



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

THE STANDARD OF CARE.

Council briefing package



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

Agenda

[Council's Governance Principles](#)
[Council's Team Norms](#)

9:45 a.m.	1. Land Acknowledgment Statement	
9:50 a.m.	2. Agenda 2.1 Motion for closure	Decision
9:55 a.m.	3. Minutes of the meeting of December 3, 2021	Decision
	Closed Session	
10:15 a.m.	4. Election of the 2022-2023 Executive Committee	Decision
Noon	Break	
	5. Strategic Issues	
1:00 p.m.	5.1 Nursing Education Program Approval	Decision
1:10 p.m.	5.2 Strategic Plan in Action: System Impact	Information & Discussion
	6. Appointments	
2:00 p.m.	6.1 Appointment of Statutory Committee Chairs	Decision

2:05 p.m.	6.2 Appointment of Statutory Committee members, recommendations from the Nominating Committee ○ Cheryl Evans, Chair of the Nominating Committee presenting	Decision
2:20 p.m.	6.3 Appointment of Members and Chair of the Sub-Committee on Compensation	Decision
	7. Reports	
2:25 p.m.	7.1 Executive Committee meeting of February 10, 2022	Information
2:30 p.m.	7.2 Finance Committee meeting of February 10, 2022	Decision
2:45 p.m.	Break	
3:00 p.m.	7.3 Executive Director Update	Information
3:30 p.m.	8. Reflecting on Council's Team Norms	Discussion
3:40 p.m.	9. Conclusion	

Information Items:

College Performance Measurement Framework
[Results of the 2022 Election of Council members](#)
[Upcoming changes to NP scope of practice](#)

Next Meeting:

First meeting of the 2022-2023 Council: **Tuesday**, June 7, 2022 and **Wednesday**, June 8, 2022

Council is individually and collectively committed to regulating in the public interest according to the following principles:

Accountability

- We make decisions in the public interest
- We are responsible for our actions and processes
- We meet our legal and fiduciary duties as directors

Adaptability

- We anticipate and respond to changing expectations and emerging trends
- We address emerging risks and opportunities
- We anticipate and embrace opportunities for regulatory and governance innovation

Competence

- We make evidence-informed decisions
- We seek external expertise where needed
- We evaluate our individual and collective knowledge and skills to continuously improve our governance performance

Diversity

- Our decisions reflect diverse knowledge, perspectives, experiences and needs
- We seek varied stakeholder input to inform our decisions

Independence

- Our decisions address public interest as our paramount responsibility
- Our decisions are free of bias and special-interest perspectives

Integrity

- We participate actively and honestly in decision-making through respectful dialogue
- We foster a culture in which we say and do the right thing
- We build trust by acting ethically and following our governance principles

Transparency

- Our processes, decisions and the rationale for our decisions are accessible to the public
- We communicate in a way that allows the public to evaluate the effectiveness of our governance

Approved by Council, September 2016

Team Norms

As members of Council, we are committed to:

- **Being engaged, participating in Council discussion and decision-making**
- **Acknowledging and building on each other's contributions**
- **Fostering consensus**
- **Being comfortable raising dissenting views, respecting dissenting views**
- **Supporting decisions made by Council**
- **Respecting each other and the agenda**
- **Avoiding side discussions or off-line debate**
- **Being succinct**
- **Being open-minded**
- **Being genuine**
- **Being fully attentive**
- **Being kind to each other**

Adopted by Council
September 2021



Decision Note – March 2022 Council

Closure of Council meeting

Contacts for Questions or More Information

Anne Coghlan, Executive Director and CEO

Decision for consideration

That the Council meeting be closed at approximately 10:00 a.m. on Thursday, March 3, 2022 under Section 7(2)d of the *Health Professions Procedural Code* because “personnel matters or property acquisition will be discussed”

Background

A closed session is being recommended for the above reason. This is in accordance with Section 7(2) of the *Health Professions Procedural Code*.

Attached, for your information, are the Accountabilities for Closed Sessions.



Accountabilities for Closed Sessions

Council Member Accountabilities

- Maintain strict confidentiality.
- Do not discuss the issue outside of the closed session, even with others who participate. This includes:
 - before the meeting,
 - during break, and
 - after the closed session.

Staff Accountabilities

- Maintain strict confidentiality
- Support Council decision-making (if relevant)
 - Provide staff resources to support decision-making.
 - Engage relevant external experts to attend meeting (e.g. legal counsel), where required.
 - Document closed session during meeting and prepare confidential appendix to minutes (where a formal decision is made).



Feb. 2011, Rev 2015 (Portal), Rev 2020 (Boardvantage & remote meeting)

Notes

Present

S. Robinson, Chair
P. Ankamah
J. Armitage
T. Crowder
D. Cutler
T. Dion
S. Douglas
S. Eaton
K. Gartshore
K. Goldenberg

N. Hillier
M. Hogard
T. Holland
C. Hourigan
A. Jahangir
R. Kaur
D. Lafontaine
R. Lastimoso Jr.
S. Leduc
D. May

F. Osime
J. Petersen
L. Poonasamy
M.E. Renwick
M. Sabourin
M. Sheculski
P. Sullivan-Taylor
N. Thick
D. Thompson

Regrets

A. Arkell
R. Henderson
M. Klein-Nouri

S. Larmour
M. MacDougall

I. McKinnon
J. Walker

Staff

A. Coghlan
F. Garvey
J. Hofbauer, Recorder

E. Horlock
B. Knowles
K. McCarthy

A. M. Shin
C. Timmings

Land Acknowledgment

S. Robinson shared a Land Acknowledgment.

Agenda

The agenda had been circulated and was approved on consent.

Minutes

Minutes of the Council meeting of September 30, 2021 had been circulated.

Motion 1

Moved by M. Hogard, seconded by P. Sullivan-Taylor,

That the Minutes of the Council meeting of September 30, 2021 be approved as circulated.

CARRIED

Finance Committee

Council had received the report of the Finance Committee meeting of November 11, 2021. N. Thick highlighted the report.

Financial statements

Council members had received the unaudited financial statements for the nine-months ended September 30, 2021. N. Thick noted that there is a year-to-date operating surplus of \$5.9M, which is \$7.4M more than the budgeted deficit of \$1.5M.

Motion 2

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

That Council accept the unaudited financial statements for the nine-months ended September 30, 2021.

CARRIED

Sub-Committee on Compensation

N. Thick noted that the Finance Committee had received a report from the Sub-Committee on Compensation. She highlighted advice by the Sub-Committee on Compensation that the compensation program proposed for 2022 is congruent with:

- CNO's Compensation Principles and
- best practices in human resource management.

2022 Operating and Capital Budget

N. Thick noted that Council received the same budget package as the Finance Committee. She identified that the package is detailed and clearly explains how it is proposed that resources be allocated in 2022. The budget includes projections to 2025.

S. Mills provided an overview of the budget, including resources to support ongoing operations, key regulatory functions and implementing the Strategic Plan.

N. Thick assured Council that the Finance Committee did its due diligence and is confident that the proposed budget provides the resources CNO needs to meet its regulatory role, implement its strategic plan and support its long-term financial viability.

Motion 3

Moved by N. Thick, seconded by R. Lastimoso Jr.,

That Council approve the 2022 operating and capital budgets.

CARRIED

Nursing Education Program approval

Council had received a decision note, including the outcomes of the program reviews and recommendations regarding program approval.

S. Robinson noted the importance of Council's role in approving nursing education programs. She identified at that this meeting, all programs will be reviewed. K. Dilworth, Manager of Education Program shared a presentation on the program approval process, including the differences between:

- annual reviews
- comprehensive reviews and
- reviews of new programs.

Annual reviews of nursing programs

T. Holland, S. Leduc and M. Sabourin declared conflicts of interest and left the meeting.

Motion 4

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

That the annual monitoring review status of nursing programs be approved as listed in Attachment 1 to the decision note.

CARRIED

T. Holland, S. Leduc and M. Sabourin returned to the meeting.

Comprehensive reviews of nursing programs

K. Gartshore and M. Sabourin declared conflicts of interest and left the meeting.

Motion 5

Moved by A. Jahangir, seconded by M. Hogard,

That the comprehensive review status of nursing programs be approved as listed in Attachment 2 to the decision note.

CARRIED

K. Gartshore and M. Sabourin returned to the meeting.

Reviews of new programs

K. Gartshore declared a conflict of interest and left the meeting.

Motion 6

Moved by R. Kaur, seconded by R. Dunn,

That the preliminary review status of new nursing programs be approved as listed in Attachment 3 to the decision note.

CARRIED

K. Gartshore returned to the meeting.

Follow-up Action

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

Strategic Plan 2021-2024 - Update

S. Robinson noted that, in approving the 2022 budget, Council has approved resources to continue implementation of Strategic Plan 2021-2024.

A. Coghlan highlighted progress made in implementing the strategic plan in 2021, focusing on CNO's

- response to the pandemic
- work on diversity, equity and inclusion and
- stakeholder engagement.

