

THE CUTTING EDGE

A Voice for Ontario's General Surgeons

ONTARIO ASSOCIATION OF GENERAL SURGEONS

(OMA Section on General Surgery)



MOHLTC sacrifices healthcare in budget

Major structural changes expected for future healthcare delivery

By Dr. Jeff Kolbasnik

Dear Colleagues,

It is an honour to have been selected by the OAGS Board to serve as President for another year. I expect it to be my final year in this role, though I hope to continue to provide leadership on the Board and to take on a bigger role representing our Section at the OMA. Rather than a lame duck situation, I feel a greater sense of urgency to accomplish positive changes for our profession and the patients that we serve.

I write this column on the heels of the **Drummond Report** and the new provincial budget. It is also in the midst of current OMA negotiations with government for a **Master Agreement** which will likely run at least a few years, and may set the tone for issues bargaining for the foreseeable future.

It seems clear that major structural changes in our dealings with government, and in the management of the health care sector, are coming and that the predicted needs to deal with historically growing costs will now be tackled. The needed crisis has been precipitated not by the healthcare

sector but by the financial health of the provincial treasury; yet, the need to manage health care costs seems paramount to restoring the province's financial health.

While the media seems focused on the government's intention to freeze physician fees during negotiations, a number of other areas are critical issues for negotiations.

I have written the Minister of Health regarding a number of these concerns and was fortunate to engage in a lengthy discussion with her senior policy advisor regarding these issues.

I stressed to him the need to preserve and enhance **patient access to services** and to ensure resources are available to deliver needed medical care. As surgeons, we often bear a disproportionate brunt of cutbacks at the hospital level, as so-called "elective" surgery and endoscopy time is cancelled, while ER access and inpatient care must be preserved.

I implored the Minister's office to develop **adequate accountabilities at the hospital sector** to ensure that surgical care does not become the focus of hospital efforts to control budget deficits. The government's efforts to shift hospital funding from a global basis to patient-based activity/volume funding will certainly help in this endeavour, though the slow evolution of this shift – necessary to prevent drastic cuts at certain hospitals – is inadequate to address potential cuts to general surgical care over the next few critical years.

The Ministry is keen to address the issue

of **fees** which, often as a result of technological advances, have become relatively over-valued. Cataract fees are the classic example. I indicated to the Minister's advisor that we as physicians also have an interest in ensuring the fee schedule is equitable and appropriately rewards physicians for the intensity involved in providing certain services. It is my hope that any savings achieved in this manner are re-invested in supporting our many undervalued codes.

The Ministry is also keen to explore the option of providing a number of outpatient services in **out-of-hospital facilities**. We discussed issues relating to governance, accountability, access, and quality. The Ministry is still developing the terms of such initiatives and has welcomed the input of the medical profession in this process. Even in more general terms, the Minister's advisor indicated to me that it is critical physicians have a significant leadership presence in developing and supporting new models of care and service delivery. I am hopeful a number of us will participate in such activities.

The OAGS Board has participated in a number of OMA activities and has submitted issues and priorities for negotiations. We have focused on priorities which support and enhance access, quality, and equity, rather than simply those that seek to increase fees. In the interim, though, we have also expressed profound concerns regarding

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NOTICE: OAGS 2012 MEMBERSHIP DRIVE (JAN-DEC, 2012)

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) for an application to join or call our office: 1-877-717-7765.

18TH OAGS ANNUAL MEETING: SATURDAY, NOVEMBER 3, 2012

OAGS Board of Directors, President Dr. Jeff Kolbasnik and Annual Meeting Committee Chair Dr. Angus Maciver would like to thank all those who attended last fall's Annual Meeting and invite all General Surgeons to this year's 18th OAGS Annual Meeting on Sat., Nov. 3, 2012 at the Sheraton Toronto Airport Hotel, 801 Dixon Rd. For more details: www.oags.org. (Free admission to OAGS members.)

Resident Rostrum

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

The Times Are Changing

There has been much talk across the country in recent years surrounding upcoming changes to residency education in all specialties. Models of training residents across the disciplines are in flux, and programs are looking outside their fields and home countries for the “best” way to train residents. In Ontario, the current resident contract with the Professional Association of Internes and Residents of Ontario (PAIRO) is expired and under negotiation. It is predicted that the new contract will place new and more stringent limitations on resident work hours in Ontario. Surgical programs will not be excluded from these limitations.

