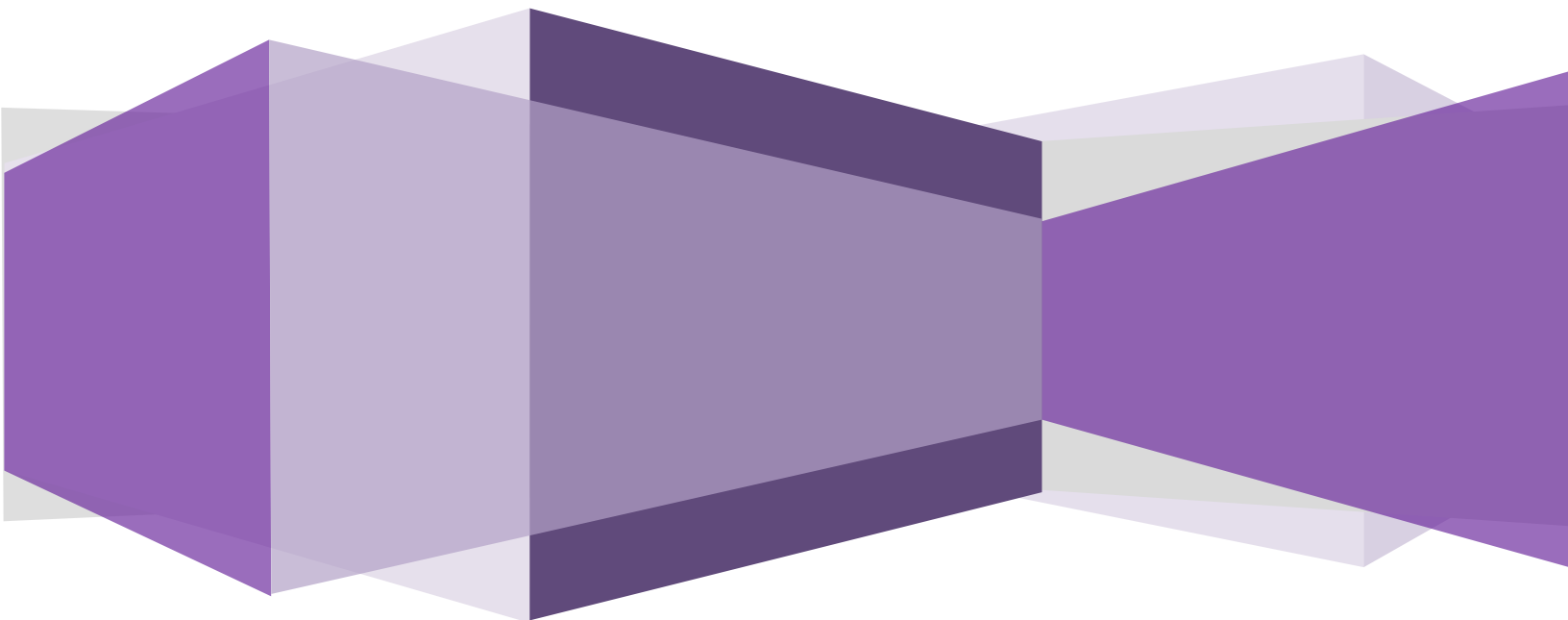




# *Hospital Appeal Board*

*2017-2018 Annual Report*

*Covering the reporting period from  
April 01, 2017 to March 31, 2018*





## Hospital Appeal Board

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February 28, 2019

The Honourable David Eby  
Ministry of Attorney General  
Room 232, Parliament Buildings  
Victoria, British Columbia  
V8V 1X4

Dear Attorney General:

**Re: Hospital Appeal Board 2017-2018 Annual Report**

On behalf of the Hospital Appeal Board, I respectfully submit the Annual Report of the Hospital Appeal Board for the period April 1, 2017 to March 31, 2018.

Sincerely,

David G. Perry  
Chair  
Hospital Appeal Board

Enclosure

## *Message from the Chair*

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I am pleased to submit the Annual Report of the Hospital Appeal Board (“HAB”) for the fiscal year beginning April 1, 2017 and ending March 31, 2018. This report is submitted pursuant to section 59.2 of the *Administrative Tribunals Act*.

