

CONSENT AND CAPACITY BOARD

2017 - 2020
BUSINESS PLAN

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Executive Summary

The Consent and Capacity Board (CCB) is an independent adjudicative Board created under the *Health Care Consent Act* with jurisdiction under that Act, the *Mental Health Act*, the *Substitute Decisions Act*, the *Personal Health Information Protection Act* and the *Mandatory Blood Testing Act*.

The CCB has 146 members, as of December 31, 2016. In addition to the full-time Chair, part-time CCB members include 52 Lawyers, 47 Psychiatrists, 2 Physician and 44 Public members. No Nurse in the Extended Class members have yet been appointed. Members of the Board are appointed by Order-in-Council, for a term of one to five years. The CCB has a staff of 15 public servants who support the work of the CCB and its members. Staff, including administrative, scheduling and legal staff, are responsible for functions such as: scheduling hearings, creating appeal records, managing hardcopy files, financial payment and processing, executive support to the Chair, coordinating member recommendations and appointments, organizing staff and member training, liaising with stakeholders, answering public inquiries, providing hearing support to panels, strategic planning, providing legal advice to the Chair and the Board, monitoring and ensuring compliance with legislation and government directives and policies.

As a quasi-judicial body, the CCB maintains an arm's length relationship with the Ministry of Health and Long-Term Care while receiving administrative services and support through the Corporate Services Division. The CCB functions under statutory requirements and a Memorandum of Understanding between the Chair and the Minister of Health and Long-Term Care.

The CCB makes decisions with potentially serious consequences for individuals and for the community, such as detention in a psychiatric facility. The CCB adjudicates matters where both the medical and legal systems are engaged to provide treatment and protect individual rights. In addition, the CCB's legislation requires that it hold a hearing within seven days of the receipt of an application. Hearings are conducted in any region of the province, and at any venue (i.e., hospital, nursing home, private residence, etc.), as required. A decision must be issued within one day of the conclusion of the hearing and written reasons are issued within four business days when requested within 30 days after the day a hearing ends.

Given these performance measures, the CCB strives to ensure that its administrative and operational processes are consistent in achieving these goals, and that its members receive ongoing educational and training opportunities to maintain their expertise in this highly-specialized adjudicative environment.

The priorities set out in the CCB business plan were developed after careful and thorough consideration of the current strengths and weaknesses of the CCB's operations.

Strengths

The CCB has consistently scheduled and held all hearings within the legislated timeframe (i.e., seven days from receipt of an application), and CCB hearings are undertaken in a fair, professional and courteous manner.

A centralized pre-booking system for CCB members in the Toronto and South West areas ensures the availability of adjudicators for hearings, and supports compliance with the CCB's legislated timeframes.

The Board has a rigorous tracking system to ensure CCB members are compliant with issuing Reasons for Decision within four business days of receiving a request.

The Board convenes video-conference hearings in cases where in-person board member attendance is not possible, due to unavailability of membership or in remote areas of the province where transportation is challenging.

The Board's training and recruitment program for new and existing members includes a merit based competition process, a new member education session, a mentoring program, a performance evaluation program and annual training sessions. The extensive training provided to members ensures the Board has well trained and qualified adjudicators.

Challenges

The most significant challenges faced by the Board at this time are human resource based.

The Board staffing model is largely unchanged since the consolidation of regional operations in 2003 to a single centralized office, while the caseload has increased approximately 96% and has also evolved in complexity. The current human resource compliment is not sufficient to manage the ever increasing caseload which creates significant pressure on the existing staff group across all business functions. As a result the Board now faces challenges not only with consistently meeting its mandate in the medium and long term, but also with effectively recruiting and retaining engaged and talented staff, ensuring health and wellness, and implementing appropriate succession planning.

