

Consent and Capacity Board

Annual Report 2024-2025

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Chair's Message

It is my pleasure to submit the Chair's message for the 2024/2025 Annual Report. This is my first Chair's message as I was just appointed Chair on March 11, 2025. I have however been a lawyer member of the Board since 2021 and have experienced firsthand the good work carried out by both staff and members of the Board. Accordingly, I am very comfortable providing my first message.

This year the Board continued to experience challenges related to both the work of the Board and membership. Once again, application and hearing numbers have continued to increase province-wide, creating notable pressure on membership. Our members and staff continued to respond to this pressure in a professional manner. We are all very committed to the work that we perform and ensure that our mandate continues to be met. We have also continued to have regular contact with our stakeholders through regularly scheduled meetings. We hope to enhance this contact in the upcoming year by providing our stakeholders with more opportunities for contact with members of the Board and each other in a collegial and professional manner.

The Board continued to employ a digital first platform for hearings. In person hearings were conducted in very limited circumstances where appropriate. Comprehensive knowledge of technology systems including the Zoom platform were required of all members to ensure fair and effective hearings continued to be conducted. Hearing efficiency continued to be supported using pre-hearing conferences for complex matters. These conferences were conducted by a team of experienced senior lawyer members.

The Board also continued to enhance and support the knowledge of members by developing and delivering several digital education sessions including a series of mandatory education sessions conducted over the course of the year. We hope to enhance these sessions in the coming year by involving our stakeholders where it is appropriate to do so. Stakeholders have confirmed their interest in participating in these sessions.

The necessity of the appointment of adjudicators to meet the Board's needs due to increased demand for hearings combined with the loss of experienced members continues to be a challenge for the Board. In response, the Board continues to work with the Ministry of Health to recruit members across the province in the lawyer and psychiatrist categories. New members were recently appointed pursuant to postings in the previous year.

Despite all the challenges presented, the CCB continued to fully comply with all legislated requirements including conducting hearings within 7 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 of the request of the parties. Both staff and members should be commended for the Board's ability to continue to meet this mandate.

I wish to acknowledge and thank all CCB staff for the high level of professionalism they show every day in their interactions with the public and the support they provide to members in carrying out their duties. This occurs in a very demanding setting that requires hard work, patience, compassion and flexibility. The work of the Board could not be carried out without their valuable contributions.

I also wish to thank the CCB members that I work with for their dedication and professionalism. The decisions they make have very real impacts on the most vulnerable members of society. In observing hearings, I have seen how their dedication and compassion allows the Board to continue to deliver fair, thoughtful and effective adjudication for the public.

A handwritten signature in black ink that reads "Philip Squire". The script is cursive and fluid, with the first letters of "Philip" and "Squire" being capitalized and prominent.

Philip Squire
Chair

Mission, Mandate and Jurisdiction

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
- 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
- Review of a Community Treatment Order

Substitute Decisions Act

- Review of a finding of incapacity to manage property

Personal Health Information Protection Act

- Review of a determination of incapacity to consent to the collection, use or disclosure of personal health information;
- Review of a substitute decision maker's compliance with the rules for substitute decision-making
- 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
- Consideration of a request to amend or terminate the appointment of a representative

Child, Youth and Family Services Act

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

- Review of a substitute decision maker's compliance with the rules for substitute decision-making
- 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
- Consideration of a request to amend or terminate the appointment of a representative

Mandatory Blood Testing Act

- Review of a request, by an eligible individual who has allegedly come into contact with another person's bodily fluid, for an order that a blood sample of the other person be provided and analyzed for specific blood borne pathogens

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 120 members, as of March 31, 2025, down from 126 members a year prior. In addition to the full-time Chair and two full time Vice Chairs, part-time CCB members include eight Vice Chairs, 33 Lawyers, 28 Psychiatrists, ten Physicians, eight Nurses in the Extended Class and 30 Public members. Members of the CCB are appointed by Order-in-Council, for a term of one to five years.

As of March 31 2025, 18 employees of the Ontario Public Service support the work of the CCB and its members including 14 permanent positions allocated to the Board, three temporary unallocated positions and one lawyer reporting to the Ministry of the Attorney General and permanently assigned to the Board. Along with a Registrar, Deputy Registrar and Counsel, ten employees in the hearings unit and five in the administrative unit are responsible for functions such as: scheduling and supporting hearings, creating and serving appeal records, records management, financial processing, providing executive support to the Chair, coordinating the member appointment process, organizing staff and member training, liaising with stakeholders, answering public inquiries, strategic planning, providing legal advice to the Chair and the Board, and 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. The Chair is accountable to the Minister while staff report through the Corporate Business Services Branch in the Corporate Services Division of the Ministry. The CCB functions under statutory requirements and a Memorandum of Understanding between the Chair and the Minister of Health.

Performance Measures

Statutory Performance

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

1. The Board shall promptly set a time and place for the hearing.
2. The hearing shall begin within seven days after the day the Board receives the application unless all parties agree to a postponement (except for matters under the *Mandatory Blood Testing Act* which shall begin and end within five business days after the Board receives the application).
3. 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 (except for matters under the *Mandatory Blood Testing Act* for which the decision shall be delivered to the parties on the day the decision is made).
4. 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, issue written reasons for its decision; and provide a copy of the reasons to each person who received a copy of the decision.
5. Where a decision of the Board is appealed, the Board shall promptly serve the parties and the Court with the record of proceedings before the Board, including a transcript.

The Board's operational protocols are specifically aligned with each of these measures to ensure that the Board consistently meets its statutory timelines.

Operational Performance

The CCB moves exceptionally quickly to adjudicate matters at the intersection of the medical and legal systems and makes decisions on issues with serious consequences for individuals and for

the community, such as civil detention, decisions regarding health care or loss of control of personal financial resources. Decisions of the Board have implications for both the wellbeing and rights of individuals. Hearings are convened with parties at up to 200 venues throughout the province, including hospitals, long-term care facilities and community locations, with most hearings taking place with parties inside schedule 1 psychiatric facilities. Adjudicators are part time appointees, most of whom have other professional obligations, and Board staffing resources are very lean relative to caseload. Given the environmental considerations and operational constraints within which the Board operates, the CCB must strive to ensure that its adjudicative and operational processes are clearly focussed on achievement of its statutory performance measures.

Compliant statutory performance is dependant upon excellent operational performance including the following requirements:

- Engage in high quality, merit-based recruitment of new members and reappointment recommendations of existing members
- Provide excellent initial training and onboarding to new members
- Provide efficient and effective ongoing educational opportunities for members to develop and maintain specialized expertise
- Provide effective mentorship and peer review for members
- Provide high quality initial training, onboarding and ongoing training and development opportunities for staff to ensure they are skilled, knowledgeable and engaged
- Make use of technology to support hearing operations
- Provide clear, informative and accessible information to stakeholders and the public
- Engage with stakeholders and government with respect to the delivery of the Board's services
- Maintain administrative processes which are designed to support the achievement of the Board's mandate
- Use public funds in a responsible fashion
- Conduct hearings which are both fair and efficient
- Create an environment of respect for the adjudicative process, the parties and the public
- Engage in ongoing review of the Board's operations, through a lens of continuous improvement

2024/2025 Accomplishments

Digital Hearing Operations

1. *Embracing Digital-First* – In 2024/2025 the Board continued to expand its use of videoconferencing for hearings with a focus on community-based hearings such as Community Treatment Orders (CTOs). While remaining aware of the challenges of digital hearings in some circumstances, the Board recognizes the considerable benefits provided by digital formats and video hearings in particular such as the ability to: convene diverse panels; provide an equitable hearing experience province-wide; enhance accessibility; provide public access to an open hearings process; and to ensure the responsible use of public resources.

