Health Professions Appeal and Review Board

Health Services Appeal and Review Board

Ontario Hepatitis C Assistance Plan Review Committee

Commission d'appel et de révision des professions de santé

Commission d'appel et de révision des services de santé

Comité de révision du Programme ontarien d'aide aux victimes de l'hépatite C

Ontario

2018-19 Annual Report

Health Professions Appeal and Review Board

Health Services Appeal and Review Board

Ontario Hepatitis C Assistance Plan Review Committee

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Ontario

The Honourable Christine Elliott
Deputy Premier and Minister of Health
Office of the Deputy Premier and Minister of Health
777 Bay Street, 5th Floor
Toronto ON M7A 1N3

June 28, 2019

Dear Minister:

RE: Health Boards Annual Report

On behalf of the Health Professions Appeal and Review Board, Health Services Appeal and Review Board, and the Ontario Hepatitis C Assistance Plan Review Committee (the Health Boards), it is my pleasure to submit the 2018-19 Annual Report.

Yours sincerely,

Christine Moss, Chair*
Health Professions Appeal and Review Board
Health Services Appeal and Review Board
Ontario Hepatitis C Assistance Plan Review Committee

*Christine Moss was appointed Chair of the Health Boards on June 21, 2019

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Chair's Message

On behalf of the Health Professions Appeal and Review Board, Health Services Appeal and Review Board, and the Ontario Hepatitis C Assistance Plan Review Committee (the Health Boards), it is my pleasure to submit our Annual Report for the fiscal year of 2018-19.

The Health Boards are committed to providing timely, accessible and informed service delivery to the Ontario public.

The 2018-19 year proved to be a very busy year for the Health Boards, seeing a rise of almost 49% in complaint review matters before the Health Professions Appeal and Review Board (HPARB), which is the majority of the work conducted by the HPARB.

Where possible, we strive to resolve matters brought before the Health Boards within one year. In 2018-19, on average, complaint review matters before the HPARB were resolved in less than 10 months and registration matters before the Board were resolved in just over 6 months. In regard to health insurance eligibility matters before the Health Services Appeal and Review Board (HSARB), on average these matters were resolved in just over 4.5 months.

Parties have the ability to participate in the adjudicative services of the Health Boards in writing, by telephone, via video if necessary, and through attendance in person at our office in Toronto, along with other major centres within the province in the official language of their choice. In 2018-19, we held reviews and hearings in over 10 cities across the province in both French and English, as requested by the parties. We also ensure open lines of communication with those requiring accessibility accommodations and provide language interpretation to parties when required.

The Health Boards recognize the importance of what we do, and to do that we require skilled and professional members and staff who are committed to excellence in the service we provide to Ontarians. I thank them for their support and look forward to working with them in 2019-20 to continue to deliver service excellence.

Christine Moss, Chair
Health Professions Appeal and Review Board
Health Services Appeal and Review Board
Ontario Hepatitis C Assistance Plan Review Committee

Legislative Authority and Mandate

Health Professions Appeal and Review Board

The Health Professions Appeal and Review Board (HPARB) is an independent adjudicative tribunal created by the *Ministry of Health and Long-Term Care Appeal and Review Boards Act, 1998* that provides oversight to the regulated health professions of Ontario.

The HPARB functions as a quasi-judicial adjudicative and regulatory tribunal with jurisdiction respecting the regulatory activities of twenty-seven Colleges governing the following twenty-nine regulated health professions (human and animal):

- Audiology
- Acupuncture
- Chiropody
- Chiropractic
- Dental Hygiene
- Dental Technology
- Dentistry
- Denturism
- Dietetics
- Homeopathy
- Kinesiology
- Massage Therapy
- Medical Laboratory Technology
- Medical Radiation Technology
- Medicine
- Midwifery
- Naturopathy
- Nursing
- Occupational Therapy
- Opticianry
- Optometry
- Pharmacy
- Physiotherapy
- Psychology
- Psychotherapy
- Respiratory Therapy
- Speech-Language Pathology
- Traditional Chinese Medicine
- Veterinary

The HPARB also functions as a quasi-judicial adjudicative and regulatory tribunal with jurisdiction respecting the decisions of the Accreditation Committees for pharmacies and veterinarian facilities and the practice privilege decisions of the Boards of Directors of Ontario's public hospitals.

