

Consent and Capacity Board

Annual Report 2017-2018 *(Fiscal Period – April 1, 2017 to March 31, 2018)*





June 30, 2018

The Honourable Christine Elliott
Deputy Premier and Minister of Health and Long-Term Care
80 Grosvenor Street
10th Floor Hepburn Block
Toronto, ON M7A 2C4

Dear Minister:

Re: Consent and Capacity Board Annual Report for 2017/2018

I respectfully submit the 2017/2018 Annual Report of the Consent and Capacity Board pursuant to the Management Board of Cabinet Directive on Agencies and Appointments.

Yours sincerely,

A handwritten signature in black ink, appearing to read "Marg Creal".

Marg Creal
Chair

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Chair's Message

I am pleased to report on the Consent and Capacity Board (CCB) for the fiscal year 2017/2018.

Once again the Board faced significant challenges impacting the nature of its work and membership. Application and hearing numbers steadily increased throughout the Province. The need for more adjudicators to meet the increased hearing demand together with membership losses due to adjudicator term limits created significant pressures on a part-time membership model. The Board initiated significant, province-wide membership recruitment across its five disciplines resulting in numerous appointments throughout the Province including the newly created “physician” and “nurse in the extended class” categories. Education and training were prioritized to facilitate fair, respectful timely and efficient high-quality hearings. Multiple training programs occurred to provide initial education and mentoring for many new appointees. Continuing professional development for members was strengthened by the addition of supports and educational programming on important subject areas.

Two experienced part time Vice Chairs were appointed as full time members to provide consistent adjudicative support and leadership to the Board. These newly created positions, along with the part time Vice Chairs from different disciplines and regions of the Province provide support to the Chair in strategic planning and decision making to promote excellence in adjudicative practices consistent around the Province.

Once again the CCB continues to meet 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.

I acknowledge and thank CCB staff for the delivery of efficient, timely and fair customer service to the public, and support for the membership. 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.

A handwritten signature in black ink, appearing to read 'Marg Creal', is positioned above the printed name.

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 for a patient subject to a certificate of involuntary status, renewal of involuntary status or continuation of involuntary status
- Consideration of a request to order, vary or cancel specific conditions for an involuntary patient
- Review of a finding of incapacity to manage property;
- 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.

Over 92% of applications to the CCB involve a review under the *Mental Health Act* of a person's involuntary status in a psychiatric facility or the criteria to issue a community treatment order, or a review under the *Health Care Consent Act* of a person's capacity to consent to or refuse treatment.

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 162 members, as of March 31, 2018. In addition to the full-time Chair and two full time Vice Chairs, part-time CCB members include 9 Vice Chairs, 46 Lawyers, 45 Psychiatrists, 5 Physicians, 3 Nurses in the Extended Class and 51 Public members. Members of the CCB are appointed by Order-in-Council, for a term of one to five years. 15 employees of the Ontario Public Service support the work of the CCB and its members. Staff, including administrative, scheduling and legal staff, are responsible for functions such as: scheduling hearings, creating appeal records, managing hardcopy files, financial payment and processing, executive support to the Chair, coordinating member recommendations and appointments, organizing staff and member training, liaising with stakeholders, answering public inquiries, providing hearing support to panels, strategic planning, providing legal advice to the Chair and the Board, monitoring and ensuring compliance with legislation and government directives and policies.

As a quasi-judicial body, the CCB maintains an arm's length relationship with the Ministry of Health and Long-Term Care while receiving administrative services and support through the 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

Performance measures for the CCB regarding the scheduling of hearings, the issuance of decisions and written reasons are established by the *Health Care Consent Act, 1996*, Section 75 and are as follows:

1. The hearing shall begin within seven days after the day the Board receives the application, unless all parties agree to a postponement.
2. The Board shall render its decision and provide a copy of the decision to each party or the person who represented the party within one day after the day the hearing ends.
3. If within 30 days after the day the hearing ends, the Board receives a request from any of the parties for reasons for its decision, the Board shall, within four business days after the day the request is received,
 - (a) issue written reasons for its decision; and
 - (b) provide a copy of the reasons to each person who received a copy of the decision

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

Hearings are conducted at up to 250 venues throughout the province, including hospitals, long-term care facilities and community locations. Due to the nature of the majority of the applications before the CCB, most hearings are held in Schedule 1 psychiatric facilities.

The CCB makes decisions with potentially serious consequences for individuals and for the community, such as detention in a psychiatric facility. The CCB adjudicates matters where both the medical and legal systems are engaged to provide treatment and protect individual rights. In addition, the CCB's legislation requires that it hold a hearing within seven days of the receipt of an application issue decisions within one day of the conclusion of the hearing and issue written reasons within four business days when requested within 30 days after the day a hearing ends.

Given these performance measures, the CCB strives to ensure that its administrative and operational processes 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 CCB's mandate and deliverables

2016/2017 Accomplishments

Stakeholder Consultation, Outreach and Education

1. In 2016/2017 the CCB met with numerous organizations and participated in discussions of mutual interest. The organizations included the Ministry of Health and Long-Term Care, Ministry of Children and Youth Services, Legal Aid Ontario, the Psychiatric Patient Advocate Office and the Law Commission of Ontario.
2. The CCB continued to meet with two key stakeholder committees in 2017/2018. The first involves psychiatrists in the Toronto and Southwest Regions that generally represent themselves at CCB hearings. The second includes counsel that represent applicants and physician parties before the CCB. Each committee meets quarterly. In addition the CCB met with party stakeholders in Kingston and Ottawa. These meetings provide an opportunity to communicate on issues of mutual interest and have proven to be an effective tool for sharing information and gathering feedback.
3. The CCB continued its public information program in response to requests to educate parties to CCB hearings, counsel and stakeholders about the roles and responsibilities of the Board, its processes and associated implications for healthcare professionals and individuals. These presentations are designed to assist persons who appear before the CCB to communicate with Board personnel, effectively prepare for and participate in CCB hearings. This CCB initiative promotes good relations with the Board and high quality hearings. In 2017/2018 17 programs were delivered to stakeholders including lawyers, professional continuing education attendees, health care professionals, administrators, government organizations and social workers

