

Consent and Capacity Board

Annual Report 2012-2013

(Fiscal Period – April 1, 2012 to March 31, 2013)



Ontario

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Chair's Message

I am very pleased to report on the Consent and Capacity Board (CCB) for the fiscal year 2012-2013.

The CCB has achieved its legislated requirements regarding scheduling hearings within seven days of receipt of an application, releasing decisions by the end of the day following the hearing, and issuing written reasons within four business days.

I want to thank and acknowledge CCB staff for continually and constantly striving for excellence in the delivery of efficient, timely and fair customer service. They are tirelessly committed and devoted to ensuring the Board's mandate and legal requirements are met and fulfilled.

CCB membership is of the highest calibre and quality. CCB adjudicators approach each hearing with professionalism, compassion and fairness. The decisions they make are serious and can have lasting effects on the most vulnerable in our society. I want to acknowledge all CCB members for their very important and critical contributions to the Board and the mental health community.

Notable initiatives and accomplishments from this fiscal year include:

- Continuing to actively assist in the education of the Mental Health Community and other interested parties by providing speakers, instructors, and formulating CCB templates
- CCB staff attending hearings to witness and observe the hearing process in action. Their feedback has been very useful as well as their comments on our performance standards, and the evaluation of our members.
- Development of a new case management system, creation of electronic member expense claims, and improved scheduling processes

I am pleased and honoured to continue to work with the CCB staff and membership to provide an important service to the most vulnerable citizens in this province.

The Honourable
Justice Edward F. Ormston
Chair

Mission, Mandate and Jurisdiction

Mission

To provide fair, timely, effective and respectful hearings that balance legal, medical and healthcare 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 of the CCB

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

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 (i.e., civil committal);
- Review of a finding of incapacity to manage property;
- Determination of whether an involuntary patient should be transferred to another psychiatric facility;
- 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 80 percent of applications to the CCB involve a review under the *Mental Health Act* of a person's involuntary status in a psychiatric facility, or a review under the *Health Care Consent Act* of a person's capacity to consent to or refuse treatment, or both. The CCB is an expert Board. A lawyer, a psychiatrist, and a public member sit on the hearing panel to consider cases involving the deprivation of an individual's liberty.

The CCB meets its legislative obligations by:

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

Organization

The 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 125 members, as of June 30, 2013. In addition to the full-time Chair, part-time CCB members include 40 Lawyers, 42 Psychiatrists, and 43 Public members. Members of the CCB are appointed by Order-in-Council, for a term of one to five years. The CCB has a staff of 14 public servants who support the work of the CCB and its members. The CCB is also supported by a full-time legal counsel.

The CCB is an expert tribunal. CCB panels are generally composed of a lawyer, a psychiatrist, and a public member. 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.

Performance Measures

The *Health Care Consent Act, 1996*, sets out three legislated performance measures for the CCB:

1. A hearing is to commence within seven (7) days from the receipt of an application;
2. The CCB must issue its Decision within one day of the conclusion of the hearing; and
3. Upon the request of a party, the CCB must issue written Reasons for its Decision, within four business days of receiving such a request.

The CCB has consistently achieved these legislative requirements. Hearings are conducted in any region of the province, and at any venue (i.e., hospital, nursing home, private residence, etc.), as required. Most hearings are held in psychiatric facilities. The seven-day deadline to schedule a hearing, which involves the assignment of a hearing panel, synchronizing the schedules of the applicant's counsel, health care practitioner and other parties required at the hearing, presents a significant logistical challenge that is unique to the CCB. Given these performance measures, the CCB strives to ensure that its administrative and operational processes are consistent in achieving these goals.

The Board must ensure:

- members receive ongoing educational and training opportunities to maintain their expertise in this highly-specialized adjudicative environment
- staff is highly trained and engaged and has the resources available to effectively and efficiently schedule hearings
- it is providing informative and accessible educational information to stakeholders and parties

The CCB submits an annual Business Plan to the Minister of Health and Long-Term Care and an annual risk assessment as required under the Management Board of Cabinet's *Agency Establishment and Accountability Directive (AEAD)*.

