## EXECUTIVE SUMMARY AND RECOMMENDATIONS

In this Executive Summary, we summarize the main findings of our research (the four streams from the appendices) along with Recommendations and rationale for each main governance choice, updated from reflections at and since the March 18 Provincial Council and April 16 Governance Task Force sessions, when GSI presented its major findings and alternatives.

First, a few definitions for clarity: "Governance" is "the system of direction and control"[1]. "Corporate governance" is the overarching system of direction and control of CARNA itself, encompassing key roles such as strategic direction; performance and risk oversight; Registrar/CEO direction, monitoring and evaluation; Council and Committee structure, selection and evaluation; and financial resourcing. "Regulatory governance" is the system of direction and control within this where CARNA fulfills its statutory mandate and objects to regulate the profession and protect the public, by applying the Act, Regulations and Bylaws, and revising or recommending revisions to these processes (rules, procedures). "Self-regulation" is a form of regulatory governance where stewardship is in the hands (fully or partly) of the people being regulated: the profession.

CARNA's Council is responsible for both corporate and regulatory governance. Its 7 Regulatory Committees (largely) deal with regulatory governance; Standing Sub-Committees (5 "Governance Committees") help Council to deal with corporate governance.

If regulated professions, including CARNA, seek to preserve a self-regulatory governance model, they will need to demonstrate its effectiveness in protecting the public interest: in the case of the nursing profession this primarily means protecting patients in Alberta.

Summary of Recommendations

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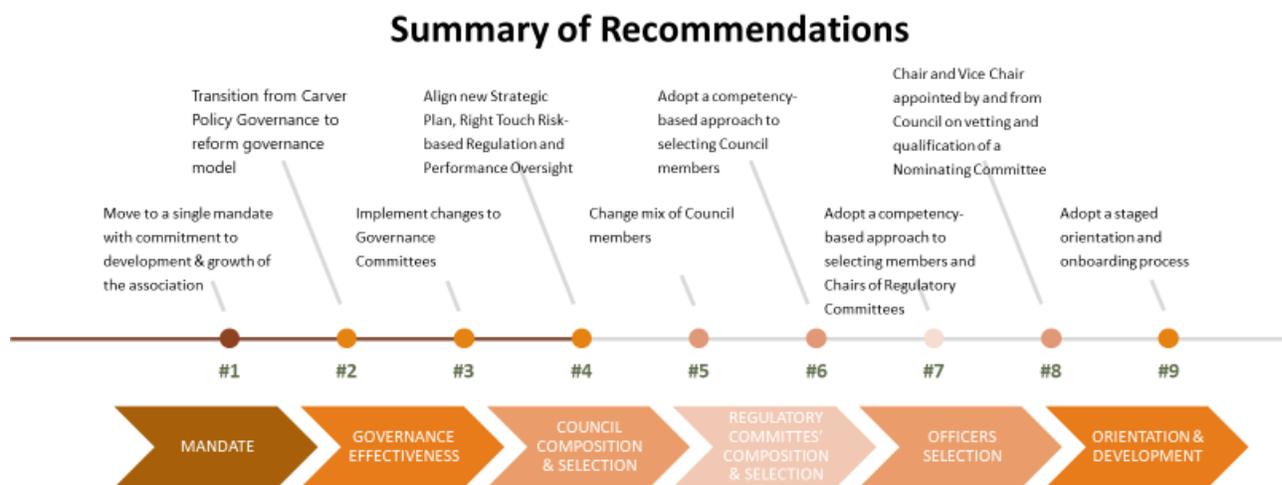
[1] For more, see the outline beginning Appendix 4; for the definition, see the Cadbury Committee Report, "The Financial Aspects of Corporate Governance", London: 1992 https://www.icaew.com/library/subject-gateways/corporate-governance/codes-and-reports/cadbury-report

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DUAL VS SINGLE MANDATE

Recommendation #1: CARNA will move to a single mandate but with a commitment to the development and growth of the association

Alternatives considered but not recommended:

- Move to a single mandate: be the regulator and not the association
- Retain dual mandate: regulatory and association
- A hybrid solution: primarily the regulator but some association activities only when consistent with protecting the public interest (Jim Casey's filter)

By far the most fundamental governance choice facing CARNA is its mandate.

