



Health
Professions
Review
Board
2011
Annual
Report

Covering the reporting period from
January 1 – December 31, 2011



Health Professions Review Board

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July 25, 2011

The Honourable Michael de Jong
Minister of Health Services
Parliament Buildings
Victoria, British Columbia
V8V 1X4

Dear Minister de Jong:

Re: Health Professions Review Board Annual Report

On behalf of the Health Professions Review Board, it is my pleasure to respectfully submit the Annual Report of the Health Professions Review Board for the period January 1, 2011 to December 31, 2011.

This report is submitted as required by Section 50.65(1) of the *Health Professions Act*.

We remain committed to fulfilling the important mandate entrusted to the Review Board to ensure the highest levels of accountability and transparency in BC's health professions.

Yours truly,

J. Thomas English, Q.C.

Chair

Health Professions Review Board

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Message from the Chair

The Health Professions Review Board (the “Review Board”), was created by the Legislature through amendments in 2008 to the *Health Professions Act* (the “Act”). Over the last three years it has proven to be an appropriate and effective forum in which both citizens and health professionals can bring their concerns about the operations of health colleges in the areas of both complaint investigation (for citizens) and registration to practice (for professionals). A year ago, I noted:

The incremental growth in our caseload suggests that demand for our services will remain stable or increase in the coming years. For the first time, British Columbians have a forum in which their concerns about health college transparency (or lack thereof, real or perceived) can be heard and addressed.

Since making that statement, I have observed that the numerical growth in our caseload has been more than matched by an increase in complexity of cases as new issues are presented to the Review Board. In response the Review Board provides well-reasoned guidance to the users of the Act through an expanding body of case law. Just as the amendments to the Act are relatively new, as is the Review Board, many of the issues presented to the Review Board are novel and require the Review Board to engage in a deliberative process in which the intent of the Legislature (i.e., the meaning of the Act) is determined. These outcomes and the guidance they provide result in a greater degree of confidence by the Colleges that the policies and procedures they apply are consistent with the legal requirements of the Act. Some examples of the Review Board’s recent case law are provided in this Report under the heading “Key Decisions.”

Our continuing emphasis on non-adversarial dispute resolution has resulted in many productive settlements, along

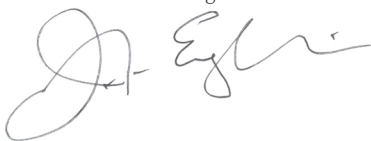
with satisfied parties who have been spared the additional time and effort of participating in a Review Board hearing, whether it be in written or oral format. A sample of the effective resolutions achieved by members and staff of the Review Board is provided in this Report under the heading “2011 Mediation Summaries”.

Growth in number and complexity of review applications brings with it certain demands and stresses. In late 2011, the Review Board for the first time had to seriously grapple with allocating scarce resources to meet the demands posed by a heavier and more complex caseload. The primary challenge exists at the administrative level, where our hard-working Review Board staff receive applications for review, process the applications, open files, communicate with the parties, prepare case files for review by Members, and wherever possible manage cases with a view toward resolution without the need for a formal hearing. While the Review Board makes every effort to ensure that its processes are as efficient and streamlined as possible (including the application of “LEAN” methodology to minimize the number of steps in a process) the reality is that additional human resources at the administrative and case management level will be needed in the near future. We will continue to grapple with this reality in 2012.

At the statutory decision-making level, the Review Board and the people of British Columbia are well served by its 18 appointed members. These members are responsible for conducting hearings under the Act and, with the Review Board’s three case managers, conducting non-adversarial resolution processes such as mediation. Five of our members are recent appointees who have already begun to distinguish themselves in both the mediated resolution of cases, and in the delivery of cogent, well-reasoned decisions.

Since opening our doors in 2009, we have examined improved ways of assessing and reporting on our own performance. In addition, we continue to work with our health college stakeholders, and with other persons or groups who take the time to share their thoughts with us, to refine our processes for maximum efficiency and minimum burden on the parties involved in a review. In a continually evolving feedback loop, we examine and learn from health college processes involving both complaint investigation and registration matters, and in a manner consistent with our statutory mandate, provide periodic guidance aimed at assisting colleges to employ procedures that are “transparent, objective, impartial and fair.”

As in past years, I would be remiss in concluding these remarks without expressing my gratitude to the diligent and conscientious staff of the Review Board, and in particular to our Executive Director, Michael Skinner, and to our legal counsel Frank Falzon, Q.C. I continue to acknowledge the hard work and expertise provided to the Review Board by the staff of the Environmental Appeal Board and Forest Appeals Commission, who from the inception of our organization, have effectively functioned as our “back office” with respect to matters of finance and administration. They help keep us running smoothly, and for that I continue to be grateful.



J. Thomas English, Q.C.

Chair

Health Professions Review Board

Executive Director's Report

Acknowledgment and thanks

I echo the thanks and praise offered by Review Board Chair Tom English to the staff of the Review Board. It would be fair to say that we operate with a “skeleton crew” consisting of three case managers, two support staff and myself. As noted in the Message from the Chair, the pressures on Review Board staff at both the administrative and case management levels continue to mount – a not-unexpected development in the life cycle of a relatively new complaint-driven public service organization.

I am grateful for the cheerful diligence demonstrated by Review Board staff as they continue to tackle the challenges posed by a growing caseload. As I said in last year's Annual Report, case managers and administrative staff alike are enthusiastically alert for opportunities to resolve contentious applications for review in a productive manner. Many complainants simply want an opportunity to speak directly to the registrant who is the focus of their complaint; early case management with an experienced eye toward resolution can make this happen. Happily, I see this skill demonstrated consistently by our dedicated Review Board staff and case managers.

Credit where credit is due

Former Ombudsman (as the Office was then known) Stephen Owen, with whom I worked during his tenure, sometimes reminded staff that “we're trying to put ourselves out of business” by assisting public bodies to tackle the root causes of recurring problems. This is philosophically aligned with the Review Board mandate to publish guidelines and recommendations aimed at

assisting colleges to “establish and employ registration, inquiry and discipline procedures that are transparent, objective, impartial and fair.” (*Health Professions Act*, s. 50.53(1)(d))

In other words, we too are trying to “put ourselves out of business” by encouraging health colleges to adopt practices and procedures that will result in more informed and satisfied complainants – with the result that fewer complainants seek recourse to the remedies available through the Review Board process.

We recently had an opportunity to talk with staff at a particular college (they modestly asked to remain nameless) whose approach to complaint management is worth examining because it bears fruit: of more than 70 complaints received and managed by the College in 2011, not one application for review was subsequently filed with the Review Board. This is an impressive record. I asked college staff to talk about their approach and what, in their view, makes it effective.

Key to the success of this college's process (and indeed, of any process) is effective communication. As College staff explained, complainants need to be fully educated about and aware of the powers – and especially the limitations – of health colleges under the Act, so that their expectations as to what to expect from the complaint process are realistic. The focus should always be on openness and transparency. Each party will have different needs and expectations; the common thread for all will be an adequate and fair opportunity to be heard. With outcomes that are evidence-based and defensible – in other words, the outcomes should make sense and be regarded by the parties as reasonable.

Consent orders or restrictions on practice should involve provisions that are clear, measurable, attainable and appropriate. Where the registrant is a union member, an open and ongoing

relationship with the union by which union staff are aware of and understand the public protection mandate of the college can be vital to the negotiation and implementation of agreements by which the registrant is returned to practice in a safe, competent and ethical way.

This approach speaks well for the college and confirms the fundamental importance of effective communication in achieving outcomes that a party understands and accepts, even if it is not the outcome they hoped for. At every level, starting with registrant and patient/client through to college and registrant, or college and complainant, effective, open and transparent communication is the cornerstone of a good and productive relationship.

An evolving discipline

The art and science of the health college complaint investigation continues to evolve. What is clear is that complaint investigation processes are coalescing into a body of knowledge, and that a new type of profession is emerging – that of the “inspector” who conducts investigations under the Act. BCIT has for a number of years presented an “inspectors course”, and attendance both by college staff and persons desiring to pursue a career as independent investigators continues to grow. We at the Review Board find this trend encouraging, as we continue to study and apply this body of knowledge in order to provide a consistent benchmark for colleges in determining the standard to be applied in an “adequate investigation.”



