

Council Agenda

March 12, 2026

Thursday, March 12, 2026
9:00 a.m. to 3:25 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)	1. Land Acknowledgement	
9:05 a.m. (5 mins)	2. Agenda	Decision
	3. Call for Conflicts of Interest	
9:10 a.m. (15 mins)	4. Registrar & CEO Remarks	Information & Discussion
	5. Consent Agenda	
9:25 a.m. (10 mins)	5.1 Minutes of December 11, 2025, Council Meeting 5.2 Confirmation of Committee Appointment 5.3 Appointment of Statutory Committee Chairs 5.4 Appointment of Advisory Committee on Human Resources Members and Chair 5.5 Program Approvals <ul style="list-style-type: none"> • RN Prescribing Education Approvals 5.6 2025 Statutory Committee Annual Reports <ul style="list-style-type: none"> 5.6.1 Patient Relations Committee 5.6.2 Discipline Committee 5.6.3 Fitness to Practise Committee 	Decision

	<p>5.6.4 Inquiries, Complaints & Reports Committee</p> <p>5.6.5 Quality Assurance Committee</p> <p>5.6.6 Registration Committee</p>	
	6. Reports	
9:35 a.m. (50 mins)	<p>6.1 Finance & Risk Committee Report and Recommendations</p> <ul style="list-style-type: none"> • Draft Minutes of the February 19, 2026 Meeting • Unaudited year-end financial statements • Proposal to amend By-Law No. 2: Fees 	Decision
10:25 a.m.	Break	
	7. Strategic Items	
10:40 a.m. (70 mins)	7.1 2027-2031 Strategic Plan	Decision
	7.2 Strategic Plan Reporting 2021-2026	Information & Discussion
11:50 a.m. (25 mins)	<p>7.3 National Nurse Practitioner Framework</p> <p>7.3.1 Revoking Council Approval of NP Population-Specific Programs and Examinations</p> <p>7.3.2 Proposed Amendment to NP Standard</p> <p>7.3.3 Consultation Feedback on Proposed CNO By-law Amendments</p>	Decision
12:15 p.m.	Lunch	
1:00 p.m. (75 mins)	<p>8. Election of the Executive Committee</p> <p>Morgan Krauter, Chair of the Nominating Committee</p>	
2:15 p.m. (30 mins)	<p>9. Nominating Committee Report</p> <p>Morgan Krauter, Chair of the Nominating Committee</p> <ul style="list-style-type: none"> • Appointment of Statutory Committee Members 	Decision
2:45 p.m.	Break	
3:00 p.m. (5 mins)	10. Agenda Items Added by Council members	

3:05 p.m. (15 mins)	11. Registrar & CEO Remarks	Information & Discussion
3:20 p.m. (5 mins)	12. Dates of Upcoming Meetings <ul style="list-style-type: none"> • June 3 & 4, 2026 – In-person • September 23 & 24, 2026 – In-person • December 9 & 10, 2026 – Virtual 	Information
3:25 p.m.	13. Conclusion	

Information Items:

[2026 Council Election Update](#)

[Draft Minutes of February 19, 2026 Executive Committee Meeting](#)

[Draft Minutes of February 19, 2026 Governance Committee Meeting](#)

[Draft Minutes of February 19, 2026 Patient Relations Committee Meeting](#)

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



Council Annual Plan

	March 11 & 12, 2026	June 3 & 4, 2026	Sept. 23 & 24, 2026	Dec. 9 & 10, 2026
Regular Items	<p>Minutes: December Council February Executive Committee February Governance Committee</p>	<p>Minutes: March Council May Executive Committee May Governance Committee</p>	<p>Minutes: June Council August Executive Committee August Governance Committee</p>	<p>Minutes: September Council November Executive Committee November Governance Committee</p>
	<ul style="list-style-type: none"> ▪ CEO Remarks ▪ Finance & Risk Committee Report <ul style="list-style-type: none"> ▪ Unaudited year-end Financial Statements ▪ Fee by-law amendments ▪ Statutory Committee Annual Reports 	<ul style="list-style-type: none"> ▪ 2025 Annual Report ▪ CEO Remarks ▪ Finance & Risk Committee Report <ul style="list-style-type: none"> ▪ Unaudited statements ▪ 2025 Audited Financial Statements ▪ Fee by-law amendments ▪ 2026 Auditor appointment 	<ul style="list-style-type: none"> ▪ CEO Remarks ▪ Finance & Risk Committee Report <ul style="list-style-type: none"> ▪ Unaudited statements 	<ul style="list-style-type: none"> ▪ CEO Remarks ▪ Finance & Risk Committee Report <ul style="list-style-type: none"> ▪ Unaudited statements ▪ 2027 Budget
Strategic Items	<ul style="list-style-type: none"> ▪ 2027-2031 Strategic Plan ▪ Nursing Education Program Approvals (as required) ▪ Strategic Plan 2021-2026 Reporting ▪ National Nurse Practitioner Regulation Framework 	<ul style="list-style-type: none"> ▪ Nursing Education Program Approval (all programs) ▪ Strategic Plan Reporting <ul style="list-style-type: none"> ▪ Organizational Health ▪ National Nurse Practitioner Regulation Framework ▪ Standard of Practice ▪ Hearings Initiative Update 	<ul style="list-style-type: none"> ▪ Strategic Plan Reporting ▪ Nursing Education Approvals (as required) 	<ul style="list-style-type: none"> ▪ Strategic Plan Reporting <ul style="list-style-type: none"> ▪ Organizational Health ▪ Nursing Education Program Approvals (as required) ▪ Standard of Practice

Governance & Council Operations	<ul style="list-style-type: none"> ▪ Appointments: <ul style="list-style-type: none"> ▪ Appointment of Statutory Committee Members and Chairs ▪ Appointment of Advisory Committee on Human Resources Members and Chair ▪ Executive Committee Election 	<ul style="list-style-type: none"> ▪ Nominating Committee Report <ul style="list-style-type: none"> ▪ Appointment of Standing Committee Members ▪ Appointment of Nominating Committee Chair ▪ Council Development Plan 	<ul style="list-style-type: none"> ▪ Dates of Council meetings in 2027 	<ul style="list-style-type: none"> ▪ Update on Implementation of 2026 Governance Work Plan and Proposed Governance Work for 2027
Council Development	<ul style="list-style-type: none"> ▪ Council Effectiveness ▪ Environmental Scan and Current Regulatory Priorities 	<ul style="list-style-type: none"> ▪ Orientation for All Council Members: Governance and Regulation 	<ul style="list-style-type: none"> ▪ AI 	<ul style="list-style-type: none"> ▪ Orientation to CNO's Finances and Budget

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.¹ 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

¹ 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

December 11, 2025

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		S. Wilson
T. Hillhouse		

Regrets

H. Anyia	F. Kim	K. Wagg
C. Baretto	J. Mathew	
G. Fox	M. Sack	

Staff

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

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

Land Acknowledgement

D. Thompson shared a Land Acknowledgement statement.

Agenda

The agenda had been circulated.

Motion 1

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

That the agenda for the Council meeting of December 11, 2025 be accepted as circulated.

CARRIED

Conflicts of interest

R. Lastimoso Jr. asked that Council members review the agenda and declare if they have conflicts of interest for any of the items. No 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 the work that CNO has carried out over the past quarter and noted key opportunities ahead.

A brief discussion ensued which focused on collaboration between other health regulators and the Ministry of Health (MOH) regarding the College Performance Measurement Framework (CPMF). Staff confirmed that CNO engages regularly with MOH on regulatory and CPMF matters.

Consent Agenda

R. Lastimoso Jr. introduced the consent agenda. Council received briefing materials on all items included in the consent agenda. Council requested amendments to the draft minutes of September 18, 2025 Council meeting; therefore, the item was removed from the consent agenda.

Motion 2

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

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

That the following statutory committee appointments be confirmed:

- Antonia Tina Colarossi, NP, as an appointed committee member to the Inquiries, Complaints and Reports Committee (ICRC) until June 2027.

CARRIED

Finance & Risk Committee Report and Recommendations

V. Adetoye, Director, Business Services & Chief Financial Officer, joined the meeting. Council had received the report of the Finance & Risk Committee meeting of November 20, 2025. M. Hogard highlighted the report.

Unaudited Financial Statements

Council had received the unaudited financial statements for the nine-months ended June 30, 2025. M. Hogard reported that the surplus for the period is \$5.2M, which is \$2.0M higher than the budgeted surplus of \$3.2M.

Motion 3

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

That Council approve the unaudited financial statements for the nine-months ended September 30, 2025.

CARRIED

2026 Budget

Council had received the proposed 2026 Budget.

Motion 4

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

That Council approve the 2026 Budget.

CARRIED

Council requested clarification on host registrations of Interjurisdictional Nurse Licensure (INL) registrants and how this informed budget projections. S. Mills clarified that the definition of INL registrants have Ontario as host, with just over 3,000 registrants with CNO. The fees by-law was passed mid-year but back dated to beginning of 2025, so those

identified as INL were provided a rebate, so this information is accounted for. All types of registrations and applications were accounted for in the projections.

Council asked about inflation assumptions for developing the budget. V. Adetoye advised that 2% was deemed a reasonable assumption but will be reassessed and compared when developing the 2027 budget.

Stipend & Expense Policies Biennial Review

Motion 5

Moved by M. Hogard, seconded by S. Mumberson,

That Council approve the revisions to the Stipend and Expense policies, to come into effect on January 1, 2026.

CARRIED

Council reviewed the revised stipend and expense policies, including considerations for recording hours worked. Although the policy does not apply to public members, there was discussion around the distinctions between stipend amounts for public and nurse members. Staff highlighted discussions and collaboration with the Ministry of Health and other health regulators.

V. Adetoye left the meeting.

Strategic Plan 2021-2026 Reporting

Council received a report on the current Strategic Plan, with progress reported up to September 30, 2025. The plan will remain in effect through 2026, with work on the 2027-2031 Strategic Plan underway and scheduled to launch in 2027. The quarterly update included written reports on the three strategic outcomes and four pillars. S. Crawford highlighted the Strategic Outcomes dashboard and the dashboard showing the status of projects supporting the implementation of the Strategic Plan.

Council discussed the varying levels of the public's understanding about the role and mandate of CNO.

Council requested clarification about the Professional Conduct Remediation Dispositions C. Gora, Director, Professional Conduct, joined the meeting and identified that the measure reflects remedial dispositions as a proportion of cases where action was taken by the committee and excludes cases where no action was taken or that were resolved

through alternative dispute resolution. Suggestions were proposed by Council to enhance reporting clarity, such as adding a footnote to define remediation and considering additional data regarding cases proceeding to hearings to better reflect committee workload.

Council inquired about changes in the social media strategy, specifically the discontinuation of activity on X. E. Horlock, Director, People and Communications, joined the meeting and clarified CNO's decision-making process.

Council sought clarity on why the baseline for some dashboard measures differs from others. B. Knowles, Director, Analytics and Research, provided clarification that the baselines differ because of varying measurement periods, the timing of when measures were established, and differences in data inputs.

Professional Boundaries and Nurse-Client Relationships Standard

Council received briefing materials with information to support decision making regarding the revisions to a practice standard.

Motion 6

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

That the *Professional Boundaries and Nurse-Client Relationships* standard be approved by Council effective March 1, 2026.

CARRIED

National Nurse Practitioner Regulation Framework Implementation

Proposed New Registration Exam

Motion 7

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

That Council approve the new Regulatory Exam – Canadian Nurse Practitioner Licensure Exam (CNPLE) as the examination for registration as a Registered Nurse in the Extended Class on the date regulation amendments come into force.

CARRIED

Council engaged in a discussion on the CNPLE and its implications. Council noted that the previous exam was offered twice annually, but will now be available four times per year, and inquired about candidates needing to wait three months between sittings. S. Crawford identified that the timing of exam offerings was considered to align with graduation periods across Canadian schools, and the exam has been developed to reflect revised entry-level competencies for NPs nationwide. A. Brennan further noted that Council approval will be sought in 2026 regarding the number of permitted exam attempts, with plans to review evidence and planned practices across other Canadian jurisdictions.

Council inquired about the fairness and inclusivity of the exam, especially regarding diversity, equity, and inclusion (DEI) and assurances were provided by staff noting that exam questions are regularly reviewed by psychometricians for appropriateness. S. Crawford confirmed that DEI considerations are also part of the program approval process.

Council sought clarification about potential barriers to exam access, including the possibility of offering virtual sittings. S. Crawford identified that while Ontario currently requires in-person exams, remote options may be considered in the future, and a multi-faceted evaluation of the exam and related processes is planned.

The cost of the Canadian exam compared to other Council approved exams was also discussed. The content of the Canadian exam focusses on Canadian entry-level competencies and preparation for practice in diverse settings. A. McNabb, Manager, Program Design, noted a goal is to have NP candidates seeking registration in Canada write the Canadian exam. Staff highlighted that future Council decisions may include removing other exam options, with further discussion anticipated in 2026.

Proposed Amendments to CNO By-Laws

Motion 8

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

That Council approve the proposed amendments to CNO By-Laws No.1: General and No. 2: Fees, for a 60-day circulation period as per the requirement in the *Regulated Health Professions Act, 1991*.

CARRIED

Council discussed the proposed removal of the specialty designation from the Nurse Practitioner (NP) category and expressed general support for this change. The discussion also included consideration of the NP application fee, with Council highlighting the

importance of maintaining flexibility for future fee adjustments. S. Mills clarified that fees applicable for 2026 would remain in effect for subsequent years unless updated, and any changes to fees would require Council approval. Council discussed whether fee changes could be implemented without requiring Council approval each time. Staff explained that under the legislation, any changes to fees must be addressed through by-law amendments, which include a required circulation and approval process.

Hearings Initiative

Council received a discussion note regarding the proposed initiative to include persons with professional adjudication skills (PA skills) to the composition of Discipline and Fitness to Practise (FTP) panels. V. Adetoye, Director, Business Services & Chief Financial Officer, and M. Burstyn, Manager, Hearings, joined the meeting.

Council discussed the inclusion of non-elected, appointed members on decision-making committees, noting differences in disciplinary structures across various Colleges and exploring the underlying causes for delays in the process. S. Mills provided clarification and noted that the proposed changes aim to maximize committee resources to address expected increases in hearing volumes and ensure decisions are made promptly in the public interest. Council requested clarification about pilot evaluation mechanisms and whether a cost analysis had been completed since the previous update. V. Adetoye shared that a high-level cost estimate suggested expenses could be offset due to less frequent use of Independent Legal Counsel (ILC), though a complete analysis has yet to be finished and further evaluation will occur throughout each phase of the pilot. Staff also highlighted that the pilot is intended to supplement, as opposed to replace CNO's current process.

Council suggested CNO make the evaluation iterative, informing subsequent steps. There was a request for additional information on the experiences of other jurisdictions, steps, engagement with Discipline and Fitness to Practise (D/FTP) committee members, and exploration on the development of PA skills. Council inquired about the appointment process.

As a result of the Council discussion, next steps will include collecting information with a report back.

V. Adetoye and M. Burstyn left the meeting.

Update on Implementation of 2025 Governance Work Plan and Proposed Governance Work for 2026

R. Lastimoso Jr. noted that many of the items in the progress check section that were prioritized by Council in 2025 were completed. It was identified that development of CNO's 2027-2031 Strategic Plan and the third-party evaluation of Council's effectiveness are on schedule and will be addressed in March 2026.

Draft Minutes of September 18, 2025 Council Meeting

Council reviewed the draft minutes and identified two areas for discussion. Edits to the minutes were proposed and reviewed. Council was in agreement with the proposed revisions.

Motion 9

Moved by M. Sheculski, seconded by L. Given

That the minutes of the Council meeting of September 18, 2025, be approved, as amended.

CARRIED.

Registrar & CEO Closing Remarks

S. Crawford expressed appreciation to Council for the engagement. She wished Council members all the best as 2025 comes to a close and highlighted the exciting work that lies ahead for the March 2026 Council meeting and beyond.

Next Meeting

R. Lastimoso Jr. identified that the next meeting will be March 11 and 12, 2026. He informed Council that the meeting will be virtual.

Conclusion

At 3:36 p.m. on conclusion of the agenda.

Motion 9

Moved by W. Cheuk, seconded by A. Lamsen,

That the December 2025 Council meeting conclude.

CARRIED.

Confirmation of Committee Appointment

Decision note – March 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 one statutory committee appointment.

Motion:

That Council confirm the appointment of Dheeraj Jha, Public Member of Council to the Inquiries, Complaints & Reports Committee.

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 qualified members to ensure they can carry out their mandates effectively.

Background

The Inquiries, Complaints & Reports Committee (ICRC) has the required five public members in accordance with [Article 18.01 of By-Law No. 1: General](#). The addition of a sixth public member would support ongoing Public Member participation in the panels.

At its meeting on February 19, 2026, the Executive Committee approved an appointment on the ICRC. In accordance with Article 31.05 of By-Law No. 1: General, Council is being asked to confirm this appointment.

Appointment of Statutory Committee Chairs

Decision note – March 2026 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose and action required

To support effective leadership of statutory committees.

Motion:

That, based on the recommendation of the Executive Committee, Council appoint 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

Background

In accordance with [Article 30.05 of By-Law No. 1: General](#), chairs of statutory committees, other than the Executive Committee and Patient Relations Committee are appointed by Council annually in March on the recommendation of the Executive Committee.

Statutory committees perform essential regulatory functions, with powers and accountabilities set out in legislation. Their processes are complex, and members require time to become fully effective. Committee chairs have additional responsibilities, making experience and demonstrated leadership particularly important.

Chairs are recommended based on the completion of a chair profile that outlines the required competencies and attributes ([Attachment 1](#)). All continuing Council members were invited to put their names forward for consideration. Interested Council members completed a self-assessment against the identified competencies through an online application administered by a third-party vendor.

As a result of this process, the Executive Committee recommends the proposed statutory committee chair appointments for Council approval.

Attachments

1. [Statutory Committee Chair Profile](#)

Attachment 1

Statutory Committee Chair Profile

The governance competencies and attributes identified for the Statutory Committee chairs are largely drawn from the work performed by GSI on the Statutory Committee competencies as well as the focus groups with staff and current chairs conducted the summer of 2023

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

Competency Description	
1.	Familiarity and understanding of the regulatory and procedural process, including relevant rules of order and committee decision-making. Is experienced in the oversight of, and understands standards associated with, self-regulated professions.
2.	Is well versed in matters related to patient rights, including but not limited to, the abuse of patients and boundary violations.
3.	An individual with credibility based on experience working with diverse teams and marginalized or vulnerable client groups; understands and respects individual differences; demonstrates cultural fluency and creates an inclusive environment.
4.	Strong understanding of governance roles and responsibilities' issues and trends gained through prior chair/board experience, and/or governance education such as ICD.D (Institute of Corporate Directors), Pro Dir (Professional Director Inc) or C. Dir (Director's College).

II. Functional Skills Competencies (What Do You Know?)

Competency Description	
1.	Demonstrated proactive, continuous and systemic approach to understanding and overseeing risks relevant to the committee's mandate, such as risks associated with public interest, client safety and human rights fairness.
2.	Experience in locating, critically appraising, interpreting, synthesizing, weighing, evaluating and using evidence from qualitative and quantitative paradigms, including expert advice received in a hearing.
3.	A confident and professional facilitator with the demonstrated ability to use technology effectively while leading the committee through the decision-making process.
4.	Demonstrated skills and ability to facilitate constructive dialogue and lead others to solve problems, manage change, innovate and achieve outcomes. Flexible and can adjust coaching style to meet the needs of individuals and the team collectively.
5.	Understanding of the post-secondary nursing educational system in Canada, internationally and the relationship to the College.
6.	Familiarity and understanding of committee roles and responsibilities, current policy, issues and trends gained through previous committee and/or chair experience.

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

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

IV. Character Attributes (Who are you?)

	Attribute	Description
1.	Communicator	Able to communicate clearly, concisely and accurately, verbally and in writing.
2.	Constructive	Able to build relationships being constructive and helpful rather than destructive.
3.	Emotionally Mature	Self aware; professional; able to understand and skillfully manage emotions especially when faced with conflict and confrontation.
4.	Fiduciary	Passion for the public interest, commitment and drive; service leadership; putting others' interests first.
5.	Inclusive	Empathetic; aware of and respects equality, diversity, social and cultural issues and differences. A place for everyone's voice.
6.	Continuous	Willingness to learn and develop and apply what they have learned to the best interests of the public,
7.	Listener	Effective and active listener; able to listen to understand rather than simply to respond.
8.	Proactive	Proactive and anticipatory rather than reactive and responsive.
9.	Strategic	Able to move beyond the details to envision the grander future; is a strategic thinker.
10.	Adaptable	Able to adapt easily and quickly to changing evidence and environments; demonstrates cognitive flexibility.
11.	Forthright	Able to present an unpopular or controversial position in the face of opposition or opposing views.
12.	Professional Judgement	Able to think critically.
13.	Astute	Able to apply their knowledge in the context of Board/Committee level decision-making and leadership.
14.	Problem Solver	Able to evaluate complex issues and to make effective decisions (find solutions).
15.	Systems-level Thinker	Able to conceptualize on a systems level and communicate this understanding to others.
16.	Adaptable/Agile	Able to adapt easily and quickly to changing evidence and environments, cognitively flexible.

Appointments to the Advisory Committee on Human Resources

Decision note – March 2026 Council

Contact for questions or more information

Stephen Mills, Chief Operating Officer

Purpose and action required

Joe Nunes' membership on the Advisory Committee on Human Resources is ending June 2029; he is also the current Chair of the Advisory Committee. J. Nunes is eligible for reappointment for both the membership and Chair positions.

Motion:

1. That Joe Nunes be reappointed as a member of the Advisory Committee on Human Resources until June 2029.
2. That Joe Nunes be reappointed as the 2026-2027 Chair of the Advisory Committee on Human Resources.

Background

The [Advisory Committee on Human Resources](#) acts as a neutral and expert resource to support CNO in meeting its goal of being an employer of choice by advising the Registrar & CEO and the Finance & Risk Committee on compensation-related practices for staff, Council, and committee members, as well as human resource best practices. Members of the Advisory Committee are appointed based on meeting the competencies required for the committee ([Attachment 1](#)).

According to the Terms of Reference of the Advisory Committee, its members are recommended to Council by the Finance & Risk Committee and its chair is recommended to Council by the Executive Committee. The Chair of the Advisory Committee is an ex officio member of the Finance & Risk Committee.

In considering J. Nunes' background and the competencies required by the members of the Advisory Committee, the Finance & Risk Committee is recommending that he is reappointed for another term, until June 2029. If reappointed, the Advisory Committee will be fully constituted with 5 members.

J. Nunes is also the current Chair of the Advisory Committee and is eligible for reappointment. The Executive is recommending his reappointment as Chair of the Advisory Committee given his experience, tenure on the Committee and competencies.

