



June 30, 2017

The Honourable Eric Hoskins
Minister of Health and Long-Term Care
80 Grosvenor Street
10th Floor Hepburn Block
Toronto, ON M7A 2C4

Dear Minister:

Re: Consent and Capacity Board Annual Report for 2016/2017

I respectfully submit the 2016/2017 Annual Report of the Consent and Capacity Board pursuant to the Management Board of Cabinet Directive on Agencies and Appointments.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'M. Creal'.

Marg Creal
Chair

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Chair's Message

I am pleased to report on the Consent and Capacity Board (CCB) for the fiscal year 2016/2017.

Once again the Board faced significant challenges impacting the nature of its work, membership as application and hearing numbers steadily increased throughout the Province. The need for more adjudicators to meet the increased hearing demand together with membership losses due to adjudicator term limits created significant pressures on a part time membership. Further recent amendments to the *Mental Health Act (MHA)* broadening Board jurisdiction impacted the complexity of matters.

In response, the Board initiated a significant, province-wide membership recruitment across its five disciplines resulting in numerous appointments throughout the Province including the newly created "physician" and "nurse in the extended class" categories. Multiple training programs occurred to provide initial education and mentoring for new members. At the same time, Board training continued so that Board membership was prepared to adjudicate on new hearings pursuant to the *MHA* amendments. Continuing professional development for members was strengthened by the addition of supports and programming.

Once again the CCB continues to meet 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 acknowledge and thank CCB staff for the delivery of efficient, timely and fair customer service. Staff members work tirelessly to ensure that the Board's mandate and legal requirements are met.

I acknowledge and thank CCB members for the dedication, professionalism, compassion and fairness they demonstrate in the fulfillment of their duties. The decisions they reach have real, serious and lasting effects on the most vulnerable in our society.



Marg Creal
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 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 92% 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.

The CCB meets its legislative obligations by:

- scheduling hearings within the required timeline
- issuing decisions and reasons within the required timelines
- 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 had 146 members, as of March 31, 2017. In addition to the full-time Chair, part-time CCB members include 11 Vice Chairs, 48 Lawyers, 46 Psychiatrists, 3 Physicians and 37 Public members. Members of the CCB are appointed by Order-in-Council, for a term of one to five years. 15 employees of the Ontario Public Service 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.

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 consistently achieves these legislative requirements through its operational performance.

Hearings are conducted at up to 250 venues throughout the province, including hospitals, long-term care facilities and community locations. Due to the nature of the majority of the applications before the CCB, most hearings are held in Schedule 1 psychiatric facilities.

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 issue decisions within one day of the conclusion of the hearing and issue written reasons 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.

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;
- administrative processes support the achievement of the CCB's mandate and deliverables

2016/2017 Accomplishments

Stakeholder Consultation, Outreach and Education

1. In 2016/2017 the CCB met with numerous organizations and participated in discussions of mutual interest. The organizations included the Ministry of Health and Long Term Care, Legal Aid Ontario, the Psychiatric Patient Advocate Office and the Ontario Law Reform Commission.
2. The CCB initiated two key stakeholder committees in 2016/2017. The first involves psychiatrists in the Toronto and Southwest Regions that generally represent themselves at CCB hearings. The second includes counsel who represent applicants and physician parties before the CCB. Each committee meets quarterly. These meetings provide an opportunity to communicate on issues of mutual interest and have proven to be an effective tool for sharing information and gathering feedback.
3. The CCB continued its public information program in response to requests to educate parties to CCB hearings, counsel and stakeholders about the roles and responsibilities of the Board, its processes and associated implications for healthcare professionals and individuals. These presentations are designed to assist persons who appear before the CCB to communicate with Board personnel, effectively prepare for and participate in CCB hearings. This CCB initiative promotes good relations with the Board and high quality hearings. In 2015/2016 29 programs were delivered to stakeholders including health care professionals, administrators and social workers

Effective Hearing Management

1. In response to an increasing caseload and with the addition of amendments to the *Mental Health Act* in relation to long-term detention, in 2015/2016 the CCB initiated a case conferencing process to those matters to manage the identification of applications to be brought, legal issues and the parties to the hearing. In 2016/2017 use of case conferences, also referred to as prehearings, was expanded more broadly across the CCB's caseload. A total of 327 conferences, or 2.5 times the 2015/2016 number were convened. The use of case conferences helps to promote both the responsible use of resources and enhanced service to parties by ensuring that complex matters proceeding to hearing are well positioned to convene and conclude in an effective and timely fashion.
2. In February 2017 the CCB initiated a new pilot project to ensure the more timely sharing of documents with parties and the Board and to promote the effective

use hearing time. Further details of this pilot project, which is ongoing, can be found in the Legal section of this Report.