Michael Skinner
Executive Director
Health Professions Review Board

About the Review Board

On March 16, 2009, the Health Professions Review Board (the “Review Board”) opened its doors and began receiving applications for review, making British Columbia the second province, after Ontario, to establish an independent health professions review body.

The Review Board is an independent quasi-judicial administrative tribunal created by the *Health Professions Act*, R.S.B.C. 1996, c. 183, as amended, (the “Act”) that provides oversight of the regulated health professions of British Columbia. As such, the Review Board is an innovative and integral component of the complex health professions regulatory system in British Columbia. It is a highly specialized administrative tribunal, with a specific mandate and purpose, designed to address a few carefully defined subjects outlined in the Act. The Review Board’s decisions are not subject to appeal and can only be challenged in court (on limited grounds) by judicial review.

The Review Board is responsible for conducting complaint and registration reviews of certain decisions of the colleges of the 22 self-regulating health professions in British Columbia. The 22 health professions designated under the Act and whose decisions are subject to review by the Review Board are:

- Chiropractors
- Dental Hygienists
- Dental Surgeons
- Dental Technicians
- Denturists
- Dietitians
- Massage Therapists
- Midwives
- Naturopathic Physicians
- Nurses (Licensed Practical)
- Nurses (Registered)
- Nurses (Registered Psychiatric)
- Occupational Therapists
- Opticians
- Optometrists
- Pharmacists
- Physical Therapists
- Physicians and Surgeons
- Podiatric Surgeons
- Psychologists
- Speech and Hearing Professionals
- Traditional Chinese Medicine Practitioners and Acupuncturists

The Mandate of the Review Board

Through its reviews, early resolution processes and hearings, the Review Board monitors the activities of the colleges' complaint inquiry committees and registration committees, in order to ensure they fulfill their duties in the public interest and as mandated by legislation. The Review Board provides a neutral forum for members of the public as well as for health professionals to resolve issues or seek review of the colleges' decisions.

The Review Board's mandate is found in section 50.53 of the Act. Under this section the Review Board has the following two classes of specific powers and duties:

1. On request to:

- review certain registration decisions of the designated health professions colleges;
- review the timeliness of college inquiry committee complaint dispositions or investigations; and
- review certain dispositions by the inquiry committee of complaints made by a member of the public against a health professional.

The Review Board has potentially broad remedial powers after conducting a review in an individual case. In the case of registration and complaint decisions it can either:

- confirm the decision under review;
- send the matter back to the registration or inquiry committee for reconsideration with directions; or
- direct the relevant committee of the college to make another decision it could have made.

In cases where a review has been requested of the college's failure to complete an investigation within the time limits provided in the Act, the Review Board can either send the matter back to the inquiry committee of the college, with directions and a new deadline, to complete the investigation and dispose of the complaint, or the Review Board can take over the investigation itself, exercise all the inquiry committee's powers, and dispose of the matter.

2. On its own initiative the Review Board may:

- develop and publish guidelines and recommendations to assist colleges to develop registration, inquiry and discipline procedures that are transparent, objective, impartial and fair.

This particular power of the Review Board allows for preventive action to be taken, recognizing that while the review function of deciding individual requests for review is important, it may not have the same positive systemic impact as a more proactive authority to assist colleges, in a non-binding process, to develop procedures for registration, inquiries and discipline that are, in the words of the Act, transparent, objective, impartial, and fair.

Further information about the Review Board's powers and responsibilities is available from the Review Board office or the website: <http://www.hprb.gov.bc.ca>

Review Board Members

Unlike the colleges, the Review Board is a tribunal consisting exclusively of members appointed by the Lieutenant Governor in Council. This is required by the Act to ensure that the Review Board can perform its adjudicative functions independently, at arm's-length from the colleges and government. This is reinforced by Section 50.51(3) of the Act which states that Review Board members may not be registrants in any of the designated colleges or government employees.

The Review Board consists of a part-time Chair and 13 part-time members. The members of the Review Board, drawn from across the Province, are highly qualified citizens from various occupational fields who share a history of community service. These members apply their respective expertise and adjudication skills to hear and decide requests for review in a fair, impartial and efficient manner. In addition to adjudicating matters that proceed to a hearing, members also conduct mediations and participate on committees to develop policy, guidelines and recommendations.

During the period covered by this report the Review Board consisted of the following members:

Tribunal Members as of December 31, 2011

Member	Profession	From
Michael J.B. Alexandor	Business Exec./Mediator (Ret.)	Vancouver
Lorianna Bennett	Lawyer/Mediator	Kamloops
Judith J. Berg	Health Professional	West Vancouver
D. Marilyn Clark	Consultant/Business Executive	Sorrento
Barbara L. Cromarty	Lawyer	Trail
Helen Ray del Val	Lawyer	North Vancouver
J. Thomas English, Q.C. (Chair)	Lawyer	Vancouver
David A. Hobbs	Lawyer	North Vancouver
Victoria (Vicki) Kuhl	Consultant/Mediator/Nursing	Victoria
Lori McDowell	Consultant/Lawyer	Vancouver
Michael J. Morris	Bus. Exec./RCMP Officer (Ret.)	Prince George
Maurice R. Mourton	Business Executive	Vancouver
J. Karin Rai	Consultant	Surrey
Donald A. Silversides, Q.C.	Lawyer	Prince Rupert

Information on these Tribunal Members is available from the Review Board office or website.

The Review Board Office

The administrative support functions of the Review Board are consolidated with the Environmental Appeal Board/Forest Appeals Commission (EAB/FAC) offices, which also provide administrative services to a number of other tribunals.

The Review Board staff complement currently consists of the following positions:

- Executive Director
- Three Case Managers
- Two Administrative Assistants
- Finance, Administration and Website Support (provided by EAB/FAC)

The Review Board may be contacted at:

Health Professions Review Board

Suite 900 – 747 Fort Street
Victoria, BC V8W 3E9

Telephone: 250-953-4956

Toll-free number: 1-888-953-4986

Facsimile: 250-953-3195

Website Address: www.hprb.gov.bc.ca

Mailing Address:

Health Professions Review Board
PO Box 9429 STN PROV GOVT
Victoria, BC V8W 9V1

2011 Events Review Board and the LEAN Process

In August of 2011, staff of the Review Board received LEAN White Belt Training. In September of 2011, working with Review Board staff, Fujitsu began implementing the “HPRB Process Streamlining Project”. The project was specific to streamlining administrative processes and was completed in January 2012. The following are the recommendations resulting from the LEAN process, and the current status of HPRB implementation of these recommendations to date.

LEAN Process Recommendation	Implemented to Date
Create a central file to house all case files	Yes
Ensure that information is properly located within each electronic/hard file folder	Yes
Create a formal documented streamlined procedure for HPRB process – all responsibilities will be clearly stated	In progress
Create a formal revision control of internal process documentation – only the latest procedure will be available and changes clearly identified.	In progress
Train staff on new procedures and take measures to ensure adherence for consistency with routine tasks	TBC*
Continue with implementation of AIMS to gain user acceptance and improve functionality; needed changes will be identified, justified and implemented	Yes and on an ongoing basis
Create and implement a new customer satisfaction survey – one that is more encompassing than the current one	TBC
Seek ways to reduce the bottleneck effect of “blitz meetings” – this will help cases along with respect to administrative processes	Yes

