Issue No. 35 | 19 Years of Service | 2013

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

MOHLTC revamps hospital funding

High volume procedures move to out-of-hospital facilities

By Dr. Chris Vinden

Dear Colleagues,

It is an honour to author my first column as President of the OAGS.

We are in a time of significant change in the practice of medicine in Ontario, as the Ministry of Health and Long Term Care is dramatically changing the funding formula for hospitals and at the same time is becoming a much more active manager. Some aspects of these policy changes are exciting, while other aspects are completely baffling.

On the positive side, the Ministry has finally figured out the basic management principle of alignment of incentives. The Quality Based Procedure (QBP) initiative is just a fancy way of saying that hospitals will be on "Fee-for-Service" rather than being on a salary (global funding) with an absent, disinterested boss. This is something that we have wanted for years. Most other countries figured this out years ago; we are the last OECD country (Organization for Economic Co-operation and Development) to do this and are at least a decade behind most other progressive nations.

Finally, the patient's interests, the surgeon's interests and the hospital's interests are aligned. We all want to get the procedure done. The only outliers in this scenario are the nurses' unions who still cling to seniority rather than merit-based models and have little interest in productivity-based pay scales or incentives. The good news is that hospitals will no longer be interested in closing operating rooms to save money, as it just means that they won't get paid. The bad news is that if they can't do the procedure for what the Ministry is willing to pay, then they won't want to be in the business at all, and you may not be doing your favourite operation.

We have a major part to play in this, as we drive a significant proportion of costs. Do you really need the convenience of the $500 laparoscopic stapler or could a reusable extra-large clip applier do the job for a couple of bucks? Is the $500 energy device really necessary? Do you really need to keep that patient in hospital an extra couple of days? Historically, these decisions had little impact on us, but now they will become important parts of whether your hospital wants to be in the business of providing a service.

The baffling part of the Ministry's new agenda is their stated desire to move some "commodity procedures" into out-of-hospital facilities. Before they have even given hospitals a chance to manage cases on a fee-for-service basis, they want to award these high volume procedures to the private sector. The most notable example is endoscopy, which is of tremendous importance to General Surgery. It is the most common procedure done in Ontario with over 600,000 per year. General Surgeons do more endoscopy cases than the total of all our other procedures combined. It forms 40% of our incomes, and in many smaller communities that figure is much higher.

All the funding for endoscopy both within hospitals and outside of hospitals will be channelled through Cancer Care Ontario. Once again, there will be a drive to lower costs, and only those institutions that aren't losing money will want to stay in the business. In this situation, however, it is not a level playing field, as the private facilities are not encumbered with union pay scales or productivity issues.

While OAGS embraces a quality agenda as well as an appropriate technical fee for out-of-hospital endoscopy, we are opposed to a shift of hospital-based volume to out-of-hospital facilities. General Surgeons are a very important cog in the complex system of a full service hospital. We strongly believe that it is in the interests of our inpatients and emergency patients as well as for overall hospital efficiency that we remain with a large footprint within the hospital system. Hospitals will still have to have endoscopy facilities for emergencies - patients with high co-morbidities as well as inpatients. It is far better that those complex cases are done within a large busy full service unit than within an inefficient,

See "President" on page 10

INSIDE

NOTICE: OAGS 2014 MEMBERSHIP DRIVE (Jan-Dec, 2014)

Please be reminded that the OAGS is beginning to collect annual dues for the new fiscal of 2014. Invoices will be enclosed in 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.

20th OAGS ANNUAL MEETING: Saturday, November 1, 2014

OAGS Board of Directors, President Dr. Chris Vinden, AGM Committee Chair Dr. Angus Maciver and Section Chair Dr. Jeff Kolbasnik would like to thank all those who attended our recent Annual Meeting and invite all General Surgeons to next year's 20th OAGS Annual Meeting on Sat., Nov.1, 2014 at the Sheraton Toronto Airport Hotel, 801 Dixon Rd. For more details: www.oags.org. (Note: Free annual meeting admission to OAGS members.)

Editorial...

By Dr. Ciaran Kealy

This incoming year marks the 20th Anniversary for the OAGS and also a changing of the guard. Most of our board have to step down at the year end, as they have served their allotted time. I personally have been involved with our organization since its inception (1995).