The bottom line of GSI's review is that (1) the nursing profession needs both a strong regulator and a strong association, but (2) one entity cannot succeed at being both.

This decision on mandate affects everything else in governance. "Governance is the servant, purpose its master"[2], so CARNA's governance choices will be driven by what is decided on its mandate:

- A single mandate regulator would:
  - have a competencies-based Council composition and selection approach,
  - focus Council's agenda and meetings on regulatory governance and on the aspects of effective corporate governance essential to deliver good regulatory governance
  - have +/- 49 per cent of Council members drawn from outside the profession, i.e. public members
  - Regulatory Committees would be composed of qualified candidates, vetted by a robust selection process
  - orientation and ongoing professional development would focus on (1) regulatory governance skills and (2) corporate governance responsibilities (to protect the public).
- A dual mandate CARNA would:
  - have a majority of members of the profession on Council,
  - be less concerned with specific competencies,
  - continue to leverage the existing "people culture" in planning Council agendas and holding meetings
  - The President and President-Elect could continue to be elected from and by the membership directly.

Canada has a rich history and tradition of self-regulation. Long before governments thought about regulating professions, the professions themselves stood up and introduced professional standards, education, certification and conduct expectations, and provisions to enforce these. Today, Canada is the one country where self-regulation is still viewed with favour, consistent with our culture.

Having said that, governments around the world, including provincial governments across Canada, are scrutinizing self-regulated professions to ensure they are putting the public interest first. There is a definite trend away from dual mandate organizations, governments are asking how organizations can effectively protect the public interest by regulating a profession while at the same time advocating for the profession's interests? It is difficult to do both well. While British Columbia has taken the lead here, the Province of Alberta has made it clear that it expects self-regulated professions to put the public

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[2] Quote is from GSI, Dr. Debra Brown.

interest mandate first and foremost. The *Ensuring Fiscal Sustainability Act* proclaimed in late 2019 makes that very clear.

CARNA's Council will therefore want to reflect on the Province's direction as it considers governance alternatives. An additional factor to consider is the constraint of retaining a dual mandate on one of CARNA's key strategic goals: to influence public policy regarding health policy.

There is a widely-held perception among the Members of the profession that CARNA's primary responsibility is to protect the profession and its members, i.e. its association role. Because of this, many newly elected Councillors don't even realize their regulatory duties on Council until orientation.

There is a wide split among Members of the profession as to whether CARNA should continue with its dual mandate or not (see Chart Three), and this split is reflected among Council members too (interview findings). Staff, on the other hand, and Regulatory Committees, are much more focused on the primacy of the regulatory mandate, and of protecting the public interest.

How might we reconcile this gap, between members of the profession on the one hand, and virtually everyone else on the other?

A third alternative was considered: a "hybrid" approach, where activities are run through a filter to see the extent to which they protect the public and can be classified as regulatory. This was included here because it was specifically proposed by one advisor (Jim Casey), but has been opposed by other external advisors (Steineke, Cayton, and ourselves at GSI) as being inconsistent with the simple acceptance that a regulator must exclusively regulate and not pretend to do other things under the guise of regulation. This alternative too would continue the role confusion among Members, and likely Council too, and not be consistent with the direction that the government and other jurisdictions are taking.

To summarize this dilemma and its underlying drivers, while the legislative mandate is clear, there is a long-standing tradition of CARNA also being the professional association for Registered Nurses in Alberta, and both Members and Councillors desire this role to be provided by someone, even if it's not to be CARNA. The public perception – and likely government's too – of bias, even unintended, is troublesome since a self-regulated health profession must be perceived to (and actually be) acting to protect the public interest.

Since there is so much passion to protect the profession, and since CARNA has been faithfully fulfilling this mandate for many years, our view is that there is a compelling case to make sure that the Association "lands" successfully and has a good chance of sustaining itself.

