Issue No. 37 | 20 Years of Service | 2015

The Cutting Edge

A Voice for Ontario's General Surgeons

ONTARIO ASSOCIATION OF GENERAL SURGEONS

(OMA Section on General Surgery)

OAGS

Ontario Association of General Surgeons
Association des Chirurgiens Généraux de l'Ontario

OAGS: Keep Calm and Carry On

Negotiations Fail: hindsight, the big picture, and the long term view

By Dr. Chris Vinden

The recent OMA negotiations have been frustrating.

Two years ago there were promises that the future would be different, because our lawyers had successfully negotiated the 2012 "representation rights agreement". This mandated that if future negotiations broke down, then we could invoke a "facilitation" phase. If that failed - a "conciliation phase". And surely with all parties negotiating in good faith, then all problems would be solved.

"Facilitation" and "conciliation" are fluffy words that sound nice but really don't mean much. The rest of the public sector is not so encumbered by polite grammar and, possessing a more Hobbesian view of the world, have successfully negotiated for "compulsory binding arbitration" as a dispute resolution solution. "Compulsory" and "binding" actually mean something, while "facilitation and conciliation" are synonyms for dithering.

I suspect some of you approaching retirement can remember the early 1980's when the OMA hired the same blue collar lawyers that the United Auto Workers used. They played hardball and were able to successfully negotiate a 14.75% pay increase! In fact, pay rose by 64% between 1980 and 1985!

It is pretty clear that the Ministry had no intention of budging from Day One of these negotiations, and the rep rights agreement is worthless jargon in the real world. It is equally apparent that the negotiating environment was toxic. The conciliator, realizing that the parties were still far apart, strongly advised the government not to resile from their last offer, if they failed to reach an agreement. Yet, as punishment for not signing, their imposed settlement was significantly less than their final offer. It is clear that they were never serious about facilitation or conciliation in the first place.

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With that off my chest, I actually want to try and placate you with numbers that show that in the overall scheme of things, we are OK and doing well.

First off, I think we should see our incomes in a societal perspective. We all remember the irritating Occupy movement that camped out in various parks and railed against the top 1 per cent. It made me wonder whether or not I was in that 1 per cent. I didn't really feel like it, but the numbers suggested otherwise.

To be in the top 1 per cent in Canada, you need a total net income of more than $203,000. Interestingly, to be in the top 0.1%, you need a total net income of at least $677,000. That puts most full time General Surgeons well into the 1% and a not insubstantial chunk would be in the top 0.1%.

Do we deserve to be there? Within their age cohorts, about 1 in 250 Ontarians is a physician. So, unless one makes the dubious assumption that every single bright and talented person wants to be a physician, then we are clearly over-represented within the top percentiles. When you take into account the job security and lack of financial risk associated with being a physician - factors that usually result in a discount rather than a premium, then our over-representation within the 1 per cent is magnified.

In 2008, the world was plunged into a recession. However, weeks before the collapse of Lehman Brothers, the OMA inked a 4-year contract giving us almost 4 per cent a year. So, while most of the rest of the country was suffering through a recession, we actually did quite well. This last agreement is almost certainly a correction to reset the balance.

What about the long view. In the real world, there are business cycles, bubbles and busts, booms and recessions. But, what goes down eventually comes up, and the long term view, which is what really matters, looks quite

See "President" on page 10

INSIDE

NOTICE: OAGS 2015 MEMBERSHIP DRIVE (Jan-Dec, 2015)

Please be reminded that the OAGS is now collecting annual dues for the current calendar fiscal of 2015. The 1st Notice Invoice will be enclosed with this issue. For more details or to pay online, please visit our website: www.oags.org/join.htm . For any queries, please feel free to call our office: 1-877-717-7765.

21st OAGS ANNUAL MEETING: Saturday, November 7, 2015

OAGS Board of Directors, President Dr. Chris Vinden, AGM Committee Chair Dr. Kevin Lefebvre and Section Chair Dr. Jeff Kolbasnik would like to invite all General Surgeons to this fall's 21st OAGS Annual Meeting on Saturday, November 7, 2015 at the Hilton Toronto Hotel, 145 Richmond St., Toronto, ON. For more details: www.oags.org. RSVP Deadline: Oct. 1st.
(Note: Free annual meeting admission for OAGS members.)

Editorial...

Health Quality Ontario Partners with Surgeons to Support NSQIP

By Dr. Timothy Jackson

In the last issue of *The Cutting Edge*, I wrote about the increasing focus on quality in surgery and the important leadership role organizations like OAGS have in this pursuit - specifically, the role OAGS can play in getting surgeons working together to move the quality agenda forward.

Recently, Health Quality Ontario (HQO) announced a funding opportunity that would allow the expansion of the National Surgical Quality Improvement Program (NSQIP) into more Ontario hospitals. NSQIP is a data-driven program that allows for risk adjustment and benchmarking of outcomes to identify areas for targeted quality improvement. The program is based on the collection of high quality data and feedback to providers. The success of the program relies upon hospitals acting on the data to improve care where needed. NSQIP has a long history in both the Veterans Affairs system and the private sector in the United States. When implemented properly, the program has been shown to result in fewer complications and reduced costs.

Although there are several Ontario hospitals already participating in NSQIP, the largest Canadian experience to date has been in British Columbia. In 2011, 24 hospitals were enrolled in NSQIP, and by 2012, several quality improvement targets were established (such as UTI, SSI and postoperative pneumonia). By 2013, measurable improvements in care were reported across many hospitals. This is a great example of surgeons working together to improve patient outcomes in a collaborative way.

As part of the HQO initiative, a provincial NSQIP Collaborative (NSQIP-ON) will be established to allow for regional benchmarking of surgical outcomes. The provincial data provided through NSQIP-ON will tell us how we are doing and help us to identify quality improvement targets. The Ontario Surgical Quality Improvement Network has been created as part of the NSQIP-ON program to help achieve improvements in care. The hope is to develop a "community of practice" and work with partners like the OAGS and existing NSQIP sites. Also, we'd like to engage other ongoing successful QI programs so that we can learn and spread successes.