I believe it was in the early 90's when I attended one of the annual meetings of the OMA. I couldn't find the meeting spot but eventually ended up in a room with a number of other General Surgeons where we moaned about how hard we worked and how badly paid we were. Then, we retired to the bar and further commiserated with each other.

I subsequently ended up as Chair of the Section, a delegate to the OMA, and chaired the Section meeting the following year. I found it very interesting. Being the new Section Chair, however, I came under a certain amount of attack, as if I were responsible for our miserable circumstances. Fire has to be attacked with fire, so I managed to get most of the gripers on the executive, which turned out to be a very good move. The only problem was the OMA was, in its paternalistic fashion, pulling the strings. It was also very opposed to any section trying to hive off from the mother ship.

One of the advantages of Council was running into other Section chairs. Ted Rumball was the then Chair of Orthopaedics. The Orthopaedic Surgeons had set up their own organization and were very aggressive in promoting their own interests. Imitation is, of course, the sincerest form of flattery, so we basically plagiarised what they had done and set up the OAGS.

The OMA, which some people say is the most powerful union in the country, also has resources that an organization like the OAGS could not hope to emulate, so our new group, working cooperatively with the OMA Section, has always been able to utilize these resources. The OMA has always been very helpful to us (Section/OAGS), which we appreciate very much. As an organization, we have always had the "protection" of our membership at the forefront.

The Institute for Clinical Evaluative Sciences (ICES), which was set up around the same time as ourselves, put out a report in the late 90's that surgeons around the province had huge complications with laparoscopic cholecystectomies. This report was widely published in major national newspapers. Anyone who has ever had the misfortune of injuring a common bile duct knows how devastating this can be, not only to the patient but also the surgeon involved. It turns out, however, their statistics were all wrong. A difficult cholecystectomy requiring drainage to control bile leakage was classified as a bile duct injury.

The papers had a field day - open war on the province's General Surgeons. We took issue with this and got in touch with *The Toronto Star's* press ombudsman - a position that nobody appeared to know much about. Toronto's Dr. Bryce Taylor and the OMA looked into the cases involved and disproved the allegations. *The Toronto Star* ended up publishing a retraction - giving it the same space and prominence as the original article.

On-call has always been a contentious issue with us as well. The fact that we were expected to provide this without any compensation was a source of extreme frustration, particularly since other better paid (fill in the blank) specialties were rarely in a hospital emergency room after 4 p.m. We spearheaded paid on call and this has been a major accomplishment of our organization. We set up guidelines for on call, whereby no one can be expected to do more than 1 in 5, unless they want to.

Other guidelines have been set up with respect to resources available to us and the amount of OR time we are entitled to as well. Unfortunately, this has not worked out as it should have due to fiscal restraints, but paradoxically favoured specialties have been excluded. One has to conclude that it is important for voters to be able to walk into polling stations and see the ballot they are marking. Fortunately, our organization now has money in the bank, giving us a healthy financial cushion for the next crisis that undoubtedly will occur down the road.

This will be my last Editorial for *The Cutting Edge*. Dr Tim Jackson will be taking over the newsletter in the new year. Many thanks to our contributors, our executive and to Lori Quilty for all their help over the years. (See p.11)

- Dr. Ciaran Kealy, OAGS board member and newsletter editor, is on staff at Health Sciences North, Sudbury. He was also the founding President of the OAGS.

