

# The Cutting Edge

## A Voice for Ontario's General Surgeons

ONTARIO ASSOCIATION OF GENERAL SURGEONS  
(OMA Section on General Surgery)

### OAGS/OMA Section elections diverge

*Currently shared executive method is hoped to be continued*

By Dr. Jeff Kolbasnik

Dear Colleagues,

I was honoured to have been reappointed as President of the organization for 2011. We have had three very engaged board meetings since our last AGM and have actively pursued a number of issues and initiatives. We have also initiated a strategic planning exercise at the board level, for which we expect to engage the broader membership in the near future. We have identified a number of key priorities, including:

- fostering key relationships (e.g., with OMA, other surgical groups, CCO)
- identifying and pursuing our educational role
- pursuing intra-sectional fee relativity
- enhancing breadth and depth of OAGS membership and leadership
- enhancing succession planning
- policy development (e.g., on call issues, hospital resource allocation)
- engaging in the Quality Agenda and the Patient

**Safety Agenda**

- contributing to OMA-Ministry Master Agreement negotiations
- responding to current areas of member concerns, including regionalization, subspecialty care, restricted breadth of practice, role of physician extenders, manpower and employment issues, and surgeon's role in endoscopy and colon cancer screening.

**Section Election:**

Much of our responsibilities are also discharged through our role on the OMA, where we function concurrently as the OMA Section on General Surgery. However, recent OMA bylaw changes have necessitated a separate election process for the OMA Section from that of the OAGS. The OAGS/Section board is typically elected at our Annual General Meeting, whereas the OMA Section elections must now be conducted amongst all Section members, via electronic, fax, or mail ballot. The Section election is planned for the fall (Nov.14), and I expect OAGS Board members to be vying for these OMA positions. Certainly, non-OAGS member general surgeons may also run and be elected to the OMA Section leadership, which may create role challenges in terms of each leadership group advocating and pursuing its responsibilities. Regardless, I am confident the leadership of the OAGS and OMA Sec-

tion on General Surgery will advocate effectively and responsibly for the needs of our profession and our patients.

**Fee Allocation:**

We have recently wrapped up this year's fee allocation process with the OMA and Ministry. A full summary of changes has since been released following the government's approval. We pursued a number of specific fee changes and various initiatives, including enhancing fees for after-hours care and the obesity premium. The OMA had been actively working to ensure these changes get approved by government and implemented into the fee schedule before government turns its attention to the upcoming provincial election.

**Relativity:**

The OMA is also continuing its work on collecting data for fee relativity calculations, though many of us, myself included, have expressed significant concerns about how the OMA has conducted this work. You have all received the survey from Price Waterhouse Coopers, but few physicians completed the survey. In fact, the overall response rate to the survey was only 8.7%, meaning that some Sections likely had a far lower response rate. Many physicians started but abandoned the survey, frustrated by answering ques-

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**NOTICE: OAGS 2011 MEMBERSHIP DRIVE (Jan-Dec, 2011)**

Please be reminded that the OAGS is still collecting annual dues for the current fiscal. If you've already renewed, a receipt will be enclosed. Otherwise, a final invoice reminder may be enclosed. We welcome non-members to visit our website ([www.oags.org](http://www.oags.org)) for an application to join or call our office: 1-877-717-7765.

**17th OAGS ANNUAL MEETING: Saturday, October 29, 2011.**

OAGS Board of Directors, President Dr. Jeff Kolbasnik and Annual Meeting Chair Dr. Angus Maciver would like to invite all general surgeons to this year's 17th OAGS Annual Meeting on Sat., October 29, 2011 at the Sheraton Toronto Airport Hotel, 801 Dixon Rd. Be sure to visit our website for more details: [www.oags.org](http://www.oags.org). Free admission to OAGS members.

# Editorial...

By Dr. Ciaran Kealy

This edition of *The Cutting Edge*, published by the Ontario Association of General Surgeons (OAGS), will mark the 16<sup>th</sup> year of our existence as the Voice of the General Surgeons in this province.

