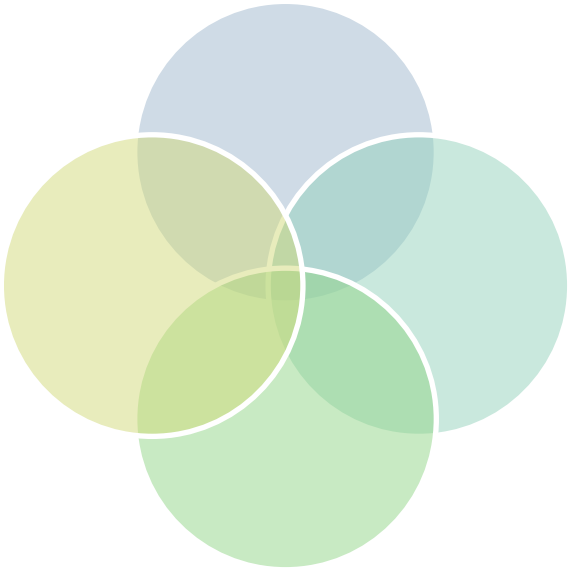
Ontario

Health Professions and Health Services Appeal and Review Boards



Business Plan

2016 – 2019

Health Professions Appeal and Review Board

Health Services Appeal and Review Board

Commission d'appel et de révision des professions de santé

Commission d'appel et de révision des services de santé

Ontario

December 31, 2015

The Honourable Dr. Eric Hoskins
Minister of Health and Long-Term Care
Minister's Office
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto, ON
M7A 2C4

Dear Minister:

RE: Health Professions Appeal and Review Board and Health Services Appeal and Review Board 2016 – 2019 Business Plans

On behalf of the Health Professions and Health Services Appeal and Review Boards (the Health Boards), it is my pleasure to submit the Business Plans for the 2016 – 2019 period.

The Health Boards remain committed to the initiatives outlined in the plan and to ensuring excellence in the service it provides to the Ontario public.

Yours sincerely,

Janice Vauthier, Chair
Health Professions & Health Services Appeal and Review Boards

c: Sara van der Vliet
Manager, Health Boards Secretariat
Registrar, Health Professions & Health Services Appeal and Review Boards

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Introduction

This Business Plan was developed to guide the work of the Health Professions and Health Services Appeal and Review Boards (the Health Boards) for the period of 2016 to 2019. It confirms the mission and vision of the organizations and establishes strategic priorities for the next three years.

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A. BOARD MANDATES

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* [1] that provides oversight to the regulated health professions of Ontario.

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.

Under the *Regulated Health Professions Act, 1991* and the *Veterinarians Act*, the HPARB functions as a quasi-judicial adjudicative and regulatory tribunal with jurisdiction respecting the regulatory activities of twenty-seven Colleges governing twenty-nine regulated health professions (human and animal), and the practice privilege decisions of the Boards of Directors of 155 public hospitals. The Board also holds reviews and hearings of applications that have been decided by Accreditation Committees for pharmacies and veterinarian facilities.

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

The HPARB conducts hearings and reviews, and makes decisions, orders and recommendations regarding:

- Decisions of the Inquiries, Complaints and Reports Committees (ICRC) of the self-regulating health professions Colleges in Ontario;
- Decisions of the Complaints Committee of the College of Veterinarians of Ontario;
- Applications for professional registration that have been refused or restricted by Registration Committees of the Colleges;
- Physicians' hospital privileges under the *Public Hospitals Act*; and
- Accreditation of veterinary and pharmacy facilities.

[1] Statutes of Ontario, 1998, c.18

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

The majority of the work conducted by the HPARB involves reviews of the decisions made by the ICRC of the self-regulating health professions Colleges in Ontario under the *Regulated Health Professions Act* and decisions made by the Complaints Committee of the College of Veterinarians of Ontario under the jurisdiction of the *Veterinarians Act*. The HPARB has the authority under these Acts to:

i) Confirm or rescind all or part of the Committee's decision;
ii) Make recommendations to the Committee;
iii) Require the Committee to take further action.

The HPARB also reviews or holds hearings of health professional's applications for registration or the accreditation of pharmaceutical and veterinary facilities. The HPARB has the authority to:

i) Confirm the Registration Committee's order or proposed decision;
ii) 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;
iii) 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;
iv) Refer the matter back to the Registration Committee with recommendations.

The HPARB hears appeals with respect to practice privilege decisions of the boards of 155 public hospitals. The HPARB has the authority under the *Public Hospitals Act* to:

i) Confirm the decision;
ii) Direct the Hospital Board, person, or body making the decision to take such action as directed by the HPARB;
iii) Substitute its opinion for that of the Hospital Board, person or body making the decision.

A list of statutes under which reviews, hearings and appeals 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*[2] that hears and renders decisions on disputes that arise under health-related statutes.

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.

While the majority of the work conducted by the HSARB falls under the jurisdiction of the *Health Insurance Act,* the HSARB has a review and appeal mandate under twelve different statutes, listed below:

HSARB Statutes of Authority		
Ambulance Act	*Health Insurance Act*	*Independent Health Facilities Act*
Commitment to the Future of Medicare Act, 2004	*Health Protection and Promotion Act*	*Laboratory and Specimen Collection Centre Licensing Act*
Healing Arts Radiation Protection Act	*Home Care and Community Services Act, 1994*	*Long-Term Care Homes Act, 2007*
Health Facilities Special Orders Act	*Immunization of School Pupils Act*	*Private Hospitals Act*

The HSARB conducts hearings and reviews, and makes decisions, orders and recommendations respecting appeals of the decisions of:

- The General Manager of the Ontario Health Insurance Plan (OHIP) respecting eligibility and payment,
- Community placement services regarding eligibility for placement in a long-term care facility;
- Community-based long-term care service providers regarding the scope and level of services provided;
- The Minister and ministry officials regarding health facility licensing and municipal health boards' compliance with mandatory programs; and
- Public health officials regarding community health hazards and communicable diseases.

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" in interpreting legislation.

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

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

A list of statutes under which reviews, hearings or appeals may be conducted by the HSARB can be found at www.hsarb.on.ca. Regulations under the statutes that may affect proceedings before the HSARB may be found at www.e-laws.gov.on.ca.

[2] Statutes of Ontario, 1998, c.18

B. HPARB OVERVIEW OF CURRENT SERVICE

The HPARB is an independent adjudicative tribunal with jurisdiction respecting the regulatory activities of twenty-seven Colleges governing twenty-nine regulated (human and animal) health professions, and the practice privilege decisions of the boards of 155 public hospitals. The Board also conducts reviews and hearings of applications that have been decided by Accreditation Committees for pharmacies and veterinarian facilities.

The HPARB was established to conduct hearings and reviews, and to make decisions, orders and recommendations regarding:

- Decisions made by the Inquiries, Complaints and Reports Committees (ICRC) of the self-regulating health professions Colleges in Ontario;
- Decisions made by the Complaints Committee of the College of Veterinarians of Ontario;
- Orders of the Registration Committees of the Colleges;
- Physicians' hospital privileges under the *Public Hospitals Act* (PHA); and
- Accreditation of veterinary and pharmacy facilities.

