

# Council Agenda

## June 4, 2026

**Thursday, June 4, 2026**  
**9:00 a.m. – 3:20 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. (5 mins)	<b>1. Land Acknowledgement</b>	
9:05 a.m. (5 mins)	<b>2. Agenda</b>	Decision
	<b>3. Call for Conflicts of Interest</b>	
9:10 a.m. (10 mins)	<b>4. Registrar &amp; CEO Remarks</b>	Information & Discussion
	<b>5. Consent Agenda</b>	
9:20 a.m. (5 mins)	5.1 <a href="#">Draft Minutes of March 12, 2026 Council Meeting</a>	Decision
	5.2 <a href="#">Approval of the 2025 Annual Report</a>	
	5.3 <a href="#">Statutory Committee Appointment – Request for Committee Change</a>	
	5.4 <a href="#">RN Council Vacancy in Southwestern District</a>	
	5.5 <a href="#">Standing Committee Appointments: Finance &amp; Risk and Conduct Committees</a>	
	5.6 <a href="#">Confirmation of Committee Appointment</a>	
	<b>6. Strategic Items</b>	
9:25 a.m. (30 mins)	6.1 <a href="#">Strategic Plan 2021-2026 Reporting</a>	Information & Discussion
9:55 a.m. (15 mins)	6.2 Organizational Health	Information & Discussion

10:10 a.m. (15 mins)	<p>6.3 <a href="#">Nursing Education Program Approval</a></p> <ul style="list-style-type: none"> <li>• Brock University, Concurrent Bachelor of Nursing/Master of Nursing program</li> <li>• Annual Nursing Education Program Review</li> </ul>	Decision
10:25 a.m. (20 mins)	<b>Break</b>	
10:45 a.m. (30 mins)	<p>6.4 <a href="#">National Nurse Practitioner Framework: Neonatal NPs and Exam Registration Requirements</a></p>	Decision
	<b>7. Reports</b>	
11:15 a.m. (30 mins)	<p>7.1 <a href="#">Report of the May 14, Finance &amp; Risk Committee Meeting</a></p> <ul style="list-style-type: none"> <li>• Draft Minutes of the May 14, 2026 Finance &amp; Risk Committee meeting</li> <li>• Audited Financial Statements for the Year Ended December 31, 2025 <i>Blair MacKenzie, Hillborn LLP</i></li> <li>• Unaudited Financial Statements for the Three Months Ended March 31, 2026</li> <li>• Terms of Reference: <ul style="list-style-type: none"> <li>○ Advisory Committee on Human Resources</li> <li>○ Finance &amp; Risk Committee</li> </ul> </li> <li>• Appointment of the Auditors for 2026</li> </ul>	Decision
11:45 p.m. (30 mins)	<p>7.2 <a href="#">Proposed Amendments to By-Law No. 2: Fees</a></p>	Decision
12:15 p.m. (60 mins)	<b>Lunch</b>	

	<b>8. Governance and Council Operations</b>	
1:15 p.m. (30 mins)	<p>8.1 <a href="#">Nominating Committee Report and Recommendations</a></p> <p><i>Morgan Krauter, Chair, Nominating Committee</i></p> <ul style="list-style-type: none"> <li>• Nominating Committee Terms of Reference Proposed Amendments</li> <li>• Nominating Committee Appointments</li> <li>• Appointment of Nominating Committee Chair</li> </ul>	Decision
1:45 p.m. (30 mins)	8.2 <a href="#">Council Governance Priorities</a>	Decision
2:15 p.m. (30 mins)	8.3 <a href="#">Council Development Plan</a>	Discussion
2:45 p.m. (15 mins)	<b>Break</b>	
3:00 p.m. (5 mins)	<b>9. Agenda Items Added by Council Members</b>	
3:05 p.m. (10 mins)	<b>10. Registrar &amp; CEO Remarks</b>	Discussion
3:15 p.m. (5 mins)	<p><b>11. Dates of Upcoming Meetings</b></p> <ul style="list-style-type: none"> <li>• September 23 &amp; 24, 2026 – Hybrid</li> <li>• December 9 &amp; 10, 2026 – Virtual</li> </ul>	Information
3:20 p.m.	<b>12. Conclusion</b>	

**Information Items:**

[Draft Minutes of Executive Committee Meeting of May 14, 2026](#)

[Draft Minutes of Governance Committee Meeting of April 13, 2026](#)

[Draft Minutes of Governance Committee Meeting of May 14, 2026](#)

[Draft Minutes of Patient Relations Committee Meeting of May 14, 2026](#)

[Correction to ICRC Annual Report](#)

[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 2026	September 2026	December 2026	March 2027
<b>Regular Items</b>	<p><b>Minutes:</b> March Council May Executive Committee May Governance Committee</p>	<p><b>Minutes:</b> June Council August Executive Committee August Governance Committee</p>	<p><b>Minutes:</b> September Council November Executive Committee November Governance Committee</p>	<p><b>Minutes:</b> December Council February Executive Committee February Governance Committee</p>
	<ul style="list-style-type: none"> <li>▪ 2025 Annual Report</li> <li>▪ CEO Remarks</li> <li>▪ Finance &amp; Risk Committee Report                             <ul style="list-style-type: none"> <li>▪ 2025 Audited Financial Statements</li> <li>▪ Unaudited statements</li> <li>▪ Fee by-law amendments</li> <li>▪ Terms of Reference</li> <li>▪ 2026 Auditor appointment</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ CEO Remarks</li> <li>▪ Finance &amp; Risk Committee Report                             <ul style="list-style-type: none"> <li>▪ Unaudited statements</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ CEO Remarks</li> <li>▪ Finance &amp; Risk Committee Report                             <ul style="list-style-type: none"> <li>▪ Unaudited statements</li> <li>▪ 2027 Budget</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>▪ CEO Remarks</li> <li>▪ Finance &amp; Risk Committee Report                             <ul style="list-style-type: none"> <li>▪ Unaudited year-end Financial Statements</li> </ul> </li> <li>▪ Statutory Committee Annual Reports</li> </ul>
<b>Strategic Items</b>	<ul style="list-style-type: none"> <li>▪ Nursing Education Program Approval (all programs)</li> <li>▪ Strategic Plan Reporting</li> <li>▪ Organizational Health</li> <li>▪ National Nurse Practitioner Regulation Framework</li> </ul>	<ul style="list-style-type: none"> <li>▪ Strategic Plan Reporting</li> <li>▪ 2027-2031 Strategic Plan Dashboard</li> <li>▪ Nursing Education Approvals (as required)</li> <li>▪ Standard of Practice</li> </ul>	<ul style="list-style-type: none"> <li>▪ Strategic Plan Reporting – Closing 2021-2026 Strategic Plan</li> <li>▪ Organizational Health</li> <li>▪ Nursing Education Program Approvals (as required)</li> <li>▪ Standard of Practice</li> </ul>	<ul style="list-style-type: none"> <li>▪ 2027-2031 Strategic Plan Reporting</li> <li>▪ Nursing Education Program Approvals (as required)</li> </ul>

<p><b>Governance &amp; Council Operations</b></p>	<ul style="list-style-type: none"> <li>▪ Nominating Committee Report <ul style="list-style-type: none"> <li>▪ Nominating Committee Terms of Reference</li> <li>▪ Appointment of Standing Committee Members</li> <li>▪ Appointment of Nominating Committee Chair</li> <li>▪ Statutory Committee Appointment change</li> </ul> </li> <li>▪ Council Governance Priorities</li> <li>▪ Council Development Plan</li> </ul>	<ul style="list-style-type: none"> <li>▪ Dates of Council meetings in 2027</li> </ul>	<ul style="list-style-type: none"> <li>▪ Update on Implementation of 2026 Governance Priorities and Proposed Governance Work for 2027</li> </ul>	<ul style="list-style-type: none"> <li>▪ Appointments: <ul style="list-style-type: none"> <li>▪ Appointment of Statutory Committee Members and Chairs</li> <li>▪ Appointment of Advisory Committee on Human Resources Members and Chair</li> </ul> </li> <li>▪ Executive Committee Election</li> </ul>
<p><b>Council Development</b></p>	<ul style="list-style-type: none"> <li>▪ Orientation for All Council Members: Governance and Regulation</li> </ul>	<ul style="list-style-type: none"> <li>▪ Ontario Fairness Commissioner</li> <li>▪ Workforce Census</li> <li>▪ AI</li> </ul>	<ul style="list-style-type: none"> <li>▪ CNO Finance and Budget</li> <li>▪ Truth and Reconciliation (TRC 24) with Indigenous Primary Health Care Council</li> </ul>	<ul style="list-style-type: none"> <li>▪ Risk Session</li> </ul>

# Governance Principles

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

## Accountability

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

## Adaptability

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

## Competence

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

## Diversity

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

## Independence

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

## Integrity

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

## Transparency

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

Approved by Council, September 2016

## TEAM NORMS

As members of Council, we are committed to:

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

Adopted by Council  
September 2021

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

### **1. Purpose**

- 1.01** The College has a statutory duty to serve and protect the public interest as it regulates the practice of the nursing profession and governs Ontario nurses.<sup>1</sup> Council and Committee members (members) have an important role in making decisions that protect the public interest and promote public safety. In exchange for the privilege of regulating the profession, the College and, by extension, members must always act in the public interest and must never act out of professional or self-interest.
- 1.02** Members must always maintain the highest standards of honesty, loyalty, integrity, good faith and diligence when discharging their duties. Members must always act in the best interests of the public and must treat all persons fairly, reasonably and equitably.
- 1.03** This Council and Committee Code of Conduct (Code) outlines the fundamental values and principles that define expected standards of behaviour. The Code establishes a common set of expectations and standards of conduct for members as they fulfil their fiduciary duties; comply with their statutory obligations; work toward meeting the College's public protection mandate; support strong governance practices, including respecting the role of the Registrar and CEO; and safeguard the integrity of the College. The Code supports members in holding themselves and others accountable for meeting the expectations on them.
- 1.04** Complying with the Code helps mitigate risks that may tarnish the reputation of the College and of members, which may cause stakeholders to doubt the ability of the College to govern the profession in the public interest.

### **2. Application and Interpretation**

- 2.01** This Code applies to Council members of the College, whether elected or appointed and whether acting in their role on Council or on a Committee, and to non-Council Committee members. Council and Committee members must read and familiarize themselves with this Code, including any changes made from time to time, sign the

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<sup>1</sup> Subsection 3(2) of the Health Professions Procedural Code, being Schedule 2 to the Regulated Health Professions Act, 1991.

Council and Committee declaration at the start of their term of office and annually thereafter and must always comply with this Code.

- 2.02** This Code shall be interpreted in a manner that best supports the public interest and reinforces the highest standards of behaviour expected of members as they carry out their duties to the College.
- 2.03** After ceasing to be a member, it is expected that the former member will continue to uphold the principles and maintain the standards in this Code and to behave in a way that upholds the dignity of the College.

### **3. Definitions**

- 3.01** In this by-law:

“advances the interests of nurses” without affecting the ordinary meaning of the words, includes lobbying on behalf of, advocating for or making efforts to improve the working conditions, of the nursing profession;

“affiliated entity” means any entity, business, organization, company or similar thing in which the member has a personal interest or financial interest;

“bias” means supporting or opposing an idea, thing or person in an unfair way by allowing personal opinions to influence one’s judgment;

“Code” means the Council and Committee Code of Conduct set out in this by-law;

“colleagues” means other Council or committee members;

“conflict of interest” means 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 the College;

“discrimination” means making stereotypical assumptions based on a person’s presumed traits rather than individually assessing the unique merits, capacities and circumstances of a person, which has the impact of excluding persons, denying benefits or imposing burdens. Discrimination includes, but is not limited to, the following grounds: age, race, ethnic origin, religion, sex, disability, family status, marital status (including single status), gender identity or expression and sexual orientation. Discrimination also includes acts of micro-aggression;

“diversity” means the practice or belief in including or involving people from a range of different social and ethnic backgrounds and of different genders, sexual orientations, ages, socioeconomic groups and abilities;

“equity” means the achievement of fairness and justice by identifying and overcoming intentional and unintentional barriers arising from bias or systemic structures;

“fiduciary duties” means the duties of honesty, loyalty, integrity, good faith and diligence;

“inclusion” means the act or practice of including and accommodating people who have historically been excluded based on their race, ethnicity, gender, sexuality, ability or other similar characteristics;

“member” means a Council member, whether elected or appointed, or a non-Council Committee member of the College;

“micro-aggressions” means everyday, subtle, intentional or unintentional interactions, behaviours, statements, questions or assumptions that communicate bias or disrespect toward historically marginalized groups;

“reasonable apprehension of bias” means an informed person, viewing the circumstances realistically and practically, concludes that a decision-maker may not be impartial or fair;

“RHPA” means the Regulated Health Professions Act, 1991, including Schedule 2 thereto, the Health Professions Procedural Code.

#### **4. Public Interest Mandate**

- 4.01** The College has an overriding duty to serve and protect the public interest. This public interest mandate requires that every member understand and accept that all decisions made will either inform or fulfil this public interest mandate.
- 4.02** A member must work to gain awareness of how the practice of nursing impacts the public and client safety, including recognizing which communities are at higher risk of not having access to or be receiving safe and ethical care, what those risks are and where harm is being caused within the practice environment.
- 4.03** Council and Committees, particularly those with statutory decision-making responsibilities, are a key mechanism through which the College’s overarching public interest duty is fulfilled. A member must conduct themselves in a manner that does not undermine the public trust in, reputation of or credibility of the College.

#### **5. Fiduciary Duties**

- 5.01 A member has special fiduciary duties of utmost good faith and undivided loyalty to the College and must always act in the College's best interests as it fulfils its public interest mandate.
- 5.02 A member's fiduciary duty supersedes any personal interest or conflicting loyalty.
- 5.03 A member's fiduciary duty requires them to respect the trust and confidence placed in them and avoid conflicts of interest, avoid abusing their position for personal gain, maintain confidentiality of information they obtain through their role and serve the College selflessly, honestly and loyally.

### **Honesty**

- 5.04 A member has an obligation to be honest in all their dealings with the College and their colleagues.
- 5.05 A member must not mislead their colleagues or be purposely selective about the information they share in an effort to influence a decision.

### **Loyalty**

- 5.06 A member must be loyal to the College at all times.
- 5.07 A member must publicly support all decisions, policies and position statements of the College and adhere to the principle of "speaking with one voice".
- 5.08 A member must not use College opportunities for their personal gain or gain for family, close friends, or an affiliated entity.
- 5.09 A member must avoid having a personal interest in transactions between the College and other parties or entities.
- 5.10 A member must not undermine or disparage a decision made by the College, Council, or a Committee.

### **Integrity**

- 5.11 A member must ensure that their decisions and actions are reasonable, fair and appropriate to the circumstances, based on a consideration of the relevant facts and supported by adequate information or documentation. A member must ensure that their actions are compatible with the objectives of the legislation or policy being applied.
- 5.12 A member must ensure the efficient and responsible expenditure of College funds. College resources, including office facilities and equipment, claims for stipends and

expenses or other entitlements must be used by a member diligently and efficiently and in accordance with applicable Council policies.

### **Good Faith**

- 5.13** A member must exercise the care and good judgement that a reasonably prudent person in a similar position would use in similar circumstances.
- 5.14** A member must not make decisions for improper purposes.
- 5.15** A member must make decisions free from self-interest.

### **Diligence**

- 5.16** A member must maintain and exercise a high level of skill and knowledge relevant to the discharge of their duties. To achieve this, a member must:
- (a) regularly review and evaluate their own performance and capacity as a member and make efforts to address any identified gaps or areas for improvements;
  - (b) engage actively in the assessment and evaluation of the Council or Committee's effectiveness and efficiency; and
  - (c) support and encourage the development of colleagues.
- 5.17** A member must demonstrate a legitimate and ongoing commitment to gain the experience and knowledge necessary to make them effective in their role.
- 5.18** A member must familiarize themselves with key legislation and government documents, including the RHPA, the *Nursing Act, 1991*, the regulations under both those statutes, College by-laws, position statements, standards, guidelines and policy documents.
- 5.19** A member must participate in orientation, educational and learning opportunities provided by the College, identify educational needs for the Council and Committees and participate in self-directed learning as appropriate to expand awareness and knowledge of subjects that will support their individual contribution to decision-making.

### **6. Conflict of Interest**

- 6.01** When a member has a conflict of interest, or an appearance of a conflict of interest, they must not participate in any College business. The application of the overriding principle that a member's personal or private interests must not conflict with (or be reasonably seen to conflict with) their responsibility to the College is not limited or narrowed in any way by the fact that some specific prohibitions are listed in this by-law.

- 6.02** A member must approach decision-making with an open mind and must listen to the perspectives of others before making decisions. Having, or appearing to have, a closed mind about any subject creates the appearance of a conflict of interest or reasonable apprehension of bias.
- 6.03** Once a decision is made by Council or a Committee, a member must support that position and if they are not able to, they must resign as a member.
- 6.04** A member must not have a connection with a person or issue that would reasonably be seen as being incompatible with their responsibilities to the College or as an impartial decision-maker.
- 6.05** A member must not make any decision about any person or member of the College when the member believes that they cannot adjudicate impartially and objectively. It is the member's responsibility to always check for conflicts and biases and to ensure that they recuse themselves from any decisions when they have a conflict or a bias that impacts their decision (either a positive or negative bias).
- 6.06** A member must not make any decision about any person or registrant of the College when a reasonable apprehension of bias exists about the member's involvement in the decision. It is the member's responsibility to always consider their participation in a decision from the perspective of a reasonable onlooker and must recuse themselves from any decisions when a reasonable apprehension of bias exists.
- 6.07** A member must take care to ensure that their involvement in other professional occupations, businesses, positions or roles (whether paid or unpaid) does not undermine the discharge of their responsibilities to the College.
- 6.08** Certain conflicts of interest, such as positional conflicts, are so fundamental that they will disqualify a member. Those conflicts cannot be remedied by the member simply recusing themselves from a particular decision.
- 6.09** Other conflicts of interest may not disqualify a member, but they should be avoided as much as possible and, when they cannot be avoided, the member must declare the conflict, recuse themselves from any involvement in the issue and not try to influence any other members with respect to the issue.

### **Positions that are Prohibited**

- 6.10** A member must not:
- (a) currently be employed by, contracted with, or hold any elected or appointed position with any union, advocacy group, professional association or similar

entity that advances the interests of nurses in any way. This Article comes into force on June 5, 2024; and

- (b) within the three years preceding their election, selection or appointment as member (excluding where the election, selection or appointment as member occurred prior to December 8, 2023), have been employed by, contracted with or have held any elected or appointed position with any union, advocacy group, professional association or similar entity that advances the interests of nurses in any way.

**6.11** A member must not:

- (a) currently be employed by or contracted with, the federal public service or the Ontario public service in a role that involves advocating for nurses or the nursing profession, drafting or enacting legislation the focus of which is nurses or nursing, or is in any way inconsistent with being a member or with the mandate of the College. This Article comes into force on June 5, 2024; and
- (b) within the three years preceding their election, selection or appointment as member (excluding where the election, selection or appointment as member occurred prior to December 8, 2023), have been employed by or contracted with, the federal public service or the Ontario public service in a role that involves advocating for nurses or the nursing profession, drafting or enacting legislation the focus of which is nurses or nursing, or is in any way inconsistent with being a member or with the mandate of the College.

**6.12** A member must not currently hold, or within the three years preceding their election, selection or appointment as member have held, provincial public office and must not run for provincial public office while they are a member.

**6.13** A member must not currently hold federal or municipal public office and must not run for federal or municipal public office while they are a member.

**Actions that are Prohibited**

**6.14** Accepting gifts or benefits has the potential to place a member in a position where they feel obliged to act contrary to rules of integrity, impartiality or honesty. A member must not accept any gifts or benefits that could place them under a perceived or actual obligation to another person or entity and in any event, a member must not accept any gift worth more than \$100.00 from any person connected to the College or who may be affected by a decision made by the College.

- 6.15 A member must not use their position with the College to advance their personal or financial interests, or those of a family member, close friend or affiliated entity.
- 6.16 A member must not take part in any decision that could impose a more than trivial burden on the member or a family member, close friend or affiliated entity.
- 6.17 A member must not give a presentation on an issue, or be involved on a task force, Committee or similar group, related to the College's role or activities without prior written approval of the College.
- 6.18 A member or an affiliated entity must not use or share materials developed for the College for any commercial purpose without prior written approval of the College and a member must advise the College if they become aware that a friend or relative has used materials developed for the College for a commercial purpose.
- 6.19 A member must not assist or advise any person in their dealings with the College.
- 6.20 A member must not participate in a legal proceeding against the College. This provision does not prohibit a member from acting as a witness or giving an expert opinion on behalf of the College.
- 6.21 A member must not use their position to obtain employment for a family member or close friend.
- 6.22 A member must not apply for employment with the College until at least one year has passed since they were a member.
- 6.23 An employee of, or contractor for, the College must not apply for a Council or Committee position until at least one year has passed since they were an employee or contractor.

## **7. Process for Addressing Conflicts of Interest**

- 7.01 Where a member has a conflict of interest related to a specific matter or discussion (that does not disqualify them) they must, prior to any consideration of the matter, declare they have a conflict that prevents their participation, not take part in the discussion or vote on the topic, leave the meeting even when the meeting is open to the public for the portion of the meeting relating to the matter and must not attempt in any way to influence the decision or to do anything that might reasonably be seen as an attempt to influence the decision.
- 7.02 Where a member has declared a conflict of interest, that fact shall be recorded in the minutes of the meeting.

- 7.03** Where a member believes another member has a conflict of interest that has not been declared, they must approach that member about the issue and if after discussion the other member does not believe they have a conflict, the member must advise an appropriate person (such as the Chair, President or Registrar and CEO or, if the issue arises in a hearing, independent legal counsel).
- 7.04** Where Council or a Committee believes a member has a conflict of interest and the member has not themselves declared it, the Council or Committee may direct the member to not participate in the discussion, leave the room for the discussion and not try to influence the decision.
- 7.05** A member must disclose to the College in writing any interests of their family, close friends or an affiliated entity that could reasonably be seen to conflict with the interests of the College.

## **8. Confidentiality**

- 8.01** A member must maintain confidentiality with respect to the information they learn in the course of their work for the College and shall treat all information as confidential and shall not disclose it unless authorized by law. This obligation continues even after they are no longer members.
- 8.02** A member must be familiar with, and comply with, the RHPA's confidentiality provision, Section 36 of the RHPA.
- 8.03** A member should generally leave to College staff the disclosure of College information but in appropriate circumstances may disclose information directly when performing their duties, such as rendering a decision on behalf of a Committee, or when consulting with their own legal counsel.
- 8.04** A member must only obtain and disclose information within the College on a need-to-know basis.
- 8.05** A member must ensure the secure storage and disposal of College information in compliance with applicable legislation and College policies.
- 8.06** A member must safeguard the confidentiality of College information through the appropriate use of the electronic devices provided by the College.

## **9. Diversity, Equity, Inclusion**

- 9.01** A member must work to foster a culture that ensures equity, diversity, inclusion and belonging.

- 9.02** A member must work to foster a culture that is free from discrimination, racism, harassment and bullying, including micro-aggressions.
- 9.03** A member must work to build a culturally safe organization and standards for nurses, through a continuous practice of cultural awareness, learning, humility and safety in their discussions and decision-making.
- 9.04** A member must learn about and understand the social, legislative and political history of the Indigenous Peoples of Ontario, the impact of colonialism in Canada and its enduring traumatic legacy and the effects of Indigenous-specific racism and its negative effects on health outcomes for Indigenous Peoples who interact with the healthcare system.

## **10. Respect**

- 10.01** A member must respect the feelings, wishes, rights and traditions of their colleagues.
- 10.02** A member must consider how their words and actions, even unintentional ones, impact others.
- 10.03** A member must act courteously, respectfully and thoughtfully toward their colleagues and staff.
- 10.04** A member must perform their duties in a professional and responsible way, avoiding inappropriate conduct, discrimination and bullying and must contribute to an environment that is courteous and respectful of all.
- 10.05** A member must recognize that their colleagues may have skills and abilities that differ from their own and must embrace and value the differences in others.
- 10.06** A member must speak up when they observe an act of discrimination or exclusion.

## **11. Integrity**

- 11.01** When performing their duties, a member must act with integrity so as to promote confidence in the College.
- 11.02** A member must not act when in a conflict of interest.
- 11.03** A member must support the statutory duties and objects set out in the RHPA and the *Nursing Act, 1991* and the purpose of the College.
- 11.04** A member must be honest in their dealings with the College and with others on behalf of the College.

- 11.05** A member must act ethically and not commit or condone any illegal or unethical act in relation to any College matters.
- 11.06** A member must admit to mistakes and seek to rectify potential adverse consequences quickly and transparently.

## **12. Objectivity and Independence**

- 12.01** A member must act objectively and independently by making decisions impartially, fairly, using best evidence and without bias.
- 12.02** A member must work to understand their personal biases, which may come from previous experience, personal history or interpersonal conflict and must set those biases aside when making decisions and, if they cannot do that, they must not participate in the decision.
- 12.03** A member must recognize they do not represent the views of any stakeholder, interest group or geographic district and instead represent the interests of the public, the Council or the relevant Committee.

## **13. Accountability**

- 13.01** A member must adhere to high standards of conduct and ethics that maintain public confidence and trust.
- 13.02** A member must understand the obligations of this Code and when uncertain, must seek clarification with the President, Committee Chair or Registrar and CEO.
- 13.03** A member must advise the President or Registrar and CEO when they believe they have breached this Code.
- 13.04** A member must advise the President or Registrar and CEO when they believe another member has breached this Code, including when the member witnesses or experiences inappropriate behaviour, including but not limited to bullying, abuse, racism, sexism, oppression or discrimination.
- 13.05** In signing the declaration at the start of their term and annually thereafter, a member commits to fully comply with this Code.

## **14. Active Participation**

- 14.01** A member must attend all meetings and panels to which they have been assigned, unless exceptional circumstances exist, must allow the necessary time to prepare for meetings

and hearings and avoid late cancellations and late arrivals, which disrupt meetings and, when quorum is impacted, may result in the inability to carry out business.

- 14.02** A member must thoroughly review all briefing materials prior to meetings so as to be prepared to contribute to discussion and decision-making.
- 14.03** A member must be proactive and make a positive contribution to discussions and decision-making and abide by the majority decision once it has been taken.
- 14.04** A member must display kindness, empathy, respect and collegiality in their interaction with other members, College staff, consultants, agents and representatives.

### **15. Communication**

- 15.01** A member must engage in collaborative discussions that recognize and are respectful of the individuality and personal values of their colleagues.
- 15.02** A member must communicate clearly, respectfully and courteously.
- 15.03** A member must engage in active listening and not interrupt others.
- 15.04** A member must not use their personal devices or have side conversations during meetings.
- 15.05** A member must work with their colleagues to create a culturally safe space.
- 15.06** A member must consider and respect the opinions of others and strive to integrate and learn from different viewpoints.
- 15.07** A member must be aware of their personal power, privilege and sphere of influence, so they don't exercise individual authority or influence over their colleagues.
- 15.08** A member must recognize the scope of their authority. They must not overstep into the Registrar and CEO's domain as it relates to engaging with staff, other than to increase the knowledge they need to make decisions.

### **Prohibited Communication**

- 15.09** A member must not communicate with government officials, politicians or the media on any matter related to the College without the College's written approval.
- 15.10** A member must not make public comments about College matters without the College's written approval.

- 15.11** A member must not post online or make any statement publicly, including on social media, that:
- (a) could reasonably be viewed as presenting the official position of the College;
  - (b) could reasonably be viewed as impairing the public's confidence in the College;
  - (c) could reasonably be viewed as discriminatory, harassing, sexist, racist, xenophobic, homophobic, transphobic, ageist or ableist or that could be seen as offending the human rights or dignity of any person or group of persons; or
  - (d) could reasonably be seen to undermine or disparage a College decision.

## **16. Code of Conduct Proceedings**

- 16.01** Wherever possible and unless it is inappropriate to do so, a person who has a concern about the conduct of a Council or Committee member and the person who is the subject of the concern (collectively, referred to as the "parties") shall attempt to informally resolve the matter prior to engaging the Chair of the Conduct Committee.
- 16.02** If the person who has a concern about the conduct of a Council or Committee member is not a Council or Committee member, the person with the concern should bring the matter to the Chair of the Conduct Committee.
- 16.03** If the parties are unable to resolve the matter independently, the Chair of the Conduct Committee shall refer the matter to the President, if appropriate, to provide support and guidance to the individuals involved.
- If the President is the subject of the concern, otherwise in a conflict of interest or unavailable, the Chair of Conduct Committee shall fulfil these duties.
- 16.04** If attempts to resolve the matter informally are unsuccessful, any person with a concern may make a written complaint to the Conduct Committee.
- 16.05** If the Conduct Committee receives a written complaint, the Chair of the Conduct Committee shall constitute a panel of three persons for the matter. The panel shall be composed of two Council members and the Chair.
- 16.06** The Conduct Committee panel shall manage the investigation of the matter and, where appropriate, may have access to external resources (e.g., legal, mediation, external investigator with expertise in the area).