In 1995 when we set up the organization, we were expected to rapidly flame out like a comet. Luckily, that did not occur and we can truthfully say that we have been responsible for significant changes in how the General Surgeons are treated and paid.

In particular, "On Call" is a prime example of this where our members cannot be obligated to do more than 1 in 5; we would like to think this is now cast in stone. Our remuneration is still somewhat contentious. We pioneered paid on-call, which all specialties including the "soft specialties" can bill.

One cannot begrudge other specialties their "On Call" stipends, but none the less we are still the one group that provides the vast majority of services in unsocial hours. Our board feels that to rectify this there should be compensatory changes in the after-hours codes to reflect this and are working on it.

Our membership continues to grow, particularly with more younger members signing on. There are still a lot of community and academic surgeons who have benefited from our efforts but have not joined our organization. If one can think back to "caps", "Rae Days", and "clawbacks", the value of an organization such as our own - separate from the OMA - becomes apparent.

And while the OMA speaks and acts for the profession as a whole, you can rest assured that General Surgeons are not their prime concern. It is only ourselves alone who can look after our patients and our own issues. To do that, we need the support of all the province's General Surgeons. The cost to each of us for an OAGS annual membership is the stipend for one night on call, that of which we were effective in getting for all academic and community surgeons within the province.

We need your continued support; so, please remember to renew your OAGS dues or become a new member for 2011. We also hope to see you all at the upcoming 17<sup>th</sup> OAGS Annual Meeting this fall (October 29, 2011).

- Dr. Ciaran Kealy, OAGS board member and newsletter editor, is on staff at the Sudbury Regional Hospital. He was also the founder of the OAGS.

## Remember...

only up-to-date OAGS members receive  
The Cutting Edge newsletter.

Be sure to join!

Visit our site for more info: [www.oags.org/join.htm](http://www.oags.org/join.htm)

The Cutting Edge newsletter is a bi-annual O.A.G.S. publication written by General Surgeons for General Surgeons. It is in its 16th 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](mailto:info@oags.org) ...or faxed to 705-745-0478.

