

Inquiries, Complaints and Reports Committee

2024 Annual Report

Introduction: Role of the Committee

The Inquiries, Complaints and Reports Committee (“the Committee”) is made up of both nurse and public members of Council and nurses who are appointed to the Committee. The Committee investigates complaints and considers reports to meet its commitment to the public interest that concerns about the conduct, competence and capacity of Ontario nurses are addressed.

Patients and other members of the public can submit complaints. Complaints may be withdrawn or resolved without an investigation through an alternative dispute resolution process where appropriate. Otherwise, they must be investigated.

Nursing employers, facility operators, nurses and others can submit reports. The Committee also receives reports about a nurse’s professional conduct or competence from the Quality Assurance Committee (QAC).

Executive Summary

ICRC Dispositions

Complaints and Reports

After a complaint or report is investigated, the Committee decides what action to take. The ICRC may do any one or more of the following:

- refer allegations of the nurse’s professional misconduct or incompetence to the Discipline Committee;
- refer the nurse to a panel of the Committee for a health inquiry;
- require the nurse to attend before a panel of the Committee to be cautioned;
- require the nurse to participate in a specified continuing education or remedial program (educational program); or
- take other action in the public interest including providing advice to the nurse, accepting an undertaking, accepting a permanent resignation or taking no action.

If the Committee is satisfied that a complaint is frivolous, vexatious, made in bad faith, moot, or an abuse of process, it is required to take no action.

If the Registrar/Executive Director & CEO refers a proposed resolution agreement to the Committee for consideration, the Committee may either adopt the resolution or continue with its investigation of the complaint.

Health Inquires

The Committee also conducts inquiries into whether a nurse has a mental or physical condition or disorder that impacts the nurse's capacity to practice safely. The Committee makes inquiries and may require the nurse to undergo medical examinations and may suspend the nurse's certificate of registration until they submit to the examinations. The Committee, after reviewing the results of its inquiries, may refer the matter to the Fitness to Practise Committee or take other action, including no action.

Interim Orders

If the conduct or the capacity of a nurse exposes or is likely to expose the nurse's patients to harm or injury, the Committee may make an interim order to suspend or impose restrictions on the nurse's certificate of registration pending the disposition of a health inquiry, an investigation, a Discipline Committee hearing, or a Fitness to Practise hearing. The Committee may also accept a nurse's undertaking to cease practice or practice with terms, conditions or limitations, instead of imposing an interim order.

Complaints

Investigator Appointments

The Committee investigates most complaints with the consent of the patient/complainant to obtain relevant health information. Where the investigative powers obtained through an appointment, such as the authority to issue a summons, are required to investigate a complaint, the Committee can make a request to the Registrar/Executive Director for an investigator appointment. In 2024, the Committee requested an appointment of investigator for 60 complaints. Please refer to Appendix 1, Section 1, Table 1.

Dispositions

The Committee disposed of 653 complaints in 2024, which is a 25.6% decrease from 878 complaints dispositions in 2023. This decrease is in part due to a lower number of complaints with concerns about multiple nurses.

The Committee took no action in 413 matters or 63.3% of cases. The Committee takes no action if the nurse's conduct was appropriate in the circumstances, if the relevant and available information obtained in the investigation does not support the complaint,

or if regulatory action is not needed to address patient safety (e.g., the nurse has already completed remediation in the identified nursing practice areas).

The Committee determined that 34 complaints (5.2%) amounted to an abuse of process¹ and took no action.

The Committee adopted a resolution in 16.4% of cases and directed a remedial outcome (e.g., a letter of advice, a caution, educational program, or remedial undertaking) in 12.2% of cases. Complaints referred to discipline remained a small proportion of dispositions at 1.5%. Please refer to Appendix 1, Section 1, Table 2.

Health Professions Appeal and Review Board

The Health Professions Appeal and Review Board (HPARB) is an independent agency that conducts reviews of Committee decisions regarding complaints investigations, upon the request of a complainant or a nurse. HPARB reviews the adequacy of the investigation and the reasonableness of the Committee's decision.

