

College Performance Measurement Framework (CPMF) Reporting Tool

December 2020

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INTRODUCTION

THE COLLEGE PERFORMANCE MEASUREMENT FRAMEWORK (CPMF)

A CPMF has been developed by the Ontario Ministry of Health in close collaboration with Ontario’s health regulatory Colleges (Colleges), subject matter experts and the public with the aim of answering the question “how well are Colleges executing their mandate which is to act in the public interest?”. This information will:

- 1. strengthen accountability and oversight of Ontario’s health regulatory Colleges; and
- 2. help Colleges improve their performance.

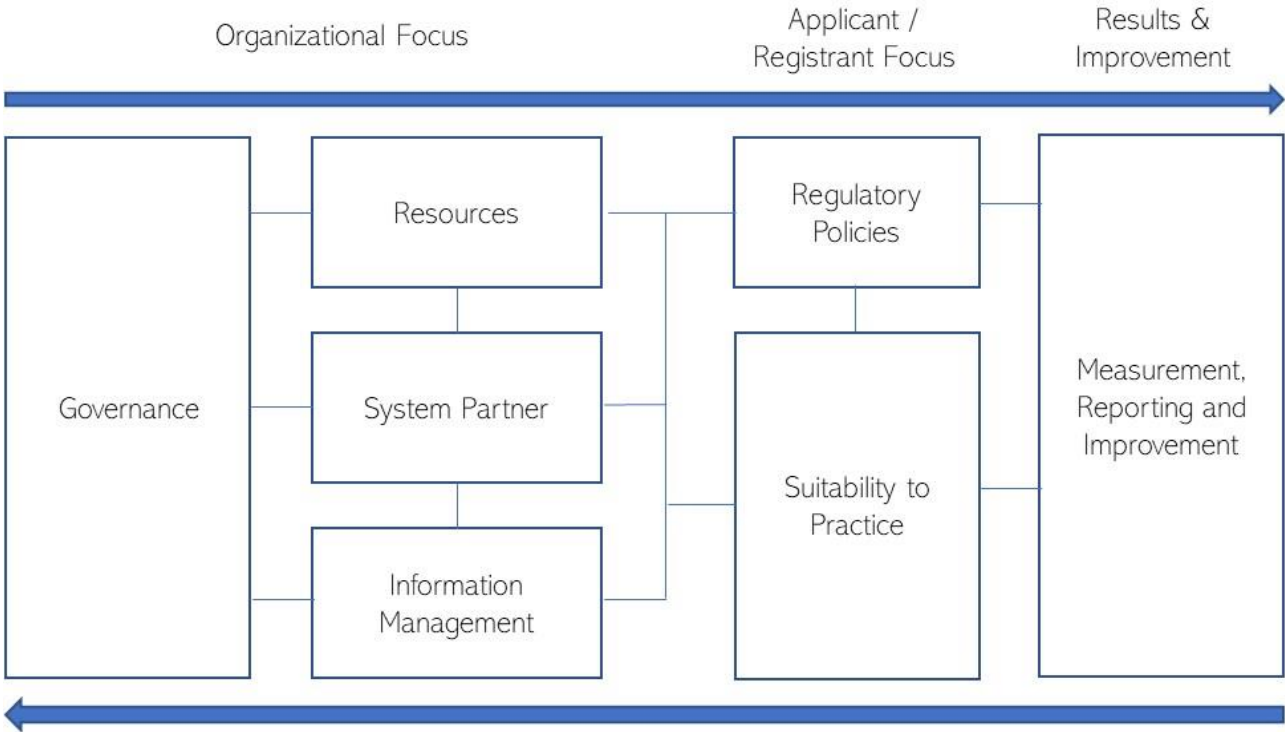
a) Components of the CPMF:

1	Measurement domains	→ Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	Standards	→ Best practices of regulatory excellence a College is expected to achieve and against which a College will be measured.
3	Measures	→ Further specifications of the standard that will guide the evidence a College should provide and the assessment of a College in achieving the standard.
4	Evidence	→ Decisions, activities, processes, or the quantifiable results that are being used to demonstrate and assess a College’s achievement of a standard.
5	Context measures	→ Statistical data Colleges report that will provide helpful context about a College’s performance related to a standard.
6	Planned improvement actions	→ Initiatives a College commits to implement over the next reporting period to improve its performance on one or more standards, where appropriate.

b) Measurement domains:

The proposed CPMF has seven measurement domains. These domains were identified as the most critical attributes that contribute to a College effectively serving and protecting the public interest (Figure 1). The measurement domains relate to Ontario’s health regulatory Colleges’ key statutory functions and key organizational aspects, identified through discussions with the Colleges and experts, that enable a College to carry out its functions well.

Figure 1: CPMF Model for measuring regulatory excellence



The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator. Table 1 describes what is being measured by each domain.

Table 1: Overview of what the Framework is measuring

Domain		Areas of focus
1	Governance	<ul style="list-style-type: none">• The efforts a College undertakes to ensure that Council and Statutory Committees have the required knowledge and skills to warrant good governance.• Integrity in Council decision making.• The efforts a College undertakes in disclosing decisions made or is planning to make and actions taken, that are communicated in ways that are accessible to, timely and useful for relevant audiences.
2	Resources	<ul style="list-style-type: none">• The College’s ability to have the financial and human resources to meet its statutory objects and regulatory mandate, now and in the future.
3	System Partner	<ul style="list-style-type: none">• The extent to which a College is working with other Colleges and system partners, where appropriate, to help execute its mandate in a more effective, efficient and/or coordinated manner and to ensure it is responsive to changing public expectation.
4	Information Management	<ul style="list-style-type: none">• The efforts a College undertakes to ensure that the confidential information it deals with is retained securely and used appropriately in the course of administering its regulatory activities and legislative duties and objects.
5	Regulatory Policies	<ul style="list-style-type: none">• The College’s policies, standards of practice, and practice guidelines are based on the best available evidence, reflect current best practices, are aligned with changing publications and where appropriate aligned with other Colleges.
6	Suitability to Practice	<ul style="list-style-type: none">• The efforts a College undertakes to ensure that only those individuals who are qualified, skilled and competent are registered, and only those registrants who remain competent, safe and ethical continue to practice the profession.
7	Measurement, Reporting and Improvement	<ul style="list-style-type: none">• The College continuously assesses risks, and measures, evaluates, and improves its performance.• The College is transparent about its performance and improvement activities.

c) Standards, Measures, Evidence, and Improvement:

The CPMF is primarily organized around five components: **domains**, **standards**, **measures**, **evidence** and **improvement**, as noted on page 3. The following example demonstrates the type of information provided under each component and how the information is presented within the Reporting Tool.

Example:

Domain 1: Governance			
Standard	Measure	Evidence	Improvement
1. Council and Statutory Committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.	1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: <ol style="list-style-type: none"> Meeting pre-defined competency / suitability criteria, and attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities. 	<ul style="list-style-type: none"> The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria. By-laws will be updated to reflect the screening criteria as a component of the election process to determine professional registrant eligibility to run for a Council position.
		b. Statutory Committee candidates have: <ol style="list-style-type: none"> met pre-defined competency / suitability criteria, and attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities. 	<ul style="list-style-type: none"> The College is planning a project to develop required competencies for Council and Committees and will develop screening criteria.
		c. Prior to attending their first meeting, public appointments to Council undertake a rigorous orientation training course about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	Nil
	2. Council and Statutory Committees regularly assess their effectiveness and address identified opportunities for improvement through ongoing education.	a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: <ol style="list-style-type: none"> Council meetings; Council 	Nil
		b. The framework includes a third-party assessment of Council effectiveness at minimum every three years.	Nil

THE CPMF REPORTING TOOL

For the first time in Ontario, the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will provide comprehensive and consistent information to the public, the Ministry of Health ('ministry') and other stakeholders by each of Ontario's health regulatory Colleges (Colleges). In providing this information each College will:

1. meet with the ministry to discuss the system partner domain;
2. complete the self-assessment;
3. post the Council approved completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The ministry will not assess whether a College meets or does not meet the Standards. The purpose of the first iteration of the CPMF is to provide the public, the ministry and other stakeholders with baseline information respecting a College's activities and processes regarding best practices of regulatory excellence and, where relevant, the College's performance improvement commitments. Furthermore, the reported results will help to lay a foundation upon which expectations and benchmarks for regulatory excellence can be refined and improved. Finally, the results of the first iteration may stimulate discussions about regulatory excellence and performance improvement among Council members and senior staff within a College, as well as between Colleges, the public, the ministry, registrants and other stakeholders.

The information reported through the completed CPMF Reporting Tools will be used by the ministry to strengthen its oversight role of Ontario's 26 health regulatory Colleges and may help to identify areas of concern that warrant closer attention and potential follow-up.

Furthermore, the ministry will develop a Summary Report highlighting key findings regarding the best practices Colleges already have in place, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public. The focus of the Summary Report will be on the performance of the regulatory system (as opposed to the performance of each individual College), what initiatives health regulatory Colleges are undertaking to improve regulatory excellence and areas where opportunities exist for colleges to learn from each other. The ministry's Summary Report will be posted publicly.

As this will be the first time that Colleges will report on their performance against the proposed CPMF standards, it is recognized that the initial results will require comprehensive responses to obtain the required baseline information. It is envisioned that subsequent reporting iterations will be less intensive and ask Colleges only to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting; and
- Changes resulting from refined standards, measures and evidence.¹

¹ Informed by the results from the first reporting iteration, the standards, measures and evidence will be evaluated and where appropriate further refined before the next reporting iteration.

Completing the CPMF Reporting Tool

Colleges will be asked to provide information in the right-hand column of each table indicating the degree to which they fulfill the “required Evidence” set out in column two.

Furthermore,

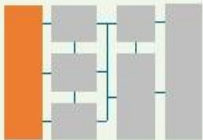
- where a College fulfills the “required evidence” it will have to:
 - provide link(s) to relevant background materials, policies and processes **OR** provide a concise overview of this information.
- where a College responds that it “partially” meets required evidence, the following information is required:
 - clarification of which component of the evidence the College meets and the component that the College does not meet;
 - for the component the College meets, provide link(s) to relevant background material, policies and processes **OR** provide a concise overview of this information; and
 - for the component the College does not meet, whether it is currently engaged in, or planning to implement the missing component over the next reporting period.
- where a College does not fulfill the required evidence, it will have to:
 - indicate whether it is currently engaged in or planning to implement the standard over the next reporting period.

Furthermore, there may be instances where a College responds that it meets required evidence but, in the spirit of continuous improvement, plans to improve its activities or processes related to the respective Measure. A College is encouraged to highlight these planned improvement activities.

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the manner in which a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the proposed CPMF Reporting Tool the ministry relies on individual Colleges, as subject matter experts, to determine how a term should be appropriately interpreted given the uniqueness of the profession each College oversees.

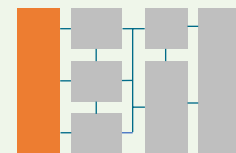
The areas outlined in red in the example below are what Colleges will be asked to complete.

Example:

DOMAIN 1: GOVERNANCE		
Standard 1		
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.		
Measure	Required evidence	College response
1. Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: i. Meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College's mandate and expectations pertaining to the member's role and responsibilities.	<div>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <div><ul style="list-style-type: none">The competency/suitability criteria are public: Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please insert link to where they can be found, if not please list criteria:</i>Duration of orientation training:Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end):Insert a link to website if training topics are public OR list orientation training topics:</div> <div><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></div> <div><i>Additional comments for clarification (optional):</i></div>

PART 1: MEASUREMENT DOMAINS

The following tables outline the information that Colleges are being asked to report on for each of the Standards. Colleges are asked to provide **evidence** of decisions, activities, processes, and verifiable results that demonstrate the achievement of relevant standards and encourages Colleges to not only to identify whether they are working on, or are planning to implement, the missing component if the response is “No”, but also to provide information on improvement plans or improvement activities underway if the response is “Yes” or “Partially”.

DOMAIN 1: GOVERNANCE			
Standard 1			
Council and statutory committee members have the knowledge, skills, and commitment needed to effectively execute their fiduciary role and responsibilities pertaining to the mandate of the College.			
Measure	Required evidence	College response	
1.1 Where possible, Council and Statutory Committee members demonstrate that they have the knowledge, skills, and commitment prior to becoming a member of Council or a Statutory Committee.	a. Professional members are eligible to stand for election to Council only after: i. meeting pre-defined competency / suitability criteria, and ii. attending an orientation training about the College’s mandate and expectations pertaining to the member’s role and responsibilities.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially X No <input type="checkbox"/>	
		<ul style="list-style-type: none">The competency/suitability criteria are public: Yes X No <input type="checkbox"/> <p><i>If yes, please insert link to where they can be found, if not please list criteria:</i></p> <p><u>Standard 1.1 a (i)</u></p> <p>Nurse members are elected by their peers in regional elections. There are basic requirements in CNO’s By-Laws (Section 52 – Eligibility for Election) that articulate the eligibility to run for election to Council. To be eligible to run for elections, you must do the following:</p> <ul style="list-style-type: none">Meet the requirements set out in the by-laws (for example, must be a current member of the General or Extended Class, no revocation in the past six years, no Discipline/Fitness-to-Practise finding in the past three years)Complete a Conflict of Interest Form (provided when CNO receives the candidate’s nomination) <p>When candidates submit the Conflict of Interest Form, they must confirm the following:</p> <ul style="list-style-type: none">They have read and understand By-Law No.3: Conduct of Councillors and Committee Members (Conduct By-Law)	