**Chief Editor: Dr. Ciaran Kealy**  
**Editor/ Design & Layout: Lori Quilty**

## Upcoming CME Events

DATE	EVENT
Oct. 12-15, 2011	24th Int. Course on Therapeutic Endoscopy Four Seasons Hotel, Toronto, ON Web: <a href="http://www.thera-endo-toronto.com">www.thera-endo-toronto.com</a>
Oct. 13-19, 2011	UofT Physician Leadership Program BMO Institute for Learning, Toronto, ON <a href="http://events.cepdtoronto.ca/website/index/HAD1102">http://events.cepdtoronto.ca/website/index/HAD1102</a>
Oct. 22, 2011	SON Fall Update in Surgical Oncology: "From Uncommon to Common" Four Seasons Hotel, Vancouver, B.C. Email: <a href="mailto:fcengic@bccancer.bc.ca">fcengic@bccancer.bc.ca</a>
Oct.23-27, 2011	American College of Surgeons Clinical Congress San Francisco, California Web: <a href="http://www.facs.org">www.facs.org</a> / Email: <a href="mailto:postmaster@facs.org">postmaster@facs.org</a>
Oct. 24-25, 2011	Toronto Cancer 2011 Education Conference & Medical Exposition Metro Toronto Convention Centre, Toronto, ON Web: <a href="http://www.torontocancer.ca">www.torontocancer.ca</a>
<b>Oct. 29, 2011</b>	<b>O.A.G.S. 17th Annual Meeting</b> <b>Sheraton Toronto Airport Hotel, Toronto, ON</b> <b><a href="http://www.oags.org">http://www.oags.org</a> / Email: <a href="mailto:info@oags.org">info@oags.org</a></b>
Nov. 1-5, 2011	Johns Hopkins: 37th Annual Topics in Gastroenterology and Hepato-Biliary Update Baltimore, Maryland Web: <a href="http://www.hopkinsCME.edu">www.hopkinsCME.edu</a>
Nov. 7-8, 2011	Harvard: Trauma & Critical Care Symposium Fairmont Copley Plaza Hotel, Boston, MA Web: <a href="http://cme.hms.harvard.edu">http://cme.hms.harvard.edu</a>
Nov. 25, 2011	UofT Update in Minimally Invasive Surgery Metropolitan Hotel, Toronto, ON Ph: 416-978-2719 Email: <a href="mailto:info-SUR1118@cepdtoronto.ca">info-SUR1118@cepdtoronto.ca</a>
Nov.29- Dec.2, 2011	St. Mark's Hospital 9th Annual International Congress Frontiers in Intestinal & Colorectal Disease Web: <a href="http://cme.hms.harvard.edu">http://cme.hms.harvard.edu</a>
Nov.29-Dec2 2011	European Colorectal Congress St. Gallen, Switzerland Web: <a href="http://www.colorectalsurgery.eu">www.colorectalsurgery.eu</a>
Feb. 1-4, 2011	Asian American MultiSpecialty Summit (Lap & MIS) Hilton Hawaiian Village Beach Resort, Honolulu, Hawaii Web: <a href="http://www.sls.org">www.sls.org</a>
Feb.23-25, 2012	2012 Annual Scientific Conference of the Canadian Society of Transplantation, Quebec City, Quebec Web: <a href="http://www.cst-transplant.ca">www.cst-transplant.ca</a>
June 2-6, 2012	American Society of Colon & Rectal Surgeons ASCRS Annual Meeting Grand Hyatt Hotel, San Antonio, Texas, US Web: <a href="http://www.fascrs.org">www.fascrs.org</a> Email: <a href="mailto:ascrs@fascrs.org">ascrs@fascrs.org</a>
Apr. 27 - May 1, 2013	American Society of Colon & Rectal Surgeons ASCRS Annual Meeting Sheraton Phoenix Hotel, Phoenix, Arizona, US Web: <a href="http://www.fascrs.org">www.fascrs.org</a> Email: <a href="mailto:ascrs@fascrs.org">ascrs@fascrs.org</a>

For the complete listing of CME events, check our website:

<http://www.oags.org/events.htm>

For a listing of national and international CME courses:

<http://www.doctorsreview.com/meetings/>

# The World of Discretionary Money Management

By Kelli Costigan - Special to The Cutting Edge

## The world of discretionary money management

As a busy physician, you may find that you have less and less time to focus on wealth management. And as you enjoy greater success in your working life, your financial matters will likely become even more time consuming. One solution is to delegate the day-to-day management of your portfolio to seasoned professionals, so you can remain focused on other priorities in your life.

Partnering with a dedicated expert, such as MD Private Investment Counsel, to manage a portfolio greatly enhances the decision-making process, and can often save an investor from some perilous behavioural traps. One of the main insights stemming from behavioural finance is an understanding of the influence of heuristics, or rules of thumb. Although many heuristics shape our decisions, there are three in particular that occur most often:

1. **Anchoring** is a 'reference point' that, when applied to the investment world, relates to a number, value or stock price. The focus is on a single value that does not match a complete analysis. This concept can be seen, for example, in an investor who watches a stock drop to a low price from a high one, and then refuses to sell until the previous high is matched. Even though the previous high has no relation to where the stock may go in the future, it becomes an anchor in a faulty decision-making process.
2. **Recency Effect** is a cognitive bias resulting from placing too much importance on recent observations or events. This bias is often witnessed in investors after dramatic fluctuations in the markets.
3. **Confirmation Bias** occurs when people look for evidence to confirm beliefs but overlook that which contradicts them. For investors, this selective thinking is associated with focusing on information that supports a preferred investment idea.

## MD Private Investment Counsel

MD Private Investment Counsel is an exclusive and sophisticated level of discretionary wealth management. As an MD Private Investment Counsel client, you enjoy personalized service and the in-depth expertise you need to help meet your financial goals.

### Four key benefits

1. **Expertise.** Enjoy the highest level of professional expertise to help you preserve and grow.
2. **Personalization.** Experience personalized service, advice and communication about your investments.
3. **Integration.** Benefit from the intelligent integration of your investment portfolio with your overall investment plan.
4. **Due diligence.** Gain the potential for strong, long-term investment performance through multiple layers of professional due diligence and expertise.

