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BUILDING
ON
OUR
LEGACY



ANNUAL REPORT 2025-2026

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Our mission

We are the professional body representing registered nurses, nurse practitioners and nursing students in Ontario. We advocate for healthy public policy, promote excellence in nursing practice, and power nurses to actively influence and shape decisions that affect the profession and the public we serve.

Values

We believe health is a resource for everyday living and that health care is a universal human right. We respect human dignity and are committed to diversity, inclusivity, equity, social justice and democracy. We believe the leadership of every nurse advances individual and collective health.

RNAO's ENDS

END I

Engage with registered nurses, nurse practitioners and nursing students to stimulate membership and promote the value of belonging to their professional organization.

END 2

RNAO advances the role of registered nurses, nurse practitioners and nursing students as members of a vital, knowledge-driven, caring profession, and as significant contributors to health.

RNAO's ENDS

END 3

RNAO speaks out on emerging issues that impact on nurses and the nursing profession, health and health services.

END 4

RNAO influences healthy public policy to positively impact the determinants of health, supporting Medicare and strengthening a publicly funded, not-for-profit health system.

NP Lhamo Dolkar
RN(EC), MN,
CCN
President



Dr. Doris Grinspun
RN, BScN, MSN, PhD,
LLD(hon), Dr(hc),
DHC, DHC, FAAN,
FCAN, O.ONT
Chief Executive Officer

A message from RNAO's President and the Chief Executive Officer

Dear member,

The theme for this year's annual report, *Building on our legacy: Nurses powering the future*, reflects RNAO's reputation as a bold, evidence-driven professional association – grounded in compassionate values and focused on what's best for Ontarians: our health, the communities in which we live and work, and the planet that sustains us. Following RNAO's 100th anniversary in 2025, we look to the future with purpose, courage and intentional action.

This past year, we celebrated a new membership milestone – 57,250 registered nurses (RN), nurse practitioners (NP) and nursing students. We are a leading force, recognized, respected and sought out for our knowledge, integrity, humanity, influence and impact. You are integral to RNAO's collective success. Your expertise – whether at the bedside or streetside, managing teams, leading organizations, educating tomorrow's nurses or advancing research and policy – is shaping the profession and our health system.

We live in trying times. Across Canada and globally, population health needs are intensifying amid social unrest, online harms, rising authoritarianism and widening inequities. Privatizing interests are gaining ground, democracy is under siege, and the natural environment is deteriorating – with direct consequences for everyone's health and wellbeing – especially vulnerable populations. Yet, at RNAO, we say: A better world is possible!

As nurses, we know the importance of being and staying healthy – as individuals and within families, communities, nations and the global village, including all species. Our central role in health care is grounded in understanding how best to serve those in our care and in shaping a society that leaves no one behind. At RNAO, we are not spectators – we act with passion, compassion and evidence. While we don't always succeed in shaping outcomes in our preferred direction, we persist – because together we are determined to make a difference.

Over the past year, RNAO translated research and frontline nursing insight into decisive advocacy. We celebrated progress while urging governments and decision-makers to act on science- and compassion-based policies – addressing nurse staffing shortages, the expansion of for-profit care, the need for affordable non-market housing, closures of supervised consumption services, and the urgency of climate action to move away from fossil fuels toward a low-carbon, caring society.

Our commitment to equity, diversity and inclusion (EDI) is woven throughout RNAO's work, and reflected in our own home office with the launch of collaborative spaces dedicated to Indigenous health, 2SLGBTQI+ health, Black health and Leading Change. Our work to address the root causes of racism in the nursing profession was strengthened during Black History Month with the release of *Addressing Anti-Black Racism in Nursing*, a ground-breaking new best practice guideline (BPG).

In March 2026, RNAO launched a partnership with the Guidelines International Network to honour Indigenous Knowledge in best practice guideline development. A co-led Indigenous Communities Working Group brings together Indigenous researchers, Knowledge Keepers and guideline developers from around the world to promote respectful, culturally grounded approaches, apply methodologies like the Two-Eyed Seeing approach, develop tailored resources, training and publications, advancing truth and reconciliation and cultural safety in guideline development. This initiative builds on ongoing collaboration with Indigenous-focused health organizations to strengthen evidence-based practice and improve health outcomes aligned with Indigenous priorities.

The movement toward RN prescribing, initiated by RNAO more than a decade ago, continues to expand, with its pioneering integration into nursing school curricula bearing fruit as more programs come on board. We have also made significant strides in advancing the role of nurse practitioners in our system. They are essential to improving timely access everywhere – especially safe care in long-term care – and advancing quality primary care, promoting health, preventing and managing chronic diseases, and optimizing Ontario’s health system performance.

RNs and NPs are vital to strengthening Ontario’s health system, and RNAO – your professional association – is driving a shift from cure to prevention. First outlined in 2012 in the *Enhancing Community Care for Ontarians* (ECCO) report and carried forward through updated editions in 2014, 2020 and 2025, this work continues to gain traction through collaboration with Ministry of Health policy-makers to promote preventive approaches. Investments in nursing and the health system today will enable good long lives for Ontarians for decades to come.

We take great pride in the expansion of RNAO’s Best Practice Guidelines Program and our Best Practice Spotlight Organization® (BPSO®) designation. With more than 1,500 health service and academic organizations as part of this globally recognized gold-standard movement – and 18 more graduates celebrated at our annual general meeting – the collective knowledge of this network continues to spread. This depth of expertise is captured in the RNAO Open Library, which offers a wide range of peer-reviewed publications from BPSO partners, members and expert staff.

A highlight of the past year was the opportunity to engage with so many of you through our annual Fall Tour, chapter, region, and interest group events; and Assembly of Leaders meetings, which were held for the first time at RNAO’s home office. During Nursing Week and during PRIDE – RNAO events across the province recognized the leadership and impact of RNs and NPs – and raised awareness among the public, policy-makers and government of the vital role you each play in improving health and strengthening the system.

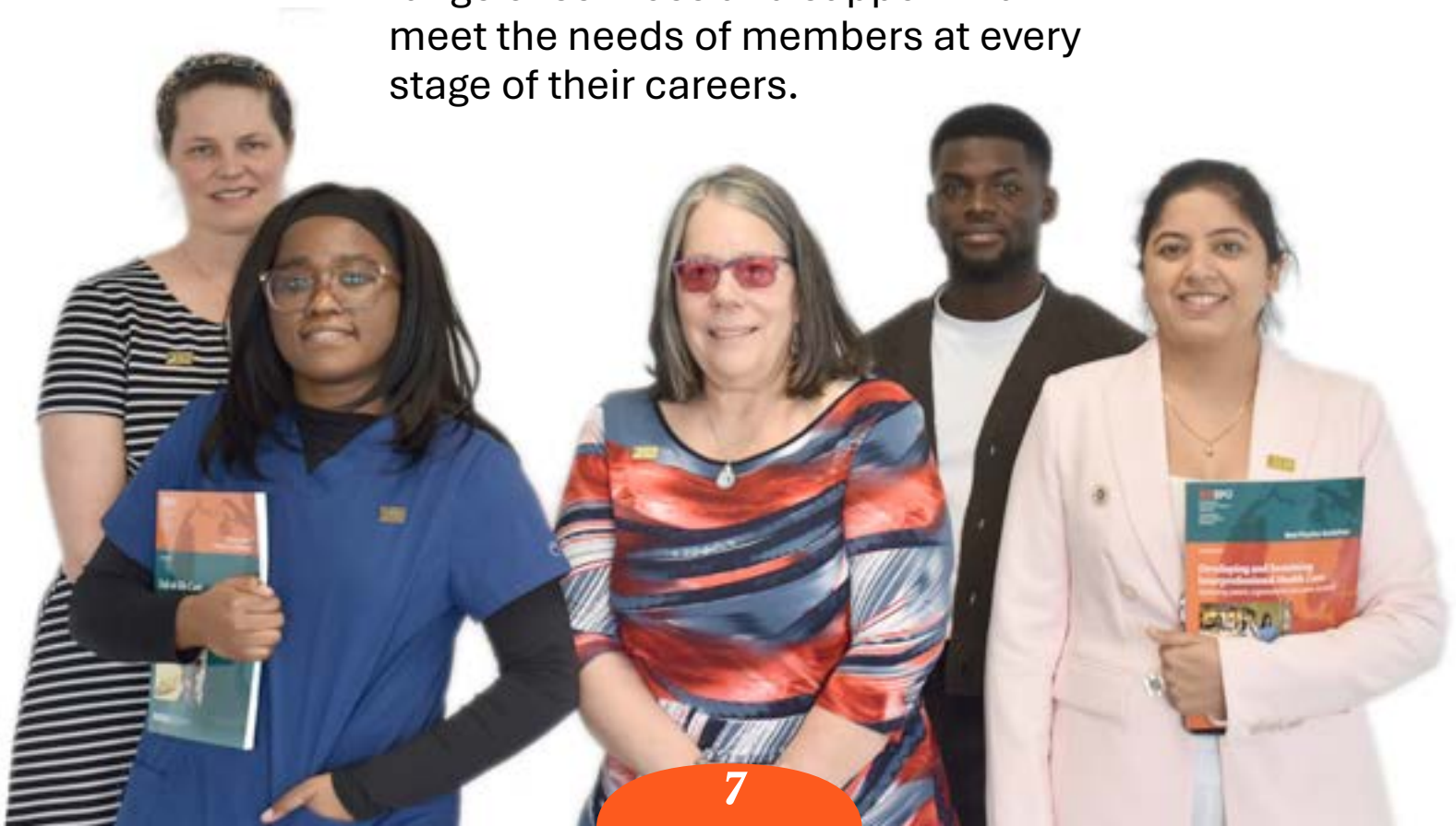
RNAO has never been stronger, more influential, and more impactful in advancing the nursing profession and the health of the people in communities across Ontario and globally. Together, we are building on our legacy and powering the future. Take pride in what we’ve accomplished together and move forward with confidence – with RNAO, there is no limit to what we can achieve.

On behalf of RNAO’s board of directors, our Assembly of Leaders and staff, thank you for your membership, your passion and your unwavering commitment to providing the best care to Ontarians and to care for each other.

**BUILDING
ON OUR LEGACY
POWERING
THE FUTURE**

with members

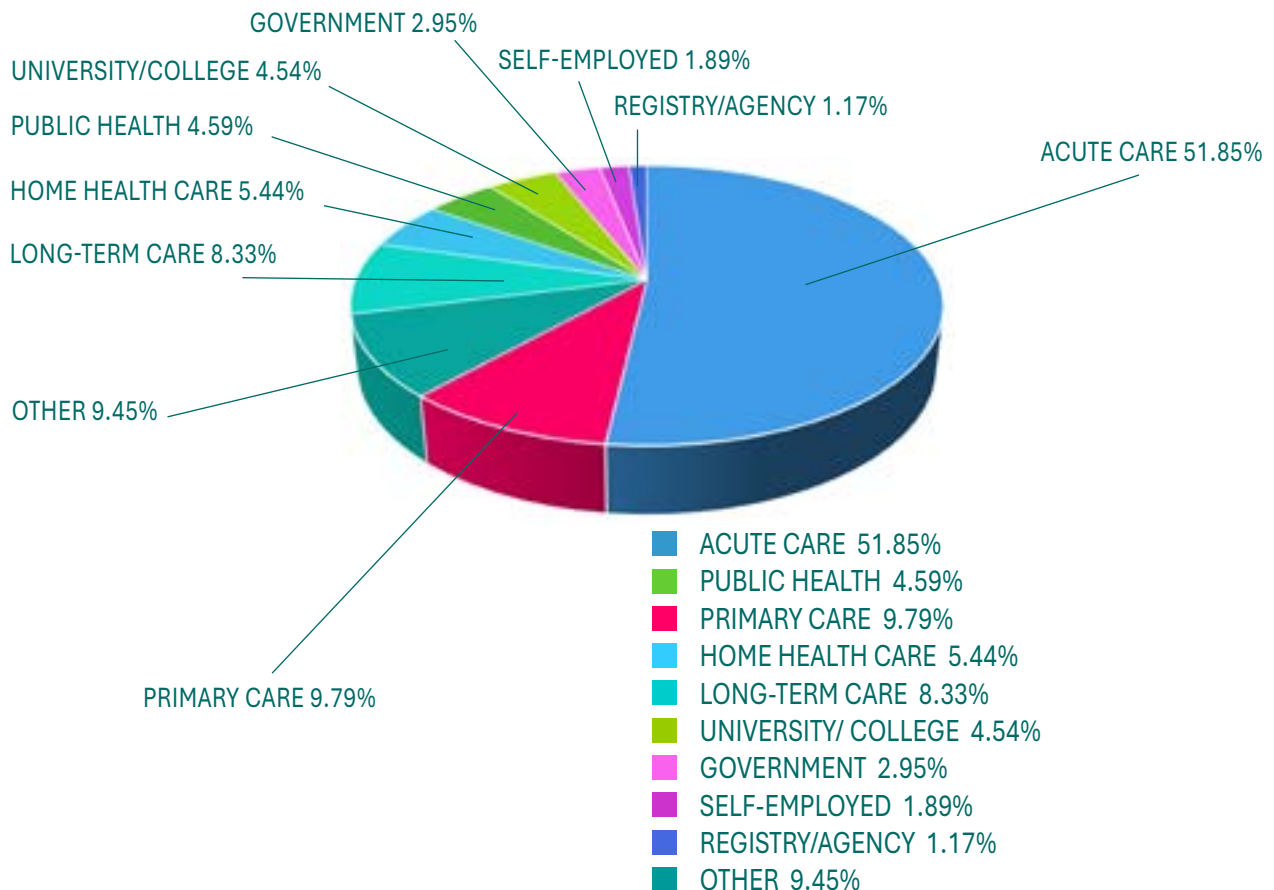
With our first 100 years behind us, RNAO stepped into this year with a renewed commitment to strengthen a legacy rooted in leadership, advocacy and excellence. At the heart of this effort is our promise to provide a wide range of services and support that meet the needs of members at every stage of their careers.



