Ontario College of Pharmacists
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Agenda

ONTARIO COLLEGE OF PHARMACISTS
BOARD OF DIRECTORS MEETING
AGENDA

June 24, 2021 Meeting
8:30 a.m. - 11:30 a.m.

Videoconference: Microsoft Teams Link

1. Noting Members Present

2. Declaration of Conflict

3. Approval of Agenda

4. For Decision

4.1 Briefing Note – Governance Reforms - *Regulated Health Professions Act, 1991* and *Pharmacy Act, 1991*

5. Adjournment

BOARD BRIEFING NOTE
MEETING DATE: June 24, 2021

FOR DECISION	X	FOR INFORMATION

INITIATED BY: **CEO and Registrar**

TOPIC: Governance Reforms - *Regulated Health Professions Act, 1991* and *Pharmacy Act, 1991*

ISSUE: The Ministry of Health is seeking input to opportunities for governance reforms under the *Regulated Health Professions Act, 1991*, by June 30, 2021. Direction is required on whether the Board continues to support the previously approved principles for governance modernization and if there is support to further strengthen the proposals to align with governance best practices, given the OCP Board's continued leadership in this regard.

PUBLIC INTEREST RATIONALE: Governance best practice enables the effective delivery of the College's objects while also inspiring the confidence and trust of the public, government and registrants. Governance reforms under the *Regulated Health Professions Act, 1991* (RHPA) are proposed by Government to increase efficiency of the College operations and enable timely response to emerging needs.

BACKGROUND:

- Since 2017, the RHPA Colleges have expressed an interest in modernization of the governance structure of the Health Regulatory Colleges as articulated in the RHPA.

- In 2017, the College of Nurses of Ontario (CNO) introduced Vision 2020, and in September 2018, the College of Physicians and Surgeons of Ontario (CPSO) formally endorsed the proposed governance framework and acknowledged the value in aligning with other Health Colleges to support best practice in governance and proactively drive regulatory changes.

- In December, 2018, the Ontario College of Pharmacists (OCP) Council (now Board) supported Vision 2020 through approval of the governance reform framework and principles that form the foundation of College's governance modernization work, including the updated By-laws and policies (*Appendix 1*).

- In January 2019, the Council (now Board) of the OCP provided correspondence to the Minister of Health, expressing support for governance modernization and reform in alignment with other regulatory Colleges (*Appendix 2*).

- Subsequently, beginning in June 2019, in the absence of legislative change, the OCP began to implement changes to the governance structure through by-law changes, in order to align as much as possible with best practices. OCP By-Law No. 6A was approved by the Council (now Board) of the OCP at its March 23, 2020 meeting. In September 2020, the new governance model was implemented.

- The final policy changes relating to this governance reform were approved by the Board of the OCP at the June 14, 2021 meeting. Policy changes also resulted in requisite updates to the by-laws and approval of By-Law No. 6B at this meeting.

- On June 8, 2021, in light of a potential burden reduction bill to be introduced in the fall, the Ministry informed the College of their consultation on governance reform under the RHPA to increase efficiency and enable quick response of the Colleges to emerging needs. The Ministry requested input on whether the College continues to support the position articulated in the January 2019 correspondence to the Minister and whether there is further advice that may be provided. The deadline for input is June 30th, 2021 (*Appendix 3*).

- The Ministry has signaled that the timeframe will be short and ideas that are common amongst a majority of Colleges will be brought forward. They have also signaled that there is currently no appetite to amalgamate Colleges in the immediate term.

- Focus will be on changes to the RHPA (likely the Health Professions Procedural Code, which is Schedule 2 of the RHPA), as well as the profession-specific acts, i.e., the *Pharmacy Act, 1991*. The Ministry may also make regulations under the RHPA to implement.

ANALYSIS:

- Previously supported changes (see *Appendix 1*) communicated to the Ministry are presented in **Table 1**, with suggested updates where relevant, for Board consideration and decision on continued support.

- **Table 2** considers other changes that will result in burden reduction for the College, increasing efficiencies, relieving pressure on resources and further moving the College to a risk- and outcomes- based approach to regulating.

- The Board decisions will form the basis for further government discussions. Government will draw from the recommendations from each College to propose legislative changes in the fall.

Table 1 – Governance Reform

Board Supported Position (Dec 2018)	Current State (2021)	Proposal	Considerations	Board Decision?
Reduction in Council Size	9 Elected Directors 9 Public Directors (appointed) 2 Academic Directors	Continue to support position Specifically, 8 – 12 Directors in the legislation OCP to recruit to maximum numbers (6:6) Executive Committee is eliminated	- Best practices indicate that smaller boards are more readily able to engage in generative discussion and effective-decision making, with a maximum Board size of 12 Directors (See CNO Vision 2020) - RHPA Colleges continue to support a Board size of a maximum of 12 Directors - Signaling government appetite, the composition of the Board of the new Health and Supportive Care Providers Oversight Authority consists of 8 – 12 Directors (Bill 283, *Advancing Oversight and Planning in Ontario's Health System Act, 2021*), with a requirement that government appointed Directors do not constitute a majority - Range is recommended to ensure Board remains constituted regardless of temporary vacancies - A smaller Board size and modern telecommunication platforms would obviate the need for an Executive Committee	
Equal number of elected (professional) and public directors	As above	Continue to support 50/50 balance Eliminate	- A Board comprised of equal numbers of professional and public directors will maintain, and be seen to maintain, its regulatory integrity through its focus on the public interest - Maintaining Academic Directors as voting members	

		Academic appointments; OR Rotate non-voting members with 1 from school of Pharmacists and 1 from school of Pharmacy Technicians	perpetuates the view that Board members represent constituents, in conflict with the OCP's focus on the public interest. - Aligned with Vision 2020, CNO uses an Advisory Group to engage with entire academic community - Those Colleges with more than 2 academic programs limit representatives to a maximum of 1 or 2 and rotate representation. Where a College represents more than one profession, each profession has one representative. - A French speaking pharmacy program has been proposed by the University of Ottawa to begin in 2023 (not yet submitted to government), which may, if approved, further contribute to the inequity of representation between the pharmacist and pharmacy technician programs on the OCP Board in future. - Canadian Council for Accreditation of Pharmacy Programs (CCAP) ensures alignment between the OCP and the academic centres through the accreditation process - Government did not legislate the inclusion of Pharmacy Technician colleges on the Board - Role of Academic appointments in regulating the profession is unclear - Academic Directors gain value in understanding the healthcare landscape through Board discussions - Academic Directors bring valuable insight and if they were no longer members of the Board, the OCP would continue to engage them in the OCP's work through other vehicles (Advisory Group, participation on committees) - Pharmacy Technician schools do not sit on the OCP Board, but are continually engaged in OCP's work - Representatives from both Pharmacist and Pharmacy Technician programs provide a bridge to the entire academic sector - Inherent conflict of interest of Academic Directors in any discussions related to workforce planning due to financial benefit of increasing enrollment	
Separation of Board and Statutory Committees	With the exception of statutory requirements, the Board is separate from statutory committees	Continue to support	- Allows for greater delineation of strategic and risk oversight roles of Board and operational and adjudicative functions of statutory committees, and promotes independence of those functions - Especially important now for Discipline Committee, a full adjudicative tribunal. The RHPA (Code) requires participation of Board members on panels of the Discipline Committee	
Competency based Board	Elected members are required to meet competency standards in order to be eligible to run Public members are appointed through Lieutenant Governor in Council	Move to an appointment based model; OR Maintain the current model of competency based elections	- Governance trends and literature support competency based boards. Having all Board members with the needed competencies and attributes will support the Board to meet all of the principles (see *Appendix 1*) - Competency based appointments provides for diversity of thought - 16% of registrants voted in Board elections in 2020, the first election involving registrants pre-screened for competencies. Voting turnout ranged from 10% to 23% in the previous two years (Covid may have had some impact on turnout) - Current model of patient-focused criteria and	

			competence based elections - Ontario College of Teachers is moving to a fully appointed model - Alignment of screening for both professional and public members would ensure consistency of criteria for appointments. - Establishment of a fair, transparent, and neutral model will be required for appointment selection	
Not Included in the Original Letter:				
Nomenclature change	RHPA refers to "Council" / "Members"	By-Laws have updated nomenclature - Board - Registrants	- Aligns with the OCP Board nomenclature and intent - The OCP has already shifted to the use of Registrants in place of Members; and Board in place of Council - Clarity of the role of the OCP as a regulating and licensing body rather than an association	
	Discipline Committee is a statutory committee of the College	Separate Discipline Tribunal	- College of Physicians and Surgeons of Ontario (CPSO) has recently moved to a model of a separate tribunal, specific for the profession, that is in a separate location from the college - Allows administrative law expertise - Less reliance on untrained panel members - Will require funding and not all colleges will have the same volume	

Table 2 – Burden Reduction

Recommendation	Considerations	Board Decision?
Flexibility to determine whether or not an investigation is required for complaints	- The Law Society of Ontario is not required to investigate all complaints, unlike the RHPA requirement that all complaints shall be investigated - OCP is moving further towards a risk- and outcomes-based model to regulating the profession, in which resources are directed to the highest risk complaints, relieving pressure on scarce investigation resources - Would entail development of a risk tool to establish the threshold for investigation and a process to ensure public protection, fairness an transparency	

RECOMMENDATION: That the Board approve the decisions in Table 1 and Table 2 as discussed, to inform proposed legislative changes to modernize the governance framework and contribute to the reduction of burden on the Ontario College of Pharmacists and other regulatory Colleges.

NEXT STEPS:

- The Board decisions will provide the foundation for further discussions with government on modernizing the governance framework.
- Staff will prepare a letter outlining the recommendations to government that will be jointly signed by the Chair of the Board and the CEO & Registrar and provided to the Ministry by June 30, 2021.
- The letter will also bring forward the previous decision of the Board to request a name change for the College to the Ontario College of Pharmacy. (*Appendix 4*)

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COUNCIL BRIEFING NOTE
MEETING DATE: DECEMBER 2018

FOR DECISION	X	FOR INFORMATION

INITIATED BY: Executive Committee

TOPIC: Governance

ISSUE: In support of strengthening public trust in the ability of the College to regulate the profession in the public interest and given the international, Canadian and provincial trends to move to best practice in self- regulation, Council is being asked to:

1. Partner with the Advisory Group for Regulatory Excellence (AGRE) to develop options for legislative changes to support the government in governance reform.
2. Support a framework and principles for governance change, as presented in Appendix 1.

BACKGROUND:

- The College, along with other Health Colleges and the Ministry of Health and Long- Term Care (MOHLTC), have been reviewing trends and best practices with respect to governance in professional regulation with a view to strengthening public trust in regulatory institutions and their processes over the past several years.

- In the summer of 2015, AGRE supported the MOHLTC in increasing transparency and enhancing public protecting. Concepts conceived by AGRE were included in the *Protecting Patients Act (PPA)*, 2017. *(See Attachment 1).* Amendments introduced through the PPA included removing the prescriptive language in the RHPA respecting composition of statutory committees and providing the Minister with the power to make regulations controlling all aspects of the structure and composition of College statutory committees.

- In December 2016, the College of Nurses of Ontario (CNO) fully endorsed recommendations made by a governance Task Force and supported implementation of a plan entitled Final Report: A vision for the future (Vision 2020). Vision 2020 is a progressive plan to transform the governance model for CNO to align with worldwide best practice.

- In the summer of 2017, the AGRE policy group developed a proposed Eligibility and Competency-Based Appointment Framework to screen individuals seeking to serve on statutory committees, a theme that emerged from the Governance Discussion Paper prepared for AGRE. *(See Attachment 2)*

- In response to the initiatives noted above, OCP Council, in June 2017, approved a competency based screening process to vet applications of professional members interested in serving as Non Council Committee Members on OCP statutory committees. This demonstrated Council's leadership and commitment to implement best practices in governance.

- Looking internationally, governments in Ireland, Australia and New Zealand are actively considering or implementing the model introduced by the United Kingdom in which a Professional Standards Authority (PSA), an independent body that reports directly to parliament, oversees the nine health professions regulators.

- Locally, the newly elected government is continuing the governance review from previous leadership and is preparing to take steps to strengthen public trust and engender best practices in regulatory governance. A specific role within government has been established to lead an expedited review of legislation and regulation to identify barriers to improving effectiveness and efficiency of operations and strengthening ministry oversight, signaling strong appetite for change. *(See Attachment 3)*

- In parallel, Colleges are considering the issue of governance modernization. In September 2018, CPSO discussed the CNO Vision 2020 at Council and formally endorsed the proposed governance framework and acknowledged the value in aligning with other Health Colleges to proactively impact regulatory changes.

- Recently, in November, AGRE formally expressed a commitment to working with government to develop policy recommendations that build on CNO's Governance Vision 2020 to modernize the governance structures of health regulatory bodies in Ontario with a view to strengthening public confidence in self-regulation. *(See Attachment 4)*

ANALYSIS:

- The newly elected government has demonstrated a renewed commitment to modernizing regulatory processes and structures. This presents an opportunity for the College to join the AGRE colleges in proactively supporting the government to establish governance changes that best serve, and are seen to serve, the public interest.

- The CNO Vision 2020 contains a comprehensive review of best practice recommendations and is being followed keenly by AGRE. A governance framework based on these recommendations is presented in Appendix 1. The framework is underpinned by best practice governance principles that Council and other colleges continue to exemplify, also included in Appendix 1, and represents a governance structure well-suited to serve the public interest.

- In particular, best practice supports a small governing board made up of an equal number of public and professional members, with all members having the needed governance competencies, appropriate conflict of interest provisions and ongoing education and evaluation. Literature indicates that this structure aligns with best practice governance principles, meets the changing expectations of society and strengthens the ability to be, and be seen to be, a protector of the public.

- Legislative changes are being presented to CNO Council in December 2018, demonstrating a high level of activity in governance reform. Partnering with CNO and AGRE colleges allows the College to join other regulatory leaders to proactively work with government to support change, rather than having changes imposed on the sector.

- Any legislated changes proposed will require government approval and are likely to be introduced and implemented gradually.

RECOMMENDATION: Recommend that Council support a partnership with AGRE to help inform proposed legislative changes required to support the government in modernizing governance.

Recommend that Council support the governance reform framework and principles in Appendix 1.

NEXT STEPS:

- Partner with AGRE colleges to further develop and refine the recommendations for governance reform to proactively support legislative change.
- Keep Council informed and provide regular updates at Council meetings for consideration.

EXECUTIVE COMMITTEE RECOMMENDATION AND COMMENTS (if any):

APPENDIX 1: Governance Framework Recommendations and Governance Principles

Governance Framework Recommendations

1. **Reduction in Council size**:
   - Best practices indicate that smaller boards are more readily able to engage in generative discussion and effective-decision making, fully utilizing each member.
   - Advisory groups and stakeholder engagements are methods to further enhance diversity of input.

2. **Council Composition**
   - A board made up of equal numbers of professionals and public directors will maintain, and be seen to maintain, its regulatory integrity through its focus on the public interest.

3. **Separation of Council and statutory committees**
   - Allows for greater delineation of strategic (Council) and operation (statutory committee) function and promotes independence of those functions.

4. **Competency-based Council:**
   - Literature and governance trends support competency based boards. Having all Council members with the needed competencies and attributes will support the board to meet all of the principles.