### Two services to meet your needs

We offer both personal and virtual advisory services to meet the needs of today's busy physicians. With the personal service, you will have a dedicated investment counsellor who will meet with you in person to review your portfolio and its performance and discuss your investment needs. As a virtual advisory client, you'll meet with your investment counsellor online once a year, via a web conference set up by your MD Management advisor.

### Enjoy the freedom of discretionary money management

As a Private Investment Counsel client, you'll experience the confidence of having a team of seasoned professionals working on your behalf to help you build a fully integrated wealth plan, delivered with a personalized approach tailored to your needs.

- Kelli Costigan, BA, CIF, CSP, is a Senior Investment Counsellor at MD Private Investment Counsel.

## Combat surgeon offers expertise in course Mass casualty exercises on Canadian Surgery Forum fall program

### Special to The Cutting Edge

A new course was offered at the Canadian Surgery Forum for physicians, nurses, managers and students that commenced this fall.

Dr Vivian McAlister, a surgeon with the London Health Sciences Centre (LHSC), was recently in Afghanistan for the fourth time. He uses his transplant experience to develop skills as a combat surgeon. With a group of specialists from across Canada, he is translating his overseas experience to help Canadian hospitals prepare for catastrophes such as a bus crash on the 401 or a roof collapse at a school. This course was held at the London Convention Centre on September 15, 2011. (<http://www.pbphpc.org/wp-content/uploads/2011/06/MASCAL-CSF.pdf>) (<http://www.pbphpc.org/?p=153>)

The one-day course, based on Canadian Forces exercises, used simulation and scenario role play, presentations and interactive discussions to cover emergency preparedness. The course was designed for surgeons and hospital staff in community or aca-

demical centres that may have to deal with mass casualty incidents. It reviewed material often presented in 3-day courses in Europe and the United States. The course used training techniques developed by the Canadian Forces, but the scenarios were exclusively those that might occur anywhere in Canada. Observer-controller/trainer target audience and actor roles were taught throughout the course.

The focus of the exercise was within-hospital care. The course presumed some familiarity with pre-hospital disaster care and with advanced trauma life support, but these topics were reviewed during the course. The faculty included leading trauma surgeons from centres across Canada.

**Objectives** - After the course, participants should be able to: cope with multiple or mass casualty situations; lead hospital units in the event of a disaster; prepare and direct rehearsal exercises within their unit or hospital; lead debriefing sessions after events; assess disaster preparedness of units and hospitals.

- Dr. Vivian McAlister, LHSC General Surgery Dept..



# Resident Rostrum

By **Dr. Julie Ann Van Koughnett**  
O.A.G.S. Resident Representative

## Game, Set, and CaRMS Match

Throughout academic and community hospitals in the province of Ontario, July marked the beginning of a new year of residency training in General Surgery. We welcome the new crop of excited first year surgery residents and offer congratulations to Ontario's newly qualified general surgeons!

The CaRMS (Canadian Resident Matching Service) Match proved to be very successful for General Surgery in Ontario earlier this year. During the winter and spring, fourth year medical students and residency programs eagerly awaited the match results after weeks of interviewing and ranking. The following is a summary of the General Surgery CaRMS Match from 2011. Why are these simple statistics so important? The residency match is the first step in shaping the future of General Surgery in choosing those who will best serve our patients through clinical work, research, and advocacy for surgical issues.

### **Canadian Picture:**

Overall, 4,531 applicants participated in CaRMS for all residency positions in Canada. The majority of applicants (2,576) were from Canadian medical schools. Approximately 1,920 international medical students and 35 American medical school students also participated. Out of the 3,012 positions available in Canada, 2,909 positions were filled, with 90% of those spots filled in the first iteration of the match. About half of residency positions are for Family Medicine and the remainder is divided among the specialties.

