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 2022-2025

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, 2021

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 2022-2025 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
- Chiropody
- Chiropractic
- Dental Hygiene
- Dental Technology
- Dentistry
- Denturism
- Dietetics
- Homeopathy
- Kinesiology
- Massage Therapy
- Medicine
- Medical Laboratory Technology
- Medical Radiation and Imaging Technology
- Midwifery
- Naturopathy
- Nursing
- Occupational Therapy
- Opticianry
- Optometry
- Pharmacy
- Physiotherapy
- Podiatry*
- Psychology
- Psychotherapy
- Respiratory Therapy
- Speech-Language Pathology
- Traditional Chinese Medicine and Acupuncture
- Veterinary

* Podiatry and Chiropody are different health professions, but both fall under the same regulatory College.

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 2020-21, HPARB received 720 new requests for review or appeal, convened 776 case conferences, conducted 564 reviews/hearings, and issued 604 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. 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;
- 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); or
- Hearings related to physician payment reviews of the General Manager of OHIP.

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 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.

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 2020-21, HSARB received 230 new requests for appeal, convened 144 case conferences, conducted 38 hearings, and issued 46 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.

In 2020-21, OHCAP Review Committee received 1 new appeal and issued 8 decisions.

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 Health Boards closed their doors to the public due to the onset of the COVID-19 pandemic. The Boards took immediate action and all hearings and reviews were converted to either teleconference, in writing, or a videoconference using Microsoft Teams.

The Boards continue to monitor the evolving situation and are committed to continue to fulfill its mandate to carry out matters in a timely and efficient manner. Measures have been undertaken to make changes to the Health Boards offices to provide a safe environment once we are able to open our doors to the public. At this time, the Health Boards will continue to conduct matters electronically (teleconference or videoconference) or in writing.

Bill 283, Health and Supportive Care Providers Oversight Authority Act, 2021

On June 3, 2021, Bill 283, *Advancing Oversight and Planning in Ontario's Health System Act* received Royal Assent. Schedule 2 of the Act, *Health and Supportive Care Providers Oversight Authority Act, 2021*, which is not yet in force, adopts professional regulation of personal supports workers and potentially other "classes of registration". The Act provides a role for the HPARB in registration matters, but not in complaint or discipline matters. The refusal to register an applicant may be subjected to a written review by the HPARB upon request by the applicant. After conducting a written review, the Board may order the CEO to carry out his or her proposal or the Board may substitute its decision for that of the CEO. This Act broadens the jurisdiction of HPARB, and the Board is anticipating an increase in matters before the HPARB in the upcoming years.

10-Year Limit on Appointment Terms

As of December 31, 2021, there are 31 members appointed to HPARB, 31 members appointed to HSARB, and 4 members appointed to the OHCAP Review Committee. Of those members appointed to HPARB and HSARB, 21 are cross appointed to both Boards while there are 4 members appointed to HPARB, HSARB and OHCAP Review Committee. 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 members will reach their 10-year maximum term by the end of 2022.

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 Health Board will continue conducting all matters electronically for the foreseeable future. The Boards will continue to monitor the situation and adjust their processes as necessary to ensure that all parties have fair and equal access to justice.

New Practice Direction: Electronic Proceedings

The Health Boards recently released a new Practice Direction titled "Electronic Proceedings" which addresses the Boards' approach to electronic and written proceedings during the COVID-19 pandemic. The pandemic has altered the way the Boards' operate, ensuring that matters proceed without compromising public and personal safety. This has resulted in increased electronic and written hearings and reviews before the Health Boards.

The Boards will continue to monitor their processes related to electronic proceedings in the upcoming year and will make any changes related to the practice direction that are deemed necessary in order to further the principles of efficiency, transparency, and fairness.

Part-Time Membership

Only three members of the Health Boards are full time appointees, the Chair and two Vice-Chairs who were appointed in 2021 to HPARB and HSARB. Relying heavily on the availability of part-time appointees can create challenges for the Health Boards such as adjudicating matters within a timeframe that is legislatively prescribed. These challenges are amplified when the matter involves a complex issue(s) /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 or other locations across the Province. The location and type of hearing/review offered is determined after considering the preferences of the parties and the availability of members and venues.

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 scheduling matters.

A risk assessment was conducted at the Health Boards offices to identify additional safety measures that could be implemented in relation to COVID-19. Conversion of hearings and reviews to virtual platforms, physical distancing, sanitization stations and physical barriers, when possible, were key recommendations acknowledged during the assessment. The Health Boards have begun implementing the recommendations and will continue to reassess any additional protocols that can be put in place to ensure no public or personal safety is comprised once it is safe to resume in-person matters.

