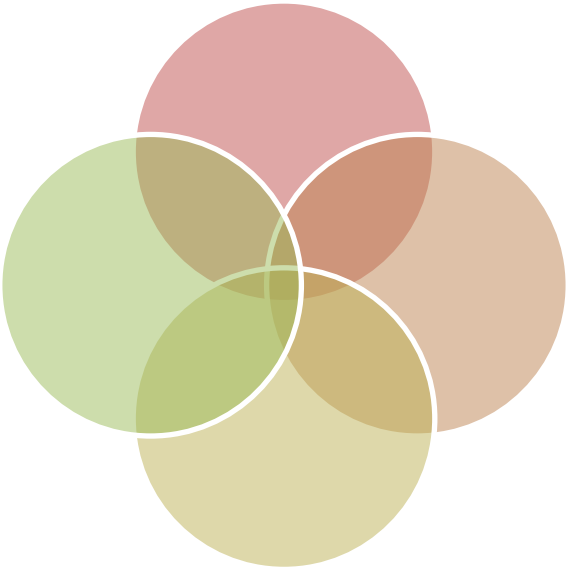
Health Professions and Health Services Appeal and Review Boards



Business Plan

2017 – 2020

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 30, 2016

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 1E9

Dear Minister:

RE: Health Professions Appeal and Review Board and Health Services Appeal and Review Board 2017 – 2020 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 2017 – 2020 period.

The Health Boards remain committed to the initiatives outlined in the plan and to ensuring excellence in the services the Boards provide to the Ontario public.

Yours sincerely,

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

c: Christy Hackney
Senior Manager, Health Boards Secretariat
Registrar, Health Professions & Health Services Appeal and Review Boards

Executive Summary

The Health Professions Appeal and Review Board and the Health Services Appeal and Review Board (the Health Boards) provide an important oversight role in the provision of safe, timely and appropriate health care in Ontario. The Health Boards utilize a shared resourcing model, and are supported administratively by the Health Boards Secretariat (the Secretariat). Flexible hearing schedules and a customer focused staff enables the Boards to provide timely, efficient and fair access to justice in Ontario.

The Health Boards have accomplished a number of initiatives in the past year which support the Boards' priorities of fair and efficient adjudication, exceptional customer service and maintenance of an informed and diverse member composition. These accomplishments include:

- Meeting with numerous Health Boards stakeholders to discuss emerging issues;
- Regular member training in areas such as case conference facilitation, College registration matters, physician assisted dying and conflicts of interest;
- Improving information technology (IT) uses to increase efficiencies in the exchange of information while keeping personal health information secure; and
- Member recruitment for cross appointments to the Health Boards supporting the Chair's vision for a diverse and knowledgeable membership base and enabling long-term succession planning.

Mandate

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* to conduct hearings and reviews and to perform the duties that are assigned to it under the *Regulated Health Professions Act, 1991*, a health profession act as defined in that Act, the *Veterinarians Act*, the *Drug and Pharmacies Regulation Act*, the *Public Hospitals Act* or under any other Act.

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 Ontario's public hospitals. The Board also holds reviews and hearings of applications that have been decided by Accreditation Committees for pharmacies and veterinarian facilities.

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.

Most commonly, 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 Veterinary and health Colleges; and
- Physicians' hospital privileges under the *Public Hospitals Act*.

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

A list of 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.

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*. The duties of the HSARB are to conduct the hearings and reviews and to perform the duties that are assigned to it under the following Acts:

- *The Ambulance Act.*
- *The Healing Arts Radiation Protection Act.*
- *The Commitment to the Future of Medicare Act, 2004.*
- *The Health Facilities Special Orders Act.*

- *The Health Insurance Act.*
- *The Health Protection and Promotion Act.*
- *The Home Care and Community Services Act, 1994.*
- *The Immunization of School Pupils Act.*
- *The Independent Health Facilities Act.*
- *The Laboratory and Specimen Collection Centre Licensing Act.*
- *The Long-Term Care Homes Act, 2007.*
- *The Private Hospitals Act. 1998, c. 18, Sched. H, s. 6 (1); 2006, c. 19, Sched. L, s. 8; 2007, c. 8, s. 216.*

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 executes its review and appeal mandate under all twelve of the health related statutes listed above. Most commonly, 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;
- Long-Term Care Homes regarding eligibility for placement in the facility;
- Community Care Access Centres regarding the level of service provided; 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.