This alternative addresses the dilemma of needing both a regulator and an association, but a single entity not being able to succeed at both.

This would leave CARNA with an implementation choice, of what form its commitment to the Association's development and growth would take. One choice, which we favour, is to "stand up" an Alberta Nurses Association, comprising RNs, NP's and LPN's. Another is to steward a transition to the Canadian Nurses Association or other body already in existence (Saskatchewan?). A third choice is to leave it to the members to take stewardship of the association role.

From the perspective of what could be done to help a professional nurses association in Alberta to thrive as a stand-alone entity several alternatives were identified. The overall concern was that nurses may not financially support an association that would have voluntary membership fees. Most respondents told us that if there were a split, that CARNA would have to be careful to take their time in developing plans, ensure there was a clear value proposition for the association, and seed money to get it started off on the right foot. Perhaps using the association to provide nurses with their liability

insurance, or partnering with CNA, other western provinces or the union would be alternatives on how a separate association could sustainably provide advocacy for members going forward.

COUNCIL AND GOVERNANCE EFFECTIVENESS

Recommendation #2 Governance Model: CARNA will adopt the reform model of governance to replace Carver Policy governance, and adopt an integrated set of charters and policies to enable this [3]

Recommendation #3 Governance Structure: CARNA's Governance Committee changes:

a) **the Nominations Committee and Appointments Committee will be merged into a new Nominating Committee responsible to oversee the process for selection of both Council and Regulatory Committee members**

b) **a new Governance Committee will be created to take over the Executive Committee's role in conduct oversight, the Leadership Review Committee's role in Council performance oversight, and new responsibilities to implement this governance review,**

c) **the Leadership Review Committee will continue with its remaining CEO oversight mandate, and the Finance & Audit Committee will continue with its mandate, and**

d) **the Executive Committee will be disbanded**

Recommendation #4 Governance Process: CARNA will take the necessary process steps to adopt reform governance and its single mandate in place of Carver and a dual mandate, including:

a) **hone its strategic plan and resources (including budget) to address its regulatory mandate, along with a commitment to the development of an Association**

b) **articulate what "right touch" regulation looks like (explicitly linking measures of the risk of harm to patients to the levels of regulatory intervention prioritized in the strategic plan),** [4]

c) **develop a reporting and performance management framework from management and Regulatory Committees to Council (including formal evaluations of Council, Committees, Chairs and CEO), and**

d) **organize Council agendas and meetings around this set of priorities, protecting the public**

Three themes emerged from our review of Council's effectiveness: Carver Policy governance, both Council and staff not respecting the strategy-operations "line", and Council's dominant culture. In all three aspects, Council can take practical steps to embrace best practices in governance.

Moving away from a Carver policy governance model is supported by everyone we engaged in the consultations. This should be replaced by a strategy- and risk-driven reform governance model (best articulated by the *Corporate Governance Code* in the UK.[5]) The right hand column of the detailed

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[3] CARNA follows the Carver Policy Governance model including Governance Policies, Ends, and Executive Limitations. Carver's Policy Governance is a governance model dating to the 1970's, still fairly popular in the "MUSH" sector (municipalities, universities and colleges, school boards and hospitals/health care). It emphasizes boards (Council) governing through policies, and staying out of operations. Reform governance, articulated by people such as Cadbury (UK, 1992), Dey (Canada, 1994), Sarbanes and Oxley (US, 2002), emphasizes independent boards (Council) governing through strategic and risk direction, which then drive people, policies and resources.

[4] An integral part of this Recommendation is for CARNA to continue to implement all 14 Recommendations of the 2019 Cayton Report on CARNA's Complaints Processes and Outcomes: https://nurses.ab.ca/docs/default-source/latestnews/cayton-report.pdf?sfvrsn=2df588fc_6

[5] See https://www.frc.org.uk/getattachment/88bd8c45-50ea-4841-95b0-2d2f4f48069a2/2018-UK-Corporate-Governance-Code-FINAL.pdf

findings table in Appendix 4 lists charters, policies and other specific structural and process areas where CARNA should adopt this governance model; these are summarized in Recommendations #2 to #4.