### **Focus on Ontario:**

There were 1,126 residency positions available in Ontario at our six medical schools – University of Ottawa, Queen's University, University of Toronto, McMaster University, Northern Ontario School of Medicine, and University of Western Ontario. There were 860 applicants from Ontario medical schools registered for CaRMS. There are more Ontario applicants than from any other province, with Quebec being a close second (816 applicants).

### **The General Surgery Story:**

In General Surgery, there were 104 positions reserved for Canadian medical school applicants and 10 positions for international medical school applicants across the country. Every position in General Surgery was filled in the first iteration of the match. That is, there were no unmatched positions in General Surgery left for the second round or overall. Interest in General Surgery was very high! Of the Canadian medical school applicants who matched to General Surgery, 94% had ranked General Surgery as their first choice of discipline. That is an exceptional number, signalling the high demand and genuine true interest in General Surgery. There were also 59 international medical school students who applied to a separate pool of General Surgery residency positions as their first choice of discipline. There were 9 positions across the country for international medical graduates in General Surgery, leaving 49 unmatched international applicants and

one who matched to another discipline.

Interestingly, even though 94% of successful candidates had ranked General Surgery as their first choice of discipline, most applicants to General Surgery also applied to another discipline. Of the 213 applicants to General Surgery, 64 applied to ONLY General Surgery. The rate of applying to more than one specialty was comparable to every other surgical specialty in the country. Perhaps the most important information can be gleaned from the demand for General Surgery positions. Of all residency positions in the country for Canadian graduates, 3.8% of positions are reserved for General Surgery. However, 4.8% of all applicants' first choices were for General Surgery.... There is more demand than availability.

### **Potential New OAGS Members:**

In Ontario, there were 36 CaRMS positions in General Surgery between the six Ontario medical schools, plus additional positions reserved for international medical students committed to staying in Canada after residency. Between the medical schools, there are variations of interest in General Surgery by the graduating classes. The table below represents the percentage of medical students from Ontario schools who applied to General Surgery as their first choice in CaRMS. Why is there variation between schools? Does the selection process for medical school applicants vary? Is the student population inherently different? Is the clerkship experience different?

While these rates vary year to year, residents and surgeons must strive to present a realistic and fair representation of what a career in General Surgery will entail, encourage best suited medical students, and allow students to make the best informed choice of specialty. The challenge then becomes providing the best training to the optimal number of trainees based on residency workload and job prospects, but that is a larger discussion not to be addressed here! It is very encouraging that so many medical students are excited by their experiences in General Surgery, enough to strongly consider our specialty in their daunting task of choosing a career path.

School of Medicine	% of Class Applying to General Surgery as 1st Choice
U of Ottawa	2.7 %
Queen's U	3.1 %
UofToronto	4.5 %
McMaster U	6.1 %
NOSM	0 %
UWO	10.1 %

As always, if there are any resident related issues you would like to be brought to the OAGS, please contact me at [info@oags.org](mailto:info@oags.org), or [JulieAnn.VanKoughnett@londonhospitals.ca](mailto:JulieAnn.VanKoughnett@londonhospitals.ca), or contact your neighbourhood **OAGS Resident Liaison**. (see below)

*Julie Ann Van Koughnett*  
OAGS Resident Representative  
PGY 5, General Surgery  
University of Western Ontario

## OAGS RESIDENT LIAISONS

### **Current OAGS Resident Liaisons:**

**McMaster University** - Dr. Joey McDonald (PGY5)  
**University of Ottawa** - Dr. Amber Menezes (PGY3)  
**University of Western Ontario** - Dr. Sami Chadi (PGY3), Dr. Julie Ann Van Koughnett (PGY5 & Res Rep)  
**University of Toronto** - Dr. Chloe McAlister (PGY4)  
**Queen's University** - Dr. Alison Archibald (PGY5)  
**Northern Ontario School of Medicine** - Dr. Kellan Kieffer (PGY2)

## OMA Section/ OAGS Elections

Please note that while the OAGS and the OMA Section on General Surgery are separate entities, the two bodies share a common goal of being a voice for General Surgeons in Ontario. They have also shared the same election at the Annual Meeting each year as well as the same executive/board of directors.