HPARB Recent Activity				
April 1, 2014 – March 31, 2015	**Intake**	**Case Conferences Convened**	**Matters Heard**	**Decisions Issued**
Complaint Reviews	628	633	440	408
Registration - Hearings	39	46	16	18
Registration - Reviews	91	72	43	53
Accreditation Matters	1	0	0	0
***Public Hospitals Act* Hearings & Motions**	4	11	1	2
Section 26 Veterinarians Act/ Section 28 RHPA Procedural Code [3]	23	N/A	N/A	3
Total	**786**	**762**	**500**	**484**

[3] Section 26 – *Veterinarians Act* applications and Section 28 – RHPA Procedural Code applications are considered through written submissions and followed by a final Order of the Board.

HPARB COMPLAINT REVIEW CASELOAD

HPARB Complaint Review Caseload					
	2010/2011	**2011/2012**	**2012/2013**	**2013/2014**	**2014/2015**
Active Caseload at Beginning of Period [4]	838	703	546	527	535
Intake	488	629	586	587	628
Decisions Issued	421	619	400	384	408
Resolved [5]	169	122	173	155	73
Matters Closed [6]	33	45	32	40	54
Active Caseload at End of Period [7]	**703**	**546**	**527**	**535**	**628**

HPARB REGISTRATION MATTERS CASELOAD

HPARB Registration Matter Caseload					
	2010/2011	**2011/2012**	**2012/2013**	**2013/2014**	**2014/2015**
Active Caseload at Beginning of Period	66	70	57	63	98
Intake	111	102	90	130	130
Decisions Issued	57	64	51	41	71
Resolved	39	40	29	31	36
Matters Closed	11	11	4	23	22
Active Caseload at End of Period	**70**	**57**	**63**	**98**	**99**

[4] Active Caseload at the beginning of the period is equal to the carry-over of active applications from the previous year.
[5] Matters closed prior to a final Board decision being issued due to withdrawal by the parties.
[6] Includes those cases not proceeded with due to timeliness, frivolous and/or vexatious, ineligible request, no jurisdiction, and administrative closures.
[7] Active Caseload at the end of the period is calculated by adding the active caseload at the beginning of the period to intake received, minus the number of files closed due to decisions issued, resolved or otherwise closed.

HPARB *PUBLIC HOSPITALS ACT* CASELOAD

HPARB *Public Hospitals Act* Caseload					
	2010/2011	**2011/2012**	**2012/2013**	**2013/2014**	**2014/2015**
Active Caseload at Beginning of Period [8]	8	9	8	6	3
Intake	5	5	6	3	4
Decisions Issued	1	4	5	1	2
Resolved [9]	3	2	3	5	1
Active Caseload at End of Period [10]	**9**	**8**	**6**	**3**	**4**

[8] Active Caseload at the beginning of the period is equal to the carry-over of active applications from the previous year.
[9] Matter closed prior to a final Board decision being issued due to withdrawal by the parties.
[10] Active Caseload at the end of the period is calculated by adding the active caseload at the beginning of the period to intake received, minus the number of files closed due to decisions issued, resolved or otherwise closed.

C. HSARB OVERVIEW OF CURRENT SERVICE

The HSARB is an independent adjudicative tribunal that hears and renders decisions on disputes that arise under specific health-related statutes.

The HSARB was established to conduct hearings and reviews, and to make decisions, orders and recommendations regarding:

- Decisions of the Ontario Health Insurance Plan respecting eligibility and payment;
- Decisions of agencies under the *Home Care and Community Services Act, 1994* respecting eligibility for service;
- Orders of the Medical Officer of Health or public health inspectors;
- Decisions of the Director with respect to licensing under the *Long-Term Care Homes Act*; *2007*;
- Decisions of the Director with respect to licensing of independent health facilities.

HSARB Recent Activity				
April 1, 2014 – March 31, 2015	**Intake**	**Case Conferences Convened**	**Matters Heard**	**Decisions Issued**
Health Insurance Act	249	425	107	68
Independent Health Facilities Act	16	34	3	0
Health Protection and Promotion Act	12	33	0	0
Home Care and Community Services Act	11	53	2	2
Long-Term Care Homes Act	7	16	2	2
Immunization of School Pupils Act	0	0	0	0
Commitment to the Future of Medicare Act	0	0	1	1
Total	**295**	**561**	**115**	**73**

HSARB CASELOAD SUMMARY

HSARB Caseload Summary					
	2010/2011	**2011/2012**	**2012/2013**	**2013/2014**	**2014/2015**
Active Caseload at Beginning of Period [11]	535	457	293	308	227
Intake	393	341	391	418	295
Decisions Issued	109	196	87	77	73
Matters Closed [12]	362	309	289	422	250
Active Caseload at End of Period [13]	**457**	**293**	**308**	**227**	**199**

[11] Active Caseload at the beginning of the period is equal to the carry-over of active applications from the previous year.
[12] Matters Closed includes matters administratively closed, resolved, abandoned or settled.
[13] Active Caseload at the end of the period is calculated by adding the active caseload at the beginning of the period to intake received, minus the number of files closed due to decisions issued or otherwise closed.

D. PLANNING ENVIRONMENT

The Health Boards share their facility with the Ontario Hepatitis C Assistance Plan Review Committee, the Medical Eligibility Committee and the Physician Payment Review Board at 151 Bloor Street West, 9th Floor, Toronto. The Health Boards Secretariat (the Secretariat) supports each of these adjudicative bodies. The service delivery model at the Secretariat utilizes a case management approach designed to handle a high volume and varying jurisdictional caseload in an adjudicative environment. This model maximizes staff expertise by having one staff member manage a case from start to finish thereby enhancing staff commitment and knowledge of individual cases and clients. The result is a greatly improved experience for parties before the Health Boards and for the Boards membership.

The Ministry of Health and Long-Term Care continues to work towards providing an accessible, coordinated, informative and sustainable healthcare system for Ontarians. This role will mean that the Ministry will provide overall direction and stewardship for the system, focusing on planning, and on guiding resources to bring value to the health system. One of its principal functions will be to monitor and report on the performance of the health system and the health of Ontarians.

While the Health Boards operate at arms-length to the Ministry of Health and Long-Term Care, this business plan is designed to align service delivery at the Health Boards with Ministry priorities to provide high value and quality services to the Ontario public.

HPARB

The HPARB has reviewed its intake volume of requests for complaint reviews based on the six Colleges with the highest volume of related requests. Of the requests for complaint reviews received by HPARB in 2014-15, 64.5% relate to decisions of the Inquiries, Complaints and Reports Committee (ICRC) from the College of Physicians and Surgeons of Ontario (CPSO), 10% from the Royal College of Dental Surgeons of Ontario (RCDSO) and 6% stem from decisions of the College of Nurses of Ontario (CNO).