The majority of the work conducted by the HPARB involves appeals of the decisions made by the Inquiries, Complaints and Reports Committees of the self-regulating health professions Colleges in Ontario under the *Regulated Health Professions Act, 1991* and decisions made by the Complaints Committee of the College of Veterinarians of Ontario under the jurisdiction of the *Veterinarians Act* ("complaint reviews"). The HPARB has the authority under these Acts to:

- Confirm or rescind all or part of the Committee's decision;
- Make recommendations to the Committee; and
- Require the Committee to take further action.

The work of the HPARB also involves appeals respecting applications for professional registration that have been refused or restricted by Registration Committees of the Colleges and the accreditation of veterinary and pharmacy facilities. The HPARB has the authority under these Acts to:

- Confirm the Registration Committee's order or proposed decision;

- Require the College to issue a certificate of registration or licence to the applicant, if he/she completes examinations or training required by the Registration Committee;
- Require the College to issue a certificate of registration or licence to the applicant, with any terms or limitations the Board considers appropriate, if the applicant qualifies for registration and if the Registration Committee has exercised its power improperly;
- Refer the matter back to the Registration Committee with recommendations.

In addition to the above, the work of HPARB involves appeals under the *Public Hospitals Act* with regard to the practice privilege decisions of the boards of Ontario's public hospitals. The HPARB has the authority under the Act to:

- Confirm the decision;
- Direct the hospital Board, person, or body making the decision to take such action as directed by the HPARB;
- Substitute its opinion for that of the hospital Board, person or body making the decision.

The HPARB can inquire into or make a decision concerning the constitutional validity of a provision of an Act or a regulation.

A list of the statutes under which appeals and reviews may be conducted by the HPARB can be found at www.hparb.on.ca. Regulations under the statutes that may affect proceedings before the HPARB may be found at www.e-laws.gov.on.ca.

Health Services Appeal and Review Board

The Health Services Appeal and Review Board (HSARB) is an independent adjudicative tribunal created by the *Ministry of Health and Long-Term Care Appeal and Review Boards Act, 1998* that functions as a quasi-judicial adjudicative tribunal with jurisdiction respecting decisions on disputes that arise under twelve different statutes:

- *Ambulance Act*;
- *Commitment to the Future of Medicare Act*;
- *Healing Arts Radiation Protection Act*;
- *Health Facilities Special Orders Act*;
- *Health Insurance Act*;
- *Health Protection and Promotion Act*;
- *Home Care and Community Services Act*;
- *Immunization of School Pupils Act*;
- *Independent Health Facilities Act*;
- *Laboratory and Specimen Collection Centre Licensing Act*;
- *Long-Term Care Homes Act*; and
- *Private Hospitals Act*.

The HSARB has varied authority under the twelve different statutes for which it has an appeal or review mandate. The majority of the work conducted by the HSARB falls under the jurisdiction of the *Health Insurance Act* and involves appeals where:

- An individual is entitled to be an insured person under the Ontario Health Insurance Plan (OHIP) but has received a decision from the General Manager of OHIP that OHIP does not cover the health services the person is claiming ("subscriber" appeal), such as an insured person who received treatment out of country; or
- An individual has received a decision from the General Manager of OHIP that they are not entitled to be an insured person under OHIP ("eligibility" claim).

The HSARB has the authority under *Health Insurance Act* to:

- Affirm or rescind the decision;
- Direct the General Manager to take such action as the Board considers the General Manager should take;
- Substitute its opinion for that of the General Manager.

Other examples of the work of the HSARB include appeals respecting:

- Decisions of approved agencies under the *Home Care and Community Services Act* regarding eligibility for and amount of community services;
- Orders of the Medical Officer of Health or public health inspectors under the *Health Protection and Promotion Act*;
- Orders and decisions of the Director under the *Long Term Care Homes Act*; and
- Decisions of the Director under the *Independent Health Facilities Act* with respect to licensing of independent health facilities.

The HSARB cannot inquire into or make a decision concerning the constitutional validity of a provision of an Act or a regulation. However, the courts have clarified that the HSARB is to apply "Charter values"[1] in interpreting legislation.

Regulations under the statutes that may affect proceedings before the HSARB may be found at www.e-laws.gov.on.ca.

Ontario Hepatitis C Assistance Plan Review Committee

The Management Board of Cabinet established the Ontario Hepatitis C Assistance Plan (OHCAP) Review Committee on March 1, 1999. The Review Committee is an independent administrative tribunal, which operates at arms-length from the Ministry and its OHCAP Program Office. The Review Committee, comprised of members appointed by the Minister of Health, reviews decisions of the OHCAP Program Adjudicator respecting eligibility for benefits under the Plan.