- 16.07** The Council or Committee member who is the subject of the complaint shall receive a copy of the complaint and have an opportunity to make submissions during the investigation.
- 16.08** If the person who made the complaint and the Council or Committee member who is the subject of the complaint come to an agreement or the matter is otherwise resolved during the investigation stage, the matter is concluded.
- 16.09** The Conduct Committee panel may make an interim direction by majority vote, at any time, to protect the integrity and reputation of the College including directing that the Council or Committee member who is the subject of the complaint be suspended from their positions or duties until the matter is finally resolved or otherwise concluded. In such circumstances, the Council or Committee member who is the subject of the interim direction shall have an opportunity to make submissions. In the event of an interim direction, the procedure set out in this Article is to be expedited recognizing the risk to the reputation of the College and fairness to all involved.
- 16.10** If the matter is not resolved at the investigation stage, the Conduct Committee panel shall submit a report to the Council regarding the investigation and their recommendations. A copy of the report shall be provided to the parties.
- 16.11** The Council shall provide the parties with an opportunity to make submissions prior to their deliberations on the matter.
- 16.12** The Council may make an interim direction by majority vote, at any time, to protect the integrity and reputation of the College including directing that the Council or Committee member who is the subject of the complaint be suspended from their positions or duties until the matter is finally resolved or otherwise concluded. In such circumstances, the Council or Committee member who is the subject of the interim direction shall have an opportunity to make submissions. In the event of an interim direction, the procedure set out in this Article is to be expedited recognizing the risk to the reputation of the College and fairness to all involved.
- 16.13** The Council shall determine, by majority vote, whether there has been a breach of the Code of Conduct.
- 16.14** The Council shall determine whether to apply informal recommendations from the Conduct Committee's report and/or, if Council determined there has been a breach under Article 16.13, the appropriate sanction(s). Sanctions may include, but are not limited to, one or more of the following:
- (a) censure of the Council or Committee member verbally or in writing;

- (b) removal of the Council or Committee member from any committee on which they serve;
- (c) removal of the Council or Committee member as a Chair of any committee on which they serve;
- (d) exclusion of the Council or Committee member from all or part of meetings of the Council or any committees;
- (e) restricting access to confidential information by the Council or Committee member;
- (f) suspension of an elected councillor;
- (g) disqualification of an elected councillor;
- (h) delivery of a report to the Public Appointments Secretariat requesting the removal of a councillor who has been appointed by the Lieutenant Governor in Council; or
- (i) any other sanction appropriate to the circumstances.

**16.15** The Council's determination under Article 16.14 shall be made by a majority vote, except where a two-thirds vote shall be required for disqualifying an elected councillor pursuant to Article 16.14(g) and requesting the removal of a councillor who has been appointed by the Lieutenant Governor in Council pursuant to Article 16.14(h).

**16.16** Any deliberation or vote by the Council under this Article shall exclude the public, in accordance with subsection 7(2) of the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act, 1991*. The Chair of the Conduct Committee shall be invited to attend the meeting but shall not vote. The parties will not be permitted to attend the deliberation or vote and if one or more parties are Council members, they shall not be counted as a Council member for the purpose of determining quorum.

**16.17** The vote by the Council shall be taken by secret ballot. The Chair of the Conduct Committee shall review the results of the vote and announce the results of the vote to the Council.

**16.18** The Council shall provide a copy of its decision and reasons to the parties.

**16.19** The Council's decision is final and not subject to review or appeal.

## Council Minutes

March 12, 2026

### Present

R. Lastimoso Jr., Chair	M. Hogard	P. Carmichael Pilon
D. Bankole	D. Jha	L. Poonasamy
R. Burke	J. Ko	D. Scott
W. Cheuk	A. Lamsen	M. Sheculski
J. Ding	J. Lane	W. Stryker
C. Gilchrist	S. Leduc	P. Sullivan
L. Given	F. Osime	D. Thompson
G. Grewal	H. Anyia	S. Wilson
T. Hillhouse	G. Fox	M. Sack
J. Mathew	F. Kim	K. Wagg

### Regrets

C. Baretto	S. Larmour	L. Carpenter
S. Douglas	S. Mumberson	

### Staff

A. Brennand	S. Mills	R. Singh
S. Crawford	R. Sussman, recorder	

\*Additional staff will be noted in the minutes for their respective agenda item.

### Land Acknowledgement

A. Lamsen shared a Land Acknowledgement statement.

### Agenda

The agenda was circulated.

## **Motion 1**

Moved by R. Burke, seconded by D. Scott,

That the agenda for the Council meeting of March 12, 2026 be accepted as circulated.

CARRIED

## **Conflicts of interest**

R. Lastimosa Jr. asked that Council members review the agenda and declare if they have conflicts of interest for any of the items. A conflict was declared for A. Lamsen on item 5.5; the item was removed from the consent agenda to be addressed later in the meeting. No further conflicts were declared.

Council members were referred to the summary of Council member responses to the Council and Committee Code of Conduct Compliance Form attached to the Council briefing package and asked for any updates.

## **Registrar & CEO Remarks**

S. Crawford, Registrar & CEO, shared opening remarks. She highlighted CNO's key activities over the past quarter and outlined upcoming priorities, including collaborative work with system partners to clarify nursing accountabilities for registrants practising in aesthetics. She noted that presenters from Level 5 would join the meeting to outline the outcome of the collaborative process to develop the proposed future Strategic plan.

Council received an update on the automatic recognition process for labour mobility applicants. As of March 6, 2026, 255 applicants have been registered through the automatic recognition pathway.

Council also received an update on work underway to enhance CNO's hearings processes. Since the December Council meeting, staff have met and consulted with members of the Discipline Committee and Executive Committee to gather feedback and discuss opportunities to enhance efficiency. CNO is assessing where additional supports may have the greatest impact and will continue engagement with both committees as this work progresses.

## Consent Agenda

R. Lastimoso Jr. introduced the consent agenda. Council received briefing materials on all items included in the consent agenda. Item 5.5 was removed from the consent agenda to be addressed later in the meeting.

### Motion 2

Moved by F. Osime, seconded by J. Ko,

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

The minutes of the Council meeting of December 11, 2025, as circulated;

The appointment of Dheeraj Jha, Public Member of Council to the Inquiries, Complaints & Reports Committee;

The appointment of the following 2026-2027 statutory committee chairs:

Discipline & Fitness to Practise	M. Hogard, RPN
Inquiries, Complaints & Reports	M. Sheculski, PM
Quality Assurance	L. Poonasamy, PM
Registration	S. Wilson, PM

The re-appointment of Joe Nunes to the Advisory Committee on Human Resources until June 2029; and

The re-appointment of Joe Nunes as the 2026-2027 Chair of the Advisory Committee on Human Resources.

CARRIED

The 2025 annual reports of the Patient Relations Committee, Discipline Committee, Fitness to Practise Committee, Inquiries, Complaints and Reports Committee, Quality Assurance Committee, and Registration Committee were received for information.

## **Finance & Risk Committee Report and Recommendations**

V. Adetoye, Director, Business Services & Chief Financial Officer, joined the meeting. Council received the report of the Finance & Risk Committee meeting of February 19, 2026. J. Ding highlighted the report.

### **Unaudited Financial Statements**

Council received the unaudited financial statements for the year ended December 31, 2025.

#### **Motion 3**

Moved by J. Ding, seconded by T. Holland,

That Council approve the unaudited financial statements for the year ended December 31, 2025.

CARRIED

### **Proposal to amend By-Law No. 2: Fees: Single NP classification**

With Council's approval at the December meeting, by-law amendments to operationalize Ontario's single NP classification were circulated for a 60-day consultation period which ended February 9, 2026. The Finance & Risk Committee reviewed and considered the feedback from the consultation which had 485 respondents of which the majority support the proposed changes. Comments are detailed in the Committee's report, and the Committee did not find anything unexpected or concerning, as most respondents are in support of the proposed changes.

#### **Motion 4**

Moved by J. Ding, seconded by P. Sullivan,

That Council approve the proposed amendments to By-Law No. 2: Fees, as they appear in Attachment 3 of the Finance & Risk Committee report, with Articles 8.06 and 8.08 to be effective when the Canadian Nurse Practitioner Examination is no longer a Council approved examination for NP registration in Ontario.

CARRIED

### **Operating Coverage**

As a result of discussions with CNO's auditors, Hilborn LLP, regarding updated (post-pandemic) guidance for operating coverage for not-for-profits, the Finance & Risk

Committee recommended an increase to CNO's operating coverage guideline. They recommended that the new guideline be 4 to 8 months of operating expenses. In order to ensure CNO's financial health to maintain operations and have the agility to respond to any unexpected events, the Committee suggested targeting the middle range of the new guideline (6 months of coverage) when planning for any future fee adjustments.

### **Motion 5**

Moved by J. Ding, seconded by A. Lamsen,

That Council approve that CNO's operating coverage guideline be between 4 - 8 months of operating expenses.

CARRIED

### **Proposal to amend By-Law No. 2: Fees: Automatic Recognition**

This Committee also reviewed proposed amendments to the Fees by-laws to support implementation of Automatic Recognition provisions under the RHPA. Legislative changes to enable automatic recognition for labour mobility applicants came into effect January 1, 2026. The legislative changes also outline considerations for these applicants to pay a reduced application fee, therefore CNO is proposing a 25% credit for labour mobility applicants who apply under automatic recognition on or after January 1<sup>st</sup>, 2026.

Council asked about the rationale for a rebate rather than a fees reduction. S. Mills clarified that applicants will be eligible to receive the credit once they complete the registration process. The proposed 25% credit is also consistent with the fee reduction previously introduced for interjurisdictional licensure.

### **Motion 6**

Moved by J. Ding, seconded by K. Wagg,

That Council approve the proposed amendments to By-Law No. 2: Fees, as set out in Attachment 4 to this report, for a 60-day circulation period.

CARRIED

### **Proposal to amend By-Law No. 2 Fees (motion to circulate proposed changes)**

S. Mills, Chief Operating Officer, noted that CNO's operating coverage is projected to decline over the next few years, given that no fee increases are planned beyond 2026. The

Finance & Risk Committee reviewed a detailed analysis that outlined approaches for future fee increases. This Committee proposed to move to a new model of smaller annual increases as they create predictability for both registrants and CNO.

Staff prepared draft by-law amendments which align with the Committee's recommendation to increase CNO's operating coverage guideline and that also support moving to a new model for fee increases. S. Mills presented Council with illustrations depicting the operationalization of the proposed by law changes and how they will impact CNO's operating coverage in future years.

Council asked about the impact of changes in registration volumes in the future. S. Mills noted that CNO uses a conservative approach to estimating future growth when preparing budget estimates. One driver for costs is volume of registrants, if there is a reduction in registrants we would expect to see a reduction in costs as well. This proposal introduces flexibility to make small adjustments to a standard increase each year within set parameters. This approach will mitigate the risk of collecting more fee revenue than is warranted.

It was clarified that with Council's approval, this proposal to amend the Fees By-Laws would be circulated for feedback, with the final review of the proposal to occur at the June Council meeting.

### **Motion 7**

Moved by H. Aniya, seconded by P. Sullivan,

That Council approve the 60-day circulation period relative to the proposed amendments as they appear in Attachment 1.

CARRIED

## **Strategic Planning**

### **2027-2031 Strategic Plan**

Presenters from Level 5 joined the meeting, E. Lebovits, S. Palka Melo, and J. De Jong. They presented slides outlining the development process of developing the new strategic plan and the input on the draft imperatives. This included comprehensive engagement with CNO, the public, and system partners.

S. Crawford stated that CNO's commitment to our purpose remains unchanged. However, the 2027-31 Strategic Plan will help to continue to achieve that purpose in a changing health

system with increasing complexity. The imperatives included brief descriptions, with two foundational enablers: CNO's Equity Strategy and Indigenous Equity Framework.

Council discussed the level of detail and language that could be used in describing the imperatives, emphasizing that they should build on work already underway and strengthen CNO priorities that are being carried forward. It was noted that the imperatives are intended to remain relevant beyond the duration of the strategic plan and to be evergreen in nature, and deliberately broad in scope.

Council discussed the dissemination of the proposed 2027-31 Strategic Plan. S. Crawford advised that Council approval is the first step, to be followed by an implementation approach which includes communication and dissemination, with more details on timing and milestones to come later in 2026.

#### **Motion 7**

Moved by L. Given, seconded by W. Cheuk,

That Council approve the College of Nurses of Ontario's *2027-2031 Strategic Plan*, as set out in Attachment 1 of the decision note.

CARRIED

Following Council's approval of the 2027-31 Strategic Plan, B. Knowles, Director, Analytics & Research, discussed potential areas for measurement.

S. Crawford noted that over the coming months, the team will further develop key themes and measures to track progress, inform decision-making, and assess achievement of intended outcomes. Proposed measures and the overall approach will be brought back to Council at a future date. Work is also underway to develop the implementation plan to support a January 2027 launch. Preparatory work includes graphic design development and continued engagement with system partners. The Strategic Plan will become public when it comes into effect in January 2027. Council noted the importance of communicating and engaging with registrants regarding the plan.

#### **Strategic Plan Reporting 2021-2026**

Council received a report on the current Strategic Plan. The plan will remain in effect through 2026. S. Crawford outlined the outcomes of this plan presented on the dashboard.

Council asked about clarification regarding the applicant experience survey. M. DoCouto, Director, Registration and Customer Service explained that many factors go into the effectiveness assessment, some of the drivers include fees, the reinstatement process, and the volumes of Internationally Educated Nurses (IENs). There will be evaluation of the IEN experience after regulatory changes in April 2025, after sufficient time has passed. Council expressed interest in updates to this evaluation at future meetings.

S. Crawford presented data regarding the project progress dashboard. Projects are progressing and being completed as planned. S. Mills advised that that machine learning project is part of the larger initiative on the data lakehouse, and the shift of the customer relationship management platform into the cloud.

## **National Nurse Practitioner Regulation Framework**

### **Discontinuation of Programs and Exams**

Council requested clarification on the rationale for Canadian programs rather than Ontario programs. E. Tilley, Manager, Regulatory Policy, provided historical context that Canadian NP programs were brought to Council proactively when acute NPs were first being regulated in the province to foster timely registration. S. Crawford advised that the legislation speaks broadly to programs approved by Council.

### **Motion 8**

Moved by R. Burke, seconded by G. Fox,

That Council approve July 1, 2026 as the revocation date of its approval of the education programs for NP registration in the Adult and Paediatrics specialty certificates that are listed in Attachment 1 (Table 1) to the decision note.

That Council approve January 1, 2027 as the revocation date of its approval of the American examinations for NP registration in the Adult and Primary Health Care specialty certificates that are listed in Attachment 1 (Table 2) to the decision note.

That Council approve July 1, 2026 as the revocation date of its approval of the Canadian examination for NP registration in the Primary Health Care specialty certificate that is listed in Attachment 1 (Table 2) to the decision note.

That Council approve July 1, 2026 as the revocation date of its approval of the American examinations for NP registration in the Paediatrics specialty certificate that are listed in Attachment 1 (Table 2) to the decision note.

CARRIED

## Proposed Amendments to NP Standard

### Motion 9

Moved by H. Aniya, seconded by J. Ding,

That Council approve the revisions to the *Nurse Practitioner standard*, as they appear in Attachment 1 of the decision note, to be effective on July 1, 2026.

CARRIED

## Consultation Feedback on Proposed CNO By-Law Amendments

### Motion 10

Moved by P. Sullivan, seconded by W. Cheuk,

That Council approve the proposed amendments to By-Law No. 1: General, as they appear in Attachment 1 of the decision note, effective July 1, 2026.

CARRIED

## Approval of RN Prescribing Education

A. Lamsen left the meeting.

### Motion 11

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

That Council approve Conestoga College's: Registered Nurse (RN) Prescribing course.

That Council provide preliminary approval for the University of Ottawa's new: Honours Bachelor of Science Nursing with RN prescribing.

CARRIED

A. Lamsen returned to the meeting.

### **Election of the Executive Committee**

R. Lastimoso Jr. informed Council that, in accordance with by-laws, M. Krauter, Chair of the Nominating Committee, will chair the election of the 2026-2027 Executive Committee. Council members received a briefing, including profiles for the candidates.

M. Krauter joined the meeting and assumed the role of Chair. Following the processes set out in by-law, the following members of the Executive Committee were acclaimed:

- R. Lastimoso Jr., Chair
- G. Grewal, Vice-Chair RN
- M. Hogard, Vice-Chair RPN
- M. Sack, PM
- D. Thompson, PM

The Executive Committee election was closed.

R. Lastimoso Jr. assumed the role of Chair.

### **Nominating Committee Report**

M. Krauter presented the Nominating Committee report. Council elections were held in the Eastern, Northeastern and Northwestern districts for RN/NPs and RPNs. As required under the bylaws, the Committee confirmed the results and declared the elected candidates.

In the fall of 2025, recruitment for non-Council committee members was hosted by a third-party governance firm. There were many strong candidates for limited spots. The Committee is recommending 13 new appointments, which will result in all statutory committee needs meeting or exceeding their member requirements.

M. Krauter presented the Nominating Committees recommendations for statutory committee membership.

### **Motion 12**

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

That, based on the recommendation of the Nominating Committee, Council approve the appointment of Council and non-Council committee members to statutory committees, effective June 3, 2026, as outlined in the committee appointment list presented by the Nominating Committee to Council on March 12, 2026.

CARRIED

M. Krauter left the meeting.

### **Registrar & CEO Closing Remarks**

S. Crawford noted the productive meeting addressing key strategic items, such as the implementation work for the single Nurse Practitioner classification in Ontario. Engagement will continue to be a priority for 2026, including preparing for the launch of the new Strategic Plan, ongoing knowledge translation related to new standards and guidelines, and the integration of the Truth and Reconciliation Call to Action 24 into CNO's Program Approval Framework.

S. Crawford extended appreciation for outgoing Council members and their contributions.

### **Next Meeting**

R. Lastimoso Jr. identified that the next meeting will be June 3 and 4, 2026. He informed Council that the meeting will be hybrid (virtual and in-person).

R. Lastimoso Jr. acknowledged the commitment and contribution of the outgoing Council members.

### **Conclusion**

At 1:45 p.m., on conclusion of the agenda

### **Motion 13**

Moved by D. Bankole, seconded by W. Cheuk,

That the March 2026 Council meeting conclude.

CARRIED.

DRAFT

# Leading in a Time of Transformation



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

2025 Annual Report

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



We set the requirements for becoming a nurse in Ontario.



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



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



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

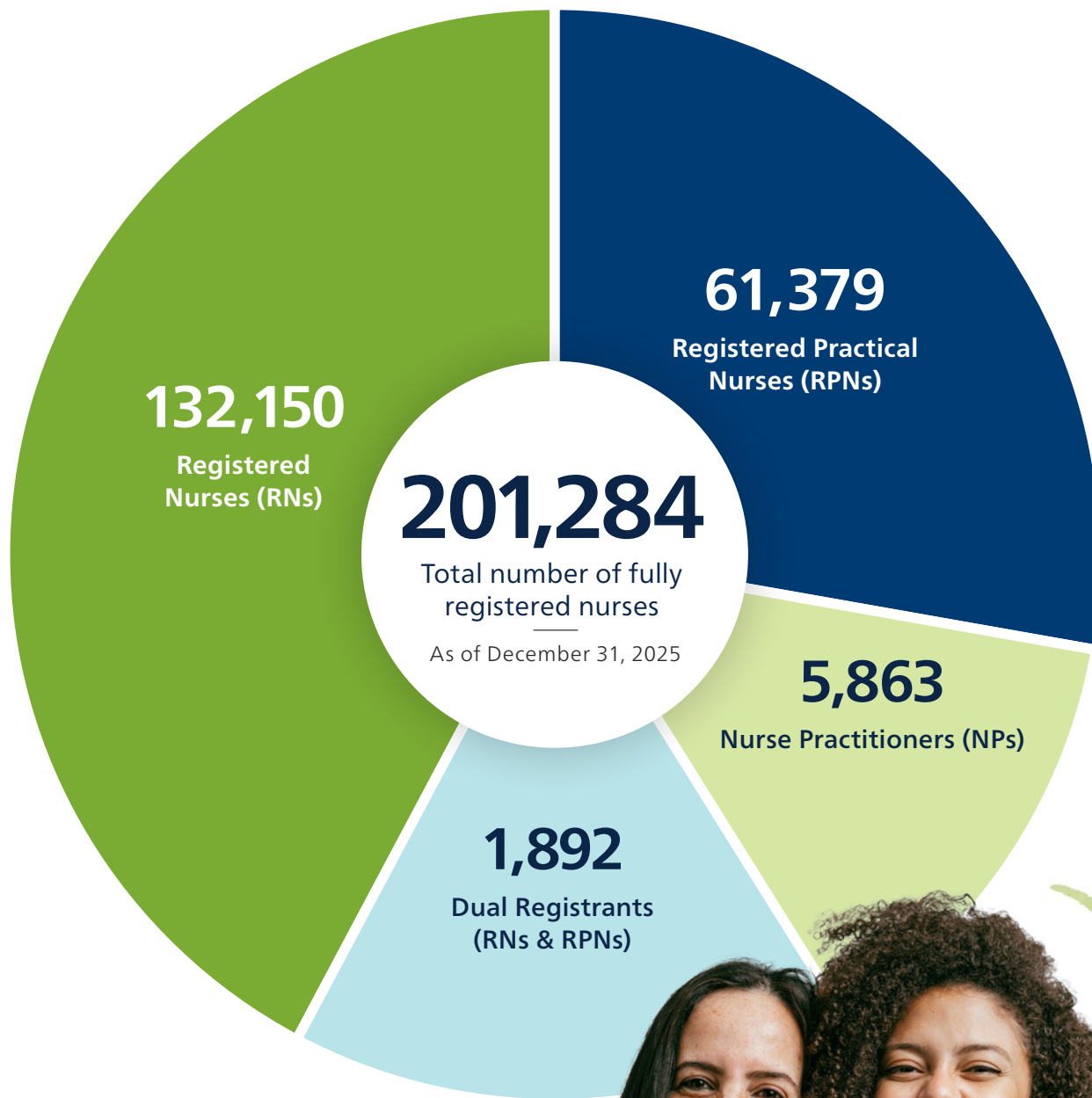
#### CNO's land or territorial acknowledgement

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.

# Ontario nurses in 2025

Serving communities across Ontario, nurses are the foundation of compassionate, connected care.





**13,235** Total number of new practicing nurses in 2025

Looking for more insights?  
[Explore 2025 Nursing Stats](#)






# Chair's message

As Chair of CNO's Council, I am honoured to reflect on a year marked by thoughtful oversight, evidence-informed decision-making and a shared commitment to strengthening nursing regulation in the public interest.

In 2025, Council guided several key regulatory initiatives that reinforce safe nursing practice and support high-quality care for all Ontarians. Here are a few of our accomplishments:



✓ Council fulfilled a core governance role by reviewing and approving revisions to CNO's *Documentation, Professional Boundaries and Nurse-Client Relationships* and *RN Prescribing* practice standards. This work ensured that the standards guiding nursing practice in Ontario remain current, relevant and evidence-informed.

✓ Council also supported advances in labour mobility, including the launch of *Interjurisdictional Nurse Licensure (INL)*, a framework that is helping to expand Ontario's nursing workforce. By enabling greater mobility for qualified nurses across participating jurisdictions, INL is supporting timely access to care for patients. Throughout 2025, Council oversaw INL's implementation to ensure it remains aligned with CNO's purpose to protect the public through rigorous and consistent entry-to-practice expectations.



"Our regulatory decisions are made stronger by the diversity of perspectives at the table, and by our collective dedication so that all qualified nurses can contribute to the health of our communities."

✓ We approved updated terms of reference for the Executive, Governance and Patient Relations committees, improving clarity of mandates, accountabilities and oversight in alignment with governance best practices. We also approved revised terms of reference for the Nominating Committee to strengthen succession governance.

✓ CNO continued to support Nursys, a groundbreaking initiative in safeguarding public protection. Nursys provides a shared platform that supports consistent regulatory data nationwide.

✓ Our work to strengthen public protection also remained a priority, with Council providing oversight on expanding scope of practice for Ontario nurses. One key milestone from 2025 was our RN prescribing initiative. With Council's approval, RN prescribing can now be taught within Ontario's baccalaureate nursing programs, an evolution that supports future RNs in acquiring prescribing competencies earlier in their education. Council's oversight ensured that this regulatory change was grounded in evidence, consistent with public safety and reflective of the increasing complexity of patient needs.

As an internationally educated nurse from the Philippines, I am especially proud of Council's continued commitment to equity, diversity and inclusion. Our regulatory decisions are made stronger by the diversity of perspectives at the table, and by our collective dedication so that all qualified nurses can contribute to the health of our communities.

I extend my sincere gratitude to my fellow Council members for their leadership, diligence and unwavering focus on the public interest. I also want to thank CNO's staff, whose professionalism and expertise consistently support Council in fulfilling its governance mandate. It has been a privilege to serve as Chair during this remarkable year of progress.

*Rodolfo D. Lastimoso Jr.*

**Rodolfo D. Lastimoso Jr.**, PTRP, RM, RPN,  
RN, MN, FSIEN, CGNC, FNYAM, PhD student  
Chair, CNO Council



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# Registrar and CEO's message

Leading in a time of transformation defines the responsibility of health care regulators going forward. Rapid change is reshaping how care is delivered, how nurses practice, and what patients expect from the systems meant to protect them. In this environment, regulation cannot remain static. It must evolve with purpose, guided by evidence, insight and a clear focus on public safety.

At CNO, our purpose remains constant: to protect the public by promoting safe, effective nursing care. How we carry out our purpose, however, must continually adapt to reflect today's realities. This Annual Report is organized around three interconnected priorities: **patient access, patient safety and patient experience.**



## Access

Patient access is essential. Ontarians rely on a responsive health system that allows them to receive care when and where they need it. Throughout 2025, CNO marked several accomplishments to help strengthen access to care. These included making it possible for Ontario nursing programs to teach RN prescribing at the baccalaureate level, helping more internationally educated nurses and nurses re-entering practice to take part in the Supervised Practice Experience Partnership and making labour mobility a major priority.



## Safety

Patient safety is the foundation of public trust. In a time of change, safety requires clarity: clear expectations, consistent standards and thoughtful support, which reflect the complexity of modern nursing practice. Leading through transformation means ensuring that safety remains the highest priority as practice environments, technologies and system pressures continue to evolve. Our role is to provide a supportive regulatory framework that anticipates change while maintaining confidence in the nursing profession.

## Experience



Patient experience brings access and safety together. In 2025, we deepened our understanding of the conditions under which nurses deliver care. By analyzing the results of our first Workforce Census, we illuminated workplace inequities related to racism, ageism and gender-based discrimination. These insights are critical, because when nurses experience discrimination, the ripple effects are felt by patients. Our work in equity, inclusion and reconciliation expanded this year, including the development of our Indigenous Equity Framework and reaffirming our commitment to the Truth and Reconciliation Commission's Calls to Action, especially culturally safe nursing education.

We also celebrated the diversity, dedication and impact of Ontario's nurses during Nursing Week 2025, amplifying stories from across the province that show how nurses transform patient experiences every day. Recognizing the connection between nurse wellness and patient outcomes, we also launched a new Mental Health Resources for Nurses hub, a support that helps nurses find assistance when they need it so they can continue providing the high-quality, compassionate care that Ontarians deserve.



"Transformation is not driven by any single initiative. It emerges from how health system partners work together toward a shared purpose."

At CNO, our regulatory functions (registration, standards, education oversight, quality assurance and professional conduct) work together to form a connected framework designed to protect the public today and strengthen the health system for the future.

As you explore this Annual Report, you will see how our work reflects a sustained commitment to leadership in a complex and changing environment. Together with nurses and partners across the system, we are navigating transformation with intention, grounded in safety, focused on access and guided by the experiences of those who deliver nursing care and those who rely on it across Ontario.

A handwritten signature in black ink, reading "Silvie Crawford".

**Silvie Crawford, RN, BHScN, LLM (Health Law)**  
Registrar & CEO





## Ontario's health system is undergoing profound change.

Care is being delivered in new ways, across different settings and communities. Nurses are taking on expanded roles, using new technologies and working across teams to meet the needs of patients. Through it all, the public continues to rely on nurses for safe, skilled and compassionate care.

In times of transformation, regulation must do more than uphold standards. It must provide clarity, enable safe transitions and support nurses and the system to respond to changing needs without compromising public protection.

In 2025, CNO led through this transformation by modernizing regulatory approaches, strengthening collaboration with employers, educators and other system partners, and grounding decisions in evidence and practice. This work focused on improving patient access to care, reinforcing patient safety and strengthening the conditions that support positive patient experiences.

Together, these efforts helped ensure regulation kept pace with a health system in motion, supporting nurses as they adapt and protecting the people to whom they provide care.