HPARB Complaint Review Intake by College					
College	**2010/2011**	**2011/2012**	**2012/2013**	**2013/2014**	**2014/2015**
College of Physicians and Surgeons of Ontario	63%	69%	72%	59%	64.5%
Royal College of Dental Surgeons of Ontario	12%	9%	9%	8%	10%
College of Nurses of Ontario	4.5%	7.5%	3%	17.5%	6%
College of Pharmacists of Ontario	2%	2%	0.5%	2%	5.5%
College of Veterinarians of Ontario	3%	3.5%	3%	2%	3.5%
College of Psychologists of Ontario	5%	2%	3%	1.5%	3%
Other Colleges	10.5%	7%	9.5%	10%	7.5%
Total Complaint Review Intake	**488**	**629**	**586**	**587**	**628**

The HPARB closely monitors the volume of cases it receives. The proportion of complaint review intake from the Regulatory Health Colleges has shifted in 2014-15 from the previous year. Similar to previous years, the highest number of requests for complaint reviews relate to decisions of the ICRC from the CPSO at 64.5% of total intake, however the Board has seen a higher proportion of requests for complaint reviews from decisions of the ICRC of the College of Pharmacists of Ontario and the College of Psychologists of Ontario, while the proportion of requests for review related to decisions of the ICRC of the CNO has decreased. This trend continues to be evident throughout the first two quarters of the fiscal year of 2015-2016, with the exception of the College of Pharmacists of Ontario. The College of Pharmacists of Ontario has experienced a 3% decrease, during the first two quarters of this fiscal year, with respect to complaint review volume. In addition, the College of Chiropodists of Ontario has seen a significant increase in their proportion of complaint review volume thus far, increasing from 1% of the caseload to 5%, when compared to the fiscal year of 2014-2015.

The Board has observed a higher proportion of intake from the ICRC of the CPSO and CNO where a complaint relates to a single patient or event and involves multiple members of the college. The higher proportion of HPARB intake is largely related to the ICRC issuing individual decisions for each member, related to the single event or patient who initiated a complaint. The complainant to the College, or the multiple College members involved in the complaint, may request a review by the Board resulting in a significant increase of intake related to that particular College.

In 2009, based on amendments to the *Regulated Health Professions Act, 1991,* the Board has expanded its jurisdiction with respect to the following:

- College of Traditional Chinese Medicine Practitioners and Acupuncturists of Ontario;
- College of Homeopaths of Ontario;
- College of Naturopaths of Ontario;
- College of Psychotherapists and Registered Mental Health Therapists of Ontario;
- College of Kinesiologists of Ontario.

Transitional colleges were formed for the above noted professions pending proclamation of their profession-specific legislation (ex. *Traditional Chinese Medicine Act, 2006*, *Naturopathy Act, 2007*), which then allow the profession to form formal colleges. The Board has received minimal intake to-date with respect to appeals of decisions of the College Registration Committees. It is expected that within the next few years these Colleges will have formalized their governance structures and registration procedures and that the Board will begin to see a higher volume of intake with respect to these Colleges. It is likely that as these Colleges proceed with the registration process for members, the Board will see higher than usual requests for registration reviews and hearings in comparison to colleges with a similar membership composite. Within one year after members are registered at the respective colleges the Board may begin to receive requests for reviews related to decisions of the ICRC.

HSARB

The majority of appeals filed with the HSARB fall under the *Health Insurance Act* (HIA). Of those appeals, in 2014-15, 26% were with respect to eligibility for health coverage and 74% were with respect to reimbursement or payment for health services that have been denied approval for funding by the Ontario Health Insurance Plan (OHIP).

In the chart below, "Services" relates to health services received or to be rendered out of province or out of country, as well as those in-province procedures which may not be covered by OHIP. "Eligibility" relates to those applications for individuals who have applied to become or continue to be an insured person.

2014/2015	New requests for appeal	Appeals resolved prior to hearing [14]	Appeals resolved by hearing [15]
HIA - Services	185	162	60
HIA - Eligibility	64	45	8
Total	**249**	**207**	**68**

The majority of appeals are resolved prior to hearing. Often, after both parties share and discuss all the relevant information, applicants withdraw or abandon the appeal. Additionally, information received by OHIP may support the merits of the appeal and OHIP will agree the client is eligible/service is payable prior to going to hearing. A small number of appeals are also resolved prior to hearing due to administrative closures or ineligible requests for hearing under the HSARB's jurisdiction.

Of the total appeals resolved by hearing under the HIA, 13% resulted in a decision of the HSARB that overturned in full or in part the decision of OHIP. It should be noted that the receipt by the HSARB of a new request for hearing may not be heard in the same fiscal year as it was received. Therefore, the number of new appeals may not be resolved in the same fiscal year.

As of April 1, 2011, amendments to Regulation 552 of the *Health Insurance Act* take effect [O.Reg. 83/11 (now a part of Reg. 552)]. Changes for eligibility of Out of Country Services provided by OHIP were established, including the requirement to have written consent from a physician who is a specialist in the area of service for which payment is sought. Although the Board has experienced a decrease in HIA appeal volume, it is unknown as to whether this is related to the effects of these amendments.

As of July 1, 2010, a new statute, the *Long-Term Care Homes Act, 2007*, replaced three previous governing statutes of the HSARB: the *Nursing Homes Act, Charitable Institutions Act,* and the *Homes for the Aged and Rest Homes Act*. The *Long-Term Care Homes Act, 2007* has established a new system of governance for long-term care homes in Ontario. The Act serves to improve the accountability framework of long-term care homes for the care, treatment and well-being of its residents. The Act introduces new types of compliance actions and orders and gives appeal or review rights corresponding to these new actions and orders.

[14] Includes those files closed due to abandonment, withdrawal, no jurisdiction or administrative closure.
[15] Files closed upon final decision issuance.

E. HEALTH BOARDS RECENT ACTIVITIES

The *Adjudicative Tribunal Accountability, Governance and Appointments Act, 2009 (ATAGAA)* is aimed at ensuring that adjudicative tribunals are accountable, transparent and efficient in their operations while remaining independent in their decision-making. As required under the legislation, the Health Boards have completed the following governance and accountability documents:

1. Mandate and mission statement;
2. Consultation policy;
3. Service standard policy;
4. Ethics plan;
5. Member accountability framework;
6. Memorandum of Understanding;
7. Business plan; and
8. Annual report.

In line with the requirements of ATAGAA to regularly review these documents, the Health Boards are in process for updating a number of these documents. Once these changes have been approved, they will be made available on the HPARB and HSARB websites.

In late 2008, the Chair of the Health Professions Appeal and Review Board was cross-appointed as the Chair of the Health Services Appeal and Review Board. Since that time, significant steps have been taken towards amalgamating the policies and procedures of the individual Health Boards to ensure consistency between them. In an effort to enhance the governance and leadership across the Health Boards, as well as to provide better access to regional services, in early 2010 three of the four part-time Vice-Chair positions were converted into full-time positions. Three full-time Vice-Chairs were then appointed to the Health Boards. These Vice-Chairs, along with a growing number of the part-time membership, are cross-appointed to both the HPARB and the HSARB allowing for more flexibility in deployment of resources, enhanced service delivery throughout the province, and efficiency in shared common training across the Health Boards.

The evolving Health Board membership has added further French speaking members; thereby improving the delivery of French-speaking services to clients. As of December 31, 2015, there are 48 members among the Health Boards, out of which 34 are cross-appointed to both the HPARB and the HSARB, which represents approximately 70% of the total membership. In 2016 the Health Boards anticipates additional recruitment of cross-appointed members and will continue to establish a membership that is representative of the diverse population of Ontario. The Health Boards goal of a diverse membership would include those from a variety of cultural (ethnic and religious) backgrounds, geographic areas (outside the GTA), and inclusive regardless of sexual orientation or accessibility needs.

The Health Boards have seen significant success in reducing its active caseload. While intake can fluctuate monthly, the average lifecycle of a case remains less than one year. To further increase efficiency of the case cycle, while simultaneously reducing their environmental impact, the Boards continue with steps directed towards modernizing operations through the electronic transmittal of documents. The Boards continue to work with the regulatory colleges to develop such procedures, and to ensure that personal health information remains protected amid efficiency gains.

