



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

THE STANDARD OF CARE.

Council briefing package



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

Council

Thursday, June 3, 2021, 9:00 a.m. to 4:00 p.m.

Agenda

[Council's Governance Principles](#)
[Council's Team Norms](#)
[Council's Annual Plan: 2021-2022](#)

9:00 a.m.	1. Agenda	Decision
9:10 a.m.	2. Minutes of the meeting of March 3 and 4, 2021	Decision
	3. Strategic Issues	
9:15 a.m.	3.1 2020 Annual Report 3.1.1 Review of 2020 Annual Report for approval for submission to the Minister of Health 3.1.2 Audited Financial Statements for 2020 Blair MacKenzie, Hilborn LLP attending	Decision Decision
10:00	Break	
10:15 a.m.	3.2 Presentation on REx-PN™: A new entry-to-practice exam for candidates seeking to become RPNs in Ontario	Information
10:45 a.m.	3.3 Proposed exam date change for the Council approved education assessment for international applicants seeking registration as an RN	Decision
11:15 a.m.	3.4 Final review of proposed amendments to By-Law No.2: Fees regarding fees for registration examinations	Decision

11:45 a.m.	3.5 Nursing Education Program Approval	Decision
Noon.	Lunch	
1:00 p.m.	3.6 Strategy 2021-2024: Update	Information & Discussion
1:30 p.m.	3.6 Approach to modernizing practice standards	Input
	4. Reports	
2:00 p.m.	4.1 Executive Director Update	Information
2:30	Break	
2:45 p.m.	4.2 Executive Committee meetings 4.2.1 May 6, 2021 4.2.2 May 18, 2021	Information
3:00 p.m.	4.3 Finance Committee meeting of May 6, 2021	Decision
	5. Council Governance and Operations	
3:20 p.m.	5.1 Appointment of members to committees 5.1.1 Confirmation of Statutory Committee Appointments 5.1.2 Conduct Committee members and Chair 5.1.3 Finance Committee members 5.1.4 Nominating Committee	Decision
	Discussion item(s) added by Council members	
3:40 p.m.	Reflection: How did we do demonstrating Councils norms and Governance Principles in this meeting?	
4:00 p.m.	Conclusion	



Next Meeting:
September 29 and 30, 2021

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

Draft Council Team Norms (Behaviours)

- Agree to disagree
- Respect each other and the agenda
- Use chat appropriately - avoid side discussions or off-line debate
- Agree and reiterate, but also add to the discussion
- Be open-minded
- Be genuine
- Be fully attentive
- Use active listening
- Be engaged
- Keep ideas succinct
- Prioritize / invite speakers who haven't already spoken
- Have everyone prepare question/comment to promote everyone to participate
- Allow more time for discussion if required (adaptability)
- Reach out - during break or after meeting to acknowledge each other
- Empower all to feel valued
- Recognize, acknowledge the pressures - reflect on psychological health and wellness of each other

JUNE

2021

- *2020 Annual Report*
- 2020 audited financial statements
- Appointment of the auditor
- Appointment of members of the Conduct and Finance committees
- Fees By-Law amendment (exams)
- Modernizing practice standards
- Nursing Education Program Approval
- Proposed change to evaluation for international applicants (RN)
- RExPN™ update
- *Strategy 2021-2024*

SEPTEMBER

2021

- Appointment of members of the interim Nominating Committee
- Dates of Council meetings in 2022
- Modernizing applicant assessment update
- Nursing Education Program Approval
- Quality Assurance Program update
- Regulatory function: entry-to-practice
- *Strategy 2021-2024*

DECEMBER

2021

- 2022 budget
- Modernizing practice standards
- Nursing Education Program Approval
- Quality Assurance Program update
- Regulatory function: standards
- Stipend and expense policy review
- *Strategy 2021-2024*

MARCH

2022

- 2021 College Performance Measurement Framework
- 2021 annual reports of statutory committees
- Election of the Executive and committee appointments
- Quality Assurance Program update
- Regulatory function: Quality Assurance
- *Strategy 2021-2024*

JUNE

2022

- *2021 Annual Report*
- 2021 audited financial statements
- Appointment of the auditor for 2022
- Regulatory function: enforcement
- Standing committees appointments

Minutes

Present

S. Robinson, Chair
A. Arkell
J. Armitage
D. Cutler
T. Dion
S. Douglas
S. Eaton
C. Evans
A. Fox
K. Gartshore
K. Goldenberg

L. Poonasamy
N. Hillier
T. Holland
C. Hourigan (Wednesday)
M. Klein-Nouri
D. Lafontaine
M. MacDougall
C. Manning
I. McKinnon
N. Montgomery
J. Petersen

D. A. Prillo
G. Rudanycz
M. Sabourin
M. Sheculski
P. Sullivan-Taylor
N. Thick
D. Thompson
A. Vidovic (Wednesday)
J. Walker
H. Whittle
J. Wright

Regrets

R. Henderson
C. Hourigan (Thursday)

B. Irwin
B. MacKinnon

A. Vidovic (Thursday)

Guest

David Brown, Governance Solutions Inc.

Staff

A. Coghlan
F. Garvey
J. Hofbauer, Recorder
E. Horlock

R. Jabbour
B. Knowles
K. McCarthy
A. McNabb

S. Mills
A. M. Shin
E. Tilley
C. Timmings

Agenda

The agenda had been circulated and was approved on consent.

Minutes

Minutes of the Council meeting of December 3, 2020 had been circulated.

Motion 1

Moved by N. Hillier, seconded by M. Sheculski,

That the Minutes of the Council meeting of December 3, 2020 be approved as circulated.

CARRIED

Governance Vision

S. Robinson noted that the development and implementation of Council's governance vision has been a lengthy process and that implementing the Interim Nominating Committee is an important step in moving the vision forward. Recognizing the long history and ongoing work on the vision, the Executive suggested a presentation would set the context for the discussion about the Nominating Committee.

K. McCarthy, Director of Strategy highlighted the process for the development of the vision and the actions taken to date to move the vision forward. He shared evidence of the vision's ongoing relevance. It was noted that full implementation of the vision cannot take place until the government passes the legislative amendments requested by Council in December 2019.

A. Coghlan reported that CNO has had ongoing discussions with government about the need for legislative change but that, while there is support in principle, no timeline has been shared.

Nominating Committee Competencies and attributes

S. Robinson noted that Council will be establishing its Interim Nominating Committee in September. As a first step, Council input is being sought on the competencies and attributes required of committee members.

S. Robinson introduced David Brown from Governance Solutions Inc (GSI). He highlighted why and how the competencies and attributes were developed. He noted that consultation with the Executive Committee helped to refine the competencies.

D. Brown discussed how the competencies and attributes will be used in the recruitment and assessment of candidates for the Interim Nominating Committee. He highlighted the approaches GSI will take in recruiting qualified candidates, including the use of relevant networks and organizations.

D. Brown noted that applications will be received and initially assessed by GSI, providing an arms length and expert assessment. The Executive, acting as the Election and Appointments Committee, would then select candidates for further validation through references and an interview conducted by GSI. Based on the information from GSI about the validation, the Executive will recommend the members of the Interim Nominating Committee to Council in September.

Follow-up Action

Recruit members for the Interim Nominating Committee.
Executive Director and CEO

Nursing Education Program approval

S. Robinson noted that approval of nursing education programs is an important Council accountability. A. M. Shin, Director of Professional Practice shared a brief presentation on the program approval process.

Practical Nurse Program Annual Reviews

T. Holland, M. MacDougall, A. Vidovic and J. Wright declared a conflict of interest and left the meeting.

Motion 2

Moved by D. Cutler, seconded by N. Thick,

That the status of the following Practical Nursing Diploma programs that had an annual review be approved as listed:

Institution	Approval Status	Institution	Approval Status
Algonquin College	Approved	Humber College	Approved
Cambrian College	Approved	La Cité Collégiale	Approved
Canadore College	Approved	Lambton College	Approved
Centennial College	Approved	Loyalist College	Approved
Centennial College	Approved	Mohawk College	Approved
Collège Boréal	Approved	Niagara College	Approved
Confederation College	Approved	Northern College	Approved
Conestoga College	Approved	Sault College	Approved
Durham College	Approved	Seneca College	Approved
Fanshawe College	Approved	Sheridan College	Approved
Fleming College	Approved	St. Clair College	Approved
George Brown College*	Approved	St. Lawrence College	Approved
Georgian College*	Approved		

CARRIED

T. Holland, M. MacDougall, A. Vidovic and J. Wright returned to the meeting.

Baccalaureate Nursing Program Annual Reviews

C. Evans and A. Vidovic declared a conflict of interest and left the meeting.

Motion 3

Moved by H. Whittle, seconded by M. Sabourin,

That the status of the following Baccalaureate Nursing programs that had an annual review be approved as listed:

Institution	Nursing Program	Approval Status	Institution	Nursing Program	Approval Status
Brock University	Bachelor of Science in Nursing: Honours Program	Approved	Ontario Tech University	Bachelor of Science in Nursing Collaborative Program	Approved
Lakehead University	Bachelor of Science in Nursing Program	Approved		Bachelor of Science in Nursing - RPN Bridge Program	Approved
	Bachelor of Science Nursing Compressed Program	Approved	University of Toronto	Bachelor of Science in Nursing	Approved
Laurentian University	Bachelor of Science in Nursing Program	Approved	University of Ottawa	Bachelor of Science in Nursing	Approved
McMaster University	Bachelor of Science in Nursing Program - Basic Stream	Approved		Registered Practical Nurse Bridging Program	Approved
	Bachelor of Science in Nursing Program - Accelerated Stream	Approved		Bachelor of Science in Nursing Second Entry Program	Approved
	Bachelor of Science in Nursing Program - Post Diploma Registered Practical Nurse (RPN) Stream	Approved	University of Windsor	Bachelor of Science in Nursing	Approved
Queen's University	Bachelor of Nursing Science Program	Approved		Bachelor of Science in Nursing for Graduates of Lambton College Practical Nurse Program	Approved
	Bachelor of Nursing Science Program - Accelerated Standing Track	Approved	Western University	Western-Fanshawe Collaborative Bachelor of Science in Nursing Program	Approved
Trent Fleming School of Nursing *	Collaborative Bachelor of Nursing Program	Approved		Bachelor of Science in Nursing Compressed Time Frame Program	Approved
	Compressed Bachelor of Nursing Program	Approved			
	Post-RPN Bridging Pathway Bachelor of Nursing Program	Approved			
University of New Brunswick at Humber College *	Collaborative Bachelor of Nursing Program – Regular 4 Year Pathway	Approved			
	Collaborative Bachelor of Nursing Program – Second-entry Pathway	Approved			
	Collaborative Bachelor of Nursing Program – Bridge Pathway	Approved			

CARRIED

C. Evans and A. Vidovic returned to the meeting.

Baccalaureate Program Comprehensive Reviews

A. Vidovic declared a conflict of interest and left the meeting.

Motion 4

Moved by D. A. Prillo, seconded by C. Evans,

That the status of the following Baccalaureate Nursing programs that had a comprehensive review be approved as listed:

Institution	Nursing Program	Approval Status
Nipissing University	Bachelor of Science in Nursing Collaborative with Canadore College Program	Approved
	Bachelor of Science in Nursing Scholar Practitioner Program	Approved
	Registered Practical Nurse (RPN) to Bachelor of Science in Nursing Program	Approved
Ryerson University	Bachelor of Science in Nursing Collaborative Program	Approved
	Bachelor of Science in Nursing - Post Diploma Completion Program	Approved
York University	Bachelor of Science in Nursing Collaborative Program	Approved
	Bachelor of Science in Nursing Compressed Program	Approved
	Post RN for Internationally Educated Nurses Program	Approved

CARRIED

A. Vidovic returned to the meeting.

New Baccalaureate Programs – Stand alone CAAT Programs

Council was reminded that new programs always receive preliminary approval.

Motion 5

Moved by J. Petersen, seconded by G. Rudanycz,

That the status of the following new Baccalaureate Nursing programs that had a new program review receive preliminary approval as listed:

Institution	Nursing Program	Approval Status
Humber College	Bachelor of Science in Nursing – Direct Entry Pathway	Preliminary Approval
	Bachelor of Science in Nursing – Second Entry Pathway	Preliminary Approval
	Bachelor of Science in Nursing – Bridging Pathway	Preliminary Approval
St. Lawrence College	Bachelor of Science in Nursing	Preliminary Approval

CARRIED

Nurse Practitioner Programs

A. Vidovic and H. Whittle declared a conflict of interest and left the meeting.

Motion 6

Moved by D. Thompson, seconded by T. Dion,

That the status of the following Nurse Practitioner programs that had an annual review be approved as listed.

Institution	Nursing Program*	Approval Status
Lakehead University	Primary Health Care Nurse Practitioner	Approved
Laurentian University	Primary Health Care Nurse Practitioner	Approved
McMaster University	Primary Health Care Nurse Practitioner	Approved
Ryerson University	Primary Health Care Nurse Practitioner	Approved
University of Ottawa	Primary Health Care Nurse Practitioner	Approved
University of Toronto	Primary Health Care Nurse Practitioner – Global Health	Approved
University of Toronto	Primary Health Care Nurse Practitioner – Adult	Approved
University of Toronto	Primary Health Care Nurse Practitioner – Paediatrics	Approved
Western University	Primary Health Care Nurse Practitioner	Approved
York University	Primary Health Care Nurse Practitioner	Approved
Queens University	Primary Health Care Nurse Practitioner	Approved
University of Windsor	Primary Health Care Nurse Practitioner	Approved

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

CARRIED

A. Vidovic and H. Whittle returned to the meeting.

Follow-up Action

Inform the education programs of their approval status.
Update the status of programs on cno.org.
Executive Director and CEO

Fees By-Law amendment regarding Examination Fees

S. Robinson noted that the Finance Committee is recommending amendments Article to By-Law No. 2: Fees related to the payment of fees for registration examinations. The proposed changes support the transition from CNO collecting the fees to the exam provider collecting them directly.

Motion 7

Moved by M. Klein-Nouri, seconded by N. Thick,

That Council approve the following changes to By-Law No. 2: Fees, for notice and circulation:

That Article 8 of By-Law No. 2: Fees be amended as it appears in attachment 1 to the decision note.

That, effective 90 days after the last day of the last CPNRE window for Ontario applicants, Article 8 of By-Law No. 2: Fees be further amended as it appears in attachment 2 to the decision note.

CARRIED

In June, Council will receive a report on the feedback to the proposed by-law amendment and will make a final decision.

Follow-up Action

Circulate the proposed by-law changes.
Add to agenda for the June Council meeting.
Executive Director and CEO

Statutory Committee Reports

S. Robinson noted that the work of the statutory committees is important to public safety and that the committee reports are an important accountability mechanism.

Patient Relations Committee

S. Robinson highlighted the work done by the Patient Relations Committee regarding sexual abuse of patients. She shared information about new resources on the website and showed Council the video Intentional Harm: Sexual Abuse of Patients.

In discussion, it was confirmed that while the legislation requires that health regulators address sexual abuse, CNO's abuse prevention program addresses all forms of abuse.

Inquiries, Complaints and Reports Committee

S. Robinson highlighted the report of the Inquiries, Complaints and Reports Committee. She reported on the number of complaints and reports addressed by the committee in 2020.

Discipline Committee

T. Holland highlighted the report of the Discipline Committee. She noted that despite the need to move to virtual hearings as a result of the pandemic, the Discipline Committee addressed more matters in 2020 than in previous years.

There was discussion about the nature of the report and whether it should include information on the practice trends and issues that result in referrals to the Discipline Committee. It was noted that, as part of the strategic plan, CNO will be better positioned to collect such data.