Work Hours Restrictions

The issue of resident work hour restrictions in North America came to the forefront of the public press in the United States in 1985, when Libby Zion died in a New York City hospital after being treated by interns and residents for an unknown febrile illness. This young woman's death prompted legal action, which attributed errors in the interns' decisions to a lack of appropriate supervision by attending physicians and perhaps lack of sleep. A subsequent report by the Institute of Medicine concluded that resident fatigue was a significant health issue affecting both patients and the residents themselves. In 2003, the Accreditation Council for Graduate Medical Education (ACGME) put into place national restrictions on weekly work hours for residents in the United States. In Canada, work hour restrictions for trainees vary by province and are set by provincial residents associations' contracts. Recently, changes to the Quebec resident contract have resulted in stringent work hours restrictions in the province, including a 5 consecutive work days restriction, and a 16-hour work day restriction. That is, a resident may not work the day and then stay overnight for call, or work the week and then continue on as the weekend on-call resident. Many predict that similar restrictions will be implemented in the upcoming contract in Ontario.

Sleep Deprivation

Clearly, restricting work hours and achieving adequate training may be competing issues. Data on the impact of sleep deprivation on patient outcomes widely varies in the medical and sleep literature. One finds as many studies showing a detriment as those that show no impact. It is clear that surgical residents, when compared to the general population, have higher rates of chronic sleep deprivation and psychological distress. Many argue though that the surgical resident is not the same as other types of residents. The surgical resident is perhaps self-selected to be more resilient and less at risk to be affected by physical and mental fatigue. There is, in fact, some data to support this theory! Interestingly, in population-based surveys, public opinion would favour both residents and surgeons working significantly fewer hours than is current practice. One also wonders if trainees are working shorter hours during residency, will they then expect to work shorter days and do fewer calls once in surgical practice?

Maintaining Quality Training In a Restricted Model

The over-arching goal of any residency program is to produce competent surgeons capable of independent practice. Data from the United States is now available, as the first generation of residents training under 80-hour work week restrictions have now completed residency. Many new models

have been implemented to include night float systems, increased use of surgical hospitalists and nurse practitioners, and simulation programs. There is hope that quality may be maintained as more restrictive work hours limitations become mandatory in Ontario. With proper foresight and modifications to the training model, operative volumes and test scores can be maintained. One cannot simply cut out training hours. Many centres in the United States have successfully maintained or increased case volumes by streamlining resident activities during their time in the hospital. The reality is that new resident work hours restrictions will soon be a part of Ontario residency training. They will likely universally apply to all disciplines. Surgical training programs must be proactive and look to national and international solutions that have been successful to ensure that future residents receive quality training. Surgical residents want to be excellent surgeons, and the restrictions placed on their training by PAIRO must not be misinterpreted by mentors and trainers as lack of motivation. We must work together to maintain quality in our volume-important surgical specialty training.

As always, if there are any resident related issues you would like to be brought to the OAGS or discussed here, please contact me or the new Resident Representative at info@oags.org or contact your neighbourhood OAGS Resident Liaison. (see below)

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

VACANCY: RESIDENT REPRESENTATIVE

OAGS President Dr. Jeff Kolbasnik and the Ontario Association of General Surgeons Board of Directors would like to take this opportunity to thank **Dr. Julie Ann Van Koughnett (UWO, PGY5)** for her consistent participation during her term as OAGS Resident Representative (2010-2012).

Her time and effort in providing the resident perspective and insight to the board during our meetings, correspondence, website and this column have added greatly to our organization and is very much appreciated. We wish her well as she embarks on a fellowship in Colorectal Surgery at the Cleveland Clinic, Florida this fall and all her future endeavours in the surgical profession. Best of luck!

