College Performance Measurement Framework (CPMF) Reporting Tool

March 2022

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Introduction

The College Performance Measurement Framework (CPMF)

The CPMF has been developed by the Ontario Ministry of Health (the Ministry) 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.

Each College will report on seven Domains with the support of six components, as illustrated in Table 1.

Table 1: CPMF Measurement Domains and Components

1	**Measurement domains**	→	Critical attributes of an excellent health regulator in Ontario that should be measured for the purpose of the CPMF.
2	**Standards**	→	Performance-based activities that a College is expected to achieve and against which a College will be measured.
3	**Measures**	→	More specific requirements to demonstrate and enable the assessment of how a College achieves a 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.

CPMF Model

The seven measurement domains shown in Figure 1 are the critical attributes that contribute to a College effectively serving and protecting the public interest. They relate to key statutory functions and organizational aspects that enable a College to carry out its functions well. The seven domains are interdependent and together lead to the outcomes that a College is expected to achieve as an excellent regulator.

Figure 1: CPMF Model for Measuring Regulatory Excellence

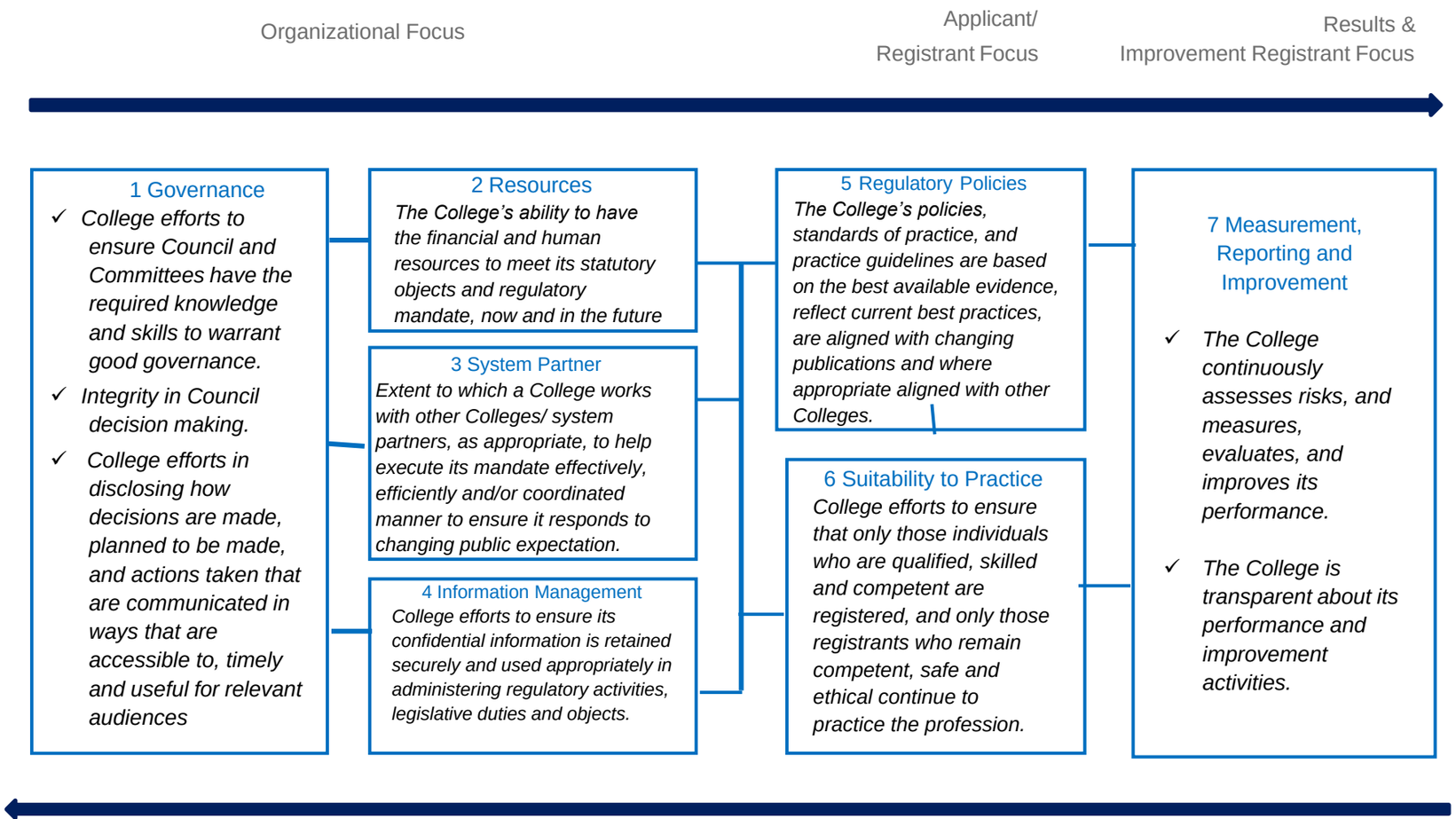


Figure 2: CPMF Domains and Standards

Domains	Standards
Governance	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.
	2. Council decisions are made in the public interest.
	3. The College acts to foster public trust through transparency about decisions made and actions taken.
Resources	4. The College is a responsible steward of its (financial and human) resources.
System Partner	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.
	6. The College maintains cooperative and collaborative relationships responds in a timely and effective manner to changing public expectations.
Information Management	7. Information collected by the College is protected from unauthorized disclosure.
Regulatory Policies	8. 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.
Suitability to Practice	9. The College has processes and procedures in place to assess the competency, safety, and ethics of the people it registers.
	10. 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.
	11. The complaints process is accessible and supportive.
	12. All complaints, reports, and investigations are prioritized based on public risk, and conducted in a timely manner with necessary actions to protect the public
	13. The College complaints process is coordinated and integrated.
Measurement, Reporting and Improvement	14. The College monitors, reports on, and improves its performance.

The CPMF Reporting Tool

The second iteration of the CPMF Reporting Tool (along with the companion Technical Specifications for Quantitative CPMF Measures document) will continue to provide comprehensive and consistent information to the public, the 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 and their progress on improvement commitments identified in the 2020 CPMF Report;
2. complete the self-assessment;
3. post the completed CPMF Report on its website; and
4. submit the CPMF Report to the ministry.

The purpose of the first and second iterations 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. At this time, the ministry will not assess whether a Collegemeets or does not meet the Standards.

The information reported through the completed CPMF Reporting Tools may help to identify areas of improvement that warrant closer attention and potential follow-up. 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 and second iterations may stimulate discussions about regulatory excellence and performance improvement among Council members and staff within a College, as well as between Colleges, the public, the ministry, college registrants/members, and other stakeholders.

Additionally, in 2021 the ministry developed a Summary Report highlighting key findings regarding the commendable practices Colleges already have in place, collective strengths, areas for improvement and the various commitments Colleges have made to improve their performance in serving and protecting the public as per their 2020 CPMF Reports. The focus of the Summary Report is on the performance of the regulatory system (as opposed to the performance of each individual College) and on areas where opportunities exist for colleges to learn from each other.

The ministry's Summary Report is available:
In English: health.gov.on.ca/en/pro/programs/hwrob/regulated_professions.aspx, and
In French: health.gov.on.ca/fr/pro/programs/hwrob/regulated_professions.aspx

As this will be the second time that Colleges will be reporting on their performance against the CPMF standards, the Colleges will be asked to report on:

- Improvements a College committed to undertake in the previous CPMF Report;
- Changes in comparison to baseline reporting from the 2020 CPMF Report; and
- Changes resulting from new or refined standards, measures, and evidence.[1]

Completing the CPMF Reporting Tool

While the CPMF Reporting Tool seeks to clarify the information requested, it is not intended to direct College activities and processes or restrict the way a College fulfills its fiduciary duties. Where a term or concept is not explicitly defined in the 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.

In the spirit of continuous improvement, if the College plans to improve its activities or processes related to the respective Measure or Evidence, it is encouraged to highlight these planned improvement activities.

What has changed in 2021?

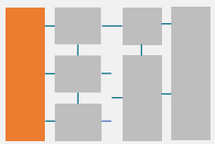
Based on feedback from the Colleges, the ministry made improvements to the current CPMF Reporting Tool, making it easier to complete.

- In Part 1 - These changes include drop-down menus, bookmarks to Measures, and additional information for clarification. Where a question remained unchanged from the 2020 CPMF reporting tool and a College fully met the Standard or Evidence, a College may opt to respond with 'Meets Standard' to illustrate that the current response is consistent with last year's response for the same Evidence. However, if there were changes between 2020 and 2021, the College is required to provide this updated information, including supporting information (i.e. provision of relevant links). Please note that this option is limited to only certain Evidence and is not available for all Evidence. 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.

- In Part 2 - Colleges are requested to refer to the Technical Specifications Document for detailed guidance on how to complete the section on Context Measures. Additionally, the ministry has also applied a drop-down menu where appropriate and has hyperlinked the definitions to a glossary of terms for easier navigation.

[1] Informed by the results from the first reporting iteration, the standards, measures, and evidence were evaluated by a second CPMF Working Group and where appropriate were further refined for the second reporting cycle. Additionally, Colleges will also be asked to report on Measures where it was identified that further information is required to establish baseline information relevant to the intent of the requested Evidence.

Part 1: Measurement Domains

<table>
<tr><td colspan="2">  </td><td colspan="2">Measure
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.</td></tr>
<tr><td rowspan="3">DOMAIN 1: GOVERNANCE</td><td rowspan="3">STANDARD 1</td><td>Required Evidence</td><td>College Response</td></tr>
<tr><td rowspan="2">a. Professional members areeligible to stand for election to Council only after:
i. meeting pre-defined competency and suitability criteria; and</td><td>The College fulfills this requirement: Partially</td></tr>
<tr><td>• The competency and suitability criteria are public: Yes
If yes, please insert a link to where they can be found, if not please list criteria.

• Nurses 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, nurses must:
○ be registered in the General or Extended Class
○ have no revocation in the past six years
○ have no Discipline/Fitness-to-Practise finding in the past three years)
○ complete a Conflict-of-Interest Form (given when CNO receives the candidate's nomination), and on submission of the form they are confirming:
▪ they have read and understood the Conduct By-law
▪ 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

• 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 are limited to responses to the following statements:
○ 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

• As previously shared with government, CNO is supportive of competency-based appointments. CNO's vision proposes the removal of elections to eliminate the risk and perception that professional members will represent the profession rather than the public interest.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period? No</td></tr>
</table>

Additional comments for clarification (optional):

- The basic minimum requirements to run for election can be met easily; however, the current model does not assess candidates on the required knowledge, skills, and experience to meet the demands of Council effectively.

- CNO is concerned that pre-screening for competencies before an election does not assure competent regulatory governance because
    - members of the public are not included
    - it's not possible to build a board whose members bring necessary and complementary competencies and attributes through the election process
    - it's more difficult to succession plan, and
      there is already low engagement in elections

- A key competency for effective regulatory governance is being able to put the public first. CNO deems discontinuing an election process will help build public trust and make the role of Council clear to all stakeholders (the profession, Council members and the public).

- To meet this standard, CNO urges the Ministry of Health to move forward with the legislative amendments submitted in January of 2019, to carry out CNO's Governance Vision. CNO's Governance Vision outlines our commitment to improve performance by using a transparent, evidence-based, and competency-based process for appointing nurses and public members to CNO's board.

		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

			Duration of orientation training.
			Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).
			Please insert a link to the website if training topics are public ***OR*** list orientation training topics.
			
			• CNO's Council orientation training occurs over half-day and is offered online.
			
			• Council members were asked to review CNO's board education page before attending orientation to learn about CNO's Council. Governance orientation included
			  ○ an introduction to Governance at CNO, including Council's governance principles
			  ○ an introduction to nursing regulation, including CNO's role as a partner in patient safety, legislative framework, statutory requirements, role of governance and operations
			  ○ an introduction to regulatory governance, including the role of a regulatory board and fiduciary obligations, and discussion about the roles of individual Council members, President and CEO
			
			• Further education and orientation to the key regulatory functions of entry-to-practice, professional standards and quality assurance were offered throughout the year.
			
			• Beginning in 2021, all new Council members were linked with a member of the Executive Committee who mentored them and gave any needed support as the new member integrated into their Council role.
			
			• Council members attended two half-day sessions related to diversity, equity and inclusion (DEI): one focused on their governance role and the other on their statutory committee role. Both sessions included advance reading and reflection and were facilitated by external DEI experts.	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

		b. Statutory Committee candidates have: i. Met pre-defined competency and suitability criteria; and	The College fulfills this requirement:	Yes
			The competency and suitability criteria are public: Yes *If yes, please insert a link to where they can be found, if not please list criteria.* • The competencies for statutory committee service can be found at Learn about CNO Committees. • Eligibility criteria for nurses applying to serve on a statutory committee are found in article 54.1 of CNO's by-laws.	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional): • To enhance selection of the most qualified candidates for statutory committees, CNO's Council set up a new Nominating Committee. The Committee members were appointed following an assessment and validation of competencies and attributes, including two non-Council public members. The Nominating Committee was appointed September 2021 and more details can be found in the Council Briefing Package (see page 19).	
		ii. attended an orientation training about the mandate of the Committee and expectations pertaining to a member's role and responsibilities.	The College fulfills this requirement:	Yes

			Duration of each Statutory Committee orientation training.
			Please briefly describe the format of each orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end).
			Please insert a link to the website if training topics are public ***OR*** list orientation training topics for Statutory Committee.
			