		<ul style="list-style-type: none">• If elected, they will behave in accordance with the Conduct By-Law• They do not hold a conflicting position (set out in Sub-Article 3.05e) or if they hold a conflicting position, they will resign from that position if elected <p>Candidates wishing to run for election are encouraged to watch a playlist of six videos, Thinking of serving on Council, to determine if serving on Council is right for them. At this time there are no processes in place to check if the candidates have watched and understood the videos.</p> <p>In addition, they are asked to reflect on the board’s profile and code of conduct to help them decide if serving on CNO’s board is right for them. Within the board profile, candidates must review the list of competencies and attributes. They are asked to identify and articulate which knowledge, skills and attributes from the list they bring to Council. For example, candidates have an opportunity to send voters a profile linked to the ballot. To support voters in the election process, understanding CNO’s public interest role and assessing whether candidates have the skills and attributes to contribute to Council, candidates’ profiles reflect on CNO’s purpose and the competencies and attributes required of the board. Candidates’ profiles include their responses to the following statements:</p> <ul style="list-style-type: none">• I want to serve on Council (CNO’s board of directors), a board whose only role is to uphold patient safety• As a member of Council, I would bring these skills to the board• As a member of Council, I would bring these attributes to the board <p>No other information can be included in the candidate’s profile.</p> <p>Furthermore, CNO’s Governance Vision proposes board appointments for all board members, nurses and the public. Once implemented, board members who are nurses will no longer be elected by their peers. Instead, they will be appointed based on specific attributes and competencies — having the necessary experience, knowledge, and skills to effectively execute their role and responsibilities as board members according to CNO’s mandate.</p> <p><u>Standard 1.1 a (ii)</u></p> <p>All new Council members attend an orientation training about CNO’s mandate and expectations related to member’s role and responsibilities. The orientation includes the following:</p> <ul style="list-style-type: none">• CNO’s regulatory role and purpose, including legislative foundation and key regulatory functions• Board role: oversight, insight and foresight• Partnerships<ul style="list-style-type: none">○ Board – public members and nurses○ Board and staff
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		<ul style="list-style-type: none"> ○ CNO and stakeholders • CNO’s strategic plan • Conduct By-Law • Council’s Governance Vision <p>As members of statutory committees, Council members receive detailed orientation to the mandate and their role on those committees and how they contribute to CNO’s public interest mandate.</p> <p>In addition, Council members are also provided with ongoing education. For example, in December 2020, Council received a facilitated Professional Development session to address “Council’s culture”. The goal of this workshop was to develop a shared understanding and explore the cultural attributes that will be required of Council to support and lead CNO in meeting its purpose and strategic priorities.</p> <p>Education is also built into meetings and briefing material. For example, for ongoing issues there is background about past decisions and rationale both in the briefing material and in staff presentations. To support understanding of the primacy of the public interest, all Council decision-notes include the public interest rationale for the proposed recommendation(s).</p> <p>The competency and attribute dimensions can be found under the Board Profile page, available on the link below:</p> <p>https://www.cno.org/en/what-is-cno/councils-and-committees/council/governance-vision-2020/board-profile/</p> <ul style="list-style-type: none"> • Duration of orientation training: Half day • Format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): Generally, Council orientation is delivered in-person by the President and the Executive Director and CEO. This year, due to the COVID-19 pandemic and supporting the province’s response, new members received a self-learning package covering the topics noted above. In addition, members met with the President and the Executive Director and CEO to discuss and raise any questions about the orientation material. <p>In June 2021, we are planning a “level setting” half-day orientation session for all Council members.</p> <ul style="list-style-type: none"> • Insert a link to website if training topics are public <i>OR</i> list orientation training topics:
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		<p>The training topics are not available online. Please refer to the topics listed under Standard 1.1 a (ii) above.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></i></p> <p>As noted above, CNO’s Governance Vision proposes that all board members (professional and public) be appointed based on competencies. CNO’s vision proposes removal of elections to eliminate the risk and perception that professional members will represent the profession rather than the public interest, and to ensure all the competencies needed for board members are acquired.</p> <p>In January 2019, CNO submitted its vision for change to the Minister of Health to make the legislative amendments needed to implement CNO’s Governance Vision, which would include board appointments based on competencies. Once the necessary changes have been made, CNO is committed to ensure board members are appointed based on competencies to strengthen and enhance public trust in nursing regulation.</p> <p>While this framework addresses the nurses on Council, nurses and public members are partners on Council and committees. If it is important that nurses’ participation be determined based on a competency assessment, it should be equally important for public members, both in terms of contribution and perceptions of equality of Council members.</p> <p>We have requested that the government use the competency-based appointment process for public members appointed to serve on CNO’s board.</p>
		<p><i>Additional comments for clarification (optional):</i></p>
	b. Statutory Committee candidates have:	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>

	<p>i. met pre-defined competency / suitability criteria, and</p> <p>ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.</p>	<ul style="list-style-type: none"> • The competency / suitability criteria are public: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <p><i>If yes, please insert link to where they can be found, if not please list criteria:</i></p> <p><u>Standard 1.1 b (i)</u></p> <p>CNO uses competencies and attributes in the process of appointing nurses to statutory committees. CNO has developed competency-based appointment for committee members. There is online education about what it means to be a committee member, including videos and reflections, which are also shared with Council candidates.</p> <p>Similar to Council candidates, committee members must review the Conduct By-Law and make a commitment to abide by the conflict-of-interest by-laws and governance principles. There is an annual review of the Conduct By-Law and they also make annual declarations (for example, no conflict of interest).</p> <p><u>Standard 1.1 b (ii)</u></p> <p>Education sessions at the committee level are provided and there is extensive orientation about the mandate of the committees' and members' roles and expectations.</p> <p>The competency and attribute dimensions can be found under the Board Profile page, available on the link below:</p> <p>https://www.cno.org/en/what-is-cno/councils-and-committees/council/governance-vision-2020/board-profile/</p> <ul style="list-style-type: none"> • Duration of each Statutory Committee orientation training: <p>The training takes one day. Discipline Committee has a second meeting mid-year. During the pandemic, the orientation session for some committees has been condensed (for example, Quality Assurance Committee held a 2-hour virtual session).</p> <ul style="list-style-type: none"> • Format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): <p>Generally in-person, but due to COVID-19, the orientation is delivered online. Orientation is provided by the Chair, staff and legal counsel, where relevant. For Discipline and Fitness-to-Practise Committees, orientation is largely delivered by independent legal counsel.</p>
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		<p>Advance preparatory materials are provided, including committee handbooks, rules and guidelines (for example, for Discipline Committee).</p> <p>New members of Discipline and Fitness-to-Practise Committees attend the Health Profession Regulators of Ontario's Discipline Basic Workshop while more experienced members attend the Advanced session.</p> <ul style="list-style-type: none"> • Insert link to website if training topics are public <i>OR</i> list orientation training topics for Statutory Committee: <p>Committee education is specific to role of the committee, but all include the following:</p> <ul style="list-style-type: none"> • Committee's legislated mandate • Relevant legislation (for example, Regulated Health Professions Act, 1991, Statutory Powers and Procedures Act, 1990, Human Rights Code, 1990) • Procedural fairness and confidentiality provisions specific to the committee • Conduct By-Law, particularly related to bias and conflict of interest in statutory matters • In-depth orientation for specific knowledge related to committee role, for example: <ul style="list-style-type: none"> ○ interim orders for ICRC ○ sexual abuse for ICRC and Discipline Committee ○ assess health reports for Registration Committee ○ review learning modules provided by the Office of the Fairness Commissioner and fairness legislation for the Registration Committee ○ review specific finance tools and resources for Finance Committee, including Finance Committee Terms of Reference, financial policies, insurance schedule etc. • Additional training for specific roles: <ul style="list-style-type: none"> ○ All statutory chairs have a standardized orientation with the committee staff resource ○ Members who take on specific roles (for example, pre-hearing chairs, panel chairs, decision writers) have specialized training <p>In 2020, the membership of the Discipline Committee and Fitness-to-Practise (FTP) Committee merged for purposes of creating efficiencies and better use of resources. This provides additional opportunities including cross-training across committees and assists with volume fluctuations. In particular, the Discipline Committee has seen increases in volume and having additional resources allows CNO to address serious matters efficiently.</p> <p>In addition, there are other process improvements related to committee orientation that occurred in 2020. For example, CNO designed and administered a survey to Registration Committee (RC) members to gather their feedback on the orientation and solicit their interest in on-going education to support existing members in the performance of their role. In 2021, CNO will be using the committee's feedback to update the orientation for RC and to provide new learning program/opportunities to members. CNO plans to administer</p>
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		<p>this survey annually and adapt the orientation and on-going learning program for RC based on the results of the survey.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional):</i></p>
	<p>c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course about the College’s mandate and expectations pertaining to the appointee’s role and responsibilities.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none">Duration of orientation training: Half dayFormat of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end): Generally, training is in-person, but due to COVID-19, the orientation is delivered virtually by the Council President, and the Executive Director and CEO.Insert link to website if training topics are public OR list orientation training topics: The training topics are not available online. Please refer to the topics listed under Standard 1.1 a (ii) above. <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>

		<p><i>Additional comments for clarification (optional):</i></p> <p>The role of public members and nurses at Council and committees is identical; thus, the orientation is the same. Whenever the appointment timing permits, CNO orients nurses and public members together. This builds mutual respect and supports public members and nurses in understanding that while they have different perspectives, they have the same role. Public appointees to Council receive the same orientation training course about CNO's mandate and expectations pertaining to their role and responsibilities at Council and committees.</p> <p>We understand the government has recently launched a new eLearning program for all public appointees, which will be administered by the Public Appointments Secretariat. This program will provide appointees with foundational knowledge about serving on a health regulatory board, their roles and responsibilities as public appointees including their fiduciary duties and acting in an ethical way.</p>
1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	<p>a. Council has developed and implemented a framework to regularly evaluate the effectiveness of:</p> <ul style="list-style-type: none"> i. Council meetings; ii. Council 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No X</p> <p>• Year when Framework was developed <i>OR</i> last updated:</p> <p><u>Standard 1.2 a (i)</u></p> <p>Currently, CNO does not have a framework to evaluate the effectiveness of Council meetings. However, when we had physical Council meetings prior to the pandemic, the President usually led a debrief at the end of the meeting and sought input from Council members on the effectiveness of the meeting(s). We have discontinued this practice since we have moved to virtual meetings, via Zoom, but it is something that we plan on resuming this year.</p> <p><u>Standard 1.2 a (ii)</u></p> <p>Council has begun a process to identify how it can work more effectively as a board, solely focused on public safety. This is the start of a learning process, which will continue throughout this year and will support the identification of goals for evaluation. In December 2020, Council received a facilitated Professional Development session to begin the process of shaping their desired board culture. The session focused on developing a shared understanding and explored the cultural attributes that will be required of the board to support and lead CNO in meeting its purpose and strategic priorities.</p> <p>Council also identifies opportunities to enhance its effectiveness in a particular area by bringing in external expertise. For example, in September 2020, Council discussed adopting a land acknowledgment statement. To do so meaningfully, Council invited an expert in the field to provide insight on the issue. In December 2020, Council had the opportunity to hear from Virginia May Katt (Mae Katt), a member of Temagami First</p>

		<p>Nation and a Nurse Practitioner. Mae's presentation addressed racism and barriers to safe care for Indigenous patients and nurses, as well as her own experiences of racism. She provided insight as to how CNO can take a leading role in addressing racism in healthcare.</p> <ul style="list-style-type: none"> • Insert a link to Framework <i>OR</i> link to Council meeting materials where (updated) Framework is found and was approved: <i><insert link></i> <p>Not applicable</p> <ul style="list-style-type: none"> • Evaluation and assessment results are discussed at public Council meeting: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> • If yes, insert link to last Council meeting where the most recent evaluation results have been presented and discussed: <p>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>We intend to resume our process of debriefing at the end of Council meetings to evaluate a 37-member Council meeting effectiveness. To support a large board, in 2021, we plan to focus on professional development for Council and continue to work towards a process of how a 37-member Council can work more effectively as a team. The planned activities for 2021 may support the identification of goals for future Council evaluation.</p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input type="checkbox"/> No <input checked="" type="checkbox"/></p> <ul style="list-style-type: none"> • A third party has been engaged by the College for evaluation of Council effectiveness: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <i>If yes, how often over the last five years? <insert number></i> • Year of last third-party evaluation: <p>In 2015, Council completed a self-assessment, led by an external governance expert, which helped Council members reflect on how they were governing, and identified areas for improvement. This was part of the evidence gathered in informing Council's Governance Vision.</p>

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>CNO will continue to work with the Ministry to implement CNO’s Governance Vision, which will include a formal evaluation of a competency-based board. See details below.</p> <p><i>Additional comments for clarification (optional)</i></p> <p>One of the features of CNO’s Governance Vision is the evaluation of the board and 12 directors (6 public, 6 nurses). The vision includes an evaluation of governance effectiveness by an external expert every three years, with the results being publicly available. This will support continuous improvement and reinforce public accountability.</p> <p>While the specifics of this external evaluation have not yet been determined, it is intended to allow the board to measure whether it is meeting its public interest mandate and will enable directors to determine if they are meeting their duties while identifying opportunities for improvement. The external evaluation will allow the board to report to stakeholders, including the Ministry and the public as to how it is meeting its accountability for regulating nursing in the public interest.</p>
	<p>c. Ongoing training provided to Council has been informed by:</p> <p>i. the outcome of relevant evaluation(s), and/or</p> <p>ii. the needs identified by Council members.</p>	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to documents outlining how outcome evaluations and/or needs identified by members have informed Council training; <p>Ongoing training provided to Council has mainly been informed by the needs identified by Council members. Please refer to Standard 1.2 a (ii) above for more information.</p> <ul style="list-style-type: none"> Insert a link to Council meeting materials where this information is found <i>OR</i> Describe briefly how this has been done for the training provided <u>over the last year</u>. <p>As noted in Standard 1.2 a (ii), Council has begun a process to identify how it can work more effectively as a board. The Executive Committee discussed Council’s professional development session in November 2020. This information can be found in the December Council package. Following those discussions, in December 2020, Council received a facilitated Professional Development session to begin the process of shaping their desired board culture.</p> <p>In September 2020, in the discussion of developing a land acknowledgement statement, Council identified education sessions with opportunities for dialogue with members of the Indigenous community, to develop</p>

		<p>an understanding of the perspectives and needs of that community including with respect to health care. The September 2020 Council minutes highlight Council's request for education in this area.</p> <p>Following those discussions, in December 2020, Council had the opportunity to hear from Virginia May Katt (Mae Katt), a member of Temagami First Nation and a Nurse Practitioner. Mae's presentation addressed racism and barriers to safe care for Indigenous patients and nurses, as well as her own experiences of racism. She provided insight as to how CNO can take a leading role in addressing racism in healthcare.</p> <p>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>In 2021, we plan to focus on professional development for Council and continue to work towards a process of how a 37-member Council can work more effectively as a team. The planned activities for 2021 may support the identification of goals for future Council evaluation.</p> <p><i>Additional comments for clarification (optional):</i></p>
Standard 2 Council decisions are made in the public interest.		
Measure	Required evidence	College response
2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.	a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is accessible to the public.	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Year when Council Code of Conduct and 'Conflict of Interest' Policy was implemented OR last evaluated/updated: <p>CNO has a Conduct By-Law for councillors and committee members, which contains the Code of Conduct and Conflicts of Interest provisions Council and committee members are required to abide by, available online. The Conduct By-Law was approved by Council in September 2017.</p> <ul style="list-style-type: none"> Insert a link to Council Code of Conduct and 'Conflict or Interest' Policy OR Council meeting materials where the policy is found and was discussed and approved: <p>Council set its conflict of interest provisions in by-law so that it is enforceable. By-Law No: 3: Conduct of Councillors and Committee Members (Conduct By-Law) sets out the standards for behaviour, identifies in detail specific expectations, with examples related to conflicts of interest and confidentiality. The Conduct By-</p>

		Law also includes an Article on how the by-law will be enforced and the potential outcomes for breaching the provisions of the by-law.
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
	b. The College enforces cooling off periods ² .	The College fulfills this requirement: Yes <input type="checkbox"/> No X

² Cooling off period refers to the time required before an individual can be elected to Council where an individual holds a position that could create an actual or perceived conflict of interest with respect to his or her role and responsibility at the college.

