



CONSENT AND CAPACITY BOARD

2020 – 2023
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*. As of January 1, 2020 the Board also has jurisdiction under the *Child, Youth and Family Services Act*.

The CCB has 148 members, as of December 31, 2019. In addition to the full-time Chair and two full time Vice Chairs, part-time CCB members include 5 Vice Chairs, 43 Lawyers, 40 Psychiatrists, 6 Physicians, 8 Nurses in the Extended Class and 43 Public members. Members of the Board are appointed by Order-in-Council, for a term of one to five years. 15 full time public servants 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 (Ministry) 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 Board has a streamlined process for scheduling and convening hearings and as a result the CCB consistently schedules and holds all hearings within the legislated timeframe (i.e., seven days from receipt of an application).

A centralized pre-booking system for CCB members in the Toronto and South West areas ensures the availability of adjudicators for hearings in high volume regions, 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 a significant number of hearings by video-conference. Videoconferencing allows the Board to minimize travel expenses, maximize the daily schedules of adjudicators and ancillary service providers, convene geographically diverse panels, support hearings in remote locations and ensure safety during inclement weather while ensuring parties' rights to a hearing and all legislated timelines continue to be met.

The Board's recruitment and training program for new and existing members includes a merit based competition process, a new member education session, a mentoring program, supplemental training and support on topics of interest and importance to adjudicators and a performance evaluation program. The extensive educational support provided to members ensures the Board has knowledgeable, well trained and qualified adjudicators with in depth subject matter expertise.

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.

CCB hearings are undertaken in a fair, professional and courteous manner and with respect to the principles of procedural fairness. Decisions with respect to applications are made in an objective and unbiased fashion with due regard for the individual facts of each case and legislated requirements.

Challenges

The Board staffing model is largely unchanged since the consolidation of regional operations in about 2003 to a single centralized office, while the caseload has increased approximately 150% and has also evolved in complexity. While the Board has implemented many operational improvements to mitigate these

impacts, there is notable capacity pressure on the existing staff group across all business functions. The Board is cognizant of the challenges this presents in effective recruitment, retention and health and wellness of staff, succession planning, and continued ability to consistently meet its mandate in the long term.

The Board continually faces significant membership challenges. Recruiting members, particularly in the professional categories, who possess not only the skills but the interest, availability and willingness to adjudicate within the unique environment of the Board has always been challenging. The Board is also significantly affected by the ten-year limit on member appointments resulting in the loss of many experienced members. More recently, delays or denials of reappointments of existing members have resulted in both a loss of trained, skilled and experienced members, as well as uncertainty for the Board and for individual members. Gaps of even a single day in reappointments of lawyer members have resulted in less flexibility in assigning panels and increased costs as continuous membership for the previous two years is a legislated requirement for assignment to sit as a single member panel. As a result, members who had previously been able to sit alone may now be required to sit with two or four additional members, or a new individual not eligible to sit alone may have been appointed in their place. The replacement of experienced members with new appointees has created an increased need for costly training activities and larger panels and has placed increased pressure on the limited number of highly experienced adjudicators remaining with the Board to manage complex and sensitive matters and provide mentoring to new members. Overall the Board's ability to respond nimbly to urgent needs and to case manage has been compromised by the loss of experience. As the composition of the Board has evolved, individual availability for hearings has generally declined. This is largely due to the departure of long serving members with significant time available to devote to Board activities, and the addition of new members with active and busy careers and other demands on their time. This problem is magnified by increasing caseload pressures and legislative changes which broaden the jurisdiction of the Board and underscore the need for effective and efficient management of hearings. These circumstances contribute to a cycle of diminishing availability. That is, as hearing schedules become more demanding, members become less able or willing to commit, resulting in a need for those that remain to work harder. This can threaten the ability of the Board to effectively meet its mandate.

