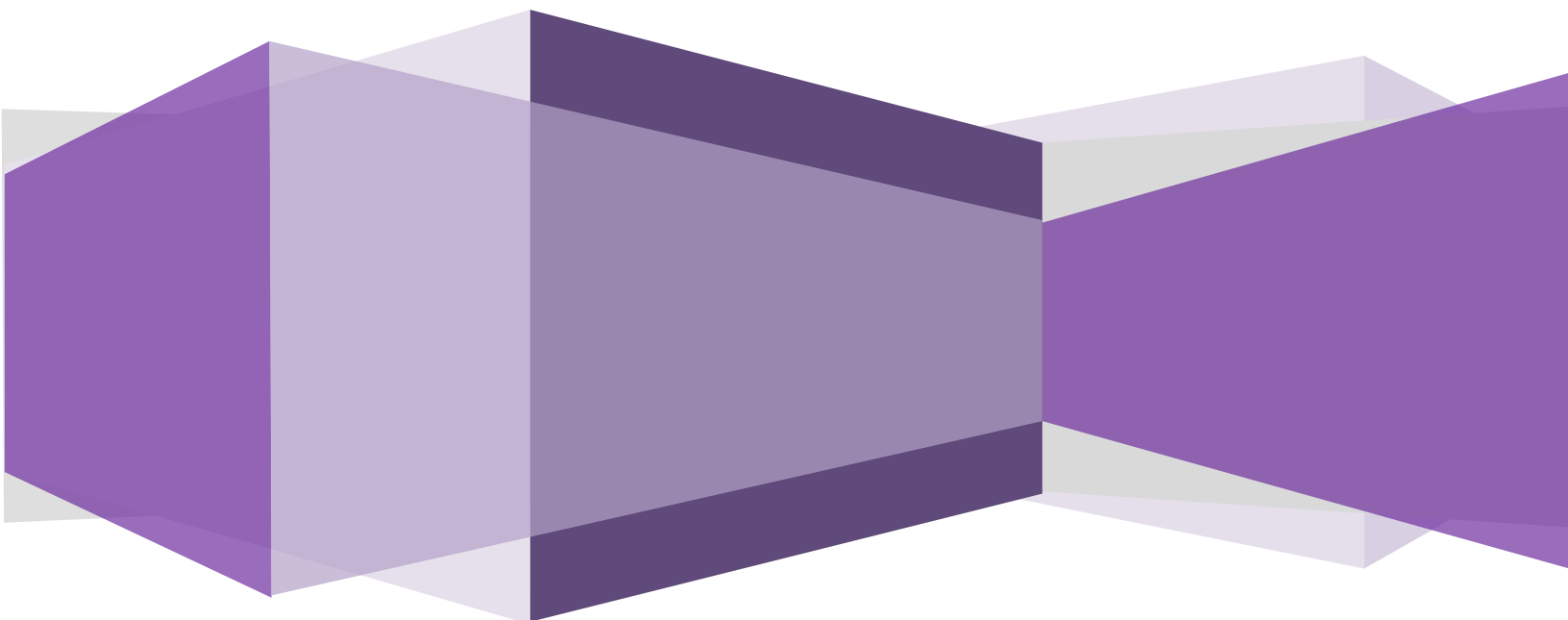




Hospital Appeal Board

2024-2025 Annual Report

Covering the reporting period from
April 1, 2024 – March 31, 2025





Hospital Appeal Board

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Message from the Chair

I am pleased to submit the Annual Report of the Hospital Appeal Board (the “Board” or the “HAB”) for the fiscal year beginning April 1, 2024 and ending March 31, 2025. This report is submitted pursuant to section 59.2 of the *Administrative Tribunals Act*.

APPEAL ACTIVITY DURING THE REPORTING PERIOD

Section 59.2(c) of the *Administrative Tribunals Act* requires the Board to provide details on the nature and number of appeals received by the tribunal during the reporting period.

There were a total of 11 appeals before the Board during the current reporting period, nine of which were carried over from the previous reporting period. The nine appeals that were carried over are largely inactive because they are being held in abeyance at the request of the parties. The remaining two appeals were closed during the current reporting period.

One of the two closed appeals had been disposed of by a final decision in a prior reporting period but was reopened in the current reporting period to deal with an application for costs. That file was closed again after the Board made an order for costs.

