

Official Report

PROCEEDINGS AND DEBATES OF THE NATIONAL ASSEMBLY OF THE FIRST SESSION (2006-2010) OF THE NINTH PARLIAMENT OF GUYANA UNDER THE CONSTITUTION OF THE CO-OPERATIVE REPUBLIC OF GUYANA HELD IN THE PARLIAMENT CHAMBER, PUBLIC BUILDINGS, BRICKDAM, GEORGETOWN

122ND Sitting

Thursday, 8TH April, 2010

The Assembly convened at 2.13 p.m.

Prayers

[Mr. Speaker in Chair]

PRESENTATION OF PAPERS AND REPORTS

The following Report was laid:

The Report of the Auditor on the Public Accounts of Guyana and on the Accounts of Ministries, Departments and Regions for the fiscal year ended 31st December, 2008. *[Speaker of the National Assembly]*

REPORTS FROM COMMITTEES

The following Report was laid:

Report of the Special Select Committee on the Allied Health Professions Bill 2009 – Bill No. 15 of 2009. *[Minister of Health - Chairman of the Special Select Committee on Allied Health Professions Bill 2009]*

Mr. Speaker: Ms. Amna Ally is to present the Fourth Periodic Report of the Parliamentary Sectoral Committee. Is anybody in a position to do that on her behalf? No.

INTRODUCTION OF BILL AND FIRST READING

The following Bill was introduced and read the first time:

POUNDS (AMENDMENT) BILL 2010 – Bill No.4/2010

A Bill intituled:

“An Act to amend the Pounds Act.” [*Minister of Home Affairs*]

PUBLIC BUSINESS

GOVERNMENT BUSINESS

BILLS – SECOND AND THIRD READINGS

LEADER OF THE OPPOSITION (BENEFITS AND OTHER FACILITIES) BILL 2009 – Bill No. 16/2009

A Bill intituled:

“An Act to provide for benefits and other facilities to the Leader of the Opposition.”
[*Minister of Finance*]

Dr. Singh: I rise to speak in favour of and to move the second reading of the Leader of the Opposition (Benefits and Other Facilities) Bill 2009 - Bill No. 16/ 2009. In this regard my presentation will be relatively brief, principally to say that the Leader of the Opposition (Benefits and Other Facilities) Bill 2009 can be seen in perhaps two contexts or as having its genesis in two strands of development.

Firstly, arising out of the constructive engagement between His Excellency the President and the Leader of the Opposition, and particularly as it relates to the establishment of the constitutional office of the Leader of the Opposition, extensive discussions were held, in particular, by their respective emissaries and plenipotentiaries. Emerging from these certain understandings were reached as they relate to the establishment and the resourcing of this office in the interest of ensuring that it was suitably equipped to discharge the important functions attaching to it and reflecting on its importance in the governance landscape of our country. As I said, arising out of those discussions certain understandings were reached and certain undertakings given by Government as it relates to resourcing of the office of the Leader of the Opposition. Subsequently and relatively, this administration moved deliberately to enshrine a statute-based framework provisions relating to such offices as former Presidents, spouses of Presidents, etc., which saw the bringing to this National Assembly, during the course of last year, a Bill relating to benefits of former Presidents seeking to enshrine in statute benefits that had, over the passage of time,

become operational by custom and practice. Likewise, as it relates to the office of the spouse of the President, a Bill was brought to the National Assembly seeking to establish and provide for such an office.

In the same vein, the Leader of the Opposition (Benefits and Facilities) Bill seeks to provide for certain facilities and services which are being provided to the Leader of the Opposition at the expense of the state. As the Bill indicates, these services and facilities include the provision of rent-free furnished office accommodation; medical attention, including medical treatment or the reimbursement of medical expenses incurred by the Leader of the Opposition for himself and the dependent members of his family; full-time security service such as at his official place of residence; services of certain staff and, in the original formulation of the Bill, vacation allowance as is applicable to a Minister.

The Bill was tabled in the National Assembly, and Members of this Hon. House would be aware that the Opposition tabled, subsequently, certain amendments which sought to add to the benefits provided for in it. From discussion with the Opposition and reflection on the understandings which were reached at the time that the original arrangement existed, I have, myself, today, tabled certain amendments which reflect the essence of what was being sought by the Opposition. In particular, and more substantively, there is greater articulation for the staffing to be provided and a number of positions are listed – the provision of the service of a research assistance, an executive assistant or secretary, clerical office assistant, a chauffeur, a personal security officer, a gardener and two domestic servants. There are some other amendments, including a provision now that, apart from and in addition to a vacation allowance as is applicable to a Minister as was originally proposed in the Bill and, hopefully, in the final enactment by this Hon. House, the Leader of the Opposition shall be entitled, at Government's expense, to salary, vacation allowance and Parliamentary benefits equivalent to those of a Cabinet Minister.

It is my belief that the amendments proposed, as I indicated, capture the essence of those that were being sought by the Opposition in its own amendment and even, perhaps, go a bit further than what it might have been proposing. For this reason, it is my fervent hope that this Bill will see support on both side of the House and will be passed with unanimity.

Against that background, it is my pleasure to commend this Leader of the Opposition (Benefits and Other Facilities) Bill, 2009, to this Hon. House and to move that the Bill be read a second time.

Mr. Carberry: I rise to indicate that the amendments which were tabled by Mr. Murray and seconded by myself were withdrawn. We withdrew those amendments because we have now reached a common agreement with the Government on what are the benefits being received by the Leader of the Opposition.

I emphasise that these are benefits being received by the Leader of the Opposition. These are not new benefits. The P.N.C.R.-1G. has never, on the basis of the tabled Bill, Leader of the Opposition (Benefits and Other Facilities) Bill, 2009, asked for benefits to be extended. The P.N.C.R.-1G. simply asked that the benefits in the Bill should accurately reflect what is being received. I say that because there is a lot of misinformation around and I believe that that information is not helpful to us in this National Assembly nor to the public, because the negotiations for these benefits were undertaken in good faith and agreed to in good faith. Therefore it was a bit surprising that it began to creep into the public domain that the Opposition was seeking additional benefits. These benefits were agreed to at a very early stage in the negotiations between the Office of the President and the P.N.C.R.-1G. In fact, I could say that the negotiations were between Dr. Luncheon and I and, therefore, I have no question as to what was agreed. I want to place on record that we agree, that we support these amendments that have been tabled today by the Minister of Finance, but we want to make it clear that these amendments do not represent any new benefits. They represent benefits that are already being received by the Leader of the Opposition.