Recruitment, Training, Continuing Education and Quality Assurance

1. In 2016/2017 the CCB conducted eight recruitment competitions for Vice-Chairs and Lawyer, Psychiatrist, Physician, Nurse in the Extended Class and Public Members. Recruitment, merit-based interviews and recommendation of new members were conducted in accordance with the requirements of the *Adjudicative Tribunal Accountability Governance and Appointments Act*. In 2016/2017 31 new members were appointed to the CCB, ten lawyer, two psychiatrist, three physician and twelve public members.
2. The CCB conducted its new member training program which includes hearing observation, classroom training and participation on hearing panels with experienced member mentors. In 2016/2017 three classroom training sessions were held, in which 36 new members were trained.
3. In 2015/2016 changes to the Mental Health Act were implemented which expanded the CCB's jurisdiction with respect to long stay patients. Specialized training was developed and delivered to 91 members in the first three months of 2016 in response to these changes. In 2016/2017 that training continued and an additional 32 members were trained in four sessions over the course of the year.
4. The CCB continued to assess the performance of members through an enhanced member Performance Evaluation Program (PEP). This Program monitors the quality of adjudication and requires the evaluation of each member once during the term of his/her Order-in-Council appointment. In 2016/2017 the CCB conducted 25 PEP reviews.
5. In addition to PEP reviews the CCB has initiated mechanisms to review each order/ endorsement and set of Reasons released to assess individual education or support needs and systemic needs.
6. In response to the increasing complexity of matters before the CCB, and the appointment of a significant number of new members, the Board expanded and enhanced its in-service training program in 2016/2017. Further details on member training programs can be found in the Board Members Training and Professional Development section of this Report.

Scheduling and Administration:

1. The CCB continues to convene hearings using videoconference technology. Videoconferencing enhances the Board's ability to provide effective service to parties throughout the province, while efficiently managing public resources.

Videoconference hearings have gained wide acceptance among CCB stakeholders and members alike.

In 2010/2011, the first full calendar year after joining Ontario Telemedicine Network, the CCB scheduled seven remote hearings by videoconference. This represented 0.2% of all hearings that year. In 2016/2017 the CCB convened over 800 hearings, or approximately 18% of all hearings, with one or more parties or panel members participating by video conference through OTN.

Videoconference technology has become a mainstream scheduling tool and has enabled the CCB to meet its mandate while continuing to manage increasing caseload. As use of videoconference continues to expand, the CCB remains responsive to feedback from internal and external stakeholders and efforts are always underway to both streamline and enhance the experience for parties, adjudicators, facilities and Board staff.

2. During 2016/2017 the CCB continued with its green transformation, Having previously successfully completed the transition from paper based faxing to electronic platforms eliminating all hardcopy incoming and outgoing faxing for staff, the CCB actively promoted the use of email over regular mail and courier among staff, members and parties and eliminated printing of all but essential case documents. Workflows were further adapted, and technology leveraged, to eliminate all reliance on hardcopy triggers for scheduling staff, resulting in a fully electronic process. Most hardcopy reference materials for staff have now been replaced with electronic versions. The CCB also actively promoted electronic faxing by members. Over the past two years the CCB has also begun to make more member resources available remotely in an electronic format to reduce the need for printing and shipping. In 2009 the Ontario Public Service set a target of a 50% reduction in paper use. The CCB estimates that as of 2016/2017, overall paper consumption at head office has been reduced by more than 75%, with the scheduling unit leading the way with an estimated reduction of 95%. This reduction also results in less physical space required for on-site storage and fewer consumables and emissions associated with transport to archival storage or shipment to parties, stakeholders and adjudicators.
3. Administrative staff provided support to an expanded member recruitment and training program through the coordination of 82 member applicant interviews, nearly three times the number conducted two years earlier. Administrative support was provided to 12 in-year member training sessions where 100 members received training and the Annual Education Session where 108 members were trained.
4. The CCB is statutorily obligated to prepare and serve a record of appeal, including a transcript of proceedings, upon receipt of a Notice of Appeal from a party. Administrative staff are responsible for the physical preparation of appeal records and for arranging service to the parties and court. In 2016/2017 123

appeals notices were received. This is a 30% increase from the previous year and an 86% increase from two years ago.

5. In 2016/2017 the Ontario Public Service implemented changes to the procedures for issuing payment to part time per diem appointees. As a result, CCB staff took on significant new responsibilities associated with this process. Staff conducted in person and teleconference training for all members to orient them with the new procedures. In light of the increased volume of work resulting from this change, in-house payment processing procedures were also reviewed and refined and many improvements were implemented, such as changes that resulted in an 80% reduction in photocopying.

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 a comprehensive training program for new and existing members which includes a new member education session, a mentoring program, a performance evaluation program and annual training sessions. The extensive training provided to members ensures the CCB has well-trained and qualified adjudicators.

New Member Education

The CCB provided new member training to 36 new members in 2016/2017. This training consisted of a two day session to provide an overview of role of the member, and the legislation, rules and policies that are relevant to the work of the CCB. New members were also paired with an experienced mentor who participated in training panels with them and provided advice and guidance during the training period.

New Presiding Member Supplemental Training

The CCB introduced New Presiding Member Supplemental Training in recognition of increasing hearing complexity, heightened demands on Lawyer members and the significant number of new Lawyer members. This training was provided twice in 2016/2017 to 12 Lawyer members.

