Health Professions Appeal and Review Board

Health Services Appeal and Review Board

Ontario Hepatitis C Assistance Plan Review Committee

Commission d'appel et de révision des professions de santé

Commission d'appel et de révision des services de santé

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

Ontario

Business Plan 2018-2021

Health Professions Appeal and Review Board

Health Services Appeal and Review Board

Ontario Hepatitis C Assistance Plan Review Committee

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Ontario

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

December 29, 2017

Dear Minister:

RE: Health Boards Business Plan

On behalf of the Health Professions Appeal and Review Board, Health Services Appeal and Review Board, and the Ontario Hepatitis C Assistance Plan Review Committee (the Health Boards), it is my pleasure to submit the 2018-2021 Business Plan.

Yours sincerely,

Janice Vauthier, Chair
Health Professions Appeal and Review Board
Health Services Appeal and Review Board
Ontario Hepatitis C Assistance Plan Review Committee

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Mandate

Health Professions Appeal and Review Board

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

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

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

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

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

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

The work of the HPARB also involves appeals respecting applications for professional registration that have been refused or restricted by Registration Committees of the

Colleges and the accreditation of veterinary and pharmacy facilities. The HPARB has the authority under these Acts to:

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

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

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

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

In 2016-17, the HPARB received 852 new requests for review or appeal, convened 759 case conferences, conducted 662 reviews/hearings, and issued 678 decisions.

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

Health Services Appeal and Review Board

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

- *Ambulance Act*;
- *Commitment to the Future of Medicare Act*;
- *Healing Arts Radiation Protection Act*;
- *Health Facilities Special Orders Act*;
- *Health Insurance Act*;
- *Health Protection and Promotion Act*;
- *Home Care and Community Services Act*;
- *Immunization of School Pupils Act*;

- *Independent Health Facilities Act*;
- *Laboratory and Specimen Collection Centre Licensing Act*;
- *Long-Term Care Homes Act*; and
- *Private Hospitals Act*.

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

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

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

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

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

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

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

In 2016-17, the HSARB received 209 new requests for appeal, convened 203 case conferences, conducted 65 hearings, and issued 72 decisions.

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

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

Ontario Hepatitis C Assistance Plan Review Committee

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

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

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

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

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

Mission

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

Environmental Scan: External Factors

10-Year Limit on Appointment Terms

As of December 31, 2017, there were 53 members appointed to the HPARB, 50 members appointed to the HSARB, and 3 members appointed to the OHCAP Review Committee. Of those members appointed to the HPARB and HSARB, 48 are cross appointed to both boards. The appointment of members to the Health Boards is subject to the Agencies and Appointments Directive which limits the term of appointment for

adjudicative tribunals to 10 years. Of the 48 members cross appointed to the HPARB and HSARB, 26 will reach will reach their 10-year maximum term by March 31, 2021.

Member Gender Diversity

In 2016, the Ontario government announced new gender diversity targets to ensure that more women have the opportunity to reach top leadership positions on provincial boards and agencies. The target set was that by 2019, women would make up at least 40 per cent of all appointments to every provincial board and agency, including the Health Boards. As of December 31, 2017, 55 per cent of HPARB members, 54 per cent of HSARB members and 100 per cent of OHCAP Review Committee members are women.

Development of Remuneration Framework

In 2017, the Health Boards participated in consultations on the Ontario government's work to develop a long-term fair and sustainable remuneration framework for appointees to adjudicative tribunals. According to the Ontario government, the framework will take into consideration the scope and complexity of adjudicative tribunals and will balance the need to attract and retain the necessary talent to deliver high quality public services, while managing public dollars responsibly. Increases in member remuneration will have an impact on the Health Boards' expenditures.

Mandate Review

The *Adjudicative Tribunals Accountability, Governance and Appointments Act, 2009*, requires that all adjudicative tribunals participate in a mandate review once every six years. The purpose of a mandate review is to ensure that the tribunal's mandate continues to be relevant, its governance structure and management systems continue to be appropriate to its mandate and functions, and to ensure that it is accountable, transparent, and efficient in its operations while remaining independent in its decision making. A mandate review also examines whether the functions performed by the tribunal are best performed by the tribunal, and whether they could be better performed by a ministry, another agency or entity. A mandate review of the HPARB and HSARB began in 2017-18.