		<div> <ul style="list-style-type: none"> Cooling off period is enforced through: Conflict of interest policy <input type="checkbox"/> By-law <input type="checkbox"/> Competency/Suitability criteria <input type="checkbox"/> Other <please specify> <p>CNO’s current by-laws do not include cooling off periods. Specific articles in the Conduct By-Law articulate conflict of interest provisions, but do not enforce cooling off periods. For example, Article 3.05 identifies positions where a Council or committee member would be in a positional conflict (for example, leadership position or staff with a provincial, national or international entity that advances the interests of nurses, has policy making responsibilities for nurses or oversees the regulation of nurses). Holding or taking on such a position would require the member withdrawing from a CNO position.</p> <ul style="list-style-type: none"> The year that the cooling off period policy was developed <i>OR</i> last evaluated/updated: <p>Not applicable</p> <ul style="list-style-type: none"> How does the college define the cooling off period? <ul style="list-style-type: none"> Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; <p>Not applicable</p> <ul style="list-style-type: none"> insert a link to Council meeting where cooling of period has been discussed and decided upon; <i>OR</i> where not publicly available, please describe briefly cooling off policy: <p>Not applicable</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes X No <input type="checkbox"/></i></p> <p>Implementing CNO’s Governance Vision will include an overall review of by-laws related to governance. One of the issues that will be reviewed is whether we implement cooling off periods, such as:</p> <ul style="list-style-type: none"> cooling off period after serving the maximum number of Council or committee terms cooling off periods between Council/committee and staff roles cooling off periods between Council/committee and organizations that pose a conflict (for example, professional associations/unions/Ministry of Health) <p><i>Additional comments for clarification (optional)</i></p> </div>
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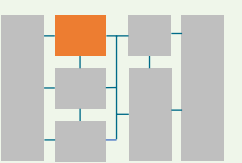
	<p>c. The College has a conflict of interest questionnaire that all Council members must complete annually.</p> <p><u>Additionally:</u></p> <ul style="list-style-type: none"> i. the completed questionnaires are included as an appendix to each Council meeting package; ii. questionnaires include definitions of conflict of interest; iii. questionnaires include questions based on areas of risk for conflict of interest identified by Council that are specific to the profession and/or College; and iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest <u>specific to the meeting agenda</u>. 	<p>The College fulfills this requirement: Yes <input type="checkbox"/> Partially X No <input type="checkbox"/></p> <p>• The year when conflict of interest the questionnaire was implemented <i>OR</i> last evaluated/updated:</p> <p>Not applicable</p> <p>• Member(s) update his or her questionnaire at each Council meeting based on Council agenda items: Always <input type="checkbox"/> Often <input type="checkbox"/> Sometimes <input type="checkbox"/> Never X</p> <p>• Insert a link to most recent Council meeting materials that includes the questionnaire:</p> <p>This information is not available publicly. It is located in Council's documents.</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes X No <input type="checkbox"/></p> <p>CNO will review this policy in 2021.</p> <p><i>Additional comments for clarification (optional)</i></p> <p>To be eligible to stand for election/appointment, an annual declaration of conflicts of interest is signed by all Council and non-Council committee members.</p> <p>Before candidates apply for election or appointment, they are required to complete a conflict-of-interest statement in which they confirm the following:</p> <ul style="list-style-type: none"> • they have read and understood By-Law No. 3: Conduct of Councillors and Committee Members • that, if elected/appointed, they would behave in accordance with the Conduct By-Law • that they do not have a position that would be a conflict of interest or, if they do, that they would withdraw from that position if elected/appointed. <p>Additionally:</p> <p>i. the completed questionnaires are included as an appendix to each Council meeting package;</p>
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	<p>d. Meeting materials for Council enable the public to clearly identify the public interest rationale (See Appendix A) and the evidence supporting a decision related to the College’s strategic direction or regulatory processes and actions (e.g. the minutes include a link to a publicly available briefing note).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Describe how the College makes public interest rationale for Council decisions accessible for the public: <p>Council’s meeting materials identify the public interest rationale and the evidence supporting a decision for any strategic issue, regulatory process or action for which Council is providing direction or decision. Meeting materials are available online and include supporting briefing notes for each issue.</p> <p>The public interest rationale is included in all briefing materials to Council, which are available online and accessible to the public. Council meetings are also live-tweeted, with a focus on the public interest.</p> <ul style="list-style-type: none"> Insert a link to meeting materials that include an example of how the College references a public interest rationale:

		<p>An example of how CNO references the public interest rationale can be found on Agenda Item 4.2 – RN Prescribing By-Law – For Approval (p.81). See link below:</p> <p>https://www.cno.org/globalassets/1-whatiscno/council/meetings/2020/meeting-materials-observer-package.pdf</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
Standard 3 The College acts to foster public trust through transparency about decisions made and actions taken.		
Measure	Required evidence	College response
3.1 Council decisions are transparent.	a. Council minutes (once approved) are clearly posted on the College’s website. Attached to the minutes is a status update on implementation of Council decisions to date (e.g. indicate whether decisions have been implemented, and if not, the status of the implementation).	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert link to webpage where Council minutes are posted: <p>Draft Council minutes are posted on CNO’s website between meetings. Once approved at the next meeting, the draft minutes are replaced by the final minutes. The minutes report on the outcomes of Council decisions. In addition, updates on Council decisions are also shared through our communication tools including: The Standard (newsletter for members) and social media.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

	<p>b. The following information about Executive Committee meetings is clearly posted on the College's website (alternatively the College can post the approved minutes if it includes the following information).</p> <ul style="list-style-type: none"> i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Council or discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council. 	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p>• Insert a link to webpage where Executive Committee minutes / meeting information are posted:</p> <p>Minutes of Executive Committee meetings are part of CNO's Council packages, which is available to the public. That would include any decision made on behalf of Council.</p> <hr/> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <hr/> <p><i>Additional comments for clarification (optional)</i></p>
	<p>c. Colleges that have a strategic plan and/or strategic objectives post them clearly on the College's website (where a College does not have a strategic plan, the activities or programs it plans to undertake).</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p>• Insert a link to the College's latest strategic plan and/or strategic objectives:</p> <p>CNO has recently developed a new Strategic Plan (2021-2024), which will advance our purpose: To protect the public by promoting safe nursing practice. Below is the link:</p> <p>https://www.cno.org/globalassets/docs/general/strategic-plan-2021.pdf</p> <hr/> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <hr/> <p><i>Additional comments for clarification (optional)</i></p>

3.2 Information provided by the College is accessible and timely.	a. Notice of Council meeting and relevant materials are posted at least one week in advance.	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		Additional comments for clarification (optional) Dates of Council meetings are posted once they are approved for the year, in September of the year before. Meeting packages are posted as soon as they are complete (one week before the meeting). Council meetings are live-streamed on YouTube and the link is provided before the meeting. The information is available here . We also announce upcoming Council meetings and key issues being discussed through social media.
	b. Notice of Discipline Hearings are posted at least one week in advance and materials are posted (e.g. allegations referred)	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		Additional comments for clarification (optional) Notice of Discipline Hearings and materials are posted online at least one week in advance. The current hearings schedule is available here .



Standard 4

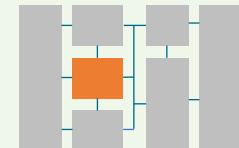
The College is a responsible steward of its (financial and human) resources.

Measure	Required evidence	College response
4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.	<p>a. The College’s strategic plan (or, where a College does not have a strategic plan, the activities or programs it plans to undertake) has been costed and resources have been allocated accordingly.</p> <p><u>Further clarification:</u> A College’s strategic plan and budget should be designed to complement and support each other. To that end, budget allocation should depend on the activities or programs a College undertakes or identifies to achieve its goals. To do this, a College should have estimated the costs of each activity or program and the budget should be allocated accordingly.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to Council meeting materials that include approved budget <i>OR</i> link to most recent approved budget: <p>The operating and capital budgets were approved by Council in December 2020 in advance of the 2021 fiscal year. The Finance Committee reviews the budget and makes a recommendation to Council based on financial management principles. The operating and capital budgets provide projections to the end of 2024.</p> <p>Bases of the operating budget</p> <ul style="list-style-type: none"> The implementation of CNO’s regulatory mandate (the four key regulatory functions) Development and implementation of initiatives/projects that support strategic outcomes Providing effective and efficient support services to regulatory functions Managing any accumulated surplus over the long term <p>Bases of the capital budget</p> <ul style="list-style-type: none"> Purchase of new assets needed to function effectively (for example, network hardware, computer platforms to support new system functionality) Replacement of assets where the useful life has been exhausted Capital expenditures to maintain or extend the life of existing capital assets (for example, major building renovations) <p>The 2021 operating and capital budget include significant new resources to support regulatory effectiveness, such as to support implementing the new strategic plan (2021-2024), moving forward with renovations to CNO’s building, and other activities.</p> <p>Detailed information on the 2021 operating and capital budget is available in the December 2020 Council briefing material (p. 13).</p> <p>For additional information, please refer to the Draft 2021 Operating and Capital Budget below:</p> <p>College of Nurses of Ontario. Draft 2021 Operating & Capital Budget (p.28-57) https://www.cno.org/globalassets/1-whatiscno/council/meetings/2020/meeting-materials-observer-package.pdf</p>

		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
	<p>b. The College:</p> <p>i. has a “financial reserve policy” that sets out the level of reserves the College needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses and/or a reduction in revenue and furthermore, sets out the criteria for using the reserves;</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p><u>If applicable:</u></p> <ul style="list-style-type: none">• Insert a link to “financial reserve policy” OR Council meeting materials where financial reserve policy has been discussed and approved: <p>The Finance Committee has developed a guideline for CNO’s financial reserves that sets out the level CNO needs to build and maintain in order to meet its legislative requirements in case there are unexpected expenses or a reduction in revenue.</p> <p>A key consideration in determining the accumulated surplus guideline is CNO’s status as a not-for-profit organization. As a not-for-profit, CNO does not pay federal or provincial income taxes. CNO would risk its tax-free status by building up an unrestricted accumulated surplus that significantly exceeded Canada Revenue Agency (CRA) targets.</p> <p>The Finance Committee has set the following ranges for the unrestricted (available for spending) accumulated surplus:</p> <ul style="list-style-type: none">• ≤ six months of operating expenses – or \$ 32.03M for 2021• ≥ three months of operating expenses – or \$16.0M for 2021. <p>Council’s budget approval includes these recommended ranges that the Finance Committee forwarded with the proposed 2021 budget.</p>

	<p>Furthermore, our auditors informed CNO these ranges are congruent with CRA’s expectations. CNO also confirms with auditors periodically the range noted above is acceptable by the CRA.</p> <p>The accumulated surplus guideline set by the Finance Committee, and planned and projected expenditures, are used to determine when a fee increase is needed. The 2021 budget and projections through 2024 show the accumulated surplus in the 3.80 months for 2021 to 0.57 months of operating costs by the end of 2024.</p> <p>ii. possesses the level of reserve set out in its “financial reserve policy”.</p> <p>Please see above.</p> <p>For additional information, please refer to:</p> <p>College of Nurses of Ontario. Draft 2021 Operating & Capital Budget (p.28-57) https://www.cno.org/globalassets/1-whatiscno/council/meetings/2020/meeting-materials-observer-package.pdf</p> <ul style="list-style-type: none">Insert most recent date when “financial reserve policy” has been developed <i>OR</i> reviewed/updated: <p>The financial reserves were last reviewed at the time of orientation of the Finance Committee (August 2020).</p> <ul style="list-style-type: none">Has the financial reserve policy been validated by a financial auditor? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <p>Please note that the audited financial statements are expected to be ready for the Finance Committee review by May 2021. If recommended by the Finance Committee, the statements will be submitted to Council for approval at the June 2021 meeting.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (if needed)</i></p>
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	<p>c. Council is accountable for the success and sustainability of the organization it governs. This includes ensuring that the organization has the workforce it needs to be successful now and, in the future (e.g. processes and procedures for succession planning, as well as current staffing levels to support College operations).</p>	<div>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div> <div><ul style="list-style-type: none">Insert a date and link to Council meeting materials where the College's Human Resource plan, as it relates to the Operational and Financial plan, was discussed.<p>In determining the annual provision for compensation, the following were considered:</p><ul style="list-style-type: none">The compensation principles approved by CouncilCNO’s fiscal situation, both in the coming year and the projected years.<p>In 2020, the Sub-Committee on Compensation reviewed CNO’s compensation practices as they relate to salary administration, performance management, benefits and pension. They advised the Finance Committee that CNO practices are congruent with best/current practices and with the Compensation Principles approved by Council.</p><p>In general, CNO assesses its operational requirements and determines if there are resource needs. For example, based on the 2021 budget, 27 permanent staff will be added by the end of 2021, with 3 having already been hired in 2020 and 24 to be hired in 2021.</p><p>For additional information, please refer to:</p><p>College of Nurses of Ontario. Draft 2021 Operating & Capital Budget (p.28-57) https://www.cno.org/globalassets/1-whatiscno/council/meetings/2020/meeting-materials-observer-package.pdf</p></div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Additional comments for clarification (optional)</div>
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DOMAIN 3: SYSTEM PARTNER		
Standard 5 The College actively engages with other health regulatory Colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.		
Standard 6 The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public expectations.		
Standard 7 The College responds in a timely and effective manner to changing public expectations.		
Measure / Required evidence: N/A	College response	
	<p><i>Colleges are requested to provide a narrative that highlights their organization’s best practices for each of the following three standards. An exhaustive list of interactions with every system partner the College engages is not required.</i></p> <p><i>Colleges may wish to provide Information that includes their key activities and outcomes for each best practice discussed with the ministry, or examples of system partnership that, while not specifically discussed, a College may wish to highlight as a result of that dialogue. For the initial reporting cycle, information may be from the recent past, the reporting period, or is related to an ongoing activity (e.g., planned outcomes).</i></p>	

<p>The three standards under this domain are not assessed based on measures and evidence like other domains, as there is no ‘best practice’ regarding the execution of these three standards.</p> <p>Instead, <u>Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health.</u></p> <p>Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.</p> <p>In preparation for their meetings with the ministry, Colleges have been asked to submit the following information:</p> <ul style="list-style-type: none">• Colleges should consider the questions pertaining to each standard and identify examples of initiatives and projects undertaken during the reporting period that demonstrate the three standards, and the dates on which these initiatives were undertaken.	<p>Standard 5: The College actively engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and support execution of its mandate.</p> <p>Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice within a health system where the profession it regulates has multiple layers of oversight (e.g. by employers, different legislation, etc.), Standard 5 captures how the College works with other health regulatory colleges and other system partners to support and strengthen alignment of practice expectations, discipline processes, and quality improvement across all parts of the health system where the profession practices. In particular, a College is asked to report on:</p> <ul style="list-style-type: none">• <i>How it has engaged other health regulatory Colleges and other system partners to strengthen the execution of its oversight mandate and aligned practice expectations? Please provide details of initiatives undertaken, how engagement has shaped the outcome of the policy/program and identify the specific changes implemented at the College (e.g. joint standards of practice, common expectations in workplace settings, communications, policies, guidance, website etc.).</i>
	<div><div><p>Standard 6: The College maintains cooperative and collaborative relationships to ensure it is responsive to changing public/societal expectations.</p><p>The intent of standard 6 is to demonstrate that a College has formed the necessary relationships with system partners to ensure that it receives and contributes information about relevant changes to public expectations. This could include both relationships where the College is “pushed” information by system partners, or where the College proactively seeks information in a timely manner.</p><ul style="list-style-type: none">• <i>Please provide some examples of partners the College regularly interacts with including patients/public and how the College leverages those relationships to ensure it can respond to changing public/societal expectations.</i>• <i>In addition to the partners it regularly interacts with, the College is asked to include information about how it identifies relevant system partners, maintains relationships so that the College is able access relevant information from partners in a timely manner, and leverages the information obtained to respond (specific examples of when and how a College responded is requested in standard 7).</i></div><div><p>Standard 7: The College responds in a timely and effective manner to changing public expectations.</p><p>Standard 7 highlights successful achievements of when a College leveraged the system partner relationships outlined in Standard 6 to implement changes to College policies, programs, standards etc., demonstrating how the College responded to changing public expectations in a timely manner.</p><ul style="list-style-type: none">• <i>How has the College responded to changing public expectations over the reporting period and how has this shaped the outcome of a College policy/program? How did the College engage the public/patients to inform changes to the relevant policy/program? (e.g. Instances where the College has taken the lead in strengthening interprofessional collaboration to improve patient experience, examples of how the College has signaled professional obligations and/or learning opportunities with respect to the treatment of opioid addictions, etc.).</i>• <i>The College is asked to provide an example(s) of key successes and achievements from the reporting year.</i></div></div>