Governance Principles

1. **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

2. **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

3. **Competence**
   - We make evidence-informed decisions
   - We seek external expertise where needed
   - We evaluate our individual and collective knowledge and skills in order to continuously improve our governance performance

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

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

6. **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

7. **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

Governance Structure

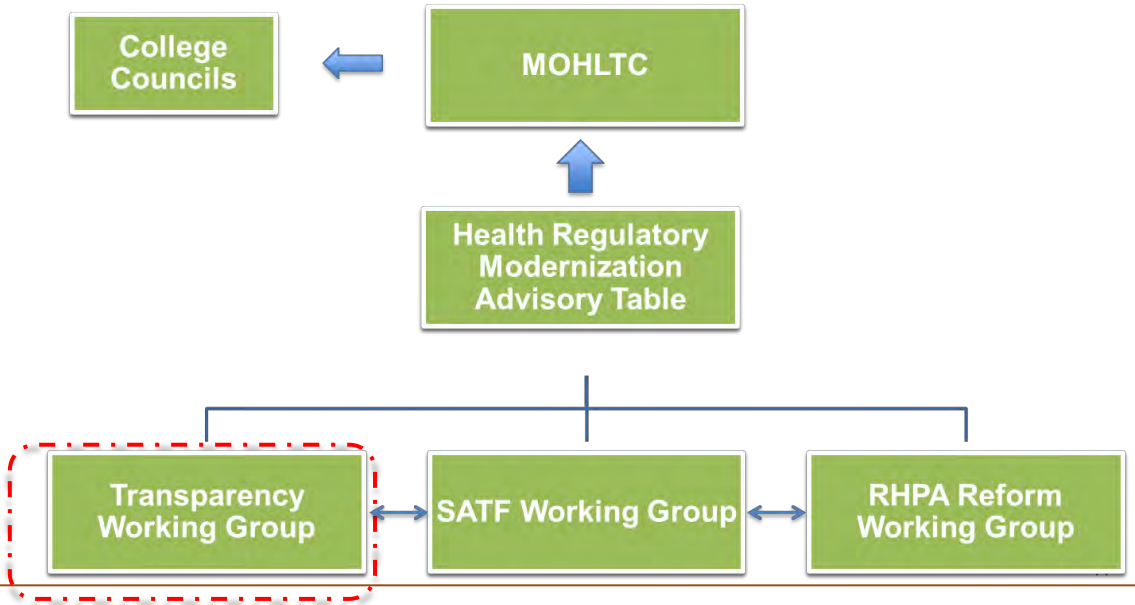
Attachment 1

- Several initiatives that will involve reviews of the RHPA scheme will take place concurrently with the work on the transparency strategy.

- To support coordination of these efforts and collaboration with the colleges, a Health Regulatory Modernization Advisory Table (HRMAT) comprising of Registrars, ministry representatives who will advise on the efforts of the working groups and endorse its work (e.g. guidelines, standards, etc.) to the ministry.

- The Transparency Working Group will be reporting to the HRMAT on its work for approval before disseminating final guidance products to the colleges.

- The ministry will work with college Councils to implement guidelines, standards, recommendations consistently across all colleges.



AGRE
ADVISORY GROUP FOR REGULATORY EXCELLENCE

Governance Discussion Paper

February 14, 2017

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Introduction

The purpose of this discussion paper is to provide background and context for the Advisory Group for Regulatory Excellence (AGRE) roundtable discussion regarding governance.

Since AGRE was formed in 2012 the group has had considerable success in collaborating together to develop the AGRE Transparency Principles, engaging with the provincial government regarding these principles and having them adopted in bylaw by the AGRE regulators. As will be seen from the Bill 87 Protecting Patients Act summary provided in the Background section, this forward-thinking work on transparency both anticipated and was able to shape to some extent the Ontario government's policy direction. Regulators who have adopted the AGRE Principles and amended their bylaws accordingly are therefore well-prepared for transparency amendments to the Regulated Health Professions Act (RHPA) that may become effective through Bill 87.

The current focus of AGRE regulators on governance is similarly intended to position regulators to get "ahead of the curve" on regulatory governance. This is in response to apparent trends in the regulatory landscape, anticipation that the Ontario government is looking to impose changes to the governance sample framework of all regulated health professions and the College of Nurses of Ontario's (CNO's) December 2016 Council decision to pursue a new "Vision 2020" for its governance structure.

While the governance conversation so far has been a high-level discussion among the AGRE Group, this paper is intended to share information and context in order broaden the discussion to AGRE College Executive Committees and eventually Councils.

Background

Trends in Regulatory Governance

There are important external influences and trends that provide both impetus and context for AGRE to look at regulatory governance at this time. These are international (particularly related to regulatory developments in the UK, Australia and New Zealand), national and provincial.

Richard Steinecke, Robert Lapper and others who provide guidance to regulated professions on these issues have highlighted that these trends in regulatory governance have and are anticipated to continue to influence Ontario government policy in the near future.

Robert Lapper, CEO of the Law Society of Upper Canada has spoken about changing trends in regulatory governance, including in a presentation to CPSO Council in February 2016. He was a member of CNO's Governance Task Force and in his address to CNO Council in December 2016 stated that "At very least every professional regulator will have to consider...and be able to justify, in the public interest, its own sample framework of professional regulation, against the benchmarks that these trends arguably establish." External trends that he pointed out are included in the summary here[1]:

- "There is a growing tendency in the western democratic world to question whether self-regulating professions truly live up to their mandate to protect the public interest."

[1] Direct quotes are from Robert Lapper's CNO presentation.

- "Regulatory governance is in the spotlight. Regulatory outcomes that are perceived to favour the professional over the public interest are often the subject of intense media scrutiny. Governments are called to account and address the public outcry that ensues."

- Governments have diminished self-regulation in many countries. This has included, in the UK the "co-regulation" of health and legal professions under standards authorities governed by public and not professional members. Similar reforms are being active considered or implemented in Ireland, Australia and New Zealand.

- In Canada, governments are increasingly inclined to oversee the regulation of professions. For example fairness legislation in a number of jurisdictions scrutinizes the registration practices of regulators and imposes significant reporting requirements.

- In recent years governments have become more likely to intervene in professional regulation. In BC both teachers (2012) and the real estate profession (2016) have lost the right to self-regulate. The 2012 appointment of a supervisor for the College of Denturists of Ontario (CDO) also signalled willingness by the government to use a power it had not exercised previously[2].

- Reviews of professional regulation worldwide have led to trends such as:
  - Moving to more balanced professional/public representatives in governance (UK health and legal professions).
  - Selection of members from specific practice sectors rather than regions (Nursing and Midwifery Board – Ireland).
  - Moving from election of professional members to competency or criteria based appointment of professional members or to a mix of election and appointment of professional members (Federation of Law Societies, Canada / UK Health and Legal Professions).
  - Reducing Board/Council sizes (UK health professions[3], *Barreau du Québec*, other Canadian Law Societies).
  - "Professionalizing" or specializing some regulatory functions (Professional discipline tribunals – Law Society of Upper Canada, New Zealand Health Practitioners Disciplinary Tribunal).

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[2] The power to appoint a College supervisor is outlined in the RHPA as "**College supervisor** s. 5.0.1 (1) The Lieutenant Governor in Council may appoint a person as a College supervisor, on the recommendation of the Minister, where the Minister considers it appropriate or necessary. 2014, c. 14, Sched. 2, s. 9." Evidence that this is the first exercise of this power can be read in the CDO Council Highlights of September 12, 2013: https://cdo.in1touch.org/document/1160/73rd%20Council%20Highlights.pdf%20.

[3] The General Medical Council (GMC) was reduced from 104 members to 35 in 2003 (source: *Dyer, Clare (10 May 2003). "New slimmed down GMC takes shape". BMJ. 326: 1002.). The* Professional Standards Authority report (September 2011) *Board size and effectiveness: advice to the Department of Health regarding health professional regulators*, advised that "boards with a range of 8-12 members are associated with greater effectiveness". Subsequently consultations were undertaken and the boards of health councils were reduced - the GMC and the General Dental Council each now have 12 members, the Nursing and Midwifery Council went from 14 to 12 members, the General Osteopathic Council went from 14 to 10 members.

The UK's Professional Standards Authority (PSA)

- A very significant and influential international development has been the move away from the self-regulation of professions in the UK. As indicated in Grey Areas[4] "With the publication of its paper on Right Touch Regulation in 2010, the United Kingdom's Professional Standards Authority (PSA) leapt to the forefront of international thinking on professional regulation." The subsequent updating of that paper in 2015 as well as publishing another paper entitled Rethinking Regulation "called for a radical overhaul of the regulation of the health and social service professions in the UK".

- Richard Steinecke reported[5] that "The PSA is being considered by the Ministry of Health and Long-Term Care of Ontario (Ministry) as a possible sample framework for oversight of the *RHPA* Colleges."

- The PSA[6] was established in 2012. It was previously known as the Council for Healthcare Regulatory Excellence (CHRE)[7]. The PSA oversees statutory bodies that regulate health professionals in the UK and social care in England. Where occupations are not subject to statutory regulation, it sets standards for those organisations that hold voluntary registers and accredits those that meet them.

- The PSA is a publicly appointed body. None of the members of the Board of Directors of the PSA can have been practitioners of a profession overseen by the PSA. The PSA is funded by fees and levies charged to the bodies it oversees or, in the case of advice to government agencies or international bodies, fees charged to the recipients of the advice.

- The March 2013 PSA report *Fit and Proper? Governance in the public interest*[8] indicates that:

  "Over the past decade the governance of the health and care professional regulators in the UK has been transformed. The UK approach is no longer self regulation but shared regulation; regulation shared by professions and the public in the interests of society as a whole. The councils or boards of the professional regulators are now much smaller, and have a balanced number of appointed professional and public members, rather than the large, elected, representative bodies of old. Presidents have become chairs and many are public rather than professional members. The focus of regulation on serving the public rather than the professions

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[4] Steinecke Maciura LeBlanc. Grey Areas (October 2016 - No. 210), retrieved January 25, 2016 from: http://www.sml-law.com/wp-content/uploads/2016/10/Greyar210.pdf.

[5] Richard Steinecke provided a 10-page analysis of the legal authority of the PSA and implications for the RHPA to AGRE in July 2016. The points included in this paper are a very brief synopsis of his much more detailed review.

[6] The full name of this body is the Professional Standards Authority for Health and Social Care.

[7] The CHRE was established in 2002 as a body to oversee the regulation of healthcare professionals in the UK following the 2001 Kennedy "Bristol heart scandal" report which looked at the causes of high rates of paediatric cardiac deaths at the Bristol Royal Infirmary. "National body to oversee healthcare professionals". The Guardian. Retrieved February 7, 2017.

[8] Professional Standards Authority (March 2013) *Fit and Proper? Governance in the public interest.* Retrieved February 7, 2017: http://www.professionalstandards.org.uk/docs/default-source/publications/thought-paper/fit-and-proper-2013.pdf?sfvrsn=2.

is manifest in these reforms, and is mirrored in similar developments in professional regulation in other sectors, such as the regulation of legal professionals."

- The functions of the PSA fall into four broad categories:

1. Provide oversight of health and social work regulators, which includes:
   a) reviewing all disciplinary decisions of regulators;
   b) conducting an annual performance review of each regulator;
   c) mentoring and providing advice to regulators (e.g. how to handle dishonest behaviour of members, Rethinking Regulation paper);
   d) directing regulators to make rules; and
   e) (in future) considering complaints against regulators.

2. Accredit unregulated professions: Unregulated professions may apply for may apply to have their "voluntary" register accredited by the PSA. There are currently 50 registers accredited by the PSA - ranging from Acupuncture to Yoga therapy.

3. Advise government: The PSA provides policy advice and develops discussion papers for government[9]. For example, the PSA undertook research and provided specific advice to government on board size and effectiveness that resulted in the reduction of the size of health councils. The PSA also advises the Privy Council about the quality of the processes eight of the regulators use to recommend candidates for appointment and re-appointment as chairs and members of their councils. The PSA "check(s) the process the regulator has used, and assess(es) whether it is fair, transparent and open, whether it inspires confidence, and whether it ensures all selection decisions are based on evidence of merit."[10] The PSA advises the Privy Council whether each process meets the standard, but does not assess the suitability of individual candidates or have any say in who is appointed.

4. Other activities: The PSA is sometimes retained to conduct reviews and publish reports internationally, and has done so for the Royal College of Dental Surgeons of Ontario (2013) and the College of Registered Nurses of BC (2015).

- As outlined by Robert Lapper during his December 2016 address to CNO Council:
  "In its original report and subsequent updates the PSA has set out governance strategies that it recommends toward the objective of rebuilding trust between professionals, the public and regulators".[11] These include:
  - Smaller sized Councils/Boards;
  - Equal numbers of professionals on Councils/Boards; and

[9] PSA policy advice to government can be found at: http://www.professionalstandards.org.uk/publications/policy-advice.

[10] The PSA's role in advising the government on appointments can be found at: http://www.professionalstandards.org.uk/what-we-do/our-work-with-regulators/appointments-to-councils.

[11] Governance recommendations were originally described in the September 2011 CHRE report *Board size and effectiveness: advice to the Department of Health regarding health professional regulators.* Retrieved February 7, 2017: http://www.professionalstandards.org.uk/docs/default-source/publications/advice-to-ministers/board-size-and-effectiveness-2011.pdf?sfvrsn=12.

- Transparency of appointment processes (which assumes that Boards/Councils are not elected by members of the profession.)"

The establishment of the PSA and effective removal of the right of self-regulation from health professions is significant and was anticipated to influence Ontario government policy, particularly in response to the recommendations of the Sexual Abuse Task Force Report. While Bill 87 does not create a new oversight body or a separate adjudicative tribunal to handle complaints of sexual abuse, it does create new powers of oversight by the Minister, including direction regarding the structure of and appointments to statutory committees and investigatory activities related to sexual abuse.

Bill 87, Protecting Patients Act, 2016

On December 8, 2016 the Ontario Minister of Health and Long-term Care (MOHLTC) introduced for first reading Bill 87, which includes significant changes to the RHPA and Code in the following areas:

1. Increased powers of the Minister of MOHLTC;
2. Investigations, prosecution of and mandatory revocations related to sexual misconduct and funding for victims of sexual abuse, etc.; and
3. Transparency, including expansion of the public register and new self-reporting obligations.

Richard Steinecke provided an analysis of Bill 87 in a December 22, 2016 memo to the Federation of Health Regulatory Colleges of Ontario (FHRCO). In his introduction he states:

> "Bill 87 will make significant changes to the *RHPA*. The changes go well beyond reforming the sexual abuse provisions. For example, enormous powers will be transferred to the Minister including the power to restructure the statutory committees of the College, such as by reducing or even removing professional members from their composition. The Minister will also have the authority to require Colleges to provide information to the Minister about the Colleges' handling of individual cases."

There are several amendments that are specifically relevant to discussions about governance and are anticipated to have a high impact on Colleges. These include the increased power of the Minister of MOHLTC to oversee and direct College functions by controlling the composition and actions of statutory committees. These are highlighted in Steinecke's analysis as follows:

- Committee Structure: RHPA s. 43(1)(p) to (s), Code s. 10(3), 17(2) and (3), 25(2) and (3), 38(2), (3) and (5), 64(2) and (3), 73(3).3, 94(1)(h.1) to (h.4). The Minister will have the power to make regulations controlling all aspects of the structure of the statutory committees (committees established by by-law are not affected). The regulations can establish their composition, panel quorum, eligibility requirements and disqualification grounds. For example, the Minister could require a majority of public members (or even all public members) on committees or panels. *This provision has the potential to compromise a fundamental principle of self-regulation, namely that the profession is governed by its own members* [emphasis added]. However, it should be noted that these regulations would not alter the composition of the Councils of the Colleges in either size or composition

- Sexual abuse: Minister Prescribed Functions: RHPA s. 43(1)(w). The Minister can make regulations specifying how Colleges are to investigate and prosecute sexual misconduct cases (e.g., requiring the use of investigators with particular credentials, mandating the videotaping of witness interviews, making rules of procedure allowing for the videotape to be received as the evidence in-chief of a

witness). In addition, the Minister can make regulations providing for further "functions and duties" for Colleges (e.g., requiring Colleges to provide legal counsel paid for by the College for individuals alleging sexual abuse; requiring Colleges to conduct research on sexual abuse by their members).

- Bill 87 also includes changes to the public register and self-reporting obligations (RHPA s. 43(1)(t) and the Code s. 23, 94(1)(l.2)). These proposed amendments are largely consistent with AGRE's Transparency Principles and include those related to expansion of information provided on the public register, new mandatory self-reporting obligations and the posting of Council meeting information on College websites.[12]

Regulatory Governance in Ontario

AGRE Discussions

- Following the success of the Transparency Project AGRE identified at their January 14, 2016 meeting a second identified task: the need to focus on governance. This was inspired by comments made by Deputy Minister of MOHTC Bob Bell[13] and Assistant Deputy Minister Denise Cole at public meetings. Their remarks included:
  - How can College Councils function in the public interest when Council members are elected by peers/College members? Will Council members be considering the interests of those who elected them to Council? Are professional members really needed on College Councils?
  - Councils are too large.
  - There are too many Colleges.
  - Should College Presidents be elected from amongst the full profession, i.e., not by the College Council?

- AGRE recognized an opportunity to proactively and positively influence system change for *RHPA* Colleges, in a manner similar to the successful transparency initiative. There was agreement to hold a retreat to dedicate time to this issue, and the Policy Working Group (WG) developed an initial list of governance issues to be discussed at a retreat.

- The half-day retreat was held April 6, 2016 and was attended by the AGRE representatives. The focus of the governance discussion was on "how anticipated amendments to the RHPA could be influenced at early stages of decision-makers' thoughts and conversations".