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.

Mission Statement

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

Strategic Directions

The Health Boards continue to focus on three strategic priorities: fair and efficient adjudication, exceptional customer service and tribunal modernization.

In the coming year, the Health Boards will concentrate on the following initiatives in support of these priorities:

- Striving for a membership composition which allows for the efficient adjudication of appeals and reviews and is a reflection of the diversity of Ontario;
- Providing ongoing training to membership in areas of legislative change and best adjudicative practices;
- Transparent adjudicative processes through the exchange of supporting hearing and review material to the parties involved;
- Timely acknowledgement of requests for hearings and reviews to parties and clear communications regarding any accommodation needs of parties; and
- Utilizing information technology (IT) to further improve efficiencies, ensure confidentiality of exchanged material, and promote environmental friendly practices.

More broadly, over the next three years, the Health Boards will concentrate on the following projects:

- Membership succession planning to ensure knowledge and best practices transfer between current members and new Health Boards appointees;
- Ongoing specified training incorporating Ontario's diverse communities and proven access to justice practices;
- Ongoing updates to the Health Boards' public and secure member websites to make them more user friendly and interactive as well as compliant with the *Accessibility for Ontarians with Disabilities Act, 2005;*

- Finding efficiencies within the Health Boards' processes which will improve customer service while balancing the need for detailed and thorough adjudication; and
- Improving on electronic delivery systems including the research of electronic hearing exhibit stamps, videoconference hearings and reviews and online electronic filing of case materials and use of IT to further strengthen the Health Boards' protection of personal health information.

Environmental Scan

A recent environmental scan of the Health Boards reviews current and anticipated environmental factors that will or may impact the Boards. As assessment of these factors assist the Health Boards in planning strategically for the coming years and better understand the broader context in which the Health Boards operate.

Recent environmental factors which have been taken into account by the Health Boards include the recommendations made by the Task Force on the Prevention of Sexual Abuse of Patients and the *Regulated Health Professions Act,1991*, that the HPARB render a decision in matters involving allegations of sexual abuse within 120 days after receiving a request for review of the regulatory health College's decision, and provide statistics on the outcome of Board reviews involving sexual abuse to the Minister of Health and Long-Term Care (the Minister) annually. Both recommendations, if implemented, would have significant impacts on the regulatory health Colleges who provide the review material to the Board and staffing and membership resources to action the request for reviews and consider the adequacy and reasonableness of the College's decision. Upgrades would also be necessary to the Health Boards case management system (myCaseload) to track matters by issue in order to provide the statistical information proposed in the recommendation.

In addition, Bill 35, *Empowering Home Care Patients Act, 2016* proposes reducing from 60 days to 30 days the time during which an agency is required to respond to complaints respecting decisions about the particular community services a person is entitled to, and requires the agency's response to include information about the appeal process available at the HSARB. Bill 35 also provides that if the decision of the agency would have the effect of terminating or

reducing the community services provided to a person, an appeal to the Board stays the decision. Once the legislation is in effect, the HSARB anticipates an increase in appeals as launching an appeal will ensure a community service is not terminated or reduced until a decision by HSARB is rendered in the matter.

Internal Assessment

Strengths

- **Member Education –** The Health Boards' many strengths enable fair, timely and accessible adjudication. Members and staff are committed to the mission and values of the Health Boards and are provided with comprehensive training when joining the Board(s) and ongoing training throughout the year in order to provide bilingual and accessible customer service. Comprehensive training of the mandate and Rules of Practice and Procedure of the Health Boards is provided along with provincial values and requirements outlined in the *French Language Services Act*, the *Accessibility for Ontarians with Disabilities Act*, *The Freedom of Information and Protection of Privacy Act* and the *Public Service of Ontario Act*.