Stakeholder Consultation, Outreach, Education and Communication

1. *General Stakeholder Relations:* In 2024/2025 the CCB met with various organizations and bodies, including the Ministry of Health, Psychiatric Patient Advocate Office, Legal Aid Ontario and various individuals and healthcare facilities, to engage in discussions of mutual interest with respect to the work of the Board. The Chair also participated in meetings of the Canadian Network of Mental Health Review Board Chairs Working Group and the national Tribunal Leaders Network. Participation in these organizations provides an opportunity to share best practices with respect to modernization, access to justice, and developments in administrative and mental health law.
2. *Stakeholder Committees:* The CCB continued to engage with two key stakeholder committees in 2024/2025. These committees are composed of counsel that represent parties before the Board and psychiatrists that appear before the Board as parties. Stakeholder committee meetings provide an opportunity for two-way communication on issues related to the work of the Board and are an effective tool for sharing information and gathering feedback.
3. *Stakeholder Information Program:* The CCB continued its information sharing program in response to specific requests to provide information about the roles and responsibilities of the Board and its processes. The goal of the Stakeholder Information Program is to promote good relations with stakeholders and facilitate high quality hearings which are also efficient. In 2024/2025 11 programs were delivered to health, legal and educational organizations.

4. *Communications:* In 2024/2025 the Board continued its ongoing work of reviewing communication tools such as its website, information sheets, notices, fax cover sheets and letters. The goal of these ongoing efforts, first initiated in 2021/2022, is to make legal and technical processes more inclusive and accessible through the use of plainer language, easy-to-use information, and simplified and accessible formatting. Work on this initiative will continue in 2025/2026.

Effective Hearing Management

1. *Proposed updates to Rules of Practice* – In 2024/2025 the Board drafted proposed updates to its *Rules of Practice*. The *Rules* were last updated in 2019, prior to the Board’s shift to a digital first approach. The proposed updates were drafted with input from the membership and will be posted to the Board’s website for public consultation in Q1 of 2025/2026 with adoption anticipated later in the year.
2. *Active Adjudication* – Training was provided to members on active adjudication in 2024/2025. Active adjudication is an approach which ensures the hearing process is managed in a manner that is efficient, fair, flexible, orderly, understandable, and responsive to the needs of parties. Active adjudication aims to remove barriers for unrepresented parties by providing clear information about the hearing process and to improve the hearing experience by keeping parties focused on the issues to be determined and ensuring that evidence presented at the hearing remains relevant. The ultimate goal of active adjudication is to ensure a fair, efficient and effective process for all, which in turn will result in improved decision-making.

Member Recruitment, Training, Continuing Education, Engagement and Development

1. *Recruitment:* Recruitment, merit-based interviews and recommendation of new members are conducted in accordance with the requirements of the *Adjudicative Tribunal Accountability Governance and Appointments Act*. No competitions for new members were initiated in 2024/2025 however interviews and recommendations were undertaken with respect to competitions held in 2023/2024. Five new members were appointed in 2024/2025.
2. *In-Service Training:* In response to the increasing complexity of matters before the CCB, and turnover among more experienced members, the Board continued its in-service training

program in 2024/2025, hosting ten sessions. The program had a total attendance of 418 with many members attending training on more than one topic. Further details on member training programs can be found in the Board Members Training and Professional Development section of this Report.

3. *Office of the Chair* – On March 10, 2025 Marg Creal retired from her position as Chair of the Consent and Capacity Board. Marg Creal served ten years in this capacity and oversaw significant change during this time. On March 11, 2025 Phil Squire was appointed as the new Chair. Having previously practiced before the Board, and having been a part time lawyer member since 2021, Phil Squire is deeply familiar with the CCB and is keen to partner with the ministry, members and staff to continue to advance the work of the Board in 2025/2026.

Scheduling and Administration

1. *Resourcing:* In 2021 the Board was granted three temporary resources in response to exceptional caseload increases which occurred during the Covid pandemic. These resources remain in place, on a temporary basis, as of the end of 2024/2025. These additional resources have allowed a better alignment of scheduling and hearing support activities, have improved the wellbeing of staff, and have resulted in better service to adjudicators, parties and stakeholders. The Board continues to work with the Ministry to assess options for its ongoing needs.
2. *Enhancing hearing scheduling and support:* The Board refreshed a number of scheduling procedures including hearing reminders and rescheduling protocols, and expanded the use of video to more community based hearings in 2024/2025. The Board also enhanced its management of electronic hearing documents and provided support to new members transitioning to its document management platform. The Board focusses its operations on ensuring legislated performance measures can be achieved in the face of exponential caseload growth. Information about the caseload supported by Board staff can be found in the Caseload section of this report.
3. *Member recruitment, training and support:* Board staff supported significant membership activity in 2024/2025 including onboarding of five new members appointed in 2024/2026 and another ten appointed the previous fiscal, three new member training sessions, finance and technical training for new and existing members and ten in-service training sessions in addition to member meetings, town halls and other activities. Staff further coordinated the

updates of publication and posting of training materials and documentation to support member development.

Respect, Equity, Accessibility, Diversity and Inclusion (READI)

1. *Member Education:* A diverse group of members from all disciplines form the Board's Cultural Competency and Diversity Working Group. In 2024/2025 the Working Group continued to lead efforts to deliver adjudicator-focused READI programming to their fellow members. Planned learning for this year was focused on trauma-informed adjudication with a session to be led by an expert in this field. Due to the value of this programming it was to be a shared session with members and staff from the Ontario Review Board, Health Professions Appeal and Review Board, Health Services Appeal and Review Board, and the Health Board Secretariat. The session was scheduled to take place in Q4 but was rescheduled to Q1 2025/2026.
2. *Staff Education:* Staff of the Board continued to develop and enhance their knowledge, skills and understanding of the issues of bias, systemic racism and equity, through events, readings, courses and activities internal and external to the Ontario Public Service. In addition to individual learning opportunities, all staff participated in a training session on de-escalating emotionally heightened situations. This training better equipped staff to provide fair, respectful and equitable service to vulnerable individuals who may be experiencing a crisis. Staff will continue to participate in formal and informal learning opportunities on an individual and team basis in 2025/2026, and highlight these efforts in their professional goals and performance planning in alignment with OPS and Ministry of Health commitments.
3. *Digital Hearings:* While expanding access to video hearings to more community-based parties, the Board worked to make these hearings more accessible in 2024/2025 by enhancing information provided to parties to highlight a variety of digital hearing connection options. By making it easier to understand the options for connecting to digital hearings, the Board's goal was to improve accessibility for participants, particularly among vulnerable populations who may face barriers with respect to digital hearings.

Members' Training and Professional Development

The CCB has a comprehensive training program for new and existing members, designed to ensure the Board is populated with well-trained and highly qualified adjudicators. The Board's training program includes new member education, mentoring, performance evaluation, reference resources and in-service training. In 2024/2025 member training and development was provided to 418 learners in total, with many members attending multiple sessions.

New Member Education

New Member Training, which is a mandatory member-led program for all new members, provides an essential overview of the legislation, rules and policies that govern the work of the Board and provides new members with a foundational understanding of their role in the delivery of the Board's mandate. As part of their training, new members are also paired with an experienced mentor who sits on panels with their mentee and who provide new members with advice and guidance during the training period and beyond. In 2024/2025 New Member Training was held twice for groups, with an additional one-on-one session also facilitated, with a total of 15 new members attending.

Member Sector Supplemental Training

Presiding Member supplemental training was developed in recent years in recognition of increasing hearing complexity, heightened demands on Lawyer members and the significant number of newer Lawyer members. Supplemental training was provided three times in 2024/2025 for 13 Lawyer members.

Issue Specific Training

Ongoing training is provided on key issues throughout the year. The nature of this training is dependant on emerging interests and needs with respect to legislative changes as well as general or Board specific issues or changes of a legal, administrative or operational nature. As with most member training, these sessions are typically peer developed and led. Learning in 2024/2025 focussed on enhancing knowledge with respect to specific application types and the associated hearing issues.

All Member Education

Adjudicators attended a three-week series of weekly professional development sessions developed, organized, and delivered by a team of members. Participation in this peer-led education was mandatory for all members. Staff also attended select sessions on an optional basis. Topics for 2024/2025 included active adjudication, preliminary motions and procedural fairness.

