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Wednesday 9 October 2002

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Mercredi 9 octobre 2002

Standing committee on government agencies

Intended appointments

Comité permanent des organismes gouvernementaux

Nominations prévues

Chair: James J. Bradley
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LEGISLATIVE ASSEMBLY OF ONTARIO

STANDING COMMITTEE ON GOVERNMENT AGENCIES

Wednesday 9 October 2002

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

COMITÉ PERMANENT DES ORGANISMES GOUVERNEMENTAUX

Mercredi 9 octobre 2002

The committee met at 1003 in room 151.

SUBCOMMITTEE REPORTS

The Chair (Mr James J. Bradley): I'm going to call the meeting to order and first of all welcome members of the committee. Then we will go to some business we have.

There are a couple of subcommittee reports here—a report of the subcommittee on business dated Thursday, September 26.

Mr Bob Wood (London West): I move its adoption.

The Chair: Mr Wood has moved its adoption. Any discussion? All in favour? Opposed? The motion is carried.

There's also one for October 3. You don't see it on the agenda, but there is a report of the subcommittee on committee business dated October 3. I think it was circulated to everyone.

Mr Wood: I don't have a copy. I may have got one, but I don't have it with me. If I could look at it, I might be interested in moving its adoption.

The Chair: I'll give you my copy right now, and you can have a look.

Mr Wood: I did indeed receive this. I move adoption of the subcommittee report of October 3, 2002.

The Chair: Mr Wood has moved its adoption. Any discussion? If not, all in favour? Opposed? The motion is carried.

INTENDED APPOINTMENTS

BETTY MOSELEY-WILLIAMS

Review of intended appointment, selected by official opposition party: Betty Moseley-Williams, intended appointee as member, council of the College of Physicians and Surgeons of Ontario.

The Chair: Our first intended appointee, as a member of the council of the College of Physicians and Surgeons of Ontario, is Betty Moseley-Williams. You may come forward.

As you are aware, you have an opportunity at the beginning to make a statement, should you see fit; it's entirely optional. Subsequent to that, the questioning will be from representatives of each of the political parties represented on the committee.

Ms Betty Moseley-Williams: Good morning, Mr Chairman and members of the committee. Thank you for inviting me to appear before this committee with respect to my intended appointment as a public member of the council of the College of Physicians and Surgeons of Ontario. I do appreciate the opportunity to tell you a bit about myself and why I feel I would be an asset to the council.

Although I have been involved in the education field for many years, I started my working career as a nurse. I graduated from St Joseph's Hospital School of Nursing in North Bay and worked at St Joe's for most of my working life, first as a full-time staff member, but mostly, because of a growing family and a considerable interest in education, never more than part-time. As well as St Joe's, I was also employed in the nursing department at corrections for about four years with young offenders at Project Dare in South River and with adults at the jail in North Bay.

As I had become very involved in education at the local, provincial and federal levels, I left the field of nursing in about 1989 and haven't registered with the college since 1994.

I have been and continue to be very involved in my community. I was elected to the then Nipissing District Roman Catholic Separate School Board and served on that board until 1997. When one of our sons returned to teach in North Bay, I found it difficult to be fully involved at the board table; I had to be blocked out of too many things. After he came home, I resigned as a trustee.

At the provincial level, I served on the board of directors of the provincial association and completed my term there as president. Following this, I was on the executive of the Canadian Catholic Trustees' Association. At these two levels I enjoyed a positive working relationship with all the trustee associations and enjoyed a good relationship with the governments of the day.

I was completing my term as first vice-president when I left the school board.

I was appointed to the Education Improvement Commission in 1997. The EIC was created to oversee the transition of a new system of education governance in Ontario. As a commissioner, I received some training in working as a quasi-judicial panel member. We heard appeals on board transfers of assets and liabilities. I wrote decisions, both alone and as part of a team.

During my years in education, I worked with all three political parties and was appointed to working com-

mittees by all those parties. During that time I did learn to go through legislation and to read and understand most of it.

I appreciated the opportunities to work in a broader context than just Catholic education, and I think I acquired recognition of the commonality of the many problems boards faced. In those appointments, I considered my responsibilities to be to the people of Ontario rather than just to the political parties. I met many groups of parents and students during the three years at EIC and have been invited back to talk with the parents and students.

Like all Canadians, I have been following the directions and happenings in health care. Up to now, I have been watching and absorbing as a consumer. During these few years, I have helped people find a family physician, which is very difficult, and maybe especially difficult in the north where we live. I felt real concern myself when our family practitioner retired. However, he very responsibly placed his patients with other physicians, and we're fine.

I believe my background in working with boards, my ability to listen and make sound decisions, and my experience in working with diverse groups will make my participation a positive benefit to the council. I look forward to the challenges and learning that will come with this appointment. I would be an involved and committed member.

1010

The Chair: Thank you very much. We begin questioning with the official opposition.

Mrs Leona Dombrowsky (Hastings-Frontenac-Lennox and Addington): It is indeed very good to see you here this morning. For the record, I'm very happy to say that our paths have crossed on many occasions, and they have always been very pleasant ones.

I'm always curious—and I think members of this committee can attest to the fact that I am—to understand how it is that people come to be intended appointees for various agencies, boards and commissions. So I was wondering if you might explain how it is that you're here as an intended appointee to the council of the College of Physicians and Surgeons of Ontario.

Ms Moseley-Williams: I was told there were going to be openings at the council of the college. I had been involved at the local level, talking about a new hospital, talking about the difficulty in having doctors stay in the north and—I don't want to do a whine about the north—the issues we have. I had written a paper at home for study on why we should be more involved with the college, why we should know a little bit more about it. So when I knew there was an opening, I did send in a resumé and was then approached to see if I would be interested.

Mrs Dombrowsky: I was curious too when you made some comment about the fact that you did help bring a doctor to your community.

Ms Moseley-Williams: Oh, no. I'm sorry, Leona. I did that wrong. I helped people find doctors. There are people in our part who don't have a doctor for up to two years. And you know that walk-in clinics are not for medicine; they're not a good thing.

Mrs Dombrowsky: You won't get any argument here.

Ms Moseley-Williams: I sort of steered them in the direction where they would get a physician. No, I was never successful in bringing anybody in there.

Mrs Dombrowsky: OK. I know Mr Gravelle has some questions as well.

Mr Michael Gravelle (Thunder Bay-Superior North): Good morning, Ms Moseley-Williams. I just want to pursue your appointment a little bit further. Did you do this through a politician's office? Was it Mr McDonald or Mr Harris at the time?

Ms Moseley-Williams: No. I took my resumé in to AL McDonald's office and asked his EA if she would forward it.

Mr Gravelle: Can I ask if you have political involvement yourself? Are you a member of a political party? We like to ask those questions too.

Ms Moseley-Williams: I am a member of the Progressive Conservative Party.

Mr Gravelle: And you've been involved in a variety of campaigns, I take it?

Ms Moseley-Williams: I was involved in some in the past. The last one, unfortunately—no, fortunately—I was in British Columbia for a month.

Mr Gravelle: Fair enough. Let me ask you, if I may, some more about your appointment to the council of the College of Physicians and Surgeons. Obviously there are some interesting controversies related to the college. Do you feel your skills—you will be a public member of the council, of course, and I guess they always make it clear that although you're not expected to have skills related to the health care field, I appreciate that in your opening remarks you made reference to your interest in terms of that. What do you think you will bring to the council in terms of your professional skills, I guess specifically related to the education field? How will that help you do your job in terms of the council?

Ms Moseley-Williams: Well, I think I'm a very good listener; I think I am a good, clear thinker; and I can be part of a decision that doesn't necessarily have to be my own. I can go forward and go through a discussion. I have some understanding of the need for physicians and surgeons to be better recognized in the province. I think I have a good understanding of that. I have an understanding of the way medicine has changed, that people now have to take a bigger responsibility for their own health care and work as part of a team. I think the skills I had in the appeals were not a walk in the park but they were well learned, and I think the decisions I wrote were very good.

Mr Gravelle: I do want to ask you some more questions related to the college's investigation of physicians who are accused of incompetence, but I'm going to pass it to Mr Bradley now, and if he leaves me some time, that would be fine. Please go ahead.

Mr James J. Bradley (St Catharines): It's a great opportunity, even though you're the Chair, to be able to ask a question that all of us are interested in. It's an issue that arises with all of us facing physician shortages.

Specifically, my question is—and you may not have the answer yet but maybe if you are appointed or it's confirmed, you'll be able to handle this. It's largely young people who are Canadians who go abroad to receive a medical education. Ireland is one good example; there's a medical school there. There's a medical school or more in the Caribbean. They try to come back to Canada, specifically to Ontario, to practise and there are many hoops that they have to go through. I'm wondering if you're aware of what those hoops are, and for all of us here—because each one of us on this committee will be looking for an answer to this—how we can speed up that process and still maintain high-quality physicians in our province.

Ms Moseley-Williams: I'm not aware of the hoops as such. I know they're there, because I also have known people who have tried to fly through them. However, I think the college's job is to ensure that those people who wish to practice medicine in Canada and Ontario are aware of the quality that is demanded and that they have the education and expertise. If they have that—and I think it should be determined more easily than it seems to be—then I think the hoops should be knocked down. For Canadian young people who go over to other countries—and I think it happens in other professions—if it's an accredited school and the college knows it's an accredited school and people graduate from there, then I feel there should be more openness to letting these people come back to Canada.

