ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND & LABRADOR
COUNCIL POLICY

Policy Name: Global Governance Commitment  Number: GP-1
Policy Type: Governance Process  Date Approved: 12, 13 March 1999

On behalf of the people of Newfoundland and Labrador, the purpose of the Council, in collaboration with the registered nurses of Newfoundland and Labrador, is to ensure for the public that the Association determines and achieves appropriate Ends and avoids unacceptable actions and situations.

Date Reviewed: 3 & 4 February 2011
Date Revised: 27 & 28 February 2014
The work of the Council is to serve as trustees for the public in setting the strategic direction and determining appropriate organizational performance.

1. The Council will govern with an emphasis on:
   • outward vision rather than an internal preoccupation,
   • the future rather than past or present,
   • diversity in viewpoints,
   • commitment to obtaining public and professional input,
   • self-discipline needed to govern with excellence,
   • collective rather than individual decisions

More specifically, the Council will:

2. Apply self-discipline to matters such as attendance, preparation for meetings, policy-making principles, respect of roles, and ensuring adherence to expectations related to conflict of interest and code of conduct.

   2.1 On an annual basis the Council will conduct a self-evaluation. As a result of this evaluation, the Council will identify specific goals and objectives for improvement of identified areas.

3. Monitor and regularly discuss the Council’s performance and identify areas for governance education and other improvements.

   3.1 Council members shall receive an orientation to the organization’s structure and practices, and the Council’s process of governance.

   3.2 Council members shall have ongoing opportunity for continued training and education to enhance their governance capabilities.

4. Establish relevant and appropriate policies to guide the organization including:

   4.1 Strategic Outcomes: The overall vision and directions for the organization.

   4.2 Executive Requirements: Expectations of the Executive Director. The range of authority within which all executive activity and decisions must take place.

   4.3 Governance Process: Description of how the Council conceives, carries out and monitors its own task.
4.4 Council-Executive Director Relationship: Delegation of authority and how it will be monitored.

5. The Council will validate that the annual budget includes adequate resources for effective governance which includes: Council meetings (Board education and linkage) and attendance at relevant external events (e.g. CNA Biennial Convention), costs of fiscal audit, legal fees and other outside monitoring assistance, costs of methods such as focus groups, surveys and opinion analysis.

5.1 ARNNL will cover travel cost of the President or designate of the student Nursing Society of one SON on a rotational basis to attend a Council meeting and the Presidents of all SON student societies to attend the annual meeting.

Reviewed: October 23 & 24, 2014
Revised: October 2018
The work of the Council is to serve as trustees for the public on behalf of the registered nurses of Newfoundland and Labrador in determining appropriate organizational performance. To distinguish the Council’s own unique work from the work of its staff, the Council will concentrate its efforts on the following work outputs:

1. The relationship between the organization and the public and registered nurses of Newfoundland and Labrador.

2. Written governing policies which, at the broadest levels, address:
   
   2.1. Ends: What good or benefit, for which people and needs, at what cost.

   2.2. Executive Limitations: Constraints on Executive Director authority, which establish the prudence and the ethical boundaries within which all executive activity and decisions must take place.

   2.3. Governance Process: How the Council conceives, carries out and monitors its own task.

   2.4. Council-Executive Director Relationship: Delegation of authority and how it will be monitored.

3. Assurance of organizational performance (as described in Policy CE-3).

4. Mandatory decisions under the Newfoundland Registered Nurses Act that have not been delegated by the Council eg. EL-13.

Date Reviewed: February 2015
The President is accountable for ensuring the integrity of the Council’s process, and for representing the Council to the public and the membership. The President is the only Council member authorized to speak for the Council (beyond simply reporting Council decisions), other than in specifically authorized instances. The Executive Director shall act as the official spokesperson for all media issues unless it is determined that the President is the more appropriate spokesperson.

1. The work of the President is to ensure that the Council behavior is consistent with its own rules and those legitimately imposed upon it from outside the organization.
   1.1. Meeting discussion content will only be those issues, which, according to Council policy, clearly belong to the Council to decide, not the Executive Director.
   1.2. Deliberation will be fair, open and thorough, but also efficient, timely, orderly and kept to the point.
   1.3. The current edition of Robert’s Rules of Order, Newly Revised, will be the final procedural authority.

2. The President chairs Council meetings, annual meetings and special meetings of membership.
   2.1. The President may delegate this authority to another Council member but remains accountable for its use.

3. The president works with the Executive Director to develop meeting schedule, timelines, agendas and planning for relevant, education and governance’s discussions, including environmental scanning.

4. The president collaborates the Executive Director, as requested, providing input into discussions and actions related to the accomplishment of strategic outcomes and council policies.

Reviewed: October 23 & 24, 2014
Revised: February 2015
Revised: June 2016
Revised: October 2018
ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND & LABRADOR
COUNCIL POLICY

Policy Name: Council Committees  Number: GP-5
Policy Type: Governance Process  Date Approved: 02 June 2002

1. Council committees are to help the Council do its job preparing policy alternatives and implications for Council deliberation. Annually all Council members will be assigned to a minimum of two committees based upon criteria administered by the appointments committee.

1.1 Council committees may not speak or act for the Council except when the Council formally gives such authority.

1.2 New members will have the opportunity to be orientated to the committee’s role and responsibilities.

1.3 The chair of the committee is responsible for overseeing meeting agendas and for ensuring that minutes are accurate.

1.4 All committee members shall abide by the same Code of Conduct as governs the Council.

1.5 Except as defined in written Terms of Reference, no Committee has authority to commit the funds or resources of the Association or exercise authority over staff.

1.6 No Committee has the authority to contravene any Bylaw or Policy of the Council.

2. Council and Committee Expenses

2.1 President
It is recognized that professional activities usually assume some degree of voluntary contribution. However, as the President is required to have a significant amount of time away from the workplace, the ARNNL shall establish a salary replacement program to, if requested, assist the employer to release the President from his/her employment to fulfill the responsibilities of the role:

2.1.1 Salary replacement may be claimed up to but not exceeding 15 days per year.

2.1.2 The ARNNL will reimburse the employer so that the President’s salary and benefits will not be interrupted.

2.1.3 The Presidential annual allowance shall be $10,000 (reviewed February 2017).

2.2 Council members
2.2.1 Council members shall be reimbursed for travel, accommodation and allowable meals (per diem) in accordance with the approved travel claims rates.
2.2.2 Out-of-pocket expenses shall be supported by receipts. (e.g. taxis, parking)
2.2.3 Shall purchase a travel insurance policy for Council Members.

Date Reviewed: October 2011/October 2013/October 2015
Revised: October 2018
A committee is a Council committee only if its existence and charge come from the Council, regardless of whether Council members sit on the committee. Council must approve all terms of reference for the committees identified in this policy and where applicable committee membership is overseen by the appointments committee.

1. **Legislated Committees**
   1.1 Complaints Authorization Committee
   1.2 Disciplinary Panel
   1.3 Nurse Practitioner Standards Committee

2. **Standing Committees**
   2.1 Executive Committee
   2.2 Committee on Nominations
   2.3 Appointments
   2.4 Resolutions
   2.5 Linkage with Owners
   2.6 Audit

3. Education Approval Committee

4. Quality Assurance Committee

**Date Reviewed and Revised:** 24 & 25 October 2013
**Revised:** June 2015
**Revised:** October 2018
1. Product

1.1 A determination of whether or not a respondent is guilty of conduct deserving of sanction. Conduct deserving of sanction includes:
   1.1.1 professional misconduct;
   1.1.2 professional incompetence;
   1.1.3 conduct unbecoming a registered nurse;
   1.1.4 incapacity or unfitness to engage in the practice of nursing;
   1.1.5 acting in breach of the RN Act, the regulations or the code of ethics.

1.2. A decision as to whether the respondent shall be:
   1.2.1 reprimanded;
   1.2.2 suspended for a fixed period that the panel considers appropriate until the respondent can demonstrate to the Council or other body or persons designated by the adjudication tribunal that conditions imposed are fulfilled, or until further order of the tribunal;
   1.2.3 allowed or directed to surrender his or her licence to the Council upon those conditions that may be considered appropriate and strike the respondent’s name from the register;
   1.2.4 imposed a fine not to exceed $10,000 to be paid to the Association;
   1.2.5 ordered to pay the costs or part of the costs incurred by the Association in the investigation or hearing of the complaint;
   1.2.6 ordered to comply with one or more terms or conditions as set out in Sections 27(2), 28(3)(g) and 28(4) of the Act.