2012-2013 Accomplishments

Outreach and Education:

1. The CCB continued its informative public information program to educate healthcare providers, healthcare organizations, and the public at large about the roles and responsibilities of the CCB, its processes, and the associated implications for healthcare professionals and individuals. Any interested organization can request a seminar on a variety of topics. The Board has created a library of presentations to ensure consistent messaging within its seminars and allows the Board to easily provide copies of presentations to interested participants. In 2012/13 the CCB provided 20 education seminars on a variety of topics such as end of life decision making, capacity assessments, hearing simulations, admission to long-term care and the role and jurisdiction of the CCB.
2. A lawyer member and a psychiatrist member offer presentations to groups of psychiatrists and other health care professionals on effective preparation for and participation in CCB hearings. In 2012/13 the Board convened 5 such presentations to targeted facilities.

Recruitment, Training and Quality Assurance:

1. The CCB continued using its new member training program which encompasses three distinct aspects: observing hearings, attending classroom training, and conducting hearings with an experienced member acting as mentor to the new member. In October 2012 the Board provided training to 4 new members – 2 legal and 2 psychiatrist members.
2. Continued to assess the performance of CCB members through the CCB Performance Evaluation Program in order to enhance the quality of adjudication and provide improved accountability. Every CCB member has a minimum of one performance evaluation during the term of each of his/her Order-in-Council. The evaluation is done in relation to a set of standards that were established by the members, and reflect their view of how their performance should be measured. The Board completed 11 Performance Evaluations in 2012/13. Since its inception in 2010, the Board has completed 113 evaluations.
3. The Board convened its Annual Education Session in October 2012. This year's session focused on providing application specific training and the stakeholder's perspective of the CCB experience.

4. In June 2012 the Board convened a presiding members' education session that focused on specific training for the CCB legal member. Agenda topics included legal and procedural considerations and managing and setting the climate of the hearing.

Scheduling, Finance and Administration:

1. The Board continued to use videoconferencing technology for hearings. Videoconferencing is currently used as an option in both remote areas of the province where no local Board membership exists, and in situations where it is not possible for a full panel to attend a hearing in person. Videoconferences have been convened with some members of the panel attending in person at the hearing, as well as with all members of the panel attending from Toronto via videoconference.

During the 2012/13 fiscal year the Board convened 71 video conference hearings, which is an increase of 115% over the previous fiscal year. By convening these hearings by videoconference the Board has reduced hearing costs such as daily per diem rates, meal costs and in most cases eliminated travel expenses (i.e. flight). An estimate of the financial savings for 2012/13 is \$151,000. Additionally, as members no longer need to travel they are able to adjudicate more hearings in a single sitting day and avoid the extra time and inconvenience involved in travelling. Not only has the Board realized a financial savings by convening some hearing by videoconference but is able to make more effective use of its membership.

2. In February 2013 the Board delivered a redesigned electronic member expense form. Features of the new form included streamlined user fields to allow for electronic completion, pre-populated drop-down menus and automatic calculations. The aim was to make the form more consistent, efficient and easier to use. As an added benefit the time it takes to process the new claim has decreased on average by 20%.
3. In June 2012 the Board continued its hearing observation program for all staff by assigning each staff member to a specific week to observe a hearing. It's a very important program as it allows staff to get out in the field and witness the hearing process in action and provides an important perspective on the role of the CCB. Observing hearings will be a permanent program for staff and will continue in future fiscal years.
4. The Board commenced participation in the legislated review under the *Adjudicative Tribunals Accountability, Governance and Appointments Act* in August 2012. The contents of the review included the Board's mandate, the functions performed by the Board, the Board's governance and management structure, financial and information systems and human resources. CCB

staff, members and stakeholder engaged in one-on-one interviews, group sessions and surveys to provide their feedback and information on the role, mandate and CCB experience.

5. 2012/13 saw the initial implementation and design of the Board's new Case Management System. Development and requirements gathering sessions commenced with the vendor in October 2012. The new Case Management System will be a commercial-off-the-shelf system with customizations unique to the business requirements of the CCB. The target implementation date is October 2013.