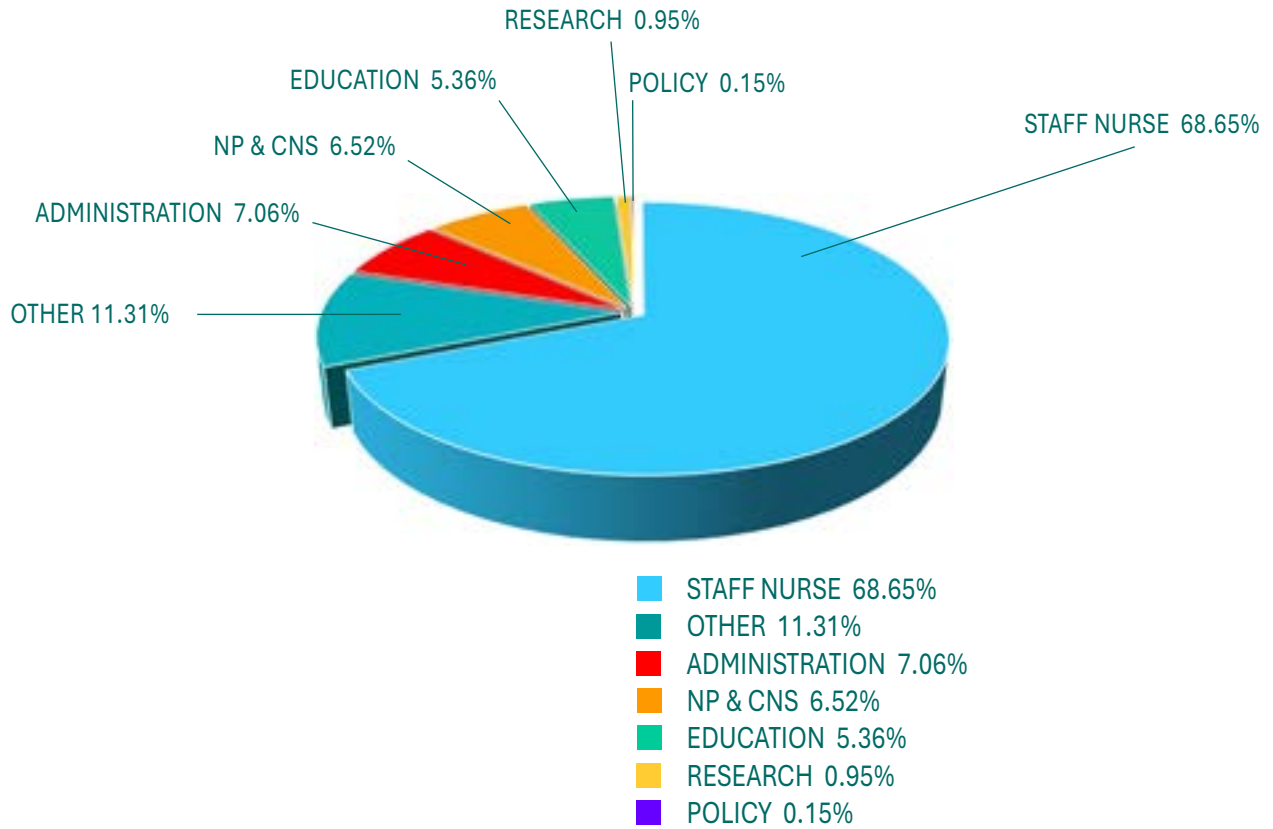
57,250

A new milestone of 57,250 members and counting – a 5.2 per cent increase over the same period last year – shows our knowledge base is growing stronger, and the future of the profession is limitless.

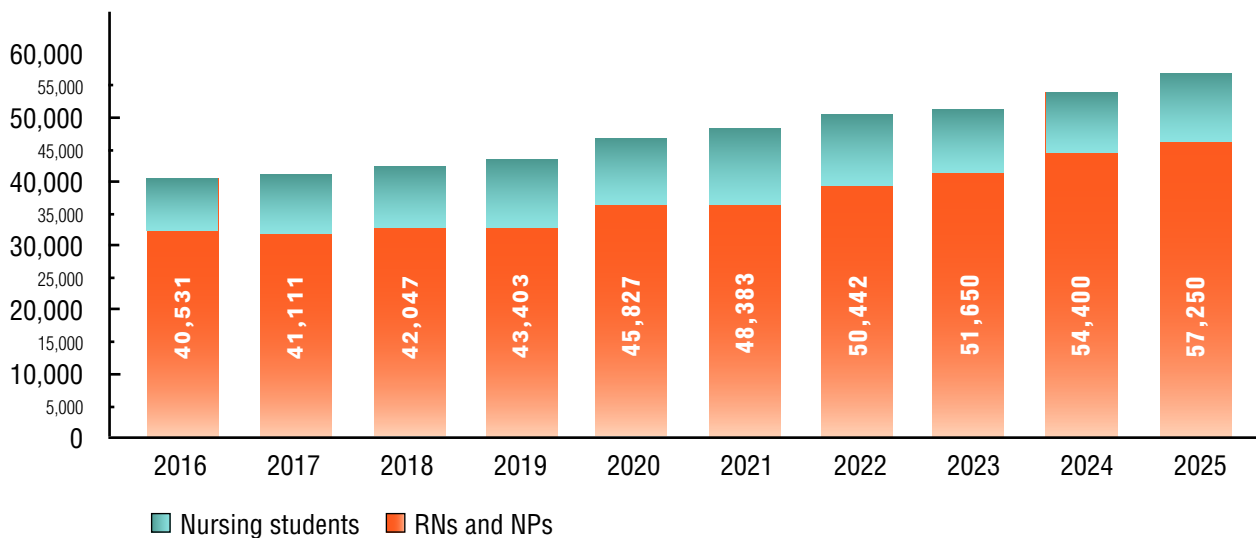
RNAO MEMBERS BY SECTOR: 2025



RNAO MEMBERS BY ROLE: 2025



RNAO MEMBERSHIP 2016-2025



RNAO's Assembly of Leaders (AOL)

RNAO's Assembly of Leaders (AOL) is committed to ensuring members' interests are reflected and represented through 38 chapters, regions without chapters, and 34 interest groups.

The assembly gathered for two spirited full-day sessions this past year, held at the association's home office for the first time ever. In November 2025, workshops for chapter and interest group leaders focused on strengthening student engagement and planning successful events. Sessions in February 2026 covered political advocacy, communication strategies and social media tips for more effective outreach.



Region 9 board member NP Devaloise Hatchou speaks at the Assembly of Leaders meeting held on Feb. 27, 2026.



Region 12 board member Dr. Michael Scarcello (right) collaborates with Sioux Lookout chapter chair Carol Maxwell (centre) and Halton chapter membership executive network officer Dawa Tsomo (left) at the Nov. 22, 2025 assembly meeting.

Chapter and interest group highlights

RNAO's chapters and interest groups continue to act as dynamic hubs of connection, empowerment and action for nurses across Ontario and beyond. These member-driven communities – whether regional or based on professional areas of interest and expertise – offer rich opportunities to network, collaborate and learn with other nurses while strengthening our collective voice.

Over the past year, our chapters and interest groups hosted a huge variety of events and professional development sessions. Here are just a few:

- The Ontario Woundcare Interest Group hosted a virtual educational session about inclusive wound assessment practices on

Dec. 3, 2025. Health equity advocate and nursing student Nyecheour Deng explored gaps in current wound-care practices and shared practical, evidence-based strategies to improve outcomes for patients of all skin tones.

- The Windsor-Essex Chapter and the Mental Health Nurses Interest Group (MHNIG) joined forces with Sigma chapter Tau Upsilon for an event on violence in nursing (Feb. 12). Renowned researchers Dr. Jim Brophy and Dr. Marg Keith provided a keynote address, followed by a spirited panel discussion including MHNIG Chair Andrew Marlowe, RNAO President-Elect Sue LeBeau and representatives from other leading nursing groups.

- The Black Nurses Leading Change (BLNC) interest group celebrated Black History Month in February 2026 with a series of social and educational events. Charles Skeete, a Sault Ste. Marie-based addictions counsellor and social worker, presented a webinar on Black resilience (Feb. 4). And, to close off the month's events, BLNC hosted an in-person event – “Resilience – A Black History Month Celebration” (Feb. 28), with participants gathering at RNAO's home office to hear from leading scholars Dr. Bukola Salami and Dr. Josephine Etowa about Black leadership, scholarship and collective resilience in nursing.



Check [RNAO.ca/events](https://rnao.ca/events) regularly for upcoming chapter and interest group events.

Nursing students (left to right) Mabinty Touré, Sherry Abankwah, Anita Thevarajah and Shashwat Srivastava visited RNAO's home office on Nov. 21, 2025.

Nurturing tomorrow's RNs and NPs



With a clear commitment to supporting those who represent the future of nursing, the association saw notable growth in student engagement and participation. This expanding student presence strengthens RNAO's collective voice and ensures that emerging nurses are actively contributing to – and powering – the future of the profession.

Students are increasingly seeking opportunities to shape the future of nursing,

advocate for system improvements and connect with mentors.

In addition to supporting students' academic and professional growth, RNAO offers meaningful leadership opportunities to the next generation of nurses. We do this through targeted outreach, robust resources and development programs. This year saw new developments for student cohorts in two key RNAO initiatives.

Student Ambassador Program: Peers leading peers

needs and supporting participation in policy initiatives and events. Their grassroots leadership contributes to a more seamless pathway for students to become active RNAO members and develop early advocacy skills.

RNAO's Student Ambassador Program played a pivotal role in expanding engagement on campuses and encouraging student involvement across all regions of the province. Ambassadors serve as trusted peer leaders, connecting classmates with RNAO resources, advocating for student

This year's cohort demonstrated remarkable creativity and dedication, organizing campus events, information sessions, and advocacy activities that strengthened RNAO's presence and helped cultivate a strong sense of community among students entering the profession.



Nursing student ambassadors Harveer Mashiana (front right) and Saajanmeet Paul (back right) set up a booth to share the benefits of RNAO membership with nursing students from the University of Windsor.

The Student Leadership Incubator Program



Former nursing students and now RNs Christina Oleynikov (left) and Krussy Arunanthy (right) provided an update on the EDI group work they contributed during a meeting of the Student Leadership Incubator initiative on May 29, 2025. This initiative brings student leaders together with RNAO's board of directors to address key issues in nursing.

RNAO is fully committed to ensuring that tomorrow's nursing leaders mirror the full diversity of the populations nurses serve. The Student Leadership Incubator Program continues to flourish as a cornerstone of RNAO's commitment to nurturing emerging leaders, especially those from equity-deserving groups. This past year, RNAO deepened its equity, diversity and inclusion (EDI) focus within the program, creating intentional space for diverse perspectives to be elevated and valued. We amplified opportunities for students from

underrepresented communities, integrated more inclusive mentorship structures and fostered a culture where all students feel welcome and empowered.

This program also provides students with hands-on experience in policy development, governance and association work. Through workshops, dialogue sessions and collaborative projects, students engaged directly with RNAO leaders on issues that matter to them and to the future of the nursing profession.

Nursing Week

During National Nursing Week (May 11–17, 2026), RNAO recognized the vital contributions of nurses across Ontario and globally.

For the second year in a row, members set the table by hosting a range of virtual and in-person events that brought members and communities together to celebrate, connect and learn.



RNAO members McKenna Hill, Rachelle Isidro, Kasey Heurkens, Maria Cristina Punongbayan and Fiby Jacob were the face of this year's Nursing Week portal and social media images.

From Care to Civic Power: Nurses Shaping Public Policy

A conversation: Facilitated by Dr. Doris Grinspun, RNAO CEO



Hon. Natalia Kusendow-Beathie
MPP Mississauga Centre
Minister of Long-Term Care
Progressive Conservative Party of Ontario



Tyler Watt
MPP Niagara
Child, Training, Colleges and University
Care, Long-Term Care
Ontario Liberal Party

➤RNAO

Mentorship as Infrastructure



What Mentorship Does for Mentors in Nursing

➤RNAO



Iberoamerican BPSO International Nurses Day

➤RNAO

Pride

In addition to events organized in their respective chapters, regions and interest groups, members also joined in various Pride celebrations across the province, including Toronto, Stratford, London, Milton, Windsor and Ottawa.



Top: RNAO members celebrated at the Windsor Pride Parade on Aug. 10, 2025. In back, from left, are Michaela Malaquias, RNAO long-term care program manager Sue Sweeney, Windsor-Essex chapter finance executive network officer Crystal Hepburn, RNAO director of membership and services Morgan Hoffarth. Seated is Windsor-Essex Chapter Chair Kathy Moreland. At front left is Lynn Herdzik.



Left: Kim Melecio, husband of then RNAO member Michael Tan, marched with the association during Toronto Pride on June 29, 2025.



Members marched in the Ottawa Pride Parade on Aug. 24, 2025. They included Sandra Kendrick (far left) and Region 10 board member Dania Versailles (far right). Also pictured (third from right) is Nepean MPP and RN Tyler Watt.

Fall Tour

The Fall Tour continued to shine as a signature moment for RNAO member engagement. President NP Lhamo Dolkar,

The tour kicked off on Oct. 27, 2025 in Thunder Bay with RNAO CEO Dr. Doris Grinspun (second from right) and members of the Lakehead Chapter.



President-Elect Sue LeBeau and CEO Dr. Doris Grinspun met with members across Ontario in October and November 2025 – both in person and virtually. RNAO chapters, regions and interest groups hosted 11 engaging sessions where participants discussed the issues that matter most to them and their communities.

President-Elect Sue LeBeau (centre) visited Ottawa as part of Region 10 and the Palliative Care Nurses Interest Group's Fall Tour to discuss important nursing and health issues in the community.



Region 7 (Toronto East) invited RNAO President NP Lhamo Dolkar (middle, in blue top) to Scarborough for its Fall Tour visit on Oct. 30, 2025.

RNAO Recognition Awards



As it does each year, RNAO continued its long tradition of honouring members through the Recognition Awards competition, championing excellence in leadership, education and mentorship. Individual RNs, NPs, a nursing student, and groups are celebrated for their contributions to RNAO's mandate to speak out for nursing and for health.

Learn more about the [2025 recipients](#), including Lifetime Achievement honoree Gail Paech (left), who in her more than 50 years of nursing experience has consistently championed the role of nurses as critical to Canada's health system.



2025 winners



Leadership Award in
Nursing Education
(Staff Development)
Michael Roach



Leadership Award in
Nursing Education
(Academic)
Dr. Elaine Santa Mina



Leadership Award in
Health Equity
Naika Thomas



Leadership Award
in Health Equity
Kay Gervais



Leadership Award in
Nursing Research
Quinn Grundy



Student of
Distinction
Sarah Heatlie



Leadership Award in
Student Mentorship
Stamatina Romas



Leadership Award in
BPG Implementation
Jessica Gray



President's Award in
Clinical Nursing
Practice
Emily Presswood



President's Award
in Clinical Nursing
Practice
Gavin Shantz



Chapter of the Year
Windsor-Essex
Chapter



Interest Group of the Year
Clinical Nurse Specialist
Association
of Ontario



Leadership Award
in Political Action
Mark Anthony
Gravoso



HUB Fellowship
Rodolfo
Lastimoso Jr.



Award of Merit
Janet Hunt

Nursing Now Ontario Awards



O N T A R I O A W A R D S

Another way RNAO demonstrates its pride in nurses is through the [Nursing Now Ontario Awards](#). Organized jointly with WeRPN, these awards celebrate excellence in the profession. This year's ceremony, held on May 15 during Nursing Week, honoured one nurse practitioner (NP), one registered nurse (RN) and one registered practical nurse (RPN) who demonstrated exemplary nursing practice and made meaningful contributions to

the health outcomes of Ontarians. The 2026 award recipients are NP Michelle Trinh, who works at the Toronto Rehabilitation Institute; RN Valerie Fiset of the Champlain Regional Palliative Care Program; and RPN Jamie Toner, formerly of Rygiel Supports for Community Living. Congratulations to this year's winners, and special thanks to the more than 200 nurses nominated by their colleagues.



NP award recipient
Michelle Trinh



RN award recipient
Valerie Fiset



RPN award recipient
Jamie Toner

We've got you covered – from student days through retirement!

RNAO membership offers strong, comprehensive support across every career stage. While students benefit from early leadership development, mentorship and advocacy that set the foundation for professional success, all members benefit from RNAO's policy advocacy, evidence-informed practice resources, continuing professional development and leadership opportunities.

As RN and NP scopes continue to expand, RNAO members also enjoy Canada's strongest [professional liability protection](#) and [cyber liability protection](#). These are both included in our membership fees and have remained unchanged since 2014. This reflects a 24 per cent decrease, even as our services and advocacy have expanded. And the fees for [LAP® \(Legal Assistance Program\)](#) coverage have remained constant since 2012. This highlights RNAO's ongoing commitment to accessibility and member value at a time of rising inflation and cost-of-living pressures.