Effective Hearing Management

1. In response to an increasing caseload and with the addition of amendments to the *Mental Health Act* in relation to long-term detention, in 2015/2016 the CCB initiated a case conferencing process to those matters to manage the identification of applications to be brought, legal issues and the parties to the hearing. Since this time the use of case conferences, also referred to as prehearings, was expanded more broadly across the CCB's caseload. In 2017/2018 total of 327 conferences were convened. The use of case conferences helps to promote both the responsible use of resources and enhanced service to parties by ensuring that complex matters proceeding to hearing are well positioned to convene and conclude in an effective and timely fashion.

2. In February 2017 the CCB initiated a new pilot project to ensure the timelier sharing of documents with parties and the Board and to promote the effective use hearing time. Further details of this pilot project, which is ongoing, can be found in the Legal section of this Report.

Recruitment, Training, Continuing Education and Quality Assurance

1. In 2017/2018 the CCB conducted eight recruitment competitions for Vice-Chairs and Lawyer, Psychiatrist, Physician, Nurse in the Extended Class and Public Members. Recruitment, merit-based interviews and recommendation of new members were conducted in accordance with the requirements of the *Adjudicative Tribunal Accountability Governance and Appointments Act*. In 2017/2018 40 new members were appointed to the CCB, ten lawyer, four psychiatrist, two physician, three nurse in the extended class and 21 public members. Additionally, three existing members were reappointed as Vice Chairs.
2. The CCB conducted its new member training program which includes hearing observation, classroom training and participation on hearing panels with experienced member mentors. In 2017/2018 four classroom training sessions were held, in which 40 new members were trained and mentored. This was a significant endeavor resulting in the preparation of approximately 25% of the CCB's total membership for assuming its adjudicative responsibilities and required significant membership and staff resources to implement.
3. The CCB continued to assess the performance of members through an enhanced member Performance Evaluation Program (PEP). This Program monitors the quality of adjudication and requires the evaluation of each member once during the term of his/her Order-in-Council appointment. In 2017/2018 the CCB conducted 26 PEP reviews.
4. In addition to PEP reviews the CCB has initiated mechanisms to review each order/ endorsement and set of Reasons released to assess individual education or support needs and systemic needs.
5. In response to the increasing complexity of matters before the CCB, and the appointment of a significant number of new members, the Board expanded and enhanced its in-service training program in 2017/2018. Further details on member training programs can be found in the Board Members Training and Professional Development section of this Report.

Scheduling and Administration

1. The CCB continues to expand the use of videoconference technology to convene hearings. Videoconferencing enhances the Board's ability to provide effective service to parties throughout the province, while efficiently managing public resources. Use of this technology also supports green strategies by reducing the environmental impact of travel. Videoconference hearings have gained wide acceptance among CCB stakeholders and members alike. As a member of the Ontario Telemedicine Network (OTN) there is no additional cost to the Board to convene hearings by videoconference, however the Board's ability to continue to maintain or expand the use of OTN depends on the availability and cooperation of health care facilities throughout the province.

In 2010/2011, the first full calendar year during which the Board was a member of OTN, the CCB scheduled seven hearings in remote communities by videoconference. This represented 0.2% of all hearings that year. In 2017/2018 the Board convened over 1000 hearings, or approximately 20% of all hearings using OTN videoconferencing.

Videoconference technology has become a mainstream scheduling tool and has enabled the CCB to meet its mandate while continuing to manage increasing caseload. As use of videoconference continues to expand, the CCB remains responsive to feedback from internal and external stakeholders and efforts are always underway to both streamline and enhance the experience for parties, adjudicators, facilities and Board staff.

2. As the demand for hearings has increased there has been a need for the Board to be nimble and innovative in the scheduling of hearings in order to provide access to justice for all applicants. The Board has long managed the reduced timelines associated with statutory holidays by carefully scheduling hearings based on location and available adjudicative resources to ensure that all hearings can successfully convene. In 2015/2016 the Board began to look toward this model to help manage the hearing schedule from time to time during periods of particularly high demand. In 2017/2018 the Board adopted this approach for most hearings in the highest volume areas of the province. This approach provides for the earliest possible notice to parties to allow for hearing preparation or to request rescheduling, encourages cooperation between parties with respect to mutual requests to reschedule hearings, makes responsible use of public funds and ensures adjudicative, ancillary service, and support resources are in place for all hearings province-wide
3. The CCB is statutorily obligated to prepare and serve a record of appeal, including a transcript of proceedings, upon receipt of a Notice of Appeal from a party. Administrative staff are responsible for the physical preparation of appeal

records and for arranging service to the parties and court. In 2017/2018 94 appeals notices were received. While this is down somewhat from the previous year and consistent with 2015, it is a 42% increase from 2014.

4. Administrative staff provided support to an expanded member recruitment and training program through the coordination of 41 member applicant interviews. Administrative support was provided to 23 in-year member training sessions where 313 members received training and an all member education session where 128 members were trained.
5. Finance staff continue to pursue efficiencies which allow them to absorb increased workload resulting from hearing volume and corporate changes. In 2017/2018 improvements were made to financial training for new members, claim forms were revised to automate calculations and coding, and vendor invoicing was consolidated. These changes resulted in improved processing within the financial team and allow staff to continue to provide excellent service to members, while ensuring compliance and accountability with respect to the use of public funds.