The remaining appeal was dismissed after a letter ruling on an application to extend the time period for filing a Response where the parties subsequently resolved the issue and the Appellant withdrew their appeal.

At the conclusion of the current reporting period there were nine appeals still outstanding before the Board; all of which are being held in abeyance at the request of the parties.

During the current reporting period, no new applications for judicial review were filed in the BC Supreme Court. One judicial review file remains open and active and is scheduled to be heard in the next reporting period. Further details of all of these appeals and judicial reviews are provided later in this report.

FORECAST OF WORKLOAD FOR THE NEXT REPORTING PERIOD

Section 59.2(f) of the *Administrative Tribunals Act* requires the Board to provide a forecast of the workload for the forthcoming reporting period.

The Board expects that all nine of the appeals currently being held in abeyance will either proceed or be withdrawn in late 2025 or early 2026. If these appeals proceed, the Board’s workload in that reporting period will be significantly higher than usual.

TRENDS NOTED

Section 59.2(g) of the *Administrative Tribunals Act* requires the Board to report any trends or special problems it foresees. The main trend that the Board has identified in this

reporting period, as with the previous reporting periods, is the complexity and length of appeals over the past several years.

The Board has found it difficult at times over the past several years to provide timely hearings for the increasingly long and complex appeals. As discussed in earlier annual reports, this is because it has been difficult for the Board to recruit and retain members who are available to sit on hearings that take place over several weeks. 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, greater overall member compensation, particularly for Panel chairs who are tasked with adjudicating complex legal issues; and also, financial compensation for hearings which are cancelled last-minute.

The Hospital Appeal Board is currently classified as a tier 2 tribunal for the purposes of *Treasury Board Directive 1/24*, which sets tribunal member remuneration in BC. The resulting low per diem rates creates a disincentive for Members with other employment to sit on long hearings because it removes the ability for them to earn significant portions of their regular income. For example, a lawyer who may bill \$500-800 per hour in her legal practice must give up five weeks of pay to sit on a Hospital Appeal Board panel where she will be compensated \$515 – \$545 per day as a panel member, or \$605 - \$665 per day as a panel Chair.¹ The complexity of the *de novo* hearings² before this tribunal is similar to court proceedings and justify a classification as a tier 5 tribunal. This reclassification would alleviate some of the compensation issues experienced by the Board.

In addition, the Board has noted an increase in the number of post-decision applications, particularly regarding implementation of the Board's decisions. Where the health authority's decision is affirmed, there is little to deal with after the Board's decision. However, where the Board grants the appeal and reinstates the Appellant back into the hospital setting, there are more complicated steps that need to be taken, and applications related to this are becoming more complex and resulting in re-opening appeals and resulting in longer total appeal times. The Board intends to evaluate whether the current processes are working for post decision implementation and whether additional processes or statutory powers are required.

¹ Rates effective April 1, 2024.

² A *de novo* hearing is one in which the decision-making authority deals completely afresh with a matter that has already been heard once before either by that or another authority.

PLANS FOR IMPROVING THE BOARD'S OPERATIONS

Section 59.2(h) of the *Administrative Tribunals Act* requires the Board to report its plans for improving operations in the future.

During the current reporting period, the Board published a participants' code of conduct which describes the minimum standards of behaviour expected of all parties to an appeal. The code of conduct is intended to ensure that appeals are heard fairly, efficiently, and in a safe and supportive environment that is trauma informed and culturally sensitive. The code of conduct was published in July 2024 on the Board's website.

The Board will continue to review its Rules, Practice Directives, and forms of communication with potential and actual appellants, with the goal of ensuring that processes are cost-effective, relevant, efficient, and accessible to British Columbians.

Stacy F. Robertson
Chair, Hospital Appeal Board

Contact Information

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Board Membership

The membership is a mix of lawyers and subject matter experts, who are themselves active or retired doctors, nurses, midwives, or dental surgeons. Board hearings are oral hearings before a three-member panel, typically chaired by a legally trained member, with subject matter experts as side-panelists.