**BUILDING
ON OUR LEGACY
POWERING
THE FUTURE**
through EDI

Equity, diversity and inclusion are foundational to RNAO's work, shaping how the association leads and how it advocates to foster belonging, address systemic inequities and advance community-centred health for all.



Advancing EDI

In February 2026, during Black History Month, RNAO released a new best practice guideline (BPG) aimed at combating racism and discrimination in nursing. The groundbreaking [Addressing Anti-Black Racism in Nursing](#) BPG was released at a media conference at Queen's Park.

The guideline offers recommendations to counter discrimination in nursing, advance equity, diversity and inclusion (EDI), and support the retention of Black nurses and Black nursing students. It includes recommendations on:

- expanded education for students, faculty and staff

RNAO released its *Addressing Anti-Black Racism in Nursing* BPG during a media conference at Queen's Park on Feb. 26, 2026. From left to right: NP Lhamo Dolkar, RNAO president; Dr. Angela Cooper Brathwaite, past-president and co-chair of RNAO's Black Nurses Task Force; Dr. Bukola Oladunni Salami, co-chair for the BPG; and Dr. Stephanie Buchanan, BPG development methodologist and staff co-lead for the BPG.

- zero-tolerance policies
- retention, recruitment and career advancement strategies
- formal mentorship programs
- anti-racism, EDI and belonging committees that include Black representation at all levels of health and social service organizations and academic institutions

Nursing researcher and professor Dr. Bukola Salami of the University of Calgary and Dr. LaRon E. Nelson, professor at Yale University, served as co-chairs of the BPG's expert panel, which included 18 Black nurses and Black nursing students. The guideline, supported by Dr. Stephanie Buchanan, guideline development lead, and Lyndsay Howitt, senior manager, guideline research and development, draws on lived and living experience and evidence to support equity and accountability in nursing.



Programs and partnerships



Pictured left to right, front row: Deborah Richardson, deputy health minister; Dr. Doris Grinspun, RNAO CEO; NP Lhamo Dolkar, RNAO president; Pikangikum Chief Paddy Peters; Dr. Karima Velji, chief of nursing and professional practice and assistant deputy minister; Sue LeBeau, RNAO president-elect; Kate Hanson, RNAO program manager; Grace Suva, RNAO senior program manager; Tanya Costa, RNAO program coordinator; and (left to right, back row) Jonah Strang, Pikangikum deputy chief; Jonas Regier, Pikangikum's director of health transformation; Donna Williams, BPSO lead for Pikangikum Health Authority; and Vernon Kejick, Pikangikum health director.

Partnerships rooted in EDI are central to RNAO's work, including collaborations with Indigenous communities in Ontario and internationally. The International Affairs and Best Practice Guidelines (IABPG) Centre's Indigenous Health Program is a testament to this.

In March 2026, RNAO CEO Dr. Doris Grinspun organized a delegation to visit Pikangikum First Nation BPSO. In addition to Grinspun, the delegation included President NP Lhamo Dolkar, President-Elect Sue LeBeau, RNAO Indigenous Health Program staff (Senior

Manager Grace Suva, Program Manager Kate Hanson, and Program Coordinator Tanya Costa), Deputy Minister of Health Deborah Richardson, Chief of Nursing and Professional Practice and Assistant Deputy Minister Dr. Karima Velji and Assistant Deputy Minister Sean Twyford.

This Ojibwe community's health authority is implementing RNAO's *Adopting eHealth Solutions* BPG. Local BPSO hosts Donna Williams and Jonas Regier worked with Pikangikum Chief Paddy Peters and members of the local Council to lead discussions about how to design and



Panelists at the Indigenous BPSO Symposium in Thunder Bay (left to right): Kate Hanson, RNAO Indigenous Health Program manager; Samara Anderson, Indigenous diabetes education coordinator, Ontario Native Women’s Association; Cheryl Schultz and Kaija Saarinen, acting director of nursing and clinical services and health promotions worker, respectively, at Matawa Health Co-operative; Genevieve Catalan, pre- and post-natal RN coordinator, Anishnawbe Mushkiki; and Grace Suva, senior program manager, RNAO Indigenous Health Program.

deliver health services and promote self-determination and cultural safety.

The visit, Grinspun’s second, saw the group review local health initiatives, including the integration of electronic medical records with Indigenous partners. At the nursing station and community school, they met with care providers and educators. And at the new Knowledge Keepers Elders’ Complex they learned about the wraparound and palliative care for Elders that helps them stay in the community and reduce hospital visits.

In July 2025, the Indigenous Health Program also hosted the second annual BPSO Indigenous-focused Symposium,

themed “Bridging Indigenous and Western Perspectives in Health Care.” This Thunder Bay event, developed by a planning committee of both Indigenous and non-Indigenous voices, explored how Indigenous perspectives can be integrated into health care. One panel covered a day in the life of northern, remote and urban Indigenous communities. Participants learned about traditional teachings in Indigenous cultures, grief and loss. A second panel discussion focused on strength-based approaches to care. Health providers from Indigenous-focused BPSOs shared how the program has made an impact, and how to evaluate health outcomes from a Two-Eyed Seeing perspective.

Indigenous Communities Working Group



Representatives from RNAO met virtually with members of the Guidelines International Network (GIN) to mark the March 2026 launch of the Indigenous Communities Working Group (ICWG). In attendance: (third row, right) Dr. Holly Graham, ICWG chair; (second row, left) Dr. Doris Grinspun, ICWG vice chair; (third row, second and third from left) Daniela Carl, GIN CEO and Dr. Ed Connors/Tecumseh, RNAO's Knowledge Keeper and Public Representative on RNAO's board of directors.

The IABPG program has built its success around strategic partnerships.

A recent example is its collaboration with the Guidelines International Network (GIN) to launch the [Indigenous Communities Working Group](#) to promote health equity and culturally safe practices in health care. GIN is a global connector in the guideline community with members in 56 countries. In March 2026, the partners launched this initiative with a webinar that brought together Indigenous researchers, Knowledge Keepers, Elders, guideline developers and other community members. This initiative is chaired by Dr. Holly Graham, University of Saskatchewan, with RNAO CEO Dr. Doris

Grinspun acting as vice chair. They are supported by RNAO's Knowledge Keeper Dr. Ed Connors/Tecumseh and GIN CEO Daniela Carl.

This partnership will foster a dialogue between Indigenous and non-Indigenous health providers working with Indigenous Peoples around the world. Non-Indigenous health systems may lose sight of the knowledge about health and healing that informs Indigenous medicine, on which much of the world relies. The partnership will explore how different forms of knowledge can inform BPG development to advance health care for Indigenous Peoples globally.

Collaborative working spaces

RNAO has also developed four collaborative working spaces in its home office – Indigenous health, 2SLGBTQI+ health, Black health, and Leading Change. These spaces serve as both visual and functional representations of RNAO’s commitment to EDI.

The Indigenous Health Collaborative Space commemorates Edith Monture, the first Indigenous registered nurse in Canada. The 2SLGBTQI+ Health Collaborative Space

recognizes RNAO’s first equity interest group, the Rainbow Nursing Interest Group. The Black Health Collaborative Space pays tribute to Bernice Carnegie Redmon, the first Black registered nurse in Canada. The Leading Change Collaborative Space celebrates the leadership of RNAO’s long-serving CEO Dr. Doris Grinspun.

The design process was guided by consultations with RNAO’s board of directors, assembly of leaders, RNAO staff representing each community, and the Health Equity Consortium. All artwork, furniture, and design elements were sourced from within the respective communities.



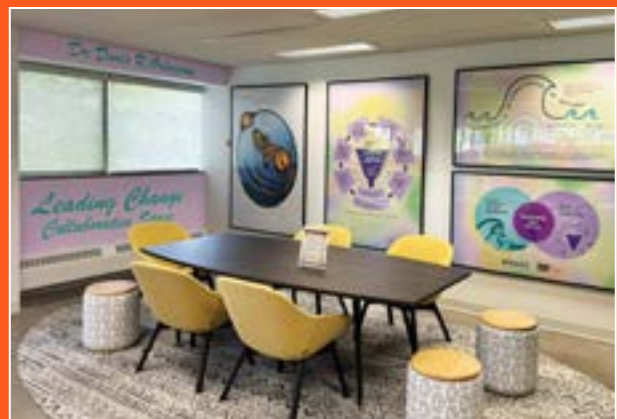
Indigenous Health Collaborative Space



2SLGBTQI+ Health Collaborative Space



Black Health Collaborative Space



Leading Change Collaborative Space

**BUILDING
ON OUR LEGACY
POWERING
THE FUTURE**

*through policy and
political action*

RNAO's policy and political action work is grounded in evidence and focused on achieving measurable improvements in nursing and health. We engage in strategic advocacy and provide decision-makers with clear policy recommendations and practical solutions.



Pre-budget consultations submissions and meetings

RNAO issued a comprehensive [pre-budget submission](#) in January 2026 ahead of Ontario's spring budget. At a community meeting that month, President NP Lhamo Dolkar thanked the government for investments in nursing while emphasizing the need for more RNs and NPs, expanded nursing education seats and adequate compensation to retain and recruit nurses.

The [association applauded new investments](#) in primary care and home care in the March 26, 2026, budget, aimed at improving coordinated and timely access to care. RNAO stressed the need for more RNs and NPs to advance health promotion, disease prevention, and early detection and management of chronic illness. It underscored the need for public dollars to support public health care – not investor-driven care – and raised grave concerns about the closure of supervised consumption services (SCS). It also highlighted how broader policy choices, including climate action grounded in science, affordable housing investment and meaningful income supports, contribute to greater economic and social stability.

In August 2025, RNAO issued a [federal pre-budget submission](#) calling on the government to prioritize three projects of national interest: completing a universal, publicly funded medicare system that includes pharmacare; realizing housing as a human right; and creating a clean energy future through a clean electricity strategy as part of climate action planning. Following the November 2025 budget,



On Jan. 16, 2026, RNAO President NP Lhamo Dolkar (second from left) presented at a pre-budget consultation in Toronto. Also pictured is Ontario Minister of Finance Peter Bethlenfalvy (centre).

RNAO [expressed concern](#) that federal choices are leading Canada toward austerity, militarization and environmental deterioration, rather than an equitable, sustainable, and compassionate future.

CNO consultations and other policy submissions

RNAO responded to College of Nurses of Ontario (CNO) consultations on several draft standards and guidelines, specifically the [nurse practitioner practice standard](#), the [confidentiality and privacy standard](#), and draft practice guidelines on [self-employment](#) and [medical assistance in dying](#). The association's recommendations were well received and informed subsequent CNO drafts.

RNAO also [provided feedback](#) to the Health Standards Organization (HSO) on draft [palliative care](#) and [primary health care service](#) delivery standards.

Spotlight on NPs



NP Veronia Segbedzie, pictured in November 2025 at RNAO’s NP Symposium, is chair of RNAO’s Nurse Practitioner Interest Group.

Over the past year, RNAO highlighted the contributions of NPs, marking [National NP Week](#) (Nov. 9 – 15, 2025) and hosting two virtual conferences to share information and strategies.

RNAO’s 12th-annual NP Symposium was themed *NPs Powering Excellence*. Held virtually on Nov. 28, 2025, the event showcased NPs driving excellence in care, advancing the Quintuple Aim and sustainable development goals, and leading research and policy change across sectors. More than 150 participants heard from guest speakers including Deputy Premier and Minister of Health

Sylvia Jones, Minister of Long-Term Care RN Natalia Kusendova-Bashta, and Chief of Nursing and Professional Practice and Assistant Deputy Minister Dr. Karima Velji. The symposium also highlighted the [Nurse Effectiveness Open Library](#).

The 7th-annual NP Institute, held virtually on May 5, 2026, focused on the theme *NPs Strengthening Care and System Outcomes*. It covered NP leadership in health system transformation, with presentations showcasing advanced practice in various health sectors. NP-led research and quality improvement initiatives were also highlighted.

Primary care

In April 2026, the Schulich School of Business and RNAO co-hosted the 10th Krembil Healthcare Leadership Summit. Titled *Primary Care Reform: Imperatives for Change*, the summit attracted close to 400 participants. Moderated by Professor Joseph Mapa, the high-profile panel included: Ontario Deputy Health Minister Deborah Richardson, RNAO CEO Dr. Doris Grinspun, and Dr. David Peters, dean of the York University School of Medicine. They



discussed primary care reform with a focus on team-based care, policy imperatives such as attachment to a family doctor or nurse practitioner, RN prescribing, academic–service collaboration, and practical strategies for speeding up health system transformation.



Queen's Park on the Road visits



[Queen's Park on the Road](#) (QPOR), an RNAO signature political advocacy event, gives members the opportunity to advance public policy by meeting with their local MPPs. This year, QPOR expanded beyond a fall-only initiative, with home office staff supporting members year-round.

To support this work, RNAO developed three political action bulletins and fact sheets. In [Addressing the RN crisis in Ontario](#), RNAO called for a comprehensive retention and recruitment plan to improve working conditions, strengthen professional supports, address racism and discrimination, expand the workforce, and reduce reliance on agencies. In [Addressing the primary care crisis in Ontario](#), RNAO applauded the government's commitment to attach everyone in Ontario to a primary care provider by 2029 and urged investments to build nursing capacity, create career pathways, and expand access to care. And, in [Housing, health and human rights](#), RNAO called on the provincial government to advance the right to housing and health and take action to resolve the housing crisis. A companion toolkit was developed to help members organize effective meetings with elected representatives.

As of April 30, more than 100 members and their local MPPs participated in 33 QPOR visits. Drawing on their professional experience, members raised issues related to nursing compensation and workload, as well as the health impacts of the affordable housing shortage and the climate crisis.

Members from Mississauga and Brampton met with Minister of Long-Term Care and RN Natalia Kusendova-Bashta on April 9, 2026, to discuss key nursing and health issues. From left to right are Sandrina Ntamwemezi, Maria Tandoc, Kusendova-Bashta, Upneet Lohcham, RNAO President NP Lhamo Dolkar and Region 4 board member Poonam Sharma.



Chair of the Nursing Students of Ontario (NSO) and RNAO board of directors' student representative Hugo Tam (left) visited Oshawa MPP Jennifer French on Jan. 10, 2026.



Members of Durham Chapter met with Ajax MPP Rob Cerjanec (third from left) on Feb. 13, 2026. From left to right are: Chair Sasha Allen, Policy and Political Action Officers Sepelene Deonarine (second from left) and Roya Haghiri-Vijeh (far right).

Climate crisis

RNAO members joined thousands across Canada in a national day of action on Sept. 20, 2025, calling on the federal government to “[Draw The Line](#)” and prioritize climate action. Members participated in rallies in Toronto, Niagara Falls, Guelph, Hamilton and London, alongside community allies advocating for a just and sustainable future and policies that put people and the planet first.

Bottom: Members of RNAO’s executive participated in a Draw The Line rally in Toronto. From left, CEO Dr. Doris Grinspun, President NP Lhamo Dolkar, environmental advocate Dr. David Suzuki, then-RNAO policy director Matthew Kellway, and RNs Jody Smith and Farahnaz Mohammadkhaniha.



Top: Then policy and political action executive network officer for RNAO’s Wellington Chapter Myah Douglas took part in the Draw The Line event in Guelph.

Bottom: President-Elect Sue LeBeau (right) raised the RNAO flag at a Draw The Line event in Niagara Falls.