Legal Developments

[Ontario Health Coalition and Advocacy Centre for the Elderly v. His Majesty the King in Right of Ontario, 2025 ONSC 415 \(CanLII\)](#)

In the recent noteworthy case of *Ontario Health Coalition and Advocacy Centre for the Elderly v. His Majesty the King in Right of Ontario*, Justice Centa of the Ontario Superior Court of Justice dismissed a Charter challenge against Bill 7, also known as the *More Beds, Better Care Act*.

Bill 7 allowed hospitals to place patients deemed as "Alternate Level of Care" (ALC) into long-term care homes without their consent, even if they did not choose the assigned facility and charge a daily fee if they refuse the transfer.

Plaintiffs' argument

The Ontario Health Coalition and Advocacy Centre for the Elderly had argued that Bill 7 violated patients' Charter rights by infringing on their right to choose where they live and receive care.

As part of their argument, the plaintiffs also submitted an alternative that could be used by facilities, and argued that when a Substitute Decision Maker (SDM) refuses to apply to a long-term care home for the patient, that the hospital should have recourse by applying to the Consent and Capacity Board (CCB) for an order.

The following is the excerpt of the plaintiff's argument (and the Court's decision) on the issue that involved the CCB:

293 The Advocacy Centre submits that, instead of Bill 7, when a patient's substitute decision-maker refuses to apply to a long-term care home, the hospital should apply to the Consent and Capacity Board for an order. This submission has no merit. Not only would such an approach tax an administrative decision-maker who has other important responsibilities, it would require hospitals to waste scarce public dollars on litigation that could be better spent in innumerable ways. The relevant question for the Legislature is not whether a substitute decision-maker is acting in the patient's best interests, it is how the Legislature can advance the shared interests in a better health care system within the limits imposed by the constitution.

294 The Advocacy Centre submits that Bill 7 could have been tailored more narrowly to apply only where there are a certain number of vacant beds. This type of micro-managing forms no part of the overbreadth analysis. It is not appropriate to tinker with legislation under the guise of the overbreadth analysis.

295 The Advocacy Centre submits that Bill 7 is overbroad because it relies "on an ALC designation that is vague, inconsistently applied and on occasion just wrong." Assuming for a moment that this would be relevant to an overbreadth analysis, and in my view, it is not, I do not accept the Advocacy Centre's submission on this point.

296 Contrary to the Advocacy Centre's submission, the evidence does not establish that clinicians are pressured by hospital administrators to discharge patients inappropriately. It was Dr. Sinha, who has never designated a patient as ALC, provided this evidence. I do not accept his evidence for the reasons set out in paragraphs [150] to [152] above. Instead, I accept the crystal-clear evidence of Dr. Carpenter, that physicians discharge their professional and fiduciary duties to their patients to the best of their abilities:

A full appreciation of the role of physicians in making ALC designations requires an understanding about the relationship between physicians and hospitals. Most physicians in Ontario practising as inpatient hospital MRPs are independent contractors and are not employees of their respective hospitals. Physicians have professional ethical and clinical responsibilities to their patients that fall outside of their responsibilities to their hospital. Similarly, physicians are subject to patient and family complaints outside of hospital jurisdiction (through the College of Physicians and surgeons of Ontario) and possible legal or financial sanction through a civil suit regarding the care that they provide.

Overall, as physicians are independent contractors, hospitals typically have insufficient levers to drive 'desirable' behavior (from their perspective) in attending physicians. Requests from the hospital will almost universally be overridden by physicians' own ethics and values, or their desire to avoid patient complaints or civil lawsuits related to the provision of potentially suboptimal care. Stated another way, potentially inappropriate discharges that are likely to result in preventable hospital readmission or an adverse event are highly undesirable professionally and personally for physicians, and a significant effort will be made to avoid such outcomes.

Operationalizing the role of the MRP in this way helps us with undesirable conflicts of interest from the physician's perspective and allows physicians to be strong advocates for their patients. For example, I am quite frequently presented with a dilemma where a

hospital might prefer to avoid an 'ALC-for-LTC' designation that is likely to result in a long length of stay; however, a patient's physical or social circumstances may preclude a safe or durable discharge home. In such circumstances, I will not hesitate to indicate that I do not believe the patient should be discharged home and that an 'ALC-for-LTC' designation is appropriate.

[297] I do not accept the Advocacy Centre's submission that there is a lack of clarity or clear criteria for determining when to designate a patient as ALC. None of the Advocacy Centre witnesses are actually the ones making the decision to designate patients as ALC. In contrast, Dr. Pelc provided clear and convincing evidence that there are criteria applied when designating patients as ALC, and that when ALC designation differs from context to context, it is because of the care needs of the patient, and not because the definition changes:

Patients are not designated ALC arbitrarily. There is a specific definition and there are specific criteria which we use at my hospitals for ALC designation. These are standard and have been developed by Ontario health. As an approximate rule of thumb, we ask ourselves if it would be clinically appropriate to discharge a patient if there were currently a bed available for them in their next destination. If the answer is yes, then in most cases the patient would be designated ALC. A copy of Ontario health's ALC reference manual is attached here too as exhibit C.

It follows from this approach that ALC designation does differ in different contexts. This is not because the definition changes, but because different hospital services are designed to meet different patient needs. Patient who is appropriate to designate ALC while awaiting transfer from an acute care facility to rehab has different care needs from a patient who is appropriate to designate ALC when they are awaiting discharge from rehab to home.

[298] Dr. Carpenter and Dr. Narayan provided evidence to similar effect. I accept their evidence and see nothing in the approach to designating patients as ALC, which has not changed under Bill 7, that would make Bill 7 overbroad. Moreover, the fact that clinicians might come to different conclusions regarding whether to designate a particular patient as an ALC patient is not even evidence that one of the doctor's is negligent, much less that Bill 7 is constitutionally infirm.

[299] I conclude that Bill 7 is not overbroad.

The Court did not accept the plaintiff's alternative solution involving the CCB, finding that this would "*tax an administrative decision-maker who has other important responsibilities* and lead to costly litigation for hospitals.

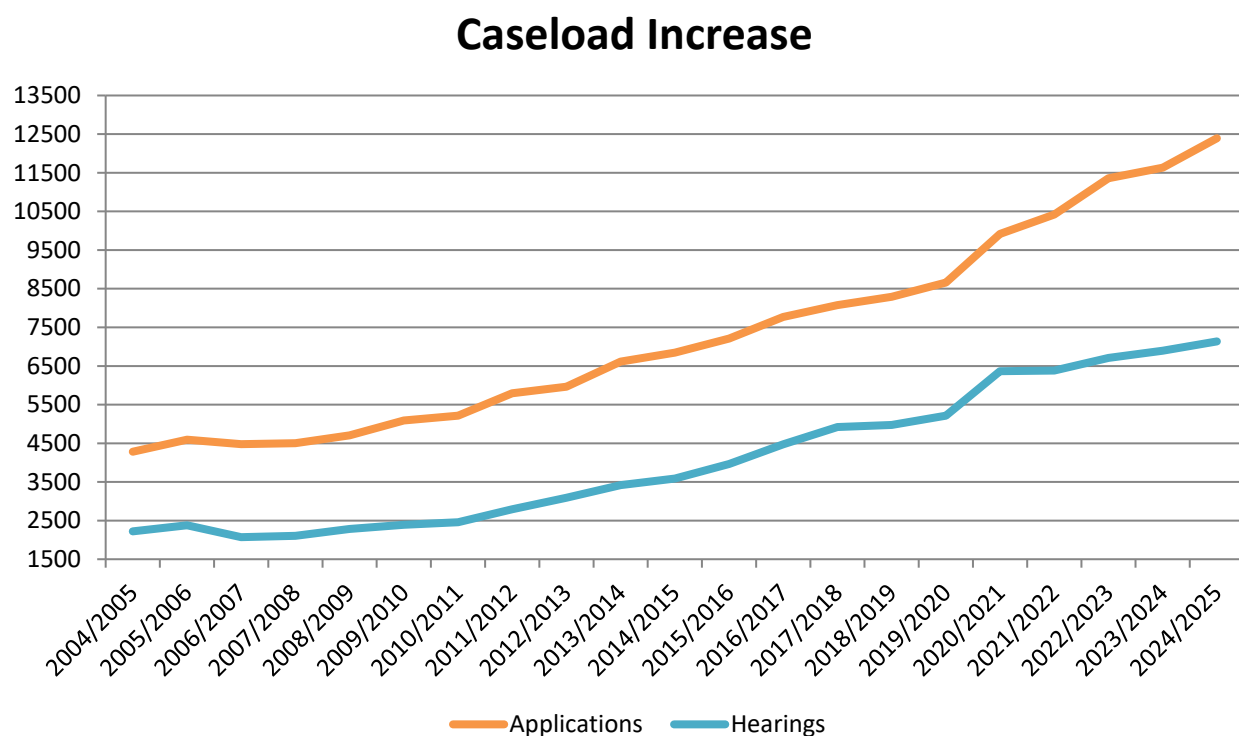
Court's Reasoning and Decision

The Court ultimately held that Bill 7 does not violate patients' Charter rights to liberty and security of the person. The Court further found the legislation's objective of maximizing hospital bed availability for acute care patients is a sufficiently important objective and the measures employed, including the daily charge, are not overly coercive. Justice Centa dismissed the plaintiff's challenge to Bill 7.