Board Members' Training and Professional Development

Member training is a priority for the CCB. CCB members are required to perform at the highest level of skill to ensure that the correct decision is made, and proper procedures are followed.

The CCB has an intensive in-house training program whereby new members observe hearings in preparation for participation in a two-day classroom training program, provided by experienced senior members and legal counsel. Following this, they participate in training panels, assisted by a mentor, until they are ready to undertake the full duties of a sitting member. Ongoing training opportunities and professional development are offered and provided to all members throughout the year and duration of their order-in-council.

Annual Education Session

The Annual Education Session provides an opportunity for members throughout the province to discuss issues of interest. The Board facilitates educational sessions as well as provides a forum for discussion on mental health issues.

In return, the CCB has better trained and engaged members from all regions which result in the consistent application of relevant practices and a thorough understanding of mental health law.

The 2012 Annual Education Session revolved around the theme of a CCB timeline. Presentations included an historical over-view of how the CCB came to be, followed by in-depth training on current legislation and applications and ending with a round table discussion with stakeholders about their experiences before the Board. Other topics and presentations included an update on emerging legal issues and trends, and a session on the Board's caseload statistics.

Legal Members' Education Session

New to this year's schedule of Board Members' Training and Professional Development was a legal members' education session. In addition to fulfilling the role of a lawyer member, CCB legal members also perform the function of the presiding member at Board hearings. The program's dual purpose was to focus on the members' administrative and hearing management responsibilities as well as provide training on emerging legal issues and discussion about prominent case law.

This method of sector training will be adopted for member training in future fiscal years, continuing with a public and psychiatrist members' education session in 2013.

New Member Training

The Board provided training to four new appointees. This training consisted of a 2 day in-class session to provide an overview of the Board's legislation and case law, procedure and protocol, scheduling challenges and to ensure the members are well prepared to deal with the issues they face as adjudicators. Additionally the members were paired with an experienced mentor who participated in training panels and provided advice and guidance. Each member completed the requirements of the training program within 6 months of their appointment.

Legal

Adjudicative Tribunals Accountability, Governance and Appointments Act, 2009

The ***Adjudicative Tribunals Accountability, Governance and Appointments Act, 2009*** (ATAGAA) was created to ensure adjudicative tribunals are accountable, transparent and efficient in their decision making. ATAGAA stipulates an adjudicative tribunal will be reviewed at least once every six years and establishes a new order-in-council appointments process which includes a merit based competition process.

In the Fall of 2012 the CCB actively participated in the review to ensure compliance with ATAGAA. Board staff participated in 1-on-1 interviews and group round tables to provide information, insight and feedback about the Board's scheduling practices, administrative and financial processes, human resource structure and information technology challenges and improvements. Board members participated in surveys and 1-on-1 interviews to provide their comments about convening and adjudicating CCB hearings. Targeted stakeholders, including the patient bar, psychiatrists and patient advocate groups were engaged for feedback about their experiences appearing before the Board. The Board looks forward to reviewing the report when it is released in 2013 as well carefully considering the review recommendations for implementation.

In February 2013 the Board posted member competitions for psychiatrist, legal and vice-chair members. Applications for these postings are expected at the beginning of the new fiscal year with interviews to be set up in the first quarter of 2013/14.

Case Management

Case Management Database

The CCB's case management system was introduced in April 2006 and tracks the progress of all the applications before the CCB. The system is used to create physical application files, assists the schedulers in coordinating hearings and paperwork and maintains a record of all applicants before Board. The current case management system has far exceeded its life-expectancy and evolved to a level that cannot be sustained and maintained.

In October 2012 the Board commenced initial implementation and development of a new case management system. The new system is a Commercial-Off-The-Shelf system with an anticipated implementation date of October 2013.

Caseload Statistics

The CCB has no control over the number of applications it receives or the number of hearings that it is required to schedule in any given year. Case management data from the past 7 years demonstrates the number of hearings convened by the Board has increased by 53% since 2006/07. Additionally, the Board has had to manage an increase in cases of 36% over the same 7 year period. Year over year the Board's caseload increases and seems to be doing so at a faster rate than in previous years.