Earth Day press conference

RNAO CEO Dr. Doris Grinspun spoke at an [Earth Day press conference](#) on April 22, 2026, drawing the link between the climate crisis and people's health and urging the Ontario government to reinstate a climate plan. Joining RNAO were representatives from the Ontario chapter of the Canadian Association of Physicians for the Environment (CAPE), the Ontario Climate Emergency Campaign (OCEC), an Indigenous leader and policy experts.

Through Action Alerts, op-eds, joint actions with environmental coalitions, a [policy submission on Bill 40](#), and social media, RNAO emphasized the disproportionate harms of the climate crisis on marginalized communities, including Indigenous and racialized populations, and advocated for policies addressing climate mitigation and adaptation, air and water quality, cooling regulations, and the broader environmental determinants of health.

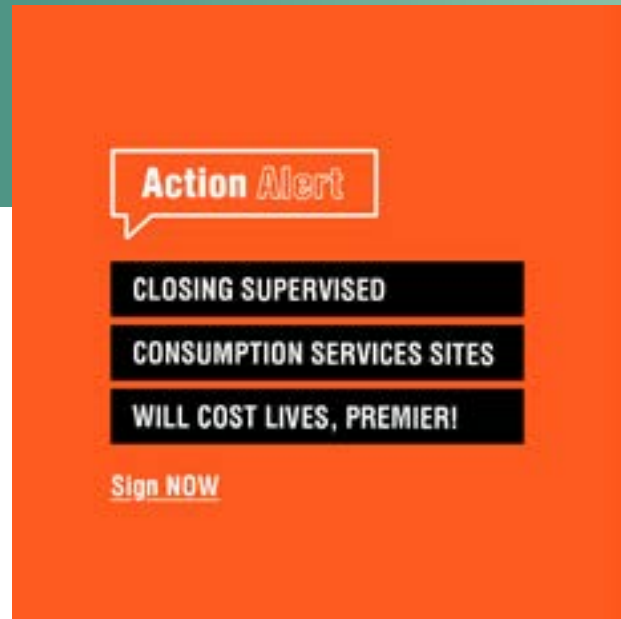
In her remarks, RNAO CEO Dr. Doris Grinspun said the Ontario government's decision to remove legal requirements for climate targets and promote the expansion of fossil fuel use was deeply concerning and moving the province in the wrong direction.



Harm reduction and supervised consumption services

RNAO maintained a strong policy stance on the opioid crisis, with a clear emphasis on evidence-based harm reduction approaches, which are foundational to supervised consumption services (SCS) sites.

Despite strong evidence favouring the SCS model, the Ontario government announced in March 2026 that it would stop supporting the remaining provincially funded SCS sites, effective June 2026, ostensibly giving these sites time to transition to an abstinence-based model. RNAO immediately issued an [Action Alert](#) demanding that SCS sites be preserved, and its letters calling on



the government to reverse these cuts were published in newspapers in [London](#), Peterborough and St. Catharines. RNAO stressed that SCS sites have been proven to reduce overdose-related deaths.

HARM REDUCTION is health care

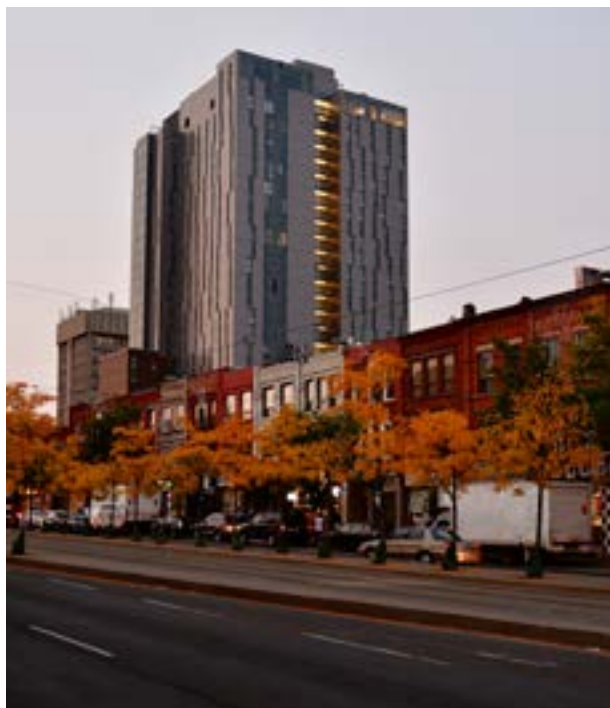
Fund supervised consumption sites



Housing and health

Housing – a core social determinant of health – was a key focus of RNAO’s policy and advocacy work due to its direct impact on health outcomes. At the federal level, [RNAO communicated](#) with the Department of Housing, Infrastructure and Communities to highlight the housing crisis and its implications for population health and health-system sustainability.

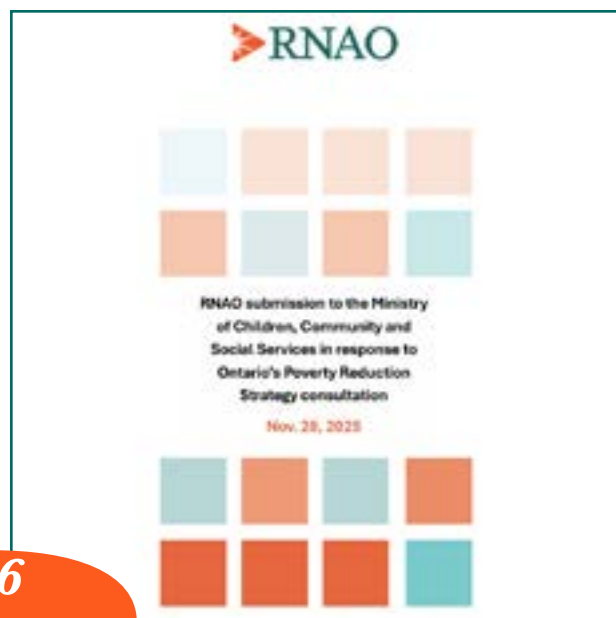
At the provincial level, housing was a regular topic in RNAO’s political outreach, with RNAO specifically mobilizing nurses to speak up about housing issues through QPOR visits and an [Action Alert](#) demanding the building of non-market affordable housing. In spring 2026, RNAO also collaborated with other community partners to urge local governments to introduce cooling bylaws.



Poverty and income supports

Over the past year, RNAO continued to frame poverty and inadequate income supports as critical public health issues, notably through a [submission to the Ministry of Children, Community and Social Services](#) responding to a November 2025 consultation on the Ontario Poverty Reduction Strategy. Drawing on evidence and nurses’ frontline experience, RNAO emphasized that income is a foundational determinant of health and that low income worsens access to housing, food and care, deepening health inequities – particularly for Indigenous, racialized, disabled and precariously employed populations.

RNAO’s advocacy focused on strengthening income security through concrete policy recommendations, including increasing and indexing Ontario Works and Ontario Disability Support Program rates to the real cost of living, advancing broader income support reforms, and pairing income measures with investments in affordable housing. Throughout, RNAO positioned nurses as key advocates for evidence-informed, equity-driven public policy to reduce poverty and improve population health.



Action Alerts

Action Alert

**FUND BUILD CANADA HOMES TO ENSURE HOUSING
IS AFFORDABLE FOR ALL, PRIME MINISTER!**

[Sign NOW](#)

Action Alert

**FUND NURSE PRACTITIONERS IN
PRIMARY CARE, PREMIER!**

[Sign NOW](#)

Throughout the year, RNAO continued to drive policy change through Action Alerts – advocacy tools that mobilize nurses, other health professionals and members of the public to speak out on urgent issues affecting nursing and health. Topics included implementing a publicly funded model for NP practice without user fees, as mandated by the federal government, stopping the diversion of public funds to private health care, preserving supervised consumption services sites, meeting emissions reduction targets, and building more affordable housing.

**BUILDING
ON OUR LEGACY
POWERING
THE FUTURE**

*with BPGs, BPSOs and
affiliated programs*

Few initiatives better reflect RNAO's legacy – and how nurses are powering the future of the profession and care delivery – than the Best Practice Guidelines Program and its global network of Best Practice Spotlight Organizations® (BPSO®).

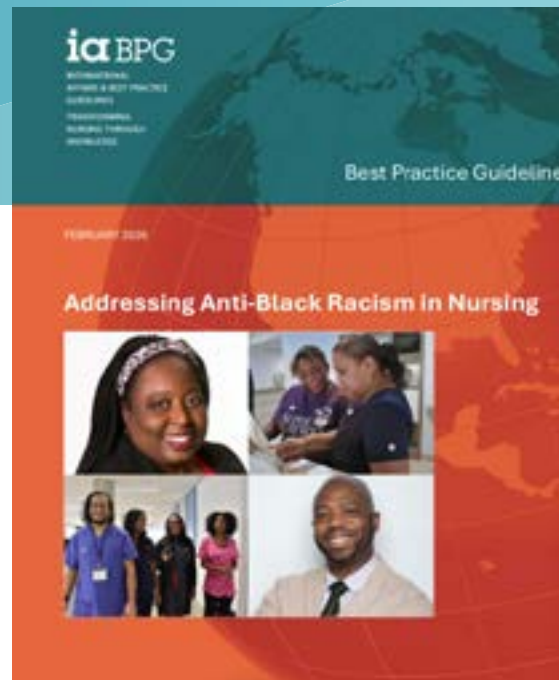


BPGs

In September 2025, RNAO released a third edition of the [People-Centred Care](#) BPG (formerly *Person- and Family-Centred Care*). The updated guideline was developed by a panel of experts including people with lived experience. It supports a deeper understanding of individuals' specific needs, preferences and values, helping ensure those accessing health and social services feel they can cocreate their care plans.

Alongside publishing the new *Addressing Anti-Black Racism in Nursing* BPG (see our section on EDI), RNAO continued to review its portfolio of more than 50 existing guidelines, updating as needed with a view to evolving evidence, clinical practice and policy developments.

This included [RNAO's intervention](#) in a landmark Supreme Court of Canada case that, in May 2026, established a civil cause of action or "tort" of intimate partner violence. RNAO – the only health organization among 17 interveners – brought a nursing and health-system perspective, highlighting the cumulative harms of intimate partner violence, including coercive control, financial abuse and psychological harm. The new evidence and emerging best practices raised by RNAO in its intervener factum will be reflected in an update to RNAO's BPG on intimate partner violence.



BPSO network continues to grow at home and abroad

The BPSO program continues to expand steadily. In April 2026, the largest group of organizations in the program's history – [31 across different sectors](#) – began their BPSO journey at an in-person launch in Toronto.

From public health and community care, to hospitals, long-term care and Indigenous-focused organizations, these partners join the more than 1,500 BPSOs at the provincial, national and international level – all committed to advancing evidence-based practice. The group includes organizations specializing in mental health, substance use and harm reduction. At the launch, participants were treated to presentations by Ontario government officials Minister

of Long-Term Care RN Natalia Kusendova-Bashta and Chief of Nursing and Professional Practice and Assistant Deputy Minister Dr. Karima Velji.

In September 2025, the global BPSO community gathered for networking and knowledge sharing at a combined in-person and virtual summit. More than 15,000 health leaders from 27 countries attended the event to share their experiences implementing BPGs. In addition to the main event held in Toronto, asynchronous sessions took place in Chile, China, Colombia, Mexico, Nigeria, the Philippines, Portugal and Spain, highlighting RNAO's work worldwide.

The global event was followed by a one-day BPSO Ontario Health Team (OHT) Summit, where health professionals, BPSO leads, patients and community partners connected to share knowledge and collaborate. Representatives from 19

In April 2026, during the launch of the largest group of new BPSOs, a panel discussion featured (left to right): long-term care coach Jules Mason; Shaelyn LeBlanc, Sault Ste. Marie First Nation Health Authority; Echefula Nwaokocha, CAMH Foundation; and Minette MacNeil, Scarborough Health Network.



Attendees at RNAO's BPSO Global Summit in September 2025 gather for a group photo to mark a milestone event that welcomed more than 15,000 health leaders from 27 countries.

OHTs participated in panels focused on maximizing BPSO OHT impact across the continuum of care, advancing integrated care through evidence-based practice and sharing real-world examples. Dr. Fredrika Scarth, vice-president of integrated care at Ontario Health, offered greetings from the government, and RN Tiare Pavez Hurtoda, national coordinator of BPSO Program department of quality care and safety for Chile's ministry of health, provided the keynote address, speaking about that country's approach to integrated care systems.

These inaugural summits mark a historic achievement for RNAO and its global partners, reinforcing the fact that quality care belongs to everyone, regardless of country. Together, they reflect a powerful social movement of science and compassion. BPSO leads and BPG champions shared that message at the International Council of Nurses (ICN) biennial congress in Helsinki, Finland, in the summer of 2025. The RNAO BPSO contingent participated in two symposia, presented 11 posters and connected with attendees at an IABPG-dedicated booth that saw seismic interest in the BPSO program.

RNAO's symposia explored the following themes: *Strengthening Evidence-Based Practice with a Person, Family and Community-Centred Approach* and *Advancing Nursing Practice with Artificial Intelligence*. Posters and other presentations included topics ranging from strengthening evidence-based practice with a person- family- and community-centred approach, advancing nursing practice aided by artificial intelligence, powering nursing leadership, elevating health-care excellence and educating tomorrow's nurse. Over the five days, an estimated 7,000 participants from 130 countries attended, and thousands spoke with RNAO and BPSO delegates. In

addition, following the ICN congress, RNAO hosted a full-day special session to connect with current and prospective BPSOs about the importance of evidence-based care in all health systems.

Across countries, regions and languages, nurses and other health professionals share a similar goal: to improve the health outcomes of the populations and individuals we serve. Through table discussions on integrating EDI into service and academic settings, RNAO shared evidence-based approaches with international partners.

In September 2025, our CEO, Dr. Doris Grinspun, was hosted by Clínicas BUPA BPSO in Chile to conduct [local audits in Antofagasta, Reñaca, and Santiago](#). The visit also included a two-day BPSO Symposium led by BUPA, in collaboration with all Chilean BPSOs. The symposium featured

RNAO CEO Dr. Doris Grinspun pinning a BPSO Champion at BUPA hospital in Antofagasta, Chile.





Attending the September 2025 BPSO launch for Shenzhen People’s Hospital in China (left to right): May Tao, BPSO project lead, Toronto Public Health; Janet Chee, IABPG associate director, guideline implementation and knowledge transfer; Dr. Doris Grinspun, RNAO CEO; Zhang Weiwei (Vivian), head nurse, nephrology, Shenzhen People’s Hospital.

participation from: Felipe Cortés Leddy, Chile’s Chief of Nursing; Cristián Lara and Tiare Pavez from MINSAL (the Chilean Ministry of Health); Red Salud, led by Lisset Slaibe and Bastián Laporte; the Chilean Academic Consortium, led by Dr. Amalia Silva from the Universidad de Chile; UC Christus, represented by Rocío Magaña and Angélica Gutiérrez; Mutual de Seguridad, led by Myriam Gálvez; and Hospital del Trabajador, represented by Melissa Bush and Pamela Vidal. A special guest during the two-day event was Dr. Maribel Esparza from Colombian BPSO FOSCAL. The BUPA team was led by Carla Alarcón, Patricia Álvarez, and Sofía Salas.

Grinspun, IABPG Centre associate director Janet Chee and BPSO Coach May Tao were hosted by China in September 2025. They celebrated the launch of a new BPSO, Shenzhen People’s Hospital. The RNAO delegation also met with Chinese leaders to expand the Host model initiative, first introduced a decade ago in Spain, Chile and Colombia.