### ***Appeals during Reporting Period***

Section 59.2(a) of the *Administrative Tribunals Act* requires the Board to provide a review of its operations during the preceding reporting period. During this reporting period, a total of five (5) new appeals were filed with the Board. Further details of these appeals are provided later in this report pursuant to section 59.2(c) of the *Administrative Tribunals Act*.

An additional two (2) appeal matters that were carried over from the previous reporting period were also considered during this period. Finally, one (1) appeal was reopened during this reporting period.

Out of the eight (8) total appeals which were before the Board during this reporting period, three (3) appeals were closed during this reporting period. Three (3) of the remaining five (5) appeals were closed during the next reporting period, and two of the remaining appeals remain open as of the date of this report.

Of the three (3) appeals closed during this reporting period, 2 appeals (67%) were resolved and withdrawn prior to proceeding to a hearing. The third appeal proceeded to a full hearing on its merits, followed by a final decision rendered by the hearing panel. This hearing was conducted in person before a panel of three HAB members.

The issues considered in these appeals included: the restriction of a practitioner’s hospital privileges to exclude provision of specified cardiac procedures; whether changes to the provision of on-call services amounted to a modification of a practitioner’s privileges, and; whether there was a need in the community for an additional ophthalmologist surgeon.

I am not aware of, nor has the Board been served with, any applications filed in the BC Supreme Court for Judicial review of any decisions issued by the HAB in this reporting period.

### ***Forecast of workload for the next reporting year and trends noted***

Section 59.2(f) of the *Administrative Tribunals Act* requires the Board to provide a forecast of the workload for the succeeding reporting period. The HAB’s workload for the 2018/2019 reporting period is expected remain consistent with trend over the past few years which has seen an increase from approximately 1-2 appeals per year to approximately 2- 4 new appeals filed per year.

Section 59.2(g) of the *Administrative Tribunals Act* requires the Board to report any trends or special problems it foresees. The only trend or special problem that we have identified in this reporting period, as with the past reporting period, is the increase in the number and complexity of appeals over the past several years which we will need to continue to monitor over time.

The Board has found it difficult at times over the past several years to provide timely hearings for the number of increasingly long and complex appeals due to a lack of board members available to sit on these multiple hearings that take place over several weeks (up to 5 weeks at times).

The membership of the Board consists largely of experienced health care practitioners, administrators and lawyers who have busy practices and who often find it difficult and financially impractical to set aside large periods of time for attendance at hearings. These individuals are selected for membership on the Board on the basis of their expertise and high standing in their respective fields. In order to maintain the high calibre of the professionals who currently sit on the Board, it may be necessary to provide greater incentives for members attending lengthy hearings; for example, financial compensation for hearings which are cancelled last-minute, and/or greater overall compensation for members attendance at hearings.

### *Plans for improving the Board's operations*

Finally, section 59.2(h) of the *Administrative Tribunals Act* requires the Board to report its plans for improving operations in the future. During this reporting period, the Appeals Office cluster responsible for providing administrative support to the Board sought out and evaluated a new case management system to replace the outdated appeals management system the tribunal cluster has been using for the past two decades. The new case management system will allow the tribunal cluster to function effectively and efficiently, using modern information technology. In particular, the Board will have quicker, easier and more accurate access to appeal information and statistics, and will be able to more effectively track and report out on key performance indicators. Implementation of the new system is scheduled to take place over the subsequent reporting period, and the Board anticipates full integration of the system to occur by mid-2019.



David G. Perry  
Chair  
Hospital Appeal Board

## *Mandate*

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The Hospital Appeal Board is a quasi-judicial administrative tribunal continued under Section 46 of the *Hospital Act*. The Board's purpose is to provide a specialized, independent, accessible and cost-effective avenue of appeal, as an alternative to the court process, for health practitioners (doctors, dentists, midwives and nurse practitioners) who disagree with a decision of a hospital's board of management regarding hospital privileges.

The Board hears appeals filed by the prescribed health practitioners from:

- a decision of a hospital's board of management that modifies, refuses, suspends, revokes or fails to renew a practitioner's permit to practice in a hospital; or
- the failure or refusal of a hospital's board of management to consider and decide on an application for a permit in a timely manner.

The Board generally holds 2-3 full, oral, court-like hearings per year. In most cases, a panel of three members hears the merits of each appeal. Each appeal usually also involves a number of preliminary issues and rulings made either by the Board Chair or the Panel Chair designated to hear the appeal.