She highlighted the work on modernizing practice standards, including Council's extensive engagement and input, as an example of moving forward CNO's purpose.

Modernizing Practice Standards

S. Robinson noted that over the past year, Council has been updated on the work being done to modernize CNO's practice standards and has provided input.

C. Tancioco provided an update, including sharing the revisions to the model, plans for stakeholder engagement and the next steps.

In discussion, it was noted that continuing stakeholder engagement is vital to this initiative and CNO will need to be cognizant of other pressures in the health care environment and move forward with purpose balanced with respect for system and stakeholder abilities.

S. Robinson noted that Council will be engaging further on modernizing standards in the coming year.

Key regulatory function: Professional Conduct

As part of ongoing learning related to regulatory functions, C. Gora, Director of Professional Conduct, J. Loosemore Manager of Intake and J. Jadubir, Manager of Investigation highlighted the professional conduct function. The presentation focused on how CNO addresses incoming matters. CNO's long term goal is to address low risk matters as quickly as possible, with a focus on learning. New approaches being implemented to support that goal were highlighted. CNO is considering what data can be collected to determine if early engagement with the regulator reduces recidivism.

Executive Director recruitment

S. Robinson provided an update on the search for a new Executive Director and CEO.

Executive Director Update

A. Coghlan updated Council on:

- the government's summary report on the 2020 College Performance Management Framework, including highlighting where CNO was identified as having best practices
- system partnerships to support patient safety in long-term care
- upcoming changes to the determination of language fluency as part of CNO's approach to modernizing application assessment
- upcoming implementation of the REx-PN, the new entry-to-practice examination for applicants seeking registration as RPNs
- CNO's contribution to community safety through its vaccine policy and
- the progress on renovations to implement CNO's building redesign.

Executive Committee

Council had received the minutes of the Executive Committee meeting of November 11, 2021. S. Robinson noted that a focus of the meeting was planning for the December Council professional development session and the December Council meeting.

Stipend and expense policies for Council and committee members

S. Robinson noted that, based on the advice of the Sub-Committee on Compensation, the Finance Committee is recommending revised Stipend and Expense policies for Council and committee members. These policies do not apply to public members appointed by government.

S. Mills noted that there are few substantive policy changes. The policies have been restructured so that they are easier to follow and include enhancements – for example how to claim specific expenses.

Motion 7

Moved by D. Cutler, seconded by P. Ankamah,

That the revised Stipend and Expense policies, as they appear in Attachment 1 to the briefing note, be approved to come into effect January 1, 2022.

CARRIED

Confirmation of statutory committee appointment

S. Robinson noted that with the resignation of B. MacKinnon, under Section 12(2) of the *Health Professions Procedural Code*, the Executive had acted on behalf of Council and appointed S. Leduc, runner-up in the election last election, to Council.

In accordance with by-laws, the Executive filled the vacancy on the Quality Assurance Committee created by the resignation. This appointment requires confirmation by Council.

Motion 8

Moved by A. Jahangir, seconded by M. Sabourin,

That Council confirm the appointment of Sylvain Leduc, NP to fill the RN/NP Council member vacancy on the Quality Assurance Committee.

CARRIED

Council's Team Norms – Reflection on 2021

Given that this is the last meeting of 2021, S. Robinson asked Council members to reflect on achievements in 2021. It was confirmed that Council's focus on its culture has been beneficial with members being engaged and confident in raising their perspectives.

Two newly appointed members noted that they had been involved in the past and that, even with the changes to paperless and remote work, there is a sense of inclusion and a strong culture of respect and participation.

Next meeting

Council will meet again on March 2 and 3, 2022.

Conclusion

At 2:10 p.m., on completion of the agenda, Council concluded the meeting on consent.

Executive Election Package – March 2022 Council

The Executive is made up of the Officers (President, Vice-President, RN and Vice-President, RPN) and 2 other members. There are two public members on the Executive. (Article 16, General By-Law)

Contents

Candidate profiles for nominees¹

Nominations remain open and can be submitted up to the call for nominations at the March meeting. A nomination form can be requested from Jenna Hofbauer.

President

[Naomi Thick, RN](#)

Vice-President, RN

[Mary Ellen Renwick](#)

[Patricia Sullivan](#)

Vice-President, RPN

[Raj Kaur](#)

Other members of the Executive – Public members

[Tim Crowder](#)

[Fidelia Osime](#)

[Maria Sheculski](#)

[Diane Thompson](#)

Note: If the President is a nurse, the two other members of the Executive are public members. If the President is a public member, the other members of Executive will be one public member and one nurse.

Contents

- **Notes about the election process**
- **Governance principles**
- **Chair/Vice-Chair Competences (Council's Governance Vision)**
- **Candidate Profiles**
- **Diagram of the election process**

¹ The advance candidates have all submitted complete nominations and profiles in advance of the January 24th deadline.

Notes about the election process:

Before the election

Nomination forms were circulated to all Council members in December. Advance nominations (to circulate with Council package) closed midnight January 24th.

Nominations are open until the election. Anyone submitting a completed nomination form by 5:00 p.m. on March 2nd will be included in the advance nominations announced at the election.

In February, the Executive Committee selected Sylvia Douglas, Ramona Dunn and Neil Hillier as scrutineers.

Voting

Voting will take place using the survey feature of Boardvantage. The Chair of the election will walk through the process during voting and there will be voting instructions on the screen

Officer Election

The officers (the President and Vice-Presidents) are elected first. The election process begins with a call for nominations from the floor for the officer positions. Candidates require three nominators. Since the meeting is remote:

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

Election of the other members of the Executive

The election of the other two members of the Executive follows election of the Officers. The election process will begin with nominations from the floor (as above):

- If the **President is a nurse** – the other members of the Executive will be two public members
- If the **President is a public member** – the other members of the Executive will be one nurse and one public member

The election will follow the process set out in [Schedule 1 of By-Law No. 1: General](#).

Speeches & Question period

In accordance with Council decisions about the process (December, 2016), after the call for nominations and before voting, candidates for contested positions will make a short speech (3 minutes) and there will be a question and answer period following the speeches.

Questions will be asked to all candidates for a specific position and will relate to:

- CNO's public interest mandate
- Council's governance principles
- The leadership role and the candidate's qualifications for the role (Chair/Vice-Chair competencies are attached)

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Approved by Council, September 2016

Board Chair/Vice-Chair Profile

The Board Chair/Vice-Chair competencies and attributes are derived from the Board profile. These were identified in consultation with the Work Group, Committee Chairs, Committee staff resources and expert advice from Governance Solutions.¹

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

There are no specific career knowledge or experience competencies that are called for in the Chairs: if these individuals possess the other qualities (below), they may be drawn from any career path or experience mix.

II. Functional Skills Competencies (What do you know?)

Competency		Description
1.	Chairing Boards and/or Committees	Has served as Chair and/or Committee Chair on at least one other Board of an organization of comparable size and complexity, or demonstrates an equivalent combination of education and experience.
2.	Governance and Boards	Has a strong familiarity with and understanding of governance roles and responsibilities, and current governance policy, issues, and trends, gained through prior Board or committee experience in an organization of similar size, scope and complexity to the College, and/or governance education, for example ICD.D (Institute of Corporate Directors), Pro.Dir. (Professional Director®), or C.Dir (Director's College).
3.	Change Management	Demonstrates skills related to relationship management, engagement, socialization of ideas, consultation and negotiation.
4.	Leadership	Demonstrates skills and ability to lead others to solve problems, adapt and manage change, innovate and achieve results.
5.	Evidence-Based Decision-Making	Demonstrates ability and advanced skills in locating, critically appraising, interpreting, synthesizing, weighing,

¹ <https://www.governancesolutions.ca>

Competency		Description
		evaluating and using evidence from qualitative and quantitative paradigms.
6.	Decision-Maker	Is a proven decision-maker using different decision-making methods beyond evidence-based.
7.	Public Interest	Has experience and understanding protecting and acting in the public interest.
8.	Stakeholder Relations	Demonstrates understanding and ability to provide effective oversight of engagement and communications with the public, government, and other key stakeholders.

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

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

IV. *Character Attributes¹ (Who are you?)*

Attribute		Description
1.	Communicator	Able to communicate clearly, concisely and accurately, orally and in writing.
2.	Constructive	Able to build relationships, and to be constructive and helpful.

¹ These character attributes were developed from Governance Solutions' meta-research, supplemented and customized with the Ontario Government Regulatory and Adjudicative Agencies' core competencies. These are available at: <https://www.ontario.ca/document/member-regulatory-and-adjudicative-agencies-core-competencies>. These competencies are not mandated for regulatory colleges, but they are a helpful and relevant source. In general, all board and committee members should possess these core character attributes.