1.3. Except in extenuating circumstances in which case an adjudication tribunal shall report to the Director of Professional Conduct Review, a written decision, including the order of the tribunal, shall be filed with the Director of Professional Conduct Review within 90 days of the conclusion of the hearing of a complaint.

1.4. An order to the Director of Professional Conduct Review to publish a summary of the decision in a newspaper as set out in Section 29(3) and 29(4) of the Act.

1.5. An order to dismiss the complaint where the adjudication tribunal decides that a respondent is not guilty; and where it believes that the submission of the complaint to the tribunal for a hearing was unreasonable may, order that those costs the tribunal considers appropriate be paid by the Association to the respondent; and may make another order it considers appropriate.
2. Authority

2.1 The Disciplinary Panel’s authority shall be in accordance with the roles and responsibilities outlined in the RN Act (2008) and Regulations.

3. Composition

3.1 Forty-two members, 28 of whom shall be practicing members of ARNNL, appointed by the Council, with 14 being public representatives appointed through the Independent Appointments Commission of Government (as of May 26, 2016).

3.2 The chairperson shall be appointed by Council and shall have:
   3.2.1 served at least one term on the committee;
   3.2.2 served as the chairperson of at least two Adjudication Tribunals.

3.3 The registered nurse members shall be broadly representative of various practice areas, experience and geographical perspectives, but none of the members may be members of ARNNL Council; and appointed from the register of all practicing license holders who:
   3.3.1 submit their name for consideration;
   3.3.2 are not subject to an allegation of conduct deserving of sanction at the time of appointment.

3.4 Where a registered nurse member has an allegation filed against them while on the committee he/she must:
   3.4.1 step aside until a decision of an Adjudication Tribunal is rendered;
   3.4.2 step down where he/she is found guilty of conduct deserving of sanction or he/she consents to explore or enter into an Alternative Dispute Resolution (ADR) to resolve an allegation(s); and
   3.4.3 where 3.4.1 or 3.4.2 is applicable the person is not eligible to reapply until five years have passed since the person met all terms and conditions set out in the Decision/Order of the Adjudication Tribunal or ADR.

4. Term of Office

4.1 Three years. Members can be reappointed for 3 additional terms. The Chairperson may be reappointed to 2 additional terms. Where possible, terms shall be staggered for continuity.

5. Composition of the Adjudication Tribunal

5.1 Three members of the Disciplinary Panel: 2 registered nurses and one public representative.

5.2 The Chairperson of the Disciplinary Panel appoints the members and chairperson of an adjudication tribunal. The adjudication tribunal chairperson shall be a registered nurse.

5.3 No member of the adjudication tribunal may have participated in the referral of a complaint to the Disciplinary Panel.

6. Quorum for Adjudication Tribunal for a Hearing

6.1 Quorum for an adjudication tribunal for a hearing shall be three persons.

Originally Approved: September 2008
Reviewed: December 11, 2012
Revised: October 2016
Revised: May 2017/June 2018
Policy Name: Board of Examiners Committee  Number: GP-6.2
Terms of Reference

Policy Type: Governance Process  Date Approved: 4 & 5 February 2010  Date Reviewed: 8 February 2013

Policy Deleted: February 2015
ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND & LABRADOR
COUNCIL POLICY

Policy Name: Executive Committee
Terms of Reference

Number: GP-6.3

Policy Type: Governance Process
Date Approved: 22 & 23 February 2004

1. Product
   1.1. Urgent decisions on behalf of Council only when it is not feasible to convene the entire
       Council in person or by teleconference.

   1.2. Specific tasks as delegated by Council.

2. Authority
   2.1. The Committee does not have authority to contravene any Bylaw or Policy of the Council.

3. Composition
   3.1. President of Council, who shall be Chair of the Committee
   3.2. President-Elect
   3.3. One Regional Representative chosen by and from those regional representatives elected
   3.4. One Nursing Domain Representative chosen by and from those nursing domain
       representatives elected
   3.5. Executive Director (non-voting)

4. Term of Office
   4.1 Where possible, membership is staggered to support continuity (not inclusive of
       President/President Elect changes).
   4.2 Appointment is for duration of term on Council or unless mutually agreed otherwise.
   4.3 External appointments will be 3 years with opportunity for reappointment to a maximum of 3
       terms for a maximum of 9 years.

5. Quorum
   5.1. Three voting members.

Date Revised: 24 & 25 October 2013
1. Product
   1.1. A request for nominations sent to members annually and as needed if by-election required. The request shall be in accordance with the positions that are to be or are vacated and relevant ARNNL By-Laws.
   1.2. A slate of qualified candidate(s), to include, if at all possible, at least two candidates for each position to be filled.
   1.3. Assurance of the integrity of the voting process.
   1.4 A report to be presented at the next annual meeting of the Association on the nomination process and election results.

2. Authority
   2.1. The Committee has authority to nominate candidates.
   2.2. The Committee has authority to deal with disputes relating to the elections of elected councillors, as provided in the By-Laws and Council policies.

3. Composition
   3.1. Four ARNNL members appointed by council, in addition to the Chairperson. These 4 members will represent the geography of the province with one being from each of the regions: Eastern, Central, Western and Northern Peninsula/Labrador.
   3.2. The immediate past-president shall be chairperson of the committee. If the immediate past-president is unable to fulfil this role, council will appoint, as chairperson, a member who has previously served two years as a member of the committee or is a member who is an immediate past council member.
   3.3 The secretary of the Committee shall be the administrative assistant to the Executive Director and is a non-voting member.
   3.4. No member of the Committee can be a member of the Council.

4. Term of Office
   4.1. Three years for the four ARNNL members appointed by Council.
   4.2 Two years for the immediate past-president or the appointed chair.
   4.3 Terms of office shall be staggered, unless otherwise directed by Council, the Western and Central representatives changing together and the Eastern and Northern Peninsula/Labrador representatives changing together in alternate years.
   4.4 A member can be reappointed for two additional terms.
   4.5 If the past president cannot assume the Chair role, the current Chair can be reappointed for an additional term.

5. Quorum
   5.1. Three members of the committee.

Revised: 16 April 2014
Revised: 23 & 24 October 2014/October 2016
ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND & LABRADOR
COUNCIL POLICY

Policy Name: Committee on Appointments
Number: GP-6.5
Terms of Reference

Policy Type: Governance Process
Date Approved: 27 & 28 October 2010

1. Product
1.1. Recommended individuals for legislated and selected Council Committees for Council’s approval via the Required Approvals.

1.2 Recommend individuals for honourary membership in the Association in accordance with the criteria set down in GP-15 and for Council’s approval via the Required Approvals Agenda.

1.3. Appointments to external committees requesting ARNNL representation.

1.4. Nominations to external bodies requesting ARNNL representatives or award/recognition recipients.

2. Authority
2.1. The Committee does not have the authority to contravene any Bylaw or Policy of the Council.

2.2. Appointments/nominations/recommendations shall be based on the following considerations:

2.2.1. The qualifications/expertise necessary to complete the committee mandate and/or meet the criteria specified by the award/recognition program (e.g., individual expertise, need for public representation).

2.2.2. Ensuring the combined expertise of the group as a whole will facilitate the achievement of the committee’s mandate (geographical, practice setting).

3. Composition
3.1. Four Council members appointed by Council.
3.2. The Chairperson shall be elected by and from within the committee members.
3.3. One ARNNL professional staff member (non-voting).

4. Term of Office
4.1 Where possible, membership is staggered to support continuity (not inclusive of President/President Elect changes).
4.2 Appointment is for duration of term on Council or unless mutually agreed otherwise.
4.3 External appointments will be 3 years with opportunity for reappointment to a maximum of 3 terms for a maximum of 9 years.
5. **Quorum**  
   5.1. 50 percent plus one.

6. **Reporting**  
   6.1. The Committee shall report to ARNNL Council as necessary and at least bi-annually.

7. **Meeting Process**  
   7.1. Meetings will take place during regularly scheduled Council meetings or via teleconference when required.

Date Reviewed: 24 & 25 October 2013  
Date Revised: 24 & 25 October 2013
ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND & LABRADOR
COUNCIL POLICY

Policy Name: Resolutions Committee  Number: GP-6.6
Terms of Reference

Policy Type: Governance Process  Date Approved: April 14, 2009

1. **Product**
   1.1. Call for resolutions to membership at least three months and up to one month prior to the Annual General Meeting.
   
   1.2. Validate that resolutions that are clear and consistent with ARNNL Act, By-laws, and Regulations.
   
   1.3. Post resolutions received by the deadline to ARNNL’s website.
   
   1.4. Forward resolutions received by the deadline to members registered for the AGM upon initial receipt of their Annual General Meeting materials.
   