The call for expressions of interest for participation in the NSQIP-ON program went out in December and closed on January 20, 2015. There was an overwhelming response, and HQO received more than 40 applications. All submissions were thoroughly reviewed and ranked. Other factors such as hospital type and geography were also taken into consideration. The selection process was extremely difficult, as there were clearly far too many excellent hospitals applying than could be funded. Initially, the program was budgeted to fund 15 hospitals. However, the budget was maximally stretched to support a total of 18 hospitals (as part of the NSQIP-ON project). The list of hospitals that were selected will be available on the HQO website in the near future. If your hospital applied but was not selected, I would encourage you to join the Network at **www.hqontario.ca** and participate. In fact, any hospital that joins NSQIP outside of this funding is welcome to participate. The more the better!

Last month, two articles were published in JAMA demonstrating that collecting data alone doesn't necessarily result in improvements in surgical care (1,2). This message is particularly important as we embark on data-driven QI in Ontario. These papers highlight the need for us to better understand the essential process and components of care that, when implemented, actually improve outcomes. However, I do believe understanding our performance with high quality data is a good starting point. Also, I think the formation of a surgical quality improvement network in Ontario will better position us to tackle some of the QI challenges we will face in the future. Data alone is not likely the solution.

NSQIP is a program developed by surgeons and run by surgeons. It is my hope that OAGS members will participate in the program as a way to improve patient care and help us to define future quality metrics. Together, we can help determine what metrics are meaningful and helpful, as we encounter new health policies based on quality and outcomes. I am optimistic we can make a difference with this new provincial initiative, and I look forward to working with those of you who also see value in it.

As always, we welcome any feedback on this issue of *The Cutting Edge* or suggestions for future articles. Thanks for reading!

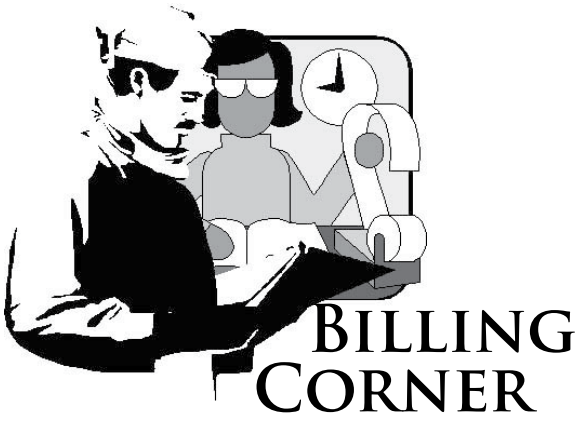
**1) Etzioni et al, JAMA 2015; 2) Osborne et al, JAMA 2015

- Dr. Tim Jackson, OAGS Secretary and Newsletter Managing Editor, is on staff at UHN - Toronto Western Hospital.

Upcoming CPD Events

DATE	EVENT
Mar.11-15, 2015	AHPBA Annual Meeting (Hepatobiliary) Eden Roc, Miami Beach, FL http://www.ahpba.org/annual-meeting
April 9-10, 2015	Cleveland Breast Cancer 2015 Collaborating For Cure InterContinental Hotel, Cleveland, OH http://www.clevelandclinicmeded.com
April 15-18, 2015	SAGES 2015 Annual Meeting Nashville, TN http://www.sages2015.org/
April 23, 2015	15th Annual Toronto Breast Surgery Symposium Toronto Marriott Bloor Hotel, Toronto, ON http://www.torontoaestheticmeeting.ca
April 23-25, 2015	UofT Update in General Surgery Hilton Toronto Downtown, Toronto, ON http://www.cpd.utoronto.ca/generalsurgery/
April 24-25, 2015	45th Annual Aesthetic Plastic Surgery Symposium Toronto Marriott Bloor Hotel, Toronto, ON http://www.torontoaestheticmeeting.ca
April 28-May 2, 2015	4th Canadian Obesity Summit Westin Harbor Castle, Toronto, ON http://www.cabps.ca/
April 29-30, 2015	Innovations & Controversies: Celebrating Forty Years of Colorectal Surgery in Canada Centre Mont-Royal, Montreal, QC http://www.montrealcolorectalsymposium.com
April 29-May 3, 2015	Symposium on Advanced Wound Care Henry B. Gonzalez Convention Ctr., San Antonio, TX http://www.sawc.net/spring/
April 30, 2015	BC Cancer Surgical Society 68th Annual Spring Mtg. Fairmont Chateau Whistler, Whistler, BC http://bcss.ca/?p=307
May 8-9, 2015	9th Annual Update for Practicing Surgeon (Colorectal) Wyndham Hotel, Boston, MA http://www.hms-cme.net/352225/
May 21, 2015	UofT 38th Annual Assembly of General Surgeons Park Hyatt Toronto, Toronto, ON http://events.cepdtoronto.ca/website/index/SUR1537
May 25-26, 2015	2nd Annual Canadian Burn Symposium Toronto Westin Harbour Castle, Toronto, ON http://www.cpd.utoronto.ca/cdnburnsymposium/
May 30, 2015	National Capital General Surgery Symposium Delta Ottawa City Centre, Ottawa, ON http://events.cmeuottawa.ca/website/index/GEN2015
Sep. 17-20, 2015	Canadian Surgery Forum 2015 Québec City Convention Centre, Quebec City, QC http://www.canadiansurgeryforum.com/
Saturday, Nov.7, 2015	**21st OAGS Annual Meeting** **Hilton Toronto Hotel, Toronto, ON** *(downtown)* **http://www.oags.org**

For the complete listing of CME & other events, check our website:
http://www.oags.org/events.htm
For a listing of national and international CME courses:
http://www.mdlinx.com/surgery/conference.cfm



By Dr. Alan Lozon

In this issue's column, we will be going over some previous billing errors made by some surgeons as well as some of the billing cases which we discussed at the 2014 OAGS Annual Meeting.

Diabetic Foot Billing

For Surgeons who have to debride diabetic foot ulcers, there is always considerable difficulty in having to bill these.

The payment for basic debridement (Z084) is minimal and pays only $60. This is not representative of the amount of work involved in treating these patients. If one looks for alternative ways of billing outside of traditional General Surgery billing codes, better remuneration may be found. If one looks at billing for plastic surgery procedures on page M17 of the Schedule of Benefits and Fees (SOBF), it will be seen that there are various ways to bill plastic surgical procedures of varying complexity from R150 - Very Minor ($92.30) to R154 Extensive Major ($568.95). These billings require the ***operative report*** to be submitted with the billing. It would be justifiable to bill an R152 - Intermediate ($259.20). The problem with this billing method is the fact that the *operative note* must be submitted and the likelihood of delayed payment is high.