			• CNO's Statutory Committee training occurs over one day. Discipline Committee meets for a second training session mid-year. In addition, there is periodic orientation to Statutory Committees where there are process changes specific to the role and functioning of the committee (e.g., Quality Assurance Committee).
			
			• Orientation training generally occurs 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 delivered by independent legal counsel. Advance preparatory materials are provided, including committee handbooks, rules and guidelines (for example, for Discipline Committee). 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.
			
			• Committee education is specific to role of the committee, but all include the following:
			  ○ 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 confidentiality, bias, and conflict of interest in statutory matters
			  ○ in-depth orientation for specific knowledge related to committee role, for example:
			  ▪ interim orders for Inquiries, Complaints and Reports Committee (ICRC)
			  ▪ sexual abuse for ICRC and Discipline Committee
			  ▪ assess health reports for Registration Committee and Fitness-to-Practise Committee
			  ▪ review learning modules provided by the Office of the Fairness Commissioner and fairness legislation for the Registration Committee
			  ○ additional training for specific roles:
			  ▪ 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 and decision writers) have specialized training	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional): • As part of pre-orientation, nurses applying to serve on statutory committees are asked to review appointments education. The aim is to promote understanding of CNO's purpose and committee roles before applying, so nurses can decide if CNO committee work is right for them.	

		c. Prior to attending their first meeting, public appointments to Council undertake an orientation training course provided by the College about the College's mandate and expectations pertaining to the appointee's role and responsibilities.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			Duration of orientation training. Please briefly describe the format of orientation training (e.g. in-person, online, with facilitator, testing knowledge at the end). Please insert a link to the website if training topics are public ***OR*** list orientation training topics.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional): • For more information, please refer to CNO's 2020 CPMF Reporting Tool.	

Measure 1.2 Council regularly assesses its effectiveness and addresses identified opportunities for improvement through ongoing education.	
Required Evidence	**College Response**
a. Council has developed and implemented a framework to regularly evaluate the effectiveness of: i. Council meetings; and ii. Council.	The College fulfills this requirement: **Partially** Please provide the year when Framework was developed ***OR*** last updated. Please insert a link to Framework ***OR*** link to Council meeting materials where (updated) Framework is found and was approved. Evaluation and assessment results are discussed at public Council meeting: Choose an item. *If yes, please insert a link to the last Council meeting where the most recent evaluation results have been presented and discussed.* *If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?* **Yes** *Additional comments for clarification (optional)* • While Council has not developed a framework yet, all Council meetings include a debrief session to reflect on and evaluate performance against team norms. Team norms are attached with the Council package and are publicly available. • Council has received education about the basics of board evaluation in December 2021. This was meant to introduce and orient Council to the topic in preparation for work planned in 2022. This education was facilitated by an external expert and included the following topics: o what is board evaluation (and what it isn't) o genesis of board evaluations and why they are needed o methodologies and key design elements and o critical success factors • CNO is planning on developing and implementing a board evaluation framework within the 2022-2023 Council year.

		b. The framework includes a third-party assessment of Council effectiveness at a minimum every three years.	The College fulfills this requirement:	No
			A third party has been engaged by the College for evaluation of Council effectiveness: Choose an item. *If yes, how often over the last five years?* Year of last third-party evaluation.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) • CNO is planning on developing and implementing a board evaluation framework within the 2022-2023 Council year and will include third-party assessment.	

		c. Ongoing training provided to Council and Committee members has been informed by: i. the outcome of relevant evaluation(s); ii. the needs identified by Council and Committee members; and/or	The College fulfills this requirement:	Partially

			Please insert a link to documents outlining how outcome evaluations have informed Council and Committee training.
			Please insert a link to Council meeting materials where this information is found ***OR***
			Please briefly describe how this has been done for the training provided over the last year.
			
			• Council did not conduct formal evaluations in the 2021 reporting year.
			
			• Council's Professional Development (PD) sessions were identified in consultation with the Executive Committee based on feedback from Council and discussions at the Council meeting. Council participated in a board culture survey and workshop in late 2020, which informed PD sessions throughout 2021. The following opportunities for enhancing Council's board culture were identified:
			  ○ Include education about Council initiatives that are ongoing in nature (e.g., governance vision, strategic plan) to support common understanding and shared goals.
			  ○ Enhance orientation, including mentorship of new Council members.
			  ○ Add opportunities for team building in the new virtual reality.
			  ○ Document and demonstrate the behaviours that Council members emulate to foster good governance
			
			• As a result, PD workshops for Council in 2021 were related to:
			  ○ Building a positive board culture, focussing on team building and establishing new team norms
			  ○ The standards of practice regulatory function
			  ○ Board orientation – attended by new and ongoing Council members (see 1.1a(ii) for description)
			  ○ Board evaluation – the basics	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional): • Training based on relevant evaluations will become part of process after launching formal Council evaluation.	

		iii. evolving public expectations including risk management and Diversity, Equity, and Inclusion. Further clarification: Colleges are encouraged to define public expectations based on input from the public, their members and stakeholders. Risk management is essential to effective oversight since internal and external risks may impact the ability of Council to fulfill its mandate.	The College fulfills this requirement:	Yes
			Please insert a link to documents outlining how evolving public expectations have informed Council and Committee training. Please insert a link to Council meeting materials where this information is found ***OR*** Please briefly describe how this has been done for the training provided over the last year. • Please refer to CNO's December 2021 Council Decisions which summarizes how evolving public expectations have informed CNO's Council and Committee training. • Council's annual orientation includes discussion about evolving issues in regulation that impact public expectations, such as the COVID-19 pandemic's impact. • The 2021–2022 Council engaged in two education sessions related to diversity, equity and inclusion (DE) (one focused on their governance role, the other on their statutory committee role). Both sessions included advance reading and reflection and were facilitated by external experts in DEI. • Public expectations also informed Council's discussion about standards of practice. CNO engaged the Citizen Advisory Group to better understand why members of the public need to understand professional standards, how members of the public might use professional standards and areas of risk in nursing practice to inform areas that CNO needs to target in standards and guidance. The feedback from these consultations support Council's decision-making about modernizing CNO's standards.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional):	

DOMAIN 1: GOVERNANCE

STANDARD 2

Measure

2.1 All decisions related to a Council's strategic objectives, regulatory processes, and activities are impartial, evidence-informed, and advance the public interest.

Required Evidence	College Response	
a. The College Council has a Code of Conduct and 'Conflict of Interest' policy that is: i. reviewed at least every three years to ensure it reflects current legislation, practices, public expectations, issues, and emerging initiatives (e.g. Diversity, Equity and Inclusion); and Further clarification: Colleges are best placed to determine the public expectations, issues and emerging initiatives based on input from their members, stakeholdersand the public. While there will be similarities across Colleges such as Diversity, Equity and Inclusion, this is also an opportunity to reflect additional issues, expectations and emerging initiatives unique to a College or profession.	The College fulfills this requirement:	Partially
	Please provide the year when Council Code of Conduct and 'Conflict of Interest' Policy was last evaluated/updated. Please briefly describe any changes made to the Council Code of Conduct and 'Conflict of Interest Policy' resulting from the review. • The Conduct By-law was approved by Council in September 2017. • CNO has a Conduct By-law for councillors and committee members, which has the Code of Conduct and conflicts of interest provisions that Council and committee members are required to follow. Council set its conflict-of-interest provisions n a 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 and identifies, in detail, specific expectations, with examples related to conflicts of interest and confidentiality. The Conduct By-law also includes an Article on how the by-law will be enforced and the potential outcomes for breaching its provisions.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
	Additional comments for clarification (optional) • No changes are planned currently.	

		ii. accessible to the public.	The College fulfills this requirement:	Yes
			• Please insert a link to the Council Code of Conduct and 'Conflict or Interest' Policy ***OR*** Council meeting materials where the policy is found and was discussed and approved. • Councils Conduct By-law is accessible to the public.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	
		b. The College enforces a minimum time before an individual can be elected to Council after holding a position that could create an actual or perceived conflict of interest with respect their Council duties (i.e. cooling off periods). Further clarification: Colleges may provide additional methods not listed here by which they meet the evidence.	The College fulfills this requirement:	No
			• Cooling off period is enforced through: Choose an item. • Please provide the year that the cooling off period policy was developed ***OR*** last evaluated/updated. • Please provide the length of the cooling off period. • How does the college define the cooling off period? – Insert a link to policy / document specifying the cooling off period, including circumstances where it is enforced; – Insert a link to Council meeting where cooling of period has been discussed and decided upon; ***OR*** – Where not publicly available, please describe briefly cooling off policy.	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			Additional comments for clarification (optional) • CNO's current by-laws do not include cooling-off periods. Specific articles in the Conduct By-law spell out 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 position of 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 and/or oversees the regulation of nurses). Holding or taking on such a position would require the member withdrawing from a CNO position. • Putting CNO's Governance Vision into effect, will include an overall review of by-laws related to governance. One of the issues that will be reviewed is whether CNO will set out cooling-off periods, such as: ○ cooling-off periods between Council or Committee and organizations that pose a conflict of interest (for example, professional associations/unions/Ministry of Health) ○ cooling-off periods between staff roles ○ cooling-off period after three consecutive terms on Council or Committee	
		c. The College has a conflict of interest questionnaire that all Council members must complete annually. Additionally: 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	The College fulfills this requirement: • Please provide the year when conflict of interest the questionnaire was implemented ***OR*** last evaluated/updated. • Member(s) note whether their questionnaire requires amendments at each Council meeting and whether they have any conflicts of interest based on Council agenda items: No • Please insert a link to the most recent Council meeting materials that includes the questionnaire. • CNO's conflict of interest form was developed and implemented in 2018. This information is not available publicly. It is found in Council's documents.	Partially

		iv. at the beginning of each Council meeting, members must declare any updates to their responses and any conflict of interest specific to the meeting agenda.	*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*	No
			Additional comments for clarification (optional)	

- To be eligible to stand for election or appointment, a declaration of conflicts of interest is signed by all Council and non-Council Committee members.
- Candidates are required to complete a conflict-of-interest statement in which they confirm the following:
  - they have read and understood By-law No. 3: Conduct of Councillors and Committee Members
  - that, if elected or 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 or appointed.
- At each Council's meeting, members are asked to identify any positions they hold that might pose a potential or actual conflict of interest in situations (for instance, in program approval).
- The definition and examples of conflict-of-interest are spelled out in By-law No. 3: Conduct of Councillors and Committee Members.
- Please refer to By-law No. 3: Conduct of Councillors and Committee Members.
- Depending on the issue, the Council President will tell Council members to excuse themselves if they have a conflict of interest (for example, during program approval, any Council member affiliated with the school leaves the room). When a Council or Committee member declares a conflict of interest, they are required to leave the room (or in Zoom are put into a separate room). The conflict and that the member left the meeting are noted in the minutes, along with the member's return.

		d. Meeting materials for Council enable the public to clearly identify the public interest rationale 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).	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			• Please briefly describe how the College makes public interest rationale for Council decisions accessible for the public. • Please insert a link to Council meeting materials that include an example of how the College references a public interest rationale.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed) • For more information, please refer to CNO's 2020 CPMF Reporting Tool.	

		e. The College has and regularly reviews a formal approach to identify, assess and manage internal and external risks. This approach is integrated into the College's strategic planning and operations. <u>Further clarification:</u> Formal approach refers to the documented method or which a College undertakes to identify, assess and manage risk. This method or process should be regularly reviewed and appropriate. Risk management planning activities should be tied to strategic objectives of Council since internal and external risks may impact the ability of Council to fulfill its mandate, especially in the absence of mitigations. Internal risks are related to operations of the College and may impact its ability to meet its strategic objectives. External risks are economic, political and/or natural factors that happen outside of the organization.	The College fulfills this requirement:	Partially
			• Please provide the year the formal approach was last reviewed. • Please insert a link to the internal and external risks identified by the College ***OR*** Council meeting materials where the risks were discussed and integrated into the College's strategic planning activities. • CNO assesses internal and external factors to determine the level of risk to the organization. CNO's risk approach is reviewed annually by the Finance Committee and is focused inwardly.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (if needed) • Currently, CNO's various teams engage in risk identification and management activities specific to their business areas, as opposed to a corporate approach. CNO is currently developing this area and its progress will be captured in the next reporting period. • CNO's Finance team supports the identification, assessment and management of risks, which includes sharing risk analyses with Council through the Finance Committee. For example, CNO's Finance Committee uses the Management Discussion and Analysis (MDNA) process to identify and manage risks. The Finance Committee also has a guide it uses at every meeting to support the identification and management of risks. CNO's auditors review the risks and their controls by carrying out an internal control risk assessment before they begin the annual audit, then plan the audit focus accordingly. Similarly, CNO's Information Technology team uses a risk identification and management process (See Domain 2, standard 4.1c(ii) for more details.). • To further meet this standard, CNO is integrating risk management activities into one corporate risk register to identify and develop mitigating strategies as the organization continues to monitor risk exposures.	