Appeals are conducted as a "hearing de novo", which requires the Board to hold a new hearing in the full sense with witnesses, substantial documentary evidence and oral argument. Consequently, hearings can vary widely in length depending on the complexity of the issues under appeal and the amount and kind of evidence to be adduced, with some taking several days or in some cases many weeks to complete. Parties to the proceedings are almost always represented by experienced legal counsel.

The Board has the authority to affirm, vary, reverse or substitute its own decision for that of a hospital board of management on the terms and conditions it considers appropriate. After a hearing, the Board issues detailed written reasons for its decision which are made available to the public on the Board's website.

For further information please see the board's website at [www.hab.gov.bc.ca](http://www.hab.gov.bc.ca).

## Board Membership

Under section 46(4) and (4.1) of the *Hospital Act* the minister **must** appoint 10 members of the Hospital Appeal Board as follows:

- (a) one member designated as the chair;
- (b) one member designated as the vice-chair;
- (c) one member selected from among 3 or more individuals nominated by the College of Physicians and Surgeons;
- (d) one member selected from among 3 or more individuals nominated by the College of Dental Surgeons;
- (e) one member selected from among 3 or more individuals nominated by the College of midwives;
- (f) one member selected from among 3 or more individuals nominated by the British Columbia Medical Association [now known as Doctors of BC]; and
- (g) four other members selected after a merit based process.

Throughout this reporting period, the HAB membership consisted of the following members:

<i>BOARD MEMBER</i>	<i>ROLE</i>	<i>TERM EXPIRY</i>
David G. Perry	Chair	December 31, 2018
Stacy Frank Robertson	Vice-Chair	December 31, 2019
Dr. Douglas H. Blackman	Member	May 31, 2018
Dr. Paul Champion	Member	December 31, 2018
Dr. Kevin Doyle	Member	December 31, 2019
Joanna Nemrava	Member	May 31, 2018
Dr. Maureen Piercey	Member	December 31, 2019
Charles (Rick) Riley	Member	May 31, 2018
Lorraine Unruh	Member	December 31, 2019
Cheryl Vickers	Member	March 1, 2019

***BIOGRAPHIES FOR THE BOARD MEMBERSHIP DURING THE REPORTING PERIOD ARE AS FOLLOWS:***

**DAVID PERRY (CHAIR)** David Perry focuses his practice on insurance defense and environmental law and is an experienced litigator in commercial and motor vehicle defense cases. He also brings considerable skills as a negotiator and consensus builder to legal challenges involving parties holding conflicting viewpoints. Mr. Perry has had diverse experience in resolving land use and resource disputes as counsel, chair of administrative tribunals and as a commissioner of inquiry. With his proven ability to bring together government, industry and citizen groups, he has helped to resolve several seemingly intractable environmental disputes. Mr. Perry has acted as counsel for the provincial government, major resource companies and community groups in the course of resolving litigated and mediated resource disputes. He has acted in leading environmental law and insurance cases involving advocacy before regulators, the Environmental Appeal Board, B.C. Supreme Court, BC Court of Appeal and the Supreme Court of Canada.

**STACY FRANK ROBERTSON (VICE-CHAIR)** Stacy Frank Robertson is currently Senior Enforcement Counsel at the Investment Industry Regulatory Organization of Canada in Vancouver, BC, which regulates professional discipline for registered securities industry individuals and firms. Previously he worked at several Vancouver based firms practicing in the areas of insurance, construction, employment, labour and administrative law. He has appeared before all courts in BC and before the BC Labour Relations Board, the Canadian Industrial Relations Board and the BC Securities Commission. He has served as a panel member on the Employment Assistance Appeal Tribunal and is currently a member of the Eligibility Appeals Committee for BC School Sport. He holds a Bachelor of Law from the University of New Brunswick, a Bachelor of Commerce from McMaster University and a diploma from Moscow State University in Political History of Russia and the U.S.S.R.

**DR. DOUGLAS BLACKMAN** Dr. Douglas Blackman is the former Senior Deputy Registrar and Deputy Registrar with the College of Physicians and Surgeons of BC. Previously, he had private practices in Prince George and Victoria. Dr. Blackman is the Past President of the Federation of Medical Regulatory Authorities of Canada. He holds his Medical Doctorate from the University of British Columbia.