During this reporting period, the HAB membership consisted of the following individuals:

<i>BOARD MEMBER</i>	<i>ROLE</i>	<i>INITIAL APPOINTMENT</i>	<i>TERM EXPIRY/ RESIGNATION</i>
Stacy Robertson	Chair	October 28, 2014	December 31, 2028
Sharleen Dumont	Vice Chair	January 17, 2024	January 17, 2028
Darlene (Deanie) Kolybabi	Member	November 6, 2018	May 5, 2025
Dr. R. Alan Meakes (Doctors of BC nominee) ³	Member	June 30, 2019	June 30, 2026
Sandra J. Pullin (College of Nurses and Midwives nominee)	Member	December 31, 2019	December 31, 2026
Dr. Peter Stevenson-Moore (College of Dental Surgeons ⁴ nominee)	Member	April 19, 2024	April 19, 2028
Anita Molzahn	Member	February 1, 2021	June 4, 2028
Dr. Ailve McNestry (College of Physicians and Surgeons nominee)	Member	June 15, 2021	June 30, 2028
Ryan Hira	Member	May 28, 2024	May 28, 2028
John Hall	Member	May 28, 2024	May 28, 2028

Biographies of members are provided in **Appendix 1** to this report.

The Board thanks all its members for their service during the reporting period.

³ The Association of Doctors of BC is more commonly known as Doctors of BC and was formerly known as the British Columbia Medical Association. It is a voluntary association of physicians, residents, and medical students.

⁴ Since September 1, 2022, the College of Dental Surgeons of BC has been amalgamated with the BC College of Oral Health Professionals.

LEGISLATED MEMBERSHIP REQUIREMENTS

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 of British Columbia⁵;
- e) one member selected from among 3 or more individuals nominated by the British Columbia College of Nurses and Midwives;
- f) one member selected from among 3 or more individuals nominated by the executive body of the Association of Doctors of BC⁶; and
- g) four other members selected after a merit based process.

Mandate

The HAB 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, dental surgeons, midwives, and nurse practitioners) who disagree with a decision of a hospital's board of management regarding their hospital privileges.

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

- a) 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
- b) 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 one to two 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

⁵ Since September 1, 2022, the College of Dental Surgeons of BC has been amalgamated with the BC College of Oral Health Professionals.

⁶ The Association of Doctors of BC is more commonly known as Doctors of BC and was formerly known as the British Columbia Medical Association. It is a voluntary association of physicians, residents, and medical students.

Panel Chair designated to hear the appeal. These preliminary issues usually involve an oral hearing and/or argument and extensive written submissions. In addition to any preliminary issues, there are often post-decision issues regarding implementation of orders which can require additional oral hearings and further detailed submissions.

Pursuant to section 46 of the *Hospital Act*, appeals are conducted as a “hearing *de novo*”, which requires the Board to hold a new hearing in the full sense, with witnesses, expert evidence, 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 hearings typically taking between 3 and 5 weeks to complete, sometimes spread over several months, with written submissions often exceeding 50 pages per party. Parties to the proceedings are almost always represented by experienced legal counsel.

The Board has broad remedial authority, and may 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.bchab.ca.

Operations

The administrative support functions of the Hospital Appeal Board are provided as part of the Environmental Appeal Board cluster of tribunals (the “EAB cluster”) in Victoria.

In addition to the HAB, the EAB cluster provides administrative support to six other quasi-judicial appeal tribunals. This clustering of 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. In addition to the HAB and the Environmental Appeal Board, the other clustered tribunals are:

- Community Care and Assisted Living Appeal Board;
- Energy Resource Appeal Tribunal;
- Financial Services Tribunal;
- Forest Appeals Commission;
- Health Professions Review Board; and the
- Skilled Trades BC Appeal Board.

This clustering has resulted in significant savings to government through a shared services approach, particularly for tribunals with lower volumes of cases such as the HAB with part-time Chairs and ad hoc panel assignments. This arrangement has proven to be an effective and efficient means for providing administrative support to the Board, which in turn enables the Board to fulfill its appellate mandate effectively and efficiently. The shared services approach and common office has led to greater efficiencies in training new staff and having staff with a larger complement of knowledge to address novel or complicated issues that arise for the HAB.

Effective April 1, 2017, host Ministry responsibilities for administration of the HAB (i.e. budget oversight and member appointments, as well as facilities and records supports, etc.) were transferred to the Ministry of Attorney General as part of the Tribunal Transformation Initiative. The Tribunal and Agency Support Division (TASD), within the Ministry of Attorney General, has provided valuable support to the HAB when needed, and has been an effective partner in dealing with emerging issues.

Appeal Activity

APPEALS BEFORE THE BOARD

There were a total of 11 appeals before the Board during the current reporting period, nine of which were carried over from the previous reporting period. The nine appeals that were carried over are largely inactive because they are being held in abeyance at the request of the parties. The remaining two appeals were closed during the current reporting period.