Upcoming CPD Events

DATE	EVENT
Feb. 7, 2014	MAGIC Update (Multidisciplinary Annual GastroIntestinal Cancer) The Westin Prince Toronto Hotel, Toronto, ON Web: www.magicupdate.ca
Feb. 8, 2014	UofT Hand and Upper Extremity Update Eaton Chelsea, Toronto, ON Web: www.cepd.utoronto.ca/upperextremity
Feb. 15-19, 2014	16th Annual Pain Management Symposium Caesar's Palace, Las Vegas, NV Web: www.clevelandclinicmeded.com
Feb. 23-26, 2014	27th Annual Update in Emergency Medicine Whistler, Blackcomb, BC Website: www.cepd.utoronto.ca/whistler/
Feb. 26 - Mar. 1, 2014	Minimally Invasive Surgery Symposium 2014 Venetian/Palazzo Hotel, Las Vegas, NV Web: www.miss-cme.org/
Feb. 27- Mar. 1, 2014	2014 Canadian Society of Transplantation Annual Scientific Conference Le Centre Sheraton, Montréal, QC Web: www.cst-transplant.ca/AnnualConference.cfm
Mar. 28, 2014	An Overview of Evaluation and Treatment of Posterior Pelvic Floor InterContinental Hotel/BofA Conf. Ctr, Cleveland, OH Web: www.clevelandclinicmeded.com/live/courses/
April 3, 2014	44th Annual Breast Surgery Symposium Toronto Hilton, Toronto, ON Web: www.torontoaestheticmeeting.ca/
April 4-5, 2014	44th Annual Aesthetic Plastic Surgery Symposium Toronto Hilton, Toronto, ON Web: www.torontoaestheticmeeting.ca/
April 9-11, 2014	Trauma 2014: TAC Annual Scientific Meeting Centre Mont Royal, Montreal, PQ Web: www.ubccpd.ca/event/trauma-2014/
April 10-12, 2014	UofT Update in General Surgery Toronto Hilton Downtown, Toronto, ON Web: www.cepd.utoronto.ca/generalsurgery/
April 11-12, 2014	11th Biennial Canadian Ortho Foot/Ankle Symposium Eaton Chelsea, Toronto, ON Web: www.cepd.utoronto.ca/footankle/
May 24, 2014	Ambulatory Endoscopy Clinic Day Hotel Intercontinental, Toronto, ON Web: www.gutsmart.com/aecd/
May 26-27, 2014	UofT 1st Annual Canadian Burn Symposium Toronto Westin Harbour Castle, Toronto, ON Web: www.cepd.utoronto.ca/cdnburnsymposium/
Saturday Nov. 1, 2014	**20th OAGS Annual Meeting** **Sheraton Toronto Airport Hotel & Conference Ctre.** **Toronto, ON** **Web: www.oags.org ; Email: info@oags.org**

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/

Resident Rostrum

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

Jobs Crisis in General Surgery

Our specialty is in the midst of a job crisis. Unemployment issues, which started as new grads not being able to secure the job they wanted, have turned into new grads not being able to secure a job at all. A recent Royal College survey quotes our unemployment rate at 16% and going up fast. This is the most important issue facing surgical residents today and an issue of utmost importance for the future of our specialty.

General Surgeons rely on hospital resources and operating room time to serve the community. As these resources remain fixed, there is only room for a finite number of General Surgeons in our province. Training more will not have any impact on wait times or patient care; it will just produce more underemployment and unemployment. We are highly trained and highly specialized, so we cannot easily be made to serve the public in other areas of medicine. There are a limited number of openings for new full-time surgeons every year - openings created when older surgeons transition out of full-time practice (to retirement or something else productive). In Ontario, this number is about 15.

Our current job crisis was completely predictable. About 20 years ago was when we started training more residents than the magic number of 15, as stated above. Initially, this was not a problem. In fact, it was a big help, as we actually had a shortage of surgeons in the mid 90's. But it didn't take long to fill the deficit, and all the while, training programs continued to grow. There is every incentive for a medical school to take on additional residents. Every resident carries with him/her government funding that goes to the training program (in addition to the resident's salary paid to the resident). Extra bodies means more hands to share the workload and cover the call schedule. More residents means more research output, bringing more prestige to the program. A larger resident contingent "buffers" against drop-outs. When union-mandated resident work-hour restrictions came into effect, however, the size of residency programs shot up even further.

Right now, there are over 50 General Surgery residents completing their 5th year in Ontario medical schools. Compare that to 15 annual retirements, and we are training over three times the number we need! As you can see with such a surplus of surgeons flooding the job market every year, our training system has quickly become unsustainable. We need to get back to a situation where we are training the number we need. That means significant cuts to residency programs. Accomplishing these cuts, however, has proven quite difficult. Though we have known about this problem for over 3 years now, relatively little has changed.

