

Minutes

Present

C. Evans, Chair	T. Holland	M. Sheculski
P. Andrade (Wednesday)	A. Jewell (Wednesday)	N. Thick
C. Barnet	D. Lafontaine	K. Wagg
F. Cardile	M. MacMillan-Gilkinson	D. Walia
D. Cutler	C. Manning	C. Ward
T. Dion	N. Osbourne James	T. White
C. Egerton	T. Perlin	H. Whittle
A. Fox	J. Petersen	C. Williams
G. Fox	D. A. Prillo	I. Wiltshire-Stoby
D. Graystone	S. Robinson	C. Woodbury
	G. Rudanycz	

Regrets

P. Andrade (Thursday)	J. Jamieson	K. Patterson
R. Davidson	A. Jewell (Thursday)	A. Vidovic

Guest

D. Collie

Staff

J. Anderson	D. Jones	S. Mills
A. Coghlan	B. Knowles	C. Stanford
J. Hofbauer, Recorder	K. McCarthy	

Agenda

The Executive Committee is recommending a closed session.

Motion 1

Moved by C. Egerton, seconded by C. Barnet,

That the Council meeting be closed at 9:00 a.m. on Thursday, September 13, 2018 under Sections 7(2)(b) and (e) of the *Health Professions Procedural Code* because:

- “financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public” [s. 7(2)(b)]; and
- “instructions will be given to or opinions received from the solicitors for the College.” [s. 7(2)(e)].

CARRIED

The planned update on program approval was removed from the agenda. In December, Council will receive an update and also make a decision about approval of Nurse Practitioner programs.

Motion 2

Moved by D. Cutler, seconded by G. Rudanycz,

That the agenda for the Council meeting of September 12 and 13, 2018 be approved as amended.

CARRIED

Minutes

Minutes of the Council meeting of June 7, 2018 had been circulated. A member identified that a question that had been raised was not included in the minutes. On page 4 in the section on competencies, it was suggested that it be clarified that there will be consideration of northern representation on governance, committees and advisory groups.

Motion 3

Moved by D. Graystone, seconded by M. Sheculski,

That the section on Competencies on page 4 of the minutes of the Council meeting of June 7, 2018 be amended to include: “In response to a question, it was confirmed that members of the board, committees and advisory groups will reflect the diverse needs of patients across the province, including the north.”

CARRIED

Motion 4

Moved by P. Andrade, seconded by C. Williams,

That the minutes of the June 7, 2018 Council meeting be approved as amended.

CARRIED

Governance Workgroup report

Council had received a report from the Governance Work Group. C. Evans highlighted the achievements to date and future directions. She noted that in December, Council will be updated on plans for 2019.

A. Coghlan updated Council on government engagement about Vision 2020. She reported on a meeting with the Minister of Health and Long-Term Care and noted that there are ongoing discussions with the Minister's office and ministry staff.

It was identified that, while a smaller board is best practice and effective, it will be essential to have the right members.

It was suggested that, in discussion with government about the Vision, the focus should be on its impact on effectiveness and the public interest. It was noted that the interest of other regulators in Vision 2020 reflects College leadership.

Board Profile

A. Jewell highlighted the Board profile. She noted that it is aspirational and is a picture of an ideal future board. It will need to be revisited closer to implementation to determine the required distribution of the competencies across the new board. She noted that the profile will be a living document that will be reviewed and updated regularly.

In reviewing the profile, it was suggested that all of the competencies and attributes be reviewed and any negative statements be removed. The importance of ensuring that the nurses on the board include those who work directly with patients was flagged.

There was some discussion about the requirement for a senior nursing leader and what that might mean. It was identified that leadership responsibilities are different depending on the facility. Nurses can bring leadership in a number of roles.

It was noted that it will be important to clarify that the public members on the Board are reflective of the broader public. Public members bring a range of competencies to the board. In proposing equal public and nurse membership, Council is making a strong statement on the importance of public members.

Motion 5

Moved by A. Jewell, seconded by C. Williams,

That Council approve the profile for the future Board as it appears in attachment 1 to the report of the Work Group, with the edits suggested by Council.

CARRIED

Council discussed how the future board profile might be used at this time. It was identified that the Governance Work Group and Executive could use the profile for self-assessment. It was suggested that the profile be integrated into election process. It might support more informed voting if nurses understood the skills and attributes required of the board.

There was some discussion about use of the board profile for assessment of Council. It was identified as a helpful tool for self-reflection.

Chair/Vice-Chair profiles

A. Jewell highlighted the profile for the chair/vice-chair of the future board. There was discussion about the leadership expectations and whether the specificity in the current draft was exclusionary. It was suggested that one year of membership on Council be a requirement to apply for the Chair or Vice-Chair position. It was also flagged that the expectation regarding ethics was not clear and an example would be helpful. Some additional edits were suggested.