Issue Specific Training

Ongoing training on key issues has been provided over the last year. This includes a working group for mentors to ensure consistent strategies for training new members; senior lawyer member training on conducting prehearings; training on long-term patient applications for members not previously trained; training on corroboration in hearings; and Performance Evaluation Program evaluator training. Seven such sessions were provided to 52 members in 2016/2017. In recognition of the need to continually review, revise and deliver new training, in 2017/2018 a Vice-Chair will be designated to focus on member education initiatives

Annual Education Session

The CCB holds an annual education session, which provides educational and training opportunities for all members. This session provides an opportunity for members to share knowledge and best practices with their colleagues throughout the province and assists the CCB in ensuring that members have the benefit of topical and educational information available to assist them in their roles. This year's session was held in October 2016 and focused on "The CCB Moving Forward: Lessons learned from our experiences, working collaboratively with our stakeholders, and developing wisdom."

Legal

The CCB's scheduling and hearing processes are designed to provide a just, fair, accessible and understandable process for parties to hearings before the Board. Given the significant volume of applications received by the CCB and the significant number of hearings scheduled annually, the Board's processes are also aimed at making proceedings as efficient and cost effective as possible in order for the CCB to meet its mandate. This includes ensuring the overall efficiency and timeliness of hearings, including avoiding unnecessary lengthy and delayed hearings.

In the CCB's efforts to ensure that hearings are conducted in an efficient and effective manner, the Board commenced a Pilot Project on February 21, 2017. As part of the Pilot Project, the CCB developed a new Notice of Hearing notifying parties that specific hearings before the Board are expected to conclude within two hours of the hearing start time.

The Pilot Project included four key features which were reflected in the CCB's new Notice of Hearing:

1. Hearings before the CCB are anticipated to conclude within two hours of the start time of the hearing (the CCB may schedule additional time if a hearing includes a review of more than two applications).
2. If a hearing is not completed within the scheduled time, the hearing panel may need to adjourn the hearing in order to promptly attend other hearings.
3. Pursuant to Rule 25.1 of the CCB's Rules of Practice, parties must exchange documents prior to the commencement of the hearing. To facilitate this, parties must ensure documents have been exchanged and filed with the hearing panel 15 minutes prior to the commencement of the hearing.
4. The hearing panel will review the documents prior to the commencement of the hearing without first obtaining consent. Objections to the filing of any documents may be raised at the commencement of the hearing.

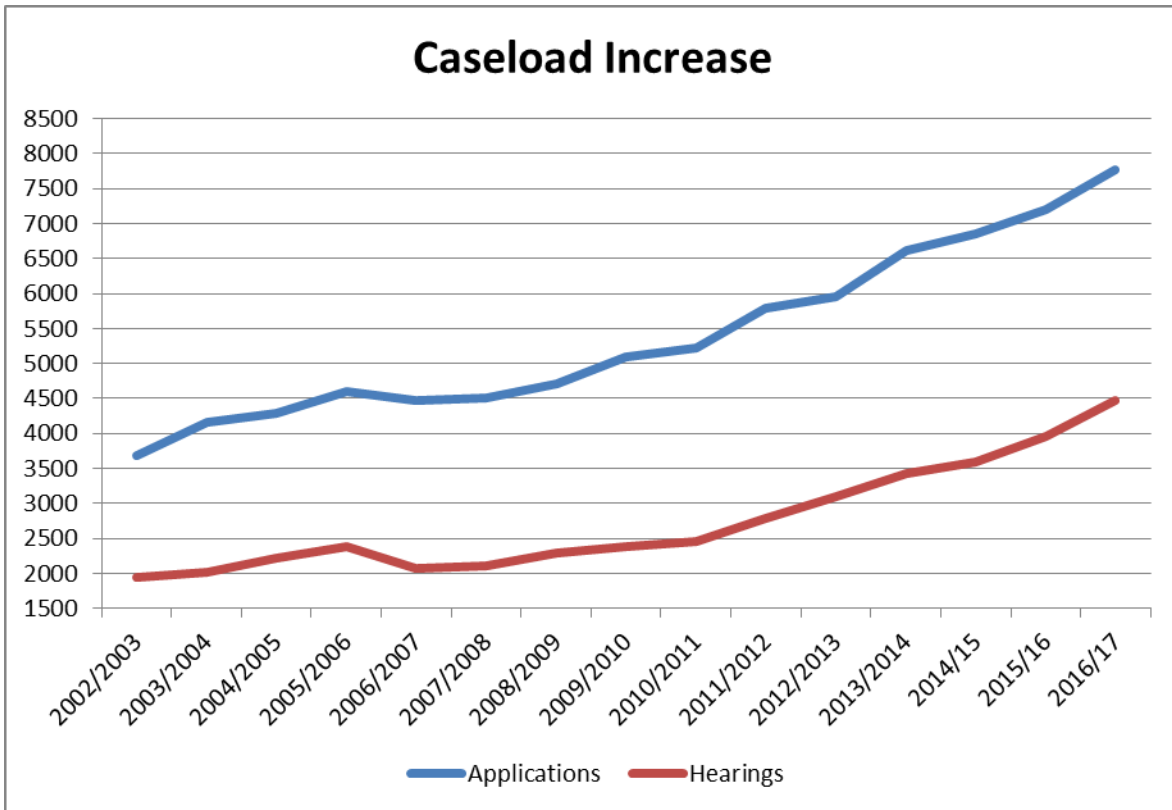
Prior to its commencement, the CCB discussed the Pilot Project at stakeholder meetings. Further, as part of receiving ongoing feedback on the Pilot Project, a Notice was posted on the CCB's website that welcomed all comments or feedback regarding the Pilot Project and new Notice of Hearing, including its effectiveness, advantages and disadvantages, and any other suggestions.