Attribute		Description
3.	Emotionally Mature	Able to understand and skillfully manage emotions, especially when faced with conflict and confrontation; self-aware and professional.
4.	Ethical	Able to meet the expectations set out in the Conduct by-law; has an unquestioned level of ethical integrity.
5.	Fiduciary	Able to put others' interests first (servant leadership); has a passion for the public interest, commitment and drive.
6.	Inclusive	Able to create opportunities for all voices and backgrounds to be heard and considered; demonstrates respect and long-standing commitment and action to achieve equity, diversity and inclusivity.
7.	Independent	Able to think independently, while knowing when and how to consult others.
8.	Learner	Able to apply learning to the public interest; demonstrates a willingness to learn and develop.
9.	Listener	Able to listen and question to achieve understanding; is an effective and active listener.
10.	Proactive	Able to think proactively and to anticipate.
11.	Strategic	Able to move beyond the details to envision the grander future; is a strategic thinker.
12.	Adaptable	Able to adapt easily and quickly to changing evidence and environments; demonstrates cognitive flexibility.

Attribute		Description
13.	Forthright	Able to present an unpopular or controversial position in the face of opposition or opposing views.
14.	Professional Judgement	Able to think critically.
15.	Astute	Able to apply their knowledge in the context of Board level decision-making and leadership.
16.	Problem Solver	Able to evaluate complex issues and to make effective decisions (find solutions).
17.	Unifier	Able to encourage divergent thinking and dissent from others, and to build consensus; stands behind the collective decisions of the board in unity.
18.	Systems-level Thinker	Able to conceptualize on a systems level and communicate this understanding to others.

Executive Election Package – March 2022 Council

Candidate Profiles

President

Naomi Thick, RN

Vice-President, RN

Mary Ellen Renwick

Patricia Sullivan-Taylor

Vice-President, RPN

Raj Kaur

Other members of the Executive – Public members

Tim Crowder

Fidelia Osime

Maria Sheculski

Diane Thompson

Candidate for President

My WHY:

I am passionate about the nursing profession and the role of the regulatory body in ensuring public safety, especially as we navigate through this time of dynamic system transformation.

I have experience working in: rural hospitals, urban health centers, nursing stations, clinics and regional working groups. I have worked with patients across the life-span, in diverse communities and environments. This varied experience provides me with a broad understanding of different environments and some of the structures that are needed for patient safety, in a complex and rapidly changing health care environment.

As a Council Member for the past 5 years and VP-RN for the last 2 years I feel like I have demonstrated the leadership capabilities identified below and would like to offer my candidacy for President. I would like the opportunity to continue in a leadership role as we work to implement our new strategic vision, welcome a new CNO CEO and see our way through this pandemic.

Professional Experience

Clinical Manager – Winchester District Memorial Hospital (ON) & Children’s Hospital of Eastern Ontario (ON).

Staff Nurse – QEII (NS), Wabasca-Desmarais Memorial Hospital (AB), Kemptville Hospital & Winchester District Memorial Hospital (ON)

Nurse Manager, Medical Team Leader – Doctors Without Borders, Somalia

Treatment Nurse – Nuneen Health Authority (AB)

Governance Experience

CNO - Council Member/ VP-RN / FTP Chair (2019-2020)/ICRC panel Chair

Chairperson – Greely Elementary School Council

Board Member/Secretary – Wabasca Public Library

Leadership Capabilities

Change Management
Consensus-building
Accountability
Strategic & Critical Thinker

Quality Improvement
Risk Management
Continuous Learner
Problem-solver

Naomi Thick

RN, BScN, MN:ANP



Contact

[LinkedIn](#)

[Email](#)



Extensive experience building focused and engaged teams in the nursing and senior living industry. Spearheaded initiatives to improve transparency to the public, achieved exceptional regulatory standards and built solid and diverse foundations.

Develop comprehensive Nursing service care plans which reflect and measure key performance indicators, and in alignment with and exceed regulatory standards.

A passionate, ethical and dedicated business leader, with the ability to make decisions, think “outside the box”, and operate under deadlines.

Known for taking initiative and being creative which has enabled a strong profile of quality accomplishments;

including, but not limited to: committed and engaged staff, open and communicative negotiations with labour relations, and creative solutions to industry contracts in the workplace.

Contact: merenwick@hotmail.ca

C: 519-319-9798

MARY ELLEN RENWICK RN

Candidate for Vice President - RN

Selected Accomplishments and Competencies

- ◆ Strong professional nursing acumen with focus on best practice, policies and procedures, legislation, and nursing service care plans
- ◆ Skilled leader in the health care industry with a focus on key performance indicators, which include establishing collegial and community relationships, customer service, care plans, and setting and exceeding realistic competitive goals
- ◆ Background in CNO regulatory experience. ICRC Committee since 2019, Council since 2021
- ◆ Comprehensive management of human resources issues, health and safety / WSIB programs, and diversity modelling.
- ◆ Promotion of public protection through education, safe nursing practice and positive and professional role modelling.

Professional Experience:

Registered Nurse in Ontario and Alberta (past) with experience in acute care settings in Medicine, Oncology, Pulmonary and Psychiatry. Primary focus on Geriatrics/Seniors Living

Member CNO ICRC since 2019

Member RNAO, GNA, Dementia Care Certificate 2016

Owner/CEO of healthcare company providing essential services in Nursing and Healthcare



Patricia Sullivan, BSN, MPA, PMP Candidate for Vice President, RN

I seek your vote to serve on the Executive Committee. In this role, I will protect the public by advancing safe nursing practice and promoting regulatory excellence.

Exceptional nurses are critical to a high performing health system. Yet we know that nearly two years of a pandemic have placed a tremendous toll on our profession. Ontario had a nursing workforce crisis before COVID-19-with the lowest ratio of nurses to population in Canada (CIHI). In a March 2021 survey, 13% of RNs aged 26-35 reported they were very likely to leave the profession post-pandemic and 96% of respondents reported high stress levels (RNAO). As a VP on Executive Committee, I will work with CNO staff, Council, and health system partners to support the CNO strategy implementation and ensure a sustainable plan to rebuild the nursing workforce.

I bring 30 years experience in quality improvement, governance, and performance measurement. This includes direct patient care experience in hospitals and the community as well as policy and regulatory development, implementation, and evaluation. I have a 20-year track record leading data analytics and reporting to support clinical and administrative decision making by clinicians, health system administrators and policy makers. Most recent executive-level roles focused on health system strategy, policy, and partner engagement. I believe this professional experience will be an asset to the VP role.

Recent College experience:

2020 to present, CNO Council, Member

2020 to present, Disciplinary and Fitness to Practice Committee, Member

2020 to present, Finance Committee, Member

2018-2019 Ministry of Health, College Performance Measurement Framework Expert Group, Member

Relevant competencies I will bring to the VP role:

- **RN**-expert on quality standards, people-centred care, co-design with interdisciplinary teams; Accreditation Canada surveyor
- **Regulatory**-co-designed, implemented and assessed regulations and standards; author on regulation and assessment related to patient relations, integrated care, quality improvement and accreditation
- **Governance**-led Ontario patient relations measurement and reporting; Member, Canadian Patient Safety Policy, Regulatory and Legal Advisory Committee; Member, OECD Expert Working Group on Integrated Care
- **Healthcare Leadership**-in strategic national and provincial roles that ranged from Director, Health System Funding Policy to Executive Lead, CEO Office-Strategy, Policy and Partner Engagement
- **Stakeholder Relations**-expert on engagement of patients, clinicians, public, policy makers, health system administrators and researchers; create safe spaces for all voices to be heard and understood

Contact: [Linked In](#) or [Email](#)

Raj Kaur, RPN, IIWCC, SWAN Candidate for VP-RPN

Professional Highlights

- Assistant Director of Care in a Long-Term Care.
- Current member of Registration committee
- 18 years of nursing experience in different countries and worked different roles.



Education

- Practical Nurse Diploma
- International Interdisciplinary Wound Care Course
- Skin and Wellness Associate Nurse
- Perusing BScN from Ryerson University

Leadership quality

- Continuous learner
- Advocacy
- Active listener
- Quality improvement
- Integrity

Why to choose Raj

If I'm an advocate for my residents. I'm also very supportive leader for my team. During this unpredictable time, my team can rely on me. Through my nursing career and working different role I have learned and built qualities that will support me to make important decisions and promote public safety and best care.

Any question please contact at: 226-600-8674 or nijjar.rajani@yahoo.co.uk



TIM CROWDER

Candidate: Executive Committee Public Member

GENERAL MANAGEMENT AND STRATEGY EXECUTIVE

A versatile business leader with extensive experience across consumer goods and financial services. An accomplished conceptual thinker who excels in strategic planning, aligning customer opportunities with business capability to unleash value. An influential change agent with a demonstrated talent for building high performance teams and competitive propositions. An expert at leveraging consumer insights to optimize product and frontline effectiveness leading to deeper product holdings, improved customer loyalty and increased advocacy. A track record of business transformation and aggressive P&L delivery.