The Work Group will review the Chair/Vice-Chair profile based on Council's feedback and bring it back to Council in December.

Committee appointments pilot

G. Fox noted that for the 2019 committee appointments pilot, the competencies and attributes have been prioritized so that the assessment is based on those competencies and attributes seen as most important for any committee to function effectively.

G. Fox noted that best practice includes a self-assessment and validation which will take place through application questions and reference checks. She noted that this is an improvement to the current process.

The Work Group asked the Election and Appointments Committee what they would find helpful. It was noted that it is helpful to have a peer assessment from the chair for incumbents seeking reappointment. It was confirmed that having responses to competencies and attributes will provide the Election and Appointments Committee with a better assessment tool than the current information.

Appointments Education Evaluation

P. Andrade highlighted the objectives of the appointments education and the evaluation process.

Follow-up Action

Revise Chair/Vice-Chair profiles and return to Council
President and Executive Director and CEO

RN prescribing

C. Evans noted that Council is continuing its work on implementing safe RN prescribing. At the last meeting, Council asked for information on:

- specific medications for smoking cessation; and

- over-the-counter medications.

Smoking Cessation

Council received additional information on the risks and benefits of Bupropion (Zyban) and Varenicline (Champix). It was noted that there are expectations related to RNs prescribing any medication, which include the requirements for additional education and the basic standards related the prescribing.

It was pointed out that smoking is a significant population and individual health risk. As part of the health care team, RN prescribers are well positioned to educate and support patients.

Through show of hands, Council supported inclusion of Bupropion (Zyban) and Varenicline (Champix) as medications that can be prescribed by RNs.

Any over-the-counter medication

R. Jabbour noted that a list of all over-the-counter drugs is appended to the briefing note. She noted that no prescriber is educated to prescribe every medication. The prescriber would consider a number of factors in making a decision as to whether to prescribe.

There was discussion about potential side effects and the inability to order diagnostic tests. It was recognized that RN prescribers will have added education and guidance of standards. It was identified that nurses, who are available in the system 24/7, can provide needed support for patients, especially in long-term care.

It was suggested that CNO explore safety measures that could be integrated into the regulation, for example, NPs were initially required to have a collaborative relationship with a physician.

Motion 6

Moved by P. Andrade, seconded by A. Fox,

That the draft regulation related to RN prescribing include the ability for RNs to prescribe any over-the-counter medication.

CARRIED

Follow-up Action

Draft a regulation to authorize RN prescribing in accordance with Council's direction
Executive Director and CEO

Code of Conduct

In March, Council had discussed the idea of a Code of Conduct – setting clear expectations to support the public in understanding what to expect from a nurse and nurses to understand their professional accountability.

It was confirmed that there is overlap between the Code and existing standards. The Code is overarching and broad.

There was a question about specific reference to indigenous populations and not other marginalized groups in principle 2. A. Coghlan noted that nationally, nurse regulators are discussing how to review and revise regulatory documents to address the recommendations from the Truth and Reconciliation Commission. It was noted that as a regulatory body, the College can provide leadership in demonstrating to nurses the unique needs of the indigenous community. Council was informed that the College plans to include the indigenous community in the consultation on the draft Code of Conduct

It was noted that the Code supports patient rights, including involving patients in their care and speaks clearly to nurses about how to do that.

Council was supportive of moving forward with a consultation on the draft Code of Conduct.

Staff are recommending that Council's public advisory group be consulted on the Code.

Motion 7

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

That Council support getting feedback from the Council's public advisory group to inform a Code of Conduct for Ontario nurses.

CARRIED

Follow-up Action

Conduct consultation
Report of consultation feedback and draft revised Code of Conduct to Council in December
Executive Director and CEO

Key Regulatory Function – Quality Assurance

A. Patrick provided an overview of the current quality assurance program, including statistics on success of participants. The impact of remediation on the success of nurses selected to participate in QA was highlighted. It was noted that new resources have been developed to support success in participating in quality assurance.

Future QA

A. Tong provided an update on the work done to date to move forward implementing the model for future QA that was approved by Council in December.

The new components of the model will be integrated into the program over a six year development and implementation timeframe. The plan includes the education of nurses so that they will be able to participate effectively.

The implementation will begin in 2019 with a pilot of a new learning plan which will include a package to guide nurses through self-reflection and self-assessment. The College plans to engage nurses through a robust communication strategy.

