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**Official Report
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(Hansard)**

Tuesday 6 May 2008

**Journal
des débats
(Hansard)**

Mardi 6 mai 2008

**Standing Committee on
Government Agencies**

Intended appointments

**Comité permanent des
organismes gouvernementaux**

Nominations prévues

Chair: Julia Munro
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LEGISLATIVE ASSEMBLY OF ONTARIO

ASSEMBLÉE LÉGISLATIVE DE L'ONTARIO

STANDING COMMITTEE ON
GOVERNMENT AGENCIESCOMITÉ PERMANENT DES
ORGANISMES GOUVERNEMENTAUX

Tuesday 6 May 2008

Mardi 6 mai 2008

The committee met at 1000 in room 151.

SUBCOMMITTEE REPORT

The Chair (Mrs. Julia Munro): Good morning, everyone, and welcome to the Standing Committee on Government Agencies. I would draw your attention to the agenda that you have before you, and we'll begin with the first item on the agenda. This would be the report of the subcommittee on committee business dated Thursday, May 1. I would ask for a member to move its adoption.

Mrs. Maria Van Bommel: I move the adoption of the report of the subcommittee on committee business dated Thursday, May 1, 2008.

The Chair (Mrs. Julia Munro): Is there any discussion? If not, all in favour? Opposed? The motion is carried.

INTENDED APPOINTMENTS

SHAKIL AKHTER

Review of intended appointment, selected by official opposition party: Shakil Akhter, intended appointee as member, council of the College of Chiropractors of Ontario.

The Chair (Mrs. Julia Munro): Our second item of business is the matter of the deferred vote for the intended appointment of Shakil Akhter as member, council of the College of Chiropractors of Ontario.

Mr. Michael A. Brown: Recorded vote.

The Chair (Mrs. Julia Munro): Yes.

I would just remind the members that the concurrence was previously moved by Ms. Van Bommel. The opportunity then is for any comments.

Ms. Lisa MacLeod: The official opposition requested deferral based on some information we had requested from Mr. Akhter. He had stated in Hansard, "Now we have gone through almost four years, and I see that the shift of the patients from chiropractors, if someone is not able to pay, is a minimum amount of people. Most people have insurance, most people have plans, and they are easily able to pay. So only a few people have shifted to the family practitioners or to the hospitals."

Ms. Savoline from Burlington had requested that she would like to see the documents which my office had requested yesterday and circulated to the members, I believe, in the package before you. I'd like to draw your at-

ention to just a few of the comments in some of the documentation that's been received, just to refute what he had said.

For example, on chiropractic.on.ca it's suggested, under "Coverage overview," "For those without extended health care coverage, however, chiropractic care can be more difficult to access. As an unintended consequence of the delisting of chiropractic in 2004, vulnerable populations, including seniors, the working poor and those receiving social assistance, have become least able to access chiropractic care. Ironically, these populations suffer the highest incidence of musculoskeletal problems...."

Furthermore, Deloitte and Touche in 2004 suggested, "Although delisting appears to offer cost savings, there are far greater drawbacks that may impact the entire health care system in Ontario. The recent government announcement to delist chiropractic services has potential implications on access to, cost of and quality of care for Ontario residents."

It further states, on page 3:

"Approximately 10% or 1.2 million people in Ontario visit a chiropractor annually...."

"In a recent statistically valid poll, 54% of Ontarians who have seen a chiropractor in the previous year indicated that the delisting of services would discourage them from continuing to seek/seeking care from a chiropractor."

In addition, on page 5:

"Delisting chiropractic services is projected to increase the number of visits to family physicians from a minimum of more than 588,178 ... visits to a maximum of 1,176,355 ... visits annually, a moderate increase to the overall number of family physician visits of between 1.3%...and 2.6%.... Furthermore, delisting chiropractic services is projected to increase the number of emergency room visits by approximately 382,000 ... and 765,000...."

It goes on to say, later on, "The financial impact of delisting chiropractic services is in the range of approximately \$113 million ... to \$226 million.... The impact on hospital emergency departments will add approximately 1% to hospital operating budgets. Moreover, additional costs not factored into the cost calculations, due to the lack of verifiable/cited data include—"

Mr. Kevin Daniel Flynn: Madam Chair, on a point of order: The volume of the discussion has raised some points over here, and that is to the appropriateness of the

procedure that's being used. Once again, I would question the procedure that's being used.