Similar challenges are faced with Board membership. As the composition of the Board has evolved, member availability to conduct hearings has declined. From

2010 – 2015 availability of members in the highest volume regions decreased by 35%. This reduced individual availability, which is expected to continue, is largely due to the departure of long serving members with very high availability and the addition of new, younger members with active and busy careers and other demands on their time. Due to environmental changes which facilitate review and appeals of the Board's decisions there has been a sharp increase in the number of requests for reasons for decision which places added pressure on lawyer members who are responsible for writing reasons, which in turn can lead to decreased availability of lawyer members. Additionally, in all of these circumstances, a cycle of diminishing availability - where hearing schedules become more demanding, causing members to be less able or willing to commit, and resulting in a need for those that remain to work harder - can take hold, threatening the ability of the Board to effectively meet its mandate. The Board has also been significantly affected by the 10 year limit on member appointments resulting in the loss of many experienced members.

Progress

The Board continues to aggressively recruit new members through a merit-based competitive process, and mentor and train new members using a peer based approach.

The CCB continues to focus efforts on education in the professional development of its members and within the stakeholder community.

The Board embraces a process of continuous improvement with regard to hearing operations. In consultation with stakeholders, members and staff, the Board regularly reviews and revises procedures and practices to face challenges.

These ongoing efforts reflect the Board's goal to provide excellent service to internal and external stakeholders.

Mission and Mandate

Mission

To provide fair, timely, effective and respectful hearings that balance legal and medical considerations while protecting individual rights and ensuring the safety of the community.

Mandate

The CCB is an independent administrative tribunal with a mandate to adjudicate on matters of capacity, consent, civil committal, substitute decision making, disclosure of personal health information and mandatory blood testing.

Jurisdiction

The CCB is responsible for holding hearings and for making decisions on matters in which the least restrictive, least onerous and least intrusive decisions are made to:

- 1) maintain the safety of the individual
- 2) protect the safety of the community
- 3) maintain the dignity and autonomy of the individual
- 4) preserve the right of a person to have treatment when required.

The CCB's authority to hold hearings arises under the following legislation:

Health Care Consent Act

- Review of a finding of incapacity to consent to treatment, admission to a care facility or a personal assistance service;
- Consideration of the appointment of a representative to make decisions for an incapable person with respect to treatment, admission to a care facility or a personal assistance service;
- Giving directions on issues of treatment, admission to care facilities and personal assistance services;

- Consideration of a request for authority to depart from prior capable wishes of an incapable person;
- Review of a decision to consent to an admission to a hospital, psychiatric facility or other health facility for the purposes of receiving treatment;
- Review of a substitute decision-maker's compliance with the rules for substitute decision-making; and
- Consideration of a request to amend or terminate the appointment of a representative.

Mental Health Act

- Review of involuntary status for a patient subject to a certificate of involuntary status, renewal of involuntary status or continuation of involuntary status
- Consideration of a request to order, vary or cancel specific conditions for an involuntary patient
- Review of a finding of incapacity to manage property;
- Review of whether a young person (aged 12 - 15) requires observation, care and treatment in a psychiatric facility; and
- Review of a Community Treatment Order.

Substitute Decisions Act

- Review of a finding of incapacity to manage property.

Personal Health Information Protection Act

- Review of a finding of incapacity to consent to the collection, use or disclosure of personal health information;
- Review of a substitute decision maker's compliance with the rules for substitute decision-making; and
- Consideration of the appointment of a representative to consent to the collection, use or disclosure of personal health information on behalf of an incapable person.

Mandatory Blood Testing Act

- If an individual has come into contact with another person's bodily fluid, the individual can apply to the Medical Officer of Health to have a blood sample of the other person analyzed for HIV, Hepatitis B & C.
- If the Medical Officer of Health cannot obtain a voluntary blood sample or cannot locate the individual the Medical Officer of Health shall refer the application to the Board.
- The Board will decide whether the individual should be ordered to provide a blood sample.

Over 90% of applications to the CCB involve a review under the *Mental Health Act* of a person's involuntary status in a psychiatric facility or the criteria to issue a community treatment order, or a review under the *Health Care Consent Act* of a person's capacity to consent to or refuse treatment.

Legislative Obligations

The CCB meets its legislative obligations by:

- scheduling hearings within the required timeline
- issuing decisions and reasons within the required timeline
- adjudicating consistently and in a timely fashion
- issuing high-quality Reasons for Decision, and
- creating an environment of respect for the adjudicative process, the parties and the public.