One of the two appeals that was closed was disposed of by a final decision in a prior reporting period but was reopened in the current reporting period to deal with an application for costs. That file was closed again after the Board made an order for costs.

The remaining appeal was dismissed after a letter ruling on an application to extend the time period for filing a Response where the parties subsequently resolved the issue and the Appellant withdrew their appeal.

At the conclusion of the current reporting period there were nine appeals still outstanding before the Board; all of which are being held in abeyance at the request of the parties.

A summary of each appeal and its status at the end of the reporting period is provided below.

1. **HAB-HA-20-A003, FILED DECEMBER 8, 2020** – Appeal from a September 11, 2020, decision of the Interior Health Authority Board of Directors regarding an application for Active Medical Staff Privileges. This appeal was disposed of by a final decision on the merits in the 2022/2023 reporting period, but was reopened in both the 2023/2024 and 2024/2025 reporting periods to deal with applications for orders related to implementation and costs. The latest costs order was issued by the Board on June 26, 2024, which is summarized below.
2. **HAB-HA-22-A001, FILED FEBRUARY 22, 2022** - Appeal from a November 26, 2021, decision of the Provincial Health Services Authority Board of Directors to cancel the Appellant's medical staff appointments and privileges. This appeal is being held abeyance by request of the parties.
3. **HAB-HA-22-A002, FILED AUGUST 23, 2022** - Appeal from the May 25, 2022, decision of the Island Health Authority Board of Directors to cancel the Appellant's medical staff appointments and privileges. This appeal is being held in abeyance by request of the parties.
4. **HAB-HA-22-A003, FILED AUGUST 24, 2022** - Appeal from the May 26, 2022, decision of the Fraser Health Authority Board of Directors to cancel the Appellant's medical staff appointments and privileges. This appeal is being held in abeyance by request of the parties.
5. **HAB-HA-22-A004, FILED OCTOBER 18, 2022** - Appeal from the August 23, 2022, decision of the Interior Health Authority Board of Directors to cancel the Appellant's medical staff appointments and privileges. This appeal is being held in abeyance by request of the parties.
6. **HAB-HA-22-A005, FILED OCTOBER 18, 2022** - Appeal from the August 23, 2022, decision of the Interior Health Authority Board of Directors to cancel the Appellant's medical staff appointments and privileges. This appeal is being held in abeyance by request of the parties.
7. **HAB-HA-22-A006, FILED OCTOBER 18, 2022** - Appeal from the August 23, 2022, decision of the Interior Health Authority Board of Directors to cancel the Appellant's medical staff appointments and privileges. This appeal is being held in abeyance by request of the parties.
8. **HAB-HA-22-A007, FILED OCTOBER 18, 2022** - Appeal from the August 23, 2022, decision of the Interior Health Authority Board of Directors to cancel the Appellant's medical staff appointments and privileges. This appeal is being held in abeyance by request of the parties.
9. **HAB-HA-22-A008, FILED OCTOBER 18, 2022** - Appeal from the August 23, 2022, decision of the Interior Health Authority Board of Directors to cancel the Appellant's medical staff

appointments and privileges. This appeal is being held in abeyance by request of the parties.

10. **HAB-HA-22-A010, FILED OCTOBER 18, 2022** - Appeal from the August 23, 2022, decision of the Interior Health Authority Board of Directors to cancel the Appellant's medical staff appointments and privileges. This appeal is being held in abeyance by request of the parties.
11. **HAB-HA24-A001, FILED AUGUST 19, 2024** - Appeal from the June 20, 2024, decision of the Vancouver Coastal Health Authority Board of Directors to approve the reappointment of the Appellant in the "provisional" Medical Staff category. This appeal was dismissed after a letter ruling on an application to extend the time period for filing a response where the parties subsequently resolved the issue and the Appellant withdrew their appeal.

DECISIONS ISSUED

During the reporting period, the Board published one decision, which was a costs order. The Board was not called on to issue any final decisions.

