

Southeastern Ontario Academic Medical Organization

Annual Report

2007 – 2008

Clinical Teachers Association

of Queen's University



The Religious Hospitallers
of Saint Joseph
of the Hotel Dieu of Kingston



Providence
Continuing Care
Centre

Sisters of Providence
of Vincent de Paul

Submitted to the Ministry of Health
by
Southeastern Ontario Academic Medical Organization

November 2008

**2007 – 2008
SEAMO Annual Report**

TABLE OF CONTENT

INTRODUCTION	1
KEY ACHIEVEMENTS	2
Key Management Achievements	
Extension of Amended 2005 Funding Agreement.....	3
Continued iterative refinement of physician human resources plan.....	3
Refined capture and reporting clinical activity to MOH	4
Continued iterative refinement of internal system of accountability	4
Maintained and Enhanced Regional Initiatives	5
Table 1: Postgraduate and Clerkship Community Rotations 2006 – 2008	5
Key Clinical Achievements	
Continued to meet the region's health care needs while educating a growing student body	7
Table 2: Volume of Care Episodes by Venue	7
Table 3: Percentage of Visits by SEOHSC Region	8
Table 4: Participation in MOHLTC Programs	9
Continued to promote the provision of effective and appropriate patient care	9
Figure 1: Day of Surgery Admissions.....	10
Table 5: Percent of Elective Surgical Cases Admitted on Day of Surgery by SEOHSC Region	10
Figure 2: Average RIW and LOS	11
Figure 3: Ontario Average Wait-time for Percutaneous Coronary Intervention	12
Table 6: The Rate of <i>Ad Hoc</i> Percutaneous Coronary Intervention	12
Key Research Achievements	
Maintained an environment of inquiry	13
Table 7: Funding Allocations by Agency Type and Funding Allocation Year	13
Key Education Achievements	
Preserved the SEOHSC's status as an Academic Centre of Excellence	14
Table 8: Current Canadian Graduates Match Results	14
Table 9: Summary of Vacancies by Medical School and Discipline.....	14
Continued supporting the MOHLTC mandate to increase Ontario's physician resource pool.....	15
Figure 4: Growth in Undergraduate Medical School Enrolment.....	15
Table 10: Growth in the FTE of Queen's Postgraduate FTE, 2000 – 2008	16

NOTIONAL ALLOCATION PLAN	17
SEAMO OPERATING BUDGET	18
SEAMO FUNDED CLINICAL TEACHERS	18
UNDERGRADUATE STUDENTS AND POSTGRADUATE TRAINEES	18
Table 11: Undergraduate Medical School Enrolment, 2001 – 2008	18
Table 12: Queen’s University FTE Residents / Fellows, 2007 – 2008	19
CONTINUING MEDICAL EDUCATION	20
Table 13: Continuing Medical Education, Apr 2007 – Mar 2008	20
Table 14: Continuing Medical Education Evaluations, 2007 – 2008	20

SEAMO RESEARCH ACTIVITY	21
Figure 5: Research Funding Allocations by SEAMO Clinician Role	21
Table 15: Research Publications	22
SEAMO DISTRIBUTED CLINICAL AND TEACHING ACTIVITY	22
Table 16: Clinical Outreach Sites, 2007 – 2008	27
Table 17: Regional Training Sites, 2007 – 2008.....	29
APPENDICES	30
Appendix 1: ACDD Recommendations	31
Appendix 2: SEAMO Operating Budget	33
Appendix 3: SEAMO Clinical Faculty Listing (2008 January 01)	34

INTRODUCTION

Effective 2008 April 01, the Southeastern Ontario Academic Medical Organization (“SEAMO”), the Ontario Ministry of Health and Long-Term Care (“MOH-LTC”), and the Ontario Medical Association (“OMA”) entered into an agreement to extend the *2005 Funding Agreement*. While continuing the alternative funding of the Centre that began in 1994 July and the Service Encounter Reports (“shadow billing”) requirements that began in 2005 April, the *Amending Agreement No.2* extension includes an outline of the Accountability Framework (Appendix “H”), Phase III funds (Appendix “I”), and base funding amendments to go beyond 2008 March 31.

This *2007 - 2008 SEAMO Annual Report* satisfies requirements in Section 3 of Appendix D in the *2005 Funding Agreement* extension. In accordance to this *Agreement*, this *SEAMO Annual Report* reports on a MOHLTC fiscal (April through March) year.

(a) KEY ACHIEVEMENTS 2007 – 2008

Key Management Achievements

- Extension and amending of the 2005 Funding Agreement
- Continued iterative refinement of physician human resources plan
- Refined capture and reporting of clinical activity to MOH
- Continued iterative refinement of internal system of accountability
- Maintained and enhanced regional initiatives

Key Clinical Achievements

- Continued to meet the region's health care needs while educating a growing student body
- Continued to promote the provision of effective and appropriate patient care

Key Research Achievements

- Maintained an environment of inquiry

Key Education Achievements

- Preserved the SEOHSC's status as an Academic Centre of Excellence
- Continued supporting the MOHLTC mandate to increase Ontario's physician resource pool

Key Management Achievements

Extension of Amended 2005 Funding Agreement

The MOH and OMA were in the midst of negotiating a new provincial agreement for Ontario physicians as the SEAMO Funding Agreement was winding to an end. As a result, instead of full contract negotiations, SEAMO worked with the MOH to prepare an amended extension that would bring SEAMO into compliance with the requirements for AHSC AFP funding and thereby entitle SEAMO to be included in the distribution of the AHSC funds that were to be distributed.

Continued iterative refinement of physician human resources plan

As with previous years, there was ongoing refinement of the physician human resources plan for the hospitals of Kingston and Queen's University in fiscal 2007 – 2008. Recruitment focussed on ensuring there was sufficient physician power to attend to the health care needs of the region's population and to address the academic demands of a growing body of medical students and post-graduate trainees.

The 2007 - 2008 SEAMO-funded recruits included academic physicians in:

- Anaesthesiology
- Emergency Medicine
- Family Medicine
- Medicine - Cardiology
- Obstetrics & Gynaecology
- Paediatrics
- Pathology
- Psychiatry
- Urology

In addition to filling the non-SEAMO-funded positions listed below, some Departments provide support from SEAMO funding to ensure continual (sub)specialty coverage and/or stipends to fee-for-service physicians that allow recruitment in areas where fee-for-service payments have been insufficient to attract physicians.

- Anaesthesiology
- Critical Care
- Psychiatry
- Surgery - General
- Surgery – Orthopaedic

☑ Refined capture and reporting of clinical activity to MOH

During the fall of 2007 the OHIP – MOH-APP – SEAMO working group, that was established to identify and resolve process issues, formally acknowledged its achievements. Over the course of a year the group had succeeded in identifying and correcting process issues to ensure the most comprehensive capture of the shadow billed encounters possible. While outstanding issues (e.g., version code errors) prevented full capture of encounters in the Ontario Health Insurance Program (OHIP) system, the ratio of the amount paid to the amount billed by the SEAMO physicians had increased markedly. Even with the outstanding issues, the fact that much of the first years billings were retrospective and that the “billing learning curve” was very steep for the majority of physicians, 90% of the value of the 2005 – 2006 claims were paid. The percentage of the billed claim value that was paid for 2007 – 2008 increased to 96% for those billing through the central system.

SEAMO continued to fulfil the agreements requirement of ‘best efforts’ to capture and report all clinical service encounters through the OHIP system. Part of the best efforts included enhancing the central billing service to proactively help clinical departments in the identification of lost / missed billing opportunities and efficient billing practices. Along with these enhanced services offered through the central billing office, SEAMO continued to work with the billing software vendor on improving the efficacy of the SEAMO Taskforce’s chosen software and resolving some of the software related issues during the 2007 – 2008 year.

☑ Continued iterative refinement of internal system of accountability

During fiscal 2007 – 2008 the Advisory Committee of Departmental Deliverables (ACDD) continued working to establish departmental deliverables and metrics. All of the ACDD’s recommendations (Appendix 1) were accepted, at least in principle, by the SEAMO Governing Committee in March 2008.