Under the China BPSO National Host Model, Dongzhimen Hospital will serve as the National Host for the service sector, and Beijing University of Chinese Medicine will serve as Host for the academic sector. Both

have more than a decade of experience implementing BPGs and mentoring other organizations. Two well-established BPSOs – Lanzhou University Second Hospital and Peking University First Hospital – will serve as Regional Hosts in Gansu province and Beijing. This tiered structure builds capacity through national hosts for service and academic sectors, supported by regional host organizations that provide local training, mentorship and oversight, enabling faster expansion while maintaining fidelity to RNAO’s methodology.

In April 2026, Dr. Michelle Rey, director of RNAO’s IABPG Centre, was hosted by Turks and Caicos Islands Hospital for site audits of its BPG implementation. This BPSO has implemented three guidelines and plans to adopt two more.

Large-scale partnerships such as this are critical, along with more local collaborations, such as those with RNAO BPG Champions. The leaders who take on this role are critical to the work of the IABPG. Over the past year, more than 7,100 new Champions were trained and recognized in various events at home and abroad. The Best Practice Champions Program was also expanded with an updated e-learning platform and a new train-the-trainer program.

Specialized programs within IABPG



RNAO’s Long-Term Care Best Practices Program (LTCBPP) led by associate director Dr. Julia Fineczko continues its work in the sector. In the past year, the program welcomed its first LTC BPSO OHT graduate organization. Communities of practice (CoP) also continued to grow, and champions increasingly engaged through forums and webinars.

The program hosted the first of four CoP events in June 2025, which drew 140 attendees from across the province to examine two RNAO guidelines, [Pressure injury management: Risk assessment, prevention and treatment](#) and [Pain: Prevention, assessment and management](#). The second event was held last November, with a focus on people-centred care and promoting [2SLGBTQ+ health equity](#).

The Mental Health and Substance Use (MHSU) Best Practices Program also continues to grow. At the April 2026 BPSO launch, five Ontario organizations dedicated to advancing mental health and substance use care joined the program.

Another milestone took place in August 2025, when the program hosted a provincial webinar, “Inspiring Hope: Harm Reduction into Action,” to coincide with International Overdose Drug Awareness Day.

RNAO Research Unit (RRU) updates



At the June 2025 IAC meeting: (seated, left to right) Angela Joyce (RNAO); RRU Director Dr. Shanoja Naik (RNAO); IAC Co-Chair Dr. John Lavis (McMaster University); IAC Co-Chair RNAO CEO Dr. Doris Grinspun; Dr. Niek Klazinga (the Netherlands); Dr. Nancy Santesso (McMaster University); Dr. Teresa Moreno-Casbas (Spain); Alexa Parousis (RNAO); (standing, left to right) Li Jun (Jaylee) (China); RNAO staff Ivette Martinez, Kyle Smith, Dr. Alanna Coleman and Hugh Gamble; Jennifer Yoon (Humber River Health); RNAO staff Janet Chee, Dr. Julia Fineczko, Dr. Anum Ali, Dr. Sonhita Chakraborty, Dr. Beto Lucena, Giulia Zucal and Lyndsay Howitt; and Mikette Been (Turks and Caicos).

On screen (clockwise from top left): RNAO staff Harveer Punia and Maricris Autea; and Dr. Amalia Silva Galleguillos (Chile).

The [International Advisory Council \(IAC\)](#) – which includes global experts in health data systems – met three times over the past year. Led by co-chairs Dr. John Lavis, a professor at McMaster University, and RNAO CEO Dr. Doris Grinspun, the IAC provides strategic guidance on innovation, RNAO

BPG development and evaluation, health system improvement, NQuIRE data and analysis, and knowledge translation and practice sustainability. Meetings focused on global health system trends, strategic priorities and enhancing NQuIRE’s support for BPSOs.

Advancing nursing-sensitive indicators for home care

A national initiative is strengthening how quality and outcomes are measured in home care across Canada through the development of nursing-sensitive indicators (NSI) tailored to the sector. This work addresses a long-standing gap in measuring key aspects of nursing-focused, quality care in the sector and supports improved outcomes for people receiving services and their families.

Building on foundational work supported by a Canadian Institutes of Health Research (CIHR) Planning and Dissemination Grant, the research team, led by Dr. Shanoja Naik, RNAO Research Unit director, has established a conceptual base for this work. Sandra Li-James, vice-president and chief nursing and health professions officer at VHA Home HealthCare initially raised the idea of developing NSIs with Grinspun when she discovered there was no established evaluation in practice. The research team also includes Grinspun, Dr. Damien Contandriopoulos of the University of Victoria, Dr. Emilie DuFour of the University of Montreal, Maureen Charlebois of Bayshore HealthCare and Kathy Alarcon of SE Health.

The initiative has engaged nurses, home-care leaders, policymakers and people with lived experience from across the country. In the coming year, the project will advance to preparing a core set of NSIs for national validation and pilot testing.

Advancing indicators in the academic sector

RNAO's academic BPSOs play a key role in showing how the integration of BPGs into nursing curriculum contributes to improvements in education, health systems and nursing scholarship.

Academic BPSO indicator work, supporting a sustainable culture of inquiry, transparency and accountability, focuses on collecting, analyzing and reporting data aligned with BPG implementation to ensure consistency, comparability and relevance across educational institutions that implement BPGs.

Indicators capture outcomes related to teaching and learning, clinical education, leadership development and patient-centred care within and across academic/practice partnerships, highlighting both process and outcome measures.

Through this work – led by Harveer Punia, senior BPSO manager – academic BPSOs are integrating BPGs into their curricula. They are generating, translating and mobilizing new knowledge, and building capacity among nursing students and faculty in implementation science and evaluation – strengthening the sustainability and scalability of BPGs. Academic partners on this initiative include 15 universities.

NQUIRE®

Online repository of evidence shows impact

RNAO's [Open Library](#) is a publicly accessible and searchable online repository for the growing body of evidence demonstrating the impact of the BPG Program and the achievements of BPSOs. The platform shares curated journal articles, reports and RNAO publications that highlight how evidence-based practices are transforming care across health organizations, communities and academic settings. By expanding access to high-quality, peer-reviewed resources, the library informs policy development, advocacy activities and consultation initiatives.

The Open Library represents phase one of a broader initiative. Phase two introduces the Nurse Effectiveness Library led by Dr. Alanna Coleman and RN Alexa Parousis alongside a group of RNAO scholars. This library features evidence on the contributions of NPs in advancing the Quintuple Aim, and will expand to include collections highlighting RNs, RPNs, registered psychiatric nurses, clinical nurse specialists and nurse anesthetists.



By bringing together evidence from diverse care settings, the libraries help nurses connect evidence to everyday practice, strengthen evidence literacy and support informed decision-making. These resources promote professional growth, support quality improvement, leadership and advocacy initiatives, and raise awareness of nursing's contributions to advancing the health system.

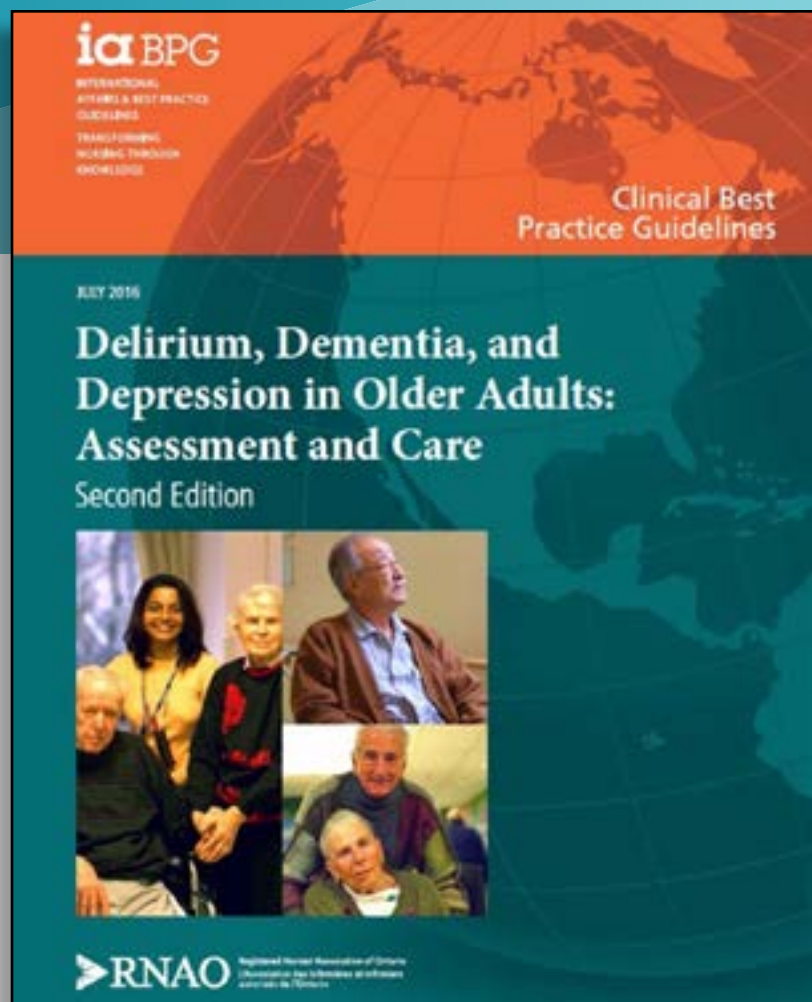
As a central hub for knowledge sharing, these libraries support clinicians, researchers, educators and policymakers committed to advancing best practice implementation.

RNAO Clinical Pathways™ updates

RNAO's [Clinical Pathways for Long-Term Care](#) (LTC) initiative led by Rita Wilson, senior manager of the IABPG program, is expanding in Ontario, Manitoba and British Columbia, with growing interest from partners in Alberta. The expansion reflects interest in strengthening consistency in care across the country. Manitoba and British Columbia are in the early implementation phase, working with RNAO to adapt Clinical Pathways to their local contexts.

The RNAO Clinical Pathways, which incorporate evidence-based practices from the BPGs, are directly embedded within the most widely-used electronic medical record system in the sector, transforming how evidence is implemented and sustained in LTC settings. More than 250 Ontario homes are part of the program. Developed in partnership with PointClickCare and co-designed with subject matter experts, Clinical Pathways support clinical decision-making, care planning and documentation in real time.

This program enables RNAO to scale implementation consistently across organizations, helping ensure best practices are applied reliably across settings rather than episodically. Embedding guidelines into digital systems helps accelerate the translation of evidence into practice.



RNAO's [Delirium, Dementia and Depression in Older Adults: Assessment and Care](#) BPG, for example, recommends screening older adults upon admission. With the introduction of the Clinical Pathways, screening is now a regular part of admission processes across participating homes.

As the initiative continues to grow in Ontario and across Canada, it will allow for local adaptation.

Scholarly research and dissemination

RNAO's IABPG program continued to advance a strong research agenda beyond BPG production and evaluation, contributing to evidence-informed nursing practice, guideline development, and implementation through peer-reviewed scholarship and international leadership.

RNAO CEO Dr. Doris Grinspun was invited to serve as guest editor of a [special issue](#) of the *International Journal of Nursing Sciences*. Released in April 2026, the issue brings together eight peer-reviewed articles examining how evidence-based nursing guidelines can be effectively translated into consistent, high-quality clinical practice. Collectively, the publications address a persistent global challenge in nursing and

health systems: ensuring that rigorously developed clinical guidelines do not remain theoretical, but instead meaningfully inform day-to-day care delivery, decision-making, and patient outcomes.

RNAO also published four additional papers in different peer-reviewed publications since June 2025. Topics included: the [scope, evidence base, and clinical impact of RNAO's pain management BPG](#); the [quality and applicability of falls prevention guidelines internationally](#); RNAO's BPG development methods as a [replicable model for high quality clinical and public health guidance](#); and nursing leadership as a [driver of system-level change, equitable care and improved health outcomes](#).

Collectively, these publications demonstrate RNAO's ongoing leadership in methodological excellence, clinical relevance, and strengthening nursing's impact on health systems and patient care.



BUILDING
ON OUR LEGACY
**POWERING
THE FUTURE**

*through media
and social media*

RNAO and its members use
their voices effectively to speak
out for nursing and speak out
for health.



CTV NEWS

THE STANDARD

MEDSCAPE

THE SAULT STAR

CP 24

BARRIE TODAY

TORONTO STAR



OTTAWA CITIZEN



THE HILL TIMES

Our voice is our power and we mobilize that voice through the media and social media. Evidence of RNAO's influence is visible in the hundreds of media stories, letters to the editors and op-eds published this past year,

featuring our CEO Dr. Doris Grinspun, RNAO President NP Lhamo Dolkar and President-Elect Sue LeBeau and members from across the province.

RNs

THE SAULT STAR

Nov. 21, 2025

'Situation is so challenging': Pays to address nursing inequities now: Registered Nurses' Association of Ontario

Doris Grinspun, CEO of the professional association representing registered nurses, nurse practitioners and nursing students, said especially concerning are pay and other inequities for registered nurses, nurse practitioners and registered practical nurses. Mending these might prompt more nurses to work in long-term care, a sector that desperately needs beefing up now – and into the future – considering ageing populations. And not just in the North but throughout Ontario.

CTV news London

April 1, 2026

"They're expecting registered practical nurses to do the job of a registered nurse without the additional education and the additional pay that comes with that," she said.

The reductions are expected to affect several areas, including adult ambulatory and inpatient care, as well as pediatric services.

Doris Grinspun, CEO of the Registered Nurses' Association of Ontario, says the decision could ultimately affect patient care.

"They have a supervisor for a reason, but it's not because of nurses, it's because of the problems they had with other financial practices. So, the reality is that at the end of the day, it's patients that will pay for the ill-conceived decision of London Health Science Center," she said.

The nurses' association says it will continue to push the Ontario government to implement mandatory safe staffing ratios in hospitals.

OTTAWA CITIZEN

March 20, 2026

As deadline for including nurse practitioners in provincial health plans looms, some patients still pay for services

Clinics in which nurse practitioners offer health care for a fee continue to operate in Ottawa and across Ontario.

Doris Grinspun, chief executive officer of the Registered Nurses Association of Ontario, said the province essentially had a year to transition into a model that included nurse practitioners, but it should not wait.

"It needs to happen one way or another. There should be no fees for service, period," Grinspun said.

March 23, 2026

Nurse practitioners a clear, effective solution: RNAO

Re: "New policy adding nurse practitioners to public health-care plans will go ahead April 1," (The Hill Times, Feb. 27).

The Registered Nurses' Association of Ontario (RNAO) is delighted that the federal government is moving ahead with the policy to require that medically necessary care provided by nurse practitioners be funded publicly. This plan, announced by then-federal Liberal health minister Mark Holland in January 2025, will allow for the full utilization of NPs under the public purse—something RNAO has long called for.

Current Health Minister Marjorie Michel has given provinces and territories one year to implement the policy, or risk being penalized. Saskatchewan and Newfoundland have already created models for implementation. RNAO is eager and ready to work with the Ontario government to get our plan in place. RNAO says while flexibility of models is the key; ensuring no model allows user fees is paramount. Ontarians deserve timely access to necessary care without having to pay out of pocket; and NPs are a clear and effective solution.

Dr. Doris Grinspun, RN, O.ONT.
CEO, Registered Nurses' Association of Ontario,
Toronto, Ont.

registerednurses

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 In a letter to the editor in The Hill Times, RNAO CEO Dr. Doris Grinspun says the federal government's plan will allow for the full utilization of NPs under the public purse — something RNAO has long called for. She adds that nurses are eager and ready to work with the Ontario government to put the plan into action.

