

But Philpott notes that critical analysis of the procurement process is greatly handicapped by “an apparent commercial necessity to keep confidential the initial business case and final contracts, even after the procurement process.”

And in an otherwise pro-P3 article, Toronto lawyer Timothy J. Murphy, who worked for Aecon Group Inc. on its bid for the Rouge Valley Hospital development in Ajax and Pickering, Ontario, argues that governments must not “succumb to private-sector demands for confidentiality,” (*Canadian Public Administration* 2008;51[1]:99-126). Murphy writes that once P3 projects are operational, there should be public reporting of performance measures, including penalties for poor performance; information about the mechanisms for complaints and redress, and information about any retendering of the P3 contract. As well, he calls for policies to prevent bidders from lobbying public officials.

Shrybman, meanwhile, is troubled by the lack of public engagement or debate. He notes, for example, that when P3s were first introduced to Ontario, there were just 2 press releases to “explain this profound shift in public policy around how hospitals will be built. And then Liberals came along claiming they would abandon the model and they don’t.”

### Public interest

An abiding question is why governments have not seen fit to bolster public sector expertise in negotiating good, tight contracts, and hire their own project managers, rather than enter into deals with private sector consortia, which finance the projects and bundle together a wide variety of tasks.

Livingston says it would not be possible for the province to project manage the numerous hospitals now under construction. “We know the bidders who win these things will step up and do the lion’s share of the project management work so our job is more of making sure they do what they are supposed to do and deliver what they agreed.”

Others are unconvinced, including Dr. Allyson Pollock, head of the Centre for International Health Policy at the University of Edinburgh and a leading critic of public-private partnerships, who has published on the subject ex-

tensively in the *British Medical Journal* and is the author of *NHS plc: The Privatisation of Our Health Care*.

Pollock warns that just as Canada is embracing this approach to hospital development, it is being discredited in the United Kingdom. “This is the first threat in the privatization of health care, part of

a plethora of policies aimed at breaking up the Canadian health care system. ... We always thought you Canadians were more savvy because you understood that the way to get in is through the infrastructure.” — Ann Silversides, *CMAJ*

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## CMA Secretary General resigns

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**T**he Canadian Medical Association’s Secretary General and Chief Executive Officer, William Tholl, has resigned after more than 7 years in the job.

Tholl resigned following discussions with the CMA’s Board of Directors, he said in an interview with *CMAJ*. “The Board obviously has the obligation to hire or to not. It has nothing to do with Left versus Right or policy differences of that nature. It has everything to do with leadership.”

Barbara Drew, who will serve as the acting chief executive officer while the CMA searches for a permanent replacement, would not comment on the circumstances of Tholl’s departure, citing privacy issues.

Dr. Michael Golbey, chair of the CMA Board, said Tholl was not at the end of his contract, but that “he and the Board mutually agreed that he would depart.”

Tholl is “proud as heck” of his years and accomplishments at CMA. “We’ve made CMA one of the most effective, if not the most effective, advocacy voices in Canada for health and health care.” Tholl also lists making health human resources a priority of governments, and establishing a world meeting network concerning physician health and well-being, and a public health office, as among his accomplishments. He is also proud of the new governance structure for the *CMAJ*.

“We’ve stabilized the *CMAJ* and put it on a new trajectory,” Tholl says.

Tholl presided over the CMA when it dismissed Dr. John Hoey as editor-in-chief of *CMAJ*, and Anne Marie Todkill as senior deputy editor, sparking



Canadian Medical Association

Ex-secretary general and chief executive officer William Tholl.

the resignations of many editorial staff and attracting global media attention. The controversy prompted the CMA to establish a governance review panel, which recommended a new governance structure to guarantee independence for *CMAJ* and negated the CMA’s right to alter any content (*CMAJ* 2006;175[4]:339-40).

Tholl plans to volunteer in the area of mental health and continue to advance the Canadian Health Leadership Network. He was recently appointed to the Royal Ottawa Hospital board.

Drew, who anticipates it will take 8 or 9 months to find a new chief executive officer, says the board is committed to the organization’s current strategic plan. “I’m quite confident that CMA will go on quite well while we search for a new CEO, and under new leadership,” Drew says. — Laura Eggertson, Ottawa, Ont.

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