- **Public Access –** Each Health Board has a dedicated public facing website complete with up to date legal, governance and accountability information. The websites also include information about to how contact the Health Boards through a variety of methods, governance and accountability documents and the Boards' public complaints policy.

- **Case Conferences –** The Health Boards have increased their accessibility and ability to provide information regarding Board mandates by conducting Case Conferences prior to the hearing or review. This ensures that the parties are aware of the Board's jurisdiction and is an opportunity to review information that the parties can provide, which may be relevant to the appeal or review issue.

- **Accessible –** The Health Boards also conduct oral hearings and reviews throughout the province, as well as in writing or via teleconference, to ensure that anyone wanting to

actively participate will not be disadvantaged due to a lack of access to transportation or financial means which may not allow them to attend at the Health Boards' office in Toronto.

- **Administrative Support –** The Health Boards share their facility with the Ontario Hepatitis C Assistance Plan (OHCAP) Review Committee, the Medical Eligibility Committee (MEC) and the Physician Payment Review Board (PPRB). 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. In addition to the experienced staff, basic infrastructure is in place which is also shared by the adjudicative bodies.

- **Transparency –** The proceedings before the Health Boards are public and the Final Decisions and Reasons of the panels which adjudicated the matter are made publicly available on the Canadian Legal Information Institute website (www.canlii.org), increasing the Boards' transparency and providing important information about the Boards' mandate to the public.

Challenges

- **Member Education** – The Health Boards are comprised primarily of part-time members and there are challenges to providing appropriate specialized training. It is vital to ensure knowledge gain is continuous and dispersed amongst the membership but training must also provide a high value for dollar to ensure best value of limited public funds.

- **Member Availability –** A limited number of full-time members creates a strain on the availability of members to adjudicate matters that come before the Boards in the timeframes anticipated by the parties. With a majority of members appointed to the Health Boards as part-time members, difficulties can arise in assigning panels for multi-day matters in Toronto or in a different major centre of the province than the member may reside in.

- **Maximum Appointment Terms –** The Agencies & Appointments Directive which directs adjudicative agencies on the allowable appointment and reappointment terms of Board members stipulates that 10 years is the maximum term that a member may be appointed. This finite term places a strain on member resources as many of the Health Boards' more experienced members will reach their 10 year term in 2016 and 2017 and timing may not allow these knowledgeable and experienced members to share their expertise with new appointees expected in the coming years. Additionally, if delays are experienced in the appointment of new members to the Health Boards' difficulties arise in assigning well-trained, experienced panels to hear and decide appeals and reviews.

- **Unrepresented Parties –** A large number of the parties that appear before the Health Boards are unrepresented which can be challenging for the members adjudicating the matter who must balance the need to educate a self-represented party regarding the Health Boards' jurisdiction and Rules of Procedure while ensuring the delivery of a fair and unbiased hearing.

- **IT Limitations –** The Health Boards' websites and case management systems are dated and financial and staff resources are needed in order to keep them modern and accessible. An interactive site, rather than static content, would increase efficiencies and provide ease of access to the public. There is also limited reporting available through the current case management system in use at the Health Boards which can make it difficult to assess where delays may be occurring or at what stage of the process there is room for increased efficiencies.

External Assessment

Strengths

- **Electronic Efficiencies –** The Boards are moving towards increased electronic transfer of material which reduces time and expenditures required by the public, parties or stakeholders, to provide relevant information or make an inquiry of the Board.

- **Public Engagement –** The Health Boards' Chair, Vice-Chairs and members participate in a number of local, provincial and national adjudicative tribunal organizations which contribute to the ongoing education of the Health Boards' members and increases public awareness about the important role of the HPARB & HSARB. The Health Boards also ensure better access by the public to its mandate and processes through ongoing volunteer student projects which are coordinated with Pro Bono Students Canada, Osgoode Hall Law School, the University of Toronto and the University of Ottawa. These relationships provide a valuable student resource for the Health Boards in preparing case summaries for public distribution, as well as providing educational opportunities for the law students.

