

Consent and Capacity Board

Annual Report 2014-2015

(Fiscal Period – April 1, 2014 to March 31, 2015)



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Chair's Message

I am pleased to report on the Consent and Capacity Board (CCB) for the fiscal year 2014-2015.

The CCB has achieved its legislated requirements regarding scheduling hearings within seven days of receipt of an application, releasing decisions by the end of the day following the hearing, and issuing written reasons within four business days.

This has been a transitional year for the CCB following the departure of Justice Edward F. Ormston as Chair of the Board May 31, 2014. During his 8 year term Justice Ormston provided strong leadership to the CCB and demonstrated his ongoing commitment to the protection of the rights of the vulnerable persons who appeared before it. He worked to ensure that the CCB's adjudicative processes were fair, of consistent high quality and accessible to the public. Justice Ormston made invaluable contributions to the CCB's processes, reputation and public profile during his term. Staff and members of the Board will miss him, and wish him well. I acknowledge and thank Justice Richard Schneider for his leadership as interim Chair following Justice Ormston's departure and prior to my appointment on March 11, 2015.

I acknowledge and thank CCB staff for the delivery of efficient, timely and fair customer service. Staff members work tirelessly to ensure that the Board's mandate and legal requirements are met.

I acknowledge and thank CCB members for the dedication, professionalism, compassion and fairness they demonstrate in the fulfillment of their duties. The decisions they reach have real, serious and lasting effects on the most vulnerable in our society.

As the newly appointed Chair of the CCB I look forward to working with the Board staff, membership, stakeholders and the public in the coming months, and meeting the challenges of providing high quality, consistent and fair adjudications for an ever increasing caseload of hearings for vulnerable citizens.

Marg Creal
Chair

Mission, Mandate and Jurisdiction

Mission

To provide fair, timely, effective and respectful hearings that balance legal, medical and healthcare considerations while protecting individual rights and ensuring the safety of the community.

Mandate

The CCB is an independent administrative tribunal with a mandate to adjudicate on matters of capacity, consent, civil committal, substitute decision making, disclosure of personal health information and mandatory blood testing.

Jurisdiction of the CCB

The CCB is responsible for holding hearings and for making decisions on matters in which the least restrictive, least onerous and least intrusive decisions are made to:

- 1) maintain the safety of the individual
- 2) protect the safety of the community
- 3) maintain the dignity and autonomy of the individual

The CCB's authority to hold hearings arises under the following legislation:

Health Care Consent Act

- Review of a finding of incapacity to consent to treatment, admission to a care facility or a personal assistance service;
- Consideration of the appointment of a representative to make decisions for an incapable person with respect to treatment, admission to a care facility or a personal assistance service;
- Giving directions on issues of treatment, admission to care facilities and personal assistance services;
- Consideration of a request for authority to depart from prior capable wishes of an incapable person;
- Review of a decision to consent to an admission to a hospital, psychiatric facility or other health facility for the purposes of receiving treatment;
- Review of a substitute decision-maker's compliance with the rules for substitute decision-making; and

- Consideration of a request to amend or terminate the appointment of a representative.

Mental Health Act

- Review of involuntary status (i.e., civil committal);
- Review of a finding of incapacity to manage property;
- Determination of whether an involuntary patient should be transferred to another psychiatric facility;
- Review of whether a young person (aged 12 - 15) requires observation, care and treatment in a psychiatric facility; and
- Review of a Community Treatment Order.

Substitute Decisions Act

- Review of a finding of incapacity to manage property.

Personal Health Information Protection Act

- Review of a finding of incapacity to consent to the collection, use or disclosure of personal health information;
- Review of a substitute decision maker's compliance with the rules for substitute decision-making; and
- Consideration of the appointment of a representative to consent to the collection, use or disclosure of personal health information on behalf of an incapable person.

Mandatory Blood Testing Act

- If an individual has come into contact with another person's bodily fluid, the individual can apply to the Medical Officer of Health to have a blood sample of the other person analyzed for HIV, Hepatitis B & C.
- If the Medical Officer of Health cannot obtain a voluntary blood sample or cannot locate the individual the Medical Officer of Health shall refer the application to the Board.
- The Board will decide whether the individual should be ordered to provide a blood sample.

Approximately 75 percent of applications to the CCB involve a review under the *Mental Health Act* of a person's involuntary status in a psychiatric facility, or a review under the *Health Care Consent Act* of a person's capacity to consent to or refuse treatment, or both. The CCB is an expert Board. A lawyer, a psychiatrist, and a public member sit on the hearing panel to consider cases involving the deprivation of an individual's liberty.

The CCB meets its legislative obligations by:

- scheduling hearings within the required timeline
- issuing decisions and reasons within the required timelines
- adjudicating consistently and in a timely fashion
- issuing high-quality Decisions and Reasons for Decision, and
- creating an environment of respect for the adjudicative process, the parties and the public.