In 2012/13 the Board continued to experience a significant increase in caseload similar to what was experienced in 2011/12 with a 12% increase in hearings over the previous year. In the 4 years prior to the 2011/12 fiscal year, the annual average increase for hearings was 5%. While it's too early to tell if the increase in caseload will continue at the same pace as it has for 2 years, the Board will continue to monitor its caseload statistics for any emerging trends.

Of notable effect on the annual increases in hearing and caseload is the number of requests to review Community Treatment Orders (CTO). Since 2006/07 the Board has experienced a 400% increase in the number of applications (1,003 in 2012/13 vs. 201 in 2006/07) received to review a CTO. The number of hearings convened has increased by 341% (918 in 2012/13 vs. 208 in 2006/07). Just in the last year alone the Board received 32% more applications to automatically review a CTO than were received the previous year.

In 2012/13 the Board designated one member of the scheduling unit to be solely responsible for scheduling hearings related to Community Treatment Orders. Additionally internal processes for scheduling these types of applications were developed or existing ones were streamlined to assist the unit with managing the increasing volume. Training topics at this year's Annual Education Session focused on providing training for all members on how to adjudicate these applications.

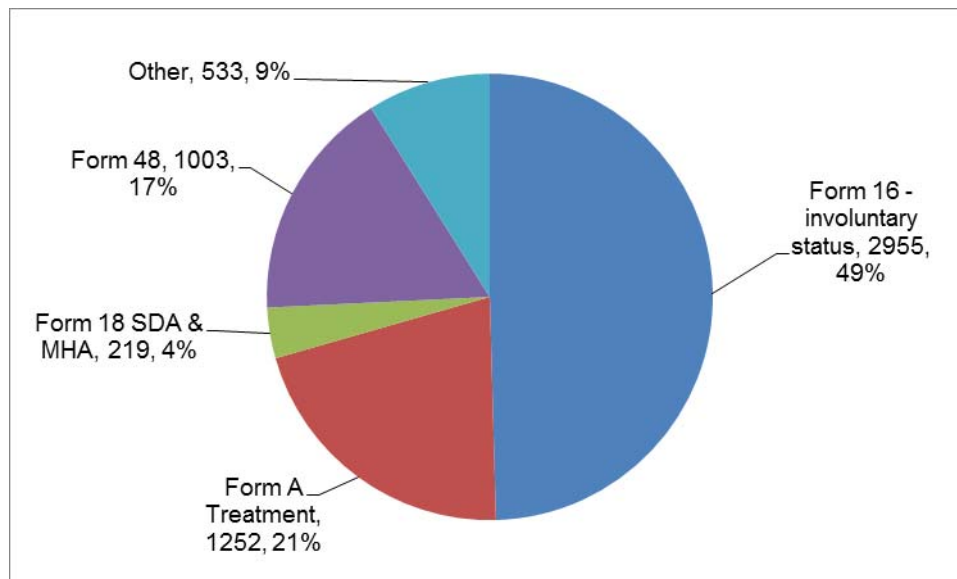
Over the years the Board has developed useful tools for health practitioners to assist in presenting CTO cases before the Board, such as CCB summary templates. The Board also established a province-wide electronic hearing process for Mandatory Non-Contested CTO hearings to allow participation in these hearings to be more efficient.

