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 2021-2024

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
Minister's Office
College Park, 5th Floor
777 Bay Street
Toronto ON M7A 2J3

December 31, 2020

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 2021-2024 Business Plan.

Yours sincerely,

Christine Moss, 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
- Podiatry
- 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 2019-20, HPARB received 1,060 new requests for review or appeal, convened 614 case conferences, conducted 537 reviews/hearings, and issued 572 decisions. The requests for review received in 2019-20 is the highest in the history of the HPARB.

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. Most 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" appeal).

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:

- A newly acquired mandate expanding the Board's jurisdiction to hold hearings related to physician payment reviews of the General Manager of OHIP;
- 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 2019-20, HSARB received 213 new requests for appeal, convened 198 case conferences, conducted 49 hearings, and issued 49 decisions.

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

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

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 arm's length from the Ministry and its OHCAP Program Office. The Review Committee, comprised of members appointed by the Minister of Health, 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 applicant's entitlement to the specified program benefit. The OHCAP Review Committee can either confirm or reverse the initial decision of the OHCAP Program Adjudicator. Decisions of the OHCAP Review Committee are final and are not subject to further review or appeal. 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 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

COVID-19

On March 16, 2020, the HPARB and HSARB closed their doors to the public because of the onset of the COVID-19 pandemic. The Boards took immediate action considering the COVID-19 public healthy emergency and were no longer able to accommodate in-person reviews/hearings or in-person inquiries. All hearings and reviews, starting from March 16, 2020, were converted to either teleconference, in writing, or a videoconference using Microsoft Teams.

The Boards continue to monitor the situation and are committed to fulfilling their mandate to carry out matters in a timely and efficient manner. Given the current situation, the Boards will continue to hear matters in writing, via teleconference or video conference meetings only.

Bill 138, Plan to Build Ontario Together Act, 2019

On December 10, 2019, Bill 138, *Plan to Build Ontario Together Act, 2019*, received Royal Assent. The Act repealed the provisions governing the Medical Eligibility Committee (MEC) as well as the Physician Payment Review Board (PPRB). All new hearings and appeals related to the MEC and PPRB will be processed through the HSARB, as HSARB's jurisdiction was broadened to adjudicate matters that previously fell under the jurisdiction of the MEC and PPRB. Although historically there were not many matters related to the PPRB and MEC, the Board is anticipating an uptick in those matters in the upcoming year.

HSARB Professional Lawyer and Physician Members

As mentioned, Bill 138, *Plan to Build Ontario Together Act, 2019*, transferred the PPRB and MEC responsibilities to the HSARB. Among the changes resulting from the amalgamation of the Boards, amendments were made to the *Ministry of Health and Long-Term Care Appeal and Review Boards Act, 1998*, which stated that "at least three members of the Board must be members of the Law Society of Ontario who are licensed to practice law in Ontario as barristers and solicitors." The HSARB amended all lawyer public member OIC's to professional lawyer members and will have to ensure moving forward that all lawyer members appointed to the HSARB are designated as professional lawyer members.

Further, the *Ministry of Health and Long-Term Care Appeal and Review Boards Act, 1998* was also amended to state that at least three legally qualified medical practitioners must be appointed to the Board. The Board appointed one additional physician member following this amendment and will be working in the upcoming year to appoint additional professional physician members.

10-Year Limit on Appointment Terms

As at December 31, 2020, there are 27 members appointed to HPARB, 29 members appointed to HSARB, and 2 members appointed to the OHCAP Review Committee. Of those members appointed to HPARB and HSARB, 21 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 21 members cross appointed to HPARB and HSARB, 10 will reach their 10-year maximum term by 2021.

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 impacts the Board's ability to review the matter in accordance with the Boards' service standards.