- The retreat consisted of brain-storming sessions regarding Councils, committees and next steps. Questions included what Councils could look like, who the members would be, how they would become members, what their roles would be etc., with similar questions being considered for the structure and composition of committees. This discussion yielded good discussion and some general themes emerged, which are briefly summarized here:

[12] These points were excerpted from Richard Steinecke's December 22, 2016 Analysis of Bill 87 prepared for the Federation of Health Regulatory Colleges of Ontario (FHRCO).

[13] Similar comments were subsequently made at a February 2016 meeting of FHRCO and during a presentation that Mr. Bell gave at a spring 2016 CPSO Council meeting.

- Councils:
  - All Council members (professional and public) should have similar competencies - this is difficult to ensure given the current sample framework of elections and appointments.
  - Possible that appointing rather than electing could enhance recruitment of effective members.
  - Consistent governance training and evaluation is needed to enhance performance and effectiveness of Councils.
  - Theoretically electing members brings geographic representation and connection to the profession, but some professional members may feel that they represent a constituency.
  - Important that public appointments are not political.
  - All Council members have same role so should be remunerated the same.
  - Currently there may be a disproportionate representation of certain demographics (e.g. those who practice in settings that allow paid time away) - how can greater participation be enabled?
  - Principles: Have competent Council members, selected through an application process, reflective of society (gender-balanced, representative of the profession).

The brainstorming also generated the following specific ideas:

- All Council members should have similar competencies: intelligent/knowledgeable; prepared; open-minded/willing to learn; up-to-date with current standards of practice, boundaries, trends, etc.; understanding of the public interest; independent (i.e., not an advocate); available; possessing integrity and transparency.

- Council member skill sets: Should include financial background; critical reasoning skills (actuary or lawyer); similar qualities as those required for members of for-profit Boards; previous regulatory experience (e.g., served on Committees); and perspectives (not representation); from different types of practice.

- Competencies/skill sets should be measured in a transparent, objective way: e.g. formal application; interview; references; recruitment; similar to robust screening processes used when hiring staff.

- Three types of recruitment:
  - Council (Board) members (by External Governance Committee)
  - Committee members (by Internal Governance Committee)
  - Discipline committee members (by Internal Governance Committee)

- Two Governance Committees to be formed:
  1. External Governance Committee: External body to appoint Board members
  2. Internal Governance Committee: to appoint Committee members
     Both committees to be comprised of representatives from the College, other Colleges and government.

- Colleges to become Boards:
  - Board activities to be reduced to focus on governance/policy
  - Full Board to serve as Executive - no separate Executive Committee
  - Board members would not sit on Committees.
  - Size of Boards to be same for all health Colleges (e.g., between 8-12 members)

- 50/50 balance of professional and public members

- College Committees to include:

  Board-Related (comprised of members with Board experience):
  - Governance Committee
  - Finance/Audit Committee
  - Other College-specific committees

  Member-Related (comprised of members with clinical expertise, appointed by the Board):
  - Registration Committee
  - Quality Assurance Committee
  - Patient Relations Committee
  - Fitness to Practice Committee
  - Inquiries, Complaints, and Reports Committee
  - Discipline Committee

  - All committee members to require same competencies plus additional clinical/profession-specific knowledge as needed. Discipline Committee to be created as a pool of panel members, perhaps with a system similar to jury selection process.

- As an initial follow-up to this retreat in June 2016 the Policy WG provided an update at a subsequent meeting which included the status of governance discussions at AGRE Colleges. The purpose of this review was to evaluate the state of organizational or Council readiness, along a continuum from unaware of governance issues to making a decision to change their governance structure, as follows:

  Unaware -> Aware - No discussion -> Aware - Discussion -> Ready -> On board-> Decision

- Generally speaking, most of the Colleges were considered to be at the 'aware' stage. The CNO was at that time characterized, after two years of governance work, to be at the 'ready' stage.

- It was agreed that as a next step a discussion paper should be developed and a "governance roundtable" held to further develop AGRE's governance initiative.

- Subsequent to these discussions, in December 2016 CNO's Leading in Regulatory Governance Task Force Final Report was submitted to Council and all recommendations were approved. In terms of the continuum above CNO can now be considered to be at the "On board" stage of governance transformation and working towards implementation planning and decisions.

- The following section provides an overview of CNO's "Vision 2020" as background and a sample framework for discussion at the AGRE governance roundtable.

CNO's Leading in Regulatory Governance Task Force Report

- The College of Nurses of Ontario's (CNO's) Leading in Regulatory Governance Task Force was formed in December 2014, with the purpose of the work being:
  - To conduct a proactive, objective, expert, best-practice and evidence-based review of all aspects of College governance.
  - To seek new governance perspectives and approaches to enhance Council's excellence in governance.
  - To engage Council in an informed conversation to determine what, if any, changes are needed to governance principles and processes, so that the College is recognized as a leader in regulatory governance.

- As stated in its Final Report "The Task Force believes that Council needs to consider what is fundamental to self-regulation and what needs to change to maintain public trust in nursing regulation in Ontario."[14] The theme was that regulators need to be proactive in order to strengthen public trust.

- Activities undertaken by the Task Force to develop its recommendations included:
  - a Spring 2015 evaluation of CNO Council governance by an external governance expert;
  - an extensive literature review of academic studies about governance sample frameworks and group dynamics including which included looking at: governance sample frameworks and policies; regulatory board and committee structures; election/appointment/recruitment processes; leadership etc.
  - a review of trends and best practices in the governance of regulators around the world;
  - a report of a survey of regulators about governance; and
  - Council's input and insights provided at governance workshops.

- The Governance review milestones included in the attached final report attest to the significant consultation with and involvement of CNO Council in the Task Force's work. Some of the significant issues Council wrestled with regarding the draft framework when it was initially presented were:
  - ensuring that a diversity of views would continue to inform Council decision-making;
  - concerns, including about engagement of members, inherent in moving from an election to appointment process; and
  - concern regarding the power of the Governance Committee.

  The Task Force used this feedback to modify the vision presented in the final report.

- At its December 6 - 7, 2016 Council meeting, CNO Council devoted a half-day discussion to the Task Force's final report, reviewing the proposed vision (sample framework) and the recommendations.

- The governance vision recommended by the Task Force is very different from the current RHPA model. Some of the most significant elements are:
  - Move from a council to board of directors governance structure.
  - Replace the current CNO Council (35 - 39 members) with a 12-member board.
  - Have an equal number of nurse and public directors (6 nurses, with at least one registered and one registered practical nurse member) rather than a majority of professional members.
  - Eliminate Executive Committee - the Board will act as the Executive Committee.

[14] The Final Report, literature review and all other Task force materials are posted on CNO's website at: http://www.cno.org/en/what-is-cno/councils-and-committees/council/Governance-Review/.

- Establish and make attendance at a governance "boot camp" mandatory for those interested in participating on the board or committee, to ensure that they understand the roles and expectations.
- Directors (board members) will not serve on statutory committees.
- Make selection of all directors and committee members based on a competency-based application and appointment process (no elections). Ensure that the board is intentionally structured to bring different perspectives.
- Committee members to be appointed to represent a diversity of nursing and other backgrounds and bring specific, relevant knowledge and skills required for committee work.
- Advisory Groups to be established as a new mechanism to ensure continued engagement with the profession, provide knowledge and input to Council on nursing issues specific to sectors, regions, practice areas etc.
- Two standing committees (Governance and Nominating) be established to handle all processes related to appointments to the board and committees.
- All directors will receive the same honorarium, as will all committee members.

- **CNO's Governance vision:**

  With a commitment to the public, the College of Nurses of Ontario's board of directors (the board) will govern the regulation of the nursing profession in accordance with:
  - the College's regulatory mandate as set out in Ontario's health regulatory legislation; and
  - the governance principles approved by the board.

  A small governing board made up of an equal number of public and nurse members - with all members having the needed governance competencies, appropriate conflict of interest provisions and ongoing education and evaluation - will be able to meet the governance principles and the changing expectations of society. It will be, and will be seen to be, a proud protector of the public.

Components[15] of Recommendations for CNO Governance Vision 2020

1. Size

- The board will have 12 members, with no Executive Committee
- The addition of advisory groups (e.g. consumer, educator, clinician) and a stakeholder engagement approach will ensure diverse input on issues the board will consider.

2. Composition

- The board will have equal numbers: 6 public and 6 nurse members (at least 1 RN, 1 RPN, and 1 NP).

3. Competency based

- Directors to be selected based on competencies (knowledge, skills, attitude) needed for the role.

4. Competency-based application and appointments process

- Board, statutory and standing committee members, board and committee leadership will all appointed by the board based on competencies and a transparent, open appointments process.
- A Nominating Committee will recommend appointments of board and committee members.
- Governance Committee will recommend the competencies and board and committee leadership.
- Attendance at a "boot camp" to be required for individuals interested in applying for appointment.

5. Chair and Vice-Chair

- Effective leadership will be characterized by:
  - The Chair and Vice-Chair having the leadership competencies identified by the board.
  - Appointment/succession recommended by Governance Committee, approved by the board.

6. Director and board development

- Each director will be supported in understanding and meeting their role expectations and accountabilities through: participation in a "boot camp" during the appointment process, orientation and ongoing development/continuous learning, support for informed decision-making, staff support.
- Advisory Groups will be constituted by the board to help inform the board on views across the profession and the public.

7. Evaluation of Board and Directors

- Good governance as journey; with performance bar on the board and individual directors rising.
- The board will constantly improve through: a Governance Committee, ongoing meetings, self-evaluation, peer feedback and board evaluation to support continuous improvement; and an evaluation of governance effectiveness by an external expert every 3 years, with the results being publicly available.

8. Role clarity of board and statutory committees

- The roles, responsibilities, expectations and accountabilities of the board and statutory committees will be clearly stated and differentiated.

9. Statutory committees

- Statutory committee members will be appointed by the board on the recommendation of the Nominating Committee.
- Statutory Committee chairs will be appointed by the board on the recommendation of the

[15] Please note that this table is an excerpt of the 2020 Vision Components from pp. 12 - 20 of the Task Force's Final Report. In the Final Report these components are more fully described, with Evidence/Rationale and Principles. A

Governance Committee.
- The board will appoint all statutory committee members and Chairs based on competencies and on the background needed for the specific committee.
- Statutory committees will be composed of non-directors.
- Statutory committees will report to the board on their legislated mandates.

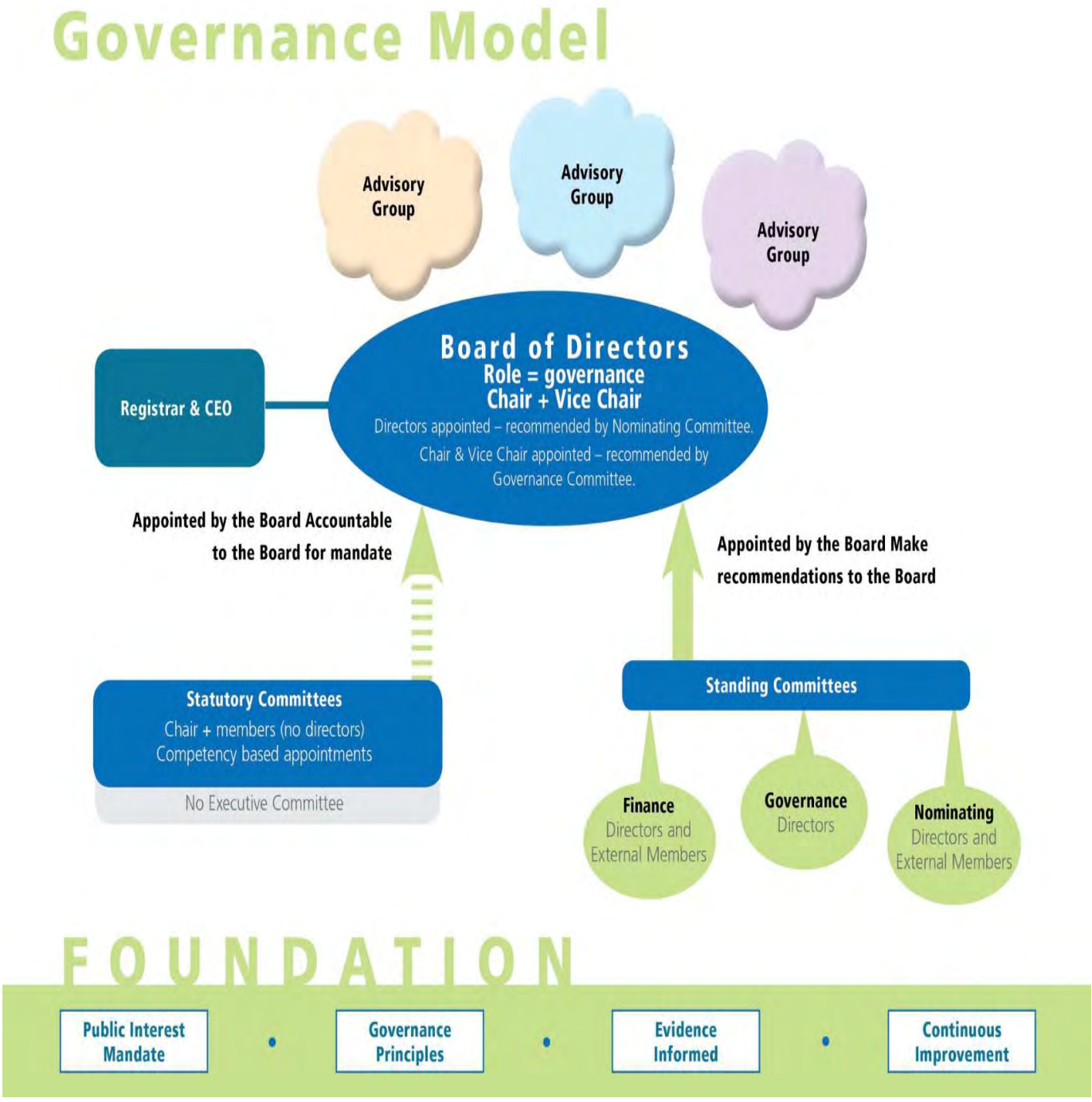
10. Standing Committees
- There will be two new standing committees: Governance and Nominating

11. Terms of office
- Directors: 3-year term; 2-term maximum
- Leadership roles (Chair, Vice- Chair, Committee Chairs): 1-year term; one possible reappointment. Possible one-year term extension on the board if the Chair has reached the maximum 6 years of service term on the board.
- Committee members: 3-year term; 2-term maximum. Reappointments will be made within term limits and based on meeting role expectations

12. Funding governance processes
- The College will be accountable for funding the governance and statutory processes.
- all directors will receive the same honorarium; and
- all committee members will receive the same honorarium.

CNO's Governance Model is provided on the next page as background and a sample framework for discussion.

College of Nurses of Ontario's Governance Model
as illustrated on page 21 of the Leading in Regulatory Excellence Task Force Report



CNO Council approved the following motions:

1. **That Council adopt the recommended vision: "Vision: The College of Nurses of Ontario's Board of Directors for 2020" as it appears at attachment to the Leading in Regulatory Governance Task Force's Final Report: A vision for the future.**

2. **That, in June 2017, Council establish a working group of five Council members to work with Council to develop a plan for implementing the governance vision. The plan will include the communications and stakeholder engagement needed to build understanding of and support for the vision to enhance the likelihood that the needed legislative change will happen in 2020.**

3. **That the working group's terms of reference include working with Council to identify changes to advance the governance vision and that can take place before legislative change, and developing an action plan to support implementing those changes.**

Summary

- Trends in regulatory governance internationally, nationally and provincially point to significant changes: more scrutiny of the role of regulators; a greater propensity of governments to oversee and intervene in professional regulation; the creation of bodies that oversee the activities of regulators; and in some cases, the effective removal of the privilege of self-regulation. This has included an overhaul of the structures of governing councils to smaller board structures with equal (to professional) or sometimes complete public membership.

- The Ontario government has been increasingly critical of regulators and has shown a growing interest and has taken actions to "pull back the reins" on self-regulation. In recent years this was evidenced by the oversight function created by the Office of the Fairness Commissioner and the unprecedented exercise of the government's power to appoint a supervisor for a regulatory body. Recent comments by the Deputy Minister and Assistant Deputy Minister of MOHLTC and the proposed increased powers of the Minister to restructure statutory committees, as outlined in Bill 87, point to the Ontario government's intention to increasingly oversee and intervene in the functioning of health Colleges.