While I am speaking I want to refer to an article on page 3 of today's *Kaieteur News*. I am not sure whether or not the person who called me is the author of this article. I was called yesterday afternoon by a member of the staff of the *Kaieteur News* who asked the question of whether or not the Opposition was going to go ahead with this Bill. I explained to the gentleman that this is not an Opposition Bill; it is a Government Bill. I also went on to explain to him that if the Bill accurately reflects the benefits which are now being received by the Leader of the Opposition, we would have no difficulty supporting that Bill. But when I read the article in today's *Kaieteur News* it forced me to go back to my records and I recall that on the 26th June, 2009, I had reason to write to the Editor of the *Kaieteur News*, and if you would permit me, Sir, I will read what I had said:

"I refer to the article captioned: 'Leader of the Opposition Bill for House Today' which appeared on pages 12 and 14 of your edition of Thursday, 25th June, 2009. Mr. Editor, it is evident that the journalist did not understand that the purpose of the amendments to Bill No. 16 of 2009, Leader of the Opposition (Benefits and Facilities) Bill, that were tabled on 7th May, 2009, by Mr. Winston Murray and seconded by myself, was to ensure that the Bill accurately recorded the benefits and facilities which have been approved by the Office of the President and are now received by the Leader of the Opposition. In the circumstances, it would have been in order for your reporter to approach either Mr. Murray or myself for an explanation instead of pursuing this matter in a professionally unacceptable manner. The reporter mistakenly, well we hope not maliciously, accused us of seeking to expand the benefits of the Opposition Leader.

Mr. Editor, I am aware that you are a regular recipient of the weekly press statements published and presented by the P.N.C.R. You would have received the issue of Thursday, 7th May, in which the Party stated clearly all the benefits and facilities now received by the incumbent Leader of the Opposition, Mr. Robert Corbin, and paid through the Clerk of the National Assembly. Therefore this information is dependently verifiable. Mr. Editor, for ease of reference...”

And I quoted what was said in the press statement.

First of all, the letter was never acknowledged. The letter was never published, but then having spoken yesterday to the reporter, I am surprised that what appeared in the *Kaieteur News* today conveys, again, the impression that the Opposition is somehow using this opportunity to seek new benefits for the Leader of the Opposition. That is totally untrue and I believe that it owes us an apology.

I believe that there is not much more for me to say except to point out that the People’s National Congress – Reform has always advocated and continues to advocate that the benefits and facilities for all constitutional office holders should be documented in law so that there will be no question of the capricious exercise of discretion. There should be, clearly spelt out, all the benefits that accrue to any constitutional office holder. We are very happy to see that the Government is moving in that direction. We are very happy. We hope that it will continue to move in that direction.

I want to raise one small matter. The Leader of the Opposition is a constitutional office. The position of the Leader of the Opposition is subject to the table of precedence for this country. During the negotiations and discussions I had raised with my counterpart the issue of reflecting on the level of Leader of the Opposition on the table of precedence. I believe that if we are consistent we will, in fact, go all the way in terms of our amendments. Therefore I would raise again, with the Government, the need to look at the table of precedence. Thank you very much, Sir. [Applause]

Mr. Speaker: Is there any other Member?

Mr. Trotman: On behalf of the Alliance for Change and those of us on this part of the House, I wish to make a few brief comments, one general in nature and a few specifics. The general comment being, as Mr. Carberry has pointed out, that for the holders of constitutional offices there should be at all times transparency and definition in terms of salaries, benefits, emoluments, etc. In that regard we are quite pleased that all of the rumour-mongering will come to an end as of today, and all of the misinformation that Mr. Carberry referred to is now going to be revealed. There is an adage that says, “*Moon ah run till daylight ketch um*” – a Guyanese colloquialism. We are happy, indeed, that all of the benefits which were

previously being received had been negotiated. I heard the Minister of Finance refer to engagements. It is good that these have now come to light and that they are now set out in law.

In terms of the specific concerns, as a matter of principle, we are concerned that there are no caps in the same way that we argued when the Bill that was brought to this House for the benefits of former Presidents which was hotly debated and we all called for caps and ceilings to be placed on spending because, after all, ours is not an extravagant economy that can afford extravagant spending. We appreciate and expect, of course, that constitutional office holders would exercise prudence and, I suppose, good spending practices. But, at the same time, I think it is in the better interest of the nation that we not have Bills of this nature which just approve officers and spending without caps being placed on them. So, specifically we are concerned that a constitutional office holder in the office of the Leader of the Opposition does not have that which we have argued for just a few months ago. That is a matter of concern.

A second concern is that the office of Leader of the Opposition being a constitutional one is meant to take care of all of the Opposition and not just a particular Party. Through you, Mr. Speaker, I wish to say to the Minister of Finance that in all these negotiations and engagements none of the other Opposition Parties were asked of their opinion. Some may say that we are not entitled to be consulted, but I thought that this office holder represented the general Opposition and there is one, but he or she or whoever it may be is entitled to represent all. We would like to think that when these benefits are bestowed... or rather, now that they have been brought to light, that we would expect that from time to time we could have the benefit of a research assistant or whether or not that research assistant would avail himself or herself to the benefit of all of the Opposition Parties and all of their membership.

In the interest of setting the record straight, as Mr. Carberry has so ably and capably done, we wish to state that we were not in any way consulted or were not a part of any negotiations. We are happy that it has been set into a codified manner, so to speak. I will say this and ask that caution be allowed to prevail in the handling of payments. We are aware, and I am subject to correction, that some payments are still being made out of the Office of the President to fulfil some of these requirements when they should be coming through the Parliament Office. I hope that there is not another set of benefits which are paid from O.P. I see Ms. Teixeira is shaking her head but if challenged I will produce it at some time. We are just hoping that there is not one set of payments coming from Parliament Office and another coming from the Office of the President. That is a matter of concern to us.

At the end of it all, we hope that this is the continuation of a process that leads to greater transparency, greater accountability, but that, in the not too distant future, we can put caps and ceilings on some of these

spendings because there is a reference made to the spending for health care recently. I would not want to invoke the name in aid of the debate or otherwise. There should be caps place, and we believe that the office holder should function on behalf of all of the Opposition Parties.

Lastly, we would expect, as I have raised before in this House, that there be an affixed office of the Leader of the Opposition to which all Opposition Parties may access from time to time. We are still waiting and hoping that that becomes a reality sometime soon and that it can be to the benefit, as I said, not just the Opposition Parties but to all members of the public.

Those are our few words on this matter in terms of setting it and the record straight. Thank you very much. [Applause]

Dr. Singh: Mr. Speaker, permit me to respond, again, very briefly...