Performance Measures

Performance measures for the CCB regarding the scheduling of hearings, the issuance of decisions and written reasons are established by the *Health Care Consent Act, 1996*, Section 75 and are as follows:

1. The hearing shall begin within seven days after the day the Board receives the application, unless all parties agree to a postponement.
2. The Board shall render its decision and provide a copy of the decision to each party or the person who represented the party within one day after the day the hearing ends.
3. If within 30 days after the day the hearing ends, the Board receives a request from any of the parties for reasons for its decision, the Board shall, within four business days after the day the request is received,
 - (a) issue written reasons for its decision; and
 - (b) provide a copy of the reasons to each person who received a copy of the decision

The CCB has implemented a member performance evaluation program. This program evaluates every member's performance during their order-in-council term using a set of objective performance standards.

Strategic Direction & Performance Targets

Strategic Goals

The CCB has established the following strategic goals and performance targets for the three year period to ensure that it meets its legislated mandate and mission. The CCB will strive to ensure that it will:

- Support its hearings through efficient administrative and operational processes.
- Conduct fair and transparent hearings in an atmosphere of respect and dignity for all parties.
- Provide clear internal and external communication including: providing accurate and useful information via our public facing website; engaging in productive and collaborative discussion with our stakeholders; and providing relevant, timely and effective education for stakeholders, members and staff
- Have skilled CCB members, commencing with the recruitment process , training and mentoring program and continuing through on-going education and comprehensive training and support materials

Priority Initiatives and Strategies

The Board has developed the following initiatives and strategies to assist in meeting its strategic goals.

Operational Planning

1. Review member resources and operational processes to maximize efficiencies ensuring a fair process for members in a climate of fiscal restraint and identify and implement solutions.

Member Recruitment, Training and On-going Quality Assurance

1. Develop and implement member position descriptions for new member types resulting from amendments to the Mental Health Act in late 2015, and embark on recruitment, appointment and training for these new members.
2. Implement rigorous recruitment plans to target all member categories and areas of the province.

3. Continue to develop and deliver new member training for new appointees.
4. Continue to develop, deliver and support a mentoring process for CCB members.
5. Enhance Member Performance Evaluations by strengthening the method of evaluation and where necessary providing learning recommendations for members.
6. Develop and implement member training specifically related to legislative amendments, including the late 2015 amendments to the Mental Health Act which granted new powers to the Board in relation to long-term involuntary detainees.
7. Continue to deliver training programs for all members to reinforce and enhance their role as a CCB member, and promote effective and efficient hearings.
8. Implement improved member scheduling with a focus on limiting daily and weekly hearing loads to enhance member satisfaction and commitment and to maximize the quality of both hearings and written reasons
9. Create a team of senior members that includes full-time vice chairs to lead projects such as member recruitment and training, ongoing education, application and hearing case conferencing, stakeholder outreach and regional support

Legislation

1. Review and revise the Board's *Rules of Practice* and/or Policies as required to ensure they are up to date.
2. Ensure the Board is compliant with governance, accountability and appointments requirements under the *Adjudicative Tribunals Accountability, Governance and Appointments Act*
3. Implement, deliver and develop operational policies and procedures in response to amendments made to the *Mental Health Act*.

Operations, Administration and Scheduling

1. Continue to develop positive working relationships with hospitals and institutions throughout the province to aid in the efficient scheduling of hearings
2. Continue to design and implement improvements to the Board's processes and procedures to ensure the effective scheduling of hearings, incorporating feedback from members and stakeholders, to ensure effective delivery of the Board's mandate in the face of continually increasing caseloads.
3. Seek enhancement opportunities for the Case Management System to maximize the Board's ability to manage, report on and analyze caseload.
4. Continue to utilize videoconference technologies and explore opportunities to further leverage the technology on a mobile platform.
5. Pursue Green initiative opportunities to contribute to the reduction of unnecessary waste and leverage electronic and paperless technologies.
6. Implement improvements to hearing timelines and document receipt and review to maximize efficiency and effectiveness of hearings.
7. Continue to schedule staff to observe hearings and appeals to enhance their understanding and appreciation of the entire hearing process and the vulnerable individuals the Board serves.
8. Continue to provide training opportunities for staff with a focus on understanding and providing excellent service to users of the mental health system
9. Initiate discussions with the Ministry with respect to staffing resources.
10. Pursue opportunities to introduce efficiencies in backend operations

Stakeholders

1. Establish and maintain on-going positive relationships with stakeholder groups to address issues of mutual concern.

2. Continue to meet with individuals and groups in the stakeholder community to discuss areas for improvement to maintain a productive and positive relationship.