[1] *E. H. v. General Manager Ontario Health Insurance Plan* 2012 ONSC CanLII 5106.

Members of the public can apply to the OHCAP Program Office for financial assistance if before January 1, 1986, or from July 2, 1990 to September 28, 1998:

- They contracted hepatitis C virus (HCV) through the blood system in Ontario;
- They were infected with HCV by a spouse, partner or mother who contracted HCV through the blood system in Ontario; or
- They are the personal representative of an estate of an individual who contracted HCV through the blood system in Ontario during the period covered by the Ontario Plan.

OHCAP applicants dissatisfied with a Program Office decision can request a review of that decision by the OHCAP Review Committee. The OHCAP Review Committee conducts a review of the initial application and Program Office decision, and determines the applicants' entitlement to the specified program benefit. The OHCAP Review Committee can either confirm or reverse the initial decision of the OHCAP Program Adjudicator. The proceedings are not open to the public and decisions are confidential.

Further information on the Ontario Hepatitis C Assistance Plan can be found on the Ministry of Health website at www.health.gov.on.ca.

Mission

The Health Boards are committed to providing the highest quality service to the public, and to being valued partners in the delivery of health care in Ontario for all stakeholders.

Operational Highlights

Updated Templates

In 2018-19, the Health Boards continued to update the templates used by the Boards from acknowledgement of receipt of a request for review or appeal, to the issuance of a decision of the Boards. All the templates were revised, using plain language principles, to ensure the work of the Boards is made simple and clear, and to improve the accessibility and transparency for the parties before the Boards. This work has focused first on templates used for complaint reviews, which represent the largest volume of matters before the Health Boards, and the Health Boards are hoping to roll out the new templates for complaint reviews in early 2019-20.

Electronic Delivery of Files

In 2018-19, the Health Boards expanded its electronic delivery of files between the Board, parties and stakeholders. The expansion to deliver files electronically was a Health Boards 'green' and cost savings initiative that has greatly improved efficiencies. For example, in 2018-19, the HPARB received party information requests from self-regulated health profession Colleges almost 14% faster than in the previous fiscal year, since changing to an electronic delivery.

Modernization Initiatives

The Health Boards continue to develop and implement initiatives to modernize its operations. In 2017-18, the Health Boards began to make all of its registration matters before the HPARB into electronic case files. In 2018-19, the Health Boards began making parts of their complaint review matters, which is the bulk of the work before the HPARB, into electronic case files. Almost all correspondence between the HPARB and the self-regulated health professions Colleges is electronic and has resulted in shortening the lifecycle of files before the HPARB. The goal for the upcoming fiscal will be to have all files before the HPARB be in an electronic format.

Professional Development

In 2018-19, the Health Boards continued to provide a two-day All Member Training session in the spring and included within the program relevant and dynamic speakers. All Member Training provides an opportunity for members to be educated on issues that are relevant to the work of the Boards as well as to discuss initiatives to support improved delivery of services to parties before the Boards, stakeholders and the public.

Highlights of the All Member Training session in 2018-19 included sessions on the perspectives of youth and children within the healthcare system. Small group discussions were also held during the All Member Training to identify the Health Boards' strengths, weakness, opportunities and threats. The Chair also used All Member Training sessions to remind members of their ethical obligations under the *Public Service of Ontario Act* along with the Health Boards' duties under the *French Language Services Act*.

With the appointment expiration of many of HPARB and HSARB's most senior adjudicators, training was conducted throughout the year with newer members on functions such as Presiding over matters, facilitation of case conferences, and decision writing. The trainings were conducted to ensure that there was a succession plan in place and a transfer of knowledge from the senior adjudicators to the new members of the Boards.

The Health Boards also began their first regional training sessions in the fall to save on travel expenses for Board Members located outside of Toronto. The regional training sessions took place in Toronto, Ottawa, and London. These sessions served the purpose of providing updates to the Board Members on the activities and projects of the Boards.

Practice Advisory Committee

In 2018-19, the HPARB established a Practice Advisory Committee with the goal of consulting and obtaining feedback from stakeholders on issues such as HPARB's rules of practice and procedures, practice directions, policies, operations and services. The discussions emanating from the Practice Advisory Committee are advisory and non-binding.

Stakeholder representation within the Committee included self-represented parties that have appeared before HPARB, persons who regularly represent parties in matters before HPARB,

representatives from the health professions Colleges, and a diverse group of representatives from community legal clinics.

In 2019-20, the HPARB will continue to meet with the Committee to obtain feedback on the effectiveness of the above-mentioned in carrying out HPARB's mandate.