*TBC: To be completed

2011 Mediation Summaries

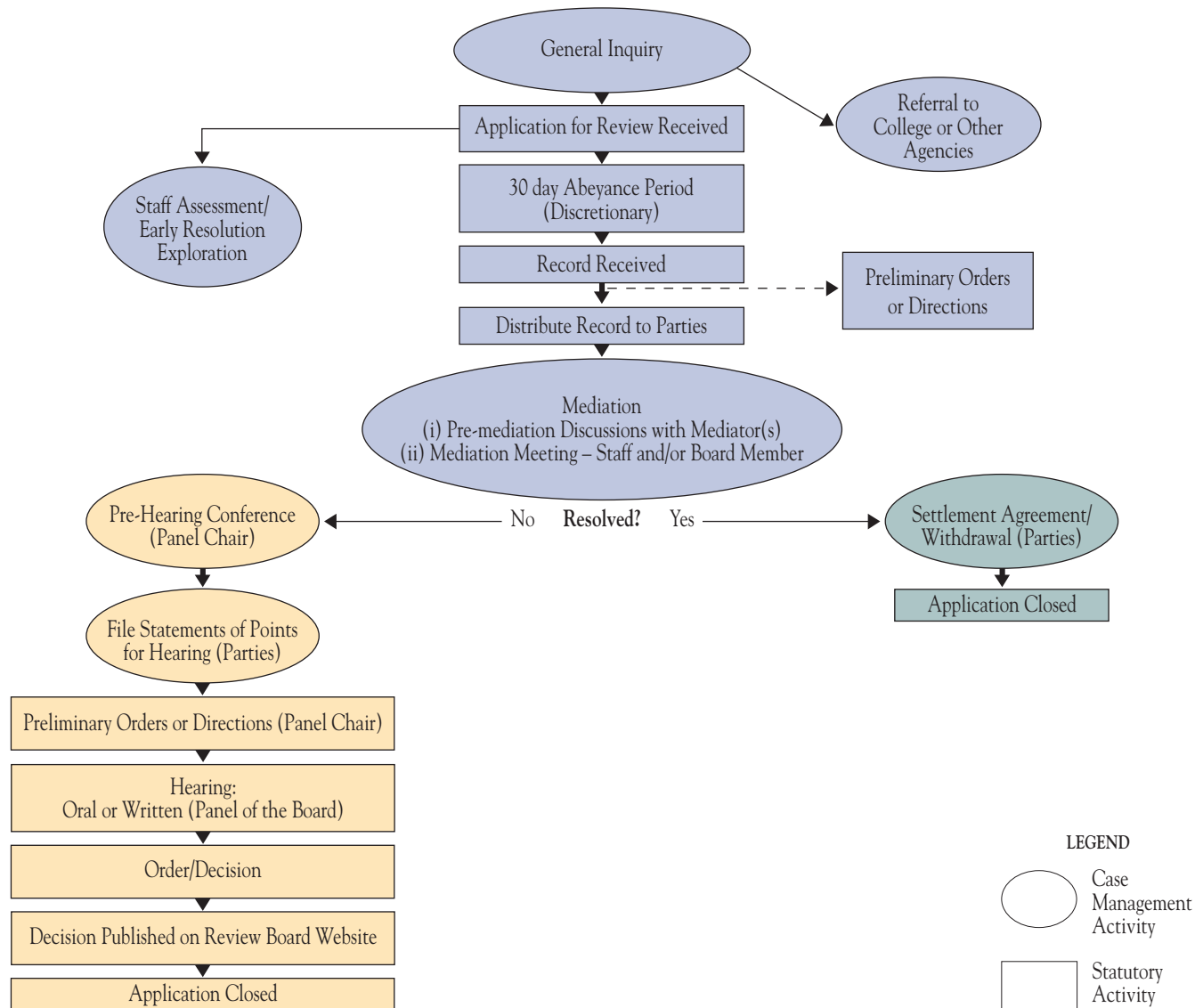
The very brief mediation summaries that follow are intended to provide a sense of what has been achieved by Review Board members and staff in the resolution of health practices disputes in 2011. Because of the clear requirement that such resolutions be absolutely confidential, only the most general comments about the nature of the resolution have been provided – no information has been included in this report that would identify the parties, the college, or the nature of the dispute such that the participants in the matter can be identified.

Some samples of resolutions in 2011:

- A registration applicant to a College was denied an application for conditional registration based upon required hours of schooling and experience. During the mediation the parties shared information on the College's requirements and the circumstances and competencies of the applicant. The matter was resolved amicably and also resulted in a greater appreciation by both parties for the personal and regulatory circumstances of the other.
- The Complainant was a registrant with one College and a complainant with another. He applied for a review of a College decision regarding the College's disposition of the complaint and the application of its bylaws. The parties met and with the assistance of a mediator shared information on the College's committee structure regarding the issue raised by the Complainant. The parties agreed on a different approach for the Complainant to take the issue forward.
- A large number of complainants, all professionally trained registrants, complained about the College's disposition regarding a group complaint filed about another registrant. Because of the geographical distance between the parties, the Review Board conducted separate telephone discussions with each party and was able to assist with the drafting and facilitation of an agreement that met the needs of all parties.
- In light of a complainant's documented efforts to keep abreast of changes in the profession throughout a ten-year hiatus from professional practice, a college agreed to support the complainant's application to take advanced refresher courses before reapplying for registration.
- A registrant reimbursed a complainant for unsatisfactory treatment.
- A registrant apologized to the complainant for conduct that the complainant found humiliating.

The Review Process and Activity

The following is an overview of the review process. For more detailed information, a copy of the Review Board's *Rules of Practice and Procedure* and other information can be obtained from the Review Board Office or the website.



The Adjudication Process

As the Review Board's Rules indicate, mediation may not be appropriate for every case. Mediation may be inappropriate where, for example, an application identifies a broad systemic problem, where a dispute raises an issue of law, policy or interpretation that needs to be determined on the record, where an applicant is proceeding with a vexatious application, or where there are allegations of abuse of power. Each of these situations can raise special concerns that require adjudication and determination within the Review Board's formal decision-making process.

In other cases, even though the parties have entered into mediation in a sincere effort to resolve the issues on the application for review, the application may remain unresolved and must therefore be decided by the Review Board's adjudication (hearing) process.

A formal review before the Review Board is conducted as a "review on the record", subject to any additional information or evidence that was not part of the record that the Review Board accepts as reasonably required for a full and fair disclosure of all matters related to the issues under review. The Review Board may direct that a review hearing be conducted in person, in writing or by using an electronic format such as video or teleconferencing or by any combination of these formats. Reviews that are conducted by way of an oral hearing are generally open to the public, unless the Review Board orders otherwise.

An oral hearing gives the parties an opportunity to present their information, evidence and submissions to the Review Board in person. If a written hearing is held, the Review Board will provide directions regarding the process and timeframe for the parties to provide their evidence, arguments and submissions to the Review Board in writing.

The Chair of the Review Board will designate one or more members of the Review Board to sit as a Panel for each individual hearing. A member of the Review Board who conducts a mediation will not be designated to conduct a hearing of the matter unless all parties consent. Further, in order to ensure that there is no conflict of interest or reasonable apprehension of bias, a board member who has previously been a registrant of a college or served on a college's board of directors will usually not sit on a panel designated to conduct a hearing in any case involving that particular college, unless all parties consent.

After a written or oral review hearing, the Review Board will issue a written decision and will deliver a copy to each party and post it to the Review Board website.

Key Decisions

The Review Board delivered 131 decisions in 2011. The bulk of the Review Board's decisions are preliminary in nature. The Review Board process, which finds its authority in Part 4.2 of the *Health Professions Act* and in the provisions of the *Administrative Tribunals Act (ATA)*, is codified in the Review Board's *Rules of Practice and Procedure*. These Rules provide for the efficient adjudication of questions arising at the beginning of a Review Board proceeding, such as:

- Does the Review Board have jurisdiction (legal authority) to hear this particular complaint?
- Is this complaint clearly without merit? (i.e., is it frivolous, vexatious, or trivial)
- Was the complaint not filed in time, and should an extension of time for filing be granted?
- Should certain confidential or sensitive third party information in a health college record of investigation be withheld from an applicant?

When a complaint about a health college's inquiry committee investigation proceeds to a Review Board hearing, the Review Board will focus on two primary questions:

1. Was the investigation adequate?
2. Was the disposition (reasoning, conclusion and outcome) reasonable?

The reader will note that final hearings "on the merits" are listed below under the headings of "Adequacy" and "Reasonableness."

Review Board Decisions During 2011

The Review Board rendered 131 decisions in 2011. Decisions were rendered in each area of the Review Board's jurisdiction. The Review Board's decisions are publicly available on its website: <http://www.hprb.gov.bc.ca/decisions/index.stm>

A sense of the Review Board's work in each area of its jurisdiction may be gleaned from the following digests of a handful of its 2011 Decisions.