Case Management

Caseload Increase

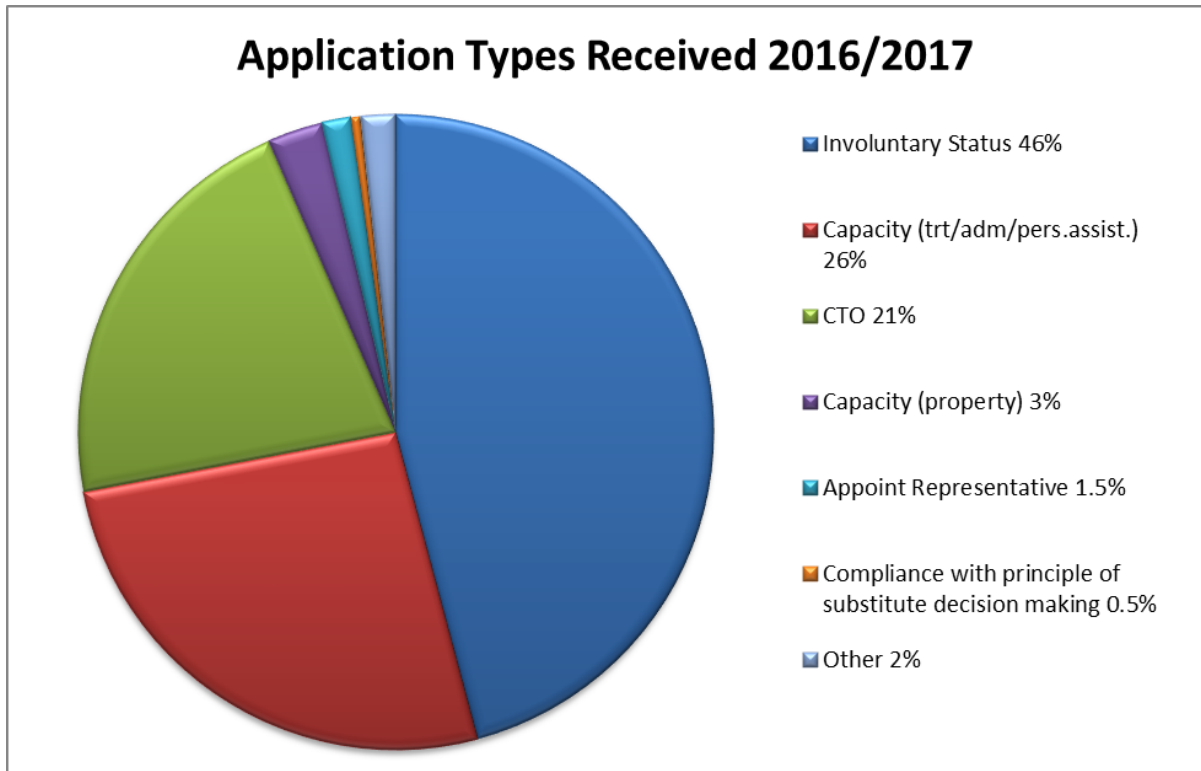
The CCB has no control over the number of applications it receives or the number of hearings that it is required to schedule and convene in any given year. Caseloads have been steadily increasing since the consolidation of regional operations to a centralized office in 2002/2003, and the increases have been greater in recent years. In the five years following centralization applications increased on average 4.2% per year and hearings increased on average 2% annually. However in the past five years applications have increased on average 6% annually and hearings have increased on average 10.2% annually

For the 2016/2017 fiscal year application receipts climbed to almost 7800 and nearly 4500 hearings were convened province wide. This is a 111% increase in applications and a 129% increase in hearings since centralization.