   1.5. Review additional motions submitted at Annual General Meeting by established deadline (in keeping with 1.2).

2. **Authority**
   2.1. The Committee has authority to discuss potential modifications to the wording of resolutions/motions in consultation with the mover and seconder for the purpose of ensuring clarity.
   
   2.2. The Committee has authority to not put forward to the membership a resolution/motion if it’s intent is contrary to the ARNNL Act, By-laws, and Regulations.
   
   2.3 The Committee has the authority to not put forward to the membership a resolution/motion that requires further exploration of intent and requested actions (eg. Research).
   
   2.4 Where 2.2 or 2.3, or both, are enacted the Committee shall notify the movers of the resolution/motion and membership of the decision including the rationale.

3. **Composition**
   Three members: one who is President Elect who will serve as chairperson, one other member of Council, one workplace representative identified one month prior to the Annual Meeting based on planned attendance, and two support persons; one staff member who serves as a resource, and the designated Annual Meeting Parliamentarian who serves as a resource to the Committee.

4. **Term of Office**
   4.1 Where possible, membership is staggered to support continuity (not inclusive of President/President Elect or workplace representative changes).
   
   4.2 Appointment is for duration of term on Council or unless mutually agreed otherwise.
4.3 External appointments will be 3 years with opportunity for reappointment to a maximum of 3 terms for a maximum of 9 years.

5. Quorum
   50% plus one.

Date Reviewed: April 4, 2012
Date Revised: 24 & 25 October 2013
Date Revised: February 2018
1. Purpose
   1.1 To evaluate/update the Stakeholder Linkage Framework to support the approved Strategic Outcomes.
   1.2 To identify opportunities to support implementation of the Stakeholder Linkage Framework as approved by Council.
   1.3 To identify new or emerging trends that could impact the profession as per GP 12.
   1.4 To support the recruitment of candidates running for election to a Council position.

2. Composition
   2.1 Three Council members, at least one of which will be a Public Representative, appointed by Council
   2.2 President-Elect (who shall be Chairperson)
   2.3 At least one external member (member of the public or ARNNL member who is not on Council)
   2.4 The Executive Director (non-voting)
   2.5 Research & Policy Officer who shall act as staff support (non-voting)
   2.6 Communications Officer (non-voting)

3. Term of Office
   3.1 Where possible, membership is staggered to support continuity (not inclusive of President/President Elect changes).
   3.2 Appointment is for duration of term on Council or unless mutually agreed otherwise.
   3.3 External appointments will be 3 years with opportunity for reappointment to a maximum of 3 terms for a maximum of 9 years.

4. Quorum
   4.1 Majority of voting committee membership.

5. Meeting
   Committee meetings shall be held at least three times per year and at the call of the Chair.

Date Revised: 24 & 25 October 2013
Date Revised: October 2018
1. Purpose
Assist Council in the discharge of its responsibilities related to the external financial audit, financial reporting and investment performance in accordance with Council Policies. This includes:

1.1 External Financial Audit

1.1.1 Review of the audited financial statements, in consultation with the external auditor.
1.1.2 Report to Council highlighting the results of the committee’s review of the audited statements and any other significant information arising from their discussions with the external auditor.
1.1.3 Recommend to Council reappointment of current auditor or selection of new auditors. Review of tendering shall occur at a minimum of every three years.

1.2 Financial Reporting

1.2.1 Review budget and financial performance to budget reports to assess ongoing financial condition;
1.2.2 Review the policies, assumptions and interpretations employed by Management in the development of financial information eg Executive Requirements (ER) #’s 3, 4 and 5;
1.2.3 Review restricted funds (Governance Process (GP) 17) performance and viability for purposes to report to Council and recommend any changes

1.3 Investment Performance

1.3.1 Develop and/or propose policy recommendations to Council with regard to the management of Investments.
1.3.2 Examine statements to monitor investments are prudently and effectively managed.
1.3.3 Receive and review reports from investment consultants.
1.3.4 Recommend the retention and/or replacement of investment consultants.

2. Composition
2.1 Three current Council members, one of whom shall be designated as chair
2.2 Up to two external public representatives with financial/investment expertise.
2.3 The President will be a non-voting member of the committee.
2.4 The Executive Director will be a non-voting member of the committee.
2.5 The Director of Corporate Services will be non-voting and serve as secretary.
3. Term of Office
   3.1 Where possible, membership is staggered to support continuity (not inclusive of
       President/President Elect changes).
   3.2 Appointment is for duration of term on Council or unless mutually agreed otherwise.
   3.3 External appointments will be 3 years with opportunity for reappointment to a maximum of 3
       terms for a maximum of 9 years.

4. Quorum
   4.1 Majority of voting committee membership.

Date Revised: 24 & 25 October 2013
Revised: October 23 & 24, 2014
Revised: February 2015
Revised: October 2018
ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND & LABRADOR
COUNCIL POLICY

Policy Name: Ad Hoc Committee to Review President’s Benefits
Number: GP-6.9 (interim)

Terms of Reference

Policy Type: Governance Process (interim)  Date Approved: May 25, 2003

1. Product
   1.1. A written report outlining options for Council consideration, by October 2003, on changes, if any, to the compensation and benefit package for the President of ARNNL, along with the implications of each option.

2. Authority
   2.1 The Ad Hoc Committee does not have the authority to contravene any Bylaw or Policy of the Council.

   2.2 Implications for each option shall include assessment of:
      2.2.1. The views of a sample of appropriate individuals, including the current President, and the current President-elect regarding the adequacy of the President’s benefit package (based on a set of standard questions to be developed by the Committee)
      2.2.2 Reasonableness of the proposed compensation options in relation to the time required to perform the duties of President.
      2.2.3 Reasonableness of the proposed compensation options in relation to the financial resources of ARNNL.
      2.2.4 Reasonableness of the proposed compensation options in relation to the expenses incurred in carrying out the duties of President.
      2.2.5 How the options compare to the benefits paid to Presidents in other nursing jurisdictions in Canada.

3. Composition
   □ Three members of Council (with one to serve as chairperson); and
   □ One nursing staff member, who shall serve as support to the committee.

4. Term of Office
   The Committee shall be appointed in February 2003 and shall report to Council in October 2003.

5. Quorum
   50% plus one.

6. Meeting Process
   The Committee shall meet by telephone conference call as often as necessary to complete the process.
ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND & LABRADOR
COUNCIL POLICY

Policy Name: Nurse Practitioner Standards Committee
Policy Type: Governance Process
Terms of Reference

Number: GP-6.10
Date Approved: April 15, 2008

1. Product
1.1. Provide consultation to ARNNL Council and the Minister of Health and Community Services on the making of regulations:
   • generally to establish standards and scope of practice of nurse practitioners.
1.2. Establish standards for nurse practitioners consistent with the ARNNL Act and NP Regulations for Council approval as described in 2.2 below.

2. Authority
2.1 The Committee has statutory authority to establish standards for NPs:
   • prescribing the forms of energy that a NP may order and prescribe the purpose for which and the circumstances in which the form of energy may be applied;
   • prescribing the laboratory and other tests that a nurse practitioner may prescribe; and
   • designating the drugs that a nurse practitioner may prescribe and the circumstances under which the drugs may be prescribed.
2.2 The committee does not have the authority to give final approval to the standards or to contravene any policy, regulation or by-law of Council.

3. Composition:
   I. A person nominated by the College of Physicians and Surgeons of Newfoundland and Labrador (CPSNL)
   II. A person nominated by the Newfoundland and Labrador Pharmacy Board (NLPB)
   III. One ARNNL Nursing Staff Member who shall be the chairperson.
   In addition the following as considered appropriate by the Association:
   • A person nominated by the Newfoundland and Labrador Medical Association (NLMA)
   • Three NPs Family All Ages
   • One NP Pediatrics
   • Two NPs Adult
   • A person nominated by Memorial University of Newfoundland who is an NP educator
   • A person nominated by the Advisory Committee on Nursing Administration (ACNA) representing employers
   • A person nominated by the Department of Health and Community Services
   • A person nominated by the Nurse Practitioner Special Interest Group
4. **Term of Office**
   Three years. Members can be reappointed for one additional term. Where possible, terms of office will be staggered.

5. **Quorum**
   Fifty (50%) plus one, recognizing that decisions cannot be made in the absence of the CPSNL nominee, the NLPB nominee and the ARNNL nominee.