The position of Resident Representative will be vacant at some point in June. **We have been collecting and reviewing applications from interested candidates. A letter of intent and CV can be addressed to the OAGS President and Board via email: info@oags.org.**

OAGS Resident Rep Responsibilities:

- Liaise with/for General Surgery Residents of Ontario and the OAGS
- Impart General Surgery Resident concerns to the OAGS Board/Section Executive
- Write the Resident Rostrum column twice per annum
- Attend/report to 3-4 OAGS Board meetings in Toronto per annum
- Attend/report to the OAGS Annual Meeting each fall (Toronto)
- Communicate with OAGS Resident Liaisons on an on-going basis
- Contribute to planning of events/communications pertaining to General Surgery Residents

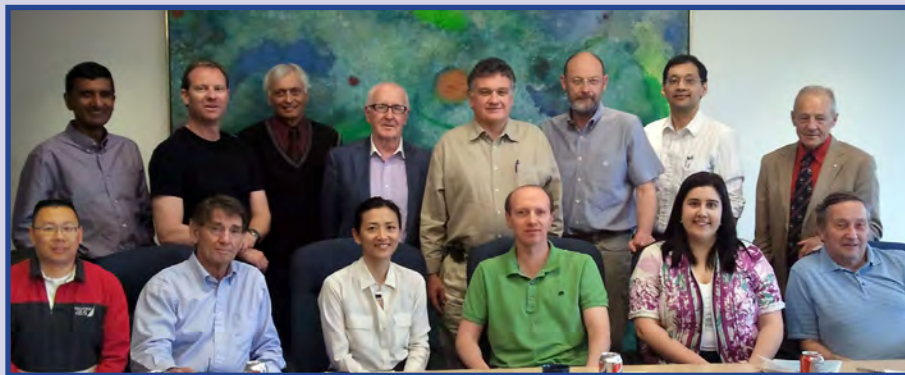
Note: Travel expenses for meetings will be remunerated.

Successful Candidates will...

- be enrolled in an Ontario General Surgery Residency Program
- be at least PGY2, preferably PGY3 by fall 2012 (...but all PGYs will be considered)
- have an interest in General Surgery policy/lobbying
- be a member of the OAGS (or willing to join prior to position)
- provide a CV and letter of intent
- provide a letter of reference (nonrequisite)

OAGS Resident Liaisons: 2 Vacancies

Queen's University and McMaster University (see page 5)
Candidates can be from any PGY. Visit our website: www.oags.org.



OAGS BOARD OF DIRECTORS & REPS

Standing L-R: Dr. Dennis Desai, Dr. Alan Lozon, Dr. Suru Chande, Dr. Ciaran Kealy, Dr. Chris Vinden, Dr. Angus Maciver (OMA Section Chair), Dr. Harshad Telang, Dr. Jack Long.

Seated L-R: Dr. Ian Chin, Dr. Philip Barron, Dr. Alice Wei, Dr. Jeff Kolbasnik (OAGS President), Dr. Julie Ann Van Koughnett (Resident Representative), Dr. Frank Baillie.

Missing: Dr. Peter Willard.

OAGS BOARD 2012

The OAGS held its board election during the 17th OAGS Annual Meeting last fall on Oct.29. As it was a staggered year, only half of the 14 board members were up for re-election. **Dr. Frank Baillie** of Hamilton was nominated from the floor. As such, long standing OAGS board member and Section executive Dr. James Forrest offered to step down, and thus the 7 candidates were acclaimed: Drs. Frank Baillie, Philip Barron, Suru Chande, Ian Chin, Dennis Desai, Ciaran Kealy, and Chris Vinden. (The other 7 board members up for re-election later this year are: Drs. Jeff Kolbasnik, Jack Long, Alan Lozon, Angus Maciver, Harshad Telang, Alice Wei, and Peter Willard.

We would like to take this opportunity to thank **Dr. James Forrest** for his time and effort during his terms on the OAGS and Section boards. Dr. Forrest will always be known best for spearheading the paid on-call initiative, which now benefits General Surgeons and the profession on the whole.