Fitness to Practise Committee

T. Holland noted that there has been a major decline in the number of new referrals to the Fitness to Practise Committee beginning in 2019 when the Nurses' Health Program was launched

Quality Assurance Committee

M. Sheculski highlighted the impact of the pandemic on the work of the Quality Assurance Committee. She noted that, as a result of the deferral of practice assessment in 2020, the committee addressed nurses who had deferred practice assessments from 2019.

Registration Committee

J. Petersen highlighted the report of the Registration Committee. She noted that most of the applicants considered by the Registration Committee went on to be registered. It was identified that much of the Committee's work is around language proficiency.

Recess

Council recessed at 4:45 p.m.

Thursday, March 4, 2021

Election of the Executive Committee

S. Robinson informed Council that she delegated chairing the election of the Executive Committee to C. Evans.

C. Evans took the chair. She highlighted the following nominations for election as Officers:

President

S. Robinson

Vice-President, RN

N. Thick

Vice-President, RPN

N. Hillier

T. Holland

J. Wright

C. Evans requested nominations from the floor. None were forthcoming. She informed Council that S. Robinson was acclaimed as President and N. Thick as Vice-President, RN.

Following speeches and a question and answer period, Council members were sent electronic ballots for the election of the Vice-President, RPN. Following the voting, C. Evans informed Council that T. Holland was elected Vice-President, RPN.

C. Evans highlighted the following nominations for election as public members on the Executive Committee:

M. Sheculski
D. Thompson

C. Evans requested nominations from the floor. None were forthcoming. C. Evans noted that M. Sheculski and D. Thompson were acclaimed as the public members on the Executive.

Motion 8

Moved by A. Fox, seconded by D.A. Prillo,

That the ballots for the election of the Executive Committee be destroyed.

CARRIED

C. Evans highlighted the members of the 2021-2022 Executive Committee:

S. Robinson, NP, President
T. Holland, VP, RPN
M. Sheculski, PM
N. Thick, VP, RN
D. Thompson, PM

S. Robinson assumed the chair.

College Performance Measurement Framework

S. Robinson noted that the Ministry's College Performance Measurement Framework (CPMF) is new and may change based on the initial reports from regulators. She noted that, while staff have prepared this document, the Ministry requires Council approval.

E. Tilley, Strategy Consultant provided background on the CPMF, noting that it was prepared with input from staff across CNO and based on specific parameters set by the Ministry. CNO has identified areas where there is room for improvement and what might be addressed in 2021.

Motion 9

Moved by P. Sullivan-Taylor, seconded by M. Klein-Nouri,

That Council supports the submission to the Ministry of Health of CNO's response to the College Performance Measurement Framework for the 2020 calendar year, as seen in attachment 1 to the decision note.

CARRIED

Follow-up Action

Submit CPMF to the Ministry.
Post CPMF on cno.org.
Executive Director and CEO

Strategy 2021-2024: Update and next steps

S. Robinson noted that in December Council discussed CNO's new strategic plan, Strategy 2021-2024, and expressed an interest in learning more.

K. McCarthy provided Council with background on the development of Strategy 2021-2024 and the next steps in its implementation. Council will receive updates quarterly in 2021. In December there will be clearly defined outcomes, a roadmap and metrics. Formal reporting on the plan will begin in March 2022. In discussion it was noted that the plan is ambitious. It was confirmed that CNO is confident it can meet the plan over its four-year timeframe. He noted that while CNO is taking the time needed to clarify definitions and measurement, work is underway on projects that will support meeting the purpose goals of the plan: modernizing practice standards, modernizing applicant assessment, and the new Quality Assurance Program.

Modernizing Practice Standards

S. Robinson noted that the discussion about CNO's work in modernizing practice standards had been deferred from December. R. Jabbour, Strategy Consultant, provided an overview of the work to date, including the approach to stakeholder engagement. She asked Council if there were specific considerations to keep in mind as the work proceeds.

There was discussion about the move to broad, umbrella standards like the Code of Conduct. It was noted that CNO is identifying any potential gaps to be addressed and clinical areas that might better be addressed by experts (e.g. public health for infection control). CNO is working with stakeholders and identifying partnerships in safety.

Modernizing Applicant Assessment

S. Robinson noted that CNO is reviewing its applicant processes. S. Vogler highlighted the approach being taken and identified an immediate change to the Council-approved process for assessing applicants for registration as an RN that could move some applicants forward in the process.

Motion 10

Moved by C. Evans, seconded by J. Wright,

That the Council approved nursing education assessment process for evaluating Registered Nurse (RN) applicants be amended to include passing the NCLEX-RN™, on or after January 1, 2015, as evidence that an RN applicant possesses the requisite nursing knowledge, skill and judgement to meet the nursing education requirement.

CARRIED

In discussing the proposed change, it was noted that Council approval of the NCLEX-RN™ was based on significant evidence that the examination is an accurate assessment of the knowledge, skill and judgement required to enter practice safely.

Follow-up Action

Inform relevant applicants of the change.
Executive Director and CEO

Quality Assurance Program

S. Robinson noted that CNO's Quality Assurance Program is an important proactive program that supports the Strategic Plan. A. McNabb, Strategy Consultant shared information about CNO's approach to the Quality Assurance Program in 2020 and C. Mill, Manager, Practice Quality, highlighted how CNO plans to strengthen the program in 2021 and beyond. She informed Council that Quality Assurance for 2021 will launch shortly.

Executive Director update

A. Coghlan, Executive Director and CEO updated Council on:

- System partner collaborations examples:
 - Health Professions Regulators of Ontario and Ministry of Health in coordinated roll out of consistent information about the pandemic
 - Ministry of Long-Term Care Table of system partners to build and sustain staffing for Long-Term Care
- Implementation of governance change at the College of Teachers of Ontario that reflects Council's governance vision.

A. Coghlan noted that CNO's commitment is to act thoughtfully and with purpose in addressing diversity, equity and inclusion. E. Horlock presented an update on the work being done by staff. Council was informed that there will be a Council workshop in June. More information will be shared in Council's mid-meeting newsletter. Two new members of Leadership Team were introduced: Kate Dilworth, Manager, Education Program and Evelyn Tan, Manager, Technology Infrastructure.

Executive minutes

Council received the minutes of the Executive Committee meetings of January 13, 2021 and February 11, 2021.

Finance Committee

A. Fox highlighted the report of the Finance Committee's meeting of February 11, 2021.

Council members had received copies of the unaudited financial statements for the year ended December 31, 2020. A. Fox noted that a \$.4M deficit was budgeted for 2020. The year-end surplus of \$8.2M is \$8.6M more than the budgeted deficit. She reported that the Finance Committee had carefully reviewed the statements and the reasons for the variances.

Motion 11

Moved by A. Fox, seconded by N. Hillier,

That Council accept the unaudited financial statements for the year ended December 31, 2020.

CARRIED

A. Fox informed Council that the auditors attended the Finance Committee meeting and presented the plan for the 2020 audit. The Finance Committee held an in-camera meeting with the auditors. The Committee also received a report of the Sub-Committee on Compensation's January 2021 meeting.

Statutory Committee Chairs

S. Robinson highlighted the Executive Committee's recommendations for Statutory Committee chairs. She noted that volunteers applied through an online competency-based form hosted by Governance Solutions Inc.

Motion 12

Moved by D. Lafontaine, seconded by J. Petersen,

That Council appoint the following 2021-2022 statutory committee chairs:

Discipline & Fitness to Practise	D. Cutler
Quality Assurance	L. Poonasamy
Registration	D. Thompson

CARRIED

Statutory Committee Appointments

S. Robinson highlighted the approach to recommending committee appointments for new Council members and for appointed committee members who are not Council members. She reminded Council that the appointed committee members complete pre-education and an online application that assesses the needed competencies and attributes. The proposed members of the committees were presented. Council was informed that the slates of committee membership will be posted in Boardvantage.

Motion 13

Moved by A. Fox, seconded by I. McKinnon,

That Council and committee members be appointed to statutory committees, effective June 2, 2021, in accordance with the list of committee appointments presented to Council by the Election and Appointments Committee (attachment to the minutes).

CARRIED

S. Robinson informed Council that a request for volunteers to serve on the standing committees – Conduct, Finance and Council's new Interim Nomination Committee – will be sent to Council members following the Council meeting. The members of the Conduct and Finance Committees will be appointed by Council in June and the Interim Nominating Committee in September.

Appointment to the Sub-Committee on Compensation

The Finance Committee is recommending an appointment to the Sub-Committee on Compensation.

Motion 14

Moved by M. Sheculski, seconded by M. Sabourin,

That Craig Halket be reappointed to the Sub-Committee on Compensation until June 2024.

CARRIED

The Executive Committee is recommending the Chair of the Sub-Committee on Compensation.

Motion 15

Moved by D. Thompson, seconded by T. Holland,

That Craig Halket be appointed as the 2021-2022 Chair of the Sub-Committee on Compensation.

CARRIED

Reflection on team norms

Council de-briefed on the meeting, particularly on the impact of the new team norms on meeting effectiveness. It was identified that the meeting went smoothly with sufficient time for meaningful discussion of important items. It was noted that the President setting the time parameters for

each agenda item was helpful, as was the change in behaviour of members in following the new norms.

There was discussion about an annual plan for Council, contacting identified staff resource with questions on the briefing note, Executive Committee meetings without staff and adding items to the Council agenda.

Conclusion

At 4:00 p.m., on completion of the agenda, it was,

Motion 16

Moved by C. Manning, seconded by M. Klein-Nouri,

That Council conclude.

CARRIED

Chair

Executive Committee

Sandra Robinson, RN, President
 Terry Holland, Vice-President, RPN
 Naomi Thick, Vice-President, RN
 Maria Sheculski, PM
 Diane Thompson, PM

Inquiries, Complaints and Reports Committee

Sandra Robinson, NP, Chair
 Shana Anjema, RN*
 Mary Campbell, RN*
 Samantha Diceman, RPN*
 Stephen Eaton, PM
 Ryan Henderson, RN
 Terry Holland, RPN
 Kristin Kennedy, RN*
 Michelle Lewis, RN*
 Candace Ngungu, RN*
 Judy Petersen, PM
 Mary Ellen Renwick, RN
 Donna Rothwell, RN
 Maria Sheculski, PM
 Kathleen Tabinga, RPN*
 Naomi Thick, RN
 Diane Thompson, PM
 Amy Vandekemp, RPN*

Discipline Committee

Dawn Cutler, RN, Chair
 Janet Adanty, RN*
 Andrea Arkell, PM
 Jay Armitage, PM
 Eloisa Busto, RPN*
 Margarita Cleghorne, RPN*
 Jacqueline Dillon, RPN*
 Tanya Dion, RN
 Sylvia Douglas, PM
 Ramona Dunn, RN
 David Edwards, RPN*
 Mary Furlan, RPN
 Kerry Gartshore, RPN
 Carly Gilchrist, RPN*
 Karen Goldenberg, PM
 Shaneika Grey, RPN*
 Max Hamlyn, RPN*
 Neil Hillier, RPN
 Carly Hourigan, PM
 Aisha Jahangir, RN
 Karen LaForet, RN*
 Rodolfo D. Lastimsa Jr., RPN
 Marnie MacDougall, PM
 Mary MacNeil, RN*
 Benson Mathai, RPN*
 Jane Mathews, RN*
 Ian McKinnon, PM
 Sharon Moore, RN*
 Andrea Norgate, RN*
 Susan Roger, RN*
 Lalitha Poonasamy, PM
 Martin Sabourin, RN
 Michael Schroder, NP*
 Heather Stevanka, RN*
 Emilija Stojasavljevic, RPN*
 Patricia Sullivan-Taylor, RN
 Sherry Szucsko-Bedard, RN*
 Safrina Tarani, RN*
 Kari Van Camp, NP*
 Jane Walker, RN
 Terah White, RPN*
 Colleen Wilkinson, RN*
 Ingrid Wiltshire-Stoby, NP*
 José Wright, RN

2020-2021 Committee Members

Fitness to Practise Committee

Dawn Cutler, RN, Chair
Janet Adanty, RN*
Andrea Arkell, PM
Jay Armitage, PM
Eloisa Busto, RPN*
Margarita Cleghorne, RPN*
Jacqueline Dillon, RPN*
Tanya Dion, RN
Sylvia Douglas, PM
Ramona Dunn, RN
David Edwards, RPN*
Mary Furlan, RPN
Kerry Gartshore, RPN
Carly Gilchrist, RPN*
Karen Goldenberg, PM
Shaneika Grey, RPN*
Max Hamlyn, RPN*
Neil Hillier, RPN
Carly Hourigan, PM
Aisha Jahangir, RN
Karen LaForet, RN*
Rodolfo D. Lastimsa Jr., RPN
Marnie MacDougall, PM
Mary MacNeil, RN*
Benson Mathai, RPN*
Jane Mathews, RN*
Ian McKinnon, PM
Sharon Moore, RN*
Andrea Norgate, RN*
Susan Roger, RN*
Lalitha Poonasamy, PM
Martin Sabourin, RN
Michael Schroder, NP*
Heather Stevanka, RN*
Emilija Stojavljevic, RPN*
Patricia Sullivan-Taylor, RN
Sherry Szucsko-Bedard, RN*
Safrina Tarani, RN*
Kari Van Camp, NP*
Jane Walker, RN
Terah White, RPN*
Colleen Wilkinson, RN*
Ingrid Wiltshire-Stoby, NP*
Joseé Wright, RN

Quality Assurance Committee

Lalitha Poonasamy, PM, Chair
Katie Condon, RPN*
Sylvia Douglas, PM
Zaheeda Hamza, RN*
Neil Hillier, RPN
Monica Klein-Nouri, RN
Bonnie MacKinnon, RN
Ian McKinnon, PM
Diane Morin-LeBlanc, RN*
Maria Sheculski, PM

Registration Committee

Diane Thompson, Chair
Priscilla Ankamah, RN
Andrea Arkell, PM
Linda Bishop, RPN*
Brock Cooper, NP*
Carrie Heer, NP*
Raj Kaur, RPN
Judy Petersen, PM

*



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

THE STANDARD OF CARE.

Rising to the Challenge

2020 Annual Report



Table of Contents

- 2 WELCOME TO CNO
- 3 NURSES IN ONTARIO
- 4 EXECUTIVE DIRECTOR & CEO’S MESSAGE
- 5 PRESIDENT’S MESSAGE
- 6 RESPONDING WITH RESILIENCE

2020 Annual Report

Copyright © College of Nurses of Ontario, 2021. Material published in 2020 Annual Report may be reprinted without permission, provided credit is given to the publication and to the College of Nurses of Ontario.

ISSN 1492-5893

Pub. No. 45006

Ce fascicule existe en français dans le site internet sous le titre : Rapport annuel 2020, n° 55006.

College of Nurses of Ontario
101 Davenport Rd., Toronto ON
Canada M5R 3P1

Web cno.org
Email cno@cnomail.org
Tel. 416 928-0900
Fax 416 928-6507

Toll-free in Canada
1 800 387-5526

Design: Studio141.ca
Photo of Anne Coghlan: Claudia Hung
Photo of Sandra Robinson: Melanie Gordon

Welcome to CNO

WE ARE THE
COLLEGE OF NURSES OF ONTARIO (CNO)
AND WE PROTECT THE PUBLIC BY
PROMOTING SAFE NURSING PRACTICE.

What do we do?