Caseload

Caseload Increase

The CCB has an obligation to accept and process all applications submitted and convene hearings within statutory timelines regardless of increased volumes or other factors. For the 2024/2025 fiscal year application receipts climbed to 12,392 and 7136 hearings were convened province wide. This is approximately a 190% increase in applications and a 220% increase in hearings over the past two decades.

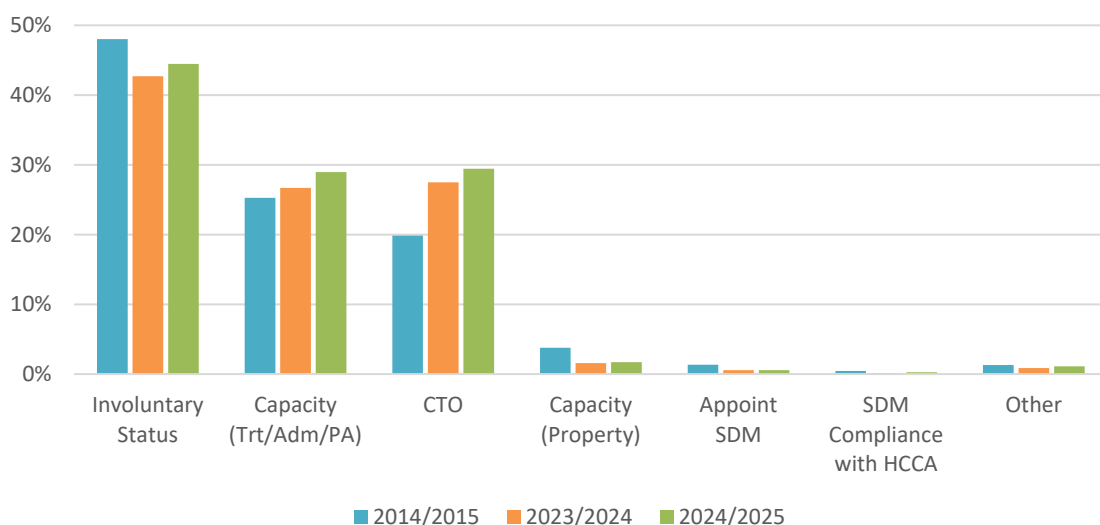


Applications to the Board

In 2024/2025 a total of 12,392 applications were received by the CCB. This is up 6.5% from 11,633 the prior year and 81% from 6845 in 2014/2015. The chart below shows application types received as a percentage of the total received in 2024/2025 in comparison to 2023/2024 and 2014/2015.

While the majority of the applications to the Board continue to be those related to a request for a review of involuntary status, these applications as a percentage of total applications to the Board has fallen over time. For example, in 2006/2007 involuntary status applications accounted for 60% of total applications while they made up less than 45% in 2024/2025. Deemed involuntary reviews, known as Form 17 applications, fell by 17% from 2023/2024, continuing a decline seen in 2022/2023 and 2023/2024. Overall Form 17 applications are down 12% from 2014/2025 levels. As a percentage of all applications CTO reviews increased by 2% year-over-year, however in total volume they increased by approximately 12%, or double the overall rate of caseload increase for the year. Applications for a review of a finding of incapacity (regarding treatment, admission to long term care, or receiving personal assistance services in a long-term care or retirement home) made up 29% of all applications to the Board, up slightly from 27% the year prior. Applications to appoint a substitute decision maker continue to account for about 1% of all applications in 2024/2025 while applications to review the compliance of an SDM with the principles of decision making as prescribed in the *Health Care Consent Act* made up about 0.3% of all applications.

Application Types Received as a Percentage of the Total

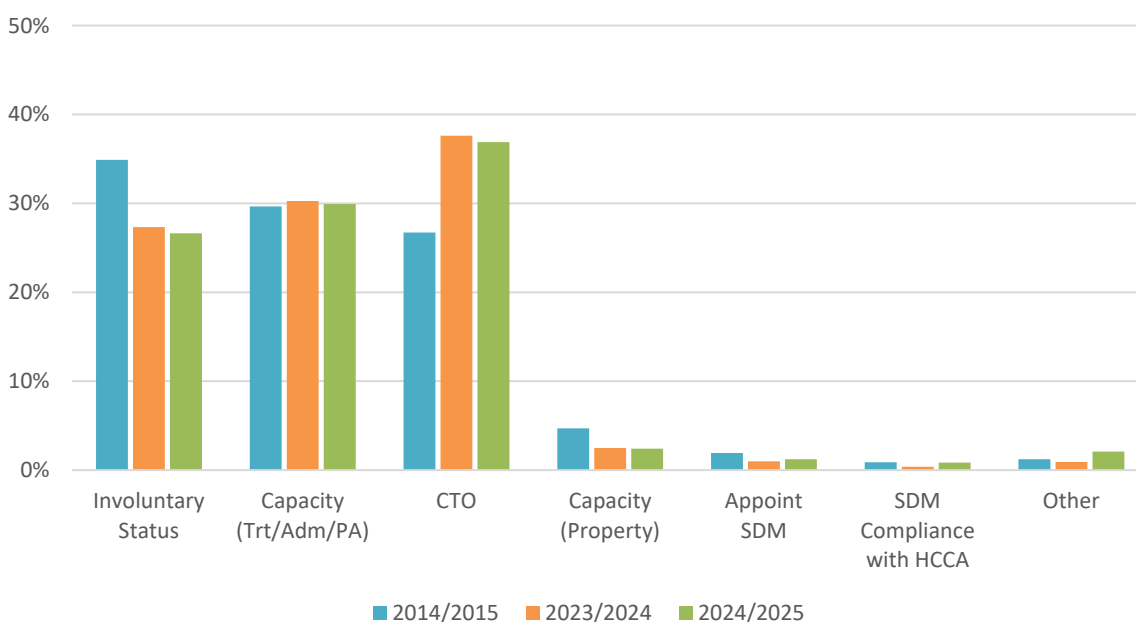


Applications Reviewed at Hearings

In 2024/2025 a total of 7136 hearings were convened by the CCB. This is up from 6894 the prior year and 3486 in 2014/2015. The chart below shows the percentage of hearings at which various application types were heard in 2024/2025 in comparison to 2023/2024 and 2014/2015. Note that the total of all hearings by application type is greater than 100% because more than one application may be reviewed at a single hearing and hearings for a single application may convene more than once.

As with applications received, historically most hearings convened by the Board involve an application for a review of involuntary status, a finding of incapacity or a Community Treatment Order. Continuing a trend which began in 2020/2021, Form 48 CTO applications were the most common application reviewed at hearing, having been considered at 37% of all hearings, up from 27% in 2014/2015 when they were the third most common. In addition to the expected connection between increasing CTO applications and increasing hearings it is worth noting that CTO applications are more likely to proceed to hearing than some other applications due to the status of the person subject to the CTO being less likely to change prior to the hearing (compared to, for example, individuals detained involuntarily) and the legislated requirement for the Board to review all CTOs on the second and every subsequent second renewal.