OAGS RESIDENT LIAISONS

Current OAGS Resident Liaisons:

Queen's University - Dr. Alison Archibald (PGY5) - **vacancy***

McMaster University - Dr. Joey McDonald (PGY5) - **vacancy***

University of Toronto - Dr. Chloe McAlister (PGY4)

University of Ottawa - Dr. Amber Menezes (PGY3)

University of Western Ontario - Dr. Sami Chadi (PGY3)

Northern Ontario School of Medicine - Dr. Kellan Kieffer (PGY2)

We are seeking candidates for possible Resident Liaison vacancies from Queen's University and McMaster University. Responsibilities include acting as a point person of contact from your program and communicating any resident concerns/issues from your program and peers to the OAGS Resident Representative; the Rep will in turn discuss it with the OAGS Board of Directors. Liaisons may also be asked to circulate Annual Meeting notices amongst peers/programs and report back to your program about any items of interest that arise at the Annual Meeting in the fall. Candidates from PGY1-5+ will be considered. Those interested can inquire with our Resident Representative or the OAGS: **Email: info@oags.org **Web:** www.oags.org/residents.htm .*

NOTE: We have also been seeking candidates for the Resident Representative vacancy and a decision will be made in June. See pg. 4.

PRESIDENT... CONTINUED FROM P.1

the OMA's approach to dealing with **income relativity**. We have identified multiple areas of concern regarding the OMA's methodology and data quality, and we include in this newsletter a summary of our submissions (see page 6). We believe a serious effort to deal with relativity needs to be comprehensive, thorough, objective, and appropriately funded. The OMA's current effort lacks these qualities.

We have participated as well in providing input on **CPSO policies** and continue to plan our next **Annual General Meeting**. Our AGMs continue to grow in quality and participation, and I hope you all make an effort to attend. Sincerely,
Jeff Kolbasnik

- Dr. Kolbasnik, OAGS President and Section Vice Chair, is on staff at Halton Healthcare Services, Milton Site.

OMA Section Election 2011-12

Please note that the OMA is now facilitating the elections of all individual sections. Although the OAGS and OMA Section on General Surgery executives are separate entities and will now 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.

Section Election Report: The final day of the Section Election for 2011 was set for November 14, 2011 - 2 weeks following the 17th OAGS Annual Meeting. Initial notification and a call for nominations was disseminated 2 months before the election date. Because there were no new nominations, the roster of Section executive that was submitted ended up being acclaimed on October 3, 2011. Terms will end in November, 2012. The current Section Executive has set the date for the **next Section Election to be November 16, 2012**. The Section must notify the OMA in advance of 2 months before the intended election date while also submitting its roster of candidates at the same time. Nominations amongst the membership will be invited as well.

The current **Section Executive** began their 1-year terms as of Nov.14, 2011:

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 was automatically acclaimed as well.)

The following were also acclaimed for 1-year terms as **OMA Council**

Delegates and Alternates:

Delegate - Dr. Angus Maciver

Delegate - Dr. Ciaran Kealy

Alternate - Dr. Philip Barron

Alternate - Dr. James Forrest

Alternate - Dr. Jeff Kolbasnik

Alternate - Dr. Chris Vinden

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

EMR Funding Application Extension: Sept.30, 2013

OntarioMD received new gov't funding recently for the EMR Adopter Funding Program (Electronic Medical Records) - for up to 1,000 specialists. As such, they have also extended the application deadline to Sept.30, 2013. Any General Surgeons who are interested in updating their office billing from paper to electronic are urged to find out if you are eligible and apply ASAP while the funding lasts. For more details, contact: Website: <https://www.ontariomd.ca> or call toll free: 1-866-744-8668.

Relativity data “inaccurate and unreliable”

Section on General Surgery rebukes menacing CANDI methodology

Earlier this year, the OMA invited feedback from various sections pertaining to CANDI (Comparison of Average Net Daily Income) relativity methodology and on the PricewaterhouseCoopers (PwC) report OMA Study of Income, Overhead and Hours of Work. Twenty-one sections responded and can be found on the OMA website. Below is the formal response from the Section on General Surgery.

January 7, 2012.

To: OMA - CANDI Relativity Implementation Committee (CRIC)

From: The OMA Section on General Surgery

RE: Relativity, CANDI, and CANDI Studies

We are writing to provide our input to the current deliberations on relativity, and specifically the methodological basis for the CANDI formula and the data and conclusions derived in “The OMA Study of Income, Overhead and Hours Worked”. Our Section has significant concerns on how the OMA has handled each of these issues.

