Policy Name: Employment Compensation and Benefits **Number:** ER-2/7

Treatment of Employees

Policy Type: Executive Requirements Date Approved: April 16, 2019

The Executive Director shall ensure policies and practices regarding employment, compensation and benefits support fiscal integrity and that the working conditions for staff are fair, respectful, safe and meet applicable industry standards and guidelines.

The Executive Director shall:

- 1. Adhere to Council discretion regarding his/her own compensation and benefits.
- 2. Operate within human resource policies and procedures that are current and consistent with commonly accepted practices.
 - 2.1 Ensure that compensation and benefits for employees reflect the geographic or professional market for the position or skills employed and that benefits include but not limited to group insurance, pension, sick leave, vacation and other insurances.
 - 2.1.1 Ensure a process is in place that considers a fair review for compensation changes.
 - 2.2 Operate using processes that ensures recruitment for new CRNNL employees is transparent, fair, and provides reasonable assurance of quality of hire.
 - 2.3 Articulate expected performance standards to all staff and perform regularly scheduled formal performance evaluation processes
 - 2.4 Operate with an appropriate orientation program.
- 3. Create and maintain a workplace that prevents discrimination, violence, harassment or incivility
- 4. Create a workplace that supports the expression of a dissenting view or belief.
- 5. Create a workplace that supports job reclassification reviews.
- 6. Create a mechanism and culture whereby staff can appeal to the Council when internal grievance procedures have been exhausted and the employee alleges that:
 - (1) Administrative policy has been violated, or
 - (2) Administrative policy does not adequately protect his or her human and workplace rights.
- 7. Establish and maintain a work-environment which fosters safety, staff education and development and teamwork, communication, efficiency and effectiveness.

Revised: February 2020

Policy Name: Financial Planning **Number**: ER-3

Policy Type: Executive Requirements Date Approved: June 5, 2012

Budgeting for any fiscal period shall be consistent with Council-stated Strategic Outcomes, consider fiscal risk and follow a generally acceptable level of foresight. Procedures shall be in line with current applicable industry standards and guidelines.

Accordingly, the Executive Director shall:

- 1. Ensure budgeting contains sufficient information, including planning assumptions and contingencies, to enable credible projection of revenues and expenses.
- 2. Ensure budgeting that includes provision for the purchase of new, replacement and repair of capital assets, based on long term planning.
- 3. Plan total expenditures in any fiscal year to exceed total revenue received by more than four (4) percent.
- 4. Ensure budgeting that estimates revenues conservatively and expenses realistically.
- 5. Ensure budgeting that provides sufficient funds for the Board to carry out its governance role.
- 6. Budget no less than 1% of revenue from membership fees to cover repair and maintenance costs associated with CRNNL House at 55 Military Road.
- 7. Conduct a three-year financial plan for the projection of revenues and expenses and inform Council of the need to consider a fee increase based on the three year plan.

Revised: October 24 & 25 2013, February 2016/2017/2018

Policy Name: Financial Condition Number: ER-4

Policy Type: Executive Requirements Date Approved: June 5, 2012

With respect to the actual, ongoing financial conditions and activities, the Executive Director shall support processes that cause or allow efficient and effective use of resources, the development of fiscal integrity and ensure no material deviation of actual expenditures from Council priorities established in Strategic Outcomes policies. Procedures shall be in line with current applicable industry standards and guidelines.

Accordingly, the Executive Director shall:

- 1. Expend no more funds than have been received in the fiscal year to date unless the debt guideline below is met.
 - 1.1. Limit the borrowing of funds in an amount no greater than the value of invested operating funds in order to obtain a financial advantage, which is superior to cashing in investments.
- 2. Limit use of members' equity cash reserve to an amount no greater than 4 percent of annual revenues.
- 3. Follow the criteria in the Council's GP-17 policy regarding use and maintenance of internally restricted funds.
- 4. Settle payroll and debts including government ordered payments and filings in a timely manner.
- 5. Allow the collection of accounts receivable to be undertaken in a timely manner.

Revised: October 24 & 25, 2013, December 2014

June 2020

Policy Name: Asset Protection Number: ER-5

Policy Type: Executive Requirements Date Approved: June 5, 2012

The Executive Director shall create and support the College's public image, credibility, and its ability to accomplish Strategic Outcomes. Procedures shall be in line with current applicable industry standards and guidelines.