Financial Budget and Staffing

Past Allocation and Expenditure

The CCB receives its annual funding allocation through the Administration Vote item (1401) of the Corporate Services Division of the Ministry.

Fiscal Year	Allocation	Actual Expenditures
2009-2010	\$4,800,700	\$5,621,418
2010-2011	\$4,800,700	\$5,382,517
2011-2012	\$4,800,700	\$5,827,941
2012-2013	\$4,800,700	\$5,791,301
2013-2014	\$4,800,700	\$6,415,552
2014-2015	\$4,800,700	\$6,134,121
2015-2016	\$6,710,700	\$6,535,918

As noted in the chart above, the budgetary allocation provided to the CCB has been historically both static and less than the actual expenditures required to address its legislated mandate.

The ongoing increase in caseload, along with as an overall increase in salaries and wages has generated an increasing annual budgetary pressure for the CCB. The CCB has limited control over these cost factors.

Although actual expenditures are up, the increase is outpaced by the increase in caseload. From 2009-10 to 2015-16, actual expenditures increased 16%. In the same period the number of applications increased 42% and the number of hearings increased by 66%.

Beginning in 2015/16 fiscal year the Board was provided with an enhanced allocation. The new allocation of \$6,710,700 is a 40% increase over previous years and exceeded the actual expenditures of any previous year. The entire increase is contained within Other Direct Operating Expenses (ODOE), with no additional allocation provided for Salary & Wages, where a historical deficit remains.

The CCB engages in continuous review of all aspects of its operations to enhance administrative efficiencies and to implement cost-savings or cost-avoidance strategies, as appropriate. The CCB is committed to working with the Ministry to ensure accountability, transparency and compliance in all financial matters.

Proposed Operating Expenditures*

The following chart proposes an increase in operating expenditures over the next three fiscal years due to an anticipated increase in caseload and its management, based on FY 2016-17 Q3 in-quarter estimates

Fiscal Year	2016-2017 (estimates)	2017-2018	2018-2019	2019-2020
Salary and Wages	\$974,273	**\$1,258,987	\$1,310,136	\$1,363,843
Employee Benefits	\$162,168	\$182,553	\$189,970	\$197,757
Transportation and Communications	\$409,010	\$417,190	\$425,534	\$430,044
Services	\$5,871,361	***\$7,164,929	\$7,523,175	\$7,899,334
Supplies and Equipment	\$29,521	\$30,111	\$30,713	\$31,327
Total	\$7,446,333	\$9,053,770	\$9,479,528	\$9,922,305

* Proposed amounts do not include accommodation expenditure, which is a fixed cost not administered by the Board.

** Includes addition of two full time Vice Chairs beginning in 2017-2018

*** Additional increase beyond average annual caseload increase (8%) based on proposed changes to scheduling of hearings which may be implemented in 2017/18

Staffing

Board staff are members of the Ontario Public Service. The Board has 12 funded FTE positions, including two management positions and 10 positions represented by collective bargaining agents. The Board also has two unfunded positions, both represented by collective bargaining agents. These unfunded positions represent a fiscal pressure for the Board however their services are critical to the ability of the Board to meet its mandate.