WE SET THE
REQUIREMENTS
FOR BECOMING A
NURSE IN ONTARIO



WE INFORM
NURSES OF THEIR
ACCOUNTABILITIES,
AND TELL YOU WHAT
YOU CAN EXPECT
FROM NURSES



WE RESPOND
TO YOUR CONCERNS
ABOUT NURSES’
CONDUCT,
COMPETENCE
AND HEALTH



WE ENSURE
NURSES ENGAGE
IN CONTINUOUS
QUALITY
IMPROVEMENT
THROUGHOUT
THEIR CAREERS

Nurses in Ontario

More than
188,500
nurses

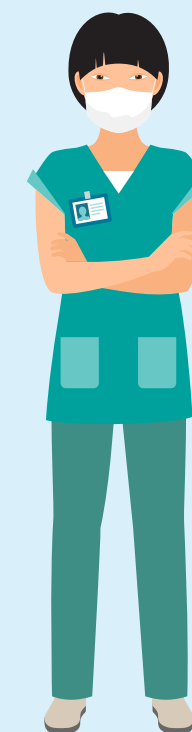


As of December 31, 2020



123,515

REGISTERED NURSES (RNs)



61,103

REGISTERED PRACTICAL NURSES (RPNs)



4,079

NURSE PRACTITIONERS (NPs)



For more statistics
about nurses
and nursing, visit
www.cno.org/stats

Executive Director and CEO's message

CNO started 2020 with preparing for a new Strategic Plan—a bold, innovative plan that will strengthen our ability to have a system-wide impact on patient safety. Working with system partners and leveraging our data in new ways, we are committing to regulatory approaches that will have an impact on preventing patient harm before it occurs.

As the COVID-19 pandemic impacted health care, we supported nurses with understanding their accountabilities in times of crises. Drawing on

their best professional judgment, nurses worked tirelessly to keep patients safe.

Our agility was tested again in the fall! While we were actively supporting the province's response to the pandemic, we experienced a cyber incident. Staff and system partners ensured we were able to continue essential work to protect the public, while we worked quickly to resume normal operations.

Amid all this, we purposefully committed to being an organization that embraces diversity, equity

and inclusion, and started our ongoing work with listening and learning.

A year of challenge also produced many opportunities for innovation and growth, which I invite you to read about in the following pages.

Stay safe and stay well,



Anne Coghlan RN, MScN
Executive Director & CEO CNO



President's message

The damaging effects of the global pandemics caused by COVID-19 and racial discrimination have affected the world immeasurably. No one has been immune to the impact these issues have unleashed, particularly within the health care system.

In response to COVID-19, CNO immediately engaged with system partners to ensure that safe patient care was maintained. CNO added much-needed human resources to the health care system through expedited reinstatements and enactment of an Emergency Assignment Class.

In response to racial inequality, CNO has engaged in a thoughtful and proactive approach to diversity, equity and inclusion, creating a sustainable and impactful plan for the public and nurses.

Despite the need to pivot to address these and other unforeseen issues, CNO was able to launch the new Strategic Plan 2021-2024. CNO will action this transformative road map for the future, to protect the public by promoting safe nursing practice through an agile, purposeful and proactive approach.

As a regulator and leader in patient safety, CNO will continue to be responsive and adapt to the dynamic needs of the health care system, and maintain public trust in nursing.



Sandra Robinson RN, MN, NP
Council President June 2020 – present



Find more on our Council at:
www.cno.org/council

Read about CNO's committees at:
www.cno.org/committees

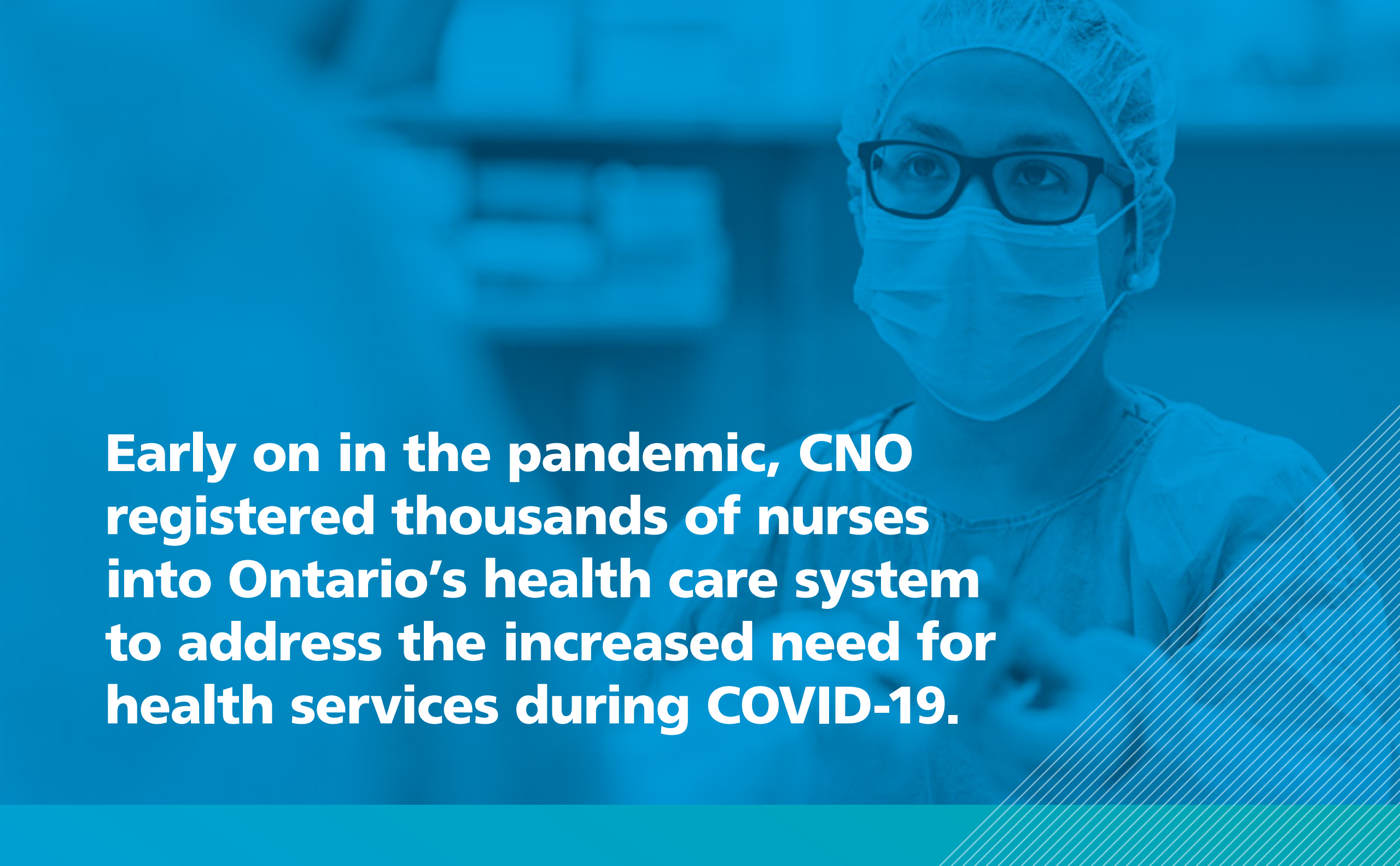
For Discipline Decisions, visit:
Find a Nurse and www.cno.org



Responding with Resilience

Around the world, 2020 was an unprecedented year of challenge and change. As the COVID-19 pandemic affected so many aspects of our lives, health care was especially impacted. As one part of Ontario's health care system, CNO quickly responded to support patient safety. Nurses, along with other health care providers, implemented COVID-19 treatment and prevention priorities, all while maintaining their regular roles providing you care.

As regulators, we responded to every unplanned development with resilience and agility, to make sure you can receive safe nursing care — no matter the situation. Here are some of the ways we made that happen. ►



Early on in the pandemic, CNO registered thousands of nurses into Ontario’s health care system to address the increased need for health services during COVID-19.

WE HELPED MORE NURSES PROVIDE CARE

Early on in the pandemic, CNO registered thousands of nurses into Ontario’s health care system to address the increased need for health services during COVID-19. This meant more qualified nurses were available to use knowledge, skill and judgment to provide safe, effective and ethical care to patients.

From March to August, we implemented the Emergency Assignment Class (EAC). This allowed eligible applicants (such as nurses

registered to practice in other provinces or U.S. states who met specific criteria) to register at no cost for up to 60 days at a time and provide nursing care in Ontario.

We also reached out to eligible applicants to encourage them to register with us. And we changed our processes and online systems so we could quickly get nurses who met registration requirements into the system to provide nursing care. ▶

We Never Stopped


Long before COVID-19 made home offices the norm, CNO introduced teleworking to let most of our staff work virtually at any time. In 2020, even as our building was closed to the public, we were well positioned to continue business operations virtually.

Last June, we held our very first virtual Council meeting allowing participants to connect online, and expanded our public reach by live-streaming these meetings on YouTube. Other groups such as our statutory committees also began meeting virtually to do their work.

In August, we took our discipline hearings online, as well as member meetings with regulatory experts and nurse facilitators. This allowed us to continue these critical functions remotely.

Even when a cyber incident temporarily locked us out of many of our systems in September, we responded quickly to contain the threat. With cyber security experts, we got our systems up and running as quickly as possible. While there are no guarantees against future incidents, CNO learned from the event. We have taken steps to help prevent such events and reduce their impact, if they occur. ■





We saw that 2020 had a disproportionate impact on vulnerable populations including racialized people, women and the elderly. This heightened our organization's commitment to diversity, equity and inclusion—work we are continuing now and into the future.

WE KEPT INFORMATION COMING

Since the onset of the pandemic in Canada, we maintained constant contact with our applicants, members and the public via our website and social media channels, Call Centre and Practice Support. In March, we dedicated a section of our website to providing nurses with the latest COVID-19 updates, channeling information to different audiences via Facebook, Twitter, Instagram and LinkedIn.

As the pandemic progressed, we helped nurses understand their accountabilities by adding more information for them—especially important in times of change. In November, we spread awareness about the Government of Canada's COVID Alert App through our website and social media outlets to help public health units' efforts in contact tracing.

We saw that 2020 had a disproportionate impact on vulnerable populations including racialized people, women and the elderly. This heightened our organization's commitment to diversity, equity and inclusion—work we are continuing now and into the future.

WE SUPPORTED CONTINUING COMPETENCE

Every year, nurses complete Quality Assurance (QA) so you can be assured they are committed to continuing competence by continually improving their practice.

Given the stresses on nurses during the pandemic, we simplified our QA Program so nurses could focus on self-reflection. Our goal was to help nurses have better insight into their day-to-day practice during the pandemic. In other areas of CNO, we continue to evolve our approaches to engaging with nurses about competence and public safety, such as when we respond to concerns about nurses or nursing care.

This year marked the second year of our Nurses' Health Program, which helps nurses with substance use and mental health disorders get support and treatment referrals early. Based on a proven approach that uses quality evidence, this ongoing program helps nurses get assessed and treated for these disorders early on. ►

CNO's purpose is to protect the public by promoting safe nursing practice.

WE PARTNERED WITH OTHERS FOR PATIENT SAFETY

In 2020, the Ministry of Health was one of the many stakeholders we worked with to keep you safe. Over the past year, we offered ongoing data on nursing accountabilities and reviewed guidance documents that could help direct other health care professions during the pandemic. We also helped the Ministry disseminate COVID-19 information to the public and nurses.

We collaborated with the Health Profession Regulators of Ontario to support excellence and safety in health care, and consulted with the Citizen's Advisory Group to bring your perspective to the work we do. We developed a useful resource for employers to keep them informed of updates and changes throughout the pandemic via feedback from our Employers Reference Group.

WE MADE A BOLD NEW PLAN

CNO's purpose is to protect the public by

promoting safe nursing practice. Over the next four years, we will be making significant changes to our organization to strengthen our position as a leader in patient safety. To that end, we developed a robust strategic plan for 2021-2024. The new plan will see a CNO that is more agile and proactive, addressing potential sources of harm before they can negatively affect you.

As part of this plan, we are working with our current stakeholders—and building connections with new ones—to identify, understand, prioritize and address potential sources of harm.

This past year has shown us that even in a crisis, we can work together to quickly adapt to current needs and make our processes more efficient. We will use the lessons of 2020 to continue our important work protecting public safety. In spite of all the changes that world events and the evolving health care system bring, the future looks promising. ■

Strategic Plan 2021-2024

To fulfill our commitment to protect the public by promoting safe nursing practice, CNO has developed four goals to support Strategic Plan 2021-2024.

In the next four years, CNO will take action to:



**BUILD AND
OPERATE AN
INSIGHTS ENGINE**



**ENGAGE AND
MOBILIZE OUR
STAKEHOLDERS**



**ENABLE
PROACTIVITY**



**OPERATE
WITH AGILITY**



COLLEGE OF NURSES
OF ONTARIO

ORDRE DES INFIRMIÈRES
ET INFIRMIERS DE L'ONTARIO

THE STANDARD OF CARE.



College of Nurses of Ontario | 101 Davenport Rd. Toronto ON | cno.org

Decision Note – June 2021 Council

Audited Financial Statements

Contacts for Questions or More Information

Stephen Mills, Chief Administrative Officer

Decision for consideration re. recommendation of the Finance Committee

That Council approve the audited financial statements for the year ended December 31, 2020.

Background

The Finance Committee met on May 5, 2021 and reviewed the attached financial statements (see agenda item 4.3 for the report of the meeting).

Blair MacKenzie from Hilborn LLP attended the meeting and highlighted the statements. He also met in private with the Finance Committee. Following the private session, the Finance Committee recommended approval of the audited statements.

Blair MacKenzie will be attending Council on June 3rd and will highlight the 2020 audited financial statements.

Attachment

Audited financial statements for the year ended December 31, 2020

COLLEGE OF NURSES OF ONTARIO

FINANCIAL STATEMENTS

DECEMBER 31, 2020

Draft Statements Subject to Revision

HILBORN_{LLP}

Independent Auditor's Report

To the Council of the College of Nurses of Ontario

Opinion

We have audited the financial statements of the College of Nurses of Ontario (the "College"), which comprise the statement of financial position as at December 31, 2020, and the statements of operations, changes in net assets and cash flows for the year then ended, and notes to the financial statements, including a summary of significant accounting policies.