6. **Decision making**
   Decisions will be made by a majority vote of the members providing that the CPSNL nominee, the NLPB nominee and the ARNNL nominee (staff member) votes in agreement with that majority vote.

7. **Meetings**
   Meetings of the Committee will be quarterly and at the call of the chair.

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**Date Revised**: 4 & 5 February 2010  
**Date Reviewed**: 8 February 2013  
**Date Revised**: 16 April 2014  
**Date Reviewed**: February 2015
ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND & LABRADOR
COUNCIL POLICY

Policy Name: Complaints Authorization Committee (CAC)  Number: GP-6.11
Policy Type: Governance Process  Date Approved: September 16, 2008

1. **Product**
   1.1 Review an allegation referred to the CAC by the Director of Professional Conduct Review to make a decision to:
      1.1.1 Refer the allegation back to the Director of Professional Conduct Review for an investigation or alternative dispute resolution, or both in accordance with the regulations;
      1.1.2 Conduct an investigation itself or appoint a person to conduct an investigation on its behalf; and
      1.1.3 Require the respondent to appear before it.
   1.2 Dismiss the allegation if there are no reasonable grounds to believe the respondent has engaged in conduct deserving of sanction and give notice in writing of the dismissal to the complainant and the respondent.
   1.3 Consider an allegation as constituting a complaint where there are reasonable grounds to believe a respondent has engaged in conduct deserving of sanction, in this case the committee may:
      1.3.1 Counsel or caution the respondent; or
      1.3.2 Instruct the Director of Professional Conduct Review to file the complaint against the registrant and to refer it to the disciplinary panel; and
      1.3.3 Recommend to Council that
         (a) the respondent’s license be suspended or restricted, or
         (b) the Director of Professional Conduct Review conduct an investigation of the respondents practice.

2. **Authority**
   2.1 The committee’s authority shall be in accordance with the roles and responsibilities outlined in the Act and Regulations.

3. **Composition**
   3.1 All members of Council with the exception of President and Executive Director.
   3.2 The chairperson and vice-chairperson shall be appointed by Council from the persons appointed under subsection (3.1)

4. **Term of Office**
   4.1 Members shall be appointed to the committee for their term on council and members are eligible for reappointment if re-elected or re-appointed to council.
5. **Quorum of the Committee**

5.1 Three members of the CAC, one of whom is a public representative, shall be a quorum and will be drawn to review an allegation.

5.2 No member of the CAC as outlined in subsection (5.1) may have participated in the referral of the allegation to the CAC.

Reviewed: June 2013
Revised: October 2018
ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND & LABRADOR
COUNCIL POLICY

Policy Name: Education Advisory Committee  Number: GP-6.12
Policy Type: Governance Process  Date Approved: 14 & 15 June 2015

1. **Product**
   1.1 Advises and make recommendations to Council on education standards and criteria for entry to practice nursing programs and entry to practice nurse practitioner programs, consistent with the RN Act (2008) and RN Regulations (2013).
   1.2 Examines School of Nursing (SON) reports (e.g. annual, Self-Assessment, etc.) to ensure nursing education programs are meeting standards and criteria.
   1.3 Informs Council on education program(s) approval status and other relevant information (e.g. Review team, date of review, etc.).
   1.4 Makes a recommendation to Council on approval rating for nursing education programs and where indicated, specify any terms and conditions of the approval status.

2. **Authority**
   2.1 The Committee has the authority to make recommendations to Council specific to education standards and approval rating.
   2.2 The Committee does not have the authority to give final approval to education standards or criteria, approval rating or to contravene any policy, regulation or by-law of Council.

3. **Composition**
   3.1 Registered Nurses and Nurse Practitioners with expertise in practice, program planning and evaluation.
   3.2 Nurse educators (Registered Nurses and Nurse Practitioners) from each of the nursing education programs offered in Newfoundland & Labrador.
   3.3 Public representative(s) with expertise in education, program planning and evaluation.
   3.4 Representative of the Department of Health and Community Services or the Department of Advanced Education with expertise in education, program planning and evaluation.
   3.5 ARNNL staff member (Chair).
   3.6 Committee members will not communicate, either directly or indirectly, information designated confidential to anyone not entitled to receive the information.

4. **Term of Office**
   4.1 Members shall be appointed for a three-year term, for not more than two consecutive terms.
   4.2 To promote continuity, where possible, membership is staggered.

5. **Meetings**
   5.1 Meetings will be held monthly.
   5.2 Decisions will be made by consensus.
6. Reporting
   6.1. Minutes of meetings shall be recorded.
   6.2. All recommendations shall be submitted to Council for final decision.
   6.3. All recommendations approved by Council pertaining to nursing education program(s) shall be communicated to the respective school(s).

Revised: February 2018
1. **Product**

The Quality Assurance Development Committee (QADC) is established for the purposes of making recommendations on the structure of an ARNNL Quality Assurance (QA) Program and related linkages between other ARNNL regulatory and professional practice services, in preparation for the proclamation of a Quality Assurance Committee pursuant to Section 35 of the RN ACT, 2008 (as amended).

The QADC will make recommendations on the following components but is not limited to:

**A. Framework**

1.1. An ‘umbrella’ framework to guide the direction of ARNNL’s QA program. The framework would identify broad directions, e.g., values, principles and goals taking into consideration the implications of emerging concepts and best practices in the regulation of health professionals (e.g. right touch regulation, just culture, a principle-based approach, collaborative self-regulation).

1.2. The identification of opportunities and potential initiatives for early intervention through services provided by ARNNL professional practice and regulatory resources, that aim to support and promote good nursing practice and prevent poor practices (e.g. The Regulatory Decision Pathway (NCSNB, 2014); Guidelines for Assisting RNs with Practice Problems (CRNBC, 2014).

**B. Linkages**

2.1. An analysis/exploration of the relationship between the QA Program and the Professional Conduct Review Process, taking into consideration data about the nature of past allegations and complaints addressed under Section 18 of the RN Act, 2008 with a focus on providing recommendations on the nature/types of issues to be referred to the QA review process (versus the PCR Process). Sample issues to explore are provided in Appendix A.

2.2. An analysis/exploration of the relationship between the QA Program and the Continuing Competency Program (CCP), taking into consideration (a) data from CCP audits and member evaluations/feedback and (b) best practices/emerging trends with a focus on identification of opportunities to strengthen both programs.

**C. Policies and Procedures**

3.1. Recommendations for policy and procedures to guide the implementation of a QA Review Process pursuant to Section 35 of the RN Act, 2008 (as amended).
2. **Reporting**
   2.1 Report to Council on recommendations for the development of the Quality Assurance Program framework including terms of reference for the Quality Assurance Committee and proposed linkages with other ARNNL regulatory functions outlined in B 2.1 and B 2.2.
   2.2 Make recommendations to Council as deemed appropriate on the need for any Regulations respecting the Quality Assurance Program.
   2.3 Make recommendations to Council as deemed appropriate for revisions to the QADC's Terms of Reference.
   2.4 Report to ARNNL Executive Director on recommendations for identified opportunities to promote good practices and prevent poor practices outlined in 1.2.

3. **Authority**
   3.1 The QADC is a Committee of Council (GP 6) with corresponding delegated authority from Council that at no point assumes or infringes upon the authority of a duly appointed Quality Assurance Committee in accordance with the roles and responsibilities outlined Section 35 of the RN Act, 2008 (as amended).
   3.2 The QADC does not have the authority to give final approval on the structure or linkages of the QA Program or to contravene any policy, regulation or by-law of ARNNL Council.

4. **Composition**
   4.1 Seven members of ARNNL who are appointed to broadly reflect the regions where members practice and a range of knowledge and experience dealing with (a) quality assurance/quality improvement and (b) the management of RNs’ as follows:
   - Professional Practice Coordinator (2)
   - Front-line manager (1)
   - Quality Assurance, Quality Improvement or Risk Management Consultant (2)
   - RN or NP who has participated in ARNNL’s PCR process (served on CAC or Adjudication Tribunal) (1)
   - ARNNL RN staff member to serve as a resource person (at the discretion of the ED).
   4.2 One member of the public preferably with knowledge of trends in regulation and/or experience with quality assurance reviews in any sector.
   4.3 The Chairperson shall be appointed by Council.
   4.4 None of the members may be current members of Council or the Discipline Panel.

5. **Term of Office**
   The term of office will be influenced by the length of the mandate. The original appointees will serve a two year term. If the QADC is in effect for longer than 2 years the term of office going forward will be staggered such that 1/3 of the membership would change.

