



CONSENT AND CAPACITY BOARD

2018 - 2021
BUSINESS PLAN

Table of Contents

Executive Summary 2

Mission and Mandate 5

Performance Measures 8

Strategic Direction & Performance Targets 9

Financial Budget and Staffing 13

Caseload 17

Consent and Capacity Board Members 18

Executive Summary

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

The CCB has 160 members, as of December 31, 2017. In addition to the full-time Chair and two full time Vice Chairs, part-time CCB members include 9 Vice Chairs, 47 Lawyers, 45 Psychiatrists, 5 Physicians, 3 Nurses in the Extended Class and 48 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 and Long-Term Care while receiving administrative services and support through the Corporate Services Division. The CCB functions under statutory requirements and a Memorandum of Understanding between the Chair and the Minister of Health and Long-Term Care.

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

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

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

Strengths

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

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

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

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

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

Challenges

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

The Board staffing model is largely unchanged since the consolidation of regional operations in 2003 to a single centralized office, while the caseload has increased approximately 111% and has also evolved in complexity. The current human resource compliment is not sufficient to manage the ever increasing caseload which creates significant pressure on the existing staff group across all business functions. As a result the Board now faces challenges not only with consistently meeting its mandate in the medium and long term, but also with effectively recruiting and retaining engaged and talented staff, ensuring health and wellness, and implementing appropriate succession planning.

Similar challenges are faced with Board membership. As the composition of the Board has evolved, 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. Environmental changes which facilitate review and appeals of the Board's decisions have resulted in a sharp increase in the number of requests for reasons for decision in recent years which places added pressure on lawyer members who are responsible for writing reasons on very tight timelines, which in turn can lead to decreased availability of lawyer members. These circumstances contribute to a cycle of diminishing availability can take hold; 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 was also significantly affected by the 10 year limit on member appointments resulting in the loss of many experienced members.

Progress

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

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 a Public Information Program.

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

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

Mission and Mandate

Mission

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

Mandate

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

Jurisdiction

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

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

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

Health Care Consent Act

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

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

Mental Health Act

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

Substitute Decisions Act

- Review of a finding of incapacity to manage property.

Personal Health Information Protection Act

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

Mandatory Blood Testing Act

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

In 2016/17 92.5% of applications to the CCB were with respect to 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.

Upcoming New Statutory Jurisdiction

The board will be granted new powers with respect to three Acts, expected to be in force in 2018 or 2019. 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
- *Child and Youth Family Services Act* – jurisdiction to review matters regarding collection, use and disclosure of personal information

Performance Measures

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

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

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

Legislative Obligations

The CCB meets its legislative obligations by:

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

Strategic Direction & Performance Targets

Strategic Goals

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

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

Priority Initiatives and Strategies

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

Operational Planning

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

Member Recruitment, Training and On-going Quality Assurance

1. 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 deliver training programs for all members to reinforce and enhance their role as a CCB member, and 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. Develop a leadership team of senior members that includes full-time Vice chairs to lead projects such as member recruitment and training, ongoing education, application and hearing case conferencing, stakeholder outreach and regional support

Legislation

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

response to amendments made to the *Long Term Care Homes Act*, the *Retirement Homes Act* and the *Child Youth and Family Services Act*.

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 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 pursue enhancement opportunities for the Case Management System to maximize the Board's ability to manage, report on and analyze caseload.
4. Continue to utilize videoconference technologies and explore opportunities to further leverage the technology on a mobile platform.
5. Continue to pursue Green initiative opportunities to contribute to the reduction of unnecessary waste and leverage electronic and paperless technologies.
6. Continue to pursue improvements to hearing timelines and document receipt and review to maximize efficiency and effectiveness of hearings.
7. Continue to schedule staff to observe hearings and appeals to enhance their understanding and appreciation of the entire hearing process and the vulnerable individuals the Board serves.
8. Continue to provide training opportunities for staff with a focus on understanding and providing excellent service to users of the mental health system
9. Seek opportunities for discussion with the Ministry with respect to staffing resources.
10. Pursue opportunities to introduce efficiencies in backend operations

Stakeholders

1. Establish and maintain on-going positive relationships with stakeholder groups to address issues of mutual concern.
2. Continue to meet with individuals and groups in the stakeholder community to discuss areas for improvement to maintain a productive and positive relationship.
3. Provide public education programs to stakeholder groups as requested to promote fair, effective and efficient hearings.