Accordingly, the Executive Director shall:

- 1. Ensure assets are protected, adequately maintained and not unnecessarily risked.
- Operate with at least \$2 million of insurance coverage for possible liability losses against Council members, staff and individuals engaged in activities on behalf of the Council or the CRNNL itself.
- 3. Operate using effective processes for identifying, assessing and managing internal and external operational risks.
- Receive, process and disburse funds with controls sufficient to meet the generally accepted
 accounting principles and with acceptable appropriate administrative signing authority
 practices.
- 5. Enter into contracts and make purchases while considering the current relevant treasury board guidelines and with due consideration to quality, after-purchase service, value for dollar, and opportunity for fair competition.
- 6. Operate using a process to protect intellectual property from loss/or prohibited use.
- 7. Make investments ensuring that risk and return are balanced in a manner consistent with the approved investment strategy.
 - 7.1 Use an investment strategy that assures the necessary cash flow.
 - 7.2 Operate using a process for reviewing the investment strategy on a regular basis.
- 8. Not acquire, encumber or dispose of land or buildings.

Revised: October 24 & 25, 2013, December 2014

Policy Name: Registration & Licensure Number: ER-6.2

Policy Type: Executive Requirements Date Approved: 12, 13 March 1999

Date Reviewed: 08 June 2011

The Executive Director shall ensure that registration and licensure responsibilities are carried out in a manner which ensures due process and which is compliant with all relevant provisions of the Registered Nurses Act, the Registered Nurses Regulations and CRNNL Bylaws.

Accordingly, the Executive Director shall ensure a registration or licensure process that:

- 1. Ensures that all registration and licensure processes are carried out appropriately.
- 2. Ensures that Council is aware of the results of registration and licensure examinations in a timely manner.
- 3. Ensures that a CCP audit process is carried out annually.
- 4. Comprehensive and occurrence-based professional liability protection services are available to Registrants and incorporated into the initial and annual licence process.
- 5. Services utilized to evaluate education credentials of applicants are defensible and reliable.

Revised: December 2014, February 2017, March 2021, February 2022

Policy Name: Professional Conduct Review/

Quality Assurance

Policy Type: Executive Requirements Date Approved: 26 & 27 October 2012

Number: ER-6.3

The Executive Director shall ensure that professional conduct review (PCR) and Quality Assurance (QA) program are conducted in a manner which ensures due process, does not jeopardize public safety, and which is compliant with all provisions of the Registered Nurses Act, Registered Nurses Regulations, CRNNL Bylaws and related regulatory documents.

Accordingly, the Executive Director shall ensure a professional conduct review and quality assurance program that:

- 1. Employs/utilizes where appropriate, authorized options to resolve an:
 - (a) Allegation/complaint;
 - (b) A Quality Assurance concern.
- 2. Implements specified processes to ensure confidentiality when undertaking a review of an:
 - (a) Allegation/complaint;
 - (b) A Quality Assurance concern.
- 3. Ensures fairness to both the member and the complainant or person submitting:
 - (a) Allegation/complaint;
 - (b) A Quality Assurance concern.
- 4. With respect to professional conduct review discloses appropriately to the general public, a decision of an adjudication tribunal or Council with respect to a complaint against a member.
- 5. Ensures that respondents owing outstanding PCR costs to CRNNL are addressed in a fair and consistent manner.

Revised: December 2014, April 2015, April 2016, February 2017, February 2019

Policy Name: De-Registration (Respondent Request) Number: ER-6.4

Policy Type: Executive Requirements Date Approved: 26 & 27 October 2012

The Executive Director shall ensure De-Registration is carried out in a manner which ensures due process and which is compliant with the Registered Nurses Act.

Accordingly, the Executive Director shall ensure a De-Registration process that:

- 1. Prohibits de-registration by a respondent subject to a complaint pursuant to section 23(3)(b) of the Registered Nurses Act, 2008.
- 2. Pursuant to section 30(2):
 - 2.1 Require the respondent to put in writing his/her request for de-registration and includes an explanation as to why he/she wishes to surrender his/her license and have his/her name removed from the register.
 - 2.2 Inform the respondent, in writing, of the implications of de-registration to his/her rights and privileges as a registered nurse.
 - 2.3 Obtain written confirmation from the respondent that he/she understands the implications of de-registration including that:
 - 2.3.1 he/she at no time in the future be permitted to apply for reinstatement or readmission to the practice of nursing.
 - 2.3.2 in the event a third party inquires as to the status of his/her nursing license the person making the inquiry will be informed that the respondent voluntarily surrendered his/her license and his/her name is struck from the register.
 - 2.4 Confirm that the respondent is voluntarily making the request.
 - 2.5 Require the respondent to obtain independent legal advice or sign a waiver refusing independent legal advice.
 - 2.6 Require a report from a physician or nurse practitioner in circumstances where there may be fitness and capacity issues to confirm that the respondent understands and is able to make decisions with regards to requesting de-registration.
- 3. Update the Registers of nurses and disclose to the respondent and the public following Council's approval of a request for de-registration.

Revised: December 2014, June 2017, June 2018, February 2019

Policy Name: Communication and Support to the Council **Number:** ER-8

Policy Type: Executive Requirements Date Approved: 3 February 2012

The Executive Director shall ensure that Council is informed and supported in its work.

Accordingly, the Executive Director shall:

- 1. Submit timely and accurate monitoring data directly addressing provisions of the Council policies being monitored.
- 2. Inform Council of an actual or anticipated non-compliance with any policy of the Council.
- 3. Inform Council of significant College business in a timely manner.
- 4. Operate with a process that provides a secure mechanism for the dissemination of Council communications.
- 5. Provide all reasonable administrative and technical support for Council activities.
- 6. Ensure Council has adequate information to inform Council decisions.
- Accept delegation of any item required by law or contract to be Council-approved.
- 8. Ensure that Council is aware of the activities of national and international nursing affiliations.

Revised: April 2015, June 2015, April 2018

Policy Name: Emergency Executive Succession Number: ER-9

Policy Type: Executive Requirements Date Approved: 12, 13 March 1999

Date Reviewed: 20 April 2011

In order to protect the Council from sudden loss of chief executive services, the Executive Director shall identify annually:

- 1. At least two other internal designates to fulfil any sudden loss of his/her ability to perform the responsibilities of Executive Director.
- 2. At least one other internal designate to fulfil any sudden long-term loss of the staff person appointed to perform the responsibilities of the Director of Professional Conduct Review.

Revised: October 2019, November 2023

Policy Name: Public Policy Number: ER-10/16

Initiatives & Outreach

Policy Type: Executive Requirements Date Approved: 26 & 27 October 2012

When responding to external opportunities to engage in activities promoting the health and well-being of the public of Newfoundland and Labrador, the Executive Director shall ensure that the activity(s) is consistent with CRNNL's mandate.

Accordingly, the activity(s) must:

- 1. Reflect an issue in which nursing has expertise and can speak with credibility.
- 2. Was prepared by reputable organization(s) or group(s), that CRNNL has a history of affiliation or membership, and with noted expertise in the initiative.
 - 2.1. Establish clear lines of responsibility with relevant external parties.
- 3. Include consultation and background research that:
 - 3.1. Considers the perspectives of other organizations and stakeholder groups that may be impacted.
 - 3.2. Is evidence-informed and complies with legal requirements.
- 4. Link to the College communication plan with messages that:
 - 4.1. Uphold CRNNL's public image and credibility.
 - 4.2. Ensures that CRNNL's brand in publications, on products, exhibits, or with formal affiliations are appropriate.
 - 4.3. Includes criteria for appropriately engaging with media.
- 5. Be feasible within CRNNL's resources.

Revised: February 2020

Policy Name: Information Systems Management Number: ER-11

Policy Type: Executive Requirements Date Approved: 26 & 27 October 2012

The Executive Director shall ensure effective information systems, which assist CRNNL in effectively carrying out its mandate, are developed and maintained.

Accordingly, the Executive Director shall ensure:

- 1. An up-to-date prioritized plan for necessary information systems enhancements or acquisitions is in place.
- 2. Implementation plans which support a smooth transition to new information systems are developed and applied.
- 3. The effectiveness, efficiency and security of information systems are evaluated.
- 4. Best practices for information collection, use, retention and disposal are met.