Registration Reviews

2009-HPA-0039(b), March 7, 2011, College of Denturists – Registration Committee Decision remitted to College for reconsideration

The Registration Committee failed the Applicant on his Clinical Examination because the Examiners disagreed with the Applicant's assessment of whether the dentures he had prepared properly fit the subject involved in the test. The Applicant applied to the Review Board for review. The record revealed that one of the examiners actually agreed with the Applicant's assessment, and the others 2 examiners failed to explain why they disagreed despite the College's examination criteria requiring them to do so.

The Review Board held that while the Act is silent on the standard the Review Board is to apply in reviewing registration decisions, the Review Board should apply a reasonableness standard. The Review Board held that the reasonableness standard, while deferential, requires the registration committee to provide some explanation of its decisions, particularly where there are conflicting examiner opinions. The Review Board held that, on the facts of this case, the decision did not satisfy the reasonableness standard:

The letter to the Applicant dated August 13, 2009 is not accurate. The Record does not support the statement "The members of the exam team considered your case presentation and agreed that you did not correctly assess the situation". There is no evidence on the Record that the First Examiner changed his mind after his initial conclusion of agreement with the Applicant's assessment. The letter from the Registration Committee does not justify in a transparent and intelligible fashion how the Registration Committee arrived at its decision in the circumstances of the Examiner's markings and notes. The Third Examiner's remark that the denture "occlusion seems to be O.K." is equivocal language compared to the precise findings of the First Examiner. In the Panel's view a reasonable decision would articulate some justification for the Registration Committee's decision exercising its discretion against the application in a transparent and intelligible fashion faced with conflicting facts from Examiners.

2010-HPA-0079(a), October 12, 2011, College of Traditional Chinese Medicine Practitioners and Acupuncturists of BC – Registration Committee decision upheld as being based on a correct interpretation of the College bylaw

An Applicant applied to review a College decision which refused to grant him "reciprocal registration" because the College bylaws only authorize such registration where a person is registered in another Canadian jurisdiction. The Applicant was currently registered in the United States and had been a former (but not current) registrant in Ontario. The Review Board agreed with the College its bylaw did not allow reciprocal registration (paras. 21, 24):

I agree with the College's interpretation of the by-law. The only logical interpretation that can be drawn from the wording of the by-law is that his registration in Ontario must be current. The by-law states: "holds registration or licensure in another Canadian jurisdiction as the equivalent of a full registrant". This is the present tense, meaning current. To conclude otherwise is illogical and would place the health and safety of the public at risk. For example, by permitting a scenario whereby an individual who was qualified to practice in another province 20 years previously, and had not practiced and was not registered for some length of time in that province, could then apply and be immediately registered with the College in British Columbia is not an intended result. This individual would be able to practice in spite of not having established that they meet current standards of practice in the field....

...The Registration Committee has no discretion to waive the requirements for full registration for individuals who do not hold current full registration in another Canadian jurisdiction. This is unfortunately so, despite the Applicant's long standing and distinguished career in Ontario and in Florida as a practitioner of Chinese medicine and acupuncture.

Delayed Investigation Reviews

2010-HPA-0031(a), December 13, 2011, College of Dental Surgeons – Review Board has no jurisdiction to terminate a College investigation or to quash a Citation even if a College fails to comply with a deadline set out in a Review Board “delayed investigation order”.

In this case, a Registrant who was facing a Citation argued that the Citation and underlying investigation should be terminated because the College failed to meet the investigation deadline set out in a delayed investigation order. The Review Board held that it had no jurisdiction to do so:

... the legislative decision not to create a specific remedy for the breach was intentional. In the 2008 reforms creating the Review Board, the Legislature gave the Review Board jurisdiction in three classes of cases – registration reviews, timeliness reviews and complaint disposition reviews. The Legislature carefully outlined the Review Board's remedial powers to disturb College decisions with regard to registration reviews (s. 50.54(10)) and complaint

disposition reviews: s. 50.6(8). The Legislature did nothing of the kind to allow the Review Board to disturb College investigations (let alone citations), other than to order them to get on with it or take over the investigation itself. It is clear that the Legislature did not intend in the detailed and even complex provisions governing timeliness reviews to draft an additional provision that would allow the Review Board to go beyond that and quash the investigation or any ensuing citation: s. 50.58. To “imply” such a power would go against the legislative intent. If such a power is to exist, it is for the Legislature to amend the statute to create it.

*Second, the present legislative scheme governing timeliness reviews reflects the larger purpose of the Act, which is fundamentally about the Review Board facilitating the College's responsibility to protect the public and to exercise its powers in the public interest. This is not a criminal or Charter context, and the Review Board is not a court with inherent jurisdiction. The legislature's approach to drafting the timeliness provisions in the Act recognizes that the public interest is not served by punishing a complainant – or, for that matter, a registrant, who may want to have his or her name cleared – for the sins of the College. While I agree that an issue remains as to what the consequence for College non-compliance with a Review Board order ought to be, that consequence was clearly not intended to be visited by the Review Board on a complainant or on the public interest in having complaints disposed of in a timely way. I appreciate that superior courts on judicial review do have inherent jurisdiction to grant remedies to stay proceedings in extreme cases of oppressive delay and prejudice (see *Blencoe v. British Columbia (Human Rights Commission)*, [2000] 2 S.C.R. 307), but that is not a power the Legislature intended the statutory Review Board to be able to exercise as part of a timeliness review. The Review Board's role is to encourage Colleges to complete their investigations, not to stop those investigations.*

Complaint Disposition Reviews

Jurisdiction of the Registrar and the Inquiry Committee

A significant issue the Review Board was required to contend with in 2011 arose from the very complex legislative provisions ss. 32 and 33 of the *Health Professions Act*. This issue

concerned whether College decision-making was lawfully reflecting the division of legal responsibility between the Registrar and the Inquiry Committee as contemplated in ss. 32 and 33, and whether the College's decisions were accurately communicating who actually made those decisions.

2009-HPA-0045(a), June 23, 2011, College of Physicians and Surgeons

On June 23, 2011, a three person panel of the Review Board held that the College of Physicians and Surgeons had misunderstood the proper division of statutory responsibility between the Registrar and the Inquiry Committee in this particular case. The Review Board held that the Inquiry Committee, not the Registrar, was the only body that had jurisdiction to dismiss a complaint that constituted a “serious matter” under the legislation.

During the course of this decision, the Review Board made obiter dicta comments (comments that were not necessary to the result) suggesting that the Registrar's role under s. 32 of the HPA in all cases – even in non-serious matters – is intended to be a very limited one, that does not allow for investigation and evaluation of the complaint.

In early January 2012, in Decision 2011-HPA-0018(a), the Review Board revisited this aspect of the Decision's reasoning. The Review Board held:

We think a better way to reconcile all these provisions is to conclude that the Registrar has room to conduct those investigations he or she considers necessary to fulfill his functions, including the “reporting and recommendations” function, and then to recognize that when the matter comes before the Inquiry Committee under s. 33(1), the Inquiry Committee is itself still under a statutory duty to investigate the complaint. This will in every case mean that regardless of what investigations the Registrar has done leading up to the report, the Inquiry Committee must assess the information it has been given, and then give the Registrar whatever instruction it considers necessary under Bylaw 4-3 to further investigate the matter as the Inquiry Committee's delegate. In some cases, the additional work may be extensive; in other cases, it may be minimal. In either case, s. 33(1) is respected by recognizing that upon referral to the Inquiry Committee by the Registrar, the Inquiry Committee assumes ownership and responsibility over the investigation and has to consider each

case that comes before it on its merits. This reinforces the point, emphasized in Decision No. 2009-HPA-0045(a), at paras. [30]-[31], that the Inquiry Committee is the accountable decision-making body in Stream 1, and not a rubber stamp

In the same decision, the Review Board emphasized the ongoing difficulty Registrars would have in applying the difficult jurisdiction test founded on what is or is not a “serious matter”:

How is a Registrar to determine whether the complaint, if admitted or proven, would ordinarily result in one of the remedies listed in ss. 39(2)(b) – (e)? This is admittedly not the most helpful jurisdictional test. What is evident, however, is that the Registrar's assessment is not intended to be a sophisticated penalty determination, where for example mitigating factors and the registrant's personal circumstances are considered. The allegations must be taken as proven or admitted, and they must be objectively assessed by the Registrar. The more objectively serious is the misconduct alleged and the greater the impact on the public interest in the College context, the more likely it will meet the specialized legal test for being a “serious matter”. While the line between 39(2)(a) and (f) on the one hand, and the remedies in ss. 39(2)(b)-(e) on the other, will pose problems in some cases, a complaint will be a “serious matter” where, if the allegations were admitted or proven, the significant measures reflected in ss. 39(2)(b) – (e) would be required to protect the public interest, as the Panel found to be obvious in Decision No. 2009-HPA-0045(a), where the complaint was that due to improper care and professional neglect over an extended period of time, a registrant caused a patient's death.