# Access

For patients, access to care often begins with access to a nurse. And for nurses, entering practice or moving into new roles depends on clear, fair and safe pathways. In 2025, CNO advanced several health system-level improvements to ensure nurses can enter practice, move between jurisdictions and work to their full competencies, ultimately strengthening patients' ability to receive timely, high-quality care.

## Advancing national solutions for workforce mobility

CNO continued advancing labour mobility by introducing [Interjurisdictional Nurse Licensure \(INL\)](#), a national initiative that helps nurses maintain registration in multiple Canadian jurisdictions while streamlining regulatory requirements. This means a nurse relocating to Ontario, or working in an additional province, can work in multiple places at less cost and with no multiple quality assurance requirements. For employers and patients, it reduces delays and supports faster access to qualified care.

CNO also strengthened verification of nursing registration nationally by supporting the onboarding of the Yukon Registered Nurses Association and the Nova Scotia College of Nursing to Nursys in Canada, with more organizations expected to join. This enhances public protection by improving the accuracy and timeliness of cross-jurisdiction registration checks and helps streamline multijurisdiction licensure.

These initiatives reduce duplication, accelerate workforce deployment and reinforce CNO's leadership in building coordinated pan-Canadian workforce solutions.



"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."

— Silvie Crawford, RN, Registrar & CEO



### **Consistent pathways into practice for internationally educated nurses (IENs)**

Ensuring fair and transparent entry into practice for IENs remained a key priority. In 2025, CNO implemented [updated registration requirements](#) that make pathways clearer and more equitable. We introduced a new Transition to Practice requirement that defines core safety competencies expected of all new nurses, helping ensure readiness for practice in Ontario's diverse care settings. CNO's evaluation work also highlighted the continued success of the Supervised Practice Experience Partnership (SPEP) program, which has supported more than 6,000 nurses into registration since 2022. The SPEP program remains a critical lever for strengthening Ontario's workforce and improving access to skilled care.



### **Expanding scope to improve access to care**

Scope of practice modernization continued to support better patient access. In 2025, CNO helped implement [new scope changes for NPs and RNs](#) and saw the expansion of RN prescribing, which enables RNs to prescribe medications within defined parameters. For the first time in Canada, [RN prescribing will be taught in Ontario baccalaureate nursing programs](#), preparing graduates to provide more comprehensive care and improving patients' ability to receive the care they need.

## Strengthening the system through engagement

Health system transformation happens when partners move in the same direction. As Ontario's nursing regulator, CNO plays a critical role in bringing people together to share insights, align expectations and help shape conditions that support safe care and improve access for patients.

In 2025, CNO deepened engagement across Ontario, throughout Canada and internationally. We met directly with nurses, employers, educators and system leaders to understand their realities, shape solutions and share guidance grounded in contemporary practice. From hospital visits in northern communities to conversations with nursing students preparing to enter the profession, these connections ensured regulatory decisions remained anchored in the environments and communities where care is delivered.

We also worked closely with government and regulatory partners to advance system priorities, such as labour mobility and a single NP classification. Through presentations and ongoing dialogue with partners, including the Ministry of Health, Health Canada and national regulatory counterparts, CNO helped align regulatory approaches that support a more flexible mobile workforce while maintaining patient safety.

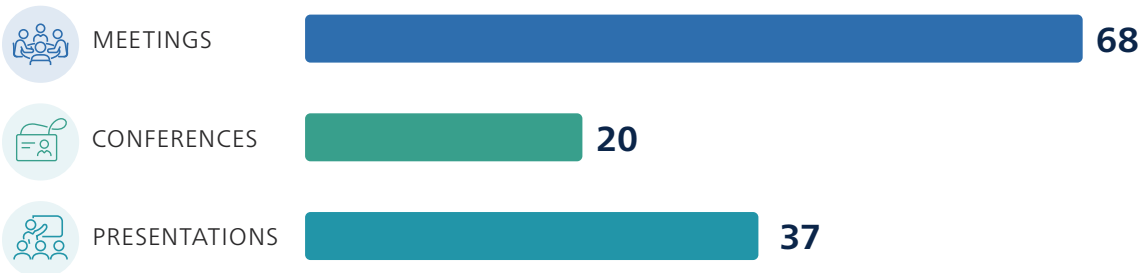
Our leadership extended to national and international forums shaping the future of health workforce regulation. CNO contributed to discussions through the Federal/Provincial/Territorial Committee on Health Workforce, the Canadian Nurse Regulators Collaborative and global regulatory and workforce meetings, ensuring Ontario's experience informed broader system change and remained aligned with modern regulatory approaches.

These partnerships also created direct support for nurses. CNO delivered presentations and held discussions with employers, professional associations and academic programs on evolving scope of practice, documentation, complaints processes and registration.

These conversations provided clarity during a time of significant change and helped nurses and organizations adapt safely and confidently. We also consulted with more than 2,200 individuals on our forthcoming new Strategic Plan.

By collaborating openly, sharing expertise and learning alongside partners at every level, we are helping to build a more connected, responsive and resilient regulatory environment, and one that strengthens the nursing profession and supports better care for patients across Ontario.

### ENGAGEMENT IN ACTION





# Safety

Nursing practice is changing quickly, driven by virtual care, digital records and new forms of nurse-client connection. These shifts created realities that older standards could no longer fully support. In 2025, CNO strengthened patient safety by modernizing key standards and guidelines so they reflect how care is delivered today and how it will continue to evolve.

The results are clearer expectations, stronger alignment with digital practice and guidance designed for a health care system in transformation. In 2025, CNO released [guidance about artificial intelligence \(AI\)](#) to help nurses understand how AI could be used safely and what to keep in mind when integrating it into their practice.



## Modernizing standards for a digital era

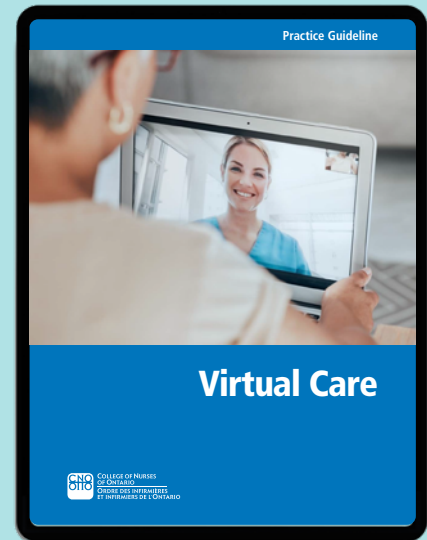
CNO released the [Virtual Care guideline](#) to acknowledge a shift already taking place across the profession. Digital tools and artificial intelligence are becoming part of everyday care. The guideline makes one thing clear: these technologies can extend a nurse's reach, but they don't replace the knowledge, skill and judgment that define nursing. Nurses remain fully accountable, no matter how care is delivered.

Recognizing how digital systems have shaped the flow of information, we modernized the [Documentation practice standard](#). Documentation is now done through electronic records, shared digital platforms and AI-supported environments. The updated standard ensures that, even as formats change, patient care is captured clearly and consistently to support safe decision making across teams.

To reflect the reality of care increasingly delivered through screens and messages, CNO introduced a new [Professional Boundaries and Nurse-Client Relationships practice standard](#). It offers clarity on situations where communication can blur traditional lines, helping nurses maintain professionalism and trust during moments that feel different from in-person interactions.

**5,000**

**Total number of nurses who went through a QA process**



"Our role is to bring standards to life. Through practical resources, engagement and knowledge translation, we help nurses clearly understand their professional accountabilities and what those expectations look like in everyday practice."

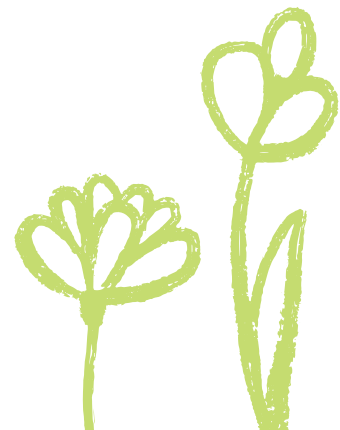
— Maya Nikoloski, RN, Director of Professional Practice





### **Working together to bring the standards to life**

Throughout the year, we also worked alongside the people who would bring the new standards and guidelines to life. We met with educators, employers and other system partners to understand what implementation looks like on the ground. Academic leaders explored how updated expectations could be woven into nursing education, preparing future nurses for a practice that is increasingly digital and fast-evolving. Conversations with employers and health system partners helped connect the standards to real practice settings, from hospitals to community clinics and virtual care teams. These touchpoints ensured that modernization was interpreted consistently and connected to the realities of care delivery. To us, advancing patient safety meant more than updating expectations. It meant ensuring those expectations could be adopted across a health system undergoing transformation.



## Setting the foundation for safe care, nationally

Patient safety begins long before a nurse enters practice. As care models evolve and expectations grow, nursing programs must prepare graduates with the knowledge, skill and judgment needed to navigate today's health care system. CNO's Program Approval Framework ensures this by setting a clear, consistent benchmark for nursing education in Ontario and aligning programs with contemporary practice and regulatory requirements.

In November 2025, CNO met with nursing regulators from across Canada who are using the framework within their own jurisdictions. The discussions moved beyond comparing processes to exploring how shared standards, common guidance and evidence-based indicators strengthen oversight and contribute to safer, more consistent outcomes for learners.

What emerged was a shared understanding that alignment in education oversight is not just about efficiency; it is foundational to patient safety and system readiness. Greater national consistency helps to ensure new nurses enter practice equipped with the same standards, reinforcing a strong common foundation for safe care across jurisdictions



"We were looking for something a bit more modern and consistent to evaluate our education programs in the North. And when we saw what CNO had developed, it just stood out as a very strong evidence-based framework that we could easily adapt to the Northwest Territories and Nunavut."

— Megan Wood, RN, CEO & Registrar,  
College of Nurses of the Northwest  
Territories and Nunavut





# Experience



Patient experience is shaped not only by the care nurses give but also by the environments that surround that care. When nurses experience discrimination, inequity or systemic barriers, the quality, safety and consistency of care are affected.

## Getting a clearer picture of the workforce

In 2025, we released new information from [CNO's Workforce Census](#) that offered a clearer picture of nurse identities, workplace inequities and the lived realities shaping practice. More than 31,000 nurses participated in the census. The data highlighted workplace inequities and barriers, including findings that helped quantify experiences of discrimination. We shared these insights with system partners, supporting system-wide decision making that is informed by data about nurses' experiences.

## Using global insights to reinforce local action

CNO also strengthened its global connections, engaging with international regulators at the Professional Standards Authority's Preventing Harm: Turning Insight into Impact conference. Discussions highlighted a shared shift toward proactive, prevention-focused regulation, which is the same direction CNO is moving in through its data-driven approaches. Many international regulators emphasized how research can uncover workplace culture issues, systemic inequities and risks that contribute to harm. This alignment reinforced the value of CNO's insight-based regulatory approach. By grounding decisions in evidence and lived experience, CNO is better equipped to identify risks early, address them collaboratively and support safer, more responsive care environments.

### TYPES OF DISCRIMINATION EXPERIENCED



RACISM

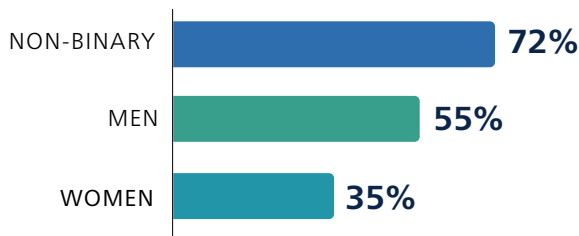


AGEISM



GENDER-BASED

### NURSES REPORTING DISCRIMINATION



**78%**

of nurses who are 18 to 24 say age is the reason for the discrimination

**67%**

of racialized respondents report exposure to racism



"Our findings offer insights that aim to guide collective actions in promoting a safe and equitable health care system for both nurses and Ontarians. Realizing this change will require collective resolve and responsibility in implementing clear policies that are firmly aligned with principles of Equity, Diversity, and Inclusion (EDI) for all."

— Brent Knowles, Director of Analytics & Research



## Advancing reconciliation through regulatory leadership



Nicole Blackman, Chief Operating Officer, (left) and Christi-Ann Poulette, Health System Transformation Manager, of the Indigenous Primary Health Care Council (IPHCC).

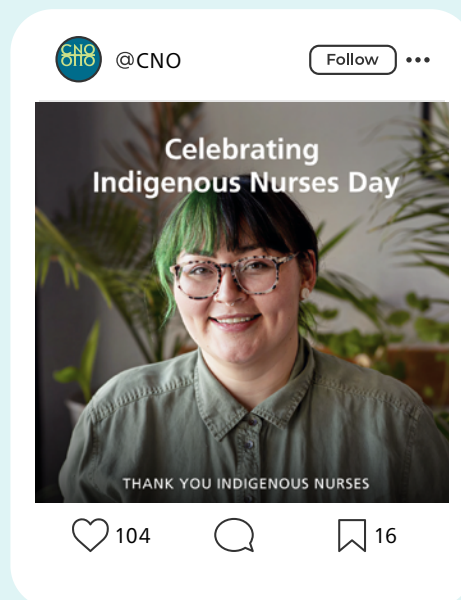
Advancing Truth and Reconciliation is essential to achieving safe, equitable and culturally appropriate care. [Regulation has a role to play in acknowledging our shared history](#), supporting Indigenous nurses and addressing systemic inequities that affect Indigenous patient experience and health outcomes.

In 2025, CNO took meaningful steps to embed reconciliation into our regulatory work. We publicly recognized [Indigenous Nurses Day on April 10](#), honouring the leadership, expertise and contribution of Indigenous nurses across Ontario. We also strengthened our partnership with the Indigenous Primary Health Care Council (IPHCC),

working together to [develop and share educational videos](#) that support greater understanding of Indigenous health, cultural safety and community-based care. These efforts help ensure that regulatory approaches reflect Indigenous perspectives and remain responsive to the needs and experiences of Indigenous patients.

Our partnership with IPHCC also created new opportunities for dialogue with Indigenous health leaders. These conversations helped inform how regulation can better support culturally safe care and build trust between Indigenous communities, nurses and the broader health system — including through the creation of a new "Foundational Theme" that addresses the Truth and Reconciliation Calls to Action in Nursing Education.

Additionally, an important milestone came in September with the installation of a land acknowledgement plaque at our offices. It is a visible, permanent reminder of the history of the land and CNO's ongoing commitment to reconciliation.



"Indigenous-led care grounded in traditional knowledge is about more than service delivery — it's about self-determination, cultural continuity and community voice. That's what makes programs meaningful, responsive and sustainable."

— Dr. Nicole Blackman, RN,  
Chief Operating Officer, IPHCC





# Moving forward in the public interest

In a year defined by transformation,  
CNO led, and continues to lead, with  
clarity, evidence and purpose.



Transformation in health care is ongoing. Nurses will continue to adapt, innovate and respond to changing patient needs. CNO will continue to build on the foundation laid in 2025 by:



Developing a new Strategic Plan that reinforces our leadership role in system change



Expanding data sharing and reporting to support evidence-based system planning and workforce decisions



Continuing to modernize standards and guidance to reflect evolving practice, technology and models of care



Advancing our work in relation to Truth and Reconciliation Commission Calls to Action 23 and 24.

**By strengthening access to care, modernizing practice standards and guidance, addressing conditions that shape patient experience and deepening workforce insight, CNO helps ensure Ontario's health system remains responsive, accountable and focused on protecting the public.**

## Statutory Committee Appointment – Request for Committee Change

Decision Note – June 2026 Council

### Contact for questions or more information

Angie Brennand, Director, Strategy

### Purpose and action required

In response to a recommendation by the Nominating Committee (NC), Council is asked whether it approves the appointment of a public member to the Quality Assurance Committee.

#### Motion:

That, based on the recommendation of the Nominating Committee, Council approve the appointment of Wes Stryker, public member of Council, to the Quality Assurance Committee.

### Background

Currently, the ICRC has six public members. The minimum requirement for public members on the ICRC is five members as outlined in [Article 18.01 of By-Law No. 1: General](#).

The Quality Assurance Committee (QAC) currently has three public members. The minimum requirement for public members on the QAC is three members as outlined in Article 21.01 of By-Law No. 1.

Recently, a public member of Council who serves on the QAC has notified CNO staff of their intent to resign from Council, effective June 5, 2026, resulting in a vacancy on QAC that would need to be filled in order to meet the minimum requirement.

Wes Stryker, public member of Council was reappointed to serve a three-year term on Council, with the term ending in November 2028. He was appointed to serve as a member of the Inquiries, Complaints and Reports Committee (ICRC) in December 2024. He has contacted CNO regarding the possibility of serving on a different committee.

## **Rationale for recommendation**

At its meeting on May 7, the NC considered the needs of QAC and the request for a transfer of committee appointments.

The NC recommendation addresses both the request and an upcoming public member vacancy on QAC, while maintaining the minimum number of public members serving on ICRC.

## RN Council Vacancy in Southwestern District

Decision note – June 2026 Council

### Contact for questions or more information

Angie Brennand, Director, Strategy

### Purpose and action required

As a result of the resignation of a Council member, the Nominating Committee (NC) recommends to Council that the RN Council member vacancy in the Southwestern District remain unfilled, as the district is scheduled for an election in early 2027.

#### Motion:

That, in accordance with Article 55.02 of By-Law No. 1: General, and based on the recommendation of the Nominating Committee, Council approve leaving the RN Council member seat in the Southwestern District vacant until June 2027.

### Background

An RN Council member from the Southwestern District resigned their position on Council effective May 15, 2026. The term of office for this position ends in June 2027. As a result, a vacancy now exists for an RN elected Council member from this district.

In accordance with the NC's Terms of Reference, the NC is responsible for recommending to Council how to address such vacancies in between elections.

### Legislative Framework

[CNO's By-Law No. 1: General](#), outlines how Council vacancies are addressed.

Article 55.02 states that if the seat of an elected councillor becomes vacant for an electoral district not more than sixteen months before the expiry of their term, the Council shall

- i) leave the seat vacant; or
- ii) appoint as a councillor a member who meets the requirements for eligibility for election in that electoral district to serve the balance of the former elected member's term.

In addition, Article 55.04 clarifies that if a member is appointed, their term would end on the date of the former elected councillor or appointed committee member would have expired, which in this case, is June 2027.

### **Rationale for the recommendation**

The vacancy occurred with less than 13 months remaining in the term and the election process for the district will begin shortly, with the call for nominations scheduled for early October of 2026. Historically, when a vacancy has occurred this close to the end of a term, Council has opted to leave the position vacant. With this vacancy, there would be 36 Council members: 13 RNs, 7 RPNs, and 16 public members.

## Standing Committee Appointments: Finance & Risk and Conduct Committees

Decision note – June 2026 Council

### Contact for questions or more information

Angie Brennand, Director, Strategy

### Purpose and action required

In June, the Nominating Committee (NC) recommends the appointment of members of the standing committees to Council. Council is being asked to consider the appointment of members to the Finance & Risk and Conduct committees.

#### Motion 1:

That, based on the recommendation of the Nominating Committee, Council appoint Doreen Bankole, RN, Todd Hillhouse, public member of Council and Shari Wilson, public member of Council as members of the Finance & Risk Committee for 2026-2027.

#### Motion 2:

That, based on the recommendation of the Nominating Committee, Council appoint Jijo Mathew, RN, Kimberly Wagg, RPN and Shari Wilson, public member of Council, as members of the Conduct Committee for 2026-2027.

### Background

The NC met on May 7, 2026. A report of NC's meeting is Agenda Item 8.1. In accordance with its Terms of Reference, the NC reviewed candidates for appointment to the Finance & Risk and Conduct committees in order to make recommendations to Council.

### 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 NC. 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 May 2026, the following Finance & Risk Committee positions need to be filled:

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

In March 2026, Council members were informed of the call to serve on the Finance & Risk Committee, through the report presented by the Chair of the NC, as well as the Council Chair. CNO also sent out four calls to Council members for volunteers to serve on this Committee.

The NC was informed that three Council members, Doreen Bankole, RN, Todd Hillhouse, public member of Council and Shari Wilson, public member of Council volunteered to serve on the Finance & Risk Committee and received statements noting their interest and resumes. The NC is recommending the appointment of these members, to serve on the Finance & Risk Committee.

### **Conduct Committee**

The Conduct Committee consists of four Council members (two nurse members and two public members) recommended by the Nominating 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](#).

In March, Council members were informed of the call to serve on the Conduct Committee, through the report presented by the Chair of the NC, as well as the Council Chair. CNO sent out four calls to Council members for volunteers to serve on the Conduct Committee.

The following Council members indicated interest in continuing to serve as members of the Conduct committee:

- Shari Wilson, public member
- Kimberly Wagg, RPN

With these two indications of continued interest, the following Conduct Committee positions need to be filled:

- One nurse Council member
- One public Council member

One nurse Council member, Jijo Mathew, volunteered to serve on the Conduct Committee and provided a statement of interest and resume. The NC is recommending the appointment Jijo Mathew to serve on the Conduct Committee.

Following the Nominating Committee meeting, one additional Council member (public member) expressed willingness to volunteer on the Conduct Committee. CNO staff expect this request for appointment to come to Council's September meeting.

## Confirmation of Committee Appointment

### Decision note – June 2026 Council

#### Contact for questions or more information

Angie Brennand, Director, Strategy

#### Purpose and action required

To support the ongoing effectiveness of CNO's statutory committees, Council is being asked to confirm a statutory committee appointment.

#### Motion:

That Council confirm the appointment of Nicole Krywionek, RN, to the Inquiries, Complaints & Reports Committee until June 2027.<sup>1</sup>

#### Public protection rationale

Statutory committees play a key role in public safety. To maintain their effectiveness, it is important that committees be fully constituted with highly qualified members to ensure they can carry out their mandates effectively. This includes filling vacancies in a timely manner.

#### Background

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

At its meeting on May 14, 2026, the Executive Committee approved an appointment to address a vacancy on the Inquiries, Complaints and Reports Committee (ICRC) as a result of a nurse Council member resignation. In accordance with [Article 31.05 of By-Law No. 1: General](#), Council is being asked to confirm this appointment.

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<sup>1</sup> 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.

## Strategic Plan 2021-2026 Reporting

Discussion Note – June 2026 Council

### Contact for questions or more information

Silvie Crawford, Registrar & 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 current 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 2021-2026* to support its governance oversight accountability. This report covers Q1 2026 and highlights new activity since the previous Council update.

Most planned deliverables under the *Strategic Plan 2021-2026* are complete and have been rolled into ongoing operations. These achievements have set a solid foundation as CNO transitions to its new strategic plan, which takes effect in January 2027.

### Outcome Measures

The updated outcome dashboard, with data up to the end of March (Q1) 2026 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. Further information related to the description, rationale and timing of each measure can be found in Attachment 3 (Orientation Guide).

## 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

Registration regulation changes related to internationally educated nurse (IEN) education took effect in April 2025 and are now fully operational. At the end of Q1, over 3,200 IEN registrations have been granted since the regulation changes went into effect, and more than 4,730 IENs have completed the Transition to Practice (TTP) course.

Scoping of the Evidence of Practice (EOP) project is complete. CNO is beginning this work by assessing current evidence of practice requirements to determine changes that will maintain relevance and public protection in our evolving health system.

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

The Standards Utilization Survey collects data about newly developed or revised standards and guidelines. The survey was first conducted in 2021 and repeated in 2024; both iterations yielded consistent results with 97% of nurses reporting familiarity with CNO standards. In Q1 2026, planning began for the next survey, which will be administered in Fall 2026.

In Q1 2026, CNO finalized steps to operationalize the newly developed Quality Assurance (QA) assessment module on the Scope of Practice standard. The new module and associated tool were integrated into the new QA learning management system for the 2026 Spring QA selection.

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

**CNO's survey work under this outcome is complete for the current strategic plan.**

As a large regulator with a broad range of system partners, CNO undertakes regular and proactive engagements with nurses, system partners and the public.

Engagement with system partners is now embedded in all relevant CNO processes. This is reflected in Council's briefing notes, Registrar & CEO updates, and CNO's ongoing work in Diversity, Equity, and Inclusion.

By the end of Q1 2026, CNO had over 115,000 followers across all social media channels.

Our engagement strengthens relationships and builds trust, informs CNO of system needs and perspectives, and ensures system partners understand their obligations in a

regulated health environment. This work has increased our understanding of how CNO is perceived by nurses and the public, and we continue to regularly incorporate engagement strategies that promote success.

## **Strategic Plan Pillar Updates**

### Pillar 1: Build and Operate an Insights Capability

**Work towards the Insights Capability Pillar (enhancing organization-wide evidence-based insights, backed by data) is complete for the current strategic plan.**

CNO successfully implemented dashboards across its teams. Dashboards and reporting tools are actively supporting registration, professional practice and professional conduct processes. These tools are enabling data-driven decision-making and ongoing performance monitoring.

The Enterprise Data Lakehouse Project supporting Pillar 1 achieved its core objectives for this phase and is fully operationalized. The centralized data environment, enhanced business intelligence capabilities, and data governance practices are now in steady-state use across CNO.

The final planned milestone for this pillar was to apply machine learning and more advanced analytics, which was originally part of the Enterprise Data Lakehouse Project. CNO has closed this project<sup>1</sup> to shift focus to foundational modernization work required to enable advanced analytics in a sustainable way. Specifically, CNO is prioritizing the upcoming customer relationship management (CRM) Cloud Migration and Enterprise Case Management Initiative, which represents a significant uplift to the core technology platform and must be successfully delivered before pursuing machine learning and advanced analytics.

Machine learning and advanced analytics work will be re-sequenced and planned in a future phase aligned to the future-state CRM platform, ensuring capabilities are introduced only after core data, integration, and operational processes are stabilized and modernized.

### Pillar 2: Operate with Agility

**Work under this pillar is complete for the current Strategic Plan.**

Key achievements included implementing a prioritization model, establishing a stage-gate approval process, and creating an organization-wide project management function. A resourcing model was implemented, and decision-making frameworks for corporate

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<sup>1</sup> The project progress dashboard (attachment 2) is updated to remove this item from the total project list; the total number of projects is now 54 (previously 55).

projects and operational planning were finalized. Together, these initiatives enhanced CNO's ability to effectively manage both operational and strategic initiatives.

### Pillar 3: Enable Proactivity

#### **Work under this pillar is complete for the current Strategic Plan.**

CNO's approach to proactive regulation focussed on identifying emerging risks early and working with system partners to address them. In 2024–2025 we applied this approach through three pieces of work (described below) that have collectively fulfilled and closed the Proactivity Pillar.

- An AI initiative that drew on consultations with regulators, academics and the Citizen's Advisory Group (members of the public) to produce governance/risk practices, and AI guidance for nurses.
- A risk-based update to the Documentation and Therapeutic Nurse–Client Relationship standards, prioritized from internal insights and supported by consultation with a Nurse Advisory Group, employer and academic reference groups, and public consultation.
- An enterprise communications approach for higher-risk matters, including Professional Conduct cases, that aligns public statements with legislation, law-enforcement partners and CNO's public-protection mandate.

### Pillar 4: Engage and Mobilize our Key System Partners

In Q1 2026, CNO participated in thirty-five engagements (conferences, external meetings and presentations). Highlights include:

- CNO Coffee Chats – a new method for engaging nurses that encourages two-way dialogue. Topics to date have included Certifying Death and QA Everyday. Future events are planned.
- CNO hosted a webinar for over 350 final-year nursing students to introduce them to CNO, outline the registration process and address questions. Future webinars are planned.
- Meetings with provincial, national and international partners - the *Order des infirmières et infirmiers du Québec* (the Québec nursing regulator), the *Nursing Council of New Zealand* and provincial RPN, RN, and NP professional associations.

CNO will continue to build meaningful relationships that advance shared priorities as we transition to the new strategic plan. This includes exploring how insights from the *Workforce Census and Nursing Statistics Report* may inform future engagement plans, and socializing CNO's *2027-2031 Strategic Plan* with key partners and identifying opportunities for collaboration.