Environmental Scan: Internal Factors

Hearings and Reviews during COVID-19

At present, the HPARB and HSARB are only reviewing and hearing matters in writing, via teleconference and videoconference given the current global pandemic. The plan is to continue conducting all matters electronically for the foreseeable future. The Boards will continue to monitor the situation and adjust their processes to ensure that all parties have fair and equal access to justice.

New Practice Direction: Public Access to Proceedings and Rule Change

The Health Boards released a new Practice Direction titled "Public Access to Proceedings," which addresses the public nature of a proceeding before the Health Boards. The Boards' adjudicative records are open to the public unless the Boards order otherwise. As of November 1, 2019, unless the Boards order otherwise, all of the decisions published by the Boards on CanLII will include full names of the parties.

Further, the Health Boards amended Rule 13 of their Consolidated Rules of Practice and Procedure, regarding public access to documents.

The Boards will continue to monitor their processes related to public access, and the impact it may have on caseload, and will make any changes related to the practice direction that they deem necessary in order to further the principles of openness, transparency, and accountability.

Part-Time Membership

Only three members of the Health Boards are full time appointees, the Chair and the two Vice-Chairs. In 2020, the two Vice-Chairs' appointments expired, and two new Vice-Chair appointments are anticipated in early 2021. Relying heavily on the availability of part-time appointees can create challenges for the Health Boards to adjudicate matters within a timeframe that is legislatively prescribed or anticipated by the parties and to conduct reviews and hearings across the province. These challenges are amplified when the matter involves a complex issue(s) and/or a multi-day review or hearing.

Self-Represented Parties

Most 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 complainant 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 conducts oral reviews and hearings throughout the province, as well as in writing or via teleconference or videoconference. 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/review offered is determined after considering the preferences of the parties and the availability of members and venues. Once in-person hearings resume, the Health Boards will resume these practices.

Given the COVID-19 pandemic, all in-person reviews and hearings have been converted to written, teleconference or videoconference. The Health Boards have been using a video conferencing tool using a secure program, Microsoft Teams, and anticipate that they will continue using this tool for the foreseeable future. This allows the Boards to save costs on travel, accommodation, and out-of-town venues, as well as allowing anyone to participate in a hearing/review (e.g. witnesses) without having to travel; thereby increasing flexibility and efficiency in the scheduling of matters.

Strategic Directions

Member Recruitment

Of HPARB's 27 members, 9 have appointments that expire before the end of 2020-21 and 21 have appointments that expire in 2021-22. Of HSARB's 29 members, 8 have appointments that expire before the end of 2020-21 and 22 have appointments that expire in 2021-22.

Board Membership has decreased significantly from previous years. In December 31, 2018, the HPARB had 43 members, compared to the current total of 27, and the HSARB had 44 members compared to the current total of 29. As a result, a significant focus for the Health Boards will continue to focus on recruiting new members, including the two full-time Vice-Chairs, 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 the 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 provide All Member Training sessions each year, supplemented by various specific trainings such as New Member Training, Presiding Member Training, Decision Writing Training, etc. All Member Trainings, and others, 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*. This year's training sessions took place over video which allowed additional days of training due to increased flexibility.

Because of the sudden changes due to COVID-19, there will be additional training in 2021-22 regarding these changes, such as training to ensure effective and efficient video hearings and reviews and Presiding Member Training during these precarious times.

Further, the upcoming years will see the Boards ensure cultural competency training for all its board members and staff. These trainings will focus on issues of diversity,

inclusion, anti-racism, and indigenous issues. The goal is to ensure that the Boards are fostering a climate where the unique history of all cultures is recognized and respected, in order to provide appropriate services in an equitable way.

Mentorship for New Members

To support succession planning, each new member to the Health Boards is assigned a mentor who assists the new member in becoming familiar with the Health Boards' processes and administration. As the Boards anticipate having two new full-time Vice-Chairs appointed early in the new year, the Chair will look toward her more senior members to provide mentorship and ensure that the newly appointed Vice-Chairs are trained quickly and effectively.