CANDI Methodology

1) The CANDI methodology is a pure fee-for-income approach to relativity. It assumes that the activities of physicians from all specialties and family practice are worth equivalent amounts, after modifying for factors such as overhead and length of training. In effect, the methodology discounts any notion of complexity and work intensity. We disagree with this approach. We believe a fee-for-service approach which recognizes differences in **complexity, intensity, and risk** for various services, or at least various types of services, is far more appropriate. The OMA has argued that Sections can allocate higher fees to various types of services in an intrasectional manner. For example, surgical sections may choose to make operative fees relatively higher valued than office work fees, to account for differences in complexity and work intensity. However, this creates a situation where the office work of surgical specialists would be paid at a lower level than the office work of others, particularly those who are exclusively office-based. Taken to its logical conclusion, the current approach would pay surgeons and surgical assistants a similar hourly fee, while obviously the intensity, complexity, and risk are far higher for the surgeon.

2) We agree that non-fee-for-service payments, such as **HOCC and capitation payments**, should be included in the calculation of income. However, such changes to the calculation of income are not unique to the CANDI methodology and could be easily adjusted in other methodologies such as RVIC.

3) We do not agree that the **training period opportunity cost** should be calculated based solely on the minimum years of training by specialty as required by the Royal College. In many specialties, **additional training is expected** if not required for many work opportunities. For example, in General Surgery, a number of subspecialties exist such as colorectal and hepatobiliary surgery, and these routinely require an additional 2 years of fellowship training. Many surgeons in academic practice undertake not only fellowship training but additional graduate program training. Even surgeons in community practice often undertake an additional 1 to 2 years of training to be able to secure jobs. We believe a true accurate length of training modifier can be easily derived by assessing the actual length of training undertaken by physicians in practice.

4) We furthermore believe that a **real assessment of opportunity cost** should consider the length of career within a specialty rather than mere-

ly length of training. For most surgical specialties, the physical rigors of the job limit career length, and with advancing age, many surgeons are forced to limit their practice to less remunerative activities such as minor procedures or surgical assisting, or to retire earlier than one would in a specialty that did not have the physical rigors of a surgical career.

5) We have additional **concerns with the methodology used in the determination of opportunity cost**. We do not believe a simple comparator to income in family practice is appropriate. Furthermore, the formula fails to account for interest and inflation. Using a discount rate of 5%, as in most academic papers assessing opportunity cost, the average op-

See Relativity on pg.7

OMA Section on General Surgery Submission Regarding Relativity, CANDI, Studies (Dr. J. Kolbasnik – Jan.7, 2012)

Executive Summary:

1. Relativity is a critical issue for our profession.
2. OMA activities on relativity over the past 4 years have failed to advance this issue.
3. The CANDI methodology is flawed in many aspects.
4. The CANDI methodology and subsequent work has failed to address the main flaw of prior relativity data, that being that the data was largely self-reported and not verified.
5. The OMA failed to deliver on earlier commitments to gather data in an objective and verifiable manner, specifically through direct observation of physician work activities.
6. The OMA failed to commit adequate funds and resources to ensure accurate studies and determination of physician income, overhead, and work hours.
7. The OMA Board engaged PricewaterhouseCoopers to carry out studies which it knew or should have known would be inaccurate and unreliable.
8. The OMA Board either failed to negotiate an appropriate contract, or fails to enforce the terms of the contract, with PricewaterhouseCoopers in a way that would ensure physicians obtained valuable and accurate data in the work that PricewaterhouseCoopers was engaged to carry out.
9. The OMA Study of Income, Overhead, and Hours Worked (“The Study”) was carried out as a self-reported survey, without verification of the data submitted.
10. The subsequent Site Visits failed to validate the data submitted.
11. The Study failed to yield an adequate participation or sample size to draw meaningful conclusions. One quarter of all Sections analyzed had data from only a single physician.
12. Some of the data in The Study can be specifically and objectively shown to be inaccurate.
13. Much of the other data in The Study does not pass the “sniff test”.
14. PricewaterhouseCoopers has misled OMA Council, or exaggerated to OMA Council, regarding the reliability and accuracy of a number of elements of The Study.
15. The OMA owes physicians a concerted, well-resourced, and reliable effort to deal with relativity issues. The current effort has failed to advance improvements in relativity, and threatens to create other inequities.