In our opinion, the accompanying financial statements present fairly, in all material respects, the financial position of the College as at December 31, 2020, and the results of its operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Basis for Opinion

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

Other Information

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

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

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

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

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

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

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

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

Independent Auditor's Report (continued)

Auditor's Responsibilities for the Audit of the Financial Statements

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

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

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

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

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

Toronto, Ontario
Date to be determined

Chartered Professional Accountants
Licensed Public Accountants

COLLEGE OF NURSES OF ONTARIO

Statement of Financial Position

December 31	2020 \$	2019 \$
ASSETS		
Current assets		
Cash	46,194,137	49,246,911
Investments (note 3)	31,747,963	21,192,321
Amounts receivable	499,231	22,664
Prepaid expenses	891,044	1,026,225
	79,332,375	71,488,121
Investments (note 3)	14,278,799	12,180,199
Capital assets (note 4)	6,914,752	7,296,739
Intangible assets (note 5)	208,291	342,191
	21,401,842	19,819,129
	100,734,217	91,307,250
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities (note 9)	13,820,754	13,357,019
Deferred membership and examination fees	44,175,488	43,275,243
Defined benefit liability (note 6)	-	796,546
	57,996,242	57,428,808
NET ASSETS		
Invested in capital and intangible assets	7,123,043	7,638,930
Unrestricted	35,614,932	26,239,512
	42,737,975	33,878,442
	100,734,217	91,307,250

The accompanying notes are an integral part of these financial statements

Approved on behalf of the Council:

President

Vice-President

Vice-President

COLLEGE OF NURSES OF ONTARIO

Statement of Operations

Year ended December 31

	2020 \$	2019 \$
Revenues		
Membership fees	50,356,305	49,602,126
Credential evaluations, endorsements and transcripts	4,789,205	4,470,315
Examinations	1,898,070	1,899,655
Investment income	1,143,246	1,237,451
Other	162,002	268,201
	58,348,828	57,477,748
Expenses		
Employee salaries and benefits	33,855,008	29,007,869
Consultants (note 8)	5,875,163	5,249,356
Legal services	2,664,976	2,697,549
Equipment, operating supplies and other services	4,140,943	5,138,391
Taxes, utilities and amortization	1,374,238	1,510,277
Examination fees	1,490,690	1,483,634
Non-staff remuneration and expenses	408,853	809,340
	49,809,871	45,896,416
Excess of revenues over expenses for year	8,538,957	11,581,332

The accompanying notes are an integral part of these financial statements

Draft Statements Subject to Revision

COLLEGE OF NURSES OF ONTARIO

Statement of Changes in Net Assets

Year ended December 31

	Invested in capital and intangible assets \$	Unrestricted \$	2020 Total \$
Balance, beginning of year	7,638,930	26,239,512	33,878,442
Excess of revenues over expenses for year	-	8,538,957	8,538,957
Amortization of capital assets	(1,007,150)	1,007,150	
Amortization of intangible assets	(133,900)	133,900	-
Purchase of capital assets	625,163	(625,163)	-
Defined benefit costs - remeasurements and other items	-	320,576	320,576
Balance, end of year	7,123,043	35,614,932	42,737,975
	Invested in capital and intangible assets \$	Unrestricted \$	2019 Total \$
Balance, beginning of year	8,077,719	15,458,090	23,535,809
Excess of expenses over revenues for year	-	11,581,332	11,581,332
Amortization of capital assets	(1,103,409)	1,103,409	-
Loss on disposal of capital assets	(1,826)	1,826	-
Amortization of intangible assets	(136,962)	136,962	-
Purchase of capital assets	738,901	(738,901)	-
Purchase of intangible assets	64,507	(64,507)	-
Defined benefit costs - remeasurements and other items	-	(1,238,699)	(1,238,699)
Balance, end of year	7,638,930	26,239,512	33,878,442

The accompanying notes are an integral part of these financial statements

COLLEGE OF NURSES OF ONTARIO

Statement of Cash Flows

Year ended December 31	2020 \$	2019 \$
Cash flows from operating activities		
Excess of revenues over expenses for year	8,538,957	11,581,332
Adjustments to determine net cash provided by (used in) operating activities		
Amortization of capital assets	1,007,150	1,103,409
Amortization of intangible assets	133,900	136,962
Loss on disposal of capital assets	-	1,826
Interest not received during the year capitalized to investments	(557,357)	(619,075)
Interest received during the year previously capitalized to investments	658,070	213,718
Pension benefits funding	(962,208)	(1,320,318)
Pension benefits expense	486,238	1,142,890
	9,304,750	12,240,744
Change in non-cash working capital items		
Decrease (increase) in amounts receivable	(476,567)	148,305
Decrease (increase) in prepaid expenses	135,181	(498,229)
Increase in accounts payable and accrued liabilities	463,735	3,725,589
Increase in deferred membership and examination fees	900,245	961,915
	10,327,344	16,578,324
Cash flows from investing activities		
Purchase of investments	(33,289,176)	(23,683,606)
Proceeds from disposal of investments	20,534,221	29,837,865
Purchase of capital assets	(625,163)	(738,901)
Purchase of intangible assets	-	(64,507)
	(13,380,118)	5,350,851
Net change in cash	(3,052,774)	21,929,175
Cash, beginning of year	49,246,911	27,317,736
Cash, end of year	46,194,137	49,246,911

The accompanying notes are an integral part of these financial statements

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements

December 31, 2020

Nature and description of the organization

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

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

1. Significant accounting policies

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

(a) Revenue recognition

(i) Membership fees

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

(ii) Services

Revenue from credential evaluations, endorsements, transcripts and examinations is recognized when the service is rendered. Examination fees received in advance of the date the examination is held are recorded as deferred examination fees.

(iii) Investment income

Investment income comprises interest from cash and investments.

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

(b) Investments

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

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2020

1. Significant accounting policies (continued)

(c) Capital assets

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

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

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

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

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

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

(d) Intangible assets

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

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

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

Computer application software	20%
-------------------------------	-----

Notes to Financial Statements (continued)

December 31, 2020

1. Significant accounting policies (continued)

(d) Intangible assets (continued)

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

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

(e) Employee future benefits

Defined benefit component of a pension plan

- (i) A defined benefit liability is recognized in the statement of financial position to the extent that the defined benefit obligations exceed the fair value of plan assets.

Components of the total cost of a defined benefit component of a pension plan, excluding remeasurements and other items, are recognized in income in the year incurred.

Remeasurements and other items incurred during the year are recognized directly in the statement of changes in net assets.

- (ii) Defined benefit obligations are measured using an actuarial valuation report prepared for funding purposes.
- (iii) Defined benefit obligations are actuarially determined using the projected benefit method prorated on services and management's best estimates of retirement age, mortality, discount rates to reflect the time value of money, future salary and benefit levels and other actuarial assumptions.
- (iv) Plan assets are measured at fair value.

Notes to Financial Statements (continued)

December 31, 2020

1. Significant accounting policies (continued)

(e) Employee future benefits (continued)

Defined benefit component of a pension plan (continued)

- (v) Plan assets and defined benefit obligations are measured at December 31.
- (vi) The components of the total cost of a defined benefit component of a pension plan for a year are comprised of:
 - current service cost;
 - finance cost; and
 - remeasurements and other items.

Current service cost for the year is the actuarial present value of benefits attributed to employees' services rendered during the year, reduced to reflect employee contributions.

Finance cost for the year is the net interest on the defined benefit liability calculated by multiplying the defined benefit liability at the beginning of the year by the discount rate used in determining the defined benefit obligation at the beginning of the year.

Remeasurements and other items are comprised of:

- the difference between the actual return on plan assets and the return calculated using the discount rate used in determining the defined benefit obligation at the beginning of the year;
 - actuarial gains and losses;
 - the effect of any valuation allowance in the case of a net defined benefit asset;
 - past service costs; and
 - gains and losses arising from settlements and curtailments.
- (vii) Actuarial gains and losses can arise in a given year from:
- the difference between the actual defined benefit obligations at the end of the year and the expected defined benefit obligations at the end of the year; and
 - changes in actuarial assumptions.

Notes to Financial Statements (continued)

December 31, 2020

1. Significant accounting policies (continued)

(e) Employee future benefits (continued)

Defined contribution component of a pension plan

- (i) Components of the total cost of a defined contribution component of a pension plan are recognized in income in the year incurred.
- (ii) The components of the total cost of a defined contribution component of a pension plan for a year are comprised of:
 - current service cost;
 - past service costs;
 - interest cost on the estimated present value of any contributions required in future years related to employee services rendered during the current year or prior years; and
 - a reduction for the interest income for the year on any unallocated plan surplus.

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

Multi-employer defined benefit pension plan

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

(f) Related party transactions

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

Transactions with related parties in the normal course of business are initially recorded at their exchange amount, which is the amount of consideration established and agreed to by the related parties.

Notes to Financial Statements (continued)

December 31, 2020

1. Significant accounting policies (continued)

(g) Financial instruments

(i) Measurement of financial assets and liabilities

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

The College subsequently measures all of its financial assets and financial liabilities at amortized cost.

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

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

Financial liabilities measured at amortized cost include accounts payable and accrued liabilities.

(ii) Impairment

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

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

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

- the present value of the cash flows expected to be generated by holding the financial asset discounted using a current market rate of interest appropriate to the financial asset; and
- the amount that could be realized by selling the financial asset at the statement of financial position date.

Notes to Financial Statements (continued)

December 31, 2020

1. Significant accounting policies (continued)

(g) Financial instruments (continued)

(ii) Impairment (continued)

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

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

(h) Management estimates

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

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

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

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2020

2. Financial instrument risk management

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

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

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

Credit risk

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

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

	2020 \$	2019 \$
Cash	46,194,137	49,246,911
Investments	46,026,762	33,372,520
Amounts receivable	499,231	22,664
	<u>92,720,130</u>	<u>82,642,095</u>

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

The College manages its exposure to credit risk of investments through an investment policy which restricts the types of eligible investments.

Liquidity risk

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

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

Notes to Financial Statements (continued)

December 31, 2020

2. Financial instrument risk management (continued)

Market risk

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

Currency risk

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

The College is not exposed to currency risk.

Interest rate risk

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

Other price risk

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

The College is not exposed to other price risk.

Changes in risk

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

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2020

3. Investments

	2020 \$	2019 \$
Current	31,747,963	21,192,321
Long-term	14,278,799	12,180,199
	<u>46,026,762</u>	<u>33,372,520</u>

	2020 \$	2019 \$
Effective interest rates	0.45% - 2.90%	1.85% - 2.92%
Maturity dates	Jan 2021 to Mar 2026	Jan 2020 to Nov 2021

4. Capital assets

	Cost \$	Accumulated Amortization \$	2020 Net \$
Land	3,225,009	-	3,225,009
Building	6,835,907	5,760,504	1,075,403
Building improvements	3,923,184	3,329,758	593,426
Office furniture	2,344,693	2,190,621	154,072
Office equipment	1,127,271	1,118,553	8,718
Computer hardware	5,394,389	3,536,265	1,858,124
	<u>22,850,453</u>	<u>15,935,701</u>	<u>6,914,752</u>

	Cost \$	Accumulated Amortization \$	2019 Net \$
Land	3,225,009	-	3,225,009
Building	6,835,907	5,590,750	1,245,157
Building improvements	3,923,184	3,191,247	731,937
Office furniture	2,344,693	2,153,202	191,491
Office equipment	1,127,271	1,111,642	15,629
Computer hardware	4,769,226	2,881,710	1,887,516
	<u>22,225,290</u>	<u>14,928,551</u>	<u>7,296,739</u>

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2020

5. Intangible assets

	Cost \$	Accumulated Amortization \$	2020 Net \$
Computer application software	4,095,159	3,886,868	208,291

	Cost \$	Accumulated Amortization \$	2019 Net \$
Computer application software	4,095,159	3,752,968	342,191

6. Defined benefit liability

(a) Description of plan

The College previously maintained a registered pension plan for its employees, which prior to January 1, 2020, comprised defined benefit and defined contribution components.

During fiscal 2019, the College amended the defined benefit component of the plan whereby it ceased benefit accruals for all members of the defined benefit component effective June 30, 2019. Effective July 1, 2019, the defined benefit component of the plan was being funded only by the College.

Effective December 31, 2019, the College wound-up the registered pension plan. The settlement on wind-up has been recognized for accounting purposes in the current year.

The benefits for the defined benefit component of the plan were settled in December 2020 by way of an annuity purchase and the payment of commuted values.

The members of the defined contribution component of the registered pension plan either joined a new defined contribution pension plan, sponsored by the College, that has equivalent terms and conditions as the defined contribution component of the previous registered pension plan, or joined the HOOPP Plan (note 7).

Total cash payments for pension benefits for 2020, consisting of cash contributed by the College to its funded registered pension plans, were \$962,208, comprised of special payments of \$493,353 to the defined benefit component and \$468,855 to the defined contribution component (2019 - \$1,320,318 comprised of normal and special payments of \$24,785 and \$143,884, respectively, to the defined benefit component and \$1,151,649 to the defined contribution component).

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2020

6. Defined benefit liability (continued)

(b) Defined benefit component of plan

i) Funded status of defined benefit component of plan

	2020 \$	2019 \$
Plan assets at fair value	-	5,075,307
Defined benefit obligation	-	5,871,853
Defined benefit liability	-	(796,546)

ii) Components of defined benefit costs

	2020 \$	2019 \$
Current service cost	-	8,280
Finance cost	17,383	(17,039)
	17,383	(8,759)
Remeasurements and other items		
- difference between the actual return on plan assets and the return calculated using the discount rate used in determining the defined benefit obligation at the beginning of the period	(290,514)	(388,695)
- actuarial loss	-	1,627,394
- settlement gain	(30,062)	-
	(320,576)	1,238,699
Defined benefit costs	(303,193)	1,229,940

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2020

6. Defined benefit liability (continued)

(b) Defined benefit component of plan (continued)

iii) Assets of defined benefit component of plan at fair value

	2020 \$	2019 \$
Balance, beginning of year	5,075,307	4,578,568
Actual return on plan assets	404,274	614,675
Employer's contributions - regular	-	24,785
Employer's contributions - special	493,353	143,884
Employees' contributions	-	11,199
Benefits paid	(368,029)	(297,804)
Annuity purchase	(5,103,973)	-
Commutated value payments	(500,932)	-
Balance, end of year	-	5,075,307

	2020 %	2019 %
Debt securities	-	98
Cash	-	2
	-	100

iv) Defined benefit obligation

	2020 \$	2019 \$
Balance, beginning of year	5,871,853	4,313,843
Current service cost	-	19,479
Interest cost	131,143	208,941
Actuarial loss	-	1,627,394
Benefits paid	(368,029)	(297,804)
Annuity purchase	(5,103,973)	-
Commutated value payments	(500,932)	-
Settlement gain	(30,062)	-
Balance, end of year	-	5,871,853

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2020

6. Defined benefit liability (continued)

(b) Defined benefit component of plan (continued)

v) Actuarial assumptions

The significant actuarial assumptions used in measuring the accrued pension obligation and the defined benefit costs are as follows:

	2020 %	2019 %
Defined benefit obligation as of December 31:		
Discount rate	2.30	5.00
Rate of compensation increase	-	3.75
Defined benefit costs for years ended December 31:		
Discount rate	-	2.30
Rate of compensation increase	-	3.75

(c) Defined contribution component of plan

	2020 \$	2019 \$
Defined contribution costs recognized, net of forfeitures	468,855	1,151,649

7. Multi-employer defined benefit pension plan

Certain employees of the College are members of the HOOPP Plan, which is a multi-employer defined benefit pension plan. Members of the HOOPP Plan will receive retirement benefits based on the member's contributory service, the highest average annualized earnings during any consecutive five-year period, and the most recent three-year average year's maximum pensionable earnings. As at December 31, 2020, the HOOPP Plan is 119% funded. Contributions to the HOOPP Plan made during the year ended December 31, 2020 by the College on behalf of its employees amounted to \$1,646,237. Employees' contributions to the HOOPP Plan in 2020 were \$1,306,537.

COLLEGE OF NURSES OF ONTARIO

Notes to Financial Statements (continued)

December 31, 2020

8. Related party transactions

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

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

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

The College has no economic interest in NHP.

During the year, the College provided funding to NHP in the amount of \$1,283,663 (2019 - \$1,074,227) which is recorded in consultants expense in the statement of operations. As at December 31, 2020, the College has a balance payable of \$125,074 (2019 - \$422,286) due to NHP which is recorded in accounts payable and accrued liabilities in the statement of financial position (note 9).

9. Accounts payable and accrued liabilities

	2020 \$	2019 \$
Trade payables and accrued liabilities	5,913,097	6,023,823
Accrued liabilities - professional conduct	3,224,800	2,580,200
Government remittances	4,557,783	4,330,710
Contribution payable to Nurses' Health Program (Ontario)	125,074	422,286
	<u>13,820,754</u>	<u>13,357,019</u>

10. Impact of COVID-19

The global pandemic of the virus known as COVID-19 has led the Canadian Federal government, as well as provincial and local governments, to impose measures, such as restricting foreign travel, mandating self-isolations and physical distancing and closing non-essential businesses. Because of the high level of uncertainty related to the outcome of this pandemic, it is difficult to estimate the future financial effect, if any, on the College.

HILBORN

LISTENERS. THINKERS. DOERS.