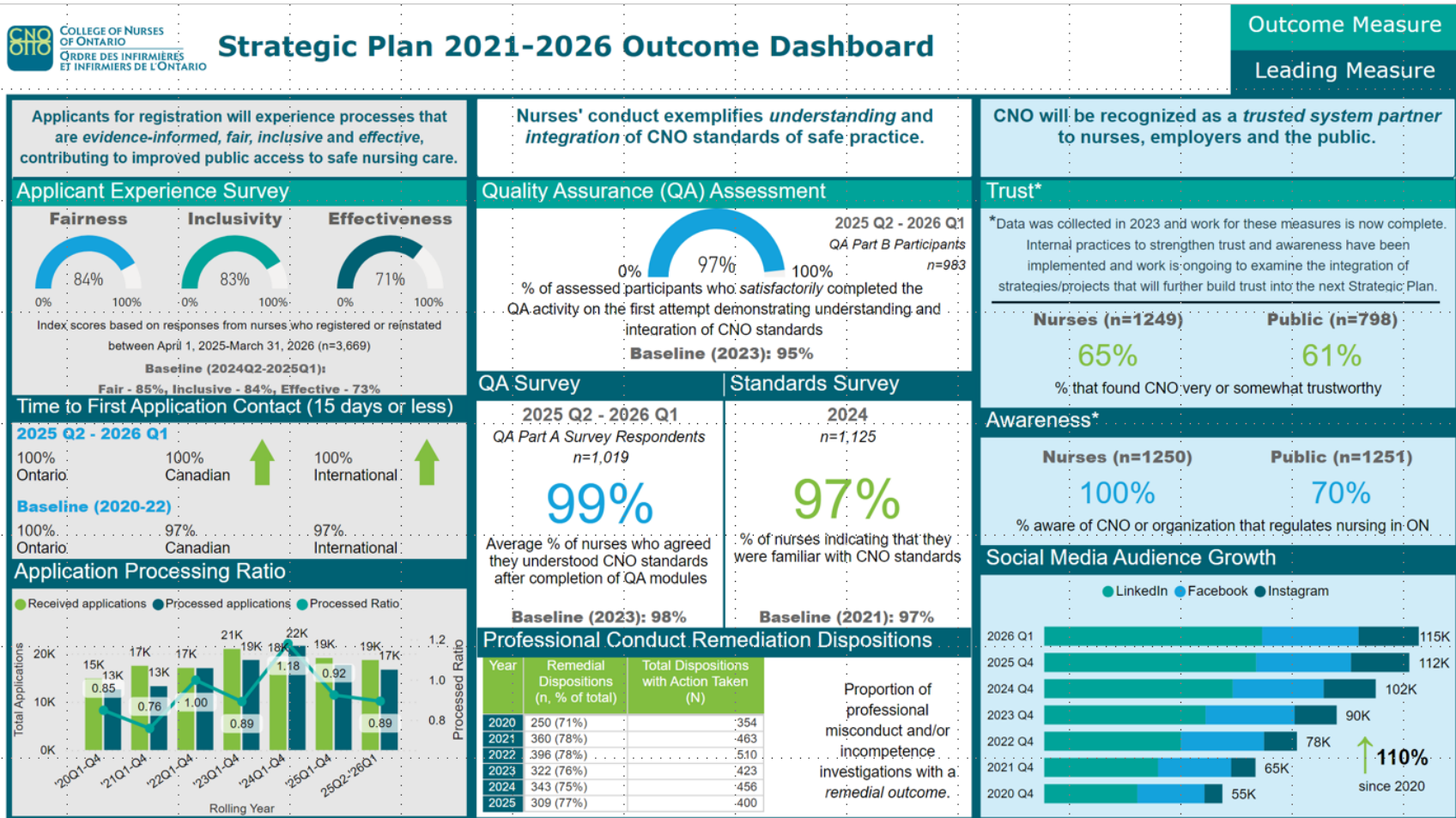
**Next steps**

CNO will continue to provide quarterly reports to Council on the *Strategic Plan 2021-2026* until its completion.

**Attachments**

1. [Strategic Plan 2021-2026 Outcome Measures Dashboard](#)
2. [Strategic Plan 2021-2026 Project Progress Dashboard](#)
3. [Orientation Guide to the Strategic Plan Outcome Measures Dashboard](#)

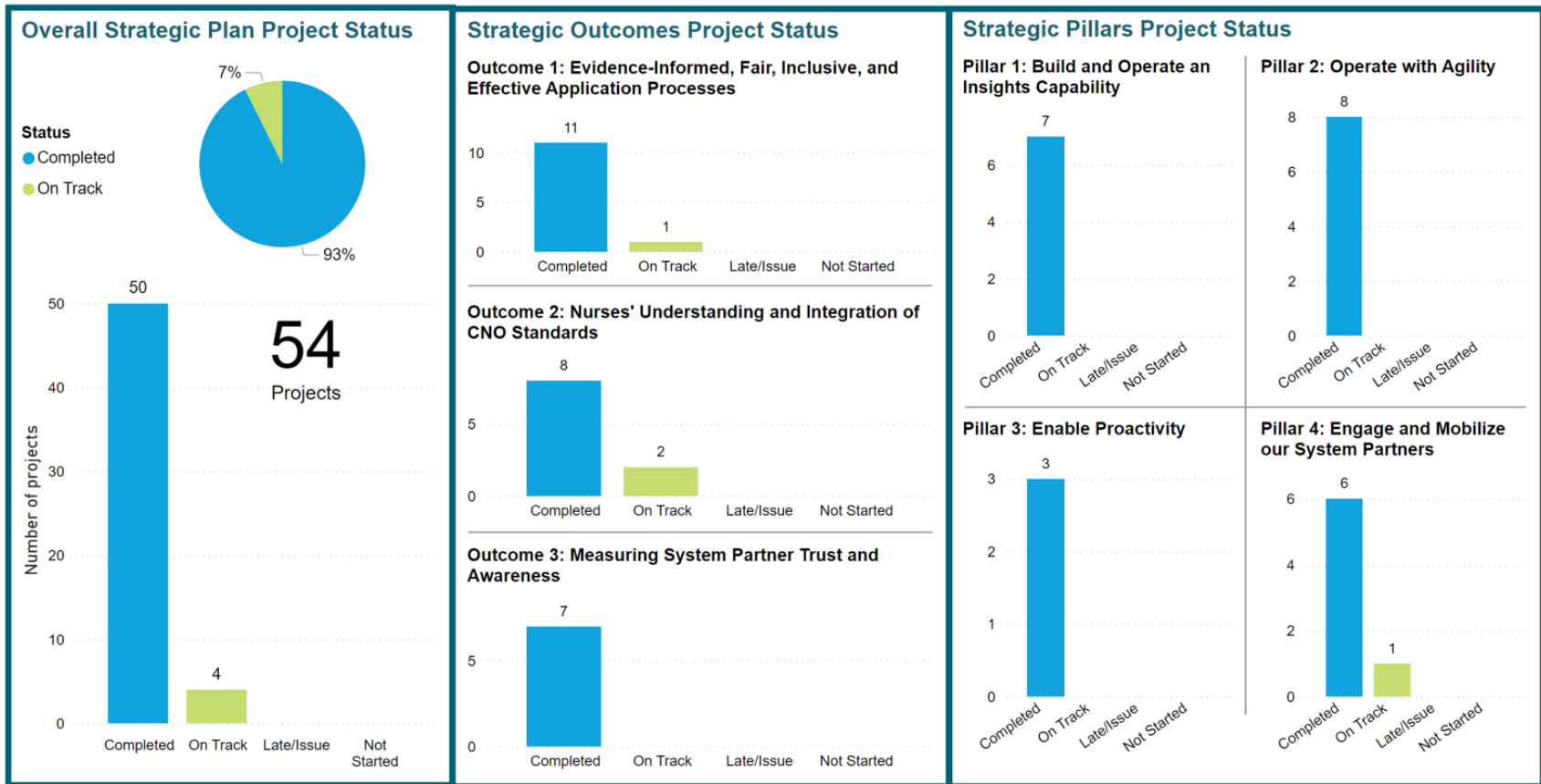
# Attachment 1: Strategic Plan 2021-2026 Outcome Measures Dashboard (up to the end of March 2026)



## Attachment 2: Strategic Plan 2021-2026 Project Progress Dashboard (up to the end of March 2026)



### Strategic Plan 2021-2026 Project Progress Dashboard



### **Attachment 3: Orientation Guide to the Strategic Plan Outcome Measures Dashboard**

In September 2023, CNO introduced the Strategic Plan Dashboard for monitoring and presenting the progress of the implementation of the Strategic Plan.

The dashboard contains one outcome measure and multiple leading measures for each of the three Strategic Plan outcomes.

The outcome measures (directly related to the outcome) show whether CNO is achieving the outcomes, while the leading measures (not directly measuring the outcomes but related to them) show whether CNO is on track to do so.

It is important to note that outcomes and leading measures have different baseline years as the result of different measurement periods related to when the measures were established.

Each of the outcomes and related measures are described below:

#### **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.*

#### **Outcome Measure: Applicant experience survey results**

##### **Description:**

Fairness, Inclusivity and Effectiveness index scores are calculated from responses to multiple questions from the Applicant Experience Survey measuring the experience of applicants with CNO's registration process.

##### **Rationale:**

The survey results provide a direct measure of all constructs listed in the outcome (fair, inclusive, and effective).

##### **Timing:**

The survey launched in June 2024 with nurses who registered or reinstated since April 1, 2024. New survey invitations are sent at the start of every month to nurses who registered or reinstated in the previous month.

The baseline scores were calculated using results from the first 12 months of the survey covering nurses who registered between April 1, 2024 and March 31, 2025.

The index scores are calculated using a 12-month rolling average to mitigate seasonal variations in the profile of registrants.

**Leading Measure: Time to first application contact**

Description: Measures the percentage of applicants contacted within 15 days of submission.

Rationale: This is an operational metric of effectiveness and ensures that applicants are contacted in a timely manner once they apply. All registration applicant types (e.g., Ontario, International, and Canadian) are compared to ensure similarity (fairness). This metric is a requirement for CNO based on the established target set by legislation.

Timing: The measure is derived from operational data from CNO's Customer Relationship Management (CRM) database (PULSE) and is available since the start of the Strategic Plan (2020 Q1). It is reported on a rolling 12-month basis to mitigate seasonal variations in application volumes and is compared to a baseline of applications received from 2020-2022.

**Leading Measure: Application processing ratio**

Description: Measures the number of applications processed divided by the number of applications received.

Rationale: Greater efficiency in processing applications (more applications processed than received) should result in faster registration for applicants and reflects an effective registration process.

Timing: The measure is derived from operational data from CNO's CRM database (PULSE) and is available since the start of the Strategic Plan (2020 Q1). It is reported on a rolling 12-month basis to mitigate seasonal variations in application volumes.

**Outcome 2:**

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

**Outcome Measure: Quality Assurance (QA) assessment results**

Description: Measures the proportion of participants who satisfactorily completed the Code of Conduct QA assessment activity on their first attempt (from Part B of the QA program).

Rationale: The results from Part B provide an objective measure of understanding and integration of standards as participants apply their knowledge to real experiences. An increase in the proportion of participants who are successful would reflect an increase in the understanding and integration of the standards.

Timing: The measure is derived from operational data from CNO's CRM database (PULSE). The baseline data is from 2023 when the Code of Conduct QA Assessment activity was first introduced. The measure is calculated on a rolling 12-month basis to mitigate seasonal variations in the number of nurses completing QA Assessment.

### **Leading Measure: QA survey results**

Description: Measures the perception of QA participants regarding their understanding of CNO standards after completion of QA modules (from Part A of the QA program).

Rationale: This measures self-perceived knowledge of standards as a proxy measure of understanding.

Timing: The survey is sent to nurses upon completion of Part A of the QA program. The baseline was established using data from 2023 when the survey was first administered. The measure is calculated on a rolling 12-month basis to mitigate seasonal variations in the number of nurses completing QA Assessment.

### **Leading Measure: Standards utilization survey results**

Description: Measures familiarity with practice standards.

Rationale: Familiarity with CNO standards is a proxy measure for understanding.

Timing: The baseline score come from a standards modernization membership survey, which was administered in 2021. The survey has only been repeated once in 2024 and CNO plans to update the scores using a similar survey in 2026.

### **Leading Measure: Professional Conduct remediation dispositions**

Description: Measures the proportion of professional conduct (professional misconduct and/or incompetence) investigations with a remedial outcome.

Rationale: An increase in the proportion of remedial outcomes reflects action by the Inquires, Complaints and Reports Committee (ICRC) to address nurses' practice deficiencies and improve understanding and integration of the standards of practice of the profession through directing remedial outcomes, wherever appropriate, potentially reducing referrals to discipline.

Timing: The measure is updated annually using data from the ICRC annual report.

**Outcome 3:**

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

**Outcome Measure: Trust index/score survey results**

Description: Measures the level of trust in CNO from the perspectives of system partners.

Rationale: This is a direct and representative measure of trust for various system partners.

Timing: The survey data was collected in 2023 and work for these measures is now complete.

**Leading Measure: Awareness and perception survey results**

Description: Measure of system partners' awareness and perception of CNO as an organization and its regulatory mandate.

Rationale: This measures awareness and perception of CNO in system partners and underpins trust (based on the theoretical model where awareness is first needed to establish trust).

Timing: The survey data was collected in 2023 and work for these measures is now complete.

**Leading Measure: Social media audience growth**

Description: Measures the number of followers for each of CNO's social media accounts.

Rationale: This measures the growth of CNO's followers and is a proxy measure for awareness, which is a necessary antecedent for trust.

Timing: The baseline audience counts for social media platforms are from the end of Q4 2020. The counts are updated at the end of every quarter.

## Nursing Education Program Approval

### Decision note – June 2026 Council

#### Contact for questions or more information

Maya Nikoloski, Director, Professional Practice

#### Purpose and Action Required

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

##### **Motion 1:**

That Council approve Brock University's Concurrent Bachelor of Nursing (BN)/Master of Nursing (MN) Program.

##### **Motion 2:**

That Council approve the nursing programs noted in the Annual Review recommendations as listed in Attachment 2 to this decision note.

#### Public interest rationale

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

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

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

#### Background

##### **Program Approval**

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

(practical nurse (PN), baccalaureate nursing (BScN or BN) and nurse practitioner (NP)). It is based on the three standards (Structure, Curriculum and Outcomes) and [9 associated indicators](#). Using this framework, programs undergo one of three types of review:

- 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.
- Comprehensive review is based on a review of all nine indicators for established programs and is completed every seven years. A [score](#) is determined for each indicator, standard, and overall for each program leading to entry-to-practice. Approval following Comprehensive review requires a program fully meet two mandatory indicators (2 - Client and student safety and, 4 - Curriculum incorporates entry-to-practice competencies and foundational practice standards) and an overall score of 75 per cent or above.
- Annual reviews are based on outcome indicators (e.g. first-time pass rate for the regulatory exam) determined using a three-year rolling average. These indicators update the overall score established from a program's last Comprehensive review.

Programs receive one of four approval statuses with a written rationale and summary of their program approval score: [Preliminary Approval, Approved, Approved with conditions, or Not approved](#).

## **Analysis**

CNO reviews all established programs and makes recommendations to Council based on the four possible approval statuses based on Preliminary, Comprehensive, and Annual Review scheduling.

### **First-time Comprehensive Review**

The Brock University Concurrent Bachelor of Nursing (BN)/Master of Nursing (MN) Program received Preliminary Approval in December 2021 and has undergone its first Comprehensive Review following graduation of its first cohort of students. Detailed scoring for this review is found in Attachment 1.

### **Established Nursing Programs**

All established entry level nursing education programs have undergone Annual Review, following the first cycle of Comprehensive Reviews completed from 2018-2025. Detailed scoring for all Annual Reviews is found in Attachment 2.



## Next steps

Following Council's decisions CNO will provide a letter to each of the Nursing Programs addressing the program's approval status, upcoming dates for the next annual or comprehensive reviews as well as a Program Approval Report outlining the results of its Comprehensive or Annual reviews.

## Attachments

1. [2026 Comprehensive approval of Brock University Concurrent BN/MN: Detailed Review Scoring](#)
2. [2026 Annual approval of nursing programs in Ontario: Detailed Review Scoring](#)

## Attachment 1 – 2026 Comprehensive approval of Brock University Concurrent BN/MN: Detailed Review Scoring

### Baccalaureate Nursing Programs: Comprehensive Review<sup>1</sup>

Institution	Nursing Program	Mandatory Indicator 2: Client & Student Safety	Mandatory Indicator 4: Curriculum	Indicator 7: First-time Pass Rate	Total Approval Score $\geq 75\%$	Approval Status Recommendation
Brock University	Concurrent Bachelor of Nursing (BN)/ Master of Nursing (MN) Program <sup>2</sup>	Met	Met	Met	Met	Approved

<sup>1</sup> Based on a program's evidence, each indicator is evaluated against a rubric 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%.

<sup>2</sup> Only the BN curriculum is reviewed, as CNO does not approve graduate level education

## Attachment 2 – 2026 Annual approval of nursing programs in Ontario: Detailed Review Scoring

### Practical Nursing Programs: Comprehensive reviews updated with Annual approval data<sup>1</sup>

Institution	Nursing Program	Indicator 7: First-time Pass Rate <sup>2</sup>	Total Approval Score >=75%	Approval Status Recommendation
Algonquin College	Practical Nursing Diploma	Met	Met	Approved
Cambrian College	Practical Nursing Diploma	Partially Met	Met	Approved
Canadore College	Practical Nursing Diploma	Met	Met	Approved
Centennial College	Practical Nursing Diploma	Met	Met	Approved
	Practical Nursing Diploma for Internationally Educated Nurses	Met	Met	Approved
Collège Boréal	Practical Nursing Diploma	Not Met	Met	Approved
Collège La Cité	Practical Nursing Diploma	Not Met	Met	Approved
Conestoga College	Practical Nursing Diploma	Met	Met	Approved
Confederation College	Practical Nursing Diploma	Partially Met	Met	Approved
Durham College	Practical Nursing Diploma	Partially Met	Met	Approved
Fanshawe College	Practical Nursing Diploma	Met	Met	Approved
Fleming College	Practical Nursing Diploma	Partially Met	Met	Approved
George Brown Polytechnic	Practical Nursing Diploma	Met	Met	Approved
Georgian College	Practical Nursing Diploma	Met	Met	Approved
Humber Polytechnic	Practical Nursing Diploma	Met	Met	Approved
Lambton College	Practical Nursing Diploma	Met	Met	Approved
Loyalist College	Practical Nursing Diploma	Met	Met	Approved
Mohawk College	Practical Nursing Diploma	Not Met	Met	Approved
Niagara College	Practical Nursing Diploma	Met	Met	Approved
Northern College	Practical Nursing Diploma	Met	Met	Approved
Sault College	Practical Nursing Diploma	Partially Met	Met	Approved
Seneca Polytechnic	Practical Nursing Diploma	Partially Met	Met	Approved
Sheridan College	Practical Nursing Diploma	Partially Met	Met	Approved
St. Clair College	Practical Nursing Diploma	Met	Met	Approved
St. Lawrence College	Practical Nursing 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	Partially Met	Met	Approved
Lakehead University	Bachelor of Science in Nursing Program	Met	Met	Approved
Laurentian University	Bachelor of Science in Nursing Program (EN)	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

<sup>1</sup> Based on a program's evidence, each indicator is evaluated against a rubric 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%.

<sup>2</sup> 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	Met	Met	Approved
	Bachelor of Science in Nursing – Post Diploma Completion Program	Met	Met	Approved
Trent University	Collaborative Bachelor of Nursing Program	Partially Met	Met	Approved
	Compressed Bachelor of Nursing Program	Met	Met	Approved
	Post-RPN Bridging Pathway Bachelor of Nursing Program	Met	Met	Approved
University of Ottawa	Honours Bachelor of Science in Nursing	Met	Met	Approved
	Registered Practical Nurse Bridging Program	Met	Met	Approved
	Honours 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	Met	Met	Approved
	Bachelor of Science in Nursing Compressed Program	Met	Met	Approved
	Post RN for Internationally Educated Nurses Program	Partially Met	Met	Approved

### Nurse Practitioner Programs: Comprehensive reviews updated with Annual approval data

Institution	Nursing Program <sup>3</sup>	Indicator 7: First-time Pass Rate	Total Approval Score >=75%	Approval Status Recommendation
Lakehead University	Primary Health Care Nurse Practitioner	Met	Met	Approved
Laurentian University	Primary Health Care Nurse Practitioner	Met	Met	Approved
McMaster University	Primary Health Care Nurse Practitioner	Met	Met	Approved
Queen’s University	Primary Health Care Nurse Practitioner	Met	Met	Approved
Toronto Metropolitan University	Primary Health Care Nurse Practitioner	Met	Met	Approved
University of Ottawa	Primary Health Care Nurse Practitioner	Met	Met	Approved
University of Toronto	Master of Nursing, Field: Nurse Practitioner	Met	Met	Approved
University of Windsor	Primary Health Care Nurse Practitioner	Met	Met	Approved
Western University	Primary Health Care Nurse Practitioner	Met	Met	Approved
York University	Primary Health Care Nurse Practitioner	Met	Met	Approved

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

## National Nurse Practitioner Regulation Framework: Neonatal NPs and Exam Registration Requirements

Decision note – June 2026 Council

### Contact for questions or more information

Silvie Crawford, Registrar & CEO

### Purpose and action required

In order to align with the neonatal Nurse Practitioner (NP) exams approved in other Canadian provinces and territories (P/Ts), this briefing note seeks Council's approval of neonatal NP examinations to enable CNO to register NP applicants who are registered in a neonatal class of registration, in another Canadian P/T, with terms, conditions or limitations (TCLs).

#### Motion:

That Council confirm its continued approval of the *Neonatal Nurse Practitioner Core Board Certification Examination* (if written in January 1994 or later) administered by the National Certification Corporation (NCC) for registration as an NP for individuals who will have practice TCLs (neonatal practice setting only) effective July 1, 2026. The applicant must have successfully completed this exam within three attempts.

That Council approve the *Alberta Neonatal Nurse Practitioner Objective Structured Clinical Examination (NNP-OSCE)* administered in partnership with the University of Alberta and the College of Registered Nurses of Alberta (if written between March 1, 2024 and December 31, 2026) for registration as an NP for individuals who will have practice TCLs (neonatal practice setting only) effective July 1, 2026. The applicant must have successfully completed the NNP-OSCE within three attempts.

### Questions for consideration

- Does Council have any questions about the proposal and/or CNO's regulatory mechanism to enable neonatal NPs to register and practice in Ontario?

### Public protection rationale

Approving neonatal NP registration exams that align with new regulations will support the safe registration of neonatal NPs in Ontario under practice TCLs.

## Background and Legislative Framework

Beginning July 1, 2026, new regulations under the *Nursing Act, 1991* will facilitate a single NP classification in Ontario. Nationally, nursing regulators are aligned in this change<sup>1</sup>. In addition, Neonatal NPs will continue to support an essential role within neonatal intensive care units. However, neonatal NPs will not be eligible for Labour Mobility given they will not have an equivalent certificate of registration to Ontario's one classification of NP which is the requirement in the *Regulated Health Professions Act, 1991*<sup>2</sup>. Furthermore, Ontario does not have a neonatal NP education program. As a result, these neonatal NPs will be required to apply to Ontario under the general NP application process.

CNO is committed to ensuring that qualified NPs, registered and in good standing in other Canadian provinces and territories, can register in Ontario. Therefore, CNO will use authority under the new regulations to apply TCLs to these neonatal NP applicants that will enable them to practice in neonatal care settings only<sup>3</sup>. The use of practice TCLs ensures public safety by allowing neonatal NPs to register under a single classification while limiting their practice to neonatal settings in line with their education, training and expertise. These Canadian neonatal NP applicants' foundational education will be assessed for substantial equivalence<sup>4</sup> to meet the education registration requirement. They must also fulfil the exam registration requirement by passing an approved exam to become registered in the Extended Class to be eligible for registration under the TCL.

Some Canadian P/Ts have also communicated their intention to restrict practice by imposing a practice limitation (TCL) for neonatal NPs who apply to their jurisdiction from out-of-province (Canadian applicants). Thus, limiting the NP's practice within neonatal practice settings in the same way CNO is proposing.

As part of the transition to the single classification of NP framework, starting July 1, 2026, the required registration exam in Ontario will be the Canadian Nurse Practitioner Licensure Exam (CNPLE). This decision was approved by Council in [December 2025](#). The CNPLE is designed to evaluate applicants who have completed education across patient populations and practice settings. If the CNPLE remains the only exam option for neonatal NPs, who have focused education and practice experience in neonatal

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<sup>1</sup> Quebec did not participate in the national work so their model does not align with the rest of Canada.

<sup>2</sup> Section 22.19.1 of the *Regulated Health Professions Act, 1991*: schedule 2, *Health Professions Procedural Code*.

<sup>3</sup> Effective July 1, 2026 this authority is found in subsection 4(1), subparagraph 2(v), in regulation 275/94 under the *Nursing Act, 1991*.

<sup>4</sup> With respect to the education requirement for registration, this refers to assessing knowledge, application and evaluation of safety critical competencies against their foundational NP program that would prepare a student for safe and ethical NP practice, that is substantively equivalent to Ontario NP graduates except for the areas of practice. The evaluation to approve substantial equivalence is subject to approval by the Registration Committee.

care, it may be a barrier to registration and limit the availability of neonatal NP care to a vulnerable population of patients.

Neonatal NPs can remove their practice TCL once they meet specific education and/or training requirements that will support their practice across the lifespan. This practice TCL is different than a TCL based on a finding regarding a nurse's conduct.

#### Engagement with Paediatric Employers and Hospitals

In March and April 2026, CNO engaged with Level II and Level III paediatric hospital employers to discuss NP registration changes effective July 1, 2026 and the new regulatory mechanism to enable neonatal NPs to register and practice safely in Ontario's neonatal care settings. Employer engagements were positive and productive, with mutual learnings and information shared to support neonatal practice in Ontario. Reflections from these meetings will help CNO to draft relevant language to support TCL messaging on the public register (Find a Nurse).

#### Neonatal NP Examination Requirements

To be eligible for registration in Ontario with a practice TCL, a neonatal NP applicant must meet the examination registration requirement, along with all other registration requirements.

At present, neonatal NPs in Alberta may take the Alberta NNP-OSCE or the American Neonatal Nurse Practitioner Core Board Certification exam to qualify for registration. The College of Registered Nurses of Alberta (CRNA) and its board of directors have validated the reliability, validity, fairness and security of the neonatal NP examinations and authorized them for registration purposes.

For neonatal NPs registered in Alberta who wish to practise in Ontario, CNO seeks Council's approval of the Alberta NNP-OSCE and the continuance of their approval of the American *Neonatal Nurse Practitioner Core Board Certification* from the NCC. This exam was originally approved by Council in September 2007 to enable neonatal NP registration under CNO's NP-Paediatric registration certificate.

### **Next steps**

If approved by Council, CNO staff will inform neonatal NPs seeking registration in Ontario about the new registration process, exam requirements and guidance for removing TCLs if they are interested. CNO will monitor these changes to maintain public safety and meet neonatal care needs.

CNO staff will update its public register, following approval of the language by the Registration Committee, to clearly display TCLs on relevant neonatal NP certificates.

If approved, the neonatal NP registration exams will be effective when regulations take effect on July 1, 2026.

## Report of the May 14, 2026 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 14, 2026. Blair MacKenzie 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, 2025 with Blair MacKenzie and Usman Paracha 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, 2025. The Finance & Risk Committee is recommending:

**Motion:**

That Council approve CNO's audited financial statements for the year ended December 31, 2025.

### Unaudited Financial Statements

The unaudited financial statements for the three-month period ended March 31, 2026 (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 \$1.98M, which is \$1.12M higher than the budgeted surplus of \$0.86M. This is the result of:

- revenues being higher than budgeted by \$0.79M due primarily to a higher number of overall registrations and applications, and higher interest income; and
- expenses for the period being \$0.33M less than budgeted due to timing of expenses.

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

**Motion:**

That Council approve the unaudited financial statements for the three-month period ended March 31, 2026.

## **Report of the Advisory Committee on Human Resources**

The Finance & Risk Committee received a report of the April 2026 meeting of the Advisory Committee on Human Resources. At their meeting, the Advisory Committee discussed a report on human resource metrics relating to CNO's attraction and retention strategies, as well as an update on CNO's defined contribution pension plan. The Advisory Committee also recommended changes to their Terms of Reference which are further detailed below.

## **Proposed Amendments under By-Law No.2: Fees**

The Finance & Risk Committee received a preliminary report on the feedback to the proposed amendments to the Fees By-Laws. The Committee's recommendation for the by-law amendments is detailed in Agenda Item 7.2.

## **Proposed Fee Change for 2027**

The Finance & Risk Committee reviewed a detailed financial analysis that incorporated updated financial results from the first quarter of 2026. These results illustrated how a 5% increase to fees for 2027 can transform CNO's forecasted deficit in 2026 into a surplus in 2027. A 5% increase would also bring CNO's operating coverage to just below 5 months, which is within the range approved by Council in March.

The Committee discussed how the operating coverage target of 6 months can still be achieved with smaller, incremental fee increases over time. This measured approach also aligns with information received from our auditors. The need for fee adjustments will always be reassessed annually, and any proposed adjustments will be presented to the Finance & Risk Committee along with a needs-based assessment based on approved budgets, the latest financial results, and the goal of maintaining CNO's operating coverage at the 6-month target.

Subject to Council's approval of the proposed amendments to By-Law No. 2: Fees as detailed in agenda item 7.2, the Finance & Risk Committee approved a 5% increase to fees as listed in the Fee Table for 2027 (Attachment 4).

## **Biennial Terms of Reference Review**

Both the Advisory Committee on Human Resources and the Finance & Risk Committee terms of reference are reviewed biennially.