- Common themes about the thinking and future of regulatory governance in Ontario are emerging, at least among the AGRE regulators. This can be seen from the notes of the AGRE 2016 governance retreat and CNO's Leading in Regulatory Governance Task Force report, which is provided as background and a sample framework for discussion. These themes include:
  - A smaller Council or board structure may be more effective in discussion and decision-making. ➢ A small board should focus on governance/policy only - no participation in committees.
  - Full Board to serve as Executive - no separate Executive Committee
  - Having an equal number of professional and public members reflects international trends and may foster greater public trust.
  - The competencies required of directors and committee members should be identified and members selected/appointed based on competency and skills suited to the role, not elections.
  - Potential participants in regulatory governance should have access and potentially be required to complete training in governance and the role of regulatory bodies.

- All Council members/directors should be compensated equally as should all committee members - there should be no distinction between the roles and competencies of professional and public members - they are all there to serve the public interest.

Information Gaps & Additional Considerations

Proposed changes to governance represent significant modification of the current RHPA model. The CNO 2020 Vision was informed by broad and deep research into how governance can be made more effective and best serve the public interest. To develop and implement such a framework in Ontario would require additional research and information to fully understand the implications and determine next steps for AGRE regulators.

1. How can a new sample framework for governance as proposed by CNO be implemented in Ontario, and how long may it take? While AGRE transparency initiatives required that individual Colleges gain approval from their Council to make by-law changes, changes to governance as outlined in CNO's Vision 2020 will require amendments to the RHPA and Code, all profession-specific acts and College by-laws.

2. What specific sections of the RHPA and Code, profession-specific acts and bylaws would require amendment? What other legislation would be affected? How will the details such as Committee composition, quorum, performance evaluation and the role of advisory committees be established?

3. In other jurisdictions new governance models have been introduced and implemented by governments, not the governing bodies themselves. What are the challenges of having the governing body (i.e. Council) initiate develop and oversee the changes to its own structure? Will there be concerns regarding conflicts of interest, public perceptions of the College's motivation etc.?

4. How will members and professional associations react to moving from an election to appointment and Council to board structure? Will there be concern that members' perspectives will be less well represented? Will they perceive a new board governance structure as better serving the public interest?

5. The magnitude of the change in number and the new role of board directors outlined in the CNO sample framework is significant - to go from a Council of 36 members to a board of 12 directors. Other AGRE Councils currently have between 17 - 34 members. Does the magnitude of proposed change present different challenges? Would all AGRE Colleges choose to move to a governance structure of 12 members/directors? Alternatively, would the size of boards be determined by other factors, such as being reduced proportional to the current Council or total number of members of a profession?

6. Will the public perceive a new governance framework, such as that proposed in CNO's Vision 2020, as better serving the public interest?

7. What kind of communications will be needed to explain a change of governance structure, given that even the current RHPA model may not be well understood by stakeholders, including the public?

8. What will be the implications of CNO's initiative for other health Colleges (can one College alone change its governance structure)? Could the six AGRE Colleges pursue this collectively, or must the governance framework for all health Colleges be affected?

9. While the Ontario government has signalled through Bill 87 and other initiatives a growing willingness to oversee and intervene in College governance, is it truly willing to "rethink regulation"? How can AGRE best influence the provincial government?

10. How "ready" and what resources/capacity for change has each of the AGRE regulators? Does the proposed sample framework developed by CNO "fit" with the culture, issues, governance experience of each AGRE College?

11. What would be the effect of governance changes on non-health regulatory bodies? As these changes are intended to strengthen governance and better serve the public interest in the health sector, what about non-health professions (engineering, architecture, social work etc.)?

Appendices:

Appendix 1: College of Nurses of Ontario Leading in Regulatory Governance Task Force. (December 2016) "Final Report: A vision for the future"

Appendix 2: AGRE Member Regulators - Council Composition

Appendix 2

Final Report: A vision for the future

Leading in Regulatory Governance Task Force

A proactive, expert and evidence informed review
An ongoing commitment to positive and empowering change

December 2016

Members of the Task force

Evelyn Kerr, RN, Chair

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Introduction

Council's Leading in Regulatory Governance Task Force is pleased to present its final report and recommendations to the College of Nurses of Ontario's Council.

When Council established the Task Force in December of 2014, it set out the following goal and purpose. These guided the Task Force throughout its work:

Overall Goal:

The College is recognized as a leader in regulatory governance.

Purpose:

- To conduct a proactive, objective, expert, best-practice and evidence-based review of all aspects of College governance.
- To seek new governance perspectives and approaches to enhance Council's excellence in governance.
- To engage Council in an informed conversation to determine what, if any, changes are needed to governance principles and processes, so that the College is recognized as a leader in regulatory governance.

The following informed the recommendations:

- a report of a point-in-time (Spring 2015) evaluation of Council governance by external governance expert, Cathy Trower;
- a review of academic studies about relevant aspects of governance and group dynamics;
- an review of trends and best practices in the governance of regulators around the world;
- a report of a survey of regulators about governance; and
- Council's input and insights provided at governance workshops.

The Task Force also learned about the unique nature of regulatory governance and about self-regulation. The regulatory literature that the Task Force reviewed reflected the changing nature of regulatory governance and of regulatory models. The underlying theme in all of these was that regulators must be proactive in order to strengthen public trust.

The participation of the profession in regulation is the core of self-regulation. The Task Force believes that Council needs to consider what is fundamental to self-regulation and what needs to change to maintain public trust in nursing regulation in Ontario.

Attachment 4 is a summary of the project timelines, reflecting Council's commitment to, and engagement in, this work.

When developing its recommendations, the Task Force did not limit its thinking to the project goal of "leading in regulatory governance." It was informed by the College's Strategic Plan, particularly the goal to build public trust, as well as the commitment to innovation and evidence-based approaches, which are integrated in the recommended governance vision.

Recommendation:

1. **That Council adopt the recommended vision: "Vision: The College of Nurses of Ontario's Board of Directors for 2020" (attachment 1).**

Implementation recommendations:

1. **That Council share the governance principles, vision, Task Force reports and supporting documents with government, the public, other regulators, nurses and other stakeholders to broaden the dialogue about the future governance of regulators of professions;**

2. **That, in June 2017, Council establish a working group of five Council members to work with Council to develop a plan for implementing the governance vision. The plan will include the communications and stakeholder engagement needed to build understanding of and support for the vision to enhance the likelihood that the needed legislative change will happen in 2020; and**

3. **That the working group's terms of reference include working with Council to identify changes to advance the governance vision that can take place before legislative change, and developing an action plan to support implementing those changes.**

Recommendation 1: That Council adopt the recommended vision: "Vision: The College of Nurses of Ontario's Board of Directors for 2020" (attachment 1).

Implementing this vision for governance will equip the board to support the College in meeting its strategic vision of leading in regulatory excellence and further the College's public interest mandate.

The Task Force has identified an integrated vision rooted in the evidence, best practice in regulatory governance and input from Council. The Task Force considered presenting Council with options, but agreed unanimously that its task was to prepare a vision recommendation that was informed by evidence and best practice. Attachment 2 is a model illustrating this vision.

In a June 2016 workshop, Council discussed the building blocks of the vision. The Task Force presented each vision element along a continuum within which Council identified the optimal position. To support its discussions, Council was provided with evidence and information on trends in regulation. At this discussion, Council supported having a small Council, equal public and nurse members, and directors (board members) and committee members having the competencies needed to fulfil their roles. The Task Force developed a model as a result of evidence, best practices and Council's feedback from this meeting, and presented it to Council in September 2016.

In September 2016, when exploring the model Council flagged some issues. Every member of the Task Force participated in that workshop and listened carefully to the issues raised. The Task Force reviewed the evidence and best practice, explored emerging practices and requested additional information before defining the recommended vision. The vision includes many aspects of the model discussed by Council in September. It also includes changes made as a result of Council's feedback.

Diversity

An issue raised by Council was whether a board of 12 members — 6 public and 6 nurses — would have the needed diversity. With this integrated model, the Task Force believes that diversity will be strengthened in several ways:

- An emerging practice in governance is advisory groups that are established by the board to bring different perspectives. They report directly to the board. For the College, these groups can be made up of consumers, nurses from different practice sectors (e.g. remote/ marginalized, community, long-term care), different aspects of practice (e.g. clinical, education), members of other professions, or a combination. It would be up to the board at any time to consider the gaps in its perspectives based on the issues under consideration. The board would identify the needed advisory groups and what it needed from a specific group.
- Appointment rather than election of board members supports diversity. For example, our current electoral system is based on regions, and while there are two northern regions, they do not guarantee that the unique needs of remote and rural patients are considered. Usually, candidates from the large teaching hospitals in the north are elected. In an appointments process, the board can identify and seek nurses who work with specific types of patients, such as a nurse who works with high risk communities
- A small board intentionally structured to bring different perspectives, composed of members possessing governance competencies, and provided with additional perspectives through feedback from Advisory Groups and stakeholder engagement, will be able to raise and discuss these diverse perspectives more effectively.

Appointment of Board members

At the September 2016 governance workshop, divergent views were expressed about moving from election to appointment of board members. In particular, some Council members stated that the election is an opportunity for nurse engagement and that nurses and the public could perceive appointments as less transparent.

The Task Force weighed this input, including data on member engagement in the election and the committee appointments process. The data shows that fewer than 15% of members vote in the Council election. While 10 to 20 candidates stand for election each year, over 100 usually volunteer to serve on a statutory committee.

The Task Force believes better, more appropriate mechanisms exist for member engagement, such as advisory groups, consultations and a more engaging quality assurance program.

A theme in the literature about regulatory governance is that electing professional members to regulatory boards sets up a conflict of expectations. This was clearly identified in the Trends in Regulatory Governance document and was flagged by Richard Steinecke in *Will the Real Public Interest Please Stand Up*. Regulatory board members serve the public, not the profession. An election process sets up an expectation of, and perception of, a representational role.

In addition to the concern about the misperceptions created by an election, the following informed the Task Force as it weighed whether to recommend continuing with electing members of the board following a competency screen or moving to an appointment process:

- In September, Council expressed concerns regarding ensuring diversity of perspectives on the board. While the election process can be enhanced through a competency screen, once the candidate passes that bar, there is no ability to screen for a needed perspective or area of practice. This was highlighted in more detail earlier.
- Council has identified the importance of succession planning to effective governance. An appointments process supports succession planning; an election process does not.
- Public members currently are appointed. The Task Force is recommending that in the future they be appointed based on competencies.

  The Task Force believes that all members should come onto the board in the same way. Doing so builds mutual respect as each member has met the same expectations and gone through the same process to join the board.
- As part of the implementation process, a robust, objective and transparent recruitment and appointments process would be developed by Council. This process could be piloted for the appointment of committee members, evaluated and further refined. A competency screen could be developed for people seeking to serve on the board. It could be tested as a pre-screen for the election and further refined in anticipation of legislative change and a move to the appointment process.
- To further strengthen the outcome of an appointments process, the Task Force is also recommending having a "boot camp" for people interested in participating on the board or committees. This idea was raised in the Octover 2016 issue of Grey Areas, "Screening Committee Members," where it was suggested that the appointment of committee members should be competency based. The boot camp would support potential board and committee members understanding the voluntary roles they are considering and the requirements needed to serve. It would mean that once appointed, they would begin the orientation process with a basic understanding of the roles and expectations.

Role of the Governance Committee

The last issue raised at the workshop that the Task Force will address is the view that the Governance Committee, as envisioned in the model presented in September, was too powerful. The perspective was that another Executive Committee was being created. That input gave the Task Force an opportunity to rethink the role of the Governance Committee. In the proposed vision, the functions initially proposed for the Governance Committee are split as follows:

- A Nominating Committee will recommend appointments for directors and committee members who are not directors, and address succession planning for those roles. To bring broad perspectives, the committee will include directors and individuals who are not directors.
- The Governance Committee — made up of directors — will support the board in remaining attentive to changes in governance, steer evaluation processes, support the board in identifying the competencies, and recommend the appointments of board and committee leadership.

The Task Force also recommends that the terms of reference for both of these committees — which will be determined by Council — include requirements for ongoing engagement of the full board in their work.

Implementation Recommendation 1: That Council share the governance principles, vision, Task Force reports and supporting documents with government, the public, other regulators, nurses and other stakeholders to broaden the dialogue about the future governance of regulators of professions.

Government and other regulators have expressed considerable interest in the work being done by Council on governance. The Task Force is recommending releasing all the information generated by the review in order to support the ongoing dialogue about regulatory governance in Ontario and elsewhere.

The Task Force believes that releasing its reports, the literature review, trends in regulatory governance and report of the survey of regulators will support achieving two of the objectives from the Strategic Plan:

- **Advancing the use of CNO knowledge:**
  The significant resources the College developed to support the Task Force and Council in working through the governance issues are relevant to government and other regulators. Sharing this information will provide all stakeholders with evidence that supports the governance dialogue.
- **Leading in regulatory innovation:**
  Sharing the supporting materials will provide leadership to others exploring governance issues and will lead transformative change. For example, The Advisory Group for Regulatory Excellence has already made a commitment to reviewing governance, and the Ministry of Health and Long-Term Care has identified governance as part of its project to modernize the health professions. By sharing this information, the Council will provide leadership to the exploration of new regulatory governance approaches in Ontario.

In addition, releasing the Task Force's reports as well as the briefing materials supports transparency, which is one of Council's governance principles.

Implementation Recommendation 2: That, in June 2017, Council establish a working group of five Council members to work with Council to develop a plan for implementing the governance vision. The plan will include the communications and stakeholder engagement needed to build understanding of and support for the vision to enhance the likelihood that the needed legislative change will happen in 2020.

The Task Force recognizes that governance change will not happen immediately. Many of the proposed changes require legislative change. Some are a change from the current regulatory paradigm. For example, the proposal in the vision that the board be half public and half nurses is different from the current constitution of the councils of Ontario health regulators, where there is a small majority of nurses on all councils.

The Task Force recommends that Council establish a working group of Council members to develop a plan to be ready to implement the vision in 2020. This would mean proposing legislative change to government in 2019.

The Working Group's terms of reference will be determined by Council and explicitly include the requirement that it does its work in collaboration with the full Council.

Governance is the board's business and the board needs to be engaged in, and directing, the process at all times.

The suggested timing of appointing the working group in June of 2017 is to give time for Council to review and provide input into terms of reference and decide how members will be selected in March of 2017, and to appoint the members in June of 2017.

The Task Force believes it is important to engage stakeholders, including other health regulators and government, in order to achieve the vision. In addition to releasing the Task Force materials, the Task Force suggests developing a communications and engagement plan that includes the President and Executive Director sharing Council's work with other health regulatory Councils, nursing stakeholders and government.

Implementation Recommendation 3: That the working group's terms of reference include working with Council to identify changes to advance the governance vision that can take place before legislative change, and developing an action plan to support implementing those changes.

The Task Force believes that several aspects of the vision can be implemented before legislative change and have a positive impact on governance. The Task Force notes that Council has already implemented a number of changes in how it works and believes this should continue.

The following might be considered for implementation before legislative change:

- Establish one or more Advisory Groups: perhaps starting with a pilot of a consumer advisory group in late 2017/early 2018;
- Pilot test competency-based appointments using committee member appointments:
  - identify competencies needed for statutory committees and add collection of information needed to assess competencies in a computer app to be used in the fall of 2017 for the 2018–2019 appointments;
  - establish a rigorous, fair and objective appointments process to be pilot tested with the committee member appointments in late 2018 for the 2019–2020 appointments.
- To ensure the public's confidence that the College's Council and committees are focused solely on the public interest, conflict-of-interest provisions for Council and committee members need to be reviewed to ensure they remain appropriate and consistent for today's high scrutiny environment.
- Develop "boot camp" programs for those seeking election to Council and those seeking appointment to statutory committees so they understand the College's mandate and the expectations for the role.
- Develop and implement an evaluation framework that includes evaluation of Council meetings, self and peer evaluation of Council members and an evaluation of Council effectiveness carried out by an external expert every three years.

Conclusion

In 2014, Council began a journey to advance regulatory governance. It was done with foresight and to support the College's vision of being a leader in regulatory excellence. This report is not the end of that journey — it is a fork in the road. As Cathy Trower said in her assessment report: "Good governance is a journey". The Task Force proposes that good governance is a journey without end.

Adopting the recommended vision of the Task Force means that Council and future College of Nurses boards will always be attentive to governance.