The ACDD’s work included the refinement of deliverables, metrics, and the preliminary application / testing of the recommended metrics.

☑ Maintained and enhanced regional initiatives

Queen’s School of Medicine Regional Education has been successful in increasing clinical teaching services throughout Southeastern Ontario over the past two years. Along with Family Medicine, the Regional Education initiative has developed hubs for community teaching in Belleville, Brockville, Oshawa, Peterborough and Markham. Oshawa, Belleville and Peterborough also have clinical learners from the Schools of Nursing and Rehabilitation Therapy.

Table 1: Postgraduate and Clerkship Community Rotations 2006 - 2008

	2005-2006	2006-2007	2007-2008
Learner Months	505.25	676.28	746.5
Overall change in Learner Months		+33.9%	+ 11.31%
Undergrad Medical Students		+ 1.6%	+ 12.7%
Royal College Trainees		+ 67.5%	+ 74.5%
Family Medicine Trainees		-41.2%	- 4.9%

Regional Education has participated collaboratively with Rural Ontario Medical Program (ROMP) and Eastern Regional Medical Education Program (ERMED) in the arrangements for these sites. Queen’s School of Medicine, through Regional Education, funds accommodation, travel, pagers, phones and hi-speed internet connectivity to learners while they are on rotation in the regional sites. Regional Education currently offers accommodation for 34 learners in the southeastern region. Accommodations are in the form of apartments, townhouses and most recently a 3-bedroom house in Brockville that has been set-up to accommodate a new rotation at Brockville General.

Regular Faculty Development sessions are offered at each major site and are also available through videoconferencing and Kingston-based sessions. Videoconference seminars for learners are offered on a weekly basis with approximately 20 – 25 sessions taking place. Since the beginning of 2007, discipline specific Grand Rounds and subspecialty rounds are broadcast to regional faculty on a weekly basis for Anaesthesiology, Obstetrics & Gynaecology, Paediatrics, Pathology and Surgery.

Over the past year the Regional Education office has been focused on maintaining, renewing and initiating new “Affiliation Agreements” for all community teaching sites as

well as ensuring that all teaching preceptors hold Queen's appointments. Currently there are 172 regional clinical instructors in our faculty.

Regional Education and Quinte Healthcare have been exploring the possibility of creating what will be known as "Queen's-Quinte Health Profession Education Resource Centre" with the help of funding from the John M. Parrott Foundation. This Centre is proposed as a resource for Quinte and surrounding area, and will connect the area hospitals of Belleville, Trenton, Bancroft, Picton and Lennox and Addington. This centre will ensure that leading edge and most current expertise and information for all health professionals continuing professional education needs are accessible at any of the noted hospital sites. It will serve health care professionals, health advocacy agencies and residents of the Quinte area.

Regional Education and Lakeridge Health have developed a Memorandum of Understanding (MOU) between Lakeridge Health (LH), Queen's University (QU) and the University Of Ontario Institute Of Technology (UOIT). The objective of the MOU is to enhance and expand health sciences education and research as a partnership between LH, QU, and UOIT through:

- education and research are essential components of best practices in medical care. Given that the conduit for these activities is the interface of theory with practice
- a collaborative model between academia and healthcare must be fortified
- the synergy of each of the partners' individual strengths allows an innovative and visionary model in health education
- the Durham Region provides a solid population base for expansion of clinical education in the health sciences
- as the predominant provider of health services in the Durham Region, LH has exponentially expanded its training and research pursuits
- the recently completed and projected infrastructure at LH, coupled with the population growth in the Durham Region, maximizes LH's ability to provide the vital components to clinical service, education and research activities.

Regional Education is looking at developing a Memorandum of Understanding with Peterborough Regional Health Centre and Trent University to foster an expanded

relationship in terms of clinical education in Medicine, Nursing and Rehabilitation Therapy.

Key Clinical Achievements

Continued to meet the region's health care needs while educating a growing student body

Despite enormous cost pressures, ongoing alternative care issues, and resulting operating room cancellations in the Centre's hospital, SEAMO continued to address the region's health care needs while educating a growing student body during fiscal 2007 – 2008 (Table 2). As in the previous two *Annual Reports* the measure of 'clinic visits' for the 2007 – 2008 *Report* was again limited to the patient registration data of two hospitals (Kingston General and Hotel Dieu Hospitals). Reported care volumes once again underestimate the actual patient encounters. The measure of clinic visits excludes visits that: 1) take place outside of the KGH and HDH hospital buildings such as those clinic visits at St. Mary's of the Lake Hospital, a SEAMO member hospital, 2) are registered in the hospital system under auxiliary care providers, and 3) restrict multidisciplinary visits to a single physician only.

Table 2: Volume of Care Episodes by Venue

	2004-05	2005-06	2006-07	2007-08	2004/05 - 2007/08 % Change
Inpatient Discharges	14,808	13,983	13,383	12,762	-13.8%
Day Procedure Discharges	15,606	16,356	17,712	19,707	26.3%
Emergency Room Discharges	81,879	82,540	82,673	85,319	4.2%
Clinic Visits	158,526	164,496	163,255	167,255	5.5%
KRCC Clinic Visits*		8,856	9,204	9,382	5.9%
Dialysis Visits	35,992	38,398	42,119	38,161	6.0%

Note: Clinic visits from the KGH-HDH hospital patient registration systems and do not include clinic visits that happen outside of the KGH and HDH walls. All data is from the SEAMO / IA&D hospital database and is limited to SEAMO-funded clinician activity.

* KRCC % change is from 2005/06 to 2007/08

Not only did SEAMO continue to increase the volume of care provided over the previous fiscal year but SEAMO-funded physicians also continued to provide health care for patients throughout the south-eastern Ontario region and beyond (Table 3).

Table 3: Percentage of Visits by SEOHSC Region

	2004-05	2005-06	2006-07	2007-08
Local	79.0%	77.7%	77.5%	78.7%
East of Region	4.0%	4.5%	4.5%	4.3%
West of Region	14.3%	15.0%	15.2%	14.2%
Beyond Region	2.6%	2.8%	2.8%	2.8%

While the geographic distribution of patients varies somewhat by care venue, over 20% of the ambulatory care patients came from outside the immediate catchment area. Continued provision of health care services for the region is further evidenced by SEAMO-funded physicians' activity in MOHLTC Funded Regional Programs (Table 4).

Table 4: Participation in MOHLTC Programs*

		2004 – 2005	2005 – 2006	2006 – 2007	2007– 2008 Funded Level	2007 – 2008
Cardiac Care	Surgery (all cases)	565	564	502	590	586
	AICDs	140	141	118	204	141
	Catheterizations	2,807	3,058	2,973	3,300	2,923
Interventional Cardiology	PTCA	1,144	1,276	1,358	1,600	1,154
	Coronary Stent Procedures	1,036	1,185	1,246	1,520	1,027
	Coronary Stent Device Implants	1,560	1,879	1,968	2,400	1,626
	Electrophysiological Studies	113	141	149	175	221
	Abalations	88	114	124	190	200
Permanent Pacemakers	New	162	163	189	178	229
	Replacements	54	78	84	77	90
Abciximab		989	1,069	1,096	580	973
End Stage Renal Disease		62,935	65,150	66,742	79,967	64,150
Hip and Knee (Elective)	Hip Replacement	374	358	317	361	305
	Hip Revision	53	59	46	86	52
	Knee Replacement	362	390	285	326	340
	Knee Revision	48	49	52	61	53
Transplants Kidney		11	20	11	30	4
Trauma (includes adult only)		148	134	161	128	167
Regional Geriatric Program	Outreach Assessments	426	387	349		345
	Acute Care Consults			3,380		3,379
Genetics (Cytogenetics)	Prenatal (CVS or AF)	158	128	137	158	133
	Cancer	974	1057	953	974	2,110
	Other non-Cancer	399	507	414	399	356
HIV / AIDS		1,693	1,571	1,636		N/A
Cancer Care	Inpatient	247	654	583		733
	Outpatient	11,624	10,537	9,972		10,003
New Chemotherapy Drugs	Antineo Plasties	3,385,601	4,071,758	4,583,456		4,552,064