## Advisory Committee on Human Resources Terms of Reference

The Advisory Committee on Human Resources is recommending changes to its Terms of Reference that broadens the advice sought from the group, removes their accountability to review the Expense policy for Council and committee members, and reflects minor editorial changes.

The Finance & Risk Committee recommends:

**Motion:**

That Council approve the proposed revisions to the Advisory Committee on Human Resources Terms of Reference as they appear in Attachment 5 to this report.

## Finance & Risk Terms of Reference

The Finance & Risk Committee are recommending minor changes to their Terms of Reference. These changes are editorial in nature and also reflect the removal of the Advisory Committee's review of the Council and Committee member Expense Policy.

The Finance & Risk Committee recommends:

**Motion:**

That Council approve the proposed revisions to the Finance & Risk Committee Terms of Reference as they appear in Attachment 6 to this report.

## Auditor Appointment

The Finance & Risk Committee received a briefing 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:

**Motion:**

That Hilborn LLP be reappointed as CNO's auditors for the 2026 fiscal year.

## 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 14, 2026](#)
2. [Draft Audited Financial Statements for the year ended December 31, 2025](#)
3. [Unaudited Financial Statements for the period ended March 31, 2026](#)

4. [Fee Table](#)
5. [Redlined version of the revisions to Advisory Committee on Human Resources Terms of Reference](#)
6. [Redlined version of the revisions to Finance & Risk Committee Terms of Reference](#)

## Finance & Risk Committee Minutes

May 14, 2026 at 1:00 p.m.

### Present

J. Ding, Chair  
D. Bankole

M. Hogard  
A. Lamsen

R. Lastimosa Jr.  
J. Nunes

### Regrets

S. Wilson

### Staff

V. Adetoye  
S. Crawford

M. Kelly, Recorder

S. Mills

### Guests

G. Grewal

B. MacKenzie

U. Paracha

### Chair

J. Ding chaired the meeting.

G. Grewal attended as part of her orientation as incoming Vice Chair and Finance & Risk Committee member for the next term. CNO's auditors, B. MacKenzie and U. Paracha, were also in attendance.

### Agenda

The agenda had been circulated and was approved on consent.

### Minutes

Minutes of the Finance & Risk Committee meeting of February 19, 2026 had been circulated.

### Motion 1

Moved by A. Lamsen, seconded by R. Lastimosa Jr.,

That the minutes of the Finance & Risk Committee meeting of February 19, 2026 be accepted as presented.

CARRIED

### **Audited Financial Statements**

The Finance & Risk Committee received the draft audited financial statements for the year ended December 31, 2025. 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.

U. Paracha 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 2025.

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 J. Nunes, seconded by M. Hogard,

That it be recommended that Council approve CNO's audited financial statements for the year ended December 31, 2025.

CARRIED

## Financial Statements

The Committee received the unaudited financial statements for the three months ending March 31, 2026.

In reviewing the statement of operations, V. Adetoye highlighted that at the end of the first quarter there was a surplus of \$1.98M, which is \$1.12M more than the budgeted surplus of \$0.86M. It was noted that revenues are \$0.79M higher than budget due to an increase in the overall registration and application numbers, as well as higher interest income. Expenses are \$0.33M less than budget mainly due to timing of employee and contractor and consulting related expenses. It was noted that the variance for employee expenses is lower than the same period last year due to improvements in CNO's vacancy planning and budgeting processes. These variances are partially offset by an increase in spending on legal services.

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 A. Lamsen, seconded by D. Bankole,

That it be recommended that Council approve the unaudited financial statements for the three months ended March 31, 2026.

CARRIED

## Proposed Amendments to By-Law No. 2: Fees

The Finance & Risk Committee received a preliminary report of the feedback for the proposed amendments to the Fees By-Laws. The feedback reviewed at the meeting was received between March 20 – April 8, 2026 with 9,560 responses. Council will receive an updated report as the deadline for responses has not yet passed.

### Automatic Recognition (labour mobility)

The proposed by-law amendment related to automatic recognition proposes a 25% credit for labour mobility applicants, which supports implementation of government expectations as set out in in the *Regulated Health Professions Act, 1991* (RHPA). Based on a review of the survey responses received to date, 41.2% of respondents

supported the changes, while 41.0% did not support the changes and 17.9% were unsure. The Committee reviewed the common themes that arose to date.

#### **Motion 4**

Moved by J. Nunes, seconded by, A. Lamsen,

That it be recommended that Council approve amendments to By-law No. 2: Fees, article 2.02.1.1, related to automatic recognition for labour mobility applicants as outlined in Attachment 1 of the decision note, effective June 4, 2026.

CARRIED

Following the meeting, the Committee was informed via email of a correction to the percentages presented for automatic recognition. They confirmed that it did not affect their recommendation of motion 4 above.

The Committee was also later informed via email that the proposed effective date, June 4, 2026, in motion 4 was being adjusted to June 24, 2026 in the corresponding motion for Council. This is to allow sufficient time for by-law posting and other communication activities to occur prior to the by-law taking effect if it is approved by Council.

#### **New Approach to Setting Fees**

The consultation also sought feedback on by-law amendments which introduce a new approach to setting fees. Based on a review of the survey responses received to date, 70.4% of respondents do not support the changes, while 17.8% supported the changes and 11.8% were unsure. In reviewing the common themes that arose from the feedback, the Committee acknowledged that affordability was highlighted as a recurring concern among respondents, however they noted that CNO requires appropriate funds to deliver on its mandate and to meet Council's operating coverage guideline. They also confirmed that performing a needs-based assessment annually will mitigate the risk of collecting more fee revenue than is warranted, while also creating more transparency for registrants.

In their review of the report, the Committee noted that there was nothing in the feedback that was unexpected or that would change its perspective that the proposed by-law amendments are needed to support CNO's ongoing fiscal well-being.

## **Motion 5**

Moved by M. Hogard, seconded by, R. Lastimoso Jr.,

That it be recommended that Council approve all other amendments to By-law No. 2: Fees, as they appear in Attachment 1 effective June 4, 2026.

CARRIED

Following the meeting, the Committee was informed via email that the proposed effective date, June 4, 2026, in motion 5 was being adjusted to June 24, 2026 in the corresponding motion for Council. This is to allow sufficient time for by-law posting and other communication activities to occur prior to the by-law taking effect if it is approved by Council.

## **Fee Proposal for 2027**

The Committee was presented with an updated financial analysis which incorporated the financial results from the first quarter of 2026. The detailed analysis illustrated that the operating coverage target of 6 months can still be achieved within the next few years with small, incremental increases. This approach is also consistent with information received from our auditors. Given the updated financials, and the information received from our auditors, the Committee supported increasing fees by 5% in 2027. This will bring CNO's operating coverage to approximately 5 months in 2027.

In reviewing the proposal, the Committee noted that the charts comparing CNO's annual fee with a 5% increase to those of other nursing regulators in Canada, and other health regulators in Ontario, were helpful illustrations. Even with a 5% increase, CNO's annual fee would be comparable to, but still lower than, the annual fee currently charged by most other Canadian nursing regulators.

## **Motion 6**

Moved by R. Lastimoso Jr., seconded by, A. Lamsen,

Subject to Council's approval of the proposed changes to By-law No. 2 Fees on June 4, 2026 as they appear in agenda item 4.1, the Finance & Risk Committee approves a 5% increase to fees as listed in the Fee Table for 2027.

CARRIED

B. MacKenzie and U. Paracha left the meeting.

## **Advisory Committee on Human Resources Report**

J. Ding noted that the Advisory Committee is an expert, third-party committee that advises the Finance & Risk Committee. The report of the Advisory Committee's meeting of April 7, 2026, including draft notes of the meeting, had been circulated to the Finance & Risk Committee.

At their meeting, the Advisory Committee discussed a report on human resource metrics relating to CNO's attraction and retention strategies, as well as an update on CNO's defined contribution pension plan. The Advisory Committee was supportive of the activities undertaken and suggested some feedback for consideration.

## **Annual By-Law Review**

The Finance & Risk Committee's Terms of Reference include an annual review of all the by-laws related to CNO's financial affairs. Proposed by-law amendments regarding automatic recognition (for labour mobility applicants) and the new approach to setting fees were highlighted for the review. No other changes are being recommended.

## **Biennial Review of Terms of Reference**

The Finance & Risk Committee reviews both their own Terms of Reference and those of the Advisory Committee on Human Resources on a biennial basis and recommends any changes to Council.

## **Advisory Committee on Human Resources**

The Advisory Committee undertook a review of their Terms of Reference at their April meeting are recommending minor changes; these include:

- broadening the advice sought from the group regarding CNO's human resource strategies
- removing reference to their review of the Council and committee member Expense Policy, and
- editorial changes to staff titles.

As chair of the Advisory Committee, J. Nunes confirmed the evolution and broadening of the committee's scope over time.

### **Motion 7**

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

That it be recommended that Council approve the proposed revisions to the Advisory Committee on Human Resources Terms of Reference.

CARRIED

### **Finance & Risk Committee**

The Finance & Risk Committee reviewed their Terms of Reference and are recommending minor changes. These changes are editorial in nature and also reflect the removal of the Council and committee member Expense Policy review on the part of the Advisory Committee.

### **Motion 8**

Moved by R. Lastimoso Jr., seconded by D. Bankole,

That it be recommended that Council approve the proposed revisions to the Finance & Risk Committee Terms of Reference.

CARRIED

### **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. It was noted that an RFP for audit services is planned for this year, for the 2027 fiscal year.

The Finance & Risk Committee confirmed that the information provided by the auditors is clear, relevant and comprehensive, and confirmed their confidence in the auditor's independence.

### **Motion 9**

Moved by J. Nunes, seconded by M. Hogard,

That it be recommended to Council that Hilborn LLP be reappointed as CNO's auditors for the 2026 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 their discussion regarding the Fees By-laws and the meetings with the auditors. The Committee confirmed that materials provided were well prepared and supported them in making their recommendations.

### **Next meeting**

The first meeting of the 2026-2027 Finance & Risk Committee meeting will be held on August 13<sup>th</sup> at 1:00pm.

J. Ding acknowledged and expressed appreciation to the outgoing members.

### **Conclusion**

At 3:03 p.m., on completion of the agenda and consent, the meeting concluded.

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Chair

**COLLEGE OF NURSES OF ONTARIO**

**FINANCIAL STATEMENTS**

DECEMBER 31, 2025

*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, 2025, 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, 2025, 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  
TBD

Chartered Professional Accountants  
Licensed Public Accountants

# COLLEGE OF NURSES OF ONTARIO

## Statement of Financial Position

December 31	2025 \$	2024 \$
<b>ASSETS</b>		
Current assets		
Cash	93,911,414	66,893,690
Investments (note 3)	30,949,407	41,424,947
Amounts receivable	546,109	268,110
Prepaid expenses	1,975,785	1,830,600
	<b>127,382,715</b>	<b>110,417,347</b>
Investments (note 3)	5,873,712	11,938,309
Capital assets (note 4)	10,233,153	11,244,431
Intangible assets (note 5)	129,956	208,201
	<b>16,236,821</b>	<b>23,390,941</b>
	<b>143,619,536</b>	<b>133,808,288</b>
<b>LIABILITIES</b>		
Current liabilities		
Accounts payable and accrued liabilities (note 9)	19,907,667	18,194,983
Deferred registration fees	69,666,731	64,981,936
	<b>89,574,398</b>	<b>83,176,919</b>
<b>NET ASSETS</b>		
Invested in capital and intangible assets	10,363,109	11,452,632
Unrestricted	43,682,029	39,178,737
	<b>54,045,138</b>	<b>50,631,369</b>
	<b>143,619,536</b>	<b>133,808,288</b>

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	2025 \$	2024 \$
Revenues		
Registration fees	77,891,102	73,146,361
Application, verification and transcript fees	8,448,122	7,817,825
Examinations	716,760	697,960
Investment income	2,796,418	3,583,984
Other	213,198	194,269
	<b>90,065,600</b>	<b>85,440,399</b>
Expenses		
Employee salaries and benefits (notes 6 and 7)	64,822,496	58,884,470
Consultants (note 8)	6,152,589	6,678,003
Legal services	4,922,614	6,696,299
Equipment, operating supplies and other services	7,955,203	6,797,756
Taxes, utilities and amortization	1,900,827	1,927,310
Examination fees	229,547	141,990
Non-staff remuneration and expenses	668,555	708,648
	<b>86,651,831</b>	<b>81,834,476</b>
Excess of revenues over expenses for year	<b>3,413,769</b>	<b>3,605,923</b>

The accompanying notes are an integral part of these financial statements

Draft Statement Subject to Revision

# COLLEGE OF NURSES OF ONTARIO

## Statement of Changes in Net Assets

Year ended December 31

	Invested in capital and intangible assets \$	Unrestricted \$	2025 Net \$
Balance, beginning of year	11,452,632	39,178,737	<b>50,631,369</b>
Excess of revenues over expenses for year	-	3,413,769	<b>3,413,769</b>
Amortization of capital assets	(1,570,180)	1,570,180	-
Amortization of intangible assets	(78,245)	78,245	-
Purchase of capital assets	558,902	(558,902)	-
Balance, end of year	<b>10,363,109</b>	<b>43,682,029</b>	<b>54,045,138</b>

	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	<b>11,452,632</b>	<b>39,178,737</b>	<b>50,631,369</b>

The accompanying notes are an integral part of these financial statements

# COLLEGE OF NURSES OF ONTARIO

## Statement of Cash Flows

Year ended December 31	2025 \$	2024 \$
Cash flows from operating activities		
Excess of revenues over expenses for year	3,413,769	3,605,923
Adjustments to determine net cash provided by (used in) operating activities		
Amortization of capital assets	1,570,180	1,594,969
Amortization of intangible assets	78,245	84,696
Loss on disposal of capital assets	-	6,544
Interest not received during the year capitalized to investments	896,033	(806,738)
Interest received during the year previously capitalized to investments	(728,981)	810,367
	5,229,246	5,295,761
Change in non-cash working capital items		
Decrease (increase) in amounts receivable	(277,999)	125,442
Increase in prepaid expenses	(145,185)	(325,077)
Increase in accounts payable and accrued liabilities	1,712,684	3,550,497
Increase in deferred registration fees	4,684,795	4,449,122
	11,203,541	13,095,745
Cash flows from investing activities		
Purchase of investments	(39,155,831)	(58,952,699)
Proceeds from disposal of investments	55,528,916	51,913,213
Purchase of capital assets	(558,902)	(802,088)
	15,814,183	(7,841,574)
Net change in cash	27,017,724	5,254,171
Cash, beginning of year	66,893,690	61,639,519
Cash, end of year	93,911,414	66,893,690

The accompanying notes are an integral part of these financial statements

# COLLEGE OF NURSES OF ONTARIO

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## Notes to Financial Statements

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December 31, 2025

### 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, 2025

### 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	40 years
Building improvements	15 years
Office furniture	10 years
Office equipment	5 years
Computer hardware	5 years

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, 2025

### 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 as an expense in the statement of operations in the year contributions are made.

#### (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, 2025

### 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 (notes 8 and 9).

##### 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

# COLLEGE OF NURSES OF ONTARIO

## Notes to Financial Statements (continued)

December 31, 2025

### 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 (note 9).

# COLLEGE OF NURSES OF ONTARIO

## Notes to Financial Statements (continued)

December 31, 2025

### 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	Risks				
	Credit	Liquidity	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:

	2025	2024
	\$	\$
Cash	93,911,414	66,893,690
Investments	36,823,119	53,363,256
Amounts receivable	546,109	268,110
	<u>131,280,642</u>	<u>120,525,056</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, 2025

### 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.

	<b>2025</b>	<b>2024</b>
	<b>\$</b>	<b>\$</b>
Current	30,949,407	41,424,947
Long-term	5,873,712	11,938,309
	<u>36,823,119</u>	<u>53,363,256</u>
	<b>2025</b>	<b>2024</b>
Effective interest rates	1.30% - 4.60%	1.30% - 5.41%
Maturity dates	Jan 2026 to May 2027	Jan 2025 to May 2027

# COLLEGE OF NURSES OF ONTARIO

## Notes to Financial Statements (continued)

December 31, 2025

### 4. Capital assets

	Cost \$	Accumulated Amortization \$	2025 Net \$
Land	3,225,009	-	3,225,009
Building	6,835,907	6,502,077	333,830
Building improvements	5,555,941	1,720,200	3,835,741
Office furniture	1,856,363	743,935	1,112,428
Office equipment	533,686	448,977	84,709
Computer hardware	5,902,873	4,261,437	1,641,436
	<u>23,909,779</u>	<u>13,676,626</u>	<u>10,233,153</u>

	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>

### 5. Intangible assets

	Cost \$	Accumulated Amortization \$	2025 Net \$
Computer application software	2,305,087	2,175,131	129,956

	Cost \$	Accumulated Amortization \$	2024 Net \$
Computer application software	2,305,087	2,096,886	208,201

# COLLEGE OF NURSES OF ONTARIO

## Notes to Financial Statements (continued)

December 31, 2025

### 6. Pension plans

- a) 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% and up to 9% of eligible earnings to the defined contribution pension plan. The contributions made by the College on behalf of its employees during fiscal 2025 amounted to \$260,783 (2024 - \$278,568) and are recorded in employee salaries and benefits in the statement of operations.

- b) The College maintains a non-registered unfunded supplementary pension plan for certain eligible employees.

Pension benefits in excess of the maximum allowable benefits permitted pursuant to the Income Tax Act are provided from the supplementary pension plan for those members who qualified prior to January 1, 2020. Contributions are made to the supplementary plan as benefits are paid.

The College recognized fiscal 2025 pension expense in the amount of \$64,154 (2024 - \$68,976) which is recorded in employee salaries and benefits in the statement of operations.

The contributions and benefit payments made by the College during fiscal 2025 amounted to \$66,257 (2024 - \$60,113).

### 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, 2025, the HOOPP Plan is 109% funded. The contributions made by the College on behalf of its employees during fiscal 2025 amounted to \$4,272,336 (2024 - \$3,800,585) being recognized in employee salaries and benefits in the statement of operations. Employees' contributions to the HOOPP Plan in 2025 were \$3,384,902 (2024 - \$3,013,786).

### 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.

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.

# COLLEGE OF NURSES OF ONTARIO

## Notes to Financial Statements (continued)

December 31, 2025

### 8. Related party transactions (continued)

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 \$1,283,207 (2024 - \$1,326,006) which is recorded in consultants in the statement of operations. As at December 31, 2025, the College has a balance payable of \$96,865 (2024 - \$132,074) 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

	2025	2024
	\$	\$
Trade payables and accrued liabilities	6,433,916	6,293,005
Accrued liabilities - professional conduct	5,564,754	4,808,425
Government remittances	7,812,132	6,961,479
Contribution payable to Nurses' Health Program (Ontario)	96,865	132,074
	<u>19,907,667</u>	<u>18,194,983</u>

### 10. Commitments

During the year, the College entered into agreements related to the licensing of computer software and subscriptions to cloud based information systems. The annual commitments related to material contracts are as follows:

	\$
2026	1,765,889
2027	1,772,697
2028	354,075
2029	361,154
	<u>4,253,815</u>

# HILBORN

LISTENERS. THINKERS. DOERS.

Draft Statement Subject to Revision

**Attachment 2**

**COLLEGE OF NURSES OF ONTARIO  
FINANCIAL STATEMENTS AND NOTES  
FOR THE THREE MONTHS ENDED MARCH 31, 2026 (Unaudited)**

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

	<b>2026</b>	<b>2025</b>	<b>2025</b>
	<b>March</b>	<b>March</b>	<b>December</b>
<b>ASSETS</b>			
Current assets			
Cash	62,099	33,582	93,911
Investments	28,681	56,872	30,949
Other receivables	637	383	546
Prepaid expenses	2,142	2,050	1,976
	<u>93,558</u>	<u>92,887</u>	<u>127,383</u>
Investments	<u>18,305</u>	<u>12,020</u>	<u>5,874</u>
Capital assets			
Furniture and fixtures	1,812	1,812	1,812
Equipment - non computer	534	534	534
Computer equipment	7,069	5,416	5,903
Building	6,836	6,836	6,836
Building improvements	5,664	5,542	5,556
Land	3,225	3,225	3,225
Art	45	45	45
	<u>25,184</u>	<u>23,409</u>	<u>23,910</u>
Less: Accumulated amortization	<u>(14,063)</u>	<u>(12,526)</u>	<u>(13,677)</u>
	<u>11,121</u>	<u>10,883</u>	<u>10,233</u>
Intangible Assets	2,305	2,305	2,305
Less: Accumulated amortization	<u>(2,199)</u>	<u>(2,123)</u>	<u>(2,175)</u>
	<u>106</u>	<u>182</u>	<u>130</u>
	<b><u>123,091</u></b>	<b><u>115,972</u></b>	<b><u>143,620</u></b>
<b>LIABILITIES</b>			
Current liabilities			
Accounts payable and accrued liabilities	10,086	9,486	19,908
Deferred registration and examination fees	56,982	53,480	69,667
	<u>67,068</u>	<u>62,966</u>	<u>89,574</u>
	<u>67,068</u>	<u>62,966</u>	<u>89,574</u>
<b>NET ASSETS</b>			
Net assets invested in capital assets	11,228	11,064	10,363
Unrestricted net assets	44,796	41,941	43,682
	<u>56,023</u>	<u>53,005</u>	<u>54,045</u>
	<b><u>123,091</u></b>	<b><u>115,972</u></b>	<b><u>143,620</u></b>

**College of Nurses of Ontario  
Statement of Operations (\$000)  
For the Three Months Ending March 31**

	2026 Year to Date March			2025 Year to Date March			2026 Budget	
	Budget	Actual	Variance (\$) Fav/(Unfav)	Budget	Actual	Variance (\$) Fav/(Unfav)	Remaining	Approved
<b>REVENUES</b>								
Registration fees	20,681	21,112	431	19,257	19,882	625	60,840	81,952
Application assessment	1,788	1,939	150	1,999	2,054	55	5,850	7,789
Verification and transcripts	35	38	2	33	40	6	121	159
Interest income	587	798	210	710	915	205	1,785	2,583
Examination	156	156	1	171	175	4	518	674
Other	16	15	(1)	14	14	(0)	143	159
<b>Total Revenues</b>	<b>23,263</b>		<b>794</b>	<b>22,184</b>	<b>23,079</b>	<b>895</b>	<b>69,257</b>	<b>93,315</b>
		<u>24,057</u>						
<b>EXPENSES</b>								
Employee salaries and benefits	17,034	16,880	155	15,500	15,079	421	52,545	69,424
Employee related expenses	299	185	115	256	173	83	1,560	1,744
Contractors and consultants	373	216	157	933	1,132	(199)	2,518	2,734
Legal services	913	1,280	(367)	1,005	892	113	2,536	3,816
Equipment, operating supplies and other services	1,877	1,881	(5)	1,701	1,512	188	7,523	9,404
Taxes, utilities and depreciation	478	478	0	516	519	(3)	1,430	1,908
Exam fees	0	0	0	0	0	0	202	202
Non-staff remuneration and expenses	179	156	24	195	115	80	707	863
<b>Total Base Operating Expenses</b>	<b>21,154</b>	<b>21,076</b>	<b>78</b>	<b>20,106</b>	<b>19,422</b>	<b>684</b>	<b>69,019</b>	<b>90,095</b>
Project Expenses	1,250	1,003	247	1,250	1,282	(32)	3,997	5,000
<b>Total Expenses</b>	<b>22,404</b>	<b>22,079</b>	<b>325</b>	<b>21,356</b>	<b>20,705</b>	<b>652</b>	<b>73,016</b>	<b>95,095</b>
<b>Excess of (expenses over revenues) / revenues over expenses</b>	<b>859</b>	<b>1,978</b>	<b>1,119</b>	<b>828</b>	<b>2,374</b>	<b>1,546</b>	<b>(3,759)</b>	<b>(1,780)</b>
<b>Opening net assets</b>		<u>54,045</u>			<u>50,631</u>			
<b>Closing net assets</b>		<u>56,023</u>			<u>53,005</u>			

**College of Nurses of Ontario  
Statement of Changes in Net Assets (\$000)  
For the Three Months Ending March 31**

	<u>2026</u>			<u>2025</u>
	<b>Invested in Capital and Intangible Assets</b>	<b>Unrestricted</b>	<b>Total</b>	<b>December</b>
<b>Balance, beginning of year</b>	<b>10,363</b>	<b>43,682</b>	<b>54,045</b>	<b>50,631</b>
Excess of (expenses over revenues)/revenues over expenses	(410)	2,388	1,978	3,414
Purchase of capital assets	1,274	(1,274)	-	-
<b>Balance, end of year</b>	<b>11,228</b>	<b>44,796</b>	<b>56,023</b>	<b>54,045</b>

**College of Nurses of Ontario**  
**Statement of Cash Flows (\$000)**  
**For the Three Months Ending March 31**

	<b>2026</b>	<b>2025</b>
	<b>March</b>	<b>March</b>
<b>Cash flows from operating activities</b>		
Excess of revenue over expense for the year	1,978	2,374
Adjustments to determine net cash provided by/(used in) operating activities		
Amortization of capital assets	386	420
Amortization of intangible assets	24	26
Loss on disposal of capital assets	0	0
Interest not received during the year capitalized to investments	(294)	(521)
Interest received during the year previously capitalized to investments	733	271
	<b>2,827</b>	<b>2,571</b>
<b>Changes in non-cash working capital items</b>		
Increase in amounts receivable	(90)	(115)
Increase in prepaid expenses	(166)	(220)
Decrease in accounts payable and accrued liabilities	(9,822)	(8,709)
Decrease in deferred registration fees	(12,685)	(11,502)
	<b>(19,937)</b>	<b>(17,974)</b>
<b>Cash flow from investing activities</b>		
Purchase of investment	(27,317)	(25,716)
Proceeds from disposal of investments	16,716	10,436
Purchase of capital assets	(1,274)	(58)
	<b>(11,875)</b>	<b>(15,338)</b>
Net increase in cash and cash equivalents	(31,812)	(33,312)
Cash and cash equivalents, beginning of year	93,911	66,894
<b>Cash and cash equivalent, end of year</b>	<b>62,099</b>	<b>33,582</b>

## Fee Table

By-Law Article	Fee Type <sup>1</sup>	2026 Fee Amount <sup>2</sup>	2027 Fee Amount <sup>3</sup>	Notes
<b>Application Fees<sup>4</sup></b>				
2.02	Application Fee	\$433.00	\$454.00	
2.03	Application Fee - Other Classes	\$73.00	\$76.00	
<b>Evaluation Fees</b>				
2.06 i)	Education Requirement - Additional Evaluation Fee RN (French)	\$719.00	\$754.00	
2.06 ii)	Education Requirement - Additional Evaluation Fee RPN	\$324.00	\$340.00	
2.06 iii)	Education Requirement - Additional Evaluation Fee RNEC (NP)	\$324.00	\$340.00	
<b>Registration Fees</b>				
3.02	Initial Registration Fee	\$69.00	\$72.00	
3.05	Registration Fee - RNEC (NP)	\$138.00	\$144.00	Effective July 1, 2026
<b>Specialty Certificate Fees</b>				
4.01	Specialty Fee - RNEC (NP)	\$69.00	N/A	Specialty certificates not issued after July 1, 2026.
<b>Annual Fees<sup>5</sup></b>				
5.06	Annual Fee	\$368.00	\$386.00	
5.07	Annual Fee - Non Practising	\$69.00	\$72.00	
<b>Penalty Fees</b>				
6.01	Penalty Fee	\$135.00	\$141.00	
6.02	Penalty Fee - Non-Practising	\$36.00	\$37.00	
<b>Fees for Reinstatement/Lifting Administrative Suspensions</b>				
7.01 i)	Reinstatement Application Fee – DC/FTP Proceeding	\$514.00	\$539.00	
7.01 ii)	Reinstatement Application Fee – Non-Practising/Former Member	\$216.00	\$226.00	
7.02	Lifting Suspension Fee	\$73.00	\$76.00	
7.03	Reinstatement Fee	\$73.00	\$76.00	
7.04	Reinstatement Fee - RNEC (NP)	\$142.00	\$149.00	Effective July 1, 2026
7.05	Reinstatement Additional Fee	\$676.00	\$709.00	
<b>Examination Fees</b>				
8.06	Examination Rescore Fee	\$110.00	\$115.00	
8.07	Jurisprudence Examination Fee	\$40.00	\$42.00	
<b>Fees Relating to Quality Assurance</b>				

9.01	QA Practice Assessment Fee	\$1,500.00	\$1575.00	
9.02	QA Practice Assessment - Additional Fee	\$1,500.00	\$1575.00	
<b>Other Fees</b>				
9.1.01	Administrative Fee - Declined Credit Card	\$50.00	\$52.00	
9.1.02	Administrative Fee - Refund	\$25.00	\$26.00	
9.1.03	Administrative Fee - Change of Information	\$100.00	\$105.00	

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<sup>1</sup> All fees listed are in Canadian dollars and are not refundable. All fees are subject to Harmonized Sales Tax (HST).