All new members of the Health Boards receive professional development, beginning with an overview of the Boards' mandate and processes and an introduction to decision writing. Ongoing professional development and training of members includes training in decision writing, case reviews, case management techniques and stakeholder, legislative and Court updates. The Health Boards also employs Presiding Member and Case Conference Facilitator training and mentorship to further on-going member development. The introduction of a member and staff Newsletter also allows regular updating on latest developments. A focus upon education during a period of membership renewal over the past years has established a sound foundation for high quality service delivery in the years ahead.

The Health Boards are committed to upholding the principles outlined in the *Accessibility for Ontarians with Disabilities Act, 2005* by ensuring that people with disabilities have the same opportunity to access and benefit from the Health Boards' services as others. The Health Boards have met the requirements set out in the Accessibility Standards for Customer Service, including the Integrated Accessibility Standard, released in 2011 as O. Reg. 191/11.

The Health Boards have continued to collaborate with Pro Bono Students Canada and the Boards' Headnotes and Clerkship Program. The program involves 10 law students volunteering from the University of Toronto Faculty of Law, York University's Osgoode Hall Law School and the University of Ottawa Faculty of Law. The student volunteers have worked to support special projects with the Board in developing headnotes and serving as clerks for hearing panels of the Boards.

In continued commitment to promoting access to justice principles, the Health Boards have participated in the Council of Canadian Administrative Tribunal's (CCAT) Access to Justice Committee in developing national benchmarks to facilitate proceedings for self-represented parties. The Boards continue to improve access to its processes through its consolidation of Rules of Practice and Procedure and comprehensive Practice Directives, employing plain language principles. In addition, to the 101 plain language headnotes that were posted on CanLII in 2013-14, a further 100 are currently being made available, in English and French on CanLII– significantly increasing the accessibility of the Boards' decisions to Ontarians.

Employing a province-wide governance model, the Health Boards' focus is on the service delivery priority of reducing the length of time of the case cycle while maintaining a high degree of quality in service in the fairness, openness and transparency of the adjudicative process.

F. HEALTH BOARDS ENVIRONMENTAL SCAN

Internal Assessment

Strengths

- Members and staff are committed to the mission and values of the Health Boards.
- A comprehensive training process is established for members appointed to the Health Boards.
- Each Health Board has a dedicated public website with a secure member resource area that staff and members can visit for up to date legal, governance and accountability information
- The Secretariat provides excellent administrative support:
    - Basic infrastructure is in place (facilities, furniture, equipment); and
    - Flexible resources are able to support fluctuating caseload.
- The Boards have an established culture in embedding transparency and access-to-justice principles into its activity and procedures.

Challenges

- The Health Boards ensure in-house training of its membership with efforts to enhance pre-hearing resolutions, but are limited without access to external specialized training.
- The HPARB current vacancy of one full-time Vice-Chair member has placed a strain on efforts to ensure full service delivery in all aspects of the adjudication processes.
- The Secretariat is currently prioritizing its policies and procedures to address challenges to accessibility;
- The majority of the Health Boards' applicants are unrepresented.
- The Health Boards' websites and other information technology are limited, and fiscal/staff resources are needed in order to keep them updated, facilitate public access to Board resources, remain current with evolving website and modernization standards and provide common hearing services to both Boards compliant with the 2014 minimum standards enshrined in the *Accessibility for Ontarians with Disabilities Act, 2005*.

External Assessment

Strengths

- The public is familiar with and expects to be able to locate up-to-date information on the internet and Health Boards' websites.
- The Health Boards' websites provide a variety of methods with which the public can contact the Boards, including electronically, by phone, fax or in writing as well as in person during regular business hours. The public is more familiar with and receptive to electronic filing and online communications with government bodies.
- Each new case is a fresh opportunity to make a good impression as few applicants would have prior experience with the Health Boards.
- The Health Boards membership participates in a number of local, provincial and national adjudicative tribunal organizations which contribute to the ongoing education of Health Boards members and increases awareness about the important role of the HPARB & HSARB
- The Health Boards province-wide delivery model for hearings and reviews improves access to justice for all Ontarians. The Health Boards are able to conduct matters in Toronto, London, Windsor, Ottawa, Kingston, Hamilton and throughout major centres in Northern Ontario.

Challenges

- When compared with the 2013-14 fiscal year, the intake of HPARB Complaint Review matters is elevated. This can present a challenge in processing matters in a timeframe that parties expect from a provincially-funded adjudicative tribunal and increase pressure on the Health Boards finite staff and membership resources.

- The volume of HSARB matters heard has increased while overall requests for hearings or reviews under the other Acts of the HSARB jurisdiction, such as the *Immunization of School Pupils Act* and the *Independent Health Facilities Act* remain unpredictable and therefore difficult to extrapolate quantitatively. There are very few health related adjudicative tribunals with similar mandates to the HPARB & HSARB outside of Ontario, which reduces best practice and knowledge sharing opportunities for agencies committed to an independent and arm's length relationship to Ministry

G. HEALTH BOARDS STRATEGIC PLAN

Vision

In 2019, the Health Boards will continue to be a valued partner in the delivery of quality health care in Ontario.

The Health Boards will be valued by all of its stakeholders, including users of the health care system, the Regulated Health Colleges, the Ontario Health Insurance Plan, health care professionals, the government of Ontario and the public for the quality, consistency and objectivity of its decisions. Representative of the diversity of Ontario, the Health Boards will fulfill its oversight role in an open, effective and efficient manner. The Health Boards will be leaders amongst administrative tribunals in Ontario in the establishment of governance and accountability frameworks. The members of the Health Boards and the staff of the Health Boards Secretariat will be engaged in continuous improvement of their processes and results in order to provide a quality service to Ontarians.

H. STRATEGIC PRIORITIES AND PERFORMANCE MEASURES

The Health Boards have established five key objectives for the period of 2016 to 2019:

1. The Health Boards will be valued partners in the delivery of health care in Ontario, valued by all of its stakeholders, including users of the health care system, the Colleges, health care professionals, the government of Ontario and the public.

2. The Health Boards will be valued for both the quality and objectivity of its decisions as well as the efficiency of management of proceedings from intake to resolution.

3. The members of the Health Boards will represent and respect the diversity of Ontario.

4. The staff of the Health Boards Secretariat will be engaged in continuous improvement of their processes and results with focus placed upon quality of service through greening and modernization initiatives that add value for money.

5. The members of the Health Boards will be engaged in regular training and continuing education sessions, with a focus placed upon case conference facilitation resolution and adherence to access to justice principles.

Specific initiatives have been designed to accomplish these objectives, and they include outcomes and performance measures in order to ensure that progress can be tracked, and where necessary, additional efforts undertaken to accomplish its goals. They are described as follows:

Priority 1:

The Health Boards will be valued partners in the delivery of general health care in Ontario, valued by all of its stakeholders, including users of the health care system, the Regulatory Health Colleges, health care professionals, the government of Ontario and the public.