**DR. PAUL CHAMPION** Dr. Paul Champion is a retired physician, registered in British Columbia, whose specialist qualification was the FRCP(C) Internal Medicine and in Respiriology. He holds the title of Prof. Emeritus Clinical Medicine at the University of British Columbia. Dr. Champion held consulting privileges at the BC Cancer Agency, the GF Strong Rehabilitation Unit and with the BC C.D.C Tb Service up until his retirement. In addition, he was the Medical Director at Vancouver General Hospital Medical Bronchoscopy Program. Dr. Champion holds his Bachelor of Medicine and Bachelor of Surgery from London and his Doctor of Philosophy from the Netherlands. Dr. Champion is currently a Trustee for the Gabriola Volunteer Fire Department and Rescue Services and also a Director of the Gabriola Community Health Centre Foundation.

**DR. KEVIN DOYLE** Dr. Kevin Doyle received his degree of Doctor of Dental Medicine from the University of British Columbia and has been in private practice since 1980. He holds an undergraduate Bachelor of Science degree in Chemistry from the University of Victoria. He is a Fellow of the American College of Dentists, the International College of Dentists, and the Pierre Fauchard Academy. He is an Assessment

Evaluator and Assessment Invigilator for the National Dental Examining Board of Canada. He has served as an examiner for the National Dental Examining Board of Canada and the College of Dental Surgeons of British Columbia. He actively participated in the transition of the *Dentists Act* to the *Health Professions Act* as Chairperson for the College of Dental Surgeons of BC Quality Assurance Committee. He holds a Graduate Certificate in Evidence Based Health Care from the University of Oxford and has held past appointments as Reviewer for the Cochrane Oral Health Group, Council member on the Canadian Collaboration on Clinical Practice Guidelines (CCCPG) and Chairperson of the Guideline Advisory Committee of the CCCPG.

**JOANNA NEMRAVA** Joanna Nemrava is Head of the Department of Midwifery at the Royal Inland Hospital in Kamloops. In addition, she is a Clinical Preceptor for the Midwifery Education Program at the University of British Columbia's (UBC) Division of Midwifery. Currently, Ms. Nemrava serves as Treasurer on the Board of the Midwives Association of BC and President of the Canadian Association of Midwives in 2013/14. Ms. Nemrava holds a Bachelor of Midwifery from the University of BC.

**DR. MAUREEN PIERCEY** Dr. Piercey was a family physician in Victoria for a number of years. She has a certification in Addiction Medicine and consulted in that field for over a decade. She has a special interest in the health of physicians and has been involved in clinical care and formal programs in physician health. From 2000 until spring 2011 she was a Deputy Registrar at the College of Physicians and Surgeons of BC where she was responsible for matters relating to sexual misconduct by physicians, physician impairment, and monitoring of physicians who had been the subject of disciplinary actions. She worked closely with physicians who had disciplinary action, significant mental and addition problems, and who were undergoing remediation.

**CHARLES (RICK) RILEY** Rick Riley has 30 years of experience in executive leadership positions in the public hospital and health care sectors in BC and Alberta. Most recently, he was the Community Administrator (Central Okanagan) for the Interior Health Authority, for which he was previously the Chief Operating Officer (Kootenay Boundary). Before that he was the CEO of the Greater Trail Community Health Council. Active in his community, Mr. Riley is a former President of the Rotary Club of Trail BC, served as Vice Chair of the Board for the Central Okanagan Child Development Association, President of the Regional Council (BCSI) of the Canadian Red Cross, and a Member of the Western Zone Council of the Canadian Red Cross. Mr. Riley will be Chair of the Western Council of the Canadian Red Cross for two years beginning June 2012 and Past President of the BC Southern Interior Region. He holds his Bachelor of Commerce from McGill University, and his Masters in Health Service Administration from the University of Alberta.

**LORRAINE UNRUH** Lorraine Unruh has an extensive background in hospital administration and retired in 2012 as the Acute Area Director for the South Okanagan Hospitals (Penticton, Summerland, Oliver, Princeton, and Keremeos). She is currently a Board Member of the Health Professions Review Board. Active in her community, she is a Board Member of the South Okanagan Medical Foundation. Lorraine Unruh holds a Diploma of Nursing, a Bachelor of Science in Nursing and a Master of Arts degree in Organizational Leadership.