Draft Statements Subject to Revision

Decision Note – June 2021 Council

Proposed exam date change for the Council approved education assessment for international applicants seeking registration as an RN

Contacts for Questions

Anne Marie Shin, Director, Professional Practice
Suzanne Vogler, Manager, Entry-to-Practice

For Decision

That Council approve a revised date of April 1, 2013 for passing the NCLEX-RN as part of the evaluation that is used to determine if internationally educated registered nurse (IERN) applicants possess the requisite nursing knowledge, skill and judgement to meet the nursing education requirement.

Public Interest

Meeting registration requirements ensures CNO only registers applicants who have the knowledge, skills, judgment and character to practice nursing safely in Ontario. CNO has a legal duty¹ to ensure registration requirements are transparent, objective, impartial and fair.

The motion before Council is linked to currency of competence, which is a legal condition for meeting the education requirement. Further, it aligns with CNO's Strategic Plan, and in particular the outcome that "applicants for registration will experience processes that are evidence-informed, fair, inclusive and effective, contributing to improved public access to safe nursing care."

¹ Section 22.2, Health Professions Procedural Code, Schedule B, *Regulated Health Professions Act, 1991*



Background

What the law says (Regulation 275/94 under the *Nursing Act, 1991*)

RN applicants who are educated in Ontario or Canada must successfully complete a baccalaureate degree nursing program approved by Council or Registration Committee². IERN applicants, who are educated outside of Canada and have not completed an approved program, undergo an evaluation approved by Council³. The law states that the evaluation assesses whether the applicant possesses knowledge, skills and judgment that is at least equivalent to those of current graduates from approved Ontario programs. Currency of competence is a key component of this legal requirement.

Current CNO process

There are currently different assessment methods used to determine if an IERN applicant has the knowledge, skills and judgment equivalent to those of current graduates from approved programs. The goal is to use all evidence available (i.e. education, experience and/or assessment results). For more information about CNO's current process, please see [briefing 3.7.2 from the March 2021 Council meeting](#).

Previous Council decision

At the last Council meeting, in March 2021, Council approved that the nursing education assessment process for evaluating IERN applicants be amended to include passing the NCLEX-RN, on or after January 1, 2015, as evidence that an RN applicant possesses the requisite nursing knowledge, skills and judgment to meet the nursing education requirement. January 1, 2015 was selected because this was the date CNO began to use the NCLEX-RN as the exam that RN applicants must successfully complete to register with CNO.

Stakeholder feedback

Following the Council meeting in March 2021, CNO was contacted by a number of stakeholders. Stakeholders, including Ontario's Fairness Commissioner, were supportive of the opportunity for more assessment methods so IERN applicants can demonstrate they meet the education requirement. Stakeholders also questioned the rationale for the January 1, 2015 cut-off date. This feedback was an opportunity for CNO to conduct a deeper assessment of the evidence, which has resulted in the recommendation to Council for a new date.

An example of stakeholder feedback can be found in attachment 1 (this has been anonymized for this public briefing note).


Rationale for the proposed revised date of April 1, 2013

Successfully completing a registration exam and meeting the education requirement are two separate legal requirements applicants must meet:

1. In terms of the exam requirement, CNO accepts successful completion of the NCLEX-RN as far back as 1982. The requirement to successfully complete a registration exam is not linked to current competence.
2. In terms of the education requirement, the law says that IERN applicants must possess knowledge, skills and judgment that is at least equivalent to those of current graduates

² Section 2(1)1.i. and 2(1)1.ii, *Ontario Regulation 275/94*

³ Section 2(1)1.iii.B., *Ontario Regulation 275/94*.



from approved Ontario programs – evidence that their competencies are current. The education requirement is linked to current competencies to ensure those registered will be able to meet the needs of today's patients and practice settings.

Competencies are the knowledge, skills and judgment nurses must have to practice safely. They are revised regularly to ensure they keep up with changes in the practice environment. In program approval (i.e. the education requirement), curriculum is assessed to ensure students are taught current competencies.

The previous RN entry-to-practice competencies were implemented in 2014. Although newer competencies were implemented in 2020, it takes time to integrate these into education assessments external to CNO (e.g. NNAS⁴ and Touchstone⁵); thus, the 2014 competencies reflect what are used in current IERN applicant education assessment.

How current competencies relate to the NCLEX-RN

RN entry-to-practice competencies are reflected in the NCLEX-RN test-plan. The NCLEX-RN test plan, which is also updated regularly to remain current, contains detailed information about the content areas tested on the exam. The test plan informs content development (question for the NCLEX-RN). Since both documents are linked, competencies are reflected in questions asked on the NCLEX-RN.

As stated, there is a legal requirement for the education assessment to reflect current competence. The 2014 competencies reflect what are used in current IERN applicant education assessment and are also reflected in the [NCLEX-RN test plan](#) that came into effect April 2013; thus, the proposed date of April 1, 2013.

The proposed motion reflects feedback from stakeholders and increases the time period the NCLEX-RN could be used as one form of evidence that an IERN applicant meets the education requirement. Also, in terms of CNO's work to be an organization that embraces diversity, equity and inclusion, the motion is more inclusive to IERNs who may encounter unique barriers in meeting registration requirements especially in light of challenges faced during the pandemic.

In 2021, CNO is embarking on a project to modernize the applicants' assessment process to implement new and innovative approaches to our assessment practices and reduce the time it takes applicants to become eligible to register in Ontario. As we identify new opportunities to enable the registration of internationally educated applicants, we will come back to Council with other assessment approaches for your consideration.

⁴ The National Nursing Assessment Service (NNAS) provides a streamlined process in Canada for IERN applicants and regulatory bodies by collecting documents and completing initial authentication, validation and fraud screening.

⁵ Touchstone is an organization that evaluates nurses through an objective clinical assessment, which consists of two components: (1) a multiple choice exam; and, (2) an objective structured clinical examination (OSCE).



Next Steps

- Council's decision will be communicated with relevant stakeholders
- Communication material for applicants will be updated.

Attachment

- Sample of feedback received by CNO after the March 2021 Council meeting

**Sample of feedback received by CNO:
Email from 135 internationally educated nurses**

Dear CNO,

Warm Greetings to all Esteemed Members of the Council!


It is indeed a welcome development to have received your decision on March 4, 2021 amending the approval process for evaluating Internationally Educated Nurses (IEN's) applicants for RN registration with the college. This is specific to considering the successful completion of the NCLEX-RN exams as an alternate process of recognizing demonstrated satisfactory evidence of entry level nursing knowledge, skill, and judgement for those otherwise evaluated by the NNAS as not meeting the above. We however would like to take issue on the caveat of only considering the NCLEX-RN exams taken on or after 01 January 2015.

As an informal collective, we as a group have come together to forward your attention to what we feel is a deleterious situation that is brought about by the council's decision to exclude us, successful NCLEX-RN passers prior to the set intake date of 01 January 2015. Please accept this letter as formal appeal on the decision.

To substantiate our request for an appeal, we want to point out the survey conducted by the CNO in collaboration with the National Council of State Boards of Nursing (NCSBN) in 2009. The study identified 142 entry-level RN nursing activities validated by the 2008 RN Practice Analysis: Linking the NCLEX–RN Examination to Practice. The result strongly suggests similarities between nursing practice in the US and Ontario (NCSBN - Report of Findings from the Comparison of Entry-level Registered Nurses in the U.S. and Ontario, 2010). Concomitantly, a similar study was also initiated by the College of Registered Nurses of British Columbia (CRNBC) with the NCSBN utilizing the same variables. The survey determined the similarity between the entry level nursing practice in British Columbia and United States (NCSBN - Report of Findings from the Comparison of Entry-level Registered Nurses in the U.S. and British Columbia, Canada, 2010).

The 2008 RN Practice Analysis which is heavily utilized in both surveys in Ontario and British Columbia was launched to develop a framework for entry-level nursing practice and processes fundamental to the nursing practice for the 2010 NCLEX – RN Test Plan (Wendt, Kenny, & Schultz. NCSBN, 2010). The findings in both surveys significantly proved the validity of the 2010 NCLEX – RN examination to be congruent with Ontario's nursing standards. Thus, it is reasonable to conclude that the NCLEX – RN passers using the 2010 test plan meets Ontario's required nursing competencies.

Further investigation between the nursing practice in Ontario and US explored the 145 RN competencies identified by the CNO and compared it to the 2008 RN Practice survey, 2008 Knowledge of Newly Licensed Registered Nurses Survey and the NCLEX–RN integrated Process in the 2010 test plan; this revealed a well-defined pattern described as 98.54% correlation. These results led to a conclusion that the NCLEX-RN can be used as a fair, valid,



and psychometrically sound tool to measure the competency of entry-level nurses seeking licensure in Canada (CCRNr - NCLEX Frequently Asked Questions for Canadian Educators & Students, 2013).

The recognition of the the 2008 RN Practice Analysis and 2010 NCLEX–RN Test Plan in the decision to adapt the NCLEX–RN implies that earlier versions of the examination is congruent with the competencies required to meet the Canada’s standard of entry level nursing practice.

A further scrutiny of the NCLEX–RN test plan content distribution corroborate that the 2013, 2016, and 2019 are identical. When compared to the 2010 content distribution, a difference of 1 percent can be noted both on safety & infection control and management of care subcategory. The 2007 and 2004 content distribution also reflect these at 4 percent and 1 percent, respectively (NCSBN NCLEX – RN Test Plan, 2004 – 2019). The NCLEX–RN test plan content distribution from 2004 to 2019 further shows congruence in all areas of client needs with minor percentage discrepancies. These discrepancies however maybe fulfilled by the individual applicant’s nursing curriculum.

It is therefore our fervent prayer that the above justification would warrant the council to re-evaluate the decision to exclude us. We believe the reliability of the NCLEX–RN examination preceding 2015 cannot be dismissed. We do feel this is an inequitable exclusion of a group of professionals seeking acceptance into the college.

We believe the college is fully aware and sympathetic of all the enormous challenges IEN’s face in pursuit of Canadian Nursing Registration. This is aggravated by the fact that we are excluded from this new policy is disheartening and we feel disenfranchised.

Consequently, we are also prohibited to re-take the NCLEX– RN and this puts us on a disadvantageous position compared to those who have not passed the NCLEX-RN. We are trapped in this predicament.

Once again, we would like to commend the council for considering the NCLEX–RN examination as an aid to meet educational requirements of IEN’s. It is our hope though that this esteemed council re-consider our plight.

We are tremendously eager to be part of our health care system, especially in this trying times!

Yours in respect.

Decision Note – June Council

Fees By-Law: Proposed amendments

Contact for more information

Stephen Mills, Chief Administrative Officer

Decision for consideration re. recommendation of the Finance Committee

That the following changes to By-Law No. 2: Fees be approved:

That Article 8 of By-Law No. 2: Fees be amended as it appears in [attachment 1](#).

That, effective 90 days after the last day of the last Canadian Practical Nurse Registration Examination window for Ontario applicants, Article 8 of By-Law No. 2: Fees be further amended as it appears in [attachment 2](#).

Background


Entry to Practice Examination for Registered Practical Nurses (RPNs)

The Canadian Practical Nurse Registration Examination (CPNRE) will remain as the registration examination for practical nurses in Ontario until the end of 2021. In January 2022, the REx-PN™ will become the entry-to-practice examination for RPN applicants. Currently, there are two examination fees associated with the CPNRE, one that is collected by CNO and a separate fee that the applicant pays to a third party. In 2022, the vendor for the REx-PN™ will assume responsibility for collecting the examination fees and it will be streamlined to a one-step process.

In terms of the administration process, there will be overlap once the REx-PN™ is in effect. CNO will continue to collect re-score fees for the CPNRE for approximately 3 months after the final CPNRE examination window (the examination is available over a period of time).

Canadian Nurse Practitioner Examination (CNPE)

The CNPE is a registration examination for nurses who have applied to the extended class (Nurse Practitioner). CNO no longer collects fees for the CNPE. The examination vendor has assumed responsibility for collecting the examination fees for this examination. The proposed changes bring the by-law into alignment with current practice.



For additional background information, see [Council](#) material from March 2021.

Circulation and Consultation

At the last Council meeting, following a recommendation from the Finance Committee, Council approved the attached by-laws for circulation. CNO published information and rationale for the proposed changes in the March issue of [The Standard](#) emailed to all members and other subscribers. CNO has provided nurses with the following material:

- Drafted by-law change (attachments 1 and 2)
- Description of what the proposed change mean
- Link to online survey to provide feedback

The [survey](#) provided respondents with the opportunity to indicate whether or not they agree with the proposed change (quantitative feedback). Respondents were also able to write their comments (qualitative feedback).

The survey was open between March 15, 2021 and May 13, 2021, meeting the 60-day consultation period required by the *Regulated Health Professions Act, 1991*. During this time, a total of 88 responses were submitted.

Council now has the opportunity to consider the feedback received and decide whether the proposed amendments to By-Law No.2 Fees are necessary for CNO to meet its public interest mandate.

Feedback

Quantitative feedback:

The following table describes the number of individuals who indicated they are for, against and unsure with regard to the by-law change.

Role:	Do you support the proposed by-law change?		
	Yes	No	Unsure
Nurses	30	25	20
Nursing students/applicants to CNO	3	3	0
Nursing educators	1	2	1
A member of the public	1	0	0
Other	0	0	2
TOTAL	35	30	23

40% of respondents supported the proposed by-law change with 34% not supporting the change and 26% unsure. A large proportion of responses came from those who were in the 'nurses' category.



Qualitative feedback:

CNO identified themes covered by the feedback provided. To increase credibility of the results, two people independently completed this process. These independent reviewers met to compare themes identified, analyzed their results for areas of convergence and divergence, and came to an agreement on the final themes.

The section provides analysis on the qualitative feedback received from respondents. Feedback has been divided into comments supporting the proposed by-law change, comments not supporting the changes and other comments.

In support of changes to the Fees by-law:

40% of the respondents are in support of the changes but many of those who were in support did not elaborate further by providing additional comments. One nurse stated: “It would be more efficient with payment being remitted directly to the examination provider.”

Against changes to the Fees by-law:

34% of the respondents did not support the changes. Of those who provided feedback, most of the feedback was indirectly related to the by-law change about concerns around costs. For example, one nurse stated: “Too many unnecessary costs especially for nurses transitioning to start their careers either from RPN to RN or a new graduate from their BScN. It is very unfair that a governing body would impose these fees in a much-needed profession.”

Several responses suggested a lack of understanding about the current examination fee collection process. It is currently a two-step process for applicants (two separate payments by the applicant). In addition, CNO currently has a role in then paying the examination vendor. One nurse stated: “It’s better to keep it as a one-step process through the CNO.” In fact, the proposed by-law change will move the current examination fee process to a one-step process, as applicants will pay the examination vendor directly. Should Council approve these proposed changes, more clearly explaining the revised process will be addressed in our communication strategy.

Other:

Several comments did not relate to the proposed by-law change. For example, some nurses commented on annual fees.

A high percentage of the feedback received came from nurses who will likely not be impacted by this by-law change. The by-law change will only impact a subset of nurses. The change could impact an existing Registered Nurse who is looking to become a Nurse Practitioner in the future. While the by-law change will impact RPN applicants looking to write the entry-to-practice examination, it is unlikely for an RPN applicant to fit into the ‘nurses’ category (identified above).



Next Steps

If Council approves the by-law amendments:

- Beginning in 2022, CNO will no longer collect fees for writing the CPNRE or REx-PN™, and will no longer collect fees for cancelling the CPNRE.
- Beginning 90 days after closing the last CPNRE window, CNO will no longer collect any fees related to re-scoring the CPNRE.

Attachments

1. Proposed amendments to Fees By-Law to come into effect on Council's approval.
2. Proposed amendments to Fees By-Law to come into effect 90 days after closing the last CPNRE window.