Financial Budget and Staffing

Past Allocation and Expenditure

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

Fiscal Year	Allocation*	Actual Expenditures*
2009-2010	\$4,800,700	\$5,621,418
2010-2011	\$4,800,700	\$5,382,517
2011-2012	\$4,800,700	\$5,827,941
2012-2013	\$4,800,700	\$5,791,301
2013-2014	\$4,800,700	\$6,415,552
2014-2015	\$4,800,700	\$6,134,121
2015-2016	\$6,710,700	\$6,535,918
2016-2017	\$6,710,700	\$7,820,746

*Total Expenditure including accommodation.

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.

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

Although actual expenditures 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%.

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

For 2017-18 the Ministry applied a 5% constraint target to the allocation, effectively reducing it to \$6,421,600. Additionally in 2017-18 wage increases were applied in all employee groups, as well as for appointees. Further increases in the out years are anticipated.

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, as well as anticipated wage increases, based on FY 2017-18 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	2017-2018 (estimates)	2018-2019	2019-2020	2020-2021
Salary and Wages	\$1,194,650	\$1,254,383	\$1,317,102	\$1,382,957
Employee Benefits	\$157,923	\$165,819	\$174,110	\$182,816
Transportation and Communications	\$439,351	\$461,319	\$484,384	\$508,604
Services	\$6,857,765	\$7,680,697	\$8,448,766	\$9,293,643
Supplies and Equipment	\$20,365	\$20,874	\$21,396	\$21,931
Total forecasted Board expenditures	\$8,670,054	\$9,583,091	\$10,445,759	\$11,389,950

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

Staffing

Board staff are members of the Ontario Public Service. The Board has 14 staff positions, including two management positions and 12 positions represented by collective bargaining agents. Historically the Board carries a significant pressure in Salary and Wages as full funding has not been allocated for all positions at current rates. While this represents a fiscal pressure for the Board continual staffing in these positions is critical to the ability of the Board to meet its mandate.

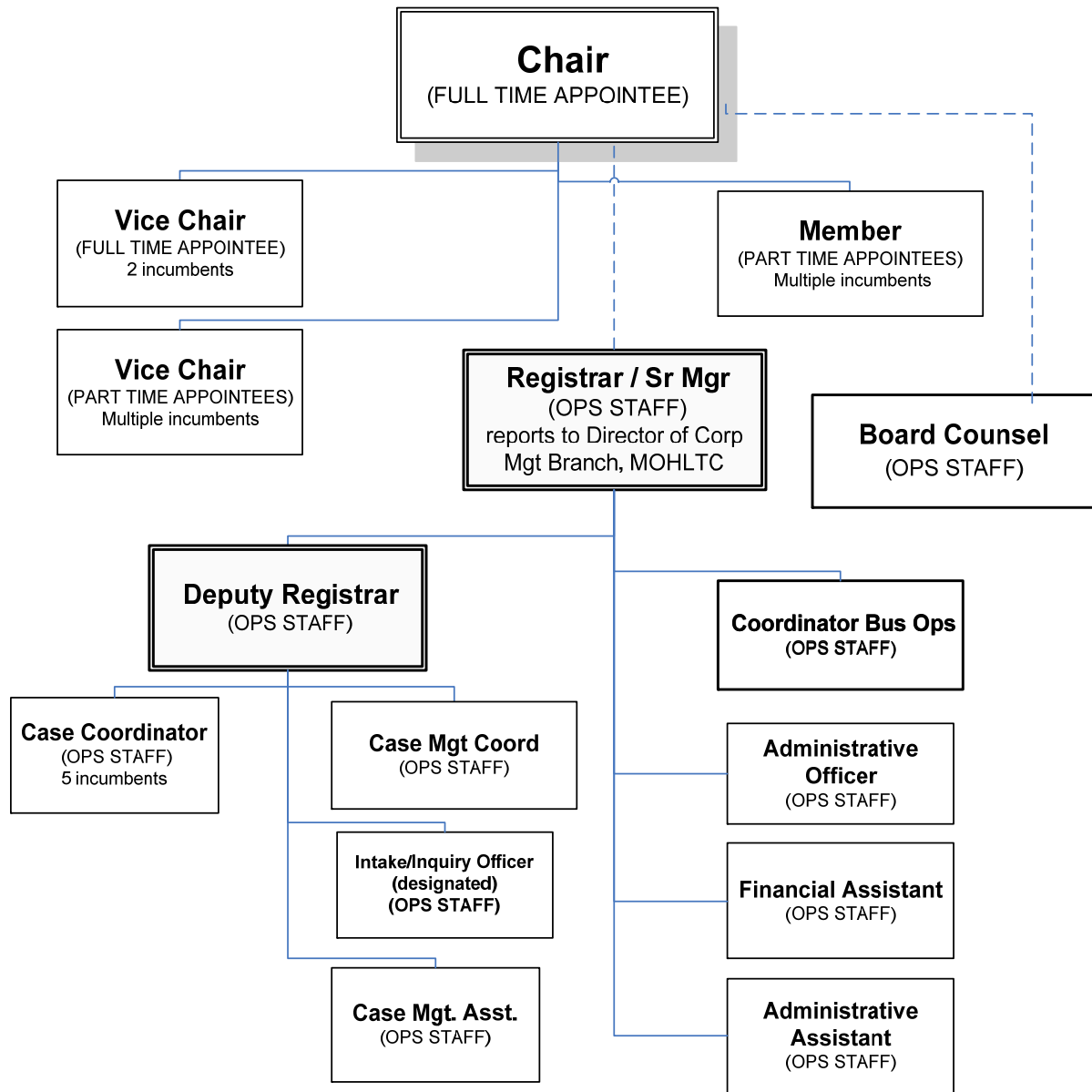
The Board also has a full time Chair and two full time Vice Chairs who are Order In Council appointees (paid via DOE) and a full time Counsel who is represented by a collective bargaining agent and is an employee of the Ministry of the Attorney General (paid via ODOE).