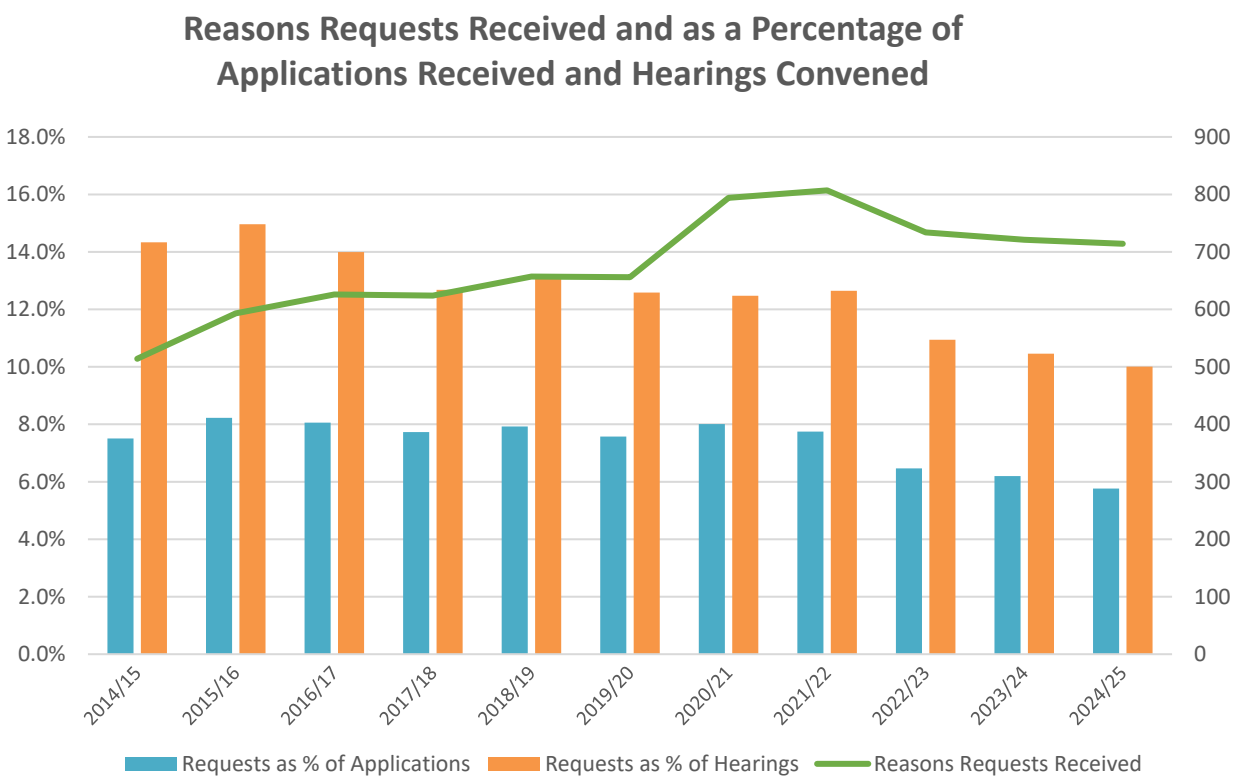
Percentage of Hearings by Application Type



Written Reasons for Decision

Following a decision of the Board, any party may request written reasons for that decision. Reasons are prepared and released in accordance with statutory provisions. Written reasons, once prepared, are issued to all parties. If written reasons for decision have not already been prepared at the request of a party, they are subsequently prepared when a decision of the Board is appealed to the Ontario Superior Court of Justice and are included in the Record of Proceeding. Reasons are published for reference and education purposes and are available for free on the website of the Canadian Legal Information Institute (CanLii). Reasons are redacted to protect the privacy of vulnerable persons.

In 2024/2025 the Board received 714 requests for written reasons. This is the third year in a row that reasons requests have declined, following a long period of increases peaking at 807 in 2021/2022. Reasons requests as a percentage of both applications and hearings also fell to their lowest levels ever in 2024/2025 being equivalent to less than 6% of application numbers and 10% of hearing numbers. While there is not a direct correlation between application or hearing volumes and reasons requests, this comparison provides an interesting contrast of the trends and the general relationship between these factors and serves to illustrate the changes over time.