Current members of the Sub-Committee are:

Joe Nunes	Current term ends June 2026
Shelly Rae	Current term ends June 2027
Morgan Bello	Current term ends June 2027
Craig Halket	Current term ends June 2027
Bob Canuel	Current term ends June 2028

Attachments

1. [Competency model and evaluation scale](#)

Advisory Committee on Human Resources Competency Model

RANKING	COMPETENCY	ATTRIBUTES
1	Relevant professional experience related to compensation	<p>Can evaluate an overarching compensation philosophy using knowledge of and experience with salary administration, and pension and benefit plan design</p> <p>Understands and considers risk management factors that are relevant to compensation</p> <p>Understands and considers appropriate market trends in compensation and external benchmark comparisons</p> <p>Demonstrates familiarity with best practices in attraction and retention and talent management</p>
2	Governance	<p>Applies principles of good governance, separating board oversight from management's administration</p> <p>Provides feedback and recommendations that are in the best interests of the organization as a whole; subjugates personal interests in favour of those of the organization</p>
3	Personal effectiveness	<p>Leadership – contributes to a clear and appropriate sense of direction; promotes and engages in healthy conflict in the interests of providing the best possible input</p> <p>Teamwork – contributes to the surfacing of all relevant perspectives, and effective and healthy discussion; recognizes and leverages the contributions of other members to the discussion; focuses the discussion on relevant material and guides it away from red herrings or minutia; in the absence of extraordinary circumstances, prepares for, attends and actively participates in all meetings and discussions</p> <p>Communication – applies active listening skills to draw out and consider all relevant perspectives; expresses self in a clear, concise and logical manner</p>

RANKING	COMPETENCY	ATTRIBUTES
		<p>Strategic Thinking – applies synthesis to consider the organization's position in its employment market</p> <p>Critical Thinking – assesses information and situations logically; demonstrates flexibility in developing multiple alternative solutions; can develop novel, innovative and aspirational solutions</p> <p>Objective Problem-Solving – seeks and relies on facts; applies professional skepticism to determine the reliability of facts before relying on them; demonstrates awareness of and tempers personal biases; balances facts and intuition; subjects proposed solutions to “the common-sense test”; provides input that is practical</p> <p>Continuous Learning – Demonstrates awareness of “what they don’t know” and develops knowledge and skill and/or relies on colleagues’ knowledge and skill to close significant gaps; continuously participates in continuing education regarding the organizational context</p>
4	Environmental knowledge	Demonstrates knowledge of the compensation environment with the College’s market, that includes the regulatory and broader public sectors
5	Business acumen	<p>Identifies issues that may impact, and makes recommendations that protect, the College's reputation</p> <p>Avoids and prevents conflicts of interest or biases</p> <p>Encourages policies and practices to protect a healthy workplace culture</p> <p>Demonstrates financial literacy associated with administration of pension and benefit plans, and ensures impact of compensation plans is included in overall considerations</p>

Approval of RN Prescribing Education

Decision note – March 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 the approval of two new RN prescribing education offerings in Ontario.

Findings from CNO's review of both Conestoga College's RN Prescribing continuing education course (motion 1) and the University of Ottawa's baccalaureate program integrating RN Prescribing education (motion 2) are provided in [Attachment 1](#).

Motions

1. That Council approve Conestoga College's: Registered Nurse (RN) Prescribing course.
2. That Council provide preliminary approval for the University of Ottawa's new: Honours Bachelor of Science Nursing with RN prescribing.

Public interest rationale

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

The program approval mechanism enables rigorous assessment of RN prescribing education to ensure that learners have the knowledge, skill, and judgment to practise safely within the RN prescribing scope of practice. The [competencies](#) required for RNs to safely prescribe medications and communicate diagnoses for the purpose of prescribing build on the baccalaureate-entry-level competencies expected of RNs in Ontario.

Legislation

Regulation 275/94 under the *Nursing Act, 1991* include the following requirement:

To be eligible to prescribe medication, an RN must have "successfully completed education approved by the Council that was specifically designed to educate registered

nurses to safely, effectively and ethically prescribe drugs and communicating diagnoses” for the purpose of prescribing a drug [Subsections 16.1(4) and (5)].

Background

In June 2025, Council provided policy approval allowing greater flexibility in how RN prescribing curriculum is delivered in Ontario. In addition to “post-RN” education that had been in place since 2024, Council decided it would also consider approval of RN prescribing education offered as either a standalone program or integrated into a broader RN education program delivered either before or after RN registration in the General Class.

Graduates who complete a baccalaureate nursing program with approved RN prescribing education will be authorized to prescribe after they are registered with CNO in the General Class. RNs who complete an approved RN prescribing continuing education course will be authorized to prescribe upon successful completion of the course.

Program Approval Process

Proposed nursing programs with integrated RN prescribing follow the preliminary review process outlined in the [Program Approval Framework \(PAF\) and Policy](#).

Post RN (continuing education) courses are reviewed using a relevant subset of program and curriculum review indicators from the PAF ([Attachment 2](#)).

Undergraduate Nursing Programs Integrating RN Prescribing:

All current Council-approved undergraduate nursing programs that plan to integrate RN Prescribing must undergo preliminary approval of their **new** integrated program before admitting students. The preliminary approval review includes a detailed assessment of the program’s current curriculum and the RN prescribing competencies. Approval for integrated nursing programs with RN prescribing occurs the year after the initial cohort graduates and includes a full, comprehensive review.

RN Prescribing Continuing Education:

All RN prescribing continuing education must receive full approval before students are admitted. The approval review includes a detailed assessment of the RN prescribing indicators ([Attachment 2](#)) and competencies.

Analysis/considerations

The outcomes of the staff reviews are in [Attachment 1: Approval Recommendations of RN Prescribing Education in Ontario](#).

Next steps

Following Council’s decisions, CNO will:



- Provide a letter to the programs addressing the program approval status
- Post the approval status on CNO's website

Attachments

- [Attachment 1: Approval Recommendations of RN Prescribing Education in Ontario](#)
- [Attachment 2: RN Prescribing Continuing Education Program Approval Indicators](#)

Attachment 1 – Approval Recommendations of RN Prescribing Education in Ontario

Baccalaureate Degree with Integrated RN Prescribing

Institution	Program Name	CNO Program Category	Indicator 4: Curriculum	Approval Status Recommendation
University of Ottawa	Honours Bachelor of Science Nursing* with RN Prescribing	Direct Entry Full	Met	Preliminary Approval

*Program name from University of Ottawa does not denote integrated RN Prescribing

RN Prescribing Continuing Education

Institution	Program Name	Indicator 1 Program Description	Indicator 2: Program Governance	Indicator 3: Program Curriculum	Indicator 4: Curriculum Review Structure	Indicator 5: Clinical Placements, Preceptors and Simulation	Approval Status Recommendation
Conestoga College	Registered Nurse (RN) Prescribing	Met	Met	Met	Met	Met	Approved

Attachment 2: RN Prescribing Continuing Education Program Approval Indicators

1. Approval Indicators Overview

RN Prescribing Education program approval is based on the overall rating achieved for each of the approval indicators. Schools are required to describe and demonstrate how the programs meet each indicator requirement.

2. Indicator Review

Each indicator needs to be fully met for the program to be Approved status.

3. Overall Approval Rating

For RN Prescribing Education programs, only one approval status is granted.

Status: Approved. This indicates that the RN Prescribing program has been assessed and met all indicator requirements.

CNO REGISTERED NURSE (RN) PRESCRIBING EDUCATION PROGRAM APPROVAL SCORECARD	
RN Prescribing Education Indicators	Met/Unmet
Program Description (Indicator 1)	
<i>An overview of the RN Prescribing education and how it will support RNs obtain the competencies necessary to communicate diagnoses for the purpose of prescribing safely, ethically, and effectively.</i>	<i>Met/Unmet</i>
Program Governance (Indicator 2)	
<i>The governance structure for the delivery of RN prescribing education including collaborative partners, as part of a consortium and/or across multiple delivery sites as applicable.</i>	<i>Met/Unmet</i>
Program Curriculum (Indicator 3)	
<i>Completed RN Prescribing Education Curriculum Map and descriptions of all courses across the program.</i>	<i>Met/Unmet</i>
Program Curriculum Review Structure (Indicator 4)	
<i>The RN prescribing education curriculum development and review process</i>	<i>Met/Unmet</i>
Clinical Placements and Preceptors (Indicator 5)	
<i>The coordinated approach to safe clinical placements, preceptorship and simulation that meets program objectives.</i>	<i>Met/Unmet</i>
All Indicators	Met/Unmet

Patient Relations Committee

2025 Annual Report

Introduction: Role of the Committee

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

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

Executive Summary

Patient Relations Program

CNO has several resources aimed to prevent and deal with sexual abuse. They are geared to support system partners including members of the public, nurses and employers. Many were reviewed, updated and circulated to registrants and system partners in 2024 through a [Dear CNO article](#) which highlighted CNO resources as well as through [LinkedIn](#), [Facebook](#) and [Instagram](#).

Related to CNO's resources, two changes took place in 2025:

- Council approved a revised standard which takes effect March 1, 2026: *Professional Boundaries and Nurse-Client Relationships*. The revised standard provides clarity related to boundaries that were not explicit in the previous version including associated with sexual abuse.
- Some of CNO's sexual abuse resources link to nurses' wellbeing. CNO has a new [Mental Health Resources for Nurses](#) webpage. The mental health resource page contains resources that support nurses' ability to establish boundaries and provide safe client care.

In 2025, overall page views increased significantly, with:

- sexual abuse information and resources on cno.org developed for members of the public viewed nearly 4,000 times (almost double the views from 2024);
- funding for counselling viewed over 300 times (similar to 2024); and
- resources for nurses and other system partners viewed over 30,000 times (about 10,000 more times than 2024).

Request for funding

In accordance with Ontario law, the Committee administers a funding program for therapy and counselling for patients who are named in a sexual abuse complaint or

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

The RHPA and regulations under the RHPA detail eligibility. The legislation also specifies the amount of funding and the period of time within which funding may be provided. In 2025, three application packages were sent with no formal requests for funding received. Requests vary year over year. Some years, there are no requests. Comparably, there were four requests in 2024.

Committee Members

January to June 2025

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

July to December 2025

Rodolfo Lastimoso Jr., RPN, Chair
Jerry Ding, NP
Michael Hogard, RPN
Maria Sheculski, PM
Diane Thompson, PM

Staff Contacts

Angie Brennand, Director, Strategy
Veronica Adetoye, Director, Business Services & CFO



Discipline Committee 2025 Annual Report

Introduction: Role of the Committee

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

Executive Summary

A. Panel Activities

1. Completed Matters¹ (Table 1)

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

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

In 2025, Discipline Committee panels made findings of professional misconduct in 77 matters involving 77 nurses. Two matters were withdrawn. In addition, one matter was stayed and no further action is being taken. One reinstatement request was abandoned. In total, 81 matters were completed in 2025.

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

Fifty-seven matters were completed by panels accepting agreed statements of facts and/or joint submissions on order presented by the College and the nurse. This represents 70.4% of all completed matters. On average, 0.6 hearing days² were required per matter.

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

² A hearing day is approximately seven hours.

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

Twenty contested matters, involving a total of 26.0 hearing days, were completed. The number of hearing days for completed contested matters ranged from 0.5 days to 4.0 days with an average of 1.3 hearing days per matter.

(c) Penalty Orders (Table 4)

Discipline Committee panels made penalty orders in 77 matters where findings of professional misconduct were made. The penalties that were ordered included:

- 10 revocations;
- 60 suspensions;
- 60 terms, conditions and limitations;
- 76 reprimands

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

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

Discipline Committee panels met on 109.5 days for hearings, and 13 days for deliberation and decision-writing for a total of 122.5 days. The days were distributed among 93 matters as follows:

- Sixty-seven days for 80 matters completed in 2025. These days include 61.75 hearing days, 2.5 days to hear a procedural motion in a completed matter, 0.5 days to hear two motions to withdraw allegations in two matters, 0.5 days to hear a motion to stay a proceeding and 1.75 days for deliberation and decision writing.
- Fifty-five and a half days for 13 matters that are continuing in 2026. These days include 44.25 hearing days and 11.25 days for deliberation and decision writing for 3 of those matters.

The administration of reprimands commonly occurs immediately following hearings, and the time spent on this administration is included in the calculation of hearing days. In 2025, the Discipline Committee spent an additional two days administering reprimands at eight proceedings specifically convened for that purpose.

3. Release of Decision and Reasons (Table 6)

For non-contested hearings, the Discipline Committee usually delivers its decision on the day of the hearing or within 24 hours after the conclusion of the hearing.

Subsequently, the Committee releases its written reasons for decision (“reasons”).

The Discipline Committee released 73 written reasons in 2025, some of which related to matters that were heard in 2024. The Discipline Committee Guidelines, effective January 1, 2025, set out that the Committee aims to release written reasons for non-contested hearings within 90 days of the conclusion of the hearing; for contested hearings within 120 days of the conclusion of the hearing; and for penalty hearings within 90 days of the conclusion of the penalty hearing. The time for the release of the written reasons can be impacted by the volume and length of hearings, the number of contested matters heard and the complexity of the legal and evidentiary issues in those contested matters, and logistical issues, such as the availability of panel members.

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

In 32 non-contested matters, the written reasons were released in 90 days or less.

In 22 non-contested matters, the written reasons were released in 91 days or more.

(b) Released decisions and reasons for contested matters

In eight contested matters, the written reasons were released in 120 days or less. In seven contested matters, the written reasons were released in 121 days or more.

(c) Released decisions and reasons on penalty for contested matters

No contested matters had written reasons on penalty released in 90 days or less. In four contested matters, the written reasons on penalty were released in 91 days or more.

B. Committee Activities

1. Matters in Progress (Table 7)

The number of matters in progress at December 31 varies from year to year due to:

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

On December 31, 2025, 159 matters were in progress at various stages of the discipline process. Thirteen hearings were ongoing. Twenty-three matters were

scheduled for pre-hearings and 66 matters were scheduled for hearings for 2026. Eighteen pre-hearings were to be scheduled and 10 hearings were in the process of being scheduled. Decision-writing was underway for 27 matters. Two hearings were adjourned.

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

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

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

(a) Referral to Pre-Hearing (Table 8)

Of the 73 matters where pre-hearings were completed in 2025, 14 matters (19.2%) had pre-hearing conferences held within four months or less from the date of referral. The majority (76.7%) of pre-hearings were completed within 5 to 9 months.

(b) Referral to Commencement of Hearing (Table 9)

Of the 81 hearings that were scheduled in 2025, 16 hearings (19.8%) were scheduled in nine months or less from the date of referral from the ICRC and 15 (18.5%) hearings were scheduled between 10 and 12 months. 50 hearings (61.7%) were scheduled 13 months or more from the referral date.

(c) Referral to Conclusion of Hearing (Table 10)

The average number of months from the ICRC's referral to the conclusion of a non-contested hearing was 15.9 months, with a range of five to 36 months. The average number of months from referral to the conclusion of a hearing for contested matters was 24.4 months, with a range of nine to 67 months.

C. **Discipline Committee Meetings**

Orientation sessions were held for new Committee members in January, March, April, June and October. The Discipline Committee & Fitness to Practise Committee

met jointly on May 8 & 9 and October 23 & 24 for general orientation and education of Committee members. The May meeting was held in person while the October meeting was held virtually. As part of the education on October 24, a guest speaker made a presentation to Committee members on Trauma-Informed Adjudication. A Pre-Hearing and Panel Chair's Workshop was held on August 22 for Committee members in those roles.

On November 6, nine Committee members attended the "Conducting a Discipline Hearing Advanced Workshop" hosted virtually by the Health Profession Regulators of Ontario (HPRO).

Committee members:

July to December 2025

(current committee)

Michael Hogard, RPN, Chair
Doreen Bankole, RN
Clinton Baretto, NP
Simon-Matthew Bate, NP
Randall Burke, PM
Patricia Carmichael Pilon, PM
Lynda Carpenter, PM
Wendy Cheuk, RN
Erin Cowan, RN
Tanya Dion, RN
Sylvia Douglas, PM
Grace Fox, NP
Carly Gilchrist, RPN
Lorne Given, PM (from September 2025)
Geeta Grewal, RN
Aleksandra Grzeszczuk, RN
Lynn Hall, RN
Tammy Hedge, RPN
Nermen Helles, RN
Jane Hess, RN
Todd Hillhouse, PM
Samuel Jennings, RPN
Fred Kim, RN
Jeffrey Ko, RN
Morgan Krauter, NP

January to June 2025

(2024-2025 committee)

Lalitha Poonasamy, PM, Chair
Simon-Matthew Bate, NP
Randall Burke, PM (from February 2025)
Patricia Carmichael Pilon, PM
Lynda Carpenter, PM
Tina Colarossi, NP
Erin Cowan, RN
Tim Crowder, PM (till March 2025)
Tanya Dion, RN
Jean-Laurent Domingue, RN
Lisa Donnelly, RN
Sylvia Douglas, PM
David Edwards, RPN
Grace Fox, NP
Tomoko Fukushima, RN
Carly Gilchrist, RPN
Lynn Hall, RN
Tyler Hands, RN
Tammy Hedge, RPN
Jane Hess, RN
Todd Hillhouse, PM (from June 2025)
Nazlin Hirji, RN
Michael Hogard, RPN
Carly Hourigan, PM
Samuel Jennings, RPN

**Committee members (contd.):
July to December 2025
(current committee)**

Amrutha Kumar, RN
Jeanette Lane, NP
Sandra Larmour, PM
Sarah Louwagie, RPN
Shannon Mantha, RN
Jijo Mathew, RN
Jane Mathews, RN
Ahamad Mohammed, RPN
Kerrie Naylor, RPN
Patrycja Nowicka-Bujko, RPN (till May 2025)
Lalitha Poonasamy, PM
Dayna Porco, RPN
Susan Roger, RN
Mark Sack, PM
Monica Seawright, RPN
Matthew Secord, RN
Samina Shahnawaz, RPN
Andrew Sharpe, NP
Emilija Stojsavljevic, RPN
Sherry Szucsko-Bedard, RN
Jacqueline Vlahos, RN
Kimberly Wagg, RPN
Shari Wilson, PM

**January to June 2025
(2024-2025 committee)**

Jeffrey Ko, RN
Morgan Krauter, NP
Amrutha Kumar, RN
Sandra Larmour, PM
Sarah Louwagie, RPN
Mary MacNeil, RN
Shannon Mantha, RN
Jijo Mathew, RN
Jane Mathews, RN
Ahamad Mohammed, RPN
Edsel Mutia, RN
Kerrie Naylor, RPN
Shakhnoz Niezova, RN
Patrycja Nowicka-Bujko, RPN
Dayna Porco, RPN
Susan Roger, RN
Mark Sack, PM (from June 2025)
Monica Seawright, RPN
Matthew Secord, RN
Andrew Sharpe, NP
Emilija Stojsavljevic, RPN
Sherry Szucsko-Bedard, RN
Jacqueline Vlahos, RN
Kimberly Wagg, RPN
Shari Wilson, PM (from February 2025)

Staff contacts:

Marla Burstyn, Manager, Hearings
Kurt Maben, Hearings Administration Coordinator
Rebecca Glass, Decision Editor and Hearings Analyst
Lesley Wright, Hearings Administrator
Adrienne Kang, Hearings Administrator
Saad Siddiqui, Hearings Administrator
Vipa Pandya, Hearings Assistant

STATISTICAL TABLES

A. Panel Activities

Table 1. Completed matters

Matters with:	2021		2022		2023		2024		2025	
	#	%	#	%	#	%	#	%	#	%
Findings	46	97.9	75	94.9	69	88.5	63	92.6	77	95.1
All allegations withdrawn	1	2.1	3	3.8	6	7.7	3	4.4	2	2.5
All allegations dismissed	0	0.0	0	0.0	2	2.6	0	0.0	0	0.0
Reinstatement Abandoned	0	0.0	1	1.3	1	1.2	0	0.0	1	1.2
Stay of Proceeding	0	0.0	0	0.0	0	0.0	2	3.0	1	1.2
Total	47³	100	79	100	78	100	68	100	81	100

Table 2. Types of completed matters

Completed cases	2021		2022		2023		2024		2025	
	#	%	#	%	#	%	#	%	#	%
Non-contested matters	36	76.6	73	92.4	60	76.9	53	77.9	57	70.4
Contested matters	10	21.3	2	2.5	11	14.1	10	14.7	20	24.7
All allegations withdrawn	1	2.1	3	3.8	6	7.7	3	4.4	2	2.5
Reinstatement Abandoned	0	0.0	1	1.3	1	1.3	0	0.0	1	1.2
Removal of Information Abandoned	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Stay of Proceeding	0	0.0	0	0.0	0	0.0	2	3.0	1	1.2

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

Total	47⁴	100	79	100	78	100	68	100	81	100
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Table 3. Hearing days⁵ in 2025 for Completed matters

Completed matters	Matters	Total days	Min. days/case	Max. days/case	Average days/case
Non-contested matters	57	38.25	0.25	1.0	0.6
Contested matters	20	26.00	0.50	4.0	1.3
All allegations withdrawn matters	2	0.50	0.25	0.25	0.25
Stay of proceeding	1	0.50	0.50	0.50	0.50
Total	80	65.25	-	-	-

Table 4. Penalty Orders

Penalty Types	2021		2022		2023		2024		2025	
	#	%								
Reprimand	46	39.7	74	34.6	69	37.1	63	36.5	76	36.9
Suspension	32	27.6	67	31.3	55	29.6	53	30.6	60	29.1
Terms, conditions, limitations	32	27.6	67	31.3	55	29.6	53	30.6	60	29.1
Revocation	6	5.1	4	1.9	6	3.2	4	2.3	10	4.9
Fine	0	0.0	2	0.9	1	0.5	0	0.0	0	0.0
Total	116	100	214	100	186	100	173	100	206	100
No. of matters with penalty orders	46		75		69		63		77	

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

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

Table 5. Hearing and deliberation/decision-writing days

Activity days	2021		2022		2023		2024		2025	
	#	%	#	%	#	%	#	%	#	%
Hearings (including ongoing matters)	55.25	97.0	72.00	97.6	78.75	90.0	110.25	92.7	109.50	88.0
Hearing - Removal of Information Request	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Reinstatement hearings	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Deliberation/decision-writing	1.25	2.1	0	0.0	6.0	6.9	8.5	7.1	13.00	10.4
Administering Reprimands	0.5	0.9	1.75	2.4	2.75	3.1	0.25	0.2	2.00	1.6
Total	57.0	100	73.75	100	87.50	100	119.00	100	124.50	100
No. of matters	47		83		87⁶		80		95⁷	

Table 6. Time from conclusion of hearing to release of decision and reasons in non-contested and contested matters

Time	2021		2022		2023		2024		2025	
	#	%	#	%	#	%	#	%	#	%
Non-contested 90 days or less	16	28.1	26	47.3	11	22.4	5	6.8	32	59.3
Non-contested 91 days or more	41	71.9	29	52.7	38	77.6	68	93.2	22	40.7
Total	57	100	55	100	49	100	73	100	54	100
Contested 120 days or less	5	35.7	1	33.3	0	0.0	0	0.0	8	53.3
Contested 121 days or more	9	64.3	2	66.7	5	100	11	100	7	46.7
Total	14	100	3	100	5	100	11	100	15	100
Contested Penalty 90 days or less	0	0.0	1	100	0	0.0	0	0.0	0	0.0
Contested Penalty 91 days or more	1	100	0	0.0	0	0.0	1	100	4	100
Total	1	100	1	100	0	0.0	1	100	4	100

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

⁷ Includes 2 reprimands for matter with penalty orders prior to 2025

B. Committee Activities

Table 7. Matters in progress on December 31, 2025

Matter Status	2021		2022		2023		2024		2025	
	#	%	#	%	#	%	#	%	#	%
Pre-hearing to be set	58 ⁸	54.2	47	35.6	26	16.4	43 ⁹	25.6	18	11.3
Pre-hearing scheduled	6	5.6	14	10.6	22	13.8	44	26.2	23	14.5
Hearing to be set	4	3.7	8	6.0	18	11.3	9	5.4	10	6.3
Hearing scheduled	13	12.2	31	23.5	41	25.8	34	20.2	66	41.5
Hearing in progress	1	0.9	3	2.3	3	1.9	10	5.9	13	8.2
Deliberation	0	0.0	0	0.0	2	1.3	3	1.8	0	0.0
Decision-writing	11	10.3	26	19.7	42	26.4	21	12.5	27	16.9
To be determined	1	0.9	0	0.0	0	0.0	0	0.0	0	0.0
Adjournment	13	12.2	3	2.3	5	3.1	4	2.4	2	1.3
Total	107	100	132	100	159	100	168	100	159	100

Table 8. Time from referral to pre-hearing

Time	2021		2022		2023		2024		2025	
	#	%	#	%	#	%	#	%	#	%
4 months or less	17	50.0	16	27.1	2	5.1	4	9.5	14	19.2
5-9 months	16	47.1	42	71.2	28	71.8	30	71.4	56	76.7
10-12 months	0	0.0	1	1.7	9	23.1	3	7.1	1	1.4
13 months or more	1	2.9	0	0.0	0	0.0	5	12.0	2	2.7
Total	34	100	59	100	39	100	42	100	73	100

Table 9. Time from referral to commencement of hearing

Time	2021		2022		2023		2024		2025	
	#	%	#	%	#	%	#	%	#	%
9 months or less	42	79.2	32	46.4	17	20.3	5	6.2	16	19.8
10-12 months	7	13.2	31	44.9	38	45.2	27	33.3	15	18.5
13 months or more	4	7.6	6	8.7	29	34.5	49	60.5	50	61.7
Total	53	100	69	100	84	100	81	100	81	100

⁸ includes 55 matters that were referred between November and December 2021

⁹ Includes 31 matters that were referred between November and December 2024

Table 10. Time from referral to conclusion of hearing

	Minimum months/case	Maximum months/case	Average months/case
Non-contested matters	5	36	15.9
Contested matters	9	67	24.4

Fitness to Practise Committee

2025 Annual Report

Introduction: Role of the Committee

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

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

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

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

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

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

Executive Summary

Fitness to Practise (FTP) Committee Caseload

There were 26 new matters referred to the Committee in 2025. In addition, 43 matters were carried over from the previous year for a total caseload of 69 matters.