CONTACT

PHONE:
905-302-0080

Email:
tim.crowder@hotmail.com

LinkedIn:
<http://ca.linkedin.com/in/timothycrowder>

GOVERNANCE EXPERIENCE

- Discipline & Fitness to Practice Committee - CNO
- Finance Committee - HSBC
- Regulatory Risk Committee - HSBC
- Project and Business Transformation Governance - HSBC
- Executive Operating Committee – TD Insurance

WORK EXPERIENCE

DisruptR Marketing, Toronto, Ontario; 2019 to Present
Principal / Consultant

Advisory Services: i) Strategic Business Planning; ii) Marketing Execution; iii) Customer Experience; and iv) Digital/Social Transformation.

HSBC Bank Canada, Toronto, Ontario; 2014 to 2019
Country Head – Premier, Jade and International Customer Segments
Business leader for mass affluent to high net worth and international customer segments; responsible for 80% of retail banking and wealth topline.

Mission Marketing, Toronto, Ontario; 2012 to 2014
Consultant

Established a boutique strategic marketing consulting firm focused on helping clients to identify their unique path to customer loyalty and market leadership.

TD BANK GROUP, Toronto, Ontario; 1999 to 2012
Associate Vice President Customer Strategy, TD Insurance
Led the customer focused transformation of TD Insurance.

CORE COMPETENCIES

- Business and Financial Management
- Data Analysis and Strategic Planning
- Business Transformation and Project Deployment
- Change Management and Employee Engagement
- Organizational and Stakeholder Management
- Marketing, Communications and Customer Experience



FIDELIA OSIME

An astute professional, Fidelia Osime was recognized by and named to the exclusive membership organization, Cambridge Who's Who, for demonstrating dedication, leadership and excellence in human resource alignment and strategies.

She holds several degrees including M.Sc (Sociology) and Masters in Business Administration and is an alumna of the Stanford Graduate School of Business. She is a member of several professional bodies.

Her professional expertise from multinational organizations covers the areas of brand development, change management and general human resource management. She worked at various levels of management in several countries and continents for over 20 years.

She is a member of the international faculty of Haggai Leadership Institute, a Christian organization based in Atlanta which trains Christians from developing nations and equips them to become effective leaders. She continues to be a guest speaker at several events.

She believes people have the capacity to improve and grow and contributes to individuals by coaching and mentoring people who express an interest. Since 2020 she runs annually, a pro-bono 6 week program tagged Leadership 101.

At an individual level she takes an interest in supporting the less privileged and is involved with blind children. She is a member of the board of Positive Action for Treatment Access (PATA), a Not-for-Profit organization which promotes access to treatment for People Living With HIV/AIDS and provision of a safe haven and education for young girls who may have been abused at home.

She served on the board of Eating Disorders of York Region, (EDoYR) based in Toronto, Canada, at inception.

She is a member of the Board of Trustees of Grace Centre, Richmond Hill in Ontario.

MARIA SHECULSKI

MSHECULSKI61@GMAIL.COM



**CANDIDATE: Executive Committee
Public Member**

PROFESSIONAL PROFILE:

- Currently retired educator who continues to cover absences for school Principals at DSB Ontario North East
- Former Board/System Program Principal at DSB Ontario North East
- Former School Principal

EXPERIENCES:

- Member: CON Executive Committee 2021
- Member: CON Selection Committee responsible for hiring ED/CEO.
- Mentor to 4 new council members
- Member: ICRC, Quality Assurance and Finance
- Former Chair of QA.
- Member: Local fundraising and cultural organizations and committees
- Former Member: Advisory boards; Northern College, DSBONE and Porcupine Health Unit.

ATTRIBUTES:

- Life long learner curious and determined to seek clarity prior to decision-making
- Active listener who enjoys discourse with diverse thoughts around health and education.
- Fosters an environment where everyone feels valued.

So pleased to be nominated a 2nd year for Executive 2022. My current experience on Executive has afforded me the opportunity to serve you and the public at-large in the search for a new leader to fulfill our mandate to protect the public. The process deepened my understanding of the critical competencies and attributes required to lead the CON's regulatory body. I believe I've been a collaborative and active contributor on the Executive and have included your voice as we prepare for council meetings and opportunities for team building.

If successful, it would be my honour to continue representing you as a member of Executive 2022.

DIANE THOMPSON
PUBLIC MEMBER CANDIDATE
EXECUTIVE COMMITTEE

REGULATORY

- Current Executive Committee Public Member and ICRC Member
- Current Chair of Registration Committee
- Former member and President of College of Respiratory Therapists of Ontario (CRTO)
- Former member (6 yrs) and President (3 yrs) of Ontario College of Social Workers and Social Service Workers (OCSWSSW)
- Former Chair of numerous working groups and statutory committees

OTHER EXPERIENCE

- Over twenty-five years of experience working for and with public sector organizations developing and managing performance initiatives to achieve corporate financial and operating objectives
- Currently assist clients as an OD (Organization Development) consultant in the people side of change (human systems) to achieve performance efficiencies
- With a keen interest in workplace wellness, served as a board member and co-lead of Public Policy/Systemic change with the Ontario Healthy Workplace Coalition from 2011-2013 which participated in the development of the Voluntary Standard on Psychological Health and Safety in the Workplace by the Mental Health Commission.



EDUCATION

BA (Sociology) Queens University 2005

- Concentration Health Education, Family Studies, Criminal Justice

MA (Human Systems Intervention) Concordia University 2007

- MA Project Intervention in a long-term care home for six months

ATTRIBUTES

- Systems perspective
- Consensus builder
- Fosters/seek inclusion and diverse perspectives
- Comfortable with change
- Meets challenges strategically
- Builds trust



Decision Note – March 2022 Council

Nursing Education Program Approval

Contact for Questions

Katie Dilworth, Manager, Education Program

Decision for Consideration

That the preliminary review status of the new nursing programs be approved as listed in [Attachment 1](#).

Public Interest Rationale

Program Approval is a mechanism that allows for rigorous assessment of entry level nursing education programs. This ensures graduates have the knowledge, skill, and judgement to practise safely. The *Nursing Act, 1991* includes a requirement that in order to be eligible for registration, applicants must:

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

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

Background

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

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

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

- Cambrian College
 - Direct Entry Full Program – Bachelor of Science in Nursing

- Collège Boréal
 - Direct Entry Full Program – Baccalauréat en sciences infirmières. (Bachelor of Science in Nursing)
- La Cité le Collège D'Arts Appliqués et de Technologie
 - Direct Entry Full Program – Baccalauréat en sciences infirmières (Bachelor of Science in Nursing)
- Laurentian University
 - Pre-Health Education Entry Specified Program – Programme de baccalauréat en sciences infirmières en français pour les IAA [programme passerelle] (French BScN program for RPNs (Bridging program))
- St. Lawrence College
 - Pre-Health Education Entry Specified Program – Practical Nursing (PN) to Bachelor of Science in Nursing (Hons) Bridge program

The review status of these programs is noted in attachment 1. One year after the first cohort of students have graduated these programs will undergo a Comprehensive Review. A description of Program Approval statuses and the scoring methodology for the comprehensive review and Program Approval Score Card can be found in Attachments 2 and 3.

As academic institutions seek Council approval for new programs in nursing, existing collaborative programs will continue to support current and new learners.

Next Steps:

Following Council's decision CNO will:

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

Attachments:

Attachment 1: Detailed Program Review scoring

Attachment 2: Description of Program Approval Statuses

Attachment 3: Program Approval Comprehensive Review Scoring Methodology

Attachment 1 – New Baccalaureate Programs: Detailed Review Scoring

New Baccalaureate Nurse Programs: Preliminary Review

Institution	Nursing Program	CNO Program Category	Approval Status Recommendation
Laurentian University	Programme de baccalauréat en sciences infirmières en français pour les IAA [programme passerelle] French BScN program for RPNs (Bridging program) (French)	Pre-health education entry specified	Preliminary Approval
St Lawrence College	Practical Nursing (PN) to Bachelor of Science in Nursing (Hons) Bridge program	Pre-health education entry specified	Preliminary Approval
Cambrian College	Bachelor of Science in Nursing	Direct entry full	Preliminary Approval
Collège Boréal	Baccalauréat en sciences infirmières. Bachelor of Science in Nursing (French)	Direct entry full	Preliminary Approval
La Cité le Collège D'Arts Appliqués et de Technologie	Baccalauréat en sciences infirmières Bachelor of Science in Nursing (French)	Direct entry full	Preliminary Approval

Attachment 2 – Description of Program Approval Statuses

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

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

Attachment 3 – Program Approval Comprehensive Review Scoring Methodology

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

1. Program Approval Scorecard Overview

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

2. Mandatory Indicators

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

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

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

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

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

4. Indicators 8 and 9

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

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

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

Decision Note – March 2022 Council

Appointment of Statutory Committee Chairs

Contact for questions or more information

Kevin McCarthy, Director, Strategy

Decision for consideration re. recommendation of the Executive Committee

That Council appoint the following 2022-2023 statutory committee chairs:

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

Background

Statutory committees perform essential regulatory functions. In accordance with Article 30.05, chairs of statutory committees other than the Executive and Inquiries, Reports and Complaints Committee (chaired by the President) are appointed by Council on recommendation of the Executive Committee.

