

ANNUAL
REPORT
2024-2025

R N A O

100



*years of
action &
impact*



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REPORT
2024-2025



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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

For more than a century, the Registered Nurses' Association of Ontario (RNAO) has been the professional home for nurses and a beacon of strength for Ontarians.

This year's annual report marks the celebration of RNAO's 100th anniversary. This historic milestone is both a tribute and a testament: a tribute to the visionary women who founded the association in 1925, and a testament to the unwavering mission that continues to guide us today. A mission and a legacy of knowledge, conviction and courage that remains the foundation on which RNAO and its 54,400 members proudly stand.

Within these pages, we highlight extraordinary achievements across a century of nursing vision, leadership and advocacy. We reflect on how generations of RNAO members have shaped the future of nursing and advanced the health of individuals, families, and communities. Over the past three decades, RNAO's reach has expanded to embrace the social and environmental determinants of health, deepening our understanding of the vital links between clinical practice, public policy, equity and sustainability.

RNAO has always led with purpose and impact – from our early push for self-regulation in the 1930s, to our stand against hospital cuts in the 1990s and our steadfast advocacy since the 2000s for full-time employment, expanded scopes of practice for RNs and NPs, evidence-based care, and a strengthened universal health system. In the 2020s, amid the COVID-19 pandemic, RNAO continued to lead, advocating for nurse safety and for healthy work environments, advancing equity and reconciliation, and speaking out vigorously for those most marginalized.

We have consistently called on governments and health organizations to confront systemic inequities and better support nurses and patients from equity-deserving communities. Our commitment to advancing equity, diversity and inclusion is embedded in our policy submissions, federal and provincial election platforms, and expanded reflections of our In Focus web pages – each designed to mobilize knowledge and inspire action on pressing nursing, health and health-care issues. In late May, we launched the [Climate and Environment web page](#), which profiles two decades of RNAO's advocacy to advance the environmental determinants of health – factors that too often impact the most marginalized populations.

continued on p.3

RNAO's groundbreaking clinical work has cemented nursing as a knowledge-based profession. Our internationally acclaimed [Best Practice Guidelines \(BPG\) Program](#) – now marking its 26th year – equips nurses, nursing students, other health professionals and organizations with the evidence needed to deliver the highest quality of people-centred care. Through the [Best Practice Spotlight Organization® \(BPSO®\) Program](#), we continue to foster evidence-based cultures around the globe. At this year's 100th AGM celebration, we proudly welcome 10 newly designated BPSOs to the more than 1,500 existing ones – all organizations that advance better health through implementation science and rigorous evaluation.

We are especially pleased to share that [Transforming Nursing Through Knowledge](#) – the comprehensive 2018 textbook chronicling the BPG Program and its methodology – is now available as a free downloadable e-book. This open-access resource powers nurses and interprofessional teams around the world – offering both visionary insights for large-scale initiatives and practical guidance on developing, implementing, and evaluating knowledge tools in health care.

At the heart of RNAO's achievements are you – our members. Your unwavering dedication and leadership through chapters, regions and interest groups, your participation in Queen's Park on the Road and Take Your MPP to Work – all reflect the vitality of your role in strengthening our profession and advancing health for all in Ontario and beyond.

We are formally celebrating RNAO's centenary at our 100th Annual General Meeting, a landmark event with more than 700 registrants, including 250+ consultation representatives who will debate 12 member-driven resolutions. Each resolution reflects the knowledge, passion and engagement of an association truly owned by its members.

We mark this milestone with the launch of our vibrant [100 Years of RNAO webpage](#). This annual report also features a richly illustrated retrospective – RNAO Through the Decades – capturing the association's journey and advocacy milestones over the past century.

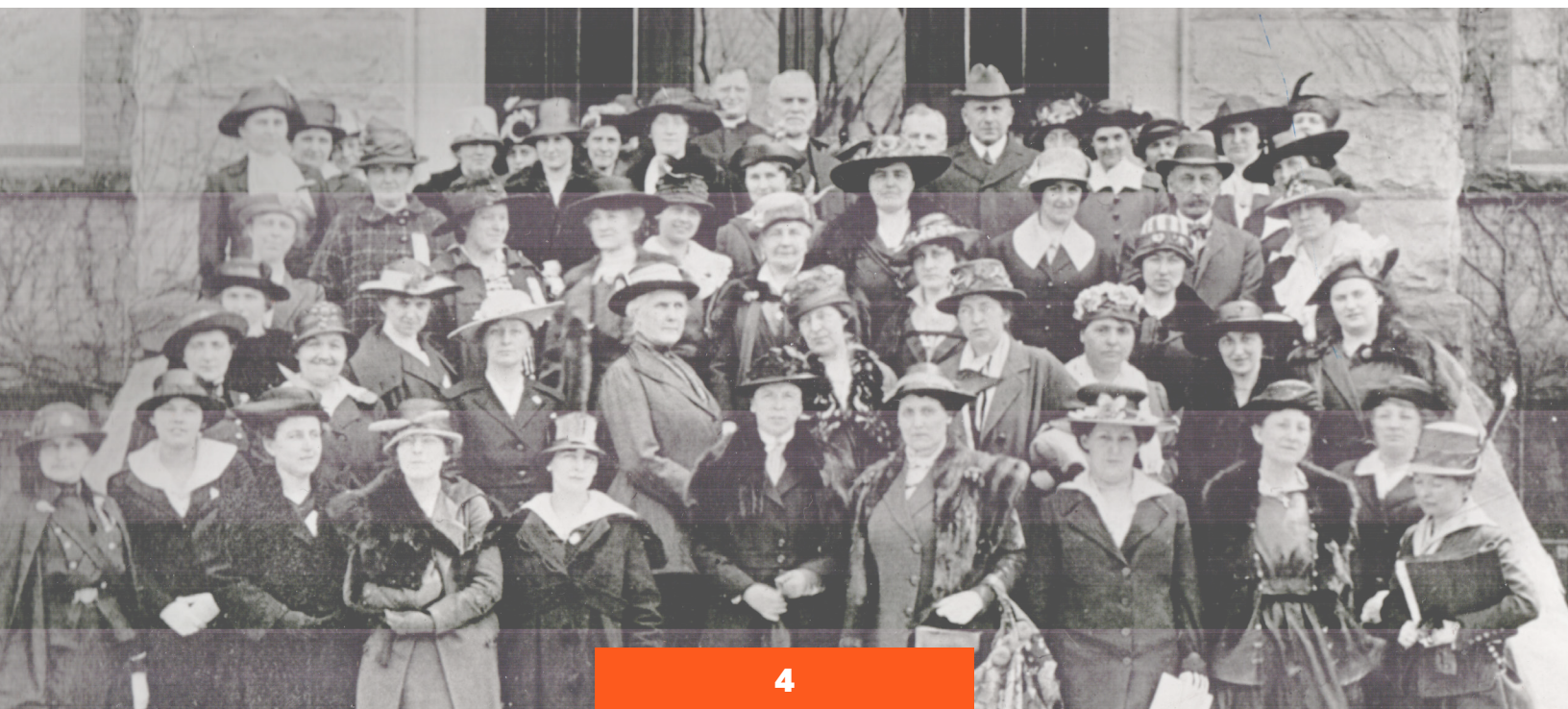
As we look back with pride, we also look ahead with purpose. The work continues – and RNAO stands ready to meet the opportunities and challenges of the next century with strength, clarity, and commitment.

On behalf of the board of directors and staff, we thank you for your enduring commitment. Your support fuels our voice and powers our mission. Together, we are building a healthier future.

100 *years of action & impact*

One hundred years ago, the association known as RNAO began. However, the seeds of its existence were planted years before when a group of nurses from Toronto General Hospital travelled to Buffalo, New York in 1901 to attend a meeting of the International Council of Nurses. That meeting sparked interest among them to form a provincial association. This group was called the Graduate Nurses' Association of Ontario (GNAO).

Members of the Graduate Nurses' Association of Ontario meet in London, Ontario in 1918.



100 years of action & impact

1920s



Florence Emory was RNAO's first official president in 1926.

526 members belonged to RNAO when Florence Emory first became president, which doubled to 1,070 by the end of that year.

Members of GNAO took their mandate seriously determining standards for nursing education, regulations on how nursing schools would operate and ensuring the public that nurses met qualifications for practice. Those efforts led the provincial government to pass the Nurses' Registration Act in 1922.

On Dec. 5, 1925, GNAO changed its name to the Registered Nurses' Association of Ontario (RNAO). It was incorporated with Edith Dickinson serving as its unofficial president. Its objectives were:

1. To advance the educational standards of nursing.
2. To maintain the honour and status of the profession.
3. To render service in the interest of the public.

RNAO's first annual general meeting took place in Belleville in 1926 with members electing Florence Emory as their first official president in April. That same year, nurses were required to write examinations to "register" in the nursing profession.

Registered Nurses' Association of Ontario
APPLICATION FOR MEMBERSHIP

Name Louise, Kate S. Date Mar 7 1926
(Full name, Surname first) Married Yes Single Yes
Yes or no

Present Address Room 323, Jackson Bldg, Ottawa Province Ont
Street

Permanent Address 322, Caroline St, North Simaria Province Ont
Street Town or City Province

Graduate of John Hopkins Hosp Town or City Country
Hospital School

Registration Number 24-224 Year of last registration 1926

Draw line through sections elected: Nursing Education, Private Duty, Public Health.

Recommended by _____ Registration No. _____ District No. _____

Endorsed by _____ Convener of District Membership Committee

Endorsed by _____ Secretary of District No. 8

Approved by Membership Committee R.N.A.O. N. Foreman Convener

Approved by Board of Directors Edith Schelby Secretary. Date Aug 25/26

A 1926 RNAO membership card.

100 years of action & impact

1930s

The association continued its role in developing standards for nursing education and practice. As part of its commitment to hold the nursing profession to a high standard, RNAO closed 37 nursing schools it said did not meet the new standards. The association also took the important step of protecting the title “registered nurse” by making registration mandatory.

True to its pledge to encourage the professional development of nurses, it created a special fund (later known as the Permanent Education Fund) to help nurses who wanted to further their education by taking additional courses.



Prospective nurses preparing to write the provincial nursing exam in 1933.

A nursing examination identification card from 1934.

REGISTRATION OF NURSES
PROVINCE OF ONTARIO
IDENTIFICATION CARD

To the Presiding Officer. Examination Centre. General Hospital, Sp. Catharines, Ont.
Admit Barclay, Margaret A.
Examination Number. # 92 to examination for Registered Nurse being held
November 28th, 29th and 30th, 1934.

The Presiding Officer will sign for attendance of candidate at examination in space allotted below:-

(1) Anatomy and Physiology A.M. Winter (5) Obstetrical Nursing A.M. Winter
(2) Preventive Medicine and Hygiene A.M. Winter (6) Children's Nursing Miss Cooper
(3) Medical Nursing A.M. Winter
(4) Nursing in General, Orthopedic & Gynecological Surgery A.M. Winter
Demonstration of Nursing Technique (see card attached) A.M. Winter

Candidate must present this card to Presiding Officer at each session of the Examination.

READ CAREFULLY RULES ON REVERSE SIDE OF THIS CARD.

Signed D. H. Mann, Reg. N.
Inspector of Training Schools. [OVER]

100 years of action & impact

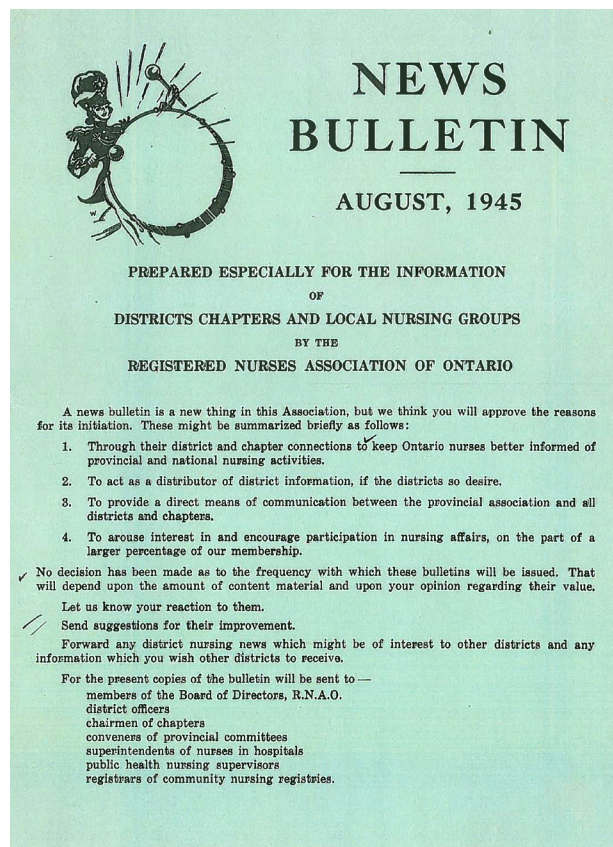
1940s

Eager to act as an important source of information for nurses, the association created its first formal publication *News Bulletin*. It also began providing legal advice to members who requested it. During World War II, RNAO responded to a request of the Provincial Committee for Civilian Defense, encouraging all nurses to add their names to a list of nurses available in the event of an emergency in their communities.

News Bulletin has evolved over the decades and has been online since 2019. It is now called RNJ.



A nurse who served in the Canadian military in 1944.



The first issue of RNAO's *News Bulletin* made its debut in August 1945.

100 years of action & impact

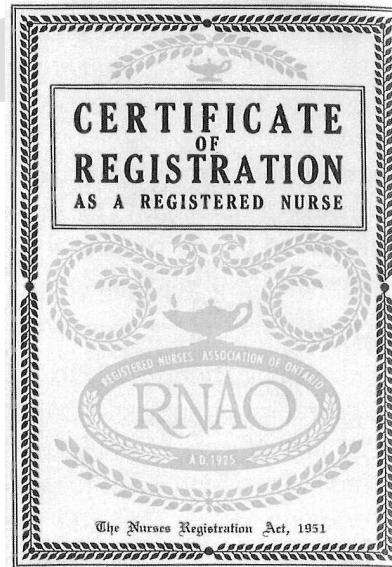
1950s

The year 1951 marked another significant milestone for the profession when the Nurses' Registration Act was passed, giving RNAO responsibility for setting standards for admission to nursing schools, courses of study, and setting examinations for registration as well as issuing, renewing and cancelling certificates of registration.

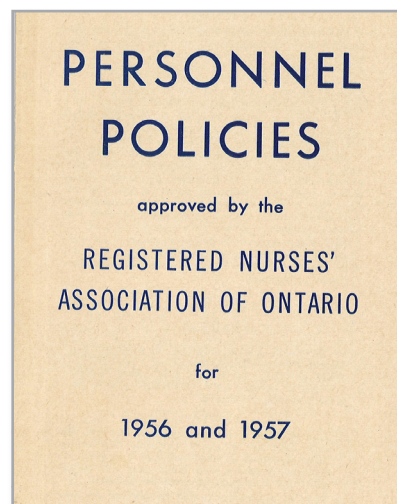
Administering the new act required more staff and, in turn, a larger workspace. In 1953, the board of directors gave its approval for a new building. Construction began in 1956, and a special ceremony was held to lay the building's cornerstone on Price Street in Toronto.

Mindful of its role to represent nursing interests, RNAO developed a series of policies for nurses and employers to ensure equitable practices across various fields of nursing such as public health agencies, clinics, doctors' offices and hospitals. The policies covered employment, hours of work, vacation, sick leave and minimum salaries for various nursing positions.

Daisy C. Bridges of the International Council of Nurses prepares to lay the cornerstone of RNAO's new building on Price Street in Toronto.

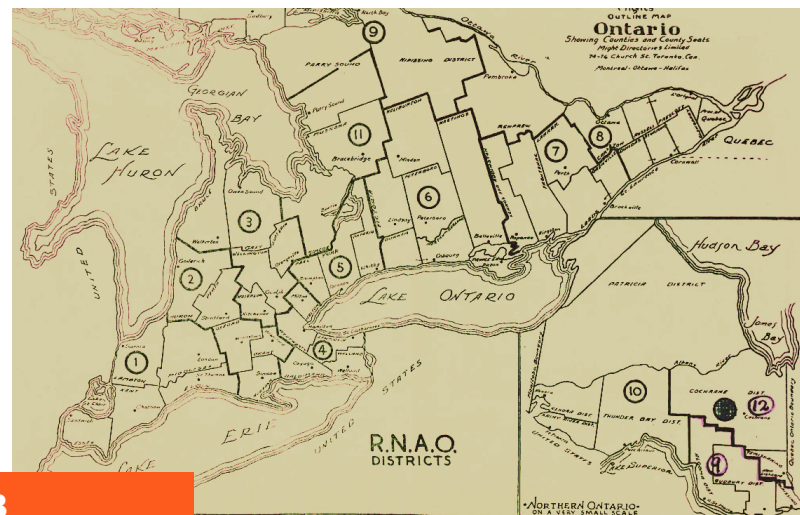


RN certificate of registration from 1951;



RNAO brochure outlines policies related to employment, hours of work and sick leave for nurses.

A map outlines RNAO districts (now called chapters and regions) from 1956.



100 years of action & impact

1960s

RNAO is credited with helping to establish the College of Nurses of Ontario (CNO). In the early 1960s, the government asked the association to examine the feasibility of setting up a separate regulatory body for nurses. RNAO laid out its findings in a document called the “Nurses Act”. The CNO was established in 1963 upon proclamation of the act, which transferred authority for the registration of nurses from RNAO to the college.

By the mid '60s, salaries and benefits for nurses were lagging even though the demand for their services exceeded the number of registered nurses in the system. In response, RNAO issued a proposal called “The Nurses’ Collective Bargaining Act”, which if adopted would give the association the right to bargain collectively on behalf of its members. Although the Ontario government didn’t act on the proposal, RNAO members endorsed the idea, providing the association with a mandate to help members when bargaining with their employers.

RNAO’s member emeritus category was created in 1967 to mark Canada’s centennial. Nurses with 40 years of consecutive membership received a commemorative pin.



In 1967, as part of its celebrations of Canada’s centennial, RNAO created a member emeritus category, granting lifetime membership to those who have belonged to the association for 40 consecutive years.

In that same year RNAO elected Albert Wedgery as its first male president.