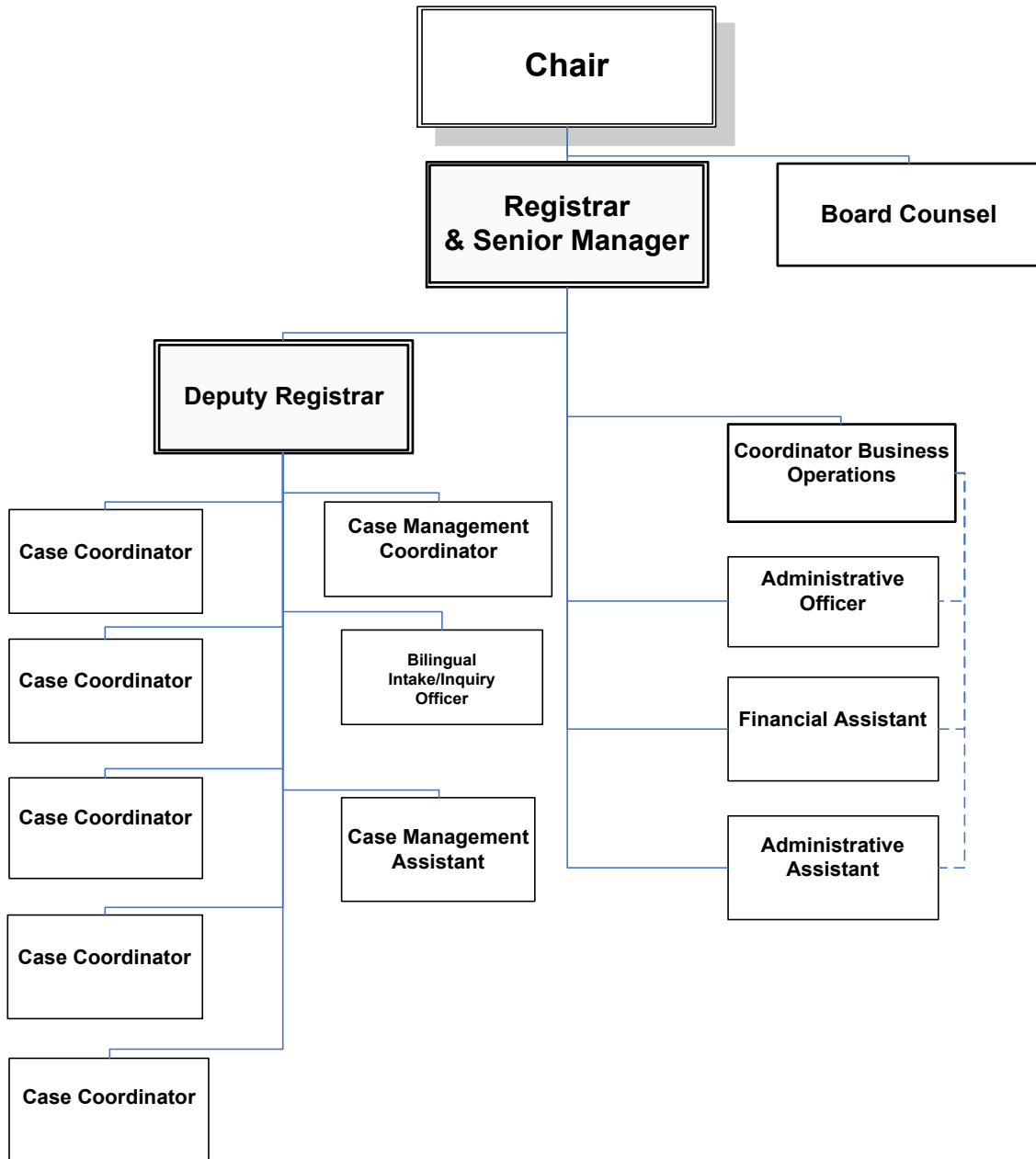
The Board also has a full time chair who is an Order In Council appointee (paid via DOE) and a full time Counsel who is represented by a collective bargaining agent and is an employee of the Ministry of the Attorney General (paid via ODOE).

The Board's management consists of two approved MCP FTEs: a Registrar & Senior Manager and a Deputy Registrar.

The Administrative Unit consists of four approved represented FTEs: a Coordinator of Business Operations, an Administrative Officer, a Financial Assistant and an Administrative Assistant.

The Scheduling Unit consists of six funded, represented FTEs: a Case Management Coordinator, four Case Coordinators, and a Bilingual Intake & Inquiry Officer. Additionally there are two unfunded represented positions in the Scheduling Unit: one Case Coordinator and a Case Management Assistant.