Strategic Directions

Member Recruitment

Of HPARB's 31 members, 6 have appointments that expire before the end of 2021-22 and 10 have appointments that expire in 2022-23. Of HSARB's 31 members, 5 have

appointments that expire before the end of 2021-22 and 13 have appointments that expire in 2022-23.

Board Membership continues to remain significantly lower from previous years. In December 31, 2018, the HPARB had 43 members, compared to the current total of 31, and the HSARB had 44 members compared to the current total of 31. As a result, significant attention for the Health Boards will focus on recruiting new members, including the reappointment 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, among others. These various 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*. All of this year's training sessions took place over videoconferencing which allowed additional days of training due to increased flexibility. Virtual training sessions for the board membership are expected for the foreseeable future.

Because of the fluid situation surrounding COVID-19, there will be additional training in 2022 regarding these changes, such as training to ensure effective and efficient video hearings and reviews, New Member Training, and Presiding Member Training during these challenging 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 manner.

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. The Boards will continue this process in the upcoming years.

Plain-Language Templates Roll-Out

The Health Boards successfully launched new templates for the HPARB acknowledgement package in 2020. In 2021, the Health Boards finalized and rolled out new templates and acknowledgment packages for physician billing appeals under the *Health Insurance Act.* 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 have begun work, and are hoping, that in 2022-23 various templates used across the Health Boards are also 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 2022-23 and ongoing, the HPARB will continue to 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 Health Professions Regulators of Ontario, and representatives of the Ontario Health Insurance Plan. Stakeholder engagement efforts were stalled due to the ongoing pandemic. The Health Boards expect this engagement to resume remotely in 2022, 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 its 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 Review Committee, is currently examining the business requirements for an updated case management system. It is with the hopes that a new case management system will be available and in use in the upcoming year.

Electronic Case Files and Modernization Initiatives

The Health Boards continue to develop and implement initiatives to modernize its operations. In 2020-21, the Health Boards transformed all files for both Boards into electronic files. This change has allowed for increased 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 has already seen savings on courier and printing services, paper, and various supplies.

The Health Boards has implemented a new electronic transfer service which ensures secure transmission of electronic documents. The Health Boards have started 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. The Health Boards' goal in the upcoming year will be to focus on ensuring all regulated health professions Colleges are

[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.

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 are now fully compliant as required by 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.

The Health Boards is looking to procure laptops for appointed board members to further safeguard parties' personal health information. Providing laptops to all board adjudicators will better ensure sensitive and confidential personal health information pertaining to Board case files are housed and protected on government-issued laptops and it will lead to increased efficiencies for members when reviewing and working on sensitive file information.

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 caseload, 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. The Health Boards is also in communication with legal counsel to better understand potential impacts legislative changes may have to the Boards. 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

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

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, full-time Vice Chairs 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 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 March 2023, the Health Boards will have the appointments of 5 senior 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

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. 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.

At present, the HSARB is constituted and 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. The HSARB will be putting a focus on recruiting additional physician members in the upcoming year.

Risk Assessments

On a quarterly basis, the Health Boards report various areas of risk that may have an impact on the Boards to the Ministry. This exercise allows the Boards to identify potential risk factors, some of which have been mentioned, and to focus on developing mitigation measures to circumvent risk whenever possible.

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, 2021, there are 31 members appointed to HPARB, 31 members appointed to HSARB, and 4 members appointed to the OHCAP Review Committee. Of those members appointed to HPARB and HSARB, 22 are cross appointed to both Boards (HPARB and HSARB). These cross appointed members are noted with an asterisk (*) in the tables below. All 4 members appointed to the OHCAP Review Committee are also appointed to HPARB and HSARB.

HPARB Members (December 31, 2021)

Name	Term Start	Term Ends
Christine Moss (Chair)*	December 2020	December 2023
Trina Morissette (Full-Time Vice-Chair)*	January 2021	January 2023
Timothy Bates*	July 2020	July 2023
Jean Bédard (Lawyer Member)*	November 2021	May 2023
Maria Capulong*	September 2019	September 2022
Anna-Marie Castrodale*	November 2021	November 2024
Harold Domingo	March 2020	March 2022
Beth Downing*	December 2019	December 2022