HAB-HA-20-A003(e)

Decision Date: July 26, 2024
Appellant: Dr. Malvinder Hoonjan
Respondent: Interior Health Authority ("IH")
Decision Full Text: [Dr. Malvinder Hoonjan v Interior Health Authority, 2024 BCHAB 1](#)

Background: This is a costs order related to post-decision implementation orders issued after the final decision on the merits in this appeal. The initial merits decision was issued on December 7, 2022 (*Dr. Malvinder Hoonjan v Interior Health Authority*, 2022 BCHAB 4). On March 3, 2023, the HAB made orders to implement a reintroduction plan for the Appellant. On October 30, 2023, the HAB panel released a costs order related to the first implementation orders made in this matter (the "First Costs Order"), and in it granted the Appellant \$10,000 in costs against IHA for IHA's misconduct from the release of the Merits Decision on December 7, 2022, to the March 3, 2023 Order. At paragraph 62 of the First Costs Order (*Dr. Malvinder Hoonjan v Interior Health Authority*, 2023 BCHAB 4), this panel found that IHA's misconduct represented a marked departure from the conduct required in the circumstances and required pursuant to the terms of the Merits Decision, and that IHA's conduct was deserving of rebuke through an award of costs.

The HAB released a second implementation decision on September 13, 2023 (*Dr. Hoonjan v. Interior Health Authority*, 2023 BCHAB 3) related to oral orders made after a hearing on July 27, 2023. This costs order is based on the oral orders made and the second implementation decision.

Decision:

The panel found that it had the jurisdiction to make an order for costs pursuant to section 47 of the *Administrative Tribunals Act*, SBC 2004, c 45, and applied the following test to determine if special circumstances existed to support an award of costs against a party:

- a. Where a party's conduct markedly falls below the standards to be expected in the underlying process or the appeal itself; and
- b. Where an award of costs would further the aims and purposes of the legislative framework that created and governs the HAB.

At paragraph 9, the panel stated:

This panel has made it abundantly clear that IHA is responsible for any decline in the Appellant's skills and the existence of any currency issues, and that as a result of that responsibility, IHA had to accommodate the Appellant to arrive at a reasonable and workable reintroduction plan.

The HAB found that the Respondent continued to have meetings regarding the implementation of the HAB's orders without inviting the Appellant or without seeking any input from the Appellant, both of which represented conduct which was markedly below the standards to be expected.

The HAB also found that the failure to work with the Appellant to reasonably provide OR days to the Appellant was conduct that fell markedly below the standards to be expected.

In addition, the Division Head sought to have the Appellant to agree to an implementation plan that was inferior to what the HAB had ordered which the panel found was conduct that fell markedly below the standards to be expected.

The panel had repeatedly noted that IHA had an obligation to work with the Appellant to complete a reintroduction process for the Appellant. IHA had failed to do so and had never adequately grappled with the difficulties being encountered by the Appellant or sought ways to proactively address those difficulties.

The HAB made multiple findings that IHA's conduct after the July 27, 2023 Order fell markedly below the standard to be expected in this matter and found that an award of costs was justified. The HAB found that the award of costs would further the aims and purposes of the legislative framework of the HAB which provides that the HAB can act in place of the Board of Directors to remedy any privileging issue that is properly before the HAB. This power requires the Board of Directors and senior medical leadership to act reasonably to implement the orders of the Board of Directors as articulated by the HAB in its orders and decisions. The HAB found that this did not occur and therefore an award of costs against IHA was justified.

In conclusion the HAB found that it was necessary to make an order for costs against IHA to send an appropriate message that conduct which delays or obfuscates the implementation of an HAB order will not be tolerated.

Disposition: The panel ordered that IHA pay the actual costs of the Appellant from the July 27, 2023 Order to November 30, 2023, up to a cap of \$20,000.

PERFORMANCE INDICATORS AND TIMELINES

Section 59.2(b) and (d) of the *Administrative Tribunals Act* requires the Board to report on performance indicators and provide details of the elapsed time from filing of an appeal to the date of the final decision.

The Board's Practice Directive #1, available on the Board's website, provides projected timelines for how long it will take the Board to complete a hearing, and how long it will take the Board to issue its final decision after the hearing concludes. The projected timelines vary depending on the complexity of the appeal. This practice directive fulfills the requirement set out in section 12(1) of the *Administrative Tribunals Act*.

During the current reporting period, the Board was not called on to hold any hearings on the merits of an appeal, or issue any final decisions, and so there is no specific information to report in this category.

The Board issued one costs order during the reporting period. The hearing for this application for costs proceeded by way of written submissions, rather than an oral hearing. The written submissions concluded on November 30, 2023, and the Board's 14-page decision was issued 209 calendar days later, on June 26, 2024.