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 in 2002 / 03, applications have increased by 111% and hearings by 129%. While the annual increase varies from year to year, the overall trend remains consistently upward with yearly percentages reaching as high as 11% for applications and 14% for hearings.

	06/07	07/08	08/09	09/10	10/11	11/12	12/13	13/14	14/15	15/16	16/17
Applications	4476	4504	4705	5091	5215	5794	5962	6615	6834	7209	7770
Increase		1%	4%	8%	2%	11%	3%	11%	3%	5%	8%
Hearings	2071	2104	2282	2390	2456	2794	3090	3418	3586	3964	4474
Increase		2%	8%	5%	3%	14%	11%	11%	5%	11%	13%

As of the end of Q3 for 2017-2018, the Board is projecting approximately a 5% increase in applications for 2017-2018 over 2016-2017.

Three types of applications made up the majority of the applications to the Board: in 2016-2017, 46% related to a review of involuntary status, 27% related to a review of a finding of incapacity with respect to treatment, admission or personal assistance and 21% related to a review of a Community Treatment Order. This is consistent with previous years and is not currently anticipated to change significantly going forward. Note that involuntary status and Community Treatment Order hearings require three or five member panels including a lawyer, a medical and a public member, while capacity hearings require only a senior lawyer member.

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

Consent and Capacity Board Members

As of December 31, 2017

	First Name	Last Name	First Appointment Date	Current OIC Expiry Date
Chair				
Ms.	Marg	Creal	March 11, 2015	March 10, 2020
Full Time Vice Chair (Lawyer)				
Mr.	Michael	Newman	October 21, 1998	August 31, 2019
Ms.	Lora	Patton	September 24, 2009	July 10, 2019
Part-time Vice Chair (Lawyer)				
Mr.	Paul	DeVillers	March 29, 2006	June 07, 2018
Ms.	Judith	Jacob	April 03, 1995	April 02, 2020
Ms.	Carolyn	Jones	August 25, 2004	June 21, 2018
Part-time Vice Chair (Psychiatrist)				
Dr.	Rajiv	Bhatla	November 22, 2000	March 31, 2020
Part-time Vice Chair (Public member)				
Mr.	Earl	Campbell	December 07, 2005	July 16, 2018
Ms.	Barbara	Laskin	February 10, 2006	November 28, 2019
Ms.	Patricia	Muldowney-Brooks	February 03, 2006	June 29, 2018
Mr.	Paul	Phillion	December 18, 2001	April 12, 2018
Mr.	Gary	Strang	September 24, 2003	January 14, 2021
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.	Mary	Campigotto	May 02, 2007	May 01, 2018
Mr.	David	Cavanaugh	May 31, 2017	May 30, 2019
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.	Bernard	Comiskey	November 02, 2005	November 01, 2019
Ms.	Diane	Ewer	January 15, 2016	January 14, 2021
Mr.	Normand	Forest	December 12, 2001	December 11, 2018
Mr.	Ronald	Franklin	December 02, 2015	December 01, 2020