Chairs are recommended based on the chair profile which set out the competencies and attributes needed to be a statutory committee chair (attached). All ongoing Council members were provided with an opportunity to put their names forward for consideration. Members who wished to serve as a statutory committee chair provided a self-assessment through Governance Solutions¹.

In making its recommendations², the Executive noted that the Chairs of Quality Assurance and Registration are reappointments. The incumbents have served for one year. M. Hogard, while new to Council, served 6 years on Discipline and Fitness to Practise and has chaired both committees when he served on Council previously.

¹ Governance Solutions Inc. has supported Council in the identification of competencies and attributes for the board, leadership (Board Chair/Vice-Chair and statutory committee chairs), and committee members and supports the competency-based appointment of statutory committee chairs, non-council statutory committee members and the members of the Nominating Committee.

² D. Thompson did not participate in the discussion or decision-making.



Attachment 1

Statutory Committee Chair Profile

The governance competencies and attributes identified for the Statutory Committee Chairs are largely drawn from the focus groups of Committee Chairs and responsible staff; the Statutory Committees, especially those with specific quasi-judicial or panel authority; and expert advice from Governance Solutions Incorporated.

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

Competency		Description
1.	Regulatory Experience	Has understanding of regulatory and procedural processes, including relevant rules of order and committee decision-making. Is experienced in the oversight of, and understands standards associated with, self-regulated professions.
2.	Patient Rights	Is well versed in matters related to patient rights, including but not limited to the abuse of patients and boundary violations.
3.	Cross-Cultural Experience	Has credibility based on experience working with diverse teams and marginalized or vulnerable client groups (e.g., working cross-culturally, internationally, experience with social, humanitarian, anti-oppression and LGBTQ-positive principles, sensitivity and knowledge dealing with victims, boundary issues, sexual abuse).
4.	Information Technology	Is familiar with the use of technology for working on Board or committee matters and operations

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

Competency		Description
1.	Evidence-Based Decision-Making	Demonstrates ability and advanced skills in locating, critically appraising, interpreting, synthesizing, weighing, evaluating and using evidence from qualitative and quantitative paradigms.
2.	Chairing Boards and/or Committees	Has served as Chair and/or Committee Chair on at least one other Board of an organization of comparable size and complexity, or demonstrates an equivalent combination of education and experience. (Preference



Competency		Description
		given to individuals with previous experience serving on the committee to which they are applying to chair.)
3.	Public Interest	Has experience and understanding protecting and acting in the public interest.
4.	Governance and Boards	Has a strong familiarity with and understanding of governance roles and responsibilities, and current governance policy, issues, and trends, gained through prior Board or committee experience in an organization of similar size, scope and complexity to the College, and/or governance education, for example ICD.D (Institute of Corporate Directors), Pro.Dir. (Professional Director®), or C.Dir (Director's College).
5.	Change Management	Demonstrates skills related to relationship management, engagement, socialization of ideas, consultation and negotiation.
6.	Leadership	Demonstrates skills and ability to lead others to solve problems, adapt and manage change, innovate and achieve results.
7.	Decision-Maker	Is a proven decision-maker using different decision-making methods beyond evidence-based.

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

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

IV. *Character Attributes³ (Who are you?)*

Attribute		Description
1.	Communicator	Able to communicate clearly, concisely and accurately, orally and in writing.
2.	Constructive	Able to build relationships, and to be constructive and helpful.
3.	Emotionally Mature	Able to understand and skillfully manage emotions, especially when faced with conflict and confrontation; self-aware and professional.

³ These character attributes were developed from Governance Solutions' meta-research, supplemented and customized with the Ontario Government Regulatory and Adjudicative Agencies' core competencies. These are available at: <https://www.ontario.ca/document/member-regulatory-and-adjudicative-agencies-core-competencies>. These competencies are not mandated for regulatory colleges, but they are a helpful and relevant source. In general, all board and committee members should possess these core character attributes.



Attribute		Description
4.	Ethical	Able to meet the expectations set out in the Conduct By-Law; has an unquestioned level of ethical integrity.
5.	Fiduciary	Able to put others' interests first (servant leadership); has a passion for the public interest, commitment and drive.
6.	Inclusive	Able to create opportunities for all voices and backgrounds to be heard and considered; demonstrates respect and long-standing commitment and action to achieve equity, diversity and inclusivity.
7.	Independent	Able to think independently, while knowing when and how to consult others.
8.	Learner	Able to apply learning to the public interest; demonstrates a willingness to learn and develop.
9.	Listener	Able to listen and question to achieve understanding; is an effective and active listener.
10.	Proactive	Able to think proactively and to anticipate.
11.	Strategic	Able to move beyond the details to envision the grander future; is a strategic thinker.
12.	Adaptable	Able to adapt easily and quickly to changing evidence and environments; demonstrates cognitive flexibility.
13.	Forthright	Able to present an unpopular or controversial position in the face of opposition or opposing views.
14.	Professional Judgement	Able to think critically.
15.	Astute	Able to apply their knowledge in the context of Board level decision-making and leadership.
16.	Problem Solver	Able to evaluate complex issues and to make effective decisions (find solutions).
17.	Unifier	Able to encourage divergent thinking and dissent from others, and to build consensus; stands behind the collective decisions of the board in unity.
18.	Systems-level Thinker	Able to conceptualize on a systems level and communicate this understanding to others.

Report of the Nominating Committee

Appointments to Statutory Committees

Contact for questions or more information

Anne Coghlan, Executive Director and CEO

Kevin McCarthy, Director of Strategy

Decision for consideration re. recommendation of the Interim Nominating Committee:

That Council and committee members be appointed to statutory committees, effective June 7, 2022, in accordance with the list of committee appointments presented to Council on March 3, 2022 by the Nominating Committee.

Background

The [Nominating Committee](#) (NC) is a new standing committee of Council. The following members were appointed by Council in [September 2021](#), based on assessment and validation of candidates having the [needed competencies and attributes](#) to fulfil the committee's role:

- Cheryl Evans, Chair (Immediate Past-President of Council)
- Diane Ballantyne, member of the public
- Sue Haywood, member of the public
- Terry Holland, nurse Council member

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

- nurse candidates to fill non-Council vacancies
- newly elected and appointed Council members to fill vacancies and
- Council member reassignments to address the impact of the election of the Executive Committee and requests for committee change.

Assignment of non-Council members to statutory committees:

CNO is continuing its practice of appointing non-Council nurse committee members to statutory committees based on candidates meeting the core competencies and attributes required of all committee members.



The appointments process was supported by Governance Solutions Inc. (GSI)¹. GSI hosted the on-line application, received and analyzed the applications and resumes, carried out further assessment of candidates “short-listed” by the NC, and attended both meetings of the NC to provide expert advice.

The NC met twice to identify its recommendations to Council:

- In January, based on reviewing GSI reports about candidates’ applications and resumes, NC selected candidates to move forward to the next step, which included²
 - candidates completing a conflict-of-interest declaration
 - GSI checking one reference and
 - GSI having a brief interview with each candidate.
- In February, NC received reports from GSI on the outcome of the follow-up assessment for the selected candidates. The committee selected the final list of candidates to recommend to Council.

NC is recommending 15 candidates to fill 11 RN/NP and four RPN non-Council statutory committee member vacancies:

- Four RN/NP and two RPN incumbents are recommended for re-appointment and
- Nine new candidates (seven RNs/NPs and two RPNs) are recommended for appointment.

Assignment of Council members to statutory committees:

Since most Council members remain on the same committees throughout their term of office, NC focused on assigning new members to committees.

This year, there are seven newly elected Council members (six RNs and one RPN). They were assigned to fill Council member vacancies on statutory committees based on vacancies and the new members’ time availability.

Two current members requested committee changes. The requests met Council’s [criteria for change in statutory committee](#), and the NC was able to accommodate the requests.

¹ GSI had supported Council in the identification of the competencies and attributes for the future board, statutory committees and the NC.

² In previous years, GSI checked two to three work/professional references; there were no interviews with candidates. On the recommendation of GSI, to ease additional strain on the system given the pandemic, the approach was changed to reduce the number of reference checks and add interviews. Interviews with candidates were brief, focused on the competencies and attributes.



In addition, Council member committee changes were identified to address potential impact of the election of the Executive Committee.

There are four current public members with terms expiring in 2022. The status of the appointments is unknown. As has been done in the past, public members have been assigned to the committees on which they currently serve.

The NC's recommendations for committee appointments will be presented to Council the afternoon of March 3, 2022.