Attachment 1

EXAMINATION FEES – Proposed Amendments effective June 2021

8.02 A person who applies to attempt ~~the an~~ examination which is a requirement for a certificate of registration in the general class as an RPN, **known as the Canadian Practical Nurse Registration Examination (CPNRE)**, ~~other than the jurisprudence examination,~~ shall pay a fee of

- i) \$220.00 if the examination is to be taken on or after May 1, 2016; ~~or~~
- ii) \$225.00 if the examination is to be taken on or after June 1, 2019; ~~or and~~
- iii) \$230.00 if the examination is to be taken on or after June 1, 2020. (Amended June 2018)

8.02.1 A person who cancels or fails to attend a scheduled writing of ~~the an~~ examination which is a requirement for a certificate of registration in the general class as an RPN ~~shall~~, **known as the Canadian Practical Nurse Registration Examination (CPNRE)**, where the College is charged a cancellation fee, **shall** pay a fee of \$65.00. (Added June 2018)

8.04 A person who applies to have **a re-score of** the results of an ~~examination referred to in Article 8.02 re-scored~~ **the examination which is a requirement for a certificate of registration in the general class as an RPN, known as the Canadian Practical Nurse Registration Examination (CPNRE)**, shall pay a fee of \$50.00.

~~**8.05** A person who applies to attempt an examination in order to meet the requirement for the issuance of a specialty certificate in the extended class shall pay a fee of \$1,100.00.~~

8.06 A person who applies to have **a re-score of** the results of an ~~the~~ examination referred to in ~~Article 8.05 re-scored~~ **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 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 8.02, 8.04, 8.05, 8.06 and 8.07 and shall be paid at the time the application is submitted. (Amended September 2014)



Attachment 2

EXAMINATION FEES – Proposed Amendments effective 90 days after the last day of the last CPNRE window for Ontario applicants

~~8.02 A person who applies to attempt the examination which is a requirement for a certificate of registration in the general class as an RPN, known as the Canadian Practical Nurse Registration Examination (CPNRE), shall pay a fee of~~

- ~~i) \$220.00 if the examination is to be taken on or after May 1, 2016; or~~
- ~~ii) \$225.00 if the examination is to be taken on or after June 1, 2019; or and~~
- ~~iii) \$230.00 if the examination is to be taken on or after June 1, 2020. (Amended June 2018)~~

~~8.02.1 A person who cancels or fails to attend a scheduled writing of the examination which is a requirement for a certificate of registration in the general class as an RPN, known as the Canadian Practical Nurse Registration Examination (CPNRE), where the College is charged a cancellation fee, shall pay a fee of \$65.00. (Added June 2018)~~

~~8.04 A person who applies to have a re-score of the results of the examination which is a requirement for a certificate of registration in the general class as an RPN, known as the Canadian Practical Nurse Registration Examination (CPNRE), shall pay a fee of \$50.00.~~

~~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 8.02, 8.04, 8.06 and 8.07 and shall be paid at the time the application is submitted. (Amended September 2014)~~

Decision Note – June 2021 Council

Nursing Education Program Approval

Contact for Questions

Katie Dilworth, Manager, Education Program

Decision for Consideration

That Council grant Preliminary Approval to each of the following new nursing programs in Ontario:

- Algonquin College's new practical nursing program for Internationally Educated Nurses
- Georgian College's new baccalaureate program in nursing
- Nipissing University's two new baccalaureate programs in nursing
- York University's new baccalaureate program in nursing

Public Interest Rationale

It is key to public safety that new graduates have attained a level of competence that enables them to enter practice safely. Program Approval is a mechanism that allows for rigorous assessment of entry level nursing education programs. This ensures that graduates have the knowledge, skill, and judgement to practise safely, ethically, and competently as they enter practice.

Background


Approving nursing education programs¹ is an important part of Council's accountability to protect the public.

Program Approval

In accordance with the [Program Approval policy](#) approved by Council, all entry level nursing programs, including practical nurse diploma (PN), baccalaureate nursing (BScN or BN) and nurse practitioner (NP), come to Council for consideration for approval using the Program Approval Framework. Programs must be approved by Council in order for a graduate from the program to be eligible for registration with CNO.

¹ The *Nursing Act, 1991* includes a requirement that in order to be eligible for registration, applicants must:

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



All new nursing programs must receive Preliminary Approval before admitting students. Preliminary Approval includes a detailed review of the program's curriculum.

At this time, five new nursing programs are coming to Council for Preliminary Approval.

- Algonquin College's new Practical Nursing Program for Internationally Educated Nurses
- Georgian College's new baccalaureate program in nursing
- Nipissing University's two new baccalaureate programs in nursing
- York University's new baccalaureate program in nursing

The four new baccalaureate programs in nursing are being implemented following the recent enactment of a regulation that permits Colleges of Applied Arts and Technology (CAATs) to independently offer baccalaureate programs. Prior to the enactment of this regulation CAATs were required to collaborate with University partners due to the requirement for the baccalaureate degree to be granted by a University. As these partnerships change, universities and colleges are seeking approval for their own programs. Today Council is considering new nursing programs proposed by York University, Nipissing University and Georgian College. As these academic institutions seek Council approval for their individual proposed standalone programs in nursing, existing programs will continue to support current and new learners in their collaborative programs.

One year after the first cohort of students have graduated these programs will undergo a [Comprehensive Review](#). Comprehensive Review scoring methodology and a copy of the Program Approval Score Card can be found in [Attachment 1](#).

Next Steps:

Following Council's decisions CNO will:

- Provide a letter to the schools addressing the program's approval status and the upcoming dates for the next Comprehensive Review. The letter will also include a Program Approval report outlining the results of the Preliminary Review.
- Update these schools' status on CNO.org

Attachments:

Attachment 1: Program Approval Comprehensive Review Scoring Methodology

Attachment 2: Approval Status

Attachment 3: Detailed Program Review scoring

Attachment 1 – Program Approval Comprehensive Review Scoring Methodology

For full approval, programs receiving preliminary approval must undergo a comprehensive review in the academic year following the first class of graduates. In a comprehensive review, nursing education programs are evaluated based on the three standards (Structure, Curriculum and Outcomes) and the associated 9 indicators. A score is calculated for each indicator, standard and overall for each program leading to entry-to-practice.

1. Program Approval Scorecard Overview

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

2. Mandatory Indicators

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

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

3. First-time pass rates on registration exams (3-year cumulative totals)

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

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

4. Indicators 8 and 9

Collection of outcome Indicators 8 (recent graduates’ assessment of how well the program prepared them to practise safely, competently and ethically;) and 9 (preceptor ratings of student readiness to practice safely, competently and ethically) commenced in 2021.

These outcome indicators were to start collection in 2020 but due to the pandemic, this process was delayed. As the program approval outcome indicators scores are based on a cumulative 3-year review of aggregate data, these indicators will be part of annual assessments presented to Council beginning in 2024.

CNO NURSING EDUCATION PROGRAM APPROVAL SCORECARD	
Structure Standard (Total weight 25%)	
Indicator (Sub-indicator)	Weight
1. Nursing program governance	6
1a. Nursing program governance structure	2
1b. Curriculum review structure	2
1c. Annual review of program outcomes	2
2. Client and student safety (mandatory indicator)	13
2a. Orientation of student and faculty to clinical setting	2
2b. Student supervision in all clinical placements	3
2c. Regular evaluation of student performance in clinical setting which includes documented assessments and mechanisms for remediation as required.	3
2d. Processes are in place to manage safety incidents involving clients and students.	5
3. Qualified Faculty	6
3a. Faculty who are RN, RPN and NP's have current certificate of registration in Ontario	2
3b. Regular process to evaluate teaching	4
Sub-total - Structure Indicators	25%
Curriculum Standard (Total weight 40%)	
4. Curriculum incorporates entry-to-practice competencies and foundational standards (mandatory Indicator)	25
5. Clinical learning opportunities support learners to attain and demonstrate acquisition of program objectives	10
6. Processes in place to communicate expectations for the student placement to preceptor for the integrated practicum.	5
Sub-total - Curriculum Indicators	40%
Outcome Standard (Total weight 35%)	
7. Registration exam scores – 1 st time pass rates (3-year cumulative total)	7
8. Recent graduates' ratings of their preparation to practice safely, competently and ethically ¹	18
9. Preceptor ratings of student's readiness to practice ¹	10
Sub-Total -Outcome Indicators	35%
All Standards and Indicators (Total weight 100%)	100%

¹ Collection of outcome Indicators 8 and 9 commenced in 2021. As the program approval outcome indicators scores are based on a cumulative 3-years of aggregate data, these indicators will be part of annual assessments presented to Council beginning in 2024

Attachment 2– Approval Status

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

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

Attachment 3 - Detailed Program Review Scoring

Proposed NEW Practical Nursing (PN) Program Approval Review Results

Institution	Nursing Program	Indicator: Curriculum	Approval Status Recommendation
Algonquin College	Practical Nursing for Internationally Educated Nurses	Met	Preliminary Approval

Proposed NEW Baccalaureate Nursing (RN) Program Approval Review Results

Institution	Nursing Program	Indicator: Curriculum	Approval Status Recommendation
Georgian College	Bachelor of Science in Nursing	Met	Preliminary Approval
Nipissing University	Bachelor of Science in Nursing	Met	Preliminary Approval
	Registered Practical Nurse (RPN) to Bachelor of Science in Nursing	Met	Preliminary Approval
York University	Bachelor of Science in Nursing	Met	Preliminary Approval

Discussion Note – June 2021 Council Modernizing Practice Standards

Contact for Questions

Kevin McCarthy, Director of Strategy

Public Interest Rationale

CNO's purpose is to protect the public by promoting safe nursing practice. Standards set the foundation for how CNO regulates; therefore, they are integral to achieving our purpose.

Standards that align with our purpose will reflect:

- current evidence
- regulatory best practices
- current and evolving nursing practice / health system realities, and
- changing public expectations and societal values.

CNO is modernizing nursing practice standards to support a more proactive and agile approach to regulation and strengthen our position as a system partner in patient safety.

Introduction

We are seeking Council's input on a [framework](#) for modernizing CNO's practice standards.

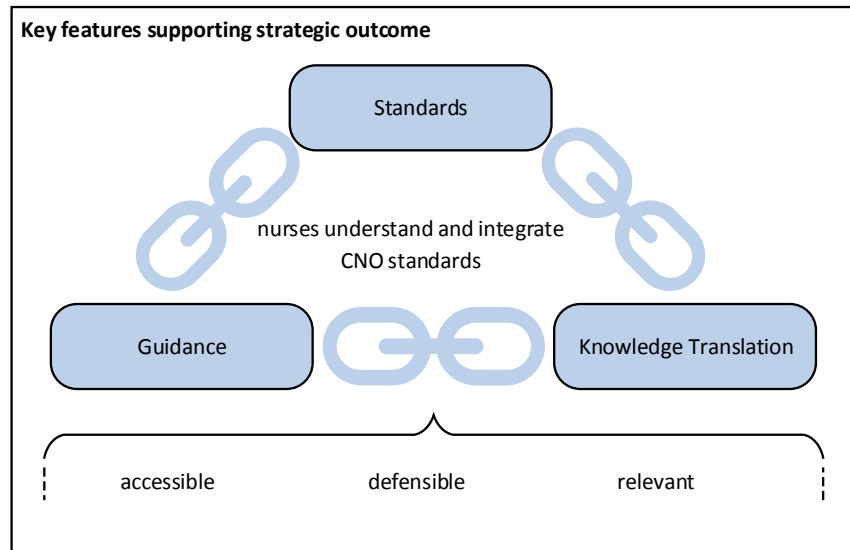
Strategic Outcome

Modernizing standards will support the implementation of CNO's [Strategic Plan 2021-2024](#).

Informed by evidence, the objectives of this initiative are to ensure [standards, guidance, and knowledge translation](#) strategies are:

- accessible (for example, clear and easy-to-understand)
- defensible (for example, evidence-informed, measurable), and
- relevant (for example, reflect contemporary practice, informed by stakeholders, and meet the needs of stakeholders).

Modernized standards, guidance, and knowledge translation work together as a vehicle for advancing CNO's strategic outcome that *nurses' conduct will exemplify understanding and integration of CNO standards for safe practice*.



Background

CNO's [standards](#) are the benchmark for safe nursing practice. The standards inform nurses of their accountabilities. They also inform the public of what to expect from nurses.

Setting standards for safe nursing practice is one of CNO's regulatory requirements. The standards play a key role in how CNO enacts its other regulatory requirements, including:

- setting requirements for becoming a nurse in Ontario
- promoting continuing competence through the Quality Assurance program, and
- responding to concerns about nurses.


In 2019, CNO introduced a [Code of Conduct](#) (the Code) for the nursing profession. Informed by evidence, the Code tells the public and other stakeholders the behaviour they can expect from nurses. The Code has become CNO's overarching practice standard; and other [practice standards](#) (for example, *Professional Standards*, *Documentation*) provide greater detail in specific areas.

[In March](#), Council reviewed the:

- summary of evidence
- rationale for modernizing
- goal and objectives of modernizing, and
- link with CNO's strategic plan.

Evidence and best practice in regulation include:

- targeting risk
- moving away from "topic-specific", detailed, clinical, or process-oriented standards, and
- moving towards principle-based and outcome-oriented standards.



CNO has been moving in the direction of this evidence over the past few years, including:

- retiring practice standards clinical in nature or because other system partners were in a better position to provide resources to the profession (for example, retiring the *Restraints* practice standard),
- implementing principle-based standards (for example, the Code of Conduct and Medication practice standards), and
- embracing risk-based regulation (for example, using evidence to inform strategies to prevent sexual abuse).

Draft Framework

Attachment 1 describes an evidence-informed¹ [framework](#) to guide CNO's standards modernization. It includes:

- the goal, objectives, and principles
- key terminology, and
- an overview of the draft framework.

Under the proposed framework, the Code remains the overarching practice standard upheld by all nurses. Key changes resulting from the draft framework are described below.

- Practice standards would be streamlined to focus on professional accountabilities and legal requirements. Educational content would be removed and, where relevant, CNO would continue to provide that education in guidance.
- Duplication across documents would be reduced.
- The Code would be accompanied by practice standards informing nurses about scope of practice and legal requirements under the *Regulated Health Professions Act, 1991* and the *Nursing Act, 1991*. For example, legal requirements related to initiating or delegating controlled acts.² These “scope of practice” standards would be addenda to the Code.
- The Code would be updated to ensure relevance to current nursing practice, health system realities, changing public expectations and societal values.
- This update to the Code would include shifting content from practice standards into the Code, as appropriate. This would result in an overall reduction in the number of practice standards. In some cases, content from practice standards may be more appropriate for guidance (for example, case studies), or may be retired (for example, if it is outdated).
- CNO would establish transparent processes for determining when an issue warrants guidance to the profession. CNO would assess current guidance to determine relevance to current nursing practice.
- CNO would establish regular and transparent processes for review and maintenance of practice standards and guidance.

The introduction and implementation of the framework, including the above changes, would be accompanied by change management strategies, including stakeholder engagement, communication, education, and knowledge translation to support stakeholders in the transition.

¹ Literature (academic, grey), environmental scan, legislative analysis, and preliminary stakeholder perspectives. Refer to the March 2021 briefing note for more information.

² Currently, these requirements are communicated through *Decisions About Procedures and Authority* and *Nurse Practitioner* practice standards, and the *Authorizing Mechanisms* practice guideline.



Questions for Council

1. Please share your feedback. What considerations would you like staff to keep in mind moving forward?

Next Steps

Practice standards are integral to CNO's public protection purpose. They are used by nurses, patients, and other system stakeholders. Stakeholder engagement will play a critical role in successfully modernizing CNO's standards, guidance, and knowledge translation. Timing of stakeholder engagement is not yet determined.