<p>Standard 5</p> <p>Introduction</p> <p>This section describes how the College of Nurses of Ontario (CNO) engages with other health regulatory colleges and system partners to align oversight of the practice of the profession and to support public protection.</p> <p>CNO’s Strategic Plan (2021 – 2024)</p> <p>CNO developed a new strategic plan for (2021-2024) based on extensive consultation and collaboration with nurses, regulators, nursing organizations, employers and other system partners. The strategic plan was approved by Council in March 2020 and planning for implementation is underway.</p> <p>Consultation with stakeholders led to the identification of three outcomes that the 2021-2024 strategic plan will achieve (see below). One of the outcomes pertains to CNO being recognized as a trusted stakeholder to nurses, employers and the public.</p> <ol style="list-style-type: none">1. Applicants for registration will experience processes that are evidence-informed, fair, inclusive, and effective, contributing to improved public access to safe nursing care.2. Nurses’ conduct will exemplify understanding and implementation of CNO standards for safe practice.3. CNO will be recognized as a trusted stakeholder to nurses, employers, and the public. <p>CNO is in the process of planning for the activities and metrics upon which these statements will be measured.</p> <p>Strategy 2021-2024 positions CNO to influence the broader patient care system by leveraging insights, agility, proactivity and relationships with stakeholders. These are the key pillars of Strategy 2021-2024:</p> <ul style="list-style-type: none">• Build and operate an insights engine• Operate with agility• Enable proactivity• Engage and mobilize our stakeholders <p>The outcome of our stakeholder consultation is a strategic plan that reflects stakeholder needs, stakeholder interests in partnership with CNO, and opportunities to meaningfully collaborate with stakeholders to influence system change.</p> <p>During stakeholder engagement, we heard that CNO is seen as a leader, and we want to increase our reach and influence. System influence is a core theme and a key outcome that crosses every pillar of the Strategy 2021-2024. To implement the new Strategic Plan, CNO will aspire to influence the system by enabling nurses and collaborating with a broad range of stakeholders such as patient groups, health care regulators, regulated and unregulated health care professionals, employers, academic partners and government bodies. Another way CNO will influence the system is by sharing our data with others. This is from feedback we heard through stakeholder consultation.</p> <p>CNO’s Governance Vision (2016 – ongoing)</p> <p>CNO’s Council has engaged in a proactive, objective, expert- and evidence-informed governance review centred on public trust. The findings from the review and recommendations were published in a report called Final Report: A vision for the future. CNO’s Governance Vision has generated interest among regulators nationally who are looking to enhance public confidence by modernizing their governance structures.</p> <p>Throughout 2020, Health Profession Regulators of Ontario (HPRO) continue to recognize CNO resources informed and influenced their own Council’s governance reviews. In October 2020, CNO published an article focused on the evidence that led to CNO’s Governance Vision in the Journal of Nursing Regulation, entitled The College of Nurses of Ontario’s Governance Vision: Using Evidence to Transform Regulatory Governance in the Public Interest.</p>
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Implementation of the main features of CNO's Governance Vision, such as board size, composition and competency-based appointments, require legislative change. In 2019, CNO submitted its [vision](#) for change to the Ontario government and has requested the Minister of Health to make the legislative amendments to implement CNO's governance vision. To date, CNO has implemented some aspects of the Governance Vision that do not require legislative changes:

- implemented a Public Advisory Group
- identified competencies and attributes for effective regulatory governance
- implemented a competency-based appointment process for statutory committees and chairs
- launched education for nurses applying to statutory committees
- launched education about what CNO's board is, so that candidates can make an informed decision about serving on the board

Additional information and resources on CNO's Governance Vision is available [here](#).

Canadian NURSYS (2018 - ongoing)

NURSYS is a system developed by the National Council of State Boards of Nursing (NCSBN) that allows for the sharing of licensure and disciplinary information among US nursing regulators. As described on their [website](#), NCSBN is a not-for-profit organization through which nursing regulatory bodies act and counsel together on matters of common interest and concern affecting public health and safety.

NURSYS Canada is a national project under the joint-leadership of the BC College of Nurses and Midwives (BCCNM) and CNO. We have partnered with the National Council of the State Boards of Nursing (NCSBN) to develop an electronic repository for Canadian nurse registration and discipline information. NURSYS Canada will enhance public protection by allowing all nurse regulators across Canada to review and exchange the relevant information needed to verify it is safe to permit a nurse to work across provincial and territorial jurisdictions. This information was live tweeted during our March 2020 Council meeting. Information can also be found in the Council package ([item 3.5](#)).

Preventing Patient Harm (2016 - ongoing)

In 2016, when we learned that there had been a health care serial killer registered with CNO, we committed to learning more about this terrible crime to prevent future intentional harm. In January 2020, CNO posted its [final report](#) in response to the recommendations from the Public Inquiry and shared it with the Ministry of Long-Term Care. The report describes engagement with system partners, which has continued through 2020. Some examples of this engagement are described below.

CNO has two employer reference groups that were developed to enhance professional collaboration, and improve education and consultation related to regulatory issues. One group is multisector, the other group is long-term care (LTC). In January 2020, one of the agenda items for the LTC group was to engage them in a discussion about health care serial killers and what we have learned in the last few years. The [meeting minutes](#) provide an overview of the discussion. The multisector group, which previously discussed this item, received CNO's updated report at their January 2020 meeting, as reflected in the [minutes](#). Resources, such as CNO's [publication](#) on health care serial killers, which includes prevention strategies, were shared with both employer reference groups.

In March 2020, [CNO presented to international nursing regulators on intentional harm](#) (NCSBN conference). [Another presentation was also shared with international regulators](#) in September 2020 (CLEAR conference). To help educate others, CNO shared themes from two literature reviews related to health care providers intentionally harming patients. The evidence shows that understanding the science, and being live to the possibility of intentional harm, can help those in the system prevent and detect harm. CNO also shared strategies that other regulators could adopt to prevent intentional harm. One area of interest from regulators related to a [new evidence-informed risk tool](#) that CNO developed in 2019. Along with this tool, a detailed guide was shared with 2020 conference participants to support the application of this tool. On November 24, 2020, CNO had an opportunity to share this information with the College of Registered Nurses of Newfoundland and Labrador, including their stakeholder groups.

Resources were also shared with provincial nursing educator groups related to health care serial killers including information about how intentional harm can be prevented. We have requested to present to these provincial groups early in 2021 (these presentations were initially scheduled in 2020 and delayed due to COVID-19). One resource that we will share during these meetings is a new [video series](#) that CNO developed late in 2020 on intentional harm. We received earlier educator feedback to inform the development of these videos. The purpose of the video series is to increase knowledge of those in the system since the evidence shows that increased knowledge can lead to prevention and early detection of patient harm. We will also be sharing this resource with others in the system, including nurses, through newsletters and social media. In addition, CNO has been providing expertise and support to the Coroner's office as they collaborate with Queen's University to implement some of the recommendations from the Public Inquiry.

Further to the work on preventing patient harm, CNO also focused on preventing sexual abuse by nurses. There are two profiles of nurses who sexually abuse patients: the predator who intentionally harms patients and the nurse who crosses professional boundaries and engages in sexual relations with a patient. Both are sexual abuse and both can cause significant patient harm.

CNO completed its own research on sexual abuse by nurses, which was summarized for CNO's Council ([item 3.7](#)) and shared with stakeholders in 2019. This research, along with other sources of evidence, resulted in a number of new resources that were developed for stakeholders and posted on [CNO's website](#) in 2020.

Examples of the new resources include a [webcast](#), a [toolkit for employers](#), [case scenarios](#) that were adapted from the College of Physicians and Surgeons of Ontario, and several fact sheets, such as a [true and false](#) one to understand how sexual abuse is defined and one related to [warning signs](#). The resources were shared across the country with a number of health care regulators and some have adapted the resources for their registrants. We also shared the resources with provincial stakeholders including nursing associations, employers and educators. Furthermore, in 2020, when nurses receive confirmation about their annual renewal, they will receive an overview of the new sexual abuse resources with links to the new resources. CNO is endeavouring to prevent sexual abuse by increasing stakeholder knowledge, which we hope will lead to behaviour changes.

Evidence-Informed Entry Exam (2017-2022)

CNO and BCCNM are working together to develop a new entry-to-practice exam for Registered Practical Nurses (RPNs) that will update our approach to testing applicants for competencies they need to practice safely. Each year in Ontario and BC, about 7,000 people apply to write the regulatory exam that enables them to practice as an RPN. As two of the country's largest regulators of RPNs, we have similar needs related to exam validity, reliability and security when assessing this large number of applicants. [CNO's website](#) has information and resources that describe this collaborative project.

A key component of our work has been stakeholder engagement. A few examples undertaken in 2020 are described below. We have established an RPN Exam Transition Working Group to provide expertise and consultation during the transition period to the new exam. For example, they provide insight on emerging trends in the education sector that may impact transition to the new exam. The group includes RPN academic stakeholders from across Ontario. Information about this group, including terms of reference and meeting minutes, can be found on [CNO's website](#).

Academics and clinicians, with expertise in entry level RPN practice, have participated in the development of content for the exam. A description of these roles, with a callout for future volunteers, can be found on [CNO's website](#).

In Autumn 2020, we collaborated with the exam vendor to host webinars on three different topics for RPN educators, to help them prepare for the new exam. These [webcasts](#) are publicly available. We are also working with RPN students who are close to graduation to test newly developed content.

Sharing Program Approval Program Nationally (2018 - ongoing)

To ensure that individuals who enter the nursing profession have the knowledge, skills and judgment to practice safely, CNO reviews entry-level nursing education programs. In 2018, CNO launched a new evidence-informed program approval program. This is described in CNO's [program approval guide](#).

CNO is partnering with a number of regulators across Canada to share our new process and tools, which will result in alignment in oversight of entry-level nursing education across the country. The College of Registered Nurses of Newfoundland and Labrador (CRNNL) was the first to adopt CNO's process and tools for their internationally educated nurses bridging and NP programs. We undertook a pilot with them to understand and rectify any barriers to implementing the process in other jurisdictions. In follow-up to this earlier work, in 2020, we conducted 'train the trainer' so CRNNL can run the program on their own.

The Saskatchewan Registered Nurses Association and the Nurses Association of New Brunswick previously adopted the program. A staff refresher got underway in 2020 to support consistent application of the program by new staff. Other jurisdictions are also exploring adopting and adapting the program, including BCCNM.

Ongoing stakeholder engagement

The examples above highlight how CNO is engaging stakeholders to align practice and support public protection. Engagement associated with these discrete activities are complementary to ongoing stakeholder engagement. As described above, CNO has two [Employer Reference Groups](#) that we engage regularly on a variety of regulatory issues. We also engage an [Academic Reference Group](#), which includes 10 Ontario nursing educators who represent nursing programs across the province. The goal of the group is to provide an opportunity for discussion and collaboration on regulatory issues of importance to both educators and the CNO.

As another example of ongoing engagement, during the COVID-19 pandemic, CNO collaborated with the Office of the Chief Coroner (OCC) to understand how to best respond to recommendations following a coroner report. The OCC also created a new process for managing resident deaths during the pandemic and CNO provided input on nurses' authority in signing Medical Certificates of Death. In addition, we provided relevant resources related to this issue on our [COVID-19 webpage](#).

Other ongoing stakeholder engagement includes new collaborations with the Retirement Homes Regulatory Authority (RHRA) and AdvantAge. In March 2020, CNO held a meeting with RHRA where we discussed goals for collaboration, identified key areas of risk between the two groups and revised objectives for collaboration. CNO provided updates and sought input from this group on a variety of regulatory issues. Due to COVID-19, some engagement with other stakeholders has been put on hold.

CNO also meets regularly with provincial nursing associations, unions, and international regulators. For example, we have ongoing engagements with:

- [Health Profession Regulators of Ontario](#) (HPRO)
- [Canadian Council of Registered Nurse Regulators](#) (CCRNRR)
- [Canadian Council for Practical Nurse Regulators](#) (CCPNR)
- [International Nurse Regulator Collaborative](#) (INRC)
- [National Council of State Boards of Nursing](#) (NCSBN)

CNO collaborates with these groups to discuss various regulatory issues of mutual interest. For example, in 2020 we met with the HPRO practice advisory group to discuss challenges that Ontario health regulators face during the pandemic and share relevant resources. Similarly, we are currently engaging and sharing information with HPRO for purposes of completing the Ministry of Health's College Performance Measurement Framework (CPMF) tool.

Furthermore, CNO has prioritized leveraging social media to increase our outreach to stakeholders, including the public. Since January 1, 2020, we've grown our social media followers by over 15,000 (a net growth of 14%). Also, so far this year, we've had a total of 165,725 engagements, which is an increase of 45% compared with 2019.

We have a presence on [Twitter](#) and live tweet Council meetings. Twitter engagements are up 78% since last year. In 2020, our Council meetings also became live on [YouTube](#), which increases accessibility. We have had increased [Instagram](#) followers in 2020 by 155% and our [Facebook](#) presence has also increased by 57%. Finally, [LinkedIn](#) continues to be leveraged.