Docket and Hearing Totals

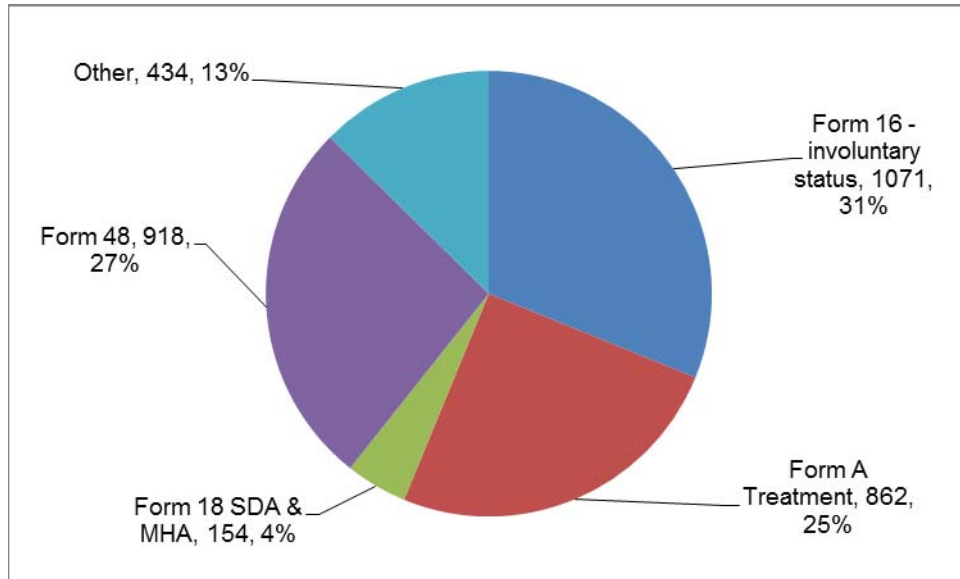
Cases (Dockets) per Year						
2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/13
3441	3551	3741	3990	4037	4485	4671
Increase per year	3%	5%	7%	1%	11%	4%

Hearings by Docket per Year						
2006/2007	2007/2008	2008/2009	2009/2010	2010/2011	2011/2012	2012/13
2071	2103	2282	2390	2457	2797	3136
Increase per year	1.5%	8.5%	5%	3%	14%	12%

Applications Submitted (2012/13)



Hearings by Application Type (2011/12)



Appeals

A party to a proceeding before the CCB has the right to appeal the CCB's decision to Ontario's Superior Court of Justice within seven days after receipt of the CCB's decision. The CCB is responsible for creating the record of appeal and ordering the transcripts for the hearing in question. These documents are then served on the parties and filed with the court.

The following are the number of appeals received by the CCB and their outcomes at the Court level. The appeal information is based on calendar year and not the fiscal year.

YEAR	WITHDRAWN/ ABANDONED	DISMISSED	ALLOWED	NO INFORMATION/ OPEN CASES	TOTAL
2003	24	10	2	17	53
2004	14	9	1	15	39
2005	15	12	2	20	49
2006	10	21	0	19	50
2007	16	18	0	22	56
2008	11	12	0	21	44
2009	10	10	3	23	46
2010	18	15	0	25	58
2011	26	13	2	22	63
2012	13	5	0	31	49
TOTAL	157	125	10	215	507

Note: Appeal outcomes may not correspond to the calendar year the appeal was initially filed.

Significant attempts were made in 2012/13 to improve the Board's statistics as it relates to appeal dispositions. Since the CCB is not a party in appeals to the Superior Court of Justice, the Board is not always notified of the outcome of an appeal. As such appeal dispositions on a number of cases were simply not known. The Board commenced an appeal disposition update project that involved creating lists of outstanding appeals and enlisting the assistance of various courts throughout the province to obtain the missing dispositions since 2003. It is still a work in progress but as a result the Board has reduced the number of unknown appeal outcomes by 17% thus far. The Board has also made changes within its correspondence to parties to an appeal at the early stages of such files, advising parties that the Board is collecting appeal disposition information and asking for their assistance in advising the Board of outcomes. This initiative has also led to increase in receiving timely information on appeal outcomes.

Finance

The financial unit continued to exercise prudent fiscal controllership by ensuring all member claims and vendor invoices adhere to Board and government guidelines and directives.

The Board revised its Member Expense Guidelines to better align the Board's procedures with Government directives and to provide clarity and consistency for members.

In 2012/13, the CCB received a budget allocation of \$4,800,700.

As a result of videoconference hearings, the CCB realized a financial savings of \$151,000 due to reduced member travel costs.

The CCB will continue to review all aspects of its operations to enhance administrative efficiencies and to implement cost-savings or cost-avoidance strategies, as appropriate.