Mr. Speaker: Sorry, Prime Minister, are you speaking on this matter?

Mr. Hinds: Yes Sir. Mr. Speaker, Hon. Members, I think that this matter is one in which the Government and the Opposition have come together on, indeed, as Members before me have said, a number of years ago. Some people look at it as another step coming out of arrangement to improve the atmosphere between the Government and the Opposition. We think that it is timely and we did think, even a number of years ago, that some recognition and some special arrangement should be put in place for the Leader of the Opposition, and, as has been said before, it was a requirement of our Constitution that recognition be made of that post of Leader of the Opposition.

I would like also to draw attention to the fact that this should be seen as a step in the maturing of our Government and parliamentary arrangements in Guyana. Indeed, I think that all of our people should know that there is a history to paying Members of Parliament. As I recall many years ago - fifty years or so ago - in school learning about matters of Government and parliamentary representation that initially Members of Parliament came from the upper classes and as such did not need payment to be representatives. But, it was, even in the Parliament in England, only about a hundred years ago that payment was introduced for Members of Parliament. I would like our people to see that things are maturing in Guyana, step by step. I know that, from time to time, we have had calls for our Parliamentarians becoming full-time Parliamentarians, but that day may come, and when that day comes if this Government is here, as it hopes to be still there, would be only ready and willing to make the arrangements that would be appropriate at that time. So, Mr. Speaker, Hon. Members, I too add my support to the passing of this Bill. [Applause]

Mr. Speaker: Is there anyone else?

2.43 p.m.

Dr. Singh (replying): Permit me Sir, to respond very briefly to the comments and contributions made by my colleagues, particularly on the other side of the House, who have just spoken. I note in particular, the concern, indeed the lamentation, expressed by the Hon. Member Mr. Carberry on the issue of additional benefits and what he described “as creeping into the public domain of certain perceptions”, as it relates to the additional benefits. He went to some lengths, understandably, to emphasise that, in fact, the Leader of the Opposition is already in receipt of these benefits. I would say this, that I empathy with his lamentation because I recall vividly the debate on benefits of former Presidents when we were similarly at pains to emphasise that former Presidents were already in receipt of certain benefits by customs and practice; and yet perhaps, by the same means, it appears that they have crept somehow into the public domain this perception, that the legislation on benefits of former Presidents somehow sought to introduce some measures of addition. I will say to Mr. Carberry in that regard, through you Mr. Speaker, that his lamentation is one that strikes a particular note with me.

On the matter generally of the move towards enshrining in statutes benefits provided to constitutional office holders, Members of this Hon. House would recall – like I have said the two Bills to which I have referred and which have been enacted over the passage of time - my bringing to this Hon. House successive orders issues under such legislation as the Constitution Office Holders Remuneration Act, The Minister, Members of the National Assembly and Special Offices Emolument Act, and from time to time making adjustments of the entitlements of constitutional office holders, Ministers, Members of the National Assembly and holders of other offices. This, in fact, is a position that is embraced by this administration and, indeed, is reflected in the Bill that is currently before us.

On the matter of the expenditure to be incurred and a reference to caps, I would say this that the provision for the office of the Leader of the Opposition is in fact clearly and explicitly declared and disclosed in the National Estimates which come to this National Assembly. It is a matter of public record and that information is available and has been available because expenditure has been incurred in the past. So if one were to look, for example, at the National Estimates for 2010, this would be the Volume 1 of the Estimates that would have accompanied Budget 2010, in one of the appendices the amounts provided for the office of the Leader of the Opposition for 2010 and the related expenditure which were incurred in 2009 are publicly available. With those brief responses and remarks, I am heartened by the support of both sides of this House for this Bill, and I move that it be read a second time.

The question put and carried.

Bill read a second time.

Assembly in Committee.

Clause 1

Mr. Chairman: There is an amendment by Dr. Singh that in clause 1 2009 be changed to 2010.

Amendment put and agreed to.

Clause 1, as amended, agreed to and ordered to stand part of the Bill.

Clause 2

Mr. Chairman: There are four amendments to three subsections.

Clause 2 (C): Insert immediately after the word “residence” the following words “and at the office of the Leader of the Opposition to be provided by the Guyana Police Force”.

Clause 2(d): Delete the words “a secretary or an executive secretary, a chauffeur” and insert after the words “the services of” the words “a research assistant, an executive assistant/secretary, a clerical/office assistant, a chauffeur, a personal security officer, a gardener and two domestic servants”.

Delete clause 2 (e).

Insert new clause 2 (e) with the following words “salary, vacation allowance, and parliamentary benefits equivalent to those of a Cabinet Minister.”

Amendment put and agreed to.

Clause 2, as amended, agreed to and ordered to stand part of the Bill.

Clause 3

Mr. Chairman: The amendment here is that clause 3(2) be deleted.

Clause 3 (3) be renumbered as clause 3(2).

Amendment put and agreed to.

Clause 3, as amended, agreed to and ordered to stand part of the Bill.

Assembly resumed.

Bill reported with amendments, read the third time and passed as amended.

ALLIED HEALTH PROFESSIONS BILL 2009 – BILL NO. 15/2009

A Bill intituled:

“An Act to provide for registration of members of allied health professions supplementary to the medical profession, regulation of practice of allied health professions and allied health services, to provide for maintenance of professional standards for allied health professions and health services and to make provisions for training of members of those professions and services and for related purposes.”

P.N.C.R.–IG. Members withdrew from Chambers

Dr. Ramsammy: I stand to present the second reading of the Allied Health Professions Bill 2009 - Bill No. 15/2009. This Bill as was first read on April 30th 2009. It is almost one year later we have had extensive discussions in the Special Select Committee. In the Special Select Committee we heard and we took into consideration further input from various professionals and civil organisations. After taking into consideration these discussions, the Special Select Committee, appointed by the National Assembly, is pleased to present an amended Bill to be read for the second time by the National Assembly today. The Allied Health Professions Bill is intended to ensure safety for people who seek health services and to ensure higher quality of health care services. This Bill is a reiteration of the Government’s position that health care professionals first duty is to act in the best interest of the people.

The Government of Guyana believes that health care services must be delivered with a view to meeting the highest ethical standards. They must be conducted with appropriate transparency and in compliance with applicable laws and regulations in accordance with evidence based practices; and that is consistent with safety goals. We believe that the best way to do this is through statutory regulations. We see this in the context of a set of systems and activities intended to ensure that health care practitioners have the necessary knowledge, skills, attitudes and behaviours to provide health care that is effective and safe. Health care is delivered by a team of persons - persons with different training, persons with different skills. We know of the Physicians, the Dentists, the Nurses and the Pharmacists. These are the ones that are well known and recognised as part of the team. They are the ones who are presently regulated by the laws in Guyana and, indeed, as far as I know, in every country. The laws that regulate the professions of

Physicians, Dentists, Nurses and Pharmacists in Guyana have followed a tradition around the world – self or peer regulations.