As of 2011, however, there will be two separate elections. The OMA will now be facilitating all section elections. The **Section on General Surgery** will be having its election on **November 14, 2011**. OMA primary General Surgery members will be voting by preferred method (email, fax, mail) via the OMA. The deadline for nominations is Oct.3. For this election, only 6 executive positions, 2 OMA Council delegate positions and 4 Council alternate positions will be available for a 1-year term.

The current Section executive has submitted the roster of **executive candidates** as follows:

- 1) **Chair** - Dr. Angus Maciver, Stratford
- 2) **Vice Chair** - Dr. Jeff Kolbasnik, Milton
- 3) **Tariff Chair** - Dr. Chris Vinden, London
- 4) **Secretary** - Dr. Peter Willard, Welland
- 5) **Member-at-Large** - Dr. Harshad Telang, Thunder Bay
- 6) **Member-at-Large** - Dr. Ciaran Kealy, Sudbury

(Note: As Past Chair, Dr. Philip Barron will additionally be acclaimed to the executive.)

The candidates submitted for the **OMA Council** are:

**Delegate** - Dr. Angus Maciver

**Delegate** - Dr. Ciaran Kealy

**Alternate** - Dr. Philip Barron

**Alternate** - Dr. James Forrest

**Alternate** - Dr. Jeff Kolbasnik

**Alternate** - Dr. Chris Vinden

The **Ontario Association of General Surgeons (OAGS)**, however, will simultaneously continue with its own separate election of its board members during the usual proceedings at the OAGS Annual Meeting on **Saturday, October 29** at the Sheraton Toronto Airport Hotel. The OAGS board has 14 members, but because the election is staggered, only 7 will be up for election this year for a 2-year term. The 7 members who are running for re-election are as follows:

- 1) Dr. Philip Barron, Ottawa
- 2) Dr. Suru Chande, Winchester
- 3) Dr. Ian Chin, Oshawa
- 4) Dr. Dennis Desai, Ottawa
- 5) Dr. Ciaran Kealy, Sudbury
- 6) Dr. Chris Vinden, London
- 7) Dr. James Forrest, Leamington (*pending*)

(Note: Once elected, the board appoints the officer positions. The remaining board members are: Drs. Kolbasnik, Long, Lozon, Maciver, Telang, Willard, Wei.)

Only OAGS members will be permitted to vote, but nominations will be accepted up until noon of October 29. (To be included on the hard copy ballot, nominations should be received by Oct. 21.) Nominees require RCPCSC-certification, current OAGS membership status, and 2 nominating signatures from OAGS members.

While the elections will be separate henceforth, it is hoped that the two will continue to share the same representatives and coordinate the same meetings to discuss similar items of interest, particularly billing and fee allocation. Currently, the OMA Section hosts several shared board meetings to discuss General Surgery matters at the OMA headquarters throughout the year, while the OAGS (with the help of membership dues and sponsorship) hosts and funds not only the CME accredited OAGS Annual Meeting but also *The Cutting Edge* newsletter and the OAGS website. The current OAGS/ Section executive hopes this collaboration will continue.

**For more details:** [www.oags.org/election.htm](http://www.oags.org/election.htm)



### General Surgeon

The Norfolk General Hospital is seeking a General Surgeon to replace a retirement.

The Norfolk General Hospital is a 106 bed community hospital, including 10 Intensive Care/Step Down beds, in Simcoe, Ontario serving a catchment area of 60,000 residents. The Town of Simcoe with a population of 15,000 residents is located just minutes from the sandy shores of Lake Erie with ample recreational, residential and educational opportunities. Simcoe is conveniently located within 60 minutes from Hamilton and within 80 minutes of London.

The Norfolk General Hospital has High Definition Cameras for Minimally Invasive Surgery and Endoscopy as well as a 64 slice CT Scanner and PACS.

The on-call requirement is 1:4 including C-Section capability (training is available).