6. **Quorum of the Committee**
   50% plus one- a simple majority.
7. **Meetings**
Meetings of the Committee will be at the call of the Chair and at least quarterly until the QA program is established and proclaimed and thus the mandate of the QADC is complete.

**References**


Appendix A
Potential Issues for Referral to The QA Program’s QA Review Process

1. Issues or concerns that may not constitute a formal allegation pursuant to Section 22.1 of the *RN Act, 2008* but that the Director of Professional Conduct Review (DPCR) deems that a conduct review by the QA Review Committee is warranted. (Note: Early intervention opportunity)

2. Issues or concerns whereby the parties (employer, member of public, RN) do not agree to pursue an Alternate Dispute Resolution (ADR) and the Complaints Authorization Committee (CAC) deems that the nature of the allegation is appropriate for a QA review.

3. There is a need to clarify issues or obtain more information regarding an allegation (e.g., allegation vague) and the DPCR deems a QA review is warranted.

4. The nature of the allegation/issue is appropriate for ADR but has complexities that would benefit from the powers of a QA review process to assist in getting at the ‘root’ of the issue (e.g., no employer to confer with).

5. The nature of the allegation is appropriate for ADR but the RN has a history of employer discipline &/or regulatory discipline, whereby the RN has a pattern of ungovernable conduct.

6. When there are problems completing an ADR and the ADR contemplates a referral to a QA review before referring the allegation to the Complaints Authorization Committee (CAC) in accordance with Section 23 of the *RN Act, 2008*.

7. When an allegation is brought against a self-employed RN (as this process allows a review of the RN’s practice).

8. Explore if it would be appropriate to refer a RN who has a health issue, and either party (RN or employer) terminates an Employee Assistance Program that is required in an ADR, to a QA review process rather than to the CAC.

Explore if it would be appropriate to refer an RN, who receives a non-practicing license due to a failure to complete the Continuing Competency Program requirements and subsequently, applies for a practicing license, to a QA review process (as the process provides for a practice review and remediation).
ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND & LABRADOR
COUNCIL POLICY

Policy Name: Quality Assurance Committee
Number: GP- 6.13b
Terms of Reference
Policy Type: Governance Process
Date Approved: June 14, 2015

1. **Product**
   The Quality Assurance Committee (QAC) has the responsibility to establish and operate an ARNNL Council approved Quality Assurance Program for Registered Nurses and Nurse Practitioners pursuant to Section 35 of the RN Act, 2008 (as amended). The QAC, will assume responsibility and accountability and will come into effect, upon Council approval of the QA Program developed with the assistance of the Quality Assurance Development Committee (QADC).

   The QAC will operate the QA program accordingly which includes:

   1.1 Initiation of a quality assurance review of a RN/NP or her/his practice on its own motion, or at the request of the Director of Professional Conduct Review or the Complaints Authorization Committee pursuant to Section 35 of the RN Act, 2008 (as amended).

   1.2 Making of orders and giving of directives to a RN/NP with respect to his/her practice or in connection to a Quality Assurance Review initiated and completed under 1.1.

   1.3 Monitoring and determining a RN/NP’s compliance with a requirement(s) or order(s) made by the Quality Assurance Committee under 1.2.

   1.4 Making a referral to the Director of Professional Conduct Review where a RN/NP fails to comply with an order or directive made under 1.2 or where the Quality Assurance Committee believes that in the course of a Quality Assurance Review or as a result of a Quality Assurance Review that a RN/NP may be guilty of conduct deserving of sanction pursuant to Section 18 of the RN Act, 2008 (as amended).

   1.5 Reporting to Council on the overall nature of the QA Reviews and outcomes of monitoring of compliance with orders/directives.

   The QAC will make recommendations to Council accordingly which includes:

   1.6 Processes and policies to improve the QA Program.

   1.7 Changes as required to the QAC Terms of Reference.
The QAC will make recommendations to ARNNL Executive Director accordingly which includes:

1.8 Processes that can improve linkages between the ARNNL Continuing Competency Program and the Professional Conduct Review Process as described in the QADC terms of reference (GP 6.13a B 2.1 and B 2.2).

1.9 Processes for identified opportunities to promote good practices and prevent poor practices outlined the QADC terms of reference (GP 6.13a A 1.2).

2. **Authority**
   2.1 The QAC is a committee of Council (GP 6) with the authority outlined in Section 35 of the RN Act, 2008 (as amended).

   2.2 The QAC does not have the authority to give final approval to the QA Program or to contravene any policy, regulation or by-law of ARNNL Council.

3. **Composition of Committee**
   3.1 Thirty members, 22 of whom shall be members of ARNNL and eight being representatives of the public.

   3.2 All members and the Chairperson shall be appointed by Council. The Chairperson shall be an RN. The Chairperson of the QA Committee shall appoint from it three members, one of which shall be an RN and the Chairperson for Quality Assurance Review.

   3.3 The RN committee members shall be broadly representative of various practice domains and experiences, and geographical perspectives.

   3.4 No member of the Committee comprising a quorum for a Quality Assurance Review may have participated in the referral of the allegation/issue/concern to ARNNL nor may they be current members of ARNNL’s Council, Disciplinary Panel or Staff.

4. **Term of Office**
   The term of office of the members appointed to the QA Committee shall be two years for one half of those first appointed to the committee and three years for the remaining one half. All subsequent appointments shall be for a term of three years. Members may be reappointed to a maximum of three terms.

5. **Quorum**
   The quorum shall be three persons at least one of whom shall be a representative of the Public.

6. **Meetings**
   Meetings at the call of the Chair as required to perform the responsibilities outlined in 1.1 – 1.9.
1. **President**
   It is recognized that professional activities usually assume some degree of voluntary contribution. However as the President is required to have a significant amount of time away from the workplace, the ARNNL shall establish a salary replacement program to assist the employer to release the President from his/her employment to fulfill the responsibilities of the role:
   1.1 Salary replacement may be claimed up to but not exceeding 15 days per year.
   1.2 The ARNNL will reimburse the employer so that the President’s salary and benefits will not be interrupted.
   1.3. The Presidential annual allowance shall be $10,000 (reviewed February 2017).

2. **Council members**
   2.1. Council members shall be reimbursed for travel, accommodation and meal costs in accordance with provincial Government rates.

   2.2. Out-of-pocket expenses shall be supported by receipts.

   2.3. The Association shall purchase a travel insurance policy for Council Members.

Reviewed: June 2013
Reviewed and Revised: February 2017
ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND & LABRADOR
COUNCIL POLICY

Policy Name: Council Planning Process  Number: GP-8
Policy Type: Governance Process  Date Approved: 08 June 2011

Consistent with policy governance, Council will follow an annual agenda that (a) includes a global review of Ends policies and Environmental Scanning and (b) continually improves Board performance through timely consideration of specific Ends-related issues, Ownership Linkage Activities, and Board Education.

1. Council shall maintain control of its own agenda by developing, no later than September/October of each year, an annual schedule (September to August) that includes, but is not limited to:

   1.1. Scheduled time for monitoring compliance by the Executive Director with the Ends and Executive Limitations, and for review of the policies themselves. Monitoring reports will be provided and read in advance of the Council meeting, and discussion will occur only if reports show policy violations, if reports do not provide sufficient information for the Council to make a determination regarding compliance, or if policy criteria are to be debated.

   1.2. Scheduled time for monitoring Council’s compliance with its Governance Process policies, and for review of the policies themselves.

2. On an ongoing basis Council will ensure the schedule includes:

   2.1 Considered review of specific Ends-related issues in a timely fashion that allows the Executive Director to build a budget.

   2.2 Consultations with selected groups in the ownership, or other methods of gaining ownership input, prior to the above review.

   2.3 Scheduled time for education related to Ends determination (for example, presentations relating to the external environment, demographic information, exploration of future perspectives which may have implications, presentations by advocacy groups, and staff).

   2.4 Scheduled time for governance education.
3. Based on the outline of the annual schedule, the Council delegates to the President the authority to fill in the details of the meeting content. The detailed agenda shall be prepared jointly by the President and the Executive Director. Potential agenda items shall be carefully screened to ensure that they relate to the Council’s job description, rather than simply reviewing staff activities. Screening questions shall include:

3.1. Clarification as to whether the issue clearly belongs to the Council or the Executive Director.

3.2. Identification of what category an issue relates to – Ends, Executive Limitations, Governance Process, Council-Executive linkage.