Organization Chart



Caseload

Caseload

Applications to the Board, and by extension hearings convened by the Board, are driven entirely by external factors outside the control of the Board. The mandate of the Board, coupled with legislated requirements, require the Board to accept all applications received and convene hearings within seven calendar days pursuant to statutory requirements regardless of volume of caseload.

Since the consolidation of the Board from a regional operation to a centralized operation in 2002 / 03, applications have increased by 96% and hearings by 89%. While the annual increase varies from year to year, the overall trend remains consistently upward with yearly percentages reaching as high as 11% for applications and 14% for hearings.

	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16
Applications	4476	4504	4705	5091	5215	5794	5962	6615	6845	7209
<i>Increase</i>		1%	4%	8%	2%	11%	3%	11%	3%	5%
Hearings	2071	2104	2282	2390	2456	2794	3090	3418	3586	3964
<i>Increase</i>		2%	8%	5%	3%	14%	11%	11%	5%	11%

As of the end of 2016/17 Q3, the Board is projecting approximately a 10% increase in applications for 2016/17 over 2015/16

Three types of applications made up the majority of the applications to the Board: in 2015/16, 47% related to a review of involuntary status, 24% related to a review of a finding of incapacity with respect to treatment, admission or personal assistance and 21% related to a review of a Community Treatment Order. This is consistent with previous years and is not currently anticipated to change significantly going forward. Note that involuntary status and Community Treatment Order hearings require three or five member panels including a lawyer, a medical and a public member, while capacity hearings require only a senior lawyer member.

Applications by healthcare professionals to review compliance with the principles of substitute decision making have remained low over the past ten years, making up less than a half percent of all applications to the Board annually.

The new Form 51 application for orders for long stay involuntary patients under the *Mental Health Act* made up approximately 0.2% of all applications to the Board in 2015/16, following enactment of legislative changes at the end of December 2015. In 2016/17 the Board is projecting F51 applications to make up

approximately 1% of total applications, and anticipates this remaining relatively stable for the foreseeable future. Given the complexity of these matters, all of these applications are case-conferenced.

Consent and Capacity Board Members

As of December 31, 2016

CHAIR			
<i>First Name</i>	<i>Last Name</i>	<i>First Appointment Date</i>	<i>Current OIC Expiry Date</i>
Marg	Creal	March 11, 2015	March 10, 2020

LAWYERS			
<i>First Name</i>	<i>Last Name</i>	<i>First Appointment Date</i>	<i>Current OIC Expiry Date</i>
Grace	Alcaide Janicas	October 23, 2013	October 22, 2018
Daniel	Ambrosini	June 22, 2016	June 21, 2018
Geoffrey	Beasley	May 18, 2016	May 17, 2018
June	Bell	September 06, 2006	September 05, 2018
Ronda	Bessner	August 13, 2014	August 12, 2019
Elisabeth Margaret	Bruckmann	June 20, 2012	June 19, 2017
Sally	Bryant	April 18, 2011	April 17, 2021
M. Krista	Bulmer	April 15, 2015	April 14, 2017
Mary	Campigotto	May 02, 2007	May 01, 2017
Frederick	Chenoweth	January 28, 2015	January 27, 2017
Brian	Chillman	January 15, 2016	January 14, 2018
Suzanne	Clapp	October 30, 2013	October 29, 2018
Bernard	Comiskey	November 02, 2005	November 01, 2019
Paul	DeVillers	March 29, 2006	June 07, 2018
Diane	Ewer	January 15, 2016	January 14, 2018
Normand	Forest	December 12, 2001	December 11, 2018
Ronald	Franklin	December 02, 2015	December 01, 2017
Amanda	Fricot	January 15, 2016	January 14, 2018
Kathleen	Gowanlock	April 15, 2015	April 14, 2017
Jessyca	Greenwood	September 14, 2016	September 13, 2018
John	Hanbidge	January 15, 2016	January 14, 2018
Michael	Hennessy	August 21, 2003	August 20, 2019
Loree	Hodgson-Harris	May 18, 2016	May 17, 2018
Michael	Horan	March 19, 2014	March 18, 2019
Judith	Jacob	April 03, 1995	April 02, 2017
Nuwanthi	Jayatunge	May 18, 2016	May 17, 2018
Carolyn	Jones	August 25, 2004	June 21, 2018
Robert	Karrass	November 04, 2015	November 03, 2017
Shayne	Kert	March 24, 2004	March 23, 2017
Erin	Lainevoal	June 20, 2007	June 19, 2017
Rekha	Lakra	May 08, 2013	May 07, 2018
Christina	Langlois	November 16, 2016	November 15, 2018
Michele	Lawford	September 15, 2010	September 14, 2017
Roger	Leclair	February 21, 2007	February 20, 2017
Nina	Lester	June 17, 2009	June 16, 2019
John	Liddle	January 15, 2016	January 14, 2018
Linda	Martschenko	January 15, 2016	January 14, 2018
Michael	Newman	October 21, 1998	April 01, 2018
Cezary	Paluch	December 02, 2015	December 01, 2017
Jocelyne	Paquette-Landry	April 27, 2016	April 26, 2018
Lora	Patton	September 24, 2009	August 27, 2018