As at December 31, 2025, there were 32 matters in progress as follows:

- Two matters are adjourned;
- One hearing is ongoing;
- Two hearings are in the Decision and Reasons writing phase;
- One hearing has a case conference call scheduled in 2026;

- One hearing has a case conference call to be scheduled;
- Two hearings are scheduled for dates in 2026;
- One hearing is to be scheduled; and
- Twenty-two matters are awaiting determination whether to proceed by hearing or Consent Order review.

Matters Completed

Matters are completed when a determination of a nurse's capacity is made and a disposition is ordered. Matters may be resolved by Consent Order or by way of contested hearing. Matters are also completed when the FTP Committee loses jurisdiction over a nurse because they are no longer a member of the College.

In 2025, a total of 37 matters related to 37 nurses were completed. These were resolved as follows:

- Twenty-eight Consent Orders;
- Five contested hearings completed; and
- Four matters where the FTP Committee lost jurisdiction.

Dispositions Ordered

Resolution by Consent Order (Table 1)

- Seven Consent Orders involved the nurse voluntarily surrendering their certificate of registration;
- Two related to Return to Practice (RTP) requests;
- Nineteen had no finding of incapacity. In 11 of these matters, the nurse entered into an Undertaking with the College. In eight matters, the nurse moved into the non-practising class.

Hearings

Panels of the FTP Committee spent 10.5 days hearing six FTP matters in 2025, as follows:

(a) Contested Matters

- Three hearings were completed and suspensions were ordered (Table 2)
- Two hearings were completed and TCLs were ordered (Table 2)
- One hearing is continuing in 2026

(b) Removal of Information matters (Table 3)

No Removal of Information matters were heard in 2025

Return to Practice (RTP) Requests

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

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

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

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

In 2025, as seen in Table 4, two RTP requests were reviewed by the Committee by Consent Order but were disposed of without a determination as the nurses signed Undertakings based on which the parties on consent requested the panel to make no further determination.

Breaches

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

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

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

In 2025, as seen in Table 55, there was one matter related to a nurse who was alleged to be in breach of the terms of a Panel's Order. The matter was disposed of by the Panel ordering TCLs on the nurse's certificate of registration.

Committee Meetings

Orientation sessions were held for new Committee members in January, March, April, June and October. The Discipline Committee & Fitness to Practise Committee met jointly on May 8 & 9 and October 23 & 24 for general orientation and education of Committee members. The May meeting was held in person while the October meeting was held virtually. As part of the education on October 24, a guest speaker made a presentation to Committee members on Trauma-Informed Adjudication. A Pre-Hearing and Panel Chair's Workshop was held on August 22 for Committee members in those roles.

On November 6, nine Committee members attended the "Conducting a Discipline Hearing Advanced Workshop" hosted virtually by the Health Profession Regulators of Ontario (HPRO).

Committee Members:

July to December 2025 (current committee)

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Simon-Matthew Bate, NP
Randall Burke, PM
Patricia Carmichael Pilon, PM
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Tanya Dion, RN
Sylvia Douglas, PM
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Geeta Grewal, RN
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Lynn Hall, RN
Tammy Hedge, RPN
Nermen Helles, RN
Jane Hess, RN
Todd Hillhouse, PM

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Simon-Matthew Bate, NP
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Tina Colarossi, NP
Erin Cowan, RN
Tim Crowder, PM (till March 2025)
Tanya Dion, RN
Jean-Laurent Domingue, RN
Lisa Donnelly, RN
Sylvia Douglas, PM
David Edwards, RPN
Grace Fox, NP
Tomoko Fukushima, RN
Carly Gilchrist, RPN
Lynn Hall, RN
Tyler Hands, RN
Tammy Hedge, RPN
Jane Hess, RN
Todd Hillhouse, PM (from June 2025)

Committee members (contd.):

**July to December 2025
(current committee)**

Samuel Jennings, RPN
Fred Kim, RN
Jeffrey Ko, RN
Morgan Krauter, NP
Amrutha Kumar, RN
Jeanette Lane, NP
Sandra Larmour, PM
Sarah Louwagie, RPN
Shannon Mantha, RN
Jijo Mathew, RN
Jane Mathews, RN
Ahamad Mohammed, RPN
Kerrie Naylor, RPN
Patrycja Nowicka-Bujko, RPN (till May 2025)
Lalitha Poonasamy, PM
Dayna Porco, RPN
Susan Roger, RN
Mark Sack, PM
Monica Seawright, RPN
Matthew Secord, RN
Samina Shah Nawaz, RPN
Andrew Sharpe, NP
Emilija Stojavljevic, RPN
Sherry Szucsko-Bedard, RN
Jacqueline Vlahos, RN
Kimberly Wagg, RPN
Shari Wilson, PM

**January to June 2025
(2024-2025 committee)**

Nazlin Hirji, RN
Michael Hogard, RPN
Carly Hourigan, PM
Samuel Jennings, RPN
Jeffrey Ko, RN
Morgan Krauter, NP
Amrutha Kumar, RN
Sandra Larmour, PM
Sarah Louwagie, RPN
Mary MacNeil, RN
Shannon Mantha, RN
Jijo Mathew, RN
Jane Mathews, RN
Ahamad Mohammed, RPN
Edsel Mutia, RN
Kerrie Naylor, RPN
Shakhnoz Niezova, RN
Patrycja Nowicka-Bujko, RPN
Dayna Porco, RPN
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Monica Seawright, RPN
Matthew Secord, RN
Andrew Sharpe, NP
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Sherry Szucsko-Bedard, RN
Jacqueline Vlahos, RN
Kimberly Wagg, RPN
Shari Wilson, PM (from February 2025)

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Marla Burstyn, Manager, Hearings
Kurt Maben, Hearings Administration Coordinator
Rebecca Glass, Decision Editor and Hearings Analyst
Lesley Wright, Hearings Administrator
Adrienne Kang, Hearings Administrator
Saad Siddiqui, Hearings Administrator
Vipa Pandya, Hearings Assistant

Appendix 1 – Statistical tables

1. Disposition of Matters

Table 1. Resolution by Consent Order

Outcomes	2021	2022	2023	2024	2025
Agree to terms, conditions or limitations	0	0	0	0	0
Voluntary surrender of Certificate of Registration	9	3	9	10	7
Return to Practice / Breach	9	5	1	1	2
No Findings	20	9	21	22	19
Variance	0	0	0	0	0
Total	38	17	31	33	28

Table 2. Contested matters

Outcomes	2021	2022	2023	2024	2025
Suspension	2	1	5	4	3
Terms, conditions or limitations	0	0	0	0	2
Re-instatement Granted/Not granted	0	0	0	0	0
No Findings	0	0	0	0	0
Total	2	1	5	4	5

Table 3. Removal of Information matters

Outcomes	2021	2022	2023	2024	2025
Removal of Information	0	0	0	0	0
Total	0	0	0	0	0

Return to Practice Requests and Breaches

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

Resolution	2021	2022	2023	2024	2025
RTP requests granted	8	3	1	0	0
RTP requests denied	0	0	0	0	0
Disposed of without a determination	-	-	-	1 ¹	2 ²
Total	8	3	1	1	2

Table 5. Breach dispositions

Resolution	2021	2022	2023	2024	2025
Breaches resolved by Consent Order	1	2	0	0	0
Breach hearings	0	0	0	0	1
Total	1	2	0	0	1

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

² The Panels that reviewed the RTP requests disposed of the matters without making a determination, based on Undertakings signed by the nurse.

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;¹
- take no further action; or
- take other action it considers appropriate in the public interest, including accepting a permanent resignation.

¹ 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 898 complaints in 2025, which is a 37.5% 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 61.8% 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 (6.9%) amounted to an abuse of process and took no action. The ICRC adopted a resolution in 15.4% of cases and directed a remedial outcome (e.g., letter of advice, caution, SCERP, or remedial undertaking) in 5.5% of cases. Complaints referred to discipline remained a small proportion of dispositions at 1.8%. 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
Total	220	168	98	60	77

Table 2: Dispositions

Dispositions	2021		2022		2023		2024		2025	
	#	%	#	%	#	%	#	%	#	%
Adopt resolution	125	27.9	141	25.7	137	15.6	107	16.4	138	15.4
Take no action - abuse of process	47	10.5	32	5.8	57	6.5	34	5.2	62	6.9
Withdrawn with Registrar approval	27	6.0	9	1.6	19	2.2	9	1.4	77	8.6
Take no action	177	39.5	289	52.8	590	67.2	413	63.3	555	61.8
Advice	25	5.6	37	6.8	49	5.6	40	6.1	27	3.0
Remedial Undertaking	-	-	-	-	-	-	13	2.0	8	0.8
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	1.8
Total	448	100	548	100	878	100	653	100	898	100

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
Total	0	0	0	0	0

Table 4: HPARB

(a) Requests to Review ICRC Decisions

Requests	2021	2022	2023	2024	2025
From complainants	44	80	97	150	85
From members	7	4	4	2	0
Total	51	84	101	152	85

(b) HPARB Outcomes – Review

Decisions Received – Review	2021		2022		2023		2024		2025	
	#	%	#	%	#	%	#	%	#	%
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
Total	50	100	20	100	46	100	84	100	64	100

(c) HPARB Outcomes – No Review

Decisions Received – No Review	2021		2022		2023		2024		2025	
	#	%	#	%	#	%	#	%	#	%
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
Total	13	100	12	100	7	100	4	100	7	100

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
Total	307	399	386	488	660

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
Total	509	100	576	100	485	100	476	100	465	100

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
Total	16	13	7	2	7

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 ²	4	4.1	5	3.8	13	12.4	9	10.2	10	11.5
Total	98	100	130	100	105	100	88	100	87	100

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
Total	23	41	19	11	37

² 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

Quality Assurance (QA) Committee 2025 Annual Report

Introduction: Role of the Committee

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

Executive Summary

In 2025, a total of **5,000**, practicing nurses were selected, using a random and risk-based process, to participate in QA Assessment during two separate selection cycles (Spring and Fall). This included a total of 4,300 nurses for Part A and 700 nurses for Part B. See Table 1 for details.

All nurses selected for QA Assessment are provided six weeks to complete their activities. Extensions and deferrals can be requested. Part A assessment, continued with the use of an online learning management system (LMS). Four modules were required for completion, including a module on the Code of Conduct. These learning modules require nurses to complete knowledge checks and attestations. If selected for Part A, nurses who complete the required activities exit the program without the need for committee decision-making. This process is automated and completed with minimal program interaction.

Nurses who were non-compliant in submitting their Part A QA Assessment activities by the assigned deadline dates were directed by QA Committee to additionally complete Part B QA Assessment activities.

Part B assessment requires a registrant to complete and submit a written learning plan, a Code of Conduct practice activity, and for Nurse Practitioners (NPs) an additional NP case example. These completed activities are assessed by a QA Peer Coach to determine a more in-depth assessment of a nurse's knowledge, skill and judgement. During Part B assessment, registrants are provided with optional coaching sessions to support their progress. The QA Committee receives and reviews the progress of registrants and upon deliberation will either grant or deny requests for deferrals or extensions, direct members to the Inquiries Complaints and Reports Committee (ICRC)

for lack of participation, specify remedial support if unsatisfactory or direct nurses to exit the program if they have been assessed as satisfactory.

Part A Outcomes

In 2025, 3,976 nurses completed Part A and exited the QA program. 2 nurses remained in progress for a variety of extenuating circumstances, and 306 nurses were directed by the Committee to complete additional QA Assessment activities for Part B due to non-compliance.

Part B Outcomes

In 2025, 620 nurses have been assessed by QA Peer Assessors and presented to QA Committee having satisfactorily completed and exited the QA program. There were 290 nurses still in progress by year end.

Other outcomes for 2025 included nurses who were directed to complete remediation (10), referred to ICRC (43), granted a deferral (13), moved to non-practicing (15), resigned (30), and deceased (1).

Due to the timing that report data is pulled in the QA cycle, there is variation in the nurses' outcomes in the QA Program. Based on the QA process, nurses may be in the program for at least 6 months before being referred to ICRC. While the rate of nurses referred to ICRC in 2025 is higher than previous years, there is not a statistically significant difference. Some contributing factors may be that a greater proportion of nurses were selected in the Spring than the Fall selection, including a higher number of nurses selected for the risk group of recurring late fees, which is a proxy for ungovernability. Further analysis is required.

Quality Improvement

This year, the QA Program transitioned to a new learning management system (LMS), with increased system functionality, such as better accessibility of the platform for members, and automation of administrative tasks.

The new LMS consolidates all modules and knowledge assessments for Part A in one seamless course for nurses. The system provides data-driven insights on user compliance, time, and access, enabling CNO to understand the user experience and to structure future quality improvement initiatives. The new LMS will also enable the QA program team to continue with future development of QA assessment tools and resources for nurses in the coming years.

QA Committee

In 2025, the Committee convened for 12 regular monthly meetings, in addition to hosting its annual education session in June. During this session, the panel reviewed

recent updates to the QA program, discussed QAC decisions and their outcomes, and examined sample case scenarios to enhance understanding. Members also received a comprehensive overview of the legislative framework, the QA assessment process, and significant changes to the QA program, including the launch of the new LMS platform.

Committee Members

July to December 2025

(current committee)

Helen Anyia, RPN, Chair

Guangxia Meng, NP

Jeffrey Ko, RN

Lalitha Poonasamy, PM

Maria Sheculski, PM

Sylvain Leduc, NP

Sylvia Douglas, PM

Yao (Jackie) Zhai, RPN

January to June 2025

(2024-2025 committee)

Sylvain Leduc, NP, Chair

Diane Morin-LeBlanc, RN

Helen Anyia, RPN

Lalitha Poonasamy, PM

Lisa Donnolly, RN

Maria Sheculski, PM

Sylvia Douglas, PM

Yao (Jackie) Zhai

Staff Contacts

Catriona Mill, Manager, Practice Quality

Amanda Laird, Team Lead, Practice Quality

Dorothy Tam, Quality Assurance and Registration Committee Administrator.

Appendix 1 – Statistical tables

Historical QA Assessment Outcomes (RNs, RPNs, NPs)

QA Assessment Outcomes	2021		2022		2023		2024		2025	
	#	%	#	%	#	%	#	%	#	%
Satisfactory	312	79.6	305	82.2	1456	89.4	4579	91.22	4596	91.92
Still In Progress	33	8.4	16	4.31	103	6.33	306	6.10	292	5.84
Remediation	-	-	3	0.81	3	0.18	13	0.26	10 ¹	0.20
Deferred	22	5.6	21	5.66	26	1.60	34	0.68	13	0.26
Referred to the ICRC	2	0.5	9	2.42	6	0.37	24 ²	0.48	43	0.86
Moved to Non-Practicing ³	14	3.6	10	2.70	18	1.11	20	0.39	15	0.30
Resigned	8	2.0	7	1.89	15	0.92	39	0.77	30	0.60
Deceased	1	0.3	-	-	-	-	5	0.10	1	0.02
Total	392	100	371	100	1627	100	5020	100	5000	100

¹ Three nurses completed remediation and satisfactorily exited the program. Seven nurses remain in progress with remedial activities.

² Of nurses selected in 2024, a total of 61 (1.2%) have been referred to the ICRC as of December 2025.

³ Nurses in non-practicing class are not required to complete QA assessment. These nurses will be re-engaged into the QA program if they reinstate to a practicing class in the future.

Registration Committee 2025 Annual Report

Introduction: Role of the Committee

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

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

After considering the application and submissions, the Registration Committee may direct the Registrar & CEO to:

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

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

Additionally, the Committee reviewed and approved policies and programs in 2025, which include the following:

- Approving a policy delegating to staff the authority to complete substantial equivalence assessment of RN and RPN applicants to the general class;
- Approving policies supporting specific evaluation mechanisms for assessing nursing knowledge, skill and judgement (e.g., Objective Structured Clinical Examination and Competency Assessment Supplement)
- Approving alternate ways to meet the Transition to Practice (TTP) requirement; and
- Approving Internationally Educated Nurse (IEN) Education Pathway programs for completion of additional education to meet the education requirement.

These efforts will support modernization of applicant assessment processes and ensure a fair and consistent approach to registration for all applicants.

Executive Summary

In 2025, the Committee conducted 13 meetings, which included an annual education session in June. Furthermore, one orientation session was conducted for newly appointed members.

As seen in Table 1, the Committee reviewed a total of 163 applications. The Committee saw a 25.4% increase in the total number of applications it reviewed in 2025 compared to 2024.

As seen in Table 2, of the applicants reviewed, the Committee determined that an applicant met a registration requirement in 23 Character, Conduct and Health matters. After the Committee's review, some applicants became eligible for registration when all other registration requirements were met. As seen in Table 3, the Committee also refused registration to eight applicants.

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

- directing 11 independent medical assessments to determine if an applicant had a health condition that could impact their ability to practise nursing safely;
- directing eight¹ applicants to meet with a regulatory expert to discuss conduct/practice concerns and to review relevant practice standards, prior to becoming eligible for registration;
- registering five² applicants subject to an undertaking, which reflects an agreement between the applicant and CNO to ensure safe practice and public protection; and
- enabling 92 applicants to become eligible to complete the supervised practice experience partnership (SPEP) even though they were beyond the timeframes for eligibility. Registration Committee exercised its discretion to consider applicant requests for SPEP, which resulted in more applicants becoming eligible to complete the SPEP.

¹ See breakdown of "Other" in Table 3.

² See breakdown of "Other" in Table 3.

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

The Board reviews decisions of the Committee. In 2025, 3 appeals were in process with the Board, as seen in Table 4.

Committee Members

July to December 2025

(current committee)

Fidelia Osime, PM, Chair
Alexis Lamsen, RN
Dheeraj Jha, PM
Diane Thompson, PM
Helen Anyia, RPN
Jennifer Skuce, RPN (until Sept 2025)
Joy Navaroj, RN
Shari Wilson, PM

January to June 2025

(2024-2025 committee)

Fidelia Osime, PM, Chair
Alexis Lamsen, RN
Diane Thompson, PM
Helen Anyia, RPN
Jennifer Skuce, RPN
Joy Navaroj, RN
Shari Wilson, PM

Staff Contacts

Suzanne Vogler, Manager, Registration
Tracy Bardell, Team Lead, Registration
Kristopher Librera, Intake Team Lead, Registration
Dorothy Tam, Quality Assurance and Registration Committee Administrator

Appendix 1 – Statistical tables

Table 1. Registration Committee decisions

	2021		2022		2023		2024		2025	
	#	%	#	%	#	%	#	%	#	%
Requirement Met	2,503	92.2	1149	91.3	20	22.5	36	27.7	23	14.1
Other Decisions	213	7.8	110	8.7	69	77.5	94	72.3	140	85.9
Total	2,716	100	1259	100	89	100	130	100	163	100

Table 2. Registration Committee decisions: Requirement met

Requirement Met	2021		2022		2023		2024		2025	
	#	%	#	%	#	%	#	%	#	%
Character Conduct and Health	17	0.67	13	1.1	20	100.0	36	100.0	23	100.0
Language Proficiency	2,485	99.3	1136	98.9	0	0.0	0	0.0	0	0.0
Evidence of Practice	1	0.03	0	0.0	0	0.0	0	0.0	0	0.0
Total	2,503	100	1149	100	20	100	36	100	23	100

Table 3. Registration Committee decisions: Other decisions

Other Decisions	2021		2022		2023		2024		2025	
	#	%	#	%	#	%	#	%	#	%
Refuse registration	0	0.0	1	0.9	4	5.8	7	7.4	8	5.7
Directed to complete further study or an approved exam	0	0.0	1	0.9	3	4.3	1	1.1	0	0.0
Impose terms, conditions or limitations	1	0.5	4	3.6	1	1.4	0	0.0	0	0.0
Modify terms, conditions or limitations	0	0.0	2	1.8	0	0.0	0	0.0	0	0.0

Other Decisions	2021		2022		2023		2024		2025	
	#	%	#	%	#	%	#	%	#	%
Complete independent medical assessments	8	3.8	11	10	15	21.7	8	8.5	11	7.9
Language Proficiency – Requirement not met	26	12.2	18	16.4	0	0.0	0	0.0	0	0.0
Nursing Education – Requirement not met	1	0.5	1	0.9	0	0.0	0	0.0	0	0.0
Character Conduct Health – Requirement not met	2	0.9	1	0.9	0.0	0.0	3	3.2	0	0.0
Evidence of Practice - Requirement not met	0	0.0	0	0.0	0.0	0.0	29	30.9	92	65.7
Other	175	82.2	71	64.5	46	66.7	46	48.9	29 ³	20.7
Total	213	100	110	100	69	100	94	100	140	100

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

	2021		2022		2023		2024		2025	
	#	%	#	%	#	%	#	%	#	%
Decision confirmed by the Board	0	0	0	0	1	50	0	0	0	0
Review withdrawn by applicant	1	33.3	1	33.3	1	50	0	0	0	0
Application returned by the Board for Registration Committee review	0	0	0	0	0	0	0	0	0	0

³ The “Other” category includes:

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

	2021		2022		2023		2024		2025	
	#	%	#	%	#	%	#	%	#	%
CNO opted to return the application to Committee	0	0	0	0	0	0	0	0	0	0
Awaiting Board decision	2	66.7	2	66.7	0	0	2	100	3	100
Total	3	100	3	100	2	100	2	100	3	100

Report of the February 19, 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 February 19, 2026. Blair MacKenzie and Usman Paracha, from Hilborn LLP, were guests at the meeting.