Organization

The CCB is an independent adjudicative Board created under the *Health Care Consent Act* with jurisdiction under that Act, the *Mental Health Act*, the *Substitute Decisions Act*, the *Personal Health Information Protection Act* and the *Mandatory Blood Testing Act*.

The CCB had 123 members, as of March 31, 2015. In addition to the full-time Chair, part-time CCB members include 42 Lawyers, 44 Psychiatrists, and 37 Public members. Members of the Board are appointed by Order-in-Council, for a term of one to five years. The CCB has a staff of 15 public servants who support the work of the CCB and its members. Staff are responsible for: scheduling hearings, liaising with stakeholders, processing and payment of invoices, per diem and expense claims, supporting the appointment and reappointment process, strategic planning, liaising with the Ministry of Health and Long-Term Care (Ministry) and organizing events such as Board member meetings and training sessions. The CCB is also supported by a full-time legal counsel

The CCB is an expert tribunal. CCB panels are generally composed of a lawyer, a psychiatrist, and a public member. As a quasi-judicial body, the CCB maintains an arm's length relationship with the Ministry while receiving administrative services and support through the Ministry's Corporate Services Division. The CCB functions under statutory requirements and a Memorandum of Understanding between the Chair and the Minister of Health and Long-Term Care.

Performance Measures

The *Health Care Consent Act* sets out three legislated performance measures for the CCB:

1. A hearing is to commence within seven days from the receipt of an application.
2. The CCB must issue its Decision within one day of the conclusion of the hearing.
3. Upon the request of a party within 30 days of a hearing, the CCB must issue written Reasons for its Decision, within four business days of receiving such a request.

The CCB consistently achieves these legislative requirements through its operational performance.

Hearings are conducted throughout the province, at various venues including hospitals, long-term care facilities and community locations. Due to the nature of the majority of the applications before the Board, most hearings are held in Schedule 1 psychiatric facilities.

The seven day deadline to schedule a hearing presents a significant logistical challenge that is unique to the CCB. Given these demanding performance measures, the CCB strives to ensure that its administrative and operational processes are efficient and effective and are consistent in achieving these goals.

The Board must ensure:

- members receive ongoing educational and training opportunities to maintain their expertise in this highly-specialized adjudicative environment;
- staff is highly trained and engaged and has the resources available to effectively and efficiently schedule hearings;
- it is providing informative and accessible educational information to stakeholders and parties;
- administrative processes support the achievement of the Board's mandate and deliverables

2014-2015 Accomplishments

Outreach and Education:

1. The CCB continued its informative public information program to educate healthcare providers, healthcare organizations, and the public at large about the roles and responsibilities of the CCB, its processes, and the associated implications for healthcare professionals and individuals. Groups of ten or more may request a presentation on a variety of topics such as the role and jurisdiction of the Board or the principles of substitute decision making, or may request a customized presentation to meet the needs and interests of the group. The sessions are presented by board members in most cases and sometimes by board staff depending on the session topic. In 2014/15 the CCB provided 22 public information program presentations.
2. The CCB also offers presentations to groups of psychiatrists and other health care professionals on effective preparation for, and participation in, CCB hearings. In 2014/15 the Board convened one such presentation.

Recruitment, Training and Quality Assurance:

1. In 2014/15 the CCB conducted 2 recruitment competitions for new members, which included the recruitment of a full-time Chair. Recruitment and merit based recommendation of new members was conducted in accordance with the requirements of the *Adjudicative Tribunal Accountability Governance and Appointments Act*.
2. The CCB continued its new member training program which includes hearing observations, classroom training, and participating on hearing panels with an experienced member mentor. In 2014/15 the Board trained seven new members – three lawyer and four psychiatrist members.
3. The CCB continued to assess the performance of members through the Board's Performance Evaluation Program in order to enhance the quality of adjudication and ensure accountability. The Program requires the evaluation of each member once during the term of each of his/her Order-in-Council appointment.
4. The Board convened its Annual Education Session in October 2014. This session is held annually to provide continuing education to members and staff.

Scheduling, Finance and Administration:

1. The Board continued to convene hearings using videoconference technology. Videoconferencing enhances the Board's ability to provide effective service to parties throughout the province, while efficiently managing public resources. Videoconference hearings have gained wide acceptance among Board stakeholders and members alike.

During the 2014/15 fiscal year the Board convened 535 video conference hearings, which is an increase of 224% over the previous fiscal year. In 2014/15 the Board convened 15% of its hearings by videoconference. Videoconference technology has become a mainstay scheduling tool and has enabled the Board to meet its mandate while continuing to manage increasing caseload.

2. The Board implemented a new Case Management System in March 2014 and continued development in 2014/15. The new system enhances the Board's ability to manage, report on and analyse caseload and workflow.
3. In March 2015, as a green initiative, the Board commenced a pilot project to transition paper based faxes to an electronic platform. The Board eliminated paper files by leveraging case management storage capabilities. An estimate on the eventual savings on an annual basis is 69,000 pieces of paper.