My understanding is that at the last meeting there was a motion of concurrence, followed by debate, followed by a request for the opposition to defer the vote. If that wasn't the case, perhaps things were treated within the wrong sequence at the last meeting. But certainly my understanding is that a vote can be deferred and then, at the subsequent meeting, that vote is held, that discussion does not take place, as appears to be happening this morning. I understood or you were maybe granting some latitude, but certainly not at this volume.

The Chair (Mrs. Julia Munro): If I could just respond to that, there was, as I recall, no discussion at the time. There was concurrence moved, so it would be in order then to allow some discussion. I recognize your concerns. I was certainly cognizant of the opportunity for discussion. As to the length of time, I will make a judgment on that. The allowing of some discussion is certainly within order. So I would ask—

Ms. Lisa MacLeod: Madam Chair, I'll just very quickly to wrap up. It does conclude in Deloitte and Touche on page 6:

“Offsetting factors:

“Some patients may choose to see a chiropractor less often.

“Some patients may seek care from alternative medicine sources e.g., acupuncture.

“Some patients may stop seeking care altogether.”

The concern that I have yet again is that we've got a Liberal appointee in front of us who really doesn't know his facts. This goes on the heels of Sivam Vinayagamoorthy, who really was not the most qualified for his position; it goes on the heels of Raj Anand, who was very controversial; the heels of a former candidate, Joan Loughheed, who received an appointment which was the same amount of pay that she was receiving in her previous job; and Charlie Coffey, who I did support, I might add, but who made \$16,500 in contributions to the Liberal Party in the previous few years. So with good conscience, I would have to ask that the members opposite in the government start putting forward quality candidates.

We will not be supporting this particular candidate based on the fact that he distorted the information that we received. From that perspective, we will not be supporting this particular candidate. Again, we would urge the government not to be so bitterly partisan in these appointments and to actually put forward people who understand the roles and responsibilities of these committees.

Mr. Randy Hillier: I'd just like to make a comment or two on this. This committee, in my view, is not a rubber stamp committee. We want to ensure that our public service has qualified, competent people in the agencies that are going to be servicing and assisting the people of Ontario. I think, as my colleague mentioned,

this ought not be considered partisan. We have to ensure that we do have competent people.

We have seen a number of these appointees come before the committee who have not been vetted. The extent of their interviews and vetting has maybe been a five-minute telephone conversation or even less. I think it's really incumbent upon all of us here that, when intended appointees come before us who demonstrate incompetence or conflicts of interest, we do the right thing and not saddle these agencies with unqualified people, but turn them down and ensure that in the long-term future of this province we have good, competent people in our agencies.

M^{me} France Gélinas: I guess I too feel that we have an important job to do here. The college of a regulated health profession has important business to do if we want to safeguard the public using those services. The colleges or the regulatory bodies to those health professions need quality appointees in order to do their job right. Otherwise, all of us who are clients of those health care professionals are at risk.

I realize that when you want community representatives, they are not people who are chiropractors or midwives. They don't have the depth of knowledge, and I understand this. They play an important role on the college board council, but at the same time they should show a minimum of knowledge as to how a council works, as well as a minimum of knowledge as to what the college activities and responsibilities should be toward protecting the public. When those minimums are not there, I think it is our responsibility to make sure that the appointments to those colleges will serve all of us right.

I encourage the members of the public to become involved. It is important, but at the same time, if members of the public want to become involved, they have to show a minimum of due diligence before they get on to a college, because their responsibilities are great.

The Chair (Mrs. Julia Munro): Thank you very much. Any further discussion? If not, all in favour?

Ayes

Brown, Flynn, Leal, Ramsay, Van Bommel.

Nays

Gélinas, Hillier, MacLeod.

The Chair (Mrs. Julia Munro): Thank you. The motion is carried.

That concludes our business on intended appointments for today, so we will stand adjourned.

The committee adjourned at 1011.

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