Mr Bradley: I think a joint task force has been set up by somebody—I don't know who it is, to be honest with you—that's going to bring together everybody who points the finger at someone else. Because one of our problems with always trying to solve problems is the college will point to maybe the OMA—I'll just throw that out as an instance—and then they may point to the Ministry of Health and somebody points to somebody else. I understand there is a joint task force now, and maybe that will provide the answer.

I just wanted to perhaps put that bug in your ear as a problem that every one of us on this committee would be encountering: people wanting to come back to practise. We're trying to figure out the best ways of getting them back. So thank you, and I'll pass it back to my colleague.

Mr Gravelle: I'll pursue that a little bit further myself as well, if I may. I think it just comes down to the whole issue of foreign-trained physicians, some of whom are not necessarily natives to the country. The fact is the college does say, and we've heard them say this, that indeed it's the government that is not providing them with the funding that's needed. The provincial government has been saying, "No. We're doing what we can." It has become very frustrating, because obviously the issue of physician shortage is a huge one.

So the question to follow would be, do you intend to pursue that particular matter? Because it has been difficult. Mr Bradley made reference to a task force. But we've been talking about this in the Legislature, certainly I have, and I know Mr Bradley has and I'm sure all of my colleagues here have. It's just three or four years and we hear that the government is planning to move forward to bring doctors more quickly into the system. As we know, the shortages are enormous. The underserviced areas in the province are growing almost on a weekly basis. So would that be a priority for you? Certainly we'd like to think it would be.

Ms Moseley-Williams: I would be foolish to say no. It would certainly be a priority for a number of reasons. The first one is that I know our shortages are not going to get better if we depend on everybody from the schools of medicine to come to the underserviced areas. So it certainly would be a priority.

I don't know if it's the same, but I think having Canadian students, Ontario students and other countries' students attend the medical school in the north is going to help a great deal.

It will be a priority of mine because our needs are pretty acute.

Mr Gravelle: I'm from Thunder Bay, by the way, so certainly we're looking forward to the medical school as well. It's going to be useful. But we continually hear quite literally of physicians who want to go to the north, and because of the regulations—and nobody here would question that we obviously want qualified physicians to go—and the fact that the province of Ontario is not as welcoming as it should be, they go off to Alberta or they go off to the Northwest Territories. These are physicians in all kinds of specialist fields that we desperately need. It is a huge issue that, as an advocate for the north, generally an underserviced area, I hope you would make a real priority.

1020

Ms Moseley-Williams: I'll just repeat that it would be a priority, but I think it's a priority that those young people who wish to come here who are qualified and meet the standards of Ontario should be allowed in without too many hoops to get through.

Mr Gravelle: I guess—

The Acting Chair (Mrs Leona Dombrowsky): That would conclude your time, Mr Gravelle.

Mr Gravelle: Really?

The Acting Chair: Really. It is now the time for the third party.

Mr Tony Martin (Sault Ste Marie): Good morning and—

The Chair: Before you say good morning, I should say that Mr Gravelle always becomes angry with me when I cut him off, so it was nice for somebody else to cut him off today.

Mr Gravelle: That's not true; not angry.

The Chair: Sorry. Mr Martin.

Mr Martin: It's good to see you again, Betty. When I saw your name on the list of people who were coming forward the other day, I thought to myself, "Is this woman never going to retire?"

Mr Wood: She's too young.

Ms Moseley-Williams: Well, when I get the lily, I guess.

Mr Martin: She was a teenager when she was first elected to the trusteeship in 1971, I think, probably.

Ms Moseley-Williams: Yes.

Mr Martin: Anyway, I can attest to your having certainly worked very closely and actively with our government when we were in power from 1990 to 1995, because I was parliamentary assistant to the Minister of Education. I'm not sure whether it was you or Larry French I saw more of in those days. Larry was the quintessential lobbyist for OSSTF at the time, and I know on some of the issues that concerned you, you took the bit and went directly to the source and were involved.

I'm just wondering, after all that experience and time in education—I probably already know the answer, but why the shift now? Why this one? Why now into medicine, the College of Physicians and Surgeons?

Ms Moseley-Williams: You know I was a very passionate advocate in education; that was very important to me. However, I lost a lot of voice when my son became a teacher and I could no longer participate in many things. If he would change his name to Smith, it would help dramatically. However, with a name like ours, people know.

I've always been interested in health care, first as an active member and then peripherally; then because I feel I can do something for some of the associations that desperately need to interact with the college more. I am personally now involved with a family member with Alzheimer disease, and I think that in some areas of the province they are very lucky. I think there are many people who need to know more. There are too many issues like that that we have to learn how to address with the public, with the people involved, and I think I'm pretty good at that.

Mr Martin: I have to say to you that when I first discovered you were a Progressive Conservative, it surprised me, to be frank, because of what I consider to be your passion for a number of things that I discovered as we got to know each other when we were in government. In questioning people here at this committee, we're always interested in whether you're coming as a person who reflects and will speak on behalf of their community or if you're somebody who is simply coming to make sure the government's agenda gets implemented. There's a distinction for us there.

I'd be interested in your take on this government's approach to the issue of people living in poverty and some of what we've seen by way of the growing gap and the circumstances that poor people find themselves in. You would have some direct knowledge of some of that because of the work you've done in education and the struggle that the education system is having in dealing with people who show up at their door presenting with all kinds of social issues, a lot of them driven by the fact that they just don't have enough money.

Are you completely comfortable with the approach this government has taken where dealing with poor people is concerned?

Ms Moseley-Williams: I've never been completely comfortable with any government's position on most of those social issues. However, I work with a group in North Bay, and we have had funding from all the governments. It's to do with people who are on that slippery slope and who are living in poverty. We have a marvellous program. I work with that. I try, as a person, through that group and through the church I belong to, to help people.

I think there needs to be a softening of the approach of all levels of government: the federal, the provincial, the municipal. School boards also need to look at what's happening to the people in their schools who are in need. But I don't think the answer is simply to say, "I'm going to leave this party." I agree with many things they do.

I just wanted to say, because of your opening comment, I'm not here to fulfill anybody's agenda. Ask anybody who has worked with me. If I were to be anything, I'll be my own person and I'll work within the College of Physicians and Surgeons for the good of the people who need that service.

Mr Martin: I believe you. But I want to shift a slight bit and ask you a question or two about your involvement with the Education Improvement Commission and how pleased you are with where that has gone. I just recently met with the separate school board in Sault Ste Marie, the Huron district. I sense from some of the questions they asked me and some of the conversation we had a very real sadness around their ability to affect any more some of what goes on in the classroom, because a lot of decision-making has been taken away from them. In the old days, you collected the taxes—although I would not promote going back to the old funding formula; certainly we need to find a new one that works.

Some of the trustees themselves suggested that maybe there just wasn't a role for them any more and what that represents in terms of local control of education—I have four kids in the system. I have three kids in high school now. I had my four kids when we knew each other but none of them were in high school. I've got three of them in high school now, and I have to say to you that it's been a struggle with them these last few years, trying to make sure they were able to keep up with the changes that were going on. But the lack of control by trustees now of their domain that has come about because of the changes, I think driven by the Education Improvement Commission.

Ms Moseley-Williams: The Education Improvement Commission was there to look at the new governance structure, which was the larger boards, fewer trustees, and the establishment of the French-language school system. I think that part of that job was done very well. The fact that we established a French-language school system in this province without bloodshed—which may be dramatic—was very good. I think it's quite an accomplishment.

Am I totally happy? I think the funding formula basically is very good. I think it has to be adjusted because the

financing needs to be stronger, which was not my purview.

The role of the trustees, and, for that matter, other people in education: when we spoke to the different groups, I think many of the concerns they're voicing now were not discussed. I would like to see them have local responsibility, but I also say that if there's responsibility, then you are responsible. You have to do things. That was not happening in the province even with the old—there were students in the province who were not well served. I think many now are better served, but it's like anything else, it's a growing thing and it needs to keep growing.

1030

Mr Martin: I know that you talked about the lack of doctors in the north and certainly I can relate to that. We're all holding our breath for the new northern school to begin to produce new doctors that will hopefully stay in the north, although that's a ways out. We have some immediate challenges, certainly, in the Soo, as in other places.

What would your more immediate hopes be in terms of accomplishments in the College of Physicians and Surgeons?

Ms Moseley-Williams: A big interest, what we talked about earlier, is to have doctors get into Ontario more easily if they're qualified. I would like see, as there are going to continue to be complaints—maybe it's just my background, but I'd like things to happen faster. I don't see complaints going on for two or three years. It would seem to me that is something that needs some real work.

I would also like to see all of the people in the health care field have a little more co-operation, a meeting of minds, as opposed to—we use the expression in education—too much turf protection. I would like to see more unity in those groups.

I don't know what role the college plays in having a medical school in the north. I do know, as a person of the north, that we too often were sort of told that we would have a school that was an arm of, or a part of or under here, and rightly we said we would like to have a school that was ours. We would like to have the two campuses and we want the other medical schools to realize that part of their students' residency internship, whatever it's called, would be spent in the north. We need to get people to come up there to see it. Those would be the things I'd be most interested in.

Mr Bert Johnson (Perth-Middlesex): I want to say that we have a young man, a respected businessman, in my home town of Listowel with the name of Moseley-Williams.

Ms Moseley-Williams: I would love to say he was mine because I think he could leave me something in his will, but he's not. He's a nephew.

Mr Johnson: I can tell you that he has a lot of respect in our town, and you've gained a lot of respect from your neighbours in the last few years. I just want to say that I've followed not your career but some of your achievements. I want to congratulate you for putting your name forward for this particular duty.

Ms Moseley-Williams: Thank you very much.

Mr Wayne Wettlaufer (Kitchener Centre): Ms Moseley-Williams, good morning and welcome.