Board Members' Training and Professional Development

Member training is a priority for the CCB. CCB members are required to perform at the highest level of skill to ensure that the correct decision is made, and proper procedures are followed.

The CCB has a comprehensive training program for new and existing members which includes a new member education session, a mentoring program, a performance evaluation program and annual training sessions. The extensive training provided to members ensures the Board has well trained and qualified adjudicators.

New Member Education

The Board provided new member training to seven new members in 2014/15. This training consisted of a two day session to provide an overview of role of the member, and the legislation, rules and policies that are relevant to the work of the Board. New members were also paired with an experienced mentor who participated in training panels with them and provided advice and guidance during the training period.

Annual Education for Existing Members

The Board holds an annual education session, which provides educational and training opportunities for all members. This session provides an opportunity for members to share knowledge and best practices with their colleagues throughout the province and assists the Board in ensuring that members have the benefit of topical and educational information available to assist them in their roles. This year's session was held in October 2014 and focused on skill-based issues as well incorporating the theme of work-life balance.

Legal

The Ontario Court of Appeal released a significant decision on December 23, 2014 [P.S. v. Ontario, 2014 ONCA 900 (CanLII)] that impacts the rights of long stay involuntary patients in Ontario. The appellant in this case had challenged the constitutionality of the *Mental Health Act* (the MHA). The Court of Appeal ultimately held that a portion of the MHA violated section 7 of the *Charter of Rights and Freedoms*. The Court also determined that the appellant's equality rights under section 15 of the *Charter* were violated.

The Court made the following key findings and rulings with respect to the *Mental Health Act*:

- The Court determined that the current jurisdiction of the CCB to review the involuntary status of long-term patients (defined as those held for 6 months or more) is inadequate to protect liberty rights;
- As such, the Court held that the MHA does not provide sufficient protection of liberty rights for long-term patients to ensure that liberty is minimally restricted in light of the risk to others and that reintegration into the community is being pursued to the extent possible;
- The Court considered the transfer provisions in the MHA and determined that these were also inadequate to save the legislative scheme.
- The Court held that the words “or subsequent” contained in section 20(4)(b)(iii) of the MHA have no force or effect. In other words, the Court's Decision eliminated the power to issue a 4th Certificate of Renewal – eliminating the ability to detain a person for more than 6 months under the MHA.
- However, the Court suspended the implementation of this portion of the Decision for 12 months (from the date of its Decision) to allow the legislature to address this issue in the MHA *vis-à-vis* long-term patients.

The Court of Appeal ultimately found that the appellant “had endured prolonged and serious breaches” of the appellant's equality rights and it based some of its determinations of the appellant's unmet need for accommodation and equality rights breaches on the Board's findings and comments in earlier CCB Reasons for Decision.

The Court of Appeal's decision is a significant one. Notably, it is a confirmation of the serious liberty and autonomy rights involved in the rights of long stay involuntary patients. As well, the Court has clarified that a review of the rights of long stay involuntary patients under the MHA must have a process to ensure that their liberty is minimally restricted in light of the risk to others. Finally, the Court's Decision is a

clear recognition of the Consent and Capacity Board's critical role in reviewing these applications.

The Court of Appeal Decision has not been further appealed and it is anticipated that the decision will lead to future critical amendments to the *Mental Health Act* with respect to long stay involuntary patients.

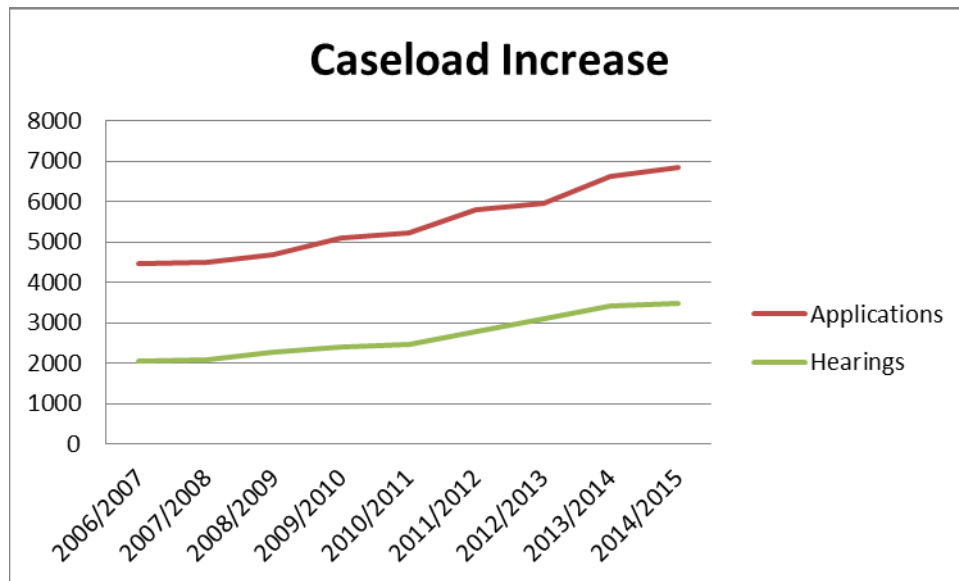
Case Management

Case Management Database

The Board implemented a new Case Management System in March 2014 and continued development in 2014/15. The new system enhances the Board's ability to manage, report on and analyse caseload and workflow. Implementation of the system was seamless resulting in no disruption to workflow or service. In 2014/15 the Board entered phase 2 of development which included enhanced report options and electronic storage capabilities.