Initiative	Outcomes/Results	Performance Measures
Resources for the public will be accessible through a website, and members of the Boards will be able to retrieve resources through secure online access.	Applicants and respondents will have online access to decisions. A shared, secure website will provide parties and members with immediate access to electronic communications and increased security of documents.	• Decline in volume of requests for basic information. • More consistency in reasons for decision rendered to the parties. • Decline in financial reliance on couriers. • Expeditious delivery and receipt of case related communication.
The HPARB will enhance communication with the Colleges.	Systemic or procedural issues will be addressed proactively enhancing experiences for applicants and respondents engaged in Board processes.	• Conduct a College stakeholder meeting regularly. • Deliver educational sessions to College councils designed to provide an overview of Board jurisdiction and process.
The HSARB will enhance communication with the General Manager of OHIP.	Systemic or procedural issues will be addressed proactively enhancing experiences for applicants engaged in the hearing process.	• Regular meetings to be held with the General Manager of OHIP or their delegate to work collaboratively to address any systemic concerns.
The Board will maximize service delivery through exploration of community partnerships.	The Health Boards contribute to the development of legal professionals increasing awareness and interest in administrative health law while furthering Board initiatives, research and projects in a cost effective manner.	• Headnotes (brief summaries of a Board decision that precede the full text opinion in the reasons for decision) are drafted for 25% of Board decisions, made available publicly and translated into French. • Tools for preparing for Board hearings and reviews are made available and regularly updated for the public. • Operating at arms-length, the Health Boards will partner with the Medico-Legal Society of Toronto and Pro Bono Students Canada in identifying unrepresented applicants for referral to this student-based advocacy program.

The HSARB will develop increased communication strategies with officials with authority under *the Immunization of School Pupils Act* and *the Home Care and Community Services Act, 1994.*	Systemic or procedural issues will be addressed proactively enhancing experiences for applicants engaged in the hearing process.	• Meet with representatives of Public Health Units to address any systemic concerns. • Communicate with Directors responding to orders of the Medical Officer of Health or public health inspectors to discuss concerns.

Priority 2:

The Health Boards will be valued for both the quality and objectivity of its decisions as well as the efficiency of management of proceedings from intake to resolution.

Initiative	Outcomes/Results	Performance Measures
The Health Boards Secretariat will be organized and trained to provide excellent customer service.	Applicants and respondents will know who to speak to about their case and will receive timely, accurate information from the Secretariat.	• Achieving a ten-month case lifecycle for the majority of cases, measured from the intake of a case to the issuance of final decision and reasons. • Meeting all statutory timeframes set out in the Acts. • Reduction in inquiries received from the Ombudsman of Ontario.
Staff who deal directly with the public will receive highly specialized policies and procedures including training in customer service.	The Health Boards Secretariat will be fully accessible to all Ontarians.	• In alignment with *Accessibility for Ontarian's with Disabilities Act, 2005* customer service standards will be fulfilled within mandated timeframes. • In alignment with the *French Language Services Act*, services and communications provided by the Health Boards are available in English and in French.
General information is made readily available to the public through development of policies, procedures, guidelines and process maps available electronically and in print.	The Health Boards' services are delivered consistently and are of a high quality resulting in a positive experience for parties and stakeholders.	• The Health Boards' Consolidated Rules of Practice and Practice Directions are monitored, revised and developed to reflect evolving best practices. • The Health Boards' "Frequently Asked Questions" are updated and expanded upon to further define Health Boards' processes and jurisdiction. • The Boards' websites are regularly updated to reflect enhancements to policy and procedure.

Priority 3:

The members of the Health Boards will represent and respect the diversity of Ontario.

Initiative	Outcomes/Results	Performance Measures
As vacancies occur, the Chair will recommend individuals for appointment who will increase the diversity of background, geography and experience on the Health Boards.	A Board that reflects the diversity of Ontario. Reviews will be conducted outside Toronto including; Ottawa/Kingston, London/Windsor, North Bay/Sudbury and Thunder Bay. Reviews and hearings will be conducted in French upon request.	• Number of members from outside Toronto, from francophone communities and from Ontario's cultural communities. • All parties will be informed of their right to have their case heard in regional centres resulting in a minimum of 30% of matters being heard outside of the GTA. • All parties will be informed of their right to have their case processed by way of English, French or Bilingual proceedings. 100% of requests for a French proceeding are delivered by French-speaking staff and a French-speaking panel.
Training is provided to members and staff to ensure they are equipped with resources, which allow them to understand and respect the unique needs and requirements of the diverse customer base.	Parties, stakeholders, members and staff will feel valued, safe and heard within the Boards' context.	• 100% of members and staff have engaged in diversity as well as accessibility training. • 100% of members and staff have participated in training regarding the Board's obligations under the *French Language Services Act*. • Members and staff will attend training to identify and respond to the needs of the Aboriginal Community. • Written feedback received from the constituent base is positive, and recommendations for improvement are implemented where practical.

Priority 4:

The staff of the Health Boards Secretariat will be engaged in continuous improvement of their processes and results with focus placed upon quality of service through greening and modernization initiatives that add value for money.

Initiative	Outcomes/Results	Performance Measures
Greening Initiatives will be engaged which have multifaceted benefits not only to the environment, but also respecting cost, resource and operational efficiencies.	A more energy and eco-friendly environment will be established that has long-term cost savings in the area of distribution and production. Additionally, security settings for electronic documents will allow for enhanced levels of protection of personal health information.	• Continued commitment and expansion of the successes achieved in the last fiscal year, including: - 50% reduction in the volume of paper purchased; - 100% of membership continue to receive hearing and review material electronically; - 25% reduction of printing costs associated with hearing and review materials; and - Increased Membership learning and "refresher" resources made available through secure online access.
Modernization Initiatives will create a pathway for better access to the Health Boards, enhanced security of information, and ease of participation for a part time, geographically diverse membership base.	Parties and members are able to upload and access documents in a shared site forum allowing for enhanced security and better access to service.	• A majority of hearing and review documents are available to the parties and stakeholders to the Health Boards in electronic format. • The Rules of Practice & Practice Directions provide direction for the electronic transfer of documents. • A pilot project is engaged to explore the effectiveness of different technological tools.
	Parties, stakeholders and members are able to fully engage in barrier free service to the Health Boards in ways that meet their needs and are economical and practical.	• The websites will be redesigned meeting all accessibility and French language requirements. • Online, fillable forms are publicly available. • Opportunities are maximized to provide member and staff training through available electronic tools including webcasting, video meetings and teleconferencing.

Priority 5:

The members of the Health Boards will be engaged in regular training and continuing education sessions, with a focus placed upon case conference facilitation resolution and adherence to access to justice principles.

Initiative	Outcomes/Results	Performance Measures
All members will receive training in the conduct of a hearing and in the respectful treatment of unrepresented parties.	Applicants and respondents feel respected and believe that their views have been heard and considered. Members build, maintain and develop the skill and knowledge base to apply the legislation as intended and to instill confidence in parties through the transparent and fair Health Boards' process.	• Delivery of a presiding member training program that combines a mentorship development program supplemented by group sessions designed to maintain consistency and improve member knowledge and skills. • Continuing education program for members bi-annually. • Issue specific training in targeted areas (pre-hearing or review Case Conferences, disclosure, registration, legislative amendments, decision writing, AODA, etc.). • The Board continues to strive to achieve, for the majority of its cases, an average length of time from the date of hearing/review to the date the final decision is issued of three months.
Select members will receive training in case conference facilitation.	Applicants and respondents feel respected and believe that their views have been heard and considered. Members will build, maintain and develop skills in analysis, problem-solving and negotiation, so that matters are resolved before requiring reviews or hearings.	• Development and approval of training opportunities offered by reputable organizations and in line with policy directives. • Delivery of effective and sustainable facilitator' training. • Participation and success in the program is supported by a certificate or designation.