- **Stakeholder Relations –** The Health Boards meet with institutional stakeholders to discuss improvements to Board processes and to provide high-level information as to the Health Boards' publicly reported statistics. The Chair and Registrar meet with the Registrars of Ontario's regulatory health Colleges, the Federation of Health Regulatory Colleges of Ontario (FHRCO) and representatives of the Ontario Health Insurance Plan to discuss process challenges experienced by parties and to offer suggestions for improvement. The Health Boards are valued within the Ministry of Health and Long-Term Care (the ministry) and provide updates on trends and publicly available findings on important topics such as sexual abuse by health care practitioners and coverage of gender confirmation surgery.

Challenges

- **Financial Pressures –** As the Health Boards do not generate any revenue and are funded through Ontario's Consolidated Revenue Fund and the activity of the Boards is variable and dependent upon the number of parties who make a request for appeal or review, the Health Boards have limited control over their annual budget and expenditures.

- **Knowledge Transfer –** 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.

- **Timeliness of Proceedings –** In order to ensure matters are adjudicated in a timely, fair and efficient manner, processes are designed to ensure all relevant information is filed with the Health Boards within a legislatively or Health Boards' determined time frame. However, delays can occur in the receipt of materials which may be out of the control of the Health Boards and this delay can create a challenge for the panel adjudicating the matter and/or delays for the other parties involved.

- **Stakeholder Transparency** –A lack of transparency with respect to the regulatory health Colleges include that complainants and in some cases, professional members of the health College, are not provided with the information gathered during the College investigation of public complaints. The provision of this information to the parties during the investigation process would better enable the parties to understand how the College came to their decision, and would assist in a more efficient and economical delivery of the investigatory materials once a Review is requested by the Board.

- **Legislative Changes –** Unanticipated changes to legislation affecting the Health Boards' mandates may make it difficult for the Health Boards to effectively plan for upcoming caseload, membership recruitment, or other necessary process changes.

- **Member Appointments –**The Health Boards' ability to adjudicate matters and plan training and succession strategies is significantly impacted when there are delays in the appointment process. The application of the Agencies & Appointments Directive stipulating no longer than a 10 year term appointment, except in exceptional circumstances in the public interest, requires proactive planning to ensure succession planning and knowledge sharing given that the Boards are primarily made up of part-time appointees who require a few years of service and experience prior to presiding over the various types of matters within the jurisdiction of HPARB and HSARB.

Proposed Budget

Fiscal Year	Board	Budget Allocation ($)
2015-16	HPARB	2,149,888 (Actual)
2015-16	HSARB	591,427 (Actual)
2015-16 Total		**2,741,315** (Actual)
2016-17	HPARB	2,330,000
2016-17	HSARB	650,000
2016-17 Total		**2,980,000**
2017-18	HPARB	2,330,000
2017-18	HSARB	650,000
2017-18 Total		**2,980,000**
2018-19	HPARB	2,330,000
2018-19	HSARB	650,000
2018-19 Total		**2,980,000**
2019-20	HPARB	2,330,000
2019-20	HSARB	650,000
2019-20 Total		**2,980,000**

Anticipated increases in expenditures are related to costs associated with member training on complex process pieces related to the individual Board. The forecast also takes into account the variables associated with fluctuating caseloads and pending legislation that may require further member recruitment or staffing resources to support the adjudication of matters within a shorter timeframe. The proposed budget is based on the current Member and Vice Chair per diem rates of $398 and $491 respectively.

As the staffing and infrastructure is shared amongst HPARB, HSARB, OHCAP Review Committee, MEC and PPRB, it is not possible to determine the financial expenditures related to staffing support and infrastructure as it relates to individual agencies. These shared costs are incorporated in the fiscal planning cycle by the Secretariat and are reported to the ministry.