Nurses marched towards Queen’s Park in April 1965 to press their demands for collective bargaining.

Albert Wedgery smiles broadly after being elected as RNAO president.



years of action & impact

1970s



Jocelyn Hezekiah was elected RNAO President in 1979.

During the 1970s, RNAO continued its focus on appealing to its members' needs. The association enhanced benefits by providing professional liability insurance for those who wished to enrol. Such coverage is now mandatory for all nurses and known as professional liability protection (PLP).

After years of helping nurses bargain with their employers under the Labour Relations Act, RNAO endorsed the formation of the Ontario Nurses' Association in 1973, giving it the authority to negotiate collective agreements on behalf of nurses.

Interest groups were formally recognized as part of the association's structure during 1979 after a pilot program that began with six groups.

In 1979, Jocelyn Hezekiah was elected as president, becoming the first Black person to assume the role.

Assisting members is our raison d'être. Over the years, RNAO members and affiliates have come to expect a wide variety of services and benefits. Through membership you can save money by taking advantage of our many group programs designed specifically for your needs.

RNAO's services and benefits aid you at home and on the job. Read on . . .

Professional Liability Insurance

There is no doubt that consumer awareness has affected the health care system profoundly. More and more patients are asking questions, considering options, and occasionally refusing treatment. In some situations, patients are contesting the outcome of treatment through a lawsuit.

For health care workers, professional liability insurance is a must. RNAO's professional liability insurance plan insures you in suits of negligence for up to \$200,000 per person and \$500,000 per policy year. The policy covers damages arising from charges of professional negligence resulting in harm.


Some exceptions are such specific situations as liability assumed if you are an employer; or if you perform x-ray treatments; or actions conducted while you are hypnotized or intoxicated.

Did you know that, generally, employers do not provide professional liability insurance, although most offer their employees a third party liability plan. However, they cover only the employees' responsibilities as defined in their job descriptions.

RNAO's premiums are \$4.50 per membership year — a remarkably low cost for this valuable protection. A fact sheet on RNAO's professional liability insurance is available by writing to RNAO's business office.

★★★ Introducing ★★★

RNAO's Newest Membership Benefit



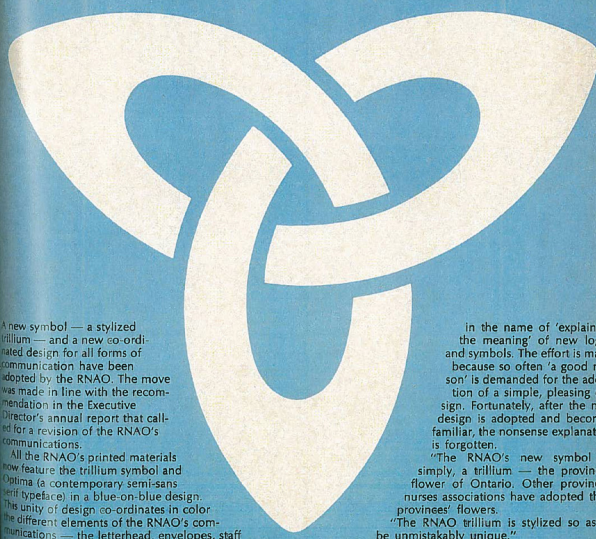
Dominion Automobile Association

<p>We've just completed negotiations with Dominion Automobile Association (DAA) for special group discount rates for RNAO members and affiliates.</p> <p>RNAO chose DAA because it offers you the widest range of major benefits and services — at attractive prices.</p> <p>When you join DAA's New Vanguard plan, you'll have access to legal defense, emergency road services and accident insurance for only \$25, a saving of \$30. If you have sufficient accident insurance, you may opt for the New Vanguard Legal Plan instead at \$17.50, a saving of \$22.50.</p> <p>An all-Canadian organization, DAA has service offices from coast-to-coast and a field force of over 500 representatives ready to respond to your motoring needs.</p> <p>Looking after the general welfare of members who travel by car is only part of DAA's program. It is also involved in safety promotion, influencing automobile legislation, and promotion of the construction and maintenance of good roads.</p>	<table border="0"> <tr> <td>New Vanguard non-member rate</td> <td style="text-align: right;">\$55.00</td> </tr> <tr> <td>RNAO member/affiliate rate</td> <td style="text-align: right;">25.00</td> </tr> <tr> <td>you save</td> <td style="text-align: right;">30.00</td> </tr> <tr> <td>annual renewal save</td> <td style="text-align: right;">37.50</td> </tr> <tr> <td>New Vanguard Legal non-member rate</td> <td style="text-align: right;">\$40.00</td> </tr> <tr> <td>RNAO member/affiliate rate</td> <td style="text-align: right;">17.50</td> </tr> <tr> <td>you save</td> <td style="text-align: right;">22.50</td> </tr> <tr> <td>annual renewal save</td> <td style="text-align: right;">25.00</td> </tr> <tr> <td>you save</td> <td style="text-align: right;">10.00</td> </tr> </table> <p>DAA's many benefits and services are outlined in 15 reasons why you should join Dominion Automobile Association. If you have any questions, do contact Lois Young, RNAO business manager, or Dominion Automobile Association 201 King Street London N6A 4T3 Telephone 519/434-2185</p> <p><small>Note: you must be a current RNAO member/affiliate to take advantage of these special group rates.</small></p>	New Vanguard non-member rate	\$55.00	RNAO member/affiliate rate	25.00	you save	30.00	annual renewal save	37.50	New Vanguard Legal non-member rate	\$40.00	RNAO member/affiliate rate	17.50	you save	22.50	annual renewal save	25.00	you save	10.00
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more . . .

RNAO NEWS/JULY/AUGUST 1979 7

RNAO added professional liability insurance to its list of member benefits in 1979.



A new symbol — a stylized trillium — and a new co-ordinated design for all forms of communication have been adopted by the RNAO. The move was made in line with the recommendation in the Executive Director's annual report that called for a revision of the RNAO's communications.

All the RNAO's printed materials now feature the trillium symbol and Optima (a contemporary semi-sans serif typeface) in a blue-on-blue design.

The unity of design co-ordinates in color the different elements of the RNAO's communications — the letterhead, envelopes, staff business cards, memos and invoices. The excep-

in the name of 'explaining the meaning' of new logo and symbols. The effort is mad because so often 'a good reason' is demanded for the adoption of a simple, pleasing design. Fortunately, after the new design is adopted and become familiar, the nonsense explanation is forgotten.

"The RNAO's new symbol is simply, a trillium — the provincial flower of Ontario. Other provincial nurses associations have adopted their provinces' flowers.

"The RNAO trillium is stylized so as to be unmistakably unique."

RNAO adopted a new logo in 1972.

years of action & impact

1980s



RNAO members advocated for wage parity for psychiatric nurses at Queen’s Park in 1985.

RNAO began the '80s by making substantial contributions to nursing and the health system, creating and sharing position papers with the health ministry on health-care costs, public health units, the role of the registered nurse in the operating room, standards for the organization and administration of nursing departments, and continuing education for RNs.

The association was also granted legal standing to represent the nursing profession at a royal commission inquiry that explored a series of mysterious deaths at Toronto’s Hospital for Sick Children. Several nurses had been suspected of murder, and one nurse, Susan Nelles, was charged. The investigation was an assault on the nursing profession. While Ms. Nelles was exonerated before the criminal case went to trial, she

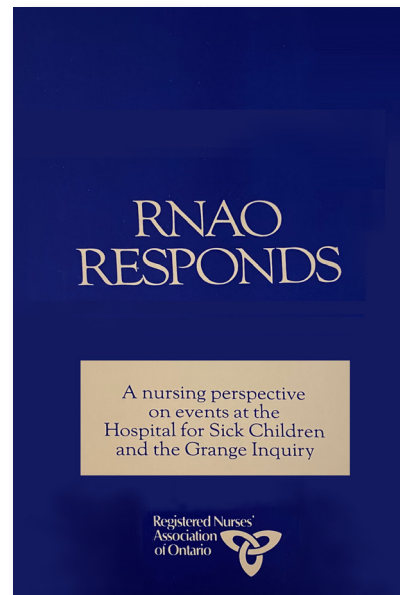
RN Susan Nelles (left) with then Waterloo Chapter president Pauline Rossander.



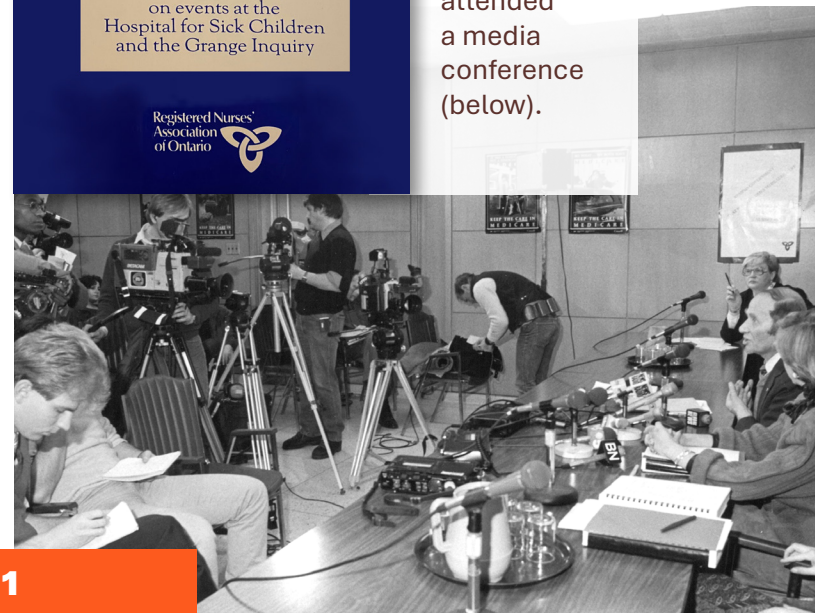
and her family suffered a terrible ordeal. Years later, it was determined that a forensic pathologist’s faulty methodology and conclusions resulted in the rush to judgement.

In 1986, RNAO established its Legal Assistance Program, a voluntary program to help nurses with legal problems that could arise in their work.

And, after years of advocacy by RNAO, changes to the Public Hospital Act in 1989 grant nurses the legal right to be part of administrative, financial and operational decision-making processes within hospitals.



In response to the Grange Inquiry, RNAO provided a formal submission (left), and attended a media conference (below).



10 years of action & impact 1990s

The 1990s was a seminal decade in the history of RNAO. The association's active participation in health policy advocacy contributed to the development and passage of the Regulated Health Professions Act.

In 1996, Doris Grinspun was appointed executive director of RNAO. She would become the association's longest-serving leader and (in 2011) its first Chief Executive Officer (CEO). Under Grinspun's guidance, RNAO expanded its focus in 1997 to include the broader nursing profession by propelling two new strategic directions: promoting health and health care by recognizing the social determinants of health and advocating for the registered nurse (RN) role within the health system.

In 1997, RNAO unveiled its new website – now known as RNAO.ca – to strengthen communication with 13,177 members, partners, and the public. That same year, it brought production of the *Registered Nurse Journal (RNJ)* in-house, giving the publication a revitalized look and editorial voice.

Between 1996 and 1997, Ontario's hospital system experienced widespread restructuring, resulting in significant nurse layoffs. In response, RNAO ushered in a new era of activism. In November 1996, the association organized candlelight vigils in Ottawa and at Queen's Park, attended by hundreds of nurses, other health providers, members of the public and politicians. The vigils garnered widespread support and media attention. In an open letter to Ontarians, RNAO denounced the downsizing

Meet RNAO's new Executive Director, Doris Grinspun

Moving the Association into the future

By Julie Abelsohn
Communications Officer

Doris Grinspun describes herself more as a mover than a shaker. It's not difficult to see why. The room vibrates with energy as she talks, her rhythm and inflection revealing her Chilean roots, her intensity revealing the passion of her convictions.

"What brings me here are these times, what is happening now in this province," says Grinspun. "Things are shaken up enough. We need someone to bring people together and move forcefully with RNAO's vision: Speaking out for health, speaking out for nursing."

Describing her most recent position as Program Director-Nursing at Mount Sinai Hospital, Toronto, as a "privileged environment for all nurses to work," Grinspun did not intend to make a career move. But urged by some members to apply for the executive position, and knowing the Association's values were congruent with her own, Grinspun believed she could make a real difference. Combined with her years of experience as an active RNAO member and board member, the move soon started to make a lot of sense.

"I'm committed to build and strengthen RNAO's influence," she says of her mission.

One of Grinspun's top priorities is to strengthen the amount of input from and involvement of members in RNAO. "The Association needs to be owned much more by its members. When you own



RNAO's Executive Director,
Doris Grinspun

something you are committed, you have a vested interest in making it work."

"At times I don't see enough active involvement. People pay their fees and become members. But then, for many reasons, they assume someone else is doing the work," she says. "We all need to do the work."

Involving individuals

She believes RNAO must operate on two levels — the individual level and the collective level. Involving people with the Association on an individual level will be one of her top priorities. She praises the work of past Executive Director Margaret Watson in involving members in various initiatives. Grinspun wants to continue that legacy and take it one step forward.

Working at a grassroots level, Grinspun plans to encourage all members to become more involved. "We will assist individual nurses in

learning the tools to speak about good health, good nursing, and the links between them — at home, at a party, and at work."

"We need to engage many more members in speaking out for health and speaking out for nursing because we have a lot to say and we are not loud enough," she says.

Grinspun also talks about using RNAO's rich, untapped resources. Retired members have a lot of expertise and a lot to offer as ambassadors of the Association. They could go to a university, a hospital, or out to the community to speak with nurses, she suggests.

Collective fuel

On the collective level, RNAO's action should focus on issues that reflect the values of the organization, have a positive impact on health outcomes and the health of people in Ontario, and serve to position RNAO, she says. "We need to strongly oppose the dismantling of nursing leadership and the replacement of professional nurses by other health care workers. It is detrimental to the quality of health outcomes of Ontario's citizens and it will cost the system more in the long term."

"We have to make it clear that fewer professional nurses means people's lives in hospitals and in the community will be affected. We must talk about nursing for the sake of Ontarians' health. We owe it to nursing but, more important, we owe it to this province," says Grinspun.

She believes RNAO has a role in ensuring the health care system is shaped to benefit the citizens of Ontario. The more relevant the



RNAO's candlelight vigil at Queen's Park on Nov. 21, 1996.

of hospitals, the dismissal and de-skilling of nurses, and the privatization of hospital support services such as food preparation, laundry, and cleaning. The association took its advocacy to local and national media.



Ontario nurses and then-RNAO executive director Doris Grinspun (far right) welcome the proclamation of NP legislation with then-health minister Elizabeth Witmer (fourth from left in the front row) and then-president Charlotte Noesgaard (third from left).

Although nurse practitioners (NP) had long delivered care across the province, 1997 marked a turning point in their formal recognition. Through persistent advocacy by RNAO and its then-interest group, the Nurse Practitioners' Association of Ontario (NPAO), the association worked closely with then-health minister Elizabeth Witmer to advance the role of NPs. In 1998, Ontario passed Bill 127: Expanded Nursing Services for Patients Act, making it the first province in Canada to legally recognize NPs and expand their scope of practice. The bill was proclaimed at RNAO's home office, with Witmer in attendance.

In 1998, reinforcing its commitment to the social determinants of health, RNAO helped launch Ontario Campaign 2000 – a coalition advocating for the elimination of child poverty. This marked the beginning of RNAO's sustained coalition-building with civil society organizations on a range of societal issues – including poverty, health-care privatization, housing, refugee rights, the environment, and harm reduction – in the decades that followed.

Also, in 1998, Grinspun presented a report titled *Putting Out the Health Care Fire: A Proposal to Re-invest in Nursing Care in Ontario* at a meeting with then-premier Mike Harris. The meeting led to the creation of the Ontario Nursing Task Force, with RNAO President Dr. Judith Shamian serving as a member. The task force's 1999 report, *Good Nursing, Good Health: An Investment for the 21st Century*, proposed measures to retain and attract nurses, improve working conditions, and ensure the profession's future vitality. Building on this, RNAO invited the Registered Practical Nurses Association of Ontario to collaborate on a second report. *Ensuring the Care Will Be There* (published in 2000) set out a comprehensive strategy for nursing recruitment and retention. Together, these two reports formed the foundation of the provincial government's nursing strategy at the time.

The *Good Nursing, Good Health* report had recommended creating clinical models that support nursing expertise in practice settings. Grinspun submitted a proposal to the Ministry of Health and Long-Term Care (MOHLTC) to fund a nursing clinical guidelines program, based on rigorous evidence appraised by nurse experts and widely disseminated. In 1999, Witmer approved multi-year funding for RNAO to lead a province-wide initiative to develop, implement, and evaluate evidence-based guidelines. This led to the creation of what would later become the world-renowned Best Practice Guidelines (BPG) Program.

Staying true to its long-standing commitment to nursing education, RNAO also launched the Nursing Education Initiative (NEI) in 1999. Funded by MOHLTC, the NEI has since provided financial support to tens of thousands of nurses pursuing continuing education and professional development opportunities.

10 years of action & impact 2000s

Shirley Douglas, the daughter of Medicare founder Tommy Douglas (third from left), joined RNAO's Executive Director Doris Grinspun (third from right) and long-time RNAO member Hilda Swirsky (far right) at a 2003 rally to protest the privatization of health care.



Then-environment minister John Gerretsen (far right) speaks at RNAO's home office following the passage of Bill 64.



The 2000s were a defining decade for RNAO – a time of innovation, determined advocacy, and far-reaching impact. RNAO began the new millennium by launching two signature advocacy initiatives: Day at Queen's Park (now Queen's Park Day) and Take Your MPP To Work. These events gave nurses a direct channel to share their experiences and insights with elected officials, strengthening the association's influence in shaping health policy.

The environmental determinants of health became central to RNAO's policy work in the early 2000s, as the association joined Ontario's growing environmental movement. Building on a 2000 resolution brought forward at RNAO's Annual General Meeting by the Brant Haldimand Norfolk Chapter, RNAO co-founded the Partnership for Pesticide Bylaws and collaborated with the Canadian Association of Physicians for the

Environment on a public campaign against pesticide use. Years of coalition advocacy led to the passage of Bill 64 in 2008 – legislation banning the cosmetic use, display and sale of pesticides, and hailed as the most progressive in North America. In 2009, RNAO hosted a celebratory event at its home office with then-environment minister John Gerretsen and environmental advocates.