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 CCB has well-trained and qualified adjudicators.

In recognition of the need to continually review, revise and deliver new training, in 2017/2018 a Vice-Chair was designated to focus on member education initiatives.

New Member Education

The CCB provided new member training to 36 new members in 2017/2018. 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 CCB. 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.

New Presiding Member Supplemental Training

The CCB introduced New Presiding Member Supplemental Training in recognition of increasing hearing complexity, heightened demands on Lawyer members and the significant number of new Lawyer members. This training was provided twice in 2017/2018 to 11 Lawyer members.

Issue Specific Training

Ongoing training on key issues has been provided over the last year. Mandatory training was delivered to Lawyer members on Form C applications and separately to Public and medical members. MHA Amendment training was provided to new appointees, and Community Treatment Order updates were also provided. Supplemental training was delivered to new presiding Lawyer Members. A session on mentoring new members was delivered to mentors to ensure consistent strategies for training new members. Performance Evaluation Program evaluators also received training. Overall 23 sessions were provided to 313 members in 2017/2018.

All Member Education Session

In addition to the various topic, region, and sector specific training sessions conducted throughout the year, the Board held an all member education session in October 2017 to provide collective educational and training opportunities for all members. The theme of the full day education session was “Professionalism – Moving Forward”

The session brought together Board members from across the province to receive legal and practical education and share best practices to ensure the Board can provide consistent and high quality adjudication services across the province. The all member education session also provided an opportunity for members from all regions in Ontario to meet face-to-face and engage in peer-directed learning and discuss issues that affect hearing proceedings in all regions with a view to finding mutually beneficial resolutions.

Legal

Obligation re: Disclosure of Medical or Health Record under s.76 of the Health Care Consent Act, 1996

Under s.76 of the *Health Care Consent Act*, 1996 (HCCA), counsel representing a person in a Consent and Capacity Board hearing have a legal right to examine and copy their client's medical or health records, subject to some exceptions. Section 76 states:

76 (1) Examination of documents. — *Before the hearing, the parties shall be given an opportunity to examine and copy any documentary evidence that will be produced and any report whose contents will be given in evidence.*

(2) Health record. — *The party who is the subject of the treatment, the admission or the personal assistance service, as the case may be, and the person authorized under the Law Society Act to represent him or her are entitled to examine and to copy, at their own expense, any medical or other health record prepared in respect of the party, subject to subsections 35 (6) and (7) of the Mental Health Act (withholding record of personal health information), subsections 33 (2), (3) and (4) of the Home Care and Community Services Act, 1994 (withholding record of personal health information) and subsections 294 (2) to (6) of the Child, Youth and Family Services Act, 2017 (withholding record of mental disorder). 2004, c. 3, Sched. A, s. 84 (11); 2006, c. 21, Sched. C, s. 111 (3); 2007, c. 8, s. 207 (16); 2017, c. 14, Sched. 4, s. 16 (1).*

The issue of counsel encountering challenges in obtaining their client's medical or health records, in order to represent them at CCB hearings, has arisen in the past. In an effort to provide some guidance and assistance on this issue, some years ago the Board posted information on this legal obligation on its website.

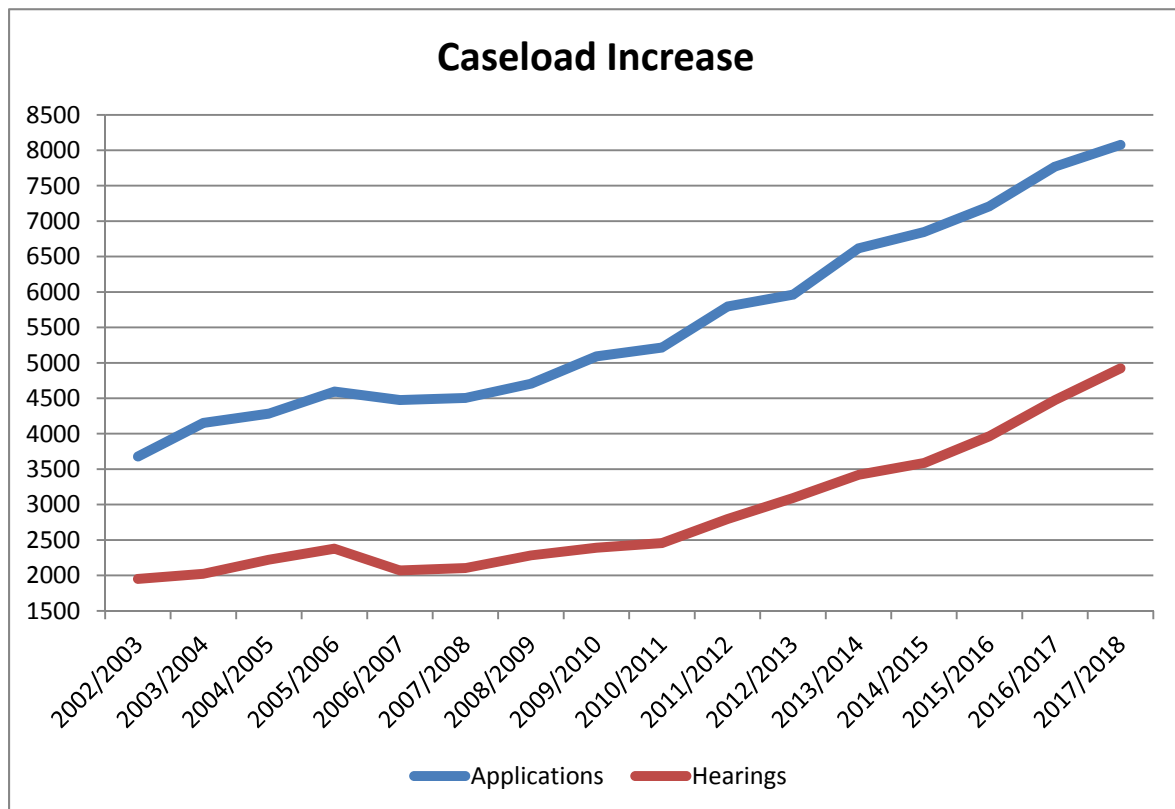
In this past year, the obligation to provide the medical and health records under s.76 of the HCCA, within the context of emerging and complex electronic health records systems, has arisen in CCB hearings. In one case, the Board issued an Order/Endorsement [BD (Re), 2018 CanLII 44315 (ON CCB)], which confirmed the obligation to provide counsel with access to the medical and health record, under s.76 of the HCCA, where the information is housed within an electronic health records system. The Board emphasized the importance of this obligation in order to ensure that counsel have an opportunity to review the medical and health record, and that applicants before the Board have the ability to adequately instruct counsel, prior to their hearing before the CCB. The Board noted that this obligation needs to be met within a reasonable period of time, in light of the legislative obligations in the HCCA to hold a hearing within seven days