One of the major obstacles to necessary change is the **misinformation** that is circulating regarding manpower in our province. A popular myth is the idea that there is a large group of "baby boomer" surgeons delaying retirement because of the recent economic recession. On the contrary, the practising General Surgeons in Ontario comprise a very young group compared to the average physician with the largest proportion between the ages of 40-49 (data from OMA economics department). Another myth is that surgeons of the "new generation" are willing to work far fewer hours than their predecessors. Billing data demonstrates that this is false. After their first two years, new grad surgeons bill just as much (and therefore work as hard) as their older colleagues. Some advocate that the answer lies in the creation of new jobs and opening of new ORs. Unfortunately, just the opposite is occurring. As health care budgets tighten, physicians' salaries are cut (eliminating the potential to job-share) and hospitals reduce OR time.

A second major obstacle is the fact that there is no national body to provide **oversight** and manpower planning. There are multiple stakeholders involved in the allocation of residency spots. We have the medical schools that actually train the residents, the provincial Ministries of Health that fund the training, and the Royal College which provides academic oversight (accreditation, academic standards) and licensing for new graduates.

To me, there is no question that major cuts to residency programs are going to be the ultimate solution to the job crisis. Some have taken the approach of trying to "make room" for the superfluous trainees such as job sharing, on-call coverage, assisting, working exclusively in "scope shacks" or walk-in clinics, etc. To me, this is a roundabout, backwards way of approaching the problem. Why should all surgeons suffer to accommodate a surplus? Why don't we just train the correct number in the first place? When the job market is overwhelmed, there will be negative consequences even for those with gainful employment. Our negotiating power with the government will quickly erode and our income will be cut. Our perceived value in hospitals will decrease as General Surgeons become "a dime a dozen". We will be competing within our specialty for patient referrals and operating time. Eventually, we will need to start advertising.

The unemployment crisis is not something that is limited to General Surgery. Orthopedics, Ob/Gyn, Urology, Plastics... all the surgical specialties are in trouble. This has all come about through poor manpower planning. We are also admitting too many medical students in the first place. The pendulum has swung wide in the opposite direction from the physician shortage of ten years ago.

"...cutting enrolment to medical schools is the first step."

What are the next steps? We need cooperation and, more importantly, action from all stakeholders - even though this may be difficult in the short term. There is no question that cutting enrolment to medical schools is the first step. General Surgery residency programs across the country will then need to reduce their numbers by 2/3. In Ontario, we should have between 15 and 20 residents per year. For example, the University of Toronto currently admits 14 on their own. This will need to be reduced to about 5 or 6, with similar proportional reductions in other programs. The workload previously shouldered by these residents will need to pass to other healthcare professionals. This could include new staff positions (possibly acute care surgeons), surgical hospitalists, nurse practitioners or physician assistants. On a national scale, we will need to continually reassess the manpower situation and develop projections for future manpower needs. I feel that the Royal College is in the best position, as a national body, to take on a leadership role in this regard and in fact they have already made specialist unemployment a priority going forward.

The Royal College will be organizing a national summit on physician unemployment, tentatively slated for February, 2014. I hope that this will be a launching point for some real action in this matter, because it is a major issue for physicians across the board. The OAGS would welcome any discussion from its members about the job crisis going forward. But most importantly, I hope this issue stays in the forefront of everyone's mind so that it can be dealt with and the future of our specialty can be secured.

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 OAGS at info@oags.org or contact your local OAGS Resident Liaison:

- ***McMaster University: Jennifer Li***
- ***Ottawa University: Amber Menezes***
- ***Queen's University: Mike Rizkalla***
- ***University of Toronto: Debbie Li***
- ***University of Western Ontario: Dave Paskar***

Kellen Kieffer, OAGS Resident Representative
PGY 4, General Surgery, Northern Ontario School of Medicine (NOSM).

10th Annual OAGS International Lecture Keynote Speaker Dr. Matthew Hutter (centre - Associate Prof. in Surgery, Harvard Medical School, Boston, MA) debated with Dr. John Bohnen here on "Primary Inguinal Hernia Repair" and also spoke on "Quality Control: Own Your Data/Outcome" as well as a bqt talk.

OAGS Sponsor Chair Dr. Ian Chin (left) presents an award of appreciation to our Gold Level Exhibitor Ethicon (JJMC). We greatly appreciated having 21 exhibitors join us this year at the annual meeting. Their support has helped this respected event grow into what it is today.

Gold Sponsor Covidien receives a plaque of appreciation from OAGS Sponsor Chair Dr. Ian Chin. For more photos and information on attending next year's meeting, please visit our website: www.oags.org.