In the new appeal received during the reporting period, the Board provided the appellant with a substantive acknowledgement and response to their notice of appeal within one

day. Later in this appeal, a significant preliminary application was made to the Board by one of the parties. The hearing for this preliminary application proceeded by way of written submissions. The written submissions concluded on September 11, 2024, and the Board's 3-page letter decision was issued to the parties the next day, on September 12, 2024. This letter decision was on an interlocutory application to extend the time period to provide a Response to the Notice of Appeal and is not publicly available.

Looking more generally at appeal timelines; it is helpful to understand the HAB appeal process and context. The HAB appeal process, although very similar to a court process, has been designed to be faster, more efficient, and more cost-effective than if these important and complex matters were heard by the courts. Pursuant to section 46 of the *Hospital Act*, appeals are full "hearings *de novo*" and are primarily conducted in person with a three-person panel. During an appeal the Board typically deals with several complex preliminary issues, including legal challenges to the Board's jurisdiction as well as document disclosure and evidentiary issues. For this reason, the Board generally tries to have an individual with legal training 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 additional panelists for the hearing who have medical and/or hospital administrative experience to ensure there is appropriate expertise on the panel to deal with the issues arising on the merits of the appeal.

Judicial Review of HAB Decisions

During the current reporting period, one application for judicial review of a HAB decision was before the BC Supreme Court. This application resulted from a final decision on the merits given by the Board in a prior reporting period: [*Dr. Theresa Szezepaniak v Interior Health Authority, 2023 BCHAB 5*](#). This matter was scheduled to be heard the week of December 9, 2024 in Kelowna, however it was rescheduled due to the lack of judicial resources. The matter is currently expected to be hearing in mid-2025 instead.

Surveys

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 Board did not conduct any surveys during this reporting period.

Public Interest Disclosure Act Reporting

The *Public Interest Disclosure Act (PIDA)* provides employees of some public bodies with protection from reprisal if they bring forward concerns about specific kinds of serious wrongdoing (i.e. whistleblower protection). The Board is one of the public bodies subject to *PIDA*.

Section 38 of *PIDA* requires the Board to report the number of disclosures of wrongdoing that were received and the results of any investigations undertaken in response. During this reporting period the Board did not receive any *PIDA* disclosures. The Board is unaware of any reports in which it, its staff, or its members (past or present) is alleged to have committed any wrongdoing.

Statement of Financial Performance

*(For the fiscal year ended
March 31, 2025)*

In fiscal year 2024/2025, the Board incurred expenses of **\$85,491** as detailed below in this 5-year comparative chart.

<i>Direct Expenses</i>	2020/2021 \$	2021/2022 \$	2022/2023 \$	2023/2024 \$	2024/2025 \$
Salaries and Benefits	0	0	0	0	0
Board Member Fees & Expenses	72,217	79,129	67,408	61,024	65,903
Professional Services	67,620	14,370	9,046	11,878	10,545
Office and Venue Expenses	11,072	14,092	12,496	13,456	9,043
Other	0	0	0	0	0
Total HAB Expenses	\$150,908	\$107,591	\$88,950	\$86,358	\$85,491

TERMINOLOGY NOTES

Salary and Benefits encompass the full-time staff who support the Board. This number is zero because the Board's staff are shared with a cluster of other tribunals who bear that cost instead.

Board Member Fees and Expenses reflects the remuneration and expenses for the Chair and appointed members of the Board. Outside of hearings and decision writing, remuneration may be incurred for time spent on case management, engaging in approved professional development, attending the Board's annual general meeting, improving the Board's processes and operations, and engaging with routine administrative and operational matters and meetings as required. The Chair and members are appointed on an as-and-when needed basis and are paid a per diem for the time they work in accordance with [Treasury Board Directive 1/24](#) and the BC Ministry of Attorney General's [Tribunal Performance Framework and Remuneration Plan](#). Members are also reimbursed for any authorized expenses according to those same policies. Pursuant to section 8.5.3 of Treasury Board Directive 1/24, the Board publishes actual remuneration and reimbursement information on its website at: www.bchab.ca/home/annual-report.

