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 2019-2022

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 Christine Elliott
Minister of Health and Long-Term Care
Minister's Office
Hepburn Block, 10th Floor
80 Grosvenor Street
Toronto ON M7A 2C4

December 31, 2018

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 2019-2022 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.

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

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 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"). 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 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. 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; and
- Refer the matter back to the Registration Committee with recommendations.

In addition to the above, the work of HPARB involves appeals under the *Public Hospitals Act* with regard to the practice privilege decisions of the boards of Ontario's public hospitals. 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 HPARB; and
- Substitute its opinion for that of the hospital Board, person or body making the decision.

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

In 2017-18, HPARB received 642 new requests for review or appeal, convened 635 case conferences, conducted 586 reviews/hearings, and issued 623 decisions.

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

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 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).

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; and
- Substitute its opinion for that of the General Manager.

Other examples of the work of 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.

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 HSARB is to apply "Charter values"[1] in interpreting legislation.

In 2017-18, HSARB received 206 new requests for appeal, convened 214 case conferences, conducted 58 hearings, and issued 62 decisions.

Regulations under the statutes that may affect proceedings before 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 at December 31, 2018, there are 43 members appointed to HPARB, 44 members appointed to HSARB, and 3 members appointed to the OHCAP Review Committee. Of those members appointed to HPARB and HSARB, 39 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 39 members cross appointed to HPARB and HSARB, 21 will reach will reach their 10-year maximum term by March 31, 2021.

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 HPARB and HSARB began in 2017-18, and both Boards are awaiting the results.

Access to Tribunal Records

In April 2018, in *Toronto Star v. AG Ontario*, the Superior Court of Justice held that the open court principle applies to adjudicative tribunals as a matter of constitutional law and that the principle includes a presumptive right to access an adjudicative tribunal's adjudicative records. The *Freedom of Information and Protection of Privacy Act* was declared invalid insofar as it applies to the adjudicative records of 14 named tribunals, including HPARB. The declaration of invalidity was suspended until April 27, 2019. HPARB and HSARB are reviewing and planning for how the decision will impact public access to the boards' adjudicative records.

Expenditure Restrictions

The Government of Ontario has issued a freeze on discretionary spending. Discretionary spending includes, but is not limited to, non-essential travel, events, and communications and any expense that can be placed on hold without putting government service delivery or the public at risk. The Government of Ontario has also issued a freeze on new hiring, except for essential services.

College Records of Investigation

When 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 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

Of HPARB's 43 members, six have appointments that expire before the end of 2018-19 and 22 have appointments that expire in 2019-20. Of HSARB's 44 members, eight have appointments that expire before the end of 2018-19 and 18 have appointments that expire in 2019-20. All of the OHCAP Review Committee's three members have appointments that expire in 2019-20. These expiring appointments include the Chair for HPARB, HSARB and the OHCAP Review Committee and the full-time Vice Chair for HPARB. Many of the members with expiring appointments have reached their 10-year

maximum term. As a result, a significant focus for the Health Boards will continue to be on recruiting new members and the re-appointment of eligible existing 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.

Professional Development and Education

Professional development and education for members is an essential activity of the Health Boards. Members require an in-depth understanding of the principles of administrative justice and current developments in administrative law, the 15 statutes under which the Health Boards have a mandate, as well as other statutes, such as the *Statutory Powers Procedure Act*, that may affect proceedings before the Health Boards. Members must also have the skills required to, for example, efficiently and fairly manage the hearing/review process and write clear, concise, and well-reasoned decisions that can withstand judicial scrutiny.

The Health Boards will provide an All Member Training session each year, supplemented by regional training sessions as members live and hear board matters across the province (e.g. Toronto/Central/Northern Ontario, Eastern Ontario and Southwestern Ontario). All Member Training and regional training sessions provide an opportunity for members to be educated on issues that may affect the services delivered by the Boards and to discuss initiatives that support improved delivery of services to parties before the Boards and the public. The Chair also regularly uses the All Member Training and regional training sessions to remind members of their obligations under the *Public Service of Ontario Act, 2006*.

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

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 and administration.

Development of Accountability and Accessibility Documents

In 2019-20, the Boards will begin updating the Board's accountability documents, including its Mandate and Mission Statements, Consultation Policy, Service Standard Policy, and Public Complaints Policy. The Boards will also develop accessibility documents to ensure that the Board is providing parties, including those with disabilities, with fair and equitable access.