"Ontarians deserve timely access to necessary care without having to pay out of pocket; and NPs are a clear and effective solution."

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March 23

registerednurses Add a comment...

TORONTO STAR

Jan. 20, 2026

Opinion | We're already facing the consequences of two-tier health care. Doug Ford is opening the door to make it even worse

By Lhamo Dolkar and Doris Grinspun, Contributors

Lhamo Dolkar is a practicing NP and the president of the Registered Nurses' Association of Ontario (RNAO). Dr. Doris Grinspun is RNAO's chief executive officer.

When health care is delivered for profit, patients face higher costs, greater pressure to purchase add-ons, and poorer outcomes. Ontarians must confront the direction their government is taking and demand better from their elected representatives. Ottawa must do the same by upholding the Canada Health Act and ensuring federal health transfers strengthen public delivery and categorically reject policies that entrench a two-tier, for-profit system.



In the @TorontoStar, RNAO President & #NP @LhamoDolkar2023 and CEO @DorisGrinspun sound the alarm. They say that Premier @fordnation and Health Minister @SylviaJonesMPP have been moving Ontario toward profitization. #Onpoli

For nurses, health care is a universal right, not a business. There is a better path. Ontario can reduce wait times and strengthen equity by reinforcing — not abandoning — the public, not for profit system.

Read the full op-ed: thestar.com/opinion/contri...

Health Budget

MEDSCAPE

April 17, 2026

The Registered Nurses' Association of Ontario (RNAO) welcomed the government's measures in support of community care, which they said should be part of a primary care framework. "I'm very excited about the investments being made in primary care because we're seeing results in attaching patients to primary care providers," Sue LeBeau, RN, MScN, MBA, president-elect of the RNAO, told *Medscape News Canada*. "I'm also pleased to see that recognition of the importance of primary care extends to nurse practitioners and interdisciplinary teams. Patients want care at home and in the community, and receiving regular primary care and the screening that comes with it will decrease the burden on hospitals in the long term."

SCS

TORONTO STAR

Nov. 19, 2025

Opinion | Premier Doug Ford seems to think the opioid crisis no longer exists. He could not be more wrong

By Lhamo Dolkar and Doris Grinspun, Contributors

Lhamo Dolkar is a practicing NP and the president of the Registered Nurses' Association of Ontario (RNAO). Dr. Doris Grinspun is RNAO's chief executive officer.

Another life-saving health service in Ontario is about to disappear — not because it failed, but because the government chose to end it.

In a matter of days, the consumption and treatment services (CTS) site at Parkdale Queen West Community Health Centre will be **forced to close its doors**. Staff at the Toronto-based site were told last month that funding would be cut and that operations must wind down within 30 days.

It is a devastating decision at a time when this and 14 other sites across Ontario are needed most.

Housing

BARRIE TODAY

Sept. 13, 2025

LETTER: Homeless people deserve dignity, not to be 'demonized'

'Without an adequate system in place, people will continue to fall through the cracks,' says RNAO chief executive officer

Climate change

THE HILL TIMES

Oct. 8, 2025

OPINION | BY LHAMO DOLKAR, DORIS GRINSPUN

Climate action is crucial for Canadians' health



RNAO ✓
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Promote



In this [@TheHillTimes](#) op-ed, RNAO CEO Dr. [@DorisGrinspun](#) urges the federal government to be at the table for an international conference aimed at a just transition away from fossil fuels.

"Canada should not be absent from this search for pathways toward a more secure and healthy, low-carbon future."

Read (paywalled): hilltimes.com/2026/04/20/a-j...

REPORT ON RESOLUTIONS FROM 2025 AGM

RESOLUTION

HOME CARE RESOLUTION

Authors: RN Rob Samulack, RN Marcelle Thibeault, and RN Mychele Rheaume

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) advocate for transformative structural changes and funding improvements within the public health-care system to significantly expand access to home care to meet the needs of every Ontarian, regardless of socioeconomic status or geographical location.

BE IT FURTHER RESOLVED that RNAO advocates for regulatory changes that provide a wage parity structure (that is, harmonized pay scale with factors for registration class and specialty training) for all nurses in Ontario regardless of work setting to facilitate workforce stability across all work settings including community.

2025-2026 PROGRESS UPDATE

RNAO's advocacy on this resolution reinforces its long-standing commitment to prioritizing support for home and community care and ensuring adequate compensation across sectors. RNAO has consistently called for the upward harmonization of compensation across sectors to address systemic pay disparities affecting nurses in primary care, home care and long-term care (LTC). These priorities have been advanced through multiple policy reports, pre-budget submissions and the association's [Enhancing Community Care for Ontarians \(ECCO\) series](#), including ECCO 4.0, which sets out comprehensive recommendations to strengthen community care and stabilize the workforce.

In its 2026 [provincial pre-budget submission](#), RNAO called on the government to permanently increase funding and transform home care delivery in Ontario through the implementation of a relational funding model. RNAO emphasized that this model should support comprehensive home and community services, address existing pay disparities within the health system and advance the upward harmonization of compensation across sectors, particularly in primary care, home care and LTC.

RNAO and the resolution's authors also engaged with key stakeholders to explore opportunities to advance wage parity in home care. These discussions included meetings with MP Jonathan Wilkinson and Linda Silas of the Canadian Federation of Nurses Unions, during which concerns were raised about low RN wages in home care and the need for a harmonized provincial pay scale.

RNAO will continue to demonstrate its commitment to the home and community care sector by pursuing opportunities to advance this resolution through future ECCO publications and ongoing engagement with system partners.

RESULTS

RNAO responded to government announcements on home care funding in November 2025, welcoming the continued \$1.1 billion investment over three years to protect and expand home care. At the same time, the association emphasized that further action is needed.

Specifically, strong home care can reduce pressure on hospitals and LTC, but any funding must be matched by action to stabilize the workforce and address pay inequities.

RNAO further integrated this resolution into its broader advocacy efforts focused on health system transformation and workforce stability. Engagement with key stakeholders highlighted structural and jurisdictional challenges that will guide RNAO's ongoing work to advance equitable funding models and workforce strategies, particularly in home and community care.

RESOLUTION

MAXIMUM ALLOWABLE INDOOR AND WORKING TEMPERATURES

Authors: RN Philicia Joseph, RN Rob Samulack, RN Josalyn Radcliffe, NP Cailin Doyle, Elwad Ahmed (BScN student), RN Hilda Swirsky, RN Nancy Brookes, and RN Emma Ayukawa on behalf of the Ontario Nurses for the Environment - Infirmiers/Infirmières de l'Ontario pour l'environnement

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) urges the provincial government to include air conditioning and classify cooling as vital services so landlords are obligated to supply air conditioning or cooling systems within all habitable spaces in rental units.

BE IT FURTHER RESOLVED that RNAO advocate for whatever policy means available at all levels of government to push for maximum allowable indoor temperature of 26°C in residential dwellings, congregate living and health-care facilities as well as workplaces (workplace exemptions could exist so long as occupational safety mechanisms are put in place), and advocate for changes to the Labour Code to include guidelines for safe outdoor working conditions in high temperatures.

2025-2026 PROGRESS UPDATE

RNAO interest group Ontario Nurses for the Environment - Infirmiers/Infirmières de l'Ontario pour l'environnement (ONE-IIOE) has participated in several initiatives, with periodic staff support, including:

- the National Advisory Committee of the Canadian Coalition for Green Health Care's project, funded by Health Canada to identify low-carbon heat mitigation solutions in health-care settings
- a two-year RentSafe project to help mobilize strategies for climate resilience in low-income rental housing by tackling concerns about mould, degraded air quality and the impact of climate change and extreme weather on vulnerable tenants

RNAO has also drafted an op-ed in support of the City of Toronto's initiative to pass a maximum temperature bylaw at its May 2026 council meeting. Further, RNAO is encouraging municipalities across Ontario to address this health and safety issue by implementing maximum temperature bylaws. We have engaged the Association of Municipalities of Ontario and offered our support to any municipalities taking such an initiative.

RESULTS

While advocacy remains ongoing, developments suggest growing municipal recognition of the need for maximum allowable indoor-temperature standards in rental housing complexes. RNAO is hopeful that the City of Toronto, having studied and discussed this issue for many years, will finally pass and implement a maximum temperature bylaw in May.

RESOLUTION

CLINICAL NURSE SPECIALISTS EXPANDED FORMULARY PRESCRIBING AUTHORITY

Authors: CNS Dr. Paul-André Gauthier on behalf of the Clinical Nurse Specialist Association of Ontario

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO), in collaboration with the Clinical Nurse Specialist Association of Ontario (CNS-ON), develop and present a detailed proposal outlining the benefits and framework for clinical nurse specialist (CNS) prescribing authority in Ontario, including an expanded formulary (to prescribe) appropriate to the area of specialization.

2025-2026 PROGRESS UPDATE

RNAO staff and members of the Clinical Nurse Specialist Association of Ontario met with Silvie Crawford, chief executive officer of the College of Nurses of Ontario (CNO), on Nov. 6, 2025, to discuss expanded formulary prescribing authority for CNSs. RNAO held a webinar on Dec. 3, 2025, which explored the lived experiences of RNs who prescribe. The CNO's director of professional practice, RN Maya Nikoloski, was in attendance.

RESULTS

The discussion underscored the essential role of CNSs in Ontario's health system, while also highlighting concerns about the lack of title protection and the absence of specialized graduate education and an entry-to-practice licensure examination needed to standardize the advanced practice competencies required for title protection. Without these safeguards, the CNS role remains vulnerable to inconsistent qualifications. The CNO committed to exploring the issues raised and expressed openness to continued dialogue with RNAO.

Meanwhile, RNAO continues to advocate for the expansion of RN prescribing education across the province to ensure all BScN programs prepare graduates for this important scope of practice. Recent efforts include the [association's 2026 provincial pre-budget submission](#), another submission on [proposed amendments to the general regulation under the Pharmacy Act](#), and the RNAO Political Action Bulletin on [Ontario's primary care crisis](#). These efforts aim to ensure that RNs and those practising as CNSs can work within an expanded formulary.

Since June 2025, the province has approved four BScN programs to integrate RN prescribing within the nursing curriculum at Carleton University, Georgian College, Humber Polytechnic, and the University of Windsor. This milestone makes Ontario the first jurisdiction to embed this competency at the entry-to-practice level, reflecting RNAO's sustained advocacy and commitment to health system transformation.

RESOLUTION

THE NEED FOR A COMPREHENSIVE PROVINCIAL ALCOHOL STRATEGY

Authors: RN Jacqueline Deroo and RN Mathew McGuigan on behalf of the Community Health Nurses' Initiatives Group

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) strongly recommend that the provincial government implement a comprehensive alcohol strategy developed with recommendations by the Canadian Alcohol Policy Evaluation (CAPE) Project and written with the support of a multidisciplinary panel of experts, including local public health and people with lived experience.

BE IT FURTHER RESOLVED that RNAO strongly recommend that both the provincial and federal governments implement a tax or pricing system that covers the growing deficit alcohol causes each year.

2025-2026 PROGRESS UPDATE

RNAO continues to work closely with national and provincial organizations to implement alcohol-related public policy informed by public health. For example, we partnered with the Canadian Centre on Substance Use and others to send a letter to federal, provincial and municipal leaders with five key messages:

- Public health must be central to alcohol policy.
- Easier access will increase harm.
- A whole-of-government approach is essential.
- People living in Canada deserve consistent, evidence-based messages.
- The organizations signing the letter (including RNAO) are positioned to convene a national dialogue.

In Canada, the federal government has legislative authority over several alcohol policy areas including excise taxes, advertising restrictions, impaired driving laws, and product labelling. RNAO's federal-level efforts have included:

- sending a [letter in the fall of 2025](#) to a Senate committee in support of draft Bill S-202, which would mandate warning labels on alcohol across Canada
- co-signing a [joint letter in March 2026](#) to the federal minister of finance calling for the lifting of the freeze on annual inflation-adjusted increases to the federal alcohol excise tax

RESULTS

Despite the efforts of experts and advocates for healthy public policy, the provincial government remains steadfast in its policy of expanding access to alcohol and opportunities to consume it. For example, having already expanded the alcohol marketplace significantly in early 2025, the province announced a plan to expand availability of "bring-your-own/ tailgate" permits for outdoor community events.

At the federal level, Bill S-202 has passed the Senate committee stage and is currently at third reading. RNAO's joint effort to lift the federal freeze on alcohol excise tax increases has not succeeded at this time. In recent months, the federal government elected to extend the two per cent cap on annual excise tax increases for an additional two years. However, the government has to date resisted sustained industry lobbying efforts to abolish excise tax increases altogether.

RESOLUTION

PROVISION OF INTERPRETATION SERVICES FOR REFUGEES IN HEALTH CARE

Authors: RN Janet Hunt, RN Amina Al Rohani, RN Olufemi Osadare, and RN Karima Cassidy

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) advocate to both federal and provincial governments for the establishment of comprehensive, publicly funded, 24-hour interpretation services for refugees and other language minorities in health-care settings.

BE IT FURTHER RESOLVED that RNAO call for the inclusion of professional interpretation services as a mandatory component of health-care accreditation standards, ensuring that all people can access culturally and linguistically appropriate care.

2025-2026 PROGRESS UPDATE

RNAO called directly for funding in support of this motion in its [2026 provincial pre-budget submission](#). In broader terms, RNAO has also addressed its concerns with increasingly inequitable access to health care for refugees and other vulnerable populations eligible for the Interim Federal Health Program (IFHP). In response to the 2025 federal budget's massive cut in funding to the IFHP, and the implementation of co-payments, RNAO issued an [open letter](#) of protest to the federal Minister of Immigration and a [related Action Alert](#). RNAO CEO Dr. Doris Grinspun also [co-authored an op-ed](#) with Syed Hussan, executive director of the Migrant Workers Alliance for change.

RNAO is also addressing this motion through its ongoing work on primary care attachment. Evidence shows that highly diverse neighbourhoods, populated by newcomers to Canada, have significantly lower primary care attachment rates. So, for example, our federal pre-budget submission urged the federal government to fulfill the promise of medicare by, in part, addressing the country's primary care crisis and ensuring meaningful attachment for all Canadians – including those marginalized by culturally unsafe health institutions and practices. Our ongoing work on primary care is focused on the further development of a culturally safe, people-centred model of care set out in detail in RNAO's [Enhancing Community Care for Ontarians \(ECCO\) series](#) of reports.

RESULTS

RNAO continues to push back on federal cuts to the IFHP. Ontario's Primary Care Action Team continues working towards its stated goal of attaching two million Ontarians by 2029. RNAO will continue to advocate for equity-focused primary care expansion, including ensuring that future requests for proposals for new and expanded primary care teams explicitly prioritize cultural safety and equitable access for refugees, newcomers and other marginalized populations.

At the federal level, RNAO is heartened by the draft primary care standard recently released by the Health Standards Organization and its recognition of issues of governance and "social participation" as a necessary component of a primary care model.

RESOLUTION

IMPROVED ACCESSIBLE AND COMPREHENSIVE ORAL HEALTH CARE FOR WORKING OLDER ADULTS OF LOWER SOCIO-ECONOMIC POPULATION

Authors: RN Danupreet Mundh and RN Selasie Ametorwo

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) in partnership with other stakeholders advocate for more equitable, accessible and comprehensive dental care through the Canadian Dental Care Plan.