A reasonable alternative for billing diabetic feet is to look at Orthopedic billings. If one looks under Amputation (pg. N43), a Ray amputation (R621) pays $217.15 - close to the intermediate Plastics billing but without requiring submission of an OR note. Also under Orthopedic billings is billing for Incision and Drainage (pg.N45) of bone (R220). This pays $227.40. Code Z228 ($97.35), debridement of soft tissue, may also be billed in addition to the boney drainage resulting in a total billing of $324.75. This is the most lucrative way to bill the procedure and does not require submission of the operative note for justification.

Z Codes

It still surprises me that General Surgeons continue to neglect to bill visit codes in addition to Z codes. Z codes are billed in addition to all other billings and not subject to a 15% reduction. For every Z code billed, a visit code should be billed. For example, an EGD should be billed at minimum as an A034 (partial assessment at $24.10) and an EGD. At minimum, this adds $24.10 to every Z code billed by a Surgeon.

U of T Update in General Surgery

At this year's U of T Update on General Surgery, I'll be doing Billing Corner seminars during the Saturday morning sessions. I'll be presenting some of the topics we've discussed at the last few OAGS Annual Meetings and in previous Billing Corner columns. Anyone interested can submit questions through OAGS prior to the update (see below). I'll be available to answer questions at each of the seminars, but questions submitted in advance will allow me to find the best method to bill your procedures.

MOH Unilateral Action

As we are all aware, the Ministry of Health has imposed a unilateral fee agreement on the OMA. The OMA Board has decided not to work with the MOH on the imposition of this. In short, this means a cut of about 3.1% to General Surgery. Overall, from a billing perspective, it appears too early to make a determination as to the best methods for billing and workload commitments. To this extent, the Billing Corner is recommending that Surgeons stay the course and continue their current billing habits and a maintenance of current workloads. As more information becomes apparent, different strategies may be recommended.

That's all for this issue, see you at the U of T Update (April 23-25). - Al

- Dr. Alan Lozon, OAGS Board Member and OMA Section Tariff Chair, is on staff at Grey Bruce Health Services, Owen Sound.

NOTE: Please note that the opinions expressed above are those of the author and do not necessarily represent OMA, Ministry or OHIP Policy. We are always looking for ideas or tips/tricks, so members are MOST encouraged to send us your questions or suggestions. Ideas can be sent via email (info@oags.org), fax or mail. Further information can be found on the MOHLTC/ Schedule of Benefits website: https://www.oma.org/Member/Programs/Billing/Pages/default.aspx

Billing Corner Queries

Do you have billing questions or complaints? Perhaps you have billing tips that you would like us to share with your colleagues? Be sure to let us know.

Email: info@oags.org
Online: http://goo.gl/tf9oI0

Subscribe

OAGS Members:
Have you been receiving our complimentary **Monthly Update eblasts as well as the electronic versions of the *Edge* and *CJS***? These are just a few of many OAGS member benefits that keep you in the loop. If not, be sure we have your updated email address on file, and check your spam folder just in case. Please be sure your annual membership has been renewed for 2015 also.

General Surgeon OAGS Non-Members:
If you are reading this after one of our members was kind enough to leave it behind in the lounge for you to peruse, or maybe you snuck it away while he/she wasn't looking, perhaps you would like to become a member.? If we still cannot tempt you to join, but you would like to get a Non-Member update once or twice a year via email, feel free to subscribe: **http://eepurl.com/XSYVT .**

Resident Rostrum

By Dr. Kellen Kieffer
O.A.G.S. Resident Representative

Job Crisis Revisited

I will admit that when I joined the OAGS as the Resident Rep, I had a bit of an agenda in mind. But for my colleagues who have worked so hard for the past 5 years, sacrificed time with their families, and who have then been blind-sided by a total lack of job opportunities, this issue dwarfs all others in comparison regarding its importance to residents today.

SYMPTOMS /DIAGNOSIS

A review of the facts about our job crisis:

1. We are in this job crisis because of massive over-training of residents and the only way to solve this problem is significant cuts in residency positions.

The government is not paying for any new OR time. Over the past few years, we have squeezed as many extra bodies into the surgeon pool as we could – the "locum circuit", scope shacks, fly-by-night on-call warriors. The generosity of certain groups has not gone unnoticed, as they have given up some of their own OR time to fit in a new grad, usually on a part-time basis. But as we flood the Canadian market with over 50 surplus surgeons every year, the avenues for "squeezing in" are quickly becoming exhausted, and we will truly see surgeon unemployment.

"This problem will not go away on its own, and it gets worse every year."

2. This problem will not go away on its own, and it gets worse every year.

It has been remarked to me that (much like the stock market), the pendulum for the job market will naturally swing from side to side every few years. We have only to be patient and ride out this "trough", and the good times will roll again in the near future. On the contrary, if we continue on our current course, in 10 years there will be two surgeons for every job.

3. We are training too many doctors overall.

Many other specialties are suffering from new grad unemployment. We are all aware of the job crises in surgical specialties such as Orthopedics and Neurosurgery, and medical specialties such as GI and Nephrology. What we may not yet recognize is that specialties recently thought of as underserviced, such as family medicine, are quickly heading the same way. I have recently heard of several centres in Northern Ontario turning down family doctors who sought to practice there – Sault Ste. Marie, Dryden, and Kenora to name a few – claiming that they had enough family docs already. It won't be long at all until family doctors are competing for patients. The Ontario Physician Human Resources Data Centre reports that we are training about 1,000 medical students per year in our province, compared to ~870 physicians retiring. If we add IMG's (international medical grads), we are dealing with 1,200 new doctors per year – 33% more than retirements. Training in excess of retirements to increase physician numbers is a strategy that is useful if you have a shortage, but now that we have physician sufficiency, this type of strategy will quickly lead to an over-supply and **must be stopped**.