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

Unaudited Financial Statements

The Committee reviewed the unaudited financial statements for the year ended December 31, 2025 ([Attachment 2](#)). The financial statements included a variance analysis, and the confidential Management Discussion and Analysis (MD&A) included reports on projects and risk.

The year-to-date operating surplus for the period is \$3.4M, which is \$2.7M higher than the budgeted surplus of \$0.7M. This is the result of:

- revenues being higher than budgeted by \$0.8M due primarily to a higher number of overall registrations and applications, and higher interest income; and
- expenses for the period being \$1.9M less than budgeted. The favourable variance is mainly a result of savings in employee related expenses due to fewer in-person travel engagements than planned.

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

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

Pre-Audit Communication

Blair MacKenzie and Usman Paracha of Hilborn LLP presented the approach being used for the audit of CNO's financial results for the year ended December 31, 2025. They noted that they use a risk-based approach to the audit and provided details about their independence.

The committee had an in-camera meeting with the auditor.

Fees By-Law Revisions

Nurse Practitioner (NP) Regulation Framework

In [December 2025](#), Council approved a 60-day circulation period for by-laws amendments that support the implementation of a single NP classification. In Ontario, this will mean the removal of NP population-specific certificates (adult, paediatric and primary health care).

The Finance & Risk Committee received a report on the feedback from the consultation. Their focus was specifically on amendments to By-Law No.2: Fees to align with the new single NP classification. These amendments will not result in any overall fee increases.

A total of 485 responses were received to the online survey between December 12, 2025 and February 9, 2026. The responses included individual respondents as well as some on behalf of an organization. The majority of respondents¹ were RNs (53.2%), followed by NPs (23.9%), RPNs (17.4%), NP students/applicants (5.7%), members of the public (2.3%) and other (3.6%).

Analysis of the survey feedback responses to date highlight:

- 56.5% (272) are in support of the proposed fee changes
- 14.1% (68) do not support the proposed fee changes
- 29.5% (142) are unsure whether they support the changes

Common themes emerged from the feedback which are summarized below.

Those in support of the proposed fee by-law changes noted that:

- they are fair and equal for all NPs
- support a single NP classification framework and are in the public interest
- ensure equity for internationally educated NPs (IENP) seeking registration in Ontario
- promote labour mobility across Canada and access to care

Those in opposition or unsure of the proposed fee by-law changes noted that:

- there is a potential for cost-shifting to domestic registrants with the removal of higher IENP fees for specific out-of-province applicants
- plain-language explanation and clear itemization of fees (especially exam fees and how specialty certificate fees are being merged under the single classification framework) is needed to support understanding and a fair application of the fee structure at implementation

¹ Respondents were able to select more than one option for this survey question, accounting for dual membership. The total percentage for this question is greater than 100 percent.

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

That Council approve the proposed amendments to By-Law No. 2: Fees, as they appear in [Attachment 3](#) to this 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.

Automatic Recognition

The Finance & Risk Committee reviewed a proposal to amend By-Law No. 2: Fees, to support implementation of automatic recognition provisions in the *Regulated Health Professions Act, 1991 (RHPA)*. Automatic recognition aims to facilitate the movement of nurses registered in other provinces and territories across Canada to Ontario while maintaining standards of public safety.

The new legislative framework for automatic recognition is based on a “trust then verify” framework. CNO trusts that an applicant is of good character and good standing in another Canadian jurisdiction, then makes them eligible for registration within two business days. CNO will assess and verify the information related to the applicant’s good character and good standing post-registration.

CNO is proposing a 25% credit on the application fee for labour mobility applicants who apply under automatic recognition, retroactively as of January 1, 2026. The 25% credit on the application fee will apply to future fees paid once the applicant is eligible to register. This is consistent with the legislative provisions, which outline considerations for these applicants to pay an alternative/reduced fee. The 25% credit is not expected to significantly impact the 2026 revenue forecast.

Following the meeting on February 19th, slight edits to the proposed amendments were made to clarify that the credit will apply to applicants seeking registration for an equivalent Ontario category and class of registration.

The Finance & Risk Committee is recommending:

That Council approve the proposed amendments to By-Law No. 2: Fees, as they appear in [Attachment 4](#) to this report, for a 60-day circulation period.

Operating Coverage and Fees By-Law Changes

The Finance & Risk Committee reviewed financial projections for 2027 – 2031, based on the outcome of CNO’s operations at the end of 2025. They discussed a variety of different fee scenarios and financial outcomes in detail.

The Committee was supportive of the move to a model of annual smaller, predictable increases rather than large increases every few years as long as these smaller increases maintain CNO's operating coverage within an acceptable range.

In reviewing the fee scenarios, the Committee questioned whether CNO's current operating coverage guideline requires adjusting. On recommendation of the Committee many years ago, Council approved a guideline that CNO's operating coverage be in the range of 3-6 months of operating expenses. As result of their in-camera discussion with the auditors who identified that new guidance exists suggesting that up to 12 months is acceptable, the Committee is proposing to increase CNO's operating coverage guideline from the pre-pandemic standard of 3-6 months of operating coverage, to 4-8 months coverage. This new guideline is better aligned with the more flexible post-pandemic standard for not-for-profit organizations. It is recognized that organizations may require flexibility in their financial reserves to respond to any unexpected events or significant increases in expenditures. Maintaining an operating coverage within this range will ensure that CNO has the financial resources to maintain operations for a period of time in the event of unforeseen circumstances. The Committee suggested that CNO should target the middle of the range, that is around 6 months of coverage, when planning for fee adjustments.

The Committee is recommending:

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

Given the recommendation of the Committee to increase CNO's operating coverage guideline, and their support for a change in approach to fee increases, staff committed to circulating draft by-law amendments following the Finance & Risk Committee meeting to accurately capture their discussion. In accordance with By-law No.1: General, Article 32, the Committee reviewed an updated set of amendments via email to By-Law No. 2: Fees.

The Committee's proposal is based on their commitment to providing a strong financial platform for CNO to meet its regulatory and strategic commitments, while remaining agile in responding to increasing expectations for regulators. The Committee's recommendation to Council for the by-law amendments appears in Agenda Item 6.1.3.

As a requirement under the *Health Professions Procedural Code*, amendments to the Fees By-Laws require a 60-day circulation period.

Stipend Policy Update

The Finance & Risk Committee was informed of editorial changes made to CNO's Council and Committee Member [Stipend Policy](#) as approved by Council in December 2025. The changes involve realigning practice with policy for Chair payments. All

Chairs, whether for statutory, standing, or other committees (including panels) will now receive the same payment in recognition of the extra responsibilities inherent in these roles.

Advisory Committee on Human Resource Appointment

In June 2025, Joe Nunes' term of office on the Advisory Committee on Human Resources is ending and he is eligible for reappointment. The Finance & Risk Committee received information on his experience and background.

The Finance & Risk Committee's recommendation is addressed in the briefing for Council Agenda Item 5.4.

Attachments:

1. [Draft minutes of the Finance & Risk Committee meeting of February 19, 2026](#)
2. [Unaudited Financial Statements for the year ended December 31, 2025](#)
3. [Redlined amendments to By-law No.2: Fees related to the NP Regulation Framework and corresponding rationale chart](#)
4. [Redlined amendments to By-law No.2: Fees related to Automatic Recognition and corresponding rationale chart](#)

Finance & Risk Committee Minutes

February 19, 2026 at 9:00 a.m.

Present

J. Ding, Chair

D. Bankole

M. Hogard

R. Lastimoso Jr.

J. Nunes

S. Wilson

Regrets

A. Lamsen

Staff

V. Adetoye

S. Crawford

M. Kelly, Recorder

S. Mills

Guests

B. MacKenzie

U. Paracha

Chair

J. Ding chaired the meeting.

Agenda

The agenda had been circulated and was approved on consent.

Minutes

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

Motion 1

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

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

CARRIED

Financial Statements

V. Adetoye highlighted the unaudited financial statements for the year ended December 31, 2025.

In reviewing the statement of operations, V. Adetoye highlighted that at the end of 2025 there was a surplus of \$3.4M, which is \$2.7M more than the budgeted surplus of \$0.7M. It was noted that revenues are \$0.8M higher than budget due to an increase in the overall registration and application numbers, as well as higher interest income. Expenses are \$1.9M less than budget, which is primarily due fewer than planned in-person conferences involving travel, training, meetings, and other engagements. The expense variance is partially offset by increased costs for legal services as a result of the complexity of services required, as well as the addition of staff resources that were required to respond to regulatory changes. V. Adetoye noted the financial result may change slightly as additional invoices could be received before the audit is finalized. However, the final result for 2025 will be reported in the audited financial statements in May.

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 2

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

That approval of the unaudited financial statements for the year ended December 31, 2025 be recommended to Council.

CARRIED

Pre-Audit Communication

The Committee had received a pre-audit package from CNO's auditor. B. MacKenzie and U. Paracha presented the approach for the 2025 audit. They noted that the external audit adds to the credibility of the financial statements that are prepared by management. The Committee's role is to provide oversight to the process, to ensure that the audit process is managed appropriately and that the financial statements are an appropriate reflection of CNO's year-end financial situation. It was noted that the audit is collaborative and carried out under generally accepted auditing standards with the

common goal of reliable financial statements. The standards for not-for-profit organizations as prescribed by CPA Canada will remain constant for 2025 and therefore no changes will be seen in the form of the statements.

D. Bankole joined the meeting.

U. Paracha outlined the three phases to the audit:

- the pre-audit includes an interim audit and discussion with the Finance & Risk Committee about the audit strategy;
- the year-end audit begins in February; and
- the post-audit Finance & Risk Committee review of the draft audited financial statements will take place in May.

He noted that the goal is that the financial statements be free from material error – that is an error that would influence decision-making. The materiality level was highlighted, and it was noted that it is common to make some adjustments to the financial statements at year-end. The importance of auditor's independence was highlighted. Their independence is confirmed in both the engagement and independence letters issued, and will also be confirmed post-audit.

In camera session

The Committee held an in-camera discussion with the auditors. As CNO staff are not present, this session allows the auditors an opportunity to identify any concerns about CNO management and provides the members of the committee an opportunity to raise any concerns with the auditor.

Following the in-camera session, B. MacKenzie and U. Paracha left the meeting.

NP Regulation Framework Proposed By-Law Amendments

At their last meeting in November, the Committee reviewed a proposal to amend By-Law No. 2: Fees, to support implementation of a single NP classification to ensure alignment with the national framework. As a requirement under the *Regulated Health Professions Act, 1991 (RHPA)*, and as approved by Council in December 2025, the by-law amendments were circulated for feedback.

The Committee reviewed the results of the consultation. A total of 485 responses were received between December 12, 2025 and February 9, 2026. The majority of respondents (57%) supported the changes, while 14% did not support the changes and

29% were unsure. The Committee reviewed the common themes that arose, as well as corresponding verbatim quotes from respondents.

In their review of the report, the Committee noted that there was nothing in the feedback that was unexpected or concerning. They confirmed that the proposed by-law revisions support a single NP classification framework and are in the public interest.

Motion 3

Moved by J. Nunes, seconded by, D. Bankole,

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

Proposed Fee Increases and Amendments to Fees By-laws

At their last meeting, in reviewing the 2026 budget and future projections, the Finance & Risk Committee discussed strategies to address CNO's projected decline in operating coverage, including options for fee increases. It was noted that a future state of smaller steadier fee increases was being considered and would be presented at this meeting.

The Committee was presented with a detailed analysis of several fee scenarios for consideration, which included projections from 2027 – 2031. The scenarios included:

- CNO's historical approach to fee increases, which involves extended periods with no fee increases, followed by a significant increase to address operating coverage decline,
- options for deferring fee increases, followed by gradual annual increases, and
- various approaches to a new state of smaller and steady fee increases.

In addition to the fee scenarios, staff also performed a sensitivity analysis to assess the impact of adding varying amounts of staff resources required to carry out CNO's regulatory mandate and respond to unexpected events.

The advantages and disadvantages of each scenario were discussed by the Committee in extensive detail. Likewise, the drivers of the proposed increases were also discussed, including increasing costs to implement new technology systems and tools, increasing volumes and complexity of cases, implementing a new strategic plan, as well as

increasing expectations from system partners. It was noted that many vendors, especially those in the technology industry, are significantly increasing prices as they previously held back during the pandemic years.

In reviewing the scenarios, the Committee informed staff that in their in-camera discussion with the auditors, it was identified that recommended operating coverage range for not-for-profit organizations has shifted post-pandemic. In pre-pandemic times, the operating coverage range of 3 – 6 months was considered standard; currently, the range extends up to 12 months of operating coverage. Council's approved guideline for maintaining CNO's operating coverage is currently between 3 – 6 months of operating expenses. Based on their discussion with the auditors, and reviewing the fee increase scenarios, the Committee is recommending that CNO's operating coverage guideline increase to 4-8 months and targeting to stay close to the middle of that range at 6 months of operating coverage to ensure CNO's ongoing financial health. They feel this will provide CNO with financial resources to maintain operations for a period of time in the event of unforeseen circumstances that cause a significant increase in expenditures or loss of revenue.

After carefully considering all scenarios, and in light of their proposal to adjust CNO's operating coverage guideline, the Committee concurred that the move towards a model of annual smaller, predictable increases supports CNO's financial stability, offers predictability for registrants, and allows CNO the flexibility to respond to any unexpected events.

The Committee reviewed sample by-law amendments that would be required to support a move to the new model for fee increases. However, following their robust discussion regarding the operating coverage range, it was identified that revisions would be required to the draft by-law amendments as currently presented. The Committee proposed that CNO draft by-laws amendments that:

- increase fees 7% annually by default,
- provide flexibility to the Finance & Risk Committee to approve annual fee increases of less than 7% when warranted, and
- provide Council the authority to approve annual fee increases exceeding 7%, up to a maximum of 10%, as needed.

The new proposed by-law amendments are intended to maintain CNO's operating coverage at 6 months, representing the mid-point of the newly recommended range. This approach will allow CNO to have the financial reserves necessary to achieve its regulatory mandate, while remaining agile to respond to the needs of system partners and mitigate the risk of collecting more fee revenue than is warranted. Should any fee increase beyond 10% be required, revisions to the Fees By-law would be required, which would require circulation for feedback under the RHPA.

Following the February 19, 2026 meeting, in accordance with CNO By-Law No.1: General, Article 32, the Finance & Risk Committee reviewed an updated set of amendments via email to By-Law No. 2: Fees and passed motion 5.

Motion 4

Moved by J. Nunes, seconded by, J. Ding,

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

CARRIED

Motion 5

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

That the Finance & Risk Committee recommend that Council approve the proposed amendments to By-Law No.2: Fees for a 60-day circulation period.

CARRIED

Automatic Recognition Proposed By-Law Amendments

The Committee reviewed a proposal to amend By-Law No. 2: Fees, to support the implementation of automatic recognition in alignment with the new legislative framework in Ontario. Automatic recognition aims to facilitate the movement of nurses from other provinces and territories in Canada to Ontario while maintaining standards of public safety.

CNO is proposing a 25% credit on the application fee for labour mobility applicants who apply under automatic recognition as of January 1, 2026. This credit is consistent with that offered for Interjurisdictional Nurse Licensure (INL) registrants. It was noted that this is a one time credit that will apply once the applicant's registration is completed.

The Committee supported the proposed by-law amendments, and it was noted that they will be reviewed in light of the previous agenda item, and if necessary, slight adjustments will be made before presenting to Council.

Motion 6

Moved by S. Wilson, seconded by, M. Hogard,

That it be recommended that Council approve amendments to By-law No. 2: Fees, as outlined in Attachment 1 of the decision note, for a 60-day circulation period.

CARRIED

Stipend Policy Update

The Committee was informed of editorial changes made to the Council and Committee Stipend Policy approved by Council in December 2025. These minor amendments ensure alignment between CNO's intended practice and policy in regard to stipend payments for meeting/panel chairs. The policy now stipulates that all committee chairs, including those of statutory, standing and other committees all receive the same payment for the act of chairing a meeting as the stipend is paid in recognition for the extra responsibilities inherent in these roles. Changes will take place retroactively as of January 1, 2026, and will not significantly impact the 2026 budget.

Advisory Committee on Human Resources Appointment

J. Nunes declared a conflict of interest and left the meeting for this item.

The Finance & Risk Committee recommends the membership of the Advisory Committee on Human Resources, and the Executive recommends its Chair. It was confirmed that Joe Nunes is eligible for reappointment on the Advisory Committee until June 2029. His background and relevant experience were shared with the Committee.

It was confirmed that Joe Nunes expressed his interest in continuing to serve on the Advisory Committee and that he is a strong contributor. His reappointment will provide continuity and transition as new members will be integrated into the Advisory Committee in subsequent years.

Motion 7

Moved by R. Lastimoso Jr., seconded by S. Wilson,

That it be recommended to Council that Joe Nunes be reappointed as a member of the Advisory Committee on Human Resources until June 2029.



CARRIED

J. Nunes returned to the meeting.

Self-Monitoring Tool

The Committee reviewed the self-monitoring tool and confirmed that they had met their accountability for the meeting, noting their discussions pertaining to CNO's financial health, by-law amendments and inquiries from management and the external auditor.

The Committee confirmed that materials provided were well prepared and supported them in making their recommendations, noting that staff were amenable to their feedback during meetings.

Upcoming meetings

The Finance & Risk Committee will meet the afternoon of May 14, 2026 for their final meeting of this term. It was noted that the auditors will also attend.

Conclusion

At 11:36 a.m., on completion of the agenda, the Finance & Risk Committee meeting concluded.

Chair

Attachment 2

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

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

	2025	2024
	December	December
ASSETS		
Current assets		
Cash	93,987	66,894
Investments	30,949	41,425
Other receivables	546	268
Prepaid expenses	1,976	1,831
	<u>127,459</u>	<u>110,417</u>
Investments	<u>5,874</u>	<u>11,938</u>
Capital assets		
Furniture and fixtures	1,812	1,812
Equipment - non computer	534	534
Computer equipment	5,903	5,358
Building	6,841	6,836
Building improvements	5,551	5,542
Land	3,225	3,225
Art	45	45
	<u>23,910</u>	<u>23,351</u>
Less: Accumulated amortization	<u>(13,677)</u>	<u>(12,106)</u>
	<u>10,233</u>	<u>11,244</u>
Intangible Assets	2,305	2,305
Less: Accumulated amortization	<u>(2,175)</u>	<u>(2,097)</u>
	<u>130</u>	<u>208</u>
	<u>143,696</u>	<u>133,808</u>
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	20,021	18,195
Deferred registration and examination fees	69,667	64,982
	<u>89,688</u>	<u>83,177</u>
	<u>89,688</u>	<u>83,177</u>
NET ASSETS		
Net assets invested in capital assets	10,363	11,453
Unrestricted net assets	43,645	39,179
	<u>54,008</u>	<u>50,631</u>
	<u>143,696</u>	<u>133,808</u>

**College of Nurses of Ontario
Statement of Operations (\$000)
For the Twelve Months Ending December**

	2025 Year to Date December			2024 Year to Date December			2025 Budget	
	Budget	Actual	Variance (\$) Fav/(Unfav)	Budget	Actual	Variance (\$) Fav/(Unfav)	Remaining	Approved
REVENUES								
Registration fees	77,625	77,891	266	72,425	73,146	721	(266)	77,625
Application assessment	8,238	8,307	69	8,148	7,674	(475)	(69)	8,238
Verification and transcripts	114	142	28	156	144	(12)	(28)	114
Interest income	2,157	2,872	715	2,740	3,584	844	(715)	2,157
Examination	1,032	717	(315)	828	698	(130)	315	1,032
Other	207	213	5	206	194	(12)	(5)	207
Total Revenues	89,373	90,141	768	84,504	85,440	936	(768)	89,373
EXPENSES								
Employee salaries and benefits	62,000	62,334	(334)	58,571	56,737	1,834	(334)	62,000
Employee related expenses	2,106	940	1,166	1,784	1,248	535	1,166	2,106
Contractors and consultants	4,438	3,526	912	4,421	4,521	(101)	912	4,438
Legal services	4,050	5,030	(979)	3,401	6,645	(3,244)	(979)	4,050
Equipment, operating supplies and other services	8,044	7,323	721	8,859	6,521	2,338	721	8,044
Taxes, utilities and depreciation	2,033	1,901	133	1,996	1,927	68	133	2,033
Exam fees	147	230	(83)	104	142	(38)	(83)	147
Non-staff remuneration and expenses	886	669	217	940	703	236	217	886
Total Base Operating Expenses	83,704	81,951	1,753	80,075	78,446	1,629	1,753	83,704
Project Expenses	5,000	4,814	186	4,000	3,389	611	186	5,000
Total Expenses	88,704	86,765	1,939	84,075	81,834	2,240	1,939	88,704
Excess of (expenses over revenues) / revenues over expenses	669	3,377	2,707	429	3,606	3,177	(2,707)	669
Opening net assets		50,631			47,025			
Closing net assets		54,008			50,631			

College of Nurses of Ontario
Statement of Changes in Net Assets (\$000)
For the Twelve Months Ending December

	2025			2024
	Invested in Capital and Intangible Assets	Unrestricted	Total	December
Balance, beginning of year	11,453	39,179	50,631	47,025
Excess of (expenses over revenues)/revenues over expenses	(1,648)	5,025	3,377	3,606
Purchase of capital assets	559	(559)	-	-
Balance, end of year	10,363	43,645	54,008	50,631

College of Nurses of Ontario
Statement of Cash Flows (\$000)
For the Twelve Months Ending December

	2025	2024
	December	December
Cash flows from operating activities		
Excess of revenue over expense for the year	3,377	3,606
Adjustments to determine net cash provided by/(used in) operating activities		
Amortization of capital assets	1,570	1,595
Amortization of intangible assets	78	85
Loss on disposal of capital assets	0	7
Interest not received during the year capitalized to investments	(729)	(806)
Interest received during the year previously capitalized to investments	896	810
	5,192	5,296
Changes in non-cash working capital items		
(Increase) / Decrease in amounts receivable	(278)	125
(Increase) in prepaid expenses	(145)	(325)
Increase in accounts payable and accrued liabilities	1,826	3,550
Increase in deferred registration fees	4,685	4,449
	11,279	13,096
Cash flow from investing activities		
Purchase of investment	(39,156)	(58,953)
Proceeds from disposal of investments	55,529	51,913
Purchase of capital assets	(559)	(802)
	15,814	(7,842)
Net increase in cash and cash equivalents	27,094	5,254
Cash and cash equivalents, beginning of year	66,894	61,640
Cash and cash equivalent, end of year	93,987	66,894

**Proposed amendments to By-law No.2: Fees
re NP Regulation Framework**

Legend for redlined revisions
<u>Insertion</u>
Deletion
<u>Moved to</u>
Moved from

- 1.01 In this by-law,
- "administrative suspension" means a suspension of a member's certificate of registration as a result of the member's failure to pay a prescribed fee or a fee required by the by-laws or to provide information required by the by-laws;
- "category" means one of the RN Category or the RPN Category;
- "certificate of registration" means a certificate of registration issued by the College ~~and does not include a specialty certificate~~;
- "class" means a class of certificate of registration and does not mean "class" as that word is used in section 8 of the Nursing Act, 1991;
- "fee" includes a required fee(s) or charge, an administrative fee(s) or an administrative charge(s);
- "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.