3.3 Review of what the Council has already said in this category, and how the current issue is related.

4. Throughout the year, the Council will attend to required approval items as expeditiously as possible. The required approval will be used for items, which the Council has clearly delegated to the Executive Director in its policy, but which Council or an outside body stipulates must be “formally approved” by the Council. The Executive Director will provide evidence to certify that the Council’s previously stated criteria have been met. The Council will then adopt the entire required approvals with one motion, and no discussion. An item can be removed from the required approvals to the regular agenda to allow discussion only by majority vote of the Council.

Reviewed: June 2014
ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND & LABRADOR
COUNCIL POLICY

Policy Name: Code of Conduct
Number: GP-9
Policy Type: Governance Process
Date Approved: 25 February 2001
Date Reviewed: 8 February 2013

The Council expects of itself and guests (students/observers) participating in ARNNL business and events to be ethical, businesslike, and lawful in conduct. This commitment includes proper use of authority and appropriate decorum in group and individual behavior when acting on ARNNL’s behalf. Council expects itself/students/observers to treat one another and staff members with respect, cooperation, and a willingness to deal openly on all matters. Council members are accountable to exercise the powers and discharge the duties of their office honestly and in good faith. Council shall exercise the degree of care, diligence and skill that a reasonably prudent person would exercise in comparable circumstances.

Each Council member shall:

1. Represent loyalty to the interests of the public. This accountability supersedes any conflicting loyalty such as that to advocacy or interest groups, or in relation to membership on other councils, boards, or staffs, or to the personal interest of any member acting as an individual or organizational consumer of ARNNL’s services.
   - Support the final decisions of Council, whether or not there is personal agreement with the decision.
   - Accurately and fully represent or interpret the decisions of the Council and the reasons for its decisions when it is appropriate to do so.

2. Strictly adhere to a high standard of honesty and integrity.
   - Not accept gifts, favors, or services other than customary courtesies.
   - Declare any actual, potential or perceived conflict of interest as outlined in ARNNL Council Policy GP – 10, Conflict of Interest.
   - Refrain from acting in such a manner as to take improper advantage of the position while in office or after leaving office.
   - Not use her/his Council position to obtain contracts or employment with the Association for themselves, family members, or close associates. Should a Council member apply for employment, he or she must first take a leave of absence from Council, and, if hired, resign from Council.
   - Agree to resign from Council if convicted of an indictable criminal offence as defined the Narcotics Control Act, the Food & Drug Act, or the Criminal Code.
   - Agree to resign from Council if an allegation lodged against them, is referred to the ARNNL Discipline or Quality Assurance Committee.

3. Be diligent in performing ARNNL business.
   - Always act in the best interests of ARNNL.
- Be cognizant of ARNNL’s values and strategic outcomes when advocating on behalf of or representing ARNNL.
- Prepare for and participate in meetings and public presentations.
- Attend all Council meetings on a regular and punctual basis except in extenuating circumstances. Absence of a member for more than three consecutive regular meetings without just cause shall be reason for removal from Council.
- Be knowledgeable about Newfoundland Registered Nurses Act, By-laws, regulations, and policies of ARNNL Council as well as the rules of procedure and proper conduct of a meeting so that any decision of Council may be made in an efficient, knowledgeable and expeditious fashion.
- Regularly take part in educational activities that will assist them in carrying out their responsibilities.

4. Not attempt to exercise individual authority over the organization except as explicitly set forth in Council policies.

- Recognize that any individual member or group of members does not have authority over the Executive Director or other staff except as explicitly stated in Council policy.
- Recognize the same limitation and the similar inability of any member(s) to speak for the Council to the public, press, or other entities.
- Refrain from making judgments of the Executive Director or staff performance except as that performance is assessed against explicit Council policies by the official process.
- Encourage employees who attempt to bypass administration to utilize reporting lines within the administration to bring their concerns to the Council.

5. Each Council member, student or observer shall respect Council confidentiality.

- Not communicate, either directly or indirectly, information designated confidential to anyone not entitled to receive the information.
- Manage written materials appropriately and, when necessary, keep them confidential.
- Hold secure all working documents obtained as a Council, committee member, student/observer until approved by the Council, and exercise discretion in their use thereafter.
- If unsure about the status of any information obtained, treat it as confidential.
- Not use confidential information for personal gain or the gain of others.
- Dispose of confidential material in an appropriate manner.


If a Council member becomes aware of a violation or apparent violation of the Code of Conduct, her/his first obligation is to speak directly to the person involved. If there is not a satisfactory explanation for the behaviour or if the behaviour is not corrected, the next step will be to inform the ARNNL President and Executive Director. The ARNNL President will speak with the member and take such action as is considered appropriate. If the behaviour is not resolved satisfactorily, the Council member who is alleged to have violated the Code of Conduct will be informed in writing and will be provided the opportunity to present her/his views of the alleged breach at the next Council meeting. The complaining party must be identified. If the complaining party is a member of Council, she/he and the respondent member shall absent themselves from any vote on censure or other action that may be brought by the members.
6.1 Declaration of Compliance with Code of Conduct
Upon commencement of role as a Council member, each individual will be required to review this and other related policies (e.g. GP-10: Conflict of Interest) during orientation or before the commencement of duties.

6.2 All volunteers – Council members, student(s) or board observers, disciplinary panel members, and others as deem appropriate (e.g. select committees), will be required to sign the ARNNL Confidentiality Agreement upon commencement of term or upon commitment to attend an ARNNL event (e.g. observer to Council meeting).

6.3 Upon signature, the agreement is in effect for the duration of the Council member's, student's, or board observer's term or commitment.

Revised: October 23 & 24, 2014
Revised: October 2018
1. A Council member having an actual or perceived conflict of interest shall declare the details of that conflict before discussion of the question and offer to absent him/herself from the portion of the meeting during which discussion or voting affected by that conflict takes place.

1.1 Council shall determine in collaboration with the President, if the identified conflict requires the Council member to:

1.1.1 Leave the meeting and thus abstain from all discussion on the topic and vote (e.g. actual conflict)
1.1.2 Abstain from future discussions on the topic which could include limitations on access to materials related to the topic and recorded minutes.

2. Conflicts of interest include, but are not limited to:

2.1. any question affecting a private corporation of which the Council member or his/her immediate family (spouse, spousal equivalent or child), is a shareholder or a public corporation in which he/she or immediate family holds more than five percent of the number of voting securities issued (excluding mutual funds);

2.2. any question affecting a partnership or organization of which he/she is a member;

2.3. any question in which the Council member or a member of his/her immediate family (defined as spouse, spousal equivalent or child) has a direct or indirect financial interest;

2.4. any other matter in which the Council member’s ability to act in the best interest of the organization may be or appear to be compromised by an outside interest.

3. A Council member who abstains from participation due to conflict of interest is still included in determining quorum.

4. The minutes must record all declarations of conflict of interest.

5. Any violation to this Conflict of Interest policy will be guided by the Governance Policy: Code of Conduct.

Reviewed: June 2013/Revised October 2018
Ineffective governance costs more than learning to govern well, therefore, the Council will invest in its governance capacity.

1. The Council recognizes that continual updating of skills and awareness of new issues are vital to a member’s contribution to the Council. Therefore, it is expected that:

   1.1 New Council members shall receive an orientation to the organization’s structure and issues, and the Council’s process of governance.

   1.2 Candidates for Council membership shall be provided with information that clearly outlines the role of the Council, the necessary qualifications and the expectations of Council members.

   1.3 Council members shall have ongoing opportunity for continued training and education to enhance their governance capabilities.

2. Outside monitoring assistance will be arranged so that the Council can exercise sufficient control over organizational performance. This includes, but is not limited to fiscal audit.

3. The Council will establish governance process policies, which will serve as measurable standards against which the Council’s performance can be evaluated.

   3.1 Under the leadership of the President, at least on an annual basis the Council will conduct a self-evaluation. As a result of this evaluation, the Council will identify specific goals and objectives for improvement of identified areas.

   3.2 The Council will monitor its adherence to its own Governance Process policies on a regular basis. Upon the choice of the Council, any policy can be monitored at any time. However, at minimum, the Council will both review the policies, and monitor its own adherence to them, according to the following schedule:
## Governance Process, Cost of Governance, GP-11

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<td>Triennially</td>
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<td><strong>COUNCIL – EXECUTIVE DIRECTOR RELATIONSHIP</strong></td>
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4. Costs will be prudently incurred though not at the expense of endangering the development and maintenance of superior governance capability.

4.1 The Council will validate the annual budget includes adequate resources for effective governance which includes: Council meetings (Board education and linkage) and attendance at the CNA Biennial Convention\(^1\), costs of fiscal audit, legal fees and other outside monitoring assistance, costs of methods such as focus groups, surveys and opinion analysis to ensure the Board’s ability to listen to owner viewpoints and values and to direct legal fees. Consider other educational opportunities as they arise for Council as related to Council and governance and leadership.