Case Management

Caseload Increase

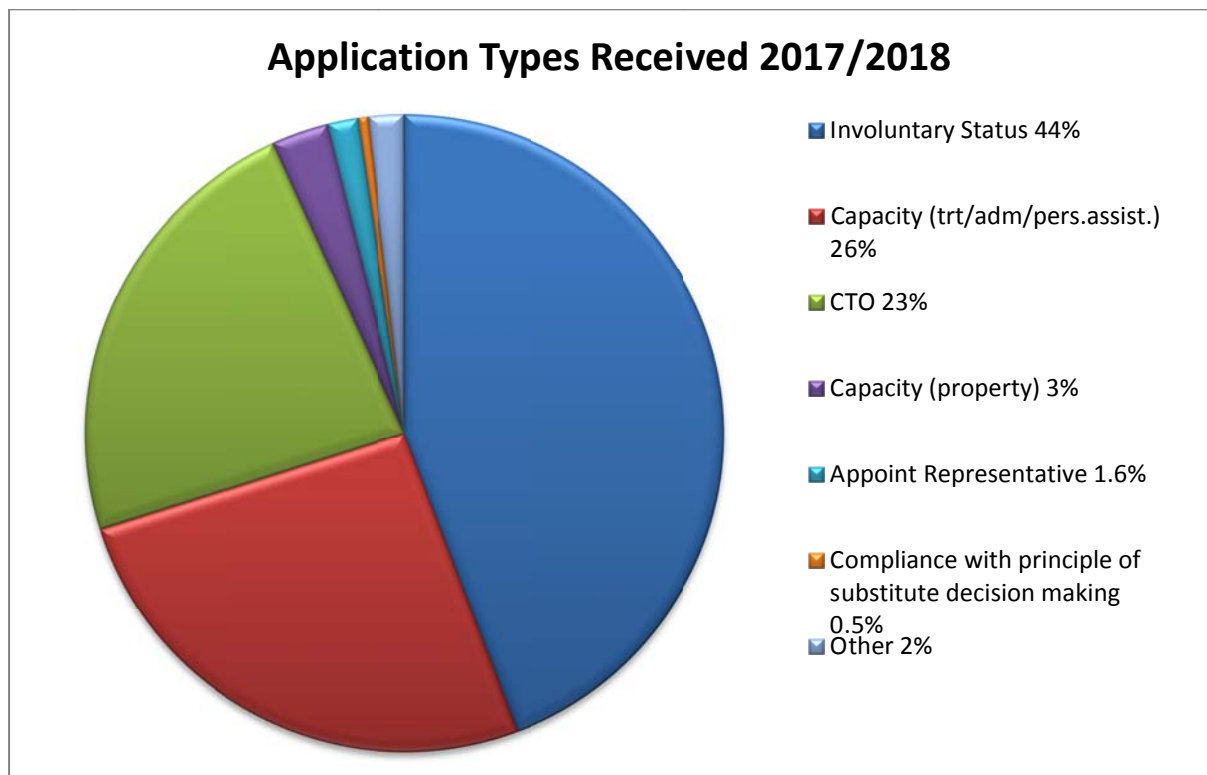
The CCB has a legal obligation to accept and process all applications submitted and convene hearings within statutory timelines. Caseloads have been steadily increasing since the consolidation of regional operations to a centralized office in 2002/2003, and the increases have been greater in recent years. In the five years following centralization applications increased 22% and hearings increased by 8%. However in the past five years applications have increased 35% and hearings have increased 59%.

For the 2017/2018 fiscal year application receipts climbed over 8000 and nearly 5000 hearings were convened province wide. This is a 120% increase in applications and a 152% increase in hearings since centralization.