DOMAIN 1: GOVERNANCE

STANDARD 3

Measure

3.1 Council decisions are transparent.

Required Evidence	College Response	
a. Council minutes (once approved) and status updates on the implementation of Council decisions to date are accessible on the College's website, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
	• Please insert a link to the webpage where Council minutes are posted. • Please insert a link to where the status updates on implementation of Council decisions to date are posted ***OR*** where the process for requesting these materials is posted.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional) • Council's decisions are tweeted in real time. • For more information, please refer to CNO's 2020 CPMF Reporting Tool.	

		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). i. the meeting date; ii. the rationale for the meeting; iii. a report on discussions and decisions when Executive Committee acts as Councilor discusses/deliberates on matters or materials that will be brought forward to or affect Council; and iv. if decisions will be ratified by Council.	The College fulfills this requirement:	Yes
			• Please insert a link to the webpage where Executive Committee minutes / meeting information are posted. • Minutes of Executive Committee meetings are included in CNO's Council packages, which are available to the public and include any decisions made on behalf of Council. Please refer to the December 2021 Council Package for more information.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

Measure 3.2 Information provided by the College is accessible and timely.		
Required Evidence	**College Response**	
a. With respect to Council meetings: i. Notice of Council meeting and relevant materials are posted at least one week in advance; and ii. Council meeting materials remain accessible on the College's website for a minimum of 3 years, or a process for requesting materials is clearly outlined.	The College fulfills this requirement:	Yes
	• Please insert a link to where past Council meeting materials can be accessed ***OR*** where the process for requesting these materials is clearly posted. • Please refer to CNO's Council Meetings web page for more information. • Dates of Council meetings are posted at the beginning of each year on CNO's website. Meeting packages are posted at least 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. CNO also announces upcoming Council meetings through social media and highlights key issues being discussed.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	
b. Notice of Discipline Hearings are posted at least one month in advance and include a link to allegations posted on the public register.	The College fulfills this requirement:	Yes
	• Please insert a link to the College's Notice of Discipline Hearings. • Please see CNO's Discipline Hearings web page for more information.	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional) • CNO posts notices of upcoming discipline hearings on its website at least 15 days and up to 45 days in advance, depending on whether the hearing date is earlier or later in the next month. Due to CNO's membership size, volume of matters and the dynamic nature of hearing schedules, CNO posts notice of discipline hearings and material by the middle of the previous month, for the next month (for example, hearings in January will have been posted by the middle of December). • When a hearing is scheduled, CNO posts the information on our website, through the Find-a-Nurse portal. CNO also posts a hearing schedule closer to the middle of each month, for the upcoming month's hearings.	
		Measure **3.3 The College has a Diversity, Equity and Inclusion (DEI) Plan.**		
		Required Evidence	**College Response**	
		a. The DEI plan is reflected in the Council's strategic planning activities and appropriately resourced within the organization to support relevant operational initiatives (e.g. DEI training for staff).	The College fulfills this requirement:	Yes
			• Please insert a link to the College's DEI plan. • Please insert a link to the Council meeting minutes where DEI was discussed as part of strategic planning and appropriate resources were approved. • Please refer to the additional comments section for a description of CNO's 2021 DEI activity plan. • Refer to December 2021 Council Decisions to learn more about several key initiatives that are part of our Strategic Plan 2021-2024.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

Additional comments for clarification (optional)

In 2021, CNO developed an initial diversity equity and inclusion plan in line with our strategic objectives and changing public expectations, as reflected in Council strategic planning activities. This will inform the multi-year plan that CNO is developing in 2022. In 2021, the focus was on education and training for staff, CNO's Council and Statutory Committees. The plan also highlights our commitment to focusing on external initiatives that impact CNO applicants, nurses and the public. Please see below for a few examples that occurred within the 2021 reporting cycle.

DEI Advisory Group

- CNO's DEI Advisory Group is a committee that is made up of 14 staff volunteers from across the organization, representing diverse backgrounds and perspectives. CNO created the Advisory Group in 2021 to give input, feedback, advice, and support to developing CNO's planned DEI initiatives.

Education of staff, Council and Committees

- CNO has focused on education in this reporting year, as the foundation for future activities. All staff, Council and Committee members attended two workshops. The workshops offered opportunities for education and self-reflection. The training also helped CNO staff ingrain DEI principles in our work and services. Learning programs were delivered by two external consultants with extensive experience in exploring DEI principles and wide-ranging expertise in its subject matter. Additional information from these sessions and relevant supplementary resources were shared with staff through CNO's intranet.

- Staff also attended workshops on gender diversity and trauma-informed approaches.

Creation of the DEI Coordinator role

- A full time DEI Coordinator was onboarded in the last quarter of 2021 as part of the plan to support DEI initiatives and activities across our organization.

DEI Demographic Data Collection Report

- In 2021, CNO developed a report to help understand DEI recommendations about the collection and use of demographic data through a DEI lens. The report integrates three sources of evidence:
    - a review of other organizations to identify why, what and where organizations collect demographic data
    - a literature review to identify the rationale for collecting demographic data, the type of information CNO may want to collect and how the information might be used,
    - advice from a few external subject matter experts.

- The findings from this report were used to inform development and administration of CNO's DEI and Demographic Staff Survey. Insights gathered from the environmental scan also informed the development of CNO's DEI strategy.

DEI and Demographic Staff Survey

- CNO considered lessons learned from the DEI demographic data collection work and conducted its first DEI demographic survey of staff. The survey attracted a participation rate of 70%. External experts in data collection helped develop the survey, and feedback from the DEI Advisory Group informed our communication to staff, which was posted on CNO's intranet and discussed within team meetings.

- While review and analysis of the survey results are underway, data from the survey will inform future DEI-related activities. For example, CNO received constructive feedback in the open-ended question fields, which will be used to determine future areas of focus.

		b. The College conducts Equity Impact Assessments to ensure that decisions are fair and that a policy, or program, or process is not discriminatory. <u>Further clarification:</u> Colleges are best placed to determine how best to report on an Evidence. There are several Equity Impact Assessments from which a College may draw upon. The ministry encourages Colleges to use the tool best suited to its situation based on the profession, stakeholders and patients it serves.	The College fulfills this requirement:	Partially
			• Please insert a link to the Equity Impact Assessments conducted by the College ***OR*** please briefly describe how the College conducts Equity Impact Assessments. • If the Equity Impact Assessments are not publicly accessible, please provide examples of the circumstances (e.g., applied to a policy, program or process) in which Equity Impact Assessments were conducted. • At an operational level, CNO collects metrics for all our employee facing programs, to ensure that they are fair and non-discriminatory. CNO loads all assessments and data into UKG (CNO HR software) and conduct analyses to determine key trends and themes. Adjustments may be made to CNO programs to ensure they are equitable and fair, based on these assessments. In addition, CNO runs distribution reports to determine if the opportunities are being distributed properly across all sexes, ages, job levels and tenures. • CNO's compensation programs are reviewed each year by a sub-committee of our Council's Finance Committee, comprised of members who have expertise on compensation, attraction and retention practices. In 2021, a focus of the sub-committee's meeting was related to the collection and use of HR metrics to ensure fairness and objectivity in services and decisions. • Please see below for a few examples where CNO has collected metrics for our employee facing programs: o Example: Performance management CNO analyzes and shares metrics with leadership members and the sub-committee on compensation to support a fair and equitable performance management structure. o Example: Recruitment CNO has processes in place to ensure equity and fairness in our hiring practices and procedures. For example, CNO promotes vacancies through publicly available websites. CNO also works with recruitment firms to ensure they meet our equity and fairness requirements.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) • Over the next reporting year, CNO will continue to make regulatory process improvements related to Equity Impact Assessments.	

DOMAIN 2: RESOURCES	STANDARD 4	**Measure** **4.1 The College demonstrates responsible stewardship of its financial and human resources in achieving its statutory objectives and regulatory mandate.**

Required Evidence	College Response	
a. The College identifies activities and/or projects that support its strategic plan including how resources have been allocated. Further clarification: 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.	The College fulfills this requirement:	Yes
	• Please insert a link to Council meeting materials that include discussions about activities or projects to support the strategic plan ***AND*** a link to most recent approved budget. • Please briefly describe how resources were allocated to activities/projects in support of the strategic plan. • Please refer to CNO's Council meeting decisions in March, June, September and December, which provide a snapshot of discussions about activities and projects in the reporting year that support our strategic plan. To review the most current budget, please refer to December 2021 Council briefing package. • In this reporting year, CNO adopted a project portfolio management and sequenced approval process for projects to ensure they continuously align with our mandate, strategic objectives, organizational capacity, and budget. To qualify for resources at specified checkpoints, new projects, and those in progress, go through a careful examination of their ability to deliver on stated goals and continued alignment with the strategic plan and budget. • To gain a better understanding of how our financial resources are divided among various activities and projects, please see our audited financial statements presented in the June 2021 Council Briefing Package.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

		b. The College: 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 ii. possesses the level of reserve set out in its "financial reserve policy".	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			• Please insert a link to the "financial reserve policy" ***OR*** Council meeting materials where financial reserve policy has been discussed and approved. • Please insert the most recent date when the "financial reserve policy" has been developed ***OR*** reviewed/updated. • Has the financial reserve policy been validated by a financial auditor? Yes • The 2022 budget and projections through 2025 show the accumulated surplus in the 4.82 months for 2022 to -0.39 months of operating costs by the end of 2025. Please refer to Draft 2022 Operating & Capital Budget presented in the December 2021 Council Briefing Package for more details. • CNO's financial reserve policy was last reviewed in July 2021.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

Additional comments for clarification (if needed)

- The Finance Committee developed an accumulated surplus guideline for CNO's financial reserves, which sets out the level that is needed to build and maintain to meet our legislative requirements. 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. The Finance Committee has set the following ranges for the unrestricted (available for spending) accumulated surplus:
    - less than or equal to six months of operating expenses or $32.99M for 2022
    - greater than or equal to three months of operating expenses or $16.50M for 2022

- Council's budget approval includes these recommended ranges that the Finance Committee forwarded with the proposed 2022 budget.
    - our auditors informed CNO these ranges are congruent with CRA's expectations
    - CNO also periodically confirms with auditors the range noted above is acceptable by the CRA

- 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 2022 budget and projections through 2025 show the accumulated surplus in the 4.82 months for 2022 to -0.39 months of operating costs by the end of 2025.

- The audited financial statements for the reporting year are expected to be ready by May 2022 for the Finance Committee to review. If recommended by the Finance Committee, the statements will be submitted to Council for approval at the June 2022 meeting.

- For additional information, please refer to Draft 2022 Operating & Capital Budget presented in the December 2021 Council Briefing Package.

- For more information, please refer to CNO's 2020 CPMF Reporting Tool.

		c. Council is accountable for the success and sustainability of the organization it governs. This includes: i. regularly reviewing and updating written operational policies to ensure that the organization has the staffing complement it needs to be successful now and, in the future (e.g. processes and procedures for succession planning for Senior Leadership and ensuring an organizational culture that attracts and retains key talent, through elements such as training and engagement).	The College fulfills this requirement:	Yes
			• Please insert a link to the College's written operational policies which address staffing complement to address current and future needs. • Please insert a link to Council meeting materials where the operational policy was last reviewed. **Note:** Colleges are encouraged to add examples of written operational policies that they identify as enabling a sustainable human resource complement to ensure organizational success. • CNO's staffing complement is part of the annual budget process, which is supported by CNO's Sub-Committee on Compensation and the Finance Committee. In December 2021, Council approved the 2022 operating and capital budgets, after the Finance Committee advised these budgets provide the staffing complement to meet our regulatory role, Strategic Plan objectives and our current and future needs. To learn more about the new budget and policies, see December 2021 Council briefing package. • To learn more about the new budget and policies, see December 2021 Council briefing package.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

Additional comments for clarification (optional)

- CNO has a regular schedule to review operational policies on a three-year cycle. Organizational policies are updated based on this review schedule or may be updated based on the following conditions:
    - To reflect changes in legislation, for example, changes in the Employment Standard Act (ESA) around disconnecting from work prompted a review of our policy
    - To align with environmental shifts, for example, compensation shifts
    - To align with public/societal expectations, for example, policies related to DEI

- CNO's Sub-Committee on Compensation meets twice a year and consists of senior leaders who provide guidance to CNO and review all our compensation practices. They let the Finance Committee know whether CNO's compensation practices are reflective of best and current practices. This is CNO's yearly objective that needs to be fulfilled.