Professional Services reflects the cost of retaining outside legal counsel to represent the Board in judicial review proceedings, to provide professional development to members at the Board's annual general meeting, and to provide legal advice on operational or case management matters throughout the year. Outside legal counsel are drawn from a prequalified list provided by the BC Ministry of Attorney General and are paid standard government rates. This category also encompasses outside professional services such as court recorders in the event of an oral hearing.

Office and Venue Expenses reflects the direct costs incurred by the Board when it meets in-person for a hearing or an annual general meeting, routine office expenses at its registry, and any registration fees for professional development, such as training opportunities offered by the BC Council of Administrative Tribunals or the Council of Canadian Administrative Tribunals. This line also reflects the cost of the Board's IT infrastructure, including its website, case management system, and standard office software applications.

Appendix 1: Board Member Biographies

STACY ROBERTSON (CHAIR)

Stacy Robertson is a leader in the financial services industry and currently is the General Counsel of Harbourfront Wealth Management Inc. He previously was the VP Compliance and Regulatory Affairs at Wellington-Altus Private Wealth after spending approximately 10 years as Senior Enforcement Counsel at the Canadian Investment Regulatory Organization (previously the Investment Industry Regulatory Organization of Canada). He has experience in securities enforcement and compliance including member registration, complaints, internal audits, regulatory audits and inquiries and anti-money laundering and terrorist financing surveillance. Previously he worked as an associate and partner at several Vancouver based firms practicing in the areas of insurance, construction, employment, labour, and administrative law. Mr. Robertson has appeared before all levels of court in B.C., before the B.C. Labour Relations Board, the Canadian Industrial Relations Board, and the B.C. Securities Commission. He has extensive experience in administrative law and regulation and is currently the Chair of British Columbia's Hospital Appeal Board and Financial Services Tribunal. Previously, Mr. Robertson served as a member on the Employment Assistance Appeal Tribunal and the Eligibility Appeals Committee for B.C. School Sport. He has completed the Partners, Directors and Officers course through the Canadian Securities Institute. Mr. Robertson 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.

SHARLEEN DUMONT (VICE CHAIR)

Sharleen Dumont recently retired from her role as Staff Lawyer with the Law Society of British Columbia. Previously Ms. Dumont was Senior Legal Counsel at the Vancouver Fraser Port Authority and Partner with Alexander, Holburn, Beaudin & Lang. Active in her community, she is a Vice Chair of the Complaints Investigation Committee of the Law Society of Yukon. She obtained her law degree from the University of Victoria and holds a Bachelor of Arts in Economics from the University of Calgary.

DARLENE (DEANIE) LYNN KOLYBABI

Deanie Kolybabi is the President/Owner of Panache Media Consultants. She is the past Executive Director of EAGLE (Environmental-Aboriginal Guardianship through Law & Education) and the past Interim CEO of the National Aboriginal Achievement Foundation. In addition, she has held contracts with the Aboriginal Peoples Television Network, and the Women's Television Network. Ms. Kolybabi is Co-Founder of the Strategic Alliance of Broadcasters for Aboriginal Reflection (SABAR) and within her community, she is involved with the Health Aboriginal Network. She is the former Director of the Surrey Manufactured Homeowners Association and the Past President and Spokesperson for the Seacrest Residents' Association. Ms. Kolybabi is a member of the White Rock/Surrey Chamber of Commerce.

DR. AILVE McNESTRY

Ailve McNestry was born in Sri Lanka and spent her early life in Nigeria and Ireland. Following graduation from medical school in Dublin, Ireland, she immigrated to Canada in 1977. She worked for over 40 years in a variety of roles: pathology, family medicine, occupational medicine, and administrative medicine; spending the final seven years of her career at the College of Physicians & Surgeons of BC as Deputy Registrar, responsible for Drug Programs and Physician Health. She retired from practice in 2018.

DR. R. ALAN MEAKES

Dr. Alan Meakes was a Physician with qualifications in general practice, military medicine, and specialist medicine involving Anesthesia, internal medicine, and critical care. Previously Dr. Meakes was Executive Medical Director for Island Health. Active in his community, he was a Member of the Working Group for Physician Compensation, Specialist Services Committee Expression of Interest Review Committee and Medical On-Call Availability Program Provincial Review Committee. Dr. Meakes holds certification in both Anesthesia and Internal Medicine and is a Fellow of the Royal College of Physicians of Canada (FRCPC). He holds a Doctorate in Medicine from the University of British Columbia.