The Board will take on new powers under Part X of the *Child, Youth and Family Services Act* on January 1, 2020. Applications under this Act will mirror those under the *Personal Health Information and Protection Act* and relate to consent to the collection, use and disclosure of personal information related to a young person where a determination of incapacity to consent has been made by a Service Provider under the Act. As a result of this new jurisdiction the Board has been preparing public resource materials, developing application forms, and providing internal training and resources. There are no meaningful projections for application volumes stemming from the CYFSA and the Board will need to carefully

monitor the impact of these changes throughout 2020 and be prepared to respond in a nimble and timely fashion.

The Board adjudicates hearings under the *Mandatory Blood Testing Act* which was amended in 2019. The amendments include changes to timelines associated with bringing forward an application, and for the CCB to convene a hearing and issue a decision / order. Additionally, MBTA processes at Public Health and the CCB will now run concurrently rather than consecutively. The change to a concurrent process will result in an immediate 100% increase in MBTA matters coming before the Board. The expansion of the application window from seven days from an incident to thirty is expected to result in further increases, however there is no data on which to create a meaningful estimate of the impact. Volume increases resulting from this change will need to be closely monitored particularly in relation to the impact they have on Board resources. The in-force date of the amendments is not yet known but the Board is working both internally and with Ministry partners to ensure it is prepared to implement when the time comes.

Progress

The Board continues to recruit new members through a merit-based competitive process, and to mentor, train and educate new members and existing members using a peer led approach. In this way the Board maximizes the return on investment in training and facilitates the sharing of expert knowledge and the transfer of legal, institutional, operational and adjudicative skills and knowledge from established members to new recruits.

The CCB continues to focus efforts on member education through ongoing professional development opportunities. The Board is also committed to engaging with stakeholders through stakeholder committee discussions and the delivery of information sharing programs for professional stakeholders which provides and understanding of Board's processes with the goal of facilitating fair, effective and efficient hearings.

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 address challenges and provide fair, effective and efficient hearings and high-quality adjudication.

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 determination 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.

Child, Youth and Family Services Act (as of January 1, 2020)

- Review of a determination of incapacity to consent to the collection, use or disclosure of personal 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.

Upcoming New Statutory Jurisdiction

The board expects to be granted new powers with respect to two Acts, which may come into force within the timeframe of this Plan. These new powers will further increase the caseload and complexity of the work of the Board

- *Long Term Care Homes Act* – jurisdiction to review matters regarding confinement
- *Retirement Homes Act* – jurisdiction to review matters regarding confinement

The Board also expects to implement amendments to the *Mandatory Blood Testing Act* in early 2020/2021. Amendments impacting the Board are largely related to modified timelines with respect to hearings and decisions. Increased volumes of MBTA matters are also anticipated as a result of the amendments.

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

Legislative Obligations

The CCB meets its legislative obligations by:

- scheduling hearings within the required timeline
- issuing decisions and reasons within the required timeline
- adjudicating independently, fairly, 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.

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, efficient 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 communication; and when appropriate, education for stakeholders to promote effective efficient hearings; and education and training for members and staff.
- Have skilled CCB members available to conduct hearings in all parts of Ontario, commencing with the recruitment process, training and mentoring program and continuing through on-going comprehensive education, training and evaluation and provision of resources and supports.
- Further develop an adjudicative leadership team to support the Chair's initiatives relating to excellence in adjudication practices and member education

Priority Initiatives and Strategies

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

Operational Planning

1. Continuously review member resources and operational processes to maximize efficiencies, ensuring a fair process in a climate of fiscal restraint and identify and implement solutions which meets the needs of the Board, members, stakeholders, parties and government.