I. RESOURCE REQUIREMENTS

The resource requirements for the Health Boards overlay with those of the Secretariat. In order to succeed with the initiatives set out in this plan, the Secretariat must maintain the staffing levels assigned in its allocation of human resources and it must continue to be innovative with its financial and I & IT resources. Particularly, the Secretariat must work to increase or adjust deployment of resources to allow for the advancements in I & IT, which will result in both operational and fiscal efficiency.

Funding is allocated to the Health Boards Secretariat from the Consolidated Revenue Fund. There are some limitations in detailing some specific resource requirements as they relate to the individual agencies both for past expenditure as well as for forecast. Expenses such as salaries, including those of full time members of the Health Boards and staff, as well costs associated with facilities are not specified in the resource requirements as it would be arbitrary to determine which portion of cost should be attributed to each individual agency. These costs are incorporated in the fiscal planning cycle of the Secretariat and are both reported and forecast to the Ministry.

The Health Boards anticipate that resources will be required over the next three years to complete the following estimated caseload requirements:

HPARB					
Workload Requirements	**2014/2015**	**2015/2016**	**2016/2017**	**2017/2018**	**2018/2019**
	Actual	**Estimated Work Volume**			
New Appeals Received	768	850	850	850	850
Case Conferences	762	650	650	650	650
Reviews and Hearings	500	550	550	550	550
Decisions Issued	484	500	500	500	500
HSARB					
Workload Requirements	**2014/2015**	**2015/2016**	**2016/2017**	**2017/2018**	**2018/2019**
	Actual	**Estimated Work Volume**			
New Appeals Received	295	300	300	300	300
Case Conferences	561	300	300	300	300
Hearings	115	100	100	100	100
Decisions Issued	73	100	100	100	100

In addition to these requirements of the Secretariat, the financial resources that are required to meet the legislated mandates of the Health Boards in line with the historical reporting format of the Health Boards annual reporting is as follows:

HPARB [16]					
	2014/2015	**2015/2016**	**2016/2017**	**2017/2018**	**2018/2019**
Per Diem Honoraria[17]	**Actual**	**Estimated Financial Requirement**			
Attendance at Proceedings	257,392	270,261	270,261	270,261	270,261
Preparation for Proceedings	243,922	256,118	256,118	256,118	256,118
Decision Writing	373,215	391,876	391,876	391,876	391,876
Disclosure	231,055	242,608	242,608	242,608	242,608
Education and Administration [18]	226,060	237,363	237,363	237,363	237,363
Case Conferences	114,466	120,189	120,189	120,189	120,189
Other Expenses					
Court Reporting	3,741	3,928	3,928	3,928	3,928
Legal Services	173,140	180,000	180,000	180,000	180,000
Communications[19]	43,608	45,788	45,788	45,788	45,788
Travel[20]	99,405	104,375	104,375	104,375	104,375
TOTAL	**$ 1,766,004**	**$ 1,852,506**	**$ 1,852,506**	**$ 1,852,506**	**$ 1,852,506**
HSARB					
	2014/2015	**2015/2016**	**2016/2017**	**2017/2018**	**2018/2019**
Per Diem Honoraria	**Actual**	**Estimated Financial Requirement**			
Attendance at Proceedings	78,701	82,636	82,636	82,636	82,636
Preparation for Proceedings	58,377	61,296	61,296	61,296	61,296
Decision Writing	62,491	68,740	68,740	68,740	68,740
Education and Administration	89,704	94,189	94,189	94,189	94,189
Case Conferences	95,765	100,553	100,553	100,553	100,553
Other Expenses					
Court Reporting	17,784	18,673	18,673	18,673	18,673
Legal Services	127,050	135,000	135,000	135,000	135,000
Communications	21,750	22,838	22,838	22,838	22,838
Travel	30,412	31,933	31,933	31,933	31,933
TOTAL	**$ 582,034**	**$ 615,858**	**$ 615,858**	**$ 615,858**	**$ 615,858**

[16] All figures in Canadian dollars.
[17] Public Member = $398; Vice-Chair = $491
[18] Includes attendance at education sessions (internal and external), committee work and travel time.
[19] Includes cost of translation services, out of town venue rentals, security services, office supplies and conference registration.
[20] Includes cost of travel expenses, meals and accommodation in line with the OPS Travel, Meal and Hospitality Expenses Directive.

J. RISK ANALYSIS

There is inherent risk associated with every decision and action that is undertaken by the adjudicative Boards. With the underpinning of the legislated framework in which the Health Boards are mandated, as well as sound governance and controllership structures in place, these risks are well mitigated. These risks are outlined in five distinct categories:

- Strategic
- Accountability/Compliance
- Operational
- Workforce
- Infrastructure and Information Technology (I & IT)

Strategic Risk

The combined jurisdiction of the Health Boards is both broad and complex, and is layered with expanded jurisdiction to interpret both human rights and Charter[21] issues. Each case is adjudicated by a panel that sits independently and is tasked with interpreting and applying the legislation. An inability to demonstrate consistency and accuracy in interpreting and applying the legislation results in a lack of confidence from Ontarians in accessing justice and in the health care sector.

There are a number of mitigating strategies employed which serve to minimize strategic risk. A strong leadership team comprised of the full-time Chair and both full-time and part-time Vice-Chairs works to establish both a proactive as well as reactive support mechanism for the broader membership. A comprehensive training program is established that ranges from new member training through to mentorship and continuing education for the membership. Access to independent legal counsel allows for ongoing advice and interpretation of jurisdiction and legal concepts, which have or will create complexity for the Health Boards.

Accountability / Compliance

The adjudicative health boards receive administrative and case management support from the Secretariat. Neither human nor financial resources are dedicated to any one Board exclusively; instead, a financial allocation is assigned to the Secretariat. Financial and human resources are distributed in line with the mandate of the Secretariat, which includes supporting the adjudicative agencies to meet their legislated requirements.

With heightened scrutiny of government expenditure, particularly in the sector of agencies, boards and commissions, it is challenging to demonstrate transparency in expenditure related to any one Board in particular given the shared resourcing structure of the Secretariat. There are risks associated with a perception that some costs incurred by any one Board in particular may be reported in line with general Secretariat expense, such as staff salaries or those of the full time members. This risk, however, is offset by the enormous financial and operational efficiencies gained by operating in a shared resourcing structure. Perhaps the most significant benefit of this structure is the ability to shift resources in line with what can be a variable volume of cases to the adjudicative tribunals. This shared resourcing model is in line with recent trends in the administrative tribunal sector in Ontario and in the recommendation of the Drummond Report to cluster agencies together where the outcomes result in efficiency and effectiveness. The accountability of the Health Boards is also supported by the public posting of the boards' Business Plans and Annual Reports which allow the public to view the financially prudent resource allocation related to operational requirements.

[21] The HSARB is precluded by legislation from hearing Charter arguments although it must apply Charter principles to its decision making.

Operational

Within the jurisdiction of the Health Boards, a number of pieces of legislation require the Health Boards to comply with mandatory hearing/review and decision issuance timeframes. From a procedural standpoint, there are other processing metrics, which are not legislatively mandated, but are best practices established by the Health Boards. Failure to meet legislative timeframes places the Boards at risk of losing jurisdiction to hear those matters, and then denies the individual the right to proceed.