<p><u>Conclusion</u></p> <p>As described earlier, system influence is a core theme and a key outcome of CNO’s new strategic plan. To position us to implement our new strategic plan in 2021, CNO is looking at how we can collaborate and engage more effectively with existing and newly identified stakeholders, allowing us to leverage these relationships and work together toward our shared purpose of safe patient care.</p> <p>Standards 6 and 7</p> <p><u>Introduction</u></p> <p>This section describes collaborative relationships CNO has established to ensure it is responsive to changing public expectations. There are also examples of how CNO responds in a timely and effective manner to those changing expectations.</p> <p><u>Citizens Advisory Group</u></p> <p>CNO joined the Citizens Advisory Group (CAG) as part of CNO’s Governance Vision. This is a partnership with 18 health regulators in Ontario, who leverage CAG to engage the public in their work. It is made up of patients and caregivers who provide feedback on various regulatory issues related to standards of practice, policies, strategic priorities and communications. Their input helps support health regulators work in protecting the public interest.</p> <p>In 2020, CNO engaged CAG in a focus group on standards of practice and nurses’ competence. We sought feedback on their experience using the health system and the expectations they have of nurses involved in their care. Also, we got their input on what the public needs to know about a nurse’s competence, including accountabilities for safe practice.</p> <p><u>Diversity, Equity and Inclusion</u></p> <p>In 2020, in response to the Black Lives Matter movement, CNO joined the Health Profession Regulators of Ontario’s (HPRO’s) anti-racism efforts. Also, CNO engaged external experts to explore new opportunities to enhance our commitment to diversity, equity and inclusion. As a first step, CNO’s Leadership Team received training on diversity, equity and inclusion. Also, CNO developed the following organizational goal: “That CNO is an organization that embraces diversity, equity and inclusion.” Diversity at CNO means recognizing and identifying the seen and unseen characteristics in the lived experiences of people that result in each person’s unique perspective. Equity at CNO means ensuring fairness and objectiveness by recognizing and removing historical and contemporary barriers and biases that create unfair systems and practices. Inclusion at CNO means actively creating and intentionally fostering an environment where everyone feels welcome, respected and has an opportunity to participate.</p> <p>Leadership team and staff are working together to identify next steps in pursuing our goal, which will consider a number of dimensions, including the experience of nurses and stakeholders who interact with CNO as well as the public’s experience of nursing care in Ontario.</p> <p>In September 2020, as reflected in the meeting material (item 4.5), Council discussed the Truth and Reconciliation Commission Report and the concept of a land acknowledgement statement. The statement was seen as one step to acknowledge and reflect on the past and current oppression of Indigenous Peoples, and to give thanks for this land. It was important to Council that this be done thoughtfully, with meaning. Thus, as a first step, Council requested education. In December 2020, a Nurse Practitioner and member of Temagami First Nation (Ojibway) near North Bay presented to Council on issues related to health equity and racism experienced by Indigenous Peoples in Canada.</p> <p><u>CNO’s Response to COVID-19</u></p> <p>In response to the global pandemic, CNO focused its priorities in supporting the health human resource needs in the province by establishing the Emergency Assignment Class (EAC). The EAC was a limited time registration, which enabled applicants who met certain registration requirements to practice nursing in Ontario. CNO made the application for EAC registration available online and proactively reached out to various applicant groups that would be eligible for registration.</p>

As Ontario moved into [Phase III](#) of the COVID-19 pandemic, and following feedback from system partners such as employers, CNO expired EAC registrations. If a need arises in the future, CNO can re-enact the EAC at the Ministry of Health's request. To inform any future enactment, as well as to learn about other opportunities to improve our processes, we evaluated the implementation of the EAC. One component of the evaluation was a survey to those who registered in the EAC. Overall, the feedback was positive. In terms of opportunities for improvement, some comments in the survey suggested that more support is needed for members looking to join another class when EAC ends. Also, there was feedback that CNO could do more to explain this new class to employers.

During the COVID-19 pandemic, CNO also provided relevant information and resources to members of the public, nurses, employers and students/new graduates. For example, public health resources were made available on our [website](#). In addition, CNO responded to inquiries from nurses and other stakeholders related to COVID-19.

On our social media channels, CNO is also supporting the #StopTheSpread campaign led by the Ontario Hospital Association. Hearing a consistent message from health care leaders across the system helps send a powerful message to Ontarians. This kind of stakeholder engagement is an important part of our new strategic plan. It will enable us to make a greater collective impact on the patient care system.

Preventing Sexual Abuse

The #MeToo movement and changing public expectations was a catalyst for our sexual abuse project, which has been described under Standard 5. As one activity for this project, all of CNO's public-facing content related to sexual abuse was reviewed by an external expert on sexual abuse to ensure the content on the website is clear, has the resources a member of the public would need and is sensitive to victims of sexual abuse (that is, the language would not cause further trauma). As a result, several pages and documents were updated in 2020 including [information for the public on sexual abuse](#).

New fact sheets were also developed for the public with the external expert's feedback:

- [Participating in CNO's sexual abuse investigation and discipline process: What to expect](#)
- [Therapy funding for patients who have experienced sexual abuse by nurses: Information for individuals considering making an application](#).

Lastly, all materials sent to a member of the public, related to sexual abuse funding, were updated following an internal review and feedback from the external expert on sexual abuse.

Public Trust Survey

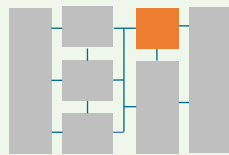
Every year, an independent market research company conducts a survey on behalf of CNO to measure public trust. Each year, 1,000 members of the Ontario public are surveyed. They are asked to reflect on their last experience with nurses and asked a series of questions related to trust, communication, competence and meeting individual needs. This survey was completed in October 2020. Yearly, the survey is reflected in the strategic plan report (see March 2020 report as an example, [item 3.7](#)). Findings are also used as one source of evidence for projects such as the development of the new [Code of Conduct](#).

In terms of findings from 2020, 94% of survey respondents indicated that they trusted nurses in Ontario to provide safe care. This was an increase from the previous year, which was 91%. When asked about competence, 84% of respondents felt the nurse was competent (12% didn't remember and 4% were concerned about competence). Similarly, 81% of respondents felt the nurse communicated clearly (13% didn't remember and 6% had concerns about communication). When asked about whether the nurse showed respect for their culture, identity and beliefs, 73% said yes (21% didn't recall and 6% said no). These findings will be used to inform CNO's work, such as standards modernization and advice to members.

Conclusion

The examples above highlight how CNO is engaging in collaborative relationships and responding to changing public expectations. Similar to Standard 5, these examples are in addition to ongoing engagement.

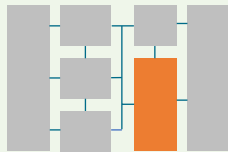
Domain 4: Information Management		
Standard 8		
Information collected by the College is protected from unauthorized disclosure.		
Measure	Required evidence	College response
8.1 The College demonstrates how it protects against unauthorized disclosure of information.	a. The College has and uses policies and processes to govern the collection, use, disclosure, and protection of information that is of a personal (both health and non-health) or sensitive nature that it holds	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Insert a link to policies and processes <i>OR</i> provide brief description of the respective policies and processes. <p>CNO makes publicly available its Privacy Policy that describes the full lifecycle management (collection to disposition) of personal information (PI), personal health information (PHI) and other sensitive data that it collects and is in its custody to fulfill its obligations and activities as a regulator.</p> <p>In 2020, CNO was the subject of a cybersecurity incident. While CNO has no evidence that PI, PHI and/or other sensitive data was compromised, CNO has been taking proactive measures and approaches to continue to strengthen and advance its information security and management practices and infrastructure (for example, strengthening of its Information Security and Business Continuity programs, modernizing the Privacy Management program, and improving lifecycle controls for information assets using data and information governance standards).</p>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
		<i>Additional comments for clarification (optional)</i>

DOMAIN 5: REGULATORY POLICIES			
Standard 9			
Policies, standards of practice, and practice guidelines are based in the best available evidence, reflect current best practices, are aligned with changing public expectations, and where appropriate aligned with other Colleges.			
Measure	Required evidence	College response	
9.1 All policies, standards of practice, and practice guidelines are up to date and relevant to the current practice environment (e.g. where appropriate, reflective of changing population health needs, public/societal expectations, models of care, clinical evidence, advances in technology).	a. The College has processes in place for evaluating its policies, standards of practice, and practice guidelines to determine whether they are appropriate, or require revisions, or if new direction or guidance is required based on the current practice environment.	The College fulfills this requirement: Yes <input type="checkbox"/> Partially X No <input type="checkbox"/>	

		<ul style="list-style-type: none">• Insert a link to document(s) that outline how the College evaluates its policies, standards of practice, and practice guidelines to ensure they are up to date and relevant to the current practice environment <i>OR</i> describe in a few words the College’s evaluation process (e.g. what triggers an evaluation, what steps are being taken, which stakeholders are being engaged in the evaluation and how). <p>CNO has processes in place for evaluating its policies, standards of practice and practice guidelines to determine whether they are appropriate or require revisions. A process guide, developed in 2017, provides an overview of how standards of practice are established and maintained to protect the public interest. It includes details related to the following:</p> <ul style="list-style-type: none">• Driving factors for the development of standards of practice• Principles that guide the development process• Process for revising and/or developing standards of practice, including monitoring and evaluation. <p>The process for revising and/or developing standards of practice considers the broader context of nursing practice. The purpose is to identify the ways nursing practice is posing or may pose potential risk to the public. Furthermore, monitoring and evaluation processes examine how the changes in the broader environment influence the standards. This ensures the standards achieve their intended purpose, and that they remain relevant and appropriate to public protection over time.</p> <p>CNO constantly monitors the environment to keep standards, guidelines and practice resources current. Over time CNO has revised, retired and introduced new standards in response to changes in legislation, nursing practice, the health system, best practice in regulation and public expectations. Despite many changes over the years, some standards remain dated and there has not been a comprehensive review of all standards, guidelines and practice resources to date.</p> <p>In 2020, CNO began the “Modern Standards” initiative, which aims to modernize our standards of practice to ensure they reflect these factors:</p> <ul style="list-style-type: none">• Current evidence• Regulatory best practices• Current and evolving nursing practice/health system realities, and• Changing public expectations and societal values. <p>The driver for this project is the new Strategic Plan (2021-2024). One outcome of the new plan is for nurses to demonstrate understanding and integration of CNO standards in their practice. To achieve this, our practice standards must be relevant to nurses’ day-to-day work and easily accessible to nurses and the public. This project will position CNO to establish standards that are relevant to our evolving environment. It will support CNO’s proactive approach to regulation, by strengthening our position as a system partner in patient safety.</p>
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		<p>Furthermore, one of the key deliverables of this project will be to document a plan for ongoing maintenance of standards, such as:</p> <ul style="list-style-type: none"> • cyclic reviews • data sources • reporting • integration with ongoing implementation of the new strategic plan (2021-2024). <p>The framework guiding this process is currently underway and the plan for ongoing maintenance of standards will be completed by the end of 2021.</p> <p>As noted above, the current process guide for developing and maintaining standards is accessible online: Developing Standards (cno.org)</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period?</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p> <p>As noted above, the “Modern Standards” project will address the cyclical review of all standards of practice, guidelines and practice resources to ensure relevancy and that they meet current and evolving nursing practice and changing public expectations.</p> <p><i>Additional comments for clarification (optional)</i></p>
	<p>b. Provide information on when policies, standards, and practice guidelines have been newly developed or updated, and demonstrate how the College took into account the following components:</p> <ul style="list-style-type: none"> i. evidence and data, ii. the risk posed to patients / the public, iii. the current practice environment, iv. alignment with other health regulatory Colleges (where appropriate, for example where practice matters overlap) v. expectations of the public, and vi. stakeholder views and feedback. 	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> • For two recent new policies or amendments, either insert a link to document(s) that demonstrate how those components were taken into account in developing or amending the respective policy, standard or practice guideline (including with whom it engaged and how) OR describe it in a few words. <p>The last new standard, the Code of Conduct (Code), was implemented in 2019. This overarching standard describes the behaviour and conduct that nurses uphold and what the public can expect from nurses. The development of the code was informed by a variety of sources of evidence, including:</p> <ul style="list-style-type: none"> • public’s perspective and feedback • evidence and data (for example, literature review, analysis of CNO’s professional conduct data) • review of other regulators’ codes of conduct • stakeholder consultation on the Code.

		<p>1. CNO’s “Practice Guideline: Telepractice”, amended in May 2020, related to telepractice care in Ontario. The guideline was amended to clarify that nurses must be registered with CNO to provide care to patients in Ontario. Also, nurses registered and employed in other jurisdictions wanting to provide telepractice care to patients in Ontario need to be registered with CNO (p.8).</p> <p>During the pandemic, telepractice has increased in popularity. This amendment was based on practice inquiries from other jurisdictions, a review of other regulators’ positions on this statement nationally and internationally as well as the review of the nursing legislation.</p> <p>2. COVID-19 Update: Standard of Care and Nurses’ Accountabilities Statement</p> <p>CNO issued a public statement on the standard of care and outlined nurses’ accountabilities as a result of the COVID-19 pandemic. The statement was issued to acknowledge the challenges with the global pandemic and nurses’ accountabilities in maintaining standards of nursing practice.</p> <p>The message to nurses was that the standard of care is always considered in context. The standard of care can evolve with the dynamic nature of the pandemic, including that resources may become scarce or absent. We encouraged nurses to comply with any direction from the Chief Medical Officer of Health and workplace policies and procedures pertaining to COVID-19 management.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
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DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 10			
The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.			
Measure	Required evidence	College response	
10.1Applicants meet all College requirements before they are able to practice.	a. Processes are in place to ensure that only those who meet the registration requirements receive a certificate to practice (e.g., how it operationalizes the registration of members, including the review and validation of submitted documentation to detect fraudulent documents, confirmation of information from supervisors, etc.) ³ .	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>	

³ This measure is intended to demonstrate how a College ensures an applicant meets every registration requirement set out in its registration regulation prior to engaging in the full scope of practice allowed under any certificate of registration, including whether an applicant is eligible to be granted an exemption from a particular requirement.

		<ul style="list-style-type: none">• Insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements <i>OR</i> describe in a few words the processes and checks that are carried out: <p>CNO’s website describes registration requirements that applicants need to meet. The applicant or a third party, such as a nursing school, submits documentation to CNO for verification. Documentation is reviewed by trained staff based on specific criteria for each registration requirement. Below, in 10.3, there are links to reports to the Office of the Fairness Commissioner, which provide details about CNO’s policies and processes.</p> <p>CNO's website describes the need for documents to come from an official source. This supports registering only those who are qualified and competent to provide nursing care in Ontario. Staff verifies that these documents are from the official source.</p> <p>Furthermore, established through national consensus, all internationally educated RNs and RPNs must initially apply through the National Nursing Assessment Service (NNAS) before applying to CNO. The NNAS collects, validates and authenticates documents relating to applicants’ nursing education, nursing employment, nursing registration and identity. They also complete an initial assessment of an applicant’s nursing education. Copies of all documents, along with an Advisory Report outlining the outcome of the NNAS’ nursing education assessment, are provided to CNO. The NNAS’ website describes the application process, and the policies associated with falsified documents.</p> <ul style="list-style-type: none">• Insert a link <i>OR</i> provide an overview of the process undertaken to review how a college operationalizes its registration processes to ensure documentation provided by candidates meets registration requirements (e.g., communication with other regulators in other jurisdictions to secure records of good conduct, confirmation of information from supervisors, educators, etc.): <p>As part of continuous improvement, CNO regularly reviews and updates processes to ensure its registration processes are efficient, and the documentation provided by applicants is used to satisfy as many requirements as possible. For example, given the challenges posed by the COVID-19 pandemic, we adopted processes that enabled applicants and third parties, such as nursing regulatory bodies, nursing schools and nursing employers, to submit documents via fax or email (instead of mail). We were able to validate that these documents had originated from a specific source and authenticated these documents via authorized signatures. As well, where available/possible, CNO validated nursing registration and an applicant’s background information (related to character, conduct and health) via online registers with regulatory bodies in Canada, the U.S. and some countries such as Australia (instead of requiring a paper format of the Verification of Registration form).</p>
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		<i>Additional comments for clarification (optional)</i>
		The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>