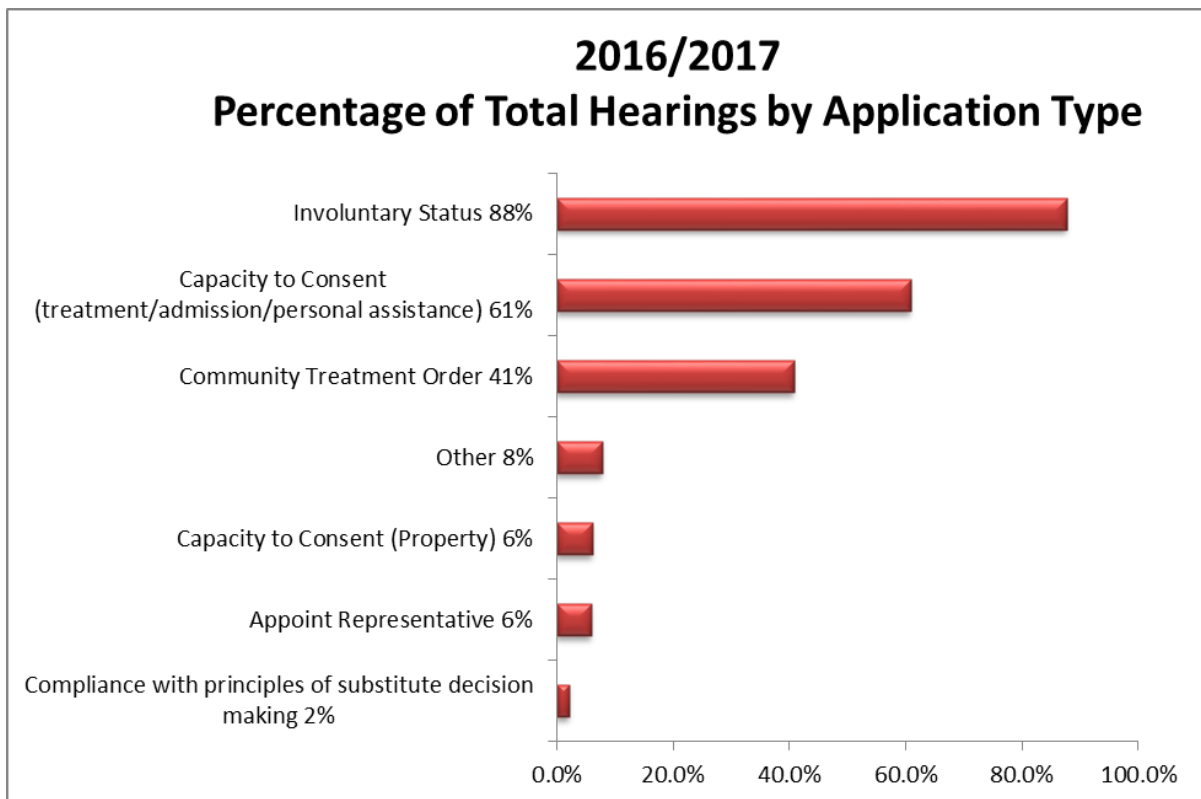
Applications to the Board

In 2016/2017 a total of 7770 applications were received by the CCB. Three types made up the majority of the applications submitted to the CCB: 46% related to a review of involuntary status, 26% 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.



Applications Reviewed at Hearings

In 2016/2017 a total of 4474 hearings were convened by the CCB. The majority of hearings involved a review of three types of applications: 88% of all hearings involved an application with respect to involuntary status, 61% involved an application with respect to a finding of incapacity with respect to treatment, admission or personal assistance and 41% involved an application with respect to a Community Treatment Order. Note that the total is greater than 100% because more than one application may be reviewed at a single hearing.



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 preparing the record of proceedings 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.

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

YEAR	WITHDRAWN/ ABANDONED	DISMISSED	ALLOWED	NO INFORMATION/ OPEN CASES	ADMINISTRATIVELY CLOSED BY CCB	TOTAL
2003	26	9	2	7	12	56
2004	17	6	1	9	4	37
2005	21	11	3	10	4	49
2006	25	16	0	7	2	50
2007	27	16	0	12	5	60
2008	18	16	0	10	0	44
2009	14	9	3	15	5	46
2010	27	19	1	1	10	58
2011	30	20	2	4	7	63
2012	21	14	2	10	2	49
2013	24	18	0	17	3	62
2014	21	26	4	9	6	66
2015	31	29	6	25	4	95
2016	37	19	2	63	2	123

Finance

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

For many years the CCB's budgetary allocation was both static and less than the actual expenditures required to address its legislated mandate. From 2008/2009 to 2014/2015 the CCB's allocation was fixed at \$4,800,700. Historically, the CCB has experienced annual pressures of approximately \$1 - \$1.5M since 2000/2001 due primarily to an ongoing increase in caseload, a factor over which the CCB has limited control.

In the 2015/2016 fiscal year the CCB's allocation was revised to \$6,710,700, which was a 40% increase over previous years and exceeded the actual expenditures of any previous year. The increase was fully contained within Other Direct Operating Expenses (ODOE), with no additional allocation provided for Salary & Wages, where a deficit remained.

Although actual expenditures continue to increase, they are outpaced over time by the increase in caseload. In the past 10 years actual expenditures increased 41% however the number of applications to the CCB increased 74% and hearings increased 116%.

Fourth quarter increases to appointee per diem rates, retroactive to April 1 2016, and meal reimbursement rates under the Travel Meal and Hospitality Directive introduced unexpected late year financial pressures which were not within the control of the CCB.

The CCB continues to review all aspects of its operations to enhance administrative efficiencies and to implement cost-savings or cost-avoidance strategies, as appropriate. The expansion of the use of videoconference hearings, for example, allowed the CCB to realize an estimated cost avoidance of between \$1-\$2M in 2016/2017 through decreased per diem, travel and ancillary service provider costs. While the vast majority of the CCB's ODOE expenditures are direct hearing-related costs, the CCB also carefully monitors other, smaller operational expenses with an eye toward continual improvement and cost efficiency. For example, in 2016/2017 a minor purchasing adjustment identified by a staff member prompted a 94% savings on an office supply item, resulting in an annualized savings of approximately \$1500. While such efforts are small in scale, they demonstrate the CCB's ongoing commitment to responsible management of all costs.