RNAO's advocacy also extended into the social determinants of health. In 2005, the association dedicated a special issue of the *RNJ* to child poverty and joined a provincial anti-poverty coalition, contributing to the announcement of Ontario's first Poverty Reduction Strategy in 2008.

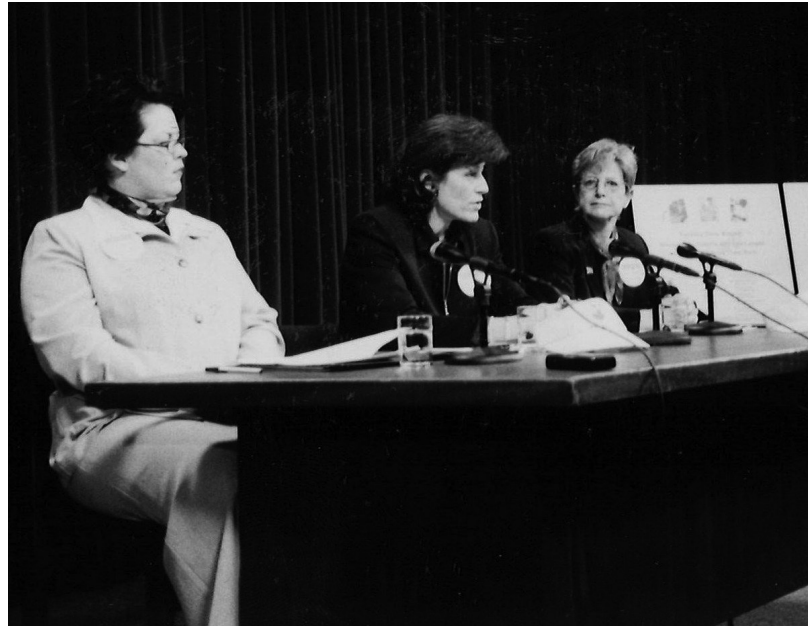
Nursing education and scope of practice continued forcefully. RNAO celebrated a major victory in 2000 when the Ontario

government amended the Nursing Act to make the Bachelor of Science in Nursing (BScN) the mandatory credential for newly licensed RNs effective in 2005 – a move the association had promoted since 1969. The government also funded the related launch and expansion of collaborative university–college programs.

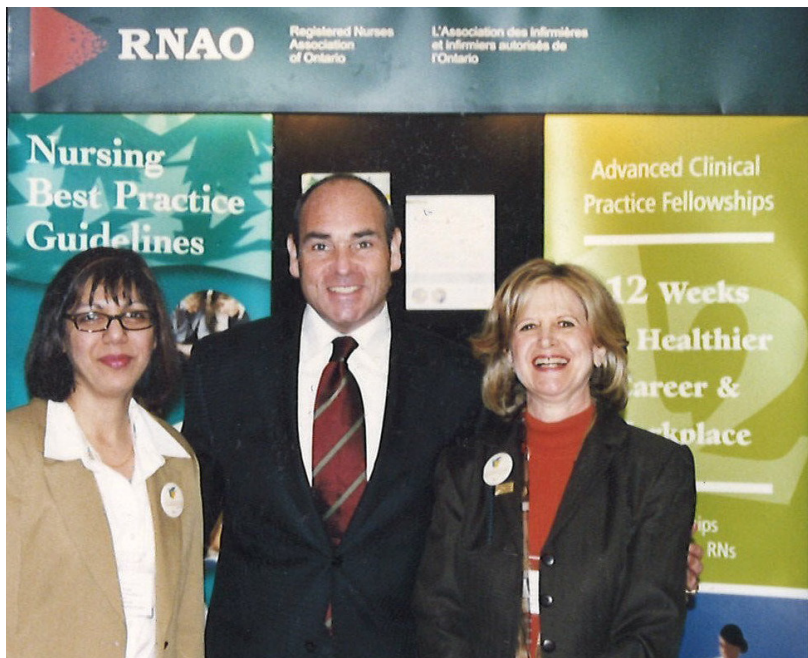
The decade was marked by an effort to stabilize the nursing workforce after the disruptions of the 1990s. RNAO’s 2001 report, *Earning Their Return*, examined the reasons why RNs were leaving Ontario and offered strategies and recommendations to entice their return, directed at both government and employers. RNAO also raised concerns about the casualization and fragmentation of nursing work, highlighting its negative effects on continuity of care, patient outcomes and nurse retention. In 2005, the association introduced *The 70 Per Cent Solution*, a report calling for at least 70 per cent of nurses in each workplace to be employed in full-time, permanent positions. RNAO’s advocacy helped pave the way for the 2007 launch of the Nursing Graduate Guarantee, which ensured that new nursing graduates would have access to full-time positions – a program that continues today.

The 2000s also established RNAO’s leadership in evidence-based practice:

- In 2002, the association published its first Best Practice Guidelines (BPG) on incontinence, constipation, falls, and pressure injuries.
- With funding from MOHLTC, in 2003 RNAO established the Best Practice Spotlight Organization® (BPSO®) Program, working with health institutions to implement BPGs and evaluate their impact on nursing practice and outcomes.



RNAO releases *Earning Their Return* during a media conference at Queen’s Park on Feb. 23, 2001. From left: RN Leigh Fairbrother, then-RNAO president Shirlee Sharkey and then-executive director Doris Grinspun.



Then-health minister George Smitherman (centre) attends RNAO’s Best Practice Spotlight Organization® Program launch with Tazim Virani (inaugural director of the IABPG Centre) and RNAO’s Executive Director Dr. Doris Grinspun on March 13, 2004.

Participants chat at the inaugural BPG champions network workshop in June 2002.



Nurses attend RNAO's media conference at Queen's Park calling for a public inquiry into SARS (June 9, 2003).



- The development of the Healthy Work Environment Best Practice Guidelines also began in 2003, focused on nurse health and wellbeing, patient outcomes, and organizational performance.
- Also launched during this decade was the Best Practice Champions Network®, which today continues to engage nurses and other health professionals in workshops and learning institutes.
- Launched in 2006, the Mental Health and Substance Use Program continues to advance evidence-based care through BPGs, nurse capacity-building, partnerships, and advocacy to improve services.

By the end of the decade, RNAO had produced 39 new BPGs, of which 19 were updated to a second edition within that decade. They covered clinical practice, healthy work environments, and system-level recommendations. These efforts helped

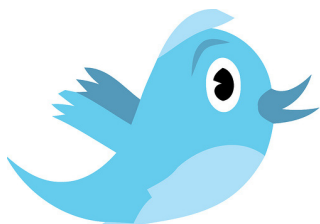
spread BPG adoption within Ontario and laid the groundwork for RNAO's international collaborations in subsequent years.

The 2003 outbreak of Severe Acute Respiratory Syndrome (SARS) posed a serious test for Ontario's health system. RNAO played a central role, advocating stronger infection control measures, supporting frontline nurses, and deploying emergency staffing through its VIANurse registry. The association called for a public inquiry into the outbreak and the province launched an independent commission to investigate the spread of SARS. RNAO's submission to the commission was *SARS Unmasked: Celebrating Resilience, Exposing Vulnerability*, a 2003 report and accompanying video sharing nurses' experiences of the crisis and identifying systemic failures. The report emphasized the need for preparedness, transparency and better protection for health workers and patients.

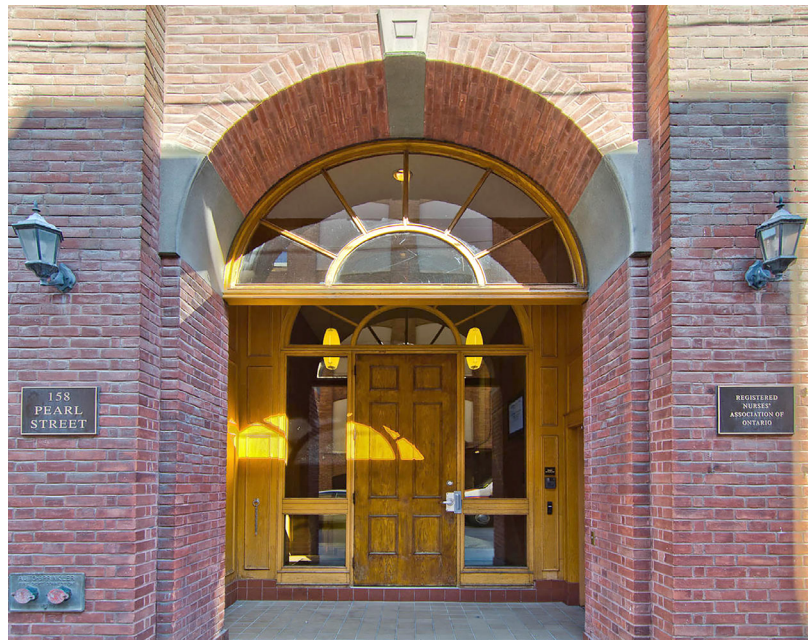
The association reached a major milestone in 2006 with the purchase of its own home office on Pearl Street in Toronto. At the official opening, RNAO welcomed members, partners and dignitaries to a space that would become a hub for nursing leadership.

RNAO's insistence that NPs be fully integrated into the health system – with expanded scope of practice and access – delivered tangible results. Canada's first NP-led clinic opened in Sudbury in 2007, led by Marilyn Butcher and Roberta Heale. At a media conference at RNAO's Home Office in 2008, then-premier Dalton McGuinty announced funding for an additional 25 NP-led clinics. Then-health minister George Smitherman publicly acknowledged RNAO's role in these advances.

As digital tools transformed communication, RNAO embraced emerging platforms. In 2009, the association was an early adopter of Facebook and Twitter, enhancing the ability to advocate, engage members, and participate in real-time public dialogue.



RNAO's former home office at 158 Pearl St. in Toronto.

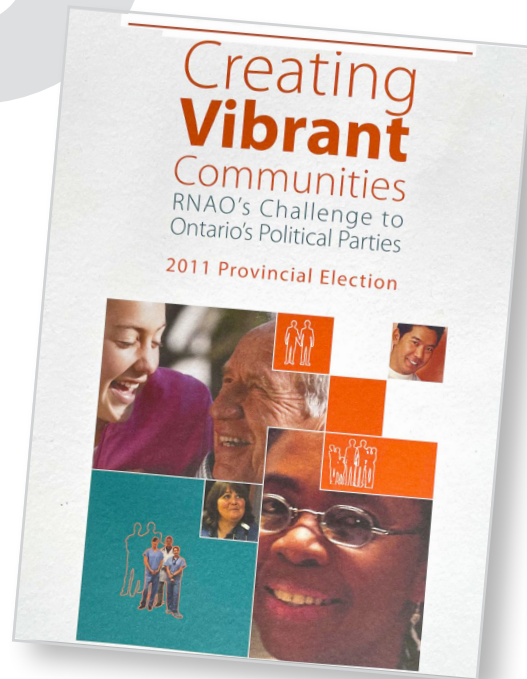


Then-health minister George Smitherman (second from right) cuts the ribbon to open the first NP-led clinic in Sudbury in 2007. Then-executive director Dr. Doris Grinspun is pictured second from left.

10 years of action & impact 2010s

The 2010s marked a decade of growing leadership and influence for RNAO. Through evidence-based policy and vocal advocacy, RNAO helped shape key reforms and health system transformation while elevating the voice and role of nurses across all sectors. The association's media visibility also expanded significantly during this decade.

Social justice remained foundational to RNAO's work. The association championed higher minimum wages, better social assistance, and expanded access to affordable housing – all recognized as key health determinants. RNAO also emerged as a strong advocate for a harm reduction approach to the toxic drug crisis. In 2011, it was granted intervener status before the Supreme Court of Canada in support of Insite, Vancouver's supervised injection services site – a case the court unanimously upheld. RNAO later participated in the coroner's inquest into the death of Brad Chapman, highlighting systemic failures and reinforcing the need for evidence-based, compassionate responses. The association consistently called for supervised consumption services, decriminalization of simple drug possession, and safer supply to save lives and reduce stigma.



RNAO brought its advocacy on nursing, health, and the social and environmental determinants of health into the electoral arena through comprehensive policy platforms. For the 2011 provincial election, RNAO released *Creating Vibrant Communities*, which called for bold action to reduce poverty, strengthen public health care and protect the environment. It advocated for greater investment in affordable housing, fair wages and access to primary care, while also calling for the phase-out of coal-fired power, tighter toxics regulation, and expansion of public transit.

RNAO's work to advance the role of nurses led to major legislative and regulatory gains.

RNAO joined a campaign demanding more affordable housing in May 2013. Former senior policy analyst Lynn Anne Mulrooney (right) posed with the head of the Ontario Non-Profit Housing Association.



At RNAO's Annual General Meeting on April 8, 2011, then-premier Dalton McGuinty announced his government would expand the scope of practice of NPs to admit and discharge patients from hospital.



At RNAO's 2011 Annual General Meeting, then-premier McGuinty announced changes that would mandate the inclusion of chief nurse executives on hospital boards and quality committees, the appointment of chief nursing officers in every public health unit, and authority for NPs to admit, transfer and discharge hospital patients.

RNAO continued to press for expanded scope of practice across the profession. Since 2012, NPs in Ontario have worked independently, prescribing medications and managing inpatient hospital care. That year, the Primary Care Nurse Task Force, co-chaired by RNAO, called for full scope utilization of NPs in primary care. The province responded by expanding NP roles and embedding them in underserved sectors. Meanwhile, RNAO pushed for prescribing authority for RNs. In 2014, then-premier Kathleen Wynne committed to this change at RNAO's AGM, though implementation only occurred in 2023 under Premier Doug Ford after nearly a decade of sustained RNAO advocacy.

Primary care reform remained central to RNAO's work. In 2012, the association released *Primary Solutions for Primary Care*, outlining a plan to optimize the role

RNAO releases a landmark report, *Primary Solutions for Primary Care*, at Queen's Park in 2012. From left: then-director of policy Tim Lenartowych, then-RNAO president Rhonda Seidman-Carlson, CEO Dr. Doris Grinspun and Judie Surridge, then-president of Ontario's Family Practice Nurses Interest Group.



of primary care nurses by enabling them to work to full scope. That same year, RNAO published *Enhancing Community Care for Ontarians* (ECCO), followed by ECCO 2.0 in 2014. These reports proposed a restructured enhanced community care sector anchored in publicly-funded, not-for-profit primary care services. Widely cited, RNAO's ECCO reports helped shape ongoing dialogue about health system transformation.

That same strategic lens guided long-term system visioning. In 2014, RNAO published *Visionary Leadership 2030 – Charting a Course for the Health System and Nursing in Ontario*, developed with its board of directors. The report imagined a system grounded in prevention, community-based care, and interprofessional collaboration – where people could thrive physically, emotionally, socially and cognitively.

Throughout the decade, RNAO also focused on the chronic shortage and underutilization of RNs. It released a series of evidence-informed reports calling for improved staffing ratios, expanded responsibilities, and increased compensation:

- In 2015, *Coming Together, Moving Forward* addressed persistent retention and recruitment challenges in rural, remote and northern communities. Drawing on broad consultations, it proposed recommendations to strengthen nursing education, support expanded scope and sustain a skilled workforce in underserved regions.
- In 2016, *Mind the Safety Gap in Health System Transformation* warned that system reforms would fail without a coordinated health human resources strategy. It called for a moratorium on RN replacement, mandated RN staffing in acute care and complex care, implementation of continuity of care-focused models, and full NP scope.
- In 2017, RNAO published a review of peer-reviewed studies on RN effectiveness, highlighting clinical and economic benefits – such as reduced complications and costs – reinforcing the call for full RN utilization.
- In 2018, *Reclaiming the Role of the RN* spotlighted Ontario’s declining RN-to-population ratio and urged funding to fill vacancies and authorize full RN scope, including prescribing authority.

RNAO’s BPG and BPSO programs expanded globally throughout the decade, advancing nursing practice and health system excellence. Some highlights from the decade:

- In 2010, Investén, a research unit of Spain’s Ministry of Health, requested to translate and implement RNAO BPGs nationally, establishing RNAO’s first international BPSO Host.
- That milestone ushered in new Host agreements in Australia, China, Chile

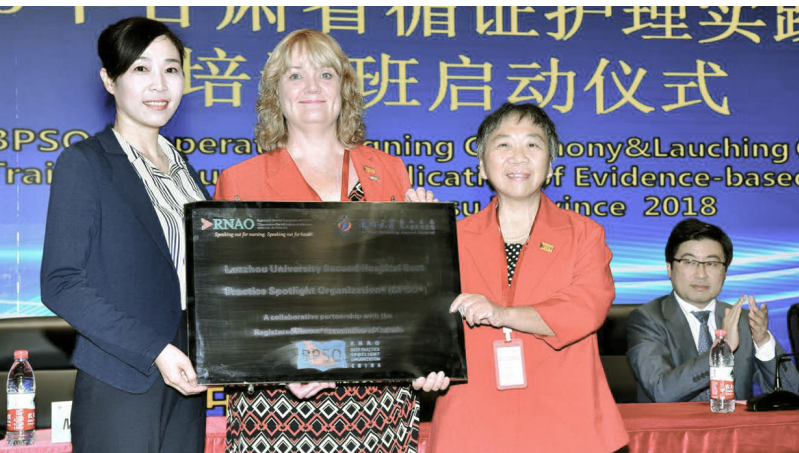
Then RNAO president Dr. Vanessa Burkoski (left) and CEO Dr. Doris Grinspun release the *Mind the Safety Gap* report during a media conference at Queen’s Park in May 2016.



Dr. Doris Grinspun (left) and Dr. María Teresa Moreno-Casbas signed an agreement to translate BPGs in Spanish.



RNAO welcomes China's Lanzhou University Second Hospital as an academic BPSO direct pre-designate in 2018. From left: LUSH Director of Nursing Dr. Sally Dou, then-director of RNAO's BPG program Heather McConnell and RN May Tao.



Then-health minister Deb Matthews (middle) with nurses and others welcome the expansion of RNAO's BPSO program to include long-term care homes.



and Colombia. By decade's end, RNAO's BPSO program had expanded to a dozen countries with 580 BPSO-designated and pre-designate organizations worldwide. These were supported through regional Hosts and adapted for local contexts, building a global community committed to evidence-based care.