Financial Expenditure Report (April 1, 2012 to March 31, 2013)

	<u>Internal Allocation</u>	<u>Actual Expenditures</u>	<u>Surplus (Deficit)</u>
<u>DIRECT OPERATING EXPENSE</u>			
Salaries and Wages	627,300	1,006,982	(\$379,682)
Benefits	78,100	129,196	(\$51,096)
Subtotal	\$705,400	\$1,136,178	(\$430,778)
<u>OTHER DIRECT OPERATING EXPENSES</u>			
Transportation and Communications	314,300	324,609	(\$10,309)
Services, including Accommodation	3,585,500	4,317,797	(\$732,297)
Supplies and Equipment	195,500	12,717	\$182,783
Subtotal	\$4,095,300	\$4,655,123	(\$559,823)
TOTAL OPERATING EXPENSES	\$4,800,700	\$5,791,301	(\$990,601)

Consent and Capacity Board Members As of March 31, 2013

	First Name	Last Name	Date First Appointed	Date Current Term Expires
Chair				
Justice	Edward Ormston		June 01, 2006	May 31, 2014
Legal Members				
Mr.	Stephen	Adams	January 09, 2013	January 08, 2014
Mr.	Joseph	Baker	December 15, 2005	December 14, 2013
Ms.	June	Bell	September 06, 2006	September 05, 2016
Ms.	Susan	Bigelow	June 15, 2010	June 14, 2015
Ms.	Rose-Gabrielle	Birba	June 28, 2006	June 27, 2014
Ms.	Elizabeth Margaret	Bruckmann	June 20, 2012	June 19, 2014
Ms.	Sally	Bryant	April 18, 2011	April 17, 2016
Ms.	Mary	Campigotto	May 02, 2007	May 01, 2017
Mr.	Philippe	Capelle	May 17, 1999	May 16, 2013
Mr.	Theodore	Charuk	November 22, 2000	March 31, 2014
Mr.	Philip	Clay	October 16, 2002	October 25, 2013
Mr.	Bernard	Comiskey	November 02, 2005	November 01, 2013
Mr.	Paul	DeVillers	March 29, 2006	March 28, 2014
Mr.	Normand	Forest	December 12, 2001	December 11, 2015
Mr.	Brock	Grant	March 23, 2005	August 15, 2012
Mr.	Michael	Hennessy	August 21, 2003	August 20, 2014
Mr.	Albert	Hubbard	July 04, 2001	July 03, 2015
Ms.	Judith	Jacob	April 03, 1995	April 02, 2017
Ms.	Carolyn	Jones	August 25, 2004	August 24, 2014
Ms.	Shayne	Kert	March 24, 2004	March 23, 2014
Ms.	Erin	Lainevoal	June 20, 2007	June 19, 2016
Ms.	Michele	Lawford	September 15, 2010	September 14, 2015
Mr.	Roger	Leclair	February 21, 2007	February 20, 2017
Ms.	Nina	Lester	June 17, 2009	June 16, 2014
Ms.	Susan	Lightstone	February 21, 2007	February 20, 2017
Ms.	Karen	Lindsay-Skynner	April 03, 2002	July 20, 2016
Ms.	Catherine	McDonald	September 15, 2010	September 14, 2015
Mr.	Patrick	Murphy	October 26, 2005	October 25, 2013
Mr.	Michael	Newman	October 21, 1998	April 01, 2018