**CHERYL VICKERS** Cheryl is a lawyer whose practice focusses on dispute resolution, including mediation and arbitration, administrative law, and real property assessment law. Cheryl chaired BC's Property Assessment



Appeal Board from 2003 to 2015, and served as Vice-Chair from 1995-2003. Since 2007, Cheryl has chaired BC's Surface Rights Board, a tribunal exercising jurisdiction under the *Petroleum and Natural Gas Act* and other statutes to resolve surface lease and right of way disputes between landowners and the holders of subsurface rights. From March 2013 to April 2014, Cheryl served as Acting Chair of BC's new Civil Resolution Tribunal, assisting with the development of Canada's first on-line tribunal to help citizens resolve strata and small claims disputes. Cheryl was active in the development of the British Columbia Council of Administrative Tribunals (BCCAT), and served for many years as a member of that organization's Board of Directors, including as its President from 2004-2006. She assisted with curriculum development for BCCAT courses to offer training to appointees of quasi-judicial boards and tribunals and is an instructor of the Foundations of Administrative Justice for Administrative Decision Makers and Foundations of Administrative Justice for Staff courses, as well as the Decision Writing and Hearing Skills Workshops. Cheryl has presented at conferences of the British Columbia Council of Administrative Tribunals, the Council of Canadian Administrative Tribunals, the Continuing Legal Education Society, the Canadian Property Tax Association and the Appraisal Institute of Canada on a variety of subjects. She serves on the editorial boards of two CLE Practice Manuals – *Real Property Assessment* and *Administrative Law*. In October 2009, Cheryl received BCCAT's Recognition Award for outstanding contribution to administrative justice.

## Operations

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Effective December 1, 2004, the administrative support functions of the HAB were consolidated with the Environmental Appeal Board/Forest Appeals Commission Appeals Office (Appeals Office) in Victoria.

In addition to the HAB, the Appeals Office provides administrative support to five other adjudicative tribunals. This clustering of the administrative support for eight independent appellate tribunals has been done to assist government in achieving economic and program delivery efficiencies by allowing greater access to resources while, at the same time, reducing administration and operating costs. The additional tribunals include the:

- Community Care and Assisted Living Appeal Board;
- Health Professions Review Board;
- Financial Services Tribunal;
- Industry Training Appeal Board; and,
- Oil and Gas Appeal Tribunal.

This move has resulted in significant savings to government for the operation of the HAB through a shared services cluster approach which takes advantage of synergy and assists government in achieving economic and program delivery efficiencies. This arrangement has been in operation for

13 years now and has proven to be a very effective and efficient means for providing administrative support to the HAB, which in turn enables the HAB to effectively and efficiently fulfill its appellate mandate to the public.

Effective April 1, 2017, host Ministry responsibilities for administration of the Hospital Appeal Board (including budget oversight and member appointments, human resources, facilities, and records supports, etc.) were transferred to the Attorney General as part of the Tribunal Transformation Initiative.

## *Contact Information*

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Victoria BC V8W 3E9

**TELEPHONE:** 250 387-3464

**FAX:** 250 356-9923

**EMAIL:** [hab@gov.bc.ca](mailto:hab@gov.bc.ca)

**WEBSITE:** <http://www.HAB.gov.bc.ca/>

## *Appeal Activity and Decisions Issued*

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### **APPEALS FILED**

During this reporting period, five (5) new appeals were filed. Additionally, there were two (2) appeals which were carried over from the previous reporting period, and one (1) appeal which was re-opened. The new appeals filed are described below. Five (5) of these eight (8) matters (63%) remained outstanding at the end of this reporting period.

**2017-HA-001 BY A MIDWIFE, FILED JUNE 14, 2017** – Appeal by a midwife against a decision of Island Health Authority (“Island Health”) refusing to grant her hospital privileges to practice midwifery at Nanaimo Regional General Hospital. Island Health made a preliminary application objecting to the Board’s jurisdiction to consider the appeal on the basis that the appellant had not made a proper application for privileges. Determination of that application was outstanding at the end of this reporting period.