- In 2012, RNAO launched the Nursing Quality Indicators for Reporting and Evaluation® (NQuIRE®) data system, enabling BPSOs to monitor BPG implementation and evaluate outcomes. By 2014, participation was mandatory across the BPSO network.
- In 2014, RNAO introduced its BPSO Long-Term Care (LTC) Program in Ontario, pairing LTC homes with coaches to guide BPG adoption.



Alongside the creation of NQuIRE, the International Advisory Committee (IAC) -- comprised of experts in big data, quality improvement, and performance measurement -- meets regularly. It includes representatives from health and academic organizations in Canada and abroad.

Pictured from left to right are Dr. David Kaplan, Dr. John Lavis (IAC co-chair), Dr. Janet Squires, Dr. Niek Klazinga, Dr. Nancy Santesso, Dr. Patricia Patrician, Dr. Doris Grinspun (IAC co-chair) and Dr. Shanoja Naik.



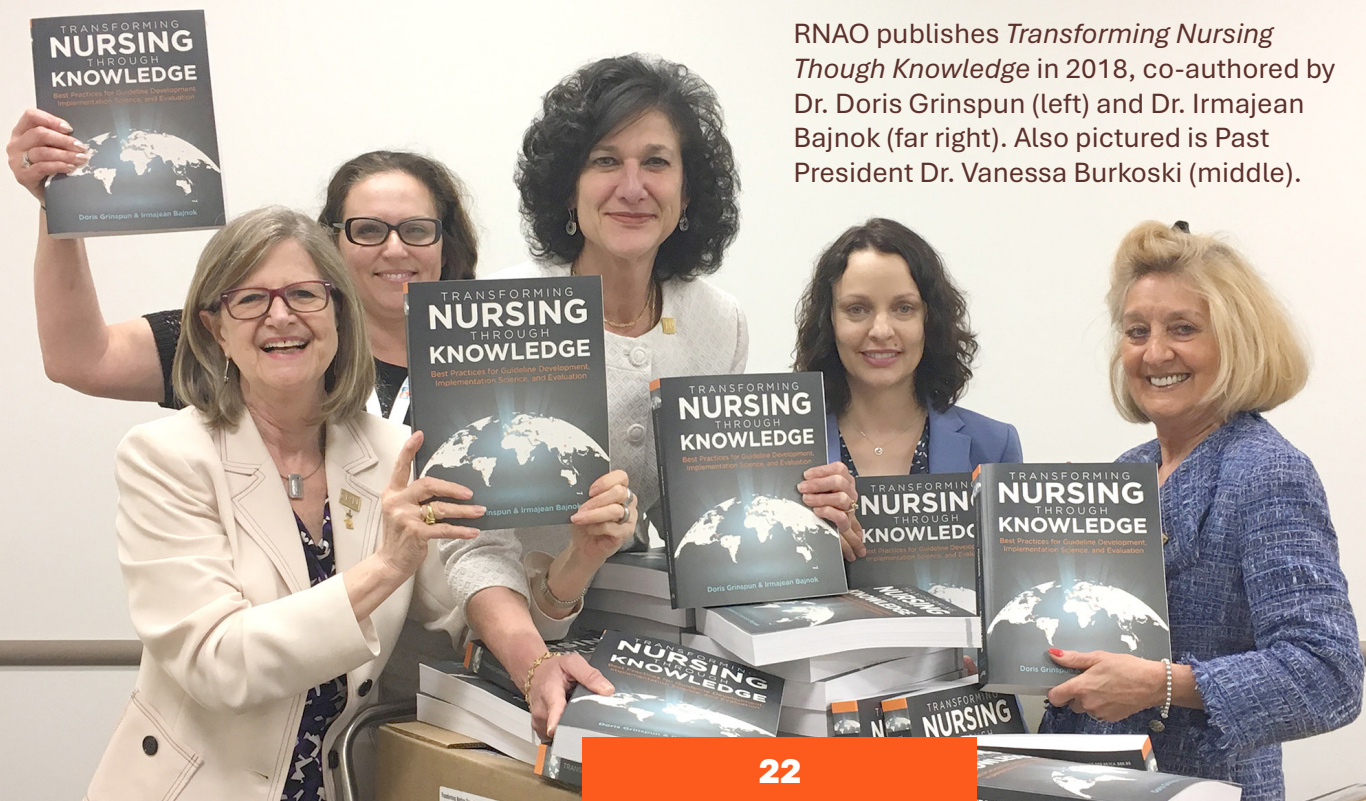
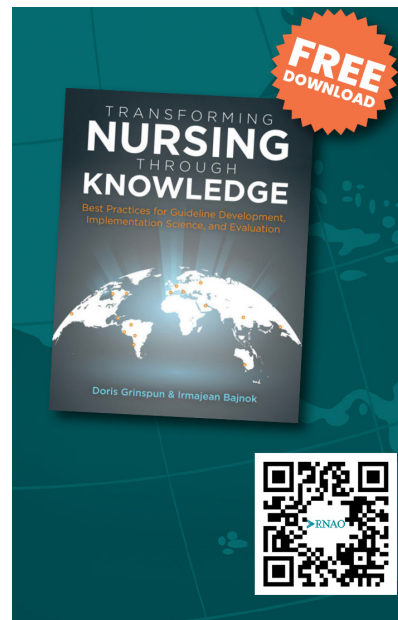
RNAO celebrates the launch of NQuIRE in 2012. From left: Dr. Monique Lloyd, Dr. Irmajean Bajnok, Dr. Doris Grinspun and Rita Wilson.

- In 2018, RNAO published *Transforming Nursing Through Knowledge*, co-authored by Grinspun and Dr. Irmajean Bajnok. This textbook detailed the development, implementation and evaluation of BPGs as a blueprint for evidence-based organizational culture.
- RNAO also launched its Indigenous Health Program in 2019 – a milestone in its deepening commitment to equity and reconciliation with Indigenous Peoples.

RNAO remained a leading voice for reform in the long-term care sector. It released multiple reports – independently and with partners – calling for staffing models and funding aligned to resident acuity, safe care, and full deployment of nursing expertise. The association successfully advocated for a public inquiry after the shocking revelation that a nurse had murdered and attempted to murder LTC residents – an event that exposed systemic failures. This work laid the foundation for two major 2020 reports: *Long-Term Care Systemic Failings: Two Decades of Staffing and Funding Recommendations*, and *Nursing Home Basic Care Guarantee*,

which proposed a staffing formula to ensure every resident receives at least four hours of direct care daily delivered by the right skill mix.

By the end of the decade, RNAO had both advanced transformative policies and programs, and firmly established itself as a driving force in nursing leadership, health system transformation, and global evidence-based practice.



RNAO publishes *Transforming Nursing Through Knowledge* in 2018, co-authored by Dr. Doris Grinspun (left) and Dr. Irmajean Bajnok (far right). Also pictured is Past President Dr. Vanessa Burkoski (middle).

100 years of action & impact

2020s

The 2020s began with an unprecedented global health emergency. The COVID-19 pandemic became the ultimate test of the resilience of nurses, the nursing profession and Ontario's health system. RNAO responded swiftly and decisively. Even before the pandemic was officially declared in March 2020, the association urged the government and health organizations to heed the lessons of SARS and prepare for worst-case scenarios. As the crisis unfolded, the association became a vital source of leadership, information and advocacy.

RNAO launched a comprehensive COVID-19 portal to centralize reliable, up-to-date information for nurses and the broader health sector. Through regular webinars and daily "Doris' blog" posts – updates from Grinspun on clinical guidance, public health

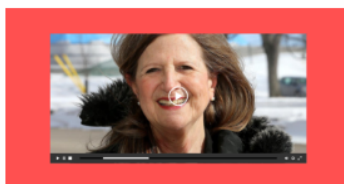
measures and vaccine developments – the association kept its members and BPSOs informed and connected. RNAO's membership department reactivated its VIANurse program to mobilize nursing students and re-engage retired NPs, RNs and registered practical nurses (RPN) for deployment to hospitals, long-term care, public health units and telehealth services.

Nowhere was the pandemic's impact more devastating than in the LTC sector, where a disproportionate number of residents died compared to the general population. RNAO called for an inquiry into the government's failure to protect residents, particularly in for-profit homes, which fared significantly worse. Ontario's Long-Term Care COVID-19 Commission adopted many of RNAO's recommendations, especially those related to staffing and skill mix.



COVID-19 Portal

We are committed to supporting you during this difficult time of COVID-19 by ensuring you're staying informed and consulting credible resources. Explore the various resources in our award-winning COVID-19 Portal below.



COVID-19 Press Room

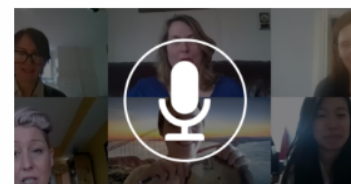
RNAO has been actively engaged with the media since the onset of the pandemic. Please visit our Press Room for our media releases and advisories, media conferences, and media hits related to COVID-19.

[Read more](#)



COVID-19 vaccine information and resources

RNAO is committed to providing members and non-members with credible COVID-19 vaccine information and resources. RNAO is participating in a collective effort to develop a comprehensive information



COVID-19 webinars

RNAO has various webinars related to COVID-19, including our ongoing COVID-19 Webinar Series, LTC NP webinars and our Indigenous focused webinars.

[Read more](#)


To lift morale, RNAO launched the #TogetherWeCanDolt and #Cheer4HealthWorkers social media campaigns. Ontarians were encouraged to step outside each evening at 7:30 p.m. to cheer for health-care workers – a daily ritual that offered hope, comfort, and a sense of shared community during uncertain times.

Nurses confronting the pandemic were shamefully subjected to wage restraint under Ontario’s Bill 124, which capped salary increases at one per cent per year. In November 2021, RNAO joined a large public rally demanding that the

bill be repealed, later contributing to a sustained campaign led by the Ontario Nurses’ Association. The association also highlighted the bill’s detrimental impact on retention and recruitment, mobilizing members and partners through policy submissions, Action Alerts and media interviews. Following a legal challenge led by unions, the Ontario Superior Court ruled Bill 124 unconstitutional in November 2022. RNAO continued its relentless advocacy for more than a year after the ruling, until the Ford government finally repealed Bill 124 in February 2024.

Every night Roxton Road sings in support of frontline workers

MARCH 29, 2020 / NICK LACHANCE



Every night at 7:30 pm sharp, Ken Whiteley, Ellen Manney and Ben Whiteley step out onto their front porch, instruments in hand, and lead assembled neighbours on Roxton Road in a 10-minute singalong to support frontline workers fighting to curb COVID-19 spread.

What started with the three family members and a few neighbourhood friends has grown to a nightly group of upwards of 25 people – some with instruments, some with pots, one with a cheese grater – sharing their gratitude and ultimately boosting their sense of community.



One of many social posts RNAO shared in 2020 to spread awareness of the #Cheer4HealthWorkers campaign.

Then-RNAO president Morgan Hoffarth speaks with the media during the Bill 124 rally on Nov. 11, 2021.

Throughout the pandemic and beyond, RNAO documented and responded to the profession’s challenges through a series of influential reports. In May 2020, RNAO released *ECCO 3.0* – a response to the early stages of the COVID-19 pandemic. Building on *ECCO 1.0* (2012) and *ECCO 2.0* (2014), the report highlighted major vulnerabilities in Ontario’s health system stemming from an overreliance on hospitals and chronic underinvestment in community care.

See page 42 for details on the release of ECCO: 4.0 Enhancing Community Care for Ontarians.

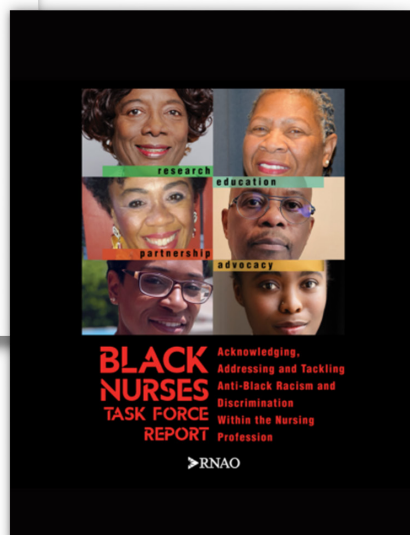
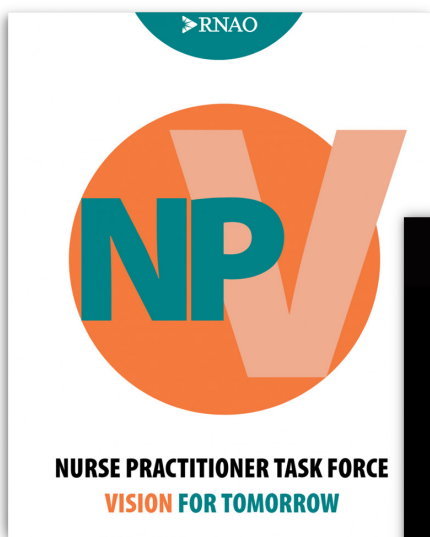
Other hard-hitting RNAO reports addressed the challenges of an NP, RN, and RPN workforce shortage in the context of health-system crisis. *Vision for Tomorrow* (2021) outlined a roadmap to strengthen Ontario’s NP workforce, with recommendations to increase the supply of NPs more than 50 per cent by 2030, expand their scope

of practice, and fully integrate them into the health system. *Work and Wellbeing Survey Results* (2021) documented the toll on the mental health and wellbeing of nurses during the COVID-19 pandemic, highlighting burnout, moral distress, and the urgent need for workforce planning and retention strategies. *Nursing Through Crisis* (2022) – with its stark findings on the current state of the nursing profession – stressed the need to build Ontario’s RN workforce by focusing on retention and recruitment. Building on these findings, *Nursing Career Pathways* (2023) highlighted the barriers – inadequate and inequitable compensation and unsafe and unhealthy workloads – and identified opportunities for improvements.

RNAO also reinforced its commitment to equity, diversity and inclusion (EDI) and confronted systemic racism in nursing through evidence-based policy, political action and communication.

In June 2020, RNAO launched the Black Nurses Task Force – a collective of Black RNs, NPs, and nursing students across sectors. In its landmark report, the task force issued 19 recommendations to dismantle anti-Black racism within the profession. Guided by the task force, RNAO called on regulatory bodies to collect race-based data, promote equity,

and end discriminatory practices. In July 2021, RNAO launched the Black Nurses Leading Change Interest Group (BNLC) to support mentorship, continuing education and community for Black nurses and their allies.



The association also expanded its work with Indigenous Peoples, launching the Indigenous Nurses and Allies Interest Group (INAIG) in 2020 to advance the Truth and Reconciliation Commission’s Calls to Action, support nurses practising in Indigenous communities, and promote culturally safe care. RNAO’s Indigenous Health Program, which launched a year earlier, has grown to include co-developed BPGs, expanded partnerships with Indigenous organizations, and spread of BPSO initiatives across Indigenous-focused health institutions. In 2022, RNAO released its first Indigenous-focused guideline: *Promoting Smoking Reduction and Cessation with Indigenous Peoples of Reproductive Age and Their Communities*.

And RNAO continued its leadership on 2SLGBTQI+ health, which dated back to the formation of its Rainbow Nursing Interest Group (RNIG) in 2007. In June 2021, the association released a BPG titled *Promoting 2SLGBTQI+ Health Equity*, created by a

national expert panel to ensure safety, access, and inclusion in care. This was followed by a new position statement on 2SLGBTQI+ health equity, developed with RNIG leaders.

RNAO’s Health Equity Consortium brings together leaders from BNLC, INAIG and RNIG working with RNAO’s CEO and dedicated staff to advance equity, challenge systemic discrimination, and promote inclusive, culturally safe care across the health system.

The year 2022 saw the launch of RNAO’s new website, which included new and updated *In Focus* pages – centralized hubs for information and resources on key issues impacting RNs, NPs, nursing students and Ontario’s health-care system. New *In Focus* pages included dedicated information on Black nurses, Indigenous health and 2SLGBTQI+ issues. Other issues covered include health equity, health system transformation, and leading change.

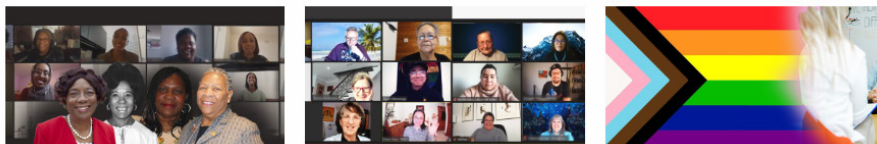


In Focus

The Registered Nurses’ Association of Ontario (RNAO) recognizes and celebrates diversity in the nursing profession. The association remains dedicated to empowering its members from different communities and health sectors. It brings members’ voices, perspectives and experiences to the forefront and mobilizes action to improve health care for all. Explore RNAO’s current *In Focus* topics to learn more.



RNAO and health equity



The 2020s also marked the next expansive chapter in RNAO's internationally recognized BPG and BPSO programs. Evolving into a global social movement rooted in science and evidence, the BPG Program became the gold standard for evidence-based practice.

- The program has more than [1,500 BPSOs](#) operating across Ontario and in 16 countries – Australia, Brazil, Canada, Chile, China, Colombia, Jamaica, Mexico, Nigeria, Philippines, Peru, Portugal, Qatar, Spain, Switzerland, and the Turks and Caicos Islands. All BPSOs are supported free of charge through formal agreements.

- The BPSO Ontario Health Team (OHT) Program – a collaborative initiative where organizations within Ontario OHTs partner with RNAO to implement and evaluate BPGs – was also launched in 2019.

See page 39 for details on the BPSO agreement between Nigeria and RNAO.

Canadian representatives and international BPSO partners gathered at RNAO's booth at the International Council of Nurses Congress in Montreal in July 2023.