The Task Force appreciates the opportunity to have participated in your journey.

It took courage to bring outside eyes and outside perspectives to examine your processes. It took courage and foresight to empower the Task Force with such a broad mandate.

Council and staff have already changed how governance at the College works. We have seen this at the governance workshops that we attended where there was so much engagement and thoughtful dialogue.

The Task Force recognizes that it is recommending transformative change and it will take time to fully implement. It will be dependent on the government making changes to the paradigm for regulatory governance in the province. We have heard that the government has an appetite for that change. While the major changes being recommended in the vision will take time to be implemented, many other measures can be taken in the interim to continue Council's never-ending governance journey.

Attachments:

1. Vision: The College of Nurses of Ontario's Board of Directors for 2020
2. A governance model based on the vision
3. Council's Governance Principles
4. A timeline of the governance review
5. A literature review on governance (on the portal for Council members)
6. A review of trends in regulatory governance (on the portal for Council members)
7. A survey of regulators regarding governance (on the portal for Council members)

Recommended Vision: The College of Nurses of Ontario's Board of Directors in 2020

Introduction

In 2014, Council established the Leading in Regulatory Governance Task Force and charged it with developing recommendations that would position Council as a leader in regulatory governance.

The recommended governance vision is designed to put in place an integrated governance model that will move from a council to a board of directors model. The vision acknowledges the value of the input nurses bring to the board, while building the public's trust that the board is focused on the public's needs and interests by moving to equal public and nurse membership. It is designed to position the board as a leader in regulatory governance and support the College in achieving its strategic vision of leading in regulatory excellence.

The Task Force identified this vision after completing a two-year journey that included:

- ongoing engagement with Council;
- reviewing a point-in-time assessment of Council governance that was conducted by an external governance expert (Cathy Trower);
- considering an extensive examination of peer-reviewed academic literature about governance and group dynamics;
- considering a comprehensive report on trends and best practices in the governance of organizations that regulate professions; and
- reviewing the results of a survey of other regulators about their governance practices.

Governance Vision for 2020:

With a commitment to the public, the College of Nurses of Ontario's board of directors (the board) will govern the regulation of the nursing profession in accordance with:

- the College's regulatory mandate as set out in Ontario's health regulatory legislation; and
- the governance principles approved by the board.

A small governing board made up of an equal number of public and nurse members - with all members having the needed governance competencies, appropriate conflict of interest provisions and ongoing education and evaluation - will be able to meet the governance principles and the changing expectations of society. It will be, and will be seen to be, a proud protector of the public.

The following is the detailed vision for governance of the College of Nurses of Ontario beginning in 2020:

Components of recommendation	Evidence/rationale	Principles
Size ▪ The board will have 12 members (see page 13 for composition) ▪ An Executive Committee will no longer be needed. ▪ The board will be small enough to engage in generative discussions with contributions from all members who together provide a balance of the needed competencies and diversity. ▪ The addition of advisory groups (e.g. consumer, educator, clinician) and a stakeholder engagement approach will ensure diverse input on issues the board will consider.	▪ Evidence about board governance and group dynamics shows that: ◗ small boards (e.g. 6 to 9) make more-effective decisions. The proposed size of 12 is a compromise recognizing the need to include both nurse & public on a regulatory board. ◗ a smaller board fosters input from all directors and makes it more comfortable for individual directors to speak up. ◗ "social loafing" occurs with larger boards, meaning not all perspectives are on the table. ◗ regulatory governance is moving away from large, representative elected boards to smaller, competency based appointed boards. ▪ With a small board, an Executive Committee is not needed. Having an Executive Committee is no longer seen as good governance practice ▪ Council members provided feedback, starting with the Cathy Trower review, that ◗ size is an issue in relation to effective discussion. ◗ smaller groups work better [the Task Force believes this is valid experiential evidence]. ◗ they would prefer to discuss issues in small groups as they feel more able to participate in those circumstances [this is not congruent with the legislative requirements for open meetings and the principle of transparency].	**Accountability** ▪ A small board will not require an Executive Committee. ▪ The board will have full accountability for its agenda and decisions. ▪ Every member will be expected to participate. ▪ Individual directors will carry the expectation for personal accountability. **Adaptability** ▪ A small board will enable the group to come together quickly to respond to emerging issues. **Diversity** ▪ Evidence shows that with a small board all members participate and as a result, diversity of perspectives is more likely to be gained.

Components of recommendation	Evidence/rationale	Principles
Composition ▪ The board will have equal numbers of public and nurse members (including at least 1 RN, 1 RPN, 1 NP).	▪ This composition: ◗ is the direction in regulation internationally as it reinforces public confidence that the board is focused on the public and not on professional interests. ◗ reflects the board's commitment to the public interest and confirms the value of nurses' expert input. ◗ is the best compromise between public trust and maintaining professional expertise in regulation (self-regulation). ▪ A board of equal public and nurse members will be seen to be impartial and not controlled by the profession.	**Independence** ▪ A board made up of equal numbers of nurse and public directors will facilitate both professional and public input into governance decisions. **Integrity** ▪ A board made up of equal numbers of nurse and public directors will maintain, and be seen to maintain, its regulatory integrity through its focus on the public interest.
Competency based ▪ Directors will be selected based on having the competencies (knowledge, skills and attitude) needed for the role. ▪ Individual directors will have competencies required: governance, leadership and regulation (protecting the public interest), and analytic, strategic and creative thinking. ▪ Individual directors will have a commitment to the public interest and a passion for nursing regulation. ▪ The board will have the ability to balance innovation and risk.	▪ Literature supports competency-based boards. ▪ A move to competency-based boards is a trend in regulatory governance, as well as in other sectors. ▪ Roles, responsibilities and expectations for boards and directors are rapidly changing and expanding. Directors will need specific competencies to meet these expectations. ▪ Public confidence will be enhanced if skills and competencies on the board are transparent.	**All** ▪ Having all directors with the needed competencies and attributes will support the board to meet all of the principles.

Components of recommendation	Evidence/rationale	Principles
Competency-based application and appointments process ▪ Board, statutory and standing committee members, and board and committee leadership are all appointed by the board based on competencies ▪ A transparent, open appointments process will be developed by the board, including structure and terms of reference of a Nominating Committee (composed of directors and non-directors) that would recommend appointments of board and committee members and of a Governance Committee to recommend the competencies and board and committee leadership. ◗ Attendance at a "boot camp" for individuals interested in applying for appointment will be required. ◗ All applications will be reviewed by the Nominating Committee. ▪ Each year the board will review the criteria for appointment, including addressing any specific needs for the coming years. ▪ The board will identify the needed checks and balances in the process to promote appropriate succession and ensure the needed competencies are in place. ▪ Reappointments to all positions will be based on meeting role expectations as evidenced by director evaluation and peer feedback.	▪ It is not the role of regulatory directors to represent the electorate. However, there is evidence in the regulatory literature that election of members of a regulatory board sets up an inherent conflict and potential misunderstanding of the role among members of the profession who believe they are being represented. The public may also believe that an election means representation and that the nurse members of Council are there to represent nurses and not serve the public. ▪ Appointment allows the board to consider specific needs for the board at a given time and to identify the competencies and backgrounds needed to meet those needs. ▪ Appointment is a way of ensuring diversity of perspectives. ▪ Council has flagged the importance of succession planning: as confirmed in Cathy Trower's report. Election does not support succession planning, while appointment does.	**Competence** ▪ Appointment based on competencies will allow the board to build and maintain a strong, competent group to support evidence-informed, public focused decision-making. **Diversity** ▪ Appointment will allow the board to ensure that it will have the needed diversity of perspectives and skills. **Independence** ▪ An appointed board will be, and be perceived to be, independent of influence by voters, who may be seen to have a professional interest. **Transparency** ▪ Transparency will be supported by ◗ clear and public criteria for appointment ◗ an open process to volunteer to serve ◗ an objective and fair process for reviewing candidates, and ◗ a clear rationale for the selection of directors and leadership, including communication with the individuals who were not selected.

Components of recommendation	Evidence/rationale	Principles
Chair and Vice-Chair ▪ Effective leadership will be characterized by: ◗ The Chair and Vice-Chair having the leadership competencies identified by the board. ◗ Appointment/succession being recommended by the Governance Committee and approved by the board	▪ Selection of board leadership is consistent with competency-based appointment. ▪ Selection of board leaders based on leadership competencies vs professional designation will support strong leadership. ▪ A succession plan will build and maintain strong leadership.	**Accountability** ▪ The board will have accountability for setting the leadership competencies and a succession plan. **Competence** ▪ Selecting the best and most competent leaders will support the board in meeting this principle. **Transparency** ▪ How and why members were appointed as chair and vice-chair will be clear to all members of the board.
Director and board development ▪ Each director will be supported in understanding and meeting their role expectations and accountabilities. ▪ Participation in a "boot camp" (see page 7) during the appointment process will ensure applicants understand the needed competencies and the regulatory and governance roles and commitments. ▪ Orientation and ongoing development will be expected. ▪ Continuous learning will be part of the board culture. Directors will be well supported in informed decision-making ▪ Decision-support materials will be evidence informed. ▪ Staff will provide regulatory expertise, as needed. ▪ Advisory Groups will be constituted by the board to help inform the board on views across the profession and the public.	▪ In assessing Council governance, Cathy Trower recommended strong orientation and ongoing education. ▪ Orientation and ongoing education: ◗ are best practices in governance. ◗ build on the learning from the boot camp prior to appointment to the board. ▪ Ongoing education was identified as a priority in the September 2015 Council workshop on culture. ▪ The board needs knowledge to keep changing and adapting as the expectations and evidence of what is good governance evolves.	**All** ▪ Having all directors with a sound foundation through orientation and ongoing education and the briefing materials needed to support informed decision-making will support all directors in meeting the governance principles.

Components of recommendation	Evidence/rationale	Principles
Evaluation of Board and Directors ▪ Good governance will be recognized as a journey. ◗ The performance bar on the board and individual directors will keep rising. ▪ The board will constantly improve through: ◗ A Governance Committee that will support the board in meeting its commitments to strong governance. ◗ Ongoing meeting, self-evaluation, peer feedback and board evaluation to support continuous improvement. ◗ An evaluation of governance effectiveness by an external expert every 3 years, with the results being publicly available. This will also support continuous improvement and public accountability. ▪ Terms of reference for the Governance Committee will be developed by Council as part of the implementation plan and will include provisions for ongoing board engagement in its processes.	▪ A commitment to governance, championed by the Governance Committee together with the board, and supported by strong evaluative and ongoing improvement processes, will ensure that the board maintains its commitment to leading in regulatory governance. ▪ The board needs to continually improve to meet changing expectations. ▪ The board will identify competencies. ◗ The evaluation processes will measure if specific competencies meet the board's changing needs. ▪ Evaluation will identify gaps, help to identify the Advisory Groups needed, and support succession planning.	**Accountability** ▪ Evaluation will allow the board to measure whether it is meeting its public interest mandate and will allow directors to determine if they are meeting their duties while identifying opportunities for improvement. ▪ An external evaluation will allow the board to report to stakeholders including the Ministry and the public about how it is meeting its accountability for regulating nursing in the public interest. **Competence** ▪ One indicator of the competence principle is: We evaluate our individual and collective knowledge and skills in order to continuously improve our governance performance. **Transparency** ▪ Conducting oral evaluations of board meetings in the open board supports transparency, as does sharing the results of external evaluations.

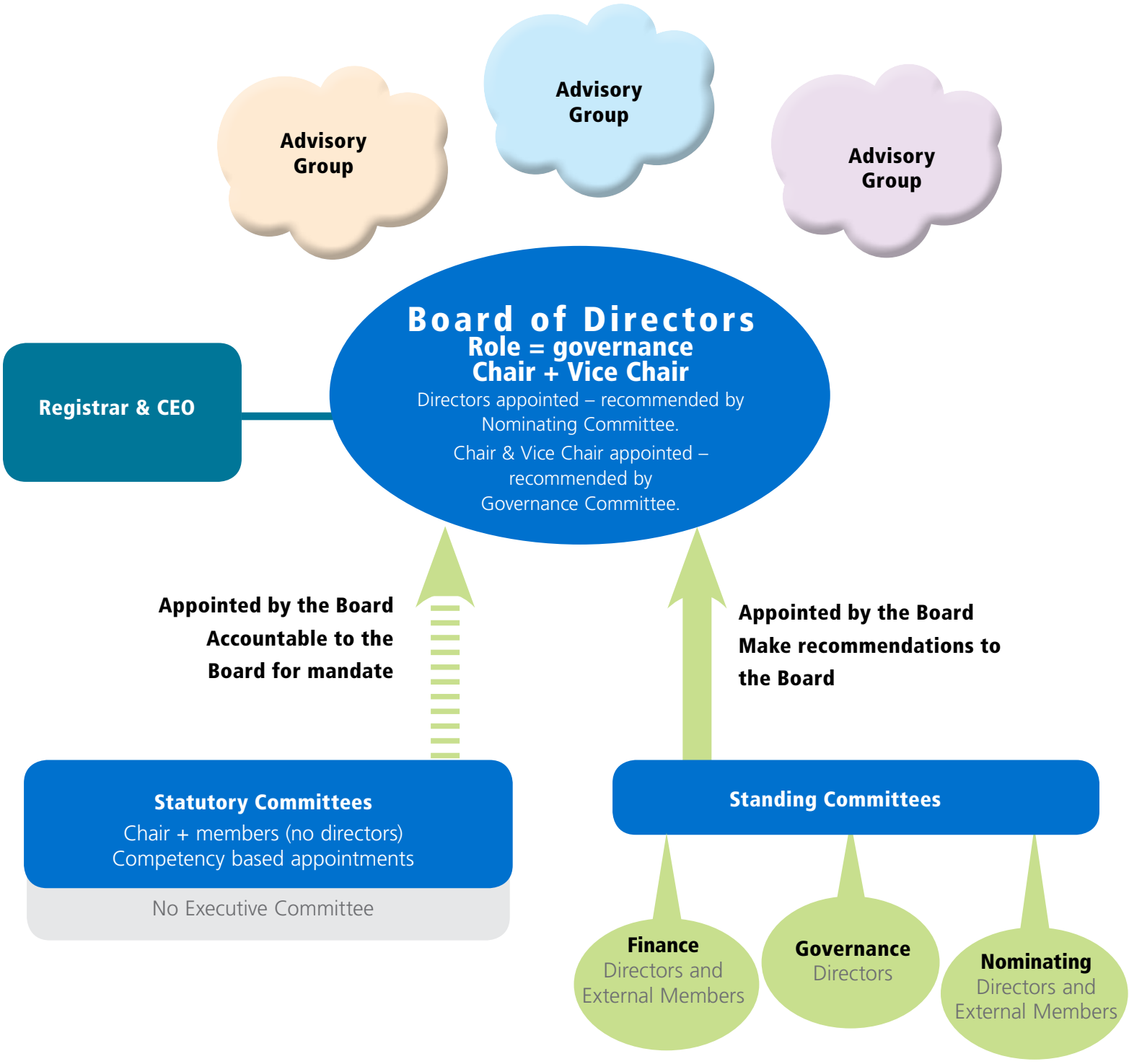
Components of recommendation	Evidence/rationale	Principles
Role clarity of board and statutory committees ▪ The roles, responsibilities, expectations and accountabilities of the board and statutory committees will be clearly stated and differentiated.	▪ Mandates are unique and require different competencies for governance and statutory decision-making. ▪ The board sets policies and the statutory committees apply them with respect to individual members and those seeking to become nurses in Ontario. ▪ Separation of board and statutory committee functions is a trend in regulation in other jurisdictions. ▪ Independence: The group that sets policy should not be making statutory decisions. There is a potential to bring bias and perceptions of bias from the board to statutory committees and vice versa.	**Accountability** ▪ Reporting mechanisms will ensure that statutory committees are accountable to board and public for fulfilling their statutory mandates. **Competence** ▪ Directors and members of statutory committees will be specifically selected through a board-approved process to ensure they have the competencies needed to fulfil their respective roles. **Independence** ▪ Having no directors on statutory committees will enhance the perception of the independence of those committees.