Stakeholder Consultation

In 2018-19, the Chair of the Health Boards and the Registrar of the Health Boards Secretariat, met with various stakeholders, particularly Registrars of the self-regulated health professional Colleges. The stakeholder consultations provided a forum for the Health Boards to listen to stakeholder concerns and feedback regarding new projects, and any impact and outcomes they may have on the work of stakeholders. The Health Boards plan to continue to reach out to different stakeholders in 2019-20, including self-represented parties before the Board, self-regulated health professional colleges, and others.

Health Professions Appeal and Review Board Recommendations

In fulfilling its public interest mandate, the HPARB has power to make recommendations in complaint and registration dispositions to the Inquiries, Complaints and Reports Committees and the Registration Committees of the Colleges of the regulated health professions[2] and the Complaints Committee of the College of Veterinarians of Ontario[3]. Recommendations identify concerns in Colleges' process and/or policy and generally, the HPARB finds that the Colleges are responsive in making the recommended changes.

Dispositions issued by the Board during the last fiscal year have been outlined below and provide an example of the type of recommendations that may be included within an HPARB decision. The full Board decisions in these matters can be found on the CanLII website at www.canlii.org.

File Number	Board Recommendation
17-CRV-0070	The Board provides the following General Recommendation to the College that the College highlight and clarify to its membership the policy, guidelines or directives which apply to a dentist in his or her capacity as an owner of a dental clinic in respect of their professional obligations to patients of the clinic that he or she does not treat.

[2] Section 35(1) of the Health Professions Procedural Code, Schedule 2 to the *Regulated Health Professions Act, 1991* Statutes of Ontario, 1991, c.18.
[3] Section 27(1) of the *Veterinarians Act*, Revised Statutes of Ontario, 1990, c. V.3.

File Number	Board Recommendation
17-CRV-0239	The Board recommends to the College that it put in place procedures to ensure that undertakings required to be signed by physicians are reviewed upon receipt by the College to ensure the undertaking is fully completed.
16-CRV-0795	Where the College has published guidelines regarding professional standards that are relevant to issues in a complaint, in furtherance of clarity and transparency in professional regulation, the Board makes a general recommendation that the Committee's Record of Investigation include the applicable published guidelines of the College and that the Committee's decision reference the relevant portions of such guidelines.
17-CRV-0658	In the public interest, the Board provides a General Recommendation to the College to clarify for its members by way of policy, guidelines or directives which controlled acts they may delegate to a dental assistant and under what circumstances this may be done.
17-CRV-0459	In the public interest, the Board makes a general recommendation that the question of whether a physician acting as a Coroner is to document reasons for not investigating a death, be brought to the attention of an appropriate body to help ensure that expected practices are in accordance with the standards of a physician serving in the role of a Coroner.
18-CRV-0354	The Board makes a general recommendation that the Committee ensure that any policies to which it refers are included in the Record it provides to the Board.
17-CRV-0196 17-CRV-0197 17-CRV-0198 17-CRV-0199 17-CRV-0200 17-CRV-0201 17-CRV-0202 17-CRV-0203 17-CRV-0211	The Board makes a general recommendation that the College review how the Code's section 25.1 alternative dispute resolution option is offered to parties in a complaint proceeding, to help ensure the approach employed in presenting the resolution route does not create a public perception of bias toward alternative dispute resolution or delay a complaint investigation.
18-CRV-0247	The Board makes a general recommendation to the Committee, in complaints involving a physician's practice or care related to plastic surgery, that the Committee make reasonable efforts to obtain from the member all photographs taken of the patient when requesting the member's records pertaining to a patient.

Record of Investigation Timeliness

Under section 32(1) of the *Regulated Health Professions Act, 1991* and section 25(7) of the *Veterinarians Act*, Colleges are required to provide HPARB with a copy of the record of the investigation related to the complaint within fifteen (15) days after HPARB's request.

70% of the records of investigations received by the HPARB were from the College of Physicians and Surgeons of Ontario, which continues to be the majority of requests for a complaint review.

In 2018-19, 31% of the records of investigations were received from the Colleges to HPARB within fifteen days after HPARB's request. The Health Boards will continue to work with the Colleges to support more timely submission of records of investigation.