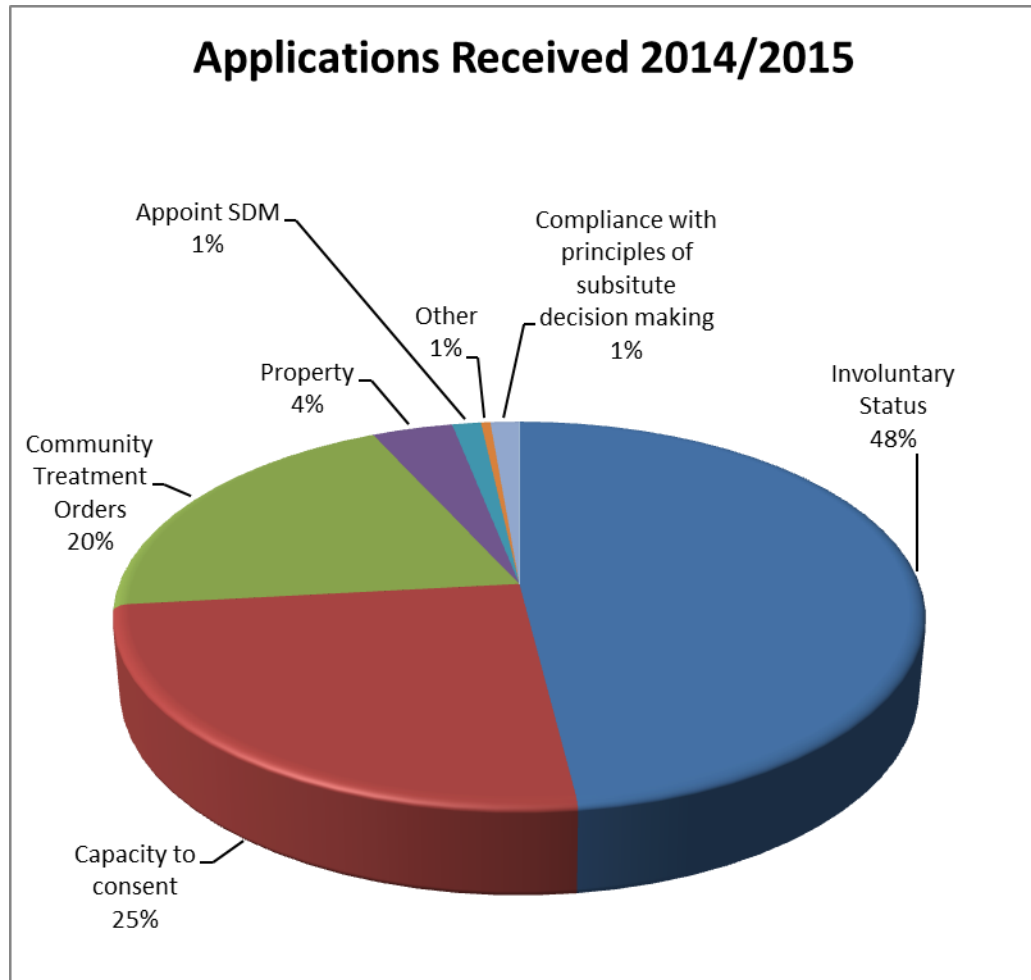
Caseload Increase

The CCB has no control over the number of applications it receives or the number of hearings that it is required to schedule and convene in any given year. Applications to the Board have increased 53% over the past eight years, and the number of hearings has increased by 73%. This is a continuation of a long-term trend. Application volume over the past 11 years has increased by 80%. In the last 4 years applications to the Board have increased by 15% over a 24 month period while hearings have been increasing, on average, by 10% annually over the last 4 years.



Applications to the Board

In 2014/2015 a total of 6845 applications were received by the Board. Three types of applications made up the majority of the applications to the Board: 48% related to a review of involuntary status, 25% related to a review of a finding of incapacity with respect to treatment, admission or personal assistance and 20% related to a review of a Community Treatment Order. Overall the mix of applications to the Board has been relatively stable in recent years.