Member Recruitment, Training and On-going Quality Assurance

1. Further develop recruitment, appointment and training for new medical member categories.
2. Continue rigorous recruitment plans to target all member categories and areas of the province.
3. Continue to develop, deliver and support new member training and mentoring programs for new appointees.
4. Enhance Member Performance Evaluations by strengthening the method of evaluation and where necessary providing learning recommendations for members.
5. Develop and implement member training specifically related to legislative amendments
6. Continue to develop and deliver professional education programs for members of all types to reinforce and enhance their role as a CCB member, and to promote effective and efficient hearings.
7. 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
8. Support a leadership team of senior members that includes full-time Vice chairs to lead projects such as member recruitment and training, ongoing education, regional support, application and hearing case conferencing, and stakeholder outreach

Legislation

1. Continuously ensure the Board is compliant with governance, accountability and appointments requirements under the *Adjudicative Tribunals Accountability, Governance and Appointments Act*.
2. Implement, deliver and develop operational policies and procedures in response to amendments made to the *Mandatory Blood Testing Act*, *Long Term Care Homes Act*, the *Retirement Homes Act* and the *Child Youth and Family Services Act* and any other legislative amendments which may be made within the three-year span of this Plan.

Operations, Administration and Scheduling

1. Continue to develop positive working relationships with hospitals and facilities throughout the province to aid in the efficient scheduling of hearings
2. Continue to design and implement continuous 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. Continue to utilize videoconference technologies and explore opportunities to further leverage the technology on a mobile platform.
4. Continue to pursue green initiative opportunities to contribute to the reduction of unnecessary waste and leverage electronic and paperless technologies.
5. Continue to pursue improvements to hearing timelines and document receipt and review to maximize efficiency and effectiveness of hearings.
6. Continue to provide training opportunities for staff, including the observation of hearings, with a focus on understanding and providing excellent service to users of the mental health system
7. Continue to 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.

Provide information programs to professional stakeholder groups, upon request, to enhance and promote fair, effective and efficient hearings.

Finances

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*
2008-2009	\$4,800,700	\$5,676,122
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
2016-2017	\$6,710,700	\$7,820,746
2017-2018	\$6,421,600**	\$9,047,127
2018-2019	\$9,082,300	\$8,540,718

*Total Allocation and Expenditure including accommodation.

**Includes 5% constraint target imposed for 2017-2018

As noted in the chart above, the budgetary allocation provided to the CCB has been historically both static and typically less than the actual expenditures required to address its legislated mandate. In 2018-2019 an increase was made in the allocation better aligning it with previous actual expenditures. Various operational efficiencies and factors out of the Board's control combined to provide the Board to experience a one-time surplus for that fiscal year.

The ongoing increase in caseload, along with as an overall increase in costs beyond the control of the Board, such as per diem rates and reimbursement rates in the Travel Meal and Hospitality Directive has driven annual budgetary pressures for the CCB.

Although actual expenditures continue to increase, they are outpaced over time by the increase in caseload. In the past 10 years actual expenditures increased 50% however the number of applications to the CCB increased 76% and hearings increased 118%.

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 expanded jurisdictions, an anticipated increase in caseload and its management, extensive member training associated with the turnover of a large number of members in 2019, as well as anticipated wage increases, based on FY 2019-20 Q3 in-quarter estimates. Note these are broad estimates which are subject to change depending on final annual caseload numbers and wage trends.

Fiscal Year	2019-2020 (estimates)	2020-2021	2021-2022	2022-2023
Salary and Wages	1,400,000	1,428,000	1,456,560	1,471,125
Employee Benefits	203,000	207,060	211,200	213,320
Transportation and Communications	544,700	571,940	600,540	630,567
Services	8,206,500	8,616,825	9,047,670	9,500,050
Supplies and Equipment	16,150	16,475	16,800	17,136
Total forecasted Board expenditures	10,370,350	10,840,300	11,332,770	11,832,198

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

Staffing

Board staff are employees of the Ontario Public Service. The Board has 14 staff positions, including two management positions and 12 positions represented by collective bargaining agents.

