 2025 – Virtual - August 19, 2025 – Virtual - October 29, 2025 – In-person	
4:00 p.m.	12. Conclusion	

Information Items:

[Draft Minutes of Executive Committee Meeting of May 15, 2025](#)

[Compensation Principles](#)

[Labour Mobility Updates](#)

Bill 2: Protect Ontario Through Free Trade Within Canada Act, 2025

[Editorial Revisions to Committee Terms of Reference – Executive, Governance, Patient Relations, and Conduct Committees](#)

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



Council Annual Plan

	June 4	Sept. 17, 18	Dec. 10, 11	March 11, 12
	Minutes: March Council	Minutes: June Council	Minutes: September Council	Minutes: December Council
Regular Items	2024 Annual Report - Statutory Committee Annual Reports - CEO Remarks - Executive Committee - Finance & Risk Committee 2024 Audited Financial Statements 2025 Auditor appointment - Finance & Risk Committee Terms of Reference - Sub-Committee on Compensation Terms of Reference - Proposed Amendments to By-Law No. 1: General re: Revised Terms of Reference - Proposed amendments to By-Law No. 2: Fees RE: INL	- CEO Remarks - Executive Committee - Governance Committee - Finance & Risk Committee	- CEO Remarks - Executive Committee - Governance Committee - Finance & Risk Committee - Unaudited year-end Financial Statements	
Strategic Items	- Nursing Education Program Approval (all programs) - Strategic Plan Reporting - Organizational Health - RN Prescribing Update	- Strategic Plan Reporting - Nursing Education Program Approvals - Documentation and Therapeutic Nurse/Client Relationship Standards	2026 Budget - Strategic Plan Reporting - Nursing Education Program Approvals	- Nursing Education Program Approvals - Strategic Plan Reporting

	Minutes: March Council	Minutes: June Council	Minutes: September Council	Minutes: December Council
Regular Items	▪ 2024 Annual Report ▪ Statutory Committee Annual Reports ▪ CEO Remarks ▪ Executive Committee ▪ Finance & Risk Committee ▪ 2024 Audited Financial Statements ▪ 2025 Auditor appointment ▪ Finance & Risk Committee Terms of Reference ▪ Sub-Committee on Compensation Terms of Reference ▪ Proposed Amendments to By-Law No. 1: General re: Revised Terms of Reference ▪ Proposed amendments to By-Law No. 2: Fees RE: INL	▪ CEO Remarks ▪ Executive Committee ▪ Governance Committee ▪ Finance & Risk Committee	▪ CEO Remarks ▪ Executive Committee ▪ Governance Committee ▪ Finance & Risk Committee	▪ CEO Remarks ▪ Executive Committee ▪ Governance Committee ▪ Finance & Risk Committee ▪ Unaudited year-end Financial Statements
Governance & Council Operations	▪ Nominating Committee Report ▪ Nominating Committee Terms of Reference ▪ Proposed Amendments to By-Law No. 1: General re: Revised Terms of Reference ▪ Standing Committee Member Appointments ▪ Appointment of Nominating Committee Chair ▪ Appointment of Conduct Committee Chair – update	▪ Dates of Council meetings in 2026 ▪ Appointment of Chair of Conduct Committee	▪ Proposed Revisions to the Stipend Policy ▪ Proposed Revisions to the Expense Policy	▪ Appointments: ▪ Confirmation of Statutory Committee Members ▪ Statutory Committee members and Chairs ▪ Sub-Committee on Compensation and Chair ▪ Council Development Plan (06/2026 through 03/2026) ▪ Executive Committee Election
Council Development	Orientation for All Council members: Governance and Regulation	Orientation to Council evaluation process	Orientation to CNO's finance and enterprise risk management	Council evaluation findings, improvement opportunities

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

March 19 and 20, 2025

Present

P. Sullivan, Chair	C. Gilchrist	E. Mutia
H. Anyia	T. Hands	G. Oltmann
P. Carmichael Pilon	J. Hess	F. Osime
J. Ding	M. Hogard	L. Poonasamy
L. Donnelly	J. Ko	D. Scott
S. Douglas	S. Larmour	M. Sheculski
G. Fox	R. Lastimoso Jr.	W. Stryker
T. Fukushima	C. Mumberson	D. Thompson

Regrets

L. Carpenter	S. Leduc	S. Wilson
T. Crowder	J. Mathew	R. Burke
D. Edwards	K. Wagg	A. Lamsen
C. Hourigan		
M. Krauter		

Guests

N. Thick, Chair, Nominating Committee
S. Yun, Sarah Yun Law

Land Acknowledgement

J. Ding shared a Land Acknowledgement statement.

Agenda

The agenda had been circulated.

P. Sullivan noted that the agenda has been revised.

Motion 1

Moved by M. Sheculski, seconded by T. Fukushima,

That the revised agenda for the Council meeting of March 19 and 20, 2025 be accepted as circulated.

CARRIED

Conflicts of interest

P. Sullivan noted that all Council members have completed the annual process of declaring:

- their commitment to follow the [Council and Committee Code of Conduct](#) and
- identifying any positions they hold that they believe might result in them having to declare a conflict of interest.

Council members were referred to the summary of Council member responses attached to the package and asked to provide any updates.

P. Sullivan asked that Council members review the agenda and declare if they have conflicts of interest for any of the items.

None declared.

Consent Agenda

P. Sullivan introduced the consent agenda. It was 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 J. Ko, seconded by J. Ding,

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

That the Minutes of Council Meeting of September 25, 2024, be approved as circulated.

That the Revised Minutes of Council Meeting of June 6, 2024, be approved as circulated.

That the Minutes of Executive Committee Meeting of November 14, 2024, be approved as circulated.

That the Minutes of Executive Committee Meeting of December 5, 2024, be approved as circulated.

That the following statutory committee appointments be confirmed:

- Amy Vandekemp, RPN, as an appointed committee member to the Inquiries, Complaints and Reports Committee (ICRC) until June 2026¹;
- Randy (Randall) Burke, Patti (Patricia) Carmichael Pilon and Shari Wilson to the Discipline & Fitness to Practise committees;
- Wes Stryker to the Inquiries, Complaints and Reports Committee; and
- Shari Wilson to the Registration Committee.

That the following 2025-2026 statutory committee chairs be appointed:

Discipline & Fitness to Practise	M. Hogard
Quality Assurance	H. Anyia
Registration	F. Osime

That Bob Canuel be reappointed as a member of the Sub-Committee on Compensation until June 2028.

That Joe Nunes be appointed as the 2025-2026 chair of the Sub-Committee on Compensation.

That preliminary approval to Fanshawe College for its Honours Bachelor of Science in Nursing and Honours Bachelor of Science in Nursing – RPN to BScN Completion Pathway programs as outlined in Attachment 1 is provided.

That the Ontario Internationally Educated Nurses Course Consortium's IEN Transition to Practice (TTP) Course be approved.

CARRIED

¹ When a nurse is appointed to fill a vacancy they complete the term of the previous incumbent, which in this case ends June 2026.

Draft minutes of the Executive Committee meeting of February 20, 2025 were received for information.

Election of Executive

P. Sullivan informed Council that, in accordance with By-Laws, Naomi Thick, Chair of the Nominating Committee will chair the election of the 2025-2026 Executive Committee. Council members had received a briefing, including profiles from candidates.

N. Thick assumed the role of Chair. Following the processes set out in by-law, Council elected the following members of the Executive Committee:

Rodolfo Lastimoso Jr., RPN, President

Jerry Ding, RN, Vice-President

Michael Hogard, RPN, Vice-President

Maria Sheculski, Public Member

Diane Thompson, Public Member

P. Sullivan assumed the Chair.

Report of the Nominating Committee

N. Thick presented the report of the Nominating Committee to Council. Council had received a copy of the written report.

Council Elections

N. Thick provided Council with an update regarding Council elections. She noted that results were confirmed, and candidates declared in accordance with the by-laws. She added that the candidate profiles reflected the shift to a competency-based election process, following work by the Nominating Committee and Council to update Council competencies and attributes.

Nominating Committee Terms of Reference

N. Thick identified that in June 2024, Council approved updates to simplify the Nominating Committee's membership composition. Council expressed continued support for the revised Nominating Committee Terms of Reference and associated by-law amendments, which will be brought forward for approval at the June Council meeting.

Statutory Committee Appointments

N. Thick noted that the Nominating Committee is recommending statutory committee appointments, which includes recommendations regarding the appointment of new Council members and recommendations for appointment of non-Council statutory committee members. She noted that the non-Council members were selected based on an assessment against the revised statutory committee member competencies approved by Council in September 2023.

Motion 3

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

That Council and committee members be appointed to statutory committees, effective June 4, 2025, as outlined in the committee appointment list presented by the Nominating Committee to Council on March 19, 2025.

CARRIED

A brief discussion ensued regarding the development of evaluation frameworks for statutory committee members to assess their engagement and contributions. There was a commitment from the committee to ensure they stay alert to any possibility of biases in the processes and/or practices. Council acknowledged the value of the discussion, noting the importance of continued dialogue on these topics.

N. Thick left the meeting.

National Nurse Practitioner Regulation Framework: Public Consultation Feedback and Decision

Council received briefing materials, including proposed draft changes to regulations. S. Yun, legal counsel, E. Tilley, Manager, Regulatory Policy and L. Mathias, Strategy Consultant, joined the meeting.

P. Sullivan noted that in September 2024, Council approved draft regulation amendments to implement a new national framework for regulating Nurse Practitioners for circulation to registrants and system partners for feedback. She shared that this framework would move Ontario to registering one classification of Nurse Practitioners – to align with other regulators who will also be making this change across Canada.

S. Crawford highlighted that following Council's decision in September, CNO launched a 60-day public consultation to gather feedback from registrants and system partners on the proposed regulation changes. CNO has also engaged with various system partners, including academic partners, employers, Ontario regulators, associations, the Ministry of Health, the Office of the Fairness Commissioner, and the Citizen Advisory Group, through targeted discussions to further understand the potential impact of these changes.

L. Mathias, Strategy Consultant, highlighted the proposed changes to regulations that are needed to implement the proposed national Nurse Practitioner framework.

S. Crawford noted that Council will receive ongoing updates as implementation progresses, and that CNO remains committed to working closely with system partners to support a smooth transition.

Motion 4

Moved by D. Scott., seconded by C. Gilchrist,

That Council approve the proposed amendments to O. Reg 275/94: General and O. Reg 196/23: Exemption – Restricted Titles under the *Nursing Act, 1991*, as set out in Attachment 1 in this decision note, and direct that the proposed amendments be submitted to Government.

CARRIED

Report of the Finance & Risk Committee

Council had received the report of the Finance & Risk Committee meeting of February 20, 2025. T. Fukushima chaired the meeting and highlighted the report.

Financial Statements

Council had received the unaudited financial statements for the year ended December 31, 2024.

Motion 5

Moved by T. Fukushima, seconded by E. Mutia,

That Council accept the unaudited financial statements for the year ending December 31, 2024.

CARRIED

Amendments to By-Law No. 2: Fees regarding Interjurisdictional Nurse Licensure

Council received notice of the proposed by-law amendments to support changes in nursing education regulation and the implementation of Interjurisdictional Nurse Licensure (INL).

The proposed amendments are recommended for circulation and will return to Council for final decision in June 2025.

Motion 6

Moved by T. Fukushima, seconded by C. Gilchrist,

That Council approve amendments to By-Law No. 2: Fees, as they appear in Attachment 3 to this report, for circulation.

CARRIED

Amendments to By-Law No. 2: Fees regarding the education requirement, for final approval. T. Fukushima highlighted that revisions to By-Law No. 2: Fees are required to align with upcoming nursing education regulation changes taking effect April 1, 2025. With Executive Committee approval, the proposed amendments were circulated for a 60-day consultation period beginning December 8, 2024.

The Finance & Risk Committee reviewed feedback from approximately 5,500 respondents and agreed that the changes are equitable and promote fairness.

Motion 7

Moved by Tomoko, seconded by S. Lamour,

That Council approve amendments to By-Law No. 2: Fees, as they appear in Attachment 4 to this report, effective April 1, 2025.

CARRIED

Strategic Plan Reporting

Council received an update on the implementation of the current Strategic Plan, with progress reported up to December 31, 2024. The plan remains in effect until the end of 2026, with development of the next plan beginning this year for launch in 2027.

Council engaged in a discussion and acknowledged the progress made, noting that some projects had evolved, particularly those tied to broader technology strategies. There was agreement on the importance of integrating new initiatives, such as those related to Interjurisdictional Licensure and the National Nurse Practitioner Framework, into future planning. Council posed questions around establishing and reporting on baseline data, specifically for metrics related to trust and applicant experience.

Trust was identified as an ongoing area of focus, particularly in relation to public perception. Council emphasized the need for clear engagement strategies and more innovative methods to assess impact.

S. Crawford stated that CNO's engagement efforts and strengthening strategic partnerships have been a key focus of our work. She also shared that CNO will continue to refine its performance measures and engagement strategies, especially as it begins work on the development of the next Strategic Plan.

Recess

Council recessed at 4:00 p.m. to reconvene at 9:00 a.m. on Thursday, March 20, 2025.

Thursday, March 20, 2025

CEO Opening Remarks

S. Crawford provided opening remarks. She highlighted CNO's recent engagement efforts across the province, including activities at the Thunder Bay Regional Health Sciences Centre. It was noted that northern regions, such as Thunder Bay, continue to face health human resource challenges, which were acknowledged in discussions with healthcare leaders.

Council was informed of the importance of proactive and responsive engagement, emphasizing collaboration with employers, nurses, and system partners. S. Crawford identified the efforts being made to avoid engagement fatigue by prioritizing meaningful interactions, aligning efforts with shifting health system dynamics, and focusing on mutuality, especially in engagements with Indigenous communities.

Council posed questions regarding fast-tracking U.S. applicants and education equivalency. S. Crawford reminded Council that new nursing education regulation changes will come into effect on April 1, 2025, supporting greater access for internationally educated applicants.

Scope of Practice and Medication Standard Revisions

Council received briefing materials, including proposed draft revisions to the Scope of Practice and Medication Standards. E. Tilley, Manager, Regulatory Policy and A. Nowell, Strategy Consultant, joined the meeting.

P. Sullivan provided a summary of the briefing note noting that the proposed revisions intend to address limitations in the current standards, which require an order from a specified health professional before administering any medication—an expectation that is more restrictive than what is permitted under legislation. She also highlighted changes to the scopes of practice of other health professionals, reinforcing the need to modernize CNO's standards to improve access to care and support nursing practice.

E. Tilley emphasized that the revisions are designed to provide greater flexibility while maintaining safe and accountable nursing practice. She also noted that a communications and engagement plan is ready to launch, pending Council's approval.

During discussion, Council members identified the importance of clear and practical guidance to support implementation. E. Tilley confirmed that guidance would be included and reiterated the importance of avoiding overly prescriptive language.

Motion 8

Moved by D. Edwards, seconded by H. Anyia,

That Council approve the revisions to the Medication standard as they appear in Attachment 1 to the briefing note.

CARRIED

Motion 9

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

That Council approve the revisions to the Scope of Practice standard as they appear in attachment 2 to the briefing note.

CARRIED

Terms of Reference

R. Singh, Governance Consultant, joined the meeting.

Council received the drafts of the Terms of Reference for the Executive, Governance, and Patient Relations committees.

P. Sullivan reminded Council of the need for greater clarity around committee accountabilities and functions such as governance best practice. She identified that while no new committees would be established, the distinct Terms of Reference for the Executive, Governance, and Patient Relations committees would better reflect their respective responsibilities.

Motion 10

Moved by G. Oltmann, seconded by L. Donelly,

That the draft proposed terms of reference for the Executive Committee, the Governance Committee and the Patient Relations Committee, as they appear in

attachments 2, 3 and 4 to the briefing note, be approved to come into effect on June 4, 2025.

CARRIED

Conduct Committee Terms of Reference and Chair

A. Tong, Strategy Consultant, and S. Yun, Legal Counsel, joined the meeting.

P. Sullivan shared that in September 2024, Council approved Article 16: Code of Conduct Proceedings of By-Law No. 3: Council and Committee Code of Conduct. She noted that in order to align with the revised process set out in the by-law, updates have been made to the Conduct Committee Terms of Reference, which will allow for the appointment of a new Conduct Committee in June 2025.

Motion 11

Moved by L. Donelly, seconded by D. Edwards,

That Council approve the revised Conduct Committee Terms of Reference as they appear in Attachment 1 of this briefing note.

CARRIED

Motion 12

Moved by J. Hess, seconded by W. Stryker,

That Council approve staff conducting a search for the legal firm to act in the role of Conduct Committee Chair. Such search is to be based on the criteria discussed and will result in a recommendation being brought to Council with supporting rationale.

CARRIED

Proposed Amendments to By-law No. 1: General

Council received briefing materials related to the proposed amendments to By-Law No. 1: General in relation to the Patient Relations, Governance and Conduct Committee terms of reference. S. Yun highlighted that these amendments would ensure alignment with the Terms of Reference that have just been approved by Council.

Motion 13

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

That Council approve amendments to By-Law No. 1: General to come into effect on June 4, 2025, as they appear in Column 1 of attachment 1 to this decision note.

CARRIED

Council Role Descriptions

A. Vrachidis, Manager, Governance and External Relations joined the meeting. Council received a briefing note, the draft role statements, and a summary table outlining the key aspects, rationale, and findings from a literature review and environmental scan of governance practices in other organizations.

Motion 14

Moved by R. Lastimoso Jr., seconded by G. Oltmann,

That the Council Purpose and Role, Council Member Role and Council Chair Role as they appear in Attachments 2, 3 and 4, be approved.

CARRIED

A. Vrachidis confirmed the next steps will include updating the documents and notifying Council once these role descriptions have been incorporated into the Governance Manual.

Council Development Plan

Council had received a briefing note outlining possible topics for Council development in 2025. There was support for the proposed topics, including particular interest in Council's role in strategic planning.

CEO Closing Remarks

S. Crawford expressed appreciation to Council for their engagement.

She noted that Council's ongoing work will support the development of a new strategic plan and a third-party Council evaluation, both of which will guide future direction. The upcoming implementation of a single Nurse Practitioner classification in Ontario was highlighted as a significant milestone.

S. Crawford shared that CNO remains focused on supporting the nursing workforce and regulatory innovation, including enhancing labour mobility, streamlining registration for internationally educated nurses, and integrating tools like the Nursys database to support planning and mobility. She identified that these priorities align closely with the recent federal report, *Caring for Canadians: Canada's Future Health Workforce*, released by Health Canada in January 2025.

S. Crawford reflected on Council's ongoing focus on enhancing governance. She noted that Council will see the results of its work reflected in CNO's response to the 2024 College Performance Measurement Framework (CPMF).

Council members were invited to share topics that would enhance their effectiveness, to better inform future support. Council discussed CNO's engagement efforts, with a specific question around academic partnerships to support IENs. Clarification was provided to Council regarding program approval requirements, and it was noted that an academic reference group is in place to support dialogue.

Next Meeting

P. Sullivan noted that the first meeting of 2025-2026 Council will take place in early June. She noted that it will be a hybrid meeting, and all members are encouraged to attend in-person, if possible.

Conclusion

At 12:00 p.m. on conclusion of the agenda.

Motion 15

Moved by S. Larmour, seconded by D. Scott,

That the March 2025 Council meeting conclude.

CARRIED

Approval of the 2024 Annual Report for Submission to the Minister of Health

Decision note – June 2025 Council

Contact for questions or more information

Silvie Crawford, Registrar/Executive Director & CEO

Purpose and action required

The purpose of this discussion is to meet the statutory accountability of providing CNO's Annual Report to the Minister of Health¹ and to approve the Annual Report and Audited Financial Statements so they can be made publicly available on CNO's website.

Motion:

That Council approve the 2024 Annual Report, as it appears attached to this decision note, for forwarding to the Minister of Health.

Background

Attached is the 2024 Annual Report: Building Better Together.

The Annual Report is an operational accountability that is presented to Council each year for information. Council is also asked to approve the submission of the report to the Minister of Health.

Attachment

2024 Annual Report: Building Better Together

¹ S.6 of the *Regulated Health Professions Act* requires that Colleges report annually to the Minister of Health.



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



Building Better Together

2024 Annual Report

Contents

We are CNO	3
What do we do?	3
Nurses in Ontario in 2024	4
President's message	5
Registrar/Executive Director and CEO's message	6
Transforming through the strength of collaboration	7
Modernizing the registration process to support health system needs	8
Enhancing labour mobility while supporting safe nursing practice	11
A multi-partner database to support safe care	12
Leading in patient safety	14
Summary Financial Statements	15

Building Better Together: 2024 Annual Report

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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.

We are CNO

We are the College of Nurses of Ontario (CNO), and we protect the public by promoting safe nursing practice.

What do we do?



We set the requirements for becoming a nurse in Ontario.



We inform nurses of their accountabilities and tell you what you can expect from nurses.



We respond to your concerns about nurses' conduct, competence and health.



We ensure nurses engage in continuous quality improvement throughout their careers.

Nurses in Ontario in 2024



195,334

total number of practicing nurses*

128,082

Registered Nurses
(RNs)

60,136

Registered Practical
Nurses (RPNs)

5,435

Nurse Practitioners
(NPs)

1,681

dual registrants
(RN and RPN)

*As of December 31, 2024.



President's message

In reflecting on 2024, I am pleased to highlight the progress and accomplishments that demonstrate Council's commitment to excellence in nursing regulation, practice and governance.

In 2024, Council advanced its strategic priorities and evidence-based decisions using insights from CNO's system partner trust and awareness survey, workforce census and three-year diversity, equity and inclusion (DEI) strategy. This ensures our ability to create and sustain an inclusive environment while considering regulations, policies and practices that reflect the diverse communities we serve.

We aligned our governance practices with DEI goals by updating the *Council and Committee Code of Conduct*, terms of references and associated policies and practices. This resulted in our first competency-based Council election and statutory committee selection process, which supported a diverse, skilled and engaged Council and committee membership. Council also implemented recommendations from our third-party evaluation of the Executive Committee and quarterly evaluation feedback from Council members.

Council achievements that stand out for me include

- approving enhanced new regulations that improve access to registration for qualified applicants, including internationally educated nurses
- endorsing a new national NP regulation framework
- engaging in discussions on labour mobility and interjurisdictional nurse licensure
- approving a new and updated practice standard for discontinuing or declining care

These initiatives ensure CNO's regulatory practices remain responsive to the evolving needs of the nursing profession and the public. They also demonstrate CNO's thought leadership at the provincial, national and international level.

It has been a privilege to serve as Council President. I am grateful for the exceptional efforts made by staff, system partners and Council, to protect the public by promoting safe nursing practice. Together, we are shaping the future of nursing regulation and practice, ensuring we meet the highest standards of public trust and safety.

Thank you for your continued support as we advance this important work.

Patricia Sullivan, RN, BScN, MPA, PMP

Council President (June 2023–June 2025)

Find out more

- **Find more about your Council:** cno.org/council
- **Read about CNO's committees:** cno.org/committees
- **Find discipline decisions:** [Find a Nurse](#) and cno.org



Registrar/Executive Director and CEO's message

In 2024, our engagement with a broader, more diverse group of system partners reaffirmed collaboration is an essential part of our approach and embedded in every aspect of our work. Collaboration is a core value at CNO, guiding our approach to nursing regulation in Ontario and ensuring safe, ethical care for the public. It always has been fundamental to advancing patient safety, supporting safe nursing care and strengthening health human resources. As a nurse and as CEO, I have seen firsthand the profound impact of collaboration in driving meaningful change.

CNO actively collaborates with governments at all levels to strengthen patient care. In 2024, collaborating with both provincial and national governments enhanced our responsiveness to public safety initiatives, recognizing that patient safety goes beyond Ontario's borders. Engaging with other nursing regulators across Canada fostered shared learning and generated valuable insights that strengthen the profession.

System influence is an important outcome of collaboration that is embedded in CNO's *Strategic Plan 2021–2026*. While our role in supporting patient safety is vital, we recognize that it exists within the larger health care system. We also recognize our unique opportunity to influence and shape the system in ways that advance patient safety and strengthen public trust. This means working with other patient care partners and fostering partnerships that create meaningful, sustainable impacts across the health care system.

As Canada's largest health regulator, we leverage insights to inform decision-making within our organization and across the health care system. By fostering a data-driven culture, we ensure evidence-based decisions that enhance patient care, while balancing data with real world context. Our ability to generate and apply meaningful insights allows us to positively influence the system, drive meaningful change and uphold the highest standards in health care regulation.

In the report, you will read about two national initiatives that exemplify CNO's leadership in public safety: Nursys® in Canada, an online registration and discipline information portal for regulators, and Interjurisdictional Nurse Licensure, which supports nurse mobility across jurisdictions.

In 2024, collaboration with our partners in safety reinforced CNO's role as a trusted system partner. Throughout the year, CNO staff engaged with diverse groups across Ontario, Canada and internationally, delivering presentations on key patient safety topics. We are grateful for the opportunity to share insights and foster meaningful discussions with esteemed committees and organizations, including the Nursing and Midwifery Council in the UK, the Principal Nursing Advisors Task Force, Indigenous Services Canada, Canadian Institute for Health Information, Health Workforce Canada and the International Congress of Nursing Regulators. We also shared insights and received feedback from our registrants and other system partners through public consultations—in 2024 we hosted 22 external surveys, which received 19,851 responses.

Looking ahead, our long-term success will be defined by our continued ability to drive meaningful impact in public safety through collaboration. In 2024, we built strong momentum. In 2025, we will strengthen our leadership further, expand the impact of our partnerships and continue shaping the future of health care.

Silvie Crawford, RN, BHScN, LLM (Health Law)
Registrar/Executive Director and CEO

Transforming through the strength of collaboration

Supporting health workforce planning and growth is an increasing area of focus for Canada's provincial, territorial and federal governments, as well as for a broader group of health care partners who support the system's ability to meet Canadians' needs—partners like CNO.

In 2024, we were one of many purposeful system partners engaged in innovative collaborations to assist with health human resources and ensure safe nursing care. Our collaborative culture emphasizes the need for a shared focus on public protection, and our staff, with a wealth of expertise, share a collective pride in making a difference.

Throughout the year, we strengthened partnerships provincially, nationally and internationally, aligning CNO's organizational priorities to seize opportunities for supporting health care in Ontario and across Canada.

Our work rarely occurs in isolation—it takes a collective effort to support safe nursing practice and patient safety. Our partnerships, in 2024, led to meaningful changes and transformed our work into impactful solutions to support adequate health human resources and safe nursing practice. This also led to CNO being recognized as a trusted system partner, something we will continue to build on in 2025.

Engaging with partners

Number of consultations and surveys:

22

Number of responses:

19,851

Modernizing the registration process to support health system needs

In 2024, CNO continued to tackle the issue of registering more applicants to address health human resource challenges *while* maintaining high standards of patient safety. We made significant changes to the registration requirements for nursing applicants in Ontario. These updates were a major part of CNO's ongoing efforts to modernize the process for assessing and registering nursing applicants in Ontario. They enhance CNO's registration process for internationally educated applicants and support a smoother transition to nursing practice in Ontario.

The changes include updating the nursing education registration requirement and adding a new Transition to Practice requirement. Together, these enhancements streamline the registration process and strengthen support for internationally educated applicants. The regulation changes went into effect on April 1, 2025.

"These changes were designed carefully to maintain the highest standards of patient safety," said Silvie Crawford, Registrar/Executive Director of CNO. "They reflect CNO's commitment to ensuring application processes are fair and inclusive and contribute to supporting safe nursing care in Ontario."

Empowering RNs to prescribe: A new era in nursing practice

In 2024, CNO took a groundbreaking step by authorizing RNs in Ontario to prescribe certain medications and communicate diagnoses for prescribing purposes. This initiative marks significant enhancements in RN nursing practice, fostering accessible health care to better meet the needs of communities throughout Ontario. By the end of 2024, 484 RNs gained the authority to prescribe.



"It's really rewarding to be able to prescribe and save our patients some time. Why not expand so our patients have easier access to vaccines and certain medications they need in a timely way?"