College Records of Investigation

When the HPARB receives a request for a review of a decision of an Inquiries, Complaints and Reports Committee of a regulated health professions College, the College is required under the *Regulated Health Professions Act, 1991*, to provide the Board with a copy of the Committee's record of the investigation within 15 days of receiving a request from the Board for the record. If the record of investigation is not received by the HPARB in a timely manner from the College, this can impact the Board's ability to review the matter in accordance with the Boards' service standard.

Environmental Scan: Internal Factors

Part-Time Membership

Only three members of the Health Boards are full time appointees. Relying heavily on the availability of part-time appointees can create challenges for the Health Boards to adjudicate matters within a timeframe anticipated by the parties and to conduct reviews and hearings across the province. These challenges are amplified when the matter involves a complex issue and a multi-day review or hearing.

Self-Represented Parties

The majority of applicants that appear before the Health Boards are self-represented parties, whereas in most cases the respondent party has legal representation. For example, a review of a decision of the Inquires, Complaints and Review Committee of a regulated health professions College is often requested by a self-represented patient with the responding health care provider represented by legal counsel. This situation may create a potential imbalance and a risk that there is a real or perceived inequity in the administration of the principles of natural justice.

Location of Reviews and Hearings

The Health Boards conduct oral reviews and hearings throughout the province, as well as in writing or via teleconference. The Boards ensure that anyone who wants to actively participate will not be disadvantaged due to a lack of access to transportation, or financial means which may limit their ability to attend in person at the Health Boards' offices in Toronto. The location and type of hearing offered is determined after considering the preferences of the parties and the availability of members and venues.

When a hearing or review is held outside of the Health Boards' offices in Toronto, there are additional costs to rent a venue, for travel and accommodation for the Board's panel hearing the matter, etc.

Strategic Directions

Member Recruitment

As 26 members cross appointed to the HPARB and HSARB will reach will reach their 10-year maximum term by March 31, 2021, a significant focus for the Health Boards will continue to be on recruiting new members. Through the recruitment process, the Health Boards will continue to ensure that the membership reflects Ontario's two official languages and cultural diversity of the province's population, and meet the 40 per cent target for women on the Board.

Professional Development and Education

The Health Boards continue to provide two-day All Member Training sessions each year in the spring and fall. All Member Training provides an opportunity for members to be educated on issues that may affect the Boards as well as to discuss initiatives to support improved delivery of services to parties before the Boards and the public. The Chair also regularly uses both All Member Training sessions to remind members of their obligations under the *Public Service of Ontario Act, 2006*.

Regular training is also provided throughout each year for new members, presiders, case conference facilitators, decision writers, etc.

In November of every year, select members from the Health Boards attend the annual conference of the Society of Ontario Adjudicators and Regulators (SOAR) in Toronto. The mission of SOAR is to advance administrative justice through education, advocacy and innovation.

Mentorship for New Members

To support succession planning, each new member to the Health Boards is assigned a Vice-Chair mentor who will assist the new member in becoming familiar with the Health Boards' processes, administration, and its resources.

Review of Board Policies

The HPARB and HSARB websites provide information for parties and the public on the Health Boards' rules of practice and procedure, practice directions and policies. In 2018-19 and ongoing, the Health Boards will be undertaking a review of some of these documents, with a focus on plain language and increasing the transparency of the Health Boards' processes.

Stakeholder Engagement

The Health Boards engage with stakeholders to discuss issues of mutual interest, such as potential improvements to Board processes. Key stakeholders include the Registrars of Ontario's regulated health professions Colleges, the Federation of Health Regulatory Colleges of Ontario, and representatives of the Ontario Health Insurance Plan. More broadly based stakeholder engagement will take place when the Health Boards undertake major process changes such as a revision to its Rules of Practice and Procedure or significant website revisions.

Plain-Language Template Project

The Health Boards are working to update the templates that are used by the Boards from acknowledgement of a request for review or hearing, to the issuance of a decision

of the Board. The purpose of this work is to ensure that the communications of the Health Boards to the parties, who are often self-represented, are simple and clear. This work has begun with the templates used for complaint reviews, which represent the largest volume of matters before the Health Boards, and the new templates will be launched in 2018-19.

Timely Decisions

The Health Boards strive to resolve matters in a timely manner in accordance with its service standards. The ability of the Boards to do so can be impacted by a variety of factors, including requests for adjournments from the parties. For HPARB, an important factor is the Board's receipt of the record of investigation from the regulated health professions College. In 2018-19 and ongoing, the HPARB will work with the regulated health professions College to ensure that records of investigation are received within the 15 day timeline set out in the *Regulated Health Professions Act, 1991*.