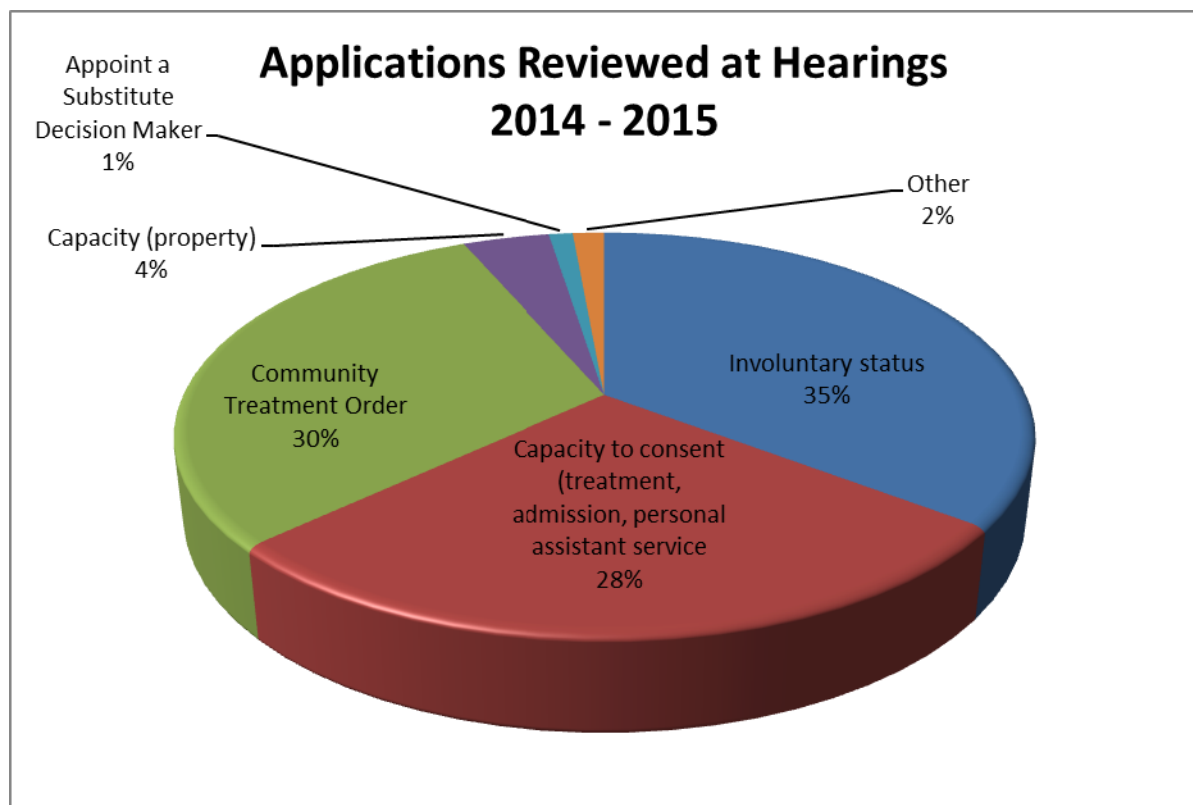


Applications Reviewed at Hearings

In 2014/2015 a total of 3586 hearings were convened by the Board. The majority of hearings involved a review of three types of applications: 35% involved an application with respect to involuntary status, 28% involved an application with respect to a finding of incapacity with respect to treatment, admission or personal assistance and 30% involved an application with respect to a Community Treatment Order.

2014/15 was the first year the number of Community Treatment Order (CTO) hearings surpassed the number of hearings to review findings of incapacity to become the second most common hearing convened by the Board. The number of applications received and hearings convened to review a CTO have seen a huge increase over the last 8 years, of 567% and 438% respectively. Over the years in response to the increase in caseload related to CTOs the Board instituted operational and scheduling efficiencies to manage the increasing caseload such as;

- creating a document to assist health practitioners appearing before the Board;
- developing protocols to convene most CTO hearings electronically;
- at certain times having a dedicated staff person responsible for scheduling CTO hearings; and
- a future project of paper based CTO hearings.



Appeals

A party to a proceeding before the CCB has the right to appeal the CCB's decision to Ontario's Superior Court of Justice within seven days after receipt of the CCB's decision. The CCB is responsible for preparing the record of proceedings and ordering the transcripts for the hearing in question. These documents are then served on the parties and filed with the court.

The following are the number of appeals received by the CCB and their outcomes at the Court level. The appeal information is based on calendar year and not the fiscal year.

YEAR	WITHDRAWN/ ABANDONED	DISMISSED	ALLOWED	NO INFORMATION/ OPEN CASES	ADMINISTRATIVELY CLOSED BY CCB	TOTAL
2003	26	9	2	7	12	56
2004	17	6	1	9	4	37
2005	21	11	3	10	4	49
2006	25	16	0	7	2	50
2007	27	16	0	12	5	60
2008	18	16	0	10	0	44
2009	14	9	3	15	5	46
2010	27	19	1	1	10	58
2011	30	20	2	4	7	63
2012	21	14	2	10	2	49
2013	24	18	0	17	3	62
2014	18	19	3	18	8	66
TOTAL	275	173	17	150	63	678

Note: Appeal outcomes may not correspond to the calendar year the appeal was initially filed.