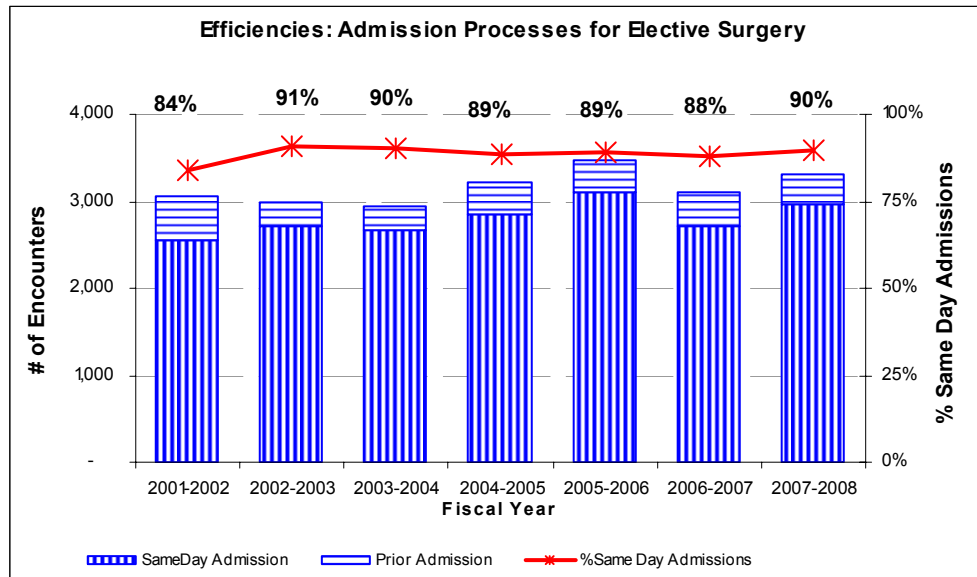
Note: Acute Care Consults are derived from shadow billing data. These include billed initial and follow-up acute care hospital visits of geriatricians
 Outreach Assessments include initial assessments (registration) only. Data unavailable for follow-up assessments

Continued to promote the provision of effective and appropriate patient care

2007 – 2008 found SEAMO-funded physicians continuing to maximize the number of health care services they provide by maintaining efficient care practices. One example

is ambulatory pre-admission testing that enables admitting over 90% of their elective surgical patients on the day of surgery (Figure 1).

Figure 1: Day of Surgery Admissions



Along with an increase in the volume of elective surgeries, the proportion of day of surgery admissions was maintained during 2007 – 2008. Maintaining a high proportion of same day admissions is challenged by the broad geographical distribution of the population receiving care in the Centre (Table 5).

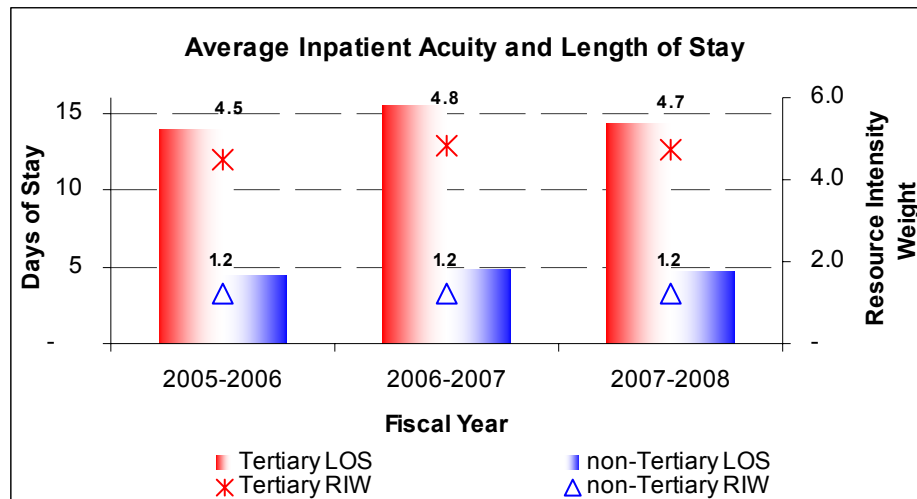
Table 5: Percent of Elective Surgical Cases Admitted on the Day of Surgery by SEOHSC Region

	2002-03	2003-04	2004-05	2005-06	2006-07	2007-08
Local	92.2%	90.8%	91.4%	90.7%	90.0%	91.9%
East of Region	88.8%	84.6%	82.4%	84.8%	78.6%	86.9%
West of Region	87.5%	89.4%	83.8%	85.5%	85.1%	84.9%
Beyond Region	89.6%	87.3%	77.1%	84.4%	80.4%	78.7%

The proportion of “same day admissions” for elective patients from east of the immediate catchment area increased markedly during the year. Those from “outside the region” were the only group of elective patients with a same day admission rate of slightly lower than 80%. It seems logical that this would be the only group of patients admitted prior to surgery since their travel demands would limit their ability to accommodate the early morning admissions required for day of admission surgery.

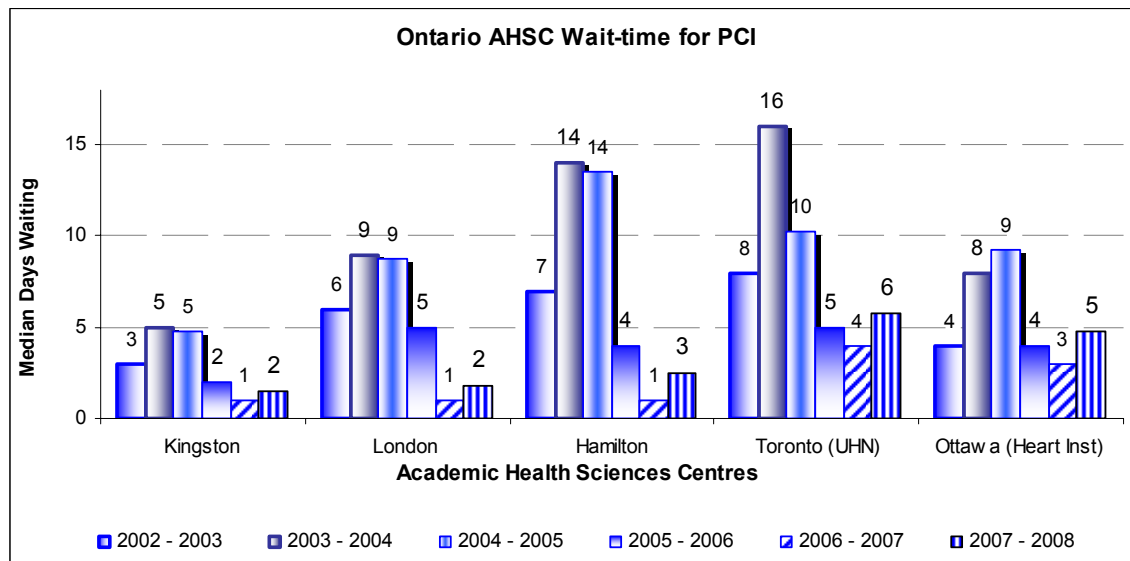
SEAMO-funded physicians continued their work to maintain or decrease the average length of inpatients stays wherever possible. Along with reducing the proportion of alternate level of care patients by one-half a percent to 3.4%, the average length of stay for non-tertiary care patients was decreased minimally. In addition the average length of stay for tertiary patients (excluding births) was decreased by a full day for 2007 – 2008 while the inpatient acuity for tertiary patients was relatively steady (Figure 2).

Figure 2: Average RIW and LOS



Along with maintaining the lowest average AHSC wait-time for percutaneous coronary intervention (PCI, includes angioplasty) in the province (Figure 3), the rate at which SEAMO-funded physicians perform these procedures on an *ad hoc* basis (79%) continues to exemplify the efficient and appropriate clinical practices in the SEOHSC.