Adequacy of the Investigation

2009-HPA-G01(a), March 7, 2011, College of Physicians and Surgeons – investigation adequate

A Complainant complained that her elderly father died because four registrants at the Vancouver General Hospital were involved with his discharge from the hospital ER when he was not well. This decision involved 3 of the 4 registrants. The case received media attention in part because one of the Registrants wrote the following on the discharge summary: “DO NOT ADMIT IN FUTURE”. The Inquiry Committee investigated the complaints

and concluded that the Registrants did not breach any standard of ethics or professional conduct. The Review Board stated:

Put another way, in considering the standard of review the Review Board considers whether the Inquiry Committee has taken reasonable steps to investigate and obtain key information from relevant sources. This standard obliges the Inquiry Committee to conduct an investigation with a degree of due diligence whereby the Inquiry Committee considers and attempts to obtain evidence from those Registrants that are the subject of the complaint, as well as from relevant collateral sources. In doing this, the Inquiry Committee should strive to gather information that is directly relevant to the subject Registrant and the particular complaint filed. It is reasonable to assume that the more serious the complaints, the higher the degree of due diligence expected by the Inquiry Committee (para. 49)

In consideration of the undisputed facts surrounding the steps taken by the College to investigate the complaint, I am satisfied that the College adequately conducted its investigation. There is nothing in the information and record before me to suggest that the College failed to exercise due diligence, or that it did anything short of a full investigation into this complaint. (para. 83)

2010-HPA-0014(a), March 17, 2011, College of Physicians and Surgeons – Investigation adequate

Five days following a standard hernia repair, a complainant, a former police officer, suffered from renal failure, septic shock and later, coronary disease and cataracts. The Complainant complained to the College that these problems were the direct result of the surgery. The Inquiry Committee investigated and found that the surgeon's conduct and competence were satisfactory. The Complainant argued that the College's investigation was inadequate for reasons including the fact that the College did not investigate other allegations made against the same surgeon which the Complainant brought to the College's attention in his complaint (paras. 44–50):

There are cases where it will be appropriate for an Inquiry Committee, as part of their investigation, to obtain information from other patients of a registrant who have not made a complaint about that Registrant, particularly where that information shows there is a pattern of incompetence or improper conduct. There

can be cases where a single complaint may give rise to a concern that the Registrant may not be competent or the nature of their misconduct may not be limited to the single complaint and, in such cases, information can, and should, be solicited from other patients or third parties who are not medical professionals. Such cases will, however, be rare and before seeking such information an Inquiry Committee should receive some credible evidence or other information in connection with the complaint which indicates that the conduct or competence of the Registrant was not satisfactory...

While there is no doubt the Complainant suffered a critical illness following the Hernia Repair Surgery and it is reasonable to assume that this illness was related to, or arose as a result of, the Hernia Repair Surgery, this is not in itself evidence that the Hernia Repair Surgery was not conducted properly and competently or that the Registrant committed any error in his care of the Complainant. It is a fact of life that patients sometimes suffer complications after competently performed surgery and the fact they suffer complications does not in itself mean that the surgeon's conduct or competence was unsatisfactory.

In my view, this is not a case where it would have been necessary, or even appropriate, for the Inquiry Committee to interview or obtain information from any of the potential witnesses suggested by the Complainant. I have therefore concluded that the failure of the Inquiry Committee to conduct such interviews or obtain such information did not make its investigation inadequate.

I have also considered whether the investigation as a whole was adequate. Usually the best possible evidence as to whether a medical professional's conduct and competence is satisfactory is the evidence of other medical professionals who have expertise in the same or a related area. Information and reports from 19 physicians or surgeons, many of whom are specialists, was obtained and considered by the Inquiry Committee before it made its disposition.

In my view, the investigation, as described in Part V of this decision, was thorough and comprehensive. Having read the Record, I am satisfied there is no other information the Inquiry Committee could have reasonably sought regarding the conduct and competence of the Registrant in the matter complained of.

2010-HPA-0090(a), August 18, 2011, College of Physicians & Surgeons – Investigation Inadequate – complaint remitted to Inquiry Committee with directions

The Complaint arose from the stillbirth of the Complainant's baby at Richmond General Hospital while in the obstetrical care of the Registrant. The College retained an expert to provide an opinion regarding the Registrant's care. The Expert concluded that the Registrant did not meet the standard of care set out by the Society of OBGYNs in a case such as this which displayed an abnormal fetal heart rate. Further, the record revealed a discrepancy between the Registrant's report and the actual fetal heart rate readings. The Inquiry Committee concluded that there was no evidence of incompetence or unprofessional judgment. The Inquiry Committee characterized the deficiencies as errors in judgment and not negligence. The Inquiry Committee further concluded that the Registrant had agreed to voluntary remediation in the form of a study program and a teaching role.

... The Complainant raised six issues critical to the complaint. In establishing the design and parameters of its investigation, the College is not bound to adhere precisely to the issues as articulated by the complainant. However, if it chooses not to address the complainant's issues directly, it should at the very least explain why it has chosen a different course, and provide a defensible rationale for this different course based on its professional assessment of what it sees as the critical issues arising from the substance of the complaint. In this case, it is at best unclear as to how the College pursued its investigation regarding the complainant's questions. The process is certainly not transparent and thus, is difficult to uphold.

In a situation of such magnitude the Complainant has the right to expect a greater degree of diligence in the College's investigation. It is difficult to see that the College has met its burden to investigate given the lack of transparency in its investigation as outlined in the disposition.

It would have perhaps benefited the Complainant, and certainly this Review Board, to have had further information outlined in the disposition regarding the Inquiry Committee's process. Perhaps the meeting held with the Registrant and the College reviewed the events of the delivery and the Registrant's subsequent actions more rigorously than indicated by the general description in the disposition; without additional detail we cannot know whether this was so.

In a case with such a serious outcome more is expected. A complainant has the right to an adequate investigation that is appropriate to the circumstances and fulsome reasons that are transparent and justifiable within a range of possible outcomes.

Reasonableness of the Disposition

2010-HPA-0098(a), April 29, 2011, College of Physicians and Surgeons – Disposition reasonable

An inmate complained to the College that the Registrant, a prison physician, stopped his prescription for a drug, based on information received that he had been diverting the medication. The Complainant alleged that the Registrant had taken him off the drug based on "false allegations". The Inquiry Committee dismissed the complaint. The Review Board held that the disposition was reasonable (paras. 37–39):

*With respect to the reasonableness of the decision of the Inquiry Committee, and similar to previous Review Board decisions, I look to *Dunsmuir v. New Brunswick*, [2008] 1 S.C.R. 190 at para.47 to provide guidance in respect to the issue of reasonableness:*

In judicial review, reasonableness is concerned mostly with the existence of justification, transparency and intelligibility within the decision-making process. But it is also concerned with whether the decision falls within a range of possible, acceptable outcomes which are defensible in respect of the facts and law.