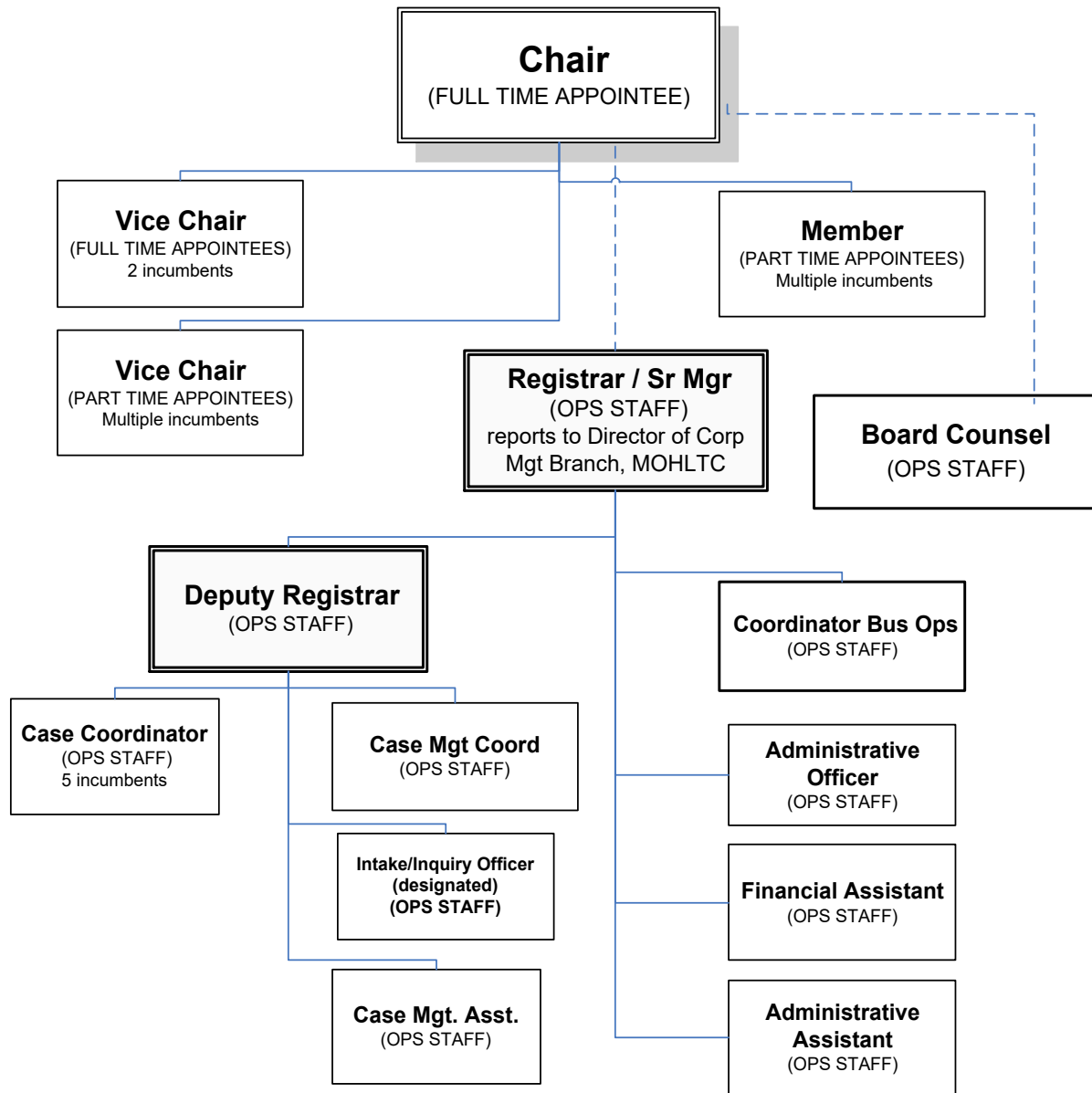
The Board also has a full time Chair and two full time Vice Chairs who are Order In Council appointees (paid via DOE) and a full time Counsel who is represented by a collective bargaining agent and is an employee of the Ministry of the Attorney General (paid via ODOE).