<sup>2</sup> All 2026 fees are effective for the calendar year. The amount paid for the annual fee must correspond to the calendar year for which the member is registering/renewing.

<sup>3</sup> All 2027 fees are effective for the calendar year. The amount paid for the annual fee must correspond to the calendar year for which the member is registering/renewing.

<sup>4</sup> An applicant who holds a current out-of-province certificate that is equivalent to a registered nurse in the general class or extended class, or a registered practical nurse in the general class, shall receive a credit equal to 25% of the application fee paid for the equivalent Ontario category and class of registration.

<sup>5</sup> 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.

## Attachment 5

Additions - Blue text  
Deletions - Red Strikethrough

### Advisory Committee on Human Resources Terms of Reference

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~~ 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~~ ~~Policy~~ for Council ~~and~~ ~~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

## Meeting

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 [and the Stipend Policy for Council and committees](#) 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  
June 2025

## Attachment 6

Additions - **Blue text**  
Deletions - **Red Strikethrough**

# Finance & Risk Committee Terms of Reference

### **Objectives**

Primary responsibility for the College of Nurses of Ontario's (CNO's) financial reporting and control systems is vested in management, overseen by the Council.

The Finance & Risk Committee ("the Committee") is a standing committee of the Council established to:

- A. Advise Council on CNO's financial affairs (General By-Law, Article 26.01).
- B. Assist the Council in fulfilling its fiduciary and governance responsibilities with respect to:
  - (i) Financial reporting,
  - (ii) Internal control systems,
  - (iii) Audit and compliance conduct,
  - (iv) Enterprise risk management.
- C. Communicate effectively with the Council, external auditor and senior management.
- D. Ensure the independence of the external auditors.

### **Authority**

The Council grants the Committee the authority to fulfill the Specific Terms as outlined below, to achieve its stated Objectives. The Committee shall have access to personnel, documents, records and resources necessary to carry out its responsibilities. The Committee shall have the authority to initiate investigations into any matter within the Committee's scope of responsibilities and is empowered to retain legal counsel, accounting professionals or other consultants to advise the Committee. The Committee is authorized to require management to promptly inform the Committee and external auditor of any material misstatement or error in the financial statements following any such discovery.

## ***Specific Terms***

### **Financial Information**

1. Ensure operating and capital budgets:
  - Support annual operations that contribute to achievement of CNO's purpose, key regulatory and support functions and
  - Provide for CNO's ongoing fiscal well-being.
2. Review the following for recommendation to Council:
  - (i) the unaudited financial statements prepared by management, a minimum of four times a year and
  - (ii) the annual operating and capital budgets.
3. Review the planning of the external audit, including:
  - the engagement letter and estimated audit fee and
  - the scope of the audit, including areas of audit risk, timetable, deadlines, materiality limits, and extent of internal control testing.
4. Review CNO's annual audited financial statements and the auditors' report, with both management and the auditor (including in a closed session) and, based on the review, recommend approval of the statements to the Council. The review should include:
  - the selection, application and consistency of significant accounting policies
  - indications of weakness in the reporting and control systems
  - significant accounting judgments, accruals and estimates
  - significant disclosure or presentation of issues addressed by management and the external auditor during the audit and preparation of the financial statements and
  - any significant changes detected by the audit and how they were resolved with management.

### **Accounting**

1. Review any emerging accounting trends and their potential impact on CNO's financial statements.
2. Obtain reasonable assurance from discussions with and/or reports from management and the external auditor that CNO's accounting systems and internal controls, including the policies approved by the Committee, are efficient, effective and operating continuously.

3. Ensure there are adequate systems and procedures in place to provide reasonable assurance of compliance with laws, regulations and standards of professional conduct, with respect to the CNO's financial affairs.
4. Receive reports from management of any actual or suspected instances of accounting irregularities in respect to the financial affairs of CNO, including the actions taken by management to minimize risk exposure to the organization.
5. Direct the external auditor's examinations to specific areas, if any, as deemed necessary by the Committee.

### **External Auditor Independence**

1. Ensure that the external auditor understands their ultimate accountability to the Council and the Committee, on behalf of CNO's registrants.
2. Strengthen and preserve external auditor independence by:
  - holding periodic in-camera sessions with the external auditor
  - annually reviewing any non-audit engagements undertaken by the audit firm for CNO and assessing their impact on the external auditors' objectivity and independence
  - assessing the performance of the external auditor and developing resolutions related to the reappointment or any proposed change in external auditors to the June meeting of Council
  - reviewing the co-operation received by the external auditor from management and
  - ensuring the external auditors issue a letter to the Committee on an annual basis declaring their independence from management and CNO.

### **Enterprise Risk Management**

1. Ensure that management has implemented reasonable systems, processes and internal controls to effectively:
  - identify, analyze, treat, monitor, and report on enterprise risk<sup>1</sup>, and
  - ensure organizational compliance with legal, regulatory, and legislative obligations.
2. Ensure on an annual basis that management binds a reasonable scope of insurance coverage to protect CNO against insurable risks.
3. At least annually receive and review reports from management on insurance claims, litigation, information privacy and security, compliance matters, and any other legal

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<sup>1</sup> Enterprise risks at CNO are classified as arising across four main source quadrants: (i) Financial (ii) Operational (iii) Strategic (iv) Hazard.

proceedings or uncertainties that could have a material impact on the finances, reputation, or general well-being of CNO.

### **Self-Governance**

1. Review the Committee Terms of Reference biennially and recommend changes, if any, to Council.
2. Review the Terms of Reference of the Advisory Committee on Human Resources biennially and recommend changes, if any, to Council.
3. Self-assess annually whether the Committee has met the Specific Terms and report these results to Council.
4. Ensure disclosure of or appropriate access to the Committee Terms of Reference for all registrants of CNO.
5. Perform any other activities consistent with these Terms of Reference, CNO's bylaws and governing law, as the Committee or Council deems necessary or appropriate.
6. Report to Council at least four times a year on how the Terms of Reference are being met.

### **Other**

1. Review proposed changes to the Compensation Principles recommended by the Advisory Committee on Human Resources and recommend changes to Council.
2. Review annually the appropriateness of the application and registration fee structure and other revenue charges and recommend changes to Council, as required.
3. Review, at least biennially, [changes to the Council and committee member Expense Policy and the Stipend Policy \(as recommended by recommendations from the Advisory Committee on Human Resources\)](#), ~~for changes to the stipend and expense policies for Council and committee members~~ and recommend changes, if any, to Council.
4. Review every three years and as needed, the policies approved by the Finance & Risk Committee and provide any amended policies to Council.
5. Review, at least annually, CNO's By-Laws regarding financial affairs and recommend changes to Council.
6. Recommend the members of the Advisory Committee on Human Resources to Council.

## **Membership**

1. The Committee will consist of seven members:
  - ~~President of~~ Council Chair
  - Vice-~~President~~ Chair – RN
  - Vice-~~President~~ Chair – RPN
  - Chair of the Advisory Committee on Human Resources and
  - Three other members of Council, at least one of whom is a nurse and one of whom is a public member.

Each member shall be free of any relationship that, in the opinion of the Council, would interfere with his or her individual exercise of independent judgement.

2. The Vice-~~Presidents~~ Chairs will act as co-chairs of the Committee.
3. The term of office for members will be one year with the option of reappointment by Council and re-election of the ~~President~~ Council Chair and Vice-~~President~~ Chairs.

In the event of mid-term vacancies, the Council will appoint replacement members to complete the term.

The Registrar/~~Executive Director~~ & CEO, the Chief Operating Officer, the Director, Business Services & CFO, and the Manager, Finance & ~~Operations~~ Procurement, shall be staff resource to the Committee except for the portions of the meetings that are in camera with the auditor.

## **Meetings**

1. Meetings may be convened at the request of any member of the Committee or at the request of ~~the College's~~ CNO's auditor, but in no circumstances less than four times each year.
2. CNO's auditor shall receive notice of all meetings of the Committee and is entitled to appear and be heard.
3. Any member of the Committee may require the attendance of the auditor at any meeting of the Committee.
4. Meetings may be held in person, electronically, or by any individual member or members participating electronically.

## **Agenda**

The Co-Chairs shall, in consultation with management, establish the agenda for the meetings and ensure that properly prepared agenda materials are circulated to members in sufficient time for study prior to the meeting. Committee members may recommend agenda items subject to approval of the agenda by the Committee.

The Committee will maintain minutes of its meetings.

## **Decision Making**

A quorum consists of a majority of the members of the Committee. Each Committee member is entitled to one vote and a decision shall be by majority vote of those present.

Approved by Council, March 2005

Amended:

- March 2007
- June 2009
- June 2011
- June 2012
- June 2014
- March 2020
- June 2022
- Edited, September 2022
- June 2024
- Edited June 2025

## Proposed Amendments to By-Law No.2: Fees

Decision note – June 2026 Council

### Contact for questions or more information

Stephen Mills, Chief Operating Officer

### Purpose and action required

Council is being asked to consider approving the proposed changes to By-Law No 2: Fees (“Fees By-Law”) as recommended by the Finance & Risk Committee. This note provides an overview of the feedback received from the consultation on the proposed amendments to By-Law No 2: Fees. The Finance & Risk Committee reviewed preliminary results from the consultation at their May 14<sup>th</sup> meeting, and they are recommending:

#### Motion:

1. That Council approve the proposed amendment to By-Law No. 2: Fees, article 2.02.1.1, related to automatic recognition for labour mobility applicants as it appears in Attachment 1 effective June 24, 2026.
2. That Council approve all other proposed amendments to By-Law No. 2: Fees, as they appear in Attachment 1 effective June 24, 2026.

Given the number of proposed changes to the Fees By-Law, if Council approves the amendments as proposed, the current [By-Law No. 2: Fees](#) will be rescinded in its entirety and replaced with By-Law No. 2: Fees as set out in Attachment 2.

### Public protection rationale

The proposed amendments to the Fees By-Law will help CNO maintain Council’s approved operating coverage guideline and create financial stability for CNO to remain an effective regulator. This promotes safe nursing practice and protects the public.

### Other rationale

The new proposed approach to setting fees is designed to:

- mitigate the risk of large fee increases in a given year by implementing smaller, more predictable annual increases for registrants and applicants
- support CNO’s financial stability by enabling the flexibility necessary to respond to unexpected events, and
- mitigate the risk of CNO collecting more fee revenue than is warranted in a given year.

The proposed by-law amendments also support the implementation of government expectations related to automatic recognition provisions which aim to facilitate the movement of nurses to Ontario while maintaining standards of public safety<sup>1</sup>. The amendments propose a credit for automatic recognition applicants (labour mobility).

## Background

Council is accountable for ensuring the ongoing financial health of CNO. In [March 2026](#), on recommendation from the Finance & Risk Committee, Council approved a 60-day public circulation period on proposed changes to the Fees By-Law. The RHPA requires regulatory bodies to circulate some proposed by-law changes, including those associated with fees, to registrants for 60 days.

As per the requirements in the *Regulated Health Professions Act, 1991* (RHPA), CNO notified registrants about the proposed changes on March 20, 2026. Notice was provided through [CNO's website](#) and through an email to all registrants. The following material was provided in English and French:

- a summary of the proposed changes
- proposed amendments to the Fees By-laws
- a link to an online survey to provide feedback

At their May meeting, the Finance & Risk Committee reviewed a preliminary report of the feedback for the proposed amendments to the Fees By-Laws that were received between March 20 – April 8, 2026. The Committee noted that there was nothing in the feedback to date that was unexpected, and they believe the amendments are in the public's best interest and support CNO's ongoing fiscal well-being. Even though the Committee reviewed preliminary results, the majority of responses from the consultation were received within this window (9,560 responses which represent 95% of total responses). Much of the data presented below, including the emerging themes, is consistent with what was presented to the Committee in May.

## Consultation Feedback

Council now has the opportunity to consider the feedback received and determine its perspective whether the proposed amendments to By-Law No.2: Fees are necessary for CNO to meet its public interest mandate. The entire consultation period lasted 60 days, in line with the RHPA requirement.

A total of 10,038 responses were received to the online survey between March 20, 2026 – May 20, 2026. Of those responses, 10,010 responses were received from individuals,

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<sup>1</sup> Schedule 2 of the RHPA has been amended to enable automatic recognition in Ontario for labour mobility applicants who hold a current out-of-province nursing certificate from another Canadian jurisdiction. See [sections 15\(6\), 22.19.1, and 22.19.2](#).

with the majority of respondents identifying as nurses (9,895): RNs (64.4%), RPNs (28.5%), and NPs (6.0%), which represents approximately 5% of the nursing population.

The remaining 28 respondents consisted of those who identified as responding on behalf of an organization, including 13 nursing associations, 8 healthcare organizations, 4 unions, 1 health professional regulator and 2 others.

### Automatic Recognition (labour mobility)

Based on a review of the survey responses:

- 41.3% (4,150) support the proposed 25% credit for labour mobility applicants
- 40.6% (4,078) do not support the 25% credit for labour mobility applicants
- 18.0% (1,810) are unsure the 25% credit for labour mobility applicants

Below is a summary of the themes emerging from the consultation.

#### Those who **support** the proposed 25% application fee credit for labour mobility applicants:

- the changes will enhance labour mobility in Canada by reducing costs for nurses seeking registration in multiple provinces
- paying full fees for multiple registration is costly
- suggestion that the fee credit could attract qualified applicants from other provinces, while also keeping nurses in Ontario
- supports travel nurses, temporary placements or those returning to work in Ontario

#### Those who **do not support** the proposed 25% application fee credit for labour mobility applicants:

- concerns about fairness for nurses already registered in Ontario who are required to pay full fees
- suggestion that any fee relief should apply equally or prioritize current Ontario registrants
- fees are already burdensome considering inflation and rising cost of living

#### Those who are **unsure** of the proposed 25% application fee credit for labour mobility applicants:

- lack of understanding about how the proposed amendment would work, who would qualify, what problem it is intended to solve or how it would be funded
- request for more transparency regarding the rationale for the 25% credit, its expected impact, and whether it would meaningfully improve recruitment or labour mobility

Attachment 3 highlights verbatim comments from respondents on the proposed 25% application fee credit for labour mobility applicants.

### New Approach to Setting Fees

Based on a review of the survey responses:

- 70.5% (7,073) do not support the proposed new approach to setting fees
- 17.7% (1,775) support the proposed new approach to setting fees
- 11.9% (1,190) are unsure of the proposed new approach to setting fees

Common themes emerged from all groups and are summarized below.

Those who **do not support** the proposed new approach to setting fees:

- the current fees are already too high, noting that 7-10% increases are not small and don't align with inflation/wage increases
- concern for the cumulative financial impact of the proposed fee increases over time, with many citing further contributing affordability pressures, i.e., stagnant wages, personal expenses and the rising cost of living
- a lack of transparency as to why fee increases are necessary/what benefits nurses will see in return
- suggestion that the proposed changes are poorly timed and disconnected from the realities facing nurses which could lead nurses to leave the profession and/or Ontario, i.e., staff burnout, nursing shortages and unstable employment conditions
- equity concerns, suggesting that RPNs/RNs/NPs should not pay the same amounts given differences in wages, roles, or scopes of practice
- concern that fee adjustments may not follow a needs-based assessment, i.e., the 7% standard will be relied upon

Those who **support** the proposed new approach to setting fees:

- support for the principle of smaller, more predictable increases annually when compared to the historical approach of larger increases every few years
- the predictability of fee amounts supports personal planning and budgeting, i.e., incorporating the cost of fees into regular financial commitments
- support for the changes only if increases remain modest, justified, and aligned with inflation and wage increases
- suggestion that the timing of payments (away from December) or the introduction of an instalment plan could help alleviate affordability concerns

Those who are **unsure** about the proposed new approach to setting fees:

- expressed a need for more information, clearer justification and greater transparency
- understand the need for fee increases/predictability, however noted concern for annual/steep increases, i.e., 7-10% annually
- concern regarding affordability, suggesting that fees should align with inflation and nurse compensation to ensure fairness and address pay disparity among the different nursing classes
- request for clearer examples showing how the new model would compare financially to the historical approach over time

Attachment 4 highlights verbatim comments from respondents on the proposed new approach to setting fees.

### **Questions for consideration**

- After reviewing the feedback received from the consultation data, is there anything that leads Council to believe that the proposed Fees By-law amendments are not in the public interest?

### **Next Steps:**

If Council approves the proposed amendments to By-Law No.2: Fees:

- the revised by-laws and corresponding Fee Table will be posted on CNO's website
- communications will be provided about Council's decision and its reasons

### **Attachments**

1. [Redlined version showing the proposed amendments to the Fees By-law](#)
2. [Clean version of proposed By-Law No. 2: Fees](#)
3. [Verbatim quotes on the proposed 25% credit for labour mobility applicants](#)
4. [Verbatim quotes on the new proposed approach to setting fees](#)

## Attachment 1

Minor editorial updates have been made to the proposed by-law amendments following the consultation posting online to promote clarity. These do not alter the intention or meaning of the by-law amendments proposed. These include:

- updating references from “Fee Schedule” to “Fee Table”
- revising article 9.1.01 fee name to “Administrative Fee - Declined Credit Card”

### Proposed Amendments to By-Law No.2: Fees

Additions - [Blue](#)

Deletions - ~~Red Strikethrough~~

**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;

“**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;

(Added June 2025)

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

(Added June 2025)

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



(Added June 2025)

“**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.

## 1.02 Fee Table

The College shall maintain a Fee Table which sets out a list of all fees noted in this by-law and the amount for each fee that is payable for each fiscal year, as needed.

## 1.03 Fee Adjustments

- 1.03.1 Subject to 1.03.2 and 1.03.3, each fiscal year, the fees set out in the Fee Table will be increased by 7% for the following fiscal year.
- 1.03.2 On or before June 1 each year, the Finance & Risk Committee may approve an annual increase to any fee listed in the Fee Table that is less than 7% of the then-current applicable fee.
- 1.03.3 On or before July 1 each year, and on the recommendation of the Finance & Risk Committee, Council may approve an annual increase to any fee listed in the Fee Table that is greater than 7% and not higher than 10% of the then-current applicable fee.
- 1.03.4 Where a fee is not noted in this by-law and not included in the Fee Table, the fee payable shall be the fee set by the Registrar for anything that the Registrar is required or authorized to do.

## APPLICATION FEES

- 2.01 Unless otherwise specifically provided in this by-law, a separate application fee is payable for each class of certificate of registration applied for in each category.
- 2.02 Subject to Article 2.05, ~~A~~ a person who submits an application for a certificate of registration as a ~~registered~~ nurse of any class, other than emergency class, ~~in the general class or as a registered practical nurse in the general class~~ shall pay an ~~application fee~~ Application Fee as set out in the Fee Table. ~~of,~~  
a) ~~—\$400.00 for an application made in the 2024 calendar year;~~



~~b) \$416.00 for an application made in the 2025 calendar year;~~

~~e) \$433.00 for an application made in the 2026 calendar year and subsequent calendar years.~~

~~(Amended March 2025)~~

**2.02.1** Deleted March 2025

**2.02.1.1** Effective 2026, an applicant who holds a current out-of-province certificate that is equivalent to a registered nurse in the general class or extended class, or a registered practical nurse in the general class, shall receive a credit equal to 25% of the application fee paid for the equivalent Ontario category and class of registration.

~~**2.02.2** A person who submits an application for a certificate of registration as a registered nurse in the extended class shall pay an application fee of~~

~~a) \$300.00 for an application made in the 2023 calendar year;~~

~~b) \$400.00 for an application made in the 2024 calendar year;~~

~~e) \$416.00 for an application made in the 2025 calendar year;~~

~~d) \$433.00 for an application made in the 2026 calendar year and subsequent calendar years.~~

~~**Application Fee: Other Classes**~~

**2.03** Subject to Article 2.05, a person who submits an application for a certificate of registration for any class of certificate, other than general, extended or emergency, shall pay an ~~application fee~~ **Application Fee - Other Classes**, as set out in the **Fee Table**. ~~of~~

~~i) \$50.00 for an application made in the 2023 calendar year;~~

~~ii) \$67.00 for an application made in the 2024 calendar year;~~

~~iii) \$70.00 for an application made in the 2025 calendar year;~~

~~iv) \$73.00 for an application made in the 2026 calendar year and subsequent calendar years.~~

~~**Application Fee: Emergency Class**~~

**2.04** No application fee shall be payable for an emergency class certificate of registration.



## ~~Application Fee: Non-Practising Class~~

- 2.05** No application fee shall be payable for an application for a non-practising class certificate of registration if the applicant holds, at the time of application, another class of certificate of registration, other than an emergency class, in the category for which the person is seeking the non-practising class certificate of registration.

## EVALUATION FEES

- 2.06** A person who undergoes an evaluation conducted directly by the College under the applicable Registration Regulation provisions, shall pay the corresponding Evaluation Fee as set out in the Fee Table.:
- i) Education Requirement - Additional Evaluation Fee RN (French), pursuant to sub-subparagraph 1 iii B of subsection 2(1) of the Registration Regulation. ~~shall pay an evaluation fee of~~
    - a) ~~\$500.00 for the evaluation requested in the 2023 calendar year;~~
    - b) ~~\$665.00 for the evaluation requested in the 2024 calendar year;~~
    - c) ~~\$692.00 for the evaluation requested in the 2025 calendar year;~~
    - d) ~~\$719.00 for the evaluation requested in the 2026 calendar year and subsequent calendar years.~~
  - ii) Education Requirement - Additional Evaluation Fee RPN, pursuant to sub-subparagraph 1 iii B and subparagraph 1 v of subsection 3(1) of the Registration Regulation. ~~shall pay an evaluation fee of~~
    - a) ~~\$225.00 for the evaluation requested in the 2023 calendar year;~~
    - b) ~~\$300.00 for the evaluation requested in the 2024 calendar year;~~
    - c) ~~\$312.00 for the evaluation requested in the 2025 calendar year;~~
    - d) ~~\$324.00 for the evaluation requested in the 2026 calendar year and subsequent calendar years.~~
  - iii) Education Requirement - Additional Evaluation Fee RNEC (NP), pursuant to sub-subparagraph 2 iv B of subsection 4(1) of the Registration Regulation.  
~~shall pay an evaluation fee of~~
    - a) ~~\$225.00 for the evaluation requested in the 2023 calendar year;~~



- ~~b) \$300.00 for the evaluation requested in the 2024 calendar year;~~
- ~~e) \$312.00 for the evaluation requested in the 2025 calendar year;~~
- ~~d) \$324.00 for the evaluation requested in the 2026 calendar year and subsequent calendar years.~~

### REGISTRATION FEES

- 3.01** Unless otherwise specifically provided in this by-law, a separate registration fee is payable for each class of certificate of registration issued in each category.
- 3.02** Subject to Article 3.04 and Article 3.05, the ~~registration fee paid~~ **Initial Registration Fee is payable** for the issuance of each class of certificate of registration, other than an emergency class certificate of registration, ~~is as set out in the Fee Table.~~
- ~~i) \$50.00 for a certificate issued in the 2023 calendar year;~~
  - ~~ii) \$63.00 for a certificate issued in the 2024 calendar year;~~
  - ~~iii) \$66.00 for a certificate issued in the 2025 calendar year;~~
  - ~~iv) \$69.00 for a certificate issued in the 2026 calendar year and subsequent calendar years.~~
- 3.03** No registration fee shall be payable for the issuance of an emergency class certificate of registration.
- 3.04** No registration fee shall be payable for the issuance of a non-practising class certificate of registration if the applicant holds, at the time of application, another class of certificate of registration, other than an emergency class, in the category for which the person is seeking the non-practising class certificate of registration.
- 3.05** **Effective July 1, 2026, The registration fee the Registration Fee - RNEC (NP) paid is payable** for the issuance of a certificate of registration a registered nurse in the extended class ~~is as set out in the Fee Table \$138.00 for a certificate issued on or after July 1, 2026.~~

### FEES FOR SPECIALTY CERTIFICATES

- 4.01** The ~~specialty fee~~ **Specialty Fee - RNEC (NP) is payable** for the issuance or reinstatement of each specialty certificate in the extended class, ~~as set out in the Fee Table.~~



- ~~i) \$50.00 for a certificate issued in the 2023 calendar year;~~
- ~~ii) \$63.00 for a certificate issued in the 2024 calendar year;~~
- ~~iii) \$66.00 for a certificate issued in the 2025 calendar year;~~
- ~~iv) \$69.00 for a certificate issued in the 2026 calendar year and subsequent calendar years.~~

## 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 31<sup>st</sup> 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** [Subject to Article 5.05, A](#) a member holding a certificate of registration as a nurse in ~~a~~ any class other than the non-practising class, shall pay the Annual Fee for each certificate of registration as set out in the Fee Table.
- ~~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;~~
    - ~~e) \$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** ~~Effective For the 2025 calendar year and subsequent years,~~ a member registered as an interjurisdictional registrant in the ~~G~~general or ~~E~~extended class shall be entitled to receive a rebate each year equal to 25% of the annual fees paid in respect of that year.

(Added June 2025)

**5.07** A member who only holds a certificate of registration in the non-practising class shall pay the Annual Fee - Non-Practising for each certificate of registration as set out in the Fee Table.

- ~~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, other than the emergency class, is issued shall pay, on the issuance of that other class of certificate, the applicable annual fee set out in the Fee Table ~~Article 5.06~~ less any annual fee paid by the member for that calendar year.

**Penalty Fees**



**6.01** A member, other than one who only holds a certificate of registration in the non-practising class, who fails to pay ~~an annual fee~~ the Annual Fee on or before the day on which it is due, shall pay a ~~penalty fee~~ Penalty Fee as set out in the Fee Table for each category where ~~the annual fee was paid after the day it was due, of~~ a late payment was received.

~~i) \$100.00 for the 2023 calendar year;~~

~~ii) \$125.00 for the 2024 calendar year;~~

~~iii) \$130.00 for the 2025 calendar year;~~

~~iv) \$135.00 for the 2026 calendar year and subsequent calendar years.~~

**6.02** A member who only holds a certificate of registration in the non-practising class who fails to pay an annual fee on or before the day on which it is due, shall pay a ~~penalty fee~~ Penalty Fee - Non-Practising for each category where the annual fee was paid after the day it was due. ~~of~~

~~i) \$25.00 for the 2023 calendar year;~~

~~ii) \$32.00 for the 2024 calendar year;~~

~~iii) \$34.00 for the 2025 calendar year;~~

~~iv) \$36.00 for the 2026 calendar year and subsequent calendar years.~~

## **FEES FOR REINSTATEMENT /LIFTING ADMINISTRATIVE SUSPENSIONS**

### **Application for Reinstatement Fee**

**7.01** A person who applies for reinstatement of a certificate of registration under the applicable section of the Code, shall pay, ~~at the time the person makes such application~~ a Reinstatement Application Fee as set out in the Fee Table, at the time the person makes such application

i) Reinstatement Application Fee – DC/FTP Proceeding, where the application is made pursuant to section 72 of the Code. ~~a fee of~~

~~a) \$350.00 in the 2023 calendar year;~~

~~e)~~

~~b) \$475.00 in the 2024 calendar year;~~

~~c) \$494.00 in the 2025 calendar year;~~



- ~~d) \$514.00 in the 2026 calendar year and subsequent calendar years.~~
- ii) Reinstatement Application Fee – Non-Practising/Former Member, where the application is not made pursuant to section 72 of the Code, shall pay a fee of
  - ~~a) \$150.00 in the 2023 calendar year;~~
  - ~~b) \$200.00 in the 2024 calendar year;~~
  - ~~e) \$208.00 in the 2025 calendar year;~~
  - ~~d) \$216.00 in the 2026 calendar year and subsequent calendar years.~~

### Application for Lifting Administrative Suspension Fee

**7.02** A person who is otherwise entitled to have an administrative suspension lifted, shall pay a **Lifting Suspension Fee** as set out in the Fee Table. The fee is payable at the time the person makes the request to lift the suspension, of

- ~~i) \$50.00 in the 2023 calendar year;~~
- ~~ii) \$67.00 in the 2024 calendar year;~~
- ~~iii) \$70.00 in the 2025 calendar year;~~
- ~~iv) \$73.00 in the 2026 calendar year and subsequent calendar years.~~

### Reinstatement Fee

**7.03** Subject to Article 7.04, a person who is otherwise entitled to reinstatement of their certificate of registration, shall pay a **Reinstatement Fee** as set out in the Fee Table.