Any matters that are returned to the Committee by HPARB are reviewed to assess what may be learned in relation to committee practices and processes.

Requests to Review ICRC Decisions

In 2024, there were 152 requests for HPARB review, which is a 50.5% increase as compared to requests for review in 2023. Complainants requested the review in 98.6 of cases. Please refer to Appendix 1, Section 1, Table 4 (a).

HPARB Outcomes

HPARB released 84 decisions in 2024 which addressed the adequacy of the investigation and the reasonableness of the Committee's decision. HPARB confirmed the Committee's decision in 97.6% of cases (82 of 84). HPARB returned one matter for further investigation and returned one matter to the Committee to reconsider its decision. Please refer to Appendix 1, Section 1, Table 4 (b).

¹ A complaint may be considered to be an abuse of process if CNO is not the appropriate forum to address the concerns raised. An ICRC panel can take no action if it is satisfied that the complaint is frivolous, vexatious, made in bad faith, moot or otherwise an abuse of process. Examples could include:

- a complaint that is unrelated to nursing practice;
- a complaint about concerns that have already been disposed of by ICRC; or
- a complaint that is brought for an improper purpose, such as to harass a nurse.

HPARB did not proceed with the remaining four matters, either because the request was withdrawn, or HPARB considered the request to be frivolous, vexatious, made in bad faith, or otherwise an abuse of process. Please refer to Appendix 1, Section 1, Table 4 (c).

Reports

A report investigation is initiated by CNO's Registrar/Executive Director who reviews a report and preliminary information regarding a nurse and may appoint one or more investigators to conduct an investigation if they believe on reasonable and probable grounds that the nurse has committed an act of professional misconduct or is incompetent.

Investigator Appointments

The Committee approves Registrar/Executive Director and CEO investigator appointments, unless an emergency investigator appointment is required. The Committee is informed of Registrar/Executive Director emergency investigator appointments, which are made if the Registrar/Executive Director believes on reasonable and probable grounds that the nurse's conduct exposes, or is likely to expose, their patients to harm or injury.

The Committee may request that the Registrar/Executive Director appoint an investigator if it receives a report from the QAC regarding a nurse's professional conduct or competence.

In 2024, the Committee approved the appointment of investigators to conduct Registrar/Executive Director investigations in 443 matters. The Committee requested the Registrar/Executive Director and CEO to appoint investigators for 45 matters referred by the QAC. There was an overall 26.4% increase in investigator appointments compared to 2023. Please refer to Appendix 1, Section 2, Table 1.

Dispositions

The Committee disposed of 476 Registrar/Executive Director and CEO investigations in 2024.

Where appropriate, the Committee seeks to protect the public interest by directing remedial outcomes to provide nurses the opportunity to improve their nursing practice while protecting the public. The Committee directed remedial outcomes (e.g., letter of advice, caution, educational program or remedial undertaking) in 55.2% of cases.

The Committee accepted nurses' undertakings to complete remedial activities in 61 cases, a ten-fold increase as compared to 2023. A remedial undertaking is a voluntary

agreement setting out terms related to education and/or facilitated practice reflection. This may include meeting with a regulatory expert to review CNO practice standards and guidelines, taking an educational course, or both. This increase relates to early engagement with nurses regarding potential process outcomes and nurses demonstrating insight and willingness to engage in learning to improve their practice.

There were 95 cases arising from Registrar/Executive Director & CEO investigations referred to discipline in 2024, an increase of 14.5% from the 83 cases referred in 2023. Please refer to Appendix 1, Section 2, Table 2.

Health Inquiries

The Committee disposed of 88 health inquiries in 2024, a 16.2% decrease as compared to 2023. The Committee took no action in 50 matters (56.8%), accepted undertakings by nurses to enter the Nurses' Health Program (NHP) in six matters (6.8%) and referred 18 nurses (20.5%) to the Fitness to Practise Committee for a hearing. Please refer to Appendix 1, Section 3, Table 1.