Brendon	Pooran	February 22, 2011	February 21, 2021
Shashi	Raina	December 09, 2015	December 08, 2017
Lonny	Rosen	July 18, 2012	July 17, 2017
Laura	Silver	May 18, 2016	May 17, 2018
Bernard	Starkman	February 27, 2002	May 03, 2018
Ross	Stewart	February 24, 2016	February 23, 2018
Glenn	Stuart	November 04, 2015	November 03, 2017
Winnie	Tse	December 02, 2015	December 01, 2017
Miriam	Vale Peters	May 30, 2016	May 29, 2018
Shirley	Wales	March 23, 2005	March 22, 2019
Eugene	Williams	January 05, 2006	January 04, 2019

PSYCHIATRISTS

<i>First Name</i>	<i>Last Name</i>	<i>First Appointment Date</i>	<i>Current OIC Expiry Date</i>
Nural	Alam	January 13, 1999	January 12, 2019
Yuri	Alatishe	March 19, 2014	March 18, 2019
Halszka	Arciszewska	June 17, 2015	June 16, 2017
Rajiv	Bhatla	November 22, 2000	March 31, 2017
Donald	Braden	October 06, 1999	October 17, 2019
Robert	Buckingham	October 09, 2013	October 08, 2018
Gary	Chaimowitz	July 04, 2001	July 03, 2017
Ranjith	Chandrasena	June 01, 1986	April 02, 2019
Yoland	Charbonneau	August 23, 1993	April 02, 2017
Peter	Cook	July 04, 2001	July 03, 2019
Virginia	Edwards	August 01, 2012	July 31, 2017
Joseph	Ferencz	January 15, 2007	January 14, 2017
Jane	Fogolin	February 26, 2014	February 25, 2019
Alison	Freeland	May 30, 2006	May 29, 2019
Donald	Galbraith	January 13, 1994	April 02, 2019
Rose	Geist	February 27, 2008	February 26, 2018
Balaji	Gopidasan	March 09, 2016	March 08, 2018
R. Andrew	Hackett	March 18, 2015	March 17, 2017
Karen	Hand	May 04, 2011	May 03, 2021
Daniel	Hertzman	November 04, 2015	November 03, 2017
Walter	Hoe	January 15, 2016	January 14, 2018
Gary	Kay	September 08, 2015	September 07, 2017
Catherine	Krasnik	August 01, 2012	July 31, 2017
Kanwal Deep Singh	Kukreja	October 21, 2015	October 20, 2017
Paul	Links	September 14, 2016	September 13, 2018
Stephen	List	May 03, 2006	May 02, 2019
Eric	MacLeod	June 06, 1968	April 02, 2017
Rahul	Manchanda	June 17, 1993	April 02, 2019
Paul	Max	June 30, 2000	August 09, 2018
Robert	McCurley	April 14, 2010	April 13, 2020
Rosemary	Meier	June 01, 1986	April 02, 2017
Jay	Nathanson	January 29, 2014	January 28, 2017
George	Papatheodorou	November 04, 2015	November 03, 2017
Sujay	Patel	October 02, 2013	October 01, 2018
John	Pelletier	October 02, 2002	November 01, 2018
Emmanuel	Persad	March 24, 2004	March 23, 2017
Martina	Power	April 09, 2014	April 08, 2019