Cyril Lee Turley, RN, St. Joseph's Continuing Care Centre, Sudbury
First RN authorized to prescribe



Workforce Census: Paving the way for equity in nursing

CNO reached a historic milestone with the completion of its first-ever Workforce Census of Ontario's nurses. Sent to every nurse in the province, this initiative collected data from 31,000 nurses, offering invaluable insights into the profession and setting the stage for meaningful change in Ontario's health care system.

The findings will guide our efforts to remove barriers in health care, advance diversity and implement equitable policies for nurses. This data not only provides a clearer picture of the challenges nurses face but also informs strategies to combat systemic biases.

Our vision of equity is supported by collaboration with equity-deserving groups, including the Canadian Black Nurses Alliance (CBNA), Indigenous Primary Health Care Council, Black Nurses Task Force and Pan-Canadian Association of Nurses of African Descent. Their efforts were critical in shaping the census and ensuring it asked the right questions to gather the most impactful data.

"Without empirical data, change and the measurement of its impact are impossible. This is an opportunity to substantiate the disparities and discrimination members experience, paving the way for systemic change."

Ovie Onagbeboma, RN, and CEO, CBNA

Updated education requirement

We revised the requirement to accept nursing education recognized or approved in any jurisdiction—Ontario, Canada or international—if the education was designed to prepare the applicant for the category they are applying to, and if it met the credentials required (RN applicants need a nursing baccalaureate and RPN applicants need a nursing diploma). Based on our data, this regulation change will allow 80% of internationally educated applicants to meet the new education requirement. We will continue to support applicants with these changes.



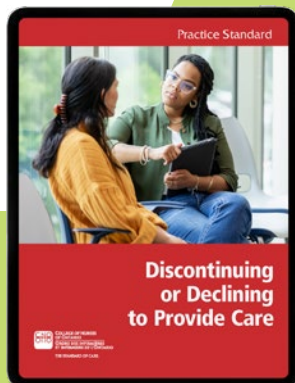
Transition to Practice requirement

We introduced this requirement to support successful integration into the health care system. The new requirement, which applies to all nursing applicants, ensures that applicants are familiar with the competencies specific to practice in Canada. Many will meet the requirement through their already existing education or registration. Internationally educated applicants will meet the requirement by completing a Transition to Practice course that CNO approves. The course, offered by several academic institutions, covers 31 critical safety competencies to ensure applicants are aware of their accountabilities crucial to patient safety as they enter practice in Ontario.

“Meeting this requirement supports aspiring nurses in their practice, while upholding CNO’s commitment to public safety. It will equip applicants with the specialized knowledge they need to ensure they understand the responsibilities and expectations of nursing within Ontario’s unique health care environment,” added Crawford. “Applicants showing the

needed nursing knowledge, skill and judgment to practice safely will contribute to Ontario’s health care system and enrich our workforce.”

We worked with a variety of system partners across the province on developing these changes. These included the Ministry of Health, which approved the regulation changes in November 2024, and academic institutions, who we collaborated with on the new Transition to Practice course. We also wanted input from all community partners. We asked the public for feedback on the regulations and shared the changes with nursing associations and unions, plus employers, academics, nurses, applicants and other health care regulators.



A collaborative example toward safe nursing care

CNO developed a new practice standard, *Discontinuing or Declining to Provide Care*, that helps nurses understand their professional accountabilities in specific circumstances related to discontinuing or declining to provide nursing care.

We worked closely with nurses, other health care system partners and the public, to gather diverse perspectives. This collaborative approach ensures the development of a comprehensive, practical and relevant practice standard, reinforcing that public protection is truly a collective effort.



Enhancing labour mobility while supporting safe nursing practice

Nurses often register and work in one jurisdiction. But what happens when they want to remain registered in their original jurisdiction, while also registering elsewhere to work in a new province or territory? In 2024, we started making it more efficient for nurses to do just that: maintain registration in multiple Canadian jurisdictions. This initiative, known as Interjurisdictional Nurse Licensure (INL), aims to reduce duplicating regulatory requirements and promote nurses' ability to practice across provinces and territories, supporting health care systems across Canada.

We are collaborating with national nursing regulators, through the Canadian Nurse Regulators Collaborative (CNRC), on this initiative, with the shared goal of enhancing labour mobility in Canada. The CNRC is a collective of individual nursing regulators from across Canada. Together, we support collaboration to advance regulatory excellence across Canada. This proactive pan-Canadian approach supports nurses and strengthens the overall health care system. Implementing INL enhances patient safety and contributes to a mobile nursing profession.

"We understand the strategic importance of working together with other regulators for collective impact and quickly adapting to shifting demands in the health care system while ensuring public safety," said Crawford.

So how will it work? A nurse can hold registration in two or more Canadian jurisdictions at the same time. Their "home" jurisdiction is the Canadian jurisdiction where they are initially registered as a nurse and where they physically reside for tax purposes. The "host" jurisdictions are the other Canadian jurisdictions where nurses can register to practice.

We are implementing INL in 2025 and continue to work with other regulators and health system partners to support nurse mobility.

3,001

nurses held an additional registration in another jurisdiction while registered in Ontario in 2024.



A multi-partner database to support safe care

Nurses move across our country to practice, registering in new jurisdictions and providing safe patient care where they are needed the most. This movement helps health human resources and supports the health system's ability to meet Canadians' needs.

In the past, Canadian regulators relied on several ways to confirm registration, including reviewing information nurses provided and contacting each jurisdiction where a nurse indicated they had practiced, to review regulatory information, such as disciplinary records. The manual system was time consuming and could result in a risk to public safety due to data integrity, particularly if a nurse did not disclose all relevant information, such as the jurisdictions in which they had worked. Nursys® in Canada is changing that.

Nursys in Canada is an online data portal for nursing regulators across Canada to share registration and discipline information. This will enhance patient safety, create consistency in data collection, management and reporting and improve health human resource information.

"Nursys in Canada is a transformative tool with significant benefits for the public and the health care system. For the public, it strengthens safety by allowing nursing regulators efficiently to verify a nurse's registration and practice eligibility across jurisdictions. For the health care system, it will streamline licensure/registration verification processes, making it easier for nurses to begin working across jurisdictions," said Brent Knowles, Director, Analytics and Research at CNO.

"It will also improve the accuracy of data on nurse mobility and workforce distribution, supporting better decision-making for governments, regulators and employers. Overall, it's a critical step forward for both public safety and health system efficiency."

It takes a collective effort to implement a national system like this. We partnered with the British Columbia College of Nurses and Midwives (BCCNM) and the National Council of the State Boards of Nursing (NCSBN) in the U.S. to establish Nursys in Canada, along with the CNRC. We also partnered with Health Canada for assistance on funding for the portal.

“Collaborating with CNO has been crucial for the successful launch of Nursys in Canada,” said Mark Huffman, Senior Manager, Information Technology at NCSBN. “CNO provided essential infrastructure and leadership. Their expertise in Canadian regulations has been vital. Without CNO’s support, Nursys in Canada would not be possible.”

The work is ongoing and 2024 was a busy year. Early in the year, the Nursys system in Canada and the system in the U.S. were connected. This meant staff at CNO and BCCNM could view a nurse’s registration information from U.S. nursing boards. We also worked with the staff at the Nova Scotia College of Nursing, the Association of New Brunswick Licensed Practical Nurses and Yukon Registered Nurses Association as they started their adoption of Nursys in Canada. They will have all their information in the system in 2025. Another highlight was sharing

a report with Health Canada illustrating how the implementation of Nursys in Canada could support access to federal health human resource data for planning.

We are making steady progress through ongoing consultations and system partner engagement and will continue to onboard Canadian regulators to Nursys in Canada in 2025.

“The collaboration between British Columbia, Ontario and NCSBN and the significant investments made by those three parties and the Government of Canada have already paved the way for others to join,” said Knowles.

“When it comes to collaborating with partners, the system’s demonstrated value in enhancing public safety and regulatory efficiency has been key to garnering support.”

Empowering nurses through partnership

The Supervised Practice Experience Partnership (SPEP), a collaborative program between CNO, Ontario Health and CNO-approved organizations, allows applicants to meet two of their registration requirements—evidence of practice and language proficiency—by being matched with a supervised practice experience. From January 2022 to December 31, 2024, more than 4,400 nurses have become registered through SPEP, and over 780 employers participate in the program. It continues to increase the number of dedicated nurses joining the health care system, expanding the delivery of safe, quality care for our communities.



“It’s great for us, being a smaller long-term care home in an isolated area. We thought that partnering with CNO would contribute positively, not only to the facility but to health care system needs as a whole.”

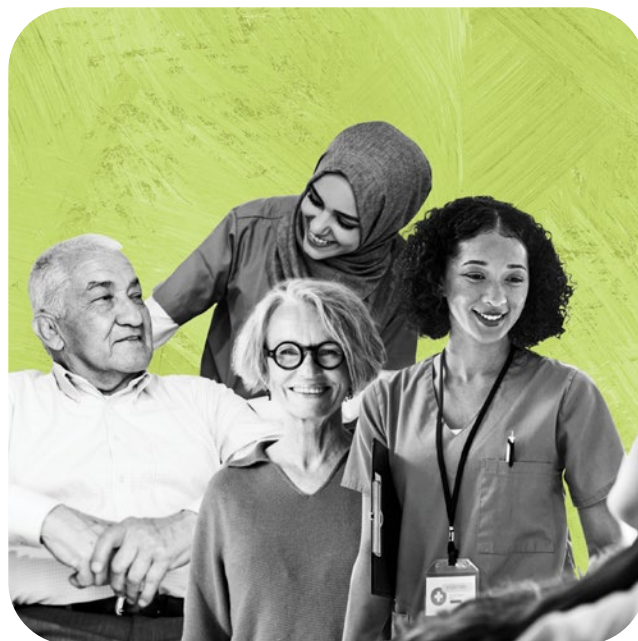
Natalie Sherck, RN,
Director of Care at Maple Park Lodge long-term care home in Fort Erie, Ontario

Charting the way forward with a new DEI Strategy

CNO introduced a three-year Diversity, Equity, and Inclusion (DEI) Strategy to address discrimination and advance equity in health care. Centred on four key actions—evolve, educate, engage and evaluate—the initiative seeks to transform regulatory processes and foster inclusion. Rooted in broad consultation through surveys, focus groups and listening sessions, the strategy integrates data-driven approaches to eliminate structural barriers. By prioritizing transparency and equitable policies, we reaffirm our commitment to fostering meaningful contribution within Ontario's health care system.

"CNO recognizes our social contract with all Ontarians. This DEI Strategy makes health equity a priority by seeking to understand the perspectives and experiences of our system partners, registrants and the public. There's a focus on equitable and transparent policies, practices and processes while conducting interactions with respect, cultural awareness and cultural humility."

Sandra Porteous, Director of DEI



Leading in patient safety

Our work in 2024 helped strengthen our position as a leader in patient safety in a rapidly changing health care environment. We saw multiple benefits of our collaborations—and we will continue to expand our list of system partners in 2025. As we did in 2024, we will protect the public through nursing regulation, while also supporting the health care system's ability to meet Canadians' needs. Our commitment to working as a partner in safety has solidified our role as a respected leader that addresses key challenges in health human resources and safe nursing practice.

Summary Financial Statements



College of Nurses of Ontario

101 Davenport Road Toronto, ON Canada M5R 3P1

cno.org

MAY 2025-41-1

Appointment of Inquiries, Complaints and Reports Committee Chair

Decision note – June 2025 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose and action required

The purpose of this recommendation is to support effective leadership of statutory committees. In accordance with Article 30.05 of By-Law No. 1: General, Council is asked to appoint the chairs of all statutory committees - except the Executive and Patient Relations Committees - based on the recommendations of the Executive Committee.

Motion

That, based on the recommendation of the Executive Committee, Council appoint Maria Sheculski to serve as the Chair of the 2025-2026 Inquiries, Complaints and Reports Committee.

Background

In accordance with Article 30.05 of By-Law No. 1: General, chairs of statutory committees - other than the Executive and Patient Relations Committees - are appointed by Council each March on the recommendation of the Executive Committee. At the time of the March appointments, there was no volunteer for the role of Chair of the Inquiries, Complaints and Reports Committee (ICRC). As a result, the appointment is now being brought back to Council for consideration.

Statutory committees perform essential regulatory functions. Their powers and accountabilities are set out in legislation; their processes are complex and there is a long learning curve for members to become effective. The Chair of these committees has additional accountabilities.

Statutory Committee Appointments

Decision Note – June 2025 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose and action required

To support ongoing effectiveness of CNO's statutory committees, Council is being asked to approve four appointments:

- the appointment of Neil Hillier, RPN to the Inquiries, Complaints and Reports Committee (ICRC), based on the recommendation of the Executive Committee
- the appointment of Todd Hillhouse, Public Member of Council, to the Discipline and Fitness to Practise Committee. This recommendation is being brought directly to Council, as the timing of the appointment did not allow for Executive Committee consideration.
- the appointment of Aleksandra Grzeszczuk, RN, to the Discipline and Fitness to Practise Committee. This recommendation is being brought directly to Council, as the timing of the appointment did not allow for Executive Committee consideration.
- the appointment of Mark Sack, Public Member of Council, to the Discipline and Fitness to Practise Committee. This recommendation is being brought directly to Council, as the timing of the appointment did not allow for Executive Committee consideration.

Motion 1:

That Council confirm the appointment of Neil Hillier, RPN, to the Inquiries, Complaints and Reports Committee until June 2026.¹

Motion 2:

That Council approve the appointment of Todd Hillhouse, Public Member of Council, to the Discipline and Fitness to Practise Committee.

Motion 3:

That Council approve the appointment of Aleksandra Grzeszczuk, RN, to the Discipline and Fitness to Practise Committee until June 2026.¹

¹ When an appointment is made to fill a vacancy on a committee, the appointed member's term of office ends when the term of the previous member would end. This part-term does not impact on the incoming members' ability to serve two full 3-year terms of office (Article 54.1.02.2).

Motion 4:

That Council approve the appointment of Mark Sack, Public Member of Council, to the Discipline and Fitness to Practise Committee.

Public protection rationale

Statutory committees play a key role in public safety. To maintain their effectiveness, it is important that vacancies on statutory committees are addressed, and that the Committee is fully constituted, with highly qualified members to ensure it can carry out its mandate effectively.

Background

The Executive Committee fills mid-year vacancies, in accordance with [Article 31.03 of By-Law No. 1: General](#).

There are currently vacancies on the ICRC and the Discipline and Fitness to Practise Committee. At its meeting on May 15, the Executive Committee made an appointment to fill the vacancy on the ICRC, and Council is being asked to confirm this appointment.

CNO staff recommend that these vacant positions be filled as soon as possible.

Patient Relations Committee

2024 Annual Report

Introduction: Role of the Committee

The Patient Relations Committee (“the Committee”) supports CNO’s commitment to promote safe nursing practice. The *Regulated Health Professions Act, 1991* (RHPA) outlines two specific roles for PRC:

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

Executive Summary

Patient Relations Program (PRP)

There were significant additions to the PRP in 2019 and 2020: new resources were added for members of the public and several resources were developed for other system partners including nurses and employers. The Committee’s 2023 annual report recommended increasing visibility of CNO’s sexual abuse resources and in 2024 resources were reviewed and updated. Also, as a result of the Committee’s feedback, in 2024 CNO developed new content through a [Dear CNO article](#), which highlighted existing resources that were also promoted through [LinkedIn](#), [Facebook](#) and [Instagram](#).

In 2024, in terms of [information and resources on cno.org that were developed for members of the public](#), this information was viewed more than 2,000 times (an increase from 2023) with visits to the [page on funding for counselling](#) nearly doubling from 2023 with over 300 views. The increase in views could be attributed to the increase in promotion of CNO’s resources. In terms of [resources for nurses and other system partners](#), this page was viewed over 20,000 times (similar to 2023).

Request for funding

In accordance with Ontario law, the Committee administers a funding program for therapy and counselling for patients who are named in a sexual abuse complaint or report. As stated in law, a finding of sexual abuse is not needed to access the funding. Any patient named in a complaint or report related to sexual abuse is notified by CNO of the option for sexual abuse funding and they are sent resources to support them in making an application for funding. In a case where the patient is unidentified (i.e. not named), CNO notifies the reporter (often an employer) so they can in turn share this information.

In 2024, the Committee approved a delegation to CNO staff to support timely decisions and administration of funding for therapy. The RHPA and regulations under the RHPA detail eligibility, which supports staff in their decision making. The legislation also specifies the amount of funding and the period of time within which funding may be provided. The Committee will review any requests where alignment with legislative eligibility is not clear or there is discretion. In 2024, four patient requests for therapy and counselling were received and approved.

Committee members:

July to December 2024
(current committee)

Tomoko Fukushima, RN
Rodolfo Lastimoso Jr., RPN
Fidelia Osime, Public Member
Patricia Sullivan, RN, Chair

January to June 2024
(2023-2024 committee)

Jay Armitage, Public Member
Rodolfo Lastimoso Jr., RPN
Fidelia Osime, Public Member
Sylvain Leduc, NP
Patricia Sullivan, RN, Chair

Staff Contact

Angie Brennand, Director, Strategy

Discipline Committee

2024 Annual Report

Introduction: Role of the Committee

The Discipline Committee (“the Committee”) supports the College’s commitment to the public to address concerns about practice and conduct.

Executive Summary

A. Panel Activities

1. Completed Matters¹ (Table 1)

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

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

In 2024, the Committee panels made findings of professional misconduct in 63 matters involving 63 members. Three matters were withdrawn. In addition, two matters were indefinitely stayed and are being considered as completed matters as no further action is necessary. In total, 68 matters were completed in 2024.

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

53 matters were completed by panels accepting agreed statements of facts and/or joint submissions on penalty presented by the College and the member. This represents 77.9% of all completed matters. On average, 0.6 hearing days²

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

² A hearing day is approximately seven hours.

were required per matter.

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

10 contested matters, involving a total of 11.5 hearing days, were completed. The number of hearing days for completed contested matters ranged from 0.25 days to 2.0 days with an average of 1.15 hearing days per matter.

(c) Penalty Orders (Table 4)

The Committee panels made penalty orders in 63 matters where findings of professional misconduct were made. The penalties that were ordered included:

- four revocations;
- 53 suspensions;
- 53 terms, conditions and limitations
- 63 reprimands

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

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

The Committee panels met on 110.25 days for hearings, and eight and a half days for deliberation and decision-writing for 80 matters. The 110.25 hearing days includes 64.5 hearing days for 13 matters that are continuing in 2025. The 110.25 hearing days also included one day to hear four motions to withdraw allegations and one-half day to hear a motion to stay a proceeding.

The administration of reprimands commonly occurs immediately following hearings, and the time spent on this administration is included in the calculation of hearing days. In 2024, the Committee spent an additional 0.25 day administering a reprimand at one proceeding specifically convened for that purpose.

3. Release of Decision and Reasons (Table 6)

For agreement hearings, the Committee usually delivers its decision on the day of the hearing or within 24 hours after the conclusion of the hearing. Subsequently, the Committee releases its written reasons for decision ("reasons").

The Committee released 85 written reasons in 2024, some of which related to matters that were heard in 2023. The Committee Guidelines set out that the Committee's written reasons be released within 60 days of the conclusion of the hearing. The time for the release of the written reasons can be impacted by the volume and length of hearings conducted, the number of contested matters heard

and the complexity of the legal and evidentiary issues in those contested matters, or logistical issues, such as the availability of panel members. In 2024, due to a combination of these factors, the release of the majority of written reasons was after the 60-day guideline.

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

In three matters, the written reasons were released in 60 days or less.
In two matters, the written reasons were released between 61 and 90 days, and in 68 matters, they were released in 91 days or more.

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

12 contested matters had written reasons released in 91 days or more.

B. Committee Activities

1. Matters in Progress (Table 8)

The number of matters in progress varies in relation to:

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

On December 31, 2024, 168 matters were in progress at various stages of the discipline process. Thirteen hearings were ongoing (includes two where panels were in deliberations on liability and one where the panel was in deliberations on penalty). Forty-four matters were scheduled for pre-hearings, 33 matters were scheduled for hearings and one motion hearing was scheduled for 2025. Forty-three pre-hearings were to be scheduled (includes 31 matters referred in the last two months of 2024). Nine hearings were in the process of being scheduled. Decision-writing was underway for 21 matters. Four hearings were adjourned.

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

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

- holding a matter in abeyance until the conclusion of related matters within the criminal justice system or other jurisdiction;
- a party retaining new legal counsel causing delay;
- challenges experienced by self-represented members;
- availability of key witnesses for hearing dates; and
- limited availability of the parties and legal counsel for pre-hearing and hearing dates.

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

Of the 42 matters where pre-hearings were completed in 2024, four matters (9.5%) had pre-hearing conferences held within four months or less from the date of referral. The majority (71.4%) of pre-hearings were completed within five to nine months.

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

Of the 81 hearings that were scheduled in 2024, five hearings (6.2%) were scheduled in nine months or less from the date of referral from the ICRC and 27 hearings were scheduled between 10 and 12 months. 49 hearings were scheduled 13 months or more from the referral date.

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

The average number of months from the ICRC's referral to the conclusion of a non-contested hearing was 14.2 months, with a range of nine to 27 months. The average number of months from referral to the conclusion of a hearing for contested matters was 19.7 months, with a range of nine to 35 months.

C. **Discipline Committee Meetings**

An orientation session was held for new Committee members on April 25. The Discipline Committee & Fitness to Practise Committee met jointly on May 9 & 10 and October 25 for general orientation and education of Committee members. The May meeting was held in person while the October meeting was held virtually as a half-day session.

On June 13 two Committee members attended the Advanced “Conducting a Discipline Hearing Workshop” hosted virtually by the Health Profession Regulators of Ontario (HPRO). A Panel Chair’s Workshop was held on July 19 for Committee members in that role. A Decision Writing workshop was conducted on August 23, by an external facilitator.

Committee members:

July to December 2024 (current committee)

Lalitha Poonasamy, PM, Chair
Lynda Carpenter, PM
Tina Colarossi, NP
Erin Cowan, RN
Tim Crowder, PM
Tanya Dion, RN
Jean-Laurent Domingue, RN
Lisa Donnelly, RN
Sylvia Douglas, PM
David Edwards, RPN
Joe Farag, PM (till Oct. 2024)
Grace Fox, NP
Tomoko Fukushima, RN
Carly Gilchrist, RPN
Lynn Hall, RN
Tyler Hands, RN
Tammy Hedge, RPN
Jane Hess, RN
Nazlin Hirji, RN
Michael Hogard, RPN
Carly Hourigan, PM
Samuel Jennings, RPN
Jeffery Ko, RN
Morgan Krauter, NP
Amrutha Kumar, RN
Sandra Larmour, PM
Sarah Louwagie, RPN
Marnie MacDougall, PM (till Nov. 2024)
Mary MacNeil, RN
Shannon Mantha, RN
Jijo Mathew, RN

January to June 2024 (2023-2024 committee)

Michael Hogard, RPN, Chair
Janet Adanty, RN
Andrea Arkell, PM
Eloisa Busto, RPN
Tina Colarossi, NP
Tim Crowder, PM
Jean-Laurent Domingue, RN
Sylvia Douglas, PM
Ramona Dunn, RN
David Edwards, RPN
Joe Farag, PM
Grace Fox, NP
Tomoko Fukushima, RN
Carly Gilchrist, RPN
Lynn Hall, RN
Tyler Hands, RN
Jane Hess, RN
Nazlin Hirji, RN
Carly Hourigan, PM
Aisha Jahangir, RN (till Apr. 2024)
Samuel Jennings, RPN
Morgan Krauter, NP
Sandra Larmour, PM
Sarah Louwagie, RPN
Marnie MacDougall, PM
Mary MacNeil, RN
Shannon Mantha, RN
Benson Mathai, RPN
Jane Mathews, RN
Donna May, RPN
Ian McKinnon, PM (till April 2024)

Committee Members (contd.):

July to December 2024

(current committee)

Jane Mathews, RN
Ahamad Mohammed, RPN
Edsel Mutia, RN
Kerrie Naylor, RPN
Shakhnoz Niezova, RN
Patrycja Nowicka-Bujko, RPN
Dayna Porco, RPN
Susan Roger, RN
Monica Seawright, RPN
Matthew Secord, RN
Andrew Sharpe, NP
Simon-Matthew Bate, NP
Emilija Stojsavljevic, RPN
Sherry Szucsko-Bedard, RN
Jacqueline Vlahos, RN
Kimberly Wagg, RPN

January to June 2024

(2023-2024 committee)

Ahamad Mohammed, RPN
Sharon Moore, RN
Edsel Mutia, RN
Kerrie Naylor, RPN
Shakhnoz Niezova, RN
Patrycja Nowicka-Bujko, RPN
Lalitha Poonasamy, PM
Susan Roger, RN
Michael Schroder, NP
Matthew Secord, RN
Andrew Sharpe, NP
Emilija Stojsavljevic, RPN
Kari Van Kamp, NP
Kimberly Wagg, RPN
Terah White, RPN
Ingrid Wiltshire-Stoby, NP

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Lesley Wright, Hearings Administrator
Adrienne Kang, Hearings Administrator
Saad Siddiqui, Hearings Administrator
Vipa Pandya, Hearings Assistant

STATISTICAL TABLES

A. Panel Activities

Table 1. Completed matters

Matters with:	2020		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
Findings	53	93.0	46	97.9	75	94.9	69	88.5	63	92.6
All allegations withdrawn	3	5.3	1	2.1	3	3.8	6	7.7	3	4.4
All allegations dismissed	0	0.0	0	0.0	0	0.0	2	2.6	0	0.0
Reinstatement Abandoned	1	1.7	0	0.0	1	1.3	1	1.2	0	0.0
Stay of Proceeding	0	0.0	0	0.0	0	0.0	0	0.0	2	3.0
Total	57	100	47³	100	79	100	78	100	68	100

Table 2. Types of completed matters

Completed cases	2020		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
Non-contested matters	46	80.7	36	76.6	73	92.4	60	76.9	53	77.9
Contested matters	7	12.3	10	21.3	2	2.5	11	14.1	10	14.7
All allegations withdrawn	3	5.3	1	2.1	3	3.8	6	7.7	3	4.4
Reinstatement Abandoned	1	1.7	0	0.0	1	1.3	1	1.3	0	0.0
Removal of Information Abandoned	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Stay of Proceeding	0	0.0	0	0.0	0	0.0	0	0.0	2	3.0

³ For one matter, liability findings were made in 2020 but the penalty was heard in 2021

Total	57	100	47⁴	100	79	100	78	100	68	100
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Table 3. Hearing days⁵ for 2024 Completed matters

Completed matters	Matters	Total days	Min. days/case	Max. days/case	Average days/case
Non-contested matters	53	33.00	0.5	1.0	0.6
Contested matters	10	11.50	0.25	2.0	1.15
All allegations withdrawn matters	4	1.00	0.25	0.50	0.25
Total	67	45.50	-	-	-

Table 4. Penalty Orders

Penalty Types	2020		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
Reprimand	53	37.6	46	39.7	74	34.6	69	37.1	63	36.5
Suspension	41	29.1	32	27.6	67	31.3	55	29.6	53	30.6
Terms, conditions, limitations	41	29.1	32	27.6	67	31.3	55	29.6	53	30.6
Revocation	6	4.2	6	5.1	4	1.9	6	3.2	4	2.3
Fine	0	0.0	0	0.0	2	0.9	1	0.5	0	0.0
Total	141	100	116	100	214	100	186	100	173	100
# of matters with penalty orders	53		46		75		69		63	

⁴ Includes the matter where liability findings were made in 2020 but penalty was ordered in 2021

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

Table 5. Hearing and deliberation/decision-writing days

Activity days	2020		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
Hearings (including ongoing matters)	58	94.3	55.25	97.0	72.00	97.6	78.75	90.0	110.25	92.7
Hearing - Removal of Information Request	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Reinstatement hearings	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Deliberation/decision-writing	2	3.3	1.25	2.1	0	0.0	6.0	6.9	8.5	7.1
Administering Reprimands	1.5	2.4	0.5	0.9	1.75	2.4	2.75 ⁶	3.1	0.25	0.2
Total	61.5	100	57.0	100	73.75	100	87.50	100	119.00	100
# of matters	57		47		83		87		80	

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

Time	2020		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
60 days or fewer	2	8.0	1	1.4	3	5.1	0	0.0	3	3.5
61 days or more	23	92.0	71	98.6	56	94.9	54	100.0	82	96.5
Total	25	100	72	100	59	100	54	100	85	100

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

Time	Non-contested Matters		Contested Matters	
	#	%	#	%
60 days or fewer	3	4.1	0	0.0
Between 61 and 90 days	2	2.7	0	0.0
91 days or more	68	93.2	12	100.0
Total	73	100	12	100

⁶ Includes 5 reprimands for matters with penalty orders prior to 2023

B. Committee Activities

Table 8. Matters in progress on December 31, 2024

Matter Status	2020		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
Pre-hearing to be set	21	23.1	58 ⁷	54.2	47	35.6	26	16.4	43 ⁸	25.6
Pre-hearing scheduled	11	12.1	6	5.6	14	10.6	22	13.8	44	26.2
Hearing to be set	1	1.1	4	3.7	8	6.0	18	11.3	9	5.4
Hearing scheduled	21	23.1	13	12.2	31	23.5	41	25.8	34	20.2
Hearing in progress	0	0.0	1	0.9	3	2.3	3	1.9	10	5.9
Deliberation	0	0.0	0	0.0	0	0.0	2	1.3	3	1.8
Decision-writing	35 ⁹	38.4	11	10.3	26	19.7	42	26.4	21	12.5
To be determined	1	1.1	1	0.9	0	0.0	0	0.0	0	0.0
Adjournment	1	1.1	13	12.2	3	2.3	5	3.1	4	2.4
Total	91	100	107	100	132	100	159	100	168	100

Table 9. Time from referral to pre-hearing

Time	2023		2024	
	#	%	#	%
4 months or less	2	5.1	4	9.5
5-9 months	28	71.8	30	71.4
10-12 months	9	23.1	3	7.1
13 months or more	0	0.0	5	12.0
Total	39	100	42	100

⁷ includes 55 matters that were referred between November and December 2021

⁸ Includes 31 matters that were referred between November and December 2024

⁹ includes one Decision on Liability written for a matter that continued in 2021

Table 10. Time from referral to commencement of hearing

Time	2020		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
9 months or less	37	69.8	42	79.2	32	46.4	17	20.3	5	6.2
10-12 months	11	20.8	7	13.2	31	44.9	38	45.2	27	33.3
13 months or more	5	9.4	4	7.6	6	8.7	29	34.5	49	60.5
Total	53	100	53	100	69	100	84	100	81	100

Table 11. Time from referral to conclusion of hearing

	Minimum months/case	Maximum months/case	Average months/case
Matters with agreements	9	27	14.2
Contested matters	9	35	19.7

Fitness to Practise Committee

2024 Annual Report

Introduction: Role of the Committee

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

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

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

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

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

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

Executive Summary

Fitness to Practise (FTP) Committee Caseload

There were 21 new matters referred to the Committee in 2024. In addition, 68 matters were carried over from the previous year for a total caseload of 89 matters.