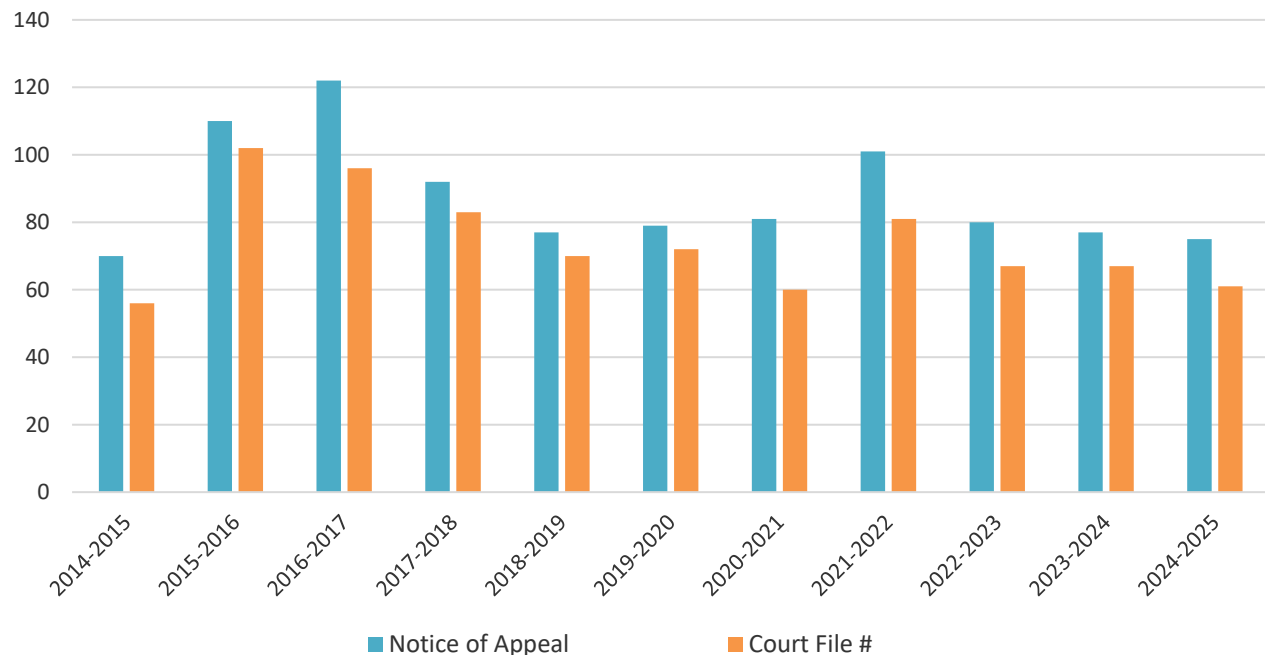


Appeals

Appeals Initiated

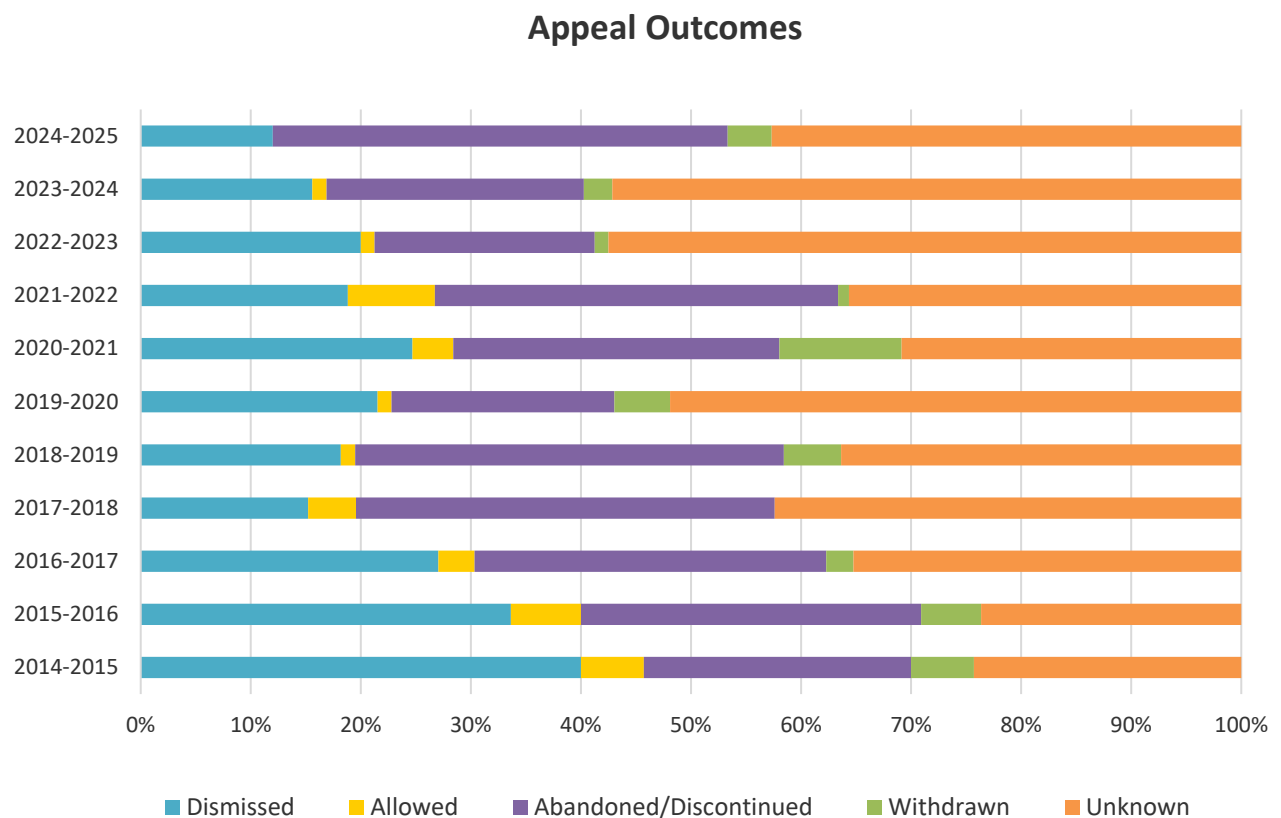
Parties may appeal a decision of the CCB to the Ontario Superior Court of Justice within seven days of the Board’s decision. From 2011/2012 until 2014/2015 the Board received an average of 55 Notices of Appeal per year and received Court File Numbers for an average of 51 per year. 2015/2016 and 2016/2017 saw steep increases in appeals due to changes in the funding of CCB appeals by Legal Aid Ontario with Notices of Appeal peaking at 122 in 2016/2017, after which appeals declined again somewhat. In 2024/2025 the Board received 75 Notices of Appeal and 61 Court File Numbers, down very slightly from the previous year. Notices of Appeal received were equivalent to just under 1% of the number of hearings convened in 2024/2025, down from 2% in 2014/2015. While there is not a direct correlation between hearings convened and appeals, this comparison provides some context for the changes in total number of appeals received over time.

Appeals Received



Appeal Outcomes

Frequently the Board is not notified of the outcome of appeals. Most appeals are believed to be withdrawn or abandoned by the Appellant. The Board is typically notified by the parties of the outcome when there is an impact before the Board for the Appellant or the Respondent. Impacts before the Board may include a matter being returned to the CCB by the Court necessitating a new hearing, or a dismissal (or withdrawal) which may impact the final disposition date of a matter which the Board must consider in some cases with respect to subsequent applications. The following chart illustrates the current known status of outcomes of appeals received from 2014/2015 to 2024/2025.



Finance

The Board's allocation for fiscal 2024/2025 was \$8,509,500 which was a modest 0.7% decrease from the year prior. The Board's expenditures have historically been above allocation and this trend continued in 2024/2025 with a total expenditure 9.1% above allocation at \$9,286,709.

Long term increases in CCB expenditures are historically outpaced by caseload increases. Compared to 2014/2015 actual expenditures increased approximately 51% while hearings convened by the Board increased 101%.

Member remuneration is the Board's largest single expenditure, accounting for 72% of the Board's actuals in 2024/2025. Member remuneration is driven primarily by hearing demand and caseload volume. The CCB makes significant efforts to create hearing schedules that are both logistically sound and cost effective with respect to the deployment of adjudicators, while ensuring all legal and procedural obligations are met. Total per diem expenditures for part time appointees in 2024/2025 were \$6,175,913 and full-time appointee salary and benefits were \$551,268. Reimbursements to members for necessary travel for Board business were \$13,414 in 2024/2025. All travel reimbursements are posted on the Accountability page of the Board's website on a quarterly basis.

The CCB exercises prudent fiscal management by ensuring all member remuneration and reimbursement and vendor invoices adhere to Board and government guidelines and directives and continues to carefully monitor 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, 2024 to March 31, 2025

	Allocation	Actual Expenditures	Variance
<u>DIRECT OPERATING EXPENSE</u>			
Salaries and Wages	1,493,600	1,567,566	(128,566)
Benefits	208,700	300,669	(91,969)
Subtotal	1,647,700	1,868,235	(220,535)
<u>OTHER DIRECT OPERATING EXPENSES</u>			
Program Specific Costs	6,861,800	7,418,474	(556,674)
TOTAL	8,509,500	9,286,709	(777,209)

Actual Expenditures 2020/2021 – 2024/2025

Fiscal Year	2024-2025	2023-2024	2022-2023	2021-2022	2020-2021
Salary and Wages *	1,567,566	1,545,981	1,509,208	1,484,896	1,375,289
Benefits *	300,669	245,540	228,392	232,746	195,269
Transportation / Comms	63,423	61,363	73,638	116,811	136,752
Services	7,348,640	7,292,040	7,387,388	8,088,407	7,050,541
Supplies and Equipment	6,411	6,270	5,796	16,842	6,476
TOTAL	9,286,709	9,151,195	9,204,422	9,939,701	8,764,327

* Includes full time appointees

Consent and Capacity Board Members and Remuneration

Members of the Board as of March 31, 2025

Surname	First Name	Member Type*	Appointment Date	Appointment Expiry Date	Per Diem Rate	2024/2025 Remuneration
Chair						
Squire	Philip	L	March 11, 2025	March 10, 2026	N/A	\$107,303.87**
Full Time Vice Chairs						
Patton	Lora	L	July 11, 2017	July 10, 2027	N/A	\$156,141.16
Bulmer	M. Krista	L	October 20, 2022	October 19, 2027	N/A	\$140,943.37
Part Time Vice Chairs						
Bhatla	Rajiv	Ps	April 04, 2007	April 23, 2028	788	\$8,314.76
Clapp	Suzanne	L	December 19, 2024	December 18, 2026	788	\$53,738.89
Lakra	Rekha	L	December 19, 2024	December 18, 2026	788	\$76,014.83
Lester	Nina	L	April 11, 2018	April 10, 2028	788	\$106,983.24
Newman	Michael	L	September 01, 2022	August 31, 2025	788	\$71,675.41
Strang	Gary	Pu	January 15, 2016	January 14, 2029	583	\$57,686.84
Vaillancourt	Timothy	Pu	August 26, 2021	August 25, 2026	583	\$70,171.07
Warr	Anthony	Pu	August 26, 2021	August 25, 2026	583	\$81,408.91
Part Time Members						
Addie	Maureen	L	December 12, 2024	December 11, 2026	788	\$6,344.76
Alatishe	Yuri	Ps	March 19, 2014	March 18, 2026	788	\$15,406.76
Ambrosini	Daniel	L	June 22, 2016	December 31, 2027	788	\$123,376.38
Anweiler	Jane	L	October 31, 2019	October 30, 2029	788	\$42,022.14
Beasley	Geoffrey	L	May 18, 2016	May 17, 2026	788	\$16,045.32
Beaton	Marilyn	Pu	October 17, 2019	October 16, 2029	472	\$52,310.63
Bismil	Ramprasad	Ps	May 28, 2020	May 27, 2025	788	\$32,172.14
Brisson	Kim	Pu	February 08, 2018	February 26, 2028	472	\$53,572.00
Brook	Shelley	Ps	August 29, 2019	August 28, 2029	788	\$37,824.00
Buckingham	Robert	Ps	October 09, 2013	December 14, 2027	788	\$35,324.14
Bullbrook	Jane	L	November 28, 2019	November 27, 2029	788	\$98,157.63
Cameron	Lesley	L	September 22, 2023	September 21, 2025	788	\$41,880.86
Cato	Kimberly	Pu	August 17, 2017	September 12, 2027	472	\$31,241.52
Chandrasena	Ranjith	Ps	June 01, 1986	April 08, 2028	788	\$20,352.14
Chaplick	Alisa	L	December 12, 2024	December 11, 2026	788	\$4,999.73
Charbonneau	Yoland	Ps	August 23, 1993	May 07, 2030	788	\$85,565.93
Cook	Peter	Ps	July 04, 2001	July 25, 2026	788	\$16,982.76
Corey	JoAnn	Ps	August 17, 2017	September 12, 2027	788	\$19,129.38