The College of Physicians and Surgeons: according to their mission statement their prime responsibility, to the people of Ontario. I'm going to read a couple of things. The college acts according to that, "To ensure that the college is accessible and fair to all members of the public throughout Ontario; and to ensure that the work of the college is publicly visible."

They also, by act, operate independently of the government. But they aim to assure the government that it is fulfilling its mandate and they aim, "To act as an advocate for the people of Ontario with the government, regarding the issues of public protection and quality of medical care."

You said before that you were a passionate advocate in education. I'm probably one of the biggest critics in this province of the College of Physicians and Surgeons. One of those areas is in its disciplining of doctors. I have had instances when they have disciplined where discipline wasn't required, and I have seen, as all the people in Ontario have, many instances in which they took far too long to discipline a doctor. They granted the authority to practise to doctors who should never have had the authority to practise, based on their records elsewhere.

One of those physicians was a psychiatrist in my own Waterloo region. This psychiatrist had had allegations of sexual misconduct in two other countries. He was granted the authority to practise as a psychiatrist and, of course, over a period of years—I believe about five or six years—engaged in alleged sexual misconduct in our region.

When this first came to my attention, I wrote a letter to the College of Physicians and Surgeons. I received one of the most patronizing and insulting letters I have ever received in my careers as a businessman or as a politician. It was essentially, "We'll look after things in our own good time and in the way we do it. You go away." I think I was entitled to a little bit of rage.

The college has supposedly increased the number of investigators from three to 30 over the last 10 years. They have, of course, commissioned a review of their procedures by KPMG. Again, they claim that the vast majority of the more than 2,000 complaints they receive each year are disposed of within a year, but that serious allegations require substantial amounts of time to be investigated conscientiously. I personally don't believe they require the kind of time they claim they do, especially in those instances where there have been allegations against doctors in other countries or other provincial jurisdictions.

I guess I'm wondering what your opinion is of this and what action you would take in order to ensure that the college acted more responsibly to the public and to the government.

Ms Moseley-Williams: I don't think any investigation should be prolonged. I guess I'm impatient; I like to have a timeline and say, "It's going to start, we're going to do something and we're going to report on it."

I do know from experience in my other life that in doing investigations one is very careful or you poison the whole thing and go no place, and I think that caution should always be there. However, I don't think anybody should receive any kind of letter that in any way demeans that person. I would like to say that if I was part of the college and of that committee, I would like it to be an imperative that we look at the steps that are taken and, with very good advice, put a system in place that would serve the people of Ontario, the doctor who is involved and the college.

I also question why anybody would be allowed to practise, either as a doctor or, as has happened, a nurse, who comes with a blemish from another part of the country. It has happened, and unless those gates are closed, it will continue to happen. I would want to work in that direction.

1040

Mr Wettlaufer: I have another question. Given what I've said about doctors coming from other jurisdictions—Mr Bradley raised the question before about Canadians who are trained in other jurisdictions—nevertheless we do have thousands of doctors who come here who are not Canadians but who are of ethnic origin. They may be Yugoslavian, German, Pakistani, Indian or Chinese. They have been trained and have practised abroad.

If the college did its research and found there was no blemish on that doctor's record—one of the criteria to be able to practise in Ontario appears to be that the college insists that this doctor be able to speak and write English fairly well. I wonder, when we have such a large ethnic population in the province, whether you feel it's important if a Chinese doctor practises—perhaps his Chinese patients in the city of Toronto don't care whether he speaks or writes English that well. Maybe the Serbian patients of a Serbian doctor in Kitchener-Waterloo don't care if he writes or speaks English that well. Do you have an opinion on that?

Ms Moseley-Williams: Of course people would be more comfortable in their own language. That's very true. But nobody can say, "This person is going to look after Chinese patients" or "This person is going to look after Irish patients"—that would be a challenge.

I think it's of necessity that you have some working knowledge if you're going to have hospital privileges and be working with people who cannot understand other languages. So although I think people should come to Canada, I think we have to be aware and help them be prepared to deal with the population of Canada. I guess that sounds a little unfair, because certainly Canadian doctors don't learn 12 languages—that's a hard one.

I think it would be encouraging for people to know the language of their patients; that's fine. But when you're going to be writing prescriptions, working within a hospital or working in the lab, you just have to know where you're going with it.

Mr Wettlaufer: I do a lot of work in the ethnic communities. One of the problems I have witnessed is that we have doctors who are very well trained in Ontario—of course they can practise in English, but they can't make the treatment well enough known to the ethnic patient. He can write out the prescription to the pharmacy, and of course the pharmacist tries in his utmost capacity to explain what is required to the patient, how he is supposed to take these medications. The patient still doesn't understand. The patient sometimes takes the medication mistakenly and causes further problems. Are we in any different situation there than if we had the foreign-trained doctor coming over here?

Ms Moseley-Williams: I just want to say one thing about it. I think that most hospitals—maybe that's an exaggeration. Many hospitals are trying to have the interpreters who are needed. If there was one thing I learned going around this province, it's that it might be very comfortable to think we're a nice little Anglo-Saxon province. Well, we're not. I think that parts of Ontario strive to have a sufficient number of interpreters to help people. If that is the college's prerogative or if they are supposed to do that, I would be interested in encouraging it. When we talked earlier about a team approach to the provision of medical services, that's one of the things that may have to be addressed. I don't care whether you're writing the prescription or feeling the tummy, somebody has to be able to tell the person what's going on.

The Chair: That will conclude—in case members were wondering, I had chosen not to see the clock, at risk of censure. Because on a number of occasions the government has waived its opportunity, I wanted to give Mr Wettlaufer some additional time to ask some very pertinent questions.

Thank you very much for being with us. You may step down now.

Ms Moseley-Williams: Thank you very much. Good morning.

DOUG LEWIS

Review of intended appointment, selected by official opposition party: Mr Doug Lewis, intended appointee as member, Consent and Capacity Board.

The Chair: Our next intended appointment is Mr Doug Lewis, who is an intended appointee as a member of the Consent and Capacity Board. We are welcoming him to come forward, and while we are, I should say of Mr Lewis that I didn't see this in the material but I believe he's an author as well. I think I have quoted him on a number of occasions for members of the House. For those who have served in opposition—there are none on the government side who have served in opposition—he was the deputy House leader or, I believe, and he may correct me, the person in charge of question period, at least. I believe the quote was something such as, "Every member of the caucus pitching a question believes that his or her question will either bring down the government or ensure that individual's re-election forever." I'm paraphrasing it, but I've quoted that, Mr Lewis, on many occasions.

The name of the book is, just so you can get your commercial in?

Mr Doug Lewis: I'm sorry. I don't know what author quoted me, but I appreciate it, and I did say that.

The Chair: It was a writing of some kind. I was under the impression that it was a book, but I know it was a publication of some kind where you had been quoted. It may have been the Canadian Parliamentary Review or something of that nature.

Mr Lewis: I got most of my jobs in government on the basis that I wouldn't write a book.

The Chair: Welcome to the committee, sir.

Mr Lewis: Mr Chair and committee members, with the committee's permission I'll make a few opening remarks before I turn to answering questions. I should say that when I was in opposition I thought these types of hearings were a good idea and, despite the fact that I'm before you, I still think they're a good idea.

You're probably wondering how I came to be here. It's my understanding that there is only one lawyer in Simcoe county appointed to the Consent and Capacity Board, and that the member of the provincial Parliament for Simcoe North was contacted and asked if he knew of any lawyers who would be interested in this type of work, and his office contacted me. I was generally aware of the board's activities and responsibilities, but I applied myself to what would be involved and decided it would be something that would be interesting, and that either I was qualified or could make myself qualified through a more detailed study of the workings of the act and some training. My practice is restricted to legal work, which is usually easy to schedule and reschedule if necessary. Therefore, I believe I can make myself available to carry out the duties of a member of the board.

I think I can make a contribution to the board because the function of the board deals with people. Mr Chair, if I may say, your federal colleague Walt Lastewka and I cut our teeth in volunteer organizations with the Canadian Jaycees, and I found that, in that organization and in politics as well, as an elected representative, the higher you go, the more removed you are from dealing with people, which is one of the things that I have quite enjoyed over the years. That was another reason this type of work interested me.

From, as I often say, my premature and unorganized departure from politics in 1993 until September 2001, I did a variety of consulting jobs. A year ago September, my wife and I formed a partnership with three other lawyers. I practise corporate and commercial law, and I'm starting an immigration practice. I bear much of the responsibility for the administration of the firm.

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My other major activity is that I'm the volunteer chairperson of the capital campaign to raise $12 million for the hospital in Orillia. We're at $10,300,000 and the campaign is winding down. So I think I have the time to do the job.

Mr Chairman, I didn't prepare a resumé of my activities either in business or in politics, because I thought it had been provided to the board.

The Chair: Yes.

Mr Lewis: So I don't see the necessity to rehash what's in that resumé. I'm open to answer any questions.

The Chair: Thank you very much, sir, and we begin questioning with the third party.

Mr Martin: Thank you for coming this morning and for putting your name forward for this very important work. I don't have to spend a lot of time prying in terms of your political affiliation; it's right out there and in fact it's included in the resumé that we received. I don't think there's anybody around the table here who would suggest for a second that political affiliation should get in the way of good appointments. Our concern is always whether that appointment is simply to drive the government's agenda or whether it's to represent a broader perspective from the community at the table.

My first question to you would be, in your review of the material that you looked at to prepare for this work, what was it that first said to you, "Yes, this would be something that I could probably contribute to"?