Figure 3: Ontario Average Wait-times for Percutaneous Coronary Intervention



Wait-times for PCI exclude those done at the time of catheterization. Thus the low wait-time seen for SEOHSC is based on relatively small numbers because of the high proportion of PCIs done on an *ad hoc* basis. The SEOHSC practice is consistent with the Cardiac Care Network of Ontario's best practices result by providing a high rate of *ad hoc* PCIs. The efficiency and quality of the SEOHSC Cardiac Care Program is demonstrated by the fact that SEOHSC continues to maintain an *ad hoc* rate of PCIs that is well above the provincial mean (Table 6).

Table 6: The Rate of *Ad Hoc* Percutaneous Coronary Intervention

	2003 - 2004	2004 - 2005	2005 - 2006	2006 - 2007	2007 - 2008
SEOHSC Volume	1,207	1,161	1,292	1,379	1,374
SEOHSC <i>Ad Hoc</i> Rate	76%	81%	87%	86%	79%
Provincial <i>Ad Hoc</i> Rate	47%	56%			60%

In summary, SEAMO-funded physicians continued to offer learning opportunities to students and trainees while meeting the health care needs of the regions population. Over 20% of the care provided in SEOHSC continued to be for people from outside the immediate geographical catchment area. SEAMO accomplished this by maintaining efficient practice patterns yet ongoing budgetary problems at the SEAMO member hospitals continued to threaten the Centre's ability to maintain this level of care.

Key Research Achievements

☑ Maintained an environment of inquiry

SEAMO physicians continued to promote an environment of inquiry through their activity in research, both as principle investigators and as collaborators / co-investigators on funded research projects. A change in the source of research funding data has limited the number of years that research activity can be trended. It was deemed necessary to improve the data which were being used for reporting. The change to reporting based on dollars actually distributed to researchers' accounts means that SEAMO is no longer able to trend collaborative research initiatives.

Table 7: Funding Allocations by Agency Type and Funding Allocation Year

Funding Paid to Researchers	Fiscal Year	
	2006-07	2007-08
CIHR	\$4,618,403	\$3,611,680
Other Major PR	\$2,016,824	\$1,598,945
Other PR	\$3,538,082	\$3,433,831
Industry/CT	\$7,053,449	\$5,100,889
Other	\$429,583	\$338,070
Grand Total	\$17,656,340	\$14,083,416

Consistent with the environment of increased competition for research funding, SEAMO has seen a decrease in the value of the successful research initiatives. There was slightly over \$1 million less in CIHR funding for clinical researchers at Queen's in 2007 – 2008 and almost \$2 million less in industry funding for the clinical researchers. While the competition for funding has increased markedly, as have the number of collaborative initiatives, SEAMO acknowledges the continued need to support the scholarly mission of the Centre.

Key Education Achievements

 Preserved the SEOHSC's status as an Academic Centre of Excellence

As with most of the medical schools in Ontario, graduates from Queen's School of Medicine generally matched to their first choice of discipline in the first round of the CaRMs Match (Table 8).

**Table 8 - Current Canadian Graduates Match Results
by Choice Discipline and Medical School 2008 Match First Iteration**

Medical School	1st Choice Discipline	2nd Choice Discipline	3rd Choice Discipline	4th Choice Discipline	5th Choice Discipline	Total	% Matched Lower than 1st Choice
Ottawa	121	5	-	1	-	127	5%
Queen's	87	6	3	-	-	96	9%
Toronto	171	8	1	1	-	181	6%
McMaster	131	13	-	-	-	144	9%
Western	124	5	-	-	-	129	4%
Total	634	37	4	2	-	677	6%
%	94%	5%					

Similarly, the majority of postgraduate positions Queen's School of Medicine were filled by the second iteration of the first round of the CaRMs Match (Table 9). In fact Queen's boasted one of the lowest (3.9%) vacancy rates in the province.

**Table 9: Summary of Vacancies
by Medical School & Discipline, 2008 R-1 Match 2nd Iteration**

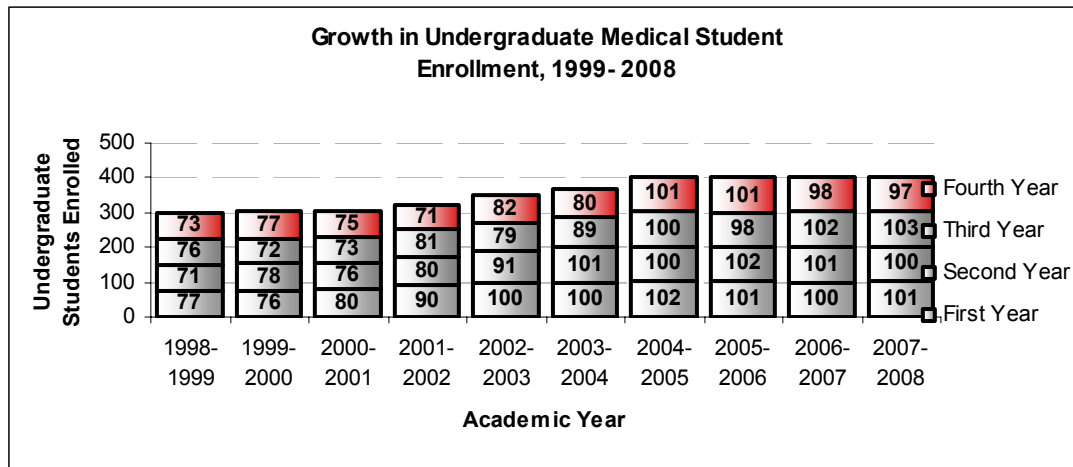
Discipline	Ottawa	Queen's	Toronto	McMaster*	Western	Total
Total Positions (Quota)	170	103	363	201	145	982
Community Medicine		1		4		5
Family Medicine				6	8	14
Internal Medicine				1		1
Laboratory Medicine	3				2	5
Medical Genetics	1					1
Ophthalmology	1					1
Orthopedic Surgery	1					1
Physical Med & Rehab						
Psychiatry	1	3		1		5
Total	7	4	0	12	10	33
NOTE: McMaster numbers include 34 positions for Northern Ont. School of Med. and 2 Comm. Med. and 6 Fam. Med. vacant positions						

One of the most notable achievements for the Queen’s School of Medicine was the fact that the Royal College and Family Medicine programmes all received full accreditation in November 2007.

☑ Continued supporting the MOHLTC mandate to increase Ontario’s physician resource pool

As in the past few years the Queen’s Medical School maintained the expanded undergraduate enrolment for the 2007 – 2008 academic year. This accomplishment demonstrates SEAMO’s continued commitment to work with the MOHLTC in increasing the number of physicians in Ontario. As shown in Figure 4, Queen’s continued to accommodate more than one hundred additional medical students than it had in the 2000 – 2001 academic year. The marked strain on the medical school’s human, physical, and structural resources resulting from this increased enrolment has encouraged Queen’s clinical teachers to develop and adopt innovative ways to deliver medical education.

Figure 4: Growth in Undergraduate Medical School Enrolment, 2000 - 2008



Along with having maintained the undergraduate medical school enrolment increase of over 30%, the number of postgraduate positions has continually increased over the past five years (Table 10).

Table 10: Growth in the FTE of Queen's Postgraduate FTE, 2000 - 2008

Academic Year	FTE PG Trainees	Cumulative Growth				
		1 yr	2 yr	3 yr	4 yr	5yr
2007 - 2008	342	6%	11%	13%	18%	34%
2006 - 2007	324	5%	7%	11%	20%	30%
2005 - 2006	309	2%	6%	15%	24%	24%
2004 - 2005	304	4%	13%	19%	22%	
2003 - 2004	291	8%	14%	16%		
2002 - 2003	269	5%	8%			
2001 - 2002	255	2%				
2000 - 2001	250					

In summary, SEAMO has sustained a 32% growth in medical undergraduate education and has increased the FTE of postgraduate trainees by another 6% during the last year while it continues to contribute to the provision of high quality of medical education.

(b) NOTIONAL ALLOCATION PLAN

Presentation of the Notional Allocation Plan is limited to the version of the Annual Report that SEAMO provides to the Ministry of Health – Long Term Care.