Once the mandate choice is made, CARNA will need to hone its strategic plan to address its regulatory mandate, to articulate what "right touch" regulation looks like, to develop a reporting and performance management framework from management and Regulatory Committees to Council, and then to organize Council agendas and meetings around this set of priorities, protecting the public. CARNA is doing better in the governance of resources (especially financial), but needs significant improvement in performance and risk direction and oversight, and in policy direction and oversight (see Chart Seven).

We observed that staff is playing too large a role in CARNA's corporate governance, instead of Council and its leadership. While this is benevolent, a well-intended effort to make sure corporate governance "gets done", Council and its leadership do need to assert their responsibility for this system. At meetings, a lot of Councillor questions and discussion are operational or tactical, rather than strategic or high-level, and centre on items of member interest, rather than the public interest.

A clearer line between Council and staff, and each respecting that line, will help both be more effective.

The question of board culture is not one of "right" or "wrong", but if a board (Council) has a dominant culture ("people") like CARNA, it should be aware that it probably has blind spots in its tendency to downplay the other three aspects of how power can be applied: evidence-based (how others do it), policy (how we've done it before), and the power of personality or persuasion. Each of these has a place, and CARNA's President and Council will want to work on drawing out these threads.

To the extent that CARNA adopts a single regulatory mandate, it would make sense for CARNA's leadership to adopt more evidence-based and policy aspects of culture, while not losing the cohesion, inclusion and positivity of its people culture.

COUNCIL COMPOSITION AND SELECTION

Recommendation #5: CARNA will retain the current Council size (16) but change the mix to an equal number of members of the profession (8, reduced from 11), and individuals who are not members of the profession (8), including 3 new at large and 5 current public members

Recommendation #6: CARNA will adopt a more competencies-based approach to selecting Council members, a process ("double key") where (1) the Nominating Committee vets and qualifies all candidates, then (2) the final selection of the 8 profession members is made from this slate by members of the profession through election, of the 3 new at large members from this slate by Council itself, and of the 5 public members by the Provincial government

Alternatives considered but not recommended:

- Reduce size to a smaller Council (from current size of 16 to approx. 11)
- Retain the current mix of profession and public members (currently 11 members of the profession and 5 public members)
- Retain a "representative" approach: with geographic representation on Council (currently 9 members selected by district; plus the President and President-Elect elected; plus 5 public members appointed by Government)
- Adopt a process to appoint Council members
- Retain the process of electing Council members

Our conclusion is that there is no compelling reason to change the size of Council, but there are compelling reasons to change its mix and criteria for selection.

There are two broad schools of thought with regard to the composition of a self-regulatory body's governing Council, and its regulatory committees.

One is a "representative" approach:

- The fundamental precept in this model is that members of the profession are best – perhaps uniquely – suited to regulating their profession.
- This encompasses accreditation and standards setting, as well as investigations and hearings on reported breaches: nurses are best suited to understand both the professional expectations and the job context of situations.
- This extends to the composition of the Council (governing body) and Committees (which convene panels and committee meetings to hear cases and render decisions).
- Nurses should make up at least the majority of each of these, at all levels of governance, to ensure that the profession's expectations and context are appropriately expressed, and to bring a peer review to potential breaches.
- Perhaps more subtly, the mandate and strategic priorities of the regulatory body extend to – and may even focus primarily on – the protection and advancement of the profession itself.
- If CARNA retains its dual mandate, then a larger proportion of nurses would be expected on Council than a single mandate regulator.