The Board's management consists of two Management FTEs: a Registrar/Senior Manager and a Deputy Registrar.

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

The Scheduling Unit consists of eight represented FTEs: a Case Management Coordinator, five Case Coordinators, a Case Management Assistant and a designated bilingual Intake & Inquiry Officer.

Organizational 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 approximately 15 years ago applications have increased by 125% and hearings by 155%. 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.

	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19
Applications	4705	5091	5215	5794	5962	6615	6834	7209	7770	8076	8289
Increase	4%	8%	2%	11%	3%	11%	3%	5%	8%	4%	3%
Hearings	2282	2390	2456	2794	3090	3418	3586	3964	4474	4922	4973
Increase	8%	5%	3%	14%	11%	11%	5%	11%	13%	10%	1%

As of the end of Q3 for 2019-2020, the Board is projecting approximately a 5% increase in applications over 2018-2019.

Most applications to the Board are one of three types. In 2018-2019 44% of applications to the CCB were to review of involuntary status, 26% were to review of a finding of incapacity with respect to treatment, admission or personal assistance and 23% were to review of a Community Treatment Order. As in previous years, CTO applications continue to gradually increase. These applications are anticipated to become the second most common application within three to five years. Note that involuntary status and Community Treatment Order hearings require three or five member panels including a lawyer, a medical member 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 approximately a half percent of all applications to the Board annually.

Consent and Capacity Board Members

As of December 31, 2019

First Name	Last Name	First Appointment Date	Current OIC Expiry Date
CHAIR			
Marg	Creal	March 11, 2015	March 10, 2020
FULL TIME VICE CHAIR (LAWYER)			
Michael	Newman	September 01, 2017	August 31, 2022
Lora	Patton	July 11, 2017	July 10, 2022
PART TIME VICE CHAIR (Lawyer)			
Judith	Jacob	April 03, 1995	April 02, 2020
Nina	Lester	June 17, 2009	April 10, 2020
PART TIME VICE CHAIR (PSYCHIATRIST)			
Rajiv	Bhatla	November 22, 2000	March 31, 2020
PART TIME VICE CHAIR (PUBLIC)			
Paul	Phillion	December 18, 2001	December 31, 2019
Gary	Strang	September 24, 2003	January 14, 2021
LAWYER MEMBER			
Susan	Allen	October 31, 2019	October 30, 2021
Daniel	Ambrosini	June 22, 2016	December 31, 2022
Jane	Anweiler	October 31, 2019	October 30, 2021
Geoffrey	Beasley	May 18, 2016	May 17, 2021
Ronda	Bessner	August 13, 2014	August 15, 2024
Elisabeth	Bruckmann	June 20, 2012	June 19, 2022
Sally	Bryant	April 18, 2011	April 17, 2021
Jane	Bullbrook	November 28, 2019	November 27, 2021
David	Cavanaugh	May 31, 2017	August 15, 2022
Frederick	Chenoweth	January 28, 2015	January 27, 2025
Brian	Chillman	January 15, 2016	January 14, 2021
Suzanne	Clapp	October 30, 2013	December 11, 2024
Diane	Ewer	January 15, 2016	January 14, 2021
Ronald	Franklin	December 02, 2015	December 01, 2020
R. Gail	Goodman	November 21, 2019	November 20, 2021
John	Hanbidge	January 15, 2016	January 14, 2021
Mark	Handelman	August 29, 2019	August 28, 2021
Elizabeth	Harvie	August 17, 2017	September 25, 2022
Susan	Heakes	November 21, 2019	November 20, 2021
Loree	Hodgson-Harris	May 18, 2016	December 31, 2022
Robert	Karrass	November 04, 2015	November 03, 2020