(c) SEAMO OPERATING BUDGET

The 2007 – 2008 SEAMO operating budget (Appendix 2), approved by SEAMO Governors in 2007 May, includes details for the year and compares funding to the prior year.

(d) SEAMO FUNDED CLINICAL TEACHERS

Appendix 3 contains the 2008 January 01 listing of SEAMO funded clinical teachers with their billing numbers and years of service in the SEOHSC.

(e) UNDERGRADUATE STUDENTS AND POSTGRADUATE TRAINEES

(i). Undergraduate Medical Students

Queen’s School of Medicine maintained an enrolment of 401 undergraduate medical students for the 2007 – 2008 academic year. Distribution of the students was relatively even between the years of study, with 101 first and 97 fourth year students (Table 11).

Table 11: Undergraduate Medical Student Enrollment, 2000- 2008

	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	Cumulative Growth
First Year	80	90	100	100	102	101	100	101	26%
Second Year	76	80	91	101	100	102	101	100	32%
Third Year	73	81	79	89	100	98	102	103	41%
Fourth Year	75	71	82	80	101	101	98	97	29%
Total Undergraduate Enrollment	304	322	352	370	403	402	401	401	32%

During the 2007 – 2008 academic year there were, including those registered in the Pre-Enrolment Assessment Program and Clinical Fellows, 342 full-time equivalent post graduate trainees in Queen’s School of Medicine (Table 12).

(ii). Postgraduate Trainees

Table 12: Queen's University FTE Residents / Fellows, July 2007 - June 2008

Postgraduate Program	PEAP / PAR	PGY 1	PGY 2	PGY 3	PGY 4	PGY 5	PGY 6	PGY 7	Clinical / Research Fellow / SAP	Grand Total
Anesthesiology / Critical Care						1				1
Anesthesiology	0	4	6	7	4	3			3	25
Critical Care Medicine/Gen Surg								1		1
Critical Care Medicine/Emerg Med							1			1
Emergency Medicine		3	4	2	2	3				14
Emergency Medicine/Critical Care						1				1
Family Medicine		47	49							96
Family Medicine/Anesthesia				2						2
Family Medicine/Emergency Medicine				7						7
Family Medicine/Palliative Medicine				0						0
Family Medicine/Spec. Rural Skills				2						2
Family Medicine/Care of the Elderly				3					0	3
Family Medicine/Women's Health				0						0
Cardiology/Internal Medicine					2	2	2			6
Cardiology	0								1	1
Gastroenterology									1	1
Gastroenterology/Internal Medicine					2	2				5
General Int Med/Internal Medicine					1					1
Internal Medicine		16	15	12						44
Hematology/Internal Medicine					1	1				2
Palliative Medicine/Internal Medicine	0								1	1
Nephrology/Internal Medicine						2				2
Neurology		1	1	1	1	1				5
Respirology	0								1	1
Respirology/Internal Med	0				3				1	4
Rheumatology/Internal Med					1					1
Obstetrics & Gynecology		3	3	3	3	2				14
Ophthalmology		2	2	2	2	3				11
Pediatrics		5	5	6	3					18
Anatomical Pathology			3		3	3				9
Laboratory Medicine		3								3
Physical Medicine And Rehab					1	1				2
Psychiatry		5	5	4	2	4			0	20
General Surgery		4	4	3	3	2			1	17
General Surgery/Critical Care						1				1
Orthopedic Surgery	0	3	3	3	2	2			2	16
Urology		1	1	1	1	1				5
Grand Total	1	97	100	58	36	34	3	1	11	342

(f) CONTINUING MEDICAL EDUCATION

During fiscal 2007 – 2008 SEAMO continued to support Continuing Medical Education (CME) in the Southeastern Ontario region. These CME programs were conducted on campus, in surrounding communities, beyond Southeastern Ontario, and through electronic resources (Table 13).

Table 13: Continuing Medical Education, April 2007 - March 2008

	Credits/ Hours	Registrants	Total Contact Hours	# of Events
Campus/Kingston	200	1,602	10,864	30
Outreach	3	25	63	1
Distant	22	120	2,610	1
Electronic/Online	203	161	8,648	17
TOTAL	427	1,908	22,184	49

The CME programs are designed to meet the learning needs of the community and the Health Sciences Centre physicians. According to program evaluation results (Table 14), the CME office was successful in organizing and providing relevant, informative education programs.

Table 14: Continuing Medical Education Evaluations, 2007 - 2008

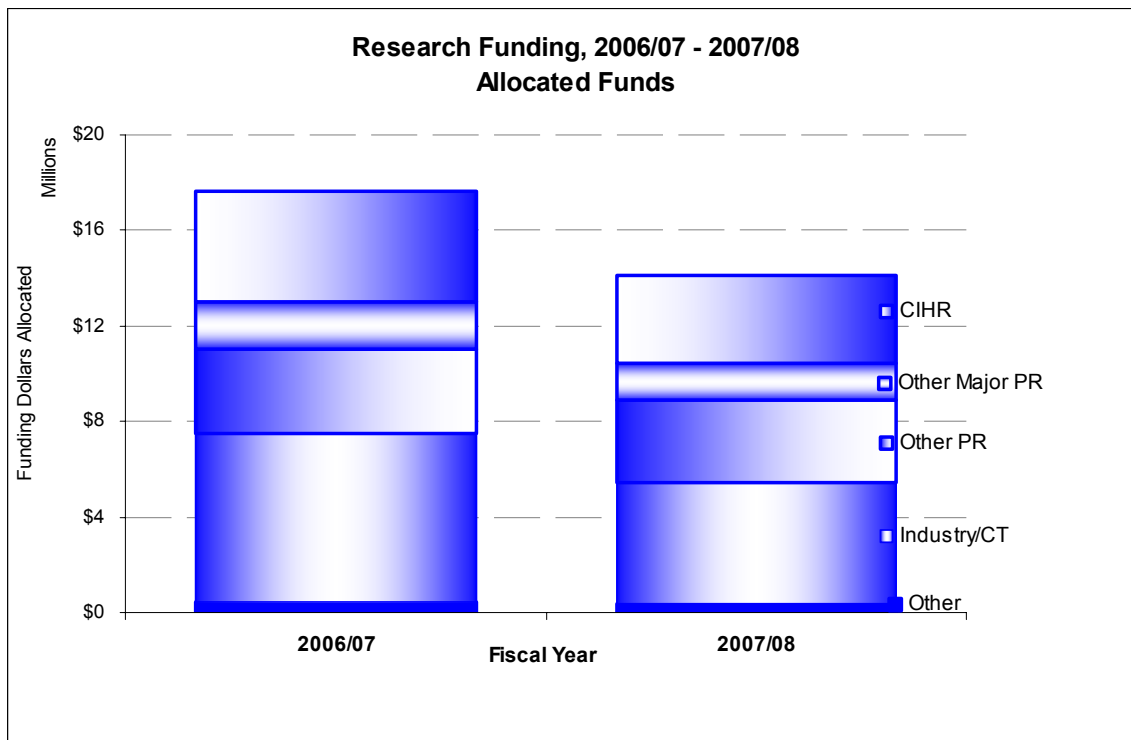
	Respondents	% "Yes"
Reporting that learning objectives were met	247	100%
Reporting identified changes they will make to their practice	211	84%
Reporting that the teaching methods were effective	248	98%

Along with providing learning opportunities for community physicians, Queen's has an active Faculty Development program that provides educational programs for faculty members. In fiscal 2007 – 2008 the Faculty Development Office offered 57 events (133 credit hours) to a combined total of 536 registrants.

(g) SEAMO RESEARCH ACTIVITY

SEAMO physicians worked to maintain their activity in research. The data show (Figure 5) however that a large drop in industry / clinical trial has reduced the overall research funding the SEAMO physician researchers in the Centre receive.

Figure 5: Research Funding Allocations by Agency Type



SEAMO mandated the use of an internally developed research publications database for reporting publications. While compliance with, and level of awareness of, the mandate is improving it is understood that the publications database is not yet capturing all of the SEAMO clinician’s publications.