Indigenous Issues

In *The Journey Together – Ontario's Commitment to Reconciliation with Indigenous Peoples*, the Ontario government committed to take active steps to apply a model of reconciliation in its daily business. In 2018-19 and ongoing, the Health Boards will work to identify the needs of Indigenous communities in their interaction with the Health Boards and examine options to improve service to Indigenous communities.

Recommendations to the College

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

Information Technology / Electronic Service Delivery Plan

Updating the Case Management System

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

The current case management system used to track the progress of appeals before the Health Boards requires an update to support improved case management, including electronic processes and enhanced reporting. The Health Boards Secretariat, which provides administrative support to the HPARB, HSARB, and OHCAP, will begin looking at the business requirements for an updated case management system in 2018-19.

Electronic Case Files and Modernization Initiatives

The Health Boards continue to develop and implement initiatives to modernize its operations. In 2016-17, the Health Boards developed a pilot to make all case files electronic, beginning with files related to registration matters before the HPARB. Electronic case files will improve efficiency and is a Health Boards 'green' initiative. If the pilot is successful, the plan moving forward would be to move all the case files before the HPARB, HSARB, and OHCAP into an electronic format.

In addition to electronic files, the Health Boards have developed a pilot for electronic hearings. Under the pilot, parties and witnesses would participate in a hearing through Adobe Connect for video along with the use of a teleconference for sound. The use of different approaches for video and sound will help ensure the protection of personal health information. The Health Boards plan to implement the pilot in 2018-19 for *Health Insurance Act* matters where an electronic hearing may be appropriate and support greater access to the Health Boards for parties and their witnesses and experts. This could include, for example, matters where the parties, or their witnesses or experts, are located in different areas of the province.

Performance Measures

The Health Boards are committed to providing high quality service to the public and parties before the Board.

The Health Boards' goal is to meet the below service standards:

- 80% of complaint review matters will be resolved within 12 months of the Board receiving the request for review;
- 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; and
- 85% of Health Insurance Act eligibility for OHIP coverage matters will be resolved within 9 months.

Key Risks & Mitigation Strategies

Self-Represented Parties

As previously noted, the majority of the applicants that appear before the Health Boards are self-represented parties, whereas in most cases the respondent party has legal representation. This situation may create a potential imbalance and a risk that there is a real or perceived inequity in the administration of the principles of natural justice.

In advance of a review or hearing, a case conference is held for matters before the Health Boards. The case conference is facilitated, on a confidential basis, by a Board member who provides information to the parties on processes, policies, etc., with the goal of helping the parties understand how to prepare for the review or hearing.

A number of the strategic directions above, such as the template project, are aimed at ensuring that the communications provided to parties by the Health Boards are clear easy to understand for self-represented parties.

Privacy Protection

The Health Boards are increasingly relying upon electronic communication and exchange of material. Electronic document exchange is used internally, between staff and members, as well as between staff and the parties. Electronic document exchange often includes confidential and highly sensitive personal health information and there is a risk, similar to other methods of document transmission such as mail, that materials are not received by the intended recipient when delivered.

The Health Boards protect privacy through a variety of means, such as sending documents electronically through a secure electronic transfer service and ensuring that members download specific case documents to their assigned encrypted USB-drives. In 2018-19, the Health Boards will be examining the feasibility of providing all members with government issued laptops and virtual private network access to enhance the protection of personal health information.

Unanticipated Legislative Changes

Unanticipated changes to the legislation affecting the mandates of the HPARB or HSARB may make it difficult for the Health Boards to effectively plan for upcoming caseloads, membership recruitment, or other necessary changes.

The Health Boards ensure that there is ongoing communication with the Ministry of Health and Long-Term Care to ensure that the Boards are aware of potential changes to legislation affecting their mandates. Further, the Health Boards regularly review Board processes, plans, etc., to ensure sufficient flexibility to address potential legislation changes.

Broad and Complex Jurisdiction

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[4]. 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 may result in a lack of confidence from Ontarians.

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, as noted above, 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 legal advice and interpretation of jurisdiction and legal concepts, which have or will create complexity for the Health Boards.