19th Annu

By Dr. Angus Maciver

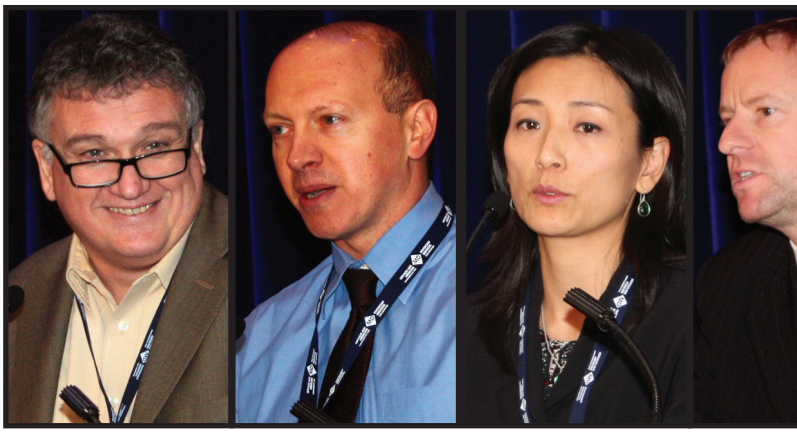
The 19th OAGS Annual Meeting again exceeded expectations with consistent quality of presentations on Nov.2/2013 at the Sheraton Toronto Airport Hotel, as well as maintained an impressive attendance of 189. It becomes incumbent for us to acknowledge that our annual meeting has evolved into a key resource for Ontario General Surgeons. That said, we are also committed to correcting slight shortcomings such as registration delays and ample parking space.

The day kicked off with a sparring debate around the management of appendicitis with Ori Rotstein and Sarah Jones squaring off. Marquis of Queensbury rules were followed. Audience participation was lively, and Ori managed to increase his initial support. Mike Marcaccio then gave us an extremely solid update on just about every aspect of biliary disease facing the General Surgeon, in a stepwise synopsis of Gallbladder 101. Niv Sne addressed some of our current concerns with the open abdomen in the ICU, which confronts us all. He provided a comprehensive approach and provided a useful management strategy.

Our immediate Past President/current OMA Section Chair Jeff Kolbasnik and QMP Program Manager Robert McKay updated the membership on the current CCO/CPSO quality agenda for colonoscopy in Ontario. Our members are well represented on this expert panel; we need to embrace quality and participate in driving the bus or risk being under it.

Our keynote speaker Dr. Matt Hutter of Boston, Massachusetts provided us with the necessity of "owning our own data", as quality levers evolve - emphasizing the need for us to participate in controlling this. Hutter returned to the ring with John Bohnen for what was pretty close to a "polite" UFC debate about lap versus open

An impressive attendance was drawn for this year's roster of speakers. Some of ter (Massachusetts Gen. Hosp., Boston,MA), Dr. John Bohnen (St. Michael's Hos Rotstein (St. Michael's Hospital, Toronto), Dr. Niv Sne (Hamilton General Hospi Tandan (Juravinski Hospital, Hamilton). Thanks to all who participated! (Photos



LEFT TO RIGHT: OAGS President Dr. Chris Vinden chaired the morning session. Sect chaired the Business Meeting. Board member Dr. Alan Lozon delivered Billing Corne (QMP), Dr. Michael Marcaccio (Juravinski Hosp., Hamilton) and Dr. Mehran Anvari (D

al Meeting

inguinal hernia repair. John still maintains one has to try very hard to produce a lethal outcome with open herniorraphy under local anaesthetic.

Phillip Peng provided us with a timely update in anaesthesia practice and how it can improve our post-op management with pain control. Ved Tanden, an OMA board member, brought the members up to speed about the government's agenda and how it pertains to funding allocation. Again, quality parameters, although sometimes politically driven, were presented with ample discussion from the floor.