Performance Measures

Tribunal	Performance Measure
HPARB	• 80% of decisions in application for registration matters will be issued in less than 12 months from the date the request for hearing or review was made. • 80% of complaint review matters will be resolved within 12 months of the Board receiving the request for review. • Every appointed member of the Board will be trained in the review and disclosure of records of investigation in complaint review proceedings. • The Board will schedule telephone case conferences in matters prior to review or hearing except in exceptional circumstances (due to accessibility needs or by request of the parties for example). • Decisions issued will be clear and transparent and continue to be publicly available unless an Order limiting public access is issued.
HSARB	• 85% of *Health Insurance Act* eligibility for OHIP coverage matters will be resolved within 9 months. • The Board will schedule telephone case conferences in matters prior to hearing except in exceptional circumstances (due to accessibility needs or by request of the parties for example). • The Board will work to resolve those appeals which have been active for more than two years

	due to complexity and lack of party readiness. • Decisions issued will be clear and transparent and continue to be publicly available unless an Order restricting public access is issued. • Decisions issued will meet the legislated timeframes outlined in the applicable Act under which an appeal has been requested.

HPARB & HSARB Activity

HPARB					
Workload Requirements	**2015/2016**	**2016/2017**	**2017/2018**	**2018/2019**	**2019/2020**
	Actual	**Estimated Work Volume**			
New Appeals Received	840	875	875	875	**875**
Case Conferences	728	750	750	750	**750**
Reviews and Hearings	614	650	650	650	**650**
Decisions Issued	567	575	575	575	**575**
HSARB					
Workload Requirements	**2015/2016**	**2016/2017**	**2017/2018**	**2018/2019**	**2019/2020**
	Actual	**Estimated Work Volume**			
New Appeals Received	255	275	275	275	**275**
Case Conferences	239	250	250	250	**250**
Hearings	86	95	95	95	**95**
Decisions Issued	102	110	110	110	**110**

Annual Performance Targets

The Health Boards will promote consistency in the application of processes while remaining responsive to differing cases and party needs. Given the health related nature of the matters that come before the Boards, the parties may request extra time to provide their submissions or

prepare for their review or hearing. The Health Boards aims to accommodate the unique needs of each party and continuously improve its service.

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 issues[1]. 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.

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

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 expenses, 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 consistent with recent trends in the administrative tribunal sector in Ontario.

The shared resource model endures that hearing and review days are kept to a minimum, opportunities for mediation are maximized and decisions are well reasoned, well written and issued in a timely manner.

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.

The Boards continues to improve processes and move towards completing all appeal files from intake to resolution within 12 calendar months pending a lack of substantive disruptions.

Work Force

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 network 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. The Health Boards has recently completed a threat risk assessment of its physical environment and is seeking consultation on implementation.

Number of Employees

The Health Boards are led by a Chair and has a complement of 21 staff, 2 full-time adjudicators and 43 part-time adjudicators. As noted previously, the Health Boards' support staff are employed by the Secretariat and shared with three other health related tribunals and committees (OHCAP Review Committee, MEC and PPRB). The staff's day to day activities include

administering the hearing or review process for the various Boards as well as a payment processing function as it relates to the publicly appointed members of Ontario's regulatory health Colleges.

HPARB Membership List as at December 31, 2016					
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	24-Mar-19**	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
Colbourne*	Mike	20-Dec-16	19-Dec-18	Public Member	Manotick
D'Amours*	Marc	18-Feb-09	17-Feb-19**	Public Member	Champlain
Dault*	James F.	20-Jun-07	1-Dec-19**	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
Evraire*	Paul	20-Dec-16	19-Dec-18	Public Member	Toronto
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
Giroux*	François	14-Nov-12	13-Nov-17**	Public Member	Ottawa
Goldberg*	Bonnie	13-Feb-08	12-Feb-18**	Public Member	Toronto
Grant*	Angus	30-Nov-16	29-Nov-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
Kearns*	Douglas	15-Jan-16	14-Jan-18	Public Member	Blind River
Kelly*	Thomas J.J.	15-Dec-05	14-Dec-21**	Public Member	London
Kovanchak*	Stephen G.	08-Apr-09	07-Apr-19**	Public Member	Thunder Bay
Lobu*	Taivi	11-Apr-06	23-Feb-18**	Vice-Chair	Toronto
McKelvey	Darcie	13-Feb-08	12-Feb-18**	Public Member	Caledon
Moss*	Christine T.	11-Mar-09	10-Mar-19**	Vice-Chair	Toronto
Ouellet*	Sonia	07-Mar-07	6-Mar-17**	Public Member	Ottawa
Petryna	Brenda	10-Aug-06	09-Aug-19**	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