The second is a "regulatory" approach:

- The fundamental precept in this model is that the protection of the public interest is paramount in the mandate of the body, and to the extent that this is in tension with members' or the profession's interests, the public interest trumps these every time.
- The greater the proportion of members of the profession on Council and Committees, the greater the risk of "regulatory capture", where the interests of the profession are, even unconsciously, favoured by Council and Committee members drawn from the profession, while the interests of the public are paramount in the minds of members drawn from the public.
- The Council and Committees are composed of at least an equal number of individuals who are independent from the profession and its membership, some would say a majority.
- Council and Committee membership is not determined by election from and by the membership, but based on competencies and attributes needed to best populate each.
- These competencies and attributes could differ from the Council to Committees, and from Committee to Committee, so there is no requirement that Committees be populated by Council members – each has a unique role, best accomplished by people equipped to fulfill that.
- Under this approach, nurses are better equipped to set some standards, but people from outside the profession better to set others. While accreditation and professional standards do call for input by members of the profession, ethical standards and changing cultural frameworks (e.g. clarity on sexual abuse) can better be brought to bear by outside members. While panels and committee hearings may benefit from a peer's voice, these need not, and should not, be the majority voice or vote in the adjudication process. Due process and quasi-judicial quality of decision-making are the primary criteria for the effectiveness of these Regulatory Committees, and so ought to drive the selection of their members.
- If CARNA adopts a single mandate, then a more competencies-based selection process would be expected for both Council and Committees' composition.

The selection of CARNA's Council members based on competencies is supported by all of the respondent groups, even including the members of the profession (see Chart Seventeen; Chart Eighteen shows which competencies are considered the most important to consider).

Members would prefer to see the selection process include a form of election, while other stakeholder are more comfortable with an appointments process.

The idea of a hybrid solution, a "double key" approach, where candidates are vetted and qualified against a competencies matrix, and then final choices of the 8 remaining members of the profession (reduced from 11 currently) are made by election, is in our view the optimal, "win-win" approach. It has the benefit of a robust vetting process of relevant competencies and attributes by a Nominating Committee, while retaining the democratic mandate of the membership, sustaining a self-regulatory model.

Non-profession members would not, of course, be elected by the membership, but could and should still be passed through a competencies-based selection process, by being vetted by the Nominating Committee in parallel with candidates from the profession. The final selection of the 3 new at large members would be made by Council, from the qualified slate from the Nominating Committee, while the 5 public members would be selected by the Provincial Government, who may choose to use the qualified slate too.

In our view, this is still self-regulation. Members elect 8 of 16 Council members, and 3 more are chosen by Council from at-large candidates, while Government selects only 5 of the 16. The Regulatory Committees and other aspects of the College's functioning will continue to reflect governance of the profession largely by the profession, supplemented with external expertise where beneficial.

In terms of the size of Council, research tells us that the average size of a board in Canada is 11, with a "right-sized" range of 9 to 15. The current Council size of 16 is marginally outside this range, but a slightly larger number makes it easier to end up with a more diverse group. When we talk about diversity here, this encompasses gender and heritage, as well as geographic and lines of practice across the province. Further, we are recommending four standing committees (Governance Committees) of Council, so 16 is a more manageable number to populate these, with most Councillors serving on only one standing committee.

We therefore recommend a Council size of 16 to provide for opportunities to plan diversity while keeping the leadership team at a manageable cohesive number.

REGULATORY COMMITTEES' COMPOSITION AND SELECTION

Recommendation #7: CARNA will adopt a more explicit competencies-based selection of members and Chairs of Regulatory Committees, with a Nominating Committee vetting and recommending qualified candidates for appointment by Council

Alternatives considered but not recommended:

- Retain current approach: Provincial Council appoints interested nurses (and public members) to serve on six of the seven Regulatory Committees (Appeals Committee is comprised of Provincial Council members): note: this process is largely retained but competencies more explicitly drive these choices, vetted by a Nominating Committee
- Adopt a process where a Nominating Committee vets but Members elect Regulatory Committee members

CARNA uses seven Regulatory Committees to undertake the regulatory governance of the profession (it uses five Governance Committees to assist Council with its corporate governance responsibilities – this section deals with the Regulatory Committees only.