8th Annual OAGS International Lecture Keynote Speaker Dr. Frank Opelka (ACS Surgical Quality Alliance Founder, LSUHSC, New Orleans, LA) spoke on "Healthcare Reform", "Colorectal Complications" as well as "Hurricane Katrina: The Untold Story" during the evening banquet.



OAGS President Dr. Jeff Kolbasnik and Sponsor Chair Dr. Ian Chin (far left and right) present an award of appreciation to our Gold Level Exhibitor and CME Supporter Johnson & Johnson Medical Companies (JJMC), Ethicon and Ethicon Endo-Surgery.



Members like Dr. Alex Zhuruk (UWO) showed much interest in this year's exhibitors during the 17th Annual Meeting such as Bronze Exhibitor Ul-tramed Inc. For more photos, visit our website: www.oags.org.

17th Annual

Saturday, October 29, 2011 -

By Dr. Angus Maciver

Our recent CME-accredited 17th OAGS Annual Meeting has been acknowledged as another top quality meeting for General Surgeons in the province to learn, share and engage in common issues.

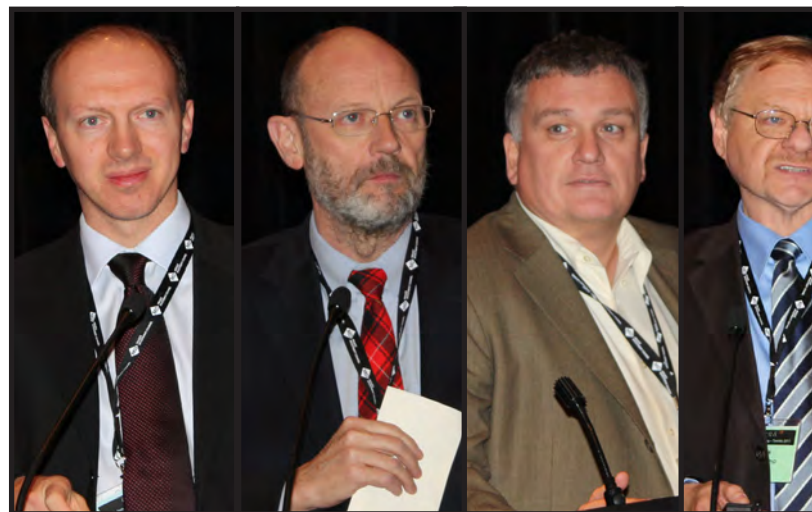
Attendance continues to increase with just over 150 this time - stretching the capacity at the Sheraton Toronto Airport Hotel, which has proven to be a convenient destination for those of us both outside as well as inside the GTA.

Our key-note guest speaker Dr. Frank Opelka gave us direction on performance as an indicator of where we will see healthcare reform moving increasingly. It is timely, given the Ontario government's professed quality agenda. Later in the day, his discussion of complications of colorectal surgery was also well received.

From the GI world, Dr Alan Barkun showed us that just because he is a GI guy, he was not the "evil twin" of his brother Jeff, who is a hepatobiliary surgeon at McGill also; Alan systematically shared the elements of a quality colonoscopy. It is clear, particularly with the Ontario government's direction, that this is an area of significant focus as a resource issue.



This year's roster of speakers and topics drew an impressive crowd. Some of our speakers included Dr. Jeff Kolbasnik (OAGS President), Dr. Alexandra Easson (Princess Margaret Hosp., Toronto), Dr. Bing Siang Gan (St. Michael's Hosp., Toronto), Dr. Timothy Jackson (Toronto Western Hospital, Toronto), Dr. Avery Nathens (St. Michael's Hosp., Toronto), and Dr. Paolo Fata (CAGS Postgraduate Education Committee). Thanks to all who participated. It was greatly appreciated.