TREATMENT

Though we knew we were headed for a job crisis, during my five years of residency there has been little progress (if any) towards a solution. Cutting residency positions is a feat not easily accomplished. It would be more straightforward if there was a body that could make decisions at a national level. Instead, there are many stakeholders, each with their individual interests, that must be coordinated in order to produce long-term stability.

1. Provincial Ministries of Health: These provide funding for residency positions, which includes not only the resident's salary, but also the greater sum paid to the medical school to fund the training. The Ontario MOH has claimed they have a model to project the need for surgeons, and residency positions are allocated accordingly. I see no evidence of this, as there have been no training cuts initiated by the government. I fear that the necessary changes will not come from the government side. The political impact of the physician shortage of 10 years ago was so significant that many people today still believe we have a shortage. I do not see any political will to cut residency spots, even though money is being wasted training doctors we don't need.

2. Surgical Residency Programs: They have every incentive to take on more residents rather than cutting positions – more funding, more manpower to fill the call schedule, and more manpower for research. The academic surgeons with whom I have spoken, however, seem to place more value on the future of their trainees than their own gains. They are willing to make cuts but don't know (a) how many positions to cut, and (b) what overall effect these cuts will have on the job crisis. If one program acts independently to reduce their numbers and none of the other programs follow suit, the overall national effect will be negligible. Our hopes should not rest in appealing to program directors individually, but rather effectuating a nationally-coordinated strategy in which all programs make cuts and are assured that the sacrifices they make will produce the desired outcome.

3. The Royal College: Manpower planning has not traditionally been a mandate of the Royal College. However, in early 2013, they produced a report on "specialist unemployment" and organized a conference on the same subject in February 2014. Theoretically, the Royal College does have the power to impose cuts – they could revoke accreditation for programs which do not comply. They don't seem to have the appetite for this; rather, they seem to want to act as facilitator for others to take the necessary action.

4. Specialty Societies: The only success stories in physician manpower planning have come when national specialty societies take the bull by the horns and solve the problem for their specialty. A good example is Radiation Oncology. Realizing they were in crisis, last year they cut their training numbers by 25%. Comparatively, CAGS is in the best position to provide direction for our specialty.

5. Advocacy Groups: It's time that the OMA acknowledge and treat the job crisis as a priority. We commend the OMA's negotiating team for their dedication and hard work negotiating on our behalf. But in a few years with a massive surplus of physicians, their negotiation power with the Ministry will be absolutely crippled. Furthermore, who is going to pay for all these extra doctors? The Ministry's position seems to be that we (the doctors) will pay. This is illustrated by the most recent report from our OMA President outlining the Ministry's intent to cap the "physician services" budget at a finite level. From our perspective and the taxpayers', it is in everyone's best interest if we control our numbers.

PROGNOSIS

Is there any hope for getting out of this mess? I believe there is, and it's easier than we think. Consider these 3 steps to achieve manpower stabilization for our specialty:

See "Residents" on page 10...

VACANCY: New Resident Representative

OAGS President Dr. Chris Vinden and the board at large would like to take this opportunity to thank **Dr. Kellen Kieffer, NOSM, PGY5** for his time and efforts during his term with us as Resident Representative (2012-2015). We wish him all the best as he begins his General Surgery practice at the Hanover and District Hospital later this summer. Congratulations, Kellen!

As such, the position of **Resident Representative** will become vacant this spring. We are now collecting applications from interested candidates. A **letter of intent and CV can be addressed to the OAGS President and Board via email: info@oags.org.** Kellen's personal account of his experience can be found on our Resident's page: **www.oags.org/residents.htm** .

OAGS Resident Representative Responsibilities:

- Liaise with/for General Surgery Residents of Ontario and the OAGS
- Impart General Surgery Resident concerns to OAGS Board/Section Exec
- Attend 3 OAGS board meetings in Toronto per annum*
- Write the *Resident Rostrum* column twice per year for *The Cutting Edge*
- Present a Resident Update during the Annual Meeting in November
- Contribute to information/communications pertaining to residents

**Note: Travel expenses will be remunerated for board meetings.*

Successful Candidates will...

- be enrolled in an Ontario General Surgery Residency Program (preferably PGY2 or 3, but all PGYs will be considered) - 2-3 year term of service
- have an interest in General Surgery policy/lobbying
- be a member of the OAGS (or willing to join prior to taking the position)
- provide CV and letter of intent
- provide a letter of reference or reference contact(s)

Also Wanted: OAGS Resident Liaison for NOSM

Annual Meeting Survey Results

To move or not to move; that was the question:

- 28% rate of return (92 out of ~325 members)
- 64% of respondents attended AGM2014
- 80% of respondents hope to attend next year
- Demographics: 40% from GTA; 28% within 300km; 23% within 500km; 9% from remote area
- 77% drive; 21% fly; 2% take the train
- 7% say they cannot fly into Billy Bishop airport (the rest: yes or n/a) *
- 34% want downtown Toronto; 22% want Toronto airport district; 21% want anywhere in GTA; 7% want a change other than TO; 16% don't care
- Parking is the biggest aversion to downtown
- Only 32% said moving it to city centre for more family activities would be an incentive for downtown
- 38% said piggy backing with another meeting would be an incentive to attend our AGM; the rest would attend regardless.
- Only 12% said they'd stay an extra day if we added break-out sessions on Sunday (50% said they would NOT stay)
- Overwhelming majority (74%) said they want tables with their seating (37% majority preferred classroom)

Although many were very satisfied with the previous venue, more space was required. To accommodate those needs, the board has decided on a downtown venue for 2015. We hope you will support our move.
Remember, the new* **Union Pearson Express *should expedite travel also!*

Survey Results: http://goo.gl/V4DDWC

20th Annu

Dr. John Bohnen lead the 7 Pearls Panel discussion on Perioperative Optimization. Other panelists included Drs. Anna Day (Sunnybrook), Stephen Kelly (Juravinski), Hugh MacDonald (Kingston General), Allan Okrainec (UHN-TWH), Collan Simmons (Stratford General), and Tim Jackson (UHN-TWH). OAGS Vice President Dr. Alice Wei was the moderator.

OAGS Co-Sponsor Chair Dr. Chris Vinden (right) presents an award of appreciation to our Gold Level Exhibitor Acelity. We greatly appreciated having 29 exhibitors join us for the 2014 annual meeting. Their support has helped this respected event grow into what it is today.