Mr Lewis: Taking away somebody's liberty through involuntary committal is probably about as serious as it gets unless you're dealing with the criminal law. The decision to do that is one that has to be reached after a great deal of thought, after a proper hearing of the witnesses involved. That kind of challenge interested me.

Mr Martin: Obviously, as you have suggested, it is a very sensitive area. A lot of the people whom you'll have to make judgment on behalf of are some of our more at-risk and vulnerable in the community, with not many support services available.

You know that there's a continual debate happening out there as to just how much say a mentally ill person should have in their own future and how much control the state should have or others should have. Certainly, when we passed Brian's Law in the Legislature we were all lobbied by both sides of that issue.

Have you looked at that issue much, and what are the concerns that arise for you?

Mr Lewis: In the papers that were provided me by legislative research, there was reference to Brian's Law. I think the debate that I understand took place over that law refers right back to what I said about taking away some of these liberties. The question is, you have the individual's liberties on the one hand and you have the community on the other hand. It's a balancing act. I would say, sir, with due respect to your party, the debate was sort of brought forward by some of the legislation that your party produced between 1990 and 1995. I think the debate's been healthy, and the debate surrounding this law and the particular circumstances of the incident that prompted it was healthy. That'll be the challenge, just balancing the rights of society to protection and no fear of bodily harm and the individual's right to liberty. That's the challenge.

Mr Martin: If, in your role as adjudicator, you discover that there are very obvious extenuating circumstances that are contributing to perhaps a larger number of people coming forward needing to have judgment

made about—for example, there just aren't the services available out there in the community to support some of these mentally ill people. One of the criticisms that's made of all three parties, because we all had a hand in it—when the facilities for people suffering from mental illness were closed back in the 1980s, there wasn't the promised community-based resource available to support them in their new living circumstances. If you discover in your deliberations that there are other extenuating circumstances, as I said, would you be willing to come forward and offer advice and suggestion to government on that? And if—well, I think you understand the question.

Mr Lewis: During the 1980s, we took a look at how we could deal with mentally challenged people in the community. As you probably know, Orillia was the centre of a very large institution which dealt with people who were mentally challenged, and long-term; it wasn't an in-and-out sort of thing. That particular change of how we look after them came to Orillia—I wouldn't say very hard, but we were very aware of it—and the community adapted, the volunteer organizations came into play and dealt with it.

Now, you're asking me a good question. If after a couple of years of this, if I'm successful in being appointed, I find that certain symptoms are there all the time, I would hope—I don't know how the board operates—they would convene meetings from time to time to say, "All right. What are we finding? What suggestions can we make to the government of the day to improve the situation?"

I always found, especially as a minister, if I could say this, that it was kind of fun to leapfrog the bureaucrats and the political assistants and talk to people. So I won't have any difficulty doing that and promoting that idea and concept.

Mr Martin: OK, which brings me to one other question. I know you were here when we were questioning Ms Moseley-Williams. You're a Progressive Conservative and you've watched over the last seven or eight years the evolution of public policy where this government is concerned and the issue of poverty. The relation between those who are suffering from mental illness and poverty is quite obvious and direct. It's my view that some of the reason many people in poverty are now experiencing multiple issues of a health nature, many of them mental health, is because people just don't have the resources available to them. Some of these folks are never going to work—it's just not possible for them—and to have cut their level of income or have kept it at a point where it hasn't grown, in some instances, for so long seems to me to be a fact that is contributing to some of the difficulties that we're seeing.

Are you comfortable with where this government has gone on the issues of poverty and support for people who can't work?

Mr Lewis: I thought that was a good question when it was posed to the previous witness. I'm comfortable with where the government has gone. Would you do it the same way yourself? Maybe not; maybe not all the time. Everybody has their own view of things.

If I could just give you a parallel, when I'm asked, "How many more beds is the new hospital going to have? Gee, I thought we would have many more beds," I say, "Have you talked to anybody who had their appendix out lately?" I haven't have my appendix out, but one of my friends had theirs out; it was a two-week stay in the hospital. Now it's two to three days and you're home. So I think things have changed. The way of dealing with mentally challenged people has changed. The way of dealing with people you're committing on an involuntary basis has changed. I think it's all healthy that we're looking at this and examining it.

Mr Martin: OK. Thank you very much. Those are all my questions.

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The Chair: We move to the government caucus.

Mr Frank Mazzilli (London-Fanshawe): Thank you, sir, for putting your name forward. I've got to tell you, as a lawyer member for the Consent and Capacity Board, you will have a very difficult job. The board is made up of three people, as you know. The psychiatrist will give you his or her medical expertise, if you will. The community member will give you his or her expertise in the community, but likely will not know the law to an in-depth level. At the end of the hearing you, as the lawyer member, have to make it all work somehow. It does work pretty well.

Like you said, it's taking away someone's liberties who obviously—most people have no insight into their illness and you're taking away their freedom in the community and, even more importantly, the consent to treatment. You're going to have some interesting hearings where medical practitioners will want to treat someone against their wishes, and that's all part of the job. I just wish you luck.

Mr Lewis: Thank you very much for your insight into it. I have a very general, superficial idea of what's involved now. Once we're in the training, I'm looking forward to gaining a very deep knowledge because I understand that there are perhaps responsibilities that you've just outlined that have to be brought to bear.

Mr Wood: We'll waive the balance of our time.

The Chair: The government caucus has waived the balance of its time. That moves us to the official opposition.

Mrs Dombrowsky: Good morning, Mr Lewis. I believe I understood in your opening remarks that this was a role that you were very interested in. Am I to understand that you actively went out and looked for this type of appointment, or were you approached by someone to consider this appointment?

Mr Lewis: No, I did not actively seek this appointment. I was called by Garfield Dunlop's office and they said, "The board has asked if there's another lawyer in Simcoe county who would be interested in serving on this board," as there was only one appointee. So I considered the job, found out a little bit about what it was

about and said that I would be willing to serve, and then that started the process.

Mrs Dombrowsky: That is helpful. You also indicated in your remarks, and I certainly appreciate your legal background, that the role you would have to consider—taking away the rights of an individual in terms of his or her will to determine whether or not to be medicated—is very serious. That would only be done when his or her safety or the safety of the community would be at risk. In the background, there are various situations that would be considered. I'm sure you are familiar with the phrase, "erring on the side of caution." I would ask you, if you were to err on the side of caution, would you be more cautious to remove an individual's right to choose, or would caution be protecting the interests of an individual or a community?

Mr Lewis: I think each individual situation is going to depend on the fact situation that is involved. That's the balance: the individual's rights and the rights of the community.

Mrs Dombrowsky: But there are going to be tough ones. If there was a situation where the psychiatric assessment put a very strong case but then on the other hand the individual would have demonstrated really a capability of understanding the illness and a will and perhaps a guarantee or a promise that they would adhere to their prescribed medication, if you were to err on the side of caution, what way would you go?

Mr Lewis: I'm sorry, I still have to say it would depend on the fact situation: all the background of the individual and then the community setting in which they're living. I find it hard to answer that in generalities.

I wouldn't be here if this job wasn't a challenge, OK? It's that challenge, just as you put it, that I'm looking forward to applying myself to. No matter what the decision, I guess I would be disappointed if, after all the decisions I've had to make in my life, I didn't put into the works everything that should be put in. So my biggest challenge is going to be making sure that I satisfy myself that I've considered everything. I don't tend to take too much time making decisions, but I do pay a lot of attention to the decision-making process, so I can assure you that I will bring to bear the individual's concerns and also the concerns of the community. I guess time will tell whether I've found the balance.

Mrs Dombrowsky: I do wish you well.

Mr Gravelle: Good morning, Mr Lewis. I should say at the outset, for those of you who have travelled through Thunder Bay's lovely new airport, Mr Lewis when he was the federal Minister of Transport, I think we'll acknowledge, was responsible for getting us our lovely airport in Thunder Bay, and working with Mr Comuzzi, our federal member. We love that airport. It's been great. It was tied into the World Nordic Ski Championships, as I recall; it was one of the justifications for it. It's a beautiful airport. People use it frequently. I know the members here have.

Mr Lewis, I do want to follow up in terms of the line of questioning, because it is a very difficult position that you're moving into. I'm curious particularly about Mr Mazzilli's question. I'm not sure if you can amplify your comments any more, but it's true. It's strikes me that if I'm a member of that board—there are going to be three members generally. I know sometimes they have more, but generally there are three. You've got a psychiatrist who is going to be providing you with presumably pretty detailed information. It just strikes me as being one where it's very difficult to make a decision. It ties into Mrs Dombrowsky's questions, too, in terms of making decisions. Maybe it isn't even fair to ask you, but I want to try anyway. How do you think you can use your own expertise, your own background, obviously your quite extraordinary background? I see that your wife was a former public health nurse and I'm kind of thinking perhaps over the years that has been discussed. Anyway, how do you see your role being a significant one as a lawyer, obviously, but not one who has particularly practised law in regard to these issues? If I can ask you to try and give us some more thoughts on that, I'd appreciate it.

Mr Lewis: You're correct that I haven't practised law in this capacity or on this issue area at all. I guess over the years I've been in a lot of situations where I wouldn't have survived if I got overwhelmed by the educational background of the people who were on the other side or also involved. The fact that I'm dealing with doctors, who I respect as a profession, doesn't overwhelm me.

I've learned that people, if I may say, such as the previous witness who spent a fair bit of time dealing with people in the community—I don't discount the talents that community people, people involved in the community, bring to the table, and I can be quite blunt about it. In my career I met quite a few members of the bar who felt they'd make a terrific judge. When I looked at what they've done, they made a lot of money and they spent a lot of time on Bay Street, but it didn't cut any ice with me because they never dealt with the community.