In reviewing the record I found it relatively easy to follow the logic of the Committee in arriving at its decision. The Registrant discussed treatment options with the Complainant and prescribed methylphenidate. The Registrant warned the Complainant of the consequences of diversion of his medication, or even the suspicion of diversion of his medication. The Registrant received information from a person or persons in authority that alleged the Complainant was involved in the underground trafficking of prescribed drugs including methylphenidate and upon weighing the benefits of the medication to the Complainant versus the potential hazards to inmates and guards, discontinued the use of methylphenidate by the Complainant. The Complainant was immediately transferred to Kent Institution because of his suspected involvement in trafficking prescribed drugs and was no longer under the direct care of the Registrant.

The Committee concluded that they were not critical of the care provided by the Registrant. In applying the standard for reasonableness (Dunsmuir), I find the decision falls within a range of possible, acceptable outcomes which are defensible in respect of the facts and law.

2009-HPA-0027(d), August 11, 2011, College of Registered Nurses – Disposition reasonable

The Complainant, a bus driver, applied to his employer for an accommodation due to neck pain arising from the configuration of new buses acquired by the employer. The employer sought a medical opinion, and instructed the Registrant, an Occupational Health Nurse, to contact the Complainant's physician to obtain an opinion concerning the matter. The Complainant complained to the College that the Registrant Nurse breached her professional obligations and abused her authority by misrepresenting the facts and asking the Complainant's doctor loaded questions. The Inquiry Committee investigated and dismissed the complaint. The Review Board held that the College's disposition was reasonable (paras. 72–76):

The complaint contained three specific allegations about the Registrant's conduct. The first was that in her first letter to Dr. A the Registrant stated the Complainant had asked her to contact Dr. A when the Complainant had never asked her to do so. He later expanded this complaint to include the fact that the release related to "information regarding my fitness to return to work" when he was already working and the information requested was actually with respect to whether he should be allowed to drive a different type of bus in order to accommodate his physical disability.

The Registrant acknowledged in her meeting with a representative of the College on May 22, 2009 that the letter more properly should have stated that the Complainant "provided his consent". She explained the somewhat inaccurate wording of her letter arose from the fact that it had been developed from a template used by the OHD. As to the consent form referring to the information requested being about his fitness to return to work, the evidence before the Inquiry Committee was that this was a standard form used by CMBC and that the form was prepared and presented to the Complainant by a person in a different department and not by the Registrant. It was therefore reasonable for the Inquiry

Committee to conclude that the statement by the Registrant in her letter to Dr. A that the Complainant had requested her to contact him was satisfactory in the circumstances. We consider this aspect of the complaint to be trivial and without merit. In our view, the use of the wording complained of did not, and could not, have had any effect on the response provided by Dr. A.

The second specific allegation was that in her correspondence with Dr. A the Registrant misrepresented facts in a manner which was designed to portray the Complainant in a bad light. The information contained in the Record, and which was put before the Inquiry Committee, is that the Complainant never spoke to the Registrant and that the information regarding the availability of New Flyer buses was information given to her by the Complainant's supervisor, Mr. C, and that she relied on this information when making these statements. It was therefore reasonable to conclude, based on this evidence, that the Registrant did not intentionally misrepresent any facts and that the statements made by the Registrant were not designed to portray the Complainant in a bad light to Dr. A.

Finally, the Complainant alleges that the wording of the questions to Dr. A, particularly the two questions in her July 5, 2008 letter, was used by the Registrant in an attempt to shift the burden of accommodation from CMBC to the Complainant. When the Registrant wrote to Dr. A on July 5, she was in possession of the Ergonomic Report which concluded that the neck rotation which was required of a driver of a Nova bus was well within normal limits and that by turning their torso the amount of neck rotation could be reduced. She was also in possession of the WCB claim denial letter which stated there was insufficient evidence the turning of the Complainant's head while driving a Nova bus aggravated his existing medical condition. While the Complainant challenges the conclusions of both the Ergonomic Report and the conclusions set out in the letter from WCB to CMBC dated May 22, 2008, there is no information in the Record which suggests the Registrant had any reason to doubt the statements contained in either of these documents. She had never examined the Complainant nor had she even spoken to him. It was therefore not unreasonable to conclude that the Registrant acted appropriately by quoting from the Ergonomic Report in her July 5, 2008 letter to Dr. A and posing the two questions based on the findings of the Ergonomic Report.

Before making their decision, the Inquiry Committee considered CMBC's policy statement with respect to the accommodation of employees with a permanent disability, CMBC's job description for the occupational health nurse position in which the Registrant was employed, the Canadian Occupational Health Nurses Association Nursing Practice Standards (Non-regulatory) as well as the College's own Professional Standards for Registered Nurses and Nurse Practitioners. After doing so they concluded, based on all of the information known to them, that the Registrant's correspondence with Dr. A was consistent with the accepted practice for occupational health nursing, consistent with the policies of her employer and consistent with the standards of practice for occupational health nursing. We defer to that determination because there is no information in the Record and we heard no additional evidence which would allow us to conclude that this conclusion by the Inquiry Committee was incorrect or otherwise flawed.

2010-HPA-0125(a), December 9, 2011, College of Physicians and Surgeons – Disposition reasonable

A Registrant admitted his error in disclosing a confidential matter about the Complainant on a disability form the Complainant required for his employer. The confidential nature of the information was recorded on the medical file by another physician who had been covering for the Registrant in his absence. The Inquiry Committee met with and interviewed the Registrant. The Inquiry Committee concluded that the error was not deliberate, and the Registrant accepted the request under s. 36(1) not to repeat the conduct, and apologized. The Complainant applied to the Review Board for a review, arguing that the Inquiry Committee failed to grasp the seriousness of the Registrant's conduct. The Review Board held (paras. 18–22):

I agree with the Complainant's argument that it is at least questionable for the Registrant to unilaterally decide to teach students about something related to the error suffered by the Complainant. The teaching method and material poses a risk of disclosure possibly and further erodes the Complainant's desire to maintain confidentiality over her own situation. The Registrant wanted to atone for his error but, anything less than maintaining full confidentiality poses a risk or at least creates a worry for the Complainant who has suffered enough from the

breach. The decision to teach on a non-nominal basis could have been done in consultation with the Complainant if any risk of further disclosure actually existed. Teaching proper practices as to patient confidentiality would obviously not be a concern, the concern would be any reference to the Complainant's unique circumstances.

The request of a patient for non disclosure of information, such as a diagnosis, raises in my mind an interesting dilemma in some circumstances. Where the patient requires the form completed by the physician for provision to an employer or disability insurer the physician must answer the questions truthfully and to a reasonable standard for the purposes required by the employer or disability insurer such as to assess permissible absence from work or coverage for disability under a policy of insurance. The wording of the questions posed on the form would be important. A physician may be placed in a conflict between completing the form in a truthful and reasonable manner and respecting the patient's request for confidentiality. In such an instance what is the physician to do? It may be that the physician cannot meet both the requirements of his professional duty, his patient's instruction for confidentiality and the requirements of the employer or insurer all at the same time. In such a case maybe the physician should not complete the form leaving the patient with a problem as between the patient and the employer or insurer. I do not have to answer these questions. I merely point out that the consideration of the matter may not be as simple as only looking at the request of the patient for confidentiality given the other interests, purposes and duties.

I am not satisfied that the disposition arrived at by the Inquiry Committee is outside the range of acceptable and rational solutions. The remedy sought by the Complainant is somewhat similar to the disposition.

The Registrant has apologized, he's given an undertaking to not repeat the error and he is making an effort to atone for his error albeit partially in a manner the Complainant would have been more comfortable with if her input had been sought. This in my view is not outside the range of reasonable and rational solutions, justified, transparent and intelligibly explained. I confirm the Inquiry Committee's disposition in this matter.

Preliminary Rulings

A significant percentage of the Review Board's adjudicative work continues to be focused on addressing preliminary issues that arise during the review process. The most common types of preliminary issues are:

- Applications to extend the time for filing an application for review. Such an application may be granted where the Review Board is satisfied that "special circumstances exist".
- Applications by Registrants and Colleges to summarily dismiss an application for review as being trivial, frivolous or vexatious, or as having no reasonable prospect of success.
- Applications by parties, almost always the College or a Registrant, to exclude the other party (the Complainant) from seeing evidence that is part of the record on the basis that such a direction is required "to ensure the proper administration of justice".
- Applications to have the Review Board receive evidence that is not part of the record on the basis that the evidence is reasonably required by the Review Board for a full and fair disclosure of all matters related to the issues under review.