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 Boards will work to launch the new templates in 2019-20.

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 or post-review submissions from parties to a matter. For HPARB, an important factor is the Board's receipt of the record of investigation from the regulated health professions College. In 2019-20 and ongoing, 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 section 32 of the *Health Professions Procedural Code* being Schedule 2 to the *Regulated Health Professions Act, 1991*.

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, significant website revisions, or the creation of a new practice direction.

Practice Advisory Committee

HPARB will be establishing a Practice Advisory Committee to consult and obtain feedback from stakeholders on issues such as HPARB's rules of practice and procedures, practice directions, policies, practices and services. The Committee will focus on the effectiveness of the above in carrying out HPARB's mandate. The discussions emanating from the Practice Advisory Committee are advisory and non-binding.

Stakeholder representation within the Committee will include self-represented parties that have appeared before HPARB, persons who regularly represent parties in matters before HPARB, representatives from the health professions Colleges, and a diverse group of representatives from community legal clinics.

Indigenous Issues

In 2019-20 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, 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. 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

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 HPARB, HSARB, and OHCAP, is currently examining the business requirements for an updated case management.

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 health professional registration appeals before HPARB. Electronic case files will improve efficiency and is a Health Boards 'green' initiative. Because of the success of the pilot project, the Health Boards are looking at moving forward with making all of their applications before HPARB, HSARB, and OHCAP, into an electronic format.

The Health Boards are also implementing a new an electronic transfer service which ensures secure transmission of electronic documents. The Health Boards will work with regulated health professions colleges and parties before the Boards to increase the use

[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.

of electronic transmission of documents, rather than transmitting paper copies of documents through mail our courier.

HPARB and HSARB Websites

The Health Boards have begun working on and will continue in 2019-20 to work on launching refreshed websites. The goal of the new websites would be to ensure that navigation and content is simple and clear. The websites would be available in French and English and meet the requirements of the *Accessibility for Ontarians with Disabilities Act, 2005*.

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 generally 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 and the Practice Advisory Committee, are aimed at ensuring that the communications provided to parties by the Health Boards are clear and 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, password protecting all documents that contain personal health information, and ensuring that members download specific case documents to their assigned encrypted USB-drives (rather than their computer's hard drive).

Unanticipated Legislative Changes

Unanticipated changes to the legislation affecting the mandates of 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.

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

Loss of Experienced Adjudicators

By March 2019, the Health Boards will have the appointments of five of their most experienced members expire. These members have gained the skills and experience required to adjudicate on the broad and complex jurisdiction of the Health Boards over many years. With the Health Boards reliant on a part-time membership, building these skills and experience in new members can be challenging. Training and mentorship will be targeted toward developing the skills and experience of newer members.

Human Resources

Membership

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.

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 at December 31, 2017, there are 43 members appointed to HPARB, 44 members appointed to HSARB, and 3 members appointed to the OHCAP Review Committee. Of those members appointed to HPARB and HSARB, 39 are cross appointed to both Boards. These cross appointed members are noted with an asterisk (*) in the tables below.

HPARB Members (December 31, 2018)[5]

Name	First Appointed	Term Ends
Janice Vauthier (Chair)*	December 2005	June 2019
Taivi Lobu (Full-Time Vice Chair)*	April 2006	February 2020
Christine Moss (Part-Time Vice Chair)*	March 2009	February 2021
David Balderston*	February 2018	February 2020
Katherine Ball	October 2015	October 2020
Timothy Bates*	July 2010	July 2020

[5] As of December 31, 2018, there were three additional members of HPARB who have resigned but their Order in Council appointment had not yet been revoked.