As of December 31, 2024, there were 41 matters in progress as follows:

- 4 matters are adjourned;
- 2 hearings are ongoing;

- 1 hearing that commenced in 2021 is in the deliberation on disposition stage;
- 4 hearings are scheduled for dates in 2025;
- 4 hearings are to be scheduled; and
- 26 matters are awaiting determination whether to proceed by hearing or Consent Order review.

Matters Completed

Matters are completed when a determination of a member's capacity is made, and a disposition is ordered. Matters may be resolved by Consent Order or by way of contested hearing. Matters are also completed when the Committee loses jurisdiction over a member.

In 2024, a total of 48 matters related to 48 members were completed. These were resolved as follows:

- 33 Consent Orders;
- 4 contested hearings completed; and
- 11 matters where the Committee lost jurisdiction.

Dispositions Ordered

Resolution by Consent Order (Table 1)

- 10 Consent Orders involved the member voluntarily surrendering their certificate of registration;
- 1 related to a Return to Practice request;
- 22 had no finding of incapacity. In 19 of these matters, the member entered into an Undertaking with the College. In two matters, the member moved into the non-practising class and in one matter, the panel made no findings based on updated medical reports.

Hearings

Panels of the Committee spent 13 days hearing and deliberating on six FTP matters in 2024, as follows:

(a) Contested Matters

- 4 hearings were completed and suspensions were ordered (Table 2)
- 1 hearing began in 2024 and the Panel is set to hear submissions on disposition in 2025;
- 1 hearing began in 2022 and will continue in 2025

(b) Removal of Information matters (Table 3)

No Removal of Information matters were heard in 2024

Return to Practice (RTP) Requests

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

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

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

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

In 2024, as seen in Table 4, one RTP request was reviewed by a panel of the Committee by Consent Order but was disposed of without a determination as the Member signed an Undertaking based on which the parties on consent requested the panel to make no further determination.

Breaches

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

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

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

In 2024, as seen in Table 55, there were no matters related to members who were alleged to be in breach of the terms of a Panel's Order or their Undertaking to the College.

Committee Meetings

An orientation session was held for new Committee members on April 25, 2024. The Discipline Committee & Fitness to Practise Committee met jointly on May 9 & 10 and October 25, 2024, for general orientation and education of Committee members. The May meeting was held in person while the October meeting was held virtually as a half-day session.

On June 13 two Committee members attended the Advanced “Conducting a Discipline Hearing Workshop” hosted virtually by the Health Profession Regulators of Ontario (HPRO). A Panel Chair’s Workshop was held on July 19 for Committee members in that role. A Decision Writing workshop was conducted on August 23, by an external facilitator.

Committee members

July to December 2024

(current committee)

Lalitha Poonasamy, PM, Chair
Lynda Carpenter, PM
Tina Colarossi, NP
Erin Cowan, RN
Tim Crowder, PM
Tanya Dion, RN
Jean-Laurent Domingue, RN
Lisa Donnelly, RN
Sylvia Douglas, PM
David Edwards, RPN
Joe Farag, PM (till Oct. 2024)
Grace Fox, NP
Tomoko Fukushima, RN
Carly Gilchrist, RPN
Lynn Hall, RN
Tyler Hands, RN
Tammy Hedge, RPN
Jane Hess, RN
Nazlin Hirji, RN
Michael Hogard, RPN
Carly Hourigan, PM
Samuel Jennings, RPN
Jeffery Ko, RN
Morgan Krauter, NP
Amrutha Kumar, RN
Sandra Larmour, PM

January to June 2024

(2023-2024 committee)

Michael Hogard, RPN, Chair
Janet Adanty, RN
Andrea Arkell, PM
Eloisa Busto, RPN
Tina Colarossi, NP
Tim Crowder, PM
Jean-Laurent Domingue, RN
Sylvia Douglas, PM
Ramona Dunn, RN
David Edwards, RPN
Joe Farag, PM
Grace Fox, NP
Tomoko Fukushima, RN
Carly Gilchrist, RPN
Lynn Hall, RN
Tyler Hands, RN
Jane Hess, RN
Nazlin Hirji, RN
Carly Hourigan, PM
Aisha Jahangir, RN (till Apr. 2024)
Samuel Jennings, RPN
Morgan Krauter, NP
Sandra Larmour, PM
Sarah Louwagie, RPN
Marnie MacDougall, PM
Mary MacNeil, RN

Committee Members (contd.):**July to December 2024**

(current committee)

Sarah Louwagie, RPN
Marnie MacDougall, PM (till Nov. 2024)
Mary MacNeil, RN
Shannon Mantha, RN
Jijo Mathew, RN
Jane Mathews, RN
Ahamad Mohammed, RPN
Edsel Mutia, RN
Kerrie Naylor, RPN
Shakhnoz Niezova, RN
Patrycja Nowicka-Bujko, RPN
Dayna Porco, RPN
Susan Roger, RN
Monica Seawright, RPN
Matthew Secord, RN
Andrew Sharpe, NP
Simon-Matthew Bate, NP
Emilija Stojavljevic, RPN
Sherry Szucsko-Bedard, RN
Jacqueline Vlahos, RN
Kimberly Wagg, RPN

January to June 2024

(2023-2024 committee)

Shannon Mantha, RN
Benson Mathai, RPN
Jane Mathews, RN
Donna May, RPN
Ian McKinnon, PM (till April 2024)
Ahamad Mohammed, RPN
Sharon Moore, RN
Edsel Mutia, RN
Kerrie Naylor, RPN
Shakhnoz Niezova, RN
Patrycja Nowicka-Bujko, RPN
Lalitha Poonasamy, PM
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Saad Siddiqui, Hearings Administrator
Vipa Pandya, Hearings Assistant

Appendix 1 – Statistical tables

1. Disposition of Matters

■ Table 1. Resolution by Consent Order

Outcomes	2020	2021	2022	2023	2024
Agree to terms, conditions or limitations	0	0	0	0	0
Voluntary surrender of Certificate of Registration	7	9	3	9	10
Return to Practice / Breach	9	9	5	1	1
No Findings	21	20	9	21	22
Variance	0	0	0	0	0
Total	37	38	17	31	33

■ Table 2. Contested matters

Outcomes	2020	2021	2022	2023	2024
Suspension	2	2	1	5	4
Terms, conditions or limitations	0	0	0	0	0
Re-instatement Granted/Not granted	0	0	0	0	0
No Findings	0	0	0	0	0
Total	2	2	1	5	4

■ Table 3. Removal of Information matters

Outcomes	2020	2021	2022	2023	2024
Removal of Information	0	0	0	0	0
Total	0	0	0	0	0

Return to Practice Requests and Breaches

■ Table 4. Return to Practice (RTP) Requests and Outcomes

Resolution	2020	2021	2022	2023	2024
RTP requests granted	5	8	3	1	0
RTP requests denied	0	0	0	0	0
Disposed of without a determination	-	-	-	-	1 ¹
Total	5	8	3	1	1

■ Table 5. Breach dispositions

Resolution	2020	2021	2022	2023	2024
Breaches resolved by Consent Order	4	1	2	0	0
Breach hearings	0	0	0	0	0
Total	4	1	2	0	0

¹ The Panel that reviewed the RTP request disposed of the matter without making a determination, based on an Undertaking signed by the Member.

Inquiries, Complaints and Reports Committee

2024 Annual Report

Introduction: Role of the Committee

The Inquiries, Complaints and Reports Committee (“the Committee”) is made up of both nurse and public members of Council and nurses who are appointed to the Committee. The Committee investigates complaints and considers reports to meet its commitment to the public interest that concerns about the conduct, competence and capacity of Ontario nurses are addressed.

Patients and other members of the public can submit complaints. Complaints may be withdrawn or resolved without an investigation through an alternative dispute resolution process where appropriate. Otherwise, they must be investigated.

Nursing employers, facility operators, nurses and others can submit reports. The Committee also receives reports about a nurse’s professional conduct or competence from the Quality Assurance Committee (QAC).

Executive Summary

ICRC Dispositions

Complaints and Reports

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

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

If the Committee is satisfied that a complaint is frivolous, vexatious, made in bad faith, moot, or an abuse of process, it is required to take no action.

If the Registrar/Executive Director & CEO refers a proposed resolution agreement to the Committee for consideration, the Committee may either adopt the resolution or continue with its investigation of the complaint.

Health Inquires

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

Interim Orders

If the conduct or the capacity of a nurse exposes or is likely to expose the nurse's patients to harm or injury, the Committee may make an interim order to suspend or impose restrictions on the nurse's certificate of registration pending the disposition of a health inquiry, an investigation, a Discipline Committee hearing, or a Fitness to Practise hearing. The Committee may also accept a nurse's undertaking to cease practice or practice with terms, conditions or limitations, instead of imposing an interim order.

Complaints

Investigator Appointments

The Committee investigates most complaints with the consent of the patient/complainant to obtain relevant health information. Where the investigative powers obtained through an appointment, such as the authority to issue a summons, are required to investigate a complaint, the Committee can make a request to the Registrar/Executive Director for an investigator appointment. In 2024, the Committee requested an appointment of investigator for 60 complaints. Please refer to Appendix 1, Section 1, Table 1.

Dispositions

The Committee disposed of 653 complaints in 2024, which is a 25.6% decrease from 878 complaints dispositions in 2023. This decrease is in part due to a lower number of complaints with concerns about multiple nurses.

The Committee took no action in 413 matters or 63.3% of cases. The Committee takes no action if the nurse's conduct was appropriate in the circumstances, if the relevant and available information obtained in the investigation does not support the complaint,

or if regulatory action is not needed to address patient safety (e.g., the nurse has already completed remediation in the identified nursing practice areas).

The Committee determined that 34 complaints (5.2%) amounted to an abuse of process¹ and took no action.

The Committee adopted a resolution in 16.4% of cases and directed a remedial outcome (e.g., a letter of advice, a caution, educational program, or remedial undertaking) in 12.2% of cases. Complaints referred to discipline remained a small proportion of dispositions at 1.5%. Please refer to Appendix 1, Section 1, Table 2.

Health Professions Appeal and Review Board

The Health Professions Appeal and Review Board (HPARB) is an independent agency that conducts reviews of Committee decisions regarding complaints investigations, upon the request of a complainant or a nurse. HPARB reviews the adequacy of the investigation and the reasonableness of the Committee's decision.

Any matters that are returned to the Committee by HPARB are reviewed to assess what may be learned in relation to committee practices and processes.

Requests to Review ICRC Decisions

In 2024, there were 152 requests for HPARB review, which is a 50.5% increase as compared to requests for review in 2023. Complainants requested the review in 98.6 of cases. Please refer to Appendix 1, Section 1, Table 4 (a).

HPARB Outcomes

HPARB released 84 decisions in 2024 which addressed the adequacy of the investigation and the reasonableness of the Committee's decision. HPARB confirmed the Committee's decision in 97.6% of cases (82 of 84). HPARB returned one matter for further investigation and returned one matter to the Committee to reconsider its decision. Please refer to Appendix 1, Section 1, Table 4 (b).

¹ A complaint may be considered to be an abuse of process if CNO is not the appropriate forum to address the concerns raised. An ICRC panel can take no action if it is satisfied that the complaint is frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process. Examples could include:

- a complaint that is unrelated to nursing practice;
- a complaint about concerns that have already been disposed of by ICRC; or
- a complaint that is brought for an improper purpose, such as to harass a nurse.

HPARB did not proceed with the remaining four matters, either because the request was withdrawn, or HPARB considered the request to be frivolous, vexatious, made in bad faith, or otherwise an abuse of process. Please refer to Appendix 1, Section 1, Table 4 (c).

Reports

A report investigation is initiated by CNO's Registrar/Executive Director who reviews a report and preliminary information regarding a nurse and may appoint one or more investigators to conduct an investigation if they believe on reasonable and probable grounds that the nurse has committed an act of professional misconduct or is incompetent.

Investigator Appointments

The Committee approves Registrar/Executive Director and CEO investigator appointments, unless an emergency investigator appointment is required. The Committee is informed of Registrar/Executive Director emergency investigator appointments, which are made if the Registrar/Executive Director believes on reasonable and probable grounds that the nurse's conduct exposes, or is likely to expose, their patients to harm or injury.

The Committee may request that the Registrar/Executive Director appoint an investigator if it receives a report from the QAC regarding a nurse's professional conduct or competence.

In 2024, the Committee approved the appointment of investigators to conduct Registrar/Executive Director investigations in 443 matters. The Committee requested the Registrar/Executive Director and CEO to appoint investigators for 45 matters referred by the QAC. There was an overall 26.4% increase in investigator appointments compared to 2023. Please refer to Appendix 1, Section 2, Table 1.

Dispositions

The Committee disposed of 476 Registrar/Executive Director and CEO investigations in 2024.

Where appropriate, the Committee seeks to protect the public interest by directing remedial outcomes to provide nurses the opportunity to improve their nursing practice while protecting the public. The Committee directed remedial outcomes (e.g., letter of advice, caution, educational program or remedial undertaking) in 55.2% of cases.

The Committee accepted nurses' undertakings to complete remedial activities in 61 cases, a ten-fold increase as compared to 2023. A remedial undertaking is a voluntary

agreement setting out terms related to education and/or facilitated practice reflection. This may include meeting with a regulatory expert to review CNO practice standards and guidelines, taking an educational course, or both. This increase relates to early engagement with nurses regarding potential process outcomes and nurses demonstrating insight and willingness to engage in learning to improve their practice.

There were 95 cases arising from Registrar/Executive Director & CEO investigations referred to discipline in 2024, an increase of 14.5% from the 83 cases referred in 2023. Please refer to Appendix 1, Section 2, Table 2.

Health Inquiries

The Committee disposed of 88 health inquiries in 2024, a 16.2% decrease as compared to 2023. The Committee took no action in 50 matters (56.8%), accepted undertakings by nurses to enter the Nurses' Health Program (NHP) in six matters (6.8%) and referred 18 nurses (20.5%) to the Fitness to Practise Committee for a hearing. Please refer to Appendix 1, Section 3, Table 1.

Appendix 1 – Statistics

Section 1: Complaints

Table 1: Investigator Appointments

Investigators Appointed	2020	2021	2022	2023	2024
Complaint - ICRC request	130	220	168	98	60
Total	130	220	168	98	60

Table 2: Dispositions

Dispositions	2020		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
Adopt resolution	60	24.2	125	27.9	141	25.7	137	15.6	107	16.4
Take no action - abuse of process	31	12.5	47	10.5	32	5.8	57	6.5	34	5.2
Withdrawn with ED approval	24	9.7	27	6.0	9	1.6	19	2.2	9	1.4
Take no action	99	39.9	177	39.5	289	52.8	590	67.2	413	63.3
Letter of advice	16	6.5	25	5.6	37	6.8	49	5.6	40	6.1
Accept Remedial Undertaking	-	-	-	-	-	-	-	-	13	2.0
Caution	4	1.6	9	2.0	16	2.9	8	0.9	14	2.1
Educational program	3	1.2	8	1.8	2	0.4	5	0.6	9	1.4
Caution + educational program	5	2.0	22	4.9	16	2.9	6	0.7	4	0.6
Refer to Discipline Committee	6	2.4	8	1.8	6	1.1	7	0.8	10	1.5
Total	248	100	448	100	548	100	878	100	653	100

Table 3: Interim Orders

Orders	2020	2021	2022	2023	2024
Interim suspension	1	0	0	0	0
Interim restrictions	0	0	0	0	0

Total	1	0	0	0	0
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Table 4: HPARB

(a) Requests to Review ICRC Decisions

Requests	2020	2021	2022	2023	2024
From complainants	47	44	80	97	150
From members	2	7	4	4	2
Total	49	51	84	101	152

(b) HPARB Outcomes – Review

Decisions Received – Review	2020		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
Confirm ICRC decision	38	88.4	47	94.0	19	95.0	42	91.3	82	97.6
Return - further investigation	0	0.0	0	0.0	0	0.0	0	0.0	1	1.2
Return - reconsider decision	2	4.7	1	2.0	1	5.0	4	8.7	1	1.2
Direct ICRC to change decision	3	6.9	2	4.0	0	0.0	0	0.0	0	0.0
Total	43	100	50	100	20	100	46	100	84	100

(c) HPARB Outcomes – No Review

Decisions Received – No Review	2020		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
No review - request withdrawn	1	20.0	3	23.1	7	58.3	2	28.6	1	25.0
No review - abuse of process	3	60.0	9	69.2	3	25.0	4	57.1	3	75.0
No review - time limit exceeded	1	20.0	1	7.7	2	16.7	1	14.3	0	0
Total	5	100	13	100	12	100	7	100	4	100

Section 2: Reports – Registrar/Executive Director Investigations

Table 1: Investigator Appointments

Investigators Appointed	2020	2021	2022	2023	2024
Report – Registrar/Executive Director	343	306	389	377	443
Report - Emergency appointment by Registrar/Executive Director	0	1	0	0	0
Report - Quality Assurance Committee	4	0	10	9	45
Total	347	307	399	386	488

Table 2: Dispositions

Dispositions	2020		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
Take no action	29	7.5	72	14.1	116	20.1	94	19.4	109	22.9
Letter of advice	40	10.4	65	12.8	97	16.8	92	19.0	72	15.1
Accept remedial undertaking	44	11.4	18	3.5	9	1.6	6	1.2	61	12.8
Oral caution	38	9.9	42	8.3	50	8.7	37	7.6	33	6.9
Educational program	54	14.0	31	6.1	26	4.5	31	6.4	42	8.8
Caution + educational program	46	11.9	140	27.5	143	24.9	88	18.1	55	11.6
Refer to Discipline Committee	67	17.4	82	16.1	90	15.6	83	17.1	95	20.0
Accept permanent resignation	31	8.1	13	2.6	18	3.1	11	2.3	8	1.7

Take no action on account of member status ²	34	8.8	46	9.0	27	4.7	43	8.9	1	0.2
Take no action - enrolled in NHP	2	0.5	0	0.0	0	0.0	0	0.0	0	0.0
Total	385	100	509	100	576	100	485	100	476	100

Table 3: Interim Orders

Orders	2020	2021	2022	2023	2024
Interim suspension	4	3	2	1	1
Interim restrictions	6	13	11	6	1
Total	10	16	13	7	2

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

Section 3: Reports – Health Inquiries

Table 1: Dispositions

Dispositions	2020		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
Take no action	14	18.2	27	27.6	45	34.6	40	38.1	50	56.8
Take no action - enrolled in NHP	15	19.5	22	22.4	11	8.5	7	6.7	6	6.8
Take no action - non-practising class	5	6.5	0	0.0	0	0.0	0	0.0	2	2.3
Suspend until medical assessment complete	4	5.2	14	14.3	12	9.2	6	5.7	3	3.4
Refer to Fitness to Practise Committee	31	40.3	31	31.6	54	41.6	34	32.4	18	20.5
Cease inquiry ³	5	6.5	4	4.1	5	3.8	13	12.4	9	10.2
Total	77	100	98	100	130	100	105	100	88	100

Table 2: Interim Orders

Order	2020	2021	2022	2023	2024
Interim suspension	10	14	22	13	11
Interim restrictions	10	9	19	6	0
Total	20	23	41	19	11

³ ICRC loses jurisdiction to conduct health inquiries for resigned members.

Quality Improvements

Committee Education and Panel Chair Meetings

The Committee continued its commitment to Committee governance and performance with quarterly Panel Chair meetings and Committee education sessions. These sessions focused on right touch regulation, abuse of process legislation, assessing information obtained through an investigation, case law impacting committee decision making, and remedial dispositions to proportionately address risk and public protection. Foundational to this education cycle, the Committee held its annual orientation in May 2024.

The Committee also received training in unconscious bias that focussed on the unique decision-making role of statutory committees, including understanding privilege, what unconscious bias is and how it works, the impact of unconscious bias, and strategies for confronting unconscious bias.

Committee Members:

July to December 2024

(current committee)

Patricia Sullivan-Taylor, RN, Chair
Ashley-Chandni Ahuja, NP
Shana Anjema, RN
Mary Campbell, RN
Samantha Diceman, RPN
Terry Holland, RPN
Nicole Krywionek, RN
Rodolfo Lastimoso, Jr., RPN
Sylvain Leduc, NP
Grace Oltmann, RN
Fidelia Osime, Public Member
Donna Rothwell, RN
Diane Scott, Public Member
Maria Sheculski, Public Member
Shelley Sheedy, RN
Diane Thompson, Public Member
Amy Vandekemp, RPN
Heather Whittle, NP
Jerry Ding, NP
Scott Mumberson, RPN
Wes Stryker, Public Member

January to June 2024

(2023-2024 committee)

Patricia Sullivan-Taylor, RN, Chair
Sylvain Leduc, NP
Rodolfo Lastimoso, Jr., RPN
Jay Armitage, Public Member
Diane Scott, Public Member
Raj Kaur, RPN
Grace Oltmann, RN
Fidelia Osime, Public Member
Mary Ellen Renwick, RN
Maria Sheculski, Public Member
Diane Thompson, Public Member
Ashley-Chandni Ahuja, NP
Shana Anjema, RN
Mary Campbell, RN
Samantha Diceman, RPN
Terry Holland, RPN
Nicole Krywionek, RN
Donna Rothwell, RN
Shelley Sheedy, RN
Amy Vandekemp, RPN
Angela Can den Hoven, RPN
Heather Whittle, NP



Staff contacts

Carolyn Gora, Director, Professional Conduct

Jocelyn Loosemore, Manager, Intake

Alison Gorham, Team Lead, ICRC

Quality Assurance Committee

2024 Annual Report

Introduction: Role of the Committee

The Quality Assurance Committee (“the Committee”) supports the College’s commitment to the public that nurses are engaged in continuous quality improvement. The Committee is composed of nurse and public members and is responsible for ensuring that nurse registrants comply with all aspects of the [QA Program](#), including the three types of assessment: Self (known as QA Every Day); Practice (known as QA Assessment Part A), and Peer (known as QA Assessment Part B). These components are designed to promote lifelong learning and continuing competence among nurses.

Executive Summary

In 2024, a total of **5,020** nurses were selected to participate in QA Assessment during two separate selection cycles (Spring and Fall). This included a total of **4,000** nurses for Part A and **1,000** nurses for Part B. An additional **20** members from previous selections, were required to complete their outstanding QA Assessment. These members included those who were returning from the Inquiries, Complaints and Reports Committee (ICRC), deferrals or registration reinstatement. See Table 1 for details.

Part A assessment continued with the use of an online learning management system (LMS). Four modules were required for completion, including a new module on the Code of Conduct. These learning modules require nurses to complete knowledge checks and attestations.

Part B assessment continued with the submission of a written learning plan, a Code of Conduct practice activity, and for Nurse Practitioners (NPs) an additional NP case example.

Part A Outcomes

In 2024, **3,682** nurses completed Part A and exited the QA program. **Twenty** nurses remained in progress for a variety of extenuating circumstances, and **298** nurses were directed by the Committee to complete additional QA Assessment activities for Part B due to non-compliance.

Part B Outcomes

In 2024, **897** nurses have been assessed by QA Peer Assessors and presented to QA Committee having satisfactorily completed and exited the QA program. There were **130** nurses still in progress by year end.

Other outcomes for 2024 included nurses who were referred to ICRC (11), had changed registration status (31) and nurses who were granted a deferral (30).

Quality Improvement

The QA Program was able to increase the total number of nurses selected for QA Assessment by over 209% when compared to the previous selection year in 2023. With the increase in selection numbers, 3 additional Registered Practical Nurse (RPN) Peer Coaches were hired, bringing the total number of Peer Coaches to 14.

QA Committee

Historically, the Committee met as two panels rotating every other month. In 2024, the Committee met monthly as a single panel to address attendance concerns and to improve the continuity of discussions. An annual education session was held in 2024 where the panel reviewed the 2023 Evaluation Report, QA Update, QAC Decisions, Outcomes of ICRC and Introduction to the Standards of Practice

Committee Members:

July to December 2024

(current committee)

Sylvain Leduc, NP, Chair
Diane Morin-LeBlanc, RN
Helen Anyia, RPN
Lalitha Poonasamy, Public Member
Lisa Donnolly, RN
Maria Sheculski, Public Member
Sylvia Douglas, Public Member
Yao (Jackie) Zhai, RPN

January to June 2024

(2023-2024 committee)

Sylvain Leduc, NP, Chair
Diane Morin-LeBlanc, RN
Helen Anyia, RPN
Ian McKinnon, Public Member
Lalitha Poonasamy, Public Member
Lisa Connolly, NP
Lisa Donnolly, RN
Maria Sheculski, Public Member
Sylvia Douglas, Public Member
Yao (Jackie) Zhai, RPN

Staff contacts

Catriona Mill, Manager, Practice Quality
Amanda Laird, Team Lead, Practice Quality
George-Ann Watt, Quality Assurance and Registration Committee Administrator



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

QA Assessment Outcomes	2020 ¹		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
Satisfactory	28	46.7	312	79.6	305	82.2	1456	89.4	4579	91.22
Still In Progress	-	-	33	8.4	16	4.31	103	6.33	306	6.10
Remediation	8	13.3	-	-	3	0.81	3	0.18	13	0.26
Deferred	15	25	22	5.6	21	5.66	26	1.60	34	0.68
Referred to the ICRC	-	-	2	0.5	9	2.42	6	0.37	24	0.48
Non-Practicing	7	11.7	14	3.6	10	2.70	18	1.11	20	0.39
Resigned	-	-	8	2.0	7	1.89	15	0.92	39	0.77
Deceased	-	-	1	0.3	-	-	-	-	5	0.10
Changed Registration Class from NP to RN	2	3.3	-	-	-	-	-	-	-	-
Total	60	100	392	100	371	100	1627	100	5020	100

¹ There was no QA Assessment selection in 2020 due to the COVID-19 pandemic

Registration Committee

2024 Annual Report

Introduction: Role of the Committee

The Registration Committee (“the Committee”) supports CNO’s commitment to the public that individuals entering the profession have the competence and character to practise safely.