Section 28(4) Letters

Pursuant to section 28(4) of the *Health Professions Procedural Code* which is Schedule 2 to the *Regulated Health Professions Act, 1991,* it is the duty of the self-regulated health professional Colleges to notify the HPARB when a complaint has not been disposed of within 150 days of receiving a complaint, and the HPARB must be notified every 60 days following if that same complaint has yet to be disposed of. In 2018-19, a concerted effort was made to ensure these delay letters were entered into the Case Management System, and the total numbers will be reported in the upcoming fiscal.

Judicial Review

Parties to a Complaint Review before the Health Professions Appeal and Review have the right to request a judicial review of the Board's decision through the Divisional Court. In 2018-19, the Board received 9 requests for Judicial Review.

	2014-15	2015-16	2016-17	2017-18	2018-19
Requests for Judicial Reviews	2	6	9	7	9

Caseload Statistics

Health Professions Appeal and Review Board

The HPARB received 964 new requests for review or appeal in 2018-19, a vast increase from the 642 received in 2017-18. This was the highest number of requests for review or appeal ever experienced by the HPARB. Given the high increase in intake in 2018-19, the HPARB is anticipating that its case conferences convened, matters heard, matters resolved, and decisions issued, volumes will increase in 2019-20.

The majority of the HPARB's activity continues to be related to reviews of the decisions of the Inquiries, Complaints and Reports Committees (ICRC)[4] of the self-regulated health professional Colleges in Ontario, with 820 new requests for a complaint review in 2018-19, and the majority of these requests continue to be related to decisions of the College of Physicians and Surgeons of Ontario, with 573 of the requests in 2018-19 being related to this College. The majority of the HPARB's requests related to registration matters are connected to the decisions of the Registration Committee of the College of Registered Psychotherapists of Ontario, with 50 requests related to this College.

In 2018-19, 86% of the HPARB's complaint review decisions confirmed the decisions of the health professions College's ICRC and 14% returned or returned in part the Committee's decisions. Regarding registration decisions, in 2018-19, the HPARB confirmed 71% of decisions of the health professions Colleges Registration Committees and returned or returned in part 29% of the Committee's decisions.

Table 1: Summary of Activity

	2014-15	**2015-16**	**2016-17**	**2017-18**	**2018-19**
Requests for Appeal/Hearing/ Review	786	840	852	642	964
Case Conferences Convened	762	728	759	635	645
Matters Heard	500	614	662	586	544
Matters Resolved[5]	176	332	276	194	210
Decisions Issued	484	567	678	623	522

Table 2: Summary of Request for Review/Hearing/Appeal by Type

Review/Appeal Type	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2018-19**
Complaint Review	628	664	714	552	820
Registration and Accreditation	131	173	119	72	115
Public Hospitals Act	4	0	8	5	7
Other[6]	23	3	11	13	22
Total	**786**	**840**	**852**	**642**	**964**

[4] Includes the Complaints Committee of the College of Veterinarians of Ontario
[5] Includes matters that were withdrawn (e.g. resolution after a case conference), frivolous & vexatious, ineligible, or dismissed and matters that were closed as a result of timeliness, no jurisdiction, and administrative closure.
[6] Includes Section 26 applications under the *Veterinarians Act* and Section 28 applications under the *Regulated Health Professionals Act* Procedural Code.

Table 3: Summary of Requests for Complaint Review by College

College	2014-15	2015-16	2016-17	2017-18	2018-19
College of Physicians and Surgeons of Ontario	404	438	486	336	573
College of Nurses of Ontario	36	34	45	34	42
Royal College of Dental Surgeons of Ontario	62	62	59	70	47
College of Pharmacists of Ontario	34	16	17	20	38
College of Veterinarians of Ontario	23	24	26	10	28
College of Psychologists of Ontario	18	19	15	10	15
Other Colleges	51	71	66	72	77
Total	**628**	**664**	**714**	**552**	**820**

Table 4: Summary of Requests for Registration Review or Hearing by College

College	2014-15	2015-16	2016-17	2017-18	2018-19
College of Nurses of Ontario	101	141	79	17	17
College of Psychologists of Ontario	6	9	14	5	12
College of Physicians and Surgeons of Ontario	5	7	9	9	15
College of Registered Psychotherapists of Ontario	0	5	8	35	50
Other Colleges	18	11	9	6	21
Total	**130**	**173**	**119**	**72**	**115**

Table 5: Summary of Complaint Review Decisions

	2014-15	2015-16	2016-17	2017-18	2018-19
Confirmed	375	468	531	513	395
Returned or Returned in Part*	33	39	59	41	64
Total	**408**	**507**	**590**	**554**	**459**

*Includes matters with substituted decisions as well as decisions that were both confirmed and returned

Table 6: Summary of Registration Decisions

	2014-15	2015-16	2016-17	2017-18	2018-19
Confirmed	54	49	64	47	30
Returned or Returned in Part	17	10	14	12	12
Total	**71**	**59**	**78**	**59**	**42**

Health Services Appeal and Review Board

The HSARB received 195 requests for appeal in 2018-19. The number of requests for appeal has decreased over the past five years, as has the HSARB's number of case conferences convened, matters heard and decisions issued.