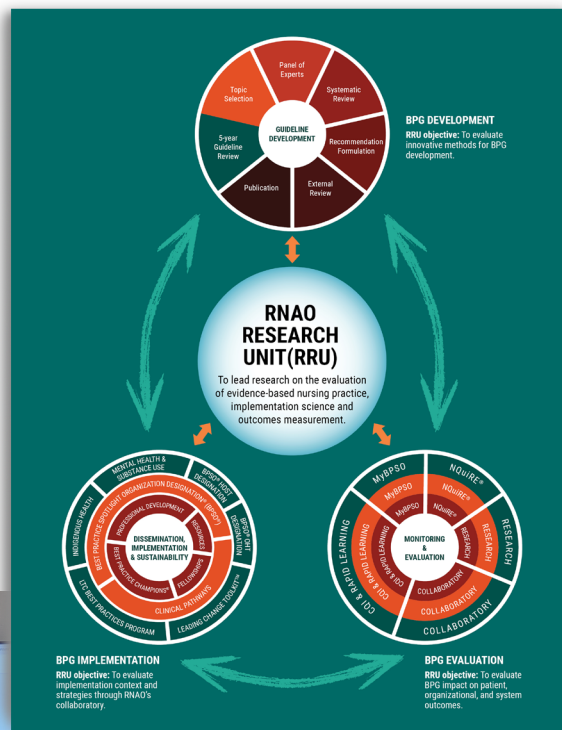


- In 2023, RNAO launched its *Research Unit* to carry out research on the evaluation of evidence-based nursing practice, implementation science and measurement of outcomes.
- RNAO has advanced innovation in LTC with the expansion of *Clinical Pathways*, developed in partnership with PointClickCare. These digital tools are embedded in electronic health systems to guide care planning and clinical decisions, improving consistency and safety for residents.
- To support this growth, RNAO also updated its *Leading Change Toolkit*, with a third edition published in 2021 and a fourth edition in 2024. This free online resource powers nurses and teams to implement evidence-based changes using people-led approaches, using the *Knowledge-to-Action* and *Social Movement Action* frameworks.

On March 25-26, 2025, RNAO's Research Unit met collaborators and partners at home office to develop nursing-sensitive indicators for home care, as well as innovations and partnerships on advancing practice and policy.

Through these initiatives, RNAO's BPG and BPSO programs have cemented their role as catalysts for global health system transformation, fostering a culture of evidence-based practice and continuous quality improvement.

RNAO's work during the 2020s exemplifies leadership through crisis and transformation. By championing nursing, equity, diversity and evidence, the association guides the profession and the system through one of the most challenging periods in modern health care – emerging stronger, more inclusive, and more influential than ever.





Membership *highlights*

From our humble beginnings as an association to where we are today.

It's inspiring to see how far we have come in 100 years.

And, we have you – 54,400 RNs, NPs and nursing student members – to thank for the action and impact we've made and continue to make collectively. That's a 5.3 per cent increase over the same period last year.



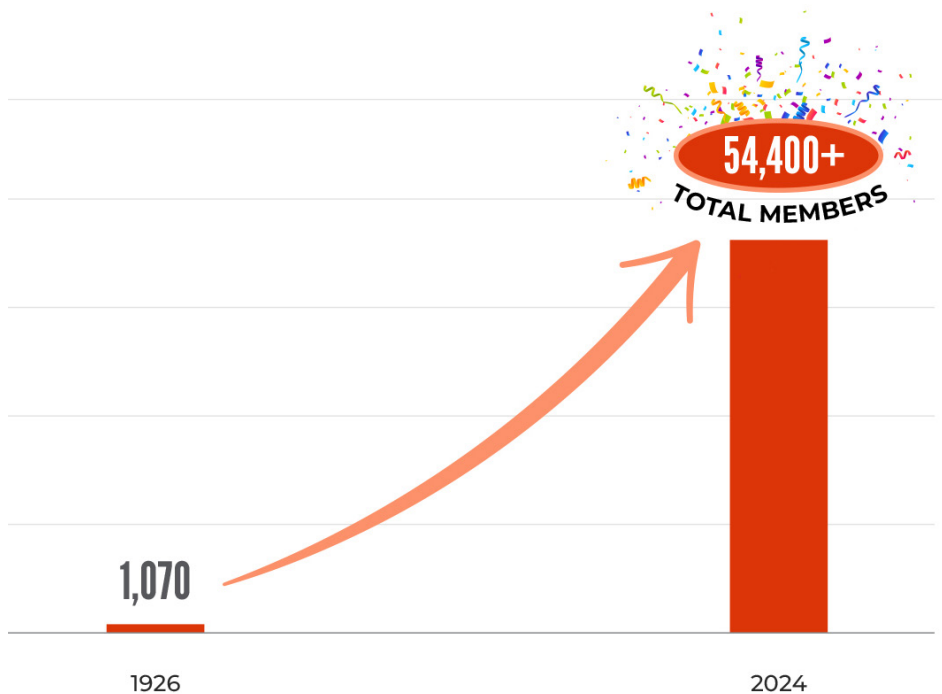
Membership highlights

We're also proud of our growing contingent of internationally educated nurse members who are working hard to fulfill their registration requirements so they can practise in the province they have chosen to call their new home.

While the issues have changed over the decades, your spirit and tenacity strengthen the nursing profession and your tireless efforts to make sure our health system reflects the care needs of patients remain the same.

You embody those traits in your day-to-day work as nurses and the work you do in your chapters, regions and interest groups.

Your strength is our strength.



Nursing students demonstrate their pride for RNAO at a student board placement. From left: Jonathan Hauth, Aveen Abdoli, Navjot Osheen, Hilda Konahu.

RNAO staff help members with dedication and in diverse ways. From left: Tanya Costa, Carrie Edwards, Valerie Sergnese and Angela Joyce (front) are long-serving team members.



Membership *highlights*

Our ever-popular Fall Tour marked its 10th anniversary this past year. President NP Lhamo Dolkar, Immediate Past-President Dr. Claudette Holloway and CEO Dr. Doris Grinspun visited members in their communities and workplaces. What

they saw during these visits showcased care provided by nurses to Ontarians, system challenges nurses encounter, and solutions to strengthen nursing practice, the profession and the health system.



RNAO Immediate Past-President Dr. Claudette Holloway (left, across the table) speaks with nurses at Kingston Health Sciences Centre during a Fall Tour visit on Sept. 23, 2024.



RNAO President NP Lhamo Dolkar (fifth from left) visits London InterCommunity Health Centre on Sept. 19, 2024 at a Fall Tour visit organized by Middlesex-Elgin Chapter.



RNAO CEO Dr. Doris Grinspun (second from right) meets with Wellington Chapter nurses on Sept. 24, 2024 as part of the 10th annual Fall Tour.

Membership *highlights*

Members know that RNAO membership is more than a transaction – it is a relationship, a professional home. With Canada’s strongest [professional liability protection \(PLP\)](#) included in membership at no extra cost – and recognized as the strongest in Canada with a duty to defend – RNAO offers peace of mind. As RN and NP scope continue to expand, RNAO’s PLP automatically covers you anywhere and at any time. Also included is [cyber liability protection](#), which provides coverage against cyber threats – both professional and personal.

Did you know that RNAO has not increased its fees for membership or [LAP® \(Legal Assistance Program\)](#) in more than a decade? Despite rising inflation and cost-of-living pressures, RNAO’s membership fees have remained the same since 2014 – even as RNAO has expanded its services, advocacy, education, and outreach. Adjusted to inflation, this represents a decrease of 30.5 per cent, all while maintaining the association’s strong financial footing. And, our LAP fees have not changed since 2012. This reflects RNAO’s enduring commitment to affordability, excellence, and value for its members.



At RNAO’s Assembly of Leaders Meeting in November, Paula Manuel (left), Una Ferguson (middle) and Andrea Keller (right) inspired members with examples of how they lead change.



Long-time member Marianne Cochrane has served as RNAO’s parliamentarian at numerous annual general meetings.



Long-time member Dr. Paul-André Gauthier takes the mic at the Assembly of Leaders meeting in February.

BPG and BPSO programs *highlights*

In the quarter century since RNAO's Best Practice Guidelines (BPG) program first received dedicated provincial government funding (1999), it has grown exponentially.

RNAO's CEO Dr. Doris Grinspun (top left) took part in an Indigenous-focused BSPO Symposium held in Thunder Bay in July 2024. BPSO coach Cheryl Yost (top right) and BPSO Lead Greta Meekis of Sandy Lake First Nation (bottom left) shared their successes implementing BPGs. Elder Theresa Fiddler (bottom right) provided spiritual guidance during the event.



BPG and BPSO programs

highlights

To mark the 25th anniversary of the program, a special anniversary issue of RNAO’s flagship digital publication, RNJ.RNAO.ca, was published online in February 2025 and mailed in hard copy to all RNs, RPNs and NPs. The feedback has been phenomenal.



Program founder and RNAO CEO Dr. Doris Grinspun reflected on the transformative growth of the program in [her column](#) in this latest special issue, noting that her “vision

for the program was just that, a vision, back in 1998. It came to fruition through the collective work of hundreds of thousands of colleagues, provincially, nationally and internationally.”

Let’s look at some of that work over the last year.

Since the last AGM, RNAO has once again hosted its signature BPG events, and even launched a new event that is sure to become a new tradition.

For the first time in July 2024, a [BPSO Indigenous-Focused Symposium](#) took place in Thunder Bay. Developed in partnership with BPSOs, the event saw 83 participants from different health organizations across Ontario’s North share stories about how they have adapted BPGs to create culturally safe spaces and meet the priorities of their local Indigenous communities. Using a Two-Eyed seeing perspective, participants shared examples of how the Indigenous worldview can work in harmony with western approaches to make BPG implementation more responsive to the health needs of Indigenous communities. Indigenous BPSOs have built a collaborative network across various northern communities and support one another through traditional teachings and storytelling.



RNAO’s inaugural Best Practice Spotlight Organization Indigenous-Focused Symposium, held in Thunder Bay on July 9-11, 2024.

BPG and BPSO programs

highlights

Signature BPG events that members have come to expect also took place this past year. The 19th annual symposium happened in November in London, and the 22nd annual institute was held in October in Niagara-on-the-Lake.

The BPSO Knowledge Exchange Symposium (November) focused on improving outcomes and advancing equity, diversity and inclusion. Ontario's chief of nursing Dr. Karima Velji joined more than 200 provincial, national and international BPSOs who shared how they are optimizing health outcomes across the system through evidence-based practice. Sessions offered strategies for improving communication with persons and their families, improving skin-to-skin care in the delivery room,

and addressing the needs of 2SLGBTQI+ patients. Participants learned about the role of the Indigenous patient navigator at Southlake Hospital in Newmarket and saw how internationally educated nurses are integrating into practice and into acute care in Northwestern Ontario.

The annual Clinical BPG Institute (October) drew more than 80 nurses and other health professionals to network and focus on two foundational and complementary BPG implementation frameworks from RNAO: Social Movement Action and Knowledge-to-Action. Group discussions touched on change strategies and indicators to monitor and evaluate outcomes.



Attendees at a BPSO symposium held in November 2024 take part in an activity to boost health outcomes for patients.

BPG and BPSO programs

highlights

In 2024 – 2025, three new edition BPGs were released. Like all BPGs these are available on-line and free-of-charge.

In February 2025, RNAO issued its fourth-edition [*Pain: Prevention, assessment and management*](#). Like all BPGs, this new edition was developed collaboratively with an expert panel that included persons with lived experience. It was co-chaired by Dr. Céline Gélinas, professor at the Ingram School of Nursing, McGill University, and Dr. Lindsay Jibb, scientist at The Hospital for Sick Children.

The [*Pressure injury management: Risk assessment, prevention and treatment*](#) BPG – also a fourth edition – was released in November 2024 on Worldwide Pressure Injury Prevention Day. It was co-chaired by Dr. Dimitri Beeckman, professor of nursing science, Ghent University (Belgium) and Örebro University (Sweden), and Corey Heerschap, a clinical nurse specialist for wound and ostomy at Barrie’s Royal Victoria Regional Health Centre.

[*Diabetic foot ulcers: Prevention, assessment and management*](#) – a third-edition BPG – was launched at a Wounds Canada conference in October 2024. It was co-chaired by Mariam Botros, chief executive officer of Wounds Canada, and Dr. Kevin Woo, professor with the Queen’s University (Kingston) school of nursing.



BPG and BPSO programs

highlights

In addition to the BPG program's celebration of a quarter century of change, several affiliated programs within the International Affairs and Best Practice Guidelines (IABPG) Centre are marking a decade in existence.

The Youth Wellness Champions (YWC) program marked 10 years of working alongside young people at its Mental Health Summit in March 2025 in Toronto. YWC – part of RNAO's [Mental Health and Substance Use Program](#) – celebrated the milestone at this two-day event with leaders across the health, education and social service sectors in Ontario and beyond. They discussed current challenges and opportunities in youth mental health and participated in thinktank discussions to address gaps and identify opportunities to create and strengthen system-level solutions that support youth.

RNAO's Long-Term Care BPSO (BPSO-LTC) program also marked a decade of making a difference for that sector, particularly through the Clinical Pathways Program. In March 2025, a report was released at an event themed *Creating Sustainable Change for Optimal Resident-Centred Care*. The event brought together more than 200 nurse leaders from across Ontario to network, learn and share strategies that foster and sustain resident-centred, evidence-based practices in long-term care.

The March event came on the heels of the January 2025 launch of cohort 8 in the Clinical Pathways program. Twenty long-term care (LTC) homes began their implementation journeys at the January event. They join more than 200 homes across Ontario that have implemented RNAO's clinical pathways. And, in April, the BPSO-LTC program welcomed a new BPSO cohort – nine LTC homes from across Ontario and the Sioux Lookout First Nations Health Authority – at a two-day orientation and training session held in Mississauga. Minister of Long-Term Care Natalia Kusendova–Bashta provided virtual greetings.

Panelists at RNAO's inaugural Mental Health and Substance Use Summit, held in Toronto on March 18-19, 2025.



BPG and BPSO programs

highlights

One of the fastest growing aspects of RNAO's BPG program is its Ibero-American contingent of BPSO direct, regionals, and host organizations. Expansion of and participation in the BPSO program in countries where Spanish and Portuguese are the predominant languages continues to flourish at an impressive rate.

In Spain, Investén, under the leadership of Dr. Theresa Moreno, Dr. Esther Gomez, and Dr. Laura Albornoz, plays host to more than 150 BPSO service organizations across the country, with tremendous dynamism and growth across the vast country. This past year they added 20 new BPSOs to their roster.

Also in Spain, as a BPSO Direct to RNAO, the University of Burgos became the first-

ever academic BPSO in that country and is integrating BPGs into its undergraduate nursing curriculum - lead by Dr. María Angeles Martínez Martín and Dr. Raúl Soto Cámara.

Growth of the program in Chile remains equally exciting. That country's BPSO profile continues to expand, thanks to the leadership of Tiare Pavez and Cristian Lara, who lead the program at the country's national ministry of health, expanding the program to 60 public hospitals across the nation. On a separate track, the BPSO Host for the University of Chile led by Dr. Amalia Silva Galleguillos, now boasts seven universities participating in the academic consortium.



BPG and BPSO programs

highlights

RNAO also met with China's nine BPSOs on a regular basis to ensure BPSO fidelity and growth. In October, RNAO delegates travelled to China, where they trained BPSO sites at Champion workshops, conducted audit visits, and met with BPSO hosts as well as health organizations interested in joining the program. The China visit to BPSOs showed robust and rigorous implementation of the BPSO program, with many creative approaches to BPG implementation. And, in May, RNAO welcomed two China BPSO delegates who are in Ontario for a month-long study tour.

In September 2024, Portugal's Escola Superior de Enfermagem do Porto (ESEP) joined the BPSO program as an academic BPSO. Marisa Lourenço, ESEP adjunct professor and BPSO lead, was one of 150 Portuguese faculty and students to receive formal training with Silva and RNAO CEO and BPG program founder Dr. Doris Grinspun in September. In January 2025, ESSATLA – Escola Superior de Saúde Atlântica (Atlantica Superior School of Health), became the second academic BPSO to join from Portugal, having their Champions training on site by Grinspun and Silva.

In January 2025, Nigeria's federal ministry of health officially joined RNAO's BPSO program. As one of the newest international BPSO Hosts, Nigeria's health ministry – under the leadership of director of nursing Dame Francisca Okafor and team – will oversee the implementation of four BPGs in 15 organizations across the country's six geographical areas. Their focus: transitions in care and services, person- and family-centred care, diabetic foot ulcers, and pressure injury management.

Nigeria's launch in January included an online training session from RNAO's expert staff and BPSO presenters from various countries. IABPG director Dr. Michelle Rey and Toronto's Centre for Addiction and Mental Health BPSO lead and CNE Dionne Sinclair conducted the training sessions virtually.



In January 2025, Nigeria's federal ministry of health joined RNAO's BPSO program.

Nurses from BPSOs in China attend champion training workshops in October 2024.

Policy and Political Action *highlights*

Throughout the decades, RNAO has influenced important government policy changes through research-informed reports, submissions, letters, signature political action events, and action alerts. RNAO members have used the association's evidence-based findings and recommendations to drive advocacy efforts with elected officials and others.

President and NP Lhamo Dolkar (sixth from right), CEO Doris Grinspun (far right), Director of Membership Morgan Hoffarth (bottom left) and Lori Zozzolotto, Chair of the Black Nurses Leading Change Interest Group (second from left), marched with RNAO members during the 2024 Toronto Pride Parade (photo courtesy of Ulrike Kruger).



Advocating for healthy public policy is central to RNAO’s mission, with a strong emphasis on expert submissions and witness presentations that provide evidence-based analysis and actionable recommendations. This past year, RNAO wrote 17 formal submissions and letters in response to legislative and regulatory proposals at both the provincial and federal levels. Key submissions addressed:

- RN and NP scope expansion
- RN and NP compensation and regulation
- Primary care modernization
- Long-term care regulations
- Pharmacare (Bill C-64)
- Environmental health and emissions regulation
- Housing and the social determinants of health
- Health system integration (e.g., Connecting Care Act)
- Ethical care delivery and human rights (e.g., family violence tort)

For example, on Dec. 16, 2024, at a provincial community budget consultation, NP and associate director of nursing and health policy Dr. Alanna Coleman represented RNAO. She urged the Ontario government to address the RN staffing crisis and improve access to primary care by fully utilizing nurse practitioners. Coleman also highlighted the need to expand access to dementia care across the province. In response, Minister of Finance Peter Bethlenfalvy praised RNAO’s work and affirmed the government’s commitment to tackling these pressing issues.