Components of recommendation	Evidence/rationale	Principles
Statutory committees ▪ Statutory committee members will be appointed by the board on the recommendation of the Nominating Committee. ▪ Statutory Committee chairs will be appointed by the board on the recommendation of the Governance Committee. ▪ The board will appoint all statutory committee members and Chairs based on competencies required to fulfil the statutory committees' mandates and on the background needed for the specific committee. ▪ Statutory committees will be composed of non-directors. ▪ Statutory committees will report to the board on their legislated mandates.	▪ The work of statutory committees is different from that of the governing board, and therefore the competencies and attributes needed for these two distinct roles are different. ▪ The board's commitment to excellence in regulation requires having the right person with the right competencies and attributes doing the right work. ▪ With separate board and statutory committee members, individuals can develop expertise in specific roles. ▪ As members will not move back and forth between the detailed statutory committee role and the broad governing board role, there will be no role confusion. ▪ The risk of conflict from being both a board and statutory committee member is eliminated. ▪ Statutory committee members will gain an appreciation for the regulatory mandate, and some may ultimately seek to join the board if they have the needed governance competencies.	**Accountability** ▪ Reporting mechanisms will ensure that statutory committees are accountable to the board and the public for fulfilling their statutory mandates. **Competence** ▪ Members of statutory committees will be specifically selected to have the competencies needed to fulfil their roles. **Independence** ▪ Having no directors on statutory committees will enhance the perception of the independence of those committees from the College.

Components of recommendation	Evidence/rationale	Principles
Standing Committees ▪ There will be two new standing committees: Governance and Nominating ▪ Terms of reference for those committees will be developed by Council and will include provision for ongoing Council input into the work of the committees ▪ The Governance and Nominating committees will have roles in the appointment of directors, committee members and board and committee leadership	▪ It is good practice to pay ongoing attention to governance. A Governance Committee, working with the board, will ensure that attention is paid to changing practices and expectations. ▪ The Governance and Nominating committees will ensure effective, competency based appointments (see appointments on page 6) ▪ The Governance Committee will support evaluation processes (see page 7.)	**Accountability** ▪ Reporting mechanisms will ensure that statutory committees are accountable to the board and the public for fulfilling their statutory mandates. **Competence** ▪ Members of statutory committees will be specifically selected to have the competencies needed to fulfil their roles. **Independence** ▪ Removing directors from statutory committees will enhance the perception of the independence of those committees from the College. **All** Having committees focusing on governance processes will support the board in meeting all governance principles.

Components of recommendation	Evidence/rationale	Principles
Terms of office ▪ Directors: ◗ 3-year term ◗ 2-term maximum ▪ Leadership roles (Chair, Vice-Chair, Committee Chairs: ◗ 1-year term with one possible reappointment ◗ A 1-year term extension on the board is provided for a Chair to serve a second term if the Chair has reached the maximum 6 years of service term on the board ▪ Committee members: ◗ 3-year term ◗ 2-term maximum ▪ Reappointments will be made within term limits and based on meeting role expectations	▪ Terms of office will ensure appropriate transition and succession. ▪ Appointment rather than election ensures that strong directors are retained and those with new perspectives regularly join the board. ▪ Provisions for a 1-year extension for the Chair will provide for maintenance of effective leadership. ▪ Separating statutory committees and governance allows individuals to serve a maximum of four terms on the board and committees (current limit is three terms).	**Competence** ▪ Term limits support bringing needed new competencies and backgrounds to the board. **Diversity** ▪ Regular change allows for new perspectives to be brought to the table.
Funding governance processes ▪ The College will be accountable for funding the governance and statutory processes. ▪ Since all directors and committee members will be required to meet specific competencies and assessed against those competencies: ◗ all directors will receive the same honorarium; and, ◗ all committee members will receive the same honorarium.	▪ There has been feedback from Council that the unequal remuneration of nurse and public directors is unfair. ▪ Equal pay for equal work is a fundamental societal value.	▪ All principles will be supported by having a board where directors feel treated as equals. ▪ Equal compensation will allow the College to draw from a broader pool, including individuals in active employment.

Governance Model



FOUNDATION

Public Interest Mandate • Governance Principles • Evidence Informed • Continuous Improvement

Governance Principles

Council is individually and collectively committed to regulating in the public interest in accordance with 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 in order 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

Governance review milestones

What's been done?	
September 2014	Governance review approved in principle by Council
December 2014	Scope and terms of reference for an evidence and expert informed governance review set by Council.
February 2015	Cathy Trower of Trower and Trower commissioned to undertake a review of current governance and identify opportunities for improvement.
March 2015	Expert Leading in Regulatory Governance Task Force appointed by Council. Council members participate in a survey on the strengths and weaknesses of College governance. Council and staff leaders participate in interviews.
May 2015	Task Force on Leading in Regulatory Governance holds its first meeting. Report on assessment of Council governance provided to the Task Force.
June 2015	Cathy Trower joins Council for its first governance workshop, discussing key findings of her review.
September 2015	Council workshop on culture, possible immediate changes to governance processes – quick wins – identified.
December 2015	Council adopts quick wins recommended by the Task Force
January to April 2016	College staff undertake research to support the review, and prepare : • Literature review • Report on trends in regulatory governance • Survey of regulators re. governance processes
June 2016	Council governance workshop provides input on governance principles and key components of a new governance model: • Council size and composition • How members join Council • Leadership and • Statutory committees
September 2016	Council approved the Governance Principles (attached) Council provided feedback on governance model recommendations
What's next	
December 2016	Final report and recommendations of the Leading in Regulatory Governance Task Force

[2] Cathy Trower's summary of the Council survey and final report are in the Governance folder on the Council portal.

[3] These reference documents and all Task Force reports are in the Governance folder on the Council portal.

College of Nurses of Ontario
Ordre des infirmières et infirmiers de l'Ontario

THE STANDARD OF CARE.

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DEC 2016
2016-134

Appendix 2: AGRE Member Regulators - Council Composition

Councils: AGRE Member Regulators - Council Composition					
Ontario College (s. re. Council)	**Required in legislation**		**Additional requirements**	**Current - January 2017**	
	Professional	**Public**		**Professional**	**Public**
College of Nurses (s. 9(1) of the *Nursing Act)*	21*	14-18	*14 RNs and 7 RPNs	21	15
	Total: 35 - 39			Total: 36	
College of Optometrists (s. 6.(1) of the Optometry Act).	10 (9 + 1*)	7	*selected from faculty of School of Optometry	10	7 (1 resigning)
	Total: 17			Total: 17	
College of Physicians and Surgeons (s.6(1) of the Medicine Act)	19 (16 + 3*)	13 - 15	*16 elected and 6 appointed from faculties of medicine *3 appointed from faculties of medicine are voting members	22	12 (3 vacancies)
	Total: 32 - 34			Total: 34	
College of Physiotherapists (s. 6(1) of the Physiotherapy Act.	8 - 10 (7-8 + 1-2*)	5 - 7	7-8 elected members + 1-2 selected from physiotherapy faculty members	8 elected + 2 faculty members	7
	Total: 13 - 17			Total: 17	
College of Pharmacists (s.7(1) of the Pharmacy Act)	11 - 19*	9 - 16	*9 - 17 elected members, of which 2-4 must be pharmacy techs; Deans of 2 ON Schools of Pharmacy	16	12
	Total: 20 - 35			Total: 28	
Royal College of Dental Surgeons (s. 6. (1) of the Dentistry Act)	12 - 14* (10 - 12 + 2)	9 - 11	*10 - 12 elected members + 2 selected from dentistry faculty	14	10
	Total: 21 - 25			24	

Ministry of Health and Long-Term Care

Office of the Deputy Minister

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Ministère de la Santé et des Soins de longue durée

Bureau du sous-ministre

Édifice Hepburn, 10e étage
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Ontario

October 18, 2018

MEMORANDUM TO: Health Sector Partners

FROM: **Helen Angus**
Deputy Minister
Ministry of Health and Long-Term Care

RE: Ministry Realignment

We are all committed to a patient-centred health care system that is effective and efficient and delivers high quality care for patients. Many of you are rethinking your care pathways and processes to put the patient at the centre of your organization. I believe there is great value in the ministry also organizing itself in a way that better reflects how the health system is organized, making it easier for you and patients to interact with us.

I want you to be aware of some structural changes announced today that will clarify and simplify lines of accountability and allow our organization to be more nimble and outcome focused by:

- Aligning acute and emergency services, bringing hospitals, provincial programs and emergency services together;
- Bringing together community and mental health and addictions services, including integrating youth mental health services;
- Ensuring end-to-end planning and implementation for long-term care homes;
- Integrating capital, workforce and system capacity planning;
- Aligning the Chief Medical Officer of Health with population and public health oversight;
- Combining public drug programs and assistive devices;
- Better connecting the Provincial Chief Nursing Officer with policy to provide strategic clinical nursing expertise on a broad range of health care policy and transformation initiatives. Aligning our policy, research, and innovation work to ensure patient-focused outcomes; and
- Centralizing the responsibilities for LHIN-managed health services under an Associate aligned with key capacity, workforce and planning functions allowing for end-to-end management of health services for better outcomes and improved integration.

Associate Deputy Minister, Health Services (renamed from Delivery and Implementation) Melanie Fraser, who recently joined our ministry, will have the following divisions reporting to her:

- **Acute and Emergency Services** led by Melissa Farrell, Assistant Deputy Minister, including hospitals, quality improvement, provincial programs and emergency health services.
- **Capacity Planning and Capital** led by Michael Hillmer, Assistant Deputy Minister on an interim basis, including health capital investment, capacity planning, health workforce planning and regulatory affairs.
- **Community, Mental Health and Addictions and French Language Services** led by Tim Hadwen, Assistant Deputy Minister, including local health planning and delivery, primary care and home care, as well as child, youth, forensic and justice mental health services. Transfer of programs from the Ministry of Children, Community and Social Services will be effective October 29.
- **Long-Term Care Homes,** led by Brian Pollard, Assistant Deputy Minister, including long-term care home renewal.

Divisions now reporting directly to me as the Deputy Minister include:

1. **Drugs and Devices,** led by Suzanne McGurn, Assistant Deputy Minister, including assistive devices.
2. **Ontario Health Insurance Plan**, led by Lynn Guerriero, Assistant Deputy Minister, including claims services.
3. **Chief Medical Officer of Health and Population and Public Health,** led by Dr. David Williams, including all population and public health programs and services.
4. **Strategic Policy and Planning**, led by Patrick Dicerni, Assistant Deputy Minister, including the Provincial Chief Nursing Officer, health workforce regulatory oversight, and health innovation to embed innovation earlier in the development of our strategic direction.
5. **Corporate Services,** led by Peter Kaftarian, CAO, on an interim basis.
6. **Secretariat for Ending Hallway Medicine,** led by Fredrika Scarth, Director.
7. **Associate Deputy Minister and Chief Information Officer,** led by Lorelle Taylor, Associate Deputy Minister and Chief Information Officer.
8. **Communications and Marketing,** led by Jean-Claude Camus, Assistant Deputy Minister.

As we transition, Sharon Lee Smith, Denise Cole and Roselle Martino will stay on with the ministry on assignments to support priority areas. Sharon Lee will lead the ministry Indigenous engagement efforts ensuring there is stability in our key relationships and addressing any critical issues. Denise will lead the ministry in setting up an expedited review of legislation and regulation to identify impediments to more effective and efficient operations of the health system and the ministry in its oversight role. Roselle will continue to advise on the opioid strategy.

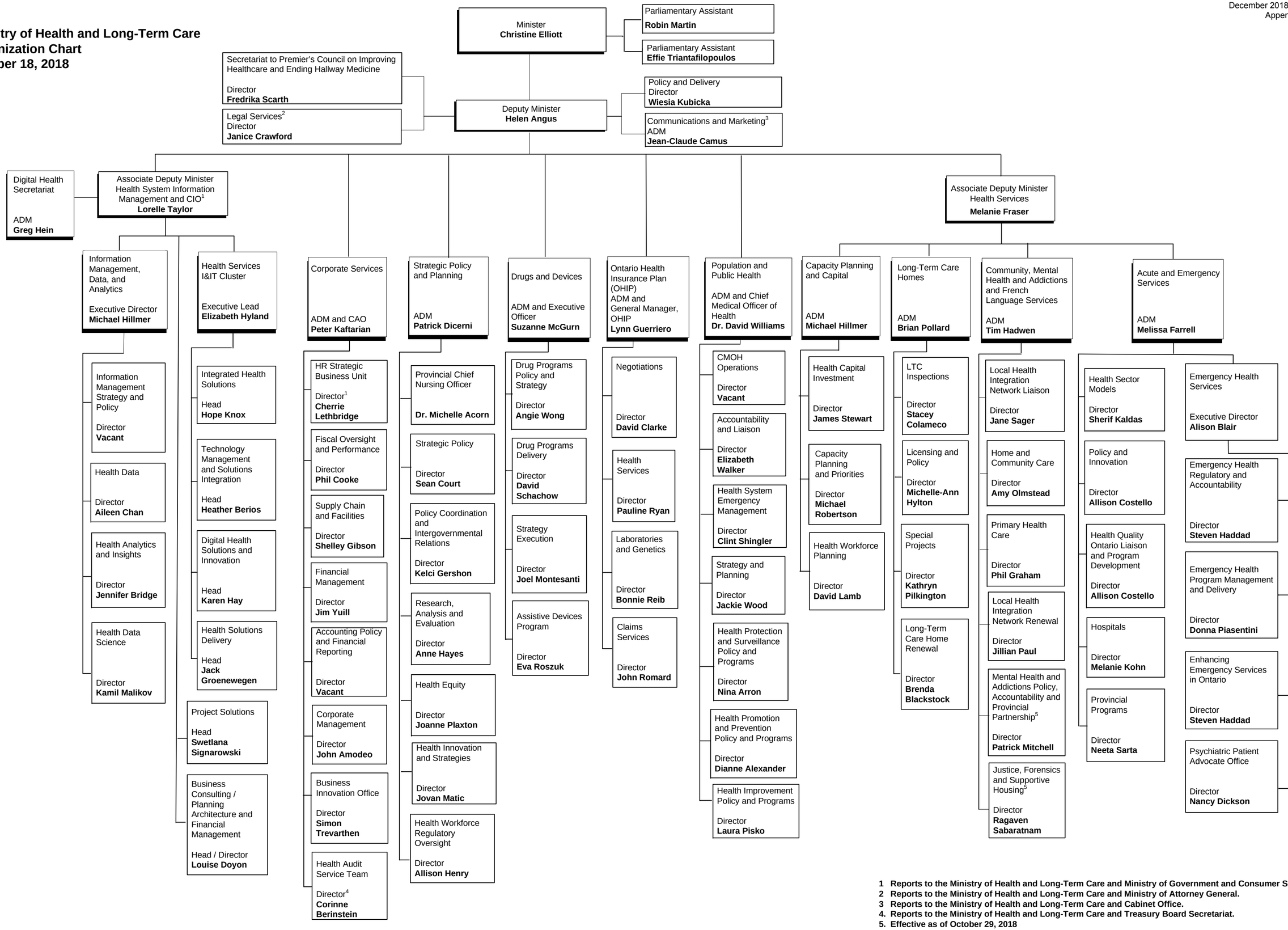
Included in this email is a link to our new organizational chart.

I would like to take this opportunity to thank you in advance for your partnership and collaboration. Today's announcement will ensure we are ready to work with you on the challenges and opportunities ahead.

Sincerely,

Helen Angus

Ministry of Health and Long-Term Care
Organization Chart
October 18, 2018



1 **Reports to the Ministry of Health and Long-Term Care and Ministry of Government and Consumer Services.**
2 **Reports to the Ministry of Health and Long-Term Care and Ministry of Attorney General.**
3 **Reports to the Ministry of Health and Long-Term Care and Cabinet Office.**
4. **Reports to the Ministry of Health and Long-Term Care and Treasury Board Secretariat.**
5. **Effective as of October 29, 2018**

Attachment 4

AGRE
ADVISORY GROUP FOR REGULATORY EXCELLENCE

- College of Nurses of Ontario
- College of Physicians and Surgeons of Ontario
- College of Physiotherapists of Ontario
- College of Optometrists of Ontario
- Ontario College of Pharmacists
- Royal College of Dental Surgeons of Ontario

November 7, 2018

Hon. Christine Elliott, Minister
Ministry of Health and Long-Term Care
Hepburn Block – 10th Fl
80 Grosvenor St
Toronto ON M7A 2C4

Dear Minister Elliott: Christine

Re: Governance Modernization

The Advisory Group for Regulatory Excellence (AGRE) has been working on various proposals to modernize the governance structures of health regulatory bodies in Ontario. We feel this work is aligned with the government's previous work in this area and its current commitment to streamlining processes and structures. We would like to meet with you or your staff to discuss our work and how to move forward with improvements to health regulatory governance in Ontario.