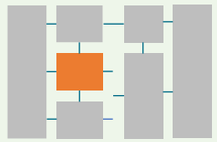
- The Sub-Committee on Compensation supports CNO in meeting its goal of being an employer of choice by advising the Executive Director and CEO and the Finance Committee on compensation-related practices for staff, Council and committee members. In 2018, the Sub-Committee on Compensation was the first committee of Council to have adopted competency-based appointments. CNO appoints individuals on a rolling 3-year term to make sure there is continuity on the committee.

- In 2021, CNO conducted a staff engagement survey, and a comprehensive compensation survey with other employers in its market. The combined results of these surveys informed changes to the compensation program. For instance, CNO adjusted salary ranges for inflation and to be market competitive, and enhanced benefit plans to meet employee needs. In addition, CNO monitors staff turnover and conducts exit surveys to identify and address any challenges that may unknowingly be overlooked.

		ii. regularly reviewing and updating the College's data and technology plan to reflect how it adapts its use of technology to improve College processes in order to meet its mandate (e.g., digitization of processes such as registration, updated cyber security technology, searchable databases).	The College fulfills this requirement:	Yes

			• Please insert a link to the College's data and technology plan which speaks to improving College processes ***OR*** please briefly describe the plan.
			
			• In the 2021 reporting year, CNO developed and implemented a technology road map. This road map outlines CNO's year-by-year approach for the modernization of technology platforms across all regulatory functions. The actions of this plan will occur over a four-year period and are in alignment with CNO's strategic plan. Some modernization updates that occurred in this reporting cycle include the addition of new departments and roles. A few examples of new accountabilities under CNO's Information Management portfolio include:
			  ○ business process mapping
			  ○ organizational policy administration
			  ○ information privacy and security (newly expanded and combined accountability)
			  ○ data governance
			
			• In the summer of 2021, CNO upgraded its main information system to support how CNO manages interactions with nurses and applicants and offers services to external stakeholders. CNO moved through many stages of the upgrade project, which included planning, development, testing, data migration and training during a 6-month period. CNO also updated all training manuals, reference documents and team-specific resources to reflect changes from the upgrade. This supports CNO's Strategic Plan by helping staff and giving them the tools to increase efficiency and flexibility. It also improves services for nurses and applicants, for example, this upgrade enhanced real-time data integration for better collaboration between teams.
			
			CNO also launched a new Intranet system, which went live on December 13, 2021, for all internal CNO staff members. The Intranet is a secure and standardized foundation for connecting and allowing all CNO staff to collaborate. The platform also helps staff by sharing organization-wide updates and news. In 2021, CNO also built a data governance framework and will be working toward setting up an enterprise data lakehouse in the next reporting year.	

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

DOMAIN 3: SYSTEM PARTNER **STANDARD 5 and STANDARD 6**	
Measure / Required evidence: N/A	**College response** ***Colleges are requested to provide a narrative that highlights their organization's best practices for the following two standards. An exhaustive list of interactions with every system partner that the College engaged with is not required.*** ***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 dialogue.***
The two 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 two standards. Instead, Colleges will report on key activities, outcomes, and next steps that have emerged through a dialogue with the Ministry of Health. Beyond discussing what Colleges have done, the dialogue might also identify other potential areas for alignment with other Colleges and system partners.	**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.** Recognizing that a College determines entry to practice for the profession it governs, and that it sets ongoing standards of practice for the profession it regulates and that the profession 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: • *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.).* **Introduction:** This section describes how CNO engages with other health regulatory colleges and system partners to align oversight of practice of the profession and to support public protection. On an ongoing basis, CNO meets with professional nursing associations, unions, employers, government partners and other regulatory bodies. CNO works collaboratively with these groups to discuss various regulatory issues of mutual interest. In addition to these groups, in 2021 CNO continued to engage our Employer Reference Group and Academic Reference Group. Both groups provide an opportunity for discussion and collaboration on regulatory issues of importance to employers and educators. CNO also has ongoing engagement with the Health Profession Regulators of Ontario (HPRO). For example, in 2021 CNO participated and contributed to the HPRO anti-Black, Indigenous, People of Colour

	(BIPOC) racism working group to explore issues related to equity and anti-racism in Ontario's health professions regulatory sector. This engagement allows CNO to work towards our shared purpose of safe patient care. CNO continues to participate in collaborative discussions with regulators outside the healthcare sector. For example, CNO is part of a human resources regulatory group, which allows sharing of human resources policies, experience, and expertise. This group meets four times a year and is comprised of all health regulatory colleges in Ontario and other non-health regulators, such as the Law Society of Ontario and the Ontario College of Teachers. Along with the ongoing engagement, CNO has selected a few examples to further illustrate key successes and achievements in this reporting year. **Example 1: Registered Practical Nurse Entry Examination (Regulatory Exam – Practical Nurse (REx-PN))** Background: To become registered with CNO, applicants must meet several registration requirements, including completion of a registration exam. A registration exam tests for the knowledge, skill and judgment nurses need to demonstrate at the beginning of their careers in Ontario to practice safely. The previous exam was the Canadian Practical Nurse Registration Examination (CPNRE). The new exam, REx-PN, launched on January 4, 2022 and is now the entry-to-practice examination for all Registered Practice Nurse (RPN) applicants. As Ontario's nursing regulator, CNO is accountable for ensuring it grants registration only to those who demonstrate the nursing knowledge needed to provide safe care. CNO regularly reviews processes for assessing the knowledge, skills and judgment necessary for preparing students to enter the nursing profession. The REx-PN meets CNO's requirements for being a valid, reliable and secure exam. Regardless of the number of writes, the only way a writer will be successful on the REx-PN is if they are able to show they have the knowledge, skill and judgment to practice safely as an entry-level Practical Nurse (for example, the system knows when an individual is retaking the exam and they get completely new questions every time). Further, each person who writes the exam has a different set of questions. The REx-PN is a Computerized Adaptive Test (CAT) instead of a traditional multiple-choice exam. An exam writer has to sustain a pre-determined level of difficulty to show their ability and pass the exam. Since 2018, CNO has collaborated with the National Council of State Boards of Nursing (NCSBN) and the British Columbia College of Nurses and Midwives (BCCNM) to support the development and implementation of a new RPN exam that meets current evidence and best practices. Currently, there are three PN exams in Canada: the CPNRE, the OIIAQ LPN Exam in Quebec and the REx-PN. To ensure a smooth transition process, CNO collaborated with the Canadian Council for Practical Nurse Regulators (CCPNR) to develop key messaging to ensure consistency in our communication with all applicants and other stakeholders. For example, CNO collaborated with the CCPNR about labour mobility scenarios for applicants across the country. CNO and BCCNM also worked collaboratively with the CCPNR to make sure everyone received communication of the REx-PN exam fee at the same time. A key component of the REx-PN project has been early and ongoing stakeholder engagement. CNO collaborated with many stakeholders to support the development and implementation of the REx-PN. Some examples from 2021 include:

Nurse, Academic Sector and Public Engagement:

- CNO engaged volunteer educators, nurses and other participants from both provinces to participate in several panels to help with development of exam content. These panels have been pivotal in writing and reviewing all exam content. Some examples include:
  - item writing panels: made up of nurse educators from British Columbia and Ontario, helped develop questions for the exam.
  - sensitivity panels: primarily made up of members of the public from diverse cultures, ethnicities, age ranges and genders, also included a nurse who explained nursing context to the group when needed. Members of the panel assessed questions to identify any words or phrases that might be viewed as insensitive, stereotypical or inflammatory to a specific group of people or populations. Content identified as such was amended or removed.
  - item review panels: made up of nurses from British Columbia and Ontario, reviewed items to ensure they aligned with what is expected of entry level and scope of practice for practical nurses.
  - translation review panels: made up of Ontario nurses with Canadian French-English proficiency, who are familiar with RPN entry level practice. This group assessed language and contextual principles of translated REx-PN questions to ensure the translation was equivalent to the original question in English.
  - French lexicon panels: made up of Ontario French nurse educators. This panel informed the terms in the French style guide to ensure each REx-PN question reflected what is common and current in Ontario practice settings. The REx-PN lexicon became available in 2021.

Academic Sector Engagement

- CNO engaged a practical nurse (PN) transition group, who have been providing support since 2018. The PN transition group met with CNO on a monthly basis and is made up of a diverse perspective of PN educators, coordinators and administrators from across Ontario. This group supported CNO by sharing feedback on how to best communicate with students. They also helped with carrying out the program and have been pivotal in identifying risk and mitigation strategies associated with the project.
- CNO also engaged educator administrators, coordinators and faculty members through individual one-to-one meetings with each Ontario PN program, both at the beginning of the development process then again in the fall of 2021.
- Surveys to Ontario practical nurse programs allowed CNO to obtain feedback on the incoming exam, potential gaps and concerns and identify needed resources. CNO conducted two surveys, one in early 2021 and the other in late 2021.
- The engagement with the PN transition group, through one-to-one meetings with each school, and survey feedback led to the following outputs in 2021:
  - student and applicant webinars: CNO shared information with students and applicants through multiple webinars recorded in French and English. CNO had an overwhelming response with hundreds of students and applicants in attendance for each webinar date. The webinar content focused on the following:
    1. learning about the REx-PN and the exam registration process
    2. learning about what resources are available to students
    3. sharing practice REx-PN questions
    4. giving students the opportunity to ask questions
  - monthly educator newsletters: distributed to all PN nursing programs monthly since January 2021, these newsletters provided academic stakeholders with the latest information about the new regulatory exam and resources to support academics and

applicants. These newsletters also highlighted frequently asked questions and answers to help educators and students throughout the development and implementation process.
    - student fact sheets: CNO developed three student fact sheets in English and French, based on information from surveys and the PN transition group. The three fact sheets focus on:
        1. General information about the REx-PN
        2. Preparing for the REx-PN
        3. Writing the REx-PN (before, during and after exam day)
    - website content: includes Frequently Asked Questions (FAQs) and an overview of the process to schedule the exam. These also were also informed by stakeholder feedback.

Student Engagement

- CNO engaged PN students in the exam development process. Engagement with students included:
    - field testing: Field testing is an important part of creating a high-calibre exam to ensure its questions are a reliable and valid assessment of entry level competence. CNO and BCCNM recruited PN students, who were in their final semester of a PN program in Ontario or BC, to test exam content. The questions were tested in both English and French. There was a successful turnout, with hundreds of students willing to participate in field testing. Field testing results were used to determine the difficulty level for each REx-PN exam question, which is a critical feature of a CAT exam. Also, questions were flagged if they needed to be revised, retested, or removed from the bank of questions.

Public Engagement

- CNO has dedicated REx-PN webpages in English and French to share up-to-date information with the public. One example of ongoing engagement is through the CNO managed REx-PN inbox. All questions about the REx-PN project can be asked through the following email: RExPN@cnomail.org. This allows for ongoing communication with any stakeholder.
- CNO also communicated REx-PN updates through social media channels such as Instagram, Facebook, Twitter and LinkedIn. CNO has made changes to web content and FAQs, based on feedback received through social media.

Government Engagement

- CNO ensured the Ministry of Colleges of Universities was informed through early and meaningful engagement. CNO engages the Ministry every year for program approval recommendations and used this platform to provide updates on the changes happening with the REx-PN and to align areas where ongoing collaboration is needed.

Example 2: Medical Assistance in Dying

On March 17, 2021, the senate passed Bill C-7, which changed requirements related to Medical Assistance in Dying (MAID) under the Criminal Code. Throughout 2021, CNO worked closely with the Registered Nurses' Association of Ontario (RNAO), the Nurse Practitioners' Association of Ontario (NPAO), the College of Physicians and Surgeons of Ontario (CPSO), the Ontario College of Pharmacists (OCP), Health Canada, the Ministry of Health (MOH) and the Office of the Chief Coroner to come to a common understanding of the scope of these legislative changes. CNO

also actively participated in the MOH's roundtable discussions on a bi-weekly basis with the CPSO and OCP to understand the legislative changes and determine any barriers from a regulatory perspective.

In response to these legislative changes and through engagement with system partners, CNO developed the following resources to support nurses in applying these changes to their practice:

- CNO communicated the legislative changes to nurses through CNO's monthly newsletter
- CNO shared information with nurses through a webinar, which was recorded and can be found on CNO's website
- CNO developed a new guidance resource on a nurses' role in MAID

CNO developed other supporting resources such as a MAID chart of legislative requirements for nurses, a frequently asked questions resource and shared a timeline of the medical assistance in dying law.

Standard 6: The College maintains cooperative and collaborative relationships and responds in a timely and effective manner to changing public/societal expectations.