In passing, I might mention the debate that is occurring in the United States of America which has not taken hold or gained prominence anywhere else in the world, but a debate which surrounds market-oriented regulation. But until this time, self and peer regulations of the professions in health have been the tradition. Governments around the world have chosen to regulate the professions of Physicians, Nurses, Dentists and Pharmacists through arm's length approaches whereby regulation is by regulatory Council composed of professionals within the class, so that Doctors regulate Doctors, Dentists regulate Dentists, Nurses regulate Nurses, Pharmacists regulate Pharmacists. Many countries are now adding non-professionals to these Councils to ensure that consumers are represented on the Councils. Guyana has followed this pattern too. Indeed, it is one of the few developing countries which have added non-professionals to these Councils. It is seeking to do the same with professions relating to health that are outside of the Doctors, Dentists, Pharmacists and Nurses.

The fact is that in addition to these well known professionals, there are many others that serve to meet people health needs on a daily basis. The Bill before us seeks to regulate many of these as possible. In fact, the Bill seeks to regulate immediately twenty-seven new professionals within fifteen professions and, indeed, once this Bill is passed new professions can be added to the schedule. This Bill would apply to allied health generally, not only to these that we now list in the schedule; we expect the schedule to grow. The present schedule of the Bill includes professions such as Acupuncture, Audiology and Speech Pathology, Podiatry, Chiropractor Therapy, Dietetics, Emergency Services, which includes a Paramedics, Medical Laboratory Technology, Occupational Therapy, Opticians, Orthopaedics Technology, Orthotics, Physiotherapy, Respiratory Therapy and Radiotherapy.

The details of these professions and the professionals who provide these services are provided for in the first schedule of the Bill. The truth is, around the world there are more than two hundred different kinds of health care services, and not all of these services are regulated by law everywhere in the world. Indeed, it is very difficult to regulate all these different kinds of services. Part of the problem is that not all of these services lend themselves to proper definitions and not all of them are delivered by persons who acquired knowledge and skills by measurable education and training. All of these professions must be practised in an environment that guarantees public safety. Governments use statutory regulations so as to protect and promote public safety. The Government of Guyana and Governments across the world do so by protecting the use of titles. These professional regulatory models ban the use of certain titles or the rights of persons doing certain things, unless those persons are registered or have their names entered into

the relevant professional Register. This protects people from the harm that can be caused by people practising profession which they are not fit to practise.

These regulatory models can engender public confidence by allowing members of the public and employers to check on the person's legitimacy, to check on the person's fit to practise, to check on the person's registration status, knowing that the information they found will be correct and up to date. We have recognised that there are many diverse kinds of professionals providing services to people. I have already stated that in some countries there are more than two hundred different kinds. It is our duty, therefore, to make provisions to regulate the practices of these persons and to implement measures that are needed to strengthen procedures for ensuring the conduct of non-professional health professional –that is the Allied Health Professionals - does not pose a threat to patient's safety or the effective functioning of services and particularly focusing on the effective and fair operation of fitness to practise measures.

These measures must ensure that the operation of effective systems of continuing professional development and a mechanism exists for people to determine the validity of peoples' complaints and to carry out disciplinary actions. The Bill, therefore, has established an Allied Health Professions Council under Chapter II for this purpose. The Council is tasked as defined in section 12 mainly with the responsibility to:

1. Set and promote qualifications and standards which for reasons of safety everyone in a profession has to meet;
2. To publish and keep a Register of those who meet these standards; and
3. To ensure that everyone on the Register continues to meet the standards, both by periodic checks for all and by procedures for resolving concerns which a complaint or incident might create.

Chapter III provides for registration and licensing of allied health professionals. Demonstrating fitness to practise begins with securing an educational qualification recognised by a regulatory body. It is largely through pre-registration education that members of various professions derived the professional standards, attitudes and behaviours which normally protect patients or clients. Setting professional education and standard, and verifying applicants to meet them are at the very heart of regulatory practices. Chapter III of this Bill is faithful to this priority of regulatory models.

For Doctors, Dentists, Nurses or Pharmacists, successfully completing an academic training programme is not enough to allow them to immediately practise their profession. They have to register with the regulatory body. They are offered registration after they have persuaded their respective council that they

have received proper training through accredited curricular and training institutions and they would have to also demonstrate fitness to practise. As of now, the other professions do not have to meet the rigid requirements established for protecting titles as Physicians, Dentists, Pharmacists and Nurses. This Bill essentially changes the paradigm. This Bill says that a professional, within the scope of this Bill, would have to enter into a regulatory authority Register and will have to be issued a licence before starting his or her profession. Education alone will not entitle the person to begin to practise immediately, and this brings the other professions in line with Doctors, Dentists, Pharmacists and Nurses.

The Bill also provides for the professionals named under the first schedule to periodically revalidate their credentials, for example, through requirements for continuing education. The revalidation process is intended to be both formative, for example through continuing education, and summative, for example through skills and quality audits. Through this Bill we have reaffirmed our commitment to the idea that revalidation is necessary for all health care professionals. These professionals will have to comply with the joint code of ethics published as part of the code of ethics for Physicians. This joint code of ethics is a common platform of ethical behaviour and practice that all health professionals must comply with. We would expect that code of ethics which relates directly at the professionals that this Bill seeks to regulate will be developed by the new Council.

Chapter IV deals with disciplinary proceedings. If I had my own way entirely this would have been a chapter making reference to fitness to practise system. This chapter really deals with fitness to practise issues. Regulation here must be designed to test a specific doubt that a registrant remains fit to be on the Register; that is fit to practise. For example, registrant may be convicted or accused of a serious crime or a client may have complained of improper conduct by the professional. These are really fitness to practise issues. For more than five years before its first reading, we have been consulting with various groups. All groups have provided valuable inputs and along the way significant changes have been made. I am grateful to all the groups which have contributed to the drafting of this Bill. I believe that this Bill will further strengthen the health sector of Guyana.