Physician Recruiter Notre-Dame Hospital, Hearst receives a plaque of appreciation from OAGS Co-Sponsor Chair Dr. Kevin Lefebvre (right). We were pleased to welcome 5 physician recruiters in 2014.

Our 20th OAGS Annual Meeting had an impressive **record attendance of 215** on Nov. 1, 2014 at the Sheraton Toronto Airport Hotel & Conference Centre, even though there were over 50 no-shows - *the latter being a disappointing and growing occurrence.*

Our key-note guest speaker was **Dr. Kenji Inaba**. An ex-pat and graduate of the UWO General Surgery program, he is now a renowned trauma surgery speaker and Associate Professor/Clinical Scholar of Surgery and Emergency Medicine at the LAC+USC Medical Center in Los Angeles, California. Dr. Inaba's talk "What's New in Trauma in 2014" was a hit with our attendees. He also gave another talk on *Preventable Deaths in Trauma* as well as complemented our day with an interesting evening banquet talk on *Non-Lethal Weapons* and how to approach those injured.

The morning session continued to impress our attendees with Toronto's **Dr. Ralph George**'s "Breast Surgery-Management of the Axilla". "Surgery for Diverticulitis was delivered by the newly appointed MOH/CCO ColonCancerCheck Program Gastrointestinal Endoscopy Lead, **Dr. Nancy Baxter** of St. Michael's Hospital, Toronto. The even-tempered *Debate on Surgical Safety Checklist* featured St. Michael's Medical Director of Quality & Patient Safety **Dr. Chris Hayes** in favour of the checklist, while **Dr. David Urbach** (UHN-TGH General Surgeon and lead-author of a study published in the 2014 New England Journal of Medicine that saw no measureable improvements in the WHO-designed safe surgery checklist program) argued against it.

Trying something new, our attendees really embraced the 7 Pearls of Perioperative Optimization panel. Each speaker packaged 7 important take-away tips for 7 aspects of patient prep. Toronto's **Dr. John Bohnen** spoke on surgical site infection. Respirologist **Dr. Anna Day** of Sunnybrook and Women's Health Sciences Centre gave insights to

Yet again, an impressive attendance was had for this year's roster of speakers. So (LAC+USC Medical Center, Las Angeles, CA), Dr. Ralph George (St. Michael's Hos (St. Michael's Hospital, Toronto), Dr. David Urbach (UHN-TGH, Toronto), Dr. Sante Hospital, Hamilton). Dr. Jude Coutinho, Bev Lyman and Vanessa Zanette also attend

(L to R): OAGS President Dr. Chris Vinden chaired the morning session. Section Cha the Business Meeting. Board member Dr. Alan Lozon delivered Billing Corner inte popular Cost Containment panel. OAGS Resident Representative Dr. Kellen Kieffer p

al Meeting

smoking cessation for the patient before a procedure. Bowel Preparation was discussed by Hamilton's **Dr. Stephen Kelly**, Juravinski Hospital and Cancer Centre. Fluid Restriction was reveiwed by Kingston General Surgeon **Dr. Hugh MacDonald,** and Anastomosis/ NSAIDs was tackled by Toronto's **Dr. Allan Okrainec**. Preopertive fasting and carb loading were debated by anaesthesiologist **Dr. Collan Simmons** of Stratford General, and attendees gained perspective from **Dr. Tim Jackson**'s tips on preoperative weight loss.

Dr. Jackson also shared the stage with **Dr. Chris Vinden** to wade into the actual cost of surgical equipment/products used in the OR. Also considering the quality of care, implications of the new NSQIP (National Surgical Quality Improvement Program) were also mentioned.

Having a lot of wound care referred to him in the remote area of Sault Ste. Marie, community surgeon **Dr. Sante Fratesi** shared his experience in managing common complex and chronic wounds.

Dr. Alan Lozon's Billing Corner interstitials were complemented with a panel of speakers from the MOHLTC Billing Claims/Health Services. They answered basic questions of the process. OAGS Vice President **Dr. Alice Wei** ran the business meeting, during which several new board directors were acclaimed with the proposed roster.(See p.8) Our sincere thanks to long-serving, departing members for their commitment and dedication.

Sprucewood Shores Estate Winery was our featured Ontario winery during our most highly attended reception and banquet yet, with just under 90 people!

A subsequent online survey showed that the majority of our members want to try a downtown venue next time. So, we are moving to the Hilton Toronto on Richmond St., Toronto - Saturday, November 7, 2015. We hope you'll support our move!

me of our guest speakers were as follows (left to right): Key Speaker Dr. Kenji Inaba spital, Toronto), Dr. Nancy Baxter (St. Michael's Hospital, Toronto), Dr. Chris Hayes e Fratesi (Sault Area Hospital, Sault Ste. Marie), Dr. Frank Baillie (Hamilton General ded on behalf of the MOHLTC Claims/Health Services. Thanks to all who participated!

ir Dr. Jeff Kolbasnik chaired the afternoon. OAGS Vice President Dr. Alice Wei chaired rstitials. OAGS Secretary Dr. Tim Jackson participated with Dr. Vinden to deliver a rovided a Resident Update. Many thanks to AGM Committee Chair Dr. Angus Maciver.

Our 20th OAGS Annual Meeting was well attended again on Nov. 1, 2014. There were 215 attendees who enjoyed a day of CPD-accredited academic presentations and delicious food prepared by the Sheraton Toronto Airport Hotel. We're hoping for an even larger turnout downtown TO on Nov.7, 2015.

OAGS President Dr. Chris Vinden (right) awards one of our members with the grand draw prize. We also had three other winners of an iPad, a Galaxy tablet and a Fitbit. We hope everyone enjoyed our CME-accredited event and look forward to seeing everyone at the new venue this fall on Nov.7.

Silver exhibitor and CME Supporter MD Physician Services donated several items for our registration packages at our recent meeting. For more details and photos on our meeting, visit our website: www.oags.org.

OMA Section Election 2014-15

Please note that the OMA facilitates the elections of all individual sections. Although the OAGS and OMA Section on General Surgery executives are separate entities and hold their elections at different times, the two bodies continue to work together as one unit in an effort to represent all General Surgeons throughout Ontario.