Appendix 1 – Statistics

Section 1: Complaints

Table 1: Investigator Appointments

Investigators Appointed	2020	2021	2022	2023	2024
Complaint - ICRC request	130	220	168	98	60
Total	130	220	168	98	60

Table 2: Dispositions

Dispositions	2020		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
Adopt resolution	60	24.2	125	27.9	141	25.7	137	15.6	107	16.4
Take no action - abuse of process	31	12.5	47	10.5	32	5.8	57	6.5	34	5.2
Withdrawn with ED approval	24	9.7	27	6.0	9	1.6	19	2.2	9	1.4
Take no action	99	39.9	177	39.5	289	52.8	590	67.2	413	63.3
Letter of advice	16	6.5	25	5.6	37	6.8	49	5.6	40	6.1
Accept Remedial Undertaking	-	-	-	-	-	-	-	-	13	2.0
Caution	4	1.6	9	2.0	16	2.9	8	0.9	14	2.1
Educational program	3	1.2	8	1.8	2	0.4	5	0.6	9	1.4
Caution + educational program	5	2.0	22	4.9	16	2.9	6	0.7	4	0.6
Refer to Discipline Committee	6	2.4	8	1.8	6	1.1	7	0.8	10	1.5
Total	248	100	448	100	548	100	878	100	653	100

Table 3: Interim Orders

Orders	2020	2021	2022	2023	2024
Interim suspension	1	0	0	0	0
Interim restrictions	0	0	0	0	0

Total	1	0	0	0	0
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Table 4: HPARB

(a) Requests to Review ICRC Decisions

Requests	2020	2021	2022	2023	2024
From complainants	47	44	80	97	150
From members	2	7	4	4	2
Total	49	51	84	101	152

(b) HPARB Outcomes – Review

Decisions Received – Review	2020		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
Confirm ICRC decision	38	88.4	47	94.0	19	95.0	42	91.3	82	97.6
Return - further investigation	0	0.0	0	0.0	0	0.0	0	0.0	1	1.2
Return - reconsider decision	2	4.7	1	2.0	1	5.0	4	8.7	1	1.2
Direct ICRC to change decision	3	6.9	2	4.0	0	0.0	0	0.0	0	0.0
Total	43	100	50	100	20	100	46	100	84	100

(c) HPARB Outcomes – No Review

Decisions Received – No Review	2020		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
No review - request withdrawn	1	20.0	3	23.1	7	58.3	2	28.6	1	25.0
No review - abuse of process	3	60.0	9	69.2	3	25.0	4	57.1	3	75.0
No review - time limit exceeded	1	20.0	1	7.7	2	16.7	1	14.3	0	0
Total	5	100	13	100	12	100	7	100	4	100

Section 2: Reports – Registrar/Executive Director Investigations

Table 1: Investigator Appointments

Investigators Appointed	2020	2021	2022	2023	2024
Report – Registrar/Executive Director	343	306	389	377	443
Report - Emergency appointment by Registrar/Executive Director	0	1	0	0	0
Report - Quality Assurance Committee	4	0	10	9	45
Total	347	307	399	386	488

Table 2: Dispositions

Dispositions	2020		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
Take no action	29	7.5	72	14.1	116	20.1	94	19.4	109	22.9
Letter of advice	40	10.4	65	12.8	97	16.8	92	19.0	72	15.1
Accept remedial undertaking	44	11.4	18	3.5	9	1.6	6	1.2	61	12.8
Oral caution	38	9.9	42	8.3	50	8.7	37	7.6	33	6.9
Educational program	54	14.0	31	6.1	26	4.5	31	6.4	42	8.8
Caution + educational program	46	11.9	140	27.5	143	24.9	88	18.1	55	11.6
Refer to Discipline Committee	67	17.4	82	16.1	90	15.6	83	17.1	95	20.0
Accept permanent resignation	31	8.1	13	2.6	18	3.1	11	2.3	8	1.7

Take no action on account of member status ²	34	8.8	46	9.0	27	4.7	43	8.9	1	0.2
Take no action - enrolled in NHP	2	0.5	0	0.0	0	0.0	0	0.0	0	0.0
Total	385	100	509	100	576	100	485	100	476	100