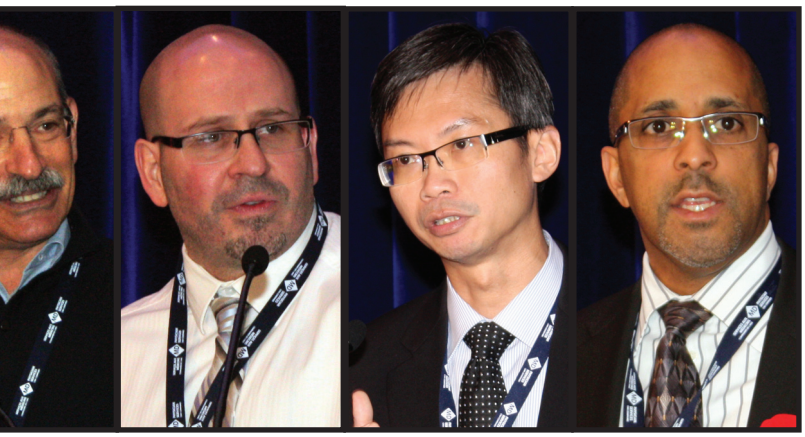
Mehran Anvari and Mike Marcaccio discussed issues of sub-specialization and on call coverage as it pertains to the provision of acute care services in the larger centres of the province. This impacts on our trainees and even those of us in smaller communities referring cases of increased complexity into our regional centres.

Al Lozon's Billing Corner interstitials provided insights throughout the day to keep us informed with tips and on track with some areas of controversy explained. OAGS Vice President Alice Wei ran the business meeting, during which we elected several new board directors to infuse new vigour (and *vigouresse)* into our organization. (See p.10) Our sincere thanks to long-serving, departing members for their commitment and dedication.

Creekside Estate wines were excellent as was the fellowship during the reception and banquet, followed by Matt Hutter's talk on "Quality, Safety, and Cost".

We will continue to do our best to build upon the progressively outstanding quality of previous years, in acquiring speakers and topics that are pertinent and engaging. We look forward to your joining us again next fall at the same venue - November 1, 2014!

- Dr. Angus Maciver, OAGS Board Member and AGM Committee Chair, is on staff at Stratford General Hospital.



f our guest speakers were as follows (left to right): Key Speaker Dr. Matthew Hut-pital, Toronto), Dr. Sarah Jones (London Health Sciences Centre, London), Dr. Ori tal/McMaster, Hamilton), Dr. Philip Peng (UHN, Mt. Sinai Hosp., Toronto), Dr. Ved by Lisa Koski)

tion Chair Dr. Jeff Kolbasnik chaired the afternoon. OAGS Vice President Dr. Alice Wei r interstitials. The remaining guest speakers/debaters were (L-R): Mr. Robert McKay ir. & CEO, Ctr. for Surgical Invention and Innovation/ McMaster Professor, Hamilton).

Our 19th OAGS Annual Meeting was well attended again on Nov. 2, 2013. There were 189 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 next year on Nov.1, 2014.

OAGS Vice President and Section Vice Chair Dr. Alice Wei (left) presented Dr. Bryce Taylor (TGH Consulting General Surgeon and UofT Professor) with the OMA Section Service Award for his leadership and immense contributions to the profession on local, provincial, and national levels.

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.

Thank You!

The **Ontario Association of General Surgeons (OAGS)** would like to take this opportunity to thank several important board members who will have completed their terms at the end of December, 2013. They've played an integral part in the success of the organization over the years, and we'll always be indebted to their time, efforts and dedication to the cause.

Back in 1995 before the OAGS existed, General Surgeons and the Section felt they were largely overshadowed by other OMA sections, particularly during tariff and contract negotiations. It was finally felt that General Surgeons needed to create their own voice independent of the OMA in order to make a difference and to be free to approach/lobby other groups that could help improve the working conditions of the General Surgeon in Ontario.

Dr. Ciaran Kealy

Section Chair on General Surgery at the time, **Dr. Ciaran Kealy of Sudbury,** rallied together like-minded colleagues for the board and the OAGS was born. Together, they surveyed the specialty and started working on critical issues of concern. Armed with their own data, they took it to the OMA to strengthen their arguments. Over the years, the OAGS has worked in tandem with the Section on General Surgery to champion paid call, to tackle tariff matters, to defend media allegations of bile duct injuries of epic proportions throughout the province (which incidentally garnered a rare retraction from *The Toronto Star*), to promote initiatives with other groups such as guidelines or a patient's informational packet on breast cancer with ICES, and much more. Dr. Kealy served as OMA Section Chair (1991-97), OAGS President (1995-1998) and continued as board member and Editor of the ever popular newsletter *The Cutting Edge*.