On either score, I'm not going to be overwhelmed by medical knowledge; I'm certainly not going to discount it either. I think the community member is there for a reason and they bring talents to the table but don't have all the initials behind their name that I just happen to have, and that isn't all bad. I think, quite frankly, it's quite good.

Mr Gravelle: I appreciate that response.

Mr Martin was talking as well about Brian's Law. I think a lot of the extra cases and applications that are coming forward relate to community treatment orders, and it was extremely controversial and very difficult legislation for all of us in the Legislature, those of us who were here. I'm just curious as to how familiar you are with Brian's Law and if you've had an opportunity in advance to even look at some of the cases that have come forward in terms of appeals to decisions made under that law.

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Mr Lewis: I don't think there are a great number of appeals, but I haven't immersed myself in it. I am aware

of the incident which brought it about, and that's where balancing the community and the rights of the individual comes into play. That's going to be the challenge for me, when faced with that type of situation, where it's a treatment situation that's just not happening. That's going to be the challenge.

Mr Gravelle: Do I have another minute or so, Mr Chair?

The Chair: You have only one minute.

Mr Gravelle: OK. You made reference earlier in response to another question about how the world has changed in terms of hospital stays, using the appendix example. But the one area where it seems to me—at least I view it as being reasonably unarguable—is that we have fewer beds for people with mental health problems. What we're seeing is that, unquestionably, people with mental health problems are going through the prison system as opposed to being cared for. I'm wondering if you're familiar with that. That has an impact, I think. It may not be directly related to the decisions that you'll be asked to make, but are you conscious of that and is that something that concerns you as well? You know, you talk to people who run the correctional services system and their greatest concern is that they've got people who need to be cared for in a psychiatric setting of some sort and have help, and here they are in the prison system. Are you, one, aware of it, and, two, concerned about it?

Mr Lewis: I'm not that aware of it, quite frankly. I have two daughters who are with the parole board, one on contract and one a permanent employee, and I'm aware of the stresses of their jobs. Also, Penetanguishene Mental Health Centre was in my riding and I interacted with them quite often. We have the new superjail over there as well. So I guess when I was asked if I would, after a couple of years on the job, have any thoughts, I'd rather give you my answer in a couple of years, after I've had a chance to see from my own point of view just exactly what the issues are and what the situation is.

The Chair: I have the opportunity of cutting you off this time, Mr Gravelle.

Thank you very much, sir, for being with us. You may step down.

Mr Lewis: My pleasure. Thank you.

PETER BROWN

Review of intended appointment, selected by official opposition party: Peter Brown, intended appointee as member, Ontario Family Health Network.

The Chair: We'll come to our next intended appointee, who is Peter D. Brown, intended appointee as member, the Ontario Family Health Network. You may come forward, Mr Brown. As you know, you have an opportunity for an opening statement if you desire to do so.

Mr Peter Brown: Thank you, Mr Chair. I appreciate the honour of this opportunity to serve the province and to meet with the committee today as regards my intended appointment to the board of the Family Health Network. I have had the opportunity to speak with the chair of the board, Dr Ruth Wilson, and would be delighted to assist her and the board as vice-chair in carrying out the mandate, which I understand to be the implementation of the primary care reform model, primarily and most challenging through the expansion of the family health networks across the province.

This undertaking, as I see it, will involve considerable change for many people, and it is in assisting this very complex and important change process where I see myself making a contribution. I have preliminary remarks from my CV and a few additional personal highlights that speak to my experience and qualifications for this appointment.

I retired as the president of the DeVry Institute of Technology in Ontario a little over a year ago. My CV outlines my achievements at DeVry as I see them. My appointment at DeVry was in a turnaround situation. The school was failing on just about all counts: it was losing money; it was in considerable legal difficulty; it had negative relations with government and the student financial aid program; it had poor public and media relations; staff and faculty were demoralized; current students were anxious and fearful; high schools and boards of education were suspicious; and prospective students were doubtful.

Alternatively, and despite all this negativity, some essentials were working well. Employers remained pleased with the DeVry graduates, many students and graduates were absolutely delighted with their education, and faculty and students maintained a teaching-learning bond of incredibly high quality.

Over some four years, we worked from an interdependent, three-pronged strategy to get the school back on track: we did our best to affirm and keep doing what we believed to be working well; we stopped doing things that were causing the problems; we conceived and implemented strategy and practice that were likely to lead to improvement.

When I left, we had achieved the desired turnaround and changed DeVry, consistent with our goals and strategy. The school was still having a hard time achieving business targets, but we had progressed on our P&L year over year with really substantial percentage improvements. The key to our success was student, graduate and employer satisfaction and consequent constructive proactivity on their part—that is, these people really talked up and illustrated the positives of a DeVry education. We laboured diligently on what worked and stopped doing what didn't, and we resourced accordingly. We kept it simple, but not simplistic.

Prior to this private sector experience with DeVry, I was VP academic at Sheridan College, and at departure, acting president, and prior to that, a dean of several different faculties. As in most organizations during the 1990s, a major challenge of my tenure at Sheridan was that of organizational renewal. The majority of the staff and faculty at the college were quite content the way they were and not feeling at all in need of program, organizational or professional renewal of any kind. But as we

know, the combined and interrelated contemporary forces of changing economic contexts, new societal requirements and priorities for college programs and new kinds of students made change in the order of renewal an imperative. In all of this, perhaps the most important and challenging new direction involved staff and faculty working together across the college and outside of program exclusivity in new sets of relations and on new ideas of college education.

Working with groups of professionals towards a new and more integrated vision of a college was a remarkable learning experience. My primary learnings in all of this remain:

(1) Professionals working in the varied community and human services are less effective than they might be if they live and work only in their disciplinary silos. More than this, in the right circumstances, professionals are highly motivated to get out of their silos and work with others toward common goals.

(2) Properly approached, professionals who have been cultured into career-long expectations and the perpetuation of specialty territory will work effectively toward new and integrated visions when their disciplinary specialties, attendant skill sets and remuneration are not endangered.

(3) Disappointments and failures along the way happen but can be overcome if the values of the change culture and process are risk-tolerant and geared to learning and not to winning or losing.

There was a lot of trial and error, a tolerance for both within a reasonable timeline and resource base, increasing satisfaction with the process and, eventually, a critical mass of support for the changes envisaged, and some targeted and significant change was in place upon my departure.

I've been the servant of many boards in differing degrees of reporting proximity throughout my career: boards of trustees in education; boards of governors in college; program advisory committees in the college; and private boards in Canada and the US at DeVry. My perspective on boards that work well is totally from that of a provider of professional services—in my case, the provision of educational services of one kind or another within a policy framework as enunciated by the province or business plans as required by a company. In my opinion, good boards that I've been privileged to work with, in addition to knowing what they're about and how they need to work, listen well and relate well. They listen and relate well to themselves internally, to the professional agents and to the broader constituencies of their service mandates and business accountabilities.

I am then neither a seasoned board member nor a health care professional. But I do know something about planned change and how it works, or doesn't, in the service of public policy and business plans and through the practice of public and private sector human service professionals. I understand what boards do when they work well in effecting their mandates in service of policy and plans. I have a deep appreciation for the constructive relationships which must exist between boards and their contexts: the professional communities of service providers; the target communities that receive those services; and the political agents and agencies who mandate the services in the first place.

I know the communities and geography of the province very well and have deep feelings for their well-being. Urban and rural, I have lived and worked across much of Ontario. When I was growing up, my father was with Bell management and we moved frequently, north to south, and southwest to central. I attended new schools every few years and, despite doubts at the time, now cherish the variety of it all. And as an educator, I pretty well repeated the travels of my school days. I've worked rural and urban, central and otherwise. My last residences of my working days were Oakville and downtown Toronto, and my last places of work, Mississauga, North York, and Scarborough. I was born and grew up in Toronto; graduated high school in North Bay and university in London; and I now live in Goderich. For better or ill, I've been around.

Retirement is wonderful and, of course, I'm writing a book. Retirees, as you should know, in their first few years would seem to have two vocational options: be either a consultant or an author. I've opted for the obscure progress of the latter. So I am enjoying myself very much but really feel I can and should do more.

Mr Chairman, members, thank you for your time. I welcome the opportunity to be a contributing member of the family health network board and the expansion of primary care across the province. Indeed, as a recipient of that care, I am more than ever sensitive to its continuing and vital importance for me and my family, and to the imperative that it be as best as it possibly can be.

I'd be pleased to respond to any questions.

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The Chair: Thank you very much. We begin with the government caucus.

Mr Wettlaufer: Good morning, Mr Brown, and welcome. I was particularly taken with your comment that you know how to plan and effect change for improvement. Being of a business background, I guess I've had considerable experience with planning change and effecting it, and sometimes it wasn't always for improvement, although you try.

What do you see as some of the changes which are necessary in planning the family health network?

Mr Brown: I haven't been into any of the board's working documents at this point. My knowledge of the family health network is pretty well limited, at the moment, to Hansard and to media announcements. I do understand that the main thrust is voluntary in bringing mixed professionals onside. Obviously the doctors are the key group, and the targeted number of doctors coming onside into the networks is—very simply, the success is not being achieved as regards the targets.

Without getting into what's actually been tried, I can't go very far. I certainly think there's evidence across the province in the earlier family health centres, as I under-

stand. For example, I've read a bit of the one at the Soo as well as some of the more recently developed networks that are working. So obviously there are success stories that need to be understood. The dynamic of it needs to be understood and success needs to be replicated. That's probably about all I can say now.