Attachment 1

MODERN STANDARDS: DRAFT FRAMEWORK

INTRODUCTION

This attachment describes an evidence-informed¹ framework to guide the approach to modernizing CNO's standards. It includes:

- the goal, objectives, and principles
- key terminology, and
- an overview of the draft framework.

GOAL, PRINCIPLES AND OBJECTIVES

Goal CNO's standards promote safe nursing practice.

Practice standards, guidance, and knowledge translation strategies are:

Principles	Objectives ²
Accessible	<ol style="list-style-type: none">1. Are clear and easy-to-understand.2. Leverage current technology and media.
Defensible	<ol style="list-style-type: none">3. Target areas of actual or potential harm to patients.4. Reflect the professional judgement and accountability expected of a nurse.5. Are consistent with legislative requirements.6. Are evidence informed.7. Are measurable.
Relevant	<ol style="list-style-type: none">8. Incorporate insights from, and meet the needs of, external and internal stakeholders.9. Reflect current and evolving nursing practice, health system environment and societal values.10. Are broadly applicable.

¹ Literature (academic, grey), environmental scan, legislative analysis.

² Objectives are evidence-based, informed by literature and stakeholder perspectives.

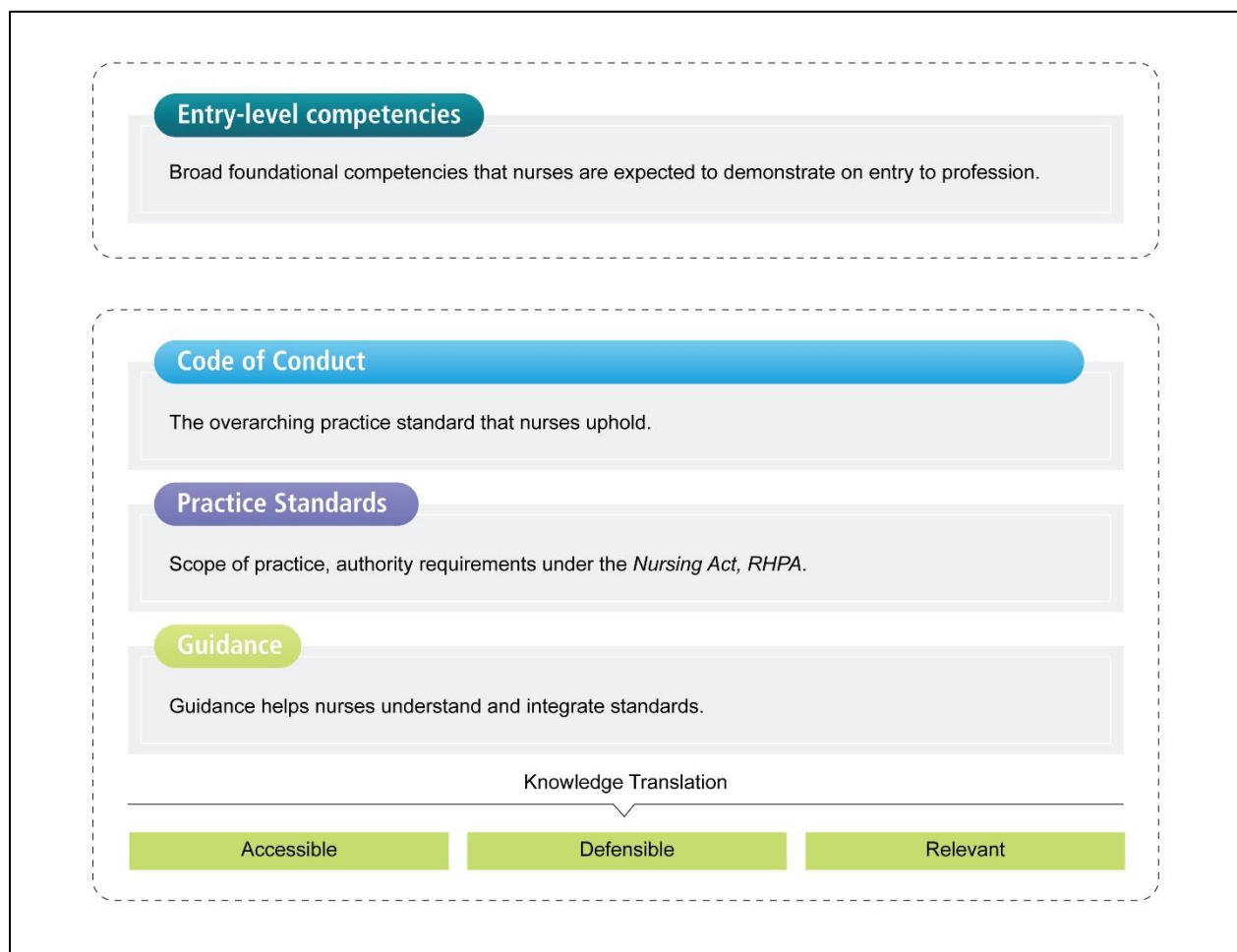
KEY TERMS

CNO's [practice standards](#) are the benchmark for safe and ethical nursing practice. "Standards" describe the behaviour expected from nurses. Standards inform nurses of their accountabilities. They also inform the public of what to expect from nurses.

"Guidance" refers to information CNO provides to help nurses understand and integrate standards in their practice. Guidance focuses on specific topics and communicated in a variety of formats (for example, documents, webcasts, frequently-asked-questions).

"Knowledge translation" refers to how CNO supports nurses to apply standards and guidance. It includes how information is synthesized and disseminated with this objective in mind.

DRAFT FRAMEWORK



Key features of the framework are described below.

- Every nurse enters the profession having met broad, foundational entry-level competencies.
- The *Code of Conduct* (Code) remains the overarching practice standard that nurses uphold; it applies to nurses in any role and in any practice setting.
- The Code reflects accountabilities foundational to the profession. Under the proposed framework, the Code would be updated to ensure relevance to current nursing practice, health system realities, changing public expectations and societal values. This update would include shifting content from practice standards, into the Code, as appropriate.
- The Code would be accompanied by scope of practice standards for RPNs, RNs and NPs. These standards outline legal requirements under the *Regulated Health Professions Act, 1991* and *Nursing Act, 1991*.
- In keeping with best practice in regulation, other practice standards would be reduced. The content in these practice standards would be:
 - moved to the Code
 - converted to guidance, or
 - retired.
- There would be a cyclical process for reviewing and maintaining CNO's standards and guidance to ensure ongoing relevance to changes in nursing practice, the health system, and societal values.
- Guidance plays a key role in the framework. CNO would provide guidance, as needed, to help nurses understand and integrate the standards in their practice. Guidance would continue to be topic specific.
- The following considerations would apply in informing decisions about what topics warrant guidance to the profession.
 - Describe the issue. Is there a change in legislation, nursing practice or societal norms?
 - Describe the impact of the issue on the public/patients, the profession, system partners (for example, employers).
 - If the issue relates to legislation, what organization is accountable for administering / enforcing the law?
 - What is the risk of harm to patients? How would CNO's guidance prevent or reduce the risk of harm?
 - Determine if there is another way to respond to this issue/change? (For example, should it be monitored, or communicated to a system partner?)
 - Are stakeholders looking to CNO for information?
 - Does CNO have the expertise to respond to the issue/change effectively? Is another organization better equipped to respond?
 - Does CNO already provide relevant guidance?

**Executive Committee zoom meeting
May 6, 2021 at 9:00 a.m.**

Minutes

Present

S. Robinson, Chair
A. Fox

J. Petersen
N. Thick

D. Thompson

Staff

A. Coghlan
J. Hofbauer

E. Horlock
R. Jabbour

K. McCarthy

Guests

T. Holland

M. Sheculski

Orientation

S. Robinson welcomed T. Holland and M. Sheculski, who are attending the meeting for orientation. She highlighted the role of the Executive and how the committee functions both at its meetings and at Council.

She noted that the Executive is acting as the Election and Appointments Committee (EAC) on an interim basis pending Council's appointment of its first Nominating Committee in September. She highlighted the activities that will be undertaken in May and August in relation to that role.

S. Robinson noted that the Executive is CNO's Patient Relations Committee. An orientation to the role of the Patient Relations Committee will be provided in the future.

A. Coghlan highlighted the staff support for the Executive.

Agenda

The agenda had been circulated and was approved on consent.

Minutes

Minutes of the Executive Committee meeting of February 11, 2021 had been circulated and were approved on consent.

March Council de-brief

It was noted that March was the first Council meeting using the norms and with the Chair identifying the time for each item at its start. It was noted that providing additional context for key issues, such as the governance presentation, supported constructive engagement.

It was agreed to continue with the direction that was set in March. The Executive noted that it can regroup at any time in a Council meeting if there is a need to address a process issue.

Norms

The Executive discussed the norms identified at the Council PD session in March. It was agreed that the norms would benefit from further refinement but that needed input from Council.

Given the heavy focus on orientation in the Council PD sessions in June, the current draft norms will be used by Council in June. In September, Council will have an opportunity to reflect on and finalize the norms and also address accountability for the norms. Over the summer, the Executive will consider options for how to address this with Council.

Filling Council vacancy

The Executive was informed of the resignation of a newly elected Council member. In order to support effective orientation and integration of the new member, the Executive acted under Section 12(1) of the *Health Professions Procedural Code* and made the appointment on behalf of Council.

Motion 1

Moved by A. Fox, seconded by N. Thick,

That Donna May, runner up in the 2021 election of RPNs in the Southwestern District, be appointed to Council effective June 2, 2021 until June 2024 to fill the RPN Council member vacancy in the Southwestern district.

CARRIED

Filling statutory committee vacancies

The Executive fills mid-term vacancies on statutory committees. The resignation of a newly elected Council member and change in public members has resulted in vacancies.

Motion 2

Moved by A. Fox, seconded by N. Thick,

That Donna May be appointed to fill the RPN Council member vacancy on the Discipline and Fitness to Practise committees, effective June 2, 2021.

CARRIED

The Executive was informed that T. Crowder has been appointed as a public member, effective immediately. His time availability and the current public member vacancies were shared with the Executive.

Motion 3

Moved by D. Thompson, seconded by N. Thick,

That T. Crowder be appointed to the Discipline and Fitness to Practise committees.

CARRIED

Conduct Committee Chair

The Executive was informed of the volunteer to Chair the Conduct Committee.

Motion 4

Moved by J. Petersen, seconded by N. Thick,

That it be recommended to Council that D. Cutler be appointed as Chair of the 2021-2022 Conduct Committee.

CARRIED

Council meeting planning and agenda

The Executive reviewed the draft agenda for the June Council meeting. K. McCarthy noted the plans for the ongoing discussion about Strategy 2021-2024 and for the discussion about modernizing the standards. A. Coghlan noted the addition of an item for the agenda.

It was suggested that more time be provided for Council's discussion of the Annual Report.

The Executive approved the agenda for posting with the changes identified.

Council PD Activities

It was noted that the focus of Council's Professional Development activities in June will be orientation. The Executive supported that, noting that 2/3 of members are relatively new, and everyone can benefit from a refresher.

Welcome and introductory session

The Executive supported holding a welcome and introductory orientation with members of the Executive and new Council members. Input was provided into the draft agenda for the session.

Members of the Executive suggested that they serve as mentors for the new members, following up after the orientation. Staff were asked to explore a mechanism for members of the Executive to meet with any new members who were interested in support or had questions during breaks at Council in June.

Council PD session on regulation and governance

It was noted that this session will build on the initial orientation and will allow new members to meet current members in small groups. R. Steinecke will attend and address regulatory governance. The session will be an opportunity for all Council members to learn together and continue to build the team.

Diversity, Equity and Inclusion

E. Horlock joined the meeting. She noted that a goal for this year is to build foundational awareness and knowledge among staff, Council and committee members and to consider how to build Diversity, Equity and Inclusion into ongoing work. It was noted that the content of the June 2nd workshop for Council will focus on the governance role.

E. Horlock left the meeting.

Executive Session

J. Hofbauer, R. Jabbour and K. McCarthy left the meeting. The Executive and A. Coghlan met.

Conclusion

On completion of the agenda and following the Executive Session, the meeting of the Executive Committee concluded.

Chair

**Executive Committee zoom meeting
May 18, 2021 at 3:30 p.m.**

Minutes

Present

S. Robinson, Chair
A. Fox

J. Petersen
N. Thick

D. Thompson

Staff

J. Hofbauer

K. McCarthy

Filling statutory committee vacancies

The Executive fills mid-term vacancies on statutory committees. The Executive was informed that F. Osimewder has been appointed as a public member, effective immediately. Her time availability and the current public member vacancies were shared with the Executive.

Motion 1

Moved by D. Thompson, seconded by S. Robinson,

That F. Osime be appointed to the Discipline and Fitness to Practise committees and the Registration Committee.

CARRIED

Chair

Report of the May 6, 2021 Finance Committee Meeting

Contact for questions or more information

Stephen Mills, Chief Administrative Officer

The Finance Committee met on May 6, 2021. Blair MacKenzie, senior audit partner and Geoff Clute, Principal, from Hilborn LLP attended the meeting. Attachment 1 is the [draft minutes](#) of the meeting.

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

The Finance Committee discussed the interim responses to circulation of the amendments to the By-Law related to collection of exam fees and is recommending final approval of the amendments to Council (see agenda item 3.4).

2. Audited Financial Statements

The Finance Committee reviewed the results of the audit of CNO's financial statements for the year ended December 31, 2020 ([see agenda item 3.1.2](#)) with Blair MacKenzie from Hilborn LLP. As part of the review, the committee had an in-camera meeting with the auditor.

The auditors' report was presented without qualification. In the opinion of the auditors, CNO's internal financial controls are strong and the financial statements are a fair presentation of CNO's financial position on December 31, 2020. The Finance Committee recommends:

That the audited financial statements for the year ended December 31, 2020 be approved.

3. Unaudited Financial Statements

The unaudited financial statements for the three-month period ended March 31, 2021 ([attachment 2](#)) were reviewed. The surplus for the period is \$2.01M, which is \$0.54M more than budgeted. Based on a discussion of the statements and the Management Discussion & Analysis, the Finance Committee recommends:

That the unaudited financial statements for the three-month period ended March 31, 2021 be approved.



4. Auditor Appointment

The Finance Committee received a briefing from management on the performance of the current auditor. The committee confirmed that the auditor communicates with it effectively and is independent of CNO.

The Finance Committee is recommending:

That Hilborn ^{LLP} be reappointed as CNO's auditors for 2021.

5. Procurement

In response to an interest expressed by the committee in February, S. Mills provided a presentation on CNO's procurement processes, controls, and potential areas for improvement.

6. Self-Monitoring Tool

The Finance Committee reviewed the self-monitoring tool for the year and confirmed that the committee met its terms of reference as reflected in the tool.

Attachments:

1. Draft minutes of the Finance Committee meeting of May 6, 2021
2. Unaudited Financial Statements for the six-months ended March 31, 2021

Minutes

Present

N. Thick, Chair
C. Manning
J. Nunes
J. Peterson

A. Fox
S. Robinson
P. Sullivan-Taylor
M. Sheculski

Staff

A. Coghlan
J. Hofbauer
S. Mills

L. Parsons, Recorder
R. Prathivathi
N. Mamodehoussen

Guests

C. Halket
T. Holland

G. Clute, Hilborn
B. MacKenzie, Hilborn

Chair

N. Thick chaired the meeting. She welcomed C. Halket, the incoming Chair of the Sub-Committee on Compensation and T. Holland, the in-coming Vice President, attending as part of orientation. She also welcomed G. Clute and B. MacKenzie from Hilborn LLP.

Agenda

The agenda had been circulated prior to the meeting. N. Thick asked if there were any additions to the agenda, nothing was proposed, and the agenda was approved on consent.