Name	First Appointed	Term Ends
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
Douglas Chan	March 2018	March 2020
James Dault*	June 2007	December 2019
Alan Davis*	September 2017	September 2019
Beth Downing*	December 2009	December 2019
Kathleen Elliott*	March 2007	March 2021
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
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
Stephen Kovanchak*	April 2009	April 2019
Caroline Mandell*	November 2017	October 2019
Barbara Mellman*	September 2017	September 2019
Anshula Ohri*	February 2017	February 2019
Sonia Ouellet*	March 2007	May 2020
Brenda Petryna	August 2006	August 2019

Name	First Appointed	Term Ends
Chantal Proulx*	February 2009	February 2019
Drasko Puseljic*	June 2017	July 2019
Yasmeen Siddiqui*	May 2010	May 2020
Brittany Silvestri*	October 2017	October 2019
David Scrimshaw*	June 2012	June 2022
Kim Stanton*	August 2012	July 2022
Gerard Tillmann*	November 2017	October 2019
Karen Weisbaum*	July 2017	July 2019
Shawn Winsor	July 2017	July 2019
Dale Wright*	November 2017	November 2019

HSARB Members (December 31, 2018)[6]

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
David Balderston*	February 2018	February 2020
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
James Dault*	December 2009	December 2019
Alan Davis*	September 2017	September 2019

[6] As of December 31, 2018, there were three additional members of HSARB who have resigned but their Order in Council appointment had not yet been revoked.

Name	First Appointed	Term Ends
Beth Downing*	July 2005	December 2019
Kathleen Elliott*	March 2011	March 2021
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
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
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
Yasmeen Siddiqui*	May 2010	May 2020
Brittany Silvestri*	October 2017	October 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

Name	First Appointed	Term Ends
Robert Steele	March 2011	March 2021
Gerard Tillmann*	November 2017	October 2019
Hugh Tye	March 2011	March 2021
Karen Weisbaum*	July 2017	July 2019
Dale Wright*	November 2017	November 2019

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 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	**2017-18[7]**	**2018-19[8]**	**2019-20**	**2020-21**	**2021-22**
Part-Time Per Diem Payments	1,993,471	2,150,000	2,150,000	2,150,000	2,150,000
Travel[9]	90,846	100,000	100,000	100,000	100,000
Legal Services[10]	200,430	280,000	280,000	280,000	280,000
Other Services, Supplies, etc.[11]	82,062	100,000	100,000	100,000	100,000
Total	**2,366,809**	**2,630,000**	**2,630,000**	**2,630,000**	**2,630,000**

[7] Actuals.
[8] Forecast.
[9] Includes travel for full-time and part-time appointees (e.g. air, rail, taxi, parking, etc.).
[10] Includes legal fees and expenses, such as court filing fees, process server fees, photocopying costs for factum, etc.
[11] Includes costs such as audio conferencing charges, translation services, court reporter fees, etc.

Health Services Appeal and Review Board

Expenditure Category	2017-18[12]	2018-19[13]	2019-20	2020-21	2021-22
Part-Time Per Diem Payments	279,574	335,000	335,000	335,000	335,000
Travel[14]	4,317	15,000	15,000	15,000	15,000
Legal Services[15]	117,000	150,000	150,000	150,000	150,000
Other Services, Supplies, etc.[16]	33,195	30,000	30,000	30,000	30,000
Total	**434,086**	**530,000**	**530,000**	**530,000**	**530,000**

Ontario Hepatitis C Assistance Plan Review Committee

Expenditure Category	2017-18[17]	2018-19[18]	2019-20	2020-21	2021-22
Part-Time Per Diem Payments	10,075	7,900	7,900	7,900	7,900
Travel[19]	-	0	0	0	0
Other Services, Supplies, etc.[20]	83	100	100	100	100
Total	**10,158**	**8,000**	**8,000**	**8,000**	**8,000**

[12] Actuals.
[13] Forecast.
[14] Includes travel for full-time and part-time appointees (e.g. air, rail, taxi, parking, etc.).
[15] Includes legal fees and expenses, such as court filing fees, process server fees, photocopying costs for factum, etc.
[16] Includes costs such as audio conferencing charges, translation services, etc.
[17] Actuals.
[18] Forecast.
[19] Includes travel for full-time and part-time appointees (e.g. air, rail, taxi, parking, etc.).
[20] Includes costs such as audio conferencing charges, translation services, etc.

The expenditures of the Health Boards in 2018-19 are expected to increase, relative to previous years, as the result of the following factors:

- Training and transition of members who currently do not preside over hearings and review to new roles as Presiding members due to the potential loss of experienced adjudicators.
- Forecasted increase in requests for review and appeals for HPARB.

The proposed budget for 2019-20 and beyond has been maintained at the forecasted level for 2018-19, but may decrease or increase based on caseload.