At this point, the publications database houses close to 100 unique articles published during calendar 2007 (Table 15). Along with the lead author for each publication, there were a number of collaborative / senior authors from SEAMO named in the data.

Table 16: Research Publications by Authors Role

Clinical Department	Lead / Senior Author		Supporting Involvement	
	2006	2007	2006	2007
Anaesthesiology	6	4	14	7
Emergency Medicine	5	2	14	12
Family Medicine	5	5	2	6
Medicine	53	49	78	60
Obstetrics & Gynecology	1	8	26	19
Ophthalmology	1	2	7	4
Otolaryngology	3			1
Paediatrics	3	1	8	9
Pathology	6	3	31	30
Physical Med & Rehab	2	1	2	3
Psychiatry	9	2	12	13
Surgery	2	8	11	17
Urology	11	7	13	11
Total Publications	107	92		

(h) SEAMO DISTRIBUTED CLINICAL AND TEACHING ACTIVITY**Clinical Outreach Services**

The Departments of Family Medicine, Pathology and Molecular Medicine, Paediatrics, Psychiatry, the Divisions of Infectious Disease and Geriatric Medicine in the Department of Medicine, and the Palliative Care Program are the primary providers of Community Outreach Services. These services include home visits that delay or avoid the need for hospitalization, the supervision / medical support to patients remaining in their own homes, support through consultation with community physicians, functional and safety assessments of elderly, and medical direction of community hospital laboratories. Community outreach paediatric care focuses primarily on services provided through the Public Health Unit and specifically for children and adolescents at risk (e.g., in detention centres, through the Street Health and Pathways Programs).

These community outreach services benefit patients and help relieve the stress on other components of the health care system such as community hospitals and community physicians. For example, the outreach visits to community hospital laboratories by SEAMO funded physicians provide access to timely tertiary level specialty expertise in laboratory medicine that would otherwise not be available to these institutions.

The Department of Anaesthesiology initiated a new outreach program to Moose Factory during this time period. For about 12 days a year Department members provide a mentoring service for GP anaesthesiology staff and assist with their QA program, equipment and CME.

SEAMO funded physicians in the Department of Pathology and Molecular Medicine provide outreach laboratory services in Belleville, Napanee, Perth and Smiths Falls. In addition to providing a reference testing service and clinical pathology consultation (e.g. regional transfusion medicine and special coagulation testing issues) this department also provides diagnostic pathology consultation services and bi-weekly on-site Laboratory Director visits to Perth\Smiths Falls and Napanee. The Pathology Department also supports the Quinte Healthcare Corporation through the provision of bi-weekly on-site consultations in Clinical Biochemistry. The Laboratory Genetics Group provides diagnostic testing and consultations for patients across the Province for specific genetic disorders. The Department's Division of Genetics operates monthly clinics in Medical Genetics and Genetic counselling in Peterborough.

Family Medicine and Psychiatry provide services under the Developmental Disabilities Program. Community services are provided through Ongwanada and group-homes in the community and regional services through the Rideau Regional Centre and group-homes situated throughout the region. Changes to this programme were introduced and more planned coincident with the closing of the Rideau Regional Centre. This would have created a strong regional consultation service for family physicians. SEAMO was notified that the funding Ministry of Community and Social Services intends to withdraw its portion of the funding for this program. The future of the program is now in some doubt.

Other Family Medicine outreach activities include taking referrals for procedures, pessary fittings and obstetrics for community colleagues to increase access to care. The Wellness Program, in conjunction with HDH is also provided.

The 'Same Day Catheterization and Pacemaker Program' is an example of an innovative Community Outreach Service provided by members of the Division of Cardiology. This program involves admitting patients of regional hospitals to the SEOHSC on the day a

procedure is performed and then 'repatriating' these patients to the hospital of origin as soon as possible – usually on the same day. This program, that exemplifies SEAMO's efforts to base service on patient need rather than place of residence. It enables equal and rapid access to catheterization and pacemaker services for patients of the region.

Like the Division of Cardiology, the Division of Gastroenterology provides same day down-and-back Endoscopic Retrograde Cholangiopancreatography services for patients in regional hospitals. The Gastroenterology Function Laboratory also provides diagnostic testing services for all of Southeastern Ontario.

A further example of SEAMO's efforts to increase the availability of services is the Division of Infectious Disease's extension of consulting services by telephone to the region. Members of this service respond seven days a week to inquiries placed by community physicians. These inquiries stem from as far away as remote areas in northern Ontario as well as areas west (Oshawa, Bancroft and Belleville) and east (Perth\Smiths Falls, Brockville, and Cornwall) of the centre.

The Division of Geriatric Medicine extends the geographical area to which it provides services through Outreach Community assessment and Ambulatory Clinics for Geriatric Medical Assessments throughout the SE Ontario Region. A monthly satellite clinic is offered within Belleville General Hospital. A WWW based resource (www.sagelink.ca) has been launched which is a resource to family physicians and patients in accessing information about specialist services to elderly and navigating community and hospital based services throughout SE Ontario.

The Division of Nephrology conducts clinics in satellite units within the region. Clinics are in Picton, Bancroft, Brockville, Perth\Smiths Falls, Kingston, and Belleville. Monthly nephrology clinics in the Weeneebayko General Hospital provide care and support for patients with chronic kidney disease, including those with renal transplants and those receiving chronic hemodialysis or chronic peritoneal dialysis. All of these outreach services provided by SEAMO Nephrologists were in addition to the telephone / consultation support provided to regional institutions, units, and physicians.

The Divisions of Neurology and Rheumatology in the Department of Medicine also provide outreach services in community institutions through clinics that vary in frequency

by site and service. Along with serving the northern population through Weeneebayko General Hospital, these divisions hold clinics in Perth\Smiths Falls and Neurology holds clinics in Brockville.

The Department of Obstetrics and Gynaecology conducts procedural, general obstetric and gynaecologic clinics in Moose Factory twice a month and holds regularly scheduled telephone conferences as a means of further supporting the area. In addition all of the colposcopy and the high risk pregnancy services for this patient population are provided by the Department. The department acts as an outreach site for Ottawa's IVF Program that serves patients from the region and has started an outreach program in Oshawa for gynaecologic- oncology.

The Department of Ophthalmology conducts clinics and performs cataract surgery at the Lennox and Addington County Memorial in Napanee and at the Perth/Smiths Falls District Hospital. An outreach program via telemedicine provides ophthalmic screening for diabetic retinopathy and other eye diseases. One telemedicine camera operated by nurses is located at the Weeneebayko General Hospital in Moose Factory while another camera unit is located in a van that travels to remote northern sites along the Hudson's bay assessing patients.

The Department of Otolaryngology conducts monthly visits to Weeneebayko General Hospital to conduct clinics and perform common ENT procedures in the operating room. This allows patients to receive care within their own community. An audiologist also visits the hospital on a monthly basis for audiological evaluations and hearing aid prescription.

The Department of Physical Medicine and Rehabilitation provides outreach clinical and screening services to remote northern regions of Ontario as well. Over and above the six EMG and physiatric consultation clinics held in Weeneebayko, members of the Department of Physical Medicine and Rehabilitation conduct weekly visits to Brockville where they provide consultation and, for rehabilitation inpatients, physiatric medicine. In addition to these regularly held clinics department members occasionally see patients in their homes to help alleviate undue stress for patients and/or family.

Along with community initiatives in Kingston, the Department of Paediatrics holds clinics in Moose Factory. These clinics range from one to three days long in effort to meet the remote community needs for paediatric general medicine, cardiology, developmental, and genetic services. The Department also provides paediatrician-supervised critical care transport services for severely ill children requiring transfer from community hospitals to the Kingston General Hospital.

Genetic services are provided through health units in Peterborough, Porcupine County, North Bay, and the Rideau Regional Centre in Smiths Falls.