Minutes

Minutes of the Finance Committee meeting of February 21, 2021 had been circulated and were approved on consent.

Proposed amendments to By-Law No. 2: Fees

S. Mills identified that the proposed By-Law amendments related to a change in process: CNO will no longer collect the fees on behalf of the exam providers and applicants will pay exam providers directly. He highlighted the feedback received to date, noting that much did not relate to the proposed changes. There was discussion about the feedback, including the importance of a communication strategy to acknowledge the feedback.

The Finance Committee agreed to recommend final approval of the proposed by-law amendments.

CARRIED

Audited Financial Statements

The Finance Committee received the draft audited financial statements for the year ended December 31, 2020.

B. MacKenzie outlined the audit process, explaining that the purpose of the audit is to ensure the financial statements are free of material misstatement. He assured the Finance Committee of Hilborn's independence from CNO and confirmed that CNO has a strong control environment with a conscientious management team that follows best practices in accounting for non-profit organizations. He noted that it is the role of the auditor to add credibility to the financial statements and confirmed that the statements represented CNO's financial position at the end of 2020.

B. MacKenzie brought to the attention of the Finance Committee that the audited statements reflect a \$0.3 reduction in expenses from the unaudited year-end statements reviewed in February. He noted that this is not unusual or concerning.

B. MacKenzie recommended that the Finance Committee bring the financial statements forward to Council for approval.

In camera session

The Finance 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 that arose during the audit and allows the members of the Finance Committee to ask the auditors questions and raise any concerns.

Motion 1

Moved by A. Fox, seconded by D. Thompson,

That approval of CNO's audited financial statements for the year ended December 31, 2020 be recommended to Council.

CARRIED

Unaudited financial statements

S. Mills reviewed the unaudited financial statements for the three months ending March 31, 2021. He noted that due to the windup of CNO's previous pension plan, there is no longer an accrued pension liability on the Statement of Financial Position.

The financial result for the first quarter of 2021 is a surplus of \$2.01M which is \$0.54M more than budgeted. S. Mills noted that the variance is comprised of \$0.31M additional fees collected as well as \$0.23M less in expenditures. He identified that while there was underspending in salaries, the impact was somewhat ameliorated by the increased use of contractors and consultants to move work forward. There was also increase in legal costs.

The committee reviewed the confidential Management Discussion and Analysis and discussed several of the projects. There was discussion about the implementation of a case management system and whether it might integrate with CNO's main information system. S. Mills noted that CNO is undertaking a comprehensive assessment to ensure the selected approach that best supports CNO's needs.

Motion 2

Moved by J. Nunes, seconded by P. Sullivan-Taylor,

That it be recommended that Council approve the unaudited financial statements for the 3 months ended March 31, 2020.

CARRIED

Auditor Appointment

B. MacKenzie and G. Clute left the meeting.

Staff are recommending that Hilborn be reappointed as auditors for the coming year. S. Mills noted that CNO goes to market occasionally, in line with best practice, to ensure high quality audit services are received. He also highlighted that the auditors are appointed annually to provide current Finance Committee members with the opportunity for input from their perspective.

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

Motion 4

Moved by J. Nunes, seconded by S. Robinson,

That it be recommended to Council that Hilborn_{LLP} be appointed as CNO's auditors for the 2021 fiscal year.

CARRIED

Procurement

In response to an interest expressed by the committee in February, S. Mills provided a presentation on CNO's procurement processes, controls, and potential areas for improvement. Proposed changes to relevant policies will be brought to the committee in the future.

Self-monitoring tool

The Finance Committee reviewed the self-monitoring tool. It was confirmed that the committee met its terms of reference for the year.

Next meeting

The first meeting of the 2021-2022 Finance Committee meeting will be held on August 26th at 1:00pm. There will be an orientation meeting prior to that date for the committee.

N. Thick acknowledged and expressed appreciation to the outgoing members.

Conclusion

At 4:07 p.m., on completion of the agenda and consent, the meeting concluded.

Chair

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

	2021 March	2020 March	2020 December
ASSETS			
Current assets			
Cash	34,866,471	5,384,744	46,194,137
Investments	30,818,058	55,442,325	31,747,963
Sundry receivables	539,701	47,571	499,231
Prepaid expenses	1,369,266	1,209,147	891,044
	<u>67,593,497</u>	<u>62,083,787</u>	<u>79,332,375</u>
Investments	14,303,813	10,069,147	14,278,799
Capital assets			
Furniture and fixtures	2,300,024	2,300,024	2,300,024
Equipment - non computer	1,127,271	1,127,271	1,127,271
Computer equipment	5,550,876	4,928,404	5,394,389
Building	6,835,907	6,835,907	6,835,907
Building improvements	3,923,184	3,923,184	3,923,184
Land	3,225,009	3,225,009	3,225,009
Art	44,669	44,669	44,669
	<u>23,006,939</u>	<u>22,384,468</u>	<u>22,850,452</u>
Less: Accumulated amortization	<u>(16,318,414)</u>	<u>(15,312,609)</u>	<u>(15,935,701)</u>
	<u>6,688,526</u>	<u>7,071,858</u>	<u>6,914,752</u>
Intangible Assets	4,095,159	4,095,159	4,095,159
Less: Accumulated amortization	<u>(3,915,007)</u>	<u>(3,786,968)</u>	<u>(3,886,868)</u>
	<u>180,152</u>	<u>308,191</u>	<u>208,291</u>
	<u>88,765,987</u>	<u>79,532,983</u>	<u>100,734,217</u>
LIABILITIES			
Current liabilities			
Accounts payable and accrued liabilities	8,252,360	6,259,882	13,820,754
Deferred membership and examination fees	35,763,910	35,066,832	44,175,488
	<u>44,016,271</u>	<u>41,326,714</u>	<u>57,996,242</u>
Accrued pension liability	-	796,546	
	<u>44,016,271</u>	<u>42,123,260</u>	<u>57,996,242</u>
NET ASSETS			
Net assets invested in capital assets	6,868,678	7,380,049	7,123,043
Unrestricted net assets	37,881,039	30,029,673	35,614,932
	<u>44,749,717</u>	<u>37,409,723</u>	<u>42,737,975</u>
	<u>88,765,987</u>	<u>79,532,983</u>	<u>100,734,217</u>

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

	2021 Year to Date March			2020 Year to Date March			2021 Budget	
	Budget	Actual	Variance Fav/(Unfav)	Budget	Actual	Variance Fav/(Unfav)	Remaining	Approved
REVENUES								
Membership fees	12,668,277	13,043,320	375,043	12,585,402	12,826,782	241,380	37,399,990	50,443,310
Application assessment	1,335,775	1,325,925	(9,850)	1,154,475	1,155,300	825	3,722,325	5,048,250
Verification and transcripts	19,000	23,620	4,620	20,275	17,085	(3,190)	31,180	54,800
Interest income	212,760	212,497	(263)	379,522	403,809	24,287	426,235	638,732
Examination	560,740	564,650	3,910	448,400	458,210	9,810	1,386,350	1,951,000
Other	119,128	59,098	(60,030)	113,560	122,277	8,717	227,152	286,250
Total Revenues	14,915,680	15,229,110	313,430	14,701,634	14,983,463	281,829	43,193,232	58,422,342
EXPENSES								
Employee salaries and expenses	9,540,661	8,819,806	720,855	8,776,982	7,660,133	1,116,849	30,463,205	39,283,011
Contractors and consultants	1,345,371	1,605,860	(260,489)	1,054,556	1,442,224	(387,668)	7,583,052	9,188,912
Legal services	535,050	784,642	(249,592)	665,500	443,672	221,828	2,381,158	3,165,800
Equipment, operating supplies and other services	950,407	945,613	4,794	1,083,938	917,779	166,159	7,565,578	8,511,191
Taxes, utilities and depreciation	490,128	472,833	17,295	491,809	483,565	8,244	1,474,825	1,947,658
Exam fees	477,000	471,243	5,757	329,538	362,359	(32,821)	1,000,257	1,471,500
Non-staff remuneration and expenses	108,511	117,371	(8,860)	201,189	142,452	58,737	376,150	493,521
Total Expenses	13,447,128	13,217,368	229,760	12,603,512	11,452,184	1,151,328	50,844,225	64,061,593
Excess of revenues over expenses/(expenses over revenues)	1,468,552	2,011,742	543,190	2,098,122	3,531,279	1,433,157	(7,650,993)	(5,639,251)
Opening net assets		42,737,975			33,878,443			
Defined Benefit cost remeasurement		-			-			
Closing net assets		44,749,717			37,409,722			

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

	2021			2020
	Invested in Capital and Intangible Assets	Unrestricted	Total	December
Balance, beginning of period	7,123,043	35,614,932	42,737,975	33,878,442
Excess of (expenses over revenues)/revenues over expenses	(410,852)	2,422,594	2,011,742	8,538,957
Purchase of capital assets	156,487	(156,487)	-	-
Defined benefit pension plan - remeasurements and other items	-	-	-	320,576
Balance, end of period	6,868,678	37,881,039	44,749,717	42,737,975

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

	2021 March	2020 March
Cash flows from operating activities		
Excess of revenue over expense for the period	2,011,742	3,566,927
Adjustments to determine net cash provided by/(used in) operating activities		
Amortization of capital assets	382,713	384,059
Amortization of intangible assets	28,139	34,000
Interest not received during the year capitalized to investments	(145,115)	(257,747)
Interest received during the year previously capitalized to investments	224,506	197,096
Funding of pension benefits	(613,531)	(130,995)
Pension benefit expense	613,531	130,995
	2,501,985	3,924,335
Changes in non-cash working capital items		
(Increase) in amounts receivables	(40,471)	(24,907)
(Increase) in prepaid expenses	(478,222)	(150,736)
(Decrease) in accounts payables and accrued liabilities	(5,568,392)	(7,164,971)
(Decrease) in deferred membership fees	(8,411,577)	(8,208,410)
	(11,996,678)	(11,624,689)
Cash flow from investing activities		
Purchase of investment	(5,991,595)	(33,078,300)
Proceeds from disposal of investments	6,817,094	1,000,000
Purchase of capital assets	(156,487)	(159,178)
Purchase of intangible assets	-	-
	669,012	(32,237,478)
Net decrease in cash and cash equivalents	(11,327,666)	(43,862,167)
Cash and cash equivalents, beginning of year	46,194,137	49,246,911
Cash and cash equivalent, end of quarter	34,866,471	5,384,744

Decision Note – June 2021 Council

Confirmation of statutory committee appointments

Contact for Questions or More Information

Kevin McCarthy, Director of Strategy

Decision

That Council confirm the appointments of Tim Crowder, Donna May and Fidelia Osime to the Discipline and Fitness to Practise committees and the appointment of Fidelia Osime to the Registration Committee.

Background

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

Three new members joined Council following the committee appointments made by Council in March 2021:

- Tim Crowder, public member, was appointed in late April and
- in May, the Executive Committee appointed Donna May, RPN to Council to replace the newly elected member from RPN from the Southwestern District who resigned; and
- Fidelia Osime, public member, was appointed in mid-May.

The Executive appointed all three to fill vacancies on the Discipline and Fitness to Practise committees and also appointed Fidelia to fill a public member vacancy on the Discipline Committee.

Decision Note – June 2021 Council

Conduct Committee members and Chair

Contact for Questions or More Information

Kevin McCarthy, Director of Strategy

Decision

That the following be the 2021-2022 Conduct Committee: D. Cutler, Chair, S. Douglas, A. Jahangir and R. Kaur.

Background

The Conduct Committee is a standing committee appointed in June from among volunteers. The membership set in [Terms of Reference](#) is three nurses and two public members. It meets *if* CNO receives a complaint filed under the Conduct By-Law, to review and screen the complaint. In the four years since its establishment in March of 2018, it has met to address one complaint.

In accordance with By-Laws, the Election and Appointments Committee (EAC) recommends the members and the Executive Committee recommends the Chair. This year, the Executive is serving as EAC until Council establishes its first Nominating Committee in September.

In anticipation of the appointment, Council members were sent information about the opportunity to serve on the Conduct Committee. After 3 calls for candidates, the final one sent specifically to public members, CNO had a number of candidates for the nurse positions and only one public member volunteer.

The EAC decided to recommend that the Conduct Committee be constituted with the four members identified above because:

- the committee can function with 4 members if needed (Article 31.01)
- three opportunities were provided, the final one making clear that we were short a public member for this committee and
- over the past 4 years, since the committee was established, it has only met to address one matter.

Decision Note – June 2021 Council

Appointment of members of the Finance Committee

Contacts for Questions or More Information

Kevin McCarthy, Director of Strategy

Decision re. recommendation of the Election and Appointments Committee (EAC):

That the following be appointed to the 2021-2022 Finance Committee: Sylvia Douglas, Neil Hillier, Patricia Sullivan-Taylor and Maria Sheculski.

Background

The [Finance Committee](#) is composed of the Vice-Presidents (Co-Chairs), President, Chair of the Compensation Sub-Committee and 1 RN, 1 RPN and 2 public members from Council.

All ongoing and incoming Council members were offered an opportunity to volunteer to serve on the Finance Committee. The EAC reviewed the information submitted by the volunteers and selected the members above to recommend to Council.

If the recommendation above is adopted, the 2021-2022 Finance Committee will be:

Terry Holland, VP-RPN, Co-Chair

Naomi Thick, VP-RN, Chair

Sylvia Douglas, Public Member

Craig Halket, Chair, Sub-Committee on Compensation

Neil Hillier, RPN

Sandra Robinson, NP, President

Maria Sheculski, Public Member

Patricia Sullivan-Taylor, RN

Decision Note – June 2021 Council

Nominating Committee membership

Contacts for Questions or More Information

Kevin McCarthy, Director of Strategy

Decision in principle re. recommendation of the Election and Appointments Committee (EAC):

That the 2021-2022 Nominating Committee be comprised of four members: the Chair, one nurse Council member and two members of the public.

Background

As part of moving its Governance Vision forward, Council decided to implement an Interim Nominating Committee (NC). According to the NC's [terms of reference](#), Cheryl Evans will be the Chair. As of June, Cheryl will be the immediate Past-President and will no longer be on Council.

Given that the Chair is a nurse and not a Council member, the terms of reference specify that the other members of the NC membership will be:


- 2 Council members, one nurse and one public member; and
- 2 individuals who are not nurses, are not on Council and have not been on Council in the past 5 years.

The application to serve on the Nominating Committee was developed and hosted by [Governance Solutions Inc.](#), based on the [competencies](#) reviewed with Council in March. Governance Solutions managed the recruitment of the members of the public.

CNO recruited for the Council member positions. Three requests for volunteers were sent to Council members, the last addressed specifically to public members and identifying that there were no candidates. No public member applied.

Rationale for EAC Recommendation

EAC met May 6th to review the candidates and select those to move forward to reference checks and interviews. EAC carefully reviewed the competency profiles of the committee Chair and the candidates moving forward and confirmed that the competencies can be well demonstrated by a committee of four: the Chair and three of the candidates.



The interim Nominating Committee is part of Council's governance vision implementation. As with other vision implementation activities, there will be an evaluation to identify improvements. Proceeding with a four-person committee provides an opportunity to evaluate a smaller team's ability to execute the nominations function, potentially informing future refinements towards more agile terms of reference. (The current [terms of reference](#) (page 1) include provisions for a review within three years of their approval).

[Article 31 of CNO's by-laws](#) enables committees to operate despite vacancies. Article 31.01 would enable the Nominating Committee to operate, so long as it has a quorum. The Nominating Committee's quorum requirements are met with four members.

Should a mid-year vacancy arise, Article 31.03 enables the Executive to appoint a person to fill a vacancy when necessary to meet quorum requirements. GSI's assessment of candidates will be retained for the Executive's future use should this need arise.