LEFT TO RIGHT: OAGS President Dr. Jeff Kolbasnik chaired the morning session. OAGS Vice President Dr. Chris Vinden chaired the Business Meeting and Dr. Paolo Fata (CAGS Postgraduate Education Committee). The day was also

Annual Meeting

Sheraton Toronto Airport Hotel

Jamie Gregor provided a refresher in IBD, which was well received, especially by community surgeons who often are doing more tap dancing than waltzing with these difficult patients. May Lynn Quan helped lead us through current developments in breast cancer treatment, primarily with axillary issues, while Alexandra Easson talked about palliative issues affecting us all in our daily practices.

Tim Jackson discussed issues facing the bariatric patient, including the one that arrives in your emergency room with a post-operative complication. Avery Nathens led us through the efficient use of antibiotic treatment of severe abdominal infections.

A manpower discussion was both educational and sobering. Participants included our own Vice President Chris Vinden, McGill Resident Program Director and CAGS Post Graduate Education Committee Chair Paola Fata, and OMA Chief Economist Boris Kralj. Training restrictions, demographics including program output of trainees, lifestyle attitudes and currently practicing surgeons' scope and retirement issues were all discussed with audience participation.

Finally, Bing Gan updated the membership on current topics in plastic surgery
See "AGM" on p. 13...



Our guest speakers were as follows (left to right): Dr. Alan Barkun (MUHC, Montreal), Dr. James Gregor (Victoria Hosp., LHSC, London), Dr. May Lynn Quan (Foothills Medical Hospital, Calgary), and Dr. Michael's Hospital, Toronto).
(Photos by Lisa Koski)



Dr. Angus Maciver, Section Chair and OAGS AGM Committee Chair, chaired the AGM and also took part in the Manpower Panel with Dr. Boris Kralj (OMA Chief Economist). He also complimented with few draw prize winners - Dr. Barry Armstrong, Thunder Bay.



Silver Level Exhibitor Covidien discusses its surgical products with one of our members. We greatly appreciated having 16 corporate exhibitors, 5 CME Supporters and 2 recruiters join us this year at the Annual Meeting. Without all of their support, our meeting would not be such a success.



Silver Level Exhibitor Covidien discusses its surgical products with one of our members. We greatly appreciated having 13 corporate exhibitors, 2 CME Supporters and 1 recruiter join us last year at the Annual Meeting. Without all of their support, our meeting would not be such a success.



Bronze exhibitor and CME Supporter MD Private Investment Counsel donated several items for our registration packages at that last meeting. For more details and photos on our meeting, visit our website: www.oags.org.

RELATIVITY...CONTINUED FROM PG.11

career, and the compounding that occurs over time. These modifiers need to be adjusted.

It is clear the committee has now rejected PricewaterhouseCoopers' assertion that the data in their report is accurate and highly reliable. The committee has decided not to use the PwC data for income, and our own Section's submission has objectively demonstrated how flawed the income data is. However, the committee subsequently rejects the view of most Sections that the low response rate to the survey raises serious doubts regarding the accuracy of the data, and insists on cherry-picking which data from the report to rely on. In particular, our Section has serious concerns about the hours of work data. While General Surgeons are felt by most to be amongst the hardest working specialists with amongst the longest hours of work (including daytime 7 am till 5 pm work), the PwC data suggests we work far fewer hours than most of our colleagues. We are convinced this data is inaccurate, and has severely disadvantaged our specialty. CRIC cannot acknowledge doubts regarding the accuracy of the data in the report, and then rely on this data for such critical calculations.

We would remind CRIC members that PricewaterhouseCoopers were also the auditors for ORNGE, the provincial air ambulance system now mired in financial and operational scandal. Tens of millions of dollars remain unaccounted for in a forensic audit of its finances. We cannot understand the blind trust that CRIC members have given PricewaterhouseCoopers and its work, particularly when this company has failed to maintain public trust in its duties with another provincial health care company.

We believe a concerted effort to obtain accurate data on both hours of work and true opportunity cost are necessary and should be actively and urgently pursued. We believe this can be accomplished in an effective and low cost manner. We feel strongly that the efforts to address relativity thus far have been inadequate and based on inaccurate data, and that a thorough and reliable approach needs to be pursued.

Sincerely,

Angus Maciver, Chair - Section on General Surgery
Jeff Kolbasnik, Vice Chair - Section on General Surgery
Chris Vinden, Tariff Chair - Section on General Surgery

AGM...continued from pg. 9

most relevant to practicing General Surgeons.