- ~~i) shall pay a reinstatement fee of
  - ~~a) \$50.00 if made eligible to reinstate in the 2023 calendar year;~~
  - ~~b) \$67.00 if made eligible to reinstate in the 2024 calendar year;~~
  - ~~e) \$70.00 if made eligible to reinstate in the 2025 calendar year;~~
  - ~~d) \$73.00 if made eligible to reinstate in the 2026 calendar year and subsequent calendar years.~~~~



- 7.04** A person who is otherwise entitled to reinstatement of their certificate of registration as a registered nurse in the extended class shall pay a ~~fee of \$142.00~~ Reinstatement Fee - RNEC (NP), as set out in the Fee Table, if made eligible to reinstate on or after July 1, 2026.
- 7.05** An applicant shall pay a Reinstatement Additional Fee as set out in the Fee Table, ~~F~~for each calendar year or part thereof during which ~~the applicant~~ they, while not a member,:
- a) used a title, the use of which was restricted to members, and/or
  - b) held themselves out as a member and/or held themselves out as qualified to practise in Ontario as a nurse, registered nurse, practical nurse or registered nurse in the extended class ~~or nurse practitioner~~ in breach of section 11 of the Act, and/or
  - c) performed an act authorized to members under the Act in breach of the RHPA.
- ~~a) \$500.00 if made eligible to reinstate in the 2023 calendar year;~~
  - ~~b) \$625.00 if made eligible to reinstate in the 2024 calendar year;~~
  - ~~c) \$650.00 if made eligible to reinstate in the 2025 calendar year;~~
  - ~~d) \$676.00 if made eligible to reinstate in the 2026 calendar year or a subsequent calendar year.~~

### EXAMINATION FEES

- 8.01** Deleted September 2014.
- 8.02** Revoked March 2022
- 8.02.1** Revoked March 2022
- 8.03** Removed June 2018
- 8.04** Revoked March 2022
- 8.05** Deleted June 2021
- 8.06** A person who applies to have a re-score of the results of the examination which is a requirement for the issuance of a specialty certificate in the extended class, known as the Canadian Nurse Practitioner Examination (CNPE), shall pay an Examination Rescore Fee ~~of \$110.00~~ as set out in the Fee Table.



**8.07** A person who applies to attempt the College's jurisprudence examination shall pay a **Jurisprudence Examination Fee** ~~of \$40.00~~ as set out in the Fee Table.

**8.08** A separate fee is payable for each application referred to in Articles 8.06 and 8.07 and shall be paid at the time the application is submitted.

#### **FEES RELATING TO QUALITY ASSURANCE**

**9.01** Where a person is required by the College's Quality Assurance Committee or a panel thereof to undergo a practice assessment or reassessment under clause 29(1)(a) of the regulation governing the College's Quality Assurance Program (being Part IV of Ontario Regulation 275/94, as amended), a **QA Practice Assessment Fee** ~~fee of \$1,500.00~~ as set out in the Fee Table, shall be paid unless otherwise directed by the Quality Assurance Committee or the panel which required the person to undergo that practice assessment or reassessment.

**9.02** Where a person is required by the College's Quality Assurance Committee or a panel thereof to undertake one or more additional practice assessment components under subsection 28(3) of the regulation governing the College's Quality Assurance Program (being Part IV of Ontario Regulation 275/94, as amended), a **QA Practice Assessment - Additional Fee**, ~~fee of \$1,500.00~~ as set out in the Fee Table, shall be paid if the Quality Assurance Committee or a panel thereof determined that the need to include additional components was due in whole or in part to the person's failure to co-operate with the Quality Assurance Committee, a panel thereof or an assessor.

**9.03** The fee required by Article 9.01 shall be payable upon receipt of notice from the College that a practice assessment or reassessment has been required by the Quality Assurance Committee or a panel thereof.

**9.04** The fee required by Article 9.02 shall be payable upon receipt of notice from the College that the person has been required by the Quality Assurance Committee or a panel thereof to undertake one or more additional practice assessment components under subsection 28(3) of the regulation governing the College's Quality Assurance Program (being Part IV of Ontario Regulation 275/94, as amended) as a result of the person's failure to co-operate with the Quality Assurance Committee, a panel thereof or an assessor.

#### **9.1 OTHER FEES**

**9.1.01** An ~~administrative fee~~ **Administrative Fee - Declined Credit Card** ~~of \$50.00~~ as set out in the Fee Table, shall be payable by a person who purports to make a payment to the College by credit card for each time that the payment is refused by the credit card provider.



- 9.1.02** An ~~administrative fee~~ Administrative Fee - Refund, ~~of \$25.00~~ as set out in the Fee Table, shall be payable for the issuance of any refund by the College and shall be automatically deducted from that refund.
- 9.1.03** Where the member fails to comply with Article 44.2.06 of the College's By-law No. 1: General and the College subsequently is required to revise its register to reflect information thereafter provided by the member, the member shall pay an ~~administrative fee~~ Administrative Fee - Change of Information, as set out in the Fee Table. ~~of \$100.00.~~

### **GENERAL**

- 10.01** Fees described in this by-law are exclusive of applicable taxes and are not refundable either in whole or in part.
- 10.02** Where a fee is required to be submitted or paid under this by-law, the fee shall be paid by debit or credit card.
- 10.03** Payment by any means other than those specified in Article 10.02 is not the submission or payment of a fee under this by-law.
- 10.04** Deleted June 1, 2017
- 10.05** Despite any provisions contained in this by-law, the Registrar may waive the requirement for an individual applicant, member or former member to pay a fee required by this by-law where, in the Registrar's opinion, the circumstances are sufficiently extraordinary to warrant the waiver and are not based upon the ability of the individual applicant, member or former member to pay the fee.





## Attachment 2

### Clean Version of proposed 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;

**“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;

(Added June 2025)

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

(Added June 2025)

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

(Added June 2025)

**“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.

### **1.02 Fee Table**

The College shall maintain a Fee Table which sets out a list of all fees noted in this by-law and the amount for each fee that is payable for each fiscal year, as needed.

### **1.03 Fee Adjustments**

- 1.03.1 Subject to 1.03.2 and 1.03.3, each fiscal year, the fees set out in the Fee Table will be increased by 7% for the following fiscal year.
- 1.03.2 On or before June 1 each year, the Finance & Risk Committee may approve an annual increase to any fee listed in the Fee Table that is less than 7% of the then-current applicable fee.
- 1.03.3 On or before July 1 each year, and on the recommendation of the Finance & Risk Committee, Council may approve an annual increase to any fee listed in the Fee Table that is greater than 7% and not higher than 10% of the then-current applicable fee.
- 1.03.4 Where a fee is not noted in this by-law and not included in the Fee Table, the fee payable shall be the fee set by the Registrar for anything that the Registrar is required or authorized to do.

### **APPLICATION FEES**

- 2.01 Unless otherwise specifically provided in this by-law, a separate application fee is payable for each class of certificate of registration applied for in each category.
- 2.02 Subject to Article 2.05, a person who submits an application for a certificate of registration as a nurse of any class, other than emergency class, shall pay an Application Fee as set out in the Fee Table.
  - 2.02.1 Deleted March 2025
    - 2.02.1.1 Effective 2026, an applicant who holds a current out-of-province certificate that is equivalent to a registered nurse in the general class or extended class, or a registered practical nurse in the general class, shall receive a credit equal to 25% of the application fee paid for the equivalent Ontario category and class of registration.
- 2.03 Subject to Article 2.05, a person who submits an application for a certificate of registration for any class of certificate, other than general, extended or



emergency, shall pay an Application Fee - Other Classes, as set out in the Fee Table.

**2.04** No application fee shall be payable for an emergency class certificate of registration.

**2.05** No application fee shall be payable for an application for a non-practising class certificate of registration if the applicant holds, at the time of application, another class of certificate of registration, other than an emergency class, in the category for which the person is seeking the non-practising class certificate of registration.

### **EVALUATION FEES**

**2.06** A person who undergoes an evaluation conducted directly by the College under the applicable Registration Regulation provisions, shall pay the corresponding Evaluation Fee as set out in the Fee Table.

- i) Education Requirement - Additional Evaluation Fee RN (French), pursuant to sub-subparagraph 1 iii B of subsection 2(1) of the Registration Regulation.
- ii) Education Requirement - Additional Evaluation Fee RPN, pursuant to sub-subparagraph 1 iii B and subparagraph 1 v of subsection 3(1) of the Registration Regulation.
- iii) Education Requirement - Additional Evaluation Fee RNEC (NP), pursuant to sub-subparagraph 2 iv B of subsection 4(1) of the Registration Regulation.

### **REGISTRATION FEES**

**3.01** Unless otherwise specifically provided in this by-law, a separate registration fee is payable for each class of certificate of registration issued in each category.

**3.02** Subject to Article 3.04 and Article 3.05, the Initial Registration Fee is payable for the issuance of each class of certificate of registration, other than an emergency class certificate of registration, as set out in the Fee Table.

**3.03** No registration fee shall be payable for the issuance of an emergency class certificate of registration.

**3.04** No registration fee shall be payable for the issuance of a non-practising class certificate of registration if the applicant holds, at the time of application,



another class of certificate of registration, other than an emergency class, in the category for which the person is seeking the non-practising class certificate of registration.

- 3.05** Effective July 1, 2026, the Registration Fee - RNEC (NP) is payable for the issuance of a certificate of registration a registered nurse in the extended class as set out in the Fee Table.

#### **FEES FOR SPECIALTY CERTIFICATES**

- 4.01** The Specialty Fee - RNEC (NP) is payable for the issuance or reinstatement of each specialty certificate in the extended class, as set out in the Fee Table.

#### **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 31<sup>st</sup> 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** Subject to Article 5.05, a member holding a certificate of registration as a nurse in any class other than the non-practising class, shall pay the Annual Fee for each certificate of registration as set out in the Fee Table.
- 5.06.1** Effective 2025, 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.

(Added June 2025)

- 5.07** A member who only holds a certificate of registration in the non-practising class shall pay the Annual Fee - Non-Practising for each certificate of registration as set out in the Fee Table.



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

### **Penalty Fees**

**6.01** A member, other than one who only holds a certificate of registration in the non-practising class, who fails to pay the Annual Fee on or before the day on which it is due, shall pay a Penalty Fee as set out in the Fee Table for each category where a late payment was received.

**6.02** A member who only holds a certificate of registration in the non-practising class who fails to pay an annual fee on or before the day on which it is due, shall pay a Penalty Fee - Non-Practising for each category where the annual fee was paid after the day it was due.

### **FEES FOR REINSTATEMENT /LIFTING ADMINISTRATIVE SUSPENSIONS**

#### **Application for Reinstatement Fee**

**7.01** A person who applies for reinstatement of a certificate of registration under the applicable section of the Code, shall pay a Reinstatement Application Fee as set out in the Fee Table, at the time the person makes such application.

- i) Reinstatement Application Fee – DC/FTP Proceeding, where the application is made pursuant to section 72 of the Code.
- ii) Reinstatement Application Fee – Non-Practising/Former Member, where the application is not made pursuant to section 72 of the Code.

#### **Application for Lifting Administrative Suspension Fee**

**7.02** A person who is otherwise entitled to have an administrative suspension lifted, shall pay a Lifting Suspension Fee as set out in the Fee Table. The fee is payable at the time the person makes the request to lift the suspension.

#### **Reinstatement Fee**

**7.03** Subject to Article 7.04, a person who is otherwise entitled to reinstatement of their certificate of registration, shall pay a Reinstatement Fee as set out in the Fee Table.



- 7.04** A person who is otherwise entitled to reinstatement of their certificate of registration as a registered nurse in the extended class shall pay a Reinstatement Fee - RNEC (NP), as set out in the Fee Table, if made eligible to reinstate on or after July 1, 2026.
- 7.05** An applicant shall pay a Reinstatement Additional Fee as set out in the Fee Table, for each calendar year or part thereof during which they, while not a member:
- a) used a title, the use of which was restricted to members, and/or
  - b) held themselves out as a member and/or held themselves out as qualified to practise in Ontario as a nurse, registered nurse, practical nurse or registered nurse in the extended class in breach of section 11 of the Act, and/or
  - c) performed an act authorized to members under the Act in breach of the RHPA.

### **EXAMINATION FEES**

- 8.01** Deleted September 2014.
- 8.02** Revoked March 2022
- 8.02.1** Revoked March 2022
- 8.03** Removed June 2018
- 8.04** Revoked March 2022
- 8.05** Deleted June 2021
- 8.06** A person who applies to have a re-score of the results of the examination which is a requirement for the issuance of a specialty certificate in the extended class, known as the Canadian Nurse Practitioner Examination (CNPE), shall pay an Examination Rescore Fee as set out in the Fee Table.
- 8.07** A person who applies to attempt the College's jurisprudence examination shall pay a Jurisprudence Examination Fee as set out in the Fee Table.
- 8.08** A separate fee is payable for each application referred to in Articles 8.06 and 8.07 and shall be paid at the time the application is submitted.

### **FEES RELATING TO QUALITY ASSURANCE**

- 9.01** Where a person is required by the College's Quality Assurance Committee or a panel thereof to undergo a practice assessment or reassessment under clause 29(1)(a) of the regulation governing the College's Quality Assurance Program (being Part IV of Ontario Regulation 275/94, as amended), a QA Practice Assessment Fee as set out in the Fee Table, shall be paid unless otherwise



directed by the Quality Assurance Committee or the panel which required the person to undergo that practice assessment or reassessment.

- 9.02** Where a person is required by the College's Quality Assurance Committee or a panel thereof to undertake one or more additional practice assessment components under subsection 28(3) of the regulation governing the College's Quality Assurance Program (being Part IV of Ontario Regulation 275/94, as amended), a QA Practice Assessment - Additional Fee, as set out in the Fee Table, shall be paid if the Quality Assurance Committee or a panel thereof determined that the need to include additional components was due in whole or in part to the person's failure to co-operate with the Quality Assurance Committee, a panel thereof or an assessor.
- 9.03** The fee required by Article 9.01 shall be payable upon receipt of notice from the College that a practice assessment or reassessment has been required by the Quality Assurance Committee or a panel thereof.
- 9.04** The fee required by Article 9.02 shall be payable upon receipt of notice from the College that the person has been required by the Quality Assurance Committee or a panel thereof to undertake one or more additional practice assessment components under subsection 28(3) of the regulation governing the College's Quality Assurance Program (being Part IV of Ontario Regulation 275/94, as amended) as a result of the person's failure to co-operate with the Quality Assurance Committee, a panel thereof or an assessor.

**9.1** **OTHER FEES**

- 9.1.01** An Administrative Fee - Declined Credit Card as set out in the Fee Table, shall be payable by a person who purports to make a payment to the College by credit card for each time that the payment is refused by the credit card provider.
- 9.1.02** An Administrative Fee - Refund, as set out in the Fee Table, shall be payable for the issuance of any refund by the College and shall be automatically deducted from that refund.
- 9.1.03** Where the member fails to comply with Article 44.2.06 of the College's By-law No. 1: General and the College subsequently is required to revise its register to reflect information thereafter provided by the member, the member shall pay an Administrative Fee - Change of Information, as set out in the Fee Table.

**GENERAL**

- 10.01** Fees described in this by-law are exclusive of applicable taxes and are not refundable either in whole or in part.



- 10.02** Where a fee is required to be submitted or paid under this by-law, the fee shall be paid by debit or credit card.
- 10.03** Payment by any means other than those specified in Article 10.02 is not the submission or payment of a fee under this by-law.
- 10.04** Deleted June 1, 2017
- 10.05** Despite any provisions contained in this by-law, the Registrar may waive the requirement for an individual applicant, member or former member to pay a fee required by this by-law where, in the Registrar's opinion, the circumstances are sufficiently extraordinary to warrant the waiver and are not based upon the ability of the individual applicant, member or former member to pay the fee.



## Attachment 3

### Verbatim responses on the proposed 25% credit for labour mobility applicants

Verbatim responses from those who **support** the proposed 25% credit for labour mobility applicants:

*I support this change because it helps reduce barriers for qualified nurses across Canada to practice. The 25% application fee credit aligns with broader labour mobility efforts and can make it easier to address staffing shortages.*

*I support this proposed by-law amendment because it is a practical and fair way to encourage labour mobility and help address ongoing nursing shortages in Ontario. Nurses who are already registered in another Canadian province or territory have met established professional and regulatory standards. Providing a 25% credit on the CNO application fee recognizes their existing qualifications and reduces unnecessary financial barriers when transitioning to practice in Ontario. This change can help attract experienced nurses more quickly, which is especially important in high-need areas such as long-term care and acute care. It also aligns with efforts to improve interprovincial workforce mobility and ensures that Ontario remains competitive in recruiting healthcare professionals. Overall, the proposed amendment strikes a good balance by offering an incentive without fully removing fees, maintaining fairness while supporting timely access to qualified nursing professionals.*

Verbatim responses from those who **do not support** the proposed 25% credit for labour mobility applicants:

*It's unfair to those registered in Ontario. The application fees are significant. Then the new nurses are required to renew their license within months of getting the initial license. Those in Ontario should get a discount to make it fair.*

*This is only applicable to people who have a registration in another province. It should apply to all.*



## Attachment 4

### Verbatim responses on the new proposed approach to setting fees

Verbatim responses from those who **support** the proposed new approach to setting fees:

*Moving to smaller, predictable annual increases is a more practical and transparent way to manage costs. It allows nurses and organizations to plan ahead financially, rather than being surprised by larger, less frequent fee hikes that can be harder to absorb. A consistent annual adjustment, such as 7%, creates stability, reduces financial strain, and reflects a more proactive approach to budgeting. Additionally, the flexibility to approve lower increases, or adjust up to 10% when necessary, ensures that decision makers can still respond to changing economic conditions while maintaining accountability. This balance between predictability and flexibility is important. Overall, this approach promotes fairness, better financial planning, and improved trust in how fees are managed.*

*Yes, smaller, predictable increases will help each individual rather than a historical approach of larger increases every few years. This way, individuals can better balance their expenses, and it will not become a hindrance to renewing their licenses.*

*I prefer a predictable, smaller increase compared to the previous very large increases. I do prefer that the percentage increase was smaller than 7%.*

Verbatim responses from those who **do not support** the proposed new approach to setting fees:

*I do not support annual fee increases of 7% to 10%. This approach creates an ongoing financial strain on healthcare workers and normalizes increases that many may not be able to reasonably absorb. In a time when many workers are already stretched financially and professionally, this feels unjust. Fee increases should be evidence-based, transparent, and aligned with the realities faced by those working in healthcare.*

*Fees are already high and have increased in past years. Terrible time for renewal (holidays) pay scale doesn't reflect license increases (RN and RPNs pay the same).*

*I do not support this approach. An automatic 7% annual increase creates substantial compounding financial burden over time and is not justified by inflation or clearly demonstrated need. Fee increases should be evidence-*



*based, tied to inflation, and require transparent justification. Automatic increases risk reducing accountability and oversight.*

*I'm worried that this will be used to increase our fees above and beyond what they may have been raised to otherwise. I foresee a routine use of the 7% increase even when not necessary for upcoming fiscal years.*



## Nominating Committee Report and Recommendations

Decision note – June 2026 Council

### Contact for questions or more information

Angie Brennand, Director, Strategy

### Purpose and action required

The purpose of this report is to present the recommendations of the Nominating Committee (NC) to Council and seek Council's approval of the motions outlined in this report.

### Background

The Nominating Committee (NC) has met twice since the March Council meeting. A key focus of the NC work has been addressing the membership of the standing committees for the upcoming year and subsequently reviewing and revising its Terms of Reference (ToR).

This report includes:

- A recommendation regarding proposed revisions to the Nominating Committee's Terms of Reference
- A recommendation regarding the appointment of members to the Nominating Committee for the 2026-2027 year
- A recommendation regarding the appointment of Nominating Committee Chair for the 2026-2027 year

### Questions for Council

Are the proposed revisions outlined in the NC ToR clear?

### Proposed Revisions to the Nominating Committee Terms of Reference

Throughout 2024, the NC conducted a comprehensive review of its ToR, resulting in a series of proposed revisions that were subsequently supported by Council. In June 2025, Council approved the revisions, along with related by-law amendments.

At its April 2026 meeting, the NC identified a potential need for additional revisions to the ToR to address the following:

- A mid-term vacancy on the NC that has created challenges in maintaining quorum throughout the NC's meeting cycle in 2026

- A lack of applications from Council members to serve on the 2026-2027 NC which has presented a challenge for maintaining a full complement of members
- Anticipated turnover on the NC in 2027, raising potential continuity risks.

The proposed NC ToR (Attachment 2) includes proposed changes to its membership. Also included are editorial changes. The proposed revisions aim to:

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

#### Increased Flexibility in Composition

The proposed revisions to the membership section of the ToR aim to enhance flexibility in the NC's composition by introducing a range of five to seven members (instead of the fixed size of five). The shift to a simplified, minimum-threshold approach is intended to replace the current prescriptive composition rules. This will provide greater discretion to address annual recruitment challenges, support continuity, and ensure the NC maintains an appropriate mix of skills and experience. Although the intention would be to have at least two Council members on the NC, and preferably one public member and one nurse member, removal of the specific nurse/public Council member requirements enables flexibility, particularly in years where recruitment challenges limit the available pool of candidates.

#### Addition of a vacancy clause

To address situations where the NC is not at full complement (e.g., due to vacancies, resignations, or limited applications to serve), the inclusion of a vacancy clause is intended to enable the NC to continue operating, provided quorum is met. This reduces the risk of disruption to the work of the NC and supports timely decision-making.

#### Editorial updates

Minor, non-substantive changes are proposed to improve clarity and consistency with the terms of reference of other standing committees. For example, the term "immediate past Executive Committee member" is referred to as "designate" throughout.

Attachment 1 highlights the proposed revisions to the ToR.

### **Motion:**

That, based on the recommendation of the Nominating Committee, Council approve the revised Nominating Committee Terms of Reference as set out in Attachment 2.

### **Nominating Committee Membership**

The NC supports Council in establishing committees with the appropriate mix of competencies, diversity, expertise, and qualifications to fulfil their roles and advance the public protection mandate. The NC also carries out specific responsibilities related to Council elections, including providing recommendations to Council on competency-based election processes.

NC members are appointed based on established attributes and competencies, which were updated in 2024 to strengthen the integration of equity, diversity and inclusion.

The appointments process is supported by third-party governance experts who administer the application process, recruit non-Council members, assess candidate applications, and provide expert advice to the NC.

Ongoing members of the NC are Fidelia Osime, public member of Council, Sue Haywood, non-Council member and Patricia Sullivan, immediate past Council chair.

As of May 2026, the NC has one vacant nurse Council member position and one vacant non-Council member position.

#### Nurse Council Members

Nurse Council members were informed of the opportunity to serve on the NC. No applications were received for the one available position.

#### Non-Council Members

A number of applications were received for the non-Council member position. The NC received a report from the third-party governance consultants, which provided a comparative analysis of candidates, based on an evaluation of competencies, resumes and interview scoring.

Subject to Council approval of the proposed revisions to the NC ToR, which provide flexibility in committee composition, there is an opportunity to select an additional non-Council member for the committee instead of filling the vacant nurse Council member position, which received no applications. Given the strong pool of candidates that came forward, the NC is recommending the appointment of two non-Council members.

In accordance with the [Council and Committee Code of Conduct](#), Morgan Kratuer, a current NC member who applied for reappointment, did not receive the briefing

materials, including the report, and left the NC meeting for the discussion of the recommendation of NC appointments.

**Motion:**

That, subject to Council approving the proposed revisions to the Nominating Committee Terms of Reference as shown in Attachment 2, the Nominating Committee recommends to Council that two non-Council members (as shown on the screen) be appointed to serve as members of the Nominating Committee for a two-year term, ending in June 2028.

In the event that Council does not approve the proposed revisions to the NC ToR, the NC will recommend the appointment of one non-Council member, and the motion will be amended accordingly.

**Nominating Committee Chair**

The Chair of the NC will be an ongoing member of the NC appointed by Council.

**Motion:**

That, based on the recommendation of the Nominating Committee, Council appoint Morgan Krauter as the Chair of the Nominating Committee for 2026-2027.

**Nominating Committee Year End Review**

The NC discussed its work over the 2025-2026 year.

In addition to discussing the proposed ToR changes, the NC debriefed on the statutory committee appointments process and identified opportunities for improvement.

The NC provided input into their fall orientation for the incoming members, noting the value of members of the NC 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](#)

## **Members of the 2025-2026 Nominating Committee<sup>1</sup>**

Morgan Krauter, Chair

Sue Haywood, non-Council member

Fidelia Osime, public member of Council

Patricia Sullivan, RN and immediate past Council chair

Vacancy, non-Council member

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<sup>1</sup>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.

## 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.<sup>1</sup>
- 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.

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<sup>1</sup> 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 shall be~~ composed of ~~five members~~ between 5 and 7 members, including:

- at least three ~~persons not on~~ ~~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 (~~designate~~); and
- at least one nurse member/public member of Council who is not the immediate past Council Chair or designate.

The Nominating Committee aims to maintain a majority of non-Council members, where possible.

~~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.



A vacancy in any of these roles does not prevent the Nominating Committee from carrying out its responsibilities, provided quorum is maintained.

### 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~~ as required.

### 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 (or designate'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.<sup>2</sup>

Council members of the Nominating Committee are ~~generally~~ typically appointed for a one-year term, renewable annually, subject to an overall limit of six years, as noted below.

Other members of the Nominating Committee are ~~generally~~ typically appointed for a term of up to two years, depending on the needs of the Committee and the availability of members.

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<sup>2</sup> 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.



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](#).

#### 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



## 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.<sup>1</sup>
- 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.

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<sup>1</sup> 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 shall be composed of between 5 and 7 members, including:

- at least three persons not on Council;
- the immediate past Council Chair or, if the immediate past Council Chair is unable to serve, another immediate past Executive Committee member (designate); and
- at least one nurse member/public member of Council who is not the immediate past Council Chair or designate

The Nominating Committee aims to maintain a majority of non-Council members, where possible.

At least one member of the Nominating Committee will have background and experience in human resources.

A vacancy in any of these roles does not prevent the Nominating Committee from carrying out its responsibilities, provided quorum is maintained.

### **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, as required.

### **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 (or designate's) term of office on the Committee ends when a new Council Chair takes office creating a new immediate past Council Chair.<sup>2</sup>

Council members of the Nominating Committee are typically appointed for a one-year term, renewable annually, subject to an overall limit of six years, as noted below.

Other members of the Nominating Committee are typically 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](#).

#### **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.

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<sup>2</sup> 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.



#### **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 & CEO acts as a resource for the Nominating Committee but is not a member of the Nominating Committee. The Registrar & 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



## Proposed Council Governance Priorities

Decision Note – June 2026 Council

### Contact for questions or more information

Angie Brennand, Director, Strategy

### Purpose and action required

Following the 2025-26 third-party evaluation of Council effectiveness, governance priorities are proposed for Council's consideration. Priorities were reviewed and supported by the Governance Committee in May 2026.

#### Motion:

That Council approve the governance priorities identified in this briefing note for implementation in 2026-2029.

### Questions for consideration

- Do the proposed priorities resonate with you?
- Do the proposed priorities align with [Council's Purpose and Role Description](#) and support effective governance?
- Are there other priorities not captured here that should be placed ahead of those currently proposed?

### Public protection rationale

CNO's ability to meet its public protection purpose is supported by Council's effective governance. The proposed priorities outlined below are intended to support Council in operating effectively and in turn, its public protection mandate.

### Background

Council is accountable for effective governance of the College of Nurses of Ontario (CNO). Governance priorities can be informed by a variety of factors, including changes in governance "best practices", Council's annual plan, requirements under the Ministry of Health's College Performance Measurement Framework (CPMF), and third-party evaluations.

Governance priorities are typically approved by Council in December and implemented the following year; however, this was deferred in 2025 as the third-party evaluation was underway. While these priorities are proposed for the 2026–2029 period, Council will review them annually and refine as necessary.

### **Third Party Governance Effectiveness Evaluation**

In keeping with Council's Evaluation Policy and the [CPME](#), a third party evaluation was completed earlier this year<sup>1</sup> by Institute on Governance (IOG), with findings presented to Council in March 2026.

Overall, the evaluation was supportive of the existing governance policies and practices in place, with suggestions for potential areas of improvement. In particular, the evaluation found a clear understanding of CNO's public protection mandate and Council's governance role; a strong public interest orientation in deliberations; a respectful, collegial culture with deliberate efforts to support participation; high-quality material with increasingly strategic meetings; a constructive Council-Registrar & CEO relationship; and that strong governance documentation and well-developed frameworks exist.

### **Proposed Priority Areas**

#### **Strategic and regulatory oversight**

The evaluation suggested enhancing strategic monitoring through more refined dashboard reporting, monitoring strategic risk and performance and aligning agendas to overall strategy. This included clarifying regulatory direction that public protection includes supporting nurses to provide safe care.

- Refined dashboard, strategic risk and performance reporting and work to further enhance CNO's visibility and presence in support of safe nursing practice will be incorporated into the implementation of the *2027-2031 Strategic Plan*.

#### **Committee roles, authorities, reporting**

The evaluation found a need for clearer understanding among Council members about the structure, responsibilities and reporting by committees.

- Education is planned throughout the 2026-2027 Council year to further support Council member understanding of the various committees, including differences between statutory and standing committees.

In March 2026, Council members identified a need to better understand committees and their needs before making significant changes to committee structures. Achieving a shared understanding of the various committees will set the stage to support Council in future reviews/revisions of committee terms of reference and discussions about Committee reporting.