**2017-HA-002 BY A PHYSICIAN, FILED JUNE 23, 2017** – Appeal by an ophthalmologist from the decision of the Vancouver Coastal Health Authority (“VCHA”) Board of Directors to appoint a different physician to the medical staff in the Vancouver Acute Department of Ophthalmology at Vancouver General Hospital. VCHA raised a preliminary objection to the board’s jurisdiction to order the appointment of a particular physician in place of a physician which had already been practising at the hospital. The decision on the jurisdictional issue was issued outside of this reporting period. Two preliminary decisions regarding the form of the hearing of the preliminary issue, and the standing of a particular party were issued during this reporting period.

**2017-HA-003 BY A PHYSICIAN, FILED AUGUST 08, 2017** – Appeal by an Ophthalmologist of the decision of the Board of Directors of the Fraser Health Authority refusing his application for appointment to the medical staff of the Division of Ophthalmology in the Department of Surgery at Ridge Meadows Hospital. The appeal was withdrawn by the Appellant during this reporting period.

**2018-HA-001 BY A PHYSICIAN FILED MARCH 07, 2018** – Appeal by a Radiologist from the decision of the Board of Directors of the Northern Health Authority revoking his privileges as a member of the provisional category of the Northern Health/Mills Memorial Hospital Medical Staff. The appeal was outstanding at the end of this reporting period.

**2018-HA-002 BY A PHYSICIAN FILED MARCH 16, 2018** – Appeal by a Cardiac Surgeon from the decision of the Board of Directors of the Provincial Health Service Association (“PHSA”) on behalf of BC Children’s Hospital in regard to the termination of the Appellant’s contract for services. The PHSA raised a preliminary objection regarding the jurisdiction of the Board to consider the appeal of the termination of a service contract. The PHSA also sought a stay of the appeal pending determination of similar subject matter in a different forum. Both applications were outstanding at the end of this reporting period.

### **BOARD DECISIONS**

The Board issued six (6) decisions during this reporting period consisting of the following: one (1) decision on the merits of an appeal filed in the previous reporting period; two (2) dismissal orders,

one regarding an appeal filed during the reporting period, and one regarding an appeal filed in the previous reporting period; two (2) preliminary decisions in an appeal filed during the reporting period, and; one (1) post-hearing decision on an appeal which was reopened during the reporting period. The post-hearing decision, preliminary decisions and the decision on the merits are each summarized below.

#### ***APPEAL RE-OPENED***

**2015-HA-002 BY A PHYSICIAN, RE-OPENED DECEMBER 20, 2017** - Application by the Appellant Nephrologist for clarification of the implementation of the Dismissal Order issued by the Board on December 05, 2016. Several points of clarification were sought by both parties in accordance with a term of the Order which permitted the parties to return to the Board for such clarification. The Board agreed to re-open the appeal in order to address the application. During this reporting period the Board issued one decision regarding clarification of the terms of the Appellant's gradual return to work. Two other clarification decisions were issued by the Board after the close of this reporting period.

#### ***PRELIMINARY DECISIONS***

**2017-HA-002** (September 21, 2017) – The Board held that the issue of the Board's jurisdiction to consider the appeal raised a question of pure law which could be addressed by written submissions, without the need for an oral hearing.

**2017-HA-002** (October 13, 2017) – The Board granted an application for standing made by a third-party physician who would potentially be affected by the remedial relief sought by the Appellant; namely the replacement of the third-party physician by the Appellant.

#### ***FINAL DECISION ON THE MERITS***

##### **2014-HA-002(b)**

**Decision Date:** December 19, 2017

**Appellant:** Dr. Stephen Todd Sorokan

**Respondent:** Fraser Health Authority ("FHA")

**Issues:** Whether the removal of the Appellant's on-call privileges amounted to a modification of privileges.

**Disposition:** The panel held that by changing his primary site, the Appellant had given up the on-call privileges he held at his previous primary site. Therefore, the FHA's reduction and eventual elimination of his on-call shifts at the previous site did not amount to a modification of his privileges so as to bring the appeal under the jurisdiction of the Board to consider.

In the alternative, the Board also considered the issue of the mootness of the appeal and held that because the Appellant had amended his remedy to seek a Declaration and certain policy relief, the Appeal was moot.

In the further alternative, the Board went on to consider the merits of the appeal in the event it was found to have erred on the jurisdictional questions.

The Board ultimately held that it would not allow the appeal on the merits as the Appellant had not made the case that he was treated unfairly or that there was a further need for on-call shifts. The Board also considered the Appellant's application to re-open the hearing and held there was no basis upon which to do so. The Appeal was dismissed in its entirety.