Table 3: Interim Orders

Orders	2020	2021	2022	2023	2024
Interim suspension	4	3	2	1	1
Interim restrictions	6	13	11	6	1
Total	10	16	13	7	2

² This disposition applies to nurses who have either resigned their certificate of registration or allowed it to expire and are not entitled to practice nursing. If the nurse makes an application for registration in the future, the information from the nurse's file related to the report will be reviewed and assessed through CNO's Entry to Practice (ETP) process. As part of the ETP process, the Executive Director has discretion to refer an applicant to the Registration Committee for further review.

Section 3: Reports – Health Inquiries

Table 1: Dispositions

Dispositions	2020		2021		2022		2023		2024	
	#	%	#	%	#	%	#	%	#	%
Take no action	14	18.2	27	27.6	45	34.6	40	38.1	50	56.8
Take no action - enrolled in NHP	15	19.5	22	22.4	11	8.5	7	6.7	6	6.8
Take no action - non-practising class	5	6.5	0	0.0	0	0.0	0	0.0	2	2.3
Suspend until medical assessment complete	4	5.2	14	14.3	12	9.2	6	5.7	3	3.4
Refer to Fitness to Practise Committee	31	40.3	31	31.6	54	41.6	34	32.4	18	20.5
Cease inquiry ³	5	6.5	4	4.1	5	3.8	13	12.4	9	10.2
Total	77	100	98	100	130	100	105	100	88	100

Table 2: Interim Orders

Order	2020	2021	2022	2023	2024
Interim suspension	10	14	22	13	11
Interim restrictions	10	9	19	6	0
Total	20	23	41	19	11

³ ICRC loses jurisdiction to conduct health inquiries for resigned members.

Quality Improvements

Committee Education and Panel Chair Meetings

The Committee continued its commitment to Committee governance and performance with quarterly Panel Chair meetings and Committee education sessions. These sessions focused on right touch regulation, abuse of process legislation, assessing information obtained through an investigation, case law impacting committee decision making, and remedial dispositions to proportionately address risk and public protection. Foundational to this education cycle, the Committee held its annual orientation in May 2024.

The Committee also received training in unconscious bias that focussed on the unique decision-making role of statutory committees, including understanding privilege, what unconscious bias is and how it works, the impact of unconscious bias, and strategies for confronting unconscious bias.

Committee Members:

July to December 2024 (current committee)	January to June 2024 (2023-2024 committee)
Patricia Sullivan-Taylor, RN, Chair Ashley-Chandni Ahuja, NP Shana Anjema, RN Mary Campbell, RN Samantha Diceman, RPN Terry Holland, RPN Nicole Krywionek, RN Rodolfo Lastimoso, Jr., RPN Sylvain Leduc, NP Grace Oltmann, RN Fidelia Osime, Public Member Donna Rothwell, RN Diane Scott, Public Member Maria Sheculski, Public Member Shelley Sheedy, RN Diane Thompson, Public Member Amy Vandekemp, RPN Heather Whittle, NP Jerry Ding, NP Scott Mumberson, RPN Wes Stryker, Public Member	Patricia Sullivan-Taylor, RN, Chair Sylvain Leduc, NP Rodolfo Lastimoso, Jr., RPN Jay Armitage, Public Member Diane Scott, Public Member Raj Kaur, RPN Grace Oltmann, RN Fidelia Osime, Public Member Mary Ellen Renwick, RN Maria Sheculski, Public Member Diane Thompson, Public Member Ashley-Chandni Ahuja, NP Shana Anjema, RN Mary Campbell, RN Samantha Diceman, RPN Terry Holland, RPN Nicole Krywionek, RN Donna Rothwell, RN Shelley Sheedy, RN Amy Vandekemp, RPN Angela Can den Hoven, RPN Heather Whittle, NP



Staff contacts

Carolyn Gora, Director, Professional Conduct

Jocelyn Loosemore, Manager, Intake

Alison Gorham, Team Lead, ICRC