2025-2026 PROGRESS UPDATE

RNAO's [2025 federal pre-budget submission](#) served as our primary advocacy vehicle for this motion. In the submission, we emphasized that the current state of pharmacare, home care and dental care leaves Canadian medicare an incomplete project.

With respect to dental care, we highlighted that oral diseases and conditions are the world's most prevalent non-communicable diseases. Dental care must therefore be recognized as a necessary health service, as recommended by the World Health Organization. Eligibility for the Canadian Dental Care Plan (CDCP), however, remains very restrictive and narrowly defined. The current eligibility requirements are:

- having no access to dental insurance,
- having an adjusted family net income of less than \$90,000,
- being a Canadian resident for tax purposes, and
- having filed a tax return in the previous year.

We recommended the removal of means-testing for the CDCP.

RESULTS

The CDCP has been fully implemented as of 2025. It is estimated that approximately eight to nine million Canadians meet the eligibility criteria. To date, there are 6.4 million approved applicants – 2.5 million from Ontario, of whom approximately 1.4 million have received dental care under the program (as of late 2025). Under current eligibility criteria, the program clearly has room to grow.

There are no current plans for further expansion or extension of the CDCP's eligibility criteria. The annual eligibility review is administratively burdensome for governments and poses a barrier to coverage for many Canadians. Similarly, significant co-payments for eligible Canadians with an adjusted family net income between \$70,000 and \$90,000 also form an enormous obstacle to providing dental care to Canadians with limited financial means.

RESOLUTION

RETIRED REGISTERED NURSES IN GOOD STANDING BE ABLE TO MAINTAIN THEIR REGISTERED NURSE DESIGNATION AS RET'D. FOLLOWING THEIR NAME

Authors: Retired Nurses' Interest Group (Una Ferguson, Brenda Hutton, Adrienne Kappes and Betty Oldershaw)

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) discuss with the College of Nurses of Ontario (CNO) to allow retired registered nurses to call themselves Registered Nurses (Ret'd).

2025-2026 PROGRESS UPDATE

In November 2025, RNAO, including members of the Retired Nurses' Interest Group, [met with Silvie Crawford](#), chief executive officer of the College of Nurses of Ontario, about this issue.

RESULTS

A [letter from Silvie Crawford](#) sent to RNAO in December 2025 clarified that nurses registered in the "non-practising class" may use the title "retired" in conjunction with RPN, RN or NP (for example, Robin Doe, RN, retired) as long as they do not present themselves as entitled to practise nursing in Ontario.

RESOLUTION

ADDRESSING PAY INEQUITY BETWEEN PALLIATIVE CARE COMMUNITY AND HOSPICE NURSES AND HOSPITAL-BASED NURSES

Authors: RN Valerie Fiset on behalf of the Palliative Care Nurses Interest Group and the Community Health Nurses' Initiatives Group

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) advocates for policy changes and funding adjustments to address inequity in pay and benefits between community and hospice nurses and hospital-based nurses, ensuring upwards harmonization of compensation for equal work and the sustainability of high-quality palliative care services across all care settings.

2025-2026 PROGRESS UPDATE

RNAO has long asserted the need to harmonize nursing compensation, maintaining that nurses should receive equitable pay across all sectors of practice. RNAO has consistently framed wage parity as a health human resources (HHR), equity, and health system sustainability issue – not merely a labour issue.

Wage parity has been a sustained advocacy priority for RNAO since at least 2016. In its written submission to the [Gender Wage Gap Strategy Steering Committee](#), RNAO explicitly

recommended that the provincial government “*equalize remuneration and working conditions for RNs working in public health, primary care, hospital care, home care, rehabilitation, complex and long-term care, as well as those working in correctional settings.*” In 2023, RNAO further advanced this call by tabling a [province-wide petition](#) urging the Ontario government to implement fair and equitable compensation for nurses across all sectors.

In 2025, RNAO included a comprehensive recommendation on compensation in its flagship policy report, [Enhancing Community Care for Ontarians \(ECCO\) 4.0](#), calling on the province to “*ensure fair compensation for nurses by increasing pay, harmonizing wages upward to address sector disparities, and aligning compensation with competing jurisdictions.*” RNAO reiterated the need for wage harmonization in its [2026 provincial pre budget submission](#) and through multiple [political action bulletins and fact sheets](#) addressing Ontario’s RN crisis and primary care crisis. Notably, the pre budget submission explicitly identified persistent wage disparities between nurses working in hospice and palliative care and those employed in hospital-based settings.

RNAO has continued to engage key partners and stakeholders to advance sector-wide wage parity. As outlined in Resolution 1, RNAO raised these concerns with federal MP Jonathan Wilkinson and Linda Silas, President of the Canadian Federation of Nurses Unions, emphasizing the detrimental impact of sector based wage disparities on retention, mobility, workforce stability, and underscoring the need for harmonized compensation frameworks.

More broadly, RNAO has consistently called on the provincial government to guarantee competitive nursing compensation (comparable to other jurisdictions, including the United States) while harmonizing wages upward to eliminate sectoral disparities and increasing compensation across all nursing roles, domains, and practice settings.

RESULTS

The Ontario government has taken some concrete steps to address nursing wage disparities across sectors, including home and community care and long-term care (LTC). However, available evidence indicates that these actions have reduced, but not eliminated, sector-based wage gaps, particularly for nurses working in community based, hospice, and palliative care settings.

Key measures include the repeal of legislated wage suppression under Bill 124 and the implementation of retroactive wage adjustments in 2024. In addition, arbitration awards delivered provincewide wage increases of approximately 11.5 per cent over two years for nurses in the LTC sector. While these increases narrowed the compensation gap between hospital and LTC nurses, a measurable disparity remains. The province has also announced increased investments in home and community care funding to improve access and service delivery. However, these funding enhancements do not automatically translate into hospital equivalent hourly wages for nurses employed in those sectors.

While RNAO acknowledges the repeal of unconstitutional wage suppression, arbitration driven wage increases in LTC, and additional funding commitments in home and community care, Ontario remains far from achieving true sector based and domain specific wage parity.

RNAO continues to advocate for the elimination of wage disparities across sectors and within nursing roles and domains. Compensation remains a critical determinant of RN retention,

recruitment, and workforce mobility. As nursing scopes of practice continue to expand across different settings, the urgency of addressing wage parity – both across sectors and within practice domains – has become increasingly pronounced.

RESOLUTION

RNAO TO URGE FEDERAL, PROVINCIAL, AND TERRITORIAL GOVERNMENTS TO ALLOW NPS AND RNS TO PROVIDE AND ADEQUATELY BILL MEDICALLY NECESSARY PRIMARY CARE UNDER THE UNIVERSAL CANADA HEALTH ACT WITHOUT ADDITIONAL USER FEES

Authors: RN Adrienne Kappes, Algoma Chapter, and RN Dorothy Klein

THEREFORE BE IT RESOLVED that Registered Nurses' Association of Ontario (RNAO) members personally contact their federal member of Parliament to inform their MP of the urgent need to amend the Canada Health Act permitting nurse practitioners (NP) and RNs with extended scope of practice to adequately bill a patient's provincial or territorial health-care plan for services considered medically necessary.

BE IT FURTHER RESOLVED that RNAO members urge the Ontario government to honour the five principles of the Canada Health Act (portability, accessibility, universality, comprehensiveness and publicly administered) and to recognize the services of NPs and RNs in addressing the lack of access to primary health-care providers in northern, rural and remote areas in Ontario.

2025-2026 PROGRESS UPDATE

RNAO policy department staff and the resolution authors met in November 2025 to discuss the resolution. RNAO has long advocated for universal, publicly funded primary care without user fees to ensure all Ontarians have timely and equitable access to care. RNAO's position on the implementation of a publicly funded model for NPs in primary care without user-fees has been reflected in multiple key deliverables, including:

- Action Alert asking the Ontario premier to [fund nurse practitioners in primary care](#)
- multiple submissions, such as the [Proposed Regulatory Amendments to O. Reg. 256/24 \(General\) made under the Pharmacy Act, 1991](#) on Nov. 25, 2025 and provincial pre-budget submissions (2024 to 2026)
- [Enhancing Community Care for Ontarians \(ECCO\) 4.0](#) report
- Ontario's primary care crisis [political action bulletin](#)
- [media release](#) with RNAO offer to work with Ontario government on a funding model without user fees for nurse practitioners

RESULTS

A [letter sent in January 2025 from Mark Holland](#), then federal minister of health, acknowledged the significance of the NP role and emphasized the importance of upholding the Canada Health Act (CHA). This was in response to a letter from the Ontario Minister of Health Sylvia Jones, prompted by RNAO's advocacy. In that letter, he announced that a new CHA Services Policy would take effect on April 1, 2026, ensuring that patients cannot be charged for medically

necessary services, whether provided by physicians or by other health professionals delivering physician-equivalent services, such as NPs. Under this policy, such charges are treated as extra billing under the CHA. In December 2025, federal Health Minister Marjorie Michel sent a private letter to provinces and territories directing them to provide public coverage without user fees for services delivered by NPs, midwives and pharmacists to uphold the CHA. The policy took effect on April 1, 2026, with enforcement beginning on April 1, 2027. RNAO applauded Ottawa's move and issued a [media release](#) in March 2026 demanding the Ontario government develop and implement a plan for Ontario. RNAO is eager and ready to work with the Ontario government to get a plan in place for our province.

RESOLUTION

COMPREHENSIVE MEASURES TO ADDRESS WORKPLACE VIOLENCE AGAINST NURSES

Authors: Olivia Cochrane (nursing student) and RN Kathy Moreland on behalf of the Windsor-Essex Chapter

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) call upon the appropriate ministries to implement new and expanded measures to protect nurses from workplace violence (WPV). These should include minimum standards for organizational WPV training that include de-escalation, risk assessment and self-defense techniques; reporting requirements for workplace violence trends that apply to all health-care workplaces; province-wide tracking systems for patients that have been physically violent in health-care settings; and enforcement and accountability for individuals who are knowingly violent towards nurses and nursing students across all Ontario health-care workplaces and educational settings.

2025-2026 PROGRESS UPDATE

The most significant and sustained action by RNAO on workplace violence has been the creation of a [best practice guideline on preventing violence](#), harassment and bullying against health workers and the development of implementation tools and knowledge-translation resources related to the guideline. The guideline provides evidence-based recommendations to improve safety in all health-care settings. It targets violence from patients, families, colleagues and leadership. Core components of the guideline include risk assessment, organizational policies, education and training and leadership accountability.

[RNAO's provincial pre-budget submission](#) recommended that the province formalize existing workplace violence prevention guidelines as provincial requirements for health-care employers, establishing minimum standards for risk assessment, training, mitigation, response and accountability measures, enforced through funding and oversight mechanisms.

In February 2026, Windsor-Essex Chapter's Olivia Cochrane and Kathy Moreland hosted and organized a provincewide webinar on this issue in partnership with Sigma Tau Epsilon Chapter and the RNAO Mental Health Nursing Interest Group (MHNIG). Speakers included Dr. James Brophy, Dr. Marg Keith and panelists RNAO President-Elect Sue LeBeau, Andrew Marlowe,

Chair of the MHNIG and representatives of the Registered Practical Nurses Association of Ontario (WeRPN), the Ontario Nurses' Association (ONA) and the Canadian Union of Public Employees (CUPE). The webinar attracted more than 150 provincewide participants representing all roles in the nursing family. Discussions on prevalence, shared barriers and available resources resulted in consensus on the need for a more united cross-organizational response.

RESULTS

The broad participation and organizational representation during the webinar underscore the relevance and urgency of this issue across the nursing profession. Early efforts to build upon the success of the webinar are already underway on the local front.

RESOLUTION

ASSIGNING EVERY CHILD BORN IN ONTARIO A PRIMARY CARE PROVIDER

Authors: RN Jordan Shantz on behalf of the Pediatric Nurses Interest Group

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) actively lobby Ontario Health to advocate that every child born in or residing in Ontario is assigned a primary care provider (PCP) that is accessible to them to promote health equity, improve access to care, and optimize the health outcomes of children in Ontario.

2025-2026 PROGRESS UPDATE

RNAO has a long and well documented history of advocating for universal access to primary care and comprehensive primary care reform in Ontario. As early as 2012, in its landmark report [Primary Solutions for Primary Care](#), RNAO called for primary care to be strengthened, expanded, and made universally accessible, with nurses working to full scope within interprofessional, team-based models. This position has been consistently reaffirmed over time through policy statements, submissions, and public commentary, with RNAO explicitly asserting that every Ontarian should be attached to a regular primary care provider within a team-based model of care.

The association views nurses across all classifications as essential to expanding team-based primary care, improving access and increasing patient attachment. Its recommended actions include increasing nursing education program seats, expanding nursing scopes of practice and roles within primary care, expanding access to NP-led clinics, strengthening team-based primary care models, and improving the availability and transparency of primary care data.

Over the past year, RNAO's position on primary care has been reflected in multiple key actions and deliverables, including:

- the 2025 [federal pre-budget submission](#)
- RNAO's public support of the provincial government's commitment to attach every Ontarian to a family physician or nurse practitioner working within a primary care team

- the release of [Enhancing Community Care for Ontarians \(ECCO\) 4.0](#), with specific recommendations for integrating primary care and strengthening Ontario’s primary care system
- the 2026 [provincial pre-budget submission](#)
- release of a new [political action bulletin and fact sheet](#) titled “Ontario’s primary care crisis”
- ongoing work defining the elements of a team-based primary care model aimed at increasing attachment and improving access for Ontarians, including the development of specialized primary care nursing roles
- the consultation response to the Health Standards Organization national standard draft titled “Primary Health Care Services”
- ongoing media engagement including press releases and targeted social media messaging on RNAO platforms

RESULTS

The provincial government has committed to attaching two million Ontarians to primary care by 2029. With new investments included in the 2026–27 budget, total funding for this initiative now reaches \$3.4 billion. This funding is intended to support the expansion and creation of team-based primary care organizations, the establishment of new primary care teaching clinics, the upskilling of the primary care RN workforce and the development of a new primary care medical record system. RNAO is prepared to continue working with Ontario’s Primary Care Action Team, led by Dr. Jane Philpott, to advance primary care reform.

RESOLUTION

MANDATING NURSE-TO-PATIENT RATIOS

Authors: RN Ashley Fry-O’Rourke and RN Trinity Schenk on behalf of the Hamilton Chapter

THEREFORE BE IT RESOLVED that the Registered Nurses’ Association of Ontario (RNAO) advocates to the ministry of health and provincial government to implement mandatory, evidence-based nurse-to-patient ratios for both hospital and community settings to ensure nurse safety and improved patient outcomes.

2025-2026 PROGRESS UPDATE

RNAO has long focused on addressing Ontario’s nursing crisis through evidence-based interventions. In its 2000 report, [Ensuring the Care Will Be There](#), RNAO recommended the development of guidelines to create healthy work environments as a foundation for nursing retention and recruitment. This work led to the launch of RNAO’s [Healthy Work Environments \(HWE\) Best Practice Guidelines](#) (BPG) Program in 2003. Since then, RNAO has published various HWE BPGs widely used across Ontario, Canada, and internationally. These guidelines provide evidence-based recommendations to support healthy work environments that improve nurse wellbeing, patient outcomes and organizational performance. They address key areas including workload and staffing.

RNAO continues to advocate for increased nurse staffing and support across all health sectors to ensure safe workloads and address workplace violence, staff mental health, staff wellness, and occupational health and safety. As part of this work, RNAO recommends that the government implement mandatory, evidence-based nurse-to-patient ratios (mNPR) for both hospital and community settings to ensure nurse safety and improve patient outcomes.