The majority of HSARB's activity continues to be related to appeals under the *Health Insurance Act* and the majority of these continue to be related to subscribers (i.e. an individual is entitled to be an insured person under OHIP but has received a decision from the General Manager of OHIP that OHIP does not cover the health services the person is claiming) with fewer matters relating to eligibility (i.e. an individual has received a decision from the General Manager of OHIP that they are not entitled to be an insured person under OHIP).

In 2018-19, the HSARB denied about 93% of appeals for *Health insurance Act* subscriber matters and granted or granted in part about 7% of appeals. With regard to eligibility matters, the HSARB denied around 85% of appeals and granted or granted in part 15% of appeals.

Table 1: Summary of Activity

	2014-15	2015-16	2016-17	2017-18	2018-19
Appeals Received	295	255	209	206	195
Case Conferences Convened	561	239	203	214	203
Matters Heard	115	86	65	58	63

Matters Resolved[7]	250	210	187	151	173
Decisions Issued	73	102	72	62	64

Table 2: Summary of Request for Appeal by Type

Appeal Type	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2018-19**
Health Insurance Act	249	217	170	159	146
Home Care and Community Services Act	11	22	18	7	9
Health Protection and Promotion Act	12	6	2	15	10
Independent Health Facilities Act	16	5	2	7	12
Long-Term Care Homes Act	7	3	6	4	6
Other Acts	0	2	11	14	12
Total	**295**	**255**	**209**	**206**	**195**

Table 3: Summary of *Health Insurance Act* Appeals by Type

Appeal Type	**2014-15**	**2015-16**	**2016-17**	**2017-18**	**2018-19**
Subscriber	185	158	115	115	103
Eligibility	64	59	55	44	43
Total	**249**	**217**	**170**	**159**	**146**

[7] Includes matters that were withdrawn (e.g. resolution after a case conference), frivolous & vexatious, abandoned, ineligible, or dismissed and matters that were closed as a result of timeliness, no jurisdiction, and administrative closure.

Table 4: Summary of *Health Insurance Act* Subscriber Dispositions

Appeal Type	2014-15	2015-16	2016-17	2017-18	2018-19
Granted or Granted in Part	8	10	2	5	3
Denied	52	64	46	39	39
Total	**60**	**74**	**48**	**44**	**42**

Table 5: Summary of *Health Insurance Act* Eligibility Dispositions

Appeal Type	2014-15	2015-16	2016-17	2017-18	2018-19
Granted or Granted in Part	1	1	1	2	2
Denied	7	19	9	13	11
Total	**8**	**20**	**10**	**15**	**13**

Ontario Hepatitis C Assistance Plan Review Committee

The OHCAP Review Committee received 5 appeals in 2018-19. The number of requests for appeal have been decreasing since 2016-17.

Table 1: Summary of Activity

	2014-15	2015-16	2016-17	2017-18	2018-19
Appeals Received	3	4	10	8	5
Matters Resolved[8]	3	0	2	2	2
Decisions Issued	6	1	6	6	4

[8] Includes matters that were withdrawn and abandoned

Service Standards

Health Professions Appeal and Review Board

Service Standards	Achievement for 2018-19
80% of complaint review matters will be resolved within 12 months of the Board receiving the request for review	The average length of a complaint review matter was less than 10 months
80% of decisions in application for registration matters will be issued in less than 12 months from the date the request for hearing or review was made	The average length of a registration matter was just over 6 months

Health Services Appeal and Review Board

Service Standard	Achievement for 2018-19
85% of Health Insurance Act eligibility for OHIP coverage matters will be resolved within 9 months	The average length of a *Health Insurance Act* eligibility matter was just over 4.5 months

Membership

The HPARB is made up of members of the public, appointed by the Government of Ontario, none of whom can be or ever have been a member of any of the regulated health Colleges.

The HSARB is made up of members of the public, appointed by the Government of Ontario, only three of whom can be members of the College of Physicians and Surgeons of Ontario.