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 asked to provide information by system partners, or where the College proactively seeks information in a timely manner.

- Please provide examples of key successes and achievements from the reporting year where the College engaged with partners, including patients/public to ensure it can respond to changing public/societal expectations (e.g., COVID-19 Pandemic). Please also describe the matters that were discussed with each of these partners and how the information that the College obtained/provided was used to ensure the College could respond to a public/societal expectation.

- 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).

Introduction:

This section describes collaborative relationships CNO has built to ensure it is responsive to changing public and societal expectations. CNO has selected a few examples to illustrate key successes and achievements in this reporting year.

COVID-19 Pandemic Response

Throughout the pandemic, CNO has supported health human resource needs. This is evident through the number of new nurses registered in 2021. CNO was able to successfully register 12,449 new nurses across all three nursing categories (Registered Practical Nurse, Registered Nurse and Nurse Practitioner). CNO has collaborated with nurse regulatory bodies in other jurisdictions to speed up registration and be available to respond to any questions the 'sending' province had. CNO also worked in partnership with employers to bring nurses from other jurisdictions to support the province during a time of crisis in critical care.

	In this reporting year, CNO continued to demonstrate strong relations with system partners to ensure a timely response to changing public/societal expectations. Please see below for a few examples of this collaborative work. **Ministry of Long-Term Care Engagement Tables** Ontario's long-term care sector has been severely impacted by the COVID-19 pandemic. During the last year, CNO actively participated and collaborated in the Ministry of Long-Term Care's (MLTC) engagement tables. The objective has been to improve long-term care staffing by championing expansion, acceleration, and innovation in relation to clinical education supports and career bridging and laddering opportunities. These tables had representation from a wide range of system partners, including, but not limited to, the Ministry of Health, the Ministry of Long-Term Care, regulators, educators, associations, and unions. CNO has played an active role in this engagement by supporting the development of a long-term care quality framework to improve the quality of care and quality of life for long-term care residents. CNO also shared expertise on nursing education and provided guidance to shape the proposed strategies. One example of this is CNO's role in supporting the Bridging Educational Grant in Nursing Initiative (BEGIN). This initiative provides tuition supports for eligible Personal Support Workers and Registered Practical Nurses to complete nursing bridging programs in exchange for a return of service agreement to work in the long-term care or home and community care sector. In addition, CNO participated in the Strategic Long-Term Care Advisory Table. CNO's role has been to share feedback and advice to inform government decisions on carrying out a plan to enhance resident-centred care. **Collaboration with the Ministry of Health** Since the onset of the COVID-19 pandemic, CNO has closely cooperated and been engaged with the Ministry of Health (Ministry). This has resulted in timely sharing of information and updates impacting nursing practice, patient safety and the health sector. The following examples demonstrates our ongoing engagement with the Ministry and outcomes for 2021: • *Cooperation with the Ministry's Emergency Operations Centre (EOC):* CNO attends and actively participates in scheduled calls by the EOC. Matters include information regarding the COVID-19 provincial emergency orders impacting nursing practice and vaccination information. Close cooperation with the Ministry has been important for keeping nurses updated and informed of their accountabilities as they practice through the COVID-19 pandemic. CNO communicates with nurses through the Practice Quality Support function and on our COVID-19 webpage. • *Responding to the Ministry's request to re-open Emergency Assignment Class:* As Ontario entered its third wave of COVID-19, and the government declared a third state of emergency in April 2021, CNO's engagement and close collaboration with the Ministry ensured communication with nurses and employers was timely and effective. The Emergency Assignment Class allowed qualified candidates to register with CNO in a timely manner and at no cost. Within a month of this request over 300 nurses were registered in the Emergency Assignment Class, demonstrating our commitment to working closely with the Ministry and to responding to the pandemic. • *Responding to the new order under the Emergency Management and Civil Protection Act, 1990 (EMCPA*): In April 2021, the Ontario government passed a new order under the EMCPA that authorized nurses and other regulated health professionals, employed in public hospitals, to provide patient care services outside their regular scope of practice. To provide an understanding of changes to the emergency orders, CNO embarked on a communication campaign and updated web content and guidance to nurses on its COVID-19 webpage and via

various social media platforms. CNO's Executive Director and CEO posted a letter on CNO's website to alert nurses of this change to scope of practice in hospitals and to assure them of our continued support.

Collaboration with Health Profession Regulators of Ontario

CNO's continued collaboration and engagement with the Health Profession Regulators of Ontario (HPRO) highlights our commitment to being a trusted health system partner. The COVID-19 pandemic has underscored the importance of working closely with other regulatory colleges to protect the public and ensure that health professionals remain safe, ethical and competent in the face of a dynamic global pandemic. A few examples below illustrate how CNO engaged with HPRO throughout 2021:

- *Practice Advisors Group*: CNO participated in HPRO's Practice Advisors Group to discuss emerging issues and topics of mutual interest impacting regulated health professionals in Ontario, as they relate to the pandemic. Matters included information on services that could be provided during the pandemic, clarity on emergency orders, ensuring accurate and consistent communication across regulated health professions, exploring guidance on vaccination roll-out, trends related to the pandemic and resources available to support our efforts against COVID-19.
- *COVID-19 resources and webpage*: Through deliberating and aligning our interests and communications, CNO used insights gathered from the Practice Advisors Group to ensure resources and communication to nurses was clear and accurate as shown on our COVID-19 webpage.
- *Practice Quality support function:* CNO collaboration with HPRO ensured our Practice Quality Support staff were equipped with up-to-date information to communicate to nurses and to provide them with helpful resources.
- *Communication via* The Standard*:* August 2021, communication to nurses via The Standard spelled out a nurse's accountabilities and expectations when they are redeployed to a new practice environment. This messaging was informed by inquiries received through our practice support function.
- *Interpreting legislative changes*: To ensure all health profession regulators were on the same page, CNO engaged in legal consultations to understand the extent of legislative changes and orders from Ontario government's response to the COVID-19 pandemic. CNO provided nurses with helpful resources and informed them of their accountabilities as the COVID-19 pandemic evolved.

Collaboration with Other Stakeholders

CNO also collaborated with other stakeholders, including employers, to pilot a supervised practice experience for internationally educated applicants. This enabled applicants to meet their recent practice requirement for registration and provided the system with nurses to meet health human resource needs. In late 2021, a formal partnership was established with Ontario Health and plans were developed to launch the Supervised Practice Experience Program province-wide in 2022.

	Measure **7.1 The College demonstrates how it protects against and addresses unauthorized disclosure of information.**		
DOMAIN 4: INFORMATION MANAGEMENT STANDARD 7	**Required Evidence**	**College Response**	
	a. The College demonstrates how it: i. uses policies and processes to govern the disclosure of, and requests for information;	The College fulfills this requirement:	Yes
		• Please insert a link to policies and processes OR please briefly describe the respective policies and processes that addresses disclosure and requests for information. • CNO is committed to the protection of personal information of anyone who shares their information with us. This includes members of the public, nurses, past nurse members, applicants, website visitors and other individuals whose personal information is entrusted to CNO. • CNO makes publicly available its Privacy Policy, which 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. • CNO has been looking at ways to enhance our records management capabilities and to facilitate timely access to information requests handled by the Privacy Office. One of the initiatives CNO carries out includes setting up services to have records digitized across the organization. CNO engaged a third-party vendor to help with digitization and scanning of records. • In 2021, CNO developed and put in place a Privacy and Security Road Map to enhance our ability to protect against and address potential unauthorized disclosures of information. For example, CNO has added new privacy roles which have supported the revision of the organizations Privacy Impact Assessment and review of breach classification processes.	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
		Additional comments for clarification (optional)	

		ii. uses cybersecurity measures to protect against unauthorized disclosure of information; and iii. uses policies, practices and processes to address accidental or unauthorized disclosure of information.	The College fulfills this requirement:	Yes
			• Please insert a link to policies and processes ***OR*** please briefly describe the respective policies and processes to address cybersecurity and accidental or unauthorized disclosure of information. • CNO has implemented critical physical, organizational and technical measures to guard against unauthorized or unlawful access to the personal information managed and stored. CNO has taken steps to avoid accidental loss or destruction of, or damage to, personal information. The measures taken by CNO significantly reduce the likelihood of a data security breach. Some examples of the security controls in place include the following: ○ secure office premises with key card access ○ the use of encryption, such as a secure portal for document transfers and encrypted mobile devices ○ strong authentication processes, including complex passwords ○ limited access to personal information by employees who need the information to perform their work-related duties ○ use of data centers with effective physical and logical data security controls ○ requiring third-party service providers contractually commit to protecting the personal information entrusted to them ○ locked filing cabinets and a secure shredding practice for paper records ○ annual privacy and data security training for all employees to raise awareness of data protection responsibilities ○ ongoing monthly campaigns around phishing awareness • CNO takes privacy complaints very seriously. Our breach management process supports the organization in the event of unauthorized disclosure of information. All incidents, including near misses, require completion of a formal document to gather pertinent information about the potential breach. This form needs to be completed within 24 hours and must be submitted to CNO's Privacy Office for containment, investigation, and corrective action. • All incidents, including near misses, are tracked by CNO's Privacy Office. Each incident is categorized based on the level of risk. CNO prepares a report to summarize the type of breaches that have occurred. These reports are prepared on a quarterly basis and presented to CNO's Finance Committee. • For more information, please refer to the CNO's Privacy Policy.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

	Measure **8.1 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).**		
DOMAIN 5: REGULATORY STANDARD 8	**Required Evidence**	**College Response**	
	a. The College regularly evaluates 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:	Partially

		• Please 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 ***OR*** please briefly describe the College's evaluation process (e.g., what triggers an evaluation, how often are evaluations conducted, what steps are being taken, which stakeholders are being engaged in the evaluation and how are they involved).
		
		• 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:
		  ○ 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
		
		• The process for revising and/or developing standards of practice considers the broader context of nursing practice. CNO identifies ways nursing practice is posing or may pose potential risks to the public.
		
		• CNO monitors the environment to keep standards, guidelines, and practice resources current (for example, changes in legislation).
		
		• CNO has revised, retired, and introduced new standards in response to changes in legislation, nursing practice, the health system, best practice in regulation and changing public expectations.	

		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes

Additional comments for clarification (optional)

- In 2020, CNO initiated the process of Standards Modernization to reflect the evolving health care needs of patients and the dynamic nature of the nursing profession. This initiative supports the implementation of CNO's Strategic Plan. Specifically, standards modernization advances CNO's strategic outcome that nurses' conduct will exemplify understanding and integration of CNO standards for safe practice.

Please see below for a few examples that occurred in 2021 to move this initiative forward:

- Throughout 2021 CNO has engaged Council. Please see here for access to CNO's Council's minutes.

- CNO invited nurses (RPNs, RNs and NPs) to participate in an online survey to help us better understand how nurses are currently using practice standards. For more information on the survey findings, please see here.

- CNO gathered data from several sources of evidence to inform this initiative. This includes literature reviews, jurisdictional scans, stakeholder perspectives and data from regulatory functions. For more information on the evidence findings, please see here.

- Throughout 2021, CNO started preliminary engagement through our Employer Reference Group, academic stakeholders and Council's public advisory group (the Citizen Advisory Group). For more information on some of the early findings, please see here.