But at this point, Mr. Speaker, I also want to draw your attention to the fact that the first schedule of Bill15/2009 does not include any reference to herbal practitioners and naturopathy practitioners. The irony is that this Bill originally started out to bring under regulation the practice of herbal medicine and naturopathy practice. When I initiated discussion around a Bill to regulate allied health professionals, it was with the goal of bringing control to the growing business of the herbal practitioners and the naturopathy practitioners, and, therefore, some of us here who are familiar with this may have found it a little more perplexing that I did not mention herbalist and naturopathy practitioners as among those that

the Allied Health Professions Bill is seeking to regulate. The truth is that we have not been able to establish the right parameter by which the professions of herbal medicine and naturopathy and their practitioners can be regulated. We are studying how this is been done in other jurisdiction and I must confess that there appears to be confusion at the global level. This is presently a major public health challenge in countries around the world and the World Health Organization (WHO) has established it as a priority. The fact is that were we to regulate practitioners of naturopathy and herbal medicine the way we regulate all the other professions in Guyana there would be no one in Guyana qualified to practise herbal medicine and naturopathy. This Bill is still intended to regulate the professions of herbal and naturopathy. They are not yet included in this schedule of professions and professionals, but we intend to add them to the schedule once we have concluded our arrangements to do so.

We are concluding agreements on how to define these professions and which professional titles relating to herbal medicine and naturopathy will be protected. We hope to add these professions and professionals before the end of the year.

Let me state, as clearly as I could, that we believe that there is a place for the practice of alternative medicine which includes herbal and naturopathy practices in the overall delivery of health care to people. We believe that titles relating to alternative medicine need to be protected. For example, Ayurvedic medicine and its practitioners are protected by law in many countries and clear parameters for its practice is now existing in India, Australia, Europe and North America. More and more Chinese naturopathy is becoming recognised but there are still great difficulties in establishing regulatory guidelines of the practice of a wide range of alternative medicine practices.

Let me caution, therefore, those in Guyana who refer to themselves as doctors and are not registered with the Medical Council and are not licensed as Physician, and others who practise herbal medicine and naturopathy. This law, at this time, may not have listed herbal medicine and naturopathy but the law still applies to people who practise under the guise as Physicians. By enacting this law, we have protected the practice of several professions and previous statutory laws have protected titles such as the Physician. These professions can only be done, the ones from before and the ones in this Bill, by those persons who are registered and licensed to do so. Such laws protect titles; titles are protected for a reason.

3.14 p.m.

This law done together with the laws for the Dentists and the Doctors, etc. together with the Health Facilities Licensing Act will reduce the flexibility that those who practice herbal medicine or naturopathy presently have. The using of the title of a Doctor must not be used to suggest that you are providing the

services of a Physician. I will give an example; many of these unregulated practitioners do so under the advertisement of a Doctor's office. Not meaning to call any names, but there is a Mr. Phillips who believes that he has an herbal concoction that could help people. He cannot establish a clinic under the name of Dr. Phillips' Medical Clinic. Only a Physician could do so. "Physician" is a protected profession and a protected title. Only a licensed person can use that title. Everyone else that uses that title is a fraud. An unpopular parlance is a quack.

All professionals pride themselves on the fact that they have undergone a rigorous period of training. They have acquired skills obtained through a well established and accredited curriculum of academic studies and a period of intense scrutiny as interns under supervision. The registration and licensing practices ensure that these periods of academic studies and skill acquiring internships prepare the professionals to provide safe edificatory service to people.

The people who practice herbal medicine and naturopathy in Guyana have failed to persuade me or the Ministry of Health that they have acquired such accreditation to practice. I once asked for voluntary compliance by first having these practitioners demonstrate fitness to practice. None of the persons were able to do so. A few have attempted to persuade me. Let me give you an example of how they attempted to persuade me. One practitioner was quite adamant that God spoke to her and gave her the qualifications and that her fitness to practise comes from divine authority. Another so-called practitioner became a Doctor after a few months of studying at home. Another attended a couple of two week seminars and another inherited skills from his father. Yet another acquired his right to practice by reading a book. I am not referring to our culture and traditions. I am not referring to the traditions of our grandparents who made ginger tea when we had a cold or cough.

I am talking about persons who opened up what they call clinics and bottle and commercially make available remedies for every illness under the sky. I am referring to those persons on television who pretend that they are physicians and who over the phone, in a matter of seconds to know what exactly is wrong with you. These persons must be able to demonstrate their legitimacy. This law is intended to do exactly that even if we are not starting out with the details.

This Special Select Committee met ten times. I would like to thank all of the Members who have contributed. The People's National Congress Reform did not participate in the Meetings, but they submitted a written memorandum with recommendations. Special Select Committees are usually established to give Members an opportunity to work in an environment of consensus and hopefully improve a piece of legislation. I can speak for the Committees that I Chair and none of those Committees have come forward without a consensus. We have differences between us in this House, but at the end of

the day we were elected to serve in this House and to serve people. For whatever reason we will walk out of the National Assembly and for whatever reasons we will boycott the Special Select Committee, we are abdicating our duties and we are letting down the people that put us here.

We come to this House with an amended version for the second reading. We come to this House with a version that has been worked on by Members elected to sit in the Parliament and to sit in the Special Select Committee. I want to thank all of the Members who participated including the Member from the Alliance for Change who made valuable inputs.

I believe that the P.N.C.R. continues to make a mistake. I continue to believe that it is for those reasons that their legitimacy, in considering these issues and in the developmental process, continues to also be questioned. I have pleasure in asking that this very important milestone legislation be read for a second time. [Applause]

Dr. Austin: Mr. Speaker, the Allied Health Professions Bill – Bill # 15 of 2009 is necessary for the improved function of the Allied Health Profession in Guyana. It was because of this that although we did not attend the various sessions of the Committee, we participated in submitting our suggestions concerning modifications of the Bill. That is the same reason why I am speaking here today because the P.N.C.R. does not intend to abandon its responsibility to the people of Guyana.

Although we support the essence of what this Bill is about, we have many objections to certain components of this Bill. For example, clause 6, sub-clause (1) (b), it is stated that:

“No Act or proceeding of the Council shall be invalid by reason of defect in the appointment of persons acting as Members of the Council...”

This provision is open for various forms of abuse.

The People’s Progressive Party Government has a record of utilising unconstitutionally constituted bodies to do their bidding. Appropriate examples are the Ethnic Relations Commission and the Integrity Commission. This Government has a record of making inappropriate choices of persons for committees and commissions. Therefore when we see a provision where a flaw in appointments of Members to the Council would not affect or should not affect the decision of the Council, we are not happy. It brings to mind the case where an alleged child molester who has not been controversially clear of this allegation and other related allegations is a Member of the Commission of the Right of Children. We think this is inappropriate.