	<p>b. The College periodically reviews its criteria and processes for determining whether an applicant meets its registration requirements, against best practices (e.g. how a College determines language proficiency).</p>	<div><div><ul style="list-style-type: none">Insert a link that outlines the policies or processes in place for identifying best practices to assess whether an applicant meets registration requirements (e.g. how to assess English proficiency, suitability to practice etc.), link to Council meeting materials where these have been discussed and decided upon <i>OR</i> describe in a few words the process and checks that are carried out.</div><div>As part of continuous improvement, and based on evidence, CNO regularly reviews and updates criteria for how CNO assesses whether an applicant meets the registration requirements or not. Furthermore, when changes are made, all relevant staff receive training.</div><div>One example was the registration of applicants in the Emergency Assignment Class (EAC) in 2020. While the EAC existed in regulation, the pandemic was the catalyst for registering members in the EAC for the first time. CNO had to implement this class in accordance with the registration requirements outlined in regulation. This class was implemented quickly, and qualified nurses were registered for the authorized 60-day period, which was renewed as needed.</div><div>All those registered in the EAC during 2020 were invited to respond to a survey. The results of this survey will be used to improve how the EAC is implemented, should it be needed again in the future.</div><div>At the end of 2020, and largely as a result of the opportunities identified while the EAC was open to applicants, CNO initiated a rapid prototyping initiative. This internal initiative is focused on how the application journey and its respective processes can be improved for applicants. While still in its early days, the initiative has improved the response time for new applications.</div><div><ul style="list-style-type: none">Provide the date when the criteria to assess registration requirements was last reviewed and updated.</div><div>There are regular changes to our processes as improvements can be found to develop efficiencies for applicants. In 2021, we are beginning a comprehensive review of our application processes to support timely registration of applicants.</div></div> <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Additional comments for clarification (optional)</div>
		<div>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div>

<p>10.2 Registrants continuously demonstrate they are competent and practice safely and ethically.</p>	<p>a. Checks are carried out to ensure that currency⁴ and other ongoing requirements are continually met (e.g., good character, etc.).</p>	<ul style="list-style-type: none"> Insert a link to the regulation and/or internal policy document outlining how checks are carried out and what the currency and other requirements include, link to Council meeting materials where documents are found and have been discussed and decided upon OR provide a brief overview: <p>As part of registration requirements, applicants must demonstrate currency (recent practice) and good character (see CNO's website, which describes the registration requirements). Recent practice is one requirement that can expire. The applicant must have practiced nursing in the last three years on the day they met all registration requirements. If it has been more than three years, there are options to meet this requirement including completion of a nursing refresher program that has a clinical practice component. In terms of the registration requirements that expire, there are safeguards in place such that our system will show that the requirement is now unmet. The applicant can only register when all registration requirements are met, and they are current.</p> <p>In terms of ongoing currency, the website describes the declaration of practice requirement. In order to practice nursing in Ontario, nurses in the General or Extended Classes, as part of annual renewal, must declare that they have practiced nursing within the previous three years.</p> <p>Furthermore, reporting requirements also support patient safety. For example, nurses have self-reporting requirements under Regulation 275/94 including reporting a charge or a finding of guilt. CNO would assess this information to ensure there is no risk to the public. The Regulated Health Professions Act, 1991 also has reporting requirements that need to be met by nurses and organizations that employ nurses. For example, reports are required if a nurse has a condition that may prevent them from providing safe care. Again, this is assessed by CNO to see if any action is needed to keep patients safe.</p> List the experts / stakeholders who were consulted on currency: <p>To inform the declaration of practice requirement, a literature review was conducted related to knowledge retention (to understand how quickly knowledge can be lost). Also, CNO consulted provincial health regulators and international nursing regulators.</p> Identify the date when currency requirements were last reviewed and updated: <p>This policy was updated, as part of broader Registration Regulation changes (under the <i>Nursing Act, 1991</i>), in 2012.</p> Describe how the College monitors that registrants meet currency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done.
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		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
10.3Registration practices are transparent, objective, impartial, and fair.	a. The College addressed all recommendations, actions for improvement and next steps from its most recent Audit by the Office of the Fairness Commissioner (OFC).	<p>The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p>• Insert a link to the most recent assessment report by the OFC OR provide summary of outcome assessment report:</p> <p>CNO’s yearly <i>Fair Registration Practices</i> reports can be found on the website. The last report from the OFC was from 2016 and can be found on their website. Their feedback includes comments that CNO implemented changes previously recommended by the OFC.</p> <p>• Where an action plan was issued, is it: Completed X In Progress <input type="checkbox"/> Not Started <input type="checkbox"/> No Action Plan Issued <input type="checkbox"/></p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>

⁴ A ‘currency requirement’ is a requirement for recent experience that demonstrates that a member’s skills or related work experience is up-to-date. In the context of this measure, only those currency requirements assessed as part of registration processes are included (e.g. during renewal of a certificate of registration, or at any other time).

		<i>Additional comments for clarification (if needed)</i>
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Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Measure	Required evidence	College response
11.1The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.	a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practice guidelines (beyond communicating the existence of new standard, FAQs, or supporting documents).	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none">Provide a brief description of a recent example of how the College has assisted its registrants in the uptake of a new or amended standard:<ul style="list-style-type: none">Name of StandardDuration of period that support was providedActivities undertaken to support registrants% of registrants reached/participated by each activityEvaluation conducted on effectiveness of support provided <p>As described in standard 9, there were no new standards in 2020. The last new standard, the Code of Conduct, was implemented in 2019 with a robust stakeholder engagement plan. Resources can be found on the website and include a webcast, poster and frequently asked questions. Several strategies were utilized to share information and resources to nurses and other stakeholders including a CNO hosted webinar, messaging on social media, cno.org updates, information in nurse and employer newsletters as well as direct contact with key stakeholders.</p> <p>Also described in standard 9, some guidance was revised in response to the pandemic (that is, <i>Telepractice</i> guideline and <i>Standard of Care and Nurses’ Accountabilities</i> statement). To convey pandemic related information to nurses and other stakeholders, CNO developed new web pages for different audiences that were updated regularly. Furthermore, the monthly nurse newsletter (The Standard) shifted to focus on COVID-19 in 2020. Social media was also leveraged to share messaging. Lastly, key stakeholders were contacted directly to share evolving information.</p> <p>As mentioned in standard 9, we are seeking to modernize practice standards and part of that work will be identifying new ways to support knowledge transfer including findings new ways to integrate standards into the Quality Assurance (QA) Program.</p> <ul style="list-style-type: none">Does the College always provide this level of support: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <p><i>If not, please provide a brief explanation:</i></p>

		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (optional)</i>
		The College fulfills this requirement: Yes X Partially <input type="checkbox"/> No <input type="checkbox"/>

<p>11.2The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation⁵.</p>	<p>a. The College has processes and policies in place outlining:</p> <ul style="list-style-type: none"> i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality of a registrant's practice; ii. details of how the College uses a right touch, evidence informed approach to determine which registrants will undergo an assessment activity (and which type if multiple assessment activities); and iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary. 	<ul style="list-style-type: none"> • List the College's priority areas of focus for QA assessment and briefly describe how they have been identified <i>OR</i> link to website where this information can be found: <p>For a number of years, CNO has been randomly selecting nurses to participate in practice and peer assessments. Thus, any nurse, in any practice setting, in any role, can be selected.</p> <p>In addition to general random selection, CNO randomly selects from priority areas (areas of risk). In 2012, Council approved a policy to incorporate a risk management component into the QA program. Since that time, population subsets have been defined and selected based on areas of risk, with the main driver to enhance nurse competencies. Subsets have included nurses who work in the long-term care sector, internationally educated nurses and nurses employed by an agency. A literature review, CNO data and a government white paper were used to inform areas of risk. The approach is not a punitive one; rather, it is a learning opportunity for groups that have been identified as needing practice support to promote continuing competence and continuing quality improvement.</p> <p>Given the pandemic and the increase in demands on nurses, CNO did not conduct the selection process in 2020 (general or priority areas). Rather, the focus in 2020 was a self-reflection with the development of an action plan. The website has more information about this approach. Furthermore, the QA program will be changing in 2021 and these priority areas may change.</p> <ul style="list-style-type: none"> • Is the process taken above for identifying priority areas codified in a policy: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <p><i>If yes, please insert link to policy</i></p> <p>The policy is not on CNO's website (no link to provide).</p> <ul style="list-style-type: none"> • Insert a link to document(s) outlining details of right touch approach and evidence used (e.g. data, literature, expert panel) to inform assessment approach <i>OR</i> describe right touch approach and evidence used: <p>Right-touch principles state that regulation should be targeted, which is something CNO has been doing with the priority areas since 2012.</p> <p>Regulation should also be proportionate. As such, CNO only intervenes when necessary. For example, the legislation enables CNO to refer a member to professional conduct processes when significant concerns are</p>
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⁵ "Right touch" regulation is an approach to regulatory oversight that applies the minimal amount of regulatory force required to achieve a desired outcome. (Professional Standards Authority. Right Touch Regulation. <https://www.professionalstandards.org.uk/publications/right-touch-regulation>).

		<p>identified and a resolution cannot otherwise be obtained. However, well before a referral to professional conduct, CNO works with the nurse to encourage participation in the QA program (for example, we provide one-to-one coaching and phone support). This principle is also a key consideration for the new QA program that is being launched in 2021, to ensure regulation is proportionate to the level of risk.</p> <p>We are also consistent in the application of the QA program, which is another right-touch principle. For example, as it relates to selection, Peer Assessors are trained and have specific criteria to follow for a consistent review.</p> <p>The program is also transparent, with up-to-date information publicly available on the website.</p> <p>In terms of the last right-touch principles, CNO is striving to be accountable and agile as it develops and implements a new evidence-informed QA program. To support the revised program, a new tool was piloted in 2020, which assesses risks: assessors evaluate whether the learning plan indicates the nurse is providing safe and ethical nursing practice. As mentioned above, several other changes to the QA program will be implemented in 2021. In terms of evidence to inform the new program, this includes a literature review, a review of other regulatory bodies, stakeholder engagement and an internal data analysis. The new program will take a right-touch and risk-based approach.</p> <ul style="list-style-type: none">• Provide the year the right touch approach was implemented <i>OR</i> when it was evaluated/updated (if applicable): <p>The current QA program was launched in the Fall of 2009 before the Professional Standards Authority (PSA) developed right-touch regulation (as described on their website). However, CNO’s current QA program integrates the principles of right-touch regulation.</p> <p>The new program, which will be launched in 2021, has explicitly integrated these principles as set out by the PSA.</p> <p><i>If evaluated/updated, did the college engage the following stakeholders in the evaluation:</i></p> <table><tr><td>– Public</td><td>Yes <input type="checkbox"/></td><td>No <input type="checkbox"/></td></tr><tr><td>– Employers</td><td>Yes <input type="checkbox"/></td><td>No <input type="checkbox"/></td></tr><tr><td>– Registrants</td><td>Yes <input type="checkbox"/></td><td>No <input type="checkbox"/></td></tr><tr><td>– other stakeholders</td><td>Yes <input type="checkbox"/></td><td>No <input type="checkbox"/></td></tr></table> <ul style="list-style-type: none">• Insert link to document that outlines criteria to inform remediation activities <i>OR</i> list criteria:	– Public	Yes <input type="checkbox"/>	No <input type="checkbox"/>	– Employers	Yes <input type="checkbox"/>	No <input type="checkbox"/>	– Registrants	Yes <input type="checkbox"/>	No <input type="checkbox"/>	– other stakeholders	Yes <input type="checkbox"/>	No <input type="checkbox"/>
– Public	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
– Employers	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
– Registrants	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
– other stakeholders	Yes <input type="checkbox"/>	No <input type="checkbox"/>												

		<p>As described above, given the pandemic and the increase in demands on nurses, CNO did not conduct the selection process in 2020. Prior to 2020, when a nurse was selected for assessment, they completed objective tests that are based on two practice standards that all nurses are accountable to: Therapeutic Nurse-Client Relationship and Documentation. NPs are also tested on the NP practice standard. The objective tests are psychometrically sound and the purpose of the tests is to identify competency gaps. Learning plans were also submitted, which are reviewed by peer assessors for competency gaps. These criteria and activities will be changing in 2021 with the new QA program.</p> <p>Through the QA program, individuals who have competency gaps have an opportunity to demonstrate they meet the gaps. In the past, members have provided case examples to demonstrate they meet competency gaps, which are reviewed by peer assessors based on specific criteria. A learning model is applied if the member still has competency gaps after the case studies (that is, CNO staff supporting the nurse to meet competency gaps).</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (optional)</i></p>
		<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p>

11.3The College effectively remediates and monitors registrants who demonstrate unsatisfactory knowledge, skills, and judgment.	a. The College tracks the results of remediation activities a registrant is directed to undertake as part of its QA Program and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	<ul style="list-style-type: none">• Insert a link to the College’s process for monitoring whether registrant’s complete remediation activities <i>OR</i> describe the process: CNO staff monitor completion of remedial activities. Coaching and support are provided to the nurse in the spirit of continuing competence and continuous quality improvement (that is, not a punitive approach). Nurses are only referred to professional conduct processes if member fails to co-operate with the directions of the QAC despite multiple opportunities and encouragement from staff.• Insert a link to the College’s process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation <i>OR</i> describe the process: Case studies are reviewed to assess if competency gaps are met based on specific criteria. <div>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></div> <div>Additional comments for clarification (if needed)</div>
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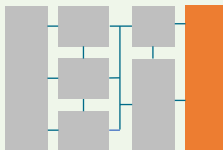
Standard 12		
The complaints process is accessible and supportive.		
Measure	Required evidence	College response
12.1 The College enables and supports anyone who raises a concern about a registrant.	a. The different stages of the complaints process and all relevant supports available to complainants are clearly communicated and set out on the College's website and are communicated directly to complainants who are engaged in the complaints process, including what a complainant can expect at each stage and the supports available to them (e.g. funding for sexual abuse therapy).	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to the College's website that describes in an accessible manner for the public the College's complaints process including, options to resolve a complaint and the potential outcomes associated with the respective options and supports available to the complainant: <p>CNO has a guide entitled <i>Addressing Complaints at the College of Nurses of Ontario</i>, which can be found on the website. The guide includes information to support making a complaint, information about the complaints process as well as information about possible outcomes. In addition, CNO provides an email address and phone number on the website for any inquiries, which are responded to within 48 hours. The website also enables an individual to submit a complaint through an online form.</p> <p>In terms of supporting accessibility, content on the website and in the form have undergone a clear language review to support comprehension by the public. Furthermore, information provided to complainants has been informed by results from complaints surveys. The survey was last disseminated to complainants in March 2020 to obtain feedback regarding the experience of the complaints process, and areas of strength and opportunities for improvement.</p> <ul style="list-style-type: none"> Does the College have policies and procedures in place to ensure that all relevant information is received during intake and at each stage of the complaints process: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Does the College evaluate whether the information provided is clear and useful: Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?</i> Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p><i>Additional comments for clarification (optional)</i></p>

	b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <p>• 100%</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p>Additional comments for clarification (optional)</p> <p>All inquiries related to filing a complaint about a nurse are responded to within 5 business days. Inquiries from researchers and media about aggregate information about the complaints process are not tracked.</p>
	c. Examples of the activities the College has undertaken in supporting the public during the complaints process.	<p>• List all the support available for public during complaints process:</p> <p>As mentioned in 12.1 a, the public can contact CNO. There is a staff person on call to respond to public inquiries within 48 hours. Furthermore, once a complaint is made, the investigator provides the complainant with support throughout the process (for example, updates as per requirements in the legislation). Also, if there is a decision made at a panel, the complainant receives a copy of that decision.</p> <p>New resources were developed in 2020 that provide additional guidance and support for sexual abuse matters. For example, there is a new fact sheet about funding for therapy or counselling for any patient named in a sexual abuse complaint or report. Also, there is a new fact sheet that gives information about participating in CNO’s processes. Furthermore, the website describes supports that CNO can provide such as CNO paying for the patient’s travel and accommodation when they are part of a hearing.</p> <p>CNO’s public register, Find-a-Nurse, provides detailed information about every nurse practicing in Ontario. For example, it will tell a member of the public if there are any restrictions on a nurse’s practice as well as disciplinary history.</p> <p>• Most frequently provided supports in CY 2020:</p> <p>The on-call function, which involves having a staff person on call to respond to inquiries, was the most frequent support in 2020.</p> <p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>