For ongoing updates and additional information, please refer to the Standards Modernization webpage on CNO's website. In 2022, CNO will continue to build on the existing work highlighted above. CNO will also remain agile in engaging stakeholders with this initiative as the organization continues to assess the health care environment, given the COVID-19 pandemic.

		b. Provide information on how the College takes into account the following components when developing or amending policies, standards and practice guidelines: 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.	The College fulfills this requirement: • Please insert a link to document(s) that outline how the College develops or amends its policies, standards of practice, and practice guidelines to ensure they address the listed components ***OR*** please briefly describe the College's development and amendment process. • As described in 8.1(a), CNO uses our process guide to evaluate and amend policies, standards of practice and practice guidelines. 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. Due to the COVID-19 pandemic, external engagement and broad communications were limited. CNO remains committed to being agile as the pandemic continues to evolve. CNO has highlighted a few examples below to show how standards of practice and guidelines are revised and developed to support the nursing profession: <u>Medical Assistance in Dying (MAID) Practice Guideline:</u> • In response to legislative changes imposed by the Government of Canada, CNO developed Guidance on Nurses' Roles in Medical Assistance in Dying to help nurses apply these changes to their practice. In addition to guidance, CNO also shared information with nurses through a webinar, which was recorded and can be found on CNO's website. • For more information, please refer to Domain 3, standard 5. <u>Response to the COVID-19 Pandemic:</u> • As mentioned in Domain 3, Standard 5, throughout the COVID-19 pandemic, CNO supported nurses by, for example, communicating that the standard of care is always considered in context. • In 2021, CNO worked to help nurses comply with changing provincial legislation, regulations and guidance, while also ensuring they remain in compliance with CNO's accountabilities for upholding public safety. CNO frequently updated and shared practice resources on our website to help nurses understand their accountabilities during the COVID-19 pandemic. • For example, CNO shared practice resources with nurses to support COVID-19 point-of-care testing. This included communicating timely legislative updates shared by the Government. In 2021, the Ministry of Health implemented an exemption to the *Laboratory and Specimen Collection Centre Licensing Act, 1990* to allow any person to perform a COVID-19 point-of-care test. Since some point-of-care tests involve performing a controlled act, outlined by the *Regulated Health Professions Act, 1991*, CNO proactively responded by sharing information with nurses to ensure they understood the scope of these legislative changes, while remaining in compliance with our Decisions About Procedures and Authority practice standard. In addition to the above, CNO also responded to a new provincial order that was implemented in 2021 to authorize health care professionals, including nurses, to provide patient care services outside of their regular scope of practice. This order also enabled hospitals to engage regulated health professionals from out of province. In response to these legislative changes, CNO shared practice	Yes

resources on our website to support nurses in understanding if a procedure or activity was within their scope of practice. This included sharing guiding questions to help nurses reflect on how the legislation impacted their practice.	
If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
Additional comments for clarification (optional)	

		c. The College's policies, guidelines, standards and Code of Ethics should promote Diversity, Equity and Inclusion (DEI) so that these principles and values are reflected in the care provided by the registrants of the College.	The College fulfills this requirement:	Partially
			• Please briefly describe how the College reviews its policies, guidelines, standards and Code of Ethics to ensure that they promote Diversity, Equity and Inclusion. • Please highlight some examples of policies, guidelines, standards or the Code of Ethics where Diversity, Equity and Inclusion are reflected. • As described in 8.1(a), CNO uses our process guide to evaluate and amend policies, standards of practice, and practice guidelines. A number of factors influence the development of standards of practice and guidelines, which include societal and health care context. • Please see below for a list of CNO practice resources where diversity, equity and inclusion concepts are integrated: ○ Code of Conduct ○ Ethics standard ○ Ask Practice Resource – Culturally Sensitive Care ○ One is One Too Many: Facilitator's Guide and Workbook ○ Conflict Prevention and Management Practice Guideline ○ Entry-to-Practice Competencies for Nurse Practitioners ○ Entry-to-Practice Competencies for Registered Nurses ○ Entry-to-Practice Competencies for Registered Practical Nurses • For example, CNO's Code of Conduct outlines the behaviours the public can expect of nurses when receiving health care. One principle in the Code states "nurses show respect to patients' culture, identity, beliefs, values and goals". Another example includes the Entry-to-Practice Competencies for Registered Nurses, which require nurses to be "advocates for the use of Indigenous health knowledge and healing practices in collaboration with Indigenous healers and Elders consistent with the Calls to Action of the Truth and Reconciliation Commission of Canada".	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes
			Additional comments for clarification (optional) • CNO has work underway to embed the principles of DEI into CNO's standards of practice and guidelines. • Through the Standards Modernization initiative, CNO has identified gaps within our existing practice resources. One of the identified gaps includes integrating more principles related to DEI. In 2021, CNO collected evidence through literature reviews, jurisdictional scans and preliminary stakeholder engagement. Key themes from these consultations include having modern standards that meet the evolving public and health care system realities and expectations. CNO also heard that modern standards must reflect DEI principles. • In 2022, CNO will continue to build on existing work, which includes exploring and integrating DEI principles. This includes broad stakeholder engagement with experts and informants who are champions in DEI.	

	Measure **9.1 Applicants meet all College requirements before they are able to practice.**	
DOMAIN 6: SUITABILITY TO PRACTICE **STANDARD 9**	**Required Evidence**	**College Response**
	a. Processes are in place to ensure that 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.)[2].	The College fulfills this requirement: Yes met in 2020, continues to meet in 2021 • Please insert a link that outlines the policies or processes in place to ensure the documentation provided by candidates meets registration requirements ***OR*** please briefly describe in a few words the processes and checks that are carried out. • Please insert a link ***OR*** please briefly describe 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.).

[2] 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.

			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional) For more information, please refer to CNO's 2020 CPMF Reporting Tool.	
		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, how Colleges detect fraudulent applications or documents including applicant use of third parties, how Colleges confirm registration status in other jurisdictions or professions where relevant	The College fulfills this requirement:	Yes
			• Please 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.), a link to Council meeting materials where these have been discussed and decided upon ***OR*** please briefly describe the process and checks that are carried out. • Please provide the date when the criteria to assess registration requirements was last reviewed and updated. • Responding to the COVID-19 pandemic has highlighted the need to quickly adapt to shifting demands in the health care system, while ensuring public safety. CNO continues to work on updating the way applicants can meet their nursing registration requirements in a timely manner. • One of the outcomes in CNO's Strategic Plan is that "applicants for registration will experience processes that are evidence-informed, fair, inclusive and effective, contributing to improved public access to safe nursing care". In 2021, CNO started a comprehensive review of our application process. The objectives of this review are to make CNO's assessment practices more efficient, update our policies related to registration requirements and reduce the time it takes qualified applicants to become eligible in Ontario.	

		etc.).	Please see below for some examples that occurred within the 2021 reporting cycle: Education: • In 2021 CNO's Council approved a revised date of April 1, 2013, as the cut-off date for having passed the National Council Licensure Examination-Registered Nurse (NCLEX-RN) as part of the evaluation that is used to ensure internationally educated registered nurse applicants have the knowledge, skill and judgement to meet the education requirement. This means that an applicant who successfully completed the NCLEX-RN between April 1, 2013, and January 1, 2015, will now meet the requirement. For more information, please see CNO's website. • In 2021, Touchstone Institute moved to an online/virtual format for the assessment of internationally educated nurses. As a result, they have been able to move forward in 2021 and 2022 with scheduling more assessments, which involve both in-person and virtual evaluation sessions. Evidence of Practice • For evidence of practice, applicants must provide evidence of practice as a nurse within the past three years. Where an applicant must update their practice, their options include the following: o practicing in a jurisdiction where they are registered for a period of time o completing additional education covering specified knowledge areas along with a specified number of clinical hours. • CNO reviewed and updated the policy to accept nursing programs, inclusive of any number of clinical practicum hours, to meet evidence of practice. While initially the policy was directed at applicants who were delayed in completing the usual 400 clinical practicum hours for the program, this has now been adopted for the long-term to ensure consistency across the ways to meet the evidence of practice, which does not have a specified hours' requirement. For additional information, please see CNO's website. • CNO has also partnered with Ontario Health and employers to launch the Supervised Practice Experience Partnership program. This program was piloted in 2021 with external stakeholders and due to its success, this program was launched to all applicants in early 2022. This program provides opportunity for eligible applicants to complete a supervised practice experience in Ontario with an approved Ontario practice setting to demonstrate current nursing knowledge, skill and judgement and language proficiency skills. By participating in this program, applicants have an opportunity to meet their evidence of practice requirement for registration to practice as a nurse. For more information, please refer to CNO's website. Language Proficiency: • For language proficiency, CNO has undertaken extensive work in 2021 to develop a new language proficiency policy, which comes into effect on March 7, 2022. The new policy applies to applicants who submit their language proficiency information on or after this date. This policy also enables CNO to assess evidence that specifically demonstrates that the applicant has used English or French when completing education or working in a health care or health services setting. For more information, please refer to CNO's website.

Canadian Police Criminal Reference Check:

- CNO is in the process of revising our current policy that requires all applicants to obtain a Canadian Police Criminal Record Check. This revision will enable applicants, who have not yet come to Canada, to have accessible options for providing a criminal background check, and to move forward and become eligible for registration.

The examples highlighted above demonstrate our commitment to supporting applicants in moving forward in their registration journey. There are regular changes to our processes as improvements can be found to develop efficiencies for applicants. In 2022, CNO will continue to carry out a comprehensive review of our application processes to support timely registration of applicants.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

Additional comments for clarification (optional)

		Measure **9.2 Registrants continuously demonstrate they are competent and practice safely and ethically.**		
		a. A risk-based approach is used to ensure that currency[3] and other competency requirements are monitored and regularly validated (e.g., procedures are in place to verify good character, continuing education, practice hours requirements etc.).	The College fulfills this requirement:	Yes
			• Please briefly describe the currency and competency requirements registrants are required to meet. • Please briefly describe how the College identified currency and competency requirements. • Please provide the date when currency and competency requirements were last reviewed and updated. • Please briefly describe how the College monitors that registrants meet currency and competency requirements (e.g. self-declaration, audits, random audit etc.) and how frequently this is done. • 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 show the requirement is now unmet. The applicant can only register when all registration requirements are met, and they are current. • In terms of ongoing currency, the website describes the declaration of practice requirement. 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. • 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. • Currency and competency requirements inform the declaration of practice requirements. 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. The policy was updated, as part of broader Registration Regulation changes (under the *Nursing Act, 1991*), in 2012. • This is a self-declaration, which is part of annual renewal. It is required by law (subsection 11(1) of Regulation 275/94). As part of this law, CNO has the authority to request information to verify the declaration. If there is information reported to CNO indicating an	

	individual may have made a false declaration, this is investigated by CNO. If the individual cannot provide evidence of nursing practice in the last three years, they are asked to move to the Non-Practising Class or their certificate of registration is revoked. They cannot practice nursing in Ontario if they have not practiced nursing in the last three years in any jurisdiction.	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional)	

[3] 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).

		Measure **9.3 Registration 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).	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			• Please insert a link to the most recent assessment report by the OFC ***OR*** please provide a summary of outcome assessment report. • Where an action plan was issued, is it: Choose an item.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed) • CNO will continue to carry out the Modernization of Applicant Assessment Program to support the execution of CNO's Strategic Plan. Moving forward, CNO remains committed to the key principles of being evidence informed; continuous quality improvement; right-touch regulation; risk assessment; patient safety; and diversity, equity and inclusion. • For more information, please refer to CNO's 2020 CPMF Reporting Tool.	

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 10

Measure

10.1 The College supports registrants in applying the (new/revised) standards of practice and practice guidelines applicable to their practice.

Required Evidence	College Response	
a. Provide examples of how the College assists registrants in implementing required changes to standards of practice or practiceguidelines (beyond communicating the existence of new standard, FAQs, or supporting documents). Further clarification: Colleges are encouraged to support registrants when implementing changes to standards of practice or guidelines. Such activities could include carrying out a follow-up survey on how registrants are adopting updated standards of practice and addressing identifiable gaps.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
	• Please briefly describe a recent example of how the College has assisted its registrants in the uptake of a new or amended standard: – Name of Standard – Duration of period that support was provided – Activities undertaken to support registrants – % of registrants reached/participated by each activity – Evaluation conducted on effectiveness of support provided • Does the College always provide this level of support: Choose an item. *If not, please provide a brief explanation:*	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (optional) • As described in 8.1(b), CNO developed a new guidance resource to support nurses in applying legislative changes related to MAID. In addition to sharing guidance, CNO helped registrants through the following: ○ CNO communicated legislative changes to nurses through CNO's monthly newsletter ○ supplementary information was shared with nurses through a recorded webinar ○ supporting resources were developed, which included a MAID chart of legislative requirements for nurses and a frequently asked questions resource • As part of our Standards Modernization initiative, CNO will identify additional ways to support knowledge translation including new ways to integrate standards into the Quality Assurance (QA) program.	

		Measure: **10.2 The College effectively administers the assessment component(s) of its QA Program in a manner that is aligned with right touch regulation[4].**		
		a. The College has processes and policies in place outlining: i. how areas of practice that are evaluated in QA assessments are identified in order to ensure the most impact on the quality	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			• Please list the College's priority areas of focus for QA assessment and briefly describe how they have been identified ***OR*** please insert a link to the website where this information can be found. • Is the process taken above for identifying priority areas codified in a policy: Choose an item. *If yes, please insert link to policy:*	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional) • CNO's Quality Assurance Program is CNO's commitment to the public that every practicing nurse in Ontario is engaged in continuous improvement. Quality Assurance is a key regulatory function that supports outcome two of CNO's strategic plan that nurses' conduct will exemplify understanding and integration of CNO standards for safe practice. • CNO has modernized and enhanced the QA program to support greater relevancy and applicability to nursing practice. Throughout the 2021 reporting cycle, CNO focused on self-reflection and developed QA resources and activities to best support nurses as they continue to work through the COVID-19 pandemic. For example, CNO developed two new practice assessment tools that are based on practice reflection and aligned to the standards of practice. Also, CNO offered coaching support to nurses selected for QA assessments. Due to the ongoing pandemic, nurses selected for QA assessment were also given the opportunity for an extension or deferral to another cycle. • For more information on CNO's QA program, please refer to CNO's website. • For more information on CNO's 2020 CPMF Reporting Tool, please refer to CNO's website.	

[4] "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).