Decision Note – March 2022 Council

Appointments to the Sub-Committee on Compensation

Contact for questions or more information

Stephen Mills, Chief Administrative Officer

Decision for consideration re. recommendations from the Finance and Executive committees

That Robert (Bob) Canuel be reappointed to the Sub-Committee on Compensation until June 2025; and

That Craig Halket be re-appointed as the 2022-2023 Chair of the Sub-Committee on Compensation.

Background

The [Sub-Committee](#) is a neutral and expert [resource](#)¹ to support 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.

The Chair of the Sub-Committee is a member of the Finance Committee. Current members of the Sub-Committee are:

- [Robert \(Bob\) Canuel](#), term ending 2022,
- [Craig Halket](#), term ending 2024 (Chair 2021-2022) and
- [Joe Nunes](#), term ending 2023 (Chair from 2019-2021).

In February,

- the Finance Committee recommended that Robert (Bob) Canuel be reappointed to the Sub-Committee and
- the Executive Committee recommended that Craig Halket be reappointed as the Sub-Committee's chair.

¹ Members of the Sub-Committee are appointed based on meeting the competencies required for the committee.

Minutes

Present

S. Robinson, Chair
T. Holland

N. Thick
M. Sheculski

D. Thompson

Staff

A. Coghlan
J. Hofbauer

R. Jabbour

K. McCarthy

Agenda

The agenda was approved on consent.

Minutes

Minutes of the Executive Committee meeting of November 11, 2021 had been circulated. The minutes were approved on consent.

Statutory Committee Chairs

The Executive had received the competency-based applications for statutory committee chairs that had been submitted through Governance Solutions. D. Thompson did not participate in the discussion or decision-making.

It was noted that the candidates included two chair incumbents and a member who had served as chair of both committees before.

Motion 1

Moved by M. Sheculski, seconded by T. Thick,

That it be recommended to Council that the 2022-2023 statutory committee Chairs be:

Discipline/Fitness to Practise
Quality Assurance
Registration

M. Hogard
L. Poonasamy
D. Thompson

CARRIED

Chair of the Sub-Committee on Compensation

The Executive received a staff recommendation that C. Halket be reappointed as the Chair of the Sub-Committee on Compensation. Members of the Executive who serve on the Finance Committee with C. Halket noted his contributions to the Finance Committee.

Motion 2

Moved by T. Holland, seconded by N. Thick,

That it be recommended to Council that C. Halket be appointed the 2022-2023 Chair of the Sub-Committee on Compensation.

CARRIED

Selection of Scrutineers

Using a random selection tool, the Executive appointed the scrutineers for the March 2022 election of the Executive Committee.

Motion 3

Moved by N. Thick, seconded by T. Holland,

That the scrutineers for the election of the Executive Committee at the March 2022 Council meeting will be S. Douglas, R. Dunn and N. Hillier.

CARRIED

December Professional Development Session

The Executive debriefed on the December 2021 Professional Development session on evaluation. The speaker, Don McCreesh set the groundwork for Council evaluation activities in 2022.

December Council De-Brief

The Executive discussed the December 2021 Council meeting. It was noted that the work done over the year, including the investment in orientation, development of the team norms and opportunities for small group social time have helped to build a positive culture in a time of remote meetings.

It was confirmed that the mentorship of new members by members of the Executive should continue. Feedback was that new members felt supported.

It was noted that the plans for an evaluation of Council effectiveness in 2022 will provide an opportunity to input and support development of an evidence informed plan to improve Council's effectiveness.

Council agenda

The Executive received a draft agenda for the March 3, 2022, Council meeting. Recognizing system pressures, CNO has shifted to a one-day meeting. The morning is set aside for the election of the Executive Committee.

Motion 4

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

That the agenda for the March 3, 2022 meeting of Council be approved for posting.

CARRIED

Board Effectiveness Evaluation

S. Robinson noted that the Executive has been functioning as CNO's Governance Committee and has focused on culture and professional development. In 2022, the Executive will provide leadership in the evaluation of Council effectiveness.

The Executive supported a staff proposal that, based on the advice of Don McCreesh, the evaluation in 2022 address Council effectiveness. It was noted that the evaluation will take place between the September and December Council meetings. PD sessions in September and December will focus on the evaluation.

It was confirmed that a third-party expert will be supporting the process. Since Council is constantly changing, any evaluation is always at a point in time. Having results in December will allow Council to identify and begin to implement an action plan to address potential improvements.

Council Professional Development for 2022

The Executive supported the plan for professional development sessions for Council:

- the Executive will continue with its early meet and greet and support for new Council members
- in June, there will be an orientation to regulatory governance with Richard Steinecke presenting and
- the September and December professional development sessions will focus on evaluation.

At the May Executive Committee, there will be more information about the Council orientation.

Executive Session

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

Conclusion

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

Report of the February 10, 2022 Finance Committee Meeting

Contact for Questions or More Information

Stephen Mills, Chief Administrative Officer

The Finance Committee met on February 10, 2022. Geoff Clute and Blair MacKenzie, from Hilborn LLP, were guests at the meeting. The draft minutes are [Attachment 1](#) to this report.

Financial Statements

The unaudited financial statements for the year ending December 31, 2021 ([Attachment 2](#)) were discussed, together with the confidential Management Discussion & Analysis.

The financial result for the year was a surplus of \$4.8M which is \$10.5M more than the budgeted deficit of \$5.6M. The committee was informed that the year-end outcome in these statements is congruent with the estimates in the 2022 budget. It was noted that the major variances relate to staff vacancies and deferral of projects.

Following a detailed review of the variance analysis and discussion of the statements and the Management Discussion & Analysis, the Finance Committee recommends:

That Council approve the unaudited year-end financial statements for the period ending December 31, 2021.

Report of the Sub-Committee on Compensation

The Sub-Committee on Compensation provided the Finance Committee with a report of its January 2022 meeting. C. Halket, Chair of the Sub-Committee, reported on its ongoing discussion of human resource metrics.

The Sub-Committee recommended some editorial changes to its terms of reference. The Finance Committee approved the changes for forwarding to Council. The Finance Committee will conduct the biennial review of its Terms of Reference in May and will recommend changes to both terms of reference to Council in June.

Pre-Audit Communication

Geoff Clute and Blair MacKenzie of Hilborn LLP presented the approach being used for the audit of CNO's financial results for the year ended December 31, 2021. The committee had an in-camera meeting with the auditor.



By-Law Review

The Finance Committee undertakes an annual review of all [By-Laws](#) related to the committee and financial matters. During orientation, it had been flagged that Article 56 regarding “Funding for Therapy and Counselling” is outdated. It is not congruent with the legislation or CNO’s current practice. It was confirmed that the existing legislation and regulations provide the direction needed to administer the fund. The Finance Committee recommends:

That article 56 Funding for Therapy and Counselling, which is Part 3 of By-Law No. 1: General be rescinded.

Payments Policy

The Finance Committee’s triennial review of the financial policies will take place in May.

The committee approved interim changes to the Payments Policy ([attachment 3](#)) to allow for operational efficiency. The amended policy is attached to this report, for information.

Sub-Committee on Compensation Appointment

This year, Bob Canuel’s term of office on the Sub-Committee is ending. Bob had served three years and is eligible for reappointment. The Finance Committee is recommending his reappointment to the Sub-Committee ([see Council Agenda Item 6.3](#)).

Recommendations for Decision

That the unaudited financial statements for the year ended December 31, 2021, be accepted.

That Article 56, Funding for Therapy and Counselling, which is Part 3 of By-Law No. 1: General, be rescinded.

Attachments

1. Draft Minutes of the Finance Committee meeting of February 10, 2022
2. Unaudited financial statements and notes for the year ended December 31, 2021
3. Payments Policy

Minutes

Present

T. Holland, Chair	M. Sheculski,
S. Douglas	P. Sullivan-Taylor
C. Halket	N. Thick
S. Robinson	

Regrets

N. Hillier

Guests

G. Clute	B. MacKenzie
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Staff

V. Adetoye	J. Hofbauer, Recorder	R. Prathivathi
A. Coghlan	N. Mamodehousen	S. Mills
C. Dominutti		

Chair

T. Holland chaired the meeting.

Agenda

The agenda had been circulated and was approved on consent.

Minutes

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

Financial Statements

S. Mills highlighted the unaudited financial statements for the year ended December 31, 2021. He noted that there are no significant differences between the statements and the year-end estimates used in developing the 2022 budget.

In reviewing the statement of operations, it was noted that instead of a budgeted deficit of \$5.6M there was a surplus of \$4.8M. This is \$10.5M more than the budget. The major contributors to the variance were staff vacancies and project delays to support CNO's focus on regulatory functions during the pandemic.

There was discussion about CNO's investment strategy, how CNO mitigated the impact of staff vacancies on operations and long-term revenue planning given shifts in the nursing workforce.

The Finance Committee was informed that CNO will be rolling out a 4-year Diversity, Equity and Inclusion plan. It will include a review of human resources policies. Feedback of the Finance Committee about the value of transparency will be considered.