Strategic Performance Report

C. Evans noted that Council and staff share an accountability for developing and monitoring the strategic plan. She pointed out that this is a mid-year update and not all indicators include data. She noted the significant improvement of the indicator related to Council use of technology.

A concern was raised about the length of time taken to register international applicants. It was noted that significant parts of the process are outside of the College's control. It was identified that it would be helpful to have information about the time taken at the major steps in the process and be able to identify which are within the College's control.

There was also discussion about the time taken to register Canadian applicants. Council was informed that some of the delays relate to receiving information. The applicant portal has just gone live and it is hoped that this will shorten timelines.

Executive Committee

Council had received the minutes of the Executive Committee meeting of August 9, 2018. There were no questions.

Finance Committee

Council received the report of the Finance Committee meeting of August 9, 2018. C. Manning highlighted the report. She noted that the Finance Committee had reviewed the unaudited six-month financial statements for the period ending June 30, 2018 in detail. She identified that there is a small positive variance from budget which is largely the result of timing.

Motion 8

Moved by C. Manning, seconded by D. Cutler

That the unaudited financial statements for the 6 months ended June 30, 2018 be approved as circulated.

CARRIED

C. Manning informed Council that the College had undertaken a request for proposal for audit services. Since all candidates were technically qualified, the focus of the assessment was on communication skills and adherence to professional accounting standards. C. Manning noted that as a result of the review, the Finance Committee is recommending reappointment of Hilborn LLP.

Motion 9

Moved by C. Manning, seconded by G. Fox,

That Hilborn LLP be appointed auditors for the 2018 fiscal year.

CARRIED

C. Manning noted that the Finance Committee will be bringing a draft budget to Council In December.

Dates of Council meetings

The Executive recommended dates for Council meetings for 2019.

Motion 10

Moved by C. Egerton, seconded by F. Cardile,

That the following be the dates for Council meetings in 2019:

- Wednesday and Thursday, March 20 and 21, 2019
- Wednesday and Thursday, June 5 and 6, 2019
- Wednesday and Thursday, September 11 and 12, 2019
- Wednesday and Thursday, December 4 and 5, 2019

CARRIED

Risk Based Regulation

C. Evans informed Council that the College has a risk-based regulation project. To begin Council's consideration of this issue David Collie, President and Chief Executive Officer of the Electrical Safety Authority has been asked to share the Authority's experience in addressing risk and reducing harm.

He highlighted the Authority's journey in using risk based regulation to significantly reduce harm to the public. He noted the importance of strategic partnerships. He reviewed the impact of the work that had been done on public safety.

The presentation was followed by a discussion, including issues related to change management and the significant reduction of harm achieved. D. Collie noted that they have moved from a focus on reduction of fatalities and critical injuries to overall reduction of harm.

A. McNabb, Strategy Consultant, and E. Tilley, Strategy Consultant provided an overview of risk-based and right touch regulation. They noted that a risk based approach challenges a regulator to find a problem and to fix it. Right-touch regulation challenges the regulator to use the right level of regulatory force.

It was noted that the College is implementing a risk based approach to meet the public expectations for innovative approaches that proactively reduce harm.

The specific work being undertaken by the College was highlighted. The College is seeking to collect evidence and data on what contributes to sexual abuse of patients by nurses. The College will then look to identify interventions to reduce sexual abuse, which will include those that require partnerships. The College hopes to learn from this project and apply the approach to future harm reduction.

Since this project relates to the requirement to address sexual abuse of patients, it will be addressed by the Patient Relations Committee.

Controlled Act of Psychotherapy

C. Evans reminded Council that in December of 2017, Council asked that staff re-evaluate whether requiring an order for RNs and RPNs to perform the controlled act of psychotherapy remains the appropriate regulatory mechanism. Council had received a briefing note analyzing the question in the light of right-touch regulation and providing the results of a survey of nurses about performing psychotherapy, including the controlled act. A. McNabb, Strategy Consultant, highlighted the key findings and the rationale for recommending the development of a regulation to authorize RNs and RPNs to perform the controlled act of psychotherapy.

In the discussion, it was noted that psychotherapy is broad and when treatment moves from the public domain to the controlled act can be dependent on a number of different factors and is not always easy to determine. It was acknowledged that safety comes from nurses' accountability to ensure they have the required knowledge, skill and judgement to provide the care and to consult where needed. It was noted that this is a new controlled act, not new practice.

Through show of hands, Council supported the development of a regulation to allow RNs and RPNs to perform the controlled act of psychotherapy without an order.

Follow-up Action

Draft regulation to authorize RN and RPN performance of the controlled act of psychotherapy without an order
Executive Director and CEO

Recess

Council recessed to reconvene in closed session at 9:00 a.m. on Thursday, September 13, 2018.