The Committee reviews applications from applicants who want to become registrants of CNO but do not meet one or more of the registration requirements.

After considering the application and submissions, the Committee may direct the Executive Director to:

- issue a certificate of registration
- issue a certificate of registration with terms, conditions and limitations
- issue a certificate of registration if the applicant completes specified training or additional exams
- refuse to issue a certificate of registration.

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

Executive Summary

In 2024, the Committee conducted 13 meetings, which included an annual education session in June. Furthermore, two orientation sessions were conducted for newly appointed members, along with CNO’s Statutory Committee Unconscious Bias Workshop.

As seen in Table 1, the Committee reviewed a total of 130 applications. The Committee saw a 46.1% increase in the total number of applications it reviewed in 2024 compared to 2023, which included an increase in the number of applicants who met the Character, Conduct and Health requirement in 2024 compared to 2023.

As seen in Table 2, of the applicants reviewed, the Committee determined that an applicant met a registration requirement in 36 Character, Conduct and Health matters. After the Committee’s review, some applicants became eligible for registration when all other registration requirements were met. As seen in Table 3, the Committee also refused registration to seven applicants.

Table 3 also shows the Committee’s decisions included the following:

- directing eight independent medical assessments to determine if an applicant had a health condition that could impact their ability to practise nursing safely;
- directing 13¹ applicants to meet with a regulatory expert to discuss conduct/practice concerns and to review relevant Practice standards, prior to becoming eligible for registration;
- registering seven² applicants subject to an undertaking, which reflects an agreement between the applicant and CNO to ensure safe practice and public protection; and
- enabling 29 applicants to become eligible to complete the Supervised Practice Experience Partnership (SPEP) even though they were beyond the timeframes for eligibility. Registration Committee exercised its discretion to consider applicant requests for SPEP, which resulted in more applicants becoming eligible to complete the SPEP.

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

The Board reviews decisions of the Committee. In 2024, two appeals were in process with the Board, as seen in Table 4.

Committee Members

July to December 2024

(current committee)

Fidelia Osime, Public Member, Chair
Alexis Lamsen, RN
Diane Thompson, Public Member
Helen Anyia, RPN
Jay Armitage, Public Member
Joy Navaroj, RN
Jennifer Skuce, RPN

January to June 2024

(2023-2024 committee)

Andrea Arkell, Public Member, Chair
Diane Thompson, Public Member, Co-Chair
Fidelia Osime, PM, Chair
Alexis Lamsen, RN
Brock Cooper, NP
Helen Anyia, RPN
Jennifer Skuce, RPN
Joy Navaroj, RN

¹ See breakdown of “Other” in Table 3.

² See breakdown of “Other” in Table 3.



Staff Contacts

Suzanne Vogler, Manager, Registration

Tracy Bardell, Team Lead, Registration

Kristopher Librera, Intake Team Lead, Registration

George-Ann Watt, Quality Assurance and Registration Committee Administrator

Appendix 1 – Statistical tables

Table 1. Registration Committee decisions

	2020		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
Requirement Met	1,062	86.7	2,503	92.2	1149	91.3	20	22.5	36	27.7
Other Decisions	163	13.3	213	7.8	110	8.7	69	77.5	94	72.3
Total	1,225	100	2,716	100	1259	100	89	100	130	100

Table 2. Registration Committee decisions: Requirement met

Requirement Met	2020		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
Character Conduct and Health	10	0.9	17	0.67	13	1.1	20	100.0	36	100.0
Language Proficiency	1,051	99.0	2,485	99.3	1136	98.9	0	0.0	0	0.0
Evidence of Practice	1	0.1	1	0.03	0	0.0	0	0.0	0.0	0.0
Total	1,062	100	2,503	100	1149	100	20	100	36	100.0

Table 3. Registration Committee decisions: Other decisions

Other Decisions	2020		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
Refuse registration	5	3.1	0	0.0	1	0.9	4	5.8	7	7.4
Directed to complete further study or an approved exam	0	0.0	0	0.0	1	0.9	3	4.3	1	1.1
Impose terms, conditions or limitations	25	15.3	1	0.5	4	3.6	1	1.4	0	0.0
Modify terms, conditions or limitations	0	0.0	0	0.0	2	1.8	0	0.0	0	0.0
Complete independent medical assessments	4	2.5	8	3.8	11	10	15	21.7	8	8.5
Language Proficiency – Requirement not met	14	8.6	26	12.2	18	16.4	0	0.0	0	0.0
Nursing Education – Requirement not met	3	1.8	1	0.5	1	0.9	0	0.0	0	0.0
Character Conduct Health – Requirement not met	3	1.8	2	0.9	1	0.9	0.0	0.0	3	3.2
Evidence of Practice - Requirement not met	1	0.6	0	0.0	0	0.0	0.0	0.0	29	30.9
Other	108	66.3	175	82.2	71	64.5	46	66.7	46 ³	48.9
Total	163	100	213	100	110	100	69	100	94	100

³ The “Other” category includes:

- 23 Character, conduct and health applications deferred by the Registration Committee for additional information or further review.
- 13 Character, conduct and health applications deferred by the Registration Committee to enable the applicant to meet with a regulatory expert.
- 3 Character, conduct and health applications where the applicant was deferred to explore an undertaking/agreement.
- 7 Character, conduct and health applications where the applicant was registered subject to an undertaking/agreement.

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

	2020		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
Decision confirmed by the Board	6	54.5	0	0	0	0	1	50	0	0
Review withdrawn by applicant	2	18.2	1	33.3	1	33.3	1	50	0	0
Application returned by the Board for Registration Committee review	1	9.1	0	0	0	0	0	0	0	0
CNO opted to return the application to Committee	1	9.1	0	0	0	0	0	0	0	0
Awaiting Board Decision	1	9.1	2	66.7	2	66.7	0	0	2	100
Total	11	100	3	100	3	100	2	100	2	100

Strategic Plan 2021-2026 Reporting

Discussion Note – June 2025 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 March 2025 (Q1 2025), is included with this report. It reports on the outcome measures and pillar performance which demonstrate CNO's progress towards the outcomes and includes leading measures.

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

The new Registration regulations came into effect on April 1, 2025. At that time, approximately 6,000 additional Internationally Educated Nurses (IEN) applicants met

the Education requirement as a result of the change. These applicants will need to meet all registration requirements, including Transition to Practice (TTP), in order to become registration eligible. Therefore, the full impact of this regulatory change may take some time.

The new TTP courses are running with educators continuing to offer more sessions in response to demand. Additionally, the first offerings of the new Education Pathways will be approved at Registration Committee in May. Currently, applicants requiring a pathway are beginning with TTP (the first course in the pathway).

Internally, system changes to support the regulation changes were implemented, supporting a seamless operational implementation in the Registration and Customer Service teams. This includes the on-boarding of two new Education Credential Assessment (ECA) services - World Education Services (WES) and International Credential Assessment Service of Canada (ICAS). CNO continues to work toward on-boarding additional Immigration, Refugees and Citizenship Canada approved ECAs.

CNO has, as expected, seen a rise in call volumes within Customer Service following the regulations coming into effect. Volumes are being managed within acceptable response times and, as themes arise, web-content is being updated to provide more information on CNO.org.

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

CNO is currently developing a new QA Practice Assessment tool. This tool is being designed as an interactive learning module centered on the Scope of Practice standard. The module will include both knowledge and assessment components, providing nurses with a comprehensive and engaging way to deepen their understanding of the standard. Development of the module is being undertaken internally, with the goal of launching it on the new Moodle Learning Management System platform in 2025.

The new QA Assessment tool and the module are in the final stages of development. The launch of the new LMS platform (Moodle) for QA Assessment is planned for September 2025.

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

As a large regulator with a broad range of system partners, CNO undertakes regular, proactive engagements with nurses, employers and the public. While the engagement activities strengthen relationships and can build trust, they also inform CNO of system needs and perspectives, and ensures partners understand their obligations in a regulated health environment.

As noted in the March update to Council, the work under this outcome has been completed (for this iteration of the Strategic Plan). Engagement with system partners is

now embedded in all relevant CNO processes. This is reflected in the briefing notes shared with Council, Registrar/Executive Director & CEO updates, and our ongoing work in Diversity, Equity, and Inclusion.

Through this work, we have gained a detailed understanding of how CNO is perceived by both nurses and the public. Additionally, we have gathered insights into social media awareness and implemented key internal practices to further strengthen trust and awareness.

CNO is continuing to review strategies/projects that will help promote success, including engaging system partners to build on this strong foundation and further strengthen trust in our work in the development of the 2027 Strategic Plan.

Strategic Plan Pillar Updates

Pillar 1: Build and Operate an Insights Capability

Work toward realizing the Insights Capability Pillar (enhancing organization-wide, evidence-based insights, backed by data) is progressing as planned, with further progress on the Enterprise Lakehouse, a data platform that enables CNO to store, manage, and analyze all organizational data in one centralized environment. It serves as a comprehensive data hub, ensuring seamless access to information across business units for reporting, analytics, and decision-making.

Updates that allow the Practice Quality team to see useful data through new dashboards and reports are complete. Staff training and full rollout of these new tools are planned for May 2025. CNO has also made improvements to the tools used by its Registration and Professional Conduct teams. In addition, we have updated important reference documents that explain what our data means and how it's organized. These updates were reviewed with teams across the organization to ensure alignment.

Pillar 2: Operate with Agility

CNO has implemented a robust prioritization model and stage-gate approval process and established a centralized project management function. As CNO continues to focus on evolving priorities and maintaining agility in response to the external environment, the implementation of a project management solution has been removed as a milestone in this iteration of the strategic plan. CNO's current business processes continue to support effective project management and provide a foundation for ongoing improvement opportunities.

A two-speed¹ organizational approach is being adopted to allow for differentiated approaches to strategic versus operational initiatives, taking the risk profile of the

¹ Speed One is a slower speed used for initiatives related directly to our public safety mandate, which requires a higher degree of certainty. Speed Two is a faster-paced speed, when permission is given to be agile and iterative. Establishing these two different speeds helps CNO keep pace with rapid changes in technology, the environment and system partner needs, while avoiding inappropriate risk.

initiative or decision into consideration. Frameworks for both operational planning and decision-making have been finalized.

Pillar 3: Enable Proactivity

CNO has modified its Proactivity Plan and updated the framework used to identify and address emerging risks that may impact patient safety. This refined framework emphasizes collaboration with system partners to proactively identify and plan interventions to mitigate emerging issues and risks. Engagement with system partners is central to this framework, ensuring that interventions are both effective and collaborative. Work under this pillar is successfully underway and on track.

Pillar 4: Engage and Mobilize our Key System Partners

In Q1 CNO staff participated in engagements, external presentations and expo-style booth engagements to educate, inform, and strengthen relationships with key system partners, including government, regulators, academics, registrants and diverse system partners.

Presentations covered topics such as nursing scope changes, CNO's complaints process, mandatory reporting, National NP regulatory framework, RN and QA updates. Staff and Chief Officers are preparing for conferences in Q2 including Together We Care (LTC Conference), AdvantAGE, and the Nursing Leadership Network to name a few.

One key engagement to highlight in Q12 2025 is CNO's visit to Thunder Bay Regional Health Sciences Centre (TBRHSC) in February. TBRHSC is the largest nursing employer in the region and services a large indigenous community. Two Practice Quality (PQ) CNO staff members attended the on-site expo-style Professional Development (PD) as booth exhibitors and also had the opportunity to deliver a formal Practice Support Presentation/Session regarding Scope of Practice & RN Prescribing. Over 200 TBRHSC staff were in attendance and CNO staff shared information about CNO, the QA program and answered any related questions.

Next steps

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

Attachments

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

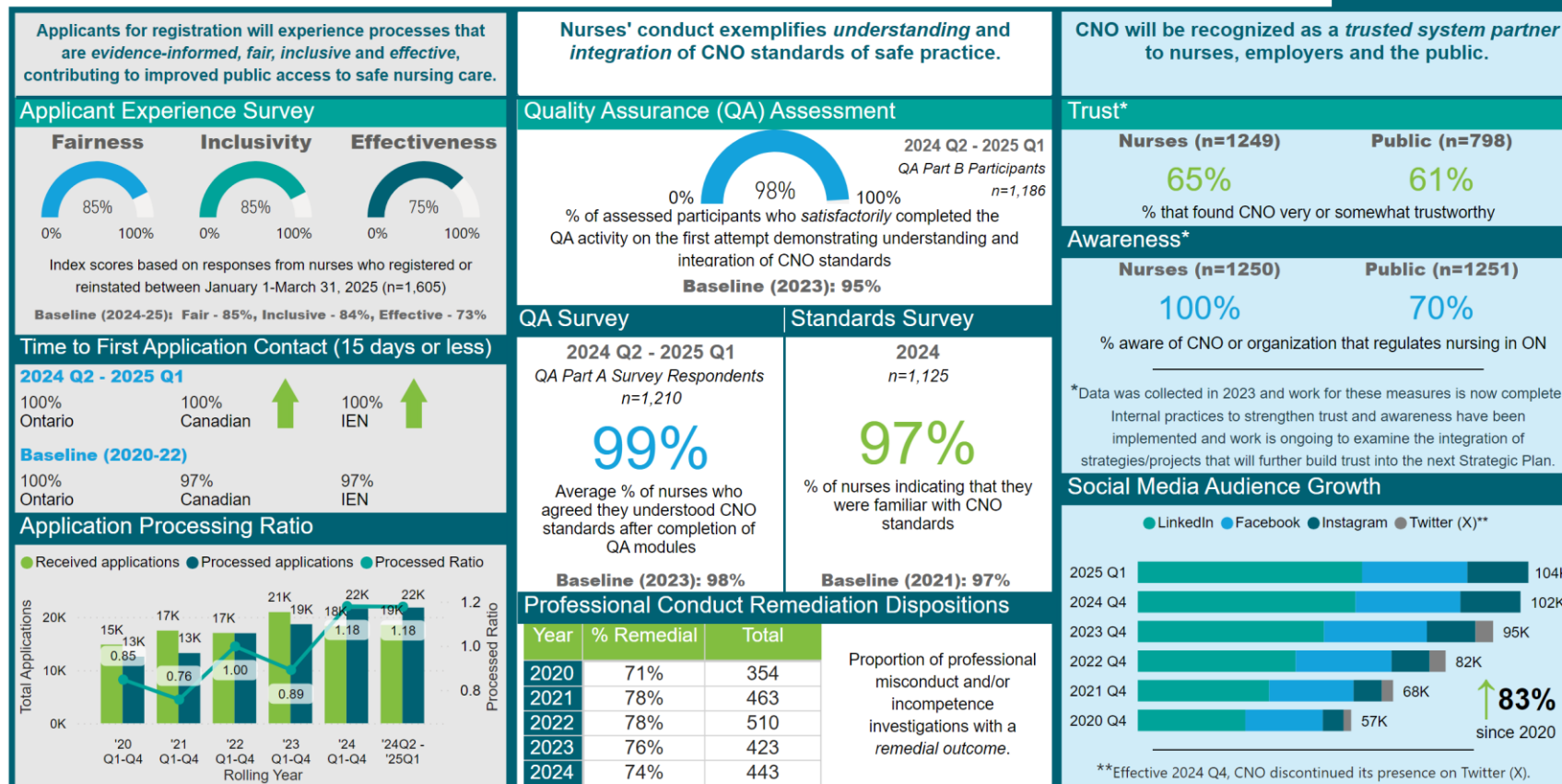
Attachment 1: (2021-2026) Strategic Plan Outcome Measures Dashboard (up to the end of March 2025)



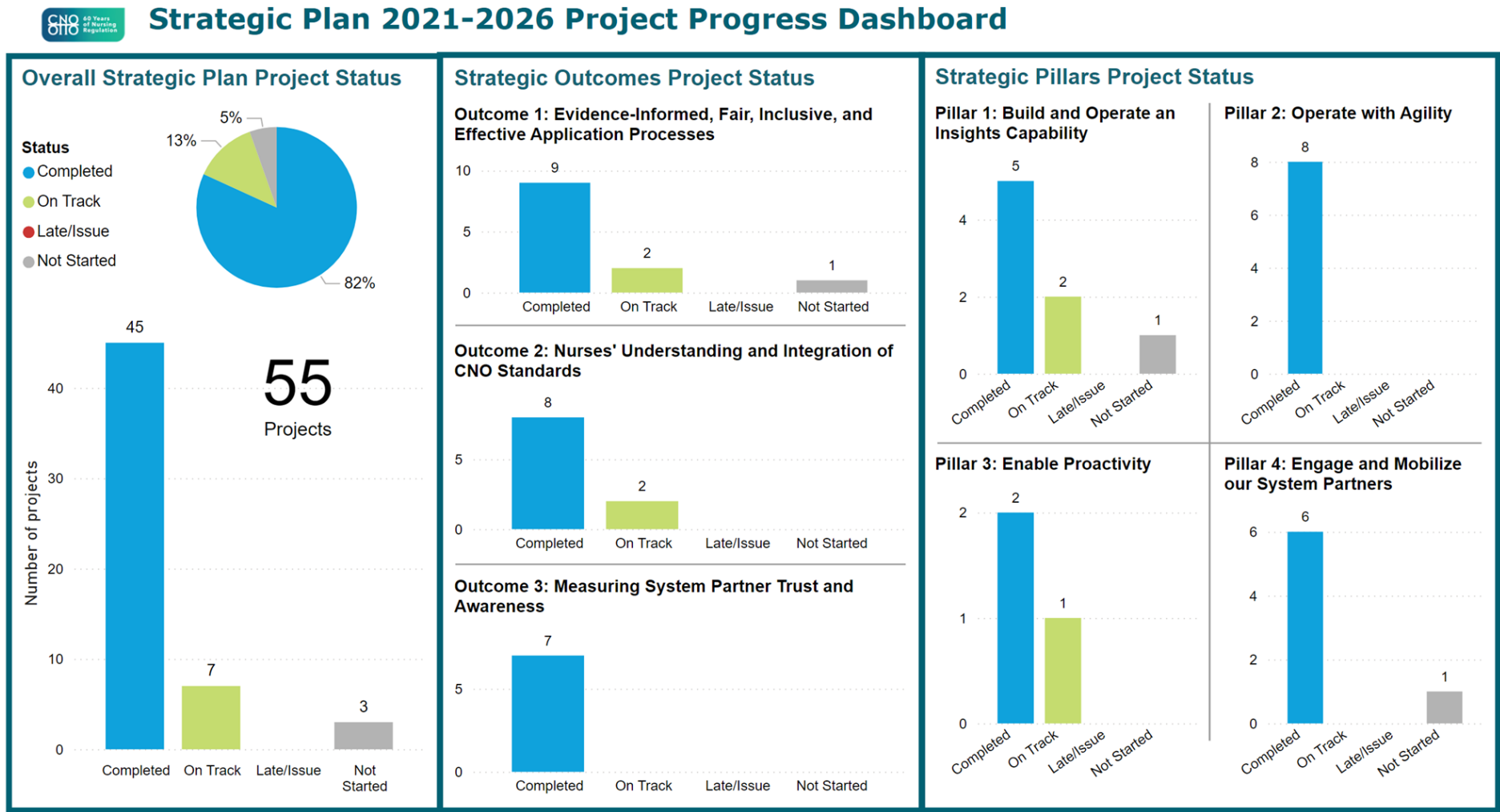
Strategic Plan 2021-2026 Outcome Dashboard

Outcome Measure

Leading Measure



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



CNO's Organizational Health

Information note – June 2025 Council

Contact for questions or more information

Elizabeth Horlock, Director People & Communications

Purpose

This overview of CNO's organizational health – supported by attraction and retention strategies – is presented to Council, consistent with their governance role to monitor and be aware of risks to organizational health and mitigation strategies.

Public protection rationale

To achieve its purpose, CNO needs to be a healthy organization that can attract and retain competent and engaged staff. Mechanisms to monitor, identify and address risks are a key component to ensuring organizational health. These activities are aligned with CNO's strategic plan and included in the College Performance Measurement Framework (CPMF).

Background

A key contributor to CNO's organizational health is having robust talent management practices that support successful attraction and retention strategies. The table below identifies current / relevant practices that enable candidates and employees to consider and build a career at CNO.



Candidates and employees should experience a consistent balance of all practices during the job application and throughout employment.

The importance of a healthy organization, and its link to attraction and retention, are found in:

- CNO's Strategic Plan: employee capabilities and culture are foundational to the four pillars; and
- the [CPME](#) requires CNO to confirm compliance for:
 - regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and in the future, and
 - ensuring an organizational culture that attracts and retains key talent through elements such as training and engagement.

CNO uses a several mechanisms to measure organizational health and the effectiveness of our attraction and retention strategies, including monitoring staff demographics, conducting benchmark surveys to align against current / relevant HR practices, and seeking feedback from candidates and employees about their experiences.

Analysis/considerations

Employment Market

CNO's competes for staffing resources within our primary employment market (other regulatory organizations) and our secondary market (broader public sector, health care, post-secondary, and municipal / provincial governments).

The employment market has been highly competitive since approximately 2019 although there are recent signs it may be shifting to an "employer's market". There is still a high demand by employers to fill roles in the health care, technology and education sectors.

Key Metrics

Indicators of organizational health and stability include retention rate and turnover rate.

- An annual retention rate calculates the percentage of employees who are employed on January 1 and are still employed on December 31. A rate of 90% or higher is considered very healthy. CNO's retention rate for 2024 was 94%.
- An annual turnover rate calculates the percentage of employees who left employment during the calendar year. A rate of 10% or less is considered stable. CNO's turnover rate for 2024 was 6%.

Both rates are approximately consistent with previous years.

Attraction and Retention Strategies

Following is an outline of how CNO uses various practices to support its attraction and retention strategies.

Hiring practices

CNO conducts a multi-stage recruitment process that includes: documenting bona fide job needs, posting jobs across various platforms to attract a diverse pool of suitable candidates, comparing each candidate's skills, knowledge and experience against job requirements, interviewing using a panel comprised of leaders spanning different teams, testing where appropriate, and conducting thorough reference checks.

Integral to the selection process is assessment of a candidate's job and leadership competencies relative to the job requirements. Competencies describe the skills, knowledge and behaviours to successfully perform a job within CNO's organizational culture. Information about the required competencies is transparently provided to candidates, and managers and supervisors receive extensive initial and ongoing refresher training and support to use the competencies to make hiring decisions. CNO's hiring practices align with recommendations from an equity review that was conducted in February 2022.

In July 2024, CNO started surveying candidates during three stages of the hiring process. Using a 6-point scale, the survey identifies the percentage of respondents who rate their experience favourably. Following are the results as of January 2025:

Stage 1 – applying for a job

- 89% overall favourability rating
- Most favourable rating: 93% The job profile provided clear information about the position.
- Least favourable rating: 85% The application process was easy. (Comments relate to the transfer of information between PDF document and CNO's Human Resources Information System)

Stage 2 – interviewing for a job

- 92% overall favourability rating
- For example: The recruiter was genuinely interested in getting to know me as a candidate.

Stage 3 – 3 months after being hired

- 100% overall favourability rating

Sample quotes from candidates:

- “The emphasis on core competencies and instructions on how to respond to an interview question was very helpful.”
- “Best candidate experience I’ve had. Quick, efficient, respectful.”
- “I wish I am switched to perm role and retire here!”

CNO uses information gathered from candidates to improve our processes and their experiences.

Internal promotion practices

Job opportunities are posted internally and CNO first considers current employees as potential candidates. In 2024, 25% of jobs were filled by internal candidates, an increase of 2% over 2023 and an increase of 15% from 2020.

Employees who exit CNO are surveyed to understand the reason for their decision. Approximately 60% of employees complete the survey and are further invited to share their experiences during a follow up discussion. Where appropriate, information is shared with respective managers for action and trends are captured for systemic consideration. Information is also compared to the annual Employee Experience Survey to identify any connections.

Career growth and advancement

Several programs support ongoing learning and development for employees, including:

- Coaching program that allows selection among three dimensions: leadership, general topics, and equity-focus
- Online learning platform through LinkedIn with courses mapped to CNO’s job and leadership competencies
- Access to online resources, including webinars, through the Canadian Centre for Diversity and Inclusion (CCDI) which are often referenced during significant dates acknowledged or celebrated by CNO staff
- Individual competency profiles to support career growth and identification of learning needs
- Various topical workshops / seminars

- 2025 examples include: psychological safety, feedforward for performance, cultural competence, annual policy review, technology refreshers, Indigenous cultural safety, and guest speakers
- “One CNO” staff meetings that foster community while providing an engaging environment for learning
 - 2025 examples include: artificial intelligence (AI), neurodiversity
- Programs that provide tuition reimbursement or support to attend conferences

Competencies are integrated in learning and development practices which support employees to create career paths based on their current competencies and proficiency levels, and those required for a future role.

Compensation

CNO’s compensation principles are approved by Council and guide the advisory role of the Sub Committee on Compensation. As a sub-committee of the Finance and Risk Committee, it is comprised of five individuals external to CNO and its Council who have senior level expertise in employee compensation, attraction and retention practices, organizational culture and the impact of these elements on organization health. The chair of the Sub-Committee is a member of the Finance and Risk Committee. The Sub-Committee members have experience that spans multiple sectors, and they provide sounding board advice to CNO to shape its internal policies and practices.

In 2025 and every three years, CNO conducts a total compensation survey to ensure that compensation components (salary ranges and administration practices, benefits, pension, time away policies, and other elements) are competitive within our defined market. Between surveys, CNO assesses its market each year to determine if any interim changes are required, and inflationary / market adjustments are made to keep salary compensation competitive.

CNO has a robust performance management process that includes mid-year and annual assessments, and regular feedback. Jobs have either annual goals that are cascaded from the CEO and other leadership roles, or performance expectations that are linked to ongoing operational activities. Job, leadership and organizational competencies are integrated in assessments and discussions. The process enables employees to have line-of-sight between organizational priorities and culture, and their contributions, which leads to higher engagement.

Work culture

Foundational to CNO’s culture are four values, identified and defined by employees: collaboration, innovation, integrity and wellbeing. They are reflected in all employment practices and enable a culture of diversity, equity and inclusion.

In June 2024, CNO introduced its 3-year DEI strategy for multiple constituents including staff, Council and Committee members, members of the public who access nursing regulation services, relevant and interested parties, registrants and candidates. CNO's DEI expertise is frequently sought by other regulators provincially, nationally and internationally, and many job candidates are aware of CNO's reputation in this area, including that CNO became the first regulator to conduct a demographic and DEI experience survey for its registrants. The pre-cursor to our broad-based strategy was an internal focus to prepare our staff through education and learning opportunities, and an examination of our own processes to support a welcoming and inclusive environment.

CNO has very diverse workforce. Demographic surveys indicate that CNO's staff population reflects broader diversity in gender identity, sexual orientation, visible minority status and immigration status than found in the Ontario population. CNO is focusing efforts to increase its employment diversity related to Indigenous people.

Work arrangements

CNO provides flexible work arrangements to its staff, including competitive time away policies, flexible work hours, and teleworking. As other organizations are requiring staff to be in an office/on-site for a minimum number of days each week, candidates and staff indicate CNO's flexible approach is a differentiator for attraction and retention.

Flexible work arrangements are consistently noted as an organizational strength by employees through the Experience Survey and anecdotal feedback.

Employee Experience Survey

Each year, CNO conducts an Employee Experience Survey as one measure of organizational health. The survey collects employee perspectives about a range of topics, including manager effectiveness, trust in leadership, diversity and inclusion, career growth and development, team dynamics, and future outlook. Previous results have informed salary administration, time away, benefits, pension, and work environment policies.

CNO achieves a very high participation rate – in 2025, the rate was 96% of employees which represents a new record. In each of 2023 and 2024, the participation rate was 92% and 91% respectively.