Financial Expenditure Report (April 1, 2016 to March 31, 2017)

	<u>Allocation</u>	Actual <u>Expenditures</u>	Surplus (<u>Deficit</u>)
<u>DIRECT OPERATING EXPENSE</u>			
Salaries and Wages	661,200	954,554	(293,354)
Benefits	95,900	159,247	(63,347)
Subtotal	\$757,100	\$1,113,801	(\$356,701)
<u>OTHER DIRECT OPERATING EXPENSES</u>			
Transportation and Communications	360,000	405,750	(45,750)
Services, including Accommodation	5,548,600	6,272,293	(723,693)
Supplies and Equipment	45,000	28,902	16,098
Subtotal	\$5,953,600	\$6,706,945	(\$753,345)
 TOTAL OPERATING EXPENSES	 \$6,710,700	 \$ 7,820,746	 (\$1,110,046)

Consent and Capacity Board Members

As of March 31, 2017

First Name		Surname	First Appointed	Current Term Expires
Chair				
Ms.	Marg	Creal	March 11, 2015	March 10, 2020
Vice-Chairs				
Vice-Chair Lawyer Members				
Mr.	Paul	DeVillers	June 08, 2016	June 07, 2018
Ms.	Judith	Jacob	January 24, 2001	April 02, 2020
Ms.	Carolyn	Jones	June 22, 2016	June 21, 2018
Mr.	Michael	Newman	April 02, 2008	April 01, 2018
Ms.	Lora	Patton	August 28, 2013	August 27, 2018
Vice-Chair Psychiatrist Members				
Dr.	Rajiv	Bhatla	April 04, 2007	March 31, 2020
Dr.	Gary	Chaimowitz	July 15, 2005	July 03, 2017
Vice-Chair Public Members				
Mr.	Earl	Campbell	July 17, 2013	July 16, 2018
Ms.	Patricia	Muldowney-Brooks	June 30, 2016	June 29, 2018
Mr.	Paul	Phillon	April 13, 2016	April 12, 2018
Mr.	Gary	Strang	January 15, 2016	January 14, 2018
Lawyer Members				
Ms.	Grace	Alcaide Janicas	October 23, 2013	October 22, 2018
Mr.	Daniel	Ambrosini	June 22, 2016	June 21, 2018
Mr.	Geoffrey	Beasley	May 18, 2016	May 17, 2018
Ms.	June	Bell	September 06, 2006	September 05, 2018
Ms.	Ronda	Bessner	August 13, 2014	August 12, 2019
Ms.	Elisabeth Margaret	Bruckmann	June 20, 2012	June 19, 2022
Ms.	Sally	Bryant	April 18, 2011	April 17, 2021
Ms.	M. Krista	Bulmer	April 15, 2015	April 14, 2020
Ms.	Jay	Burnside	September 14, 2016	September 13, 2018
Ms.	Mary Jane	Campigotto	May 02, 2007	May 01, 2018
Ms.	Monique	Charlebois	December 02, 2015	December 01, 2017
Mr.	Frederick	Chenoweth	January 28, 2015	January 27, 2020
Mr.	Brian	Chillman	January 15, 2016	January 14, 2018
Ms.	Suzanne	Clapp	October 30, 2013	October 29, 2018
Mr.	Albert	Cohen	December 02, 2015	December 01, 2017
Mr.	Bernard	Comiskey	November 02, 2005	November 01, 2019

Ms.	Diane	Ewer	January 15, 2016	January 14, 2018
Mr.	Normand	Forest	December 12, 2001	December 11, 2018
Mr.	Ronald	Franklin	December 02, 2015	December 01, 2017
Ms.	Amanda	Fricot	January 15, 2016	January 14, 2018
Ms.	Kathleen	Gowanlock	April 15, 2015	April 14, 2020
Ms.	Jessyca	Greenwood	September 14, 2016	September 13, 2018
Mr.	John	Hanbidge	January 15, 2016	January 14, 2018
Mr.	Michael	Hennessy	August 21, 2003	August 20, 2019
Ms.	Loree	Hodgson-Harris	May 18, 2016	May 17, 2018
Mr.	Michael	Horan	March 19, 2014	March 18, 2019
Ms.	Nuwanthi	Jayatunge	May 18, 2016	May 18, 2018
Mr.	Robert	Karrass	November 04, 2015	November 03, 2017
Ms.	Erin	Lainevoool	June 20, 2007	June 19, 2017
Ms.	Rekha	Lakra	May 08, 2013	May 07, 2018
Ms.	Christina	Langlois	November 16, 2016	November 15, 2018
Ms.	Michele	Lawford	September 15, 2010	September 14, 2017
Ms.	Nina	Lester	June 17, 2009	June 16, 2019
Mr.	John	Liddle	January 15, 2016	January 14, 2018
Ms.	Linda	Martschenko	January 15, 2016	January 14, 2018
Mr.	Cezary	Paluch	December 02, 2015	December 01, 2017
Ms.	Jocelyne	Paquette-Landry	April 27, 2016	April 26, 2018
Mr.	Brendon	Pooran	February 22, 2011	February 21, 2021
Mr.	Shashi	Raina	December 09, 2015	December 08, 2017
Mr.	Lonny	Rosen	July 18, 2012	July 17, 2022
Ms.	Laura	Silver	May 18, 2016	May 17, 2018
Mr.	Bernard	Starkman	February 27, 2002	May 03, 2018
Mr.	Ross	Stewart	February 24, 2016	February 23, 2018
Mr.	Glenn	Stuart	November 04, 2015	November 03, 2017
Ms.	Winnie	Tse	December 02, 2015	December 01, 2017
Ms.	Miriam	Vale Peters	May 30, 2016	May 29, 2018
Ms.	Shirley	Wales	March 23, 2005	March 22, 2019
Mr.	Eugene	Williams	January 05, 2006	January 04, 2019
Physician Members				
Dr.	Donald	Jamieson	December 20, 2016	December 19, 2018
Dr.	Taylor	Lougheed	December 20, 2016	December 19, 2018
Dr.	Kashif	Pirzada	January 11, 2017	January 10, 2019
Psychiatrist Members				
Dr.	Nural	Alam	January 13, 1999	January 12, 2019