4.2 ARNNL will cover travel cost of the student President or designate of one SON on a rotational basis to attend a Council meeting and the Presidents of all SON societies to attend the annual meeting.

Reviewed: June 2013
Reviewed and Revised: October 2015

\(^1\) President and President-Elect
ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND & LABRADOR
COUNCIL POLICY

<table>
<thead>
<tr>
<th>Policy Name:</th>
<th>Council Linkage with Public</th>
<th>Number:</th>
<th>GP-12</th>
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<tbody>
<tr>
<td>Policy Type:</td>
<td>Governance Process</td>
<td>Date Approved:</td>
<td>12, 13 March 1999</td>
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<td>Date Reviewed:</td>
<td>4 April 2012</td>
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The Council exists to administer the requirements of the RN Act in the interest of the public. To assist Council in this mandate the Council shall engage with the public and the membership to identify new or emerging trends that could impact the profession.

Principles of Engagement include:

1. The Council is accountable to the public and to the profession as a whole rather than to people/members of specific geographic areas or interest groups.

2. The Council shall gather data in a way that reflects the diversity of the public and membership.

3. Engagement may be accomplished through a variety of methods, including, but not limited to, public and nursing representatives on the Council, surveys, focus groups, forums and other public communications (e.g., website, consultations).

4. The strategies used for engagement are outlined in the Council Linkage Plan that is regularly reviewed.

Revised: October 23 & 24, 2014
Revised: October 19 & 20, 2017
ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND & LABRADOR
COUNCIL POLICY

Policy Name: Council Linkage with Membership Number: GP-13
Policy Type: Governance Process Date Approved: 12, 13 March 1999
Date Reviewed: 5 June 2012

Policy Merged with GP-12 and Deleted: October 2017
The Council shall identify other organizations with which it requires good working relationships in order to share and enhance its role as "owner representative" in determining the most appropriate Ends.

1. Government

1.1. The Council shall ensure that the Association of Registered Nurses of Newfoundland and Labrador’s policies, positions, and interests are represented to governments, relevant government agencies, and through other vehicles such as forums, white papers, etc.

2. ARNNL Membership in Other Organizations

2.1. The Council shall consider the merits of membership in other organizations annually. This consideration shall include, but not be limited to:

2.1.1. The degree to which participation in the organization will further the mission and goals of ARNNL.

2.1.2. The benefits to ARNNL of membership, compared to the cost (financial and other resources) of membership.

2.1.3. The ability of ARNNL to influence the direction of the organization in a measure commensurate with ARNNL’s contribution.

3. Appointments to External Policy or Advisory Committees

3.1. Upon request for ARNNL appointments to external committees, the Executive Director will assess whether such representation is within the Council’s existing policies and current Ends/priorities. If this assessment is positive, the Council, through the Appointment Committee, will appoint appropriate representatives.

3.2. Issues of confidentiality, information sharing, administrative support, and reporting mechanisms shall be discussed and agreed upon by ARNNL’s appointee, and the Executive Director.
3.3. Since the ARNNL appointee is representing the Council, the appointee shall be kept informed of current Council policies that might affect deliberations of the Committee in question. Any representations made on behalf of the Council shall adhere to the stated policies of the Council. Any issues requiring the statement of a new policy position on the part of the Council shall be brought to the Council for decision.

4. **Relationship with the Canadian Nurses Association (CNA)**

4.1 Council shall ensure that ARNNL maintains full and active membership in CNA.

4.2 A call for ARNNL members interested in serving as delegates to the CNA Biennium shall be circulated widely (e.g. *ARNNL Update*). Delegates to the CNA Biennial Convention shall be chosen in the following order of priority, provided ARNNL is given adequate notice of the member’s intention to attend the Biennium:
- President
- Executive Director
- Member(s) of Council
- Any ARNNL Member Nominated for Elected CNA Position
- Workplace Representative(s)
- Special Interest Group Representative(s)
- ARNNL Staff
- Member(s) of ARNNL Committees
- General membership

4.3 In non-biennium years, the President and Executive Director shall normally carry ARNNL’s allotted votes at the CNA Annual Meeting.

4.4 ARNNL will pay the registration fee (if required) for official voting delegates.

4.5 ARNNL will pay the registration fee and reasonable travel expenses to attend the CNA Biennium Convention (if required) for a member who has been nominated by ARNNL for election to the CNA Board.

5. **Relationship with the Canadian Nurses Protective Society (CNPS)**

5.1 Council shall ensure that ARNNL maintains full and active membership in CNPS.

5.2 ARNNL’s representative on the CNPS Board of Directors shall be selected by Council’s Appointments Committee

6. **Relationship with the Canadian Council of RN Regulators (CCRNKR).**

6.1 Council shall ensure that ARNNL maintains full and active membership in the CCRNR.
7. **Relationships With Other Organizations**

7.1 The Council will identify other organizations with which it requires good working relationships in order to achieve its Ends and will establish mechanisms for maintaining open communication with these organizations. Such mechanisms may include, but are not limited to:

7.1.1 Establishing a liaison committee with the relevant organization

7.1.2 Meeting informally with representatives of other councils on occasion

Reviewed: June 2013
Council through the awarding of honourary membership in the Association recognizes individual members of the profession and others who have rendered distinguished service or valuable assistance to the association in particular and the nursing profession in general.

Criteria

I. Honourary membership in the ARNNL shall be conferred on individuals who in their nursing careers have met criterion 1 and at least two other of the following criteria:

1. Contributed to the development of the Association (e.g., council member, committee membership, chapter involvement, special interest group development).

2. Contributed to improving the health status of the people of Newfoundland and Labrador.

3. Contributed to the growth and development of the nursing profession through leadership in nursing practice, education, administration, policy and/or research.

4. Made a significant contribution to the promotion of nursing to the public.

5. Has brought honour to the profession.

II. Honourary membership in the ARNNL shall be conferred on individuals other than nurses who have met criterion 1 and at least two other of the following criteria:

1. Contributed to the development of the Association.

2. Contributed to and supported the nursing profession to improve the health status of the people of Newfoundland and Labrador.

3. Contributed to the growth and development of the nursing profession through leadership and support to nursing practice, education, administration, policy and/or research.

4. Made a significant contribution to the promotion of nursing to the public.

Date Reviewed: October 2011
Date Reviewed: 24 & 25 October 2013
1. **Candidate Withdrawal During Nominations and Elections Process**

A candidate may withdraw from an election by giving notice in writing to the chair of the Nominations Committee. In accordance with the *Registered Nurses Act, 2008* and ARNNL By-laws – Article IX, the following guidelines apply to the election process should a candidate withdraw:

1.1 If any person withdraws from the election process before the slate of candidates is announced to the membership the person’s name shall be withdrawn from the slate.

1.2 If two candidates are running for a position and one candidate withdraws, the other candidate is deemed to be elected by acclamation.

1.3 If more than two candidates are running for a position and one candidate withdraws before voting is open, the remaining candidates shall be included in the election process for members voting, with notification to the membership of the candidate’s withdrawal.

1.4 If more than two candidates are running for a position and one candidate withdraws after voting is open, the votes for the candidate who withdrew shall be considered null and void with notification to the membership of the candidate’s withdrawal. The candidate with the highest number of votes is deemed to be elected.

1.5 If only one person is running for a position and withdraws, a second call for nominations will be held in accordance with the timelines set out in Article IX Section 2 of the By-laws.

1.6 The new slate of candidates will be announced to the members through ARNNL’s established electronic communications processes.

1.7 Voting shall be contemporaneous with the annual licensure renewal unless the new slate of candidates is announced to the membership after voting opens, in which event, unless otherwise directed by Council, voting on the new slate shall open on April 1 and close on April 30.
2. Councilor Vacancy Other Than President or President-Elect During Term of Office

Where a vacancy occurs in the elected membership of the Council due to absenteeism or the death, retirement, resignation, or incapacity to act of that member, the Council shall in the following order:

2.1 Appoint as a councilor the eligible candidate who had the most votes of the unsuccessful candidates in the last election for that region or domain or if that candidate is not willing to accept the appointment, the eligible candidate with the next highest number of votes;

OR

2.2 Hold an election for that vacant position with the call for nominations and voting to be in accordance with the steps set out in Article IX, Section 2 (b) of the Bylaws unless otherwise determined by Council.

If a public appointed councilor withdraws from their position on Council or is asked to resign due to absenteeism, the Council shall notify the Independent Appointments Commission (IAC) and request appointment of another public councilor.