Ms.	Susan	Opler	November 21, 2001	November 20, 2017
Ms.	Judith	Pascoe	May 04, 2005	May 03, 2015
Ms.	Lora	Patton	September 24, 2009	September 23, 2014
Mr.	Brendon	Pooran	February 22, 2011	February 21, 2016
Ms.	Judith	Potter	October 26, 2005	October 25, 2013
Ms.	Jill	Presser	March 29, 2006	March 28, 2014
Mr.	Lonny	Rosen	July 18, 2012	July 17, 2014
Mr.	Roger	Rowe	November 10, 2005	November 09, 2013
Ms.	Lucille	Shaw	January 04, 2011	January 03, 2016
Mr.	Bernard	Starkman	February 27, 2002	May 03, 2015
Ms.	Colleen	Sylvester	August 25, 2004	May 13, 2015
Ms.	Shirley	Wales	March 23, 2005	March 22, 2016
Mr.	Eugene	Williams	January 05, 2006	January 04, 2014
Psychiatrist Members				
Dr.	Nural	Alam	January 13, 1999	January 12, 2016
Dr.	Federico	Allodi	February 21, 2001	April 22, 2016
Dr.	Rajiv	Bhatla	November 22, 2000	March 31, 2015
Dr.	Dominique	Bourget	June 22, 2006	June 21, 2014
Dr.	Donald	Braden	October 06, 1999	October 17, 2013
Dr.	Gary	Chaimowitz	July 04, 2001	July 03, 2017
Dr.	Ranjith	Chandrasena	June 01, 1986	April 02, 2014
Dr.	Yoland	Charbonneau	August 23, 1993	April 02, 2017
Dr.	Peter	Cook	July 04, 2001	July 03, 2015
Dr.	Andre	Cote	October 23, 1986	April 02, 2014
Dr.	Isabelle	Cote	June 30, 2000	June 29, 2014
Dr.	Raymond	Denson	January 03, 2003	January 09, 2013
Dr.	Virginia	Edwards	August 01, 2012	July 31, 2014
Dr.	Jack	Ellis	August 10, 2006	August 09, 2014
Dr.	Joseph	Ferencz	January 15, 2007	January 14, 2017
Dr.	Russel	Fleming	June 05, 1996	June 04, 2014
Dr.	Alison	Freeland	May 30, 2006	May 29, 2014
Dr.	Donald	Galbraith	January 13, 1994	April 02, 2014
Dr.	Rose	Geist	February 27, 2008	February 26, 2018
Dr.	Joseph	Glaister	May 17, 1999	June 21, 2013
Dr.	Karen	Hand	May 04, 2011	May 03, 2016
Dr.	Tom	Hastings	December 06, 2006	December 05, 2016
Dr.	John	Johnson	July 23, 1993	March 20, 2013
Dr.	Catherine	Krasnik	August 01, 2012	July 31, 2014
Dr.	Anthony	Levinson	May 17, 2011	May 16, 2013
Dr.	Stephen	List	May 03, 2006	May 02, 2014
Dr.	Donna	Lougheed	October 25, 2012	October 24, 2014

Mr.	Pierre	Lessard	May 28, 2003	May 01, 2014
Ms.	Nechita	Lim-King	March 07, 2007	March 06, 2017
Mr.	Duncan	MacPhee	April 11, 2007	April 10, 2017
Ms.	Sabita	Maraj	September 15, 2010	September 14, 2015
Mr.	George	Maroosis	July 05, 2007	July 04, 2016
Ms.	Joy	Martin	March 01, 2006	February 28, 2014
Ms.	Constance	McKnight	September 08, 2009	September 11, 2014
Mr.	Donald	McLeod	February 27, 2008	February 26, 2018
Ms.	Teresa	Michienzi	February 10, 2006	February 09, 2014
Ms.	Patricia	Muldowney- Brooks	February 03, 2006	February 02, 2014
Mr.	Takis	Pappas	October 02, 2002	October 25, 2013
Mr.	Panos	Petrides	April 11, 2006	June 19, 2016
Mr.	Paul	Philion	December 18, 2001	December 17, 2015
Mr.	David	Simpson	November 18, 2009	November 17, 2014
Ms.	Lorraine	Steadman	February 03, 2006	February 02, 2014
Ms.	Jane	Stone	March 07, 2007	March 06, 2017
Mr.	Gary	Strang	September 24, 2003	September 23, 2014
Ms.	Joanne	Turner	September 06, 2006	September 05, 2016
Mr.	Timothy	Vaillancourt	December 05, 2012	December 04, 2013
Ms.	Debra	Waisglass- Bettel	October 26, 2005	October 25, 2013
Mr.	Anthony	Warr	December 05, 2012	December 04, 2013
Ms.	Joy	Wendling	April 16, 2008	April 15, 2018