The survey poses 55 questions and employees respond using a 6-point scale. Responses of 5 or 6 are considered favourable, 3 or 4 are neutral, and 1 or 2 are unfavourable. Based on responses, a favourability percentage is calculated out of 100. A favourability rating of 70% or higher represents a healthy and engaged workforce.

CNO's overall favourability increased from 71.4% in 2024 to 76% in 2025. This is an excellent representation of a highly engaged and committed workforce and benchmarks against similarly sized and high performing organizations.

Every category of questions increased in favourability over the previous year's results, ranging from a change of 2.3% for empowerment to 7.5% for each of manager effectiveness and diversity and inclusion.

Actions related to the Leadership Vision which was implemented in 2024 (including implementing CNO's new organizational design, increasing clarity about decision-making accountabilities, and being more transparent about organizational priorities) may have led to increased favourability for the following questions:

- I trust our senior leadership team to lead the organization to future success: 74%, increase of 7.9%
- I understand how my job helps CNO achieve success: 88%, increase of 2.5%
- I am proud to work here: 90%, increase of 4.7%
- I recommend CNO as a great place to work: 87%, increase of 4%
- My immediate manager creates an environment that is trusting and open: 86%, increase of 4%

CNO can point to several instances where employee feedback impacted organizational practices and policies. For example, employees suggested recognition for employment tenure milestones. This year, CNO introduced a new program that celebrates employees at their 5-year anniversaries (i.e., 5, 10, 15, 20 years, and so on). Employees are recognized during team meetings, our all quarterly all staff forums, and our annual CNO Connects day, and receive a commemorative specially designed pin.

Opportunities to increase favourability scores exist in continuing to include employees in decisions that impact their work, providing advancement or promotion opportunities, and ensuring appropriate staffing resources for emerging work.

CNO creates and reports progress on an organizational action plan to address any systemic areas of concern, and each team is responsible for creating their own action plan based on their respective team results.

There are no identified risks related to CNO's organizational health. Recent survey results indicate CNO is a very healthy organization with a highly engaged staff. Recruitment efforts are successful and CNO meets its operational commitments supported by a complement of competent and engaged staff.

CNO will continue to monitor how employees and candidates experience our culture and practices and measure organizational health through surveys and metrics. This information, along with market analysis and the Sub Committee's input, will continue to inform and shape our strategies.

Nursing Education Program Approval

Decision note – June 2025 Council

Contact for questions or more information

Maya Nikoloski, Director, Professional Practice

Purpose and action required

The purpose of this decision note is to provide Council with information to support its decision making regarding annual, and comprehensive reviews of entry level nursing education programs in Ontario.¹

Motion 1:

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

Motion 2:

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

Motion 3:

That the nurse practitioner programs listed in Attachment 2 to this decision note be approved as education for nurse practitioners to be able to prescribe controlled substances.

Public protection 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)i, 3(1)i, and 4(1)i of Ontario Regulation 275/94].

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

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 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 3](#).

Controlled Substances Education

Section 17 of regulation 275/94 under the *Nursing Act, 1991* states that NPs are only authorized to prescribe controlled substances if they complete Council approved education (i.e. a course or program). Leveraging evidence-informed controlled substances competencies that were developed by the Canadian Council of Registered Nurse Regulators, in September 2017, Council previously approved all Ontario NP programs as a way for NPs to meet the education requirement for [controlled substances prescribing](#).

Analysis

Existing Nursing Programs

- Each year, all existing nursing programs undergo an annual monitoring or comprehensive review. Annual monitoring review is completed for all programs and includes assessment of outcome indicators. Outcome indicators are calculated on a rolling 3-years of aggregate data. This includes a review and update to program scores. Annual monitoring recommendations are available in [Attachment 1](#).
- Comprehensive reviews evaluate all nine indicators and are completed for all programs every seven years. Comprehensive review recommendations are available in [Attachment 2](#).
- After Council supported controlled substances competencies, they were integrated into the national [NP entry level competencies](#). As part of the Program Approval methodology described in Attachment 3, and the assessment of entry level competencies in curriculum, as part of comprehensive review, staff have reassessed that Ontario NP programs continue to integrate content that prepares NPs to safely, effectively and ethically prescribe controlled substances. Motion 3

seeks Council's approval: to reconfirm these programs as a way to satisfy the legislative requirement.

Program recommendations are forwarded to Council for approval.

Next steps

Following Council's decisions, CNO will provide:

- A letter to each of the Nursing Programs addressing the program's approval status and the upcoming dates for the next annual or comprehensive reviews as well as:
 - A Program Approval report indicating the annual review outcome indicator scores (first-time exam pass rates); or
 - A Program Approval report outlining the results of a program's comprehensive review.

Attachments

1. 2025 Annual approval of nursing programs in Ontario: Detailed Review Scoring
2. 2025 Comprehensive approval of nursing programs in Ontario: Detailed Review Scoring
3. Program Approval Scoring Methodology Attachment

Attachment 1 – 2025 Annual approval of nursing programs in Ontario: Detailed Review Scoring

Practical Nursing Programs: Comprehensive reviews updated with Annual approval data¹

Institution	Nursing Program	Indicator 7: First-time Pass Rate ²	Total Approval Score >=75%	Approval Status Recommendation
Algonquin College	Practical Nurse Diploma	Partially Met	Met	Approved
Cambrian College	Practical Nurse Diploma	Partially Met	Met	Approved
Canadore College	Practical Nurse Diploma	Met	Met	Approved
Centennial College	Practical Nurse Diploma	Partially Met	Met	Approved
	Practical Nurse Diploma for Internationally Educated Nurses	Met	Met	Approved
Collège Boréal	Practical Nurse Diploma	Partially Met	Met	Approved
Collège La Cité	Practical Nurse Diploma	Not Met	Met	Approved
Conestoga College	Practical Nurse Diploma	Met	Met	Approved
Confederation College	Practical Nurse Diploma	Met	Met	Approved
Durham College	Practical Nurse Diploma	Partially Met	Met	Approved
Fanshawe College	Practical Nurse Diploma	Met	Met	Approved
Fleming College	Practical Nurse Diploma	Met	Met	Approved
Humber College	Practical Nurse Diploma	Met	Met	Approved
Lambton College	Practical Nurse Diploma	Met	Met	Approved
Loyalist College	Practical Nurse Diploma	Met	Met	Approved
Sault College	Practical Nurse Diploma	Partially Met	Met	Approved
Seneca College	Practical Nurse Diploma	Partially Met	Met	Approved
Sheridan College	Practical Nurse Diploma	Partially Met	Met	Approved
St. Clair College	Practical Nurse Diploma	Met	Met	Approved
St. Lawrence College	Practical Nurse Diploma	Met	Met	Approved

Baccalaureate Nursing Programs: Comprehensive reviews updated with Annual approval data

Institution	Nursing Program	Indicator 7: First-time Pass Rate	Total Approval Score >=75%	Approval Status Recommendation
Brock University	Bachelor of Science in Nursing: Honours Program	Met	Met	Approved
Lakehead University	Bachelor of Science in Nursing Program	Partially Met	Met	Approved
	Bachelor of Science Nursing Compressed Program	Partially Met	Met	Approved
Laurentian University	Bachelor of Science in Nursing Program (EN)	Partially Met	Met	Approved
	Bachelor of Science in Nursing Program (FR)	Not Met	Met	Approved
McMaster University	Bachelor of Science in Nursing Program – Basic Stream	Met	Met	Approved
	Bachelor of Science in Nursing Program – Accelerated Stream	Met	Met	Approved
	Bachelor of Science in Nursing Program – Post Diploma Registered Practical Nurse (RPN) Stream	Met	Met	Approved

¹ Based on a program's evidence, each indicator is evaluated against a rubric (see Attachment 3) that determines whether the indicator is met, partially met, or not met. A 'partially met' or 'not met' indicator score will not impact approval recommendation if the indicator is not mandatory, and the program continues to meet a total score of 75%. For PN and BN programs you will see two charts. This represents those that have, and have not, gone through a comprehensive review. The second chart reflects those that have already been through a comprehensive review and their scores are updated with the annual approval data.

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

Institution	Nursing Program	Indicator 7: First-time Pass Rate	Total Approval Score >=75%	Approval Status Recommendation
Nipissing University	Bachelor of Science in Nursing Collaborative with Canadore College Program	Met	Met	Approved
	Bachelor of Science in Nursing Scholar Practitioner Program	Met	Met	Approved
	Registered Practical Nurse (RPN) to Bachelor of Science in Nursing Program	Met	Met	Approved
Ontario Tech University	Bachelor of Science in Nursing Collaborative Program	Partially Met	Met	Approved
	Bachelor of Science in Nursing – RPN Bridge Program	Met	Met	Approved
Queen’s University	Bachelor of Nursing Science Program	Met	Met	Approved
	Bachelor of Nursing Science Program – Accelerated Standing Track	Met	Met	Approved
Toronto Metropolitan University	Bachelor of Science in Nursing Collaborative Program	Partially Met	Met	Approved
	Bachelor of Science in Nursing – Post Diploma Completion Program	Partially Met	Met	Approved
University of New Brunswick at Humber College	Collaborative Bachelor of Nursing Program – Regular 4 Year Pathway	Partially met	Met	Approved
	Collaborative Bachelor of Nursing Program – Second-entry Pathway	Met	Met	Approved
	Collaborative Bachelor of Nursing Program – Bridge Pathway	Met	Met	Approved
University of Ottawa	Bachelor of Science in Nursing	Met	Met	Approved
	Registered Practical Nurse Bridging Program	Met	Met	Approved
	Bachelor of Science in Nursing Second Entry Program	Met	Met	Approved
University of Toronto	Bachelor of Science in Nursing (Compressed)	Met	Met	Approved
University of Windsor	Bachelor of Science in Nursing	Met	Met	Approved
	Bachelor of Science in Nursing for Graduates of Lambton College and St. Clair College Practical Nurse Program	Met	Met	Approved
Western University	Western-Fanshawe Collaborative Bachelor of Science in Nursing Program	Met	Met	Approved
	Bachelor of Science in Nursing Compressed Time Frame Program	Met	Met	Approved
York University	Bachelor of Science in Nursing Collaborative Program	Partially Met	Met	Approved
	Bachelor of Science in Nursing Compressed Program	Met	Met	Approved
	Post RN for Internationally Educated Nurses Program	Partially Met	Met	Approved

Baccalaureate Nursing Programs: Preliminary Approval reviews updated with initial exam data³

Institution	Nursing Program	Indicator 7: First-time Pass Rate	Approval Status
Brock University	Concurrent Bachelor of Nursing (BN)/ Master of Nursing (MN) Program	Met	Preliminary Approval
Loyalist College	Bachelor of Science in Nursing	Met	Preliminary Approval
	Registered Practical Nurse (RPN) to Bachelor of Science in Nursing (including NPTI pathway ⁴)	Met	Preliminary Approval
Seneca College	Registered Practical Nurse (RPN) Bridge to BScN Honours Bachelor of Science – Nursing (including NPTI pathway)	Met	Preliminary Approval

³ Programs with Preliminary Approval status complete a comprehensive review the year after the initial cohort graduates. Exam results are shared for information purposes and do not change their current preliminary approval status.

⁴ 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 these CNO Council preliminary approved RPN to BScN programs.

Attachment 2 – 2025 Comprehensive approval of nursing programs in Ontario: Detailed Review Scoring

Practical Nursing Programs: Comprehensive Reviews¹

Institution	Nursing Program	Mandatory Indicator 4: Curriculum	Mandatory Indicator 2: Client & Student Safety	Indicator 7: First-time Pass Rate ²	Total Approval Score >=75%	Approval Status Recommendation
George Brown College	Practical Nursing Diploma	Met	Met	Partially Met	Met	Approved
Georgian College	Practical Nursing Diploma	Met	Met	Partially Met	Met	Approved
Mohawk College	Practical Nursing Diploma	Met	Met	Partially Met	Met	Approved
Niagara College	Practical Nursing Diploma	Met	Met	Met	Met	Approved
Northern College	Practical Nursing Diploma	Met	Met	Met	Met	Approved

Baccalaureate Nursing Programs: Comprehensive Reviews

Institution	Nursing Program	Mandatory Indicator 4: Curriculum	Mandatory Indicator 2: Client & Student Safety	Indicator 7: First-time Pass Rate	Total Approval Score >=75%	Approval Status Recommendation
Trent Fleming School of Nursing	Collaborative Bachelor of Nursing Program	Met	Met	Met	Met	Approved
	Compressed Bachelor of Nursing Program	Met	Met	Met	Met	Approved
	Post-RPN Bridging Pathway Bachelor of Nursing Program	Met	Met	Met	Met	Approved

Nurse Practitioner Programs: Comprehensive Reviews, which includes an assessment of whether controlled substances prescribing competencies continue to be integrated into curriculum

Institution	Nursing Program ³	Mandatory Indicator 4: Curriculum	Mandatory Indicator 2: Client & Student Safety	Indicator 7: First-time Pass Rate	Total Approval Score >=75%	Approval Status Recommendation
Lakehead University	Primary Health Care Nurse Practitioner	Met	Met	Met	Met	Approved
Laurentian University	Primary Health Care Nurse Practitioner	Met	Met	Met	Met	Approved

¹ Based on a program's evidence, each indicator is evaluated against a rubric (see Attachment 3) that determines whether the indicator is met, partially met, or not met. A 'partially met' or 'not met' Indicator score will not impact approval recommendation if the indicator is not mandatory and the program continues to meet a total score of 75%.

² The first-time pass rates used for program approval purposes is calculated based on the total number of first-time writers that pass the registration exam over a three-year period of time expressed as a percentage.

³ Approval includes master's and post-master's programs, as well as French programs as relevant.

Institution	Nursing Program³	Mandatory Indicator 4: Curriculum	Mandatory Indicator 2: Client & Student Safety	Indicator 7: First-time Pass Rate	Total Approval Score ≥75%	Approval Status Recommendation
McMaster University	Primary Health Care Nurse Practitioner	Met	Met	Met	Met	Approved
Queen's University	Primary Health Care Nurse Practitioner	Met	Met	Met	Met	Approved
Toronto Metropolitan University	Primary Health Care Nurse Practitioner	Met	Met	Met	Met	Approved
University of Ottawa	Primary Health Care Nurse Practitioner	Met	Met	Met	Met	Approved
University of Toronto	Master of Nursing, Field: Nurse Practitioner	Met	Met	Met	Met	Approved
University of Windsor	Primary Health Care Nurse Practitioner	Met	Met	Met	Met	Approved
Western University	Primary Health Care Nurse Practitioner	Met	Met	Met	Met	Approved
York University	Primary Health Care Nurse Practitioner	Met	Met	Met	Met	Approved

Attachment 3 – 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.

RN Prescribing Policy Revision

Decision note – June 4, 2025, Council

Contact for questions or more information

Angie Brennand, Director Strategy

Purpose and action required

In 2017, Council approved a motion that RN prescribing be introduced as a “post registration” qualification. College staff is seeking updated policy direction from Council to provide flexibility so that CNO’s approach can evolve according to health system needs (see section titled “Rationale for Updated Policy Direction”).

Motion:

That, after June 4, 2025, Council will consider approval of RN prescribing education offered either as a standalone program or integrated into a broader RN education program that is delivered either before or after RN registration.

This decision supports evolution and innovation in how RN prescribing education is offered. It gives staff policy approval to assess RN prescribing curriculum whether it is delivered:

- as part of, or at the same time as, undergraduate baccalaureate nursing (RN) education, or
- as is the current state, in “post-RN” education.

In either case, program approval is a Council decision.

Questions for consideration

What would Council like staff to consider in implementing this change?

How would Council like to be kept informed/updated?

Public protection rationale

Council’s governance role includes providing direction for regulating the nursing profession. When nursing scope of practice changes, CNO is accountable for regulatory oversight to promote safe nursing practice.

Background

In September 2017, [Council approved](#) an approach for regulating RN prescribing, which included that:

- RN prescribing focus on specific practice areas (e.g., client populations)
- the College take a phased approach to implementing RN prescribing
- RN prescribing be introduced as a post-registration qualification.

To become authorized to prescribe, an RN must successfully complete Council-approved education that is specifically designed to educate RNs to safely, effectively, and ethically prescribe medication and communicate diagnoses for the purpose of prescribing.¹ We refer to this expanded legislative authority as “RN prescribing” because it is the terminology that is best understood by system partners.

Attachment 1 provides an overview of key milestones in CNO’s implementation of RN prescribing to date.

Since 2017, the health system has undergone significant transformation, including the pandemic and increasing interest in strengthening health human resource capacity by a variety of means, including expanding scopes of practice for regulated health professionals.

RN Prescribing – Current Status

- RN prescribing became operational in early 2024. As of May 26, 2025, there were 681 RNs authorized to prescribe in Ontario.
- Currently, across Ontario, there are [four Council-approved RN prescribing education programs](#) that are being offered as post-RN education, including:
 - two programs offered by 2 colleges
 - a university consortium program offered by 9 universities
 - a college consortium program offered by 6 colleges.
- RN prescribing is optional. Only those who choose to add prescribing to their practice are required to complete Council-approved education. There is a notation on [Find-a-Nurse](#) (sample below) to communicate that an individual RN is authorized to prescribe.²

¹ [O.Reg 94/275 ss 16.1 \(4\)\(a\).](#)

² Permitted by [paragraph 39 of Article 44.1.06 of By-Law No.1 General.](#)

Find a Nurse

Home Registrant's full Name Search Back to Search Results Help Print

REGISTRANT'S FULL NAME

[ENTITLED TO PRACTISE WITH NO RESTRICTIONS](#)

[AUTHORIZED TO PRESCRIBE SPECIFIED MEDICATIONS](#)

General Registration History **Practice Information** Employment Information

No information on record.

- RNs who become authorized to prescribe continue to be registered in the General Class (i.e., there is no change in their class or category of registration).
- The *Nursing Act, 1991* requires that CNO specify in regulation the [medications that RNs are authorized to prescribe](#). The regulation may identify medication categories (for example, 'hormonal contraceptives'), or name specific medications.
- In settings where RN prescribing is permitted by law, employers have discretion as to whether they will implement it. Employers play a significant role in supporting safe practice by establishing policies and the necessary resources (for example, access to other health professionals (NPs, physicians, pharmacists) for mentorship, consultation and referral purposes).
- The [RN Prescribing Practice Standard](#) describes the scope of practice and professional accountabilities of RNs who are authorized to prescribe.
- CNO publishes a variety of educational resources to support understanding and application of practice standards; these were informed by engagement with nurses, employers and academic partners.

- Among RNs authorized to prescribe in Ontario:³
 - The average number of years registered as an RN in Ontario – 11 yrs (12 years for those who completed their undergraduate nursing education in Ontario).
 - The majority (approx. 80%) completed their undergraduate nursing education in Ontario; 5% elsewhere in Canada; 15% outside of Canada.
 - Their employment locations include 29% in West Region; 26% in Toronto; 19% in Central Region; and 18% in East Region.⁴
 - They report employment in the following sectors (a nurse may work in more than one sector) – 50% community; 34% hospital; 9% long-term care home; 19% “other”.
 - The most common employment area of practice⁵ is in primary care (28%) (a nurse may work in more than one employment position).

CNO does not currently collect data related to the prescribing patterns of RNs; including prescribing activity, which medications, where they prescribe (practice settings), and for which client populations. Mechanisms for ongoing monitoring will be identified as part of the evaluation framework (discussed in the section titled “Evaluation and Monitoring”).

Analysis/considerations

Rationale for Updated Policy Direction

The health system has experienced considerable strain and transformation since Council’s original decision in 2017.

Ontario’s [Primary Care Action Plan](#) aims to expand primary health care services to approximately two million more people within four years, which includes a commitment to ensure health professionals can work to ‘full scope of practice’. The recent federal [Caring for Canadians Report](#) identifies optimizing health professionals’ scopes of practice as an important policy lever to address workforce supply-demand gaps. In late 2024, the Ontario government announced plans to [expand tuition support](#) for more than 1,600 RNs to become authorized to prescribe by completing an approved RN prescribing post-RN education program.

³ Region, employment sectors and area of practice are based on self-reported data collected from nurses during the 2025 annual renewal.

⁴ Other regions report fewer than 10% per region. Based on [Ontario Health Regions](#).

⁵ “Area of practice” is the focused practice area in a held employment position and reflects the care delivered or client population, whereas “sector” is the employment setting.

Given the current landscape, CNO has heard from some academic partners that they are interested in incorporating RN prescribing in their baccalaureate nursing programs to ensure graduates are prepared to meet health system needs, particularly in rural and remote settings.

In addition, post-RN education options will continue to be needed for RNs already in practice.⁶

Regulatory Oversight for Public Protection

Program Approval

The program approval process supports CNO's public protection purpose by ensuring individuals entering the nursing profession have the knowledge, skill and judgment to provide safe, ethical, and competent nursing care.

Council's updated policy direction will allow staff to respond to colleges and universities that *choose* to incorporate RN prescribing into their baccalaureate programs or offer an RN prescribing course to BScN students before they complete their baccalaureate program. The change in timing of curriculum delivery is intended to provide flexibility. However, it does **not** make RN prescribing a mandatory component for entry-level RN education in Ontario.

In either case, a curriculum assessment of the revised offering will occur to determine what, if any, additional program approval by Council will be required. For example, undergraduate baccalaureate nursing programs wanting to incorporate prescribing will be assessed (based on evidence provided by the school) to ensure the curriculum appropriately integrates [RN Prescribing Competencies](#) along with the [Entry-to-Practice Competencies](#) and to determine if the revised programs will require preliminary approval by Council.⁷

Ontario would be the first place in Canada to allow for RN prescribing in undergraduate baccalaureate nursing programs and uptake among Ontario colleges and universities is expected to be gradual. Therefore, CNO is not proposing to add RN prescribing to the Entry-to-Practice Competencies because, currently, it is not an entry standard that can be met by most applicants or the vast majority of existing registrants. As well, RN

⁶ In 2023, CNO established a process for assessing, and recommending for Council approval, RN prescribing post-RN education programs. This process will continue for any future RN prescribing post-RN education programs.

⁷ Preliminary approval is given to a new program that meets specified criteria; this approval status signifies that a program's graduates will be prepared to practice nursing safely, ethically, and competently. See the [Nursing Education Program Approval Policy](#) for more information.

prescribing competencies would not be reflected in the NCLEX-RN registration examination.

Graduates of baccalaureate nursing programs that contain RN prescribing would become authorized to prescribe when they satisfy all requirements to become registered as an RN in the General Class.⁸ The individual's [Find-a-Nurse](#) page will be updated to include the notation to communicate that they are authorized to prescribe.

Nurse Mobility

Facilitating mobility of nurses is a priority.⁹ Some form of RN prescribing exists in most Canadian provinces, and some other countries; however, regulatory approaches and scope of practice varies. Therefore, Canadian and international applicants must complete Council-approved education to become authorized to prescribe in Ontario. This requirement does not impede labour mobility because prescribing is not a requirement for RN registration in Ontario.

Quality Assurance

CNO's role includes administering a [Quality Assurance \(QA\) Program](#) to support nurses in maintaining competence throughout their careers and promote safe and ethical nursing care. "QA Every Day" refers to a continuous self-assessment process completed by all nurses, it involves practice reflection and developing a learning plan. CNO [provides resources](#) supporting RNs who are authorized to prescribe in reflecting on their prescribing practice to identify learning goals associated with their expanded scope of practice.

CNO is developing QA Program components to assess knowledge and practice of RNs authorized to prescribe. This will include [selection criteria](#), assessment resources, and coaching support. Resources in development include a learning module and knowledge check for RNs authorized to prescribe for Part A: Knowledge Assessment and an interactive, scenario-based module for Part B: Practice Assessment that evaluates decision-making related to assessment, diagnosis, and prescribing. Remedial supports will be identified, and the Quality Assurance Committee will receive an orientation to the RN prescribing scope of practice and associated QA program modifications.

Evaluation and Monitoring

CNO is planning evaluation to measure implementation and effectiveness of RN prescribing and provide a plan for ongoing monitoring. The evaluation will explore the perspective of multiple audiences (for example, patients, nurses, employers) and the

⁸ While new graduates may first become registered in the Temporary Class, regulations under the *Nursing Act, 1991* do not authorize Temporary Class RNs to prescribe medication or communicate a diagnosis. CNO will clearly communicate expectations.

⁹ Nurse mobility" refers to CNO applicants who are already registered as a nurse elsewhere in Canada or internationally.

extent to which the new regulatory framework is supporting safe prescribing and equitable access. Findings will be available in late 2026 and will inform continuous improvement in CNO processes and insights to support system uptake and integration of RN prescribing.

Next steps

Pending Council's approval, staff will:

- Update relevant communication (for example, web content, practice standard) to reflect that RN prescribing education may be delivered in, or coincident with, undergraduate baccalaureate nursing programs, in addition to post-RN education.
- Respond to requests from schools expressing interest, bringing forward for Council approval any programs requiring approval or re-approval.
- Continue with planning for evaluation and Quality Assurance Program modifications.
- Keep Council informed of progress.

Attachment

1. RN Prescribing: Key Milestones

Attachment 1

RN Prescribing Milestones

The table below provides an overview of key milestones relevant to Council decision-making and CNO's implementation of RN prescribing.

May 2017	Government amends the <i>Nursing Act, 1991</i> to permit RNs to: - prescribe certain medications, and - communicate a diagnosis for the purpose of prescribing those medications.
Jun 2017	Minister of Health sends letter to Council President asking that CNO develop the regulations necessary to implement RN prescribing. ¹⁰
Jun-Aug 2017	CNO completes initial scoping research, including literature review, legislative analysis, e-scan, survey of RNs.
Sept 2017	Council reviews report of consolidated evidence. Approves overarching vision and approach that includes: - focus on specific practice areas/client populations - phased implementation - introduce RN prescribing as a post-RN qualification. Council provides direction about the specific practice areas of focus.
Dec 2017-Sept 2018	Based on additional research and ongoing system engagement, Council provides input and direction on a range of policy considerations, which inform the regulations, by-laws, competencies, and standards.
Dec 2018	Council approves draft regulations for 60-day circulation.
Mar 2019	Council approves regulations.
May 2019	CNO submits Council-approved regulation to the Ministry of Health. ¹¹
Mar 2020	Council approves draft by-law for 60-day circulation (by-law to permit CNO to add a notation on Find-a-Nurse). ¹²
Dec 2020	Council approves by-law, to take effect when the regulation is in force.

¹⁰ June 2017 Correspondence from Dr. Eric Hoskins, Minister of Health to Ms. Megan Sloan, CNO Council President.

¹¹ Council regulations are subject to Ministerial review, revision and government approval.

¹² There was a delay between circulation and approval due to the COVID 19 pandemic.

Feb 2023	Minister of Health sends letter to Council President asking that CNO resume work to identify RN prescribing education. ¹³
Feb 2023	CNO invites Ontario colleges and universities to provide an “expression of interest”.
Mar 2023	CNO initiates discussion with colleges and universities that express interest; and work towards developing a practice standard.
Nov 2023	Ontario Government announces approval of regulations.
Dec 2023	Council approves RN prescribing education programs , and RN Prescribing Practice Standard .
Jan 2024 - ongoing	CNO launches implementation, which is ongoing. This includes providing a range of educational resources and support to assist RNs, employers, and academia in understanding and applying the expectations associated with RN prescribing.
Feb 2024 - ongoing	First RN completes Council-approved RN prescribing education and becomes authorized to prescribe; as of April 28, 2025, 671 RNs had become authorized to prescribe.

¹³ This was following a pause, caused by the COVID 19 pandemic, in the Ministry of Health’s review of the proposed regulation.

Report of the May 15, 2025 Finance & Risk Committee Meeting

Contact for questions or more information

Veronica Adetoye, Director, Business Services & Chief Financial Officer

The Finance & Risk Committee meeting was held on May 15, 2025. Blair MacKenzie, Geoff Clute and Usman Paracha from Hilborn LLP, were guests at the meeting.

[Attachment 1](#) is the draft minutes of the meeting.

Audited Financial Statements

The Finance & Risk Committee reviewed the results of the audit of CNO's financial statements for the year ended December 31, 2024 with Blair MacKenzie and Geoff Clute from Hilborn LLP ([Attachment 2](#)). As part of the review, the Committee had an in-camera meeting with the auditor.