Thursday, September 13, 2018

Closed session

Council met in closed session, in accordance with Sections 7(2) (b) and (e) of the *Health Professions Procedural Code*, because:

- financial or personal or other matters may be disclosed of such a nature that the harm created by the disclosure would outweigh the desirability of adhering to the principle that meetings be open to the public [s. 7(2)(b)]; and
- instructions will be given to or opinions received from the solicitors for the College [s. 7(2)(e)].

Council reconvened in open session.

Practical Nurse Examination and Entry to Practice Competencies

C. Evans noted that the passing the registration exam provides evidence that an applicant has the competencies needed to enter practice safely. She identified that it is important that the exam be current, secure and based on best practice.

E. Tilley, Strategy Consultant, updated Council on the collaborative process to develop a new examination and update the entry-to-practice competencies for RPNs. Council was informed that, as an outcome of a request for proposal process, Ontario and British Columbia have agreed to collaborate with the National Council of State Boards of Nursing on a state-of-the-art registration exam for RPNs. Other provinces decided to use a different approach.

It was confirmed that mutual recognition will apply and the different exams will not pose a barrier to interprovincial mobility. It was noted that with a best practice examination Council will be able to consider increasing the number of exam writes a practical nurse applicant can attempt. The College has planned a robust engagement strategy with educators to support students being prepared to succeed in the new exam.

Council was informed that there are discussions about national collaboration on updating the RPN entry-to-practice competencies.

Motion 11

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

That Council support CNO continuing to work with the National Council of State Boards of Nursing to develop and implement a new practical nurse exam.

CARRIED

Follow-up Action

Move forward with development of a new practical nurse entry-to-practice examination
President and Executive Director and CEO

Nurse Practitioner prescribing Methadone and Diacetylmorphine

C. Evans noted that Nurse Practitioners (NPs) can now prescribe methadone and diacetylmorphine. The College is seeking Council's direction on the appropriate regulatory mechanism to support safe prescribing.

C. Evans noted that of the four options presented in the briefing, the Executive Committee and staff believe that the current regulatory mechanisms provide the needed safeguards. As with any intervention, Nurse Practitioners are accountable for ensuring that they have the needed knowledge, skill and judgement. It was noted that, in the future, NP programs will include these medications. At this time, there is a program available on prescribing methadone and information is on the College's website.

In discussion, Council noted the importance of improving access to medications to address substance use disorder, especially in remote communities.

Through show of hands, Council supported that no additional regulatory mechanisms are needed for safe Nurse Practitioner prescribing of methadone and diacetylmorphine.

Executive Director Update

Council was informed that the College received the National Council of State Boards of Nursing's Regulatory Achievement Award. The award recognized CNO's innovation and leadership.

C. Evans reported on a meeting of the Canadian Council of Registered Nurse Regulators which took place in June and included a national forum for RN regulators. She noted that there is significant interest in Council's vision. The new British Columbia College of Nursing Professionals shared that the Assistant Deputy Minister flagged that current health regulation in BC is overly complex, does not focus sufficiently on the public, and that there will be change.

A. Coghlan noted the continuing national interest in, and influence of Vision 2020. She highlighted speaking engagements planned for September and October. She informed Council that the Council of the College of Physicians and Surgeons of Ontario has begun work on governance. They have adopted Council's Governance Principles as a foundation for future work.

Council was informed that the BC College of Nursing Professionals became a reality on September 5. The influence of Vision 2020 is apparent with a new board of directors with equal numbers of members of the public and nurses. Council was reminded that the nursing regulators in Nova Scotia are also collaborating on a new joint regulatory body. They have submitted draft legislation and hope to have a new regulator in 2019.

Council was informed that on September 11 the Canadian Association of Schools of Nursing announced the creation of a voluntary certification exam. CNO has provided clear information that this is not an entry-to-practice examination.

On September 10, the College's applicant portal went live. This is the last major piece in the development of the new information system. It is anticipated that the new telephone system will be in place by the end of October. It includes new features that will enhance the experience of callers.

F. Ismail and S. Mills provided a brief update on the plans for the launch of the Nurses' Health Program. The program is an alternative to the fitness to practice processes for nurses with mental health and substance use disorders. In response to questions, it was clarified that the program provides monitoring and that the College is not paying for or providing treatment.

Evaluation of meeting

In reflecting on the meeting, it was identified that the briefing package was very thorough and that it was helpful to have access through MeetX. It was confirmed that Council was very engaged.

Next meeting

Council will meet again on December 5 and 6, 2018.

Conclusion

At 2:00 p.m., it was

Motion 12

Moved by S. Robinson, seconded by H. Whittle,

That Council conclude.

CARRIED

President