Plain-Language Templates Roll-Out

The Health Boards successfully launched new templates for the HPARB acknowledgement package in 2020. In 2021, the work will shift to rolling out the remaining templates related to the HPARB and HSARB. The purpose of this work is to ensure that the communications of the Health Boards to the parties, who are often self-represented, are clear and concise. The Health Boards are hoping that in 2021-22, all HPARB templates will be updated and launched.

Timely Decisions

The Health Boards strive to resolve matters in a timely manner in accordance with its legislatively prescribed timeframes and 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 following a hearing or review. For HPARB, an important factor is the Board's receipt of the record of investigation from the regulated health professions Colleges. In 2021-22 and ongoing, HPARB will work with the Colleges 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. The stakeholder engagement efforts were stalled in 2020-21 due to the pandemic. The Health Boards are hoping that this engagement can resume in 2021-22, and more broadly-based stakeholder engagement will take place, particularly if the Health Boards

undertake major process changes such as a revision to its Rules of Practice and Procedure or significant website revisions.

Recommendations to the College

In fulfilling its public interest mandate, HPARB has the 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. The HPARB 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 log and track the progress of appeals before the Health Boards requires updating 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, and has begun the procurement process, for an updated case management system.

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. In 2020-21, the Health Boards transformed all files for both Boards into electronic files. This change has allowed for an increase in efficiency and is a Health Boards 'green' initiative. While all files before the Health Boards are now electronic, the Health Boards still send out hard-copy files to parties upon request and will work in the upcoming year to find alternatives so that limited hard-copies are required. This initiative also brings about positive financial implications, as the Boards anticipate that it will save costs on courier and printing services, paper, and various supplies.

The Health Boards are also implementing a new electronic transfer service which ensures secure transmission of electronic documents. The Health Boards have started

[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.

working with the regulated health professions Colleges and parties before the Boards to increase the use of electronic transmission of documents, rather than transmitting paper copies of documents through fax, mail or courier. In 2021-22, the Health Boards will focus on having all regulated health professions Colleges using the new electronic transfer service.

HPARB and HSARB Websites

The Health Boards launched refreshed websites in 2020-21 and continue to update and improve the websites through various recommendations and dialogue via stakeholder engagement. The goal of the new websites is to ensure that navigation and content is clear and accessible. The websites are 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 Boards.

The Health Boards' goal is to meet the following 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, most of the applicants that appear before the Health Boards are self-represented parties, whereas in most cases the respondent 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 and access.

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, are aimed at ensuring that the communications provided to parties by the Health Boards are clear and easy to understand.

Privacy Protection

The Health Boards increasingly rely on electronic communication and exchange of material, especially as all files before the Health Boards are now electronic. Electronic document exchange is used internally, between staff and board 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, which are password protected, to their assigned encrypted and password-protected USB-drives.

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 to ensure that the Boards are aware of potential changes to legislation affecting their mandates. Further, the Health Boards regularly review Board processes, plans, and more, 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 several mitigating strategies employed which serve to minimize strategic risk. A strong leadership team comprised of the full-time Chair, and senior members of the Board, work to establish both a proactive as well as reactive support mechanism for the broader membership. A comprehensive training program, as noted above, is

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

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.

Loss of Experienced Adjudicators

By December 2021, the Health Boards will have the appointments of three 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, as well as the broad and complex jurisdiction that comes with the Health Boards, building these skills and experience in new members can be challenging and a lengthy process. Training and mentorship will be targeted toward developing the skills and experience of newer members.

Ensuring HSARB Constitution

As mentioned, with Bill 138, *Plan to Build Ontario Together Act, 2019*, reaching Royal assent, legislation was amended to state that HSARB requires, at minimum, 3 physician members, for the Board to be constituted. At present, the Board has 3 physician members, with one whose appointment expires in 4 months. Further amendment resulting from the passing of the Bill to the *Ministry of Health and Long-Term Care Appeal and Review Boards Act, 1998,* included that at least three members of the Board must be members of the Law Society of Ontario, who are licensed to practice law in Ontario as barristers and solicitors. If the HSARB does not have the required physician and lawyer professional members, the HSARB would not be constituted and all matters before the HSARB would have to be held in abeyance.