"Upstream" describes all steps in regulatory governance that take place before an event (a breach or potential breach) occurs. Resources are allocated to upstream regulatory governance largely to reduce the risk of breaches occurring. This includes accreditation, standards setting, qualifications and all aspects of regulatory governance that set direction for the members and the profession.

"Downstream" describes all steps in regulatory governance that take place after an event (a breach or potential breach) occurs. Downstream regulatory governance focuses on the reporting of breaches, their adjudication and disposition, and then post-adjudication steps of disclosure and refinement of rules that close the circle back to upstream governance. Downstream process includes investigation, discipline, fitness to practise and all aspects of regulatory governance that monitor, evaluate and hold accountable members of the profession.

The *Cayton Report on CARNA's Complaints Processes and Outcomes*,[6] recently completed (September 2019), provides an excellent evaluation of this area, including how these can be improved in terms of accessibility, independence, robustness and transparency. GSI supports these conclusions and recommendations, and there is no need for us to duplicate this work here.

Our conclusion is that CARNA has the right Regulatory Committees in place, and has already taken the positive step of separating the composition of most (six of seven) of its Regulatory Committees from Council. This is generally an area of strength, with improvements already being made to regulatory governance as a result of Cayton's work for CARNA.

What should happen next is adopting a more robust process to vet and qualify applicants to serve on and to Chair the Regulatory Committees, to encourage the appointment of qualified individuals in all cases, especially the Chairs (who need not be members of the profession.)

The Nominating Committee has a key role to play in independently recruiting, vetting and recommending nominees to the Regulatory Committees, driven by needed competencies and attributes. Especially in the case of downstream regulatory committees, these competencies may focus on due process, evidence-based decision-making, and quasi-tribunal experience and skills.

OFFICERS SELECTION

Recommendation #8: CARNA will adopt a process where interested candidates for Chair (or President) and Vice-Chair among incumbent Council members (profession and public) are vetted and qualified by a Nominating Committee, then elected by Council

Alternative considered but not recommended:

- Retain the process of direct election of the President and President-Elect by the membership at large

The use of the terms "Chair" and "Vice-Chair" for these Officers would reflect that they are Officers chosen by and from Council and their primary roles are to lead Council, while "President" and "Vice-President" imply leadership of the organization as a whole, so chosen by Membership directly. The choice here, therefore, is not just about how these are chosen, but the scope of their terms of reference. Since the *HPA* explicitly calls for an office of President, CARNA may need to keep this office, but the intention is for this individual primarily to chair Council and head up the governance function, while the CEO & Registrar would be the primary spokesperson for the organization as a regulatory body.

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[6] https://nurses.ab.ca/docs/default-source/latestnews/cayton-report.pdf?sfvrsn=2df588fc_6

To some extent, the officer selection process at CARNA is a vestige of a union or member association governance model, where officers are directly elected by and from the membership. To the extent that CARNA moves to a single mandate regulator, this practice would no longer be consistent, and the Chair would be selected from and by Council itself.

It may seem self-evident, but any Council member would be eligible to stand for Chair and Vice-Chair, both public members and members of the profession. Currently, only members of the profession are eligible, but that again is a vestige of the dual mandate. In a single mandate regulator, what signal would it send to public members of Council that they are "equal" enough to bear the burdens of responsibility, committee service, accountability and even liability, but not to serve as the leaders of Council? We therefore rejected this option.

The candidates for Chair and Vice-Chair would be vetted through a Nominating Committee first. A vetting process has the advantage of weeding out less qualified candidates, but it does introduce the risk of bias or a small subset of Council effectively controlling this choice. This is an argument used against Nominating Committees vetting and qualifying Council and Committee members too, to be fair: the selection and robust transparent process followed by the Nominating Committee are central to the reformed governance of CARNA being successful, accepted and sustained.

Two year terms of office probably make the most sense for these Officers: one year terms are too short for leaders to make a sustainable difference, but three year terms start to stretch the length of commitment to be asking individuals to make, and if the Vice-Chair is even just perceived as a successor for Chair, not just a deputy, six years is much too long to be identifying fresh leadership (adding the two terms together).