While case processing times for matters that do not have legislated timeframes may vary, the Boards must balance the needs of individual applicants to ensure that applications are processed fairly and in line with the principles of natural justice.

Workforce

In receiving administrative and case management support from the Secretariat, which is staffed by 19 of 21 positions belonging to bargaining agents, the Health Boards are at risk of delay in process resulting from a union action. The activities of the Health Boards are not deemed to be essential services; however, the mandate is vital to the parties engaged in the hearing or review process. Prolonged disruption to service may result in a lack of confidence in the ability and authority of both the Health Boards and the Ministry.

Experienced and efficient staff at the Secretariat is vital to the Health Board's operational efficiency and to the delivery of their legislated mandate. As such, a comprehensive education and training program must be in place for all staff, particularly those members of the Case Management Team. Prolonged vacancy rates or further reduction to the 21 person complement, impact the case processing times and may impede upon the quality of services provided to the Health Boards and, in turn, to the public.

Given the complexity of the matters before the Health Boards it is critical that members are not only appointed from diverse communities around the province, but that those individuals have the ability to understand and address the often specialized issues arising in the context of the Boards' reviews, hearings and appeals. The members must receive the training necessary for them to have the understanding, resources and skills to generate a competent tribunal environment that reflects the principles of fairness and openness for all parties – whether represented by legal counsel or self-represented.

Infrastructure and Information Technology

The Health Boards are required to handle highly confidential personal health information. Breaches in privacy may result in significant risk not only to the Ministry, but also to the health and well-being of the Boards' constituents. As such, the Health Boards have implemented a number of measures to mitigate against these risks. Members and staff are trained in best practices of I & IT security; members and staff are required to communicate information related to reviews and hearings solely through government assigned email accounts or courier; and all members and staff have access to encrypted drives for storage of Health Board related materials. Further to these precautions, development of a shared, secured website for document exchange is underway to expedite processes and increase security of case related materials.

With a highly administrative review and hearings process that is driven by the exchange of documents between the Health Boards and the parties, the health boards are heavily reliant upon I & IT resources. Without adequate resources to maintain and develop the case management system(s) and the computer infrastructure, the Health Boards are at risk of not meeting their legislated mandates. A comprehensive Continuity of Business Operations Plan is in place, as is a daily backup of all systems information, which is stored at an offsite location.

The Health Boards are open to the public, and both staff and members have daily contact with parties. The risk of physical and verbal abuse has been met with preventative measures to ensure the safety not only of members and of staff, but also the safety of the public and parties before the Board. Emergency planning procedures are in place and the office and hearing space has been designed to maximize security with the resources available while maintaining an open, accessible and welcoming environment.

K. COMMUNICATIONS PLAN

The Health Boards recognize that their ability to deliver fairness and transparency in process and consistent access to justice is contingent on establishing and maintaining strong communications with the public and stakeholders. The key strategy for maintaining communications with parties is the delivery of a case management model in delivering services. This structure was introduced at the Health Boards in 2008, and it is founded in the principle that any party to a review or hearing will primarily receive service from one case manager who will maintain their file from the time an application is received until the time that the Board has rendered its final disposition. This structure is designed to maintain consistency in communications to the parties, and works towards providing a more enhanced, tailored level of customer service to parties.

External communications are delivered through a number of different vehicles. The Health Boards each maintain a public website, which includes general information about their respective boards, links to relevant pieces of legislation, policy information including a complaints process for concerns regarding members and/or staff, and contact information. Each year the Health Boards publish an annual report, which is submitted to the Minister of Health and Long-Term Care and is posted on the Health Boards' websites. The annual reports contain information regarding the Health Boards' operational and financial activity for the year. In addition, the Boards make available to the public the documents required under the *Adjudicative Tribunals Accountability, Governance and Appointments Act, 2009.*

In 2010, the Health Boards established an enhanced degree of access to justice through publication of their decisions online at www.canlii.org. CanLII is a non-profit organization managed by the Federation of Law Societies of Canada, and it allows free public access to the decisions of courts and tribunals in Canada. A key impetus for posting the Health Boards decisions online resulted from communications with the broad stakeholder base who had identified a need to have access to previous decisions of the Health Boards to help better understand the jurisdictions of the Health Boards and to assist in preparation for hearings and reviews.

The Health Boards are committed to ensuring that the websites are maintained with the most up to date information regarding their activities in line with requirements under the *Accessibility for Ontarians with Disabilities Act* and the *French Language Services Act.* This information will be written in plain language that can be understood by both the public as well as customers accessing the Health Boards' services. As detailed in the priorities set out previously in this Plan, the Health Boards will continue to consult with stakeholders as required, and to provide annually key stakeholder groups with forums for discussion and the exchange of information and procedural updates.

L. MEMBERSHIP

HPARB Membership List as at December 31, 2015					
Last Name	**First Name**	**OIC Original Start Date**	**OIC Expiration Date**	**Position**	**Location**
Ball	Katherine	21-Oct-15	20-Oct-17	Public Member	Toronto
Bates*	Timothy	28-Jul-10	27-Jul-17**	Public Member	Toronto
Beamish*	James T.	02-Dec-09	01-Dec-19	Public Member	Toronto
Bélanger-Hardy*	Louise	20-Jun-07	19-Jun-16	Public Member	Ottawa
Bossin*	Michael	07-Mar-07	06-Mar-17	Public Member	Ottawa
Brown*	L. Craig	21-Oct-15	20-Oct-17	Public Member	Toronto
Burstyn*	Marla K.	11-Mar-09	10-Mar-17	Public Member	Toronto
Cohen	Sheldon	22-Dec-05	21-Dec-16	Public Member	Toronto
D'Amours*	Marc	18-Feb-09	17-Feb-19	Public Member	Champlain
Dault*	James F.	20-Jun-07	19-Jun-16	Public Member	Barrie
Denov	Celia	05-Jan-06	04-Jan-17	Public Member	Toronto
Downing*	Beth	02-Dec-09	01-Dec-19	Public Member	Oakville
Farha*	Soraya	11-Mar-09	10-Mar-19	Public Member	Toronto
Foda	Rabiz	27-Jun-07	26-Jun-17**	Public Member	Mississauga
Fricot*	Yves	12-Aug-15	11-Aug-17	Public Member	Thunder Bay
Getson	Gary	03-Feb-06	02-Feb-16	Public Member	Unionville
Giroux*	François	14-Nov-12	13-Nov-17**	Public Member	Ottawa
Go*	Avvy Yao-Yao	02-Mar-05	01-Mar-16	Public Member	Toronto
Goldberg*	Bonnie	13-Feb-08	12-Feb-18	Public Member	Toronto
Grant*	Norma D.	03-Sep-08	02-Sep-18	Public Member	Toronto
Gruben*	Vanessa	02-Dec-09	01-Dec-19	Public Member	Ottawa
Heyninck*	Emanuela	15-Sep-10	14-Sep-20**	Public Member	London
Jovanovic*	Stephen	30-May-06	10-Mar-19	Public Member	Windsor
Kelly*	Thomas J.J.	15-Dec-05	14-Dec-16	Public Member	London
King	Christopher	03-Feb-06	02-Feb-16	Public Member	Markham
Kovanchak*	Stephen G.	08-Apr-09	07-Apr-19	Public Member	Thunder Bay
Lobu*	Taivi	11-Apr-06	23-Feb-18	Vice-Chair	Toronto
Makhamra*	Samia	07-May-08	06-May-16	Public Member	Toronto
McKelvey	Darcie	13-Feb-08	12-Feb-18	Public Member	Caledon
Moss*	Christine T.	11-Mar-09	10-Mar-19	Public Member	Toronto
Ouellet	Sonia	07-Mar-07	21-Apr-16	Vice-Chair	Ottawa
Petryna	Brenda	10-Aug-06	09-Aug-16	Public Member	Sudbury
Proulx*	Chantal	18-Feb-09	17-Feb-17	Public Member	Ottawa
Ryan Elliott*	Kathleen	07-Mar-07	06-Mar-17	Public Member	Cobourg
Sanchez de Malicki	Elvira	28-May-08	27-May-18	Public Member	Toronto
Scrimshaw*	David	20-Jun-12	19-Jun-17	Public Member	Ottawa
Siddiqui*	Yasmeen	12-May-10	11-May-20**	Public Member	Toronto
Sossin*	Lorne	25-Oct-06	24-Oct-16	Public Member	Toronto
Stanton*	Kim	01-Aug-12	31-Jul-17	Public Member	Toronto
Steele*	Robert L.	08-Oct-08	07-Oct-18	Public Member	Burlington
St-Hilaire*	Gabrielle	30-Apr-08	29-Apr-18	Public Member	Ottawa
Tye*	Hugh	16-Apr-08	15-Apr-18	Public Member	Hamilton
Vauthier*	Janice H.	11-Jun-14	10-Jun-16	Chair	Thunder Bay
Vauthier*	Janice H.	15-Dec-05	23-Feb-18	Vice-Chair	Thunder Bay