APPLICATION FEES

Application Fee: General and Extended Class

- 2.02 A person who submits an application for a certificate of registration ~~in the general class~~ as a registered nurse in the general class or ~~in the general class~~ as a registered practical nurse in the general class shall pay an application fee 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;

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

(Amended March 2025)

2.02.1 Deleted March 2025

2.02.2 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

~~i) if the applicant is a graduate of a program required for registration in the extended class which was taken in Canada or if the applicant, at the time of application, holds an out-of-province certificate that is equivalent to an extended class certificate of registration as a registered nurse or if the applicant previously held an extended class certificate of registration as a registered nurse issued by the College 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;~~

~~c) \$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.~~

~~ii) if the applicant has education other than the education referred to in (i) and the applicant graduated from a program for registration as a registered nurse in the extended class that was approved by Council or a body approved by Council for that purpose, or a program approved by the Registration Committee as equivalent to a Council-approved program for 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;~~

~~c) \$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.~~

~~iii) if the applicant is not described in (i) or (ii), shall pay an application fee of~~

~~a) \$1,000.00 for an application made in the 2023 calendar year;~~

~~b) \$1,330.00 for an application made in the 2024 calendar year;~~

~~e) \$1,383.00 for an application made in the 2025 calendar year;~~

~~d) \$1,438.00 for an application made 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 for the issuance of each class of certificate of registration, other than an emergency class certificate of registration is

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 Subject to Article 3.04, the registration fee paid for the issuance of a certificate of registration as a registered nurse in the extended class is \$138.00 for a certificate issued on or after [the date regulation amendments come into force].

FEES FOR SPECIALTY CERTIFICATES

4.01 The fee for the issuance or reinstatement of each specialty certificate in the extended class

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.

FEES FOR REINSTATEMENT /LIFTING ADMINISTRATIVE SUSPENSIONS

Reinstatement Fee

7.03 Subject to Article 7.04, a person who is otherwise entitled to reinstatement of their ~~his or her~~ certificate of registration,

†) 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;
- c) \$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.

~~ii) for each calendar year or part thereof during which the applicant, while not a member,~~

~~used a title, the use of which was restricted to members and/or 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 a specialty of nursing in breach of section 11 of the Act and/or performed an act authorized to members under the Act in breach of the RHPA shall pay a fee of~~

- ~~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.~~

7.04 A person who is otherwise entitled to reinstatement of their certificate of registration as registered nurse in the extended class shall pay a reinstatement fee of \$142.00 if made eligible to reinstate on or after [the date regulation amendments come into force].

7.05 For each calendar year or part thereof during which the applicant, while

not a member, used a title, the use of which was restricted to members and/or 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 a specialty of nursing~~ in breach of section 11 of the Act and/or performed an act authorized to members under the Act in breach of the RHPA shall pay a fee of

- 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

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

8.07 A person who applies to attempt the College's jurisprudence examination shall pay a fee of \$40.00.

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.

Rationale Chart - Proposed Amendments to CNO By-Law No.2: Fees for NP Regulation Framework

Proposed By-Laws	Rationale
BY-LAW NO. 2: FEES	
<p>1.01 In this by-law, "certificate of registration" means a certificate of registration issued by the College and does not include a specialty certificate;</p>	<p>Removes reference to specialty certificates to align with single NP classification pending approval of the regulations by government.</p>
<p><u>APPLICATION FEES</u></p> <p>Application Fee: General and Extended Class</p> <p>2.02 A person who submits an application for a certificate of registration in the general class as a registered nurse <u>in the general class</u> or in the general class as a registered practical nurse <u>in the general class</u> shall pay an application fee of</p> <p style="padding-left: 40px;">a) \$400.00 for an application made in the 2024 calendar year;</p> <p style="padding-left: 40px;">b) \$416.00 for an application made in the 2025 calendar year;</p> <p style="padding-left: 80px;">c) \$433.00 for an application made in the 2026 calendar year and subsequent calendar years.</p>	<p>Proposes terminology that is consistent with the regulations.</p>
<p>2.02.2 A person who submits an application for a certificate of registration as a registered nurse in the extended class <u>shall pay an application fee of</u></p> <p style="padding-left: 40px;">i) if the applicant is a graduate of a program required for registration in the extended class which was taken in Canada or if the applicant, at the time</p>	<p>Streamlines the sections given that the same application fee will apply to all NP applicants regardless of education.</p>

~~of application, holds an out-of-province certificate that is equivalent to an extended class certificate of registration as a registered nurse or if the applicant previously held an extended class certificate of registration as a registered nurse issued by the College 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;

c) \$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.

~~ii) if the applicant has education other than the education referred to in (i) and the applicant graduated from a program for registration as a registered nurse in the extended class that was approved by Council or a body approved by Council for that purpose, or a program approved by the Registration Committee as equivalent to a Council-approved program for registration as a registered nurse in the extended class shall pay an application fee of~~

<p>a) \$300.00 for an application made in the 2023 calendar year;</p> <p>b) \$400.00 for an application made in the 2024 calendar year;</p> <p>c) \$416.00 for an application made in the 2025 calendar year;</p> <p>d) \$433.00 for an application made in the 2026 calendar year and subsequent calendar years.</p>	
<p>iii) if the applicant is not described in (i) or (ii), shall pay an application fee of</p> <p>a) \$1,000.00 for an application made in the 2023 calendar year;</p> <p>b) \$1,330.00 for an application made in the 2024 calendar year;</p> <p>c) \$1,383.00 for an application made in the 2025 calendar year;</p> <p>d) \$1,438.00 for an application made in the 2026 calendar year and subsequent calendar years.</p>	<p>Proposes to revoke this higher fee that applies to internationally educated NPs. Similar fees for RPN and RN applicants were revoked by Council in March 2025. Thus, the proposed change would align with current application costs for RPN and RN applicants in which all applicants, regardless of where they are educated, are charged the same application fee.</p>
<p>REGISTRATION FEES</p> <p>3.02 Subject to Article 3.04 and Article 3.05, the registration fee paid for the issuance of each class of certificate of registration, other than an emergency class certificate of registration is</p> <p>i) \$50.00 for a certificate issued in the 2023 calendar year;</p> <p>ii) \$63.00 for a certificate issued in the 2024 calendar year;</p>	<p>The registration fee paid for the extended class certificate of registration will continue until the date regulation amendments come into force. On this date, the registration fees and specialty fees will merge into a new article (3.05) to streamline the costs in the by-laws.</p> <p>There is no increase or decrease in fees for NP applicants relative to current fees.</p>



<p>iii) \$66.00 for a certificate issued in the 2025 calendar year;</p> <p>iv) \$69.00 for a certificate issued in the 2026 calendar year and subsequent calendar years.</p>	
<p><u>3.05 Subject to Article 3.04, the registration fee paid for the issuance of a certificate of registration as a registered nurse in the extended class is \$138.00 for a certificate issued on or after [the date regulation amendments come into force].</u></p>	<p>Once specialty certificate fees are null and void on the date regulation amendments come into force, this article will merge with the current registration fees paid by NP applicants.</p> <p>There is no increase or decrease in fees for NP applicants relative to current fees.</p>
<p><u>FEES FOR SPECIALTY CERTIFICATES</u></p> <p>4.01 The fee for the issuance or reinstatement of each specialty certificate in the extended class</p> <p>i) \$50.00 for a certificate issued in the 2023 calendar year;</p> <p>ii) \$63.00 for a certificate issued in the 2024 calendar year;</p> <p>iii) \$66.00 for a certificate issued in the 2025 calendar year;</p> <p>iv) \$69.00 for a certificate issued in the 2026 calendar year and subsequent calendar years.</p>	<p>CNO will continue to charge a fee for specialty certificates until the date regulation amendments come into force. On this date, given this relates to specialty certificates, this will be null and void.</p>
<p><u>FEES FOR REINSTATEMENT /LIFTING ADMINISTRATIVE SUSPENSIONS</u></p> <p>Reinstatement Fee</p> <p>7.03 <u>Subject to Article 7.04, a</u>A person who is otherwise entitled to reinstatement of their his or her certificate of registration, i shall pay a reinstatement fee of</p> <p>a) \$50.00 if made eligible to reinstate in the 2023 calendar year;</p>	<p>The reinstatement fee paid for the extended class certificate of registration will continue until the date regulation amendments come into force. On this date, the reinstatement fees and specialty certificate fees will merge into a new article (7.04) to streamline the costs in the by-laws.</p> <p>There is no increase or decrease in fees for NP reinstatements relative to current fees.</p>



<p>b) \$67.00 if made eligible to reinstate in the 2024 calendar year;</p> <p>c) \$70.00 if made eligible to reinstate in the 2025 calendar year;</p> <p>d) \$73.00 if made eligible to reinstate in the 2026 calendar year and subsequent calendar years.</p>	
<p>ii) for each calendar year or part thereof during which the applicant, while not a member,</p> <p>used a title, the use of which was restricted to members and/or 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 a specialty of nursing in breach of section 11 of the Act and/or performed an act authorized to members under the Act in breach of the RHPA shall pay a fee of</p> <p>a) \$500.00 if made eligible to reinstate in the 2023 calendar year;</p> <p>b) \$625.00 if made eligible to reinstate in the 2024 calendar year;</p> <p>c) \$650.00 if made eligible to reinstate in the 2025 calendar year;</p> <p>d) \$676.00 if made eligible to reinstate in the 2026 calendar year or a subsequent calendar year.</p>	<p>This section is revoked to account for proposed changes in the opening clause of Article 7.03 (i.e., subject to changes in Article 7.04). The content of this section has been shifted to Article 7.05.</p>



<p><u>7.04 A person who is otherwise entitled to reinstatement of their certificate of registration as registered nurse in the extended class shall pay a reinstatement fee of \$142.00 if made eligible to reinstate on or after [the date regulation amendments come into force].</u></p>	<p>Once specialty certificate fees are null and void on the date regulation amendments come into force, this article will merge with the current reinstatement fees paid for NP reinstatements.</p> <p>There is no increase or decrease in fees for NP reinstatements relative to current fees.</p>
<p>7.05 For each calendar year or part thereof during which the applicant, while not a member, used a title, the use of which was restricted to members and/or 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 a specialty of nursing in breach of section 11 of the Act and/or performed an act authorized to members under the Act in breach of the RHPA shall pay a fee of</p> <ul style="list-style-type: none"> 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. 	<p>The content of Article 7.03 ii has been shifted to this new article.</p> <p>Removes a reference to specialties.</p>
<p>EXAMINATION FEES 8.06 A person who applies to have a rescore of the results of the examination which is a requirement for issuance of a specialty certificate in the extended class, known as the Canadian Nurse Practitioner Examination (CNPE), shall pay a fee of \$110.00.</p>	<p>This article will be revoked when the CNPE is no longer an approved examination.</p>
<p>8.08 A separate fee is payable for each application referred to in Articles s 8.06 and</p>	<p>The reference to Article 8.06 will be removed once Article 8.06 is revoked.</p>

8.07 and shall be paid at the time the application is submitted.

**Proposed amendments to By-law No.2: Fees
re Automatic Recognition**

APPLICATION FEES

- 2.02.1.1 For the 2026 calendar year and subsequent years, an applicant who holds a current out-of-province certificate that is equivalent to a registered nurse in the general 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.

- 2.02.3 For the 2026 calendar year and subsequent years, an applicant who holds a current out-of-province certificate that is equivalent to a registered nurse in the extended class shall receive a credit equal to 25% of the application fee paid for the equivalent Ontario category and class of registration.

Rationale Chart

Proposed Change	Rationale
<p>2.02.1.1 For the 2026 calendar year and subsequent years, an applicant who holds a current out-of-province certificate that is equivalent to a registered nurse in the general 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.</p>	<p>This proposed change enables an applicant who holds a current Canadian out-of-province certificate of registration as an RN or RPN to receive a credit equal to 25% of the application fee paid. The credit will be applied to any future payment the applicant or registrant pays (e.g. registration or annual fees).</p> <p>The yellow highlighted section was added after the Finance & Risk Committee meeting to clarify that the credit will apply to applicants seeking registration for an equivalent Ontario category and class of registration.</p>
<p>2.02.3 For the 2026 calendar year and subsequent years, an applicant who holds a current out-of-province certificate that is equivalent to a registered nurse in the extended class shall receive a credit equal to 25% of the application fee paid for the equivalent Ontario category and class of registration.</p>	<p>This proposed change enables an applicant who holds a current Canadian out-of-province certificate of registration as an NP to receive a credit equal to 25% of the application fee paid. The credit will be applied to any future payment the applicant or registrant pays (e.g. registration or annual fees).</p> <p>The yellow highlighted section was added after the Finance & Risk Committee meeting to clarify that the credit will apply to applicants seeking registration for an equivalent Ontario category and class of registration.</p>

Proposal to Amend By-Law No. 2: Fees

Decision note – March 2026 Council

Contact for questions or more information

Stephen Mills, Chief Operating Officer

Purpose and action required

CNO's approved 2026 budget and 2027-2029 projections forecast an operating coverage decline over the next few years. A detailed financial analysis was presented to the Finance & Risk Committee (the Committee) on February 19, 2026, and they are recommending:

Motion:

That Council approve the proposed amendments to By-Law No. 2: Fees, as they appear in [Attachment 1](#), for a 60-day circulation period.

Background

When the 2026 budget was presented to Council, it was noted that the projected unrestricted net assets is expected to be 4.85 months of operating coverage at the end of 2026. With the 2025 year-end results now available, we know that coverage will further decline thereafter. Staff prepared material to support a discussion at the February Finance & Risk Committee meeting regarding approaches to future fee increases.

During the discussion and as noted in the Finance & Risk Committee report from the February meeting, the Committee, based on a discussion with the auditors, raised the topic of the appropriateness of the current 3-6 month operating coverage guideline. Following further discussion on the guideline, the Finance & Risk Committee has recommended that CNO's operating coverage guideline should be:

- less than or equal to 8 months of operating expenses; and
- more than or equal to 4 months of operating expenses; and
- target the middle of the range at 6 months.

This guideline is intended to ensure ongoing financial health of CNO. Maintaining an operating coverage in this range ensures that CNO has the financial resources to maintain operations for a period of time in the event of unforeseen circumstances that may cause a significant increase in expenditures or loss of revenue. By having a cap of 8 months, the guideline also ensures that at any point in time, the accumulated surplus

is generally the result of fees paid by current registrants and those registrants are not contributing significantly to future accumulated surpluses or costs.

Council last approved fee increases in 2023. This involved staged increases to application-related and registration-related fees over a three-year period, up until 2026. The current fees by-law contains no provisions for further increases.

Meeting its regulatory mandate requires CNO to regularly focus on operational efficiencies and enhancements and progress on the strategic plan as approved by Council. While efficiencies are found, and there are small increases due to registrant volume growth, a number of factors contribute to offsetting these; examples include:

- inflation;
- increasing volumes and complexities of cases in key regulatory functions;
- implementing and optimizing new technology systems and tools to support operational improvements and support evolving regulatory requirements;
- investments and resources to implement a new strategic plan;
- increasing expectations from government and other system partners for CNO to respond to the needs of the healthcare system.

When taking into account both the 2025 year-end results and the new recommended operating coverage guideline, financial projections show the operating coverage falling below the guideline in 2028. Targeting the middle of the recommended guideline would require fee increases in 2027.

Fee Proposal

In reviewing a detailed briefing on fee scenarios, the Finance & Risk Committee was mindful of its accountability to support Council in meeting its fiduciary duty to ensure CNO's ongoing financial viability. That includes ensuring CNO has the resources to deliver on its regulatory and strategic commitments as well as respond to unexpected events and legislative expectations.

The Committee carefully considered 5 different scenarios, weighing the advantages and disadvantages of each; they included:

- CNO's historical approach to fee increases, which involves extended periods with no fee increases, followed by a significant increase to address operating coverage decline,
- options for deferring fee increases, followed by gradual annual increases, and
- various approaches to a new state of smaller and more predictable fee increases.

The Committee is recommending that CNO move to a model of annual smaller, predictable increases that maintain operating coverage in middle of the new target range; that is, around 6 months of coverage. This will create financial stability, offer predictability for registrants, and allow CNO the flexibility to respond to unexpected events.

Fees By-Law Amendments

In order to operationalize the Committee's recommendation to move to a state of smaller, predictable annual fee increases, amendments to CNO fees by-laws are required. At their meeting, the Committee reviewed sample draft by-law revisions in line with the scenarios presented. In light of the new recommended operating coverage guideline, the Committee recommended a slight change to the proposed smaller annual percentage increase to fees. To accurately capture their recommendation, the Committee reviewed an updated set of by-law amendments via email in accordance with By-Law No.1: General, Article 32, and are recommending that:

- CNO maintain a Fee Schedule, noting all fees by name and the amount for each,
- fees increase by 7% each fiscal year,
- flexibility be provided to the Finance & Risk Committee to approve annual fee increases by an amount less than 7% if necessary, and
- Council is provided the authority to approve annual fee increases exceeding 7%, up to a maximum of 10%, as needed.

The illustrations below show how the fee increases outlined above transform the operating deficit seen in 2026, to a surplus in subsequent years, and bring the operating coverage to the middle of the 4-8 month range. For both charts, the same base assumptions are used:

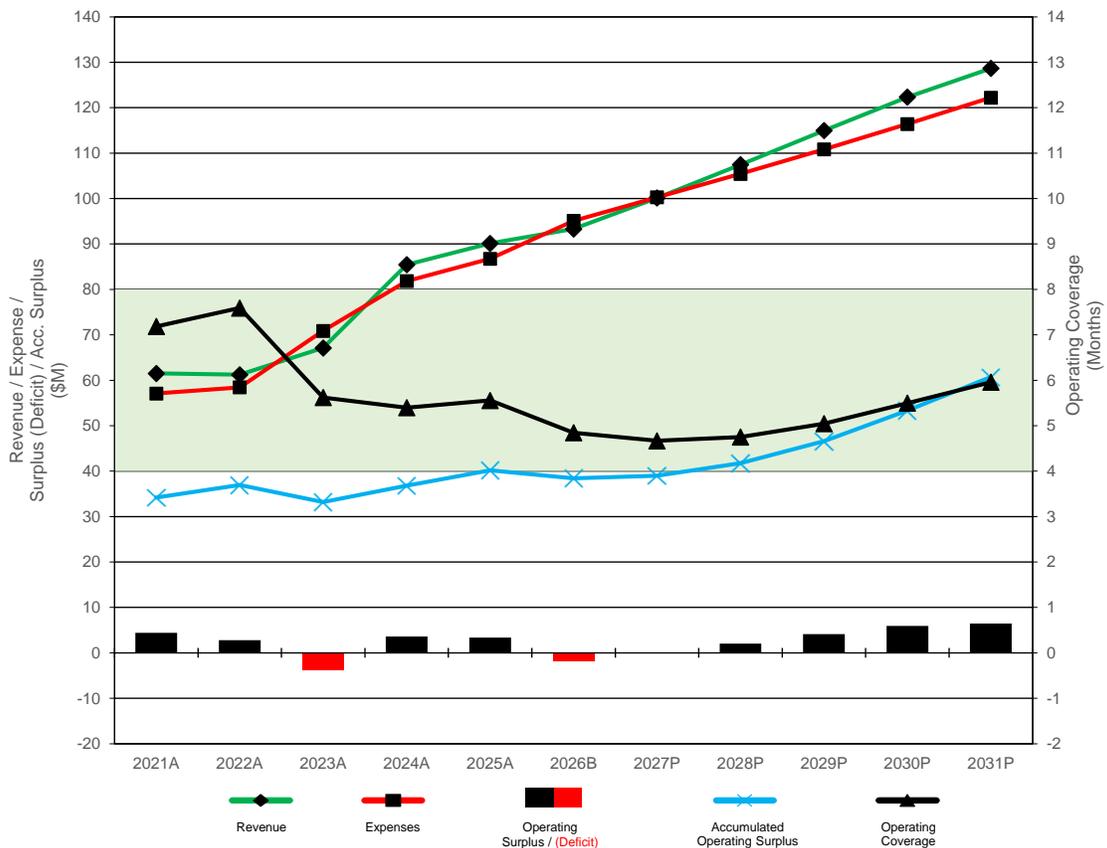
- an increase of 15 Full Time Equivalent (FTE) staff resources is assumed annually;
- compensation increases (includes inflation and progression) of 2.5% each year; and
- 4% inflation for purchased services and items such as software licensing and equipment purchases.

The recommended approach:

- achieves the targeted financial result;
- enables a return to the middle of operating coverage guideline range, allowing flexibility to address unanticipated events while maintaining services to the public, registrants, and applicants at acceptable levels; and
- provides predictable fees and mitigates the risk that large fee increases would be needed in the future.