HPARB Membership List as at December 31, 2016					
Last Name	**First Name**	**OIC Original Start Date**	**OIC Expiration Date**	**Position**	**Location**
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	10-Mar-19**	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
Whillier*	Carla	7-Dec-16	6-Dec-18	Public Member	Scarborough
Vauthier*	Janice H.	11-Jun-14	10-Jun-19**	Chair	Thunder Bay
Vauthier*	Janice H.	15-Dec-05	23-Feb-18**	Vice-Chair	Thunder Bay

*Cross-appointed to the HSARB

** 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, 2009* and the Management Board of Cabinet's Agencies & Appointments Directive.

HSARB Membership List as at December 31, 2016					
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-21**	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
Colbourne*	Mike	20-Dec-16	19-Dec-18	Public Member	Manotick
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	1-Dec-19**	Public Member	Oakville
Evraire*	Paul	20-Dec-16	19-Dec-18	Public Member	Toronto
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
Goldberg*	Bonnie	23-Mar-11	22-Mar-21**	Public Member	Toronto
Grant*	Angus	30-Nov-16	29-Nov-18	Public Member	Toronto
Grant*	Norma D.	23-Mar-11	22-Mar-21**	Public Member	Toronto
Gruben*	Vanessa	02-Dec-09	01-Dec-19**	Public Member	Ottawa

HSARB Membership List as at December 31, 2016					
Last Name	**First Name**	**OIC Original Start Date**	**OIC Expiration Date**	**Position**	**Location**
Heyninck*	Emanuela	15-Sep-10	14-Sep-20**	Public Member	London
Jovanovic*	Stephen	11-Mar-09	10-Mar-19**	Public Member	Windsor
Kearns*	Douglas	15-Jan-16	14-Jan-18	Public Member	Blind River
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
Moss*	Christine T.	01-Feb-99	22-Mar-19**	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-21**	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-20**	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-21**	Public Member	Burlington
St-Hilaire*	Gabrielle	11-Mar-09	10-Mar-19**	Public Member	Ottawa
Tye*	Hugh	23-Mar-11	22-Mar-21**	Public Member	Hamilton
Whillier*	Carla	7-Dec-16	6-Dec-18	Public Member	Scarborough
Vauthier*	Janice H.	11-Jun-14	10-Jun-19**	Chair	Thunder Bay
Vauthier*	Janice H.	11-Mar-09	10-Mar-19**	Public Member	Thunder Bay

*Cross-appointed to the HPARB

** 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, 2009* and the Management Board of Cabinet's Agencies & Appointments Directive.

Health Boards Secretariat Staff as at December 31, 2016	
Staff Member	**Position**
Christy Hackney	A/ Registrar
Adam Langley	A/ Deputy Registrar
Anna Dunscombe	Executive Assistant / Researcher
Kamyla Chutkaë	Scheduler / Administrative Assistant
Natalya Demyanenko	Case Management Coordinator
Alpha Aberra	Bilingual Case Officer
Maureen Baker	Case Officer
Margaret Bolinas	Case Officer
Andrew Clifford	Case Officer
Randi Cull	Case Officer
Natalie Moskowitz	Case Officer
Tiffany Sarfo	Case Officer
Glenn Sequeira	Case Officer
Shanti Persaud	Administrative Coordinator
Hassan Badreddine	Administrative Assistant
Ann Ing	Administrative Assistant
Nusaiba Khan	Administrative Assistant
Dragana Miletic	Administrative Assistant
Suketu Bhavsar	Senior Technology / Business Systems Administrator
Ketan Patel	Systems Analyst / Programmer
Aldeen Watin	Senior Systems Analyst / Lead Programmer