RNAO’s focus encompasses the health system and the determinants of health. For example, housing, income security, systemic barriers to health, and climate crisis remained top of mind. In September 2024, RNAO explored these issues in a webinar titled “The intersection of housing, health and health care”, featuring presenters from the Alliance for a Liveable Ontario, Health Sciences North and the Centre for Addiction and Mental Health.



Minister of Finance Peter Bethlenfalvy (left) with RNAO’s associate director of nursing and health policy and NP Dr. Alanna Coleman at the provincial community budget consultation in Toronto on Dec. 16, 2024.

RNAO's policy reports are systematically developed, evidence-based documents offering recommendations to improve health outcomes. Led by our CEO Dr. Doris Grinspun and Policy Director Matt Kellway and his expert team, RNAO's *ECCO 4.0: Enhancing Community Care for Ontarians* – was formally released at a media conference at Queen's Park during National Nursing Week (May 12-18, 2025), with representatives from Ontario's four main parties observing. ECCO has stood since 2012 for a vision of a health system anchored in primary care and rooted in accessible, equitable, person-centred, and integrated community care. This is care that is publicly funded, shielded from the distortions of profit, and designed to serve all – not just some.

ECCO 4.0 is an ambitious and comprehensive report bringing forward 16 recommendations in five interrelated health system policy areas – sectoral, cross-sectoral, nursing careers, health system transformation and determinants of health.

ECCO 4.0 is also an urgent call for action. The pandemic exposed the fragility of our health system, the insufficiency of our social support system and the urgent need to ensure that equity, diversity and inclusion (EDI) are hallmarks of Ontario

society, not just aspirations. The expansion of investor-driven health care is moving us further away from the goal of equitable and universal health coverage for all Ontarians. ECCO identifies a better path – one we must take. This is a path of health as a resource for everyday living, where health care is a universal human right and where human dignity is a lived value.



From left: RNAO Immediate Past-President Dr. Claudette Holloway, President NP Lhamo Dolkar and CEO Dr. Doris Grinspun release the *ECCO 4.0* report at Queen's Park on May 12, 2025.

RNAO continues to sound the alarm on Ontario’s escalating primary care crisis, with 2.5 million residents currently without regular access to a primary care provider – a number projected to reach 4.4 million by 2026 without urgent intervention. Since its initial release in 2012, RNAO’s ECCO reports have consistently called for a health system anchored in robust, accessible primary care.

On Jan. 22, RNAO’s president, immediate past-president, CEO and senior staff met with Dr. Jane Philpott, chair of Ontario’s Primary Care Action Team, to discuss how the province can achieve its goal of connecting every resident to a family physician or NP within four years. Less than one week later, Minister of Health Sylvia Jones, alongside Philpott, announced a \$1.8 billion investment over four years to strengthen primary care. RNAO welcomed the recognition of Ontario’s 5,300 NPs as central to resolving the crisis and continues to work with Dr. Philpott and her team to

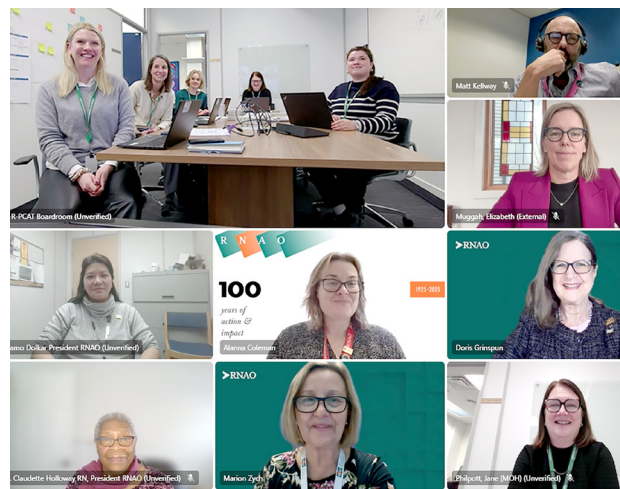
secure deep transformation in primary care to ensure equitable access for all Ontarians.

As part of this advocacy, RNAO President NP Lhamo Dolkar appeared on Jan. 24, 2025 before a [community budget meeting](#) in Toronto, bringing forward RNAO’s vision of a primary care system where every Ontarian is attached to a nurse practitioner or family physician, working within publicly-funded interprofessional teams that include RNs and other health professionals.

These teams must ensure a “24-hour care guarantee” with after-hours and weekend services in every neighbourhood. NPs and RNs have delivered high-quality, cost-effective care for decades, particularly in underserved areas. To expand access, RNAO urges the government to fund eight new NP-led clinics in 2025–2026 and grow the total to 54 by 2029. It also calls for at least one NP in every First Nations community and the fulfilment of prior commitments to staff NPs in correctional facilities.



On Jan. 27, 2025, Health Minister Sylvia Jones announced new funding for primary care teams.



On Jan. 22, 2025, RNAO President NP Lhamo Dolkar (middle row, left), Immediate Past-President Dr. Claudette Holloway (bottom row, left), CEO Dr. Doris Grinspun (middle row, right) and senior staff members meeting with Dr. Jane Philpott (bottom row, right), head of Ontario’s Primary Care Action Team.

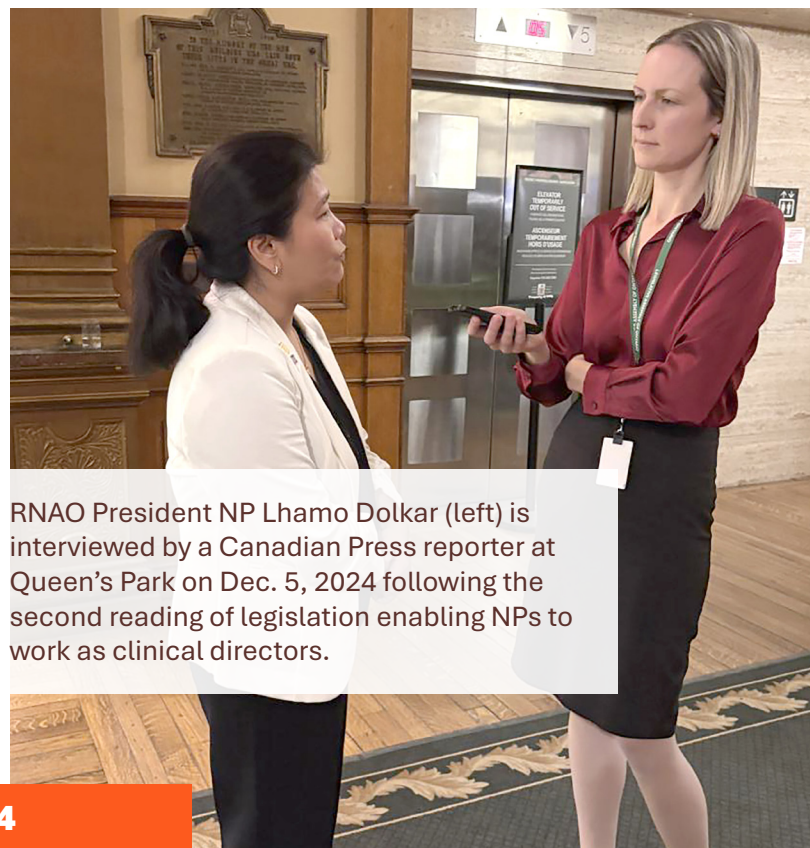
Given the ongoing physician shortage, RNAO continued to reinforce a long-standing demand to fully utilize NPs in long-term care (LTC) settings – a step needed to alleviate pressures on the sector and build nursing careers in Ontario. On Dec. 4, the government answered RNAO’s persistent call when Minister of LTC RN Natalia Kusendova-Bashta introduced [legislation](#) enabling NPs to work as clinical directors, making Ontario the first jurisdiction in Canada to welcome the role. On Dec. 5, RNAO President NP Lhamo Dolkar [attended the second reading](#) of the legislation at Queen’s Park.

RNAO’s tireless advocacy on behalf of NPs received another boost in January, when then federal Health Minister Mark Holland wrote to his provincial and territorial counterparts confirming a Canada Health Act policy that requires them to establish public funding models for NPs and other regulated health professionals by April 1, 2026. This reinforces RNAO’s position that Ontario urgently needs a publicly funded model – without user fees – in NP-led clinics and for independent NPs to ensure timely access to quality care. In [response](#), RNAO CEO Dr. Doris Grinspun said RNAO will continue to work with Ontario’s premier and minister of health to develop a public funding model for NPs.

This year, RNAO also [welcomed news of the Ontario government’s plan](#) to further expand practice scope for NPs and RNs. RNAO is unwavering to continue to work with the government and other partners to build the nursing profession in Ontario through more scope advancements and authority for NPs and RNs.

RNAO praised the launch of a new [Bachelor of Science in Nursing program at Carleton University](#) that will integrate RN prescribing into its curriculum. Announced in November 2024, the university said it will begin accepting applications for a direct entry, full-time compressed three-year (nine semesters) BScN nursing program beginning in September 2025 in collaboration with the Queensway Carleton Hospital. The first class will include up to 110 nursing students and enrolment is planned to grow to more than 200 applicants each year by 2030.

RNAO was central in securing approval for RN prescribing, an initiative it has championed since 2012. The Ontario government approved this expanded scope in November 2023. Since then, RNAO has called for RN prescribing to be integrated into baccalaureate education so graduates are prepared to prescribe safely and effectively. Carleton’s new program marks a significant step toward that goal, as the government begins delivering on this long-advocated advancement.



RNAO President NP Lhamo Dolkar (left) is interviewed by a Canadian Press reporter at Queen’s Park on Dec. 5, 2024 following the second reading of legislation enabling NPs to work as clinical directors.

Policy and Political Action

highlights

RNAO held its 25th annual Queen's Park Day (QPD) in Toronto on Feb. 27 – the same day as the Ontario election. This year's QPD brought together 138 Assembly of Leader members from 38 chapters, three regions without chapters, and 34 interest groups. Dr. Grinspun, RNAO Director of Nursing and Health Policy Matthew Kellway, and members of RNAO's nursing and health policy team delivered a comprehensive pre-publication sneak preview of the *ECCO 4.0* report. Also discussed were the provincial and federal platforms.

At the Feb. 28 assembly meeting, RNAO's Board of Directors (BOD) and members discussed strategies to raise awareness with their groups, local media outlets and elected officials of the changes needed and tips on how to facilitate them. This signature political action event also featured interactive sessions led by Director of Communication's Marion Zych and her team. The sessions covered how to engage with local elected officials and the media to mobilize RNAO's asks.



Rob Samulack, chair of RNAO's Ontario Nurses for the Environment interest group, addressed members at Queen's Park Day as part of a panel reviewing the association's 2025 election platforms.



Other participants in the panel were: (from left) RNAO Region 9 representative Debra Lefebvre, RNAO President Lhamo Dolkar, and RNAO Immediate-Past President Claudette Holloway.

Policy and Political Action

highlights

RNAO has advocated for a pharmacare program for more than two decades, starting in 2002 with strong advocacy at a royal commission struck to review the Canadian medicare system – the Romanow Commission. This past year, the federal government took the first steps toward universal pharmacare. In October 2024, the Senate voted in favour of Bill C-64 – a national pharmacare bill aimed at improving the accessibility and affordability of prescription drugs by providing initial coverage for medications such as diabetes

treatment and contraceptives. The legislation also opens the door to the development of a national formulary – a list of essential drugs that should be covered under a comprehensive pharmacare program. RNAO [applauded the move](#), and is calling on the federal government to go beyond this first step and advance a universal, comprehensive, publicly funded single-payer pharmacare system. RNAO is also urging the Ontario government to join the program immediately.



As part of its advocacy campaign for a national pharmacare program, RNAO issued an Action Alert to members.



After stepping down as Ontario's minister of health in 2018, Dr. Eric Hoskins was appointed chair of a national advisory council by then Prime Minister Justin Trudeau. His task: To lay the foundation for a national pharmacare program.

The scale of Ontario’s substance use crisis is staggering: in 2023 alone, close to 3,800 people across Ontario died from an unregulated drug supply. With lives on the line, RNAO continued the battle to retain and expand live-saving harm reduction services in Ontario.

The Ford government [announced](#) the closure of supervised consumption services (SCS) sites, then passed Bill 223 to close SCS sites located within 200 metres of a school or child care centre by March 31, 2025. RNAO raised the alarm that these steps mean unsafe communities, more deaths, overwhelmed emergency services and spiking health-care costs – and leaves nurses wondering who the government is trying to serve.

RNAO immediately mobilized with community partners – actions included multiple press conferences, rallies, op-eds, and a petition campaign. The association – as part of the Harm Reduction Service Providers Coalition – secured intervener status in a Charter challenge currently before the Ontario Superior Court of Justice. In March 2025, the court granted an injunction that allowed 10 SCS sites to remain open pending a final ruling on the legality of the province’s decision to shut them down. The court noted that closing SCSs would result in significant harm across the province, including the loss of life. RNAO is awaiting a final ruling on the legal challenge.

RNAO President NP Lhamo Dolkar voices nurses’ support for Toronto’s Kensington Market Overdose Prevention Site at a rally on Sept. 13, 2024.

Member Kathy Moreland is a fierce advocate for supervised consumption services sites and other harm reduction services to combat Ontario’s toxic drug crisis.



RNAO's commitment to equity, diversity and inclusion (EDI) is part of a focused effort at achieving health equity for nurses and those accessing the system, including Black people, Indigenous Peoples, and members of 2SLGBTQI+ communities. This past year has seen important developments and groundbreaking research related to EDI across the association.

Last September, as part of our work addressing racial inequities within nursing, RNAO presented a poster documenting work titled *Strategies to Address Anti-Black Racism in Nursing Methodological Considerations* at the Global Evidence Summit. The presentation highlighted the innovative approach being used to develop RNAO's *Addressing Anti-Black Racism in Nursing* BPG, which will be released in February 2026.



Knowledge Keeper Dr. Ed Connors

RNAO's BOD welcomed a new member last November, as part of its commitment to foster an environment that respects Indigenous wisdom and teachings. Dr. Ed Connors (or Tecumseh, as he prefers) is a Knowledge Keeper and vice-chair of the First Peoples Wellness Circle. This step follows a key commitment made by the association in a relationship agreement signed with the Indigenous Primary Health Care Council in May 2024. As RNAO's inaugural Knowledge Keeper, Dr. Connors brings a traditional knowledge lens to help better integrate Indigenous perspectives to the board's governance work.

In December, RNAO's Health Equity Consortium – a joint effort of the Rainbow Nursing Interest Group, the Black Nurses Leading Change, and the Indigenous Nurses and Allies Interest Group – published its first article in the *Canadian Journal of Nursing Research*. The article, titled [*Health Equity Consortium: Equity, Diversity, and Inclusion for Black, Indigenous, and 2SLGBTQIA+ Nurses*](#), provides critical insights into advancing health equity within nursing.



health
EQUITY
consortium

Policy and Political Action

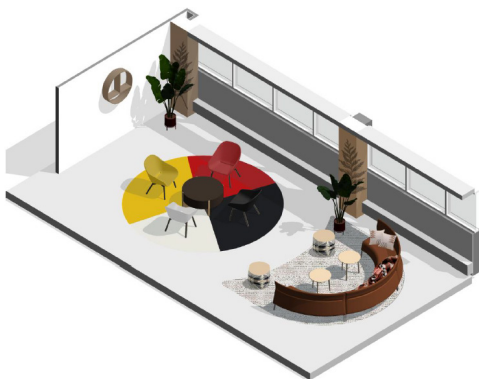
highlights

In February, the College of Nurses of Ontario published [findings](#) from a large scale nursing workforce census distributed in 2024. The census, resulting in large part from RNAO’s advocacy on the need to gather race- and diversity-based data about the nursing workforce, gathered data from 32,000 nurses from across the province. Survey results showed that respondents were disproportionately educated within Canada, aged 45+ and women; white respondents were overrepresented in leadership roles versus their racialized counterparts. RNAO will continue advocating on the need to address EDI in retention, recruitment and leadership representation practices.

And, just this past May, RNAO’s CEO introduced a new staff position – Senior Manager, Equity, Diversity & Inclusion – which is part of the Finance & Administration Department reporting to Wang Ya. In this new role, Dr. Stephanie Buchanan, RN, who is co-leading the

development of the anti-Black racism BPG, will work on initiatives that continue driving EDI within RNAO.

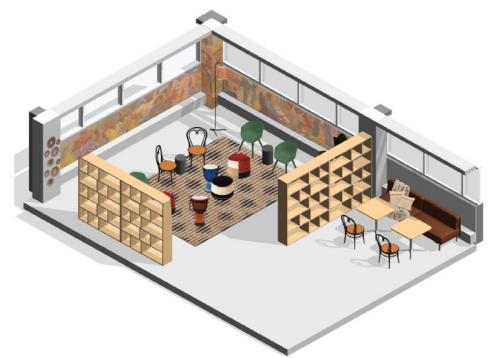
RNAO is developing four collaborative working spaces in its home office – Indigenous health, 2SLGBTQI+ communities, Black health, and Leading Change. These spaces are designed to inspire reflection, creativity, and meaningful engagement. They serve as both visual and functional representations of RNAO’s commitment to EDI. The goal is to encourage users to think, feel, act, and deepen their understanding of the communities each space honours – as though engaging in dialogue with the space itself. The design process was led by RNAO staff representing each community and guided by consultations with RNAO’s board of directors, assembly of leaders, and the Health Equity Consortium. All artwork, furniture, and design elements are sourced from within the respective communities.



Indigenous Health Area



2SLGBTQI+ Area



Black Health Area

For more than two decades, RNAO has recognized the profound health impacts of a deteriorating environment. This year, RNAO continued its advocacy on the climate emergency through strategic collaborations with organizations such as the Toronto Atmospheric Fund, Environmental Defence, and Shift Action. Key initiatives included a webinar on climate-related investments by the Healthcare of Ontario Pension Plan (HOOPP), joint op-eds with the David Suzuki Foundation on the importance of public transit, and contributions to the “Green Priorities” coalition developing a climate platform for the next Ontario election. Throughout, RNAO has emphasized the urgent need for science-based environmental policy and highlighted the

direct links between environmental degradation and public health.

RNAO remains active in campaigns opposing gas plant expansion and in promoting public transit as a critical response to climate change and its health consequences. As one example, in February, ahead of the Ontario election, RNAO CEO Dr. Doris Grinspun participated in a virtual town hall hosted by the Ontario Climate Emergency Campaign (OCEC). The event focused on pressing provincial issues to support informed voting, with panel discussions covering climate change, health care, cost of living, food systems, and the risks compounded by unprecedented threats to Canada’s economy and sovereignty from the United States.