Since 2012/13 significant attempts have been made to improve the Board's statistics as it relates to appeal dispositions. Since the CCB is not a party in appeals to the Superior Court of Justice, the Board is not always notified of the outcome of an appeal. As such appeal dispositions on a number of cases are not regularly conveyed to the Board. The Board commenced an appeal disposition update project that involved updating lists of outstanding appeals and enlisting the assistance of various courts throughout the province to obtain the missing dispositions since 2003. The Board was able to reduce the number of "open" cases or cases without disposition information by 20%.

Finance

The financial unit exercises prudent fiscal controllership by ensuring all member claims and vendor invoices adhere to Board and government guidelines and directives.

In 2014/15, the CCB received a budget allocation of \$4,800,700. The Board's budgetary allocation has been historically both static and less than the actual expenditures required to address its legislated mandate. The Board's allocation has been fixed (below 2006/07 levels) since 2008/09 and the Board has experienced historical annual pressures of approximately \$1 - \$1.5M since 2000/01 due primarily to an ongoing increase in caseload and an overall increase in salaries and wages, both factors over which the Board has limited control.

Although actual expenditures are up, this increase is outpaced by the increase in caseload. From 2004/05 to 2014/15 actual expenditures increased 27% however the number of applications to the Board increased 54%.

The Board continues to review all aspects of its operations to enhance administrative efficiencies and to implement cost-savings or cost-avoidance strategies, as appropriate. The expansion of the use of videoconference hearings, for example, allowed the CCB to realize an estimated savings of \$375,000 in 2014/15.

Financial Expenditure Report (April 1, 2014 to March 31, 2015)

	<u>Allocation</u>	<u>Actual Expenditures</u>	<u>Surplus (Deficit)</u>
<u>DIRECT OPERATING EXPENSE</u>			
Salaries and Wages	627,300	900,978	(\$273,678)
Benefits	78,100	157,604	(\$79,504)
Subtotal	\$705,400	\$1,058,582	(\$353,182)
<u>OTHER DIRECT OPERATING EXPENSES</u>			
Transportation and Communications	314,300	328,133	(\$13,833)
Services, including Accommodation	3,730,500	4,726,998	(\$996,498)
Supplies and Equipment	50,500	20,407	\$30,093
Subtotal	\$4,095,300	\$5,075,538	(\$980,238)
TOTAL OPERATING EXPENSES	\$4,800,700	\$6,134,120	(\$1,333,420)

Consent and Capacity Board Members

As of March 31, 2015

First Name		Surname	First Appointed	Current Term Expires
Chair				
Ms.	Marg	Creal	March 11, 2015	March 10, 2020
Lawyer Members				
Ms.	Grace	Alcaide Janicas	October 23, 2013	October 22, 2015
Mr.	Joseph	Baker	December 15, 2005	December 14, 2016
Ms.	June	Bell	September 06, 2006	September 05, 2016
Ms.	Ronda	Bessner	August 13, 2014	August 12, 2016
Ms.	Susan	Bigelow	June 15, 2010	June 14, 2016
Ms.	Elisabeth Margaret	Brückmann	June 20, 2012	June 19, 2017
Ms.	Sally	Bryant	April 18, 2011	April 17, 2016
Ms.	Mary	Campigotto	May 02, 2007	May 01, 2017
Mr.	Theodore	Charuk	November 22, 2000	March 31, 2016
Mr.	Frederick	Chenoweth	January 28, 2015	January 27, 2017
Ms.	Suzanne	Clapp	October 30, 2013	October 29, 2015
Mr.	Bernard	Comiskey	November 02, 2005	November 01, 2016
Mr.	Ronald C.E.	Dabor	March 18, 2015	March 17, 2017
Mr.	Paul	DeVillers	March 29, 2006	March 28, 2016
Mr.	Normand	Forest	December 12, 2001	December 11, 2015
Mr.	Thomas	Harrison	October 23, 2013	October 22, 2015
Mr.	Michael	Hennessy	August 21, 2003	August 20, 2016
Mr.	Michael	Horan	March 19, 2014	March 18, 2016
Mr.	Albert	Hubbard	July 04, 2001	July 03, 2015
Ms.	Judith	Jacob	April 03, 1995	April 02, 2017
Ms.	Carolyn	Jones	August 25, 2004	August 24, 2016
Ms.	Shayne	Kert	March 24, 2004	March 23, 2016
Ms.	Erin	Lainevooll	June 20, 2007	June 19, 2016
Ms.	Rekha	Lakra	May 08, 2013	May 07, 2018
Ms.	Michele	Lawford	September 15, 2010	September 14, 2015
Mr.	Roger	Leclair	February 21, 2007	February 20, 2017
Ms.	Nina	Lester	June 17, 2009	June 16, 2019
Ms.	Susan	Lightstone	February 21, 2007	February 20, 2017
Ms.	Karen	Lindsay-Skynner	April 03, 2002	July 20, 2016
Ms.	Nancy	Macivor	April 02, 2014	April 01, 2016
Mr.	Patrick	Murphy	October 26, 2005	October 25, 2015