As of March 31, 2019, there were 39 members appointed to the HPARB, 39 members appointed to the HSARB, and 3 members appointed to the OHCAP Review Committee. Of those members appointed to the HPARB and HSARB, 35 are cross appointed to both Boards. These cross appointed members are noted with an asterisk (*) in the tables below.

Chair and Vice Chairs (March 31, 2019)

Name	First Appointed	Term Ends
Janice Vauthier Chair, HPARB, HSARB, OHCAP Review Committee (RC)*	December 2005 (HPARB) March 2009 (HSARB) June 2014 (OHCAP RC)	June 2019 (HPARB, HSARB) June 2019 (OHCAP RC)
Taivi Lobu Full-Time Vice Chair, HPARB*	April 2006 (HPARB) March 2009 (HSARB)	February 2020 (HPARB) March 2019 (HSARB)

Name	First Appointed	Term Ends
Christine Moss Part-Time Vice Chair, HPARB*	February 2016 (HPARB) February 1999 (HSARB)	February 2021 (HPARB) March 2019 (HSARB)
Sonia Ouellet Full-Time Vice Chair, HSARB*	March 2007 (HPARB) May 2010 (HSARB)	May 2020 (HPARB) May 2020 (HSARB)
Thomas Kelly Part-Time Vice Chair, HSARB*	December 2005 (HPARB) July 2012 (HSARB)	December 2021 (HPARB) July 2022 (HSARB)

HPARB Members (March 31, 2018)

Name	First Appointed	Term Ends
David Balderston*	February 2018	February 2020
Katherine Ball	October 2015	October 2020
Timothy Bates*	July 2010	July 2020
James Beamish*	December 2009	December 2019
Michael Bossin*	March 2007	March 2021
Maria Capulong*	September 2017	September 2019
Douglas Chan	March 2018	March 2020
Alan Davis*	September 2017	September 2019
James Dault*	June 2007	December 2019
Beth Downing*	December 2009	December 2019
Kathleen Elliott*	March 2007	March 2021
Yves Fricot*	August 2015	August 2020
François Giroux*	November 2012	November 2022
Teng-Teng Amy Go*	September 2017	September 2019
Bonnie Goldberg*	February 2008	February 2021
Mason Greenaway*	November 2017	November 2019
Vanessa Gruben*	December 2009	December 2019
Emanuela Heyninck*	September 2010	September 2020
Douglas Kearns*	January 2016	January 2021

Name	First Appointed	Term Ends
Stephen Kovanchak*	April 2009	April 2019
Caroline Mandell*	November 2017	October 2019
Barbara Mellman*	September 2017	September 2019
Brenda Petryna	August 2006	August 2019
Drasko Puseljic*	June 2017	June 2019
Yasmeen Siddiqui*	May 2010	May 2020
Brittany Silvestri*	October 2017	October 2019
David Scrimshaw*	June 2012	June 2022
Kim Stanton*	August 2012	July 2022
Robert Steele*	October 2008	January 2020
Gerard (Ged) Tillmann*	November 2017	October 2019
Karen Weisbaum*	July 2017	July 2019
Carla Whillier*	December 2016	January 2020
Shawn Winsor	July 2017	July 2019
Dale Wright*	November 2017	November 2019

HSARB Members (March 31, 2019)

Name	First Appointed	Term Ends
David Balderston*	February 2018	February 2020
Timothy Bates*	July 2010	July 2020
James Beamish*	December 2009	December 2019
Michael Bossin*	March 2011	March 2021
Maria Capulong*	September 2017	September 2019
James Dault*	December 2009	December 2019
Alan Davis*	September 2017	September 2019
Beth Downing*	July 2015	December 2019

Name	First Appointed	Term Ends
Kathleen Elliott*	March 2011	March 2021
Yves Fricot*	August 2015	August 2020
François Giroux*	November 2012	October 2022
Teng-Teng Amy Go*	September 2017	September 2019
Bonnie Goldberg*	March 2011	March 2021
Norma Grant	March 2011	March 2021
Mason Greenaway*	November 2017	November 2019
Vanessa Gruben*	December 2009	December 2019
Emanuela Heyninck*	September 2010	September 2020
Douglas Kearns*	January 2016	January 2021
Stephen Kovanchak*	April 2009	April 2019
Caroline Mandell*	November 2017	October 2019
Barbara Mellman*	September 2017	September 2019
Drasko Puseljic*	June 2017	June 2019
Yasmeen Siddiqui*	May 2010	May 2020
Brittany Silvestri*	October 2017	October 2019
Michel Schofield	November 2015	November 2020
David Scrimshaw*	June 2012	June 2022
Debbie Snow	October 2015	October 2020
Kim Stanton*	August 2012	July 2022
Robert Steele*	March 2011	March 2021
Gerard (Ged) Tillmann*	November 2017	October 2019
Hugh Tye	March 2011	March 2021
Karen Weisbaum*	July 2017	July 2019
Carla Whillier*	December 2016	December 2018
Dale Wright*	November 2017	November 2019