Human Resources

Membership

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

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

As of December 31, 2017, there are 53 members appointed to the HPARB, 50 members appointed to the HSARB, and 3 members appointed to the OHCAP Review Committee. Of those members appointed to the HPARB and HSARB, 48 are cross appointed to both Boards. These cross appointed members are noted with an asterisk (*) in the tables below.

HPARB Members (December 31, 2017)

Name	First Appointed	Term Ends
Janice Vauthier (Chair)*	December 2005	June 2019
Taivi Lobu (Full-Time Vice Chair)*	April 2006	February 2018

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

Name	First Appointed	Term Ends
Christine Moss (Part-Time Vice Chair)*	March 2009	February 2021
Katherine Ball	October 2015	October 2020
Timothy Bates*	July 2010	July 2020
James Beamish*	December 2009	December 2019
Louise Belanger-Hardy*	June 2007	March 2019
Michael Bossin*	March 2007	March 2021
Marla Burstyn*	March 2009	March 2019
Maria Capulong*	September 2017	September 2019
Mike Colbourne*	December 2016	December 2018
James Dault*	June 2007	December 2019
Alan Davis*	September 2017	September 2019
Beth Downing*	December 2009	December 2019
Kathleen Elliott*	March 2007	March 2021
Paul Evraire*	December 2016	December 2018
Soraya Farha*	March 2009	March 2019
Yves Fricot*	August 2015	August 2020
François Giroux*	November 2012	November 2022
Amy Go*	September 2017	September 2019
Bonnie Goldberg*	February 2008	February 2021
Angus Grant*	November 2016	November 2018
Norma Grant*	September 2008	September 2018
Mason Greenaway	November 2017	November 2019
Vanessa Gruben*	December 2009	December 2019
Emanuela Heyninck*	September 2010	September 2020
Stephen Jovanovic*	May 2006	March 2019
Douglas Kearns*	January 2016	January 2021
Thomas Kelly*	December 2005	December 2021

Name	First Appointed	Term Ends
Stephen Kovanchak*	April 2009	April 2019
Caroline Mandell*	November 2017	October 2019
Darcie McKelvey	February 2008	February 2018
Barbara Mellman*	September 2017	September 2019
Anshula Ohri*	February 2017	February 2019
Sonia Ouellet*	March 2007	May 2020
Brenda Petryna	August 2006	August 2019
Chantal Proulx*	February 2009	February 2019
Drasko Puseljic*	June 2017	June 2019
Owen Rees*	October 2017	October 2019
Yasmeen Siddiqui*	May 2010	May 2020
Brittany Silvestri*	October 2017	October 2019
Lorne Sossin*	October 2006	March 2019
Elvira Sanchez De Malicki	May 2008	May 2018
David Scrimshaw*	June 2012	June 2022
Kim Stanton*	August 2012	July 2022
Robert Steele*	October 2008	October 2018
Gabrielle St-Hilaire*	April 2008	April 2018
Gerard Tillmann*	November 2017	October 2019
Hugh Tye*	April 2008	April 2018
Karen Weisbaum*	July 2017	July 2019
Carla Whillier*	December 2016	December 2018
Shawn Winsor	July 2017	July 2019
Dale Wright*	November 2017	November 219

HSARB Members (December 31, 2017)

Name	First Appointed	Term Ends
Janice Vauthier (Chair)*	March 2009	June 2019
Sonia Ouellet (Full-Time Vice Chair)*	May 2010	May 2020
Thomas Kelly (Part-Time Vice Chair)*	July 2012	July 2022
Timothy Bates*	July 2010	July 2020
James Beamish*	December 2009	December 2019
Louise Belanger-Hardy*	March 2009	March 2019
Michael Bossin*	March 2011	March 2021
Marla Burstyn*	November 2004	March 2019
Maria Capulong*	September 2017	September 2019
Mike Colbourne*	December 2016	December 2018
James Dault*	December 2009	December 2019
Alan Davis*	September 2017	September 2019
Beth Downing*	July 2005	December 2019
Kathleen Elliott*	March 2011	March 2021
Paul Evraire*	December 2016	December 2018
Soraya Farha*	March 2004	March 2019
Yves Fricot*	August 2015	August 2020
François Giroux*	November 2012	November 2022
Amy Go*	September 2017	September 2019
Bonnie Goldberg*	March 2011	March 2021
Angus Grant*	November 2016	November 2018
Norma Grant*	March 2011	March 2021
Mason Greenaway	November 2017	November 2019
Vanessa Gruben*	December 2009	December 2019
Emanuela Heyninck*	September 2010	September 2020
Stephen Jovanovic*	March 2009	March 2019
Douglas Kearns*	January 2016	January 2021