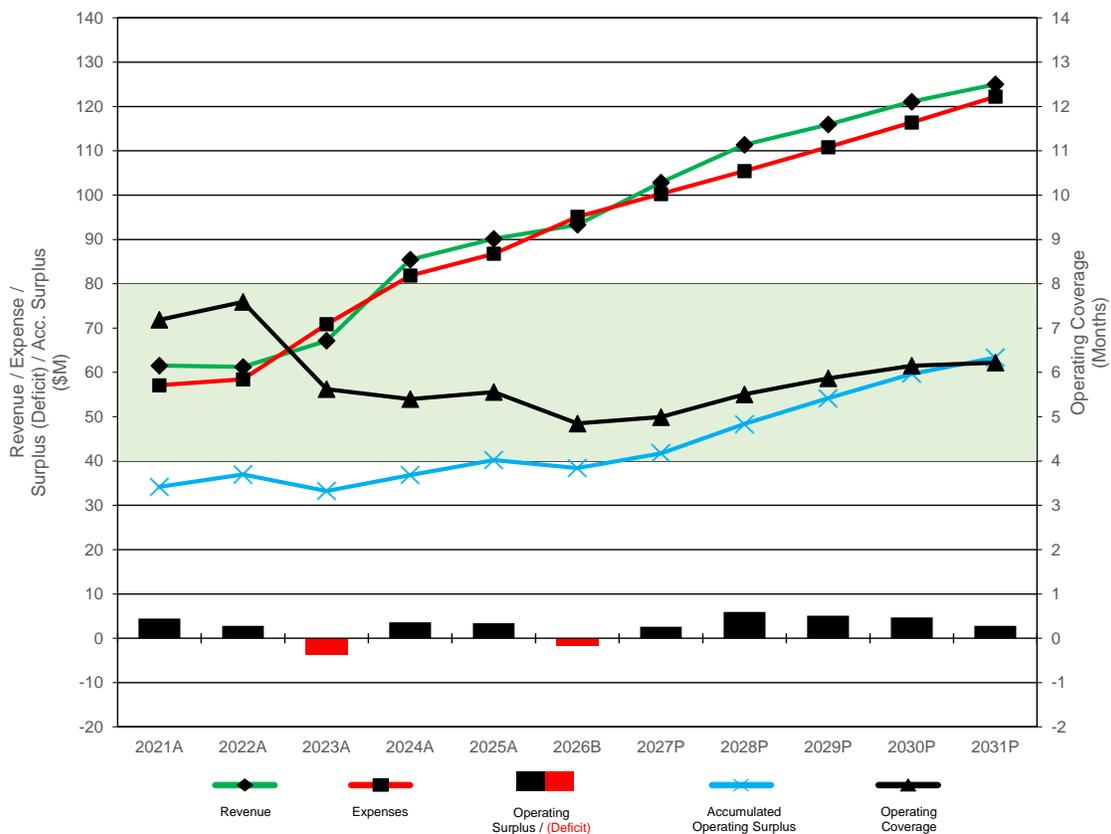
Fee Increases of 7% and less as approved by Finance & Risk Committee

This chart depicts the result of a steady state of fee increases of 7% from 2027 - 2029, with lower fee increases of 6% and 5% in 2030 and 2031 respectively. This steady increase will more gradually increase the operating coverage over time, where it lands within the middle of the target range by 2031.



Fee Increases of 10% and less as approved by Council and Finance & Risk Committee

This chart outlines the option for Council to approve a 10% fee increase in 2027, and 8% in 2028, followed by 4% and 3% increases in the following years, as approved by the Finance & Risk Committee. Higher fee increases in these earlier years will bring the operating coverage into the middle of the target range more quickly, allowing for the option of lower increases in subsequent years. By 2029, the operating coverage is forecast to be in the 6 month range.



It is important to note that if financial results produce a larger than forecast surplus, then the proposed by-law amendments provide the flexibility to have lower increases earlier than 2029.

Both charts illustrate the result of added flexibility to make small adjustments to the standard increase each year, if necessary, in order to maintain the operating coverage while mitigating the risk of collecting more fee revenue than is warranted. This authority would ultimately lie with the Finance & Risk Committee and Council. If it becomes necessary to increase fees by more than 10% in a year, a new fee by-law amendment would be required, and it would follow the standard approach (i.e. circulation).

[Attachment 1](#) is a red-lined version of By-Law No. 2: Fees. It reflects the recommendations of the Finance & Risk Committee, including:

- the adjusted approach to fee increases,
- the new operating coverage guideline, and
- changes relating to the Nurse Practitioner (NP) Regulation Framework (highlighted in **yellow**), and Automatic Recognition (highlighted in **blue**).

Questions for Consideration

- Are you confident that the approach recommended by the Finance & Risk Committee supports CNO's ongoing financial viability?
- Does the recommended approach provide sufficient and efficient flexibility for fee changes as they are needed?
- Will the proposed changes support CNO in fulfilling their regulatory mandate, implementing a new strategic plan, and responding to unexpected events?

Next Steps

If Council approves the proposed revised by-laws for circulation:

- the proposed by-law amendments will be circulated for a 60-day consultation period,
- a detailed communication plan will be developed,
- a report of feedback from the consultation will be prepared and shared with the Finance & Risk Committee in May 2026, and Council in June 2026, and
- subject to the Finance & Risk Committee's recommendation, Council will consider approving the by-law amendments in June 2026.

Attachments

1. [Redlined proposed amendments to By-Law No. 2: Fees](#)

Attachment 1

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 Schedule of Fees

The College shall maintain a Fee Schedule 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 Schedule 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 Schedule 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 Schedule 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 Schedule, 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 Schedule. ~~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;~~
 - ~~c) \$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 For the Effective 2026 calendar year and subsequent years, 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.~~

~~2.02.3~~ For the 2026 calendar year and subsequent years, an applicant who holds a current out-of-province certificate that is equivalent to a registered nurse in the extended class shall receive a credit equal to 25% of the application fee paid for the equivalent Ontario category and class of registration.

~~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 Schedule. 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 Schedule.:

- 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;~~
 - 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.~~

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 Schedule.~~

~~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 Schedule \$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 Schedule.~~

~~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 31st of the previous year.
- 5.05** No annual fee is payable in relation to the issuance of an emergency class certificate of registration or by a member who only holds an emergency class certificate of registration.
- 5.06** 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 Schedule.
- ~~i) for members registered in one category, shall pay an annual fee of~~
- ~~a) \$270.00 for the 2023 calendar year;~~
 - ~~b) \$340.00 for the 2024 calendar year;~~
 - ~~c) \$354.00 for the 2025 calendar year;~~
 - ~~d) \$368.00 for the 2026 calendar year and subsequent calendar years.~~
- ~~ii) for members registered in two categories, shall pay an annual fee of~~
- ~~a) \$540.00 for the 2023 calendar year;~~

~~b) \$680.00 for the 2024 calendar year;~~

~~e) \$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 Schedule.

~~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;~~

~~e) \$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;~~

~~e) \$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 Schedule ~~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 Schedule

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 Schedule, 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;~~
 - ~~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;~~
 - ~~c) \$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 Schedule. 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 Schedule.

- ~~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;~~
 - ~~c) \$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 Schedule, 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 Schedule, ~~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.

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 Schedule.

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 Schedule.

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 Schedule, 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 Schedule, 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 - Credit Card Decline** ~~of \$50.00~~ as set out in the Fee Schedule, 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 Schedule, 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 Schedule. ~~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.

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2027-2031 Strategic Plan

Decision Note – March 2026 Council

Contact for questions or more information

Silvie Crawford, Registrar & CEO

Purpose and action required

To support Council's decision-making by providing an overview of the process used to develop the proposed *2027-2031 Strategic Plan*.

Motion:

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

Questions for consideration

1. Does the strategic plan strike the right balance between organizational transformation, maintaining strong core regulatory functions while responding to emerging system pressures?
2. What factors do Council want staff to consider as we communicate the strategic plan to nurses, system partners, and the public?

Public protection rationale

CNO's purpose is to protect the public by promoting safe nursing practice. The proposed *2027-2031 Strategic Plan* supports this purpose by ensuring CNO remains responsive, evidence informed and aligned with evolving needs of Ontario's health system.

Background

Council's organizational oversight role includes approving CNO's strategic plan and overseeing execution through reporting by staff. CNO's current *2021-2026 Strategic Plan* will end December 31, 2026.

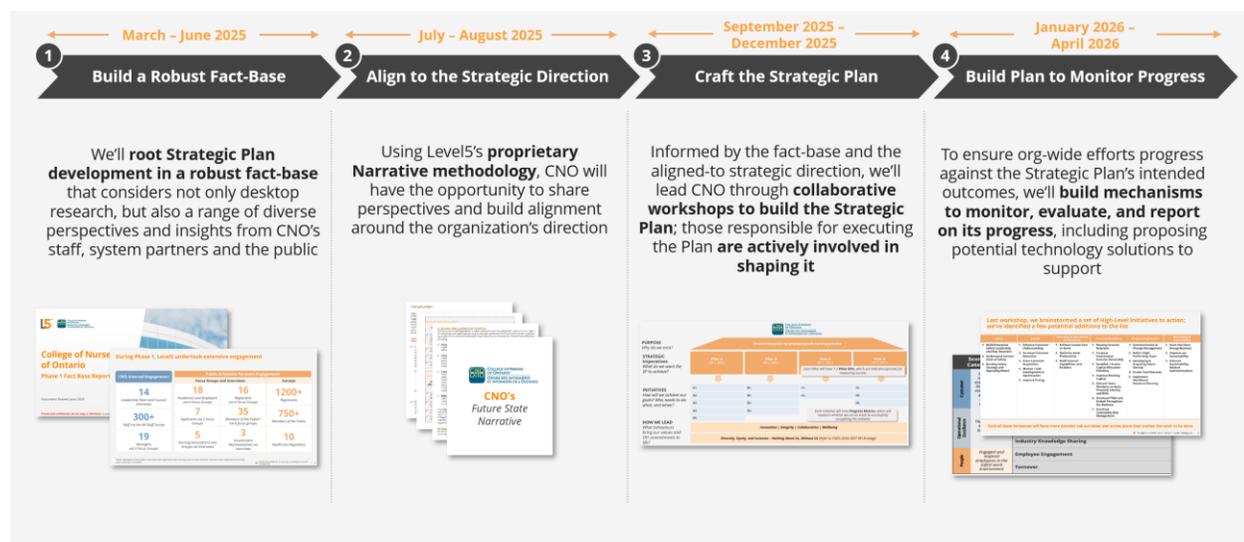
To position CNO for continued success and relevance in a rapidly changing world, the proposed strategic plan is informed by extensive engagement with system partners, best practice, evidence and lessons learned from the current plan.

CNO partnered with a vendor, [Level5 Strategy \(L5\)](#), to develop a planning approach that reflects the realities of today’s health system, while positioning CNO to meet evolving needs.

Development approach

A Steering Committee was established in June 2025 to provide oversight to the planning process; it included Council’s Executive Committee (five members) and three members of CNO’s leadership (the Registrar & CEO, Chief Operating Officer and Director of Strategy).

The proposed strategic plan is a result of collaboration that occurred throughout 2025 between Council and CNO leadership, with the support of L5. The strategic plan was developed through a phased process (described in the diagram below) that emphasized evidence, engagement and iterative validation.



Council provided input and direction at each phase of the project. Key highlights from workshops held throughout 2025 are described below.

- June 2025: Council reviewed the environmental scan and validated important themes emerging that would inform the new strategy. Council and CNO leadership discussed the question “why CNO exists”, or CNO’s purpose. Council gave permission to CNO’s Leadership Team to initiate draft strategic narratives based on these themes.
- August 2025: this session brought Council together to discuss strategic narratives. These are clear, simple statements to set CNO’s direction. The draft strategic narratives were informed by research, environmental scanning, and extensive consultation with system partners and CNO staff. Council provided input on the narratives and discussed CNO’s purpose statement.

- October 2025: Council indicated its support for the strategic imperatives and purpose statement and provided input on potential areas of focus and what success might look like.

Between November 2025 and February 2026, CNO's Leadership Team began defining the bodies of work required to operationalize the strategic imperatives that were endorsed by Council, and what success might look like for each strategic imperative.

Considerations

In March 2026, L5 representatives will present the proposed *2027-2031 Strategic Plan* to Council. The *2027-2031 Strategic Plan* will set CNO's direction, clarify priorities, and define how success will be measured over the plan's time horizon.

L5 will also update Council on the approach, and work underway, to identify what success might look like for each of the strategic imperatives.

Next steps

Subject to Council's approval, next steps are outlined below.

- The *2027-2031 Strategic Plan* will undergo graphic design and be published on cno.org.
- Staff will continue work on identifying how progress and successful achievement of the strategic imperatives will be measured, providing updates to Council later this year.
- Staff will work throughout 2026 to socialize the strategy, both internally and among system partners and support CNO's readiness to implement, providing updates to Council.
- The *2027-2031 Strategic Plan* will come into effect January 1, 2027.

Attachment 1

[The College of Nurses of Ontario's 2027-2031 Strategic Plan](#)

Attachment 1



2027-2031 Strategic Plan

Our Purpose

To protect the public by promoting safe nursing practice

We will deliver on our Purpose by focusing on four Strategic Imperatives that will guide our work over the next five years

Enhance Excellence in Regulation in the Public Interest

Evolve our regulatory practices to remain rigorous, relevant, equitable, and impactful in protecting the public

How we will deliver:

- Elevate the quality of regulatory experiences and processes for nurses, applicants, and the public
- Use data, analytics, and evidence to proactively identify risk and support public protection
- Champion regulatory advancements within and across jurisdictions

Deepen Awareness, Understanding and Connection

Elevate our visibility to build stronger understanding and confidence across those we serve and collaborate with

How we will deliver:

- Establish a clear, shared understanding of CNO's purpose, role and impact
- Take a more coordinated and strategic approach to communications and engagement
- Strengthen connection between CNO and those we serve and engage

Shape Solutions and Drive System-Wide Impact

Leverage our position and insights to lead with expertise, consult and collaborate with partners and communities, and amplify outcomes that strengthen the health system

How we will deliver:

- Engage with system partners to address shared priorities
- Share research and insights to inform evidence-based decisions
- Convene and lead thought leadership to advance regulatory excellence and public protection

Foster our People, Culture and Capabilities

Nurture a culture where people feel included, valued, and able to contribute their best, while continuing to build the capabilities needed to stay ahead in a changing system

How we will deliver:

- Sustain a strong employee experience and inclusive workplace culture
- Develop competencies, leadership capacity, and organizational agility
- Equip staff with modern tools and clear decision-making processes

CNO Equity Strategy and Indigenous Equity Framework

Inclusion for All: Nothing About Us, Without Us

CNO Values

Innovation | Integrity | Collaboration | Wellbeing

... are key to how we deliver on our Strategic Plan

Strategic Plan 2021-2026 Reporting

Discussion Note – March 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 highlights new activity since the previous Council update.

Outcome Measures

The updated outcome dashboard, with data up to the end of December (Q4) 2025 is included with this report. It reports on the outcome measures and pillar performance, which demonstrate CNO's progress towards the outcomes and includes leading measures. Further information related to the description, rationale and timing of each measure can be found in Attachment 4 (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. The last documentation validation vendor was onboarded Q4 2025. As of end of Q4, over 1,900

IEN registrations have been granted since the regulation changes went into effect, and more than 3,800 IENs have completed the TTP course.

CNO will begin planning and scoping the Evidence of Practice project in early 2026.

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

In Q4 2025, CNO adopted a new learning management system (LMS) and completed development of a new Quality Assurance (QA) assessment module on the Scope of Practice standard. CNO is actively working towards adding the new module (and the associated assessment tool) into the LMS so that it can be administered. CNO is committed to delivering a robust and accessible QA experience for nurses.

The Standards Utilization Survey was first conducted in 2021 and repeated in 2024. Both iterations yielded consistent results with 97% of nurses reporting familiarity with CNO standards. The survey will be administered next in 2026 (timing not yet determined), allowing CNO to collect data about newly developed or revised standards and guidelines.

We have made a minor update to the 2024 data for the Professional Conduct Remediation Dispositions measure. The 2024 source data has been updated since the measure was first reported. The proportion of professional misconduct and/or incompetence investigations with a remedial outcome in 2024 was originally reported to be 74% and has been updated to 75%.

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

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

As noted in previous updates, CNO's survey work under this outcome is complete for the current strategic plan. 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 Q4 2025, CNO had over 112,000 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 Engine

Work towards realizing the Insights Capability Pillar (enhancing organization-wide evidence-based insights, backed by data) is progressing.

CNO has 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 Data Lakehouse Project supporting Pillar 1 has 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 next planned milestone for this pillar was to apply machine learning and more advanced analytics. CNO plans to close out the Enterprise Data Lakehouse implementation and 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.

As a result, machine learning and advanced analytics will be re-sequenced and planned as a subsequent 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

The 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 projects and operational planning were finalized. Together, these initiatives enabled us to establish a two-speed organizational model, providing CNO with the ability to effectively manage both operational and strategic initiatives.

Pillar 3: Enable Proactivity

The 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 Q4 2025, CNO participated in thirty-seven engagements (conferences, external meetings and presentations), making it our most active engagement period of the year. Highlights include:

- Professional Standards Authority research conference, "Preventing harm: turning insight into impact" (CNO attended)
- Council on Licensure, Enforcement and Regulation's (CLEAR's) 8th International Congress (CNO attended)
- Nurse Practitioners' Association of Ontario's annual research symposium (CNO presented)
- Meetings with provincial and national partners, including other regulators, academics and employer groups, which included hosting a Canadian Council of RN Regulators' workshop.

We completed eleven external presentations at key events, including those at events hosted by WeRPN, the Registered Nurses' Association of Ontario, the Nurse Practitioners' Association of Ontario, and employers. Through these various engagements we provided updates on nursing scope of practice, interjurisdictional Nurse Licensure, NP regulation changes, and NURSYS.

This sustained level of activity reflects CNO's continued commitment to broader engagement and deepening our system-wide relationships. We are enhancing our outreach to new graduates to support their transition to practice, exploring a conversation-based engagement model to promote two-way dialogue with nurses and

employers, and using insights from the Workforce Census and Nursing Statistics Report to inform future engagement plans.

Next steps

CNO will continue to report quarterly on the *Strategic Plan 2021-2026* at Council meetings 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 December 2025)



Strategic Plan 2021-2026 Outcome Dashboard

Outcome Measure
Leading Measure

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

Applicant Experience Survey

Fairness 84%
Inclusivity 83%
Effectiveness 72%

Index scores based on responses from nurses who registered or reinstated between Jan. 1, 2025-Dec. 31, 2025 (n=4,088)
Baseline (2024Q2-2025Q1): Fair - 85%, Inclusive - 84%, Effective - 73%

Time to First Application Contact (15 days or less)

2025 Q1 - 2025 Q4
100% Ontario, 100% Canadian, 100% International

Baseline (2020-22)
100% Ontario, 97% Canadian, 97% International

Application Processing Ratio

Received applications, Processed applications, Processed Ratio

Rolling Year	Total Applications	Processed Ratio
2020 Q4	15K	0.85
21Q1-Q4	17K	0.76
22Q1-Q4	17K	1.00
23Q1-Q4	21K	0.89
24Q1-Q4	19K	1.18
25Q1-Q4	19K	0.92

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

Quality Assurance (QA) Assessment

2025 Q1 - 2025 Q4 QA Part B Participants n=1,031

95% % of assessed participants who satisfactorily completed the QA activity on the first attempt demonstrating understanding and integration of CNO standards

Baseline (2023): 95%

QA Survey 2025 Q1 - 2025 Q4 QA Part A Survey Respondents n=1,015

99% Average % of nurses who agreed they understood CNO standards after completion of QA modules

Baseline (2023): 98%

Standards Survey 2024 n=1,125

97% % of nurses indicating that they were familiar with CNO standards

Baseline (2021): 97%

Professional Conduct Remediation Dispositions

Year	Remedial Dispositions (n, % of total)	Total Dispositions with Action Taken (N)
2020	250 (71%)	354
2021	360 (78%)	463
2022	396 (78%)	510
2023	322 (76%)	423
2024	343 (75%)	456
2025	309 (77%)	400

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

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

Trust*

*Data was collected in 2023 and work for these measures is now complete. Internal practices to strengthen trust and awareness have been implemented and work is ongoing to examine the integration of strategies/projects that will further build trust into the next Strategic Plan.

Nurses (n=1249) 65%
Public (n=798) 61%

% that found CNO very or somewhat trustworthy

Awareness*

Nurses (n=1250) 100%
Public (n=1251) 70%

% aware of CNO or organization that regulates nursing in ON

Social Media Audience Growth

LinkedIn, Facebook, Instagram

Year	Total Audience
2025 Q4	112K
2024 Q4	102K
2023 Q4	90K
2022 Q4	78K
2021 Q4	65K
2020 Q4	55K

↑ 105% since 2020

Attachment 2: Strategic Plan 2021-2026 Project Progress Dashboard



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.

Nurse Practitioner Regulation Framework: Revoking Council Approval of NP Population-Specific Programs and Examinations

Decision Note – March 2026 Council

Contact for questions or more information

Silvie Crawford, Registrar & CEO

Purpose and action required

The purpose of this note is to outline a decision for Council's consideration to revoke its approval of Nurse Practitioner (NP) population-specific programs and examinations. These programs and examinations were previously approved by Council to enable the NP-Adult, NP-Primary Health Care and NP-Paediatrics registration certificates in Ontario which will no longer be in effect on July 1, 2026.

Motion:

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 this 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 this 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 this 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 this decision note.

Question for consideration

Does Council support revoking its approval of the NP population-specific education programs and examinations listed in [Attachment 1](#) to reflect the new laws taking effect July 1, 2026?

Public protection rationale

CNO's purpose is to promote safe nursing practice. Ensuring that CNO approved NP programs and examinations reflect updated laws and national NP entry-level competencies will support all NP applicants for registration in Ontario, meeting transparent, fair and evidence-informed requirements that protect the public.

Background

In December 2025, the Ontario government approved regulation amendments to streamline the registration of NPs into a single classification effective July 1, 2026. This change aims to promote access to patient care by supporting labour mobility and creating a more agile NP workforce.

With the transition to a single NP registration framework, Council is asked to consider revoking its approval of: 1) NP population-specific education programs (NP-Adult, NP-Neonatal and NP-Paediatric); and 2) the associated examinations - given these programs and examinations no longer align with the revised national NP entry-level competencies.

As of September 2024, Ontario universities began to educate and train NP students to practice across patient populations and practice settings in line with the revised national NP entry-level competencies. Educators in Ontario are no longer offering the previously approved population-specific NP programs. Council has already approved the revised Ontario NP programs. NP students who graduate from these programs will be eligible to write the new Council approved examination– the Canadian Nurse Practitioner Licensure Exam (CNPLE) and register as an NP in Ontario, under the single classification. The CNPLE was approved by Council as a valid, secure, fair and reliable examination in the Extended Class in.

Proposed revocation of Council approval of NP-Adult and NP-Paediatrics programs and examinations

There are several Canadian NP-Adult and NP-Paediatrics programs previously approved by Council that do not align with the new NP framework.

Pending Council approval, to support a smooth transition and to allow NP applicants sufficient time to successfully meet the exam requirement for registration, the adult and paediatrics NP exams are planned to be available for at least 18 months after the last NP program cohort has graduated. The revocation of Council's approval of these exams will take effect after the last cohort graduates. This approach is in keeping with fairness expectations set out in the legislation governing health regulators. NP applicants who have successfully completed an NP-Adult or NP-Paediatrics education program but

have yet to complete the corresponding exam would have the opportunity to write the exam until the end dates proposed in [Attachment 1](#).

Proposed revocation of Council approval of NP-Primary Health Care examinations

There are several NP-Primary Health Care examinations previously approved by Council that do not align with the new NP framework and NP education programs across patient populations and practice settings. The new Council-approved CNPLE is designed to test an applicant's ability to practice safely relative to nursing practice in Canada and the exam aligns with the national NP entry-level competencies.