Dr. Suru Chande

Dr. Suru Chande of Winchester/Ottawa was also part of the original board since 1996. He served as our first Sponsor Chair (1996-2011) and Treasurer (2006-2011). He was integral in lining up financial support from sponsors and annual meeting exhibitors over the years which helped the event grow and excel to what is now considered one of the better General Surgery CPD-accredited meetings today in Ontario.

Dr. Ian Chin

Dr. Ian Chin of Oshawa didn't hesitate in getting involved right after his residency. He joined the board in 2001, during which time he served as Secretary (2005-2008) and soon succeeded Dr. Chande as Sponsor Chair (2011-2013). Dr. Chin's vision not only helped bring in revenue from the online job listing page but also expanded the exhibiting opportunities during the annual meeting to where it is today.

Dr. Dennis Desai

Dr. Dennis Desai of Ottawa joined the OAGS in 2005 and served as Treasurer since 2011. Inheriting a stable treasury and supported by growing sponsorship/membership, Dr. Desai endeavoured to successfully streamline the finances to ensure even further fiscal efficiency and growth. He also took a keen interest in updating our bylaws. Many thanks!

Locum & Job Listings

The O.A.G.S. 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)
- Bluewater Health (Sarnia)
- Royal Victoria Regional Health Care Centre (Barrie)

For more details on the above, please visit our website at: www.oags.org/joblisting.htm

OAGS MEMBERS:

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

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

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Board Member/Officer/Reps*	OAGS Position	Board Member/Officer/Reps*	OAGS Position
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Dr. Jeff Kolbasnik (Milton)	Past President/Section Chair	Dr. Ciaran Kealy (Sudbury) *	Member-at-Large
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Dr. Suru Chande (Winchester) *	Member-at-Large	Dr. Kellen Kieffer (NOSM)	Resident Representative
Dr. Ian Chin (Oshawa) *	Member-at-Large	** Incoming Successors: Drs. K.Lefebvre, J.Macmillan, L.Mikula, J.Weaver*	

COMMITTEES	COMMITTEE CHAIR & MEMBERS
Economics & Tariff (MSPC)	C. Vinden (Chair). Alts: Section Chair (J.Kolbasnik), T.Jackson, A.Lozon, A.Maciver, H.Telang, E.Touzin.
General Surgery Resources (Manpower)	C. Vinden (Chair), J. Kolbasnik, E. Touzin. (Res. Consultant: K. Kieffer)
Membership	F. Baillie, I. Chin, A. Wei (Res. Consultant: K. Kieffer)
Bylaws	D. Desai (Chair), C. Kealy, A. Maciver
Nominating	C. Kealy, C. Kolbasnik, A. Maciver (Past OAGS Presidents)
Political Activity	A. Maciver (Chair), C. Kealy, J. Kolbasnik, A. Lozon, C. Vinden
(Ad hoc) CAGS	C. Maciver (Chair), C. Vinden (Alt.), J. Kolbasnik, A. Wei
(Ad hoc) Cancer Care Ontario	C. Vinden (Chair), J. Kolbasnik, A. Lozon, A. Maciver, A. Wei
(Ad hoc) CPSO	President (C. Vinden) (Chair), Section Chair (J. Kolbasnik), S. Chande, A. Maciver
(Ad hoc) Newsletter	C. Kealy (Managing Editor), President (C. Vinden)
(Ad hoc) OMA	Section Delegates: J. Jolbasnik, C. Vinden (Alts: F. Baille, A. Lozon, A. Maciver, A. Wei)
(Ad hoc) On-Call	J. Kolbasnik, A. Lozon, H. Telang, E. Touzin, C. Vinden, P. Willard
(Ad hoc) Peer Support	Board-at-Large
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EDITOR'S NOTE: *This is the 35th issue of The Cutting Edge and my final 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, CPD accreditation, this newsletter, the website, job posting, Billing Corner, CPD listing, email/fax communications, 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. Ciaran Kealy, Editor*

Our recent Annual Meeting of 2013 was funded by the following sponsors. Their support is greatly appreciated. Thank you.

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