**Appeal Decision:** [http://www.hab.gov.bc.ca/final\\_dec/2014ha002b.pdf](http://www.hab.gov.bc.ca/final_dec/2014ha002b.pdf)

### *Matters Outstanding at end of Period*

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There were five (5) matters outstanding at the end of this reporting period. Three (3) of the outstanding appeals were closed during the succeeding reporting period, and two of the outstanding appeals remain open as of the date of this report.

### *Performance Indicators and Timelines*

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Section 59.2(b) and (d) of the *Administrative Tribunals Act* requires the Board to report on performance indicators, and provide details of the time from filing to decision of matters disposed of by the Board in the reporting period.

The appeal process, although very similar to a court process, has been designed to be faster and more efficient and cost-effective than if these important and complex matters were heard by the court. Appeals are full "hearings de novo" and are primarily conducted in person with a three person panel. During the course of an appeal the Board often deals a number of complex preliminary issues, including legal challenges to the Board's jurisdiction as well as document disclosure and evidentiary issues.

The Board generally tries to have a lawyer act as panel chair, who may, when delegated by the Chair, determine any interim or preliminary issues in the appeal. The Board then assigns two side panelists for the hearing who have medical and/or hospital administrative experience to ensure the appropriate expertise on the panel to deal with the issues arising on the merits of the appeal.

For those three (3) appeals closed within this reporting period, the overall average time from the date of filing an appeal to its final disposition was 689 days, or approximately 1.8 years. The shortest time from open to close was 212 days, and the longest was 1219 days. For those matters

resolved without a hearing, the average time was 424 days. For the one appeal which required a hearing on the merits, the time from filing to disposition was 1219 days or approximately 40 months.

The Board's Practice Directive #1, which is available on the Board's website, provides that the Board will endeavour to issue a copy of the final decision or order, including written reasons, to each party within a range of three to nine months from the close of the hearing, depending on the length of the hearing. For matters where the hearing is conducted in writing or the total number of hearing days to complete the appeal is two days or less, the final decision will generally be released within three months. For matters where the total number of days to complete the appeal is three to five days, the final decision will generally be released within six months of the close of the hearing. Finally, in those matters where the hearing requires six or more days to complete, the decision will generally be issued within nine months of the conclusion of the hearing.

In this reporting period the Board did not meet those timelines in the one appeal which required a hearing and adjudication on the merits. The final decision in that case was issued 519 days (or approximately 17 months) after the last day of the hearing.

With respect to the two preliminary decisions (one determined on the basis of written submissions and one on the basis of oral submissions) and one post-hearing decision (determined on the basis of written submissions), the Board met those timelines in all cases, with the shortest time between the close of written submissions and the issuance of a decision being two (2) days, and the longest time being 37 days.

Finally, section 59.2(e) of the *Administrative Tribunals Act* requires the Board to report the results of any surveys carried out by the Board during the reporting period. The Hospital Appeal Board did not conduct any surveys during this reporting period.

## *Judicial Review of HAB Decisions*

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There were no decisions rendered by the Supreme Court of British Columbia on judicial review of any HAB decisions issued in this reporting period. It is extremely rare that a decision of the HAB is the subject of an application for judicial review, with the last one being 25 years ago.

## Statement of Financial Performance

(For the fiscal year ended March 31, 2018)

In fiscal year 2017/2018, the HAB incurred expenses of \$38,582 as detailed below in this six year chart, made up primarily of board member fees and expenses.

<i>Direct Expenses</i>	<b>2012/2013</b> \$	<b>2013/2014</b> \$	<b>2014/2015</b> \$	<b>2015/2016</b> \$	<b>2016/2017</b> \$	<b>2017/2018</b> \$
Salaries and Benefits	0	0	0	0	0	0
Board Member Fees & Expenses	21,923	28,268	9,000	20,163	168,560	20,735
Professional Services	5,327	5,808	0	753	29,163	11,942
Office and venue Expenses	2,247	1,162	191	688	41,115	5,905
Other	30	27	30	30	30	0
<b>Total HAB Expenses</b>	<b>\$29,527</b>	<b>\$35,265</b>	<b>\$9,221</b>	<b>\$21,634</b>	<b>\$238,868</b>	<b>\$38,582</b>