Again, clause 6, sub-clause (1) (c) should not even be in this Bill. Which rational group of law makers would state that irregularity in the procedure of the Council shall not affect the merits of a case? This provision in the Bill appears to be a contravention of the Constitution of Guyana. I refer to Part II, Title 1 – Article 144.

Clause 7 of the Bill can be abused. There is no need for Government intervention in the choice of the Chairman of Allied Health Professions Council. This choice of a Chairman is adequately catered for by clause 8, sub-clause 1. Again we find provisions in this Bill for converting the Minister into a dictator. Consider clause 10 (b). This in effect makes the Minister the sole judge on whether an offence involves moral turpitude. We had a recent example of the opinion of the Minister when he objected to the disciplinary measures of the Medical Council regarding a doctor who inadequately and negligently examined a patient whose head was covered throughout the examination.

Part II, section 144 of the Constitution of the Cooperative Republic of Guyana gives provision to secure the protection of law. However, clause 27 and proceeding provisions of this Allied Health Professions Bill gives us the impression that the Minister has the final say or decision concerning matters of discipline. This is dangerous. We have heard before that power corrupts and absolute power corrupts absolutely. We believe that an accused person should have the opportunity to take a dispute for a hearing in the Court of Law where the highest possibility of fair trial exists. This obviously would not be necessary in the majority of cases, but the provision should be present.

Clause 36 again offers the Minister opportunity to become a dictator. The Minister should only be able to include or exclude an Allied Health Profession after meaningful consultation with the Allied Health Professions Council. We do not have agreement with the provision where the Minister can just decide whether an Allied Health Profession can be excluded or included.

This Government implies by provisions included in this Bill that Guyanese must put their full confidence in certain provisions which have inadequate allowance for checks and balances. We have various pieces of evidence that officials can make mistakes. They can make wrong decisions. No one is perfect and that includes the Minister. We could recall recently that we were told in this Hon. House that Guyanese would not be allowed to be involved in casino gambling. Now we find Government officials saying that Guyanese should be allowed to be involved in casino gambling. In fact, from what we are hearing in the news, Guyanese have already been involved in casino gambling. There are other examples of cases where we cannot take this Government on their word. Therefore we cannot give full support to this Bill in its present form.

Dr. Mahadeo: This Special Select Committee is the first one that I was involved in and I must say that it was an experience. I saw that the Members of the opposing side can be positive, innovative and can come to a consensus quite easily. It was an experience to sit in a room where the very obvious goal was to achieve what was best for the country and not what was party-related.

The astute leadership of the Hon. Minister of Health as the Chairman and the assistance on the legal issues from the legal expert made the experience quite fulfilling and the journey smooth. It was good to witness the enthusiasm that the public took in this Bill. Even those who were not included in the Allied Health Professions Bill made contributions. Some contributions were made to justify why certain professions should be included, whilst other contributions were made to justify why some professions should not be included. The staff of the Parliament made their input as professionals, as can be expected, and they must be congratulated.

Research will show that there are several countries that have already regulated their Allied Health Professionals including countries like South Africa, Canada, Kenya and others. The range of Allied Health Professionals covered by legislation in those countries is wider than those mentioned in our Bill. Reports from those countries clearly show that regulating these professionals is a very positive step and is beneficial to the citizens of those countries. With the passage of this Bill, Guyana will join the ranks of these countries. Of course, like the Hon. Minister has said, amendments will be made with the passage of time. I will like to say that the Government made a promise and this promise of having this Bill here in this House, has been fulfilled.

The Allied Health Professions Bill is another first for Guyana and this Parliament and for this we should be proud. It is the beginning of organisation and monitoring of groups of professionals that were not under any form of monitoring and guidance. Other professions including the Doctors, Dentists and Pharmacists, are having bodies which monitor and help the users of those services to get the quality of service that they are entitled to. It gives them, the consumers, a forum to which they can go for intervention and protection if necessary. It helps to set and to maintain standards and to make these standards known to all including the consumers.

Our health professionals are integral to the pursuit of excellence. They are critical to the delivery of quality Health Care to the citizens of Guyana. Working as part of interdisciplinary teams alongside Doctors, Nurses and other Health Care Specialists, our Allied Health Professionals make a difference to clients every day.

A look at the Allied Health Professions Bill 2009 shows the establishment of an Allied Health Professions Council. This body will consist of Members from among the Allied Health Professionals and the consumers. This body shall prescribe the qualifications that are necessary for persons to be registered as Allied Health Professionals, implement annual licencing procedures, promote continuing health related educating sessions and training and have a working relationship with the Ministry of Health.

No one will be able to declare themselves qualified and then practice on our Guyanese brothers and sisters by using them as guinea pigs. Please permit me to quote from Chapter III of the Bill where it clearly states:

“Subject to the provisions of the Act, any person who satisfies the Council that he is able to read, write, speak and understand English language and who:

- (a) Holds a degree, diploma, membership licence, certificate or other status or form of recognition by a university, institution, college or body empowered to provide training in any Allied Health Profession and shows evidence to the satisfactory completion of qualification and training in that profession; and
- (b) is a fit and proper person to practice as an Allied Health Professional in Guyana,

... shall upon submission of the sworn declaration and payment of the prescribed fee, be entitled, with the approval of the Council, to be registered as an Allied Health Professional to practise any Allied Health Service listed in the First Schedule.”

Their qualifications will be checked to make sure that they meet the requirements to practise their professions. The Council shall publish annually the list of registered Allied Health Professionals in the Gazette and the daily newspapers. In this way the public will be acquainted and educated and will be able to guard against pretenders and quacks.

If the consumers have issues and complaints, these can be taken to the Council. The Councillor has a right to discipline professionals if they are guilty of malpractice or misconduct. The consumers are therefore empowered by this Bill and they will now have an avenue to air their complaints, concerns and even grievances against these professionals.

As a further guide, the Bill includes a section on offences and fines. My opinion is that we should all endorse this Bill. We should be proud to do so since this is another step forward, ensuring better accountability, setting new standards and for the overall delivery of quality care to the people we serve.

In closing, I want to recommend this Bill to the House by quoting Albert Einstein:

“Concern for man and his faith must always form the chief interest of all technical endeavours. Never forget this even in the midst of diagrams and equations.”

Dr. Ramsaran: As I rise to join in calling on the House to support this Bill, I will like to first of all recall that whenever I attempt to speak on the Health sector, I give a little lecture entitled: *The Changing Landscape of the Health Sector in Guyana*. I emphasise two major points; the massive improvement in infrastructure that the P.P.P/Civic has achieved and secondly; the expansion in the number of qualified Health Care providers of all categories. Next year some 300 Cuban-trained Guyanese doctors will be home.