Dr.	Yuri	Alatishe	March 19, 2014	March 18, 2019
Dr.	Halszka	Arciszewska	June 17, 2015	June 16, 2017
Dr.	Donald	Braden	October 06, 1999	October 17, 2019
Dr.	Robert	Buckingham	October 09, 2013	October 08, 2018
Dr.	Ranjith	Chandrasena	June 01, 1986	April 02, 2019
Dr.	Yoland	Charbonneau	August 23, 1993	April 02, 2022
Dr.	Peter	Cook	July 04, 2001	July 03, 2019
Dr.	Virginia	Edwards	August 01, 2012	July 31, 2022
Dr.	Joseph	Ferencz	January 15, 2007	January 14, 2020
Dr.	Jane	Fogolin	February 26, 2014	February 25, 2019
Dr.	Alison	Freeland	May 30, 2006	May 29, 2019
Dr.	Donald	Galbraith	January 13, 1994	April 02, 2019
Dr.	Rose	Geist	February 27, 2008	February 26, 2018
Dr.	Balaji	Gopidasan	March 09, 2016	March 08, 2018
Dr.	R. Andrew	Hackett	March 18, 2015	March 17, 2020
Dr.	Karen	Hand	May 04, 2011	May 03, 2021
Dr.	Daniel	Hertzman	November 04, 2015	November 03, 2017
Dr.	Walter	Hoe	January 15, 2016	January 14, 2018
Dr.	Gary	Kay	September 08, 2015	September 07, 2017
Dr.	Catherine	Krasnik	August 01, 2012	July 31, 2022
Dr.	Kanwal Deep Singh	Kukreja	October 21, 2015	October 20, 2017
Dr.	Paul	Links	September 14, 2016	September 13, 2018
Dr.	Stephen	List	May 03, 2006	May 02, 2019
Dr.	Eric	MacLeod	June 06, 1968	April 02, 2017
Dr.	Rahul	Manchanda	June 17, 1993	April 02, 2019
Dr.	Paul	Max	June 30, 2000	August 09, 2018
Dr.	Robert	McCurley	April 14, 2010	April 13, 2020
Dr.	Rosemary	Meier	June 01, 1986	April 02, 2020
Dr.	Jay	Nathanson	January 29, 2014	January 28, 2019
Dr.	George	Papatheodorou	November 04, 2015	November 03, 2017
Dr.	Sujay	Patel	October 02, 2013	October 01, 2018
Dr.	John	Pelletier	October 02, 2002	November 01, 2018
Dr.	Emmanuel	Persad	March 24, 2004	March 23, 2020
Dr.	Martina	Power	April 09, 2014	April 08, 2019
Dr.	Priyadarshani	Raju	May 13, 2015	May 12, 2017
Dr.	Ajmal	Razmy	March 01, 2017	February 28, 2019
Dr.	Edward	Rotstein	June 06, 2007	June 05, 2017
Dr.	Gerald	Shugar	July 04, 2001	July 03, 2022
Dr.	Marvin	Silverman	July 11, 1990	April 02, 2020