Mr.	Michael	Newman	October 21, 1998	April 01, 2018
Ms.	Susan	Opler	November 21, 2001	November 20, 2017
Ms.	Judith	Pascoe	May 04, 2005	May 03, 2016
Ms.	Lora	Patton	September 24, 2009	August 27, 2018
Mr.	Brendon	Pooran	February 22, 2011	February 21, 2016
Ms.	Judith	Potter	October 26, 2005	October 25, 2015
Mr.	Lonny	Rosen	July 18, 2012	July 17, 2017
Ms.	Lucille	Shaw	January 04, 2011	January 03, 2016
Mr.	Bernard	Starkman	February 27, 2002	May 03, 2016
Ms.	Shirley	Wales	March 23, 2005	March 22, 2016
Mr.	Eugene	Williams	January 05, 2006	January 04, 2016
Psychiatrist Members				
Dr.	Nural	Alam	January 13, 1999	January 12, 2016
Dr.	Yuri	Alatishe	March 19, 2014	March 18, 2016
Dr.	Federico	Allodi	February 21, 2001	April 22, 2016
Dr.	Rajiv	Bhatla	November 22, 2000	March 31, 2017
Dr.	Donald	Braden	October 06, 1999	October 17, 2016
Dr.	Robert	Buckingham	October 09, 2013	October 08, 2015
Dr.	Gary	Chaimowitz	July 04, 2001	July 03, 2017
Dr.	Ranjith	Chandrasena	June 01, 1986	April 02, 2016
Dr.	Yoland	Charbonneau	August 23, 1993	April 02, 2017
Dr.	Peter	Cook	July 04, 2001	July 03, 2015
Dr.	Virginia	Edwards	August 01, 2012	July 31, 2017
Dr.	Jack	Ellis	August 10, 2006	August 09, 2016
Dr.	Joseph	Ferencz	January 15, 2007	January 14, 2017
Dr.	Russel	Fleming	June 05, 1996	June 04, 2016
Dr.	Jane	Fogolin	February 26, 2014	February 25, 2016
Dr.	Alison	Freeland	May 30, 2006	May 29, 2016
Dr.	Donald	Galbraith	January 13, 1994	April 02, 2016
Dr.	Rose	Geist	February 27, 2008	February 26, 2018
Dr.	R. Andrew	Hackett	March 18, 2015	March 17, 2017
Dr.	Karen	Hand	May 04, 2011	May 03, 2016
Dr.	Tom	Hastings	December 06, 2006	December 05, 2016
Dr.	Catherine	Krasnik	August 01, 2012	July 31, 2017
Dr.	Stephen	List	May 03, 2006	May 02, 2016
Dr.	Eric	MacLeod	June 06, 1968	April 02, 2017
Dr.	Rahul	Manchanda	June 17, 1993	April 02, 2019
Dr.	Paul	Max	June 30, 2000	August 09, 2016
Dr.	Robert	McCurley	April 14, 2010	April 13, 2020

Dr.	Rosemary	Meier	June 01, 1986	April 02, 2016
Dr.	Jay	Nathanson	January 29, 2014	January 28, 2016
Dr.	Sujay	Patel	October 02, 2013	October 01, 2015
Dr.	John	Pelletier	October 02, 2002	November 01, 2018
Dr.	Emmanuel	Persad	March 24, 2004	March 23, 2017
Dr.	Martina	Power	April 09, 2014	April 08, 2016
Dr.	Vivian	Rakoff	August 25, 2004	August 24, 2016
Dr.	Edward	Rotstein	June 06, 2007	June 05, 2017
Dr.	Gerald	Shugar	July 04, 2001	July 03, 2017
Dr.	Marvin	Silverman	July 11, 1990	April 02, 2017
Dr.	Peter	Stenn	November 06, 2013	November 05, 2015
Dr.	Cameron	Stevenson	June 05, 1996	June 04, 2017
Dr.	William	Surphlis	July 04, 2001	July 03, 2017
Dr.	Michele	Tremblay	November 20, 1992	April 02, 2016
Dr.	James	Wilkes	July 04, 2001	July 03, 2017
Dr.	Si-Ann	Woods	February 21, 2007	February 20, 2017
Dr.	Carolyn	Woogh	October 09, 2013	October 08, 2015
Public Members				
Mr.	David	Boothby	November 29, 2006	November 28, 2016
Mr.	Earl	Campbell	December 07, 2005	July 16, 2015
Ms.	Pat	Capponi	April 06, 2011	April 05, 2016
Ms.	Joanna	Cutaia-Beales	February 10, 2006	February 09, 2016
Ms.	Shirley	Dunn	February 03, 2006	March 03, 2016
Ms.	Dawn	Eccles	May 17, 2006	May 16, 2016
Mr.	Scott	Gale	November 10, 2005	November 09, 2016
Mr.	Hamlin	Grange	February 09, 2011	February 08, 2016
Ms.	Beverley	Hodgson	February 27, 2008	February 26, 2018
Ms.	Ileen	Howell	February 17, 2010	February 16, 2020
Mr.	Slavo	Johnson	April 14, 2010	April 13, 2020
Ms.	Janice	Laking	July 11, 2001	October 04, 2015
Ms.	Heather	Lareau	April 26, 2006	April 25, 2016
Ms.	Barbara	Laskin	February 10, 2006	February 09, 2016
Ms.	Sandra	LeBlanc	October 26, 2005	October 25, 2016
Ms.	Linda	Leong	November 17, 2005	November 16, 2016
Ms.	Nechita	Lim-King	March 07, 2007	March 06, 2017
Mr.	Duncan	MacPhee	April 11, 2007	April 10, 2017
Ms.	Sabita	Maraj	September 15, 2010	September 14, 2015
Mr.	George	Maroosis	July 05, 2007	July 04, 2016
Ms.	Joy	Martin	March 01, 2006	February 29, 2016