Over the past year, RNAO's position on healthy nursing workloads and safe working environments has been reflected in multiple key deliverables, including:

- the [2025 provincial election platform](#)
- the release of [Enhancing Community Care for Ontarians \(ECCO\) 4.0](#), with specific recommendations for integrating primary care and strengthening Ontario's primary care system
- the release of an updated [political action bulletin and fact sheet](#) about Ontario's RN crisis
- RNAO's [2026 provincial pre-budget submission](#)
- ongoing work reviewing the evidence for mNPRs, including their impact on patients and nurses, how mNPRs have been implemented in other jurisdictions, and the infrastructure required to implement mNPRs in Ontario

RESULTS

RNAO will continue to advocate for mNPRs and other measures that ensure safe nursing workloads, which will promote healthier working conditions and improved quality of patient care.

ANNUAL ENVIRONMENTAL SUSTAINABILITY REPORTING

Advocating for environmental accountability and reporting starts at home. Recognizing this, at the 2022 AGM the membership carried this resolution put forward by the then named Ontario Nurses for the Environment Interest Group (ONEIG):

BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) commits to ongoing ecological footprint reporting that incorporates environmental sustainability metrics into its publicly available annual report, including an assessment of the organization's waste, carbon footprint, and any applicable social and environmental impacts of its operations and investments.

Here is this year's report.

RNAO ECOLOGICAL FOOTPRINT REPORT: 2025–26 REPORTING YEAR

RNAO home office continues to implement policies intended to minimize our carbon footprint and contribute positively towards a sustainable future for all. These include:

- ongoing monitoring and optimization of building systems
- environmentally responsible building operations, including green cleaning practices, responsible material usage, and regular review of base building operating procedures to minimize unnecessary energy consumption

These actions have allowed RNAO's home office premises to maintain its BOMA BEST Gold certification – a high-level environmental recognition signaling continued excellence in energy, water, waste, health and wellness management. The association is also working towards implementing electric chargers in the building parking lot, recognizing the adverse impacts of fuel on the environment.

RNAO is also in the early stages of formulating a policy allowing for an annual financial contribution towards environmental and ecological causes, expected to roll out within the current fiscal year.

RNAO also continues to prioritize climate action as a key environmental determinant of health. The association has undertaken multiple initiatives to underscore the urgency of the climate emergency – including [public advocacy](#) and [federal](#) and [provincial](#) policy submissions calling for strong, evidence-based measures to mitigate climate change and protect both population and planetary health. In July 2025, after the federal government had retreated from key climate commitments, the association issued an [Action Alert urging the prime minister not to abandon climate action](#).

RNAO members participated in marches across Ontario on Sept. 20, 2025, as part of a national day of action called [Draw The Line](#), raising awareness of the need for a just and sustainable future. RNAO CEO Dr. Doris Grinspun also spoke at an Earth Day [press conference](#) on April 22, 2026, alongside environmental partners – including the Canadian Association of Physicians for the Environment, the Ontario Climate Emergency Campaign and Indigenous and youth environmental advocates – to urge the Ontario government to reinstate a climate plan.

RNAO was dismayed that the provincial government passed Bill 68 in November 2025. The legislation removed key legal requirements related to climate targets, planning and reporting – effectively enabling the expansion of fossil fuel use at a time when urgent action is needed to protect health. RNAO [continues to urge Ontario](#) to reinstate a credible, science-based climate plan.

In addition, the Ontario Nurses for the Environment - Infirmiers/Infirmières de l'Ontario pour l'environnement ([ONE-IIOE](#)) – a longstanding RNAO interest group – has taken many actions over the past year, including hosting webinars on planetary health and convening several meetings of the Greening Nursing School community of practice. (See Resolution 2, “Results” section for more information about ONE's work over the past year).

And, as part of ongoing advocacy, we [wrote to the Healthcare of Ontario Pension Plan](#) in March of 2026 recommending adoption of an enhanced [climate strategy governance dashboard](#) to govern climate-safe investment decisions.

BOARD COMMITTEES 2025-2026

BYLAWS

Sonia Chin, Board Representative and Chair
Jennifer Flood, RNAO Member
Katie Anawati, RNAO Member
Hugo Tam, Student Representative, ex officio
Marianne Cochrane, Parliamentarian, ex officio
NP Lhamo Dolkar, President, ex officio
Dr. Doris Grinspun, Chief Executive Officer, ex officio
Chevonne Cordle, Board Affairs Coordinator, Resource Staff

EDITORIAL ADVISORY

Una Ferguson, Board Representative and Chair
Sonia Chin, Board Representative
Chad Johnson, RNAO Member
Laryssa Vares, RNAO Member
Harriet Kim, Student Member
Joanne Laucius, Journalist
Jane Sims, Journalist
NP Lhamo Dolkar, President, ex officio
Dr. Doris Grinspun, Chief Executive Officer, ex officio
Marion Zych, Director of Communications, Resource Staff
Victoria Alarcon, Communications Officer/Writer, Resource Staff

EXECUTIVE

NP Lhamo Dolkar, President and Chair
Sue LeBeau, President-Elect
Dr. Doris Grinspun, Chief Executive Officer
Chevonne Cordle, Board Affairs Coordinator, Resource Staff

INTEREST GROUPS

Dr. Edward Cruz, Board Representative and Co-chair
Una Ferguson, Board Representative and Co-chair
NP Lhamo Dolkar, President, ex officio
Dr. Doris Grinspun, Chief Executive Officer, ex officio
Morgan Hoffarth, Director, Membership and Services, Resource Staff
Carrie Edwards, Senior Membership and Services Coordinator, Resource Staff

LEGAL ASSISTANCE PROGRAM (LAP)

Kathleen Pikaart, Board Representative and Chair
Adrienne Kappes, Board Representative
Poonam Sharma, Board Representative
Julia Bement, RNAO Member
Janet Hunt, RNAO Member
Catherine Olsiak, Nurse Lawyer, non-voting
NP Lhamo Dolkar, President, ex officio
Dr. Doris Grinspun, Chief Executive Officer, ex officio
Wang Ya, Director, Finance & Administration, Resource Staff, non-voting
Mara Haase, LAP Administrator, Resource Staff

MEMBERSHIP RECOGNITION AWARDS

Dr. Michael Scarcello, Board Representative and Chair
Jennifer Yoon, Board Representative
Ashley Fry-O'Rourke, Board Representative
Louise Gilbert, RNAO Member
Aya Tagami, RNAO Member
Dr. Paul-André Gauthier, RNAO Member
Hilda Konadu, Student Member
NP Lhamo Dolkar, President, ex officio
Dr. Doris Grinspun, Chief Executive Officer, ex officio
Morgan Hoffarth, Director, Membership and Services, Resource Staff
Leanne McCartney, Project Coordinator, Membership and Services, Resource Staff

PROVINCIAL NOMINATIONS

Dr. Claudette Holloway, Immediate Past-President and Chair
Danupreet Mundh, RNAO Member
Evan Gammon, RNAO Member
NP Lhamo Dolkar, President, ex officio
Dr. Doris Grinspun, Chief Executive Officer, ex officio
Chevonne Cordle, Board Affairs Coordinator, Resource Staff

PROVINCIAL RESOLUTIONS

Betty Oldershaw, RNAO Member and Chair
Meghan Cellamare, RNAO Member
Marianne Cochrane, Parliamentarian, ex officio
NP Lhamo Dolkar, President, ex officio
Dr. Claudette Holloway, Immediate Past-President, ex officio
Dr. Doris Grinspun, Chief Executive Officer, ex officio
Chevonne Cordle, Board Affairs Coordinator, Resource Staff

EXTERNAL REPRESENTATION

RNAO is represented on 70 committees, boards and working groups, locally, provincially and nationally.

COMMITTEE REPORTS

BYLAWS

The Bylaws Committee is a standing committee of the board of directors (BOD), with the responsibility to review the association's bylaws annually, evaluate recommendations for bylaw changes, and suggest revisions to bylaws aligned with RNAO's mission, values and ENDS. This year, the committee met once to review two recommendations: the first proposes that the designation "President" be used exclusively for the RNAO President, and the second addresses residency requirements for Regional Representatives within their designated regions. The committee agreed that the recommended changes should go forward to the BOD for consultation at a meeting preceding the 2026 annual general meeting.

I would like to thank the committee members for their participation in the business of the committee and home office staff for their support.

*Sonia Chin, RN
Chair*

EDITORIAL ADVISORY

The Editorial Advisory Committee (EAC) is made up of RNAO board members, general nursing members, a nursing student and journalists who collaborate with the communications team to review RNAO's online publication RNJ. Over the past year, the committee provided feedback

on two issues of the journal. The Spring–Summer 2025 issue marked RNAO's 100th anniversary, highlighting the association's rich history and the many programs and initiatives that continue to support the nursing profession. It also included stories on youth champions emerging as mental health leaders, Nursing Week activities and a profile of an internationally educated nurse from the Philippines. The Fall 2025 issue focused on gaps in perinatal health care in northern Ontario, RNAO's first-ever global summit, and the role of membership in strengthening nursing across generations.

Committee members shared thoughtful, constructive feedback and ideas for future issues, ensuring that RNAO's priorities and mission were consistently reflected. As chair of the committee, I would like to thank all committee members and the communications team for their dedication, collaboration and insightful contributions.

*Una Ferguson, RN (retired)
Chair*

EXECUTIVE

The Executive Committee is made up of the president, president-elect and chief executive officer, with the RNAO board affairs coordinator as a staff resource. The purpose of the committee is to ensure governance best practices for the association and committees

of the board of directors. The committee met 25 times during the past year. Meetings focused on key issues related to leadership succession planning, RNAO's financial investments, advocacy and outreach efforts related to equity, diversity and inclusion, internationally educated nurses, wage inequity, and nursing practice and wellbeing.

The committee is pleased to report on another year of robust and sustainable financial results for the year ending Oct. 31, 2025. At year end, BDO, the association's external auditor, presented its unqualified opinion to the board of directors. The board and the executive committee are satisfied that the financial statements adequately disclose the scope of our activities during the reporting period.

I would like to thank the committee, board of directors and RNAO staff for their support and significant contributions to the committee's work this year.

*NP Lhamo Dolkar, RN(EC), MN,
CCN
President and Chair*

INTEREST GROUPS

The Interest Groups Committee met twice over the past year and also hosted a virtual Open Mic Night, providing members with opportunities to connect, share ideas, and engage in meaningful dialogue.

During the Nov. 21, 2025 meeting – a collaborative initiative between RNAO chapters and interest groups – participants had the opportunity to attend three of the following sessions:

- Mobilizing for Political Action and Advocacy
- Sage + Budgeting
- M365 Features
- Event Planning

The Feb. 27, 2026 in-person meeting included updates from Home Office regarding upcoming elections and the call for Consultation Representatives. Discussions also explored the use of artificial intelligence within interest groups, as well as insights from the Ontario Nurses for the Environment, who shared strategies their group is using to adapt to increasingly busy schedules.

We would like to extend our sincere thanks to all committee members and staff for their ongoing involvement, collaboration, and commitment to advancing the work of the Interest Groups Committee over the past year.

*Dr. Edward Cruz, RN, PhD and
Una Ferguson, RN (retired)
Interest Group
Representatives, RNAO Board
of Directors*

LEGAL ASSISTANCE PROGRAM (LAP)

The Legal Assistance Program (LAP) committee meets on a regular basis to consider and approve non-routine requests for assistance under

the program (all files are presented anonymously), to monitor trends, and make recommendations to the board of directors. Committee members are always pleased to speak on matters of interest to chapters, regions without a chapter, or interest groups. The committee welcomes feedback about trends observed in the profession.

Since its inception, LAP has supported more than 6,300 registered nurses and nurse practitioners in a variety of professional and employment matters. The majority of legal cases supported by LAP are related to complaints and reports to the College of Nurses of Ontario, termination from employment, including wrongful and constructive dismissal, employment contract review and other employment advice.

The program also provides access to employment relations counselling, educational presentations, local and regional events, webinars, and articles in RNJ on legal issues relevant to nursing practice, such as documentation, privacy and confidentiality, independent practice and working with unregulated care providers. This past year, LAP sponsored nine legal education webinars on various topics, which attracted more than 1,600 registrants.

I would like to thank the LAP committee members and home office staff for their

dedicated work and support over the past year.

*Kathleen Pikaart, BSc (Hon),
BScN, RN
Chair*

MEMBER RECOGNITION AWARDS

Each year, RNAO recognizes individuals and groups that make significant contributions to the association's mandate of speaking out for nursing and speaking out for health. The Member Recognition Awards Committee provides oversight and support for the RNAO Recognition Award selection process in collaboration with home office.

The committee received 48 nominations for consideration this year, reflecting a notable increase in member engagement. Using a blind nomination process, the committee reviewed submissions across 15 award categories that showcased excellence in the profession through clinical practice, policy, education, research, and administration, among other areas. These prestigious awards will be presented at various events throughout the year.

I would like to sincerely thank the committee members for their dedication, thoughtful contributions, and the time they devoted to reviewing and judging the submissions. Their professionalism and careful consideration were essential to the strength of the selection process. I also extend my

thanks to home office staff for their valued support in streamlining processes, which helped facilitate the committee's work.

*Dr. Michael Scarcello, DNP,
CNS, RN
Chair*

PROVINCIAL RESOLUTIONS

The Provincial Resolutions Committee is made up of general members of the association, the president, CEO, and parliamentarian. The committee reviewed 22 member resolutions received by the deadline (Jan. 31, 2026). The committee met on three occasions to discuss the resolutions. After reviewing

the criteria for assessing and strengthening resolutions, the committee decided that 17 should be brought forward for discussion and decision at the AGM. Four resolutions were not carried, and two were merged into one resolution.

Members are reminded that resolutions can be submitted at any point during the year, up to the deadline. If resolutions are submitted ahead of the deadline, the committee will assess them via email and provide feedback to the submitters. This gives submitters more time to prepare their resolutions thoroughly before the deadline.

Resolutions brought forward by an association member as an additional new business item before the AGM's start of business will not be accepted per RNAO Policy 6.07(5). The association's board of directors has the right to submit a resolution any time up to the date of the AGM.

On behalf of the committee, I extend sincere thanks to the membership for their thoughtful and well-prepared resolutions, and to the committee members and home office staff for their dedication and hard work.

*Betty Oldershaw, RN
Chair*

RNAO BOARD OF DIRECTORS 2025-2026



Dr. Doris Grinspun,
Chief Executive Officer



NP Lhamo Dolkar,
President



Sue LeBeau,
President-Elect

REGIONAL REPRESENTATIVES



Joseph Lawson
Region 2
(June 2024-August 2025)



Huda Mohamed
Region 2 (effective
November 2025)



Ashley Fry-O'Rourke
Region 3



Poonam Sharma
Region 4



Lalezar Tüner
Region 5



Jennifer Yoon
Region 6
(June 2024-April 2026)



Sonia Chin
Region 7



Kathleen Pikaart
Region 8



NP Devaloise Hatchou
Region 9 (effective
November 2025)



Dania Versailles
Region 10



Adrienne Kappes
Region 11



Dr. Michael Scarcello
Region 12

INTEREST GROUPS' REPRESENTATIVES



Una Ferguson



Dr. Edward Cruz

STUDENT REPRESENTATIVE PUBLIC REPRESENTATIVE



Hugo Tam



Dr. Ed Connors/
Tecumseh
Knowledge Keeper

Region 1 is vacant

#RNAOAGM

[RNAO.CA](https://rnao.ca)

May 2026