Surname	First Name	Member Type*	Appointment Date	Appointment Expiry Date	Per Diem Rate	2024/2025 Remuneration
Curry	Joyce	Pu	October 07, 2021	October 06, 2026	472	\$12,996.29
Danbrook	Catherine	Pu	October 17, 2019	October 16, 2029	472	\$30,126.63
Darby	Padraig	Ps	December 14, 2023	December 13, 2025	788	\$29,359.79
Datta	Partha	Ph	April 24, 2020	April 23, 2025	788	\$30,041.82
Desloges	Chantal	L	October 07, 2021	October 06, 2026	788	\$49,184.25
Doyle	Patricia	Ph	October 17, 2019	October 16, 2029	788	\$69,167.38
Drouin	Danielle	N	October 17, 2019	October 16, 2029	788	\$95,972.97
Dubois	Daniel	Pu	December 14, 2023	December 13, 2025	472	\$33,414.36
Duggan	Stephen	Pu	October 17, 2019	October 16, 2029	472	\$46,150.21
Earle	Julie	N	October 17, 2019	October 16, 2029	788	\$31,424.89
Erstling	Rachel	Ps	July 08, 2021	July 07, 2026	788	\$35,663.79
Feakins	Martin	Ps	December 05, 2024	December 04, 2026	788	\$3,940.00
Ferencz	Joseph	Ps	January 15, 2007	January 14, 2028	788	\$21,928.14
Giles	Donna	Pu	November 18, 2021	November 17, 2026	472	\$37,776.29
Giroux	Maurice	Pu	July 11, 2017	September 25, 2027	472	\$43,920.42
Goodman	R. Gail	L	November 21, 2019	November 20, 2029	788	\$76,756.65
Gopikrishna	Sabnavis	Pu	January 07, 2021	January 06, 2026	472	\$35,888.29
Gorewicz	Harvey	Pu	February 14, 2020	February 13, 2030	472	\$42,886.90
Graham	Natasha	Ph	December 14, 2023	December 13, 2025	788	\$44,046.48
Hanbidge	John	L	January 15, 2016	January 14, 2026	788	\$55,377.41
Hand	Karen	Ps	May 04, 2011	May 03, 2026	788	\$41,016.76
Handsor	Julie	Pu	October 31, 2019	October 30, 2029	472	\$34,716.42
Harris	Janet	Pu	October 19, 2016	December 11, 2026	472	\$40,982.63
Harris	Yvonne	Pu	October 18, 2017	October 17, 2027	472	\$47,224.42
Harvie	Elizabeth	L	August 17, 2017	September 25, 2027	788	\$81,985.68
Heakes	Susan	L	November 21, 2019	November 20, 2029	788	\$91,370.00
Herne	Jill	Pu	September 28, 2016	November 23, 2026	472	\$39,631.73
Hodgson-Harris	Loree	L	May 18, 2016	December 31, 2027	788	\$45,679.58
Ismail	Plabon	Ps	January 11, 2024	January 10, 2026	788	\$26,995.79
Johnson	Slavo	Pu	April 14, 2010	May 12, 2026	472	\$34,846.63
Johnston	Susan	Ps	April 24, 2020	April 23, 2025	788	\$64,385.04
Kay	Gary	Ps	September 08, 2015	September 07, 2025	788	\$38,082.14
Khan	Rebecca	L	September 22, 2023	September 21, 2025	788	\$19,306.00
Kindiak	Darlene	Pu	October 17, 2019	October 16, 2029	472	\$39,200.42
Ladouceur Beauchamp	Renee	Pu	October 25, 2019	October 24, 2029	472	\$35,188.42
Laitinen	Maija	L	April 04, 2024	April 03, 2026	788	\$53,529.66

Surname	First Name	Member Type*	Appointment Date	Appointment Expiry Date	Per Diem Rate	2024/2025 Remuneration
Lake	Rae	Ph	April 02, 2020	May 07, 2030	788	\$62,510.14
Legault	Suzanne	Ps	July 08, 2021	July 07, 2026	788	\$64,860.54
Liddle	John	L	January 15, 2016	January 14, 2026	788	\$125,058.36
Livingstone	Katherine	L	December 12, 2024	December 11, 2026	788	\$5,162.76
Louvish	Dimitri	Ph	May 28, 2020	May 27, 2025	788	\$79,017.38
Martschenko	Linda	L	January 15, 2016	January 14, 2026	788	\$104,698.04
Matheson	Charles	Pu	October 31, 2019	October 30, 2025	472	\$38,020.42
Maunder	Leslie	L	September 16, 2021	September 15, 2026	788	\$54,333.97
McDonald	Christena	N	July 08, 2021	July 07, 2026	788	\$68,202.76
McFadden	David	Pu	February 24, 2016	April 28, 2026	472	\$59,944.00
Menezes	Natasja	Ps	August 29, 2019	August 28, 2029	788	\$32,172.14
Morrish	Deborah	Pu	October 07, 2021	October 06, 2026	472	\$34,236.29
Murphy	Patrick	L	August 29, 2019	August 28, 2029	788	\$53,325.86
Naidu	Kumar	Ps	July 08, 2021	July 07, 2026	788	\$29,577.17
Nathanson	Jay	Ps	January 29, 2014	January 30, 2028	788	\$12,472.14
Nemet	Joseph	L	August 17, 2017	September 12, 2027	788	\$59,417.93
Neuburger	Sheila	Pu	October 31, 2019	October 30, 2029	472	\$38,232.00
Nytko	Barbara	Pu	October 31, 2019	October 30, 2029	472	\$39,672.42
Oyebode	Omoniyi	Ps	January 11, 2024	January 10, 2026	788	\$21,466.20
Pantalone	Jack	L	September 22, 2023	September 21, 2025	788	\$58,999.47
Papatheodorou	George	Ps	November 04, 2015	December 09, 2025	788	\$54,290.48
Pelletier	John	Ps	October 02, 2002	December 11, 2027	788	\$41,410.76
Pilon	Brigitte	L	April 26, 2017	December 09, 2029	788	\$95,249.66
Porter-Lossing	Julie	N	October 25, 2019	October 24, 2029	788	\$68,162.00
Power	Martina	Ps	April 09, 2014	April 08, 2029	788	\$70,132.00
Raina	Shashi	L	December 09, 2015	December 08, 2025	788	\$77,493.03
Rainboth	Robert	Pu	August 17, 2017	September 12, 2027	472	\$42,374.21
Ranger	Nathalie	Ph	August 29, 2019	August 28, 2029	788	\$73,963.31
Rasminsky	Frances	Pu	September 13, 2017	September 12, 2027	472	\$44,970.21
Reynen	Emily	Ph	December 14, 2023	December 13, 2025	788	\$19,727.17
Ribeyre	Anne-Sophie	Pu	October 25, 2019	October 24, 2029	472	\$11,116.42
Roblin	Blair	L	November 28, 2019	November 27, 2029	788	\$42,872.65
Sarjeant	Jennifer	Ph	August 29, 2019	August 28, 2029	788	\$78,827.17
Shoucri	Rami	Ph	August 29, 2019	August 28, 2029	788	\$25,474.14
Shugar	Gerald	Ps	July 04, 2001	July 03, 2025	788	\$37,253.38
Silver	Laura	L	May 18, 2016	December 31, 2027	788	\$143,796.42
Smith	Mary	N	May 07, 2020	May 06, 2025	788	\$49,508.14