In Focus

Climate and the environment and RNAO

Our journey - RNAO and the Environmental Determinants of Health

For more than two decades, the Registered Nurses' Association of Ontario (RNAO) has been a strong advocate for the environment – and for environmental justice. Climate change – a risk to everyone's health – has profoundly inequitable health impacts on Canada's marginalized populations, including Indigenous and racialized communities.

RNAO advocates for environmental justice through policies that address the broader conditions that impact health, including air quality, water quality and extreme temperatures. We call on government to ensure that no group bear a disproportionate share of environmental harms. We provide resources which help health-care workers educate and advocate for policies to mitigate climate change and prepare for its impacts. We also participate in broader collaborations with other organizations to strengthen understanding of the climate emergency's implications for health and wellbeing.

RNAO advocates for environmental justice through policies that address the broader conditions that impact health, including air quality, water quality and extreme temperatures.

– RNAO

Early in 2025, RNAO released its [federal](#) and [provincial](#) election platforms to outline recommendations for voters on nursing, health care, determinants of health, fiscal capacity and income inequality. At the core of these platforms is a nursing-led vision for advancing health and wellbeing for everyone in Ontario and Canada. Nurses understand that health is influenced by more than health care –

it is shaped by the places we live, work, and play, and increasingly by the digital environments we engage with.

RNAO underscores the urgent need to both bolster nursing and health care, as well as address the social and environmental determinants that shape our lives. This includes designing and implementing fiscal policies to reduce wealth and income inequalities.



Policy & political action

NURSES VOTE:

RNAO's provincial election platform

Feb. 27, 2025 marks Ontario's provincial election. Elections matter – and every vote counts.

To inform Ontarians about nurses' priorities for the upcoming provincial election, RNAO has released its provincial election platform. Nurses form the backbone of a society that values holistic health and wellbeing, and a thriving nursing profession is indispensable to a thriving health-care system. Nurses understand that health and wellbeing are inseparable from the conditions in which we live, work, and play. Ontarians' lives are shaped not only by access to health care but also by the broader social, economic, and environmental determinants of health – including recent and unprecedented threats of a potential trade war by the U.S. president.

RNAO urges every nurse, their families and the public to actively engage in the democratic process. Voting is both a right and a responsibility. We encourage you to participate, ask critical questions and challenge political candidates. A strong democracy is foundational to a healthy society, and – together – we can work to protect and strengthen it.



Describing the federal election as a decisive moment in the face of President Trump’s threats, RNAO launched a forceful [campaign](#) urging Canadians to defend core values. “Nurses are standing up for the wellbeing of all people and the health of our planet – and we are urging Canadians to vote for health and sovereignty,” Dolkar declared.

“Our future and security are on the line. The chaos, division and threats to democracy unfolding south of the border are seeping into Canada. We must firmly reject that path and protect what defines us,” added Grinspun in a press release. The campaign delivered its message through print, radio and digital advertisements, calling on eligible Canadians to consider what was at stake during a perilous time in the country’s history.

This print advertisement was featured in 12 daily and community newspapers across Ontario during the federal election campaign.



Health is a resource for everyday living. Health care is a universal human right.

We believe in equity, diversity and inclusion, and stand for truth and reconciliation – not intolerance and division.
We believe in social justice – not tearing down health and social programs.
We believe in strong democratic institutions – not eroding trust through misinformation and polarization.
We believe in a livable planet for future generations – and that means urgent climate action.

We stand with Canada.
Our Canada. Our sovereignty. Our health.

Vote for it!

This message is authorized by the Registered Nurses' Association of Ontario (RNAO).

RNAO.ca



Policy and Political Action

highlights

RNAO's reputation for action and impact is the result of the working relationships it has nurtured with politicians across all parties. From Take Your MPP To Work and Queen's Park on the Road to our annual Queen's Park Day, RNAO's solutions for the nursing profession and the health system carry weight with decision-makers.

Here are some highlights of meetings that took place in 2024 and 2025.



Then RNAO President Dr. Claudette Holloway (second from left) toured the state-of-the-art nursing simulation lab at Toronto Metropolitan University in May 2024 as part of a Take Your MPP To Work event. She was joined by (left to right) Health Minister Sylvia Jones, Premier Doug Ford, and RN and MPP Natalia Kusendova-Bashta.



In May 2024, RNAO CEO Dr. Doris Grinspun (centre) is pictured with NDP leader Marit Stiles (third from left) and others at a Take Your MPP To Work visit at Thorncliffe Park Youth Hub.



In June 2024, RNAO President NP Lhamo Dolkar (second from the left) met with Green Party Leader Mike Schreiner and staff at the Guelph Family Team as part of Queen's Park on the Road.



RNAO CEO Dr. Doris Grinspun (second from the left) accompanied Liberal leader Bonnie Crombie (third from right) and RN and MPP Tyler Watt (second from the right) on a Take Your MPP To Work visit at Toronto's Women's College Hospital (WCH) in May 2025. Jennifer Price (far left) is the BPSO lead for WCH.

REPORT ON RESOLUTIONS FROM 2024 AGM

RESOLUTION

CALL FOR FLEXIBLE GOVERNMENT FUNDING MODELS FOR NURSE PRACTITIONERS IN ONTARIO

Author: *NP Parya Mirjani*

Conflict of interest: *None known*

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) continue advocating to the Ministry of Health (MOH) and the Ministry of Long-Term Care (MOLTC) for flexible funding models for nurse practitioners (NP) in Ontario to bolster their integration into the province's primary care settings by recognizing the current NP funding models in Ontario as impediments (insufficient) to NPs practising to their full capacity. We call on the government of Ontario, the MOH and the MOLTC to embrace NPs as valued components of primary care, to acknowledge the need for novel approaches in light of funding models for NPs. Additional funding models must enable independent practice without user fees.

2024-2025 PROGRESS UPDATE

RNAO asserted the need to expand NP-led clinics, integrate NPs into correctional facilities and First Nations communities, and increase NP-student program seats in its [2025 provincial pre-budget submission](#), [2025 provincial election platform](#) and several media releases [which both praised government action](#) and [called for more action](#) relating to the NP role. The association also [met with Dr. Jane Philpott](#), chair of Ontario's Primary Care Action Team to reinforce the need to bolster the NP workforce and improve equitable access to team-based care – steps needed to help [ensure every Ontarian is attached to an NP or family physician by 2029](#). RNAO will monitor progress on recent government-announced primary investments in 2025, including:

- more than \$1.4 billion in new funding aimed at connecting two million more people in the province to publicly funded care (January)
- an additional \$56.8 million over the next three years to support an enrolment increase of nursing education seats by over 2,200, including NP seats (May)

RNAO continues to [call on the government](#) to develop and implement a publicly funded model for independent NPs in primary care, ensuring no user-fees, with a focus on serving smaller communities. RNAO also continues to advocate for improvements to nurse compensation, specifically:

- increasing compensation for nurses working in all roles, domains and sectors,
- harmonizing compensation upwards to address pay disparities affecting, primary care, home care, and long-term care, and
- guaranteeing competitive compensation for nurses comparable to jurisdictions, such as the United States.

RESULTS

RNAO celebrated the following achievements related to NPs during the past year:

- Two new nurse practitioner-led clinics (NPLCs) were established in Ottawa and Owen Sound.
- Ontario became the first jurisdiction to [recognize NPs as clinical directors in long-term care](#).

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- [NP scope of authority was expanded](#) to include:
 - applying or ordering the application of electricity for cardiac pacemaker therapy, defibrillation, electrocoagulation and transcutaneous cardiac pacing.
 - completing and certifying a medical certificate of death without limiting circumstances, and
 - completing mandatory blood testing forms.
- The federal Minister of Health introduced a [new interpretation](#) of the Canada Health Act that requires provincial health coverage to include “medically necessary” services provided by additional classes of health care providers – including NPs.

RESOLUTION

CONDUCT AN ANTI-RACISM INFORMATION CAMPAIGN SERIES

Author: RN Margarita Salvatore and RN Heidi Bilas

Conflict of interest: None known

THEREFORE BE IT RESOLVED that that the Registered Nurses’ Association of Ontario (RNAO) should advocate for the government to do an information campaign series with evidence-based information on justice, equity, diversity and inclusivity so that individuals and society can prevent, challenge misinformation and disinformation and strive for physical, mental and financial health at the individual and society level.

2024-2025 PROGRESS UPDATE

- RNAO repeatedly called on government and health-system partners to implement several measures needed to better support nurses and patients from equity-deserving communities, as well as people with disabilities. Calls for action in our [2025 provincial pre-budget submission](#) and [2025 provincial election platform](#) include: applying a gender-equity lens to government policy; implementing anti-racism and equity, diversity and inclusion (EDI) training in all workplace and academic settings; increasing access to mental health supports in all health-system workplaces; funding services for people with disabilities; and increasing Ontario Disability Support Program benefits.
- RNAO’s Health Equity Consortium published a [journal article](#) in the Canadian Journal of Nursing (December). The article explored the unique challenges faced by Black, Indigenous, and 2SLGBTQI+ nurses, including systemic discrimination, underrepresentation and biases in health-care settings.
- An RNAO video – [“Equity, Diversity, Inclusion Panel at Queen’s Park Day”](#) – received the Gold award for “Best Video Content” in the Canadian Online Publishing Awards (February). The video, filmed at [Queen’s Park Day 2024](#), featured leaders from RNAO interest groups – Black Nurses Leading Change, Rainbow Nursing Interest Group, and Indigenous Nurses and Allies Interest Group – discussing strategies to combat racism and discrimination and sharing their personal experiences.
- The College of Nurses of Ontario (CNO) conducted a Workforce Census, a first-of-its-kind survey, to gather data on the diversity, equity, and inclusion of nurses in Ontario, following advocacy from RNAO. CNO released its first Workforce Census report - Demographics and Nursing Practice in 2024 and reported findings of examples of discrimination and systemic racism. These findings provide a better grasp of the makeup of the workforce and the barriers related to EDI that nurses face. The data can be used to inform practices and policies that lead to fair and equitable workplaces.
- At this year’s Recognition Awards Ceremony, held during Nursing Week, RNAO honoured two

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nurses – Naïka Thomas and Kay Gervais – with the Leadership in Health Equity Award (May). This award recognizes outstanding efforts by nurses from equity-seeking groups who uphold and champion social justice, equitable treatment and fairness in Black, Indigenous and/ or 2SLGBTQI+ communities.

- RNAO’s [Enhancing Community Care for Ontarians \(ECCO 4.0\)](#) report, released in May, places EDI at the heart of system design by integrating an EDI-based framework throughout the ECCO model. The report argues that EDI must be put front-and-centre in Ontario’s health system transformation to achieve a more effective and sustainable health system.
- RNAO issued statements to mark several EDI-related commemorations, such as Black History Month (February), International Women’s Day (March 8), International Day for the Elimination of Racial Discrimination (March 21), and International Transgender Day of Visibility (March 31).

RESOLUTION

EXPAND NURSE RESIDENCY PROGRAM TO INCLUDE NEW NURSE PRACTITIONER GRADUATES

Author: *Dr. Eric Staples, Dr. Victoria Smye and NP Katherine Trip on behalf of RNAO and the Nurse Practitioner Interest Group (NPIG)*

Conflict of interest: *None known*

THEREFORE BE IT RESOLVED that the Registered Nurses’ Association of Ontario (RNAO), in collaboration with the NPIG, advocates for the Canadian Association of Schools of Nursing (CASN) to expand the Nurse Residency Program to include new NP graduates.

2024-2025 PROGRESS UPDATE

In its [2025 provincial pre-budget submission](#) and [2025 provincial election platform](#), RNAO called on the government to: introduce funding to develop paid post-graduate NP residency programs; retain and recruit faculty for nursing programs; and promote funding for PhD in Nursing and Doctor of Nursing.

RESULTS

RNAO’s [response to the College of Nurses of Ontario consultation on proposed amendments to O.Reg 275/94 and O. Reg 196/23 under the Nursing Act](#), addressed the significance of developing a paid-post graduate NP residency program as a key strategy for the retention and recruitment of NPs, and to optimize health outcomes (November).

RESOLUTION

MANDATE A DEDICATED SUSTAINABILITY OFFICER FOR EVERY ONTARIO HEALTH-CARE INSTITUTION

Author: RN Rob Samulack, RN Brenda Hutton, RN Hilda Swirsky, RN Josalyn Radcliffe and RN Dominique Baillargeon on behalf of the Ontario Nurses for the Environment

Conflict of interest: *None known*

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) advocate that the government of Ontario mandate that every health-care institution have a key environmental sustainability director responsible for decarbonizing their organization as quickly as possible to ensure good health outcomes for patients and Ontarians.

BE IT FURTHER RESOLVED that RNAO advocate the government of Ontario mandate that any organization with greater than 30 people be required to have a dedicated full-time role, while organizations with fewer than 30 people may have a part-time, combined role or regional role who shares regional resources with the preference being for someone connecting sustainability to the patient care experience. and in compliance with Ontario's Occupational Health and Safety Act that requires a Joint Health and Safety Committee whenever a workplace has 20 workers. This could include providing compensated opportunities to registered nurses to serve on sustainability committees such as Green Teams and Joint Occupational Health and Safety Committees.

2024-2025 PROGRESS UPDATE

At the 2025 AGM, RNAO is launching the [Environmental Determinants of Health \(EDOH\) In Focus page](#) to showcase RNAO's strong advocacy for the environment over the past two decades.

RNAO CEO Dr. Doris Grinspun presented at the virtual launch of the First Do No Harm website – a hub for health professionals and public health organizations in the United States calling for fossil fuel divestment as a global health and justice imperative (April). Grinspun spoke about RNAO's longstanding work on environmental determinants of health, the contributions of RNAO's Ontario Nurses for the Environment interest group (ONE) confronting the climate emergency, and other impactful collaborations calling for divestments from fossil fuel investment. One of these collaborations – with Shift-Action for Pension Wealth and Planet Health – resulted in an [article published on the Healthy Debate website](#) calling on the Healthcare of Ontario Pension Plan (HOOPS) to stop investing in fossil fuels.

RNAO also continued to participate in several environmental coalitions to advocate for change, including the Green Prosperity Coalition, which was very active during the 2025 provincial election.

The Ontario Nurses for the Environment Interest Group (ONEIG) has made significant efforts to advance the integration of sustainability within nursing education and health-care procurement, laying the groundwork for the establishment of a sustainability officer role in Ontario. ONEIG activities include:

- hosting a bi-monthly Greening Nursing School Community of Practice with participants coming from across Ontario as well as nationally and the United States.

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- engaging with our partners to introduce sustainable procurement buying practices within health-care standards, proposed for implementation by Health Standards Organization/ Accreditation Canada. For health-care organizations to meet accreditation benchmarks, they will need internal personnel to lead these efforts, which creates an explicit need for such a role.
- co-sponsoring a student resolution for the Canadian Nursing Students’ Association, titled “Advancement of Planetary Health in Nursing: Achieving Praxis in Curriculum and Practice”

RNAO introduced an updated [Climate Fact Sheet](#) and [Climate Action Political Action Bulletin](#) for last fall’s Queen’s Park on the Road (QPOR), highlighting the importance of integrating environmental sustainability into the practice of all sectors to mitigate climate change. And, the association’s 2025 [federal](#) and [provincial](#) election platforms also addressed the need for a comprehensive climate action plan and a low-carbon economy.

RESOLUTION

PERMANENT AND UNRESTRICTED INCLUSION OF ALL HEALTH SECTORS IN THE BRIDGING EDUCATIONAL GRANT IN NURSING (BEGIN) PROGRAM – FROM PUBLIC HEALTH, TO PRIMARY CARE, TO HOSPITALS, HOME CARE AND LONG-TERM CARE

Author: *Erika Whatley, RPN bridging to RN*

Conflict of interest: *None known*

THEREFORE BE IT RESOLVED in response to the expansion of the BEGIN program to now include primary and acute care, despite the limited availability and duration, unlike sectors such as community care, home care, and long-term care. The Registered Nurses’ Association of Ontario (RNAO) advocates for the permanent integration of primary and acute care. They argue for equitable acceptance opportunities similar to those afforded to other sectors.

2024-2025 PROGRESS UPDATE

The Bridging Educational Grant in Nursing (BEGIN) program, operated by WeRPN in partnership with the Ontario government, provides education grants to personal support workers and registered practical nurses to explore new professional pathways in health care. In our [October 2024 submission on Fixing Long-Term Care Act regulations](#), RNAO called for expansion of the BEGIN program. During [QPOR 2024](#), RNAO asked the government to develop expanded and optimized nursing education pathways such as BEGIN to provide salary and tuition support for personal support workers to bridge to registered practical nurse (RPN) roles, and RPNs to bridge to RN roles. The need for this was supported by RNAO’s 2023 Nursing Career Pathways report, which identified opportunities for short-term and longer-term improvements needed to boost nursing retention and recruitment in the province.

RESULTS

RNAO staff reached out to the BEGIN program director, who advised that the hospital and primary care sectors are still included in the BEGIN program. The program director also advised that there is potential for future significant growth of the BEGIN program, due to marked interest and positive impacts to date. RNAO staff also met with the resolution mover to discuss the positive progress to date, as well as future priorities for nurse retention.

RESOLUTION

NURSING STUDENTS AND NURSES WITH DISABILITIES

Author: *Dr. Elizabeth Straus and Keirsten Smith, BSN student (fourth year)*

Conflict of interest: *None known*

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) raises awareness, advocates strategies and makes recommendations to strengthen access and inclusion for and with nursing students and nurses with disabilities in the nursing workforce and academic settings.

2024-2025 PROGRESS UPDATE

RNAO met with the College of Nurses of Ontario in March 2025 to discuss accommodation for nursing students and nurses with disabilities. Discussions will resume later this year. And, the association's [2025 provincial election platform](#) contained several demands to improve work environments for people with disabilities. These include the need to address staff mental health, staff wellbeing and occupational health and safety.