Priyadarshani	Raju	May 13, 2015	May 12, 2017
Edward	Rotstein	June 06, 2007	June 05, 2017
Gerald	Shugar	July 04, 2001	July 03, 2017
Marvin	Silverman	July 11, 1990	April 02, 2017
Peter	Stenn	November 06, 2013	November 05, 2018
Cameron	Stevenson	June 05, 1996	June 04, 2017
Samuel	Waldenberg	February 10, 2016	February 09, 2018
James	Wilkes	July 04, 2001	July 03, 2017
Si-Ann	Woods	February 21, 2007	February 20, 2017
Carolyn	Woogh	October 09, 2013	October 08, 2018

PHYSICIANS

<i>First Name</i>	<i>Last Name</i>	<i>First Appointment Date</i>	<i>Current OIC Expiry Date</i>
Donald	Jamieson	December 20, 2016	December 19, 2018
Taylor	Lougheed	December 20, 2016	December 19, 2018

PUBLIC

<i>First Name</i>	<i>Last Name</i>	<i>First Appointment Date</i>	<i>Current OIC Expiry Date</i>
Nithy	Ananth	December 07, 2016	December 06, 2018
Larry	Brigham	March 09, 2016	March 08, 2018
Natasha	Bronfman	May 04, 2016	May 03, 2018
Earl	Campbell	December 07, 2005	July 16, 2018
Pat	Capponi	April 06, 2011	April 05, 2021
Deane	Cornell	June 30, 2016	June 29, 2018
Deborah	Cumming	September 14, 2016	September 13, 2018
Joanna	Cutaia-Beales	February 10, 2006	February 09, 2017
Andrea	Geddes Poole	June 08, 2016	June 07, 2018
Hamlin	Grange	February 09, 2011	February 08, 2021
Jennifer	Hamilton	April 15, 2015	April 14, 2017
Janet	Harris	October 19, 2016	October 18, 2018
Jill	Herne	September 28, 2016	September 27, 2018
Beverley	Hodgson	February 27, 2008	February 26, 2018
Ileen	Howell	February 17, 2010	February 16, 2020
Slavo	Johnson	April 14, 2010	April 13, 2020
Heather	Lareau	April 26, 2006	April 25, 2018
Barbara	Laskin	February 10, 2006	February 09, 2018
Sandra	LeBlanc	October 26, 2005	October 25, 2018
Nechita	Lim-King	March 07, 2007	March 06, 2017
Duncan	MacPhee	April 11, 2007	April 10, 2017
Sabita	Maraj	September 15, 2010	September 14, 2020
Joy	Martin	March 01, 2006	February 28, 2017
David	McFadden	February 24, 2016	February 23, 2018
Jane	Mclsaac	September 14, 2016	September 13, 2018
Constance	McKnight	September 08, 2009	September 11, 2019
Donald	McLeod	February 27, 2008	February 26, 2018
Patricia	Muldowney-Brooks	February 03, 2006	June 29, 2018
Augustine	Okon	September 28, 2016	September 27, 2018
Patricia	Ostapchuk	January 28, 2015	January 27, 2017
Paul	Phillion	December 18, 2001	April 12, 2018
Susan	Qadeer	October 21, 2015	October 20, 2017
Maureen	Ralph	July 22, 2015	July 21, 2017

Stephen	Rudin	November 16, 2016	November 15, 2018
David	Simpson	November 18, 2009	November 17, 2019
Andrew	Skrypniak	February 24, 2016	February 23, 2018
Lorraine	Steadman	February 03, 2006	February 02, 2017
Jane	Stone	March 07, 2007	March 06, 2017
Gary	Strang	September 24, 2003	January 14, 2018
Timothy	Vaillancourt	December 05, 2012	December 04, 2017
Barbara	Van Der Veen	August 04, 2016	August 03, 2018
Debra	Waisglass-Bettel	October 26, 2005	October 25, 2019
Anthony	Warr	December 05, 2012	December 04, 2017
Joy	Wendling	April 16, 2008	April 15, 2018