The auditors' report was presented without qualification. In the opinion of the auditors, the financial statements are a fair presentation of CNO's financial position on December 31, 2024. The Finance & Risk Committee is recommending:

That Council approve the audited financial statements for the year ended December 31, 2024.

Unaudited Financial Statements

The unaudited financial statements for the three-month period ended March 31, 2025 ([Attachment 3](#)) and the confidential and privileged Management Discussion and Analysis (MD&A) were reviewed in detail.

The year-to-date operating surplus for the period is \$2.4M, which is \$1.6M higher than the budgeted surplus of \$0.8M. This is as the result of:

- revenues being higher than budgeted by \$0.9M due primarily to a higher number of overall registrations and applications, and higher interest income; and
- expenses for the period being \$0.7M less than budgeted. The favourable variance is largely due to unfilled staff positions.

After a thorough review and discussion of the statements and the accompanying confidential MD&A, the Finance & Risk Committee recommends:

That Council approve the unaudited financial statements for the three-month period ended March 31, 2025.

Report of the Sub-Committee on Compensation

The Finance & Risk Committee received a report of the April 2025 meeting of the Sub-Committee on Compensation (“Sub-Committee”). The Sub-Committee reviewed:

- a report on CNO’s attraction and retention strategies, including human resource metrics;
- revisions to the Sub-Committee Terms of Reference ([Attachment 4](#)); and
- the [Compensation Principles](#) (information item #2).

Compensation Principles

The Compensation Principles form the foundation for CNO’s compensation program and are reviewed at least every 5 years. The last review was conducted in 2020. As part of the most recent review, the Sub-Committee confirmed that the principles remain relevant with minor editorial changes that align the terminology across each principle. The Finance & Risk Committee are presenting the principles with the editorial revisions to Council for information.

Sub-Committee Terms of Reference

The Sub-Committee on Compensation is recommending changes to its Terms of Reference (TOR) to more appropriately reflect the group’s intended purpose and expertise with human resource-related practices. The key proposed changes include:

- renaming the group to Advisory Committee on Human Resources,
- updating language to reflect the nature of advice the Sub-Committee provides,
- formalizing the biennial review cycle for the TOR, and
- clarifying the timing and frequency of meetings.

The Sub-Committee’s advice to the Registrar/Executive Director and CEO, and to the Finance & Risk Committee, remains intricately connected to the Compensation Principles.

The Finance & Risk Committee supported the proposed revisions to the Sub-Committee’s TOR noting that their scope has evolved and broadened over time.

The Finance & Risk Committee recommends:

That Council approve the proposed revised Terms of Reference for the Sub-Committee on Compensation as they appear in Attachment 4 to this report.

By-Law Revisions

Sub-Committee on Compensation

If Council approves the amendments to the Sub-Committee's Terms of Reference, adjustments will be required for the related by-laws.

By-Law No.1: General will require the following revisions:

- Update the name to Advisory Committee on Human Resources
- Remove references to the Sub-Committee in Article 23, as it's not a standing committee of Council
- Replace Article 27 with a new sub-article 26.02 to better reflect the Sub-Committee's advisory role and align with their updated purpose as outlined in their revised TOR
- Removal of the Sub-Committee reference from a footnote in 29.1.03 as it is no longer relevant

Proposed amendments are detailed in [Attachment 5](#).

The Finance & Risk Committee recommends:

That Council approve amendments to By-Law No. 1: General, as they appear in Attachment 5 to this report, effective June 4, 2025.

Interjurisdictional Nurse Licensure

The Finance & Risk Committee received a preliminary report on the feedback to the proposed amendments to the Fees By-Laws ([Attachment 6](#)) to support implementation of Interjurisdictional Nurse Licensure (INL) in Ontario. The feedback reviewed at the meeting was received between March 20 – April 30, 2025 with 1,629 responses.

The circulation period ended on May 22, 2025. Overall, 1,648 responses were received between March 20 – May 22, 2025. The majority of respondents were RNs (67%), followed by RPNs (23%), NPs (7%), and Other (3%).

Based on the review of the survey responses:

- 82% (1,350) support the proposed changes
- 10% (164) do not support the changes
- 8% (134) are unsure of the changes

The percentage of respondents who support, oppose, or are unsure of the proposed by-law changes remain consistent with the feedback presented to the Finance & Risk Committee. Similarly, the common themes identified in the feedback have not changed and are summarized below.

The feedback from respondents supporting the proposed by-law changes noted that they would:

- help alleviate financial costs and allow nurses to maintain their registrations in multiple jurisdictions
- support labour mobility within Canada and allow nurses to explore different employment opportunities within Canada
- help address health human resource shortages across Canada and improve care to Canadians
- be fair and reasonable

The feedback from respondents opposed to the proposed fee by-law changes noted that:

- the proposed changes are unfair to Ontario nurses
- out-of-province nurses should pay the full fee
- the fee rebate may cause negative impacts on Ontario's health human resource needs and job security for nurses (e.g., increases competition, encourages travel nurses or travel agencies)

Respondents who are unsure of the proposed by-law amendments raised similar themes to both respondents in support and opposed as noted above.

If approved, the proposed by-law amendments would introduce definitions to support INL implementation in Ontario and reduce the annual fee by 25 percent for INL registrants.

After a thorough discussion pertaining to the feedback received, the Finance & Risk Committee is recommending:

That Council approve amendments to By-Law No. 2: Fees, as they appear in Attachment 6 to this report, effective June 4, 2025.

Auditor Appointment

The Finance & Risk Committee received a briefing note from management on the performance of the current auditor. The Committee confirmed that the auditor communicates effectively and is independent of CNO.

The Finance & Risk Committee recommends:

That Hilborn LLP be reappointed as CNO's auditors for 2025.

Self-Monitoring Tool

The Finance & Risk Committee reviewed the self-monitoring tool for the year and confirmed that they met their Terms of Reference as outlined in the tool.

Attachments:

1. Draft minutes of the Finance & Risk Committee meeting of May 15, 2025
2. Draft Audited Financial Statements for the year ended December 31, 2024
3. Unaudited Financial Statements for the period ended March 31, 2025
4. Redlined version of the revisions to Sub-Committee Terms of Reference
5. Redlined version of the By-Law No.1: General re Sub-Committee on Compensation
6. Redlined version of the Fees-By-laws for INL, including rationale for the amendments

Finance & Risk Committee Minutes

May 15, 2025 at 1:00 p.m.

Present

R. Lastimosa Jr., Chair	T. Fukushima	K. Wagg
B. Canuel	P. Sullivan	

Regrets

D. Thompson

Staff

V. Adetoye	C. Jiang	S. Mills
S. Crawford	M. Kelly, Recorder	

Guests

G. Clute	M. Hogard	U. Paracha
J. Ding	B. MacKenzie	

Chair

R. Lastimosa Jr., chaired the meeting. He welcomed J. Ding and M. Hogard as part of their orientation as incoming Vice Presidents and Finance & Risk Committee members for the next term., He also welcomed G. Clute, B. MacKenzie and U. Paracha from Hilborn LLP.

Agenda

The agenda had been circulated and was approved on consent.

Minutes

Minutes of the Finance & Risk Committee meeting of February 20, 2025 had been circulated.

Motion 1

Moved by P. Sullivan, seconded by T. Fukushima,

That the minutes of the Finance & Risk Committee meeting of February 20, 2025 be accepted as presented.

CARRIED

Audited Financial Statements

B. MacKenzie introduced U. Paracha who will take over CNO's audit portfolio upon G. Clute's retirement.

The Finance & Risk Committee received the draft audited financial statements for the year ended December 31, 2024. B. MacKenzie outlined the audit process, explaining that the purpose of the audit is to ensure the financial statements are free of material misstatement. He assured the committee of Hilborn's independence from CNO and confirmed that CNO has a conscientious management team that follows best practices in accounting for non-profit organizations. He noted that it is the role of the auditor to add credibility to the financial statements and corroborate information provided by management.

G. Clute reviewed the audited statements with the committee. He noted that management made some minor adjustments to the unaudited financial statements as presented in February, and considering those adjustments, no auditor proposed adjustments were required. He confirmed that the audited statements represented CNO's financial position at the end of 2024.

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

In camera session

The Finance & Risk Committee held an in-camera discussion with the auditors. This session, held without CNO staff present, provides an opportunity for the auditors to identify any concerns regarding CNO management that arose during the audit and allows committee members to ask questions or discuss concerns related to the audit.

Motion 2

Moved by T. Fukushima, seconded by P. Sullivan,

That approval of CNO's audited financial statements for the year ended December 31, 2024 be recommended to Council.

CARRIED

B. MacKenzie, G. Clute and U. Paracha left the meeting.

Financial Statements

The Committee received the unaudited financial statements for the three months ending March 31, 2025.

In reviewing the statement of operations, V. Adetoye highlighted that at the end of the first quarter there was a surplus of \$2.4M, which is \$1.6M more than the budgeted surplus of \$0.8M. It was noted that revenues are \$0.9M higher than budget due to an increase in the overall registration and application numbers, as well as higher interest income. Expenses are \$0.7M less than budget mainly due to unfilled staff positions; this variance is partially offset by an increase in spending on contractors and consultants.

The Committee discussed the confidential Management Discussion and Analysis (MD&A). V. Adetoye highlighted various initiatives and projects that are outlined in the document. As part of the report, the Committee also reviewed a risk dashboard that identified potential risks analyzed based on their potential impact and likelihood.

Motion 3

Moved by P. Sullivan, seconded by B. Canuel,

That it be recommended that Council approve the unaudited financial statements for the three months ended March 31, 2025.

CARRIED

Sub-Committee on Compensation Report

R. Lastimosa Jr. noted that the Sub-Committee is an expert, third-party committee that advises the Finance & Risk Committee. The report of the Sub-Committee's meeting of April 28, 2025, including draft notes of the meeting, had been circulated to the Finance & Risk Committee.

At their meeting, the Sub-Committee discussed a report on human resource metrics and provided feedback on CNO's attraction and retention strategies. The Sub-Committee was supportive of the activities undertaken and suggested additional strategies to further support the metrics discussed.

Compensation Principles

In accordance with their Terms of Reference, the Sub-Committee reviewed the Compensation Principles, which are reviewed at least every 5 years and are the foundation for CNO's compensation program; the last review occurred in 2020. The Sub-Committee confirmed that the Compensation Principles are still relevant with minor editorial changes proposed. Given that the changes to the principles are minor and editorial in nature, the Finance & Risk Committee was supportive of the changes and concurred that the Compensation Principles are still relevant.

Motion 4

Moved by B. Canuel, seconded by P. Sullivan,

That the changes to the Compensation Principles as outlined in Attachment 2 to the report of the Sub-Committee on Compensation be accepted and presented to Council for information.

CARRIED

Interjurisdictional Nurse Licensure: Proposed By-Law Amendments

The Finance & Risk Committee received a preliminary report of the feedback for the proposed amendments to the Fees By-Laws to support implementation of Interjurisdictional Nurse Licensure (INL) in Ontario. The feedback reviewed at the meeting was received between March 20 – April 30, 2025 with 1,629 responses. Council will receive an updated report as the deadline for responses has not yet passed.

Based on a review of the survey responses received to date, the majority of respondents (82%) supported the changes, while 10% did not support the changes and 8% were unsure. The Committee reviewed the common themes that arose to date. While they agreed with the themes in support of the by-law changes, they requested clarity on some themes in opposition. It was noted that INL is not expected to increase job competition or risk job security for Ontario nurses, rather it's expected to support nurse mobility across jurisdictions (i.e., virtual nursing). The registration and application requirements for INL applicants are no different from the current labour mobility applicants, rather INL will allow nurses to maintain registration in a home and host jurisdiction at the same time. Furthermore, it also offers the benefit of quality assurance compliance in their home jurisdiction and a reduced annual fee when registering with CNO as a host jurisdiction.

In their review of the report, the Committee noted that there was nothing in the feedback that was unexpected or concerning. They highlighted the importance for CNO to monitor and evaluate the impact of INL on the Ontario healthcare system and confirmed their support for the proposed revisions to the by-laws.

Motion 5

Moved by P. Sullivan, seconded by, B. Canuel,

That it be recommended that Council approve amendments to By-law No. 2: Fees, as outlined in Attachment 1 of the decision note, effective June 4, 2025.

CARRIED

Sub-Committee Terms of Reference and Related By-Laws

It was recently identified that the Sub-Committee's current Terms of Reference (TOR) may not fully reflect the scope of advice being sought from its members. As such, the Sub-Committee is recommending revisions to their TOR to more appropriately reflect the group's intended purpose and expertise with human resource-related practices.

The Finance & Risk Committee reviewed the proposed amendments as recommended by the Sub-Committee which included:

- renaming the group to Advisory Committee on Human Resources,
- updating language to reflect the nature of advice the Sub-Committee provides (i.e., CNO's attraction and retention strategies)
- formalizing the biennial review cycle for the TOR, and
- clarifying the timing and frequency of meetings.

As chair of the Sub-Committee, B. Canuel confirmed that the proposed revisions reflect the evolution and broadening of the Sub-Committee's scope over time.

K. Wagg joined the meeting.

Motion 6

Moved by B. Canuel, seconded by T. Fukushima,

That it be recommended that Council approve the proposed revised Sub-Committee on Compensation Terms of Reference.

CARRIED

The Finance & Risk Committee was presented with by-law changes that would be required if the revisions to the Sub-Committee Terms of Reference are approved. The proposed amendments to By-Law No. 1: General include the Sub-Committee's proposed name change as well as editorial changes to by-law articles to more appropriately reflect the Sub-Committee's role as an advisory committee for the Finance & Risk Committee and the expertise they provide.

Motion 7

Moved by B. Canuel, seconded by P. Sullivan,

That it be recommended that Council approve amendments to By-law No. 1: General, as outlined in Attachment 2 of the decision note, effective June 4, 2025.

CARRIED

If the changes to the Sub-Committee TOR and by-laws are approved by Council, any other documentation referencing the Sub-Committee will be updated accordingly.

Auditor Review and Appointment

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

The Finance & Risk Committee confirmed that the information provided by the auditors is clear, relevant and comprehensive, and noted improvement in their approach over the last few years. The Committee noted a high level of trust in the information provided by Hilborn and confirmed their confidence in the auditor's independence.

Motion 8

Moved by T. Fukushima, seconded by P. Sullivan,

That it be recommended to Council that Hilborn LLP be appointed as CNO's auditors for the 2025 fiscal year.

CARRIED

Self-Monitoring Tool

The Finance & Risk Committee reviewed the self-monitoring tool and confirmed that they have met their Terms of Reference for the year, specifically noting the meetings with the auditor and discussions related to internal controls.

The Committee confirmed that materials provided were well prepared and supported them in making their recommendations. They recommended that the incoming committee members for the next term continue to focus on enterprise risk management as it's an important accountability for the committee.

Next meeting

The first meeting of the 2025-2026 Finance & Risk Committee meeting will be held on August 21st at 1:00pm. An orientation meeting will also take place mid-July at a date to be determined.

R. Lastimosa Jr. acknowledged and expressed appreciation to the outgoing members.

Conclusion

At 2:30 p.m., on completion of the agenda and consent, the meeting concluded.

Chair

COLLEGE OF NURSES OF ONTARIO

FINANCIAL STATEMENTS

DECEMBER 31, 2024

Draft Statement Subject to Revision

HILBORN LLP

Independent Auditor's Report

To the Council of the College of Nurses of Ontario

Opinion

We have audited the financial statements of the College of Nurses of Ontario (the "College"), which comprise the statement of financial position as at December 31, 2024, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2024, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

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

Other Information

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

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

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

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

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

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

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

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

Independent Auditor's Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

Toronto, Ontario
To be determined

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF NURSES OF ONTARIO

Statement of Financial Position

December 31	2024 \$	2023 \$
ASSETS		
Current assets		
Cash	66,893,690	61,639,519
Investments (note 3)	41,424,947	33,749,551
Amounts receivable	268,110	393,552
Prepaid expenses	1,830,600	1,505,523
	110,417,347	97,288,145
Investments (note 3)	11,938,309	12,577,848
Capital assets (note 4)	11,244,431	12,043,856
Intangible assets (note 5)	208,201	292,897
	23,390,941	24,914,601
	133,808,288	122,202,746
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities (note 9)	18,194,983	14,644,486
Deferred registration fees	64,981,936	60,532,814
	83,176,919	75,177,300
NET ASSETS		
Invested in capital and intangible assets	11,452,632	12,336,753
Unrestricted	39,178,737	34,688,693
	50,631,369	47,025,446
	133,808,288	122,202,746

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

Vice-President

COLLEGE OF NURSES OF ONTARIO

Statement of Operations

Year ended December 31	2024 \$	2023 \$
Revenues		
Registration fees	73,146,361	56,467,954
Application, verification and transcript fees	7,817,825	6,762,140
Examinations	697,960	835,720
Investment income	3,583,984	2,800,468
Other	194,269	257,409
	85,440,399	67,123,691
Expenses		
Employee salaries and benefits (notes 6 and 7)	58,884,470	50,770,384
Consultants (note 8)	6,678,003	7,264,430
Legal services	6,696,299	3,345,277
Equipment, operating supplies and other services	6,797,756	6,665,697
Taxes, utilities and amortization (note 4)	1,927,310	1,971,046
Examination fees	141,990	231,597
Non-staff remuneration and expenses	708,648	637,022
	81,834,476	70,885,453
Excess of revenues over expenses (expenses over revenues) for year	3,605,923	(3,761,762)

The accompanying notes are an integral part of these financial statements

COLLEGE OF NURSES OF ONTARIO

Statement of Changes in Net Assets

Year ended December 31

	Invested in capital and intangible assets \$	Unrestricted \$	2024 Net \$
Balance, beginning of year	12,336,753	34,688,693	47,025,446
Excess of revenues over expenses for year	-	3,605,923	3,605,923
Amortization of capital assets	(1,594,969)	1,594,969	-
Loss on disposal of capital assets	(6,544)	6,544	-
Amortization of intangible assets	(84,696)	84,696	-
Purchase of capital assets	802,088	(802,088)	-
Balance, end of year	11,452,632	39,178,737	50,631,369

	Invested in capital and intangible assets \$	Unrestricted \$	2023 Net \$
Balance, beginning of year	13,156,244	37,630,964	50,787,208
Excess of expenses over revenues for year	-	(3,761,762)	(3,761,762)
Amortization of capital assets	(1,608,029)	1,608,029	-
Loss on disposal of capital assets	(39,302)	39,302	-
Amortization of intangible assets	(83,514)	83,514	-
Purchase of capital assets	730,918	(730,918)	-
Purchase of intangible assets	180,436	(180,436)	-
Balance, end of year	12,336,753	34,688,693	47,025,446

The accompanying notes are an integral part of these financial statements

COLLEGE OF NURSES OF ONTARIO

Statement of Cash Flows

Year ended December 31	2024 \$	2023 \$
Cash flows from operating activities		
Excess of revenues over expenses (expenses over revenues) for year	3,605,923	(3,761,762)
Adjustments to determine net cash provided by (used in) operating activities		
Amortization of capital assets	1,594,969	1,608,029
Amortization of intangible assets	84,696	83,514
Loss on disposal of capital assets	6,544	39,302
Interest not received during the year capitalized to investments	(806,738)	(1,007,031)
Interest received during the year previously capitalized to investments	810,367	271,110
	5,295,761	(2,766,838)
Change in non-cash working capital items		
Decrease (increase) in amounts receivable	125,442	(262,414)
Increase in prepaid expenses	(325,077)	(330,266)
Increase in accounts payable and accrued liabilities	3,550,497	315,247
Increase in deferred registration fees	4,449,122	14,146,973
	13,095,745	11,102,702
Cash flows from investing activities		
Purchase of investments	(58,952,699)	(43,369,287)
Proceeds from disposal of investments	51,913,213	34,063,127
Purchase of capital assets	(802,088)	(730,918)
Purchase of intangible assets	-	(180,436)
	(7,841,574)	(10,217,514)
Net change in cash	5,254,171	885,188
Cash, beginning of year	61,639,519	60,754,331
Cash, end of year	66,893,690	61,639,519

The accompanying notes are an integral part of these financial statements

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements

December 31, 2024

Nature and description of the organization

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

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

1. Significant accounting policies

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

(a) Revenue recognition

Registration fees

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

Services

Revenue from application, verification and transcript fees and examinations is recognized when the service is rendered.

Investment income

Investment income comprises interest from cash and investments.

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

(b) Investments

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

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2024

1. Significant accounting policies (continued)

(c) Capital assets

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

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

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

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

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

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

(d) Intangible assets

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

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

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

Computer application software	20%
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COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2024

1. Significant accounting policies (continued)

(d) Intangible assets (continued)

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

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

(e) Employee future benefits

Defined contribution pension plan

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

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

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

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

Multi-employer defined benefit pension plan

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

(f) Related parties

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

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

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2024

1. Significant accounting policies (continued)

(g) Financial instruments

Measurement of financial assets and liabilities

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

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

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

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

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

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities and amounts due to a related party (note 8).

Impairment

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

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

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

- the present value of the cash flows expected to be generated by holding the financial asset discounted using a current market rate of interest appropriate to the financial asset; and

Notes to Financial Statements (continued)

December 31, 2024

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

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

Impairment (continued)

- the amount that could be realized by selling the financial asset at the statement of financial position date.

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

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

(h) **Management estimates**

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

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

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

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2024

2. Financial instrument risk management

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

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

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

Credit risk

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

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

	2024 \$	2023 \$
Cash	66,893,690	61,639,519
Investments	53,363,256	46,327,399
Amounts receivable	268,110	393,552
	<u>120,525,056</u>	<u>108,360,470</u>

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

The College manages its exposure to the credit risk of investments through an investment policy which restricts the types of eligible investments and by investing in Canadian financial institutions.

Liquidity risk

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

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

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2024

2. Financial instrument risk management (continued)

Market risk

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

Currency risk

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

The College is not exposed to currency risk.

Interest rate risk

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

Other price risk

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

The College is not exposed to other price risk.

Changes in risk

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

3. Investments

Investments consist of guaranteed investment certificates and residual bonds issued by Canadian financial institutions.

	2024	2023
	\$	\$
Current	41,424,947	33,749,551
Long-term	11,938,309	12,577,848
	53,363,256	46,327,399
	2024	2023
Effective interest rates	1.30% - 5.41%	1.30% - 5.53%
Maturity dates	Jan 2025 to May 2027	Jan 2024 to Mar 2026

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2024

4. Capital assets

	Cost \$	Accumulated Amortization \$	2024 Net \$
Land	3,225,009	-	3,225,009
Building	6,835,907	6,421,810	414,097
Building improvements	5,542,274	1,374,548	4,167,726
Office furniture	1,856,363	571,370	1,284,993
Office equipment	533,686	351,941	181,745
Computer hardware	5,357,638	3,386,777	1,970,861
	<u>23,350,877</u>	<u>12,106,446</u>	<u>11,244,431</u>
	Cost \$	Accumulated Amortization \$	2023 Net \$
Land	3,225,009	-	3,225,009
Building	6,835,907	6,260,637	575,270
Building improvements	5,542,274	1,029,353	4,512,921
Office furniture	1,856,363	398,804	1,457,559
Office equipment	528,645	255,410	273,235
Computer hardware	4,653,637	2,653,775	1,999,862
	<u>22,641,835</u>	<u>10,597,979</u>	<u>12,043,856</u>

During the year, capital assets comprised of computer hardware with a net book value of \$6,544 (cost of \$93,046 and accumulated amortization of \$86,502), were disposed of for no proceeds resulting in a loss on disposal of \$6,544 being recognized in taxes, utilities and amortization in the statement of operations.

During the prior year, capital assets comprised of i) office furniture with a net book value of nil (cost and accumulated amortization each of \$5,280), ii) office equipment with a net book value of nil (cost and accumulated amortization each of \$31,289), and iii) computer hardware with a net book value of \$39,302 (cost of \$628,169 and accumulated amortization of \$588,867), were disposed of for no proceeds resulting in a loss on disposal of \$39,302 being recognized in taxes, utilities and amortization in the statement of operations.

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2024

5. Intangible assets

	Cost \$	Accumulated Amortization \$	2024 Net \$
Computer application software	2,305,087	2,096,886	208,201
	Cost \$	Accumulated Amortization \$	2023 Net \$
Computer application software	2,800,251	2,507,354	292,897

During the year, intangible assets with a net book value of nil (cost and accumulated amortization each of \$495,164) were disposed of for no proceeds resulting in no gain or loss on disposal.

During the prior year, intangible assets with a net book value of nil (cost and accumulated amortization each of \$1,421,483) were disposed of for no proceeds resulting in no gain or loss on disposal.

6. Pension plan

The College maintains a registered defined contribution pension plan for certain of its employees.

The College matches 100% of employee contributions up to 6% of eligible earnings and 50% of employee contributions over 6% of eligible earnings to the defined contribution pension plan. The contributions made by the College on behalf of its employees during fiscal 2024 amounted to \$278,568 (2023 - \$302,438) being recognized in employee salaries and benefits in the statement of operations.

7. Multi-employer defined benefit pension plan

Certain employees of the College are members of the HOOPP Plan, which is a multi-employer defined benefit pension plan. Members of the HOOPP Plan will receive retirement benefits based on the member's contributory service, the highest average annualized earnings during any consecutive five-year period, and the most recent three-year average year's maximum pensionable earnings. As at December 31, 2024, the HOOPP Plan is 111% funded. The contributions made by the College on behalf of its employees during fiscal 2024 amounted to \$3,800,585 (2023 - \$3,188,540) being recognized in employee salaries and benefits in the statement of operations.

8. Related party transactions

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

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2024

8. Related party transactions (continued)

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

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

The College has no economic interest in NHP.

During the year, the College provided funding to NHP in the amount of \$1,326,006 (2023 - \$1,299,980) which is recorded in consultants in the statement of operations. As at December 31, 2024, the College has a balance payable of \$132,074 (2023 - \$115,843) due to NHP which is recorded in accounts payable and accrued liabilities in the statement of financial position (note 9).