First Name	Last Name	First Appointment Date	Current OIC Expiry Date
Pamela	Krause	July 26, 2019	July 25, 2021
Rekha	Lakra	May 08, 2013	December 31, 2024
John	Liddle	January 15, 2016	January 14, 2021
Leonard	Lyn	October 17, 2019	October 16, 2021
Linda	Martschenko	January 15, 2016	January 14, 2021
Thomas	Merrifield	October 31, 2019	October 30, 2021
Janette	Mills	October 25, 2019	October 24, 2021
Patrick	Murphy	August 29, 2019	August 28, 2021
Joseph	Nemet	August 17, 2017	September 12, 2022
Brigitte	Pilon	April 26, 2017	November 29, 2020
Brendon	Pooran	February 22, 2011	February 21, 2021
Shashi	Raina	December 09, 2015	December 08, 2020
Blair	Roblin	November 28, 2019	November 27, 2021
Lonny	Rosen	July 18, 2012	July 17, 2022
Jill	Scrutton-Fulford	November 28, 2019	November 27, 2021
Laura	Silver	May 18, 2016	December 31, 2022
Ross	Stewart	February 24, 2016	February 23, 2021
Glenn	Stuart	November 04, 2015	November 03, 2020
Miriam	Vale Peters	May 30, 2016	December 31, 2019
Eugene	Williams	January 05, 2006	January 30, 2020
Zeenath	Zeath	March 07, 2018	March 06, 2020
NURSE IN THE EXTENDED CLASS MEMBER			
Donna	Andrade	August 29, 2019	August 28, 2021
Hazel	Booth	August 29, 2019	August 28, 2021
Danielle	Drouin	October 17, 2019	October 16, 2021
Julie	Earle	October 17, 2019	October 16, 2021
Kimberley	Kirkpatrick	October 17, 2019	October 16, 2021
Julie	Lossing	October 25, 2019	October 24, 2021
Kate	Uchendu	May 31, 2017	July 25, 2022
Mary	Woodman	August 29, 2019	August 28, 2021
PHYSICIAN MEMBER			
Patricia	Doyle	October 17, 2019	October 16, 2021
Nathalie	Ranger	August 29, 2019	August 28, 2021
Jennifer	Sarjeant	August 29, 2019	August 28, 2021
Sangita	Sharma	August 29, 2019	August 28, 2021
Rami	Shoucri	August 29, 2019	August 28, 2021
Katherine	Whitehead	April 12, 2017	April 11, 2020

First Name	Last Name	First Appointment Date	Current OIC Expiry Date
PSYCHIATRIST MEMBER			
Yuri	Alatishe	March 19, 2014	March 18, 2020
Halszka	Arciszewska	June 17, 2015	June 16, 2020
Donald	Braden	October 06, 1999	October 17, 2024
Shelley	Brook	August 29, 2019	August 28, 2021
Robert	Buckingham	October 09, 2013	December 11, 2022
Ranjith	Chandrasena	June 01, 1986	April 30, 2020
Yoland	Charbonneau	August 23, 1993	April 02, 2022
Peter	Cook	July 04, 2001	July 25, 2024
JoAnn	Corey	August 17, 2017	September 12, 2022
Virginia	Edwards	August 01, 2012	July 31, 2022
Joseph	Ferencz	January 15, 2007	January 14, 2023
Donald	Galbraith	January 13, 1994	April 03, 2020
Rose	Geist	February 27, 2008	February 26, 2021
Balaji	Gopidasan	March 09, 2016	March 08, 2021
Rami	Habib	August 29, 2019	August 28, 2021
R. Andrew	Hackett	March 18, 2015	March 17, 2020
Karen	Hand	May 04, 2011	May 03, 2021
Walter	Hoe	January 15, 2016	January 14, 2021
Anita	Johnston	April 11, 2018	April 10, 2020
Gary	Kay	September 08, 2015	September 07, 2020
Catherine	Krasnik	August 01, 2012	July 31, 2022
Kanwal Deep Singh	Kukreja	October 21, 2015	October 20, 2020
Paul	Links	September 14, 2016	November 13, 2022
Stephen	List	May 03, 2006	July 25, 2024
Rahul	Manchanda	June 17, 1993	April 02, 2020
Rosemary	Meier	June 01, 1986	April 02, 2020
Natasja	Menezes	August 29, 2019	August 28, 2021
Jay	Nathanson	January 29, 2014	January 30, 2023
George	Papatheodorou	November 04, 2015	November 03, 2020
John	Pelletier	October 02, 2002	December 11, 2022
Emmanuel	Persad	March 24, 2004	March 23, 2020
Martina	Power	April 09, 2014	April 08, 2020
Ajmal	Razmy	March 01, 2017	February 28, 2019
Gerald	Shugar	July 04, 2001	July 03, 2022
Marvin	Silverman	July 11, 1990	April 02, 2020
Cameron	Stevenson	June 05, 1996	June 04, 2022