Proposed revocation of Council approval of neonatal NP programs

To support the registration of NP applicants with a neonatal population focus, in the early 2000's, Council approved Ontario and Canadian neonatal NP education programs for registration under the NP-Paediatrics registration certificate. This enabled CNO to support Ontario's neonatal nursing workforce demands and health system needs. These programs do not align with the new NP framework.

Next step

Following Council's discussion and decision, staff will continue to work in partnership with national nursing regulators and provincial system partners to support clear communication to students and applicants of Council's list of approved NP programs and examinations to support NP registration in Ontario. If Council approves the proposed decision, staff will:

- provide clear communication on end dates related to when NP population-specific exams will no longer be accepted. This will ensure current applicants have sufficient time to meet their registration requirements before these exams are sunset
- provide clear communication on end dates related to when NP population-specific programs will no longer be accepted
- support a smooth transition to a single classification when the regulation comes into effect on July 1, 2026

Attachment

1. [Proposed revocation of Council approval: list of NP programs and examinations](#)

Attachment 1

Proposed revocation of Council approval: list of NP programs and examinations

Table 1: NP population-specific programs

NP Population-Specific Certificate	Ontario/Canada NP Programs	Proposed In-Effect Date (When revocation of Council approval takes effect)
NP-Adult	<ul style="list-style-type: none"> • University of Toronto: Nurse Practitioner, Adult Program (Master's) • University of Toronto: Nurse Practitioner, Adult Program (Post Masters) • British Columbia Institute of Technology: Nurse Practitioner, Adult Program • Dalhousie University: Master of Nursing, Nurse Practitioner, Adult Program • Memorial University: Master of Nursing, Nurse Practitioner, Adult Acute Care Program • Memorial University: Post Master's Nurse Practitioner Diploma, Adult Acute Care Program • University of Calgary: Master of Nursing: Nurse Practitioner, Adult Acute Care Program • University of Calgary: Post Master's Nurse Practitioner Diploma, Nurse Practitioner, Adult Acute Care Program • Université de Laval: Nurse Practitioner Cardiology Program • Université de Laval: Nurse Practitioner Nephrology Program 	July 1, 2026
NP-Paediatrics	<ul style="list-style-type: none"> • University of Toronto: Nurse Practitioner, Paediatrics Program (Master's) • University of Toronto: Nurse Practitioner, Paediatrics Program (Post Masters) • University of Alberta: Individual/family Health Nursing, Acute Care Nurse Practitioner, Child Program • McMaster University Diploma Program, Advanced Neonatal Nursing • Dalhousie University: Master of Nursing, Nurse Practitioner, Neonatal Program • University of Alberta: Individual/family Health Nursing, Acute Care Nurse Practitioner, Neonatal Program 	July 1, 2026

Table 2: NP population-specific examinations

NP Population-Specific Certificate	Canadian/American NP Examinations	Proposed In-Effect Date (When revocation of Council approval takes effect)
NP-Adult	<ul style="list-style-type: none">• Adult-Gerontology primary care Nurse Practitioner certification examination (AANPCB) [American exam]• Adult Nurse Practitioner Examination (ANCC) [American exam]	January 1, 2027
NP-Primary Health Care	<ul style="list-style-type: none">• Family Nurse Practitioner Certification Examination (ANCC) [American exam]• Family Nurse Practitioner Certification Examination (AANPCB) [American exam]• Canadian Nurse Practitioner Examination: Family/All Ages (Meazure Learning) [Canadian exam]	January 1, 2027 July 1, 2026
NP- Paediatrics	<ul style="list-style-type: none">• Paediatric Nurse Practitioner Primary Care Certification Examination (PNCB) [American exam]• Paediatric Nurse Practitioner Examination (ANCC) [American exam]	July 1, 2026

Nurse Practitioner Regulation Framework: Nurse Practitioner Standard Revisions

Decision note – March 2026 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose and action required

The purpose of this note is to outline a decision for Council's consideration related to revised language in the *Nurse Practitioner* standard to align with the national Nurse Practitioner (NP) regulation framework approved by Council in [March 2025](#).

Motion:

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

[Attachment 1](#) details a redlined version of the proposed revision to the *Nurse Practitioner* standard.

Question for consideration

Does Council support the proposed revisions to the *Nurse Practitioner* standard to reflect the new laws taking effect July 1, 2026?

Public protection rationale

Practice standards outline the expectations for nurses that contribute to safe and ethical patient care. They inform nurses of their accountabilities and the public of what to expect of nurses.

Background

In December 2025, the Ontario government approved regulation changes under the *Nursing Act, 1991* (Ontario Regulation 275/94) that will streamline NP registration to a single classification in the Extended Class, removing NP population-specific certificates in Ontario (adult, paediatrics and primary health care). The regulation changes will come into effect on July 1, 2026.

Revisions to the *Nurse Practitioner* standard are necessary to align with Ontario regulation. As part of our next steps, CNO has drafted minor revisions to the *Nurse*

Practitioner standard. The proposed revisions will remove reference to NP population-specific (also known as specialty) certificates in the practice standard and glossary ([Attachment 1](#)).

As an unrelated effort to these minor updates, a comprehensive review of the *Nurse Practitioner* standard is currently underway, proposed changes to be brought forward to Council at a later date.

Next steps

If Council approves the minor revisions to the standard, the next step will include:

- updating the *Nurse Practitioner* standard on CNO's website in English and French effective July 1, 2026
- conducting external communication to support registrants' and system partners' awareness of the revisions

Attachment

1. [Proposed Nurse Practitioner standard revisions](#)

Attachment 1

Legend	
Red strikethrough	Proposed deletion
Black text	No change to text

Proposed *Nurse Practitioner* standard revisions

The revisions proposed below relate to content on pages 3, 4 and 11 of the [Nurse Practitioner standard](#).

Introduction

The College of Nurses of Ontario's (CNO's) standards inform nurses of their accountabilities and the public about what to expect of nurses. These expectations contribute to public protection and are the benchmark for how a competent nurse should perform.

This *Nurse Practitioner* practice standard describes the accountabilities specific to Nurse Practitioners (NPs) in Ontario (also known as Registered Nurses in the Extended Class). Nurse Practitioners are also accountable for complying with relevant laws and other CNO standards and guidelines¹ as applicable.

Nurse Practitioners are Registered Nurses who have met additional nursing education, experience and exam requirements set by CNO. Only those registered with CNO in the Extended Class can call themselves "Nurse Practitioner" or "NP".

Nurse Practitioners are authorized to diagnose, **order** and interpret diagnostic tests and prescribe **medications** and other treatments for **clients**. Nurse Practitioner practice includes health promotion with the aim of optimizing the health of people, families, communities and populations. This enables NPs to practice with diverse client populations in a variety of contexts and practice settings, such as acute care, primary care, rehabilitative care, curative and supportive care and palliative/end-of-life care.

~~CNO registers NPs with one or more of the following **specialty certificates**:~~

- ~~• Nurse Practitioner – Primary Health Care (NP-PHC)~~
- ~~• Nurse Practitioner – Pediatrics (NP-Pediatrics)~~
- ~~• Nurse Practitioner – Adult (NP-Adult)~~

~~Each specialty certificate refers to a specific client population and not a clinical area or a practice sector. CNO does not restrict the clinical areas or sectors in which NPs work.~~

¹ All standards and guidelines are available at: www.cno.org/standard

Bolded terms are defined in the glossary.

Standards

This section describes standards for NP practice.

Nurse Practitioners:

- practice according to CNO standards, guidelines, and relevant laws
- use the protected title “Nurse Practitioner” (NP) or “Registered Nurse Extended Class” (RN[EC]), ~~and may add their specialty certificate(s) to their title~~
- maintain competence in clinical NP practice. This clinical practice must include the use of advanced nursing knowledge and decision-making skill in health assessment, diagnosis and therapeutics, ~~when treating clients appropriate for the NP's specialty certificate~~
- demonstrate the NP competencies applicable to their practice
- ~~limit their practice to clients appropriate for their specialty certificate~~

Glossary

~~"Specialty certificate: A CNO document issued to a NP that designates the client population for whom the NP is qualified to provide care. It is not meant to indicate a NP's clinical focus. CNO currently registers three specialty certificates: NP-Adult, NP-Pediatrics and NP-Primary Health Care"~~

Nurse Practitioner Regulation Framework: Feedback on General By-Law Amendments

Decision Note – March 2026 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose and action required

This note provides an overview of consultation feedback received on proposed By-Law No. 1: General amendments to support a single Nurse Practitioner (NP) classification in Ontario.

Motion:

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

Questions for consideration

- Does Council have any comments and/or questions about the feedback received?
- Does Council, having considered the feedback from the consultation, continue to believe the proposed General By-Law amendments are drafted in the public interest?

Public protection rationale

Amendments to CNO's General By-Laws are being proposed to support implementation of a single NP classification, to ensure alignment with the national NP framework. A new NP regulation framework aims to support labour mobility and create a more agile NP workforce while maintaining high standards of public safety.

Background

The NP regulation framework aims to streamline NP registration to a single classification. In Ontario, this will mean the removal of NP population-specific certificates (adult, paediatric and primary health care). To support a single classification, proposed amendments to NP regulation under the *Nursing Act, 1991* were approved by

Council in [March 2025](#) and the Ontario Government in December 2025. They take effect July 1, 2026.

At the December 2025 Council meeting, Council approved the circulation of By-Law amendments for a 60-day circulation period as per the requirements in the *Regulated Health Professions Act, 1991*.

The proposed General By-Law amendments would:

- remove references to NP specialties where applicable
- add language that allows CNO to include an NP's foundational (entry to practice) education information on the public register (Find a Nurse)

[Attachment 1](#) contains the proposed amendments, and [Attachment 2](#) outlines the rationale for the proposed General By-Law amendments.

There are also proposed changes to the Fees By-Laws that support implementing a single NP classification. Feedback from the consultation on the Fees By-Laws was discussed at the February Finance & Risk Committee meeting. A summary of the discussion and the Finance & Risk Committee's recommendation on the Fees By-Laws amendments are packaged as part of their report to Council for consideration at the March meeting.

Circulation feedback

CNO notified all registrants (Registered Nurses, Registered Practical Nurses and NPs) and NP applicants to Ontario by email about the proposed By-Law amendments on December 12, 2025. The following material was provided in English and French:

- a [summary](#) of the proposed amendments
- a link to an online survey to provide feedback
- a redlined version of the proposed amendments

Information was made available on [CNO's website](#), a [news article](#) released in December and social media alerts.

The 60-day consultation ended on February 9, 2026.

Quantitative survey feedback

A total of 485 completed responses (476 from individual respondents and 9 responding on behalf of an organization) were received to the online survey between December 12, 2025 to February 9, 2026. Respondents¹ were RNs (53.2%), NPs (23.9%), RPNs (17.4%), NP students/applicants (5.7%), members of public (2.3%) and other (3.6%).

¹ Respondents were able to select more than one option for this survey question, accounting for dual membership. The total percentage is greater than 100 percent.

CNO received feedback from nine system partners including four healthcare employers, one academic institution, two nursing associations, one professional association and one health care regulator. The majority of health care employers were in support of the By-Law amendments. The regulators and nursing association had mixed responses; their responses were either supportive or uncertain of the proposed amendments. The academic institution and other professional association were not in support of proposed amendments.

Feedback on General By-Law amendments:

The table below highlights feedback on the General By-Law amendments, specific to information on Find a Nurse to be in the public interest.

Table 1: Amendments to the General By-Laws are in the public interest

Question- Are proposed changes related to information on Find a Nurse in the public interest?	Percentage
Yes	73.8%
No	10.7%
Unsure	15.5%

The table below highlights feedback in support or in opposition of the proposed amendments.

Table 2: Responses to General By-Laws (support/oppose)

Question- Do you support or oppose the proposed changes to Find a Nurse?	Percentage
Support	66.3%
Oppose	12.2%
Unsure	21.5%

Qualitative survey feedback: summary of themes

A thematic analysis of the data was conducted to provide a summary of themes from the proposed General By-Law amendments.

In support of proposed General By-Law amendments

The majority of respondents are in support of the proposed amendments to enable a single NP classification in Ontario.

In terms of the qualitative analysis, respondents who are in support said that the amendments:

- are fair and equitable to support a single NP class

- promote labour mobility and greater access to care
- provide greater clarity and transparency to the public, by including NP education on the public register

Opposed to proposed General By-Law amendments

Respondents who are opposed of the proposed amendments reported that:

- displaying an NP's education on the public register was concerning; that it may lead to unfair and/or bias hiring practices while also citing privacy concerns
- potential confusion to the public associated with the removal of specialties

Unsure of proposed General By-Law amendments

Respondents who were uncertain about the proposed amendments said that:

- there are benefits and risks associated with the proposed amendments
- they had questions in relation to proposed changes (for example, the need for clear information on Find a Nurse on removal of specialty certificates, adding NP education to the register and looking at how ongoing education may be supported)

Subject to Council approval of the proposed By-Law amendments, CNO will provide clear communication and messaging to respond to matters raised by respondents who are opposed or unsure of the proposed changes:

- CNO would provide clear messaging on how information would be displayed on the public register with a plain-language explanation to support understanding of the changes being implemented
- CNO would highlight on the public register the rationale for the removal of specialties and the move to a single classification (and clearly indicate the date these changes come into effect)
- There would be messaging related to a nurse's accountability to practice within their scope and competence (knowledge, skill and judgment). [CNO's Code of Conduct](#) sets out this expectation for all nurses. An NP who does not have the competence to provide care to older age patients, for example, would not be authorized to do so until they gain additional competence

Please refer to [Attachment 3](#) for samples of verbatim quotes to illustrate themes outlined in this briefing note.

Next steps

If Council determines that the General By-Law amendments continue to be in the public interest:

- CNO will support operational changes to the public register to include NP education and historical information on Find a Nurse

- CNO will continue to work in partnership with national nursing regulators and provincial system partners to collaborate on system-wide changes related to a single NP registration framework

Attachments

1. [Redline of proposed CNO General By-Law amendments](#)
2. [Rationale chart of proposed CNO General By-Law amendments](#)
3. [Qualitative themes with verbatim quotes](#)

Attachment 1

Redline of Proposed CNO General By-Law Amendments

Legend for redline amendments
<u>Insertion</u>
Deletion

College of Nurses of Ontario
BY-LAW NO. 1: GENERAL
Approved by Council March 2000
and as amended through March 2025

Additional Register Information¹

44.1.06 In accordance with the authorization provided by paragraph 20 of subsection 23(2) of the Code and subject to Article 44.1.07, the following additional information shall be kept in the register of the College:

[...]

6. Where a member previously held a specialty certificate of registration issued by the College at a time when the College issued such specialty certificates, ~~the~~ specialty certificate previously held by ~~each~~ the member, ~~and~~ the date on which each was issued and the date on which the member no longer held the specialty certificate.

[...]

28. Where a member's previously held a specialty certificate of registration that was ~~is~~ revoked, suspended, cancelled or otherwise terminated, a notation of that fact and the effective date and the basis of the revocation, suspension, cancellation or other termination.

29. Where a member's ~~is~~ previously held a specialty certificate of registration that was ~~is~~ reinstated, the effective date of the reinstatement.

[...]

40. Where a member holds a certificate of registration as a registered nurse in the extended class and where such information is known to the College, the name of the foundational nurse practitioner education

¹ Certain of these by-law provisions are repeated in s. 44.1.05.

institution from which the member graduated, the year the member graduated from such program, and any program focus.

Attachment 2

Rationale Chart of Proposed CNO General By-Law Amendments

Legend for redlined revisions
<u>Insertion</u>
Deletion

Proposed By-Laws	Rationale
BY-LAW NO. 1: GENERAL	
<p>Additional Register Information¹ 44.1.06 In accordance with the authorization provided by paragraph 20 of subsection 23(2) of the Code and subject to Article 44.1.07, the following additional information shall be kept in the register of the College: [...]</p> <p>6. <u>Where a member previously held a specialty certificate of registration issued by the College at a time when the College issued such specialty certificates, t</u>The specialty certificate <u>previously</u> held by each the member, and the date on which each was issued <u>and the date on which the member no longer held the specialty certificate.</u></p>	<p>Proposes that historical NP specialty information be posted on the public register as part of registration history. The proposed language specifies that the information is for NPs who held a specialty prior to the transition to single NP classification on the date regulation amendments come into force (July 1, 2026).</p>
<p>28. Where a member's previously held a specialty certificate of registration that was <u>is</u> revoked, suspended, cancelled or otherwise terminated, a notation of that fact and the effective date and the basis of the revocation, suspension, cancellation or other termination.</p>	<p>Proposes that certain specialty-related information which is currently posted on the public register remain on the public register after transition to single NP classification on the date regulation amendments come into force (July 1, 2026).</p>
<p>29. Where a member's previously held a specialty certificate of registration that</p>	

¹ Certain of these by-law provisions are repeated in s. 44.1.05.

<p><u>was</u> is reinstated, the effective date of the reinstatement.</p>	
<p><u>40. Where a member holds a certificate of registration as a registered nurse in the extended class and where such information is known to the College, the name of the foundational nurse practitioner education institution from which the member graduated, the year the member graduated from such program, and any program focus.</u></p>	<p>Proposes that the public register include foundational NP education (education at time of registration), the year of graduation and any program focus (specialty). This promotes transparency and ensures system partners, including members of the public, are well informed.</p>

Attachment 3

Qualitative Themes with Verbatim Quotes

The themes below are focused on responses that were relevant to the changes being proposed.

In support of the proposed General By-Law amendments:

- Some respondents noted that the proposed amendments to the By-Laws are fair and equitable. For example, “From my perspective, I believe the changes streamline the level of information publicly posted and provide fiscal equity to all applicants and registrants in the NP class.”
- A few respondents cited the importance of the amendments as it supports increased labour mobility and greater access to care. For example, “It will help mobility of NPs and give patients better access to care!”. Another said, “Excellent progress in enabling NPs to move around Canada”. While another said, “Consolidating the areas of practice into one for registration makes sense as it gives NPs greater flexibility for areas of practice covered.”
- A few respondents highlighted that the proposed amendments would provide greater clarity and transparency to the public. For example, one said, “I strongly support this change. As the profession transitions to a single Nurse Practitioner classification, displaying an NP's foundational education (e.g., Primary Health Care, Paediatrics, or Adult) on the public register is essential to maintain transparency and strengthen public confidence. This information provides important context for employers, patients, and other health care providers when interpreting an NP's original training pathway—particularly as the previous specialty certificates are being removed. Clear foundational education information supports more informed decisions related to hiring, team role alignment, and care placement.”

Opposed to the proposed General By-Law amendments:

- Some respondents who are opposed to the proposed By-Law amendments expressed concerns with the display of NP education on the public register. They mentioned it may lead to unfair and/or bias hiring practices while also citing privacy concerns. For example, one respondent shared, “I don't think where the NP got their education really matters. It may cause bias as some universities are thought to be “more Ivy League” and those NPs may get more preferential treatment when applying for jobs etc.”
- A few respondents also worried about the potential confusion associated with the removal of specialties which may to the public not properly understanding NPs credentials. For example, a respondent stated, “It may be confusing to the public to see that specialty certificates were revoked

and they may lose confidence in NPs. It should be very clearly noted in find a nurse that the certification no longer exists.”

Unsure of the proposed amendments to General By-Laws:

- A few respondents reported that there are benefits and risks associated with the proposed amendments. For example, a respondent said, “I believe these changes are crucial for enhancing transparency and accessibility in our profession.”
- Some respondents had questions and points of clarification in relation to the proposed changes (for example, the need for clear information on Find a Nurse, removal of specialty certificates and looking at how ongoing education may be supported). For example, a respondent highlighted, “How does this effect those with current specialty certificate and obtaining a general "NP job" as opposed to peds-adult-family NP posting?”

Election of the Executive Committee

March 2026 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Background

The Executive Committee is made up of the Chair, Vice-Chair, RN and Vice-Chair, RPN and two “other” members¹. The Chair can be a public member or a professional nurse member. Of the five members of Executive, there must be two public members ([Article 16, By-Law No. 1: General](#)).

The election of the Executive Committee takes place in accordance with [Schedule 1 to By-Law No. 1: General](#): *Process for Election of Council Officers and Other Members of the Executive Committee* (Attachment 7).

Notes about the election process:

Before the election

Nomination forms were circulated to all Council members in December. The deadline to submit advance nominations was February 13, in order to have nominations included with the Council package.

Nominations are open until the election of the Executive on March 12. Council members may submit their nomination prior to the meeting or during the meeting and will be added to the electronic ballot.

In February, the Executive Committee appointed three Council members to serve as scrutineers.

Nomination Update

Nominations were received from:

- Rodolfo Lastimoso Jr. RPN, Chair
- Geeta Grewal, Vice-Chair, RN
- Mark Sack, Public Member
- Maria Sheculski, Public Member
- Diane Thompson, Public Member

¹ If the Council Chair is a nurse, the “other” members are public members. If the Council Chair is a public member, the “other” members are one public member and one nurse.

Voting

The Chair of the Nominating Committee, Morgan Krauter, chairs the election of the Executive Committee.

Voting will take place using the survey feature in Boardvantage. The Chair of the election will review the voting process with Council members and there will be voting instructions on the screen.

Since the category of the Chair¹ (nurse or public member) impacts the two other members of the Executive Committee, the election of the Chair and Vice-Chair, RN and Vice-Chair, RPN takes place first.

Election Process

The election process shown in Attachment 6 is used for both election of the Chair and Vice-Chairs and election of the other members.

The election process begins with a call for nominations from the floor for the Chair and Vice Chair positions. Candidates require three nominators. Since the meeting is remote:

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

Speeches & Question period

In accordance with Council's decision about the process for election of the Executive Committee in December 2016, after the call for nominations and before voting, candidates for **contested** positions will make a short speech (no longer than 3 minutes) and there will be an opportunity for Council to ask questions of candidates following the speeches.

If asked, questions will be addressed to all candidates, and will relate to:

- CNO's public interest mandate
- [Council's governance principles](#)
- The leadership role and the candidate's qualifications for the role

Voting

Following the question period, on request of the Chair of the Nominating Committee, all Council members in attendance at the meeting will receive a ballot. The ballot will be sent using the Boardvantage survey feature which Council members also use at each meeting to complete the post-meeting evaluation (Pulse Check).

¹ Under current by-laws, if the Chair is a nurse then the "other" members of the Executive Committee are public members. If the Chair is a public member, the "other" members of the Executive Committee will be one public member and one nurse. For this reason, the election of the Chair and Vice-Chairs takes place first.

Following voting, the Chair of the Nominating Committee will join the scrutineers and CNO staff in a breakout room to review the results of the voting.

- If there is a candidate elected by majority – that person will be declared elected
- If there is no candidate elected by majority – the candidate with the fewest votes will be removed from the ballot and Council will vote again.

The above process is used until there is a candidate elected by majority, which is a requirement of the provision 18 in Schedule No. 1 of By-Law No. 1: *Process for Election of Council Officers and Other Members of the Executive Committee*.