Dr.	Peter	Stenn	November 06, 2013	November 05, 2018
Dr.	Cameron	Stevenson	June 05, 1996	June 04, 2022
Dr.	Samuel	Waldenberg	February 10, 2016	February 09, 2018
Dr.	James	Wilkes	July 04, 2001	July 03, 2017
Dr.	Si-Ann	Woods	February 21, 2007	February 20, 2019
Dr.	Carolyn	Woogh	October 09, 2013	October 08, 2018
Public Members				
Mr.	Nithy	Ananth	December 07, 2016	December 06, 2018
Mr.	Larry	Brigham	March 09, 2016	March 08, 2018
Ms.	Natasha	Bronfman	May 04, 2016	May 03, 2018
Ms.	Pat	Capponi	April 06, 2011	April 05, 2021
Ms.	Deane	Cornell	June 30, 2016	June 29, 2018
Ms.	Deborah	Cumming	September 14, 2016	September 13, 2018
Ms.	Andrea	Geddes Poole	June 08, 2016	June 07, 2018
Mr.	Hamlin	Grange	February 09, 2011	February 08, 2021
Ms.	Jennifer	Hamilton	April 15, 2015	April 14, 2017
Ms.	Janet	Harris	October 19, 2016	October 18, 2018
Ms.	Jill	Herne	September 28, 2016	September 27, 2018
Ms.	Beverley	Hodgson	February 27, 2008	February 26, 2018
Ms.	Ileen	Howell	February 17, 2010	February 16, 2020
Mr.	Slavo	Johnson	April 14, 2010	April 13, 2020
Ms.	Sharon	Krieger	February 15, 2017	February 14, 2019
Ms.	Heather	Lareau	April 26, 2006	April 25, 2018
Ms.	Barbara	Laskin	February 10, 2006	February 09, 2018
Ms.	Sandra	LeBlanc	October 26, 2005	October 25, 2018
Ms.	Nechita	Lim-King	March 07, 2007	July 06, 2017
Mr.	Duncan	MacPhee	April 11, 2007	April 10, 2017
Ms.	Sabita	Maraj	September 15, 2010	September 14, 2020
Mr.	David	McFadden	February 24, 2016	February 23, 2018
Ms.	Jane	Mclsaac	September 14, 2016	September 13, 2018
Ms.	Constance	McKnight	September 08, 2009	September 11, 2019
Mr.	Donald	McLeod	February 27, 2008	February 26, 2018
Mr.	Augustine	Okon	September 28, 2016	September 27, 2018
Ms.	Patricia	Ostapchuk	January 28, 2015	January 27, 2020
Ms.	Susan	Qadeer	October 21, 2015	October 20, 2017
Ms.	Maureen	Ralph	July 22, 2015	July 21, 2017
Mr.	Stephen	Rudin	November 16, 2016	November 15, 2018
Mr.	David	Simpson	November 18, 2009	November 17, 2019

Mr.	Andrew	Skrypniak	February 24, 2016	February 23, 2018
Mr.	Timothy	Vaillancourt	December 05, 2012	December 04, 2017
Ms.	Barbara	Van Der Veen	August 04, 2016	August 03, 2018
Ms.	Debra	Waisglass-Bettel	October 26, 2005	October 25, 2019
Mr.	Anthony	Warr	December 05, 2012	December 04, 2017
Ms.	Joy	Wending	April 16, 2008	April 15, 2018

Members Reappointed in 2016/2017 using ATAGAA Waivers

First Name		Surname	First Appointed	Current Term Expires
Vice Chair				
Dr.	Rajiv	Bhatla	April 04, 2007	March 31, 2020
Lawyer Members				
Ms.	June	Bell	September 06, 2006	September 05, 2018
Ms.	Ronda	Bessner	August 13, 2014	August 12, 2019
Ms.	Sally	Bryant	April 18, 2011	April 17, 2021
Mr.	Frederick	Chenoweth	January 28, 2015	January 27, 2020
Mr.	Bernard	Comiskey	November 02, 2005	November 01, 2019
Mr.	Normand	Forest	December 12, 2001	December 11, 2018
Mr.	Michael	Hennessy	August 21, 2003	August 20, 2019
Ms.	Erin	Lainevoal	June 20, 2007	June 19, 2017
Mr.	Bernard	Starkman	February 27, 2002	May 03, 2018
Psychiatrist Members				
Dr.	Donald	Braden	October 06, 1999	October 17, 2019
Dr.	Ranjith D.	Chandrasena	June 01, 1986	April 02, 2019
Dr.	Peter	Cook	July 04, 2001	July 03, 2019
Dr.	Joseph	Ferencz	January 15, 2007	January 14, 2020
Dr.	Russel	Fleming	June 05, 1996	June 04, 2016
Dr.	Alison	Freeland	May 30, 2006	May 29, 2019
Dr.	Donald	Galbraith	January 13, 1994	April 02, 2019
Dr.	R. Andrew	Hackett	March 18, 2015	March 17, 2020
Dr.	Karen	Hand	May 04, 2011	May 03, 2021
Dr.	Stephen	List	May 03, 2006	May 02, 2019
Dr.	Paul	Max	June 30, 2000	August 09, 2018
Dr.	Rosemary	Meier	June 01, 1986	April 02, 2020
Dr.	Jay	Nathanson	January 29, 2014	January 28, 2019
Dr.	Emmanuel	Persad	March 24, 2004	March 23, 2020

Dr.	Martina	Power	April 09, 2014	April 08, 2019
Dr.	Si-Ann	Woods	February 21, 2007	February 20, 2019
Public Members				
Ms.	Pat	Capponi	April 06, 2011	April 05, 2021
Ms.	Heather	Lareau	April 26, 2006	April 25, 2018
Ms.	Sandra	LeBlanc	October 26, 2005	October 25, 2018
Ms.	Nechita	Lim-King	March 07, 2007	July 06, 2017
Ms.	Patricia	Ostapchuk	January 28, 2015	January 27, 2020
Ms.	Debra	Waisglass-Bettel	October 26, 2005	October 25, 2019