9. Accounts payable and accrued liabilities

	2024 \$	2023 \$
Trade payables and accrued liabilities	6,293,005	5,494,447
Accrued liabilities - professional conduct	4,808,425	2,905,935
Government remittances	6,961,479	6,128,261
Contribution payable to Nurses' Health Program (Ontario)	132,074	115,843
	<u>18,194,983</u>	<u>14,644,486</u>



**COLLEGE OF NURSES OF ONTARIO FINANCIAL
STATEMENTS
FOR THE THREE MONTHS ENDED MARCH 31, 2025 (Unaudited)**

College of Nurses of Ontario
Statement of Financial Position (\$000)
As at March 31

	2025 March	2024 March	2024 December
ASSETS			
Current assets			
Cash	33,582	44,513	66,894
Investments	56,872	34,190	41,425
Other receivables	383	344	268
Prepaid expenses	2,050	1,766	1,831
	<u>92,887</u>	<u>80,813</u>	<u>110,417</u>
Investments	<u>12,020</u>	<u>12,629</u>	<u>11,938</u>
Capital assets			
Furniture and fixtures	1,812	1,812	1,812
Equipment - non computer	534	529	534
Computer equipment	5,416	4,726	5,358
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>23,409</u>	<u>22,715</u>	<u>23,351</u>
Less: Accumulated amortization	<u>(12,526)</u>	<u>(11,018)</u>	<u>(12,106)</u>
	<u>10,883</u>	<u>11,696</u>	<u>11,244</u>
Intangible Assets	<u>2,305</u>	<u>2,800</u>	<u>2,305</u>
Less: Accumulated amortization	<u>(2,123)</u>	<u>(2,522)</u>	<u>(2,097)</u>
	<u>182</u>	<u>278</u>	<u>208</u>
	<u>115,972</u>	<u>105,417</u>	<u>133,808</u>
LIABILITIES			
Current liabilities			
Accounts payable and accrued liabilities	9,486	6,180	18,195
Deferred registration and examination fees	53,480	49,398	64,982
	<u>62,966</u>	<u>55,577</u>	<u>83,177</u>
	<u>62,966</u>	<u>55,577</u>	<u>83,177</u>
NET ASSETS			
Net assets invested in capital assets	11,064	11,975	11,453
Unrestricted net assets	<u>41,941</u>	<u>37,864</u>	<u>39,179</u>
	<u>53,005</u>	<u>49,839</u>	<u>50,631</u>
	<u>115,972</u>	<u>105,417</u>	<u>133,808</u>

College of Nurses of Ontario
Statement of Operations (\$000)
Three Months Ended March 31

	2025 Year to Date March			2024 Year to Date March			2025 Budget	
	Budget	Actual	Variance (\$) Fav/(Unfav)	Budget	Actual	Variance (\$) Fav/(Unfav)	Remaining	Approved
REVENUES								
Registration fees	19,257	19,882	625	18,055	18,184	129	57,743	77,625
Application assessment	1,999	2,054	55	1,883	1,882	(1)	6,184	8,238
Verification and transcripts	33	40	6	41	42	1	75	114
Interest income	710	915	205	685	1,179	494	1,242	2,157
Examination	171	175	4	162	160	(2)	857	1,032
Other	14	14	(0)	15	16	1	194	207
Total Revenues	22,184	23,079	895	20,840	21,464	623	66,294	89,373
EXPENSES								
Employee salaries and benefits	15,500	15,079	421	14,003	13,575	429	46,921	62,000
Employee related expenses	261	173	88	389	298	91	1,933	2,106
Contractors and consultants	933	1,132	(199)	1,105	1,159	(54)	3,306	4,438
Legal services	1,005	892	113	843	948	(105)	3,158	4,050
Equipment, operating supplies and other services	1,701	1,512	188	1,987	1,518	469	6,531	8,044
Taxes, utilities and depreciation	516	519	(3)	499	499	0	1,514	2,033
Exam fees	0	0	0	0	0	0	147	147
Non-staff remuneration and expenses	195	115	80	220	120	101	771	886
Total Base Operating Expenses	20,111	19,422	688	19,047	18,116	930	64,282	83,704
Project Expenses	1,250	1,282	(32)	529	534	(5)	3,718	5,000
Total Expenses	21,361	20,705	656	19,575	18,650	925	67,999	88,704
Excess of (expenses over revenues) / revenues over expenses	823	2,374	1,551	1,265	2,814	1,549	(1,705)	669
Opening net assets		50,631			47,025			
Closing net assets		53,005			49,839			

College of Nurses of Ontario
Statement of Changes in Net Assets (\$000)
Three Months Ended March 31

	<u>2025</u>			<u>2024</u>
	Invested in Capital and Intangible Assets	Unrestricted	Total	December
Balance, beginning of period	11,453	39,179	50,631	47,025
Excess of (expenses over revenues)/revenues over expenses	(446)	2,820	2,374	3,606
Purchase of capital assets	58	(58)	-	-
Balance, end of period	11,064	41,941	53,005	50,631

College of Nurses of Ontario
Statement of Cash Flows (\$000)
Three Months Ended March 31

	2025 March	2024 March
Cash flows from operating activities		
Excess of revenue over expense for the year	2,374	2,814
Adjustments to determine net cash provided by/(used in) operating activities		
Amortization of capital assets	420	420
Amortization of intangible assets	26	14
Loss on disposal of capital assets	0	0
Interest not received during the year capitalized to investments	(521)	(491)
Interest received during the year previously capitalized to investments	271	470
	2,571	3,227
Changes in non-cash working capital items		
Increase in amounts receivable	(115)	50
Increase in prepaid expenses	(220)	(261)
Decrease in accounts payable and accrued liabilities	(8,709)	(8,465)
Decrease in deferred registration fees	(11,502)	(11,135)
	(17,974)	(16,584)
Cash flow from investing activities		
Purchase of investment	(25,716)	(10,701)
Proceeds from disposal of investments	10,436	10,231
Purchase of capital assets	(58)	(73)
Disposal of intangible assets	-	0
	(15,338)	(542)
Net decrease in cash and cash equivalents	(33,312)	(17,127)
Cash and cash equivalents, beginning of year	66,894	61,640
Cash and cash equivalent, end of quarter	33,582	44,513

Attachment 4

Additions – Red text
Deletions - Strikethrough

~~Sub-Committee on Compensation~~ **Advisory Committee on Human Resources** **Terms of Reference**

The ~~Sub- Advisory~~ Committee on ~~Compensation~~ **Human Resources** acts as a neutral and expert resource to support **the College of Nurses of Ontario (CNO)** in meeting its goal of being an employer of choice by advising the Registrar/Executive Director and CEO and the Finance & Risk Committee on **staff compensation, human resource best practices, and** compensation-related ~~practices~~ **policies** for ~~staff and~~ Council and committee members.

Specific terms of reference are:

1. To review ~~the CNO's Compensation Principles~~ at the request of Council, ~~or~~ **and at least** once every five years to ensure that the principles support CNO's ability to attract and retain high caliber staff by reflecting current legislation, organizational imperatives and best practices in human resources. To make recommendations for change, if any, to the Finance & Risk Committee.
2. To advise the Registrar/Executive Director and CEO on staff ~~compensation-related matters~~ **human resource-related practices, including attraction and retention strategies, that** aligned with the Compensation Principles and ~~human resource~~ best practices.
3. To advise the Finance & Risk Committee whether the compensation component included in the annual proposed budget is congruent with ~~the CNO's Compensation Principles~~ and human resource best practices.
4. To advise the Finance & Risk Committee on changes in the stipend and expense policies for Council or committee members.
5. **Review, at least biennially, the Advisory Committee Terms of Reference and recommend changes, if any, to the Finance & Risk Committee.**

Membership

1. The ~~Sub- Advisory~~ Committee consists of between 3 and 5 members who possess the competencies identified to effectively contribute to the committee's purpose.
2. Members are appointed by Council on recommendation of the Finance & Risk Committee.

3. The Chair is appointed by Council on recommendation of the Executive Committee.
~~Upon appointment,~~ the Chair of the ~~Sub- Advisory~~ Committee shall be a member of the Finance & Risk Committee.
4. No member of the ~~Sub- Advisory~~ Committee shall be a member of Council or staff.
5. The term of office is 3 years with the option of reappointment by Council. Members can serve no more than three full 3-year terms.

The following staff will act as resource persons for the ~~Sub- Advisory~~ Committee:

- Registrar/Executive Director and CEO
- Chief Operating Officer
- Director, People ~~and~~ & Communications

Meetings

The ~~Sub- Advisory~~ Committee will meet at least twice per year. ~~One~~ **At least one** meeting will be held in the first ~~quarter~~ **half** of the year and one meeting will be held in the ~~third~~ **fourth** quarter of the year **to ensure advice on staff compensation related to the proposed annual budget is available to the Finance & Risk Committee as part of its consideration of the proposed budget.**

Approved by Council June 2011
Revised 2014,
June 2017,
March 2020
December 2023

Advisory Committee on Human Resources Terms of Reference

(CLEAN COPY)

The Advisory Committee on Human Resources acts as a neutral and expert resource to support the College of Nurses of Ontario (CNO) in meeting its goal of being an employer of choice by advising the Registrar/Executive Director and CEO and the Finance & Risk Committee on staff compensation, human resource best practices, and compensation-related policies for Council and committee members.

Specific terms of reference are:

1. To review CNO's Compensation Principles at the request of Council or the Finance & Risk Committee and at least once every five years to ensure that the principles support CNO's ability to attract and retain high caliber staff by reflecting current legislation, organizational imperatives and best practices in human resources. To make recommendations for change, if any, to the Finance & Risk Committee.
2. To advise the Registrar/Executive Director and CEO on staff human resource-related practices, including attraction and retention strategies, that align with the Compensation Principles and best practices.
3. To advise the Finance & Risk Committee whether the compensation component included in the annual proposed budget is congruent with CNO's Compensation Principles and human resource best practices.
4. To advise the Finance & Risk Committee on changes in the stipend and expense policies for Council or committee members.
5. Review, at least biennially, the Advisory Committee Terms of Reference and recommend changes, if any, to the Finance & Risk Committee.

Membership

1. The Advisory Committee consists of between 3 and 5 members who possess the competencies identified to effectively contribute to the committee's purpose.
2. Members are appointed by Council on recommendation of the Finance & Risk Committee.
3. The Chair is appointed by Council on recommendation of the Executive Committee. Upon appointment, the Chair of the Advisory Committee shall be a member of the Finance & Risk Committee.
4. No member of the Advisory Committee shall be a member of Council or staff.

5. The term of office is 3 years with the option of reappointment by Council. Members can serve no more than three full 3-year terms.

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

- Registrar/Executive Director and CEO
- Chief Operating Officer
- Director, People & Communications

Meetings

The Advisory Committee will meet at least twice per year. At least one meeting will be held in the first half of the year and one meeting will be held in the fourth quarter of the year to ensure advice on staff compensation related to the proposed annual budget is available to the Finance & Risk Committee as part of its consideration of the proposed budget.

Approved by Council June 2011
Revised 2014,
June 2017,
March 2020
December 2023

Attachment 5

Additions – Red text
Deletions - Strikethrough

BY-LAW NO. 1: GENERAL

23. Standing Committees

- 23.01 The standing committees of the College shall include the Nominating Committee, the Conduct Committee, the Finance & Risk Committee, and the Governance Committee ~~the Sub-Committee on Compensation.~~

(Amended June 2025⁴)

26. Finance & Risk Committee

(Amended June 2024)

- 26.01 The Finance & Risk Committee advises Council on the financial affairs of the College and assists Council in meeting its fiduciary and governance accountabilities regarding both CNO financial matters, and also enterprise risk management. Specifics regarding the Committee's authority, role and membership are prescribed in its Terms of Reference, as approved by Council.

(Amended June 2024)

- 26.02 The Advisory Committee on Human Resources acts as a neutral and expert resource to the Registrar & CEO and the Finance & Risk Committee on staff compensation, human resource best practices and on Council or committee member compensation where there is an impact to the budget. Specifics regarding the Advisory Committee's role and membership are set out in its Terms of Reference, as approved by Council.

(Added June 2025)

27. ~~The Sub-Committee on Compensation~~ Revoked June 2025

- 27.01 ~~Deleted June 2025 The Sub-Committee on Compensation acts as a neutral and expert resource to the Registrar and CEO and the Finance & Risk Committee on staff compensation, and on Council or committee member compensation where there is a financial impact to the budget. Specifics regarding the Sub-Committee on Compensation's role and membership is set out in its Terms of Reference, as approved by Council.~~

~~(Amended June 2024)~~

- 29.1.03 A member of a committee who is neither a councillor, nor an appointed committee member¹ may be removed from the committee, with or without

cause, by resolution of the Executive Committee at a meeting called for that purpose.

(Amended March 2013)

Corresponding footnote:

~~*1 For example — members of the Sub-Committee on Compensation would fall into this category.~~

~~(Amended March 2012)~~

Attachment 6

Additions – Red

Proposed amendments to By-law No.2: Fees

1.01 In this by-law,

"administrative suspension" means a suspension of a member's certificate of registration as a result of the member's failure to pay a prescribed fee or a fee required by the by-laws or to provide information required by the by-laws;

"category" means one of the RN Category or the RPN Category;

"certificate of registration" means a certificate of registration issued by the College and does not include a specialty certificate;

"class" means a class of certificate of registration and does not mean "class" as that word is used in section 8 of the Nursing Act, 1991;

"fee" includes a required fee(s) or charge, an administrative fee(s) or an administrative charge(s);

"home jurisdiction" means the Canadian jurisdiction in which the nurse physically resides for the purposes of income taxes, and in which the nurse is registered to practice in the same category. If this definition cannot be applied for any reason, "home jurisdiction" will be defined as the Canadian jurisdiction in which the nurse is registered to practice in the same category and in which they practice most often;

"host jurisdiction" means one or more jurisdictions where a nurse is registered in the same category, in addition to their home jurisdiction;

"interjurisdictional registrant" refers to a member registered in Ontario as one of their host jurisdictions in the same category as their home jurisdiction;

"out-of-province certificate" has the meaning ascribed to it under the Regulated Health Professions Act, 1991 and its Health Professions Procedural Code;

"person" includes a member and former member; and

"registration regulation" means Part II of Ontario Regulation 275/94, as amended, passed under the Nursing Act, 1991.

ANNUAL FEES

- 5.01 Unless otherwise provided in the by-law, an annual fee is payable by each member for each calendar year in accordance with this by-law.
- 5.02 The Registrar shall notify every member of the amount of the annual fee and the day on which the fee is due.
- 5.03 The annual fee for the calendar year for which a person first becomes a member in a category must be paid immediately prior to the issuance of that certificate of registration.
- 5.04 Except where Article 5.03 or 5.08 is applicable, or unless otherwise authorized by the Registrar, the annual fee for the calendar year must be paid on or before December 31st of the previous year.
- 5.05 No annual fee is payable in relation to the issuance of an emergency class certificate of registration or by a member who only holds an emergency class certificate of registration.
- 5.06 A member holding a certificate of registration in a class other than the non-practising class
- i) for members registered in one category, shall pay an annual fee of
 - a) \$270.00 for the 2023 calendar year;
 - b) \$340.00 for the 2024 calendar year;
 - c) \$354.00 for the 2025 calendar year;
 - d) \$368.00 for the 2026 calendar year and subsequent calendar years.
 - ii) for members registered in two categories, shall pay an annual fee of
 - a) \$540.00 for the 2023 calendar year;
 - b) \$680.00 for the 2024 calendar year;
 - c) \$708.00 for the 2025 calendar year;
 - d) \$736.00 for the 2026 calendar year and subsequent calendar years.
- 5.06.1 For the 2025 calendar year and subsequent years, a member registered as an interjurisdictional registrant in the General or Extended class shall be entitled to receive a rebate each year equal to 25% of the annual fees paid in respect of that year.
- 5.07 A member who only holds a certificate of registration in the non-practising Class
- i) for members registered in one category, shall pay an annual fee of
 - a) \$50.00 for the 2023 calendar year;
 - b) \$63.00 for the 2024 calendar year;
 - c) \$66.00 for the 2025 calendar year;
 - d) \$69.00 for the 2026 calendar year and subsequent calendar years.

- ii) for members registered in two categories, shall pay an annual fee of
 - a) \$100.00 for the 2023 calendar year;
 - b) \$126.00 for the 2024 calendar year;
 - c) \$132.00 for the 2025 calendar year;
 - d) \$138.00 for the 2026 calendar year and subsequent calendar years.

5.08 A member who holds a non-practising class certificate of registration and to whom another class of certificate is issued shall pay, on the issuance of that other class of certificate, the fee set out in Article 5.06 less any annual fee paid by the member for that calendar year

Rationale Chart

Proposed Change	Rationale
“home jurisdiction” means the Canadian jurisdiction in which the Nurse physically resides for the purposes of income taxes, and in which the Nurse is registered to practice in the same category. If this definition cannot be applied for any reason, “home jurisdiction” will be defined as the Canadian jurisdiction in which the Nurse is registered to practice in the same category and in which they practice most often;	This is the definition of “home jurisdiction” related to Interjurisdictional Nurse Licensure (INL). It is based on the jurisdiction where the nurse physically resides for purposes of income taxes, and in which the nurse is registered to practice. In cases where the definition of “home jurisdiction” cannot be applied, it will be defined as the Canadian jurisdiction in which the nurse is registered to practice and in which they practice most often. For example, a nurse resides in Gatineau, Quebec but not registered in Quebec. The nurse is registered to practice in Ontario and New Brunswick. In this case, since the nurse is not registered in the province where they reside, their home jurisdiction will be based on the province/territory in which the nurse practices most often. If they practice more often in Ontario than in New Brunswick, then their “home jurisdiction” will be CNO.
“host jurisdiction” means one or more jurisdictions where a nurse is registered in the same category, in addition to their home jurisdiction;	This is the definition of “host jurisdiction” related to INL.
“interjurisdictional registrant” refers to a member registered in Ontario as one of their host jurisdictions in the same category as their home jurisdiction;	This is the definition of “interjurisdictional registrant” for purposes of registering with CNO as one of the host jurisdictions. Currently, nurses who are registered in more than one Canadian jurisdiction, pay full annual fees to each nursing regulatory body. Implementing INL would help to reduce the financial burden on nurses by enabling them to pay a reduced annual fee, if Ontario is one of their Host jurisdictions.
5.06.1 For the 2025 calendar year and subsequent years, a member registered as an interjurisdictional registrant in the General or Extended class shall be entitled to receive a rebate each year equal to 25% of the annual fees paid in respect of that year.	As of January 1, 2025, a member registered as an interjurisdictional registrant with CNO as their host jurisdiction will receive a rebate equal to 25% of the annual fees each year.

Report of the Nominating Committee

Contact for questions or more information

Angie Brennand, Director, Strategy

Background

In [March 2025](#), Council received a report of the Nominating Committee's activities, and its recommendations for statutory committee appointments. The Nominating Committee has met twice since the March Council meeting. A key focus of the Nominating Committee's work was reviewing and revising its Terms of Reference.

This report includes:

- A recommendation regarding the proposed revisions to the Nominating Committee's Terms of Reference
- A recommendation regarding the proposed amendments to By-Law No. 1 General to ensure alignment with the revised Terms of Reference
- Recommendations regarding the appointment of members of the 2025-2026 standing committees (Finance & Risk, Conduct, Nominating)
- A recommendation regarding the appointment of the 2025-2026 Nominating Committee Chair

Questions for Council

Are the proposed revisions outlined in the Nominating Committee Terms of Reference clear?

Background Nominating Committee Membership and Chair

Throughout 2023, the Nominating Committee undertook an extensive review of its Terms of Reference, resulting in proposed revisions that were supported by Council. In June of 2024, Council agreed that automatically appointing the immediate past Council Chair as the Chair of the Nominating Committee is not a best practice.

In March 2025, Council reconfirmed its support for changes related to the Committee's membership and chair selection.

In April 2025, the Nominating Committee reviewed the revised Terms of Reference and the consequential amendments to By-Law No. 1: General, that would be required to implement these changes.

At its meeting in May 2025, the Nominating Committee proposed additional revisions to its Terms of Reference to account for a situation in which the immediate past Council Chair is unable to serve on the Nominating Committee and added that an immediate past member of the Executive Committee could be considered. Additionally, revisions were identified to the terms of office of Nominating Committee members.

Terms of Reference

The proposed Nominating Committee Terms of Reference ([Attachment 2](#)) includes the proposed changes to its chair and membership. Also included are editorial changes to align with current CNO terminology (e.g. Council rather than Board, Council Chair rather than President, and Registrar/Executive Director & CEO) and changes to align the Nominating Committee Terms of Reference with other Terms of Reference approved by Council in March (Executive, Governance), for example inclusion of a requirement for the Nominating Committee to self-assess annually and report to Council. The proposed revisions also:

- introduce greater flexibility in committee composition and committee members' terms of office, while still maintaining the intended balance and expertise; and
- refine language to remove overly rigid requirements that could limit the Nominating Committee's ability to appoint qualified members.

[Attachment 1](#) indicates the proposed revisions to the Terms of Reference in blue font.

Motion:

That, based on the recommendation of the Nominating Committee, Council approve the revised Nominating Committee Terms of Reference as they appear in Attachment 2 of this briefing note.

Consequential By-Law Amendments

Council is asked to approve the proposed amendments to By-Law No. 1: General to align the proposed revisions to the Terms of Reference. Column 1 of [Attachment 3](#) indicates the proposed amendments for Council's consideration.

Motion:

That, based on the recommendation of the Nominating Committee, Council approve the proposed amendments to By-Law No. 1: General, as set out in Column 1 of Attachment 3 to this decision note, effective June 4, 2025.

Appointment of Standing Committee Members

In June, the Nominating Committee recommends the appointment of members of the standing committees to Council.

Recommendations for the Nominating Committee are made from among Council member volunteers and includes an assessment administered by an external governance consulting firm, Governance Solutions Inc. Recommendations for the

Conduct and Finance & Risk Committees are made from among Council member volunteers. There are no competencies identified for these committees and no external assessment of candidates.

Finance & Risk Committee

The Finance & Risk Committee consists of seven members, four of which are position-based and three Council members (at least one of which is a nurse and one of which is a public member), recommended by the Nominating Committee. The Finance & Risk Committee advises Council on CNO's financial well-being, and its role includes oversight and reporting on enterprise risk management.

As of June 2025, the following Finance & Risk Committee positions need to be filled:

- Three Council members (at least one nurse member and one public member)

In March 2025, Council members were informed of the call to serve on the Finance & Risk Committee, through the report presented by the Chair of the Nominating Committee, as well as the Council Chair. CNO sent out three calls to Council members for volunteers to serve on this Committee.

The Nominating Committee was informed that four Council members volunteered to serve on the Finance & Risk Committee. The Nominating Committee received background from the Council member volunteers. The Nominating Committee is recommending the appointment of two nurse Council members and one public member of Council to serve on the Finance & Risk Committee.

Motion:

That, based on the recommendation of the Nominating Committee, Council appoint Doreen Bankole, RN, Alexis Lamsen, RN and Shari Wilson, public member of Council as members of the Finance & Risk Committee for 2025-2026.

Nominating Committee

The Nominating Committee is composed of five members, including Council members, persons not on Council, and the immediate past Council Chair.

The Nominating Committee supports Council in establishing committees with members who have the appropriate mix of competencies, diversity, character, expertise, and qualifications to fulfil their roles and public protection mandate. The Nominating Committee is also responsible for specific functions related to the election of Council members and provides recommendations to Council on competency-based Council elections.

Nominating Committee members are appointed based on candidates meeting the attributes and competencies required for members on this Committee. In 2024, the [Nominating Committee attributes and competencies](#) were updated, with an emphasis on integrating diversity, equity and inclusion.

The Committee appointments process is supported by third-party governance experts that administer the online application, recruit for the persons not on Council, receive and analyse the applications and resumes, carry out further assessment of candidates, and attend meetings of the Nominating Committee to provide expert advice.

Nurse Council Members

In alignment with the additional proposed revisions to the Nominating Committee Terms of Reference, the nurse Council member position would be filled by the immediate past Council Chair, Patricia Sullivan, RN.

Public Members

There was one public Council member volunteer for the Nominating Committee, Fidelia Osime.

Persons not on Council

Given the timing of the June Council meeting, and recognizing that the two current Nominating Committee members who are not members of Council, possess the skills and experience required, the recommendation for this year is to select from among the two current Committee members, subject to their availability and willingness to continue to serve on the Committee.

In alignment with the additional proposed revisions to the Nominating Committee's Terms of Reference, there was one position available for a person not on Council. The two eligible committee members were Naomi Thick, RN and Morgan Krauter, NP.¹

In accordance with the [Council and Committee Code of Conduct](#), Naomi Thick, RN and Morgan Krauter, NP, did not participate in the Nominating Committee's discussion of the Nominating Committee appointment for the position of person not on Council.

Motion:

That, based on the recommendation of the Nominating Committee, Council appoint Patricia Sullivan, RN and immediate past Council Chair; Fidelia Osime, public member of Council; and Morgan Krauter, NP, person not on Council, as members on the Nominating Committee for 2025-2026.

Conduct Committee

The Conduct Committee manages concerns regarding breaches of the Code, if a written complaint is received in accordance with [Article 16.04 of By-Law No. 1: General](#).

As of June 2025, the following Conduct Committee positions need to be filled:

¹ Morgan Krauter, NP did not seek re-election to Council for a second term and her current term on Council ends as of June 2025.

- Two nurse members
- Two public members

In March, Council members were informed of the call to serve on the Conduct Committee, through the report presented by the Chair of the Nominating Committee, as well as the Council Chair. CNO sent out three calls to Council members for volunteers to serve on the Conduct Committee, with the closing date being April 29.

As of May 28, there are no Council members who have expressed an interest in serving on the Conduct Committee. If there are no volunteers before the June Council meeting, it is recommended the appointment of the members of the Conduct Committee be deferred to the September Council meeting, at which time, Council will also consider the recommendation of the legal firm to be appointed as Chair of the Conduct Committee.

Motion:

That, based on the recommendation of the Nominating Committee, Council defer the appointment of four Council members (two nurse members and two public members) to serve as members of the 2025-2026 Conduct Committee to the September 2025 Council meeting.

Nominating Committee Chair

In [March 2025](#), Council reconfirmed its support for the proposed changes to membership and Chair of the Committee.

Council will consider the proposed revisions to the Nominating Committee Terms of Reference and consequential amendments to By-Law No. 1: General at its next meeting in June.

One key change involves removing the provision that designates the immediate past Council Chair as Chair of the Nominating Committee. Instead, the Chair of the Nominating Committee will be an ongoing member of the Committee appointed by Council, based on the recommendation of the Nominating Committee.

Motion:

That, based on the recommendation of the Nominating Committee, Council appoint Morgan Krauter as the Chair of the Nominating Committee for 2025-2026.

Nominating Committee Year End Review

The Nominating Committee discussed its achievements over the 2024-2025 year.

The Committee initiated discussions regarding proposed revisions to its Terms of Reference, focusing on aspects related to the Committee's membership and leadership. These revisions were supported by the Council in June 2024, and again in March 2025, and are being considered for final approval in June 2025. This work reflects the Committee's ongoing commitment to continuous improvement and alignment with governance best practices.

In addition, the Committee debriefed on the statutory committee appointments process and reaffirmed its confidence in the competency-based assessment model. Committee members recognized that this approach continues to support fair, consistent, and informed decision-making.

The Committee provided input into orientation for the incoming members of the Nominating Committee, noting the value of members of the Committee understanding the roles and requirements of statutory and standing committees.

Attachments

1. Nominating Committee Terms of Reference – Proposed Revisions
2. Nominating Committee Terms of Reference – Clean Copy
3. Proposed Amendments to By-Law No. 1: General

Members of the 2024-2025 Nominating Committee²

Naomi Thick, RN, Chair
Sylvia Douglas, public member of Council
Sue Haywood, member of the public
Morgan Krauter, NP member of Council
Tom Potter, member of the public

² Members of the Nominating Committee are appointed by Council based on the full committee meeting the Nominating Committee competencies. Candidates complete a self-assessment against the Nominating Committee profile. They are assessed and the Nominating Committee recommends appointees to fill vacancies to Council in June.

The two "members of the public" are selected to bring specialty competencies to the committee (e.g. human resources leadership).

NOMINATING COMMITTEE TERMS OF REFERENCE

ROLE

The Nominating Committee ~~assists~~ ~~supports~~ ~~the Board of Directors ('Board')~~¹ ~~Council~~ in ~~ensuring~~ ~~establishing the Board and~~ committees (statutory, standing, and special committees) ~~with members who~~ have the appropriate mix of competencies, diversity, character, expertise and qualifications to ~~enable them to~~ fulfil their roles and public protection mandate. The Nominating Committee ~~fulfills~~ ~~is responsible for~~ specific ~~roles~~ ~~functions~~ related to the ~~selection~~ ~~election~~ of ~~Board~~ ~~Council~~ members and ~~provides~~ ~~recommends~~ ~~to Council~~ related to competency-based ~~Council~~ elections. ~~for the Board candidates for appointment or re-appointment of individuals to committees.~~

1. Responsibilities

The Nominating Committee is responsible for:

- ~~• Supporting the Board in succession planning for the Board and committees.~~
- Acting in accordance with applicable legislation, CNO by-laws, and ~~Board-Council-~~ approved principles, policies, processes, and criteria; discharging its duties in a transparent, independent, impartial, and fair manner; and seeking ~~the Board's~~ ~~Council's~~ input ~~and involving the full Board in its work on a regular basis~~, as appropriate.
- Implementing a ~~Board-Council-~~ approved process that is structured, transparent, and objective for ~~communicating, recruiting, evaluating, and selecting qualified, and~~ diverse candidates for ~~selection to the Board Council and appointment to committees.~~ competency-based committee appointments.¹
- Recommending to ~~the Board~~ ~~Council~~ candidates for appointment or re-appointment to committees.
- ~~• Implementing a Board approved process that is structured, transparent, and objective for communicating, recruiting, evaluating, and selecting qualified, diverse candidates for selection to the Board Council and appointment to committees.~~

¹ ~~Also referred to as 'Council'.~~

¹ The Nominating Committee recommends appointments to statutory and standing committees. At this time, not all committees are subject to a competency-based appointments process; this approach is applied only to select committees.