S. Mills highlighted the confidential Management Discussion and Analysis document, including the projects underway in 2021 and the update to their status. He noted that the audit process has commenced and there may be adjustments to the year-end results.

Motion 1

Moved by P. Sullivan-Taylor, seconded by S. Robinson,

That the approval of the unaudited financial statements for the year ended December 31, 2021, be recommended to Council.

CARRIED

Report of the Sub-Committee on Compensation

T. Holland noted that the Sub-Committee is an expert, third-party committee that advises the Finance Committee. The Report of the Sub-Committee's meeting of January 25, 2022, including draft notes of the meeting, had been circulated to the Finance Committee.

C. Halket, Chair of the Sub-Committee highlighted the meeting. He noted that the focus of the meeting was a continuing discussion of human resource metrics.

The Sub-Committee is recommending editorial changes to its Terms of Reference to reflect current practices.

Motion 2

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

That approval of the proposed amended Terms of Reference for the Sub-Committee on Compensation be recommended to Council.

CARRIED

The Finance Committee was informed that its Terms of Reference would be reviewed in May. Recommendations regarding the Finance Committee and the Sub-Committee terms of reference will be presented to Council in June.

Pre-Audit Communication

The Finance Committee had received a pre-audit package from the auditor. T. Holland expressed appreciation for the revised format, noting its accessibility and readability. B. MacKenzie noted that the auditors have revised the documentation to support the Finance Committee's understanding of, and confidence in, the process and the audited statements.

G. Clute presented the approach for the 2021 audit. He noted that the external audit adds to the credibility of the financial statements that are prepared by management. The Finance Committee's role is to provide oversight to the process, to ensure that the audit process is managed appropriately and that the financial statements are an appropriate reflection of the CNO's year-end financial situation. He noted that the audit is collaborative and carried out in accordance with Canadian generally accepted auditing standards with the common goal of reliable financial statements. The standards for not-for-profit organizations as prescribed by CPA Canada will remain constant for 2021 and therefore no changes will be seen in the form of the statements.

The three phases to the audit were outlined:

- the pre-audit, which has already begun, includes an interim audit and discussion with the Finance Committee about the audit strategy and a review of systems;
- the year-end audit begins in February; and
- the post-audit Finance Committee review of the draft audited financial statements will take place in May.

It was noted that the goal is that the audited year-end statements be free from material error – that is an error that would influence decision-making. The materiality level was highlighted. It was noted that it is common to make some adjustments to the financial statements at year-end.

The importance of auditor independence was highlighted. It was noted that independence is confirmed in the engagement and independence letters and will also be confirmed post-audit.

In camera session

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

Following the in-camera session, B. MacKenzie and J. Clute left the meeting.

There was discussion about CNO's procurement process and the safeguards that are in place. S. Mills highlighted the current safeguards and noted that CNO does reflect on lessons learned. The new Director, Business Services, will bring a new perspective. Staff will report back to the Finance Committee about ongoing improvements to the procurement processes.

Annual By-Law Review

In follow-up to a question raised at the Finance Committee's orientation, staff are recommending removal of Article 56 "Funding for Therapy and Counselling", which is Part 3 of By-Law No. 1: General. It was noted that the by-law is outdated. The legislation and regulations provide the guidance CNO needs to manage the fund.

Staff did not suggest any other changes, nor did Finance Committee members.

Motion 3

Moved by C. Halket, seconded by S. Robinson,

That it be recommended that Council rescind Article 56 "Funding for Therapy and Counselling", which is Part 3 of By-Law No. 1: General.

CARRIED

Payments Policy Amendment

The Finance Committee was informed that the triennial review of all the financial policies will take place at its May meeting.

Given that CNO has a new Director, Business Services, interim changes were recommended to the payments policy, to expedite payments. An edit was suggested to clarify the approvers for payments over \$20K.

Motion 4

Moved by P. Sullivan-Taylor, seconded by N. Thick,

That the Payments Policy be revised as attached to the decision note, with the edit suggested for clarity.

CARRIED

As required, the policy will be shared with Council, for information.

Membership of the Sub-Committee on Compensation

The Finance Committee recommends the membership of the Sub-Committee on Compensation, and the Executive recommends its Chair.

In November, the Finance Committee decided that there was no need for staff to recruit for a new member. C. Halket confirmed that R. Canuel is a strong contributor to the Sub-Committee. He noted that the Sub-Committee is a small group and works well together.

Motion 5

Moved by S. Douglas, seconded by M. Sheculski,

That the Finance Committee recommend to Council that Robert (Bob) Canuel be reappointed to the Sub-Committee on Compensation until June 2025.

CARRIED

Self-Monitoring Tool

The committee reviewed its self-monitoring tool. It was identified that the committee focuses questions on risk and ensures it has the answers needed for it to know it has met its fiduciary duties in advising Council. It was confirmed that the February closed session with the auditors has proven to be an important opportunity for openness and transparency, and builds confidence in the results of the audit.

Next Meeting

The next meeting of the Finance Committee will be May 19, 2022, at 1:00 p.m.

Conclusion

At 11:10 a.m., on completion of the agenda and consent, the Finance Committee meeting concluded.

DRAFT

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

	2021	2020
	December	December
ASSETS		
Current assets		
Cash	64,981,277	46,194,137
Investments	11,268,734	31,747,963
Sundry receivables	170,008	499,231
Prepaid expenses	1,227,453	891,044
	<u>77,647,472</u>	<u>79,332,375</u>
Investments	<u>14,508,491</u>	<u>14,278,799</u>
Capital assets		
Furniture and fixtures	2,196,368	2,300,024
Equipment - non computer	1,361,924	1,127,271
Computer equipment	6,653,730	5,394,389
Building	6,835,907	6,835,907
Building improvements	2,789,091	3,923,184
Land	3,225,009	3,225,009
Art	44,669	44,669
Construction in progress	<u>3,634,249</u>	<u>-</u>
	26,740,946	22,850,452
Less: Accumulated amortization	<u>(15,481,927)</u>	<u>(15,935,701)</u>
	11,259,019	6,914,752
Intangible Assets	4,212,653	4,095,159
Less: Accumulated amortization	<u>(4,011,173)</u>	<u>(3,886,868)</u>
	201,480	208,291
	<u>103,616,462</u>	<u>100,734,217</u>
LIABILITIES		
Current liabilities		
Accounts payable and accrued liabilities	15,521,216	13,820,754
Deferred registration and examination fees	<u>40,511,419</u>	<u>44,175,488</u>
	56,032,635	57,996,242
NET ASSETS		
Net assets invested in capital assets	11,460,500	7,123,043
Unrestricted net assets	<u>36,123,327</u>	<u>35,614,932</u>
	47,583,827	42,737,975
	<u>103,616,462</u>	<u>100,734,217</u>

College of Nurses of Ontario
Statement of Operations (\$)
Twelve Months Ended December 31

	2021 Year to Date December			2020 Year to Date December			2021 Budget	
	Budget	Actual	Variance Fav/(Unfav)	Budget	Actual	Variance Fav/(Unfav)	Remaining	Approved
REVENUES								
Registration fees	50,443,309	51,877,080	1,433,771	50,262,480	50,356,305	93,825	(1,433,770)	50,443,310
Application assessment	5,048,250	5,588,689	540,439	4,349,625	4,731,525	381,900	(540,439)	5,048,250
Verification and transcripts	54,800	105,745	50,945	56,250	57,680	1,430	(50,945)	54,800
Interest income	638,731	682,887	44,156	1,119,703	1,143,246	23,543	(44,156)	638,731
Examination	1,951,000	2,897,690	946,690	1,916,000	1,898,070	(17,930)	(946,690)	1,951,000
Other	286,250	346,946	60,696	355,250	162,002	(193,248)	(60,696)	286,250
Total Revenues	58,422,340	61,499,037	3,076,697	58,059,308	58,348,828	289,520	(3,076,696)	58,422,341
EXPENSES								
Employee salaries and expenses	39,283,010	37,215,833	2,067,177	37,126,830	33,855,008	3,271,822	2,067,177	39,283,010
Contractors and consultants	9,032,912	6,501,370	2,531,542	8,967,382	5,875,163	3,092,219	2,531,542	9,032,912
Legal services	3,165,800	3,028,596	137,204	2,674,400	2,664,976	9,424	137,204	3,165,800
Equipment, operating supplies and other services	8,667,191	4,974,269	3,692,922	5,384,936	4,140,943	1,243,993	3,692,922	8,667,191
Taxes, utilities and depreciation	1,947,658	1,977,164	(29,506)	1,967,236	1,374,238	592,998	(29,506)	1,947,658
Exam fees	1,471,500	2,463,436	(991,936)	1,458,903	1,490,690	(31,787)	(991,936)	1,471,500
Non-staff remuneration and expenses	493,521	492,519	1,002	831,715	408,853	422,862	1,002	493,521
Total Expenses	64,061,592	56,653,187	7,408,405	58,411,402	49,809,871	8,601,531	7,408,405	64,061,592
Excess of (expenses over revenues) / revenues over expenses	(5,639,252)	4,845,850	10,485,102	(352,094)	8,538,957	8,891,051	(10,485,101)	(5,639,251)
Opening net assets		42,737,975			33,878,442			
Defined Benefit cost remeasurement		-			320,576			
Closing net assets		47,583,825			42,737,975			