OHCAP Review Committee Members

Name	First Appointed	Term Ends
Kathleen O'Neil	August 2008	September 2019
Linda Strevens	July 2009	September 2019

Staff

The Health Boards are supported by 21 staff in the Health Boards Secretariat of the Ministry of Health. The Health Boards Secretariat is led by a Registrar and includes an executive support team, case management team, administrative support team, and information technology team.

The Health Boards Secretariat's staff also provides support to two other adjudicative bodies – the Physician Payment Review Board (PPRB) and the Medical Eligibility Committee (MEC). The Health Boards' office space and Toronto hearing rooms are shared with PPRB and MEC. The Health Boards Secretariat also processes per diem and expense claims to public members of the health regulatory Colleges.

The shared resource structure provides financial and operational efficiencies, including the ability to shift resources in line with what can be a variable appeal volume to the adjudicative bodies. This shared resourcing model is consistent with recent trends in the administrative justice sector in Ontario towards clustering of agencies.

Financials

The below financial information does not include salary and wages for Health Boards Secretariat staff or facilities as these expenditures are shared between the HPARB, HSARB, OHCAP Review Committee, PPRB and MEC and also support the Health Boards Secretariat's function of processing per diem and expense claims to public members of the health regulatory Colleges. Salary and wage information for the full-time Chair and Vice Chairs of the HPARB and HSARB are also not included in the below financial information as they are funded out of the Health Boards Secretariat budget.

With the loss of many senior adjudicators on both HPARB and HSARB, training was conducted with the newer members of the Board on the more senior tasks of adjudication such as Presiding matters, facilitating case conferences, and decision writing. The increased expenditures for the HPARB and HSARB in 2018-19 is largely due to the training of those members. The increased expenditures for the HPARB in 2018-19 is also largely due to the significant increase in the Board's intake level.

Health Professions Appeal and Review Board

Expenditure Category	2014-15	2015-16	2016-17	2017-18	2018-19
Part-Time Per Diem Payments	1,446,110	1,707,534	1,825,944	1,993,471	2,158,524
Travel[9]	99,405	125,763	136,623	90,846	107,710
Legal Services	173,140	193,925	177,832	176,930	199,326
Other Services[10]	44,199	119,496	138,430	101,735	112,045
Supplies and Equipment[11]	3,150	3,170	4,243	3,826	3,684
Total	**1,766,004**	**2,149,888**	**2,283,072**	**2,366,808**	**2,581,289**

Health Services Appeal and Review Board

Expenditure Category	2014-15	2015-16	2016-17	2017-18	2018-19
Part-Time Per Diem Payments	385,038	330,747	251,938	279,574	376,158
Travel[12]	30,412	22,065	12,145	4,317	13,230
Legal Services	127,050	138,600	138,600	115,500	143,692
Other Services[13]	39,234	98,399	46,019	33,673	32,184
Supplies and Equipment[14]	300	1,616	490	1,023	1,247
Total	**582,034**	**591,427**	**449,192**	**434,087**	**566,512**

Ontario Hepatitis C Assistance Plan Review Committee

Expenditure Category	2014-15	2015-16	2016-17	2017-18	2018-19
Part-Time Per Diem Payments	8,457	4,477	9,698	10,075	4,920
Travel[15]	46	14	463	0.00	0.00

[9] Includes travel for full-time and part-time appointees (e.g. air, rail, taxi, parking, etc.).
[10] Includes costs such as audio conferencing charges, translation services, court reporter fees, etc.
[11] Includes costs such as those for office machines, stationary and office supplies, etc.
[12] Includes travel for full-time and part-time appointees (e.g. air, rail, taxi, parking, etc.).
[13] Includes costs such as audio conferencing charges, translation services, court reporter fees, etc.
[14] Includes costs such as those for office machines, stationary and office supplies, etc.
[15] Includes travel for full-time and part-time appointees (e.g. air, rail, taxi, parking, etc.).

Other Services[16]	382	170	0.00	83	92
Total	**8,885**	**4,661**	**10,161**	**10,158**	**5,012**

[16] Includes costs such as audio conferencing charges, translation services, etc.