First Name	Last Name	First Appointment Date	Current OIC Expiry Date
Albina	Veltman	July 11, 2017	July 25, 2022
Carolyn	Woogh	October 09, 2013	December 11, 2022
PUBLIC MEMBER			
Hilary	Alexander	December 20, 2019	December 19, 2021
Marilyn	Beaton	October 17, 2019	October 16, 2021
Kim	Brisson	February 08, 2018	February 07, 2020
Pat	Capponi	April 06, 2011	April 05, 2021
Kimberly	Cato	August 17, 2017	September 12, 2022
Alina	Cohen	October 17, 2019	October 16, 2021
Deane	Cornell	June 30, 2016	December 31, 2019
Catherine	Danbrook	October 17, 2019	October 16, 2021
Jennifer	Decaria	October 17, 2019	October 16, 2021
Stephen	Duggan	October 17, 2019	October 16, 2021
Maurice	Giroux	July 11, 2017	September 25, 2022
Hamlin	Grange	February 09, 2011	February 08, 2021
Julie	Handsor	October 31, 2019	October 30, 2021
Janet	Harris	October 19, 2016	December 11, 2022
Yvonne	Harris	October 18, 2017	October 17, 2022
Jill	Herne	September 28, 2016	November 13, 2022
Eva	Hodgson	March 07, 2018	March 06, 2020
Ileen	Howell	February 17, 2010	February 16, 2020
Slavo	Johnson	April 14, 2010	April 13, 2020
Darlene	Kindiak	October 17, 2019	October 16, 2021
Gloria	Kovach	February 21, 2019	February 20, 2021
Ken	Koyama	October 17, 2019	October 16, 2021
Renee	Ladouceur Beauchamp	October 25, 2019	October 24, 2021
David	Langlois	October 17, 2019	October 16, 2021
Sabita	Maraj	September 15, 2010	September 14, 2020
Charles	Matheson	October 31, 2019	October 30, 2021
David	McFadden	February 24, 2016	February 23, 2021
Sheila	Neuburger	October 31, 2019	October 30, 2021
Norma	Nicholson	October 25, 2019	October 24, 2021
Barbara	Nytko	October 31, 2019	October 30, 2021
Patricia	Ostapchuk	January 28, 2015	January 27, 2020
Simon	Proops	February 21, 2018	February 20, 2020
Susan	Qadeer	October 21, 2015	October 20, 2020
Robert	Rainboth	August 17, 2017	September 12, 2022
Frances	Rasminsky	September 13, 2017	September 12, 2022

First Name	Last Name	First Appointment Date	Current OIC Expiry Date
Andrew	Skrypniak	February 24, 2016	February 23, 2021
John	Trainor	March 07, 2018	March 06, 2020
Dolkar	Tulotsang	October 17, 2019	October 16, 2021
Timothy	Vaillancourt	December 05, 2012	December 04, 2022
Francesca	Vivona	October 31, 2019	October 30, 2021
Arpana	Vora	April 11, 2018	April 10, 2020
Arpana	Vora	April 11, 2018	April 10, 2020
Anthony	Warr	December 05, 2012	December 04, 2022