12.2All parties to a complaint and discipline process are kept up to date on the progress of their case, and complainants are supported to participate effectively in the process.	a. Provide details about how the College ensures that all parties are regularly updated on the progress of their complaint or discipline case and are supported to participate in the process.	<div><div>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div><div><ul style="list-style-type: none">Insert a link to document(s) outlining how all parties will be kept up to date and support available at the various stages of the process OR provide a brief description:<p>As described in the complaints guide found on the website, CNO writes to the complainant to acknowledge receipt of the complaint and explains the complaints process. As mentioned in 12.1 c, the assigned investigator provides the complainant with support throughout the process. If the complaint is referred to the Discipline Committee, information about what to expect at a hearing can be found in a fact sheet and a guide for witnesses on the website.</p><p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p><p><i>Additional comments for clarification (optional)</i></p></div></div>
<div>Standard 13</div> <div>All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.</div>		
Measure	Required evidence	College response
13.1The College addresses complaints in a right touch manner.	a. The College has accessible, up-to-date, documented guidance setting out the framework for assessing risk and acting on complaints, including the prioritization of investigations, complaints, and reports (e.g. risk matrix, decision matrix/tree, triage protocol).	<div><div>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></div><div><ul style="list-style-type: none">Insert a link to guidance document OR describe briefly the framework and how it is being applied:<p>At intake, complaints are assessed to determine whether they are suitable for Alternative Dispute Resolution (ADR), require an investigation or merit consideration as an abuse of process. To be eligible for ADR, a matter must be considered low risk (as determined by meeting set criteria) and both the complainant and nurse must agree to resolve the complaint using this approach.</p><p>For complaints that proceed to an investigation, there is an ongoing internal process to ensure high risk matters are prioritized to support public safety. Investigators use a job aid that identifies what matters are high risk. For example, matters related to abuse, incapacity as well as multiple incidents of substandard practice are given priority. The job aid provides other factors that impact prioritizing a matter including the amount of time since the complaint was made. A matter is either “High Risk”, “Priority” or “Regular”. Matters that are marked as Priority or Regular will change over time, depending on the criteria in the job aid.</p></div></div>

		<p>In terms of reports, in 2020, CNO applied a Risk Analysis Tool to assess reports. Compared with complaints, the law enables the Executive Director to make a number of decisions about how to proceed following a report. The tool shows the different regulatory options (an investigation is one option). A regulatory option is recommended based on risk. When using the tool, the investigator considers the nurse's conduct (including the nurse's intent, behaviour and response, and conduct history).</p> <p>When a matter is brought to the Inquiries, Complaints and Reports Committee, they also assess risk. The Committee applies a tool that identifies risk factors so they can determine if a matter has minimal, low, moderate or high risk. The level of risk leads to a recommended response to inform the Committee's decision-making (for example, the tool may recommend that the member is cautioned or referred to the Discipline Committee, based on the risk to the public).</p> <ul style="list-style-type: none"> Provide the year when it was implemented <i>OR</i> evaluated/updated (if applicable): <p>The job aid was last updated in 2019. The Risk Analysis Tool was launched in 2019 and changes are being piloted for 2021.</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p> <p><i>Additional comments for clarification (optional)</i></p>
Standard 14 The College complaints process is coordinated and integrated.		
Measure	Required evidence	College response
14.1 The College demonstrates that it shares concerns about a registrant with other relevant regulators and external system partners (e.g. law enforcement, government, etc.).	a. The College's policy outlining consistent criteria for disclosure and examples of the general circumstances and type of information that has been shared between the College and other relevant system partners, within the legal framework, about concerns with individuals and any results.	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <ul style="list-style-type: none"> Insert a link to policy <i>OR</i> describe briefly the policy: <p>Internal policies, which align with legal requirements, provide criteria for disclosure as described in the overview below.</p> <p>In accordance with the law, specified information can be shared with employers, other regulators, and external system partners such as law enforcement. Regulators include other nursing regulatory bodies (in Canada or international) and bodies that regulate other professions [for example, colleges under the <i>Regulated Health Professions Act, 1991</i> (RHPA) and those that do not fall under the RHPA, such as the</p>

		<p>Ontario College of Teachers and Ontario College of Social Workers and Social Service Workers]. Certain information can also be shared with organizations tasked with evaluating nursing credentials for a regulator (for example, the Australian Nursing and Midwifery Accreditation Council).</p> <ul style="list-style-type: none">• Provide an overview of whom the College has shared information over the past year and purpose of sharing that information (i.e. general sectors of system partner, such as ‘hospital’, or ‘long-term care home’). <p>When there is a professional conduct outcome that affects a member’s entitlement to practice (for example, a suspension or practice terms, conditions or limitations), employers are notified. Also, if a member is registered with another regulatory body, that regulatory body is notified. CNO directs the other jurisdiction to look on Find-a-Nurse, which has all the relevant information. This is done for all Canadian and international regulatory bodies in which we are aware the member is registered.</p> <p>In addition to individual matters, a team at CNO sends out a quarterly report of CNO outcomes to all Canadian nursing regulators. This report identifies members who have professional conduct and quality assurance outcomes, other conduct-related updates to the public register (for example, criminal charges and findings of guilt, restrictions imposed by a court or other regulatory body) and known unregistered practitioners. Details given to nursing regulators about the outcomes include whether there is a suspension, practice restrictions, and/or a hearing pending, etcetera, and they are given a link to the relevant information on CNO’s website.</p> <p>Furthermore, when a verification of registration is requested by another regulator, CNO runs a report to check the member’s registration history. If there is any relevant history, such as history related to a professional conduct matter, this information is disclosed to the other regulator in the interest of public safety.</p>
		<p><i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
		<p><i>Additional comments for clarification (if needed)</i></p>

DOMAIN 7: MEASUREMENT, REPORTING, AND IMPROVEMENT			
Standard 15			
The College monitors, reports on, and improves its performance.			
Measure	Required evidence	College response	
15.1 Council uses Key Performance Indicators (KPIs) in tracking and reviewing the College’s performance and regularly reviews internal and external risks that could impact the College’s performance.	a. Outline the College’s KPI’s, including a clear rationale for why each is important.	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>	
		<ul style="list-style-type: none">Insert a link to document that list College’s KPIs with an explanation for why these KPIs have been selected (including what the results the respective KPIs tells, and how it relates to the College meeting its strategic objectives and is therefore relevant to track), link to Council meeting materials where this information is included OR list KPIs and rationale for selection: <p>CNO reports annually to Council on its performance as it relates to the strategic plan and associated KPIs. The last report, which can be found on the website (see item 3.7), was in March 2020. These KPIs relate to CNO’s previous strategic plan that ended December 2020. The performance measures for CNO’s new strategic plan (2021-2024) are being developed.</p> <p>The previous KPIs were developed in 2015. The following provide rationale for why each was developed:</p> <ul style="list-style-type: none">KPI #1: % of the public we poll who trust nurses<ul style="list-style-type: none">Rationale: The regulatory body is accountable for ensuring that nurses are safe and competent, and this indicator gives information about public perceptionKPI #2: % of nurses who participate in activities that demonstrate engagement<ul style="list-style-type: none">Rationale: This KPI measures nurse engagement with CNO’s regulatory functions given research shows that engagement supports competenceKPI #3: The number of large employers (50+ nurses) that confirm the registration status of their employees<ul style="list-style-type: none">Rationale: This measures the number of employers that confirm that all nurses they employ are entitled to practise, to support that those who provide care are safe to do soKPI #4: The number of visits to cno.org<ul style="list-style-type: none">Rationale: cno.org is our primary source of information about nursing regulation and access is an indicator of relevanceKPI #5: Time to respond to data and information inquiries	

		<ul style="list-style-type: none"><ul style="list-style-type: none">○ Rationale: To be relevant to the user, responses from CNO must be provided in a timely manner• KPI #6: % of nurses surveyed who report using CNO information to make decisions about their practice<ul style="list-style-type: none">○ Rationale: Nurses should use information provided by CNO to make decisions about their practice• KPI #7: Transparency of information on cno.org<ul style="list-style-type: none">○ Rationale: Increasing transparency and clarity of information improves stakeholder understanding and confidence• KPI #8: CNO registration and discipline data are part of a national database accessible by all Canadian nursing regulators<ul style="list-style-type: none">○ Rationale: Sharing information reduces the risk of harm• KPI #9: Median days to register applicants to the general class<ul style="list-style-type: none">○ Rationale: To identify and implement changes that can result in efficiencies• KPI #10: % of public complaints completed within 150 days<ul style="list-style-type: none">○ Rationale: To identify and implement changes that can result in efficiencies• KPI #11: % of Council and Committee members’ functions supported through technology-based mediums<ul style="list-style-type: none">○ Rationale: Technology is a valuable tool to gain efficiencies and improve processes• KPI #12: % of members selected for practice assessment who complete the QA process within the same year of selection<ul style="list-style-type: none">○ Rationale: Similar to KPIs #9 and #10, new technology has been implemented. The impact of this has been measured to assess whether there have been efficiencies gained.• KPI #13: Each of CNO’s collaborations and strategic partnerships results in innovative change<ul style="list-style-type: none">○ Rationale: Professional collaborations should provide new information or practices that result in innovative change
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>

	<p>b. Council uses performance and risk information to regularly assess the College's progress against stated strategic objectives and regulatory outcomes.</p>	<p>The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/></p> <hr/> <p>• Insert a link to last year's Council meetings materials where Council discussed the College's progress against stated strategic objectives, regulatory outcomes and risks that may impact the College's ability to meet its objectives and the corresponding meeting minutes:</p> <p>As described above, CNO reports annually to Council on its performance as it relates to the strategic plan. The last report, which can be found on the website (see item 3.7), was in March 2020. At that meeting, Council received updates on the previous Strategic Plan goals and discussed challenges in terms of why some KPIs could not be met. High level March Council notes can be found on the website (see page 8). Work associated with assessing and responding to risk is described below.</p> <p>There are different types of risk and ways for CNO and Council to assess risk. Finance Committee is a standing committee of Council. At CNO, the Finance Committee oversees risk assessment and has reporting accountabilities to Council.</p> <p>As one example, serious breaches are reported to, and considered by, the Finance Committee. As another example, Finance Committee uses a tool to assess performance to ensure risks are addressed. One expectation in this tool is that the Committee meets with management to assist in understanding, reviewing and evaluating risk. Risks are one lens considered when CNO proposes its budget to Council and risks are shared with Council for their consideration. The budget is directly linked to the work planned for the coming year (in turn, the annual work planned is directly linked to CNO's strategic objectives and outcomes, which relate to what is reported annually to Council). Also, Finance Committee ensures CNO complies with guidelines to maintain the net assets within a recommended range, which is approved by Council as part of approving the budget (so we can meet our short-term operating expenses). Finance Committee also has a role in risk mitigation efforts assessment as they review our insurance coverage each year by type of coverage.</p> <p>In terms of planned work related to risk, developing a risk register was discussed with Council in December 2020 and is work planned for 2021.</p> <p><i>If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i></p>
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		<i>Additional comments for clarification (if needed)</i>
15.2 Council directs action in response to College performance on its KPIs and risk reviews.	a. Where relevant, demonstrate how performance and risk review findings have translated into improvement activities.	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to Council meeting materials where relevant changes were discussed and decided upon: <p>The last report, which can be found on the website (see item 3.7), outlines improvements that were made the previous year. Also, the paragraph below describes the process used by CNO when an item is raised by Council.</p> <p>There are times when Council requests staff to provide additional information about activities or issues associated with the Strategic Plan report. In terms of process, evidence is gathered (for example, a literature review, input from key stakeholders) and briefing material would be brought back to Council at a future meeting.</p>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>
15.3 The College regularly reports publicly on its performance.	a. Performance results related to a College’s strategic objectives and regulatory activities are made public on the College’s website.	The College fulfills this requirement: Yes <input checked="" type="checkbox"/> Partially <input type="checkbox"/> No <input type="checkbox"/>
		<ul style="list-style-type: none"> Insert a link to College’s dashboard or relevant section of the College’s website: <p>As described in 15.1, CNO reports annually to Council on its performance as it relates to the strategic plan and associated KPIs. The last report can be found on the website (see item 3.7).</p>
		<i>If the response is “partially” or “no”, is the College planning to improve its performance over the next reporting period? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
		<i>Additional comments for clarification (if needed)</i>

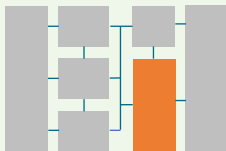
PART 2: CONTEXT MEASURES

The following tables require Colleges to provide **statistical data** that will provide helpful context about a College's performance related to the standards. The context measures are non-directional, which means no conclusions can be drawn from the results in terms of whether they are 'good' or 'bad' without having a more in-depth understanding of what specifically drives those results.

In order to facilitate consistency in reporting, a recommended methodology to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be readily available for each College to calculate the context measure in the recommended manner (e.g. due to differences in definitions), a College can report the information in a manner that is conducive to its data infrastructure and availability.

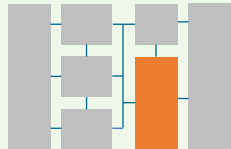
In those instances where a College does not have the data or the ability to calculate the context measure at this point in time it should state: 'Nil' and indicate any plans to collect the data in the future.

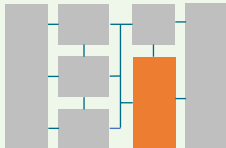
Where deemed appropriate, Colleges are encouraged to provide additional information to ensure the context measure is properly contextualized to its unique situation. Finally, where a College chooses to report a context measure using methodology other than outlined in the following Technical Document, the College is asked to provide the methodology in order to understand how the College calculated the information provided.

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 11		
The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.		
Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology		
If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2020*		<p>What does this information tell us? Quality assurance (QA) and Quality Improvement (QI) are critical components in ensuring that professionals provide care that is safe, effective, patient centred and ethical. In addition, health care professionals face a number of ongoing changes that might impact how they practice (e.g. changing roles and responsibilities, changing public expectations, legislative changes).</p> <p>The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QI activities its registrants undertook to maintain competency in CY 2020. The diversity of QA/QI activities and assessments is reflective of a College’s risk-based approach in executing its QA program, whereby the frequency of assessment and activities to maintain competency are informed by the risk of a registrant not acting competently. Details of how the College determined the appropriateness of its assessment component of its QA program are described or referenced by the College in Measure 13(a) of Standard 11.</p>
Type of QA/QI activity or assessment	#	
i. Objective test	17	
ii. Learning plan	18	
iii. Simulation	0	
iv. Other remedial activities	17	
v. <Insert QA activity or assessment>		
vi. <Insert QA activity or assessment>		
vii. <Insert QA activity or assessment>		
viii. <Insert QA activity or assessment>		
ix. <Insert QA activity or assessment>		
x. <Insert QA activity or assessment>		
* Registrants may be undergoing multiple QA activities over the course of the reporting period. While future iterations of the CPMF may evolve to capture the different permutations of pathways registrants may undergo as part of a College’s QA Program, the requested statistical information recognizes the current limitations in data availability today and is therefore limited to type and distribution of QA/QI activities or assessments used in the reporting period.		
NR = Non-reportable: results are not shown due to < 5 cases		

Additional comments for clarification (if needed)

In 2020 all nurses were accountable to reflect on their practice and develop a learning plan. **Due to the COVID-19 pandemic no members were selected for practice assessments in 2020.** There were some participants who carried over from 2019 who completed QA/QI activities in the calendar year.