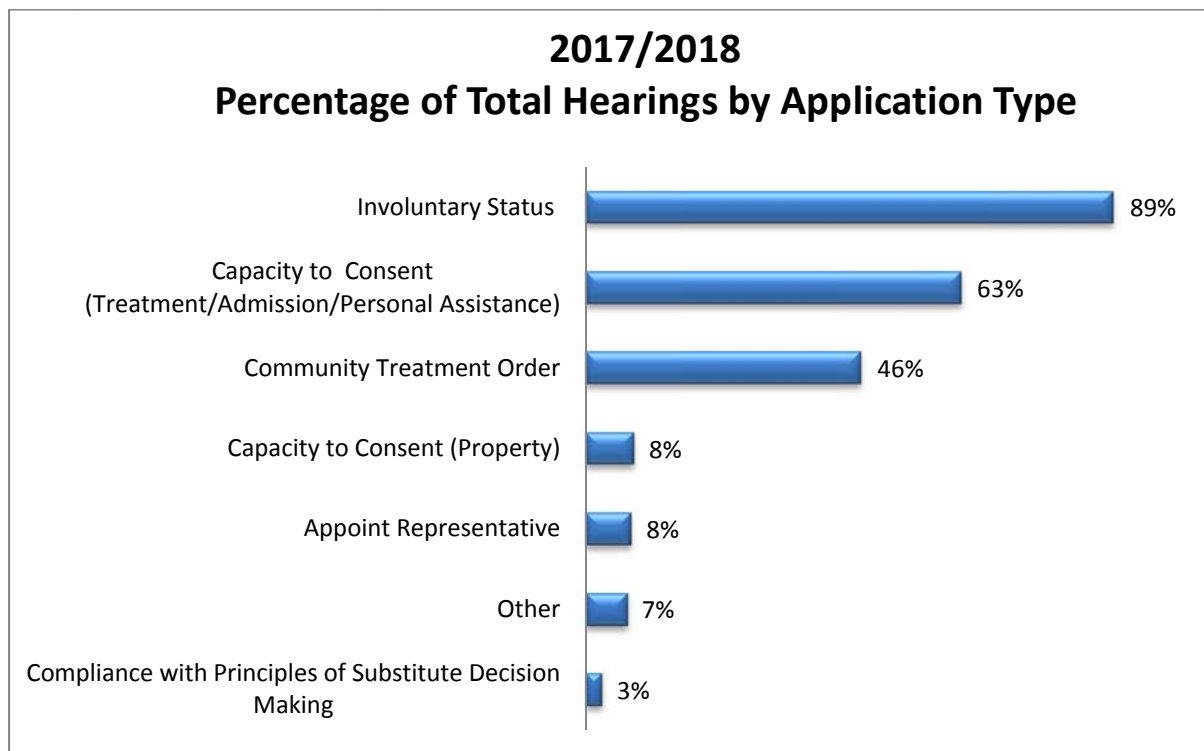
Applications to the Board

In 2017/2018 a total of 8076 applications were received by the CCB. Three types made up the majority of the applications submitted to the CCB: 46% related to a review of involuntary status, 26% related to a review of a finding of incapacity with respect to treatment, admission or personal assistance and 21% related to a review of a Community Treatment Order.



Applications Reviewed at Hearings

In 2017/2018 a total of 4922 hearings were convened by the CCB. The majority of hearings involved a review of three types of applications: 89% of all hearings involved an application with respect to involuntary status, 63% involved an application with respect to a finding of incapacity with respect to treatment, admission or personal assistance and 46% involved an application with respect to a Community Treatment Order. Note that the total is greater than 100% because more than one application may be reviewed at a single hearing.



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, not fiscal year. Note, appeal outcomes may not correspond to the calendar year the appeal was initially filed.

YEAR	WITHDRAWN/ ABANDONED	DISMISSED	ALLOWED	NO INFORMATION/ OPEN CASES	ADMINISTRATIVELY CLOSED BY CCB	TOTAL
2003	27	8	2	7	12	56
2004	20	6	0	7	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	18	4	4	7	63
2012	23	12	2	10	2	49
2013	23	19	1	16	3	62
2014	21	26	4	9	6	66
2015	31	29	6	25	4	95
2016	39	25	3	54	2	123
2017	25	8	1	57	3	94

Finance

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

For many years the CCB's budgetary allocation was both static and less than the actual expenditures required to address its legislated mandate. From 2008/2009 to 2014/2015 the CCB's allocation was fixed at \$4,800,700. Historically, the CCB has experienced annual pressures of approximately \$1 - \$1.5M since 2000/2001 due primarily to an ongoing increase in caseload, a factor over which the CCB has limited control.

In the 2015/2016 fiscal year the CCB's allocation was revised to \$6,710,700, which was a 40% increase over previous years and exceeded the actual expenditures of any previous year. The increase was fully contained within Other Direct Operating Expenses (ODOE), with no additional allocation provided for Salary & Wages, where a deficit remained. For 2017/2018 the allocation remained the same but was subject to a 5% constraint target of \$289,100.

Although actual expenditures continue to increase, they are outpaced by the increase in caseload. In the past 10 years actual expenditures increased 58% however the number of applications to the CCB increased 79% and hearings increased 134%.

In addition to increases in caseload, increases of approximately 11% to the set per diem rates for appointees introduced additional financial pressures which were not within the control of the CCB. Total per diem expenditures for part time appointees 2017/2018 were \$5,856,830 and full time appointee salary and benefits were \$436,781.

The CCB 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, allows the Board to realize an estimated cost avoidance of between \$1.5 - \$2M annually through decreased per diem, travel and ancillary service provider costs. The Board also continues to execute an exceptional level of care and oversight in processing member claims. While the vast majority of the CCB's ODOE expenditures are direct hearing-related costs, the CCB also carefully monitors other, smaller operational expenses with an eye toward continual improvement and cost efficiency. For example, recent minor purchasing adjustments identified by staff have prompted a 94% savings on one office supply item and 60% on another resulting in an annualized savings of over \$2000 annually. While such efforts are small in scale, they demonstrate the CCB's ongoing commitment to responsible management of all costs.