Surname	First Name	Member Type*	Appointment Date	Appointment Expiry Date	Per Diem Rate	2024/2025 Remuneration
Spence	Robert	L	November 20, 2021	November 19, 2026	788	\$40,736.87
Stewart	Ross	L	February 24, 2016	February 23, 2026	788	\$100,551.52
Tomaszewski	Katherine	L	November 28, 2019	November 27, 2029	788	\$42,837.32
Trussell	Alison	N	December 14, 2023	December 13, 2025	788	\$24,631.79
Tulandi	Myrna	L	April 24, 2020	April 23, 2030	788	\$122,713.35
Tulotsang	Dolkar	Pu	October 17, 2019	October 16, 2029	472	\$42,716.00
Tye	Hugh	L	February 15, 2024	February 14, 2026	788	\$40,785.80
Uchendu	Kate	N	May 31, 2017	July 25, 2027	788	\$92,984.00
Velamoor	Varadaraj	Ps	May 31, 2017	July 25, 2027	788	\$44,780.14
Veltman	Albina	Ps	July 11, 2017	July 25, 2027	788	\$19,672.83
Vivona	Francesca	Pu	October 31, 2019	October 30, 2029	472	\$35,660.41
Wadhwa	Devina	Ps	January 11, 2024	January 10, 2026	\$788	\$0.00
Walker-Renshaw	Barbara	L	March 07, 2024	March 06, 2026	788	\$40,008.66
Whitehead	Katherine	Ph	April 12, 2017	April 11, 2028	788	\$35,881.17
Williams	Eugene	L	January 05, 2006	January 30, 2026	788	\$49,698.37
Woodman	Mary	N	August 29, 2019	August 28, 2029	788	\$52,660.14
Woogh	Carolyn	Ps	October 09, 2013	December 11, 2027	788	\$87,468.00

* Member Types:

L – Lawyer

Ps – Psychiatrist

Ph – Physician

N – Nurse in the Extended Class

Pu - Public

** 2024/2025 remuneration for Philip Squire reflects per diem payments associated with his part time appointment which was revoked on March 11, 2025 upon his appointment to the position of Chair. Full time remuneration for the period of March 11, 2025 – March 31, 2025 will be reflected in 2025/2026 earnings.

Members Whose Appointment to the Board Ended between April 1, 2024 and March 30, 2025

Surname	First Name	Member Type*	Appointment Date	Appointment End Date	Per Diem Rate	2024/2025 Remuneration
Full Time Members						
Creal	Marg	Chair	March 11, 2015	March 10, 2025	N/A	\$216,357.89
Part Time Members						
Alexander	Hilary	Pu	December 20, 2019	April 17, 2024	472	\$5,664.00
Andrade	Donna	N	August 29, 2019	April 13, 2024	788	\$8,668.00
Chillman	Brian	L	January 15, 2016	June 01, 2024	788	\$11,629.80
Flanagan	Curt	L	March 25, 2020	March 24, 2025	788	\$3,165.59
Forget	Martin	Pu	March 12, 2020	March 11, 2025	472	\$45,100.42
Galbraith	Donald	Ps	January 13, 1994	April 02, 2024	788	\$788.00
Handelman	Mark	L	August 29, 2019	August 28, 2024	788	\$96,953.90
Kirkpatrick	Kimberley	N	October 17, 2019	October 16, 2024	788	\$46,138.76
Merrifield	Thomas	L	October 31, 2019	October 30, 2024	788	\$45,070.89
Neumann	Amber	L	September 22, 2023	November 08, 2024	788	\$57,094.68
Tackaberry	Debra	Pu	March 25, 2020	March 24, 2025	472	\$34,529.25

* Member Types:

L – Lawyer

Ps – Psychiatrist

Ph – Physician

N – Nurse in the Extended Class

Pu - Public

Members Reappointed in 2024/2025 using ATAGAA+ Waivers

Surname	First Name	Member Type*	Initial Appointment Date	Waiver Appointment Date	Appointment Expiry Date
Full Time Members					
Bulmer	M. Krista	VC - L	October 20, 2022	October 20, 2024	October 19, 2027
Part Time Members					
Anweiler	Jane	L	October 31, 2021	October 31, 2024	October 30, 2029
Beaton	Marilyn	Pu	October 17, 2021	October 17, 2024	October 16, 2029
Brook	Shelley	Ps	August 29, 2021	August 29, 2024	August 28, 2029
Bullbrook	Jane	L	November 28, 2021	November 28, 2024	November 27, 2029
Clapp	Suzanne	L	December 12, 2019	December 12, 2024	December 11, 2029 **
Cook	Peter	Ps	July 26, 2019	July 26, 2024	July 25, 2026
Danbrook	Catherine	Pu	October 17, 2021	October 17, 2024	October 16, 2029
Doyle	Patricia	Ph	October 17, 2021	October 17, 2024	October 16, 2029
Drouin	Danielle	N	October 17, 2021	October 17, 2024	October 16, 2029
Duggan	Stephen	Pu	October 17, 2021	October 17, 2024	October 16, 2029
Earle	Julie	N	October 17, 2021	October 17, 2024	October 16, 2029
Goodman	R. Gail	L	November 21, 2021	November 21, 2024	November 20, 2029
Gorewicz	Harvey	Pu	February 14, 2022	February 14, 2025	February 13, 2030
Handsor	Julie	Pu	October 31, 2021	October 31, 2024	October 30, 2029
Heakes	Susan	L	November 21, 2021	November 21, 2024	November 20, 2029
Kindiak	Darlene	Pu	October 17, 2021	October 17, 2024	October 16, 2029
Ladouceur Beauchamp	Renee	Pu	October 25, 2021	October 25, 2024	October 24, 2029
Lakra	Rekha	L	January 01, 2020	January 01, 2025	December 31, 2029 **
Matheson	Charles	Pu	October 31, 2021	October 31, 2024	October 30, 2025
Menezes	Natasja	Ps	August 29, 2021	August 29, 2024	August 28, 2029
Murphy	Patrick	L	August 29, 2021	August 29, 2024	August 28, 2029
Neuburger	Sheila	Pu	October 31, 2021	October 31, 2024	October 30, 2029
Nytko	Barbara	Pu	October 31, 2021	October 31, 2024	October 30, 2029
Pilon	Brigitte	L	December 10, 2021	December 10, 2024	December 09, 2029
Porter-Lossing	Julie	N	October 25, 2021	October 25, 2024	October 24, 2029
Power	Martina	Ps	April 09, 2020	April 09, 2024	April 08, 2029
Ranger	Nathalie	Ph	August 29, 2021	August 29, 2024	August 28, 2029
Ribeyre	Anne-Sophie	Pu	October 25, 2021	October 25, 2024	October 24, 2029
Roblin	Blair	L	November 28, 2021	November 28, 2024	November 27, 2029
Sarjeant	Jennifer	Ph	August 29, 2021	August 29, 2024	August 28, 2029
Shoucric	Rami	Ph	August 29, 2021	August 29, 2024	August 28, 2029

Surname	First Name	Member Type*	Initial Appointment Date	Waiver Appointment Date	Appointment Expiry Date
Tomaszewski	Katherine	L	November 28, 2021	November 28, 2024	November 27, 2029
Tulotsang	Dolkar	Pu	October 17, 2021	October 17, 2024	October 16, 2029
Vivona	Francesca	Pu	October 31, 2021	October 31, 2024	October 30, 2029
Woodman	Mary	N	August 29, 2021	August 29, 2024	August 28, 2029

* Member Types:

VC – Vice Chair

L – Lawyer

Ps – Psychiatrist

Ph – Physician

N – Nurse in the Extended Class

Pu – Public

** Reappointed via waiver but OIC subsequently revoked December 19, 2024 upon appointment as Part Time Vice Chair

⁺ *Adjudicative Tribunals Accountability, Governance and Appointments Act*

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