Name	Term Start	Term Ends
Kathleen Elliott*	March 2021	March 2024
Sonia Gaal*	October 2021	October 2024
François Giroux	November 2017	November 2022
Bonnie Goldberg*	February 2021	March 2024
Mark Gordon	October 2021	October 2023
Mason Greenaway*	November 2019	November 2022
Douglas Kearns*	January 2018	January 2022
Thomas Kelly*	December 2021	December 2024
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
Diana Smith	October 2021	October 2023
Robert Steele	March 2020	March 2023
Kayla Stephenson	November 2021	November 2023
Stephane Thiffeault*	October 2021	October 2024
Bonita Thornton*	October 2021	October 2024
Mitchell Toker (Lawyer Member)*	February 2021	February 2024
Karina Vilner	January 2020	January 2022
Carla Whillier*	March 2020	March 2023
Dale Wright*	November 2019	November 2022

HSARB Members (December 31, 2021)

Name	Term Start	Term Ends
Christine Moss (Chair)*	December 2020	December 2023
Mitchell Toker (Full-Time Vice-Chair)* (Lawyer Member)	January 2021	January 2024
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
Jean Bédard (Lawyer Member)*	May 2021	May 2023
David Borenstein (Physician Member)	January 2021	January 2024
Maria Capulong* (Lawyer Member)	September 2019	September 2022
Anna-Marie Castrodale* (Lawyer Member)	November 2021	November 2024
Beth Downing* (Lawyer Member)	December 2019	December 2022
Tina Elahipanah	April 2020	April 2022
Kathleen Elliott*	March 2021	March 2024
Sonia Gaal*	October 2021	October 2024
Bonnie Goldberg* (Lawyer Member)	March 2021	March 2024
Mason Greenaway* (Lawyer Member)	November 2019	November 2022
Douglas Kearns* (Lawyer Member)	January 2018	January 2022
Michelle Mann-Rempel (Lawyer Member)	May 2021	May 2023
Barbara Mellman* (Lawyer Member)	November 2019	November 2022
Trina Morissette*	February 2021	February 2023
Charles Peniston (Physician Member)	June 2021	June 2023
Deven Sandhu*	March 2020	March 2022
Jennifer Sarjeant (Physician Member)	April 2021	April 2022
Yasmeen Siddiqui*	May 2020	May 2023

Name	Term Start	Term Ends
David Scrimshaw* (Lawyer Member)	June 2017	June 2022
Debbie Snow (Physician Member)	October 2020	October 2025
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)*	March 2020	March 2023
Heather Willis	March 2020	March 2022
Dale Wright*	November 2019	November 2022

OHCAP Review Committee Members (December 31, 2021)

Name	Term Start	Term Ends
Christine Moss (Chair)*	December 2020	December 2023
Anna-Marie Castrodale*	November 2021	November 2024
Beth Downing*	December 2021	December 2024
Bonita Thornton*	March 2021	May 2022

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. The financial information below 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	**2020-21[5]**	**2021-22**	**2022-23**	**2023-24**	**2024-25**
Part-Time Per Diem Payments	2,355,256	2,100,000	2,270,000	2,270,000	2,270,000
Travel[6]	3,405	1,000	10,000	50,000	50,000
Legal Services[7]	157,167	280,000	280,000	280,000	280,000
Other Services, Supplies, etc.[8]	53,444	100,000	100,000	100,000	100,000
Total	**2,569,272**	**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	2020-21[9]	2021-22[10]	2022-23	2023-24	2024-25
Part-Time Per Diem Payments	237,198	420,000	420,000	420,000	420,000
Travel[11]	75	5,000	10,000	10,000	10,000
Legal Services[12]	33,972	120,000	120,000	120,000	120,000
Other Services, Supplies, etc.[13]	30,775	25,000	25,000	25,000	25,000
Total	**302,020**	**570,000**	**575,000**	**575,000**	**575,000**

Ontario Hepatitis C Assistance Plan Review Committee

Expenditure Category	2020-21[14]	2021-22[15]	2022-23	2023-24	2024-25
Part-Time Per Diem Payments	0	3,900	3,900	3,900	3,900
Travel[16]	0	0	0	0	0
Other Services, Supplies, etc.[17]	80	100	100	100	100
Total	**80**	**6,000**	**6,000**	**6,000**	**6,000**

The expenditures of the Health Boards in 2021-22 are expected to be similar relative to previous years, as the result of the following factors:

- While HPARB has seen decreases in caseload, due to the introduction of new legislation related to new classes of registrants who may request a review, HPARB anticipates increases in caseload in future years.

[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.

- 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.
- Requiring training related to new legislative changes concerning Bill 283 and the training of new members appointed to HPARB and HSARB.
- Travel costs in the upcoming year are expected be low, 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. Thus, an anticipated increase in the proposed travel budget.

The proposed budget for 2021-22 and beyond has been maintained at the forecasted level but may decrease or increase based on caseload, legislative changes or any other unforeseeable circumstances.