When a vacancy is filled, the person filling the vacancy shall serve only for the remainder of the term of office of the member being replaced, and that person is eligible to run for re-election or reappointment.

3. President-Elect’s Resignation-Vacancy

3.1 If the President-Elect withdraws from her/his position with six months left in the term of office the Council shall:

   3.1.1 Appoint as President-Elect the eligible candidate who had the most votes of the unsuccessful candidates in the last election for President-Elect. If that candidate is unwilling to accept the appointment, the eligible candidate with the next highest number of votes shall be appointed. [At the end of the term, the President-Elect then becomes President]; and if this is not possible;

   3.1.2 Leave the position vacant until the next scheduled election at which time:

   - Hold an election for President-Elect, request the President to continue to hold office for one year to give the President-Elect one year in the President-Elect role. The President-Elect will assume the President’s role for a full two-year term; OR if this is not possible;

   - Hold an election for both President and President-Elect. [The President would assume the two-year term of office without being a President-Elect].

3.2 If the President-Elect withdraws with more than six months left in her/his term of office the Council shall:

   3.2.1 Appoint as President-Elect the eligible candidate who had the most votes of the unsuccessful candidates in the last election for President-Elect. If that candidate is unwilling to accept the appointment, the eligible candidate with the next highest number of votes shall be appointed. [At the completion of the term the President-Elect then becomes President]; OR if not possible
3.2.2 Hold an election to fill the vacancy. [At the completion of this term the President-Elect then becomes the President].

4. President’s Resignation-Vacancy

4.1 If the President resigns from his or her position on Council with less than six months left in term, the President-Elect will assume Presidential duties and an election will be held for President-Elect at the next scheduled election.

4.2 If the President resigns with more than six months left in their term of office, the President-Elect shall assume duties of President and an election will be held to fill the vacancy of the office of President-Elect. Upon completion of this interim term, the President shall then complete his/her expected term as President. The same rule shall apply to the President-Elect.

5. Councilor's Change of Residence or Domain Change

5.1 If a member of Council changes their region of residence within NL during their term of office on Council, that member continues to represent the region in which they were elected until the end of their term of office.

5.2 If a member of Council changes their practicing status with respect to the domain of nursing they are representing, that member continues to represent the domain of nursing in which they were elected until the end of their term of office.

6. Termination of Membership on Council

6.1 A member of Council whose license is suspended or ceases to be a registered nurse, or has been found to be guilty of conduct deserving of sanction or ceases to be a resident of the province shall be deemed to have resigned and automatically ceases to be a member of Council.

7. Tie Vote

Where, upon the counting of the votes, two candidates have an equal number of votes, subject to an independent third-party witness, a member of the Nominations Committee shall:

7.1 Write the names of those candidates on separate, identical blank sheets of paper;
7.2 Fold the sheets of paper in an identical manner so that the names are concealed;
7.3 Deposit them in a receptacle and withdraw one sheet to identify the successful candidate; and
7.4 Declare the candidate whose name appears on the sheet withdrawn, to be elected.

Revised: February 2015
Reviewed: October 2015
Revised: June 2016
Revised: October 2018
The Council reserves the right to establish long-term reserves and contingency funds for specific purposes. The following funds are established:

1. Legal Expense Assistance Plan
   ♦ Purpose: To assist members of the association when an allegation has been lodged against them in accordance with Section 21 of the Registered Nurses Act and the ARNNL Professional Conduct Review (PCR) Process
   ♦ Funding: Contributions of $1 per member per year

2. Ways and Means Plan
   ♦ Purpose: To accumulate funds for the purposes of hosting the Biennial Convention of the Canadian Nurses Association when it is held in Newfoundland and Labrador
   ♦ Funding: Contributions of $1 per member per year along with accumulated interest

3. Conduct Review Reserve
   ♦ Purpose: To be used to cover extraordinary legal and related costs associated with the PCR process in those years when the budgeted amount has been exceeded
   ♦ Funding: A minimum of $100,000 of the association’s unrestricted cash assets shall be set aside as the Conduct Review Reserve. Built up from any funds budgeted for the PCR process not expended in any particular budget year. The goal balance in this fund is $200,000.

4. Building Contingency
   ♦ Purpose: To cover non-routine repair and maintenance costs and future replacement needs associated with the property at 55 Military Road.
   ♦ Funding: A minimum of $100,000 of the association’s unrestricted cash assets shall be set aside as the building contingency fund. This fund will build by taking the 50% of any Revenue over expenditures (Surplus) or a maximum of $75,000 from the Unrestricted Surplus fund for the next seven years. This fund will be further increased by the balance in former Scholarship/Bursary Endowment Fund and going forward any interest arising from the fund.

5. Affinity Program
   ♦ Purpose: To accumulate funds indefinitely until a decision is made by Council as to the purpose for which these funds are to be used. An amount of $1500 is earmarked annually for member/public awareness initiatives.
   ♦ Funding: Revenue received from the affinity partnership program with TD Insurance Meloche Monnex for the percentage of insurance sales to members of ARNNL.

Date Reviewed and Revised: June 2011
To ensure that the Council fulfills its accountability to the ownership, but does not interfere in matters it has delegated to the Executive Director, the following process shall be followed in the case of a Council member receiving a complaint regarding an operational matter.

1. The Council Member shall inquire if the proper internal communication protocol for registering concerns has been followed. If not, the individual shall be directed to the appropriate person, and the Council Member shall take no further action.

2. The Council Member shall not offer any evaluative comments or solutions.

3. If the internal protocol has been followed and the concern has not been resolved through that action, the Council Member shall explain to the individual that the Council has delegated certain responsibilities to the Executive Director, and that the Council holds the Executive Director accountable. Indicate that the Executive Director will be asked to ensure that the matter is looked into and respond directly.

4. The Council Member shall ask the individual to contact him or her again if the matter has not been addressed within a reasonable time period.

5. The Council Member shall inform the Executive Director or individual designated by the Executive Director of the complaint, and request that it be handled.

Date Reviewed: 27 & 28 February 2014
ASSOCIATION OF REGISTERED NURSES OF NEWFOUNDLAND & LABRADOR
COUNCIL POLICY

Policy Name: Handling of Apparent Policy Violations  Number: GP-19
Policy Type: Governance Process  Date Approved: 26 & 27 October 2012

The Council as a whole has a responsibility to regularly monitor the performance of the Executive Director as outlined in the policy CE-4 Monitoring Executive Performance. If there is a reasonable appearance of a policy violation, even though a particular policy is not scheduled for monitoring, the Council may choose to request a monitoring report at any time. The Council may also use the occasion of a concern to re-evaluate the adequacy of its policy to address the issue raised.

1. Conditions which may trigger a request for monitoring beyond the normal schedule may include:
   1.1 Council Member has been contacted regarding a complaint by a member of the public. After the Council Member has followed the procedure for handling complaints (See Policy on Handling Complaints), the individual again contacts the Council Member indicating that the complaint still exists, and in the Council Member’s opinion the incident appears to be a potential policy violation.
   1.2 One or more Council Members receive complaints or become aware of a pattern of similar instances that taken together raise questions of general policy violation.
   1.3 A single incident of public complaint is of a nature that regardless of how it is resolved, there is a serious question of policy violation.

2. If any of the above conditions exist:
   2.1 The Council Member shall inform the President of the situation.
   2.2 The President shall request the Executive Director to provide to the Council his or her interpretation of the policy, rationale for why the interpretation should be considered reasonable, and evidence of policy compliance with reference to the situation(s) in question.
   2.3 The Council as a whole shall determine whether the Executive Director’s interpretation falls within “any reasonable interpretation” of the policy.
   2.4 If the Executive Director’s interpretation falls within “any reasonable interpretation,” and there is evidence of compliance with that interpretation, the matter shall be dropped at the Council level. (The Executive Director will handle the issue directly with the complainant.)
   2.5 If the Executive Director’s interpretation falls outside of “any reasonable interpretation,” or there is a clear violation of a reasonable interpretation, the Council shall determine the degree of seriousness of the issue and deal with the Executive Director regarding performance.

3. If the incident(s) in question do(es) not appear to be a potential violation of policy:
   3.1 Council member should consider if he or she believes the policy should be amended to prevent a future occurrence of a similar situation.
3.2 If the Council member considers that a policy amendment should be made, the Council member should ask the President to put the item on the next agenda.

3.3 The Council as a whole then shall debate whether or not the policy should be amended, making the ported event explicitly unacceptable in the future.

Date Reviewed: 27 & 28 February 2014