Mr Wettlaufer: I think it's human nature to oppose change. Of course, there will be many doctors that oppose this because it's unknown. Would you use the success of the existing ones to try to convince those who oppose the change?

Mr Brown: From my seat right now that seems to be a really good idea. I'd like to clearly talk to people who have doubtless tried it and find out how it's been working.

The Chair: Thank you very much. We move to the—

Mr Wood: We will waive the balance of our time.

The Chair: We move to the official opposition.

Mrs Dombrowsky: Good morning, Mr Brown. You did indicate in your remarks that you were a recipient of the service. Are you a member of a family health network?

Mr Brown: Oh, no. I am a citizen of the province of Ontario and I'm doing my best to get the service.

Mrs Dombrowsky: You've already indicated that there's a rather abysmal record in terms of achieving the target of having physicians sign on to the whole family health network plan. You are familiar with community health centres?

Mr Brown: Yes, just what I've read in the minutes from previous meetings of this committee.

Mrs Dombrowsky: Are you able to distinguish between a community health centre model of primary care service and the family health network model?

Mr Brown: At a superficial level. I do understand that for the breakdown in the Soo, for example, there is a role for the municipality that seems to be different than the network. As well, there is a greater heterogeneity of professionals that would seem to me to be involved in that particular model. It's my understanding that doctors predominate in the networks to date.

Mrs Dombrowsky: Yes. Do you think there might be one that would be better than another, in terms of structure?

Mr Brown: I don't know. That's clearly one of the first big questions I want to ask everybody who will listen, to understand more about it.

Mrs Dombrowsky: Yes. My family is a member of a community health centre, so I am very familiar that the governance of the centre is community-based. So the services that are provided within a community health centre are largely determined by the board of directors, which is comprised of people from the community who understand the needs of the people in their community. There is also significantly more participation with other health professionals in community health centres than in the family health networks. Do you have any comment on that or observation?

Mr Brown: Only that I do indeed want to find out why.

Mrs Dombrowsky: Is it something that concerns you, given the definition of primary care reform, given the fact that when we talk about primary care reform we are in fact talking about an initiative that combines a number of health professionals in a community to provide primary service to patients so we have a community health centre model where there seems to be a much more integrated approach with other health professionals, compared to a family health network model where there are fewer of the other health professionals involved?

Mr Brown: Your word "abysmal" certainly loads up the numbers that haven't been achieved with a certain perspective. It's clear to me that the numbers that were targeted haven't been achieved, and I don't know why they haven't. I don't believe the network model sets out to exclude the integration of a mixture of pertinent professionals. There certainly seems to be a predominance of medical doctors in the units that are operating to date. That seems to have been what has happened. I'm not sure whether that's necessarily a result of the model itself or if something else is going on there. I honestly don't know that at this point. I'm not sure if it's a limitation of the model that says therefore you don't get this cross-section and this integration, or in fact if it's attributable to something else; and I'm not sure what that something else is at this moment.

Mrs Dombrowsky: First of all, I'm going to qualify or perhaps try and justify my word "abysmal." There is a target that 80% of physicians in the province by the year 2004 will be participating in family health networks, and I think to date it's 3%.

Mr Brown: Maybe in a year or two I'd say abysmal. Right now I'm saying disappointing.

Mrs Dombrowsky: Yes, well, I'm going to say abysmal.

Mr Brown: OK.

Mrs Dombrowsky: Are you familiar with the review that was undertaken around community health centres to determine their efficiency, both financially and in providing services for the communities they serve?

Mr Brown: I've read synoptic comments on the review. I haven't read the review itself.

Mrs Dombrowsky: And what is your understanding from the comments that you read?

Mr Brown: My understanding is that there's something there that is a positive experience and it can be learned from.

Mrs Dombrowsky: And also that they should be supported more by this government than they have been.

Mr Brown: I don't know what the government relation to the centres has been to this point.

Mrs Dombrowsky: They've frozen funding, and the freeze was lifted so that two more could be established. But for the most part, the government has stepped away from encouraging that model of primary care service delivery. So I really am curious, when the government steps away from a model that very clearly—certainly the

people in the community who use them are very well-served and we have a review that would suggest that this is a very efficient way of providing primary care within communities. I'm just curious that the government has stepped away from them to promote a model that obviously even the stakeholders, even the service providers, are having a lot of problem getting on board, if you don't see this as a significant challenge in terms of really advancing primary care reform in the province of Ontario.

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Mr Brown: I would imagine that's certainly a question the opposition has put to government, and I'm not quite sure what the answer has been. It would be an inquiry I would be getting into myself. Certainly it's a challenge.

Mr Gravelle: Good morning, Mr Brown. The government continues to say that they are going to reach their goal of 80% of family practitioners enrolled in the family health network by 2004. I guess I have two questions related to that: (1) do you think that is realistic or achievable; and (2) has it been made clear to you that that is essentially why you've been asked to sit on the board as vice-chair? Is that your role, to try to reach that goal? Has that been said to you directly?

Mr Brown: I was certainly interested as to why you think I could do a useful job on this particular board. It's my understanding that my experience in working through changes of various levels of complexity in the past could be helpful; and certainly working with professionals, like doctors, who weren't necessarily engaging in a direction that, in my case, a college or for that matter the province wanted to go. So I think that's fair to say, that my appointment would have to do with the contribution I could make to the change process.

I'm sorry, the other part of your question?

Mr Gravelle: Do you think it's realistic?

Mr Brown: There need to be targets. As I understand, there have been two sets of targets, and they haven't been met. They've been well short of being met. I understand there's some discussion as to what are the actual raw numbers of eligible doctors you should be considering. Are there 9,000, 6,000—what are they? I need to understand more about that. Clearly, the significance of target-setting is important, and my initial learning has to be what's going on with the numbers.

I've seen, again, just from excerpts in the newspaper, people dealing with the numbers. For the life of me right now, I honestly don't know whether it's 80% of 6,000 or 80% of a higher number or if in fact that hard number of 80% is realistic. I don't know. In order to make a reform initiative work, clearly, a significant number of physicians and other professionals need to come onside on a regular basis over a term, one, two or three years.

The Chair: We now move to the third party.

Mr Martin: Thank you very much, Mr Brown. On a number of occasions this morning you referred to the Sault Ste Marie experience and the group health centre. It's my community, and I'm certainly very familiar with the group health centre operation and its history—established by the Steelworkers of America back in the 1960s when their members and families were having difficulty accessing timely health care at that point in time, even through the insurance that the company was providing. So they established this hybrid that has evolved over the years and worked with various stripes of government, never really, even with our own government, rising to a point where true recognition of their accomplishment was understood and given support. They always seemed to be this round peg being put into a square hole. Even today, that continues to be the difficulty.

We've had a good session of questioning with the Liberal caucus members on the more general family health network challenges and the fact that we're not hitting the targets, we're not meeting the timelines, and we're still struggling. I guess what frustrates many of us in the Soo is why they can't see that we have a model up there that actually works, that doctors are actually now coming to voluntarily. Just in the last couple of months, there was an announcement of at least a few more doctors coming and taking their patients with them and joining the group health centre. Do you have any idea why something that's working so obviously, that's incorporating all the things that the Ontario Family Health Network seems to be wanting, which is a bringing together of the various professionals, a huge emphasis on promotion and prevention in the health care field, yet we can't seem to get—they're still negotiating their contract, and they have been for years. They can't get a contract signed that has multi-year pieces to it.

Mr Brown: The first part of your question dealt with did I have any idea as to why the Soo is successful?

Mr Martin: Yes.

Mr Brown: Certainly my understanding of the Soo community is it's absolutely exceptional in Ontario in its nature and doubtless in the evolution of a health support system like this. I don't know what would be replicable coming out of the Soo experience elsewhere in the province. Clearly, they've made volunteerism work and that's the key. It certainly is my experience that no matter how good the idea, if up front any number of professionals is resistant to it because you're simply saying, "It will be better for you, but trust me, go with it," it won't work.

I would certainly want to understand the growth cycle. If you're talking back to the 1960s—and it has taken I don't know how long for the experience at the Soo to have actually matured to where you're saying, "That's how we do care in our community." Clearly, it didn't take some 40 years. It happened well before that. So certainly the growth cycle needs to be looked at. The understandings that would come out of the Soo experience, to my mind, really do need to be put on the table and contemplated for their value elsewhere in the province. I think the trick will be getting in and coming to grips with the nature of volunteerism: while that's a good thing, why isn't it working? It clearly is not working the way we would like it to work to date. It has evidently worked in the Soo, with more coming onside. As I said earlier, it

evidently is working in some of the networks elsewhere in the province—reading about the Oakville experience and the new networks in Stratford, London and Norfolk. So I don't know. I'd like to talk to professionals and say, "Well, in terms of what brought you onside, why?"

There are clearly profound learnings to come out of the Soo situation, but I don't know how applicable they would be to the broad province, given the unique situation that we've had in the Soo over the past 35 or 40 years.

Mr Martin: Frankly, I don't suggest for a second that I do either. But there are 40,000 people rostered—my family are six of them.

Mr Brown: It's wonderful.

Mr Martin: It is—and a significant number of doctors. But in talking to the board and the executive director re what's getting in the way, it seems a political system that's been in place for a long time where you have silos, where in health care, money goes to hospitals and to doctors and then if there's anything left over, maybe there'll be some money for health promotion to support other professions in the area, and where the group health centre has brought together a number of professionals to work co-operatively and where they have in fact established themselves as a leader in putting on programs for the community in health education, health promotion—they've developed the women's health centre that does a whole lot of work in the area of women's health out in the community and provides all kinds of ancillary services to seniors, for example.