AGRE was formed in 2012 by the Registrars of colleges with a long history of self-regulation and shared expertise in the regulation of professions with scopes of practice that pose significant risk of harm to the public – College of Nurses of Ontario, College of Physicians and Surgeons of Ontario, Royal College of Dental Surgeons of Ontario and the Ontario College of Pharmacists. The Colleges of Physiotherapists and Optometrists later joined the other four as founding members of AGRE.

These regulatory leaders identified both an opportunity and an obligation to demonstrate leadership in strengthening current regulatory mechanisms. AGRE's goal is to identify opportunities and make policy recommendations which will strengthen public confidence in self-regulation.

AGRE took the lead on developing an innovative approach to increasing transparency of regulatory information in the public interest. The work done by AGRE was ultimately incorporated into the *Protecting Patients Act, 2017.*

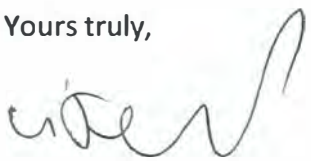
AGRE has been considering the issue of governance modernization in the public interest for some time, and all AGRE councils are looking at governance issues, although they are at different stages of discussion.

AGRE is following the CNO's Governance Vision 2020 proposal with keen interest. The recommendations in that proposal are consistent with discussions that have occurred at AGRE, particularly those concerning reducing council size, separation of council and committee functions, equal representation of public and professional members on councils and competency-based selection.

Consistent with its role, AGRE is using its regulatory expertise to develop options for a Council and committee selection process that is both competency-based and consistent for public and professional members. These options could include consideration of a joint appointments committee or an interim hybrid appointments and elections process.

AGRE looks forward to discussing this work with the Minister or Ministry staff as it progresses. I can be contacted at RCDSO by email at IFefergrad@rcdso.org or phone at 416-934-5625.

Yours truly,



Irwin Fefergrad, Chair
AGRE Registrars Group

cc. Deputy Minister Helen Angus
Assistant Deputy Minister Patrick Dicerni
Assistant Deputy Minister Denise Cole
Director Allison Henry
Manager (Acting) Thomas Custers
Policy Analyst Tara Breckenridge
AGRE Member Registrars

Ontario College of Pharmacists
Putting patients first since 1871

Ontario College of Pharmacists
483 Huron Street
Toronto, ON M5R 2R4

January 28, 2019

The Honourable Christine Elliott, M.P.P.
Minister of Health and Long-Term Care and Deputy Premier of Ontario
Hepburn Block, 10th Floor, 80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister Elliott:

Re: Support for governance modernization and reform

The Ontario College of Pharmacists (OCP) fully supports governance modernization and reform. We have reviewed the College of Nurses of Ontario's (CNO) submission to you dated January 8, 2019, regarding its vision for modernizing regulatory governance in Ontario. Our College shares the view that action is required to implement governance reform and shares the spirit and intent of the CNO vision aimed at enhancing public trust. Furthermore, we believe that moving in tandem with other Colleges in the Advisory Group for Regulatory Excellence (AGRE) and the government is the best way forward.

The College supports amendments to the *Regulated Health Professions Act, 1991*, the *Health Professions Procedural Code*, and the *Pharmacy Act, 1991*, and regulations thereunder to enable adoption of a governance renewal framework. Informed by literature on best practice in governance, the OCP Council specifically supports legislative amendments to reduce the size of Council, adjust the composition of Council to reflect equal representation of public members, separation of Council and statutory committees, and competency-based Council selection. The attached chart outlines where legislation and/or regulations are required to implement these key governance reforms.

In addition, the College is taking incremental steps to achieve reform within the current legislative framework. Where flexibility exists, the College is examining opportunities to modernize its governance structures and practice. For example, our College is in a unique position in that provisions in the *Pharmacy Act, 1991*, allow us to reduce the size of Council, although not to the extent required to achieve best practice. Legislative change therefore will strengthen the ability to achieve governance reform.

Please do not hesitate to contact us if you have any questions. Our College would welcome the opportunity to be consulted as you move forward with governance reform and improving oversight of the health profession.

Yours sincerely,

Nancy Lum-Wilson
Registrar and C.E.O.
Ontario College of Pharmacists
416-962-4861 ext. 2240

Laura Weyland
Council President
Ontario College of Pharmacists

CC: Helen Angus, Deputy Minister of Health and Long-Term Care
Patrick Dicerni, Assistant Deputy Minister of Strategic Policy and Planning
Allison Henry, Director of Health Workforce Regulatory Oversight

Current State	Proposed Future State	Rationale for the Change (based on literature and international trends)	Relevant Legislation
Size, Composition, and Function of Board of Directors (Council)			
Size:20 - 35 Council members[i]	Smaller board	Smaller boards of directors have been shown to communicate better, benefit from fuller participation of all directors, and make decisions faster and more effectively.	RHPA *Pharmacy Act, 1991*
Council is composed of: • Between 9 and 17 pharmacy professionals (15 Pharmacists, 2 Pharmacy Technicians) • 2 Deans from each Faculty of Pharmacy in Ontario; plus • Between 9 and 16 members of the public (currently 12 public members appointments)	Equal number of professional and public members	Eliminating the professional majority on the College's Board increases the Board's independence from the profession, maintains focus on the public interest, and enhances public trust in the College. However, professional expertise in regulation is maintained.	RHPA *Pharmacy Act, 1991*

Current State	Proposed Future State	Reason for the Change (based on literature and international trends)	Relevant Legislation
Composition of Statutory Committees			
Committees/Panels of the following statutory committees currently must include Council members: • Registration Committee - 1 public member of council • Inquiries, Complaints, and Reports Committee - 1 public member of council • Discipline Committee - 2 public members of council and 1 elected member of Council • Fitness to Practice Committee - 1 public member of Council • Accreditation Committee – 1 public member of council Amendments not yet in force provide that the composition of committees and panels shall be in accordance with regulations made by the Minister of Health and Long-Term Care.	Directors on the Board do not sit on statutory committees.	Eliminating the overlap in membership between the Board of Directors and the statutory committees of the College recognizes that the work of the Board and of each committee is different and requires people with specific knowledge, skills, and experience to carry it out.	*RHPA* (with amended regulations) *Pharmacy Act, 1991*

Current State	Proposed Future State	Reason for the Change (based on literature and international trends)	Relevant Legislation
Procedures for Board of Directors			
Pharmacy professional Council members are elected by their peers in accordance with the College's by- laws.	All directors are appointed on the recommendation of an independent, unbiased nominating process (including representation of governance professionals, health professionals and government).	Pharmacy professional directors are to be appointed rather than elected because the election of College registrants to the Board creates the risk and the perception that registrant directors represent the profession rather than the public interest.	RHPA *Pharmacy Act, 1991*
Public Council members are appointed by the Lieutenant Governor in Council.	Appointments are based on the competencies required for the role. Should elections remain, strengthen the regulation or by-law making provisions to require competency-based screening criteria for nominating eligibility.[ii]	Competency-based selection ensures the Board has the right mix of knowledge, skills, experience, and attributes to make evidence-informed decisions in the public interest.	RHPA *Pharmacy Act, 1991*

[i] *Pharmacy Act, 1991*, Council 7 (1) The Council shall be composed of, (a) at least nine and no more than 17 persons who are members elected in accordance with the by-laws at least two and no more than four of whom must hold a certificate of registration as a pharmacy technician;(b) at least nine and no more than sixteen persons appointed by the Lieutenant Governor in Council who are not, (i) members, (ii) members of a College as defined in the *Regulated Health Professions Act, 1991*, or (iii) members of a Council as defined in the *Regulated Health Professions Act, 1991*; and(c) the dean of each faculty of pharmacy of the universities in Ontario. 1991, c. 36, s. 7 (1); 1998, c. 18, Sched. G, s. 41 (1); 2007, c. 10, Sched. B, s. 18 (1).

[ii] *Regulated Health Professionals Act, 1991,* By-laws Section 94 (1) The Council may make by-laws relating to the administrative and internal affairs of the College and, without limiting the generality of the foregoing, the Council may make by-laws, (d.2) respecting the qualification and terms of office of Council members who are elected; and governing the removal of disqualified committee members;
(h.2) providing for the composition of committees; (h.2) providing for the composition of committees.

COLLEGE OF NURSES OF ONTARIO
ORDRE DES INFIRMIÈRES ET INFIRMIERS DE L'ONTARIO
THE STANDARD OF CARE.
L'EXCELLENCE EN SOINS

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January 8, 2019

By E-mail

The Honourable Christine Elliott, M.P.P.
Minister of Health and Long-Term Care and Deputy Premier of Ontario
Hepburn Block, 10th Floor, 80 Grosvenor Street
Toronto, Ontario M7A 2C4

Dear Minister:

Re: College of Nurses of Ontario Vision 2020

Thank you for meeting with me on July 30, 2018, to discuss how the College of Nurses of Ontario can continue to collaborate with the Ministry of Health and Long-Term Care. As we discussed, the College has a bold, innovative vision for its future governance, called Vision 2020. By implementing Vision 2020 and improving how the College is governed, we will strengthen our protection of the public and enhance public trust in nursing regulation. These outcomes align with the Ministry's goal of improving healthcare for the people of Ontario.

Our vision has sparked a movement; regulators in a variety of sectors have embarked on their own governance reviews and reforms in response.

To develop the vision, the College struck an independent, expert task force that

- evaluated our current governance model;
- reviewed extensive academic literature on regulatory and non-profit governance;
- surveyed other regulators in Ontario, Canada, and internationally about their governance;
- studied emerging global trends and best practices in regulatory governance; and
- crafted common-sense, evidence-based reforms to modernize the College's governance structure.

Vision 2020 is unique because it is based on this comprehensive, unbiased review of the evidence and best practice, without compromise. The attached infographic illustrates Vision 2020, and the following features are at its core:

- The College will be governed by a small, competent Board of Directors composed of an equal partnership of 6 members of the public and 6 nurses. This is professional regulation in partnership with the public, in which the Board will focus exclusively on the public interest, while retaining professional expertise in regulation.
- The more efficiently-sized Board will be supported by advisory groups that add diversity of perspective and further public input to its deliberations and decision-making.

- All directors will be appointed to the Board, rather than elected, based on the competencies required for strategic leadership.
- All directors will be remunerated by the College. These measures will shift the burden and costs of professional regulation – currently borne by the Ontario government and taxpayer – to the College.

The College has begun to implement elements of Vision 2020 that do not require legislative change. For example, in June 2018, the College joined a public advisory group collaboratively administered by 13 Ontario health regulators. The College has also piloted competency-based appointments for nurses applying to statutory committees for 2019.

However, greater public protection and public trust can only be achieved with legislative change. The College needs the government's assistance to implement the key elements of Vision 2020 that require amendments to the *Regulated Health Professions Act, 1991,* the Health Professions Procedural Code, the *Nursing Act, 1991,* and regulations thereunder. The attached chart outlines the changes proposed by Vision 2020 and relevant legislation.

Now is the time to reform regulatory governance in Ontario. A recent McMaster Health Forum report, *Modernizing the Oversight of the Health Workforce in Ontario*, emphasized the public's changing expectations of health regulators: they rightly expect us to adapt to the evolving landscape in society and in healthcare. The report further highlighted regulatory colleges' failure to integrate good-governance practices into their frameworks. The College has received overwhelmingly positive feedback on its efforts to review and reform its governance from other stakeholders in the system, with other regulators expressing interest in learning from the extensive groundwork laid by the College. The Federation of Health Regulatory Colleges of Ontario has followed the College's governance work closely, which has sparked discussion and forward thinking across its members. Moreover, a recent independent review of the Ontario College of Teachers' governance has made recommendations that mirror Vision 2020.

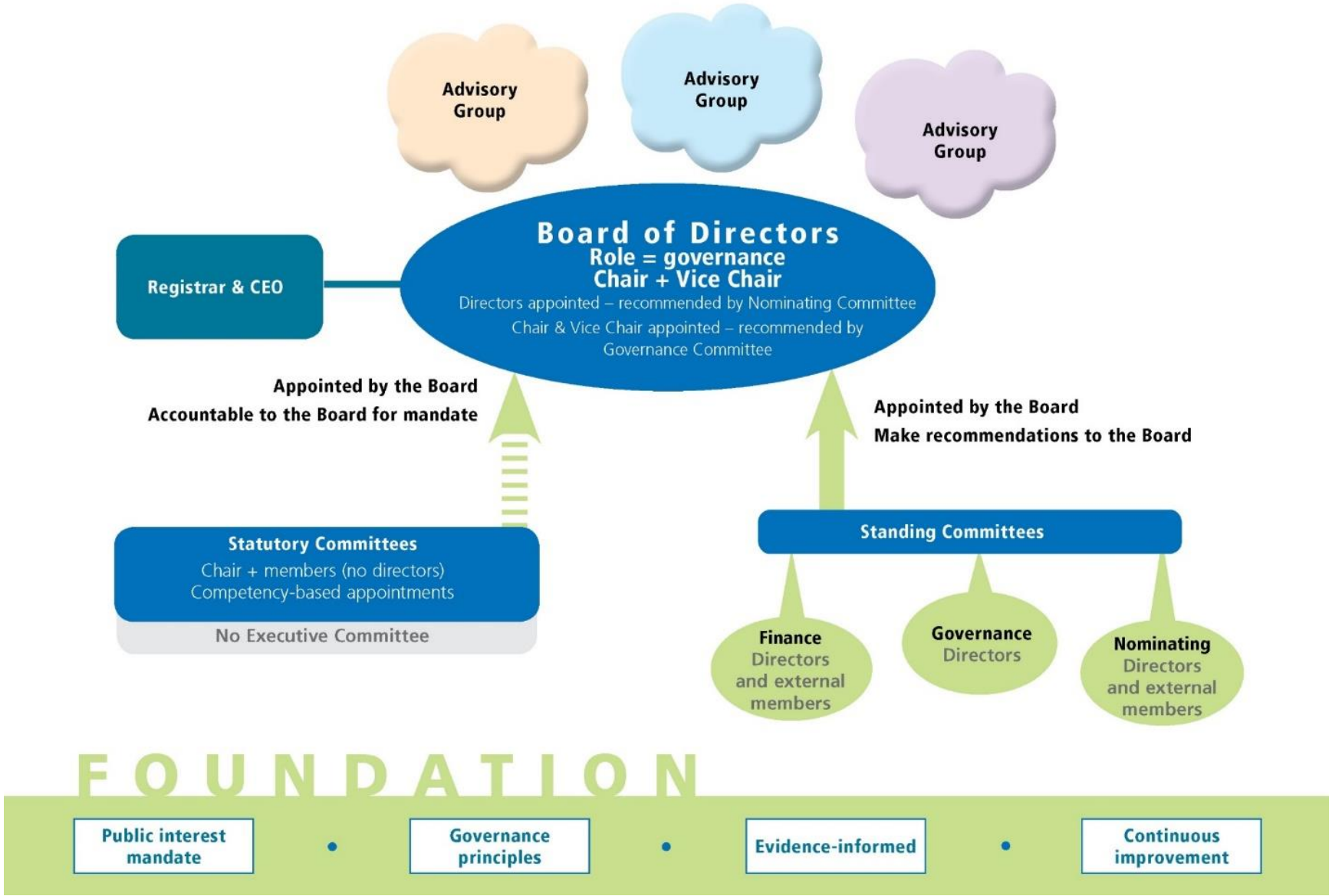
The College looks forward to working with you and Ministry staff towards the common goal of improving the oversight of the health professions. Governance reform is a key step in that process, and now is the time to take that step. We are meeting with your Assistant Deputy Minister Patrick Dicerni to identify the legislative window and process for implementing the vision. We would be pleased to hear from you if you have any questions or comments.