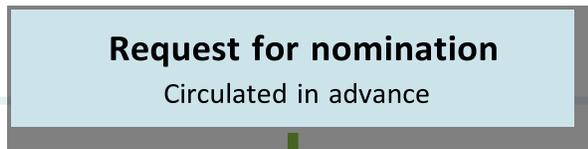
Attachments:

1. Candidate Profile, Chair – Rodolfo Lastimoso Jr., RPN
2. Candidate Profile, Vice-Chair, RN – Geeta Grewal, RN
3. Candidate Profile, Other Member – Mark Sack, PM
4. Candidate Profile, Other Member – Maria Sheculski, PM
5. Candidate Profile, Other Member – Diane Thompson, PM
6. [Diagram of the process for the election of the Executive Committee](#)
7. [Schedule No. 1 of By-Law No. 1: General re. Election of Council Officers and Other Members of the Executive Committee](#)

Process for Electing the Executive Committee

Before

the March Council Meeting



Candidate information

Council receives information on nominated candidates

During

the March Council Meeting

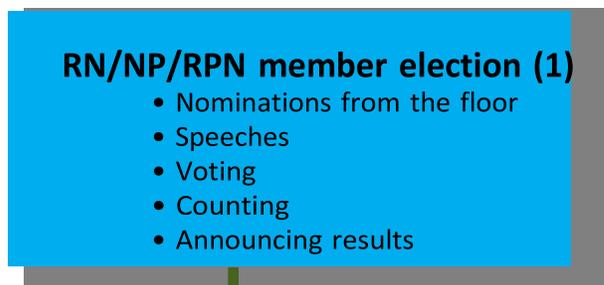


Public Member Chair

Nurse Chair

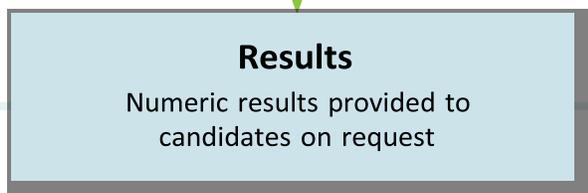


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After

the March Council Meeting



Schedule No. 1 to By-Law No. 1
Process for Election of Council Officers and Other Members of the Executive Committee
Revised version March,2020

In this Schedule,

“Council Officers” means the President and two Vice-Presidents of the Council

“Council Officer” means one of the President or Vice-Presidents of the Council and “ballot” can be in either electronic or paper form.

1. Prior to any Council meeting, where councillors are expected to elect one or more Council Officers and/or other members of the Executive Committee, nomination forms for the nomination of the Council Officers and/or other members of the Executive Committee to be elected at that meeting shall be sent by the Registrar to persons who the Registrar expects to be councillors at the meeting of Council where the elections are to be held.

2. Subject to paragraphs 8 and 34, to be nominated for election as a Council Officer or another member of the Executive Committee, a councillor must submit a completed nomination form including the written consent of the councillor wishing to stand for election for that position and the signatures of three persons who, at the time of the nomination, were councillors.

3. A councillor may not run for election for more than one Council Officer position.

4. A councillor may withdraw as a candidate at any time.

5. A councillor nominated for more than one Council Officer position must, prior to the commencement of the election, withdraw as a candidate from all but one Council Officer position, failing which the councillor shall not be eligible to run for election for any Council Officer position.

6. The chair of the Nominating Committee or his or her designate shall preside as chair of that portion of the meeting of Council where the election of Council Officers and/or other members of the Executive Committee takes place.

(Amended September 2021)

7. Council shall appoint three scrutineers for the election.

Election of Council Officers

- 8.** The chair will call for nominations from the floor which nominations must be in writing and must comply with paragraph 2 above.
- 9.** Ballots will be distributed for election of the Council Officers to be elected at that Council meeting. Each ballot will include all Council Officer positions to be elected and will include the names of all candidates.
- 10.** The chair will announce the names of all candidates running for election for each Council Officer position.
- 11.** If no councillor has been nominated for any Council Officer position for which an election was to be held at that Council meeting, the Nominating Committee will nominate a candidate or candidates for the office(s).
(Amended September 2021)
- 12.** If only one candidate has been nominated for a Council Officer position, the chair shall declare the candidate elected by acclamation.
- 13.** Each candidate for election shall be offered the opportunity to briefly address Council.
- 14.** Voting shall be by secret ballot and shall take place simultaneously for all Council Officer positions which are subject of election at that Council meeting.
- 15.** The completed ballots will be collected and reviewed by the scrutineers.
- 16.** A staff member designated by the chair will review and confirm the election results under the supervision of the scrutineers.
- 17.** The scrutineers will report to the chair the results in writing including the number of votes cast for each candidate for each Council Officer election. The chair will announce the results to Council without referring to the number of votes cast for each candidate.
- 18.** A candidate receiving a majority of the votes cast for that Council Officer position shall be declared the successful candidate. Where there were more than two candidates running for election

for a Council Officer position and no candidate received a majority of the votes cast, the candidate with the lowest number of votes shall be dropped from the election and another vote (ballot) shall be taken. The same process shall be followed until one candidate receives a majority of the votes cast for that Council Officer position. In the event that two candidates remain with an equal number of votes which tie, in the opinion of Council, is unlikely to be broken by additional ballots, the tie shall be broken by the chair by lot.

19. Where in the course of the election a tie vote occurs respecting two or more candidates having the lowest number of votes in that election and it is necessary to break that tie in order to determine which of the candidates shall be dropped from the ballot, the Council shall vote by secret ballot to determine which of the candidates shall be dropped from the ballot unless the tie, in the opinion of Council, is unlikely to be broken by additional ballots, in which case the tie shall be broken by the chair by lot.

Election of the Balance of the Executive Committee

- 20.** Following the election of the Council Officers, the remaining two members of the Executive Committee shall be determined by election using a secret ballot and in a manner consistent with the election of Council Officers, unless otherwise specifically provided for in this Schedule. For greater clarity the provisions of paragraphs 9, 10, 11, 13, 15, 16, 17, 18 and 19 apply with necessary modification to the election(s) of other members to the Executive Committee.

Process where the President is a member of the College

- 21.** The provisions of paragraphs 22 to 27 apply where the President elected at the meeting is member of the College and therefore two public councillors are to be elected to be members of the Executive Committee.
- 22.** The Chair shall request nominations for the two public councillor positions on the Executive Committee which nominations must be in writing and must comply with paragraph 2 above.
- 23.** If only two public councillor candidates have been nominated for election to the Executive Committee, the chair shall declare those candidates elected by acclamation.

24. If only one public councillor candidate has been nominated for election to the Executive Committee, the chair shall declare that candidate elected by acclamation.
25. If insufficient public councillors have been nominated for election to the Executive Committee for which an election was to be held at that Council meeting, the Nominating Committee will nominate a candidate or candidates for the position(s).
(Amended September 2021)
26. Where more than two eligible candidates have been nominated for election to the Executive Committee, elections shall be held in a manner consistent with the process for election of Council Officers save and except that each councillor will be entitled to cast a vote for not more than two of the candidates.
27. For greater clarity, a ballot cast under paragraph 26 shall not be considered spoiled simply because a councillor only votes for one candidate.

Process where the President is a Public Councillor

28. Where the President elected at the meeting is public councillor, the provisions of paragraphs 29 to 37 shall apply in order to elect one additional public councillor and one additional councillor who is a member of the College, to the Executive Committee.
29. The Chair shall request nominations for the public councillor position on the Executive Committee, which nominations must be in writing and must comply with paragraph 2 above.
30. If only one public councillor candidate has been nominated for election to the Executive Committee, the chair shall declare that candidate elected by acclamation.
31. If no public councillor has been nominated for the Executive Committee position the Nominating Committee will nominate a candidate for the position.
(Amended September 2021)
32. If more than one eligible candidate is nominated, an election shall be held in a manner consistent with the election of Council Officers.
33. The chair shall then call for nominations for the remaining position on the Executive Committee which position shall be filled from among eligible councillors who are members of the College.

34. Nominations for the position referred to in paragraph 33 may be in writing, in compliance with paragraph 2 or may be made orally at the meeting if supported either orally or in writing by three persons who, at the time of the nomination, were councillors, provided the person being nominated for election consents to being a candidate.
35. If only one candidate has been nominated for that Executive Committee position, the chair shall declare the candidate elected by acclamation.
36. If no councillor has been nominated for that Executive Committee position the Nominating Committee will nominate a candidate for that position.
(Amended September 2021)
37. If more than one eligible candidate is nominated, an election shall be held in a manner consistent with the election of Council Officers.
38. The following rules and procedures apply to all elections held in accordance with this Schedule:
1. If a request by a candidate is made within thirty days of the election, the chair of the Nominating Committee will advise the candidate of the number of votes cast for each candidate in respect of any position for which he or she ran for election.
(Amended September 2021)
 2. Unless Council directs otherwise, ballots shall be destroyed immediately following the chair declaring the successful candidates for all positions.

Schedule No. 2 to By-Law No. 1
Process for the Selection of Chairs
Deleted March 2009

Nominating Committee Report

Decision note – March 2026 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose and action required

In accordance with [Articles 14.05 and 14.06 of By-Law No. 1: General](#), Council shall appoint committee members, giving due consideration to the recommendations of the Nominating Committee, with appointments to statutory committees taking place at the March Council meeting.

Motion:

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.

Background

The Nominating Committee (NC) met twice to prepare a slate of recommended appointments to statutory committees for presentation at the March 2026 Council meeting.

Statutory Committee Membership

The NC presents its recommendations regarding the membership of statutory committees to Council each March, including:

- Nurse candidates to fill non-Council vacancies
- Newly elected Council members to fill vacancies

Assignment of non-Council members to statutory committees

Appointed (non-Council) committee members of statutory committees are recommended based on candidates meeting the core competencies and attributes required of all committee members. The assessment is based on the competencies and

attributes approved by Council in September 2023 and includes candidates' voluntary self-declaration of their lived experience and diversity.

The appointments process is supported by third-party experts that host the on-line application, receive and analyze the applications and resumes, and carry out further assessment of candidates selected to be shortlisted by the NC.

Throughout its discussions and decision-making, the NC was diligent and thorough in addressing any potential conflicts of interest.

In the initial stage of the review, the NC selected candidates to shortlist to move forward in the process. The NC considered the following:

- the third-party's written reports which assessed each candidate against the competencies and attributes
- candidate resumes
- insights from members of the NC and third party experts.

At the February NC meeting, the NC discussed reports on the outcome of the interviews with, and reference checks, of candidates. Following review and discussion, the NC is recommending 13 RN/NP and 6 RPN candidates to fill statutory committee vacancies.

The NC noted the high calibre of candidates applying for positions, making the selection process challenging. The NC is confident in recommending a strong and diverse group of candidates for appointment to statutory committees.

Assignment of Council members to statutory committees

Throughout their term of office, most Council members remain on the same committees to which they were initially appointed to and the NC focused on assigning newly elected Council members to statutory committees.

This year, there are 5 newly elected Council members: 4 RN/NPs and 1 RPN who will be joining Council in June.

The NC is recommending the appointment of the 5 newly elected Council members to fill the vacancies created by outgoing Council members.

The NC debriefed on the committee appointment process and reaffirmed its confidence in the competency-based assessment process, recognizing its effectiveness in supporting informed decision-making. Opportunities to enhance the information provided to the NC in their decision-making process were identified for future consideration.

The NC's recommendations for committee appointments will be presented to Council on March 12, 2026.

Next steps

The NC will address appointments to Council's standing committees and the recommendations for these appointments will be presented to Council at the June Council meeting.

Members of the 2025-2026 Nominating Committee¹

Morgan Krauter, NP, Chair
Sue Haywood, member of the public
Fidelia Osime, Public Member of Council
Patricia Sullivan, RN, member of Council
Vacancy, member of the public

¹ 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 NC recommends appointees to fill vacancies to Council in June.

The two "members of the public" are selected to bring specialty competencies to the committee (e.g. human resources leadership).

2026 Council Election Report

Information note – March 2026 Council

Contact for questions or more information

Angie Brennand, Director, Strategy

Purpose and action required

This information note provides Council members with information regarding the candidates elected in the 2026 Council Election.

Background

Voting in the elections for nurse members of Council closed on Friday, February 6, 2026. This was the second election where candidates self-reflected on the needed competencies and attributes and provided a candidate profile that includes responses to three questions related to key competencies and voluntary self-disclosure about diversity. This further strengthens CNO's commitment to the CPMF requirement for competency-based election of the nurse members of Council.

Elected Candidates

The following is a list of the candidates elected by region. These new members will join Council in June 2026.

District	
Eastern RN/NP	2 positions Kristen Neilipovitz, RN Nicole Melnyk, RN
Eastern RPN	1 position Sophie Viau, RPN (acclaimed)
Northeastern RN/NP	1 position Lori Rietze, RN
Northeastern RPN	1 position Kimberly Wagg, RPN (incumbent, acclaimed)
Northwestern RN/NP	1 position Madison Boudreau, RN
Northwestern RPN	1 position Michael Hogard, RPN (incumbent, acclaimed)

Executive Committee Minutes

February 19, 2026

Present

R. Lastimoso Jr., Chair
M. Hogard

M. Sheculski
J. Ding

D. Thompson

Staff

A. Brennand
S. Crawford

S. Mills
R. Sussman, Recorder

Agenda

Members of the Executive Committee (the Committee) had received the agenda for the Executive Committee meeting of February 19, 2026.

Motion 1

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

That the agenda for the Executive Committee meeting of February 19, 2026, be approved as circulated.

CARRIED

Consent Agenda

R. Lastimoso Jr. introduced the consent agenda and confirmed that the Committee had received briefing materials for all items included in the consent agenda. No concerns were expressed about items on the consent agenda.

Motion 2

Moved by J. Ding, seconded by M. Sheculski,

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

Minutes of the Executive Committee Meeting of November 20, 2025.

The non-Council committee member position on the Nominating Committee remain vacant until June 2026.

The 2026-2027 scrutineers for the Election of the Executive Committee be Doreen Bankole, RN, Helen Anyia, RPN and Lalitha Poonasamy, Public Member.

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

CARRIED

March Council: Review of Strategic Agenda Items

Hearings Initiative

The Committee received an update from S. Crawford on the status of the work being done on the Hearings Initiative. CNO staff have met and consulted with members of the Discipline Committee regarding opportunities to support increasing case volumes, growing complexity, and longer hearing times

S. Crawford outlined the strategies already underway to address these challenges and noted that similar pressures are being experienced across other regulatory colleges, many of which have incorporated professional adjudication expertise as well as other specialty roles into their models. CNO will continue to engage the Discipline and Fitness to Practice Committees while developing a plan to address the opportunities. This will ultimately require proposed bylaw amendments to implement.

The Committee noted that a sample role description or skills description, as well as a process map to clarify workflow across committees, would support Council's understanding. It was noted that this work is already underway as well as other opportunities to address the current process experiences.

S. Crawford confirmed that she will discuss next steps at the March Council meeting and provide a brief update on how the work will advance.

March 2026 Draft Council Agenda

The Committee received the draft agenda for the March Council meeting.

The Committee noted a slight time adjustment between items to ensure there was adequate time for discussion.

Motion 3

Moved by J. Ding, seconded by M. Sheculski,

That the Executive Committee approve the March 2026 Council agenda.

CARRIED

Appointments

Registration Committee

Motion 4

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

That the Executive Committee recommend Shari Wilson, Public Member of Council, to be appointed as the Chair of the Registration Committee for 2026-2027.

CARRIED

Discipline and Fitness to Practise Committee

M. Hogard exited the meeting.

Motion 5

Moved by M. Sheculski, seconded by J. Ding,

That the Executive Committee recommend Michael Hogard, RPN, to be appointed as the Chair of the Discipline and Fitness to Practise Committees for 2026-2027.

CARRIED

M. Hogard returned to the meeting.

Inquiries, Complaints, and Reports Committee

M. Sheculski exited the meeting.

Motion 6

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

That the Executive Committee recommend Maria Sheculski, to be appointed as the Chair of the Inquiries, Complaints, and Reports Committee for 2026-2027.

CARRIED

Quality Assurance Committee

Motion 7

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

That the Executive Committee recommend Lalitha Poonasamy, to be appointed as the Chair of the Quality Assurance Committee for 2026-2027.

CARRIED

M. Sheculski returned to the meeting.

Chair of the Advisory Committee on Human Resources

Motion 8

Moved by M. Sheculski, seconded by M. Hogard,

That the Executive Committee recommend that Joe Nunes be reappointed as Chair of the Advisory Committee on Human Resources for 2026-2027.

CARRIED

From Your Executive

R. Lastimosa Jr. informed the Committee that this message is shared with Council members between Council meetings.

The Committee discussed including a general overview of survey responses, as well as a request for input from Council members about what additional topics they would like to hear about. A. Brennand noted that the message could include updates and follow-up from past Pulse checks.

Executive Session

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

Governance Committee Minutes

February 19, 2026

Present

R. Lastimoso Jr., Chair
M. Hogard

M. Sheculski
J. Ding

D. Thompson

Staff

A. Brennand
S. Crawford

S. Mills
R. Sussman, Recorder

Agenda

Members of the Governance Committee (the Committee) had received the agenda for the Governance Committee meeting of February 19, 2026.

Motion 1

Moved by M. Sheculski, seconded by M. Hogard,

That the agenda for the Governance Committee meeting of February 19, 2026,
be approved as circulated.

CARRIED

Draft Minutes

The Committee had received the draft minutes for the Governance Committee meeting of November 20, 2025.

Motion 2

Moved by J. Ding, seconded by M. Sheculski,

That the minutes for the Governance Committee meeting of November 20, 2025,
be approved as circulated.

CARRIED

March Council Development

The Committee received an information note about the Council development session planned for the morning of March 11, 2026. The Committee agreed that the timing of the session was sufficient to cover the topics.

The meeting concluded.

Patient Relations Committee Minutes

February 19, 2026

Present

R. Lastimosa Jr., Chair
M. Hogard

M. Sheculski
J. Ding

D. Thompson

Staff

A. Brennand
S. Crawford

S. Mills
R. Sussman, Recorder

Agenda

Members had received the agenda for the Patient Relations Committee (the Committee) of February 19, 2026.

Motion 1

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

That the agenda for the Patient Relations Committee meeting of February 19, 2026, be approved as circulated.

CARRIED

Patient Relations Committee Annual Report

The Committee had received the draft annual report for the Patient Relations Committee for 2025. The Committee discussed the clarification that clients can access therapy funding without a finding of professional misconduct. The Committee also discussed the increased engagement with available resources, attributed to enhanced materials and broader profile raising efforts. The Committee agreed that embedded links remain useful for directing readers to further information and noted the definition of “sexual abuse” would be helpful to clarify.

The meeting concluded.

Council and Committee Code of Conduct Compliance Form: Council Member Responses

The Council and Committee Code of Conduct Compliance Form must be completed annually by CNO Council and committee members. For Council members, responses are made available to the public in accordance with the College Performance Management Framework requirements.

Council members were asked to confirm the following statements:

Declaration:

1. I have read and understand the Code
2. I commit to meeting the expectations set out in the Code
3. I confirm that I have reviewed the provisions from the *Regulated Health Professions Act, 1991* related to confidentiality and that I will behave in accordance with those requirements

Conflict of interest:

4. I confirm that I have reviewed Article 6 provisions with respect to conflict of interest and confirm to the best of my abilities that my personal or private interests do not conflict with, or cannot reasonably be seen nor perceived to conflict with my responsibilities to CNO
5. I confirm that I do not hold, and have not held any position prohibited¹ within the three years prior to commencing my term of office under Articles 6.10, 6.11, 6.12, or 6.13 of the Code
6. I confirm that I have not been an employee of, or contractor for, CNO for at least one year preceding the commencement of my term of office under Article 6.23

Conflict of interest positions:

A conflict of interest occurs when a member's personal or private interests conflict with, or can reasonably be seen or perceived to conflict with, the member's responsibilities to CNO.

7. If you serve² on any organizations or positions where it is reasonably conceivable that a conflict of interest or bias could arise, or where a reasonable person, knowing of your involvement, might perceive that there could be a conflict of interest or bias, please list the organizations and positions below

Final confirmation and declaration of changes:

8. I confirm that, to the best of my ability, I have identified all positions for which I believe there is a potential for a conflict of interest
9. I am aware of that the Code requires me to advise the Registrar/Executive Director & CEO of any changes to the information provided here in a reasonable amount of time
10. I commit to meeting the expectations in the Council and Committee Code of Conduct

¹ Participation as a member of an expert working group or panel related to best practice is not a prohibited position

² Includes but is not limited to: employment, consulting, serving on a board, or volunteering

2025-2026 Council member responses

Full name	Declaration (1, 2, 3)	No conflict of interest (4, 5, 6)	Possible conflict of interest positions (7)	Final confirmation and declaration of changes (8, 9, 10)
Anyia, Helen	Yes	Yes		Yes
Bankole, Doreen	Yes	Yes		Yes
Baretto, Clinton	Yes	Yes	<ul style="list-style-type: none"> NPAO, Co-Chair Independent Practice Working Group 	Yes
Burke, Randy	Yes	Yes		Yes
Carmichael Pilon, Patti	Yes	Yes	<ul style="list-style-type: none"> Blessed Sacrament Church, Member of Finance Committee 	Yes
Carpenter, Lynda	Yes	Yes		Yes
Cheuk, Wendy	Yes	Yes	<ul style="list-style-type: none"> Michael Garron Hospital, Director of Nursing Practice and Education RNAO, BPSO Working Group Unity Health, After Hours Manager 	Yes
Ding, Jerry	Yes	Yes		Yes
Douglas, Sylvia	Yes	Yes		Yes
Fox, Grace	Yes	Yes		Yes
Gilchrist, Carly	Yes	Yes		Yes
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"> Riverside Healthcare Facilities, Staff Nurse Ministry of the Solicitor General, Staff Nurse 	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"> Niagara College Canada, Professor 	Yes
Lamsen, Alexis	Yes	Yes	<ul style="list-style-type: none"> Conestoga College, Associate Professor 	Yes
Lane, Jeanette	Yes	Yes		Yes
Larmour, Sandra	Yes	Yes		Yes
Lastimoso, Jr., Rodolfo	Yes	Yes		Yes
Leduc, Sylvain	Yes	Yes	<ul style="list-style-type: none"> Laurentian University, Faculty Nursing Lecturer NP-PHC – Council of Ontario Universities, Course Professor, Curriculum Committee 	Yes
Mathew, Jijo	Yes	Yes	<ul style="list-style-type: none"> We Care4 U Staffing Solution, Director 	Yes
Mumberson, Christopher	Yes	Yes		Yes
Osime, Fidelia	Yes	Yes		Yes
Poonasamy, Lalitha	Yes	Yes		Yes
Scott, Diane	Yes	Yes		Yes
Sheculski, Maria	Yes	Yes		Yes
Stryker, Wes	Yes	Yes		Yes
Sullivan, Patricia	Yes	Yes		Yes
Thompson, Diane	Yes	Yes		Yes
Wagg, Kimberly	Yes	Yes		Yes

Full name	Declaration (1, 2, 3)	No conflict of interest (4, 5, 6)	Possible conflict of interest positions (7)	Final confirmation and declaration of changes (8, 9, 10)
Wilson, Shari	Yes	Yes		Yes