Billing Corner interstitials throughout the day, which are usually handled by Al Lozon but who couldn't attend this year, were ably handled by Kevin Lefebvre instead. Incidentally, Kevin was once our Resident Representative (2000-2003).

Smith & Wilson Estate Wines from Lake Erie North Shore both sponsored the wine tasting prior to our banquet and provided the pairings for the food. As our banquet speaker, Dr. Frank Opelka also provided a heartwarming analysis of the impact of Hurricane Katrina from the medical perspective on the ground at the time and in the months and years that followed.

We have reviewed the feedback and are gratified to have your acknowledgement of high-calibre speakers we've had this past year. Suggestions for this fall's meeting have been collected; although this year's program is well into the planning stages, we invite members to respond through the website with any criticisms or advice for November. It is increasingly difficult to try and get better year by year, but this is our CQI (continuous quality improvement) project.

We would like also to thank all of our exhibitors and sponsors who joined us again last year as we really appreciate their displays and support. Last but not least, appreciation also goes to all of our members who attended and continue to lend their advocacy. Hope to see you all again this fall.

NOTE: 18th Annual Meeting slated for Sat., Nov.3, 2012: www.oags.org

Advanced Multi-Specialty Walk-in Clinic

Part-Time General Surgeon
Mississauga - Immediately

The Advanced Multi-Specialty Walk-in Clinic is in search of a general surgeon or other surgical sub-specialists for a part-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 slow down from the daily rigours of a surgical practice. Candidates will perform general surgical procedures and must be flexible with hours.

Contact:

Dr. C. Meola

Phone: 416-464-0238

Email: sclinic@bellnet.ca

18th OAGS Annual Meeting

Saturday, November 3, 2012

Sheraton Toronto Airport Hotel & Conference Centre
801 Dixon Rd., Toronto, ON

Thank you for submitting your suggestions for this year's topics and guest speakers.

Our program is still in progress and will be mailed out in the coming weeks. In the interim, the Annual Meeting flyer and registration are enclosed with this issue.

Meeting Registration Deadline is Oct. 19.

Hotel Room Block/Rebate Deadline is Oct. 1st.

Visit our website for more details and updates:

www.oags.org

OAGS ANNUAL DUES 2012

(January 1, 2012 - Fiscal Year - December 31, 2012)

We are still collecting annual dues/renewals for the current fiscal (Jan.1 - Dec.31, 2012).

This includes registration for AGM2012.

Your invoice/receipt may be enclosed.

Applications can also be downloaded from our website:

www.oags.org/membership_application_2012.pdf

Payment by cheque or PayPal only: www.oags.org.

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General Surgery Resources (Manpower)	C. Vinden (Chair), P. Barron, J. Kolbasnik	(Res. Consultant: J. Van Koughnett)	
Membership	F. Baillie, I. Chin, A. Wei	(Res. Consultant: J. Van Koughnett)	
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(Ad hoc) Annual Meeting	A. Maciver (Chair), Board-at-Large	(Sub-Committee: Maciver, Chande, Chin, Kealy, Kolbasnik, Vinden)	
(Ad hoc) CAGS	C. Vinden (Chair), J. Kolbasnik, A. Maciver, A. Wei		
(Ad hoc) Cancer Care Ontario	C. Vinden (Chair), J. Kolbasnik, A. Maciver, A. Wei		
(Ad hoc) CPSO	President (J. Kolbasnik) (Chair), Section Chair (A. Maciver), S. Chande		
(Ad hoc) Newsletter	C. Kealy (Managing Editor), President (J. Kolbasnik)		
(Ad hoc) OMA	Section Delegates: A. Maciver, C. Kealy	(Alts: C. Vinden, P. Barron, J. Forrest, J. Kolbasnik)	
(Ad hoc) On-Call	A. Lozon, H. Telang, C. Vinden, P. Willard		
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EDITOR'S NOTE: This is the 33rd 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 OAGS. Thank you. - Dr. Ciaran Kealy, Editor

Our recent Annual Meeting of 2011 was funded by the following sponsors. Their support is greatly appreciated.
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