		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 of multiple assessment activities); and	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			• Please 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 ***OR*** please briefly describe right touch approach and evidence used. • Please provide the year the right touch approach was implemented ***OR*** when it was evaluated/updated (if applicable). *If evaluated/updated, did the college engage the following stakeholders in the evaluation:* – *Public* Choose an item. – *Employers* Choose an item. – *Registrants* Choose an item. – *other stakeholders* Choose an item.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional) • For more information, please refer to CNO's 2020 CPMF Reporting Tool.	
		iii. criteria that will inform the remediation activities a registrant must undergo based on the QA assessment, where necessary.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			• Please insert a link to the document that outlines criteria to inform remediation activities ***OR*** list criteria.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional) • For more information, please refer to CNO's 2020 CPMF Reporting Tool.	
		Measure: **10.3 The 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 any College committee and assesses whether the registrant subsequently demonstrates the required knowledge, skill and judgement while practising.	The College fulfills this requirement:	Yes
			• Please insert a link to the College's process for monitoring whether registrant's complete remediation activities ***OR*** please briefly describe the process. • Please insert a link to the College's process for determining whether a registrant has demonstrated the knowledge, skills and judgement following remediation ***OR*** please briefly describe the process. • CNO tracks all evidence of remediation. 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 they fail to co-operate with the directions of the Quality Assurance Committee despite multiple opportunities and encouragement from staff. • 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 or any involvement in a disciplinary hearing.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 11

Measure

11.1 The College enables and supports anyone who raises a concern about a registrant.

Required Evidence	College Response	
a. The different stages of the complaints process and all relevant supports available to complainants are: i. supported by formal policies and procedures to ensure all relevant information is received during intake at each stage, including next steps for follow up; ii. clearly 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); and	The College fulfills this requirement:	Yes

- Please insert a link to the College's website that clearly describes the College's complaints process including, options to resolve a complaint, the potential outcomes associated with the respective options and supports available to the complainant.
- Please insert a link to the polices/procedures for ensuring all relevant information is received during intake ***OR*** please briefly describe the policies and procedures if the documents are not publicly accessible.

- CNO's website has resources to support members of the public who want to make a complaint about a nurse's conduct. In addition, CNO also has a guide entitled Addressing Complaints at the College of Nurses of Ontario, which can be found on the website. The guide includes information to support making a complaint, information about the complaints process and information about possible outcomes.
- CNO also provides contact details on our website to answer any questions about the complaints process.
- CNO has formal procedures in place that guide our intake and investigation processes. Please see below for a brief description of relevant procedures that guide the complaints process.

CNO's Managing a Complaint at Intake Procedures:

- To ensure a consistent approach is used when managing complaints at the intake stage, CNO uses a procedure that applies to all new complaints received by CNO.
- The procedure outlines three different stages; the initial receipt of complaint, the intake stage and post-intake. Upon initial receipt of a complaint, CNO assesses the complaint and sends an acknowledge correspondence letter to the complainant, enclosing the Addressing Complaints Process Guide. Once a complaint is assessed, an investigator is responsible for completing a Complaint Intake Assessment Memo, with a recommendation for next steps.

CNO's Managing Alternative Dispute Resolution (ADR) Process:

- Under section 25.1 of the *Health Professions Procedural Code* (Code), a complaint may be resolved through an ADR process. CNO has a procedure outlining steps for ADR in appropriate cases.

CNO's Managing a Complaints Investigation Procedure:

- Following a review at the intake stage, some matters may require an investigation. To ensure staff have a consistent, efficient, and effective means of managing complaints investigations, CNO uses a procedure that applies to all complaints. This includes complaints that are either not suitable for ADR, or where one of the parties does not consent to ADR, or the ADR has been unsuccessful.

- The procedure outlines the steps that the assigned investigator must follow. CNO staff are responsible for assessing every complaint on a case-by-case basis. However, CNO has specific procedures in place when addressing complex matters.

If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

Additional comments for clarification (optional)

		iii. evaluated by the College to ensure the information provided to complainants is clear and useful.	The College fulfills this requirement:	No
			• Please provide details of how the College evaluates whether the information provided to complainants is clear and useful.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	No
			Additional comments for clarification (optional) • CNO provides support to complainants throughout the complaints process and contact complainants if any clarification is needed.	
		b. The College responds to 90% of inquiries from the public within 5 business days, with follow-up timelines as necessary.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			Please insert rate (see Companion Document: Technical Specifications for Quantitative CPMF Measures).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional) • For more information, please refer to CNO's 2020 CPMF Reporting Tool.	

		c. Demonstrate how the College supports the public during the complaints process to ensure that the process is inclusive and transparent (e.g. translation services are available, use of technology, access outside regular business hours, transparency in decision-making to make sure the public understand how the College makes decisions that affect them etc.).	The College fulfills this requirement:	Yes
			• Please list supports available for public during complaints process. • Please briefly describe at what points during the complaints process that complainants are made aware of supports available. • As mentioned in 11.1a, the public can contact CNO and a staff person on call would respond to inquiries within 48 hours. Furthermore, once a complaint is made, CNO staff provides the complainant with support throughout the process (for example, updates about requirements in legislation). Also, if a decision is made at a panel, the complainant receives a copy of that decision. • CNO's public register, Find-a-Nurse, also 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 involvement in any disciplinary hearing. • CNO has an on-call function, which involves having a staff person on call who responds to inquiries about CNO's complaint process. In addition to this, CNO staff provide the complainant with support throughout the process. More information can be found in the complaints process guide on CNO's website.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional)	

		Measure **11.2 All 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, including how complainants can contact the College for information (e.g., availability and accessibility to relevant information, translation services etc.).	The College fulfills this requirement:	Yes
			• Please insert a link to document(s) outlining how complainants can contact the College during the complaints process ***OR*** please provide a brief description. • Please insert a link to document(s) outlining how complainants are supported to participate in the complaints process ***OR*** please provide a brief description. • As described in the complaints guide found on our website, CNO writes to the complainant to acknowledge receipt of the complaint and explains the complaint process. • As mentioned in 11.1b, CNO staff provide the complainant with support throughout the process. If the matter is referred for a hearing before the Discipline Committee, staff help a complainant (who wishes to participate in the process) in understanding their role in a discipline hearing. CNO provides complainants with information about the hearing process, such as supports available if the complainant is required to testify and updates the complainant on the status of the hearing. Information about what to expect at a hearing can be found in a fact sheet and a guide for witnesses on CNO's website.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.

			Additional comments for clarification (optional)	
DOMAIN 6: SUITABILITY TO PRACTICE	STANDARD 12	**Measure** **12.1 The 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).	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			• Please insert a link to guidance document ***OR*** please briefly describe the framework and how it is being applied. • Please provide the year when it was implemented ***OR*** evaluated/updated (if applicable).	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (optional) • In 2021, CNO piloted changes to our Risk Assessment Tool. Based on the positive feedback from the pilot, CNO has adopted this revised tool on a permanent basis. • For more information, please refer to CNO's 2020 CPMF Reporting Tool.	

DOMAIN 6: SUITABILITY TO PRACTICE

STANDARD 13

Measure

13.1 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.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
	• Please insert a link to the policy ***OR*** please briefly describe the policy. • Please 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').	
	If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
	Additional comments for clarification (if needed) • For more information, please refer to CNO's 2020 CPMF Reporting Tool.	

	Measure **14.1 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.**		
DOMAIN 7: MEASUREMENT,REPORTING AND IMPROVEMENT **STANDARD 14**	**Required Evidence**	**College Response**	
	a. Outline the College's KPI's, including a clear rationale for why each is important.	The College fulfills this requirement:	Partially
		• Please insert a link to a 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), a link to Council meeting materials where this information is included ***OR*** list KPIs and rationale for selection. • For a review of the goals and outcomes, and the planned activities that will help us meet our strategic objectives, please see CNO's Strategic Plan. • CNO is currently undergoing the development of a robust performance and evaluation framework associated with the strategic plan. The Key Performance Indicators (KPIs) that will be developed will include process, outcome, and balance measures with the objective of ensuring that indicators are robust, rigorous and demonstrate correlation with the strategic objective.	
		If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Yes

			Additional comments for clarification (if needed) • In 2021, CNO launched a four-year strategy, which marked a new era and an end to the KPIs that were highlighted in the 2020 CPMF report. With a renewed focus and a clear purpose to protect the public by promoting safe nursing practice, CNO's Strategic Plan is centred on four main goals or pillars: 1. build insight abilities 2. operate with agility 3. enable proactivity 4. engage and mobilize our stakeholders • Our performance in the next strategic period is measured against the following three key strategic outcomes: 1. applicants for registration will experience processes that are evidence-informed, fair, inclusive, and effective, contributing to improve public access to safe nursing care 2. nurses' conduct will exemplify understanding and integration of CNO standards for safe practice 3. CNO will be recognized as a trusted stakeholder to nurses, employers, and the public • As mentioned above, CNO will be implementing a robust and rigorous performance and evaluation framework associated with every strategic objective outlined in the 2021-24 Strategic Plan. • Similar to other impacted initiatives, progress on developing KPIs has been delayed due to the COVID-19 pandemic. However, CNO is committed to protecting the public and has conceptualized the four pillars and three outcomes as key drivers of our performance toward meeting our strategic goals. CNO developed road maps with milestones that will enable progression toward implementing our strategic pillars and outcomes.	
		b. The College regularly reports to Council on its performance and risk review against: i. stated strategic objectives (i.e. the objectives set out in a College's strategic plan); ii. regulatory outcomes (i.e. operational indicators/targets with	The College fulfills this requirement:	Yes
			• Please insert a link to Council meetings materials where the College reported to Council on its 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. • Please refer to CNO's Council decisions for March, June, September and December, which highlight our reports on progress toward our strategic objectives.	

		reference to the goals we are expected to achieve under the RHPA); and iii. its risk management approach.	*If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?*	Choose an item.
			Additional comments for clarification (if needed) • CNO reports to Council on performance and risk management in relation to the goals and outcomes set out in the strategic plan. In addition to reporting quarterly on progress, our annual report to Council details how CNO performed yearly on stated strategic objectives. The report for 2021 will be shared with Council in March 2022. CNO reported our progress to Council including the status of regulatory outcomes related to Standards Modernization, Quality Assurance and Entry-To-Practice, projects that are aligned with CNO's strategic plan. This included outlining the challenges and risks (for example, COVID-19/stakeholder engagement), and how CNO has managed them. Council had the opportunity to provide input and feedback.	

		Measure **14.2 Council directs action in response to College performance on its KPIs and risk reviews.**	
		a. Council uses performance and risk review findings to identify where improvement activities are needed.	The College fulfills this requirement:	Yes
			• Please insert a link to Council meeting materials where the Council used performance and risk review findings to identify where the College needs to implement improvement activities. • The goals and outcomes identified in our strategic plan have been guiding Council to respond to CNO's performance through 2021. Following our strategic initiatives, updates and progress through the year, Council provided feedback and direction toward key improvement areas. • As part of their oversight of the plan's implementation, Council asks for additional information, data, context and/or background about activities associated with the strategic plan. In those instances, staff would gather evidence to support decision making and include it as part of briefing material at the subsequent Council meeting. • Due to the COVID-19 pandemic and CNO's strategic response in being a systems partner, Council's approach to risk management will be based on emerging needs. CNO has remained agile and continues to fulfill its mandate, while building capacity for continuous quality improvement.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed)	
		Measure **14.3 The College regularly reports publicly on its performance.**		
		a. Performance results related to a College's strategic objectives and regulatory outcomes are made public on the College's website.	The College fulfills this requirement:	Yes met in 2020, continues to meet in 2021
			• Please insert a link to the College's dashboard or relevant section of the College's website.	
			If the response is "partially" or "no", is the College planning to improve its performance over the next reporting period?	Choose an item.
			Additional comments for clarification (if needed) • For more information, please refer to CNO's 2020 CPMF Reporting Tool.	

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.

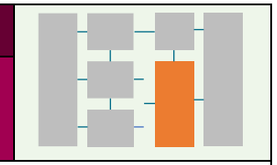
In order to facilitate consistency in reporting, a recommended method to calculate the information is provided in the companion document "Technical Specifications for Quantitative College Performance Measurement Framework Measures." However, recognizing that at this point in time, the data may not be 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 a method other than the recommended method outlined in the following Technical Document, the College is asked to provide the method in order to understand how the information provided was calculated.

The ministry has also included hyperlinks of the definitions to a glossary of terms for easier navigation.