Revised: April 2015, October 2016

Policy Name: Final Document Approval Authority **Number**: ER-13

Policy Type: Executive Requirements Date Approved: 3 February 2012

The Executive Director shall ensure that documents^{1,} or process that prescribe parameters of nursing practice in Newfoundland and Labrador as listed below have Council approval or input as appropriate:

- 1. Registered Nurses Act
- 2. Registered Nurse Regulations
- 3. CRNNL Bylaw Amendments
- 4. Criteria for Registration and Licensure
- 5. Standards Relevant to Nursing Practice
 - 5.1 Standards of Practice for Registered Nurses and Nurse Practitioners
 - 5.2 Standards of Ethical Conduct
 - 5.3 Scope of Practice
 - 5.4 Professional Conduct Review Process
 - 5.4.1 Alternative Dispute Resolution Policy
- 6. Standards for Nursing Education
 - 6.1 Continuing Competency Program Audit
 - 6.2 Approval Process for Basic Nursing Education Programs
 - 6.3 Approval Process for Nurse Practitioner Education Program
 - 6.4 Entry Level Competencies for the Practice of Registered Nurses
 - 6.5 Entry-Level Competencies for Nurse Practitioners
 - 6.6 The RN and NP Examination for registration and licensure

Revised: December 2014, April 2016, April 2019, April 2021

¹ Further document details in ER: 14 & 18

Policy Name: Professional Standards or Practice **Number**: ER-14

Guidelines Governing the Profession

Policy Type: Executive Requirements Date Approved: December 4, 2014

When developing or revising professional standards or practice guidelines the Executive Director ensures that the development or revision of the document complies with the stipulations in this policy.

Accordingly, the document must:

- 1. Assist in achieving CRNNL's mandate of protection of the public, by compliance with legal and regulatory requirements.
- 2. Assist in achieving Council's Strategic Outcomes.
- 3. Include consultation and background research that uses a transparent process to obtain diverse input to ensure that the document is up to date and relevant to the current practice environment.

Revised: Merged with ER-15 – October 2018 Revised: Merged with ER-14.1 – March 2021

Policy Name: Registered Nurse Number: ER-18

Registration Examination/

Nurse Practitioner Licensure Examination

Policy Type: Executive Requirements Date Approved: 3 February 2012

The Executive Director shall ensure that implementation or a change in an examination for registration as a Registered Nurse (RN) or licensure as a Nurse Practitioner (NP) includes adequate background research and consultation.

Accordingly, the Executive Director shall ensure the implementation of a RN registration or NP licensure examination that:

- 1. Is consistent with the establishment of common examination criteria with all nursing regulatory authorities in Canada.
- 2. Considers relevant research evidence, literature and consultation.
- 3. Is legally defensible:
 - 3.1 Is psychometrically sound, valid and reliable.
 - 3.2 Reflects current RN or NP practice and represent a credible assessment of competencies in the context of entry-level practice in Canada.
 - 3.3 Has security and candidate conduct standards to protect the integrity of the examination and the personal information of candidates.
- 4. Allows for CRNNL input on examination development and administration.
 - 4.1 Includes participation of Canadian nurses in the development of the exam.
 - 4.2 Includes a requirement for the vendor to provide pertinent information and education to key stakeholders.
 - 4.3 Is accessible to NL candidates.
- 5. Provides timely notice and information to members, students and key stakeholders that may be impacted by changes in the development and administration of the RN registration examination or NP licensure examination.

Revised: April 4, 2012, February 27 & 28, 2014, December 2014

Reviewed: April 2015

Revised: April 2018, April 2021, October 2021

Policy Name: Setting Fees Number: ER-19

Policy Type: Executive Requirements Date Approved: October 23 & 24, 2014

The Executive Director shall ensure the establishment or adjustment of fees for CRNNL goods and services under the value of \$200 is in accordance with the relevant requirements of a not-for-profit organization and the concepts of member fairness, cost-benefit analysis, and current and future fiscal viability of the College.

Further, the ED shall ensure the establishment or adjustment of fees for initial registration or licensure/licensure renewal are in accordance with this policy.

Accordingly, the Executive Director shall:

Licensure/Membership & Registration Service Fees

- 1. Ensure an analysis is completed of the total (direct and indirect) cost of the fee.
- 2. Ensure an analysis is completed of similar fees in like organizations.
- 3. Ensure an analysis is completed of the impact of the service and related fees upon current and future operations.
- 4. Notify registrants and key stakeholders of any change to licence or membership fee prior to implementation of the fee change.
- 5. Conduct a regular evaluation of the fee schedule.

Fines and Penalty Fees

6. Ensure the collection of fine or penalty fees is completed in a legal and ethical manner.

Revised: October 2016 June 2022