Sincerely,

Anne L. Coghlan, RN, MScN
Executive Director and CEO

Enclosures: Vision 2020 Governance Model (1 page)
Chart re: Governance Reform (4 pages)

cc: Helen Angus, Deputy Minister of Health and Long-Term Care
Patrick Dicerni, Assistant Deputy Minister of Strategic Policy and Planning
Allison Henry, Director of Health Workforce Regulatory Oversight


Advisory Group
Advisory Group
Advisory Group
Board of Directors
Role = governance
Chair + Vice Chair
Directors appointed – recommended by Nominating Committee
Chair & Vice Chair appointed – recommended by Governance Committee
Registrar & CEO
Appointed by the Board
Accountable to the Board for mandate
Appointed by the Board
Make recommendations to the Board
Statutory Committees
Chair + members (no directors)
Competency-based appointments
No Executive Committee
Standing Committees
Finance
Directors and external members
Governance
Directors
Nominating
Directors and external members
FOUNDATION
Public interest mandate
Governance principles
Evidence-informed
Continuous improvement

Current State[i]	Vision 2020	Reason for the Change[ii]	Relevant Legislation[iii]
Terminology			
Council of the College	Board of Directors of the College	Changing the titles of the people and groups who govern the College makes their roles and responsibilities clearer to the public.	• RHPA • *Nursing Act, 1991* • O. Reg. 275/94
Council member(s)	Director(s)		• RHPA • *Nursing Act, 1991*
President of Council	Chair of the Board of Directors		• RHPA • *Nursing Act, 1991*
Vice-President of Council	Vice-Chair of the Board of Directors		• RHPA • *Nursing Act, 1991*
Executive Director of the College	Registrar & CEO of the College		• RHPA • *Nursing Act, 1991* • O. Reg. 275/94
Size, Composition, and Function of Board of Directors			
Size: 35 to 39 Council members	Size: 12 directors	Smaller boards of directors have been shown to communicate better, benefit from fuller participation of all directors, and make decisions faster and more effectively.	• *Nursing Act, 1991*
Council is composed of: • 21 nurses (14 RNs or NPs, and 7 RPNs); plus • 14 to 18 members of the public	Board of Directors is composed of: • 6 nurses (including 1 RPN, 1 RN, and 1 NP); plus • 6 members of the public	Eliminating the professional majority on the College's Board increases the Board's independence from the profession, maintains focus on the public interest, and enhances public trust in the College. However, professional expertise in regulation is maintained.	• *Nursing Act, 1991*

Current State[i]	Vision 2020	Reason for the Change[ii]	Relevant Legislation[iii]
Executive Committee exercises Council's powers in between Council meetings.	No Executive Committee necessary.	A small Board of Directors can convene and act quickly in response to emerging issues, removing the need for an Executive Committee. It is best practice for the Board of Directors to make all decisions.	• RHPA
Procedures for Board of Directors			
The 21 nurse Council members are elected by their peers in accordance with the College's by-laws.	All directors are appointed by the Board of Directors on the recommendation of a standing Nominating Committee, which includes non-directors.	Nurse directors are to be appointed rather than elected because the election of nurses to the Board creates the risk and the perception that nurse directors represent the profession rather than the public interest.	• RHPA • *Nursing Act, 1991*
The 14 to 18 public Council members are appointed by the Lieutenant Governor in Council.	Appointments are based on the competencies required for the role.	Competency-based appointments ensure the Board has the right mix of knowledge, skills, experience, and attributes to make evidence-informed decisions in the public interest.	• RHPA • *Nursing Act, 1991*
Nurse Council members: • serve 3-year terms of office; with a • maximum of 9 consecutive years of service.[iv]	All directors serve: • 3-year terms of office; with a • maximum of 6 consecutive years of service. • A 1-year extension is provided for the Chair of the Board of Directors to serve a second term.	Terms of office ensure that new perspectives are regularly brought to the Board, while appropriate transition and succession planning is maintained.	• RHPA
No term limits exist for public Council members.			

Current State[i]	Vision 2020	Reason for the Change[ii]	Relevant Legislation[iii]
Expenses and remuneration of: • nurse Council members are paid by the College in accordance with the by-laws, while • public Council members are paid by the Minister in amounts determined by the Lieutenant Governor in Council. The amounts paid by the College and the Minister are unequal.	Expenses and remuneration of all directors are: • equal; and • paid by the College in accordance with the by-laws.	The College is to assume the cost of paying public directors from the government. The profession bears the total cost of its regulation, and those performing equal work receive equal pay.	• RHPA
Council is led by: • The President; and • 2 Vice-Presidents (1 RN and 1 RPN) They are elected annually by the Council from among the Council's members.	Board of Directors is led by: • the Chair; and • the Vice-Chair. They are appointed annually by the Board on the basis of competencies.	The selection of Board leadership is to be on the basis of competencies and not professional designation.	• RHPA • *Nursing Act, 1991*

Current State[i]	Vision 2020	Reason for the Change[ii]	Relevant Legislation[iii]
Composition of Statutory Committees			
Panels of the following statutory committees currently must include Council members: • Registration Committee • Inquiries, Complaints, and Reports Committee • Discipline Committee • Fitness to Practise Committee • Quality Assurance Committee Amendments not yet in force provide that the composition of committees and panels shall be in accordance with regulations made by the Minister of Health and Long-Term Care.	Directors on the Board do not sit on statutory committees.	Eliminating the overlap in membership between the Board of Directors and the statutory committees of the College recognizes that the work of the Board and of each committee is different and requires people with specific knowledge, skills, and experience to carry it out.	• RHPA (with amended regulations) • O. Reg. 275/94

[i] This column describes the current state of the College's governance as set out in relevant legislation.

[ii] Please refer to the following reports for the evidence underlying Vision 2020:

- Leading in Regulatory Governance Task Force. "Final Report: A vision for the future." Updated May 2017. The College of Nurses of Ontario. http://www.cno.org/globalassets/1-whatiscno/governance/final-report---leading-in-regulatory-governance-task-force.pdf
- "Governance Literature Review." Updated November 28, 2016. The College of Nurses of Ontario. http://www.cno.org/globalassets/1-whatiscno/governance/governance-literature-review---updated-november-2016.pdf
- Governance Task Force. "Trends in Regulatory Governance." January 2016. The College of Nurses of Ontario. http://www.cno.org/globalassets/1-whatiscno/governance/trends-is-regulatory-governance.pdf
- "Jurisdictional Governance Review Survey Summary Report." January 16, 2016. The College of Nurses of Ontario. http://www.cno.org/globalassets/1-whatiscno/governance/jurisdictional-survey---summary-report.pdf

[iii] The following legislation will be referred to:

- *Regulated Health Professions Act, 1991*, S.O. 1991, c. 18, including the Health Professions Procedural Code, being Schedule 2 to the *Regulated Health Professions Act* [RHPA]
- *Nursing Act, 1991*, S.O. 1991, c. 32
- O. Reg. 275/94: General, under the *Nursing Act, 1991*, S.O. 1991, c. 32

[iv] Please note that the College's by-laws provide that elections occur every three years, and elected councillors can serve a maximum of two consecutive terms. This functionally limits the College's nurse Council members to a maximum of 6 consecutive years of service.

THE COLLEGE OF PHYSICIANS AND SURGEONS OF ONTARIO

January 25, 2019

The Honourable Christine Elliott, MPP
Deputy Premier and Minister of Health and Long-Term Care
10th Floor, Hepburn Block
80 Grosvenor Street Toronto,
Ontario M7A 2C4

Dear Minister,

RE: Governance reform recommendations

Thank you for taking the time to meet with us to discuss the important shared issues between the government and the College of Physicians and Surgeons of Ontario (CPSO). We were encouraged by our discussion with you and your general support of our work to modernize and improve the College's governance structure.

We write to provide you with our recommendations for a more efficient and effective governance structure that we believe will strengthen public confidence in the regulatory system. Our work has been informed by available evidence and the recommendations from the College of Nurses of Ontario.

Recommendations to modernize CPSO's governance structure include the following:

1. Increase public member representation so there are equal numbers of physician and public members on the board;
2. Reduce the size of the board from 34 to between 12-16 members;
3. Eliminate overlap between board and statutory committee membership;
4. Implement a competency-based board selection process;
5. Implement a hybrid selection model for physician members;
6. Provide equal compensation for physician and public members of the board;
7. Retain the option of appointing an Executive Committee.

The accompanying attachment provides the detailed rationale and the legislative change(s) required to achieve each recommendation. We look forward to working together to modernize the CPSO board to better serve the people of Ontario.

Yours truly,

Peeter Poldre, MD, EdD, FRCPC
President

Nancy Whitmore, MD, FRCSC, MBA
Registrar and Chief Executive Officer

Encl. CPSO Governance Review: Recommendations, Rationale and Required Legislative Changes

cc. Helen Angus, Deputy Minister of Health and Long-Term Care
Heather Watt, Chief of Staff, Minister of Health and Long-Term Care
Patrick Dicerni, Assistant Deputy Minister, Strategic Policy and Planning Division

CPSO Governance Review: Recommendations, Rationale, and Required Legislative Changes

Recommendation	Rationale	Required Legislative Changes[1]
1. Increase public member representation so there are equal numbers of physician and public members on the board.	Public members occupy less than half or 44% of board positions (when gov't appoints the full complement of 15 members). Equal public/professional board membership is increasingly accepted as a best practice internationally. This change will ensure a balance between public and physician expertise and competencies in regulation and help strengthen public confidence in the regulatory system.	**Medicine Act, s. 6(1)**, which currently requires 15-16 professional members and 13-15 public members, plus 3 academic representatives.
2. Reduce the size of the board from 34 to between 12-16 members.	A 34 member board is too large. Literature supports smaller boards as being more effective and efficient in decision making. The range is intended to provide flexibility to achieve the right combination of competencies.	**Medicine Act, s. 6(1)**, which currently requires 15-16 professional members and 13-15 public members, plus 3 academic representatives.
3. Eliminate overlap between board and statutory committee membership.	Existing quorum requirements require board member participation on some statutory committees. These requirements are particularly onerous for public board members who must provide between 100 and 120 days of work as board and committee members each year. Separation between the board and statutory committees is considered a best practice. Board and statutory committees have very different roles (oversight/strategic for the board vs. adjudicative for statutory committees). Separation in membership from the board will enhance the integrity and independence of the board and statutory committees, and help strengthen public confidence in the regulatory system.	Section 10(3) of the Code currently requires the composition of committees to be set by by-law, although a number of sections in the Code set composition and quorum requirements for the following statutory committee panels: - s. 17(2): Registration Committee panels - s. 25(2) and (3): ICRC panels - s. 38(2-5): Discipline Committee panels - s. 64(2-3): Fitness to Practice Committee panels Once Bill 87 amendments to the RHPA and the Code are proclaimed, composition and quorum requirements for these committees will be set by regulation. **New regulations** therefore need to be developed pursuant to the **RHPA, s. 43(1)(p) to (s)** and the **Code, s. 94(1)(h.1)-(h.4)**.
4. Implement a competency-based board selection process.	Competency-based board selection for physician and public members support the right mix of knowledge, skills and experience amongst board members to ensure the board is able to effectively discharge its functions. A competency based selection process is considered a best	For professional members: the **Medicine Act, s. 6(1)** currently requires members to be "elected in accordance with the by-laws." This would need to be amended to permit members to be "selected" in accordance with the by-laws. Supporting by-law changes could then be made to facilitate this change.

[1] NB: This list is not comprehensive – other incidental changes may also be required.

Recommendation	Rationale	Required Legislative Changes[1]
	practice.	Other consequential legislative changes may also be required (for example, s. 5 of the Code which provides for the term of elected Council members). For public members: there are different options available to accomplish this change. **Medicine Act, s. 6(1)** requires the appointment of 13-15 public members by LGIC, so an amendment to this section could import language around competency-based appointments. There is language in s. 14(1) of the *Adjudicative Tribunals Accountability, Governance and Appointments Act, 2009* that might be helpful ("The selection process for the appointment of members to an adjudicative tribunal shall be a competitive, merit-based process and the criteria to be applied in assessing candidates shall include the following: …")
5. Implement a hybrid selection model for physician members (some elected members, some competency-based appointments).	Currently 16 physician members of the board are elected by the profession and 3 are appointed. The election process at times causes confusion and promotes a perception that physician board members represent the profession rather than the public interest. A hybrid approach of elected and appointed professional members will help ensure that the board collectively possesses necessary competencies and facilitate ongoing physician engagement in the board selection process.	**Medicine Act, s. 6(1)** currently requires physician members to be "elected in accordance with the by-laws." This would need to be amended to permit members to be "selected" in accordance with the by-laws. Supporting by-law changes could then be made to facilitate this change.
6. Provide equal compensation for professional and public members of the board.	Public members of Council are compensated by government at a much lower rate than physician members. The College is prohibited from compensating public members of Council for their work. Compensation for public members is inadequate and unfair. The College should have the ability to compensate all board and committee members directly and equitably.	**Code, s. 8** currently requires that Council members appointed by the LGIC be paid, by the Minister, the expenses and remuneration the LGIC determines. An accompanying amendment to the **Code, s. 94(1)(h)** would also be required. This provision currently allows Council to make by-laws providing for the remuneration of the members of the Council and committees other than persons appointed by the LGIC.
7. Retain the option of appointing an Executive Committee.	Smaller boards may not require an Executive Committee. In the interest of maintaining flexibility, CPSO recommends retaining the option of an Executive Committee, which is largely dependent on board size. A board with 16 members may require an Executive Committee.	**Code, s. 10(1)** currently requires colleges to have an Executive Committee. Other consequential amendments to the Code may also be required to reflect a discretionary Executive Committee.

Ministry of Health
Ministry of Long-Term Care

Assistant Deputy Minister
Strategic Policy, Planning & French Language Services Division

438 University Avenue, 10th floor
Toronto ON M7A 2A5

Ministère de la Santé
Ministère des Soins de longue durée

Sous-ministre adjoint
Division des politiques et de la planification stratégiques, et des services en français

438 avenue University, 10e étage
Toronto ON M7A 2A5

Ontario

June 8, 2021

158-2021-46

Dear College Presidents and Registrars/ Executive Directors

Over the past several months, we have seen the ongoing diligent and tireless contributions of all our health system partners in response to the COVID-19 pandemic.

As we prepare for a potential burden reduction Bill this Fall, the ministry is exploring opportunities for governance reforms under the *Regulated Health Professions Act, 1991* and your respective 26 health profession Acts that would increase your efficiency and your ability to respond swiftly to emerging needs.

I am aware that many colleges have expressed interest in governance changes since 2017. Since that time, there have been developments, namely, the ongoing pandemic and the introduction of Bill 283, which have added to the discussion on governance reform.

As I have noted in previous conversations, I would like to seek your input on whether previous advice to the ministry on governance reform has changed in light of the progress of time and recent experience with the COVID-19 pandemic, as well as, the government's introduction of legislation establishing a new framework for oversight.

I am requesting your feedback on possible governance reforms by June 30th.

I look forward to our continued partnership as we explore opportunities to improve and strengthen the oversight system for health professions in Ontario.

Sincerely,

Sean Court
Assistant Deputy Minister

Encl.

c. Allison Henry, Director

Ontario College of Pharmacists
Putting patients first since 1871

Ontario College of Pharmacists
483 Huron Street
Toronto, ON M5R 2R4

February 4, 2019

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
Hepburn Block, 10th floor
80 Grosvenor Street
Toronto Ontario
M7A 2C4

Re: Reflecting the College oversight role in its official name

Dear Minister Elliott:

At its December 2018 meeting, Council directed that the College convey to you its desire to ensure that the official name of the Ontario College of Pharmacists (the "College") and its reference in various legislation and regulations appropriately and accurately reflect the College's role as the regulator of pharmacists, pharmacy technicians and pharmacies in the province.

Notwithstanding the naming conventions of the province's health regulators contained within the *Regulated Health Professions Act (RHPA)*, Council believes strongly that the College is unique among other regulators in that it not only regulates pharmacy professionals, which was expanded in 2010 to include pharmacy technicians as regulated health professionals, but it is the only College of regulated healthcare professionals that is also mandated under legislation to regulate a physical practice location or premises, specifically pharmacies. It feels that a change to the College's name could better communicate to the public the scope of its oversight role relating to both the people and place of pharmacy practice in the province.

Accordingly, on behalf of Council, I am writing to formally register the College's request that its name be changed to the *Ontario College of Pharmacy* and that the relevant legislation and regulations, such as those noted below, be amended at such time that the provincial government considers a review of these Acts:

- *Pharmacy Act, 1991*
- *Drug and Pharmacies Regulation Act, 1990*
- *Regulated Health Professions Act, 1991*
- *Drug Interchangeability and Dispensing Fee Act, 1990*
- *Health Protection and Promotion Act, 1990*
- *Safe Access to Abortion Services Act, 2017*
- *Livestock Medicines Act, 1990*

As always, the College would be pleased to provide additional information and assist in any way in identifying specific amendments within each Act and corresponding regulations should the Ministry accept the College's proposal to change its official name to accurately convey to the public the scope of its oversight role.

Sincerely,

Nancy Lum-Wilson, R.Ph., B.Sc.Phm., MBA
CEO and Registrar

cc: Laurel Brazill, Director, Stakeholder Relations
Emily Beduz, Senior Policy Advisor