Table 1 – Context Measure 1

DOMAIN 6: SUITABILITY TO PRACTICE **Standard 11**	
Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d *If a College method is used, please specify the rationale for its use:*	

Context Measure (CM)		
CM 1. Type and distribution of QA/QI activities and assessments used in CY 2021*		
Type of QA/QI activity or assessment:	#	
i. Code of conduct activity	379	*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).* *The information provided here illustrates the diversity of QA activities the College undertook in assessing the competency of its registrants and the QA and QIactivities its registrants undertook to maintain competency in CY 2021. The diversityof 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 13.1(a) of Standard 11.*
ii. Learning plan	383	
iii. NP case example	79	
iv. Other remedial activities	9	
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*	

Additional comments for clarification (if needed)

The statistics are based on the members selected and notified to participate in each QA activity in 2021. Some members may not have completed the activities by December 31st, 2021.

Table 2 – Context Measures 2 and 3

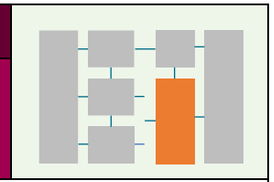
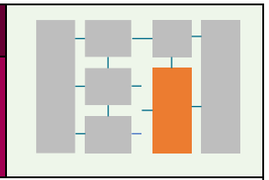
DOMAIN 6: SUITABILITY TO PRACTICE **Standard 11**			
Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d *If a College method is used, please specify the rationale for its use:*			
Context Measure (CM)			
	#	%	*What does this information 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 them to the College's QA Committee.* *The information provided here shows how many registrants who underwent an activity or assessment 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 as of the start of CY 2021, understanding that some cases may carry over.*
CM 2. Total number of registrants who participated in the QA Program CY 2021	392	---	
CM 3. Rate of registrants who were referred to the QA Committee as part of the QA Program where the QA Committee directed the registrant to undertake remediation as of the start of CY2021.	9	2.3%	
NR			
Additional comments for clarification (if needed) All members who participated in remediation for CY2021 were carried over from previous cycle years.			

Table 3 – Context Measure 4

DOMAIN 6: SUITABILITY TO PRACTICE **Standard 11**	

Statistical data collected in accordance with the recommended method or the College's own method: Recommended

If a College method is used, please specify the rationale for its use:

Context Measure (CM)			
CM 4. Outcome of remedial activities as at the end of CY 2021:**	#	%	*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*	7	78%	
II. Registrants still undertaking remediation (i.e. remediation in progress)	NR	NR	

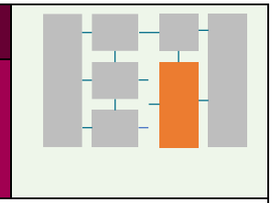
NR

** This measure may include registrants who were directed to undertake remediation in the previous year and completed reassessment in CY2021.*

***This number may include any outcomes from the previous year that were carried over into CY 2021.*

Additional comments for clarification (if needed)

Table 4 – Context Measure 5

DOMAIN 6: SUITABILITY TO PRACTICE **Standard 13**	
Statistical data is collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d *If a College method is used, please specify the rationale for its use:*	

Context Measure (CM)					
CM 5. Distribution of formal complaints and Registrar's Investigations by theme in CY 2021		Formal Complaints received		Registrar Investigations initiated	
Themes:		#	%	#	%
I.	Advertising	0	0	0	0
II.	Billing and Fees	0	0	0	0
III.	Communication	260	27.7%	36	6.3%
IV.	Competence / Patient Care	311	33.1%	157	27.4%
V.	Intent to Mislead including Fraud	NR	NR	56	9.8%
VI.	Professional Conduct & Behaviour	126	13.4%	128	22.4%
VII.	Record keeping	97	10.3%	100	17.5%
VIII.	Sexual Abuse	7	0.7%	20	3.5%
IX.	Harassment / Boundary Violations	20	2.1%	16	2.8%
X.	Unauthorized Practice	10	1.1%	7	1.2%
XI.	Other <*please specify*>	106	11.3%	52	9.1%
Total number of formal complaints and Registrar's Investigations**		555	**100%**	329	**100%**

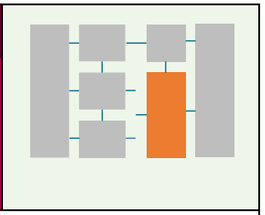
What does this information tell us? This information facilitates transparency to the public, registrants and the ministry regarding the most prevalent themes identified in formal complaints received and Registrar's Investigations undertaken by a College.

Formal Complaints NR Registrar's Investigation ** *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.*	

Additional comments for clarification (if needed)

Others include: findings in other jurisdictions, charges or convictions, heath related matters, failing to intervene, and uncategorized allegations.

Table 5 – Context Measures 6, 7, 8 and 9

DOMAIN 6: SUITABILITY TO PRACTICE **Standard 13**	
Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d *If a College method is used, please specify the rationale for its use:*	

Context Measure (CM)			
CM 6. Total number of formal complaints that were brought forward to the ICRC in CY 2021	420		*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.*
CM 7. Total number of ICRC matters brought forward as a result of a Registrar's Investigation in CY 2021	504		
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 2021	295		
CM 9. Of the formal complaints and Registrar's Investigations received in CY 2021**:	#	%	
I. Formal complaints that proceeded to Alternative Dispute Resolution (ADR)	139	25.4%	
II. Formal complaints that were resolved through ADR	107	19.5%	
III. Formal complaints that were disposed of by ICRC	403	-	
IV. Formal complaints that proceeded to ICRC and are still pending	59	14.0%	
V. Formal complaints withdrawn by Registrar at the request of a complainant	6	1.1%	
VI. Formal complaints that are disposed of by the ICRC as frivolous and vexatious	27	7.1%	

VII.	Formal complaints and Registrar's Investigations that are disposed of by the ICRC as a referral to the Discipline Committee	NR	NR	

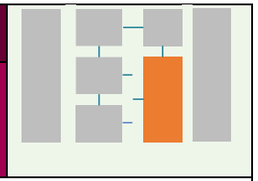
ADR
Disposal
Formal Complaints
Formal Complaints withdrawn by Registrar at the request of a complainant
NR
Registrar's Investigation

 # May relate to Registrar's Investigations that were brought to the ICRC in the previous year.

*** 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 the 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 the ICRC.*

Additional comments for clarification (if needed)

Table 6 – Context Measure 10

DOMAIN 6: SUITABILITY TO PRACTICE **Standard 13**	
Statistical data collected in accordance with the recommended method or the College's own method: Recommended *If a College method is used, please specify the rationale for its use:*	

Context Measure (CM)							
CM 10. Total number of ICRC decisions in 2021	759						
Distribution of ICRC decisions by theme in 2021*	# of ICRC Decisions++						
Nature of Decision	Take no action	Proves advice or recommendations	Issues a caution (oral or written)	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	61	14	6	41	7	10	68
IV. Competence / Patient Care	125	27	14	71	17	19	56
V. Intent to Mislead Including Fraud	18	9	7	11	0	36	0
VI. Professional Conduct & Behaviour	68	19	8	44	7	23	23
VII. Record Keeping	47	14	10	39	10	12	14
VIII. Sexual Abuse	12	NR	NR	NR	0	7	0
IX. Harassment / Boundary Violations	7	NR	0	NR	0	NR	NR

X.	Unauthorized Practice	NR	NR	0	NR	NR	NR	0
XI.	Other <*please specify*>	81	23	22	73	14	28	9

** 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 2021.*

++ 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 decisions.

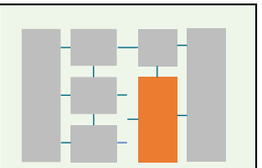
NR

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)

Others include: findings in other jurisdictions, charges or convictions, heath related matters, failing to intervene, and uncategorized allegations.

Table 7 – Context Measure 11

DOMAIN 6: SUITABILITY TO PRACTICE **Standard 13**	

Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d

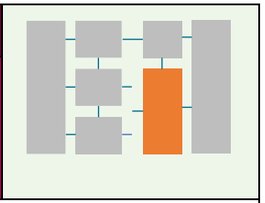
If College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 11. 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 formal complaints or Registrar's investigations are being disposed by the College.* *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.*
I. A formal complaint in working days in CY 2021	458	
II. A Registrar's investigation in working days in CY 2021	698	

Disposal

Additional comments for clarification (if needed)

Table 8 – Context Measure 12

DOMAIN 6: SUITABILITY TO PRACTICE **Standard 13**	

Statistical data collected in accordance with the recommended method or the College's own method: R e c o m m e n d e d

If a College method is used, please specify the rationale for its use:

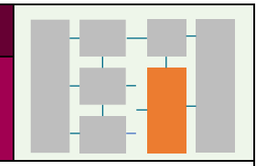
Context Measure (CM)		
CM 12. 90th Percentile disposal of:	Days	*What does this information tell us? This information illustrates the maximum length of time in which 9 out of 10 uncontested discipline hearings and 9 out of 10 contested discipline hearings are being disposed.* *The information enhances 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 2021	463	
II. A contested discipline hearing in working days in CY 2021	508	

Disposal
Uncontested Discipline Hearing
Contested Discipline Hearing

Additional comments for clarification (if needed)

Hearings in which neither the registrant nor their representative are present are considered contested hearings.

Table 9 – Context Measure 13

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 13	

Statistical data collected in accordance with the recommended method or the College's own method: Recommended

If College method is used, please specify the rationale for its use:

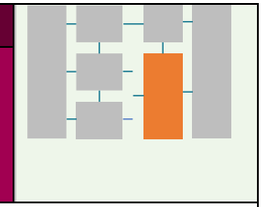
Context Measure (CM)		
CM 13. Distribution of Discipline finding by type*		
Type		#
I.	Sexual abuse	NR
II.	Incompetence	0
III.	Fail to maintain Standard	39
IV.	Improper use of a controlled act	0
V.	Conduct unbecoming	0
VI.	Dishonourable, disgraceful, unprofessional	52
VII.	Offence conviction	5
VIII.	Contravene certificate restrictions	NR
IX.	Findings in another jurisdiction	0
X.	Breach of orders and/or undertaking	NR
XI.	Falsifying records	8
XII.	False or misleading document	NR
XIII.	Contravene relevant Acts	NR
XIV. Abuse		20

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.

XV. Failure to cooperate with the College (CNO)	NR
XVI. Misappropriating property	10
XVII. Other	16

* *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.* *NR*
Additional comments for clarification (if needed) CNO has added four new themes to more accurately represent its subcategories.

Table 10 – Context Measure 14

DOMAIN 6: SUITABILITY TO PRACTICE	
Standard 13	

Statistical data collected in accordance with the recommended method or the College own method: R e c o m m e n d e d

If a College method is used, please specify the rationale for its use:

Context Measure (CM)		
CM 14. Distribution of Discipline orders by type*		
Type	#	
I. Revocation	6	*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.*
II. Suspension	31	
III. Terms, Conditions and Limitations on a Certificate of Registration	31	
IV. Reprimand	44	
V. Undertaking	0	

** 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 may not equal the total number of discipline cases.*

Revocation
Suspension
Terms, Conditions and Limitations
Reprimand
Undertaking
NR

Additional comments for clarification (if needed)

Glossary

Alternative Dispute Resolution (ADR): Means mediation, conciliation, negotiation, or any other means of facilitating the resolution of issues in dispute.

Return to:-Table 5

Contested Discipline Hearing: In a contested hearing, the College and registrant disagree on some or all of the allegations, penalty and/or costs.

Return to: Table 8

Disposal: The day upon which all relevant decisions were provided to the registrant 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).

Return to: Table 5, Table 7, Table 8

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.

Return to: Table 4, Table 5

Formal Complaints withdrawn by Registrar at the request of a complainant: Any formal complaint withdrawn by the Registrar 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.

Return to: Table 5

NR: Non-reportable: Results are not shown due to < 5 cases (for both # and %). This may include 0 reported cases.

Return to: Table 1, Table 2, Table 3, Table 4, Table 5, Table 6, Table 9, Table 10

Registrar's Investigation: Under s.75(1)(a) of the *Regulated Health Professionals Act, 1991* (RHPA) where a Registrar believes, on reasonable and probable grounds, that a registranthas committed an act of professional misconduct or is incompetent he/she can appoint an investigator which must be approved by the Inquiries, Complaints and Reports Committee (ICRC). Section 75(1)(b) of the RHPA, where the ICRC receives information about a member from the Quality Assurance Committee, it may request the Registrar to conduct an investigation. In situations where the Registrar determines that the registrant exposes, or is likely to expose, their 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.

Return to: Table 4, Table 5

Revocation: Of a member or 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 their ability to practice the profession.

Return to: Table 10

Suspension: A suspension of a registrant's Certificate of Registration occurs for a set period of time during which the registrant is not permitted to:

- Hold themselves out as a person qualified to practice the profession in Ontario, including using restricted titles (e.g. doctor, nurse),
- Practice the profession in Ontario, or
- Perform controlled acts restricted to the profession under the Regulated Health Professions Act, 1991.

Return to: Table 10

Reprimand: 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 their practice.

Return to: Table 10

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.

Return to: Table 10

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.

Return to: Table 8

Undertaking: Is a written promise from a registrant that they will carry out certain activities or meet specified conditions requested by the College committee.

Return to: Table 10