Dr. Jeff Kolbasnik, Chair

OMA Section Election Report: The Section on General Surgery listed the intended election candidate roster in the Notice of Election last fall. Although the election was set for Dec.15, 2014, the roster was acclaimed, as there were no new nominations by the deadline (see below). The current Section Executive will set the date for the next Section Election - possibly Dec.15, 2015. So if you're interested, please submit your nomination to the OMA with 3 supporting signatures who are also OMA Section members before the deadline.

The current **Section Executive** began their 1-year terms as of Dec.15, 2014:

1) Chair - Dr. Jeff Kolbasnik, Milton
2) Vice Chair - Dr. Chris Vinden, London
3) Secretary - Dr. Alice Wei, Toronto
4) Tariff Chair - Dr. Alan Lozon, Owen Sound
5) Member-at-Large - Dr. Frank Baillie, Toronto
6) Member-at-Large - Dr. Harshad Telang, Thunder Bay
(Note: As Past Chair, Dr. Angus Maciver was automatically acclaimed as well.)

The following were also acclaimed for 1-year terms as **OMA Council Delegates and Alternates**:

1) Delegate - Dr. Jeff Kolbasnik
2) Delegate - Dr. Chris Vinden
- **Alternate** - Dr. Frank Baillie
- **Alternate** - Dr. Tim Jackson
- **Alternate** - Dr. Alan Lozon
- **Alternate** - Dr. Alice Wei

For more details: www.oags.org/election.htm

2015: New OAGS BOARD

Dr. Chris Vinden, President

The Ontario Association of General Surgeons (OAGS) held its staggered board election during the 20th OAGS Annual Meeting recently on Nov. 1, 2014.

Half of the 14 board members were up for re-election. There were vacancies this year, as a couple of members completed their terms. We'd like to thank Dr. Peter Willard and OAGS Past President/Section Chair Dr. Angus Maciver for their service to the OAGS.

Drs. Sean McIlreath (Belleville) and Dr. Ravinder Singh (North Bay) were the only two new candidates, so the 7-person roster was acclaimed: **Drs. J. Kolbasnik, A. Lozon, S. McIlreath, R. Singh, H. Telang, E. Touzin, A. Wei.** (The other 7 board members will be up for re-election this fall.)

During the subsequent board meeting in the new year, directors elected the officers from the slate of board members (see below). Committees were also chosen and can be viewed on the back page of this issue.

For 2015, the OAGS Board will look like this:

1. **President: Dr. Chris Vinden, London**
2. **Section Chair/Past President: Dr. Jeff Kolbasnik, Milton**
3. **Vice President: Dr. Alice Wei, Toronto**
4. **Treasurer: Dr. Harshad Telang, Thunder Bay**
5. **Secretary: Dr. Timothy Jackson, Toronto**
6. **Member-at-Large: Dr. Frank Baillie, Toronto**
7. **Member-at-Large: Dr. Kevin Lefebvre, Stratford**
8. **Member-at-Large: Dr. Alan Lozon, Owen Sound**
9. **Member-at-Large: Dr. Jennifer Macmillan, Huntsville**
10. **Member-at-Large: Dr. Sean McIlreath, Belleville**
11. **Member-at-Large: Dr. Lynn Mikula, Peterborough**
12. **Member-at-Large: Dr. Ravinder Singh, North Bay**
13. **Member-at-Large: Dr. Eric Touzin, Sioux Lookout**
14. **Member-at-Large: Dr. Joel Weaver, Ottawa**

Standing (L-R): Dr. Kellen Kieffer (ResRep), Dr. Sean McIlreath, Dr. Ravinder Singh, Dr. Lynn Mikula, Dr. Jeff Kolbasnik, Dr. Harshad Telang.
Seated (L-R): Dr. Alan Lozon, Dr. Kevin Lefebvre, Dr. Alice Wei, Dr. Chris Vinden.
Missing: Dr. Frank Baillie, Dr. Tim Jackson, Dr. Jennifer Macmillan, Dr. Eric Touzin, Dr. Joel Weaver.

2014 Awards & Acknowledgements

General Surgeon Dr. Frank Baillie of Hamilton (left) receives the OMA Life Membership Award during 2014 Spring Council from Past OMA President Dr. Scott Wooder.

General Surgeon Dr. Dennis Pitt of Ottawa (left) receives the OMA Life Membership Award during 2014 Spring Council from Past OMA President Dr. Scott Wooder.

General Surgeon Dr. James Forrest of Leamington (right) receives the 2014 OMA Section Service Award from OMA Section Chair Dr. Jeff Kolbasnik during the OAGS Annual Meeting. Dr. Forrest spearheaded the endeavour which lead to paid call.

General Surgeon Dr. Angus Maciver of Stratford (left) receives an award from current OAGS President Dr. Chris Vinden acknowledging the end of his term on the board (1998-2014) during which he served as OAGS President and Section Chair.

2015 Awards

OMA
ONTARIO MEDICAL ASSOCIATION

Congratulations
to the following recipients for 2015:

Dr. Angus Maciver, Stratford
OMA Life Membership Award

Dr. Robin McLeod, Toronto
OMA Section Service Award

OAGS Membership Benefits

- **Free admission** to the Fall **OAGS Annual Meeting** of the respective fiscal year (Note: evening banquet is additional)
- **Free subscription** to the bi-annual newsletter ***The Cutting Edge*** *(hard copy/electronic)*
- **Free digital subscription** to the **Canadian Journal of Surgery** *(current email address is required)*
- **Free "Job/Locum Listing"** text ads via website
- **Monthly Update Eblasts** and Special Mailouts *(current email address is required)*
- **Voting privileges** on OAGS related items (Active category)
- **Tax deductible receipt** for membership dues

President ...continued from Pg.1

different than shorter time frames.

Although our schedule of benefits has recently taken a hit, it is remarkable how over the long term it has stayed very close to inflation. Since 1977, the OHIP fee schedule has increased by 357%, and the CPI (consumer price index) has increased by an almost identical 364%, despite having no increases for 6 years in the mid 90's.