RNAO also continued to call on government to immediately double Ontario Disability Support Program (ODSP) and Ontario Works (OW) rates and index annually to inflation – most recently in its [ECCO 4.0](#) report and its [Political Action Bulletin on housing, health and human rights](#). RNAO also participates in ODSP (Ontario Disability Support Program) Action Coalition meetings, collaborating with coalition partners to raise public awareness and advocate for people with disabilities across the province. In April 2025, RNAO also joined the Raise the Rates Coalition Steering Committee, another coalition working to raise benefit rates under ODSP.

RESOLUTION

RAISE AWARENESS FOR ACCESSIBLE AND EQUITABLE HEALTH-CARE SYSTEM IN NORTHEASTERN ONTARIO

Author: RN Adrienne Kappes and RN Dot Klein on behalf of the Algoma Chapter

Conflict of interest: None known

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) support advocacy to inform municipal, provincial, and federal governments on health concerns of residents and front-line registered nurses, nurse practitioners and nursing students practicing and living in Northern Ontario. RNAO to support diverse, equitable and accessible health-care services in Northern Ontario and remote communities to decrease the gap in health outcomes so that transition from sector to sector or service to service results in seamless, publicly funded health care in Northern Ontario and remote areas.

BE IT FURTHER RESOLVED that RNAO support advocacy to municipal, provincial, and federal governments for adequate funding for nursing students and newly- graduated nurses wanting to work in northern, remote and underserved areas supported by a mentorship program consisting of knowledgeable, professionally active registered nurses experienced in Northern Ontario, remote and underserved health-care systems.

2024-2025 PROGRESS UPDATE

Over the past year, RNAO has advocated for accessible and equitable health care in Northern Ontario through various submissions and projects. Activities included:

- An [Indigenous-focused symposium](#) in Thunder Bay that brought together Indigenous-focused and other health providers serving Northern Ontario (July)
- RNAO submission to Dr. Jane Philpott, chair, Primary Care Action Team (January)
- RNAO [submission to the Ministry of Health on expansion of scope of practice for nurse practitioners and registered nurses](#)
- RNAO [2025 provincial pre-budget submission](#)
- RNAO [2025 provincial election platform](#)
- The [ECCO 4.0 report](#) (which provides several recommendations related to improving access to care and integration in underserved areas)

RNAO CEO Dr. Doris Grinspun also participated in a panel on [TVO's "The Agenda"](#) covering the need for better access to health care in rural Ontario.

RESULTS

RNAO's inaugural Indigenous-focused symposium succeeded in helping share knowledge about evidence-informed and culturally appropriate best practices for Indigenous, northern and remote communities. A second symposium in Thunder Bay is planned for July 2025.

RNAO continues to raise awareness about underserved areas of the health system and consistently advocates for improved retention and recruitment strategies for nurses – including those in rural, remote, and northern communities. Our most recent recommendations can be found in the 2024 [RN Crisis Political Action Bulletin](#), the [2025 provincial election platform](#) and several other documents.

RESOLUTION

STANDARDIZING TRANSITIONS TO ADULT CARE FOR PEDIATRIC PATIENTS WITH COMPLEX MEDICAL NEEDS

Author: RN Samirah Hussain and RN Chantal Singh on behalf of the Pediatric Nurses Interest Group (PedNIG)

Conflict of interest: *None known*

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) advocate to the Ontario Ministry of Health to fund the development of specialized health-care education, training and research for health-care providers across diverse disciplines to increase accessibility, resources and equity of care during transition.

BE IT FURTHER RESOLVED that a standardized approach for early, multifaceted, and client and family-centered transition be implemented across Ontario to facilitate transitioning of pediatric patients with complex medical care needs to adult care services.

2024-2025 PROGRESS UPDATE

RNAO has called on the government to increase funding for pediatric care across all sectors – especially in primary care and home care – in our [2025 pre-budget submission](#) and [2025 provincial election platform](#).

RESULTS

RNAO, in collaboration with the Nurse Practitioner Interest Group (NPIG), hosted the annual RNAO NP Institute in May 2024. At the institute, RNAO members Kim Colapinto NP and Karla Wenzel NP from the Hospital for Sick Children, Transition to Adult Care Program, discussed caring for pediatric patients with complex medical needs transitioning to adult care.

RNAO engaged with the Pediatric Nurses Interest Group in February to gather feedback for the submission to the Ontario Palliative Care Network on the draft model of care for children receiving care across settings.

RESOLUTION

RENEW FUNDING FOR THE RN FIRST ASSISTANT (RNFA) ROLE

Author: *RNFA Genevieve Lussier on behalf of the Registered Nurse First Assistant (RNFA) Interest Group*

Conflict of interest: *None known*

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) partner with others to secure additional RNFA funding to continue to see a reduction in wait times and continue to prevent disruption in surgical services.

2024-2025 PROGRESS UPDATE

RNAO has called on the government to fund and implement several recommendations in our [2025 pre-budget submission](#) and [2025 provincial election platform](#):

- funding for an additional 500 RN First Assistants by 2029,
- funding for 200 NP anesthetists by 2029, and
- funding to hospitals to ensure reasonable wait times for emergency services, and to clear surgery, treatment, and procedural backlogs safely and promptly without resorting to for-profit care.

RESULTS

RNAO will continue to advocate for the integration of RNFA and NP anesthetists within Ontario's health system to improve access to care.

RESOLUTION

ESTABLISHING ANTI-BULLYING INITIATIVES WITHIN NURSING EDUCATION PROGRAMS ACROSS ONTARIO

Author: *Arpita Roy, Hugo Tam, Leonard Leguijt, Mandy Ogudu and Marc Anthony Urdaneta – Nursing Students of Ontario Interest Group*

Conflict of interest: *None known*

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) advocate to the College of Nurses of Ontario (CNO), the Colleges of Applied Arts and Technology (CAATS), the Council of Ontario University Programs in Nursing (COUPN), and the Canadian Association of Schools of Nursing (CASN) to implement comprehensive anti-bullying initiatives within nursing education programs across Ontario, including but not limited to:

- establish reporting mechanisms for conscious reporting of bullying behaviors including micro-aggressions and disrespectful behaviours towards nursing students in all settings populated by nursing students for their practice, and
- incorporate anti-bullying awareness programs, resources and initiatives into nursing education to foster a culture of respect and empathy among students, faculty and clinical staff.

2024-2025 PROGRESS UPDATE

To ensure healthy and supportive work environments and academic settings, RNAO has continued to make recommendations and build awareness. Actions during the past year included:

- calling on the government to fund several recommendations in our [2025 pre-budget submission](#) and [2025 provincial election platform](#), including actions to promote equity, diversity, and inclusion in all workplaces and educational settings and to address workplace violence, staff mental health, staff wellness, and occupational health and safety.
- featuring Dr. Danielle McCamey, assistant dean for strategic partnerships and assistant professor at the Johns Hopkins School of Nursing and CEO/president of DNP's of Colour, as a keynote speaker at the NP Institute in May 2024, to discuss how to enhance structural competency in NP clinical practice.

As noted above, RNAO also repeatedly called on government and health-system partners to implement several measures needed to better support nurses and patients from equity-deserving communities, as well as people with disabilities. For more information about this work, see above the update for the 2025 resolution titled "Conduct an anti-racism information campaign series".

RESULTS

RNAO will continue to advocate for healthy learning and work environments that address bullying, racism and discrimination to support the wellbeing of nurses as a critical component to an effective retention and recruitment strategy.

RESOLUTION

INCLUDE VAPING AND NICOTINE IN ONTARIO'S SMOKE-FREE STRATEGY

Author: *RN Cindy Baker-Barill on behalf of the Community Health Nurses' Initiatives Group Interest Group*

Conflict of interest: *None known*

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) in collaboration with experts recommend that, in the development of a target for such a coordinated and comprehensive provincial strategy, to examine the sufficiency and inclusiveness of Canada's Tobacco Strategy target of less than five per cent commercial tobacco use by 2035 with respect to all nicotine delivery products.

THEREFORE BE IT FURTHER RESOLVED that RNAO recommends health equity be foundational to such a provincial strategy

2024-2025 PROGRESS UPDATE

Over the past year, RNAO has advocated for accessible and equitable health care in Northern Ontario through various submissions and projects. Activities included:

- the continued work of RNAO's Mental Health and Substance Use Program in supporting public health units to implement Youth Wellness Champion programs, aimed at fostering supportive and resilient environments that create awareness about mental health and substance use, including tobacco.
- the [2025 provincial pre-budget submission](#), which emphasizes the need for healthy workplaces for nurses and other health care staff, including the implementation of no-vaping policies.

RESOLUTION

IMPROVING DEMENTIA CARE IN ONTARIO

Author: RN Maria Tandoc and RN Paula Manuel on behalf of the Mississauga Chapter

Conflict of interest: None known

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario (RNAO) collaborates with various stakeholders such as the Ministry of Colleges and Universities to review the Personal Support Worker college program standard for effectiveness and identify any enhancements needed, i.e. curriculum.

2024-2025 PROGRESS UPDATE

In our [2025 provincial pre-budget submission](#) and RNAO [submission on the proposed Support for Seniors and Caregivers Act, 2024](#) – proposed amendments to the Fixing Long-Term Care Act, RNAO called on the government to support RNAO with funding to develop and administer a Dementia Care Centre of Excellence to promote the delivery of evidence- based and compassionate dementia care. Other activities included:

- October 2024: RNAO made several recommendations to strengthen the delivery of person-centered dementia care in Ontario through a submission to the [Standing Committee on Social Policy re Bill 121](#).
- November 2024: RNAO provided feedback on a [proposed cultural pilot in LTC homes](#), addressing the need for ethnocultural homes and the delivery of person-centred care to support the linguistic need of residents living with dementia.
- December 2024: RNAO met with the Honourable Peter Bethlenfalvy, Ontario minister of finance, to address increasing access to dementia care.

RESULTS

RNAO will continue to advocate for the integration of high-quality person-centred dementia care across sectors in Ontario to improve the wellbeing and quality of life of people living with dementia and their families, including enhancing the experiences of care providers.

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 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: 2023–24 REPORTING YEAR

RNAO continues to implement policies for environmental sustainability. Disposable dishes, bottled water, and milk/cream/coffee capsules have been prohibited at RNAO events and at the RNAO home office since 2000. Ample natural light at the office contributes to energy savings, and multiple receptacles for office waste and diverse types of recycling are stationed throughout the office. Bike racks and electric vehicle chargers are also available onsite.

RNAO's financial policy continues to exclude investments in fossil fuels among the assets in its investment portfolio. Our policies follow the principles of responsible environmental, social and governance investing. The association's CEO and director of finance monitor compliance with the policy by its investment advisors.

Furthermore, RNAO continues to promote the environmental determinants of health through its policy initiatives. In collaboration with several civil society coalitions, we continue to advocate for environmentally sustainable practices as detailed in other sections of this report.

RNAO has prioritized 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, policy submissions, education and most recently, the addition of a new [Environmental Determinants of Health In Focus web page](#) – all of which call for strong, evidence-based measures to mitigate climate change and protect both population and planetary health.

BOARD COMMITTEES 2024-2025

BYLAWS

Sonia Chin, Board Representative and Chair
NP Parya Mirjani, Assembly of Leaders Member
Katie Anawati, RNAO Member
Stephanie Pialis, 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

Katie Hurst, Chair and Board Representative
Sonia Chin, Board Representative
Piroska Bata, 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
Dr. Claudette Holloway, Immediate Past-President
Dr. Doris Grinspun, Chief Executive Officer
Chevonne Cordle, Board Affairs Coordinator, Resource Staff

INTEREST GROUPS

Dr. Edward Cruz, Board Representative and Co-chair
Katie Hurst, Board Representative and Co-chair
Chair of each provincial Interest Group, associated Interest Group, and affiliated Group (or the Chair's designate)
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
Poonam Sharma, Board Representative
Maxine Lesage, Board Representative
Julia Bement, RNAO Member
Janet Hunt, RNAO Member
Catherine Olsiak, Nurse Lawyer, non-voting
Lhamo Dolkar, President, ex officio
Dr. Doris Grinspun, Chief Executive Officer, ex officio
Wang Ya, Director, Finance & Administration, Resource Staff
Mara Haase, LAP Administrator, Resource Staff

MEMBERSHIP RECOGNITION AWARDS

Dr. Michael Scarcello, Board Representative and Chair
Jennifer Yoon, Board Representative
Louise Gilbert, RNAO Member
Aya Tagami, RNAO Member
Dr. Paul-André Gauthier, RNAO Member
Hilda Konadu, Student Member
Dr. Doris Grinspun, Chief Executive Officer, ex officio
Morgan Hoffarth, Director, Membership and Services, Resource Staff
Leanne McCartney, Projector Coordinator, Membership and Services, Resource Staff

PROVINCIAL NOMINATIONS

Dr. Claudette Holloway, Immediate Past-President and Chair
Jennifer Flood, RNAO Member
Evan Gammon, RNAO Member
Marie Lewis, RNAO Member
Dr. Doris Grinspun, Chief Executive Officer, ex officio
Chevonne Cordle, Board Affairs Coordinator, Resource Staff

PROVINCIAL RESOLUTIONS

Betty Oldershaw, RNAO Member and Chair
Karla Ducusin, RNAO Member
Shelly LaForest, 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 numerous 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 on one occasion to review the bylaws. They concluded their review and did not propose any amendments.

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 includes RNAO board members, general nursing members, a nursing student and journalists who work in collaboration with the communications team to review the association's online publication RNJ. Over the past year, the committee provided feedback on two issues of the journal. In our spring/summer 2024 issue, we featured stories on nurses doing humanitarian work overseas, how to

submit a resolution and a profile of an executive member of RNAO's Rainbow Nursing Interest Group. RNAO also released its special 25th anniversary issue: *Celebrating the Best Practice Guidelines (BPG) Program*. The issue included stories about the success of the program, the changing social landscape and its effect on BPGs, and the impact the program has had on multiple sectors and around the world.

Committee members shared constructive and useful feedback and offered ideas for future issues. They ensured the priorities and mission of the association were reflected in each issue.

As committee chair, I would like to thank all committee members and the communications team for their commitment and insightful perspectives.

*Katie Hurst, RN, BScN
Chair*

EXECUTIVE

RNAO's BOD executive committee – president, immediate past-president and chief executive officer – ensures governance best practices for the association and committees of the board of directors. The committee met 16 times during the

past year, addressing key issues related to leadership succession planning, RNAO's financial investments, advocacy and outreach efforts, and equity, diversity and inclusion. Other areas addressed included 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, with the association's external auditor, KPMG, presenting an unqualified opinion to the board of directors at fiscal year end on Oct. 31, 2024.

I would like to thank the committee, board of directors and RNAO staff for their 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 this past year and also held a virtual open mic night.

During the November 2024 meeting – a collaboration between RNAO chapters and interest groups – the group discussed resources

and supports that could be provided by RNAO home office to support executive members in their roles.

On Jan. 29, 2025, six interest groups participated in an “IG Open Mic” event. Participants shared successes including new connections to executives and members and discussed challenges faced when recruiting executive network officers (ENO). In addition, ENOs provided updates and shared concerns they received from their constituencies.

The Feb. 27 in-person meeting provided updates from home office about new Microsoft 365 accounts for interest groups. Also discussed: A call for presentation proposals for Nursing Week 2025, ENO election process, membership recognition awards, and participation in Pride parades across Ontario with support from the Rainbow Nursing Interest Group and home office. This lively meeting featured a dance ice breaker, followed by discussions on engaging and celebrating executives’ accomplishments and combatting the challenges of recruiting new executives.

We would like to thank the committee members and staff for their involvement

and collaboration in committee business this year.

*Dr. Edward Cruz, RN, PhD
Katie Hurst, RN, BScN
Co-chairs*

LEADERSHIP SUCCESSION

This committee includes the president, past-president, immediate past-president, one member of the provincial nominations committee and the chief executive officer. Its purpose is to facilitate the nomination process for the president-elect position. The committee met on one occasion this past year. Committee members reviewed applications and interviewed candidates to verify that they met the criteria for the president-elect role. They also prepared and submitted the list of candidates to be added to the ticket of nominations. All candidates for whom nominations were submitted met the appropriate criteria.

I would like to thank the committee members, board members and home office staff for their contributions to and support of the committee’s business this year.

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

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 and welcome feedback about trends observed in the profession.

Since its inception, the Legal Assistance Program (LAP) has supported over 5,800 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 (CNO), 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. Once again, this year, LAP sponsored 14 legal education webinars on various topics, which attracted thousands of 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. This committee provides oversight and support for the RNAO Recognition Award selection process in collaboration with home office.

The committee received 40 nominations for consideration. Using a blind nomination method, the committee reviewed nominations across 15

award categories, who highlighted excellence in the profession through clinical practice, policy, education, research, and administration, among other areas. These prestigious awards will be presented across various events throughout the year.

I would like to thank committee members for their contributions and time judging the submissions. Thanks to home office staff for their support for streamlining the processes and making the judging process more efficient for committee members. We are very appreciative of the exceptional support we receive.

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

PROVINCIAL RESOLUTIONS

The resolutions committee is made up of general members of the association, the president, CEO, and parliamentarian. The committee reviewed 15 member resolutions received by the Jan. 31, 2025, deadline. The committee met on four occasions to discuss the resolutions. After reviewing the criteria for assessing and strengthening resolutions, the committee decided that 12 should be brought

forward for discussion and decision at the AGM. Three resolutions were not carried.

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 more thoroughly before the final 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 have the right to submit a resolution any time up to the date of the AGM.

On behalf of the committee, I thank the membership for their well-prepared and thorough resolutions, as well as the committee members and home office staff for their hard work and dedication.

*Betty Oldershaw, RN
Chair*

RNAO BOARD OF DIRECTORS 2024-2025



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Dr. Ed Connors

MISSION AND VALUES

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.

Land acknowledgement

We recognize that RNAO's office is located on the traditional and unceded territory of the Huron-Wendat, Haudenosaunee, and the territory of the Mississaugas of the Credit. This territory was the subject of the Dish with One Spoon Wampum Belt Covenant, which is an agreement between the Iroquois Confederacy and the Ojibwe and allied nations to peaceably share and care for the resources around the Great Lakes. We also acknowledge that Toronto is covered by Treaty 13 under the Toronto Purchase Agreement with the Mississaugas of the Credit. Today, this land is still the home to many First Nations, Inuit and Métis peoples from across Turtle Island and we are grateful to have the opportunity to work on this territory.

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