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

	<u>2021</u>			<u>2020</u>
	Invested in Capital and Intangible Assets	Unrestricted	Total	December
Balance, beginning of period	7,123,043	35,614,932	42,737,975	33,878,442
Excess of (expenses over revenues)/revenues over expenses	(1,373,102)	6,218,952	4,845,850	8,538,957
Loss on disposal of capital assets	(373,660)	373,660		
Purchase of capital assets	2,449,970	(2,449,970)	-	-
Construction in progress	3,634,249	(3,634,249)		
Defined benefit pension plan - remeasurements and other items	-	-	-	320,576
Balance, end of period	11,460,500	36,123,325	47,583,825	42,737,975

College of Nurses of Ontario
Statement of Cash Flows (\$)
Twelve Months Ended December 31

	2021	2020
	December	December
Cash flows from operating activities		
Excess of revenue over expense for the period	4,845,850	8,538,957
Adjustments to determine net cash provided by/(used in) operating activities		
Amortization of capital assets	1,248,797	1,007,150
Amortization of intangible assets	124,305	133,900
Loss on disposal of capital assets	373,660	-
Interest not received during the year capitalized to investments	(272,558)	(557,357)
Interest received during the year previously capitalized to investments	718,697	658,070
Funding of pension benefits	(2,457,618)	(962,208)
Pension benefit expense	2,457,618	486,238
	7,038,751	9,304,750
Changes in non-cash working capital items		
Decrease (increase) in amounts receivable	329,223	(476,567)
(Increase) decrease in prepaid expenses	(336,409)	135,181
Increase in accounts payable and accrued liabilities	1,700,474	463,735
(Decrease) increase in deferred registration fees	(3,664,068)	900,245
	5,067,970	10,327,344
Cash flow from investing activities		
Purchase of investment	(11,225,275)	(33,289,176)
Proceeds from disposal of investments	31,028,662	20,534,221
Purchase of capital assets	(2,332,476)	(625,163)
Purchase of intangible assets	(117,494)	-
Construction in progress	(3,634,249)	-
	13,719,168	(13,380,118)
Net increase in cash and cash equivalents	18,787,138	(3,052,774)
Cash and cash equivalents, beginning of year	46,194,137	49,246,911
Cash and cash equivalent, end of quarter	64,981,276	46,194,137



Attachment 3 – Revised Policy: Payments

Policy – Payments	Policy # (for admin use only)
	Page: 1 of 2
Developed by: Finance & Hearings	Date Originated: Aug. 2019
Maintained by: Finance & Hearings	Dates Revised: Feb. 2022
Accountability: Finance Committee	

PURPOSE:

The purpose of this policy is to establish standards and authority for payments made by CNO to minimize the risk of misuse of funds, ensure that payments are made for authorized purchases, support timely and accurate disbursements.

APPLICATION/SCOPE:

This policy will apply to the President, Chief Officers, Director, Business Services, and Manager, Finance & Hearings.

BACKGROUND:

The Finance Committee ensures that this policy reflects best practice, addresses the business needs of CNO and safeguards CNO’s financial resources. The Manager, Finance & Hearings is responsible for maintaining controls over the issuance of any payment.

POLICY:

- (A) Payment approvers are responsible for ensuring that payments are only made for expenditures or items that are properly authorized and have appropriate supporting documentation.
- (B) All payments require approvals of one or two authorized payment approvers.
- (C) Payment approval limits and appropriate payment approver/s are:
 - A payment of \$5,000 or less can be approved by one of the President, CEO, CAO, CQO, Director, Business Services, or Manager, Finance & Hearings.
 - A payment of \$20,000 or less can be approved by one of the President, CEO, CAO, CQO, or Director, Business Services.
 - A payment of over \$20,000 can be approved by any two of the President, CEO, CAO, CQO, Director, Business Services, or Manager, Finance & Hearings.
- (D) Payment approvers may not be the sole authorization for release of a payment for an expenditure that they approved. A second approver will be required to authorize such payments.

(E) Assurance and Maintenance

- The Finance Committee may consult with the auditors during the annual review to validate that this policy is meeting its purpose
- CNO auditors will confirm during the report on the audit that CNO staff have complied with this policy and the related procedures
- The Finance Committee will review this policy every 3 years to ensure it continues to meet its purpose
- This policy and all revisions will be shared with Council for information

KEY TERMS/DEFINITIONS:

- **Payments:** any form of payment, for example, cheques, electronic fund transfers, wireless payments, Automated Clearing House transfers etc.
- **Authorization:** any type of signature, manual or digital affixed by the payment approver.

RELATED POLICIES:

- Expenditures, Contracts and Other Documents, Council – Stipends and Expense Policies.

APPLICABLE LEGISLATION/REGULATIONS/STANDARDS:

- Article 40 – Payments of *By-Law No. 1: General*

RELATED PROCEDURES:

- Operating procedures on Staff and Non-staff expenses.
- Council and Committee Stipend and Expense payments.

Information Note – March 2022 Council

Results of the 2022 Council Election

Contact for Questions

Jenna Hofbauer, Council Affairs Coordinator

Council Election Results

Voting in the elections for nurse members of Council closed at 5:01 p.m. EST on Thursday, February 3rd. In accordance with CNO By-Laws, on February 22nd, following the timeframe for recounts, the Nominating Committee declared the candidates below elected. The numerical [results of the election](#) are posted on cno.org.

In the table below, are the elected candidates. The profile¹ that was circulated with the ballots is linked to the candidates' names.

District	RNs	RPNs
Toronto	Edsel Mutia Tomoko Fukushima	Central/Toronto district Elected in 2021
Central	Zaheeda Hamza Morgan Krauter, NP	
Central Eastern	Tyler Hands Colleen Lewis, NP	David Edwards ² (acclaimed)

¹ To be circulated with the ballot, candidate profiles need follow guidelines: All candidates are required to respond to 3 questions related to the Board competencies and attributes.

² Candidates are acclaimed when they are the only candidate for the position. David was acclaimed on close of nominations. Since there would be no ballot circulation, David did not provide a profile. David is currently finishing a 6-year term as an appointed member of the Discipline Committee.

Information Note – March 2022 Council

Upcoming Changes to NP Scope of Practice

Contact for Questions

Kevin McCarthy, Director of Strategy

Background

In 2019, the Health Minister informed CNO about potential legislative changes related to Nurse Practitioner (NP) practice (see the Minister's letter [here](#)). We have recently been informed that the regulations needed for these changes have been amended and will be in effect as of July 1, 2022.

What are the changes?

MRIs


NPs will be authorized to order magnetic resonance imaging scans (MRIs). An MRI produces a detailed image of structures inside the body to support diagnosis (for example, an MRI can produce an image of an abnormality in the brain). Changes to regulations under the [Regulated Health Professions Act, 1991](#) will enable NPs to order MRIs effective July 1, 2022.

CTs

NPs will be authorized to order computed tomography scans (CTs). A CT uses a beam of X-rays to produce cross-sectional images, or slices of a body part, which informs diagnosis — it is more detailed than an X-ray (for example, to get an accurate image of a tumour). Changes to regulations under the [Healing Arts Radiation Protection Act](#) will allow NPs to order CTs effective July 1, 2022.

Point-of-care tests

NPs will be authorized to perform point-of-care tests. Point-of-care tests are tests that use medical devices for fast results (for example, urine dipstick analysis and blood glucose testing). Samples are taken from a patient and performed at point-of-care (e.g. at the bedside or in a clinic) with the result leading to possible changes in the care of that patient. Changes to regulations under the [Laboratory and Specimen Collection Centre Licensing Act](#) will enable NPs to perform point-of-care tests effective July 1, 2022.



RNs and RPNs have been included in these regulatory changes. Regulations under the *Laboratory and Specimen Collection Centre Licensing Act* have not been updated in 30 years. These regulations have been significantly updated to modernize the regulation and ensure alignment with health system priorities, which includes exempting certain health care providers enabling them to perform point-of-care tests. RNs and RPNs already perform point-of-care tests under authorizing mechanisms (e.g. patient care order). The changes make it explicit that all nurses can perform point-of-care tests. You can read more about these changes on cno.org.

What is CNO's role?

NPs already have the authority to order X-rays and ultrasounds, and they perform health care activities at the point of care. As such, there are already regulatory mechanisms in place to support safe practice (for example, expectations in practice standards).

CNO's role, as it pertains to the scope of practice changes, is communicating these changes to stakeholders and responding to questions. Resources are being updated on cno.org before the changes take effect to support the safe application of these changes.