- Fulfilling duties related to the election of nurse ~~Board~~ Council members, including declaring election results, resolving election disputes and making recommendations to ~~the Board~~ Council for filling ~~Board~~ Council vacancies in-between elections.
- Collaborating with ~~the Board~~ Council, committee chairs, and CNO staff, as appropriate, to ~~assess~~ determine the ~~appropriate mix of~~ competencies, diversity, character, expertise and qualifications of ~~the Board~~ Council and committees members.
- ~~Supporting the Board in selecting the Executive Committee.~~
- Reviewing and recommending improvements to the Nominating Committee's processes on a regular basis and recommending improvements to ~~the Board~~ Council to ensure effective committee ~~operations~~ functioning.
- ~~Reviewing these Terms of Reference biennially or more frequently if required, and recommend changes, if any, to Council.~~
- Performing any other activities necessary to fulfil its mandate, or as may be required by ~~the Board~~ Council from time to time.
- ~~Self-assessing annually whether the Committee has met the specific responsibilities and reporting these results to Council.~~

CHAIR

~~The Chair of the Nominating Committee is the immediate past President of the Board.~~

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

2. Membership

~~The Board~~ Council appoints the members of the Nominating Committee, on recommendation of the ~~Nominating~~ Council.

The Nominating Committee is composed of ~~5~~ five members, at least three of whom shall not be members of ~~the Board~~ Council and will include the immediate past Council Chair or, if the immediate past Council Chair is unable to serve, another immediate past Executive Committee member.



If the immediate past Council Chair, or the immediate past Executive Committee member occupying this role, is a nurse member of Council, the remaining Committee shall be composed of:

- One public member of Council
- Three persons not on Council

If the immediate past Council Chair, or the immediate past Executive Committee member occupying this role, is a public member of Council, the remaining Committee shall be composed of:

- One nurse member of Council
- Three persons not on Council

If the immediate past Council Chair, or the immediate past Executive Committee member occupying this role, is not a member of Council, the remaining Committee shall be composed of:

- One nurse member of Council
- One public member of Council
- Two persons not on Council

At least one member of the Nominating Committee will have background and experience in human resources.

Chair

The Chair of the Nominating Committee will be an ongoing member of the Committee appointed by Council, on recommendation of the Nominating Committee in accordance with Article 24.02 of By-Law No. 1: General. ~~is the immediate past President of the Board.~~

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

~~The Nominating Committee is composed of 5 members at least three of whom shall not be members of the Board.~~

~~At least one, but no more than two, of the members of the Nominating Committee may be current or past registrants of CNO, or applicants to CNO.~~

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



Terms of Office

The following terms of office are designed to support the effective functioning of the Nominating Committee. The approach is grounded in key principles: maintaining the appropriate balance of Council and non-Council representation, preserving institutional knowledge during transitions, and upholding a fully constituted Committee capable of carrying out its responsibilities. These principles guide how terms are structured, renewed, and staggered to ensure stability and effectiveness over time.

The term of office for the Nominating Committee Chair is one year. ~~up to 2 years.~~ In accordance with Article 30.02 of By-Law No. 1: General, the Chair can serve a maximum of two consecutive terms.

The immediate past Council Chair's term of office, or the immediate past Executive Committee member occupying this role, on the Committee ends when a new Council Chair takes office creating a new immediate past Council Chair.²

Council members of the Nominating Committee are generally appointed for a ~~3~~ one-year term, renewable annually, subject to an overall limit of six years. ~~or until their current term on Council ends, whichever is sooner.~~

Other members of the Nominating Committee are generally appointed for a term of up to ~~3~~ two-years term, depending on the needs of the Committee and the availability of members.

Nominating Committee members may serve a maximum of six years. ~~two consecutive terms~~ The terms may be, but are not required to be, consecutive.

~~Nominating Committee members' terms may be staggered so that no more than 2 expire in any given year.~~

TERMS OF OFFICE

3. Meeting Expectations and Duties

Committee members are expected to meet the expectations outlined in By-law No 3: Council & Committee Code of Conduct.

² In the event that the immediate past Council Chair or immediate past member of the Executive Committee is not able to be appointed to the Committee, then in accordance with Article 31.03 of By-Law No. 1: General, the Executive Committee would exercise its powers to fill the vacancy with another suitable candidate.

Quorum

A majority of the Nominating Committee members constitutes quorum for a meeting of the committee. ~~The Nominating Committee is properly constituted despite any vacancy so long as there are sufficient members for quorum in accordance with section 31.01 of By-Law No. 1: General.~~

Decisions and Voting

When possible, the Nominating Committee's decisions are made by consensus.

Should consensus not be reached, the Nominating Committee's decisions are made by a simple majority vote of the members present at a meeting of the Nominating Committee. ~~that has achieved quorum.~~

Each member of the Nominating Committee has ~~1~~ one vote.

MEETINGS

~~Meetings-~~

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

~~Meetings are conducted virtually or in person, as approved by the Chair.~~

~~The Nominating Committee maintains minutes of its meetings.~~

QUORUM

~~A majority of the Nominating Committee members constitutes a quorum for a meeting of the committee.~~

DECISIONS AND VOTING

ACCOUNTABILITY AND 4. Reporting

The Nominating Committee is accountable to ~~the Board~~ Council and reports its activities and recommendations to ~~the Board~~ Council at ~~the Board's~~ Council's next meeting. Time-sensitive issues are brought to Council's ~~the Board's~~ attention in a timely manner.

The Nominating Committee provides ~~the Board~~ Council with sufficient information and documentation for ~~the Board~~ Council to make informed decisions.



RESOURCES

5. Resources

The Registrar/Executive Director & CEO acts as a resource for the Nominating Committee but is not a member of the Nominating Committee. The Registrar/Executive Director & CEO designates staff resource(s) to support the Nominating Committee as required.

Outside advisors and consultants may be retained to assist the Nominating Committee in discharging its duties.

APPROVALS

6. Evaluation

The Nominating Committee will self-assess annually whether the Committee has met these terms of reference and report these results to Council.

7. Revision Process

These terms of reference are approved by Council. To maintain currency, a review of these terms of reference takes place every three years, with the exception noted below.

Where there is a substantive legislative change or change in regulatory or societal expectations, a review will be undertaken to determine if the terms of reference need interim amendment.

APPROVALS

Approved: 2020.03.11

Revisions: 2022.09.28

2023.06.08

2025.06.04

Next review: 2028.06



NOMINATING COMMITTEE TERMS OF REFERENCE

The Nominating Committee supports Council in establishing committees (statutory, standing, and special committees) with members who have the appropriate mix of competencies, diversity, character, expertise and qualifications to fulfil their roles and public protection mandate. The Nominating Committee is responsible for specific functions related to the election of Council members and provides recommendations to Council related to competency-based Council elections.

1. Responsibilities

The Nominating Committee is responsible for:

- Acting in accordance with applicable legislation, CNO by-laws, and Council-approved principles, policies, processes, and criteria; discharging its duties in a transparent, independent, impartial, and fair manner; and seeking Council's input, as appropriate.
- Implementing a Council-approved process that is structured, transparent, and objective for evaluating and selecting qualified and diverse candidates for competency-based committee appointments.¹
- Recommending to Council candidates for appointment or re-appointment to committees.
- Fulfilling duties related to the election of nurse Council members, including declaring election results, resolving election disputes and making recommendations to Council for filling Council vacancies in-between elections.
- Collaborating with Council, committee chairs, and CNO staff, as appropriate, to determine the competencies, diversity, character, expertise and qualifications of Council and committee members.
- Reviewing and recommending improvements to the Nominating Committee's processes on a regular basis and recommending improvements to Council to ensure effective committee functioning.
- Performing any other activities necessary to fulfil its mandate, or as may be required by Council.

¹ The Nominating Committee recommends appointments to statutory and standing committees. At this time, not all committees are subject to a competency-based appointments process; this approach is applied only to select committees.

2. Membership

Council appoints the members of the Nominating Committee, on recommendation of the Nominating Committee.

The Nominating Committee is composed of five members, at least three of whom shall not be members of Council and will include the immediate past Council Chair or, if the immediate past Council Chair is unable to serve, another immediate past Executive Committee member.

If the immediate past Council Chair, or the immediate past Executive Committee member occupying this role, is a nurse member of Council, the remaining Committee shall be composed of:

- One public member of Council
- Three persons not on Council

If the immediate past Council Chair, or the immediate past Executive Committee member occupying this role, is a public member of Council, the remaining Committee shall be composed of:

- One nurse member of Council
- Three persons not on Council

If the immediate past Council Chair, or the immediate past Executive Committee member occupying this role, is not a member of Council, the remaining Committee shall be composed of:

- One nurse member of Council
- One public member of Council
- Two persons not on Council

At least one member of the Nominating Committee will have background and experience in human resources.

Chair

The Chair of the Nominating Committee will be an ongoing member of the Committee appointed by Council, on recommendation of the Nominating Committee in accordance with Article 24.04 of By-Law No. 1: General.

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



Terms of Office

The following terms of office are designed to support the effective functioning of the Nominating Committee. The approach is grounded in key principles: maintaining the appropriate balance of Council and non-Council representation, preserving institutional knowledge during transitions, and upholding a fully constituted Committee capable of carrying out its responsibilities. These principles guide how terms are structured, renewed, and staggered to ensure stability and effectiveness over time.

The term of office for the Nominating Committee Chair is one year. In accordance with Article 30.02 of By-Law No. 1: General, the Chair can serve a maximum of two consecutive terms.

The immediate past Council Chair's term of office, or the immediate past Executive Committee member occupying this role, on the Committee ends when a new Council Chair takes office creating a new immediate past Council Chair.²

Council members of the Nominating Committee are generally appointed for a one-year term, renewable annually, subject to an overall limit of six years.

Other members of the Nominating Committee are generally appointed for a term of up to two-years, depending on the needs of the Committee and the availability of members.

Nominating Committee members may serve for a maximum of six years. The terms may be, but are not required to be, consecutive.

3. Meeting Expectations and Duties

Committee members are expected to meet the expectations outlined in [By-law No 3: Council & Committee Code of Conduct](#).

Quorum

A majority of the Nominating Committee members constitutes quorum for a meeting of the committee. The Nominating Committee is properly constituted despite any vacancy so long as there are sufficient members for quorum in accordance with section 31.01 of [By-Law No. 1: General](#).

² In the event that the past Council Chair is not able to be appointed to the Committee, then in accordance with Article 31.03 of By-Law No. 1: General, the Executive Committee would exercise its powers to fill the vacancy with another suitable candidate.

Decisions and Voting

When possible, the Nominating Committee's decisions are made by consensus.

Should consensus not be reached, the Nominating Committee's decisions are made by a simple majority vote of the members present at a meeting of the Nominating Committee.

Each member of the Nominating Committee has one vote.

4. Reporting

The Nominating Committee is accountable to Council and reports its activities and recommendations to Council at Council's next meeting. Time-sensitive issues are brought to Council's attention in a timely manner.

The Nominating Committee provides Council with sufficient information and documentation for Council to make informed decisions.

5. Resources

The Registrar/Executive Director & CEO acts as a resource for the Nominating Committee but is not a member of the Nominating Committee. The Registrar/Executive Director & CEO designates staff resource(s) to support the Nominating Committee as required.

Outside advisors and consultants may be retained to assist the Nominating Committee in discharging its duties.

6. Evaluation

The Nominating Committee will self-assess annually whether the Committee has met these terms of reference and report these results to Council.

7. Revision Process

These terms of reference are approved by Council. To maintain currency, a review of these terms of reference takes place every three years, with the exception noted below.

Where there is a substantive legislative change or change in regulatory or societal expectations, a review will be undertaken to determine if the terms of reference need interim amendment.

Approved: 2020.03.11

Revisions: 2022.09.28

2023.06.08

2025.06.04

Next review: 2028.06

DRAFT

Deleted

New

Moved

Attachment 3

By-Law No1: General	Rationale
24.01 The Nominating Committee supports Council and committees to demonstrate the competencies and attributes, such as experience, knowledge, skills, and character, to enable them to fulfil their roles and their public protection mandate. Specifics regarding the Nominating Committee's role and membership is set out in its ~~T~~ erms of ~~R~~ eference, as approved by Council.	This term has been updated to maintain consistency throughout when referencing "terms of reference".
24.02 Despite Article 30.01 ~~5~~ or if Article 30.06 has not been invoked, the chair of the Nominating Committee shall be ~~appointed by Council on recommendation of the Nominating Committee.~~ ~~the immediate past President of the Council so long as he or she is willing and able to serve and Council or the Executive Committee has not specifically directed otherwise or Article 30.06 has not been invoked.~~ ~~appointed by Council on recommendation of the Nominating Committee.~~	Aligned with Council's support in June of 2024 This term has been updated to increase flexibility by allowing Council to appoint the Nominating Committee Chair based on the qualifications, availability, and alignment with the Nominating Committee's needs, rather than automatically selecting the past Council Chair.
29.02 Having regard for the composition requirements of each committee and following any protocol approved by Council, the Nominating Committee shall (Amended September 2021) i) at the March Council meeting, present a slate of candidates for each statutory committee; and ii) at the June Council meeting, present a slate of candidates for the members of the Conduct Committee, ~~and~~ the Finance & Risk Committee, ~~and~~ the Nominating Committee. (Amended June 2024)	This term has been updated to include reference to the Nominating Committee which follows the same appointment process as the Finance & Risk and Conduct committees and ensures alignment with the established practice of committee appointments at the June Council meeting.

Appointment of Conduct Committee Chair - Update

Information Note – June 2025 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose

To provide an update and outline the planned steps to identify and appoint a legal firm to serve as Chair of the Conduct Committee, in accordance with Council's approval in [March 2025](#).

Background

In March 2025, Council approved the revised Terms of Reference for the Conduct Committee, and supported staff proceeding with a search for the legal firm to act as Chair of the Conduct Committee. The search will be guided by the criteria previously discussed with Council and will result in a recommendation, supported by rationale, to be presented to Council for final decision.

The Conduct Committee is a standing committee of Council, established under By-Law No. 3: Council and Committee Code of Conduct. The updated Terms of Reference provides that a legal firm will be appointed as Chair of the Conduct Committee, and that the firm will designate an individual from within the organization to carry out the Chair's responsibilities when required. This approach supports transparency and impartiality in the leadership of the Conduct Committee and ensures that an expert resource is available to support the Committee's work, as needed.

While the appointment of the legal firm to serve as Chair of the Conduct Committee was initially planned to be brought forward to Council in June, additional time is needed to complete the search for a suitable legal firm. CNO staff are developing an evaluation matrix to assess legal firms against the Council approved criteria, and the process will also include interviews with representatives from the shortlisted firms and a structured assessment against the established criteria. As a result, the recommendation and appointment will now be addressed at the September Council meeting.

Next steps

A recommendation of the legal firm to chair the Conduct Committee will be brought to Council in September 2025.

Executive Committee Minutes

May 15, 2025

Present

P. Sullivan, Chair

R. Lastimosa Jr.

F. Osime

Regrets

T. Fukushima

Guests

J. Ding

M. Hogard

M. Sheculski

Staff

A. Brennand

S. Crawford

R. Jabbour

S. Mills

R. Singh, Recorder

D. Tam

A. Vrachidis

Welcome

P. Sullivan welcomed the members of the 2025-2026 Executive Committee ("Committee"), J. Ding, M. Hogard and M. Sheculski as part of their orientation to the Executive Committee.

Agenda

Members had received the agenda for the Committee meeting of May 15, 2025.

Motion 1

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

That the agenda for the Executive Committee meeting of May 15, 2025, be approved as circulated.

CARRIED

Consent Agenda

P. Sullivan introduced the consent agenda. She confirmed that the Committee 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 F. Osime, seconded by R. Lastimoso Jr.,

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

Minutes of the Executive Committee Meeting of February 20, 2025

Neil Hillier, RPN, be appointed to the Inquiries, Complaints and Reports Committee until June 2026.

CARRIED

Council Welcome Session and Orientation Update

Welcome Orientation

The Committee received a draft annotated agenda for the Welcome Orientation with new Council members on May 22, 2025. R. Jabbour provided an overview of the draft annotated agenda.

P. Sullivan provided an update on mentor assignments and the Committee inquired about the structure of the mentorship. It was confirmed that this process is informal, specific to the needs of each respective mentee.

Council Development Workshop

The Committee received the draft agenda for the Council Development Workshop on June 3, 2025. R. Jabbour provided an overview of the draft agenda for the session with the Committee and described the work underway to enhance orientation by checking in with new Council members – part way through their first year – to obtain feedback about their orientation and onboarding experience. The Committee suggested that any information/feedback gathering should take place immediately following the session.

Development of New Strategic Plan – Update

The Committee received a summary note and inquired about how Council would remain engaged throughout the development of the new Strategic Plan. CNO Staff confirmed that Council will be informed of the engagement approach and the summary of findings at its first workshop, scheduled for June 26, 2025.

Labour Mobility Updates

S. Crawford provided an update on the labour mobility work underway at both the provincial and federal levels. The Committee was reminded that on April 16, 2025, the Ontario Government introduced the *Protect Ontario Through Free Trade Within Canada Act, 2025* (Bill 2), which is currently under consultation. S. Crawford informed the Committee that CNO has submitted its response to the Ministry and will continue to share updates as they emerge.

The Committee inquired about the rationale for the proposed Interjurisdictional Nurse Licensure fee rebate and the importance of ensuring fairness across all registrants. S. Crawford noted that while some provinces have implemented fee reductions, the financial impact must be carefully assessed to ensure sustainability and alignment with operational needs of each jurisdiction. It was identified that further specifics will be shared as they become available, and any proposed changes will be subject to Council approval.

RN Prescribing Update

S. Crawford provided an update on RN prescribing. She shared that in 2017, Council approved a phased approach to implementation, including a motion that RN prescribing be introduced as a post-registration qualification. A regulation was approved by Council in 2019. The Ministry approved the regulation in late 2023, after which implementation began. She noted that the current health system needs have evolved and are different than the original 2017 policy direction.

S. Crawford confirmed that to support public protection, CNO will continue to conduct program reviews, provide guidance on standards for safe nursing practice, and is currently working on modifications to the Quality Assurance (QA) program.

Executive Committee Review of Governance Agenda Items

P. Sullivan introduced the governance agenda items, noting that, because the Executive Committee serves as Council's Governance Committee, they have received the draft Council briefings.

Nominating Committee Terms of Reference

The Committee received an update on the revised Terms of Reference (ToR) for the Nominating Committee. A. Vrachidis confirmed that additional proposed revisions were discussed at the recent Nominating Committee meeting and shared the key updates which reflect best practices in committee composition, emphasizing a majority of non-Council members. She further noted that the revisions account for the status of the immediate past Council Chair and, where necessary, the immediate past Executive Committee member, to support continuity.

Appointment of Conduct Committee Chair – Update

P. Sullivan reminded the Committee that Council previously supported the selection of a legal firm to be appointed as the Chair of the Conduct Committee in March 2025, and noted that as outlined in the meeting materials, the selection process will require additional time and resources.

She confirmed that no Council members have expressed interest in serving on the Conduct Committee, therefore, the Conduct Committee's membership may also be addressed at the September Council meeting.

June 2025 Draft Council Agenda

The Committee received a decision note and draft agenda for the June Council meeting.

Motion 3

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

That the Executive Committee approve the June 2025 Council agenda.

CARRIED

Inquiries, Complaints and Reports Committee (ICRC) Chair Appointment – Recommendation to Council

The Committee reviewed the available information and was asked to determine a recommendation for the appointment of the Chair of the Inquiries, Complaints and Reports Committee (ICRC) for the 2025–2026 term. As a candidate for this position, M. Sheculski recused herself from the discussion.

Candidates submitted self-assessed competency ratings and resumes to Governance Solutions. The Committee reviewed this information, including self-assessments based on core chair competencies, to inform their recommendation.

Motion 4

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

That the Executive Committee recommend to Council the appointment of Maria Sheculski, Public Member of Council, to serve as the Chair of the 2025-2026 Inquiries, Complaints and Reports Committee.

CARRIED

M. Sheculski returned to the meeting.

From Your Executive Committee

P. Sullivan confirmed that she would share topics with the Committee via email for their feedback and input regarding key items to include in the next *From Your Executive Committee* message to Council.

Compensation Principles

Purpose

To support an organizational culture of performance excellence by enabling CNO to hire and retain engaged and motivated staffing resources who achieve CNO's mandate.

Definitions

Compensation:

For the purpose of these principles, compensation is defined to include the following components:

- Annual salary/hourly rates of pay;
- Rewards and recognition to include merit payments, ad hoc performance recognition, growth and learning opportunities;
- Benefits to include insured coverages (such as health and dental) and non-insured plans (such as time away allotments); and
- Retirement savings arrangements to include registered pension plans and Group RRSPs.

CNO's Employment Market:

CNO's primary employment market is defined to be: other regulatory organizations. CNO's general employment market is defined to include: the primary employment market and non-profit organizations; Ontario Public Service; municipal governments; post secondary institutions (colleges and Universities); health care; and on a targeted basis, private sector organizations with which CNO competes for resources.

Principles

As foundational assumptions to all Compensation Principles, CNO is committed to ensuring:

- its decisions and activities comply with all relevant legislation; and
- information about individual staff compensation is confidential.

Externally Competitive:

Achieve and maintain competitive positioning relative to other employers within CNO's general employment market, as defined, on a total compensation basis. CNO's desired competitive position shall not be less than the market median and may be allowed to lead on a total compensation basis within its general employment market.

Internally Equitable:

Develop and consistently apply fair and transparent practices and policies to administer CNO's compensation programs for all job applicants and employees.

Individually Equitable:

Ensure compensation-related practices and decisions are ethically, consistently, objectively and equally applied to all employees, with the result that employees perceive and experience fair treatment.

Approved by Council, June 2011

Revised, December 2013, December 2015, March 2020

Labour Mobility Updates

Information note – June 2025 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose

The purpose of this information note is to provide an update on work underway to support labour mobility initiatives provincially and federally.

Background

CNO has been leading and implementing labour mobility initiatives to enhance nurse mobility across Canada, such as Interjurisdictional Nurse Licensure (INL) and a single national NP regulatory framework. These national initiatives aim to enhance nurse mobility, while supporting safe nursing practice.

In 2023, in response to the objectives of the “*As of Right*” legislation, CNO implemented registration process changes to enable labour mobility applicants (i.e. those registered in another Canadian jurisdiction) to register with CNO more efficiently. Currently, labour mobility applicants may choose to complete an attestation form to verify they are registered in a Canadian jurisdiction. This enables them to be registered and begin practising in Ontario quickly.

Labour mobility of health care professionals, including nurses has become a priority for provincial and federal governments. On April 16, 2025, the Ontario Government introduced the [Protect Ontario through Free Trade Within Canada Act, 2025](#) (Bill 2), a new legislation supporting labour mobility of health care professionals and other workers. The Ministry of Health is currently consulting on the proposed legislation. CNO submitted its response to the Ministry on April 30, 2025.

Below is an overview of Bill 2 and CNO initiatives that would support these changes.

Protect Ontario through Free Trade Within Canada Act, 2025 (Bill 2)

The *Protect Ontario through Free Trade Within Canada Act, 2025* aims to remove existing barriers to free trade and labour mobility within Canada. The proposed legislation outlines four key areas that are relevant to health care professionals:

1. Expand “*As of Right*” rules to additional out-of-province regulated health professionals

2. Remove Practice Setting Restrictions for health professions currently using “*As of Right*”
3. Expand the “*As of Right*” rules to American-licensed nurses who are seeking to live and work in Ontario
4. Automatic recognition of another provincial/territorial certificates of registration

Attestation-based Framework

CNO’s attestation-based framework meets the objectives of “*As of Right*” outlined in Bill 2, enabling expeditious registration for labour mobility applicants. CNO will look to expand our current attestation approach by making it the default process for registering all labour mobility applicants.

Interjurisdictional Nurse Licensure (INL)

As noted above, CNO’s Council has been working towards implementing INL: a national initiative led by the Canadian Nurse Regulators Collaborative (CNRC) to enhance labour mobility of nurses in Canada by enabling nurses to maintain registration in multiple Canadian jurisdictions and practice across Canada, while supporting patient safety.

To support implementation of INL, Council will consider feedback from registrants and system partners on the proposed fee by-law changes that would enable INL registrants who register with CNO as their host jurisdiction to receive a 25% rebate of the annual fee. Subject to Council approval of the by-law change, CNO will implement system changes to operationalize INL, enabling applicants who wish to practice in multiple jurisdictions to register with CNO as INL registrants.

Next steps

- Provide updates to Council related to the Ontario government’s legislative changes on labour mobility that impact nursing regulation

Editorial Revisions to Committee Terms of Reference – Executive, Governance, Patient Relations, and Conduct Committees

Information note – June 2025 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose

The purpose of this information note is to provide an update regarding minor revisions to the Terms of Reference that were approved at the March 2025 Council meeting.

Background

The updated Terms of Reference for the Executive, Governance, Patient Relations, and Conduct Committees were approved by Council at its [March 2025](#) meeting.

As part of the College's commitment to continuous quality improvement and good governance, a review of the structure of these recently approved Terms of Reference was undertaken by CNO staff.

This structural review was prompted by the need to update the Nominating Committee's Terms of Reference, which will be presented at the June 2025 Council meeting. While updating that document, CNO staff undertook a review of the structure of all recently approved Terms of Reference to ensure consistency across committees. This review focused solely on format and presentation, not content (e.g. mandate, authority, or composition). These revisions also support a consistent and coherent presentation in the Governance Manual.

Similar updates for other committees will follow as part of an ongoing process to maintain clear and up-to-date governance documentation.

Next steps

The revised Terms of Reference for the Executive, Governance, Patient Relations, and Conduct Committees will be included in the updated version of the Governance Manual.

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

2025-2026 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
Bankole, Doreen	Yes	Yes		Yes
Baretto, Clinton	Yes	Yes	NPAO, Co-Chair Independent Practice Working Group	Yes
Burke, Randy	Yes	Yes		Yes
Carmichael Pilon, Patti	Yes	Yes	Blessed Sacrament Church, Member of Finance Committee	Yes
Carpenter, Lynda	Yes	Yes		Yes
Cheuk, Wendy	Yes	Yes	- Michael Garron Hospital, Director of Nursing Practice and Education - RNAO, BPSO Working Group - Unity Health, After Hours Manager	Yes
Ding, Jerry	Yes	Yes		Yes
Douglas, Sylvia	Yes	Yes		Yes
Fox, Grace	Yes	Yes		Yes
Gilchrist, Carly	Yes	Yes		Yes
Grewal, Geeta	Yes	Yes		Yes
Hillhouse, Todd	Yes	Yes		Yes
Hogard, Michael Allan	Yes	Yes	- Riverside Healthcare Facilities, Staff Nurse - Ministry of the Solicitor General, Staff Nurse	Yes
Holland, Terry	Yes	Yes		Yes
Hourigan, Carly	Yes	Yes		Yes
Kim, Fred	Yes	Yes		Yes
Ko, Jeffrey	Yes	Yes	Niagara College Canada, Professor	Yes
Lamsen, Alexis	Yes	Yes	Conestoga College, Associate Professor	Yes
Lane, Jeanette	Yes	Yes		Yes
Larmour, Sandra	Yes	Yes		Yes
Lastimoso, Jr., Rodolfo	Yes	Yes		Yes
Leduc, Sylvain	Yes	Yes	- Laurentian University, Faculty Nursing Lecturer - NP-PHC – Council of Ontario Universities, Course Professor, Curriculum Committee - Sudbury & District Nurse Practitioner Clinic, Board of Directors	Yes
Mathew, Jijo	Yes	Yes	We Care4 U Staffing Solution, Director	Yes
Mumberson, Christopher	Yes	Yes		Yes
Osime, Fidelia	Yes	Yes		Yes
Poonasamy, Lalitha	Yes	Yes		Yes
Sack, Mark				
Scott, Diane	Yes	Yes		Yes
Sheculski, Maria	Yes	Yes		Yes
Stryker, Wes	Yes	Yes		Yes
Sullivan, Patricia	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)
Thompson, Diane	Yes	Yes		Yes
Wagg, Kimberly	Yes	Yes		Yes
Wilson, Shari	Yes	Yes		Yes