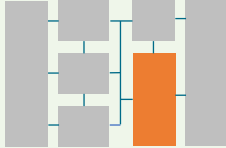
DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11 The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care			
Statistical data collected in accordance with recommended methodology or College own methodology:		X Recommended	<input type="checkbox"/> College methodology
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
	#	%	What does this information tell us? If a registrant’s knowledge, skills and judgement to practice safely, effectively and ethically have been assessed or reassessed and found to be unsatisfactory or a registrant is non-compliant with a College’s QA Program, the College may refer him or her to the College’s QA Committee. The information provided here shows how many registrants who underwent an activity or assessment in CY 2020 as part of the QA program where the QA Committee deemed that their practice is unsatisfactory and as a result have been directed to participate in specified continuing education or remediation program.
CM 2. Total number of registrants who participated in the QA Program CY 2020	26		
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program in CY 2020 where the QA Committee directed the registrant to undertake remediation. *	17	65%	
Additional comments for clarification (optional)			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)			

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 11 The College ensures the continued competence of all active registrants through its Quality Assurance processes. This includes an assessment of their competency, professionalism, ethical practice, and quality of care.			
Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 4. Outcome of remedial activities in CY 2020*:	#	%	What does this information tell us? This information provides insight into the outcome of the College’s remedial activities directed by the QA Committee and may help a College evaluate the effectiveness of its “QA remediation activities”. Without additional context no conclusions can be drawn on how successful the QA remediation activities are, as many factors may influence the practice and behaviour registrants (continue to) display.
I. Registrants who demonstrated required knowledge, skills, and judgment following remediation**	10	59%	
II. Registrants still undertaking remediation (i.e. remediation in progress)	7	41%	
Additional comments for clarification (if needed)			
* NR = Non-reportable: results are not shown due to < 5 cases (for both # and %) ** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2020.			

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology:

☒ Recommended

☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

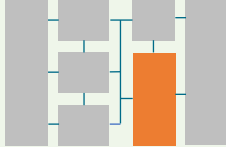
Context Measure (CM)					
CM 5. Distribution of formal complaints* and Registrar’s Investigations by theme in CY 2020	Formal Complaints received†		Registrar Investigations initiated‡		<div>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar’s Investigations undertaken by a College.</div>
Themes:	#	%	#	%	
I. Advertising	0	0	0	0	
II. Billing and Fees	0	0	0	0	
III. Communication	160	18%	111	9%	
IV. Competence / Patient Care	470	53%	502	42%	
V. Fraud	11	1%	40	3%	
VI. Professional Conduct & Behaviour	104	12%	258	21%	
VII. Record keeping	67	7%	107	9%	
VIII. Sexual Abuse / Harassment / Boundary Violations	27	3%	113	9%	
IX. Unauthorized Practice	NR	NR	14	1%	
X. Other <please specify>	50	6%	59	5%	
Total number of formal complaints and Registrar’s Investigations**	332	100%	328	100%	

<p>* Formal Complaint: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquiries and other interactions with the College that do not result in a formally submitted complaint.</p> <p>Registrar’s Investigation: Where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</p> <p>‡ NR = Non-reportable: results are not shown due to < 5 cases (for both # and %)</p> <p>** The requested statistical information (number and distribution by theme) recognizes that formal complaints and registrar’s investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations.</p>	
<p><i>Additional comments for clarification (if needed)</i></p> <p>Examples of themes categorized as “Other” include findings in other jurisdictions, charges or convictions, and uncategorized allegations.</p>	

DOMAIN 6: SUITABILITY TO PRACTICE

Standard 13

All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.



Statistical data collected in accordance with recommended methodology or College own methodology: ☒ Recommended ☐ College methodology

If College methodology, please specify rationale for reporting according to College methodology:

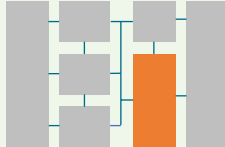
Context Measure (CM)		
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2020	224	
CM 7. Total number of ICRC matters brought forward as a result of a Registrars Investigation in CY 2020	371	
CM 8. Total number of requests or notifications for appointment of an investigator through a Registrar's Investigation brought forward to the ICRC that were approved in CY 2020	345	
CM 9. Of the formal complaints* received in CY 2020**:	#	%
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)‡	77	25%
II. Formal complaints that were resolved through ADR	51	16%
III. Formal complaints that were disposed** of by ICRC	176	
IV. Formal complaints that proceeded to ICRC and are still pending	61	37%
V. Formal complaints withdrawn by Registrar at the request of a complainant Δ	NR	NR
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	NR	NR
VII. Formal complaints and Registrars Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	NR	NR
<div><div>** Disposal: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).</div><div>* Formal Complaints: A statement received by a College in writing or in another acceptable form that contains the information required by the College to initiate an investigation. This excludes complaint inquires and other interactions with the College that do not result in a formally submitted complaint.</div><div>‡ ADR: Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.</div></div>		

What does this information tell us? The information helps the public better understand how formal complaints filed with the College and Registrar's Investigations are disposed of or resolved. Furthermore, it provides transparency on key sources of concern that are being brought forward to the College's committee that investigates concerns about its registrants.

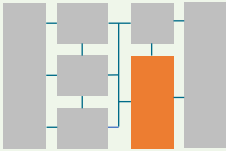
<p>△ <i>The Registrar may withdraw a formal complaint prior to any action being taken by a Panel of the ICRC, at the request of the complainant, where the Registrar believed that the withdrawal was in the public interest.</i></p> <p># <i>May relate to Registrars Investigations that were brought to ICRC in the previous year.</i></p> <p>** <i>The total number of formal complaints received may not equal the numbers from 9(i) to (vi) as complaints that proceed to ADR and are not resolved will be reviewed at ICRC, and complaints that the ICRC disposes of as frivolous and vexatious and a referral to the Discipline Committee will also be counted in total number of complaints disposed of by ICRC.</i></p> <p>φ Registrar’s Investigation: <i>Under s.75(1)(a) of the RHPA, where a Registrar believes, on reasonable and probable grounds, that a registrant has committed an act of professional misconduct or is incompetent he/she can appoint an investigator upon ICRC approval of the appointment. In situations where the Registrar determines that the registrant exposes, or is likely to expose, his/her patient to harm or injury, the Registrar can appoint an investigator immediately without ICRC approval and must inform the ICRC of the appointment within five days.</i></p> <p>NR = <i>Non-reportable; results are not shown due to < 5 cases (for both # and %)</i></p>	
<p><i>Additional comments for clarification (if needed)</i></p> <p>III. This measure was interpreted based on the description given in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures” to include all formal complaints that were disposed of in 2020 (i.e. it includes complaints that were filed in a previous year)</p> <p>IV. This measure was interpreted based on the description given in the companion document “Technical Specifications for Quantitative College Performance Measurement Framework Measures” to include all formal complaints that were brought forward to a panel in 2020 (i.e. it includes complaints that were filed in a previous year)</p>	

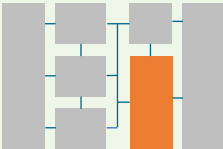
DOMAIN 6: SUITABILITY TO PRACTICE								
Standard 13								
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.								
Statistical data collected in accordance with recommended methodology or College own methodology: <input checked="" type="checkbox"/> Recommended <input type="checkbox"/> College methodology								
If College methodology, please specify rationale for reporting according to College methodology:								
Context Measure (CM)								
CM 10. Total number of ICRC decisions in 2020	564							
Distribution of ICRC decisions by theme in 2020*	# of ICRC Decision†							
Nature of issue	Take no action	Proves advice or recommendations	Issues an oral caution	Orders a specified continuing education or remediation program	Agrees to undertaking	Refers specified allegations to the Discipline Committee	Takes any other action it considers appropriate that is not inconsistent with its governing legislation, regulations or by-laws.	
I. Advertising	0	0	0	0	0	0	0	
II. Billing and Fees	0	0	0	0	0	0	0	
III. Communication	47	9	4	24	9	6	48	
IV. Competence / Patient Care	118	34	20	85	60	25	55	
V. Fraud	NR	0	NR	6	12	NR	NR	
VI. Professional Conduct & Behaviour	30	11	14	26	27	24	14	
VII. Record keeping	18	NR	6	21	19	6	NR	
VIII. Sexual Abuse / Harassment / Boundary Violations	15	NR	5	10	6	21	NR	
IX. Unauthorized Practice	NR	0	NR	NR	NR	NR	0	
X. Other <please specify>	68	31	22	63	37	45	10	
* Number of decisions are corrected for formal complaints ICRC deemed frivolous and vexatious AND decisions can be regarding formal complaints and registrar's investigations brought forward prior to 2020.								
† NR = Non-reportable: results are not shown due to < 5 cases.								

++ The requested statistical information (number and distribution by theme) recognizes that formal complaints and Registrar’s Investigations may include allegations that fall under multiple themes identified above, therefore when added together the numbers set out per theme may not equal the total number of formal complaints or registrar’s investigations, or findings.
What does this information tell us? This information will help increase transparency on the type of decisions rendered by ICRC for different themes of formal complaints and Registrar’s Investigation and the actions taken to protect the public. In addition, the information may assist in further informing the public regarding what the consequences for a registrant can be associated with a particular theme of complaint or Registrar investigation and could facilitate a dialogue with the public about the appropriateness of an outcome related to a particular formal complaint.
Additional comments for clarification (if needed)
Examples of themes categorized as “Other” include findings in other jurisdictions, charges or convictions, and uncategorized allegations.

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology:		<input checked="" type="checkbox"/> Recommended	<input type="checkbox"/> College methodology
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 11. 90 th Percentile disposal* of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 formal complaints or Registrar’s investigations are being disposed by the College.	
I. A formal complaint in working days in CY 2020	486	The information enhances transparency about the timeliness with which a College disposes of formal complaints or Registrar’s investigations. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the disposal of a formal complaint filed with, or Registrar’s investigation undertaken by, the College.	
II. A Registrar’s investigation in working days in CY 2020	651		
* Disposal Complaint: The day where a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).			
* Disposal Registrar’s Investigation: The day upon which a decision was provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant).			
Additional comments for clarification (if needed)			

DOMAIN 6: SUITABILITY TO PRACTICE			
Standard 13			
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.			
Statistical data collected in accordance with recommended methodology or College own methodology:		X Recommended	<input type="checkbox"/> College methodology
If College methodology, please specify rationale for reporting according to College methodology:			
Context Measure (CM)			
CM 12. 90th Percentile disposal* of:	Days	What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed. * The information enhances transparency about the timeliness with which a discipline hearing undertaken by a College is concluded. As such, the information provides the public, ministry and other stakeholders with information regarding the approximate timelines they can expect for the resolution of a discipline proceeding undertaken by the College.	
I. An uncontested^ discipline hearing in working days in CY 2020	324		
II. A contested# discipline hearing in working days in CY 2020	329		
<p>* Disposal: Day where all relevant decisions were provided to the registrant and complainant by the College (i.e. the date the reasons are released and sent to the registrant and complainant, including both liability and penalty decisions, where relevant).</p> <p>^ Uncontested Discipline Hearing: In an uncontested hearing, the College reads a statement of facts into the record which is either agreed to or uncontested by the Respondent. Subsequently, the College and the respondent may make a joint submission on penalty and costs or the College may make submissions which are uncontested by the Respondent.</p> <p># Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.</p> <p>Additional comments for clarification (if needed)</p> <p>Hearings in which neither the registrant nor their representative are present are considered contested hearings.</p>			

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology:		X Recommended <input type="checkbox"/> College methodology
If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		<p>What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent discipline findings where a formal complaint or Registrar’s Investigation is referred to the Discipline Committee by the ICRC.</p>
Type	#	
I. Sexual abuse	7	
II. Incompetence	0	
III. Fail to maintain Standard	43	
IV. Improper use of a controlled act	0	
V. Conduct unbecoming	0	
VI. Dishonourable, disgraceful, unprofessional	59	
VII. Offence conviction	5	
VIII. Contravene certificate restrictions	5	
IX. Findings in another jurisdiction	0	
X. Breach of orders and/or undertaking	NR	
XI. Falsifying records	NR	
XII. False or misleading document	6	
XIII. Contravene relevant Acts	45	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the number of findings may not equal the total number of discipline cases.</p> <p>NR = Non-reportable: results are not shown due to < 5 cases.</p> <p>Additional comments for clarification (if needed)</p>		

DOMAIN 6: SUITABILITY TO PRACTICE		
Standard 13		
All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public.		
Statistical data collected in accordance with recommended methodology or College own methodology:		X Recommended <input type="checkbox"/> College methodology
If College methodology, please specify rationale for reporting according to College methodology:		
Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		What does this information tell us? This information will help strengthen transparency on the type of actions taken to protect the public through decisions rendered by the Discipline Committee. It is important to note that no conclusions can be drawn on the appropriateness of the discipline decisions without knowing intimate details of each case including the rationale behind the decision.
Type	#	
I. Revocation ⁺	6	
II. Suspension ^{\$}	41	
III. Terms, Conditions and Limitations on a Certificate of Registration ^{**}	41	
IV. Reprimand [^] and an Undertaking [#]	0	
V. Reprimand [^]	53	
<p>* The requested statistical information recognizes that an individual discipline case may include multiple findings identified above, therefore when added together the numbers set out for findings and orders may not be equal and may not equal the total number of discipline cases.</p> <p>+ Revocation of a registrant’s certificate of registration occurs where the discipline or fitness to practice committee of a health regulatory college makes an order to “revoke” the certificate which terminates the registrant’s registration with the college and therefore his/her ability to practice the profession.</p> <p>\$ A suspension of a registrant’s certificate of registration occurs for a set period of time during which the registrant is not permitted to:</p> <ul style="list-style-type: none">a. Hold himself/herself out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),b. Practice the profession in Ontario, orc. Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991. <p>** Terms, Conditions and Limitations on a Certificate of Registration are restrictions placed on a registrant’s practice and are part of the Public Register posted on a health regulatory college’s website.</p> <p>^ A reprimand is where a registrant is required to attend publicly before a discipline panel of the College to hear the concerns that the panel has with his or her practice</p> <p># An undertaking is a written promise from a registrant that he/she will carry out certain activities or meet specified conditions requested by the College committee.</p> <p>NR = Non-reportable: results are not shown due to < 5 cases</p>		
Additional comments for clarification (if needed)		

For questions and/or comments, or to request permission to use, adapt or reproduce the information in the CPMF please contact:

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Appendix A: Public Interest

When contemplating public interest for the purposes of the CPMF, Colleges may wish to consider the following (please note that the ministry does not intend for this to define public interest with respect to College operations):

PUBLIC INTEREST

in the context of the College Performance Measurement Framework