Name	First Appointed	Term Ends
Stephen Kovanchak*	April 2009	April 2019
Taivi Lobu*	March 2009	March 2019
Caroline Mandell*	November 2017	October 2019
Barbara Mellman*	September 2017	September 2019
Christine Moss*	February 1999	March 2019
Anshula Ohri*	February 2017	February 2019
Chantal Proulx*	February 2009	February 2019
Drasko Puseljic*	June 2017	June 2019
Owen Rees*	October 2017	October 2019
Yasmeen Siddiqui*	May 2010	May 2020
Brittany Silvestri*	October 2017	October 2019
Lorne Sossin*	March 2009	March 2019
Michel Schofield	November 2015	November 2020
David Scrimshaw*	June 2012	June 2022
Debbie Snow	October 2015	October 2020
Kim Stanton	August 2012	July 2022
Robert Steele*	March 2011	March 2021
Gabrielle St-Hilaire*	March 2009	March 2019
Gerard Tillmann*	November 2017	October 2019
Hugh Tye*	March 2011	March 2021
Karen Weisbaum*	July 2017	July 2019
Carla Whillier*	December 2016	December 2018
Dale Wright*	November 2017	November 219

OHCAP Review Committee Members

Name	First Appointed	Term Ends
Janice Vauthier (Chair)*	June 2014	June 2019

Kathleen O'Neil	August 2008	September 2019
Linda Strevens	July 2009	September 2019

Staff

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

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

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

Proposed Budget

The below financial information does not include salary and wages for Health Boards Secretariat staff or facilities as these expenditures are shared between the HPARB, HSARB, OHCAP Review Committee, PPRB and MEC and also support the Health Boards Secretariat's function of processing per diem and expense claims to public members of the regulated health professions Colleges. In addition, the below financial information does not include the salary and wages of the Health Boards' full-time Chair and two full-time Vice Chairs.

Health Professions Appeal and Review Board

Expenditure Category	**2016-17[5]**	**2017-18[6]**	**2018-19**	**2019-20**	**2020-21**
Part-Time Per Diem Payments	1,825,944	2,150,000	2,150,000	2,150,000	2,150,000
Travel[7]	136,623	100,000	100,000	100,000	100,000

[5] Actuals.
[6] Forecast.
[7] Includes travel for full-time and part-time appointees (e.g. air, rail, taxi, parking, etc.).

Legal Services	177,832	180,000	180,000	180,000	180,000
Other Services, Supplies, etc.[8]	142,673	110,000	110,000	110,000	110,000
Total	**2,283,072**	**2,540,000**	**2,540,000**	**2,540,000**	**2,540,000**

Health Services Appeal and Review Board

Expenditure Category	**2016-17[9]**	**2017-18[10]**	**2018-19**	**2019-20**	**2020-21**
Part-Time Per Diem Payments	251,938	300,000	300,000	300,000	300,000
Travel[11]	12,145	10,000	10,000	10,000	10,000
Legal Services	138,600	120,000	120,000	120,000	120,000
Other Services, Supplies, etc.[8]	46,509	30,000	30,000	30,000	30,000
Total	**449,192**	**460,000**	**460,000**	**460,000**	**460,000**

Ontario Hepatitis C Assistance Plan Review Committee

Expenditure Category	**2016-17[12]**	**2017-18[13]**	**2018-19**	**2019-20**	**2020-21**
Part-Time Per Diem Payments	9,698	10,000	10,000	10,000	10,000
Travel[14]	463	500	500	500	500
Other Services, Supplies, etc.[15]	-	500	500	500	500
Total	**10,161**	**11,000**	**11,000**	**11,000**	**11,000**

The expenditures of the Health Boards in 2017-18 are expected to increase, relative to previous years, as the result of the following factors:

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

- An 8 per cent increase in member remuneration announced by the Ontario government in December 2017;
- The appointment of 13 new members (e.g. orientation costs for new members);
- Costs related to ensuring that the Board's website meets the requirements of the *Accessibility for Ontarians with Disabilities Act, 2005*.

The proposed budget for 2018-19 and beyond has been maintained at the forecasted level for 2017-18, but may decrease or increase based on caseload and potential increases to member remuneration.