That has become by now a quite famous lecture and I would like to add two rubrics to it. First of all; the ongoing efforts of the P.P.P/Civic, this is my third rubric, of monitoring and evaluation. When the public or the media criticises and brings to our attention any faults or any lapses, we quickly respond. The fourth rubric that I would like to add to my little analysis of the changing landscape of the Health sector in Guyana is the robust and continuing legislative agenda of the Peoples Progressive Party in the area of Health Care.

Generally speaking, the legislative agenda of the People’s Progressive Party/Civic administration has been very powerful over the period of the past few years. In the area of Health Care we have also stood out significantly. In recent years, the Health Facilities Licencing Act caught the attention of the nation and it broke new ground in providing the administration and the public with the tools to keep in check those institutions that might not provide proper services.

Similarly, the Medical Practitioners Act was tweeted in this period and shortly we will be having the presentation of the Persons with Disabilities Bill hoping to get it into an Act. One other small but significant legislative Act that is being forgotten and I will like to use this occasion to mention it before I get to today’s matter directly, is the fact that this administration has facilitated nursing training by allowing the use of English by the A.D.C.E. instead of only the General Certificate of Examinations (G.C.E.) and Caribbean Examinations Council (C.X.C.) Those are just to mention a few points that we have done or a few actions that we have taken on our legislative agenda. Here again today we have another signal piece of legislation that adds to that long and prestigious list.

What I would like to point out before I go into some of the details of today’s piece of legislation which I find particularly interesting is that this has been a profound work by a bipartisan group. Notwithstanding the fact that the P.N.C., as the Minister of Health pointed out, inadvisably boycotted, walked out and abdicated their responsibilities to their constituents, their submissions were nevertheless received,

discussed and considered. Further, let us be reminded that the Committee in discussing this piece of legislation took special care to invite the public via repeated public advertisements in the newspapers and by direct communication to fourteen professional bodies including those such as the nursing association, etc - we received some six written submissions which were discussed.

Let me add to that here too, that the Association of Optometrists were allowed, not once, but twice to appear before the Committee to make their submissions. The point that I am making is that this is a well thought out and profound piece of legislation. It has engaged over a protracted period, the attention of the persons who should know what allied professionals should be expected to reasonably legitimately deliver and how to protect the unsuspecting clientele - the nation - from malpractice.

3.43 p.m.

My colleague, Dr. Mahadeo cautioned that we should not allow quacks to make guinea pigs of our patients addressing themselves for help. I would rather put it that we should be cautious and very aggressively so too, that these sometimes quacks, do not make milch cows out of the unsuspecting public.

Over recent years, even in orthodox medicine, even in established medical practice, we have had some significant examples. Dr. Austin in his attempt to undermine the position of the Minister of Health, tried to question the judgment of the Minister. But let us recall in recent years, even in formal medicine where we have doctors and nurses that there have been instances of malpractice. What we need to note is that in those professions - medical practitioners, nurses, etc. we have a well formed body of legislation regulating the practice and the institutions within which they practice. Nevertheless, in many cases, despite popular public perception they have been able to challenge decisions of the Medical Council in Court. I do not want to go down that road. But this is a wider, more complicated issue when you look at the Minister's judgment. He has the power under this legislation to exercise certain judgments. Comparing it with his judgments in recent instances, we need to expand those examples when his better judgment is sometimes subverted by the recourse of practitioners who are being disciplined sometimes for bottom-house malpractices - they are able to resort to different legal approaches for example.

This Bill has some attractive features. First of all, it will allow the Allied Health Professional to be judged by his peer. There is a group of persons who will be constituted to overlook the implementation of the other provisions of this Bill. If you are to check the relevant clauses those persons are selected based on their relative competencies. Their competencies are relevant first of all to their Allied Health Professions and the protection of consumer's rights. Those are some of the features that I would like to point out.

I would like also to point out that besides looking at the amendments that the P.N.C.R.-1G. suggested, several clauses of the original submission were adjusted. These are things that we need to note, especially the media, to get it out there, to show the profound nature of work in the Special Select Committee which looked at this piece of legislation. For example; clauses 1, 2, 4, 7, 22, 25, 28, 31, 33, were changed. If we are to look at that as a percentage of the total amount in the actual piece of legislation, we will see that it is very significant. Schedule 1 was also discussed with amendments. The Committee went through the original document with a fine-tooth comb, including, and I must emphasise, looking at the amendments suggested by the main Parliamentary Opposition political party.

This is a good piece of legislation. I want to recommend that the House support it wholeheartedly. I want to congratulate the Committee for a job well done. I want to congratulate also the support staff in the Ministry who would have given advice and support.

I would like to point out too that in recent days, in recent weeks, even in recent months, the nation has been exposed to examples of where the unsuspecting members of the public have become victims of quackery sometimes literally with the fatal outcomes. We know on the Corentyne for example there is a famous doctor, I think that might be one of the doctors that Dr. Ramsammy referred to and who might have attended a few courses, which dispenses jamoon seeds for high blood pressure. Of course because these doctors sometimes have been able to acquire financial converts from their practices or rather malpractices, they have recourse to television media. Since we are a free country and the media is liberalised, they have access to television programmes to spread their legends and myths about jamoon seeds curing high blood pressure. This might be another area that we need to look at.

Come to think about it while I am on my feet it might have been a little omission that the Minister has to look at. Do we allow these quacks to go on to aggression to spread “Nancy Stories”? In other words, the Ministry of Health - the Government of Guyana - the people of Guyana, have to use this well thought out piece of legislation to bring Guyana into conformity with international practice and with modernity.

We will undertake to undermine the activities of these quacks by providing even better services whereby the Guyanese public would see and understand that the services provided by the Ministry of Health and its agencies by far outstrip quackery. However, we know that there is a place for the allied professions and professionals. That is why I want to recommend that we pass this legislation. And I recommend to the P.N.C.R. too that they come off their high horses and get down to real life, earn the keep that they are getting - and there are efforts to make it even better; earn the continued respect of their constituents. And I can tell you some of them are thinking that things are becoming a bit “jokey” and that representation is not being made. That is one of the reasons why I think the P.P.P./Civic is thinking about expanding its

Civic component. We are going to be doing some coaching. So I am inviting P.N.C.R. in particular to look seriously at this well thought out document and to give it the support. The allied professionals deserve it, that is, the genuine ones and the public out there, many of who are not as sophisticated as we would like them to be also needs that protection. I would like us all to join in supporting this piece of legislation wholeheartedly. Thank you. [Applause]

Mr. Ramjattan: Sir, if I may just be allowed on behalf of Mrs. Sheila Holder who was a Member of the Committee to make these few remarks. First of all, she indicated that we conveyed that what transpired in the Special Select Committee in the sense of the tolerance of the Chairmanship's approach to the views of others, the fact that so many amendments were made, is a queue that should be taken by our Attorney General as regards to how Select Committees must be managed.