The Review Board has developed a specific set of principles to govern the exercise of its judgment and discretion with regard to each of these areas; these principles are routinely quoted in the adjudication of the various classes of preliminary issues. These principles are set out in detail in the Review Board's Practice Directives and Information Sheets, which may be viewed on the Review Board website.

Copies of these decisions are available from the Review Board office or website.

Judicial Reviews of Review Board Decisions

Decisions of the Review Board are subject to judicial review by the British Columbia Supreme Court. Judicial review is not an appeal. Its focus is not to determine whether the decision under review was right or wrong as if the Court was making the same decision as the body under review. Its purpose is to determine whether the decision in question was made within jurisdiction, whether it was procedurally fair, and whether it was “patently unreasonable”. All statutory decision-makers and administrative tribunals are subject to judicial review, on application to the Court by a party to the Decision.

Some statutory decision-makers are subject to large numbers of judicial review applications each year. Despite the relatively large number of decisions the Review Board made in 2011, very few of its decisions have resulted in judicial review.

Summary of 2011 Judicial Review Activity

R.M. v. College of Physicians and Surgeons, 2011 BCSC 832 was the first decision of the Supreme Court commenting on a substantive decision of the Review Board. In that case, the Court upheld a decision of the Review Board Chair who had rejected a registrant physician’s application to prevent a complainant from seeing the physician’s past conduct history with the College. The Court held as follows:

Fundamental to the Chair’s analysis in both the Decision and the Policy Decision was the complainant’s role in a Review Board proceeding. The role of the complainant is pivotal as to how a s. 42 application should be approached.

This type of question goes to the core of the Review Board’s home statute and is exclusively for the Review Board to determine. It cannot be disturbed on judicial review unless the determination is patently unreasonable.

In determining how he would exercise his discretion, the Chair did not ignore RM’s privacy interest, nor did he purport to make public any private information. What he did was allow certain information to be released to the complainant so the complainant could make proper representations on the review to which the complainant is a party. I am satisfied that the decision is not patently unreasonable. It was not based entirely or predominantly on irrelevant factors nor did it fail to take into account the appropriate statutory requirements. The discretion was not exercised arbitrarily, in bad faith or for an improper purpose.

In **V.F. v. E.B.**, 2011 BCCA 238, the British Columbia Court of Appeal refused to grant registrant physicians leave to appeal a December 31, 2010 Supreme Court decision which refused to allow the physicians to file judicial review applications (from a Review Board decision dealing with time limits) anonymously: **V.F. v. E.B.** 2010 BCSC 1870; **R.S. v. C.O.** 2010 BCSC 1872; **V.F. v. S.T.** 2010 BCSC 1874. Following the Court of Appeal’s decision, the registrant physicians abandoned their judicial review applications.

In 2011, the College of Physicians and Surgeons commenced a judicial review application against Review Board decision 2009-HPA-0045(a) (June 23, 2011). The College withdrew the Petition in early 2012, following the release of Review Board decision 2011-HPA-0018(a) (January 6, 2012).

As of December 31, 2011, one judicial review application remained outstanding. This JR application was filed by a Registrant physician against Review Board Decision 2010-HPA-0108(b) (October 20, 2011). In that case, the Review Board remitted a complaint to the College, with directions to interview the Registrant in order to address inadequacies in the College's investigation. That Petition, scheduled to be argued in November 2012, will address important issues regarding the Review Board's jurisdiction to grant remedies where an investigation has been found to be inadequate.

Review Activity Statistics

For the reporting period from January 1, 2011 –
December 31, 2011

Data Description

This data has been drawn from our Oracle AIMS database that was populated by users. There is no quality assurance on data entry.

Figure 2: Number of Applications, by type and month

Month	Complaint Disposition	Delayed Investigation	Registration Decision	Total Number of Applications	%
January	14	1	5	20	8%
February	15	0	2	17	7%
March	17	0	0	17	7%
April	8	1	2	11	4%
May	22	2	3	27	11%
June	9	2	5	16	7%
July	17	0	1	18	7%
August	17	1	3	21	9%
September	13	2	6	21	9%
October	15	0	3	18	7%
November	38*	0	3	41	17%
December	15	0	3	18	7%
Total	200	9	36	245	
% of Total Applications	82 %	3 %	15 %		

* Statistical outlier as one party lodged 22 complaints.