**For additional information, please contact:**  
**Dr. G. Soenen, Chief of the Department of Surgery**  
**Tel: 519 426-3366 • Email: gmsoenen@gmail.com**

## Brockville General Hospital General Surgeon

### Full Time

Brockville General Hospital is a 126 bed community hospital serving a catchment area of 96,000. Four new OR's (2003) with endoscopy suite. Digital Imaging and CT. Computerized Physician order Entry.



We are seeking to fill the second of two vacancies created by a job share. Additional Surgical Services include ENT, Gynaecology, Orthopaedics, Ophthalmology, Oral/Dental, and Urology. Tertiary care / academic centres in Ottawa and Kingston are just one hour away.

**Brockville** (pop. 22,000) is conveniently located along Hwy 401 in the beautiful Thousand Islands Region; 2 hours west of Montreal and 3 hours East of Toronto.  
[www.brockvilletourism.com](http://www.brockvilletourism.com)

**Interested applicants may forward a letter and CV to:**  
**Carlene MacDonald, Physician Recruiter**  
**Brockville General Hospital**  
**75 Charles St., Brockville, ON K6V 1S8**  
**Phone: (613) 349-5711**  
**Email: [macca@bgh-on.ca](mailto:macca@bgh-on.ca) / Website: [www.bgh-on.ca](http://www.bgh-on.ca)**  
*(This is the 2nd of two vacancies)*

# O. A. G. S.

P.O. Box 192, Station Main, Peterborough, ON K9J 6Y8  
 Ph. (705) 745-5621 Toll Free 1-877-717-7765 Fax (705) 745-0478 E-mail: info@oags.org Website: www.oags.org

## EXECUTIVE & PORTFOLIOS

President Dr. Jeff Kolbasnik (Milton) - AGM, CAGS, CCO, CPSO, Manpower, MSPC/Tariff Co-Chair, Newsletter, OMA Council Alt, Politics, Sponsorship  
 OMA Section Chair Dr. Angus Maciver (Stratford) - AGM(chair), Bylaws, CCO Alt, CPSO, OMA Council Delegate, Politics, MSPC alt, Nominations  
 Vice-President Dr. Chris Vinden (London) - AGM, CAGS chair, Manpower, MSPC/Tariff Co-Chair, OMA Council Alt, On-Call, Politics, Sponsorship  
 Treasurer Dr. Dennis Desai (Ottawa) - AGM, By-laws chair  
 Secretary Dr. Peter Willard (Welland) - AGM, On-Call  
 Dr. Philip Barron (Ottawa) - AGM, OMA Council Alt., Manpower, Nominating Committee, Politics, Sponsorship  
 Dr. Suru Chande (Winchester) - AGM, Sponsorship  
 Dr. Ian Chin (Oshawa) - AGM, Membership, Sponsorship (chair)  
 Dr. James Forrest (Leamington) - AGM, CPSO (OHP Inspection), OMA Council Alt.  
 Dr. Ciaran Kealy (Sudbury) - AGM, Newsletter Managing Editor, OMA Council Delegate, Nominations, Politics  
 Dr. John Long (Elliot Lake) - AGM, MSPC/Tariff Alt, Sponsorship  
 Dr. Alan Lozon (Owen Sound) - AGM, Membership, On-Call  
 Dr. Harshad Telang (Thunder Bay) - AGM, MSPC/Tariff Alt, On-Call  
 Dr. Alice Wei (Toronto) - AGM, CCO, Membership  
 Peer Support Committee = entire board

EDITOR'S NOTE: This is the 32nd issue of *The Cutting Edge*. 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. 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 O.A.G.S. Thank you. - Dr. Ciaran Kealy, Editor

GENERAL SURGICAL DUES (Jan1-Dec31, 2011): Active Surgeons - \$400; Inactive/Out-of-Province - \$100;  
 Fellows/Residents belonging to Ontario Med Schools - \$20  
 Cheques can be mailed to the following address:

O.A.G.S.  
 P.O. Box 192, Station Main  
 Peterborough, Ontario K9J 6Y8

Our upcoming 17th Annual Meeting of 2011 will be funded by the following sponsors.  
 Their support is greatly appreciated.

Thank you.