The Chair ensures ongoing communication with the Public Appointments, Agency Coordination and Corporate Initiatives Unit in appointing, and reappointing, members to meet the required constitution of the HSARB.

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, three of whom must be members of the College of Physicians and Surgeons of Ontario, and three of whom must be members of the Law Society of Ontario who are licensed to practice law.

As at December 31, 2020, there are 27 members appointed to HPARB, 29 members appointed to HSARB, and 2 members appointed to the OHCAP Review Committee. Of those members appointed to HPARB and HSARB, 21 are cross appointed to both Boards. These cross appointed members are noted with an asterisk (*) in the tables below.

HPARB Members (December 31, 2020)

Name	Term Start	Term Ends
Christine Moss (Chair)*	December 2020	December 2023
Timothy Bates*	July 2020	July 2023
Michael Bossin*	March 2017	March 2021
Maria Capulong*	September 2019	September 2022
Anna-Marie Castrodale*	November 2019	November 2021
Harold Domingo	March 2020	March 2022
Beth Downing*	December 2019	December 2022
Kathleen Elliott*	March 2017	March 2021
Sonia Gaal*	October 2019	October 2021
François Giroux	November 2017	November 2022
Bonnie Goldberg*	February 2018	February 2021
Mason Greenaway*	November 2019	November 2022
Douglas Kearns*	January 2018	January 2022
Thomas Kelly*	December 2016	December 2021
Catherine Loik	March 2020	March 2022
Barbara Mellman*	November 2019	November 2022
Valerie Samson	January 2020	January 2022
Deven Sandhu*	March 2020	March 2022
David Scrimshaw*	June 2017	June 2022
Yasmeen Siddiqui*	May 2020	May 2023
Robert Steele*	January 2020	January 2023

Name	Term Start	Term Ends
Stephane Thiffeault*	October 2019	October 2021
Keith Thompson	October 2019	October 2021
Bonita Thornton*	October 2019	October 2021
Karina Vilner	January 2020	January 2022
Carla Whillier*	January 2020	January 2023
Dale Wright*	November 2019	November 2022

HSARB Members (December 31, 2020)

Name	Term Start	Term Ends
Christine Moss (Chair)*	December 2020	December 2023
Thomas Kelly (Part-Time Vice-Chair)* (Lawyer Member)	July 2017	July 2022
Carmen Abel	March 2020	March 2022
Timothy Bates* (Lawyer Member)	July 2020	July 2023
David Borenstein (Physician Member)	January 2020	January 2024
Michael Bossin* (Lawyer Member)	March 2016	March 2021
Maria Capulong* (Lawyer Member)	September 2019	September 2022
Anna-Marie Castrodale* (Lawyer Member)	November 2019	November 2021
Beth Downing* (Lawyer Member)	December 2019	December 2022
Tina Elahipanah	April 2020	April 2022
Kathleen Elliott*	March 2016	March 2021
Sonia Gaal*	October 2019	October 2021
Bonnie Goldberg* (Lawyer Member)	March 2016	March 2021
Norma Grant	March 2016	March 2021
Mason Greenaway* (Lawyer Member)	November 2019	November 2022
Douglas Kearns* (Lawyer Member)	January 2018	January 2022

Name	Term Start	Term Ends
Barbara Mellman* (Lawyer Member)	November 2019	November 2022
Deven Sandhu*	March 2020	March 2022
Yasmeen Siddiqui*	May 2020	May 2023
Michel Schofield (Physician Member)	November 2020	May 2021
David Scrimshaw* (Lawyer Member)	June 2017	June 2022
Debbie Snow (Physician Member)	October 2020	October 2025
Robert Steele*	March 2016	March 2021
Stephane Thiffeault* (Lawyer Member)	May 2020	May 2022
Keith Thompson*	January 2020	January 2022
Bonita Thornton* (Lawyer Member)	May 2020	May 2022
Carla Whillier* (Lawyer Member)	January 2019	January 2020
Heather Willis	March 2020	March 2022
Dale Wright*	November 2019	November 2022