Figure 3: Applications for Review, by type and month

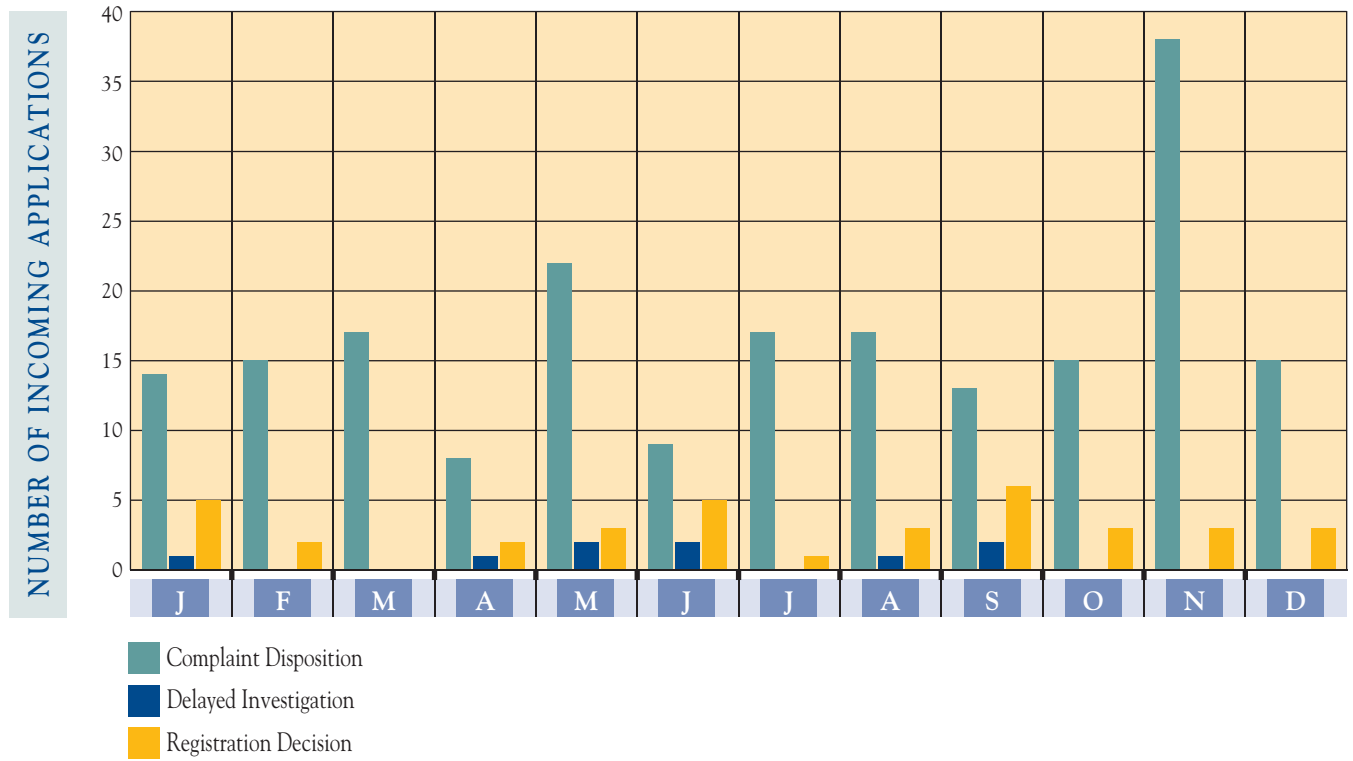


Figure 4: Yearly Trend Comparison – Number of Applications for Review, by month

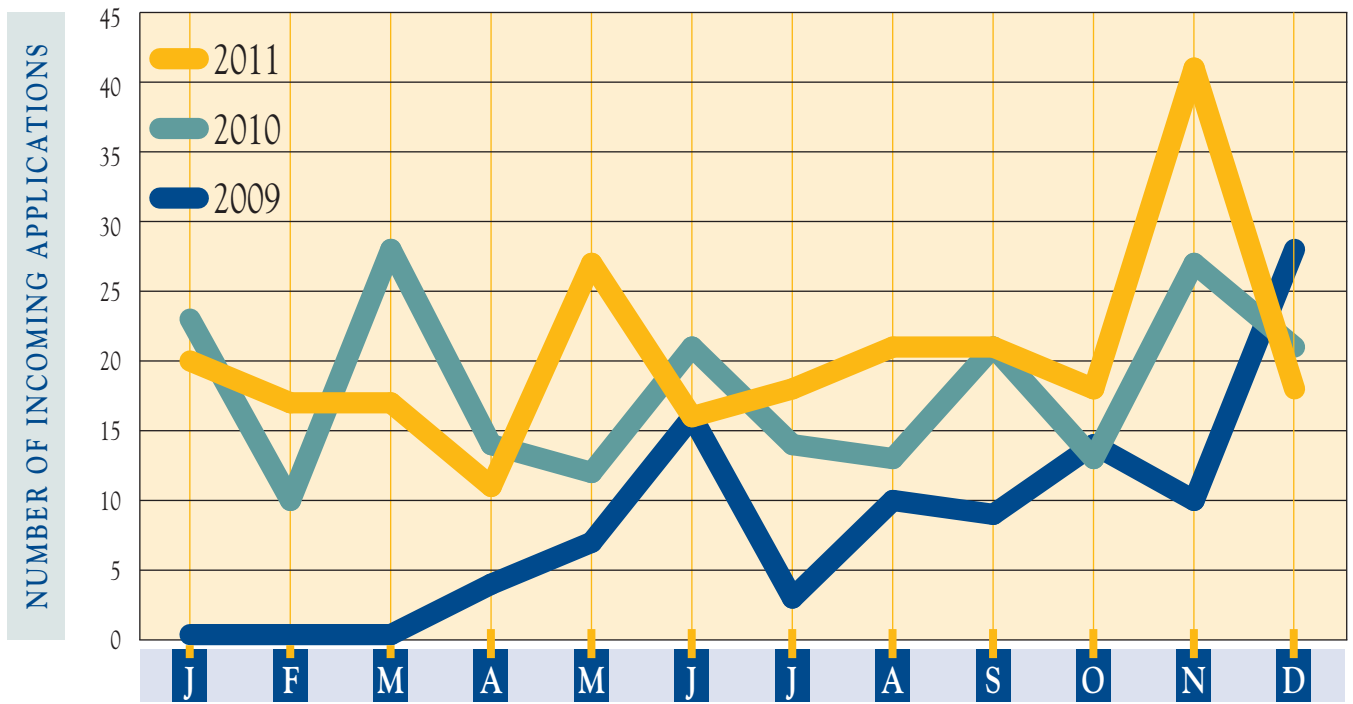


Figure 5: Total Applications for Review, classified by respondent College

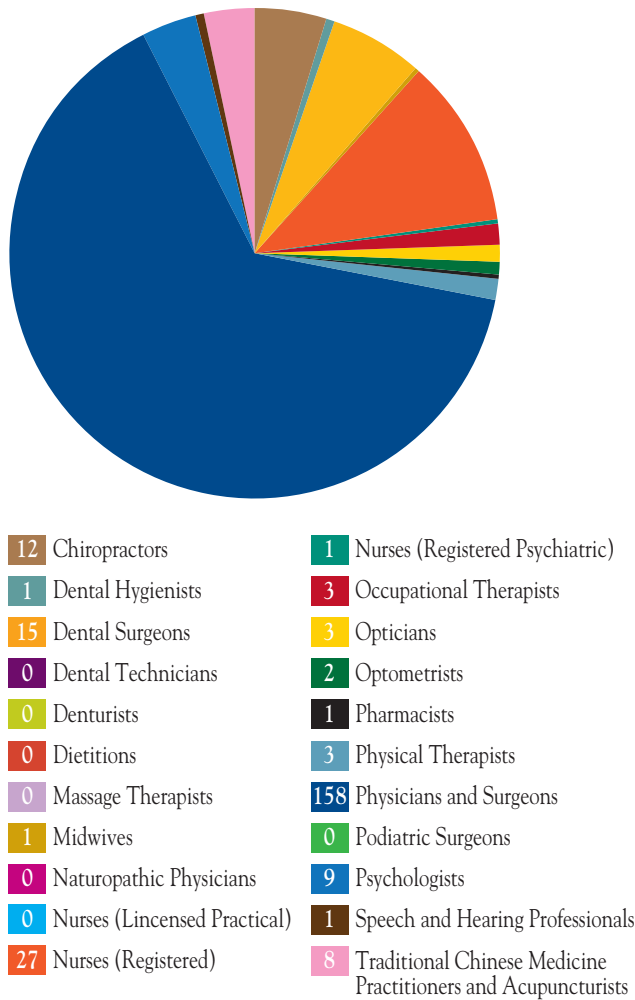


Figure 6: Applications for Review, by College and type

Respondent College	Complaint Disposition	Delayed Investigation	Registration Decision	Total Number of Applications
Chiropractors	11	0	1	12
Dental Hygienists	1	0	0	1
Dental Surgeons	13	2	0	15
Dental Technicians	0	0	0	0
Denturists	0	0	0	0
Dietitians	0	0	0	0
Massage Therapists	0	0	0	0
Midwives	1	0	0	1
Naturopathic Physicians	0	0	0	0
Nurses (Licensed Practical)	0	0	0	0
Nurses (Registered)	6	0	21	27
Nurses (Registered Psychiatric)	1	0	0	1
Occupational Therapists	3	0	0	3
Opticians	0	0	3	3
Optometrists	2	0	0	2
Pharmacists	1	0	0	1
Physical Therapists	3	0	0	3
Physicians and Surgeons	146	9	3	158
Podiatric Surgeons	0	0	0	0
Psychologists	9	0	0	9
Speech and Hearing Professionals	0	0	1	1
Traditional Chinese Medicine Practitioners and Acupuncturists	1	0	7	8
Total	198	11	36	245

Figure 7: Number of Applications for Review – by status

Applications for Review	Total
Number of applications open at January 1, 2011 (Case Management in Progress)	165
Number of applications for review received in 2011	245
Applications closed in 2011	118
Number of applications open at December 31, 2011 (Case Management in Progress)	251

Figure 8: Number of Applications for Review Closed in 2011

Files Closed in 2011	Total
Preliminary Closures during period	
Number of applications withdrawn during period	53
Number of applications abandoned during period	24
Number of applications rejected during period	0
Number of applications closed due to no jurisdiction during period	14
Final Closures during period	
Number of Final Decisions closing Applications during period	27
Total Number of Files Closed during Period	118

Figure 9: Number of Decisions Rendered in 2011

Decisions Rendered in 2011	Total
Number of Preliminary Decisions rendered during period	86
Number of Final Decisions rendered during period	45
Total Decisions Rendered during Period	131

Financial Performance

2011 Year Expenditures

This reporting period covers the third fiscal year of operation for the Review Board.

Following is a table showing the expenditures made by the Review Board during its fiscal year.

Health Professions Review Board

Operating Costs: April 1, 2011 to March 31, 2012	
Salary and Benefits	\$ 511,917
Operating Costs	\$ 631,231
Other Expenses	\$ 41
Total Operating Expenses	\$ 1,143,189

Shared Services Administrative Support Model

Administrative support for the Health Professions Review Board is provided by the office of the Environmental Appeal Board and the Forest Appeals Commission.

This shared services approach takes advantage of synergy and keep costs to a minimum. This has been done to assist government in achieving economic and program delivery efficiencies allowing greater access to resources while, at the same time, reducing administration and operational costs.

In addition to supporting the Health Professions Review Board, the office for the Environmental Appeal Board and the Forest Appeals Commission provides administrative support to other appeal tribunals.