Ms.	Constance	McKnight	September 08, 2009	September 11, 2019
Mr.	Donald	McLeod	February 27, 2008	February 26, 2018
Ms.	Teresa	Michienzi	February 10, 2006	February 09, 2016
Ms.	Patricia	Muldowney-Brooks	February 03, 2006	February 02, 2016
Ms.	Patricia	Ostapchuk	January 28, 2015	January 27, 2017
Mr.	Panos	Petrides	April 11, 2006	June 19, 2016
Mr.	Paul	Philion	December 18, 2001	December 17, 2015
Mr.	David	Simpson	November 18, 2009	November 17, 2019
Ms.	Lorraine	Steadman	February 03, 2006	February 02, 2016
Ms.	Jane	Stone	March 07, 2007	March 06, 2017
Mr.	Gary	Strang	September 24, 2003	September 23, 2015
Ms.	Joanne	Turner	September 06, 2006	September 05, 2016
Mr.	Timothy	Vaillancourt	December 05, 2012	December 04, 2017
Ms.	Debra	Waisglass-Bettel	October 26, 2005	October 25, 2016
Mr.	Anthony	Warr	December 05, 2012	December 04, 2017
Ms.	Joy	Wendling	April 16, 2008	April 15, 2018

Members Reappointed in 2014/15 using ATAGAA Waivers

First Name		Surname	First Appointed	Current Term Expires
Vice Chair				
Dr.	Rajiv	Bhatla	April 04, 2007	March 31, 2015
Lawyer Members				
Ms.	Nina	Lester	June 17, 2009	June 16, 2014
Ms.	Elisabeth Margaret	Brückmann	June 20, 2012	June 19, 2014
Mr.	Lonny	Rosen	July 18, 2012	July 17, 2014
Mr.	Michael	Hennessy	August 21, 2003	August 20, 2014
Ms.	Carolyn	Jones	August 25, 2004	August 24, 2014
Ms.	Judith	Potter	October 26, 2005	October 25, 2014
Psychiatrist Members				
Dr.	Rahul	Manchanda	June 17, 1993	April 02, 2014
Dr.	Michele	Tremblay	November 20, 1992	April 02, 2014
Dr.	Donald	Galbraith	January 13, 1994	April 02, 2014
Dr.	Ranjith	Chandrasena	June 01, 1986	April 02, 2014
Dr.	Rosemary	Meier	June 01, 1986	April 02, 2014
Dr.	Stephen	List	May 03, 2006	May 02, 2014
Dr.	Alison	Freeland	May 30, 2006	May 29, 2014
Dr.	Russel	Fleming	June 05, 1996	June 04, 2014
Dr.	Virginia	Edwards	August 01, 2012	July 31, 2014
Dr.	Jack Ellis	Ellis	August 10, 2006	August 09, 2014
Dr.	Paul Max	Max	June 30, 2000	August 09, 2014
Dr.	Vivian Rakoff	Rakoff	August 25, 2004	August 24, 2014
Public Members				
Ms.	Heather Lareau	Lareau	April 26, 2006	April 25, 2014
Mr.	Pierre Lessard	Lessard	May 28, 2003	May 01, 2014
Ms.	Dawn Eccles	Eccles	May 17, 2006	May 16, 2014
Ms.	Connie Holmes	Holmes	August 10, 2006	August 09, 2014

Ms.	Constance McKnight	McKnight	September 08, 2009	September 11, 2014
Mr.	Gary Strang	Strang	September 24, 2003	September 23, 2014
Mr.	David	Simpson	November 18, 2009	November 17, 2014
Ms.	Ileen	Howell	February 17, 2010	February 16, 2015