Financial Expenditure Report (April 1, 2017 to March 31, 2018)

	<u>Allocation</u>	<u>Actual Expenditures</u>	<u>Surplus (Deficit)</u>
<u>DIRECT OPERATING EXPENSE</u>			
Salaries and Wages	661,200	1,203,688	(542,488)
Benefits	95,900	165,769	(69,869)
Subtotal	\$757,100	\$1,369,457	(\$612,357)
<u>OTHER DIRECT OPERATING EXPENSES</u>			
Transportation and Communications	360,000	441,146	(81,146)
Services, including Accommodation	5,548,600	7,203,438	(1,654,838)
Supplies and Equipment	45,000	33,086	11,914
Subtotal	\$5,953,600	\$7,677,670	(\$1,724,070)
TOTAL OPERATING EXPENSES	\$6,710,700	\$9,047,127	(\$2,336,427)
5% Constraint	(\$289,100)		
TOTAL VARIANCE (with/ Constraint)			(\$2,625,527)

Consent and Capacity Board Members

As of March 31, 2018

First Name		Surname	First Appointed	Current Term Expires
Chair				
Ms.	Marg	Creal	March 11, 2015	March 10, 2020
Vice-Chairs				
Vice-Chair (Full-Time Lawyer Member)				
Mr.	Michael	Newman	September 01, 2017	August 31, 2019
Ms.	Lora	Patton	July 11, 2017	July 10, 2019
Vice-Chair (Part-Time Lawyer Member)				
Mr.	Paul	DeVillers	June 08, 2016	December 31, 2018
Ms.	Judith	Jacob	January 24, 2001	April 02, 2020
Ms.	Carolyn	Jones	June 22, 2016	December 31, 2018
Vice-Chair (Part-Time Psychiatrist Member)				
Dr.	Rajiv	Bhatla	April 04, 2007	March 31, 2020
Vice-Chair (Part-Time Public Member)				
Mr.	Earl	Campbell	July 17, 2013	December 31, 2018
Ms.	Barbara	Laskin	November 29, 2017	November 28, 2019
Ms.	Patricia	Muldowney-Brooks	June 30, 2016	December 31, 2018
Mr.	Paul	Philion	April 13, 2016	December 31, 2018
Mr.	Gary	Strang	January 15, 2016	January 14, 2021
Lawyer Members				
Mr.	Normand	Forest	December 12, 2001	December 11, 2018
Mr.	Michael	Hennessy	August 21, 2003	August 20, 2019
Mr.	Bernard	Comiskey	November 02, 2005	November 01, 2019
Mr.	Eugene	Williams	January 05, 2006	January 04, 2019
Ms.	June	Bell	September 06, 2006	September 05, 2018
Mr.	Brendon	Pooran	February 22, 2011	February 21, 2021
Ms.	Sally	Bryant	April 18, 2011	April 17, 2021
Ms.	Elisabeth Margaret	Bruckmann	June 20, 2012	June 19, 2022
Mr.	Lonny	Rosen	July 18, 2012	July 17, 2022
Ms.	Rekha	Lakra	May 08, 2013	December 31, 2018
Ms.	Nina	Lester	June 17, 2009	June 16, 2019
Ms.	Suzanne	Clapp	October 30, 2013	October 29, 2018
Mr.	Michael	Horan	March 19, 2014	March 18, 2019
Ms.	Ronda	Bessner	August 13, 2014	August 12, 2019
Mr.	Frederick	Chenoweth	January 28, 2015	January 27, 2020

Ms.	M. Krista	Bulmer	April 15, 2015	April 14, 2020
Mr.	Robert	Karrass	November 04, 2015	November 03, 2020
Mr.	Glenn	Stuart	November 04, 2015	November 03, 2020
Mr.	Ronald	Franklin	December 02, 2015	December 01, 2020
Ms.	Winnie	Tse	December 02, 2015	December 01, 2020
Mr.	Shashi	Raina	December 09, 2015	December 08, 2020
Mr.	Brian	Chillman	January 15, 2016	January 14, 2021
Ms.	Diane	Ewer	January 15, 2016	January 14, 2021
Mr.	John	Hanbidge	January 15, 2016	January 14, 2021
Mr.	John	Liddle	January 15, 2016	January 14, 2021
Ms.	Linda	Martschenko	January 15, 2016	January 14, 2021
Mr.	Ross	Stewart	February 24, 2016	February 23, 2021
Mr.	Geoffrey	Beasley	May 18, 2016	May 17, 2021
Ms.	Loree	Hodgson-Harris	May 18, 2016	December 31, 2018
Ms.	Laura	Silver	May 18, 2016	December 31, 2018
Ms.	Miriam	Vale Peters	May 30, 2016	December 31, 2018
Mr.	Daniel	Ambrosini	June 22, 2016	December 31, 2018
Ms.	Jessyca	Greenwood	September 14, 2016	September 13, 2018
Ms.	Brigitte	Pilon	April 26, 2017	April 25, 2019
Ms.	Sonya	Jain	May 10, 2017	May 09, 2019
Mr.	David	Cavanaugh	May 31, 2017	May 30, 2019
Ms.	Joanne	Lau	May 31, 2017	May 30, 2019
Mr.	Timothy	Power	July 11, 2017	July 10, 2019
Mr.	Graham	Reynolds	July 11, 2017	July 10, 2019
Ms.	Elizabeth	Harvie	August 17, 2017	August 16, 2019
Mr.	Joseph	Nemet	August 17, 2017	August 16, 2019
Ms.	Zeenath	Zeath	March 07, 2018	March 06, 2020
Ms.	Mary Jane	Campigotto	May 02, 2007	May 01, 2018
Ms.	Delia	Lewis	May 10, 2017	May 09, 2019
Ms.	Kathleen	Gowanlock	April 15, 2015	April 14, 2020
Mr.	Bernard	Starkman	February 27, 2002	May 03, 2018
Nurse Members				
Ms.	Nicole	Basiaco	May 10, 2017	May 09, 2019
Ms.	Stacey	Bricknell	April 26, 2017	April 25, 2019
Ms.	Kate	Uchendu	May 31, 2017	May 30, 2019
Physician Members				
Dr.	Donald	Jamieson	December 20, 2016	December 19, 2018
Dr.	Taylor	Lougheed	December 20, 2016	December 19, 2018
Dr.	Kashif	Pirzada	January 11, 2017	January 10, 2019