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, 2021
Ms.	Elizabeth	Harvie	August 17, 2017	August 16, 2019
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.	Sonya	Jain	May 10, 2017	May 09, 2019
Mr.	Robert	Karrass	November 04, 2015	November 03, 2020
Ms.	Rekha	Lakra	May 08, 2013	May 07, 2018
Ms.	Joanne	Lau	May 31, 2017	May 30, 2019
Ms.	Nina	Lester	June 17, 2009	June 16, 2019
Ms.	Delia	Lewis	May 10, 2017	May 09, 2019
Mr.	John	Liddle	January 15, 2016	January 14, 2018
Ms.	Linda	Martschenko	January 15, 2016	January 14, 2018
Mr.	Joseph	Nemet	August 17, 2017	August 16, 2019
Ms.	Brigitte	Pilon	April 26, 2017	April 25, 2019
Mr.	Brendon	Pooran	February 22, 2011	February 21, 2021
Mr.	Timothy	Power	July 11, 2017	July 10, 2019
Mr.	Shashi	Raina	December 09, 2015	December 08, 2020
Mr.	Graham	Reynolds	July 11, 2017	July 10, 2019
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, 2020
Ms.	Winnie	Tse	December 02, 2015	December 01, 2020
Ms.	Miriam	Vale Peters	May 30, 2016	May 29, 2018
Mr.	Eugene	Williams	January 05, 2006	January 04, 2019
Nurse in the Extended Class Members				
Ms.	Nicole	Basiaco	May 10, 2017	May 09, 2019
Ms.	Stacey	Bricknell	April 26, 2017	April 25, 2019
Ms.	Kate	Uchendu	May 31, 2017	May 30, 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
Dr.	Laurie	Wells	May 18, 2017	May 17, 2019

Dr.	Katherine	Whitehead	April 12, 2017	April 11, 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, 2020
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.	JoAnn	Corey	August 17, 2017	August 16, 2019
Dr.	Padraig	Darby	June 28, 2017	June 27, 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.	Walter	Hoe	January 15, 2016	January 14, 2021
Dr.	Gary	Kay	September 08, 2015	September 07, 2020
Dr.	Catherine	Krasnik	August 01, 2012	July 31, 2022
Dr.	Kanwal Deep Singh	Kukreja	October 21, 2015	October 20, 2020
Dr.	Paul	Links	September 14, 2016	September 13, 2018
Dr.	Stephen	List	May 03, 2006	May 02, 2019
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, 2020
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.	Ajmal	Razmy	March 01, 2017	February 28, 2019
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.	Varadaraj	Velamoor	May 31, 2017	May 30, 2019
Dr.	Albina	Veltman	July 11, 2017	July 10, 2019
Dr.	Samuel	Waldenberg	February 10, 2016	February 09, 2018
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.	Kimberly	Cato	August 17, 2017	August 16, 2019
Ms.	Deane	Cornell	June 30, 2016	June 29, 2018
Ms.	Deborah	Cumming	September 14, 2016	September 13, 2018
Mr.	James	Cyr	April 26, 2017	April 25, 2019
Mr.	Dwight	Druick	October 18, 2017	October 17, 2019
Ms.	Andrea	Geddes Poole	June 08, 2016	June 07, 2018
Mr.	Maurice	Giroux	July 11, 2017	July 10, 2019
Mr.	Harvey	Gorewicz	September 13, 2017	September 12, 2019
Mr.	Hamlin	Grange	February 09, 2011	February 08, 2021
Ms.	Yvonne	Harris	October 18, 2017	October 17, 2019
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.	Yasmin	Khaliq	August 17, 2017	August 16, 2019
Ms.	Sharon	Krieger	February 15, 2017	February 14, 2019
Ms.	Heather	Lareau	April 26, 2006	April 25, 2018
Ms.	Sandra	LeBlanc	October 26, 2005	October 25, 2018
Ms.	Sabita	Maraj	September 15, 2010	September 14, 2020
Ms.	Neasa	Martin	July 11, 2017	July 10, 2019
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
Mr.	Andrew	Palmer	July 11, 2017	July 10, 2019
Mr.	Henry	Pateman	November 01, 2017	October 31, 2019
Ms.	Susan	Qadeer	October 21, 2015	October 20, 2020
Mr.	Robert	Rainboth	August 17, 2017	August 16, 2019
Ms.	Frances	Rasminsky	September 13, 2017	September 12, 2019
Ms.	Joyce	Rowlands	November 01, 2017	October 31, 2019
Mr.	Stephen	Rudin	November 16, 2016	November 15, 2018
Ms.	Trudy	Shecter	July 11, 2017	July 10, 2019
Ms.	Sandra	Sidsworth	April 05, 2017	April 04, 2019
Mr.	Andrew	Skrypniak	February 24, 2016	February 23, 2018
Mr.	Timothy	Vaillancourt	December 05, 2012	December 04, 2022
Ms.	Barbara	Van Der Veen	August 04, 2016	August 03, 2018
Ms.	Claudia	von Zweck	August 17, 2017	August 16, 2019
Ms.	Debra	Waisglass-Bettel	October 26, 2005	October 25, 2019
Ms.	Mary	Ward	June 28, 2017	June 27, 2019
Mr.	Anthony	Warr	December 05, 2012	December 04, 2022
Ms.	Joy	Wending	April 16, 2008	April 15, 2018