#### **Council member development**

A key objective of evaluation is to inform Council's orientation, learning and development needs.

- Several development topics proposed for the 2026-2027 Council year are informed by evaluation findings. These areas are intended to support Council effectiveness and oversight and may include a range of governance and organizational topics.

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<sup>1</sup> Third-party evaluations occur, at minimum, every three years.

The evaluation also found opportunity to enhance leadership development that will assist Council members to fulfil key roles (for example, chair, vice-chair, committee member or chair).

- Staff will work with the Governance Committee to identify opportunities to enhance mentorship and other supports to build leadership capabilities and competencies/succession planning for committee service.

### **Meeting effectiveness**

The evaluation identified opportunity to streamline meeting design (agendas, materials) and enhance participation in the hybrid environment.

- Staff will work with the Governance and Executive Committees to identify efficiencies and opportunities for reducing cognitive burden and improving effectiveness of hybrid meetings.

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

The CPMF requires codes be reviewed at least every three years.

- Staff will provide an update in Q4 2026<sup>2</sup> on the review and if any actions are recommended.

### **Next Steps**

- Staff will consult the Governance Committee and provide an update to Council at a future meeting on milestones and timelines to implement approved priorities over the next three years.

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<sup>2</sup> November 2026 Governance Committee, December 2026 Council

## Council Annual Development Plan

### Discussion Note – June 2026 Council

### Contact for questions or more information

Angie Brennand, Director, Strategy

### Purpose

To support discussion about Council development priorities for the 2026-2027 and 2027-2028 Council years.

### Questions for consideration

1. Does Council support the proposed topics?
2. Are there other topics that Council would like to see addressed?

### Background

Council is accountable for good governance, which includes a commitment to continuous learning. Ongoing education is an accepted governance best practice, a key feature of Council's governance vision and a requirement under the Ministry of Health's [College Performance Measurement Framework](#) (CPMF).<sup>1</sup>

Topics for Council development are informed by multiple considerations. This includes a [CPMF](#) requirement that ongoing education be informed by evaluations, evolving public expectations (e.g., risk management, diversity, equity and inclusion) and priorities identified by Council members. Topics are further informed by Council's annual plan (i.e., upcoming Council decisions) and its governance priorities.

### Proposed Development Topics for the 2026-2027/28 Council Years

Topic	Background
Governance at CNO	<ul style="list-style-type: none"> <li>• Foundational governance education related to serving on CNO's Council.</li> <li>• Most of this content is delivered as part of the Council Orientation Workshop (held on June 3, 2026).</li> <li>• Includes content to address suggestions arising from the third-party governance effectiveness evaluation.</li> </ul>

<sup>1</sup> The [CPMF](#) requires ongoing training for Councilmembers (measure 1.2 (c)).

	The topics will support Council effectiveness and oversight and may include a range of governance and organizational issues.
Strategic Plan	<ul style="list-style-type: none"> <li>• Overview of the new strategic plan dashboard and metrics.</li> <li>• Addresses suggestions arising from the third-party governance effectiveness evaluation.</li> </ul>
Equity	<ul style="list-style-type: none"> <li>• Learning opportunities to build Council’s intercultural competence, which better positions Council to meet its governance accountabilities related to equity.</li> <li>• Presentation by the Ontario Fairness Commissioner on their role and work, including internationally educated applicants.</li> <li>• An overview of the <a href="#">Truth and Reconciliation Commission’s</a> calls to action #23 and 24 related to the education of health professionals.</li> <li>• Update on CNO’s workforce census.</li> </ul>
Artificial Intelligence	<ul style="list-style-type: none"> <li>• Artificial Intelligence work at CNO.</li> </ul>
CNO Finances and Budget	<ul style="list-style-type: none"> <li>• Orientation to CNO’s budgeting and financial procedures.</li> </ul>
Risk	<ul style="list-style-type: none"> <li>• Roles of Council, Finance &amp; Risk Committee, and CNO staff.</li> <li>• Addresses suggestions arising from the third-party governance effectiveness evaluation.</li> </ul>

**Next steps**

- Following Council’s consideration, staff will work with the Governance Committee to finalize and schedule Council development throughout the 2026-2027 and 2027-2028 years taking into consideration timing of key governance priorities this year.



## Executive Committee Minutes

May 14, 2026

### Present

R. Lastimoso Jr., Chair  
M. Hogard

M. Sheculski  
J. Ding

D. Thompson

### Staff

A. Brennand  
S. Crawford

S. Mills  
R. Sussman, Recorder

T. Terzis

### Observers

M. Sack

G. Grewal

### Agenda

Members of the Executive Committee (the Committee) received the agenda for the Executive Committee meeting of May 14, 2026.

### Motion 1

Moved by M. Hogard, seconded by J. Ding,

That the agenda for the Executive Committee meeting of May 14, 2026, be approved as circulated.

CARRIED

### Draft Minutes

The Committee received the draft minutes for the Executive Committee meeting of February 19, 2026.

### Motion 2

Moved by M. Sheculski, seconded by J. Ding,

That the minutes for the Executive Committee meeting of February 19, 2026, be approved as circulated.

CARRIED

## June 2026 Draft Council Agenda

The Committee received the draft agenda for the June Council meeting. S. Crawford provided highlights to changes in timing and matters moved to the consent agenda. The Committee noted the importance of reinforcing that members are able to ask questions about items on the consent agenda.

The Committee discussed clarifying for Council that topics in the governance priorities materials are informed by the third-party evaluation report that Council received in March. A. Brennand advised that the development session to be provided to Council in advance of the June business meeting, will offer refresher information.

### Motion 3

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

That the Executive Committee approve the June 2026 Council agenda.

CARRIED

### Appointment to fill Inquiries, Complaints and Reports Committee (ICRC)

In accordance with the [Council and Committee Code of Conduct](#), J. Ding left the meeting for this item.

### Motion 4

Moved by M. Sheculski, seconded by M. Hogard,

The Executive Committee approve the appointment of Nicole Krywionek, RN, to the Inquiries, Complaints and Reports Committee, with the term beginning May 19, 2026, and ending June 2027.

CARRIED

J. Ding returned to the meeting.

## From Your Executive

R. Lastimoso Jr. informed the Committee that this message is shared with Council members between Council meetings. The Committee expressed support for the overall structure and drafting of the *From your Executive* message.

## Executive Session

The Committee met in a closed session with S. Crawford, CNO's Registrar & CEO.

DRAFT

## Governance Committee Minutes

April 13, 2026

### Present

R. Lastimoso Jr., Chair  
M. Hogard

M. Sheculski  
J. Ding

D. Thompson

### Regrets

J. Ding

### Staff

A. Brennan  
S. Crawford

S. Mills  
R. Sussman, Recorder

T. Terzis

### Agenda

Members of the Governance Committee (the Committee) received the agenda for the Governance Committee meeting of April 13, 2026.

### Council Orientation

#### New Council Member Orientation

The Committee received an information note about the New Council Member orientation session planned for May 21, 2026. The Committee provided feedback and support for the topics. Enhancements to the materials and the role of mentors was discussed as well as support for a visual reference document highlighting the role of the various committees. S. Crawford noted that the results of the third-party evaluation will inform how the orientation materials are prepared.

#### Council Orientation Workshop

The Committee received an information note about the Council Orientation Workshop planned for June 3, 2026. The Committee provided feedback on enhancements that could be made regarding the role of committees, the function and role of council, and how council members may ask questions about items in the Council package.

#### New Executive Member Orientation

The Committee received an information note and outline about the orientation planned for new members of the Executive Committee on May 14, 2026. The Committee was

supportive of the content and discussed ensuring clarity on the process and authority of the Executive Committee.

The meeting concluded.

## Governance Committee Minutes

May 14, 2026

### Present

R. Lastimoso Jr., Chair  
M. Hogard

M. Sheculski  
J. Ding

D. Thompson

### Staff

A. Brennand  
S. Crawford

S. Mills  
R. Sussman, Recorder

T. Terzis

### Observers

M. Sack

G. Grewal

### Agenda

Members of the Governance Committee (the Committee) received the agenda for the Governance Committee meeting of May 14, 2026.

### Motion 1

Moved by M. Sheculski, seconded by J. Ding,

That the agenda for the Governance Committee meeting of May 14, 2026, be approved as circulated.

CARRIED

### Draft Minutes

The Committee received the draft minutes for the Governance Committee meeting of February 19, 2026.

### Motion 2

Moved by J. Ding, seconded by M. Hogard,

That the minutes for the Governance Committee meeting of February 19, 2026, be approved as circulated.

CARRIED

## **Council Governance Priorities**

The Committee was supportive of the governance priorities identified.

### **Motion 3**

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

The Governance Committee recommend that Council approve the governance priorities identified in the briefing note for implementation in 2026-2029.

CARRIED

## **Council Annual Development Plan**

The Committee was supportive of the proposed topics in the draft Council annual development plan.

The meeting concluded.

DRAFT

## Patient Relations Committee Minutes

May 14, 2026

### Present

R. Lastimoso Jr., Chair  
M. Hogard

M. Sheculski  
J. Ding

D. Thompson

### Staff

A. Brennand  
S. Crawford

S. Mills  
R. Sussman, Recorder

T. Terzis

### Observers

M. Sack

G. Grewal

### Agenda

Members received the agenda for the Patient Relations Committee of May 14, 2026.

### Motion 1

Moved by M. Sheculski, seconded by M. Hogard,

That the agenda for the Patient Relations Committee meeting of May 14, 2026,  
be approved as circulated.

CARRIED

### Minutes

### Motion 2

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

That the Minutes of the Patient Relations Committee meeting of February 19,  
2026, be approved.

CARRIED

The meeting concluded.

# Inquiries, Complaints and Reports Committee: Annual Report Correction

Information note – June 2026 Council

## Contact for questions or more information

Carolyn Gora, Director, Professional Conduct

## Purpose and action required

The purpose of this information note is to highlight a correction in the 2025 annual report of the Inquiries, Complaints and Reports Committee (ICRC).

## Background

At the March 2026 Council meeting, Council received the ICRC's 2025 Annual Report for information. Following this, the report was revised to correct a typographical error and to subsequently update certain percentage figures. These corrections relate to the disposition of complaint matters addressed in 2025 and are reflected on pages 3 and 6.

Attachment 1 includes an updated version of the 2025 Annual Report with all revisions tracked.

## Attachments:

1. [ICRC 2025 Annual Report - tracked revisions](#)

## Inquiries, Complaints and Reports Committee 2025 Annual Report

### Introduction: Role of the Committee

The Inquiries, Complaints and Reports Committee (ICRC) investigates complaints and considers reports to meet its public safety mandate. This work demonstrates CNO's commitment to protecting the public by addressing concerns about the conduct, competence and capacity of Ontario nurses. The ICRC is made up of both nurse and public members of Council and nurses who are appointed to the committee.

Complaints come primarily from patients and other members of the public. Reports come from nursing employers, facility operators, nurses and others. The ICRC also receives reports about nurses' professional conduct or competence from the Quality Assurance Committee (QAC).

### Executive Summary

#### ICRC Dispositions

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

- refer allegations of the nurse's professional misconduct or incompetence to the Discipline Committee;
- refer the nurse to another panel of the ICRC for a health inquiry;
- require the nurse to attend before a panel of the ICRC to be cautioned;
- require the nurse to complete a specified continuing education or remedial program (SCERP);
- issue written advice to the nurse;
- accept a nurse's undertaking to complete specified remedial activities;<sup>1</sup>
- take no further action; or
- take other action it considers appropriate in the public interest, including accepting a permanent resignation.

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<sup>1</sup> 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, guidelines and educational tools, taking an educational course, or both.

## Complaints-Specific Dispositions

Complaints may be withdrawn or resolved without an investigation through an alternative dispute resolution process, where appropriate and with the consent of the complainant and the nurse. Otherwise, they must be investigated. If the complainant and the nurse participate in alternative dispute resolution, the ICRC considers the proposed resolution agreement and may either adopt the resolution or continue with its investigation of the complaint.

The ICRC may also decide not to investigate a complaint if it is satisfied that the complaint is frivolous, vexatious, made in bad faith, moot, or an abuse of process. In such instances, the ICRC is required to take no action.

## Health Inquires

The ICRC also conducts inquiries into whether a nurse has a mental or physical condition or disorder that impacts the nurse's capacity to practice safely. As part of its inquiries, the ICRC may require the nurse to undergo medical examinations and may suspend the nurse's certificate of registration until they submit to the examinations. The ICRC, after reviewing the results of its inquiries, may take no action, accept an undertaking from the nurse to engage in health and practice monitoring, or refer an allegation of incapacity to the Fitness to Practise Committee.

## Interim Orders and Undertakings

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

## **Complaints**

### Investigator Appointments

The ICRC investigates most complaints with the consent of the patient to obtain relevant health information. Where the investigative powers obtained through an appointment, such as the authority to issue a summons, are required to investigate a complaint, the ICRC can make a request to the Registrar for an investigator appointment. In 2025, the ICRC requested an appointment of investigator for 77 complaints. Please refer to Appendix 1, Section 1, Table 1.

## Dispositions

The ICRC disposed of 8498 complaints in 2025, which is a 37.50% increase from 653 complaints dispositions in 2024. This increase relates to an increase in incoming complaints in part due to enhanced process accessibility through the online complaint form and a rise in the number of complaints with concerns about multiple nurses. There has also been an increase in the number of complaints withdrawn by complainants. A complainant may request their complaint be withdrawn subject to the approval of the Registrar if the withdrawal is assessed to be in the public interest. A complainant may request their complaint be withdrawn if the nurse was misidentified, for example.

The ICRC took no action in 555 matters or 64.85.4% of cases. The ICRC 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 concern, 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 ICRC determined that 62 complaints (7.36.9%) amounted to an abuse of process and took no action. The ICRC adopted a resolution in 16.345.4% of cases and directed a remedial outcome (e.g., letter of advice, caution, SCERP, or remedial undertaking) in 5.95% of cases. Complaints referred to discipline remained a small proportion of dispositions at 1.98%. 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 ICRC decisions regarding complaints investigations, upon the request of a complainant or a nurse. HPARB reviews the adequacy of the investigation and/or the reasonableness of the ICRC's decision. Any matters that are returned to the ICRC by HPARB are reviewed to assess what may be learned in relation to committee practices and processes.

In 2025, HPARB released 64 decisions that addressed the adequacy of the investigations and/or the reasonableness of the ICRC's decisions. HPARB confirmed the ICRC's decision in 95.3% of cases (61 of 64). HPARB returned two matters to the ICRC to reconsider its decision and directed the ICRC to change its decision for one matter. Please refer to Appendix 1, Section 1, Table 4 (b).

### **Reports**

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

## Investigator Appointments

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

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

In 2025, the ICRC approved Registrar investigator appointments in 591 matters and requested the Registrar to appoint investigators for 69 matters referred by the QAC. Over the past two years, there has been an increase in nurses referred to the ICRC from the QAC that broadly reflects the growing number of nurses selected for participation in Quality Assurance. There was an overall 35.2% increase in investigator appointments compared to 2024. Please refer to Appendix 1, Section 2, Table 1.

## Dispositions

The ICRC disposed of 465 Registrar investigations in 2025. Where appropriate, the ICRC 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 ICRC directed remedial outcomes (e.g., letter of advice, caution, SCERP or remedial undertaking) in 55.6% of cases.

The ICRC accepted nurses' undertakings to complete remedial activities in 94 cases, a 54.1% increase as compared to 2024. This increase relates to the continued early engagement with nurses regarding potential process outcomes and nurses demonstrating insight and willingness to engage in practice improvement.

There were 65 cases arising from Registrar investigations referred to discipline in 2025, a decrease of 31.6% from the 95 cases referred in 2024. Please refer to Appendix 1, Section 2, Table 2.

## Health Inquiries

The ICRC disposed of 87 health inquiries in 2025, a slight decrease from the 88 inquiries disposed of in 2024. The ICRC took no action in 39 matters (44.8%) and referred 22 nurses (25.3%) to the Fitness to Practise Committee for a hearing. Please refer to Appendix 1, Section 3, Table 1.

## **Quality Improvements**

### Committee Education and Panel Chair Meetings

The ICRC continued its commitment to Committee governance and performance with quarterly Panel Chair meetings and Committee education sessions. These sessions focused on the overlap of health and misconduct in CNO processes, reviewing the learnings from HPARB decisions, reviewing process efficiencies to ensure effective decision-making, and understanding trauma-informed approaches in adjudication. Foundational to this education cycle, the Committee held its annual orientation in May 2025.

## Appendix 1 – Statistical tables

### Section 1: Complaints

**Table 1: Investigator Appointments**

Investigators Appointed	2021	2022	2023	2024	2025
Complaint - ICRC request	220	168	98	60	77
<b>Total</b>	<b>220</b>	<b>168</b>	<b>98</b>	<b>60</b>	<b>77</b>

**Table 2: Dispositions**

Dispositions	2021		2022		2023		2024		2025	
	#	%	#	%	#	%	#	%	#	%
Adopt resolution	125	27.9	141	25.7	137	15.6	107	16.4	138	<del>15.4</del> 16.3
Take no action - abuse of process	47	10.5	32	5.8	57	6.5	34	5.2	62	<del>7.36</del> 9
Withdrawn with Registrar approval	27	6.0	9	1.6	19	2.2	9	1.4	<del>7.2</del> 7	<del>3.28</del> .6
Take no action	177	39.5	289	52.8	590	67.2	413	63.3	555	<del>65.4</del> 4.8
Advice	25	5.6	37	6.8	49	5.6	40	6.1	27	<del>3.20</del>
Remedial Undertaking	-	-	-	-	-	-	13	2.0	8	<del>1.00</del> .8
Caution	9	2.0	16	2.9	8	0.9	14	2.1	7	0.8
SCERP	8	1.8	2	0.4	5	0.6	9	1.4	3	0.3
Caution + SCERP	22	4.9	16	2.9	6	0.7	4	0.6	5	0.6
Refer to Discipline Committee	8	1.8	6	1.1	7	0.8	10	1.5	16	<del>1.98</del>
<b>Total</b>	<b>448</b>	<b>100</b>	<b>548</b>	<b>100</b>	<b>878</b>	<b>100</b>	<b>653</b>	<b>100</b>	<del>849</del> 8	<b>100</b>

**Table 3: Interim Orders and Undertakings**

Orders	2021	2022	2023	2024	2025
Interim suspension	0	0	0	0	0
Interim restrictions	0	0	0	0	0
Interim undertaking to cease practise	-	-	-	-	0
Interim undertaking to practise with restrictions	-	-	-	-	0

<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
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**Table 4: HPARB**

(a) Requests to Review ICRC Decisions

<b>Requests</b>	<b>2021</b>	<b>2022</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>
From complainants	44	80	97	150	85
From members	7	4	4	2	0
<b>Total</b>	<b>51</b>	<b>84</b>	<b>101</b>	<b>152</b>	<b>85</b>

(b) HPARB Outcomes – Review

<b>Decisions Received – Review</b>	<b>2021</b>		<b>2022</b>		<b>2023</b>		<b>2024</b>		<b>2025</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Confirm ICRC decision	47	94.0	19	95.0	42	91.3	82	97.6	61	95.3
Return - further investigation	0	0.0	0	0.0	0	0.0	1	1.2	0	0.0
Return - reconsider decision	1	2.0	1	5.0	4	8.7	1	1.2	2	3.1
Direct ICRC to change decision	2	4.0	0	0.0	0	0.0	0	0.0	1	1.6
<b>Total</b>	<b>50</b>	<b>100</b>	<b>20</b>	<b>100</b>	<b>46</b>	<b>100</b>	<b>84</b>	<b>100</b>	<b>64</b>	<b>100</b>

(c) HPARB Outcomes – No Review

<b>Decisions Received – No Review</b>	<b>2021</b>		<b>2022</b>		<b>2023</b>		<b>2024</b>		<b>2025</b>	
	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>	<b>#</b>	<b>%</b>
Request withdrawn	3	23.1	7	58.3	2	28.6	1	25.0	7	100
Abuse of process	9	69.2	3	25.0	4	57.1	3	75.0	0	0.0
Time limit exceeded	1	7.7	2	16.7	1	14.3	0	0	0	0.0
<b>Total</b>	<b>13</b>	<b>100</b>	<b>12</b>	<b>100</b>	<b>7</b>	<b>100</b>	<b>4</b>	<b>100</b>	<b>7</b>	<b>100</b>

## Section 2: Reports – Registrar Investigations

**Table 1: Investigator Appointments**

Investigators Appointed	2021	2022	2023	2024	2025
Report – Registrar	306	389	377	443	591
Report - Emergency appointment by Registrar	1	0	0	0	0
Report - Quality Assurance Committee	0	10	9	45	69
<b>Total</b>	<b>307</b>	<b>399</b>	<b>386</b>	<b>488</b>	<b>660</b>

**Table 2: Dispositions**

Dispositions	2021		2022		2023		2024		2025	
	#	%	#	%	#	%	#	%	#	%
Take no action	72	14.1	116	20.1	94	19.4	109	22.9	131	28.2
Advice	65	12.8	97	16.8	92	19.0	72	15.1	67	14.4
Remedial undertaking	18	3.5	9	1.6	6	1.2	61	12.8	94	20.2
Caution	42	8.3	50	8.7	37	7.6	33	6.9	36	7.7
SCERP	31	6.1	26	4.5	31	6.4	42	8.8	24	5.1
Caution + SCERP	140	27.5	143	24.9	88	18.1	55	11.6	38	8.2
Refer to Discipline Committee	82	16.1	90	15.6	83	17.1	95	20.0	65	14.0
Accept permanent resignation	13	2.6	18	3.1	11	2.3	8	1.7	10	2.2
<b>Total</b>	<b>509</b>	<b>100</b>	<b>576</b>	<b>100</b>	<b>485</b>	<b>100</b>	<b>476</b>	<b>100</b>	<b>465</b>	<b>100</b>

**Table 3: Interim Orders and Undertakings**

Orders	2021	2022	2023	2024	2025
Interim suspension	3	2	1	1	0
Interim restrictions	13	11	6	1	6
Interim undertaking to cease practise	-	-	-	-	0
Interim undertaking to practise with restrictions	-	-	-	-	1
<b>Total</b>	<b>16</b>	<b>13</b>	<b>7</b>	<b>2</b>	<b>7</b>

### Section 3: Reports – Health Inquiries

**Table 1: Dispositions**

Dispositions	2021		2022		2023		2024		2025	
	#	%	#	%	#	%	#	%	#	%
Take no action	27	27.6	45	34.6	40	38.1	50	56.8	39	44.8
Take no action - enrolled in NHP	22	22.4	11	8.5	7	6.7	6	6.8	0	0.0
Take no action - non-practising class	0	0.0	0	0.0	0	0.0	2	2.3	2	2.3
Suspend until medical assessment complete	14	14.3	12	9.2	6	5.7	3	3.4	11	12.6
Accept resignation or permanent resignation	0	0.0	0	0.0	0	0.0	0	0.0	3	3.5
Refer to Fitness to Practise Committee	31	31.6	54	41.6	34	32.4	18	20.5	22	25.3
Cease inquiry <sup>2</sup>	4	4.1	5	3.8	13	12.4	9	10.2	10	11.5
<b>Total</b>	<b>98</b>	<b>100</b>	<b>130</b>	<b>100</b>	<b>105</b>	<b>100</b>	<b>88</b>	<b>100</b>	<b>87</b>	<b>100</b>

**Table 2: Interim Orders and Undertakings**

Order	2021	2022	2023	2024	2025
Interim suspension	14	22	13	11	8
Interim restrictions	9	19	6	0	5
Interim undertaking to cease practise	-	-	-	-	12
Interim undertaking to practise with restrictions	-	-	-	-	12
<b>Total</b>	<b>23</b>	<b>41</b>	<b>19</b>	<b>11</b>	<b>37</b>

<sup>2</sup> ICRC loses jurisdiction to conduct health inquiries for resigned or expired members.

## **Committee Members**

### **July to December 2025**

(current committee)

Maria Sheculski, PM, Chair  
Ashley-Chandni Ahuja, NP  
Hana Anjema, RN  
Antonia Tina Colarossi, RN  
Jerry Ding, NP  
Jessica Dugas, RN  
Catherine Galbraith, RN  
Terry Holland, RPN  
Nicole Krywionek, RN  
Rodolfo Lastimoso, Jr., RPN  
Sylvain Leduc, NP  
Scott Mumberson, RPN  
Fidelia Osime, PM  
Mary Ellen Renwick, RN  
Donna Rothwell, RN  
Diane Scott, PM  
Shelley Sheedy, RN  
Sherry Simo, RPN  
Wes Stryker, PM  
Patricia Sullivan, RN  
Diane Thompson, PM  
Amy Vandekemp, RPN  
Heather Whittle, NP

### **January to June 2025**

(2024-2025 committee)

Patricia Sullivan, 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, PM  
Donna Rothwell, RN  
Diane Scott, PM  
Maria Sheculski, PM  
Shelley Sheedy, RN  
Diane Thompson, PM  
Amy Vandekemp, RPN  
Heather Whittle, NP  
Jerry Ding, NP  
Scott Mumberson, RPN  
Wes Stryker, PM

## **Staff Contacts**

Carolyn Gora, Director, Professional Conduct  
Jeff Cook, Manager, Intake  
Alison Gorham, Team Lead, ICRC  
Maya Pearlston, Team Lead, ICRC

# 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 prohibited<sup>1</sup> 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 serve<sup>2</sup> 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 & 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

<sup>1</sup> Participation as a member of an expert working group or panel related to best practice is not a prohibited position

<sup>2</sup> Includes but is not limited to: employment, consulting, serving on a board, or volunteering

## 2026-2027 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)
Bankole, Doreen	Yes	Yes		Yes
Boudreau, Madison	Yes	Yes	<ul style="list-style-type: none"> <li>Nipigon District Memorial Hospital, Director of Quality</li> </ul>	Yes
Burke, Randall	Yes	Yes		Yes
Carmichael Pilon, Patti	Yes	Yes	<ul style="list-style-type: none"> <li>Blessed Sacrament Church, Member of Finance Committee</li> </ul>	Yes
Carpenter, Lynda	Yes	Yes		Yes
Cheuk, Wendy	Yes	Yes	<ul style="list-style-type: none"> <li>Michael Garron Hospital, Director of Nursing Practice and Education</li> <li>RNAO, BPSO working group</li> <li>Unity Health, Afterhours Manager</li> </ul>	Yes
Douglas, Sylvia	Yes	Yes		Yes
Gilchrist, Carly	Yes	Yes		Yes
Given, Lorne	Yes	Yes		Yes
Grewal, Geeta	Yes	Yes		Yes
Hillhouse, Todd	Yes	Yes		Yes
Hogard, Michael Allan	Yes	Yes	<ul style="list-style-type: none"> <li>Riverside Healthcare facilities, Staff Nurse</li> <li>Ministry of the Solicitor General, Staff Nurse</li> </ul>	Yes
Holland, Terry	Yes	Yes		Yes
Jha, Dheeraj	Yes	Yes		Yes
Kim, Fred	Yes	Yes		Yes
Ko, Jeffrey	Yes	Yes	<ul style="list-style-type: none"> <li>Niagara College Canada, Professor</li> </ul>	Yes
Lamsen, Alexis	Yes	Yes	<ul style="list-style-type: none"> <li>Conestoga College, Associate Professor</li> </ul>	Yes
Lane, Jeanette	Yes	Yes		Yes
Larmour, Sandra	Yes	Yes		Yes
Lastimoso, Jr., Rodolfo	Yes	Yes		Yes
Mathew, Jijo	Yes	Yes	<ul style="list-style-type: none"> <li>We Care4 U Staffing Solution, Director</li> </ul>	Yes
Melnyk, Nicole	Yes	Yes	<ul style="list-style-type: none"> <li>Carefor, Interim Director, Professional Practice and Clinical Excellence</li> </ul>	Yes
Mumberson, Christopher Scott	Yes	Yes		Yes
Neilipovitz, Kristen	Yes	Yes		Yes
Osime, Fidelia	Yes	Yes		Yes
Poonasamy, Lalitha	Yes	Yes		Yes
Rietze, Lori	Yes	Yes	<ul style="list-style-type: none"> <li>Canadian Association of Schools of Nursing, Faculty Member, Research and Scholarship Committee</li> </ul>	Yes
Scott, Diane	Yes	Yes		Yes
Sheculski, Maria	Yes	Yes		Yes
Stryker, Wes	Yes	Yes		Yes
Sullivan-Taylor, Patricia	Yes	Yes		Yes
Thompson, Diane	Yes	Yes		Yes
Viau, Sophie	Yes	Yes	<ul style="list-style-type: none"> <li>La Cité Collège, Contract Teacher RPN program</li> </ul>	Yes

Full name	Declaration (1, 2, 3)	No conflict of interest (4, 5, 6)	Possible conflict of interest positions (7)	Final confirmation and declaration of changes (8, 9, 10)
Wagg, Kimberly	Yes	Yes		Yes
Wilson, Shari	Yes	Yes		Yes