Dr.	Laurie	Wells	May 18, 2017	May 17, 2019
Dr.	Katherine	Whitehead	April 12, 2017	April 11, 2019
Psychiatrist Members				
Dr.	Nural	Alam	January 13, 1999	January 12, 2019
Dr.	Yuri	Alatishe	March 19, 2014	March 18, 2019
Dr.	Halszka	Arciszewska	June 17, 2015	June 16, 2020
Dr.	Donald	Braden	October 06, 1999	October 17, 2019
Dr.	Robert	Buckingham	October 09, 2013	October 08, 2018
Dr.	Ranjith	Chandrasena	June 01, 1986	April 02, 2019
Dr.	Yoland	Charbonneau	August 23, 1993	April 02, 2022
Dr.	Peter	Cook	July 04, 2001	July 03, 2019
Dr.	JoAnn	Corey	August 17, 2017	August 16, 2019
Dr.	Padraig	Darby	June 28, 2017	June 27, 2019
Dr.	Virginia	Edwards	August 01, 2012	July 31, 2022
Dr.	Joseph	Ferencz	January 15, 2007	January 14, 2020
Dr.	Jane	Fogolin	February 26, 2014	February 25, 2019
Dr.	Alison	Freeland	May 30, 2006	May 29, 2019
Dr.	Donald	Galbraith	January 13, 1994	April 02, 2019
Dr.	Rose	Geist	February 27, 2008	February 26, 2021
Dr.	Balaji	Gopidasan	March 09, 2016	March 08, 2021
Dr.	R. Andrew	Hackett	March 18, 2015	March 17, 2020
Dr.	Karen	Hand	May 04, 2011	May 03, 2021
Dr.	Walter	Hoe	January 15, 2016	January 14, 2021
Dr.	Gary	Kay	September 08, 2015	September 07, 2020
Dr.	Catherine	Krasnik	August 01, 2012	July 31, 2022
Dr.	Kanwal Deep Singh	Kukreja	October 21, 2015	October 20, 2020
Dr.	Paul	Links	September 14, 2016	September 13, 2018
Dr.	Stephen	List	May 03, 2006	May 02, 2019
Dr.	Rahul	Manchanda	June 17, 1993	April 02, 2019
Dr.	Paul	Max	June 30, 2000	August 09, 2018
Dr.	Robert	McCurley	April 14, 2010	April 13, 2020
Dr.	Rosemary	Meier	June 01, 1986	April 02, 2020
Dr.	Jay	Nathanson	January 29, 2014	January 28, 2019
Dr.	George	Papatheodorou	November 04, 2015	November 03, 2020
Dr.	Sujay	Patel	October 02, 2013	October 01, 2018
Dr.	John	Pelletier	October 02, 2002	November 01, 2018
Dr.	Emmanuel	Persad	March 24, 2004	March 23, 2020
Dr.	Martina	Power	April 09, 2014	April 08, 2019
Dr.	Ajmal	Razmy	March 01, 2017	February 28, 2019

Dr.	Gerald	Shugar	July 04, 2001	July 03, 2022
Dr.	Marvin	Silverman	July 11, 1990	April 02, 2020
Dr.	Peter	Stenn	November 06, 2013	November 05, 2018
Dr.	Cameron	Stevenson	June 05, 1996	June 04, 2022
Dr.	Varadaraj	Velamoor	May 31, 2017	May 30, 2019
Dr.	Albina	Veltman	July 11, 2017	July 10, 2019
Dr.	Samuel	Waldenberg	February 10, 2016	February 09, 2021
Dr.	Si-Ann	Woods	February 21, 2007	February 20, 2019
Dr.	Carolyn	Woogh	October 09, 2013	October 08, 2018
Public Members				
Mr.	Nithy	Ananth	December 07, 2016	December 06, 2018
Mr.	Larry	Brigham	March 09, 2016	March 08, 2021
Ms.	Kim	Brisson	February 08, 2018	February 07, 2020
Ms.	Natasha	Bronfman	May 04, 2016	December 31, 2018
Ms.	Pat	Capponi	April 06, 2011	April 05, 2021
Ms.	Kimberly	Cato	August 17, 2017	August 16, 2019
Ms.	Deane	Cornell	June 30, 2016	December 31, 2018
Ms.	Deborah	Cumming	September 14, 2016	September 13, 2018
Mr.	James	Cyr	April 26, 2017	April 25, 2019
Mr.	Dwight	Druick	October 18, 2017	October 17, 2019
Ms.	Andrea	Geddes Poole	June 08, 2016	December 31, 2018
Mr.	Maurice	Giroux	July 11, 2017	July 10, 2019
Mr.	Harvey	Gorewicz	September 13, 2017	September 12, 2019
Mr.	Hamlin	Grange	February 09, 2011	February 08, 2021
Ms.	Janet	Harris	October 19, 2016	October 18, 2018
Ms.	Yvonne	Harris	October 18, 2017	October 17, 2019
Ms.	Jill	Herne	September 28, 2016	September 27, 2018
Ms.	Beverley	Hodgson	February 27, 2008	February 26, 2019
Ms.	Eva	Hodgson	March 07, 2018	March 06, 2020
Ms.	Ileen	Howell	February 17, 2010	February 16, 2020
Mr.	Slavo	Johnson	April 14, 2010	April 13, 2020
Ms.	Yasmin	Khaliq	August 17, 2017	August 16, 2019
Ms.	Sharon	Krieger	February 15, 2017	February 14, 2019
Ms.	Heather	Lareau	April 26, 2006	April 25, 2018
Ms.	Sandra	LeBlanc	October 26, 2005	October 25, 2018
Ms.	Sabita	Maraj	September 15, 2010	September 14, 2020
Ms.	Neasa	Martin	July 11, 2017	July 10, 2019
Mr.	David	McFadden	February 24, 2016	February 23, 2021
Ms.	Jane	Mclsaac	September 14, 2016	September 13, 2018