Secondly, I want to state that there is some argument as that made by the Hon. Dr. Austin from the P.N.C.R. who indicated that there might be again a monopoly of control in relation to the Council. That is true to the extent that in every institution there can be that abuse and we have seen that. You can have the best institution, but as happened with the torture case of Tian Thomas, a certain doctor not doing that which is supposed to be done - and Dr. Bheri Ramsaran was talking all the time. What the doctor did was very much publicised and of course our Hon. Minister, trying to be a little lenient with the penalty; he ought to suffer after there was an official investigation. We must not come and say that we have beautiful institutions. We can have personnel in the form of the Minister of Health approbating and reprobating that we have nice institutions, but when people become culprits as regard the ethics of the profession it is going to be...

Mr. Speaker: Hon Member, please remember that you are in Parliament.

Mr. Ramjattan: If I may be allowed simply to state that we can have certain institutions being literally pleaded with to go lenient on those who break the law, and like certain other occasions, just call it mere misjudgements. Those are the two remarks that I wished to make.

Dr. Ramsammy: I will try to be very short so we can make the 4 O'clock deadline. Both Members made reference to a particular case and I think that if they reflect a little after I say what I have to say would recognise that they are absolutely wrong. As you know I have never made a decision based on a Medical Council recommendation. I have served as Minister for almost ten years and the Medical Council has made many decisions: the Dental Council, the Pharmacy Council and the Nursing Council. I have made it quite clear that I am not in the habit of disagreeing with the Councils that work with me. It does not mean

that I would not seek clarification and that any decision that comes to me I would not ask for an explanation.

I received a recommendation that was a couple of lines with no explanation, no report as to what occurred and I was not going to make a judgement on what I read in the newspaper. I wanted to have an appreciation of what it is that the Council examined and on what they based their recommendation. Because if I am going to approve it I need to know the basis on which they made a recommendation. I told them that I am willing to accept their recommendation, but I wanted them to provide me with clarification. I never rejected any decision and to this day have not done so. I have heard that based on my request that the Council has met and made a decision. I am awaiting that decision. Since they would have provided me with clarification, I can state openly here that I do not see that after about ten years I will enter into the realm of disagreeing with a Council that is an arm of the Ministry of Health. You are jumping to conclusions by reading the newspaper because neither of you, who meet me all the time, has asked me anything. Please do not misinterpret what my actions were. I have not taken action, but it is my right as Minister of Health who must give the “no objection” to this. I want to make it quite clear that there has been no decision made. And I have said openly before that this case went to the Medical Council which stated that I find it unacceptable for any patient to be treated with a bag over his head. But it does not mean that I would condemn until I see what the facts and circumstances are.

The Hon. Member Dr. John Austin talked about the fact that the Minister would be a dictator. He was specifically referring to clause 27 where the Minister could ask for an order to be suspended. Read the clause which says that the Minister asks for a suspension after an appeal has been made. All that the Minister is saying is that until that appeal is heard and determined, the order by the Council stays. That is no dictatorship. That is protecting the client, the person who made the complaint and protecting the person against whom an order has been made. You all have been in it too long so you forget what dictatorship means.

This Bill was considered. We have some recommendations from the P.N.C.R. and Members of the A.F.C. We who were present in the Special Select Committee made decisions based on a consensus. On each occasion, the decisions made were done on a consensus basis. There was no objection. That is the Bill that I bring here to the National Assembly. It is a Bill that comes with the complete endorsement of the Special Select Committee. I ask that the Bill be read a second time. [Applause]

Question put and carried

Bill read a second time.

Assembly in Committee

[Clauses 1 to 37 inclusive agreed to and ordered to stand part of the Bill.]

Dr. Ramsammy: I move that the amendments made in the Special Select Committee and noted in the Report be adopted as part of the Bill.

Amendments put and carried.

[Clauses 1 to 37 as amended by the Special Select Committee agreed to and ordered to stand part of the Bill.]

Assembly Resumed

Bill reported with amendments, read the third time and passed as amended.

(iii) COMMITTEES BUSINESS

MOTION

ADOPTION OF THE REPORT OF THE SPECIAL SELECT COMMITTEE ON THE IMPACT OF GLOBAL FOOD PRICE INCREASES

Mr. R. Persaud: Mr. Speaker, I wish to defer consideration of this Motion until further notice.

[Consideration of the motion deferred]

ADJOURNMENT

Mr. Speaker: Hon Members that brings us to the end of our business for today. Before I ask for the suspension, I would just like to speak to two matters.

One; is that the Hon. Prime Minister in order to prepare for his debate on the Leader of the Opposition Bill has asked me to find out when was the first time that Members of Parliament were paid. That of course required some research and I could not find out in time. Members of Parliament - Unofficial Members as they called them at that time - were first paid in 1948. However, payment became instituted permanently in 1953 after the elections of that year. I hope that would be of some historical interest.

We have two meetings of which I wish to announce. The first is the meeting of the Special Select Committee on the Legal Practitioners Amendment Bill 2009. That is for the purpose of electing a Chairman of the Committee. The Members of that Committee are: The Attorney General, Hon. Mr.

Charles Ramson, Minister of Labour, Hon. Mr. Manzoor Nadir, Ms. Gail Teixeira, Mr. Moses Nagamootoo, Mr. Mohabir Nandlall, Mr. Dharamkumar Seeraj, Hon. Members Mrs. Clarissa Riehl, Mr. Basil Williams, Mr. Aubrey Norton and I think Hon. Member Mr. Ramjattan is also a Member of that Committee.

We have a meeting of the Committee of Selection to effect changes in five Parliamentary Committees. Members of that Committee are: Hon. Prime Minister Mr. Samuel Hinds, Hon. Minister of Health, Dr. Leslie Ramsammy, Mr. Donald Ramotar, Ms. Gail Teixeira, Mrs. Indranie Chandarpal, Mr. Neendkumar, Mrs. Clarissa Riehl, Mr. Lance Carberry, Ms. Africo Selman, Mr. Khemraj Ramjattan and I.

Mr. Hinds: Mr. Speaker, I move that the House be adjourned to a date to be fixed.

Mr. Speaker: The House is adjourned to a date to be fixed. Thank you very much.

Adjourned accordingly at 4.05 p.m.