They have an arm of the group that provides nursing care to seniors particularly, who are in their own homes and are rostered but who just need to—for example, my mom and dad. Every now and again, a nurse pops in just to make sure they're looking after themselves, in terms of their blood pressure and that kind of thing. Usually they have a cup of tea and then they move on, and then everybody's relatively comfortable. This report goes back to the doctor. They don't have to make a visit.

But in the discussion that's happening, apparently a lot of that stuff is going to be cut out if we move to this family health network approach, because it's driven by doctors. My read of it is if the money isn't going to the doctors, then it's questioned. All these auxiliary services that are so important in terms of health promotion and prevention either get dropped or there's a new fee.

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The discussion now in the Soo in some respects is how are we going to apply this new fee for things that people took for granted that were free before? Will it be 40 or 50 bucks one time every year or will you charge each time they come in or whatever? It's quite disconcerting, given that we've come 40 years to a point where we can, in fact, afford to do this and it's very helpful in terms of people's prevention of major health things happening, and we're not able to achieve that. I would suggest that if the group health centre—we've been told over the last year or so that an agreement is imminent, that it'll be next month or in three months or whatever. But just as in the Ontario Family Health Network, where we need this many doctors doing this and this is the timeline, we never seem to hit the targets. It's frustrating for the community that knows we have a model that has been looked at by people from around the world, and yet in our backyard—what is it they say? It's hard to be a prophet in your own land. It's just really difficult.

In your appointment and your obvious focus, at least somewhat, on the Soo model, might you be able to shed some light—or maybe I would invite you to come to the Soo. I'd arrange myself for you to get a full tour of the place. I've toured probably hundreds of people through that place in my 12 years in this job and would be happy to have you come, on your appointment—and chances are you're going to get it today, I would guess—to the Soo and meet with the officials and see what's going on there so that you could bring that back to the job that you're going to have in front of you, which is really important, in my view, as we try to reform the delivery of primary health care in the province. There's a lot of stuff there. Maybe you can respond.

Mr Brown: I'll certainly take you up on that. My own learning is clearly—I have to selectively go about figuring out what it is I need to know and how I best should get it. Clearly understanding what the contribution from the Soo model would be to that is something that I'd be happy to go about getting first hand.

The Chair: The time has expired. Thank you very much for being with us, sir. I should note that there has been a withdrawal. I think we may all have a copy of this memorandum?

Interjection: Yes.

The Chair: We do, OK. The Ministry of Health and Long-Term Care proposed appointment to the Council of the College of Medical Laboratory Technologists of Ontario, Jainstien Dookie, has been withdrawn, just so we're aware of that.

We have two items left. We have to proceed to consideration of the intended appointments today, number one, and number two, we have another matter to discuss regarding CCACs. Let's begin with the appointments review. The first is Betty Moseley-Williams, intended appointee as member, council of the College of Physicians and Surgeons of Ontario.

Mr Wood: I move concurrence.

The Chair: Mr Wood has moved concurrence. Any discussion of this appointment?

Mr Martin: Even though I have some concern re her political affiliation, I really believe that Betty will do an excellent job, as she's done in everything else that she has taken on in her life, so I'll be supporting this appointment this morning.

The Chair: Any other comments? If not, we will call the vote.

All in favour? Opposed? The motion is carried.

The next intended appointee is Doug Lewis, intended appointee as member, Consent and Capacity Board.

Mr Wood: I move concurrence.

The Chair: Mr Wood has moved concurrence. Any discussion? If not, I'll call the vote.

All in favour? Opposed? The motion is carried.

The next intended appointee is Peter D. Brown, intended appointee as member, the Ontario Family Health Network.

Mr Wood: I move concurrence.

The Chair: Mr Wood has moved concurrence of this appointment. Any discussion?

Mrs Dombrowsky: I'm very concerned about this appointment and I'm not able to support Mr Brown today. I have to say that I was rather surprised, really, with his lack of understanding of the kinds of primary care service models that are out there today. I just got the sense that he was going to go and he was going to do what he was told and make it work, or certainly make it appear that it was working. I really was not encouraged by his lack of commitment to consider some other models that had been working well, that had been reviewed, and where it's been very clearly indicated that these are areas and directions that the government should be supporting. So for that reason I'm not able to support Mr Brown this morning.

The Chair: Any further comment?

Mr Martin: I'm certainly concerned as well, but on the flip side of that, hopefully he's not stuck in a place and will be open to the possibility of new ways of approaching this. I don't think the government has got it right yet and that's why they're not hitting their targets and that's why they're not meeting their timelines.

We have in Sault Ste Marie a model that has worked and that people from across the world have come to look at and have been very impressed by and in some instances amazed at. If somehow this appointment has an open mind, and I'm hoping that he will, and I'm guessing that the four members across the way will be supporting his appointment, he will in fact come to Sault Ste Marie and have a look at what we're doing there and bring what he finds back with him to the board that he's been appointed to and impress upon them, and of course the government, which ultimately makes the decisions—because right now we're left somewhat twisting in the wind in the Soo in that we haven't had a contract for the longest time to indicate that the government understands what they have there, the potential for a model there that's very exciting and could be applied across the province. Maybe this appointment will be impressed enough and have enough influence in government that we will see a time when the group health centre will get its contract signed, the new contract will not take away from what it already does so well and try to continue to shoehorn a round peg into a square hole, and that we will have an ally here who will make that argument with us. So I'll be supporting this appointment this morning for that reason.

Mr Gravelle: I would like to echo some of the concerns expressed by Ms Dombrowsky. One of the opportunities that we have here, which is terrific, when appointees come before the board, is to actually at least impart to them some of the concerns we have and hope that they listen. Indeed, with Mr Brown and with the other interviews this morning, we were able to do that. But I was a little startled by his lack of awareness of the community health centres. One got the impression that certainly he's being put in the vice-chair position to try and achieve a goal that the government has, as opposed to truly being open. So I don't share Mr Martin's optimism on that. Based on that, I will not be supporting it as well.

The Chair: Any further comment? If not, I'll call the vote. All in favour? Opposed? The motion is carried.

All intended appointees today have been confirmed by the committee.

COMMITTEE BUSINESS

The Chair: We now move to agency review proposals, and I'll start with Mr Wood.

Mr Wood: I wonder if I could kick off the discussion by amending the motion that I made at the last meeting.

My amendments would add, after the words "CCAC and," "that one half hour be provided for opening statements," and after "briefing of the committee," that "three hours" be deleted and "four and a half hours" substituted.

So, if I may speak to it, the net effect of all of that is adding half an hour for opening statements. That's based on a number of comments received that there's an interest in making opening statements, and the concern was expressed that not enough time was allocated. So what I have done is suggest the average of our last three reviews, which is about four and a half hours, be the time available.

The Chair: Thank you very much. He has amended the motion. So that's on the floor as an amended motion, and I'll entertain discussion. Mr Martin, you have a hand up.

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Mr Martin: Yes, first of all I want to indicate to staff that I appreciate the work that was done to provide us with some further information to help us in this decision that we're making here this morning, and to suggest that I'm OK with the amendment that Mr Wood has put forward. In order to really bring me on side, to be supportive, if he would entertain the possibility of at least bringing forward in that same time slot at least one more CCAC so that we could get a variety of experience. I think the member from Thunder Bay-Superior North is going to suggest another CCAC that he'd be willing to support bringing forward. If we could agree with that, then I'd say we're on our way here.

Let me just put it again that we would agree to bringing forward two CCACs for a review using the timelines that Mr Wood has placed in his amended motion to the committee.

Mr Gravelle: Certainly we would always like more time. I appreciate, Mr Wood, that you've made some adjustments. I would indeed like to amend the motion, or whatever it is, but certainly ask for your thoughts on

whether we can bring forward the Thunder Bay and district community care access centre. I think it serves a large part of northwestern Ontario, and obviously there's been some major concerns about the funding allocation in terms of whether they're meeting the needs. Certainly since the Community Care Access Corporations Act was brought forward, we have not heard as much from that part of the province. I just think that they would provide really useful and additional points of information. So I would very much like that. Mr Martin is agreeable to have them both in at that time frame; that would be great. So if you can agree to that, I think we can have a very interesting day.

Mr Wood: We feel that we should do them one at a time. We would like to see how we do on one without ruling out the possibility of doing another one once we've done the first one. So we would not agree to that going into this motion. We do not rule out the possibility that that may be a desirable thing to do in the future. We'd like to see what comes of our first review before addressing the question of reviewing a second one.

Mr Gravelle: Can you go a little further than that and say that you would agree to or be disposed toward bringing forward a second one? I must admit I still think we can manage to get them both in the one day.

Mr Martin: That was my intention. My intention—I'm sorry if I misled—was that we would bring Sudbury in, using the timelines that Mr Wood has put forward, and that we would also on another day bring another CCAC in using the same formula.

Mr Gravelle: Maybe it would be better in terms of time, because we are concerned about the time. I guess I would like to have, if you can, a stronger sense that you would seriously consider bringing in a second community care access centre, and obviously the one I would like to bring in is Thunder Bay.

Mr Wood: We seem to have agreement on what to do on this particular one, on the Sudbury CCAC. Our view is, we'd like to see the results of that review before we offer further comment on whether or not it's necessary to do a second review. So we're not agreeing with you and we're not disagreeing with you. We're reserving comment because we want to see the results of the first review.

Mrs Dombrowsky: I'm just curious: what would you be looking for in the results, Mr Wood?