Members Reappointed in 2012/13 using ATAGAA Waivers

	First Name	Last Name	Date First Appointed	Date Current Term Expires
Lawyer Members				
Ms.	June	Bell	September 06, 2006	September 05, 2016
Ms.	Susan	Bigelow	June 15, 2010	June 14, 2015
Ms.	Mary Jane	Campigotto	May 02, 2007	May 01, 2017
Mr.	Normand	Forest	December 12, 2001	December 11, 2015
Mr.	Brock	Grant	March 23, 2005	August 15, 2012
Ms.	Beverley	Hodgson	February 27, 2008	February 26, 2018
Mr.	Albert	Hubbard	July 04, 2001	July 03, 2015
Ms.	Judith	Jacob	April 03, 1995	April 02, 2017
Ms.	Carolyn	Jones	August 25, 2004	August 24, 2014
Ms.	Michele	Lawford	September 15, 2010	September 14, 2015
Ms.	Catherine	McDonald	September 15, 2010	September 14, 2015
Ms.	Susan	Opler	November 21, 2001	November 20, 2017
Ms.	Lora	Patton	September 24, 2009	September 23, 2014
Mr.	Brendon	Pooran	February 22, 2011	February 21, 2016
Ms.	Lucille	Shaw	January 04, 2011	January 03, 2016
Ms.	Colleen	Sylvester	August 25, 2004	May 13, 2015
Ms.	Shirley	Wales	March 23, 2005	March 22, 2016
Psychiatrist Members				
Dr.	Nural	Alam	January 13, 1999	January 12, 2016
Dr.	Gary	Chaimowitz	July 04, 2001	July 03, 2017
Dr.	Yoland	Charbonneau	August 23, 1993	April 02, 2017
Dr.	Peter	Cook	July 04, 2001	July 03, 2015
Dr.	Andre	Cote	October 23, 1986	April 02, 2014
Dr.	Raymond	Denson	January 03, 2003	January 02, 2016
Dr.	Rose	Geist	February 27, 2008	February 26, 2018
Dr.	John	Johnson	July 23, 1993	April 02, 2017
Dr.	Eric	MacLeod	June 06, 1968	April 02, 2017
Dr.	William	Maley	February 06, 2002	February 05, 2016
Dr.	Robert	McCurlley	April 14, 2010	April 13, 2015
Dr.	Vivian	Rakoff	August 25, 2004	August 24, 2014
Dr.	Edward	Rotstein	June 06, 2007	June 05, 2017
Dr.	Gerald	Shugar	July 04, 2001	July 03, 2017
Dr.	Marvin	Silverman	July 11, 1990	April 02, 2017

Dr.	Cameron	Stevenson	June 05, 1996	June 04, 2017
Dr.	William	Surphlis	July 04, 2001	July 03, 2017
Dr.	Michele	Tremblay	November 20, 1992	April 02, 2014
Dr.	James	Wilkes	July 04, 2001	July 03, 2017
Public Members				
Mr.	Ram	Chopra	August 25, 2004	August 24, 2014
Mr.	Hamlin	Grange	February 09, 2011	February 08, 2016
Mr.	Slavo	Johnson	April 14, 2010	April 13, 2015
Ms.	Janice	Laking	July 11, 2001	October 04, 2015
Mr.	Duncan	MacPhee	April 11, 2007	April 10, 2017
Ms.	Sabita	Maraj	September 15, 2010	September 14, 2015
Ms.	Constance	McKnight	September 08, 2009	September 11, 2014
Mr.	Donald	McLeod	February 27, 2008	February 26, 2018
Mr.	Paul	Philion	December 18, 2001	December 17, 2015
Ms.	Joanne	Turner	September 06, 2006	September 05, 2016

Consent and Capacity Board Staff

Justice Edward Ormston	Chair
Isfahan Merali	Board Legal Counsel (A)
Lorissa Sciarra	Registrar and Senior Manager
Cheryl Young	Deputy Registrar
Nadia Ramnarine	Coordinator of Business Operations
Manal Hanna	Administrative Officer
Saskia Mulders	Financial Assistant
Karen Walker	Case Management Coordinator
Angela Moore	Case Coordinator
Joseph Szamuhel	Case Coordinator (A)
Michael Blakely	Case Coordinator
Nicole Ramlochan	Case Coordinator
Tyra Jackson	Bilingual Intake and Inquiry Officer