Basically, we have kept up on a per procedure rate, but we actually get to do far more procedures. Twenty-five years ago, General Surgeons did 25,000 colonoscopies per year. In 2012, we did 218,000 colonoscopies, 98,000 polypectomies and 80,000 upper endoscopies.

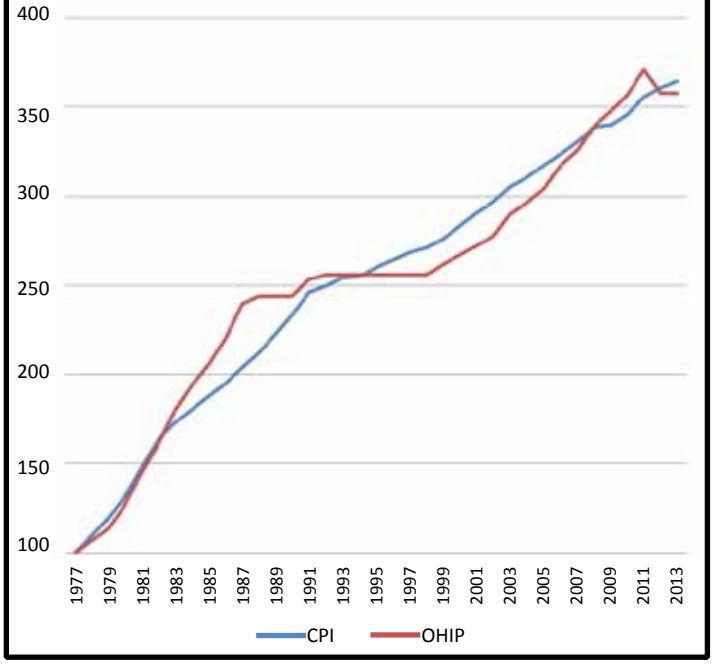
To put that in perspective, the number of colonoscopies - a comparatively new procedure - far exceeds all open surgeries put together. For comparison, we only do 26,000 gallbladders, 18,000 inguinal hernias and 3,500 right colectomies per year. Billings from polypectomies alone exceed billings from cholecystectomies - our most common operative procedure. The impact has been huge. Since 2000, General Surgery incomes have risen 50% - far exceeding the rate of inflation. Yes, we may be working harder, but that is by choice.

Our response to the recent failed negotiations should be to **keep calm and carry on**. We should maintain the public trust, serve them well, and when the economy corrects, we will eventually get our correction.

In the meantime, we should try and address the relativity issues that distort practice and create disharmony.

There is no doubt that some other specialties are doing better than us and others are working a lot less hard and making as much, but just because others are on a gravy train does not mean we should be trying to climb on board too.

- Dr. Chris Vinden, OAGS President, is a General Surgeon on staff at London Health Sciences Centre - Victoria Hospital.



Readership Feedback

If you would like to comment on the editorial/articles/columns within this issue or any other matter, write to us: info@oags.org .

Visit our site for more information: www.oags.org

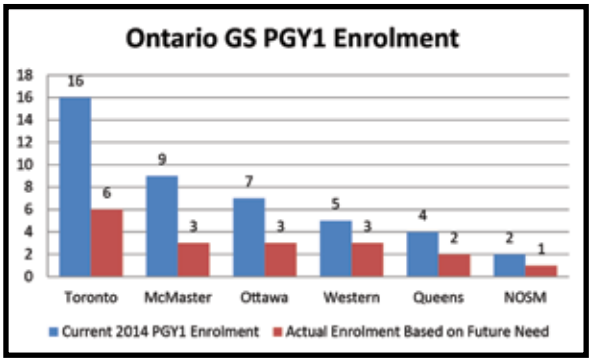
Remember: Only OAGS members receive The Cutting Edge

RESIDENTS ...continued from Pg.4

1. Decide how many General Surgeons we want: In an ideal world with unlimited resources, this would be based on population and disease rates. However, we must work in the confines of our current system, which is limited by available resources. We need to look at current OR time across the country and tally the full-time surgeon equivalents. This is best suited to be organized by a national body, ideally CAGS.

2. Figure out how many surgeons we need to train, per year, to maintain the total surgeon population from #1. For every general surgery resident admitted in PGY-1, how many practicing General Surgeons do you get at the end? This number is certainly much higher than it used to be, as attrition rates are way down and losses to other countries are down as well.

3. Allocate residency spots in line with #2. This will certainly involve massive cuts from our current levels. Consider the following figure as an example of the magnitude of cuts that are required to train based on need. The blue bars illustrate PGY-1 general surgery residents admitted in 2014, while the red bars suggest what it ***ought*** to be to solve the job crisis.



It has been a privilege to have had the opportunity to sit in with the OAGS board as the Resident Rep. When the OMA economics department warned of the looming job crisis 4-5 years ago, the OAGS was the first to take it seriously. Their dedication to the surgeons in this province in all domains of advocacy has certainly earned my respect for years to come.

Although my time as the Resident Rep has come to an end, I hope to continue advocating for better manpower planning. I am more than willing to discuss this issue with anyone who wants to. Please email me: kkieffer@nosm.ca.

As always, if there are any other resident-related issues you would like to bring before the OAGS, please contact me or the OAGS at info@oags.org or contact your local OAGS Resident Liaison:

McMaster University: Jennifer Li, PGY3
NOSM: Kellen Kieffer, PGY5
Ottawa University: Nikoo Rajaee, PGY4
Queen's University: Mike Rizkalla, PGY4
University of Toronto: Debbie Li, PGY4
University of Western Ontario: Mostafa El-Beheiry, PGY2

Kellen Kieffer, OAGS Resident Representative
PGY 5, General Surgery, Northern Ontario School of Medicine (NOSM).

The Cutting Edge newsletter is a bi-annual OAGS publication written by General Surgeons for General Surgeons. It is in its 20th year of existence. It has a circulation of over 500 General Surgeons and General Surgery Residents within the province of Ontario. Any comments related to the contents of this publication or General Surgery issues can be emailed to: info@oags.org ...or faxed to 705-745-0478.

Chief Editor: Dr. Timothy Jackson
Assistant Editor/ Design & Layout: Lori Quilty

Locum & Job Listings

The OAGS does not offer a job placement program. We provide space in our newsletter/website for both those who are seeking and/or institutions/communities that are offering a General Surgery position in the province of Ontario. Rates can be found on our website: **www.oags.org**

All candidates should be eligible for licensure in Ontario and have obtained or be eligible to obtain RCPSC specialty qualifications. Surgical credentials can be confirmed by calling the Royal College directly: 1-800-461-9598 ext.478.