ORIENTATION AND DEVELOPMENT

Recommendation #9: CARNA will adopt a staged onboarding program beginning with informing the membership as a whole, and prospective Council and Committee candidates, about their mandate, responsibilities, expectations, qualifications and competencies, cascading into an orientation and ongoing professional development process which would focus on (1) regulatory governance skills and (2) corporate governance sufficient to effectively regulate, and protect the public interest.

The prior choices, especially around mandate, will drive Member education to reduce misconceptions around CARNA and Council's role. Then this choice, and other choices around effectiveness and composition, will drive Council and Committee members' onboarding and ongoing development programs.

The main issue here is the misperception among new Councillors about their regulatory role and fiduciary duty to protect the public interest. Since this begins at the Membership at large, then arguably the onboarding process needs to begin there: before candidates are even nominated or express an interest in serving on Council or Regulatory Committees, the membership should be engaged and educated in the mandate of CARNA and therefore the expectations of Councillors and Committee members.

This then would cascade into an orientation and professional development process which would focus on (1) regulatory governance skills and (2) corporate governance sufficient to effectively regulate, and protect the public interest.

TRANSITION AND IMPLEMENTATION

In addition to our recommendations in these specific governance areas, there are other steps and choices that CARNA will need to take to transition to and implement its newly reformed governance model. Timing of the transition and implementation will be affected by whether reforms require statutory and/or regulatory change – Council composition and selection, for example – and how long that will take. CARNA should move forward with the reforms that it can implement without government approval while waiting for these. It could take a year plus or minus to complete the full governance transition.

- ✓ **CARNA's name** itself will need to change, along with its branding, as it would no longer be the "Association". Rebranding involves time, expense and effort, so this may need to be spaced over a couple of years through the transition, rather than all at once. The choice of a new name and brand will be important in terms of the signal and message this sends, to the profession, to the government and to the public. *The Alberta Registered Nurses Regulatory Authority* is one possibility to begin the conversation.

- ✓ **The Nominating Committee's** mandate, composition, selection and support: as mentioned, this is a critical element in the reformed selection process for Council and Committees being accepted, sustained and therefore successful. We stopped short of recommending the final composition of this Committee, but support this being a committee composed of Council members, like the other governance committees. There are alternatives: the College of Nurses of Ontario has set up a Nominating Committee with 5 members, 2 from the Board/Council (1 nurse, 1 public member) and 3 not from Board/Council, no more than 50% from the profession. Their rationale for this is to create a degree of independence from Council since Members expressed a concern over losing their voice, but this would not be the case with CARNA since we're recommending a double key selection where the Members' voice continues to be heard in the election of members of the profession to Council, based on the Nominating Committee's qualifying. The Ontario College of Teachers, faced with the same dilemma, chose to adopt a "sortition" method where Council candidates are randomly selected from the profession. Again, this isn't necessary for CARNA for the same reason. However the Nominating Committee is composed, we would support its Chair selected by and from the Committee, terms of three years, staggered, with a maximum of two terms (i.e. you would have to step off the committee after six years.)

- ✓ **Competencies Profiles** will need to be developed for Council and Regulatory Committees, to be used by the Nominating Committee to recruit, vet and nominate candidates. These should be aligned with the new Strategic Plan for the single mandate regulator, along with its strategic priorities. In addition to "hard" expertise and skills, these profiles are the opportunity to identify aspirations for diversity, including gender, geographic, heritage and domain of practice. Different Regulatory Committees may have different profiles, for example if they are dealing with upstream or downstream regulatory governance (downstream profiles may concentrate on quasi-judicial process and expertise). Clearly, the new Nominating Committee will require significant support, both through staff and external expertise, especially in this development phase.

- ✓ **Terms and transition of Council and Committee members:** three year staggered terms, with a maximum of two terms, is a good practice to balance institutional memory, cohesion and momentum with renewal, fresh ideas and independence. A decision will need to be made as to whether, and how many, current Council members are eligible – or preferred, even – to serve on the new Council, and then which terms they would serve.