The Department of Psychiatry has a well established tradition of providing outreach services in many of its divisions. These include: Developmental Disabilities, Geriatric Psychiatry; Psychogeriatric Consultations, Developmental Disabilities Community Outreach Team, Mood Disorders Research Treatment Service, Schizophrenia Rehabilitation Outreach Team, Community Outreach Team, Assertive Community Treatment Team - Community Integration Program/Psychosocial Rehabilitation Team, Community High Intensity Treatment Team through multiple clinics across South-eastern Ontario. Forensic consultations are provided to the courts and correctional facilities (federal and provincial) in Southeastern Ontario. In addition, Psychiatry members provide *ad hoc* consultation services via Tele-Psychiatry Program and support the Pathway Programs for children and adolescents in Kingston, Perth\Smiths Falls, and Brockville. The Eating Disorders Clinic and the First Episode Psychosis (FEP) Program serve the whole of South-eastern Ontario with the FEP in particular providing outreach clinics in Belleville, Brockville and other localities in the area.

The Department of Surgery, Division of Orthopaedic Surgery provide clinical and surgical services for adults and the paediatric population on a regular basis in Moose Factory, Belleville, and Brockville.

Table 18: Clinical Outreach Sites, 2007 – 2008

Clinical Specialty	Location.													
	Belleville	Brockville	Coburg	Cornwall	Kingston Area a ¹	Napanee	Oshawa	Peterborough	Picton	Sharbot Lake	Perth\Smiths Falls	Trenton	Moose Factory	Other
Anaesthesiology													X	
Family Medicine					X						X			
Medicine														
Cardiology ²	X	X				X					X	X		
Geriatric Medicine	X	X			X	X		X		X	X	X	X	X
Internal Medicine														
Nephrology	X	X		X			X			X		X		
Neurology		X								X		X		
Palliative Care ³					X									
Rheumatology										X		X		
Obstetrics & Gynaecology		X					X					X	X	
Oncology ⁴	X	X	X				X			X				
Ophthalmology						X				X		X	X	
Otolaryngology												X		
Paediatrics					X		X					X	X	
Pathology & Molecular Medicine					X		X			X		X	X	
Physical Med & Rehab		X										X		
Psychiatry	X	X		X	X	X	X	X	X	X				X
Surgery														
General			X							X		X		
Orthopaedics	X	X			X	X						X		
Urology						X		X		X		X		

Urology services are provided through clinics established over 25 years ago in Napanee and Picton. Routine ambulatory clinics and procedural services take are conducted on a bi-weekly basis in both the L&A County and QHC-Prince Edward County Memorial Hospitals in these towns. Along with providing outpatient care, SEAMO funded urologists often perform inpatient consultations at the hospitals while on site. SEAMO funded urologists also provide support, on an ad hoc or casual basis, to the urologist in the Perth\Smiths Falls hospital and routine clinics in Moose Factory about 4 times per year.

¹ Services provided under the label “Kingston Area” include community care, home visits (e.g., palliative care) that avoid hospitalization, and care or services provided beyond the walls of the Academic Health Sciences Centre (Kingston General Hospital, Hotel Dieu Hospital, and the Providence Continuing Care Centre)

² access to cardiac catheterization and pacemakers was expanded for the reported areas with the implementation of the ‘same-day’ repatriation program

³ Program

⁴ the Department of Oncology is a non-SEAMO clinical Department whose faculty members support the Centre through the provision of cancer care for the region and multiple academic initiatives

In addition they provide back-up and advice to QHC surgeons when there is no emergency consultation coverage available.

Distributed Health Education

Rotations outside of SEAMO member hospitals are provided to residents in the Departments of Anaesthesiology, Emergency Medicine, Family Medicine, Obstetrics and Gynaecology, Oncology, Surgery (Divisions of General Surgery and Orthopaedic Surgery), Pathology and Molecular Medicine, Paediatrics, Physical Medicine & Rehabilitation, Psychiatry, Urology and in the Divisions of Critical Care Medicine, General Internal (Core) Medicine, Geriatric Medicine, Haematology, Nephrology, Neurology, and Rheumatology. While the geographical distribution of opportunities is displayed in Table 19, the scope of the experiences ranged from accompanying SEAMO faculty as they provided outreach clinical services to full 3-month rotations with community / regional teaching physicians.

During undergraduate training, clinical clerks are offered (sub)specialty opportunities in regional sites through the Departments of Family Medicine, Obstetrics and Gynaecology, Physical Medicine and Rehabilitation, Paediatric, Psychiatry, and Urology and the Divisions of Geriatric Medicine and Nephrology. Opportunities include regular telemedicine education like that which is offered by the Division of Geriatric Medicine throughout the SEO Region.

Plans have been formulated for expanding Internal Medicine undergraduate rotations. The expansion of the surgical rotations has already been implemented. Family Medicine has established new training sites in Bowmanville, Port Perry, Smith's Falls, Toronto, Markham and Goderich.

Table 19: Regional Training Sites, 2007 – 2008

Location. Level of Study and Clinical Specialty	Belleville	Brockville	Kingston Area ⁼	Napanee	Oshawa	Ottawa	Peterborough	Picton	Sharbot Lake	Perth\Smiths Falls	Toronto	Moose Factory	Other
	Postgraduate Medicine												
Anaesthesiology						X	X				X	X	X
Emergency Medicine					X	X	X				X		
Family Medicine	X		X	X	X		X	X	X	X	X	X	X
Department of Medicine													
Critical Care Medicine						X					X		X
General Internal Medicine	X						X						
Geriatric Medicine	X		X										X
Haematology						X					X		
Nephrology	X	X						X		X		X	
Neurology										X			
Rheumatology												X	
Obstetrics & Gynaecology	X	X			X		X					X	X
Paediatrics	X		X		X	X	X					X	
Pathology & Molecular Medicine	X												
Physical Medicine & Rehab		X				X				X			X
Psychiatry			X	X	X		X	X	X	X			
Department of Surgery													
General Surgery					X								X
Orthopaedics	X												X
Urology			X	X		X		X				X	X
Undergraduate Medicine⁼	X	X	X					X				X	X

⁼ Training provided under the label “Kingston Area” include community care, home visits (i.e., palliative care) and training provided beyond the walls of the Academic Health Sciences Centre (Kingston General Hospital, Hotel Dieu Hospital, and the Providence Continuing Care Centre – St. Mary’s-by-the-Lake)

⁼ 30% of Family Medicine undergraduate core clerkships have rural community practice placements under the Northern Program

APPENDICES

ACDD Recommendations

Approved:

Undergraduate Medical Education (approved 2008 Feb)

- UGE Office to calculate realistic estimates of half-day (time) requirements for
 - direct contact with learners
 - indirect responsibilities (admin, prep, follow-up)
- calculations to be reviewed by SoM Executive
- establish committee to assign UGE requirements to departments
- Assoc Dean & Dept Heads to monitor/ensure quality
- Assoc Dean to monitor compliance with assigned responsibilities
- Financial implications for non-compliance
 - department practice plans to provide for rewards / penalties
 - full department funding conditional on compliance

Approved in Principle:

Clinical Services

- ensure full compliance with the obligation to capture encounters through shadow billing
- departments to adopt penalties for individuals who do not comply with the claims submission requirement
- departments to shadow bill, on average, not less than 70% of base funding
- establish explicit patient care service requirements with hospitals, dept. heads, hosp. program directors
- adjust funding to the department where departments' fails to meet the agreed service requirements

Practice Plans

- should be maintained / made more robust and meet additional SEAMO requirements
- allow the measurement of core activities
- must be sufficiently robust to influence direction for each of the activities measured

Postgraduate Medical Education

- PG Office to calculate realistic estimates of program directors (PD) and depart academic ½ day needs
- calculations to be reviewed by SoM Executive
- PG office/ PD to establish metric for PG teaching (ORs, clinics, etc.)
- Assoc Dean & Dept Heads to monitor/ensure quality
- Assoc Dean to monitor compliance with assigned responsibilities
- Financial implications for non-compliance (dept'l funding, Practice Plans)

Research

- Use "research contribution profile" template to estimate productive time commitments
 - SoM to review and recommend revisions
 - "Roll-up" to calculate mean research half-days
- Research should be exemplary
- SEAMO should consider creating a central fund to support new Clinician-Scientist positions

Information to Support Accountability

- ☑ Introduce system for rational priority setting in IT across the Faculty of HS
- ☑ SEAMO and member organizations require timely access to information based on standardized data for accountability

Accountability Framework Modelling

- ☑ Test 'framework' in a small number of clinical units (3-4) to assess:
 - availability of required data
 - application of the data for the purposes of improving department and SEAMO understanding of deliverables across the four domains.