ONLINE VACANCIES & LOCUMS:

- Advanced Multi-Specialty Walk-In Clinic (Mississauga)
- Campbellford Memorial Hospital
- Halton Healthcare Services (Oakville)
- William Osler Health System (Etobicoke/Brampton)

OAGS MEMBERS:

OAGS members can post an online ad for **FREE** - whether you are posting a vacancy or seeking a position.

PHYSICIAN RECRUITERS:

Online ads are charged a quarterly fee. Newsletter ads are charged per issue.

To Place a Job Ad: info@oags.org
Download a form: www.oags.org/joblisting.htm
Other websites with job placement programs: www.hfojobs.ca

Be sure to receive the latest updates and follow us on Twitter and Facebook.

OAGS1

Find us on Facebook

IN MEMORIAM

Dr. Jose Gutauskas
September 26, 1940 - March 26, 2014
Primary: Arnprior and District Memorial Hospital Arnprior, ON
(OAGS Member: 1998-2014)

Note: Let us know of any other General Surgery colleagues who should be remembered.
Contact OAGS: info@oags.org

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The Advanced Multi-Specialty Walk-in Clinic is in search of a general surgeon or other surgical sub-specialists for a full-time permanent position in a clinic environment. On-site existing staff includes Family Physicians, Pediatricians, Ob-Gyn, General Surgery, ENT, General Internists, and Ophthalmology.

This clinic is located in the urban centre of Mississauga, Ontario - minutes from the convenience and entertainment district of downtown Toronto. Without the obligation of taking call, this position might be ideal for a surgeon looking to change from the rigours of a hospital practice. Candidates will perform general surgical procedures and must be flexible with hours.

Contact:
Dr. C. Meola
Phone: 416-464-0238
Email: 21northwest@gmail.com

OAGS

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Board Member/Officer/Reps*	OAGS Position	Board Member/Officer/Reps*	OAGS Position
Dr. Chris Vinden (London)	President	Dr. Jennifer Macmillan (Huntsville)	Member-at-Large
Dr. Jeff Kolbasnik (Milton)	Past President/Section Chair	Dr. Sean McIlreath (Belleville)	Member-at-Large
Dr. Alice Wei (Toronto)	Vice President	Dr. Lynn Mikula (Peterborough)	Member-at-Large
Dr. Harshad Telang (North Bay)	Treasurer	Dr. Ravinder Singh (North Bay)	Member-at-Large
Dr. Timothy Jackson (Toronto)	Secretary	Dr. Eric Touzin (Sioux Lookout)	Member-at-Large
Dr. Frank Baillie (Hamilton)	Member-at-Large	Dr. Joel Weaver (Ottawa)	Member-at-Large
Dr. Kevin Lefebvre (Stratford)	Member-at-Large	Dr. Kellen Kieffer (NOSM)	Resident Representative
Dr. Alan Lozon (Owen Sound)	Member-at-Large		

COMMITTEES	COMMITTEE CHAIR & MEMBERS
Economics & Tariff (MSPC)	C. Vinden (Chair). Section Chair (J.Kolbasnik), T.Jackson, K.Lefebvre, A.Lozon, H.Telang, E.Touzin, A.Wei
General Surgery Resources (Manpower)	C. Vinden (Chair), F. Baillie, J. Kolbasnik, E. Touzin. (Res. Consultant: K. Kieffer)
Membership	F. Baillie, A. Wei (Res. Consultant: K. Kieffer)
Bylaws	T. Jackson (Chair), J.Kolbasnik, R.Singh, C.Vinden
Nominating	J. Kolbasnik, A. Maciver-consulting (Past OAGS Presidents)
Political Activity	J. Kolbasnik (Chair), A. Lozon, R. Singh, C. Vinden
(Ad hoc) CAGS	C. Vinden (Chair), J. Kolbasnik, A. Wei
(Ad hoc) Cancer Care Ontario	C. Vinden (Chair), J. Kolbasnik, J. Lefebvre, A. Lozon, S.McIlreath, L.Mikula
(Ad hoc) CPSO	President (C. Vinden) (Chair), Section Chair (J. Kolbasnik)
(Ad hoc) Newsletter	T. Jackson (Managing Editor), President (C. Vinden), J.Kolbasnik
(Ad hoc) OMA	Section Delegates: J. Kolbasnik, C. Vinden (Alts: F. Baille, T. Jackson, A. Lozon, A. Wei)
(Ad hoc) On-Call	J. Kolbasnik, A. Lozon, H. Telang, E. Touzin, C. Vinden
(Ad hoc) Peer Support	Board-at-Large
(Ad hoc) Program & Education (i.e.AGM)	K.Lefebvre(Chair), T.Jackson, J. Kolbasnik, J.Macmillan, C. Vinden, A. Wei, A.Maciver-consulting
(Ad hoc) Research	A.Wei (Chair), Past President (J.Kolbasnik), T. Jackson, J. Weaver
(Ad hoc) Sponsorship / Exhibiting	C. Vinden (Co-Chair), K. Lefebvre (Co-Chair), T. Jackson, J. Kolbasnik, J.Macmillan

EDITOR'S NOTE: *This is the 37th issue of The Cutting Edge and my first issue as Editor. None of our work would be possible without your support. Your board members are hard-working active general surgeons, like yourselves, who are interested in improving both our working conditions and our quality of life. Although we would like to send this newsletter to every general surgeon in the province, The Cutting Edge is mailed exclusively to paid-up members due to the cost factor. If you have not yet renewed your membership, we encourage you to do so. Remember, it is* ***the OAGS that brings to you the annual meeting & accreditation, this newsletter, the website, job posting, Billing Corner, CPD listing, monthly email updates, CJS, and more****. We get very little funding from the OMA as the Section on General Surgery, and your financial support is essential to the survival of the OAGS. Thank you. - Dr. Tim Jackson, Managing Editor*

Our recent Annual Meeting of 2014 was funded by the following sponsors. Their support is greatly appreciated. Thank you.

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