OHCAP Review Committee Members

Name	Term Start	Term Ends
Christine Moss (Chair)*	December 2020	December 2023
Beth Downing*	December 2019	December 2021

Staff

The Health Boards are supported by 19 staff in the Health Boards Secretariat of the Ministry of Health. 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' office space and Toronto hearing rooms are shared with the other adjudicative bodies. The Health Boards Secretariat also executes paymaster functions in which it processes per diem and expense claims for public members of the regulated health professions Colleges and processes claims submitted by health professionals that appear before the Consent and Capacity Board and the Ontario Review Board.

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, 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 and claims submitted by health professionals that appear before the Consent and Capacity Board and the Ontario Review Board. Further, the below information does not include the expenses of the PPRB or MEC. The adjudicative mandate of the PPRB and MEC were moved to HSARB on December 10, 2019, but operations, and salary was not. Budgets were also not transferred, as the budgets were an overall annual allocation, and never individual budgets for each Board. 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	**2019-20[5]**	**2020-21**	**2021-22**	**2022-23**	**2023-24**
Part-Time Per Diem Payments	1,952,435	2,270,000	2,270,000	2,270,000	2,270,000
Travel[6]	94,462	20,000	50,000	50,000	50,000
Legal Services[7]	220,344	280,000	280,000	280,000	280,000
Other Services, Supplies, etc.[8]	71,009	100,000	100,000	100,000	100,000
Total	**2,338,250**	**2,670,000**	**2,700,000**	**2,700,000**	**2,700,000**

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

Health Services Appeal and Review Board

Expenditure Category	2019-20[9]	2020-21[10]	2021-22	2022-23	2023-24
Part-Time Per Diem Payments	381,505	420,000	420,000	420,000	420,000
Travel[11]	16,457	5,000	10,000	10,000	10,000
Legal Services[12]	55,420	120,000	120,000	120,000	120,000
Other Services, Supplies, etc.[13]	30, 570	25,000	25,000	25,000	25,000
Total	**483,952**	**570,000**	**575,000**	**575,000**	**575,000**

Ontario Hepatitis C Assistance Plan Review Committee

Expenditure Category	2019-20[14]	2020-21[15]	2021-22	2022-23	2023-24
Part-Time Per Diem Payments	5,074	5,900	5,900	5,900	5,900
Travel[16]	-	0	0	0	0
Other Services, Supplies, etc.[17]	85	100	100	100	100
Total	**5,159**	**6,000**	**6,000**	**6,000**	**6,000**

The expenditures of the Health Boards in 2020-21 are expected to increase, relative to previous years, as the result of the following factors:

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

- 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.
- Increase of new members appointed who will require training, including two new full-time Vice-Chairs.
- Amendment to legislation which required professional members to HSARB. Professional members before the HSARB would be privy to the professional member per diem, which is higher than the previous public member per diem.
- As MEC was absorbed by HSARB, there will be an increase in per diem costs due to the HSARB requirements for hearings rather than paper-based reviews that took place under MEC.
- Forecasted increase in requests for review and appeals to HPARB.
- An increase in matters before the Boards.
- Travel costs in the upcoming year are expected to decrease, as there has been very limited travel due the Pandemic, however the Boards anticipate that as in-person hearings and reviews resume in the upcoming years, parties will be more inclined to choose that option, and thus the anticipated increase in the proposed travel budget.

The proposed budget for 2020-21 and beyond has been maintained at the forecasted level but may decrease or increase based on caseload, legislated changes or any other unforeseeable circumstances.