DR. ANITA MOLZAHN

Anita Molzahn has over 45 years experience as a nurse, professor and academic administrator. Prior to her retirement she was a professor and the Dean, Faculty of Nursing at the University of Alberta; professor and the Dean, Faculty of Human and Social Development and the Director of the School of Nursing at the University of Victoria. Dr. Molzahn has been actively involved in her community as a Member of the Canadian Academy of Health Sciences, International Advisory Board Member for the VID Specialized University in Norway and a Member of the Research and Scholarly Activities Committee for the Canadian Association of Schools of Nursing. Dr. Molzahn is a Member of the Order of Canada and a Fellow of the Canadian Academy of Health Sciences. She holds a Doctorate in Sociology, Master of Nursing and a Bachelor of Science in Nursing from the University of Alberta.

SANDRA PULLIN

Sandy Pullin is a Registered Midwife and has been a practicing midwife since 1978. Previously Ms. Pullin was a Registered Nurse with Queen Charlotte General Hospital. She has also traveled as a midwife in Nunavut, Uganda and Haiti for short terms. Active in her community, she was a Board Member with the College of Midwives of B.C. and an appointed Member of the Midwifery Regulation Advisory Committee for the Government of Alberta. Ms. Pullin served as an Inquiry Panel Member for the College of Midwives of B.C., a Founding Member and Treasurer for the Alberta Association of Midwives and was the Founding President for the Association for Safe Alternatives in Childbirth. She holds a Certificate in Advanced Practical Obstetrics from the University of Alberta and a Diploma in Nursing from Grant MacEwan Community College.

DR. PETER STEVENSON-MOORE

Dr. Stevenson-Moore retired from private clinical dental practice in 2015 and is currently the Dental Advisor at the BC College of Oral Health Professionals (“BCCOHP”). He represents the BCCOHP on the BC Medical Quality Initiative Credential and Privileging Oversight Committee, the BC Prescription Monitoring Program Advisory Committee, the BC Controlled Prescription Program Advisory Committee, the BC Blood Borne Diseases Committee, and the UBC Faculty of Dentistry Council.

Dr. Stevenson-Moore originally became involved with the BCCOHP in 1989, when it was known as the College of Dental Surgeons of BC (“CDSBC”). He served on various committees before joining the CDSBC Board in 2008, serving two terms as Treasurer, two terms as Vice-President, and being elected for two terms as President ending in 2014.

Dr. Stevenson-Moore was trained as a dentist at Guy’s Hospital in London, England, and as a specialist in prosthodontics at the University of Washington in Seattle in 1977. Shortly thereafter he joined the BC Cancer Agency (now BC Cancer) to develop the oral oncology/dentistry program that would support the oral care needs of cancer patients. Dr. Stevenson-Moore led the BC Cancer Agency dental program for 29 of the 31 years that he was in their employ. While employed by the Agency, he served terms both as President of the Staff, and as President of the Medical/Dental Staff Association.

RICHARD HALL

Mr. Hall is a lawyer and a practicing member of the Law Society of British Columbia. He brings a diverse mix of professional experience, most recently including executive and legal roles with the Sumas First Nation, Nenan Dane Ɂaa Deh Zona Family Services Society, Vancouver Coastal Health Authority, and the Vancouver School Board. Mr. Hall served as the full-time Chairperson of the Transportation Appeal Tribunal of Canada from 2009-2013, and as a part-time Member of the same from 2007-2009. He has also worked as a lawyer in private practice at Lions Gate Law, and as the President of Lion Hall Bancorp Limited, providing executive and legal consulting services.

Mr. Hall is a graduate of the law school at the University of Victoria, and holds undergraduate and graduate degrees from the University of Western Ontario. Born in Montréal, Mr. Hall is the proud father of three daughters and two sons.

RYAN HIRA

Mr. Hira is a lawyer and a practicing member of the British Columbia Bar. He is a partner at the Vancouver law firm Hira Rowan LLP. Mr. Hira maintains a broad litigation practice including civil litigation, commercial litigation, and criminal law. He has appeared in all levels of court in British Columbia and has also appeared in the Territorial Court of the Northwest Territories. Over the years, Mr. Hira has been invited to speak and present on a variety of legal subjects in both criminal and civil litigation, more recently with a focus on the law of policing. Mr. Hira is a graduate from the Robson Hall law school at the

University of Manitoba, where he was the director and founding member of the Robson Hall Racquets Club. Prior to law school, he attended the University of British Columbia.