Ms.	Constance	McKnight	September 08, 2009	September 11, 2019
Mr.	Donald	McLeod	February 27, 2008	February 26, 2019
Mr.	Augustine	Okon	September 28, 2016	September 27, 2018
Ms.	Patricia	Ostapchuk	January 28, 2015	January 27, 2020
Mr.	Andrew	Palmer	July 11, 2017	July 10, 2019
Mr.	Henry	Pateman	November 01, 2017	October 31, 2019
Mr.	Simon	Proops	February 21, 2018	February 20, 2020
Ms.	Susan	Qadeer	October 21, 2015	October 20, 2020
Mr.	Robert	Rainboth	August 17, 2017	August 16, 2019
Ms.	Frances	Rasminsky	September 13, 2017	September 12, 2019
Ms.	Joyce	Rowlands	November 01, 2017	October 31, 2019
Mr.	Stephen	Rudin	November 16, 2016	November 15, 2018
Ms.	Trudy	Shecter	July 11, 2017	July 10, 2019
Mr.	Andrew	Skrypniak	February 24, 2016	February 23, 2021
Mr.	John	Trainor	March 07, 2018	March 06, 2020
Mr.	Timothy	Vaillancourt	December 05, 2012	December 04, 2022
Ms.	Barbara	Van Der Veen	August 04, 2016	August 03, 2018
Ms.	Claudia	von Zweck	August 17, 2017	August 16, 2019
Ms.	Debra	Waisglass-Bettel	October 26, 2005	October 25, 2019
Ms.	Mary	Ward	June 28, 2017	June 27, 2019
Mr.	Anthony	Warr	December 05, 2012	December 04, 2022
Ms.	Joy	Wendling	April 16, 2008	April 15, 2018

Members Reappointed in 2017/2018 using ATAGAA Waivers

First Name		Surname	First Appointed	Current Term Expires
Vice-Chair (Part-Time Lawyer Member)				
Ms.	Judith	Jacob	January 24, 2001	April 02, 2020
Vice-Chair (Part-Time Public Member)				
Mr.	Gary	Strang	January 15, 2016	January 14, 2021
Lawyer Members				
Ms.	Elisabeth Margaret	Bruckmann	June 20, 2012	June 19, 2022
Ms.	M. Krista Bulmer	Bulmer	April 15, 2015	April 14, 2020
Ms.	Mary Jane	Campigotto	May 02, 2007	May 01, 2018
Mr.	Brian	Chillman	January 15, 2016	January 14, 2021
Ms.	Diane	Ewer	January 15, 2016	January 14, 2021
Mr.	Ronald	Franklin	December 02, 2015	December 01, 2020
Ms.	Kathleen Gowanlock	Gowanlock	April 15, 2015	April 14, 2020
Mr.	John	Hanbidge	January 15, 2016	January 14, 2021
Mr.	Robert	Karrass	November 04, 2015	November 03, 2020
Ms.	Michele	Lawford	September 15, 2010	September 14, 2017
Mr.	John	Liddle	January 15, 2016	January 14, 2021
Ms.	Linda	Martschenko	January 15, 2016	January 14, 2021
Mr.	Shashi	Raina	December 09, 2015	December 08, 2020
Mr.	Lonny	Rosen	July 18, 2012	July 17, 2022
Mr.	Ross	Stewart	February 24, 2016	February 23, 2021
Mr.	Glenn	Stuart	November 04, 2015	November 03, 2020
Ms.	Winnie	Tse	December 02, 2015	December 01, 2020
Psychiatrist Members				
Dr.	Halszka	Arciszewska	June 17, 2015	June 16, 2020
Dr.	Yoland	Charbonneau	August 23, 1993	April 02, 2022
Dr.	Virginia	Edwards	August 01, 2012	July 31, 2022
Dr.	Rose	Geist	February 27, 2008	February 26, 2021

Dr.	Balaji	Gopidasan	March 09, 2016	March 08, 2021
Dr.	Walter	Hoe	January 15, 2016	January 14, 2021
Dr.	Gary	Kay	September 08, 2015	September 07, 2020
Dr.	Catherine	Krasnik	August 01, 2012	July 31, 2022
Dr.	Kanwal Deep Singh	Kukreja	October 21, 2015	October 20, 2020
Dr.	Helen Rosemary	Meier	June 01, 1986	April 02, 2020
Dr.	George	Papatheodorou	November 04, 2015	November 03, 2020
Dr.	Gerald	Shugar	July 04, 2001	July 03, 2022
Dr.	Marvin	Silverman	July 11, 1990	April 02, 2020
Dr.	Cameron	Stevenson	June 05, 1996	June 04, 2022
Dr.	Samuel	Waldenberg	February 10, 2016	February 09, 2021
Public Members				
Mr.	Larry	Brigham	March 09, 2016	March 08, 2021
Ms.	Beverley	Hodgson	February 27, 2008	February 26, 2019
Ms.	Barbara	Laskin	February 10, 2006	February 09, 2018
Mr.	David	McFadden	February 24, 2016	February 23, 2021
Mr.	Donald	McLeod	February 27, 2008	February 26, 2019
Ms.	Susan	Qadeer	October 21, 2015	October 20, 2020
Mr.	Andrew	Skrypniak	February 24, 2016	February 23, 2021
Mr.	Timothy	Vaillancourt	December 05, 2012	December 04, 2022
Mr.	Anthony	Warr	December 05, 2012	December 04, 2022