Mr Wood: Well, I don't want to prejudice my formation of opinion by offering comment now. I'd like to hear what these people have to say. I'm looking for anything that might achieve better results from CCACs generally in the province and particularly from the CCAC that we're going to review. So I can't say more than that. I can't anticipate what these people are going to say to us—anything of interest that would make for a better CCAC in Sudbury, or for that matter would apply to any CCAC in the province.

Mrs Dombrowsky: So would this be something that we will consider at the next meeting of this committee?

Mr Wood: Well, my view is that I would like to see the results of this review and then consider whether or not we should review another CCAC. I am not prepared to come to a conclusion whether a second one should be reviewed until I see the results of the first one.

The Chair: Does anybody else have anything to say?

Mr Gravelle: I get the impression that obviously if we push this forward, you won't agree at this point. I think it is very important—I'm sure Mr Martin would agree, and Ms Dombrowsky would agree, that we do have—and certainly the Sudbury and district CCAC is a very important one to bring forward. We want that to happen. Clearly we believe there should be another one brought forward, and Thunder Bay is my suggestion. It isn't necessarily the only one that should be brought forward. If indeed we're not going to be successful, I don't want to scupper the process. From the point of view of being realistic, I want this to go forward and want it to happen very soon. I guess I'm willing to back off at this time in light of the fact that I'm not likely to win the day, in terms of pushing it right now. I'm not sure if everybody on this side agrees with me.

This has been going on for a long time now. I was trying to bring this forward. Certainly the Sudbury one will be a very good one in terms of bringing forward some of the issues. I'm willing to back off, as long as there is a commitment on your part that you would consider moving forward another one after we complete the review of the Sudbury one.

Mr Wood: My mind is open at this point on that question. I will be influenced by what we hear and decide in our first review.

Mr Gravelle: That's a very interesting comment.

The Chair: Any further comment?

Mr Martin: I agree with Mr Gravelle. In the spirit of co-operation, I think that we would move quickly to get Sudbury in here, using the timelines that Mr Wood has suggested. I hear him, and it's in Hansard, a commitment to considering another, if it's deemed necessary by the committee that we look at another one after having reviewed Sudbury. Sometimes I think it's important to have a look at more than one if you're identifying some difficulties or challenges in a system at that time.

It may not be Thunder Bay. It may be that we decide that there's a CCAC in a more southern Ontario urban setting that we need to look at. I'm in agreement if Mr Wood is, and I think he is because he tabled the motion, that we move forward, with the proviso, and it's in Hansard, that we would look at a second, as we go through this first one.

The Chair: We've had a good discussion of this. A consensus appears to have been reached. Mr Wood, we thank you for some of the work that you have done on this, and other members of the committee who have offered their opinions. Any further comments before we conclude?

Mr Wood: I presume we're going to have vote on my amendment and then on my motion.

The Chair: That's exactly what we're going to do. Would you repeat the amendment for us?

Mr Wood: The amendment is that after the words in my original motion, "CCAC and," that this be added: "that one half-hour be provided for opening statements," and after the words, "briefing of the committee," that "three hours" be deleted and "four and a half hours" be substituted.

The Chair: Does everyone understand the amendment? We'll have a vote on the amendment. Is that how we're going to do it? A vote on the amendment and a vote on the full?

A vote on the amendment, first of all. All in favour? Carried.

Now a vote on the amended motion. All in favour? It's carried unanimously.

We thank the members of the committee—

Mr Wood: May I offer a very brief comment just to set out how I think this should be done? My idea is that each party has an hour and a half that they can decide who we're going to hear. Within that, the time for questioning is divided three ways. So the New Democratic Party may say, "We want to hear from Mr X for one hour," and that's then divided three ways. But that hour and a half is yours. If you choose not to use it, that's fine; it's just deleted from the time available. Same thing with the opening statements, obviously. With the questioning and the report writing, I don't think dividing that up makes any sense.

Mr Martin: Again, if we're bringing people in here from a distance, if we're taking full advantage of the time, if we don't use up our time, I would hope others would take up that time. If the Conservative caucus decides not to use their time, as they often do here on Wednesday mornings, that time would then be allotted to the other caucuses to use if the others decide that they—in the interest of maximizing the use of the time and resources being put to this effort, if we're bringing in somebody from Sudbury and we have a four-and-a-half-hour window and one group decides they're not going to use their time, the others could divide that time up and use it so that we don't waste it.

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The Chair: Mr Wood, any reaction to that?

Mr Wood: I think it should be divided three ways. I would suggest, however, if there are good witnesses, to let us know. We're certainly open to good people to bring forward.

Mr Gravelle: I think Mr Martin's suggestion makes a great deal of sense. We're going to be bringing people in. We're going to be having a great opportunity. I would certainly like to think the government caucus will use their time, but if they don't, it makes great sense to make sure we use the time. I can assure you that we would love to have the opportunity to have more time. So if we can agree on that—the government caucus obviously has the option of using their time, but if they don't, it would be in the spirit of fairness, especially to the people who are coming down, to have that time given back to the other parties to use.

The Chair: It would require consent of the three parties represented. The normal procedure in this committee is that time is allocated on an equal basis to each of the parties when we have, for instance, a review of appointments, and if one of the parties chooses not to use its time, normally what happens is that that is not allocated to anyone else. The only exception is that when we have an appointee, we are supposed to subtract the appointee's time from the government caucus's time. That's the only change we make. So it would certainly require the consent of all members of the committee were we to depart from that normal procedure.

Mr Wood: I would suggest, if the opposition parties have people they want that they don't have enough time for, that they speak to us and we'll see if we have any extra time.

The Chair: That's a nice offer. It's an offer that we have there, at least.

Mr Martin: I would hope that that would be the spirit we would move forward in. My hope is that you will participate as fully as we in the questioning of the witnesses, whoever brings them forward, and that we will take up all the time. But if, for example, I run out of questions or things I need to put on the record with regard to this, my wish would be that others would take that time up and use it productively. I guess my hope is that you would want to do the same as we go forward.

Mr Wood: We're open to good suggestions.

The Chair: If that happens, I will simply put it before the committee at the time. If there's a request for time to be changed in any way, I will put that forward.

Any last comment before we head out?

Mr Gravelle: I just wonder when we're going to do this, Mr Chair.

Mr Wood: Let's leave it to the clerks to arrange, but I would suggest we want to have a reasonable flow. We've got four and a half hours to hear people; we shouldn't do it for half an hour over nine weeks. I think we should have a day and a half or two days, whatever it works out to be—three, I guess, actually—where we do it. We don't want to have it chopped up into nine different segments. So I think we should think in terms of a reasonable flow of hearing people once we get started on it.

The Chair: And we may wish to adjust our starting times as a result of that. It would be helpful in that regard.

Clerk of the Committee (Ms Anne Stokes): Could I just clarify this before we move on? So we're going to have one half-hour for opening statements, and that's divided among the three parties?

Mr Wood: Yes.

Clerk of the Committee: And then one half-hour for briefing of the committee?

Mr Wood: I think questions to the researcher is what that comes down to.

Clerk of the Committee: OK. And each party will then provide me with a list of people they would like to set up an appointment with to come down and spend, for each party, an hour and a half in front of the committee.

And I can set the time, based on when they are available, in our regularly scheduled committee meetings.

Mr Wood: Yes.

Clerk of the Committee: And would we mix it in with intended appointees to agencies as well?

Mr Wood: I would suggest that if we chop it up into nine different things, you lose all flow of what's happening. I would suggest two or three days where we—I'm not saying you might not have one review or two reviews here and there, but if we lose the flow of it, it makes it very difficult to follow, I think.

Clerk of the Committee: So if, for example, we started at 9 in the morning, we'd have—

Mr Wood: No, no. We're not going to start outside—we've got two hours to do this. We're starting at 10 and we're ending at noon.

Mr Gravelle: Surely we have some flexibility in the starting times.

Mr Wood: Maybe. That's a matter that would have to be dealt with—

The Chair: That would be a matter to be dealt with by the subcommittee of the committee.

Mr Wood: If indeed we're authorized to do that.

The Chair: If there are any requests for that. Our normal meeting times are 10 am to approximately 12 noon. That's our normal time.

Mr Wood: I think, properly organized, that can be done.

Mr Martin: We have met, though, Mr Wood, at 9 o'clock when we've had a large—

Mr Wood: I'm not precluding it. I'm just saying that has to be dealt with.

Mr Martin: I'm suggesting that if it comes down to absolutely having to cover two bases in terms of having to do one or two appointments so that they don't get pushed into the netherland, we might want to consider that. So I'm hoping that we can talk about that. I hear you saying that we will consider the possibility of some—

Mr Wood: I'm not rigid on it. I'm just pointing out that's where we start from, let's work out what's needed to get it done.

Mr Martin: OK. When we bring forward the names of intended witnesses, is it the clerk's job, then, to contact those people and make the arrangements for them to come forward?

Clerk of the Committee: However the committee advises me. If you'd like me to make the appointments, if you want to come forward with names—it's up to you.

The Chair: In my view, as Chair, that would be the best way of doing it, that the members of the committee would submit the names to the clerk and the clerk would do the actual contacting, so that it's done by a neutral person who serves all of the committee.

Mr Martin: Yes.

Mr Wood: I agree with that.

Mr Gravelle: I think that's great.

The Chair: Any further business or discussion? If not, I'll entertain a motion of adjournment.

Mr Wood: So moved.

The Chair: All in favour? Opposed? The motion is carried. Thank you.

The committee adjourned at 1206.

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Mr Wayne Wettlaufer (Kitchener Centre / -Centre PC)
Mr Bob Wood (London West / -Ouest PC)

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