*Cross-appointed to the HSARB

** Beginning In the 2012 fiscal year, reappointments of members are made in accordance with the provisions of O. Reg 88/11 of the *Adjudicative Tribunal Accountability, Governance and Governance and Appointments Act.*

HSARB Membership List as at December 31, 2015					
Last Name	**First Name**	**OIC Original Start Date**	**OIC Expiration Date**	**Position**	**Location**
Bates*	Timothy	28-Jul-10	27-Jul-17**	Public Member	Toronto
Beamish*	James T.	02-Dec-09	01-Dec-19	Public Member	Toronto
Bélanger-Hardy*	Louise	25-Mar-09	24-Mar-19	Public Member	Ottawa
Bossin*	Michael	23-Mar-11	22-Mar-16	Public Member	Ottawa
Brown*	L. Craig	21-Oct-15	20-Oct-17	Public Member	Toronto
Burstyn*	Marla K.	03-Nov-04	10-Mar-17	Public Member	Toronto
D'Amours*	Marc	18-Feb-09	17-Feb-19	Public Member	Champlain
Dault*	James F.	02-Dec-09	01-Dec-19	Public Member	Barrie
Downing*	Beth	15-Jul-05	14-Jul-16	Public Member	Oakville
Farha*	Soraya	03-Mar-04	02-Mar-17	Public Member	Toronto
Fricot*	Yves	12-Aug-15	11-Aug- 17	Public Member	Thunder Bay
Giroux*	François	14-Nov-12	13-Nov-17**	Public Member	Ottawa
Go*	Avvy Yao-Yao	18-Apr-11	17-Apr-16	Public Member	Toronto
Goldberg*	Bonnie	23-Mar-11	22-Mar-16	Public Member	Toronto
Grant*	Norma D.	23-Mar-11	22-Mar-16	Public Member	Toronto
Gruben*	Vanessa	02-Dec-09	01-Dec-19	Public Member	Ottawa
Heyninck*	Emanuela	15-Sep-10	14-Sep-20**	Public Member	London
Jovanovic*	Stephen	11-Mar-09	10-Mar-19	Public Member	Windsor
Kelly*	Thomas J.J.	11-Mar-09	17-Jul-17	Vice-Chair	London
Kovanchak*	Stephen G.	08-Apr-09	07-Apr-19	Public Member	Thunder Bay
Lobu*	Taivi	11-Mar-09	10-Mar-19	Public Member	Toronto
Lum	Lillie Lai Quon	01-Feb-99	22-Mar-16	Public Member	Thornhill
Makhamra*	Samia	23-Mar-11	22-Mar-16	Public Member	Toronto
Moss*	Christine T.	01-Feb-99	22-Mar-16	Public Member	Toronto
Mullan	Elizabeth A.	15-Apr-03	14-Apr-16	Public Member	Toronto
Ouellet*	Sonia	03-May-10	02-May-20**	Vice-Chair	Ottawa
Powell	Ucal	21-Oct-15	20-Oct-17	Public Member	Toronto
Proulx*	Chantal	18-Feb-09	17-Feb-17	Public Member	Ottawa
Ryan Elliott*	Kathleen	23-Mar-11	22-Mar-16	Public Member	Cobourg
Schofield	Michel	04-Nov-15	03-Nov-17	Public Member	Toronto
Scrimshaw*	David	20-Jun-12	19-Jun-17	Public Member	Ottawa
Siddiqui*	Yasmeen	12-May-10	11-May-15	Public Member	Toronto
Snow	Debbie	21-Oct-15	20-Oct-17	Public Member	Toronto
Sossin*	Lorne	11-Mar-09	10-Mar-19	Public Member	Toronto
Stanton*	Kim	01-Aug-12	31-Jul-17	Public Member	Toronto
Steele*	Robert L.	23-Mar-11	22-Mar-16	Public Member	Burlington
St-Hilaire*	Gabrielle	11-Mar-09	10-Mar-19	Public Member	Ottawa
Tye*	Hugh	23-Mar-11	22-Mar-16	Public Member	Hamilton
Vauthier*	Janice H.	11-Jun-14	10-Jun-16	Chair	Thunder Bay
Vauthier*	Janice H.	11-Mar-09	10-Mar-19	Public Member	Thunder Bay

*Cross-appointed to the HPARB

** Beginning In the 2012 fiscal year, reappointments of members are made in accordance with the provisions of O. Reg 88/11 of the *Adjudicative Tribunal Accountability, Governance and Governance and Appointments Act.*

M. HEALTH BOARDS SECRETARIAT STAFF

Health Boards Secretariat Staff List as at December 31, 2015		
Last Name	**First Name**	**Position**
van der Vliet	Sara	Registrar
Evora	Sandra	Deputy Registrar
Dunscombe	Anna	Executive Assistant and Researcher
Chutkaë	Kamyla	Scheduler and Administration Assistant
Demyanenko	Natalya	Case Management Coordinator
Aberra	Alpha	Bilingual Case Officer
Baker	Maureen	Case Officer
Bolinas	Margaret	Case Officer
Choi	Miso	Case Officer
Clifford	Andrew	Case Officer
Cull	Randi	Case Officer
Moskowitz	Natalie	Case Officer
Sequeira	Glenn	Case Officer
Persaud	Shanti	Administrative Coordinator
Ashton	Desiree	Administrative Assistant
Ing	Ann	Administrative Assistant
Sarfo	Tiffany	Administrative Assistant
Steele	Joy	Administrative Assistant
Bhavsar	Suketu	Sr. Technology/Business Systems Administrator
Patel	Ketan	Systems Analyst/Programmer
Watin	Aldeen	Sr. Systems Analyst/ Lead Programmer