SEAMO Operating Budget Summary

Presentation of SEAMO's Operating Budget Summary is limited to the version of the Annual Report that SEAMO provides to the Ministry of Health – Long Term Care.

**SEAMO Funded Clinical Teachers
2008 January 01**

Doctor	Billing Number	Years of Service in SEOHSC
Anaesthesiology - GFT		
Arellano, Ramiro		3
Ashbury, Edwin L		21
Borshch, Yuri		6
Burjorjee, Jessica E.		1
Cain, John Patrick		11
Cummings, Michael		3
Duggan, Scott		3
Engen, Dale		3
Fleming, Melinda CSL		6
Froese, Alison B		26
Gilron, Ian P		8
Goldstein, David H		9
Haley, Susan L		8
Henry, Richard		13
Jaeger, Melanie		8
Mark, David		13
McMullen, Michael C		<1
Milne, Brian		27
Murdoch, John		6
Parlow, Joel		15
Patterson, Lindsey J		9
Saha, Tarit K		2
Seegobin, Ronald		18
Shelley, E Stevenson		29
Simchison, Brian L		4
Strum, David P		8
Turner, Kim E		11
van Vlymen, Janet M		9
Wang, Louie		15
Zamora, Jorge E		8
Anaesthesiology Non-GFT		
Kenny, Paul		4
Pietak, Stanley		35
Rooney, Rachel AD		3
Critical Care Non-GFT		
Amaro, Justine		3
Cameron, Mary		4
Foxcroft, Laura		3
Peckham, Kenneth		7
Rahmani, Armita		5
Samis, Andrew		5

**SEAMO Funded Clinical Teachers
2008 January 01**

Doctor	Billing Number	Years of Service in SEOHSC
Emergency Medicine - GFT		
Blouin, Danielle		6
Brisson, Robert J		25
Carpenter, Jenn L		4
Crawford, Frances		6
Dagnone, L Eugene		36
Dungey, Paul E		6
Edwards, R Ken F		23
Graham, Karen		6
Howes, Daniel W		6
Jones, Gordon R		19
McGraw, Robert		12
Murray, Heather		6
Newbigging, Joseph L		1
O'Brien, Terrence O		18
O'Connor, H Michael		26
Rang, Louise		4
Rapin, John M		33
Reed, Andrew		4
Sivilotti, Marco LA		6
Taylor, Murray F		34
Walker, David MC		32
Emergency Medicine Non-GFT		
Cleghorn, Graham E		1
Messenger, DW		<1
Montalvo, Max		4
Preiditis, Juris		31
White, Stephen F		8
Spotswood, Wayne J		34
Dagnone, J D		<1

**SEAMO Funded Clinical Teachers
2008 January 01**

Doctor	Billing Number	Years of Service in SEOHSC
Family Medicine - GFT		
Barber, DTS		<1
Birtwhistle, Richard V		26
Brown, Glenn		<1
Casson, R Ian		18
Cheetham, Thomas C		4
Green, Michael E		5
Griffiths, Jane		4
Hall-Brown, Karen P		<1
Henry, Willa J		1
Hodgetts, P Geoffrey		18
Hurst, David W		<1
Leung, KC Lawrence		<1
MacDonald, Susan E		22
Moore, Kieran		4
Phillips, Susan P		18
Ruddock, William		1
Schultz, Karen A		6
Sempowski, Ian P		9
Vakil, Catherine		3
Verma, Sarita		14
Wilson, C Ruth		18
Family Medicine Non-GFT		
Rosser, Walter		6
MacPherson, David A		<1
McKinnon, Laura E		2
Medicine - GFT		
Cardiology		
Abdollah, Hoshier		27
Baranchuck,, Adrian		1
Brennan, F James		33
LaHaye, Stephen		8
McCans, John L		9
O'Reilly, Michael G		<1
Redfearn, Damian P		3
Sanfilippo, Anthony J		19
Simpson, CS		9
Endocrinology		
Houlden, Robyn L		17
Hudson, Robert W		25

**SEAMO Funded Clinical Teachers
2008 January 01**

Doctor	Billing Number	Years of Service in SEOHSC
Gastroenterology		
Beyak, Michael J		1
Depew, William T		30
Hookey, Lawrence		2
Louw, Jacob A		6
Paterson, William G		22
Ropeleski, Mark J		4
Vanner, Stephen		20
General Internal Medicine		
Heyland, Daren K		12
Kovacs, Katherine		11
Muscedere, John		4
Geriatric Medicine		
Frank, Christopher		14
Gill, Sudeep S		4
Garcia, Angela		10
Puxty, John AH		19
Haematology		
James, Paula		4
Lee, David H		10
Matthews, John H		18
Swain, Gordon J		3
Infectious Disease		
Evans, Gerald A		17
Wobeser, Wendy L		6
Nephrology		
Holland, David C		14
Iliescu, Eduard A		13
Morton, A Ross		18
Pilkey, Rachel M		6
Toffelmire, Edwin B		20
White, Christine A		3
Yeates, Karen E		4
Neurology		
Brunet, Donald G		27
Melanson, Michel		9
Pari, Giovanna		6
Spiller, Allison E		4
Palliative Care		
Dudgeon, Deborah J		11
Shadd, Joshua D		3
Viola, Raymond A		4

**SEAMO Funded Clinical Teachers
2008 January 01**

Doctor	Billing Number	Years of Service in SEOHSC
Respirology		
D'Arsigny, Christine L		10
Fitzpatrick, Michael		10
Forkert, Lutz		25
Lougheed, M Diane		14
Moffatt, Susan L		24
Munt, Peter W		33
ODonnell, Denis E		19
Parker, Christopher M		1
Rheumatology		
Averns, Henry L		1
Dwosh, Isaac L		32
Towheed, Tanveer		12
Obstetrics and Gynecology - GFT		
Braithwaite, Nicholas		<1
Bryson, SC Peter		19
Chamberlain, Susan		8
Davies, Gregory AL		11
Froats, T (Brockville)		5
Harvey, Marie-Andree		6
Jamieson, Mary Ann		12
Jeffrey, John F		15
Johnston, Shawna L		11
McGrath, Michael J		31
Nicholson, J. (Brockville)		1
Novak, R (Brockville)		4
O'Neill, J Peter		6
Palerme, Stephanie		4
Reid, Robert L		26
Smith, Graeme N		9
Tessier, Julie		6
Thomas, Richard P		4
Obstetrics and Gynaecology Non-GFT		
Low, James A		42
Ophthalmology - GFT		
Arthur, Brian W		4
Baxter, Stephanie		3
Campbell, Robert J		1
El-Defrawy, Sherif		3
Kratky, Valdimir		2
Sharma, Sanjay		13
ten Hove, Martin W		13

**SEAMO Funded Clinical Teachers
2008 January 01**

Doctor	Billing Number	Years of Service in SEOHSC
Otolaryngology - GFT		
Hall, Stephen F		27
Hollins, Russell		8
MacNaughton, Don		19
Tan, Andre		12
Otolaryngology Non-GFT		
Zeitouni, Anthony		3
Paediatrics - GFT		
Alsaati, Basem Z		2
Clarke, Maxine C W		14
Connelly, Robert		9
Dow, Kimberley E		27
Flavin, Michael P		20
Justinich, CJ		5
MacDonald, E Athen		27
MacKenzie, Jennifer J		12
McKinney, Martha		3
Onyett, A Heather		20
Samdup, Dawa		<1
Silva, Marianna		12
Smith, R Garth		11
Smythe, John		18
Tsai, Ellen		8
Van Wylick, Richard		9
Pathology - GFT		
Boag, Alexander H		15
Childs, Timothy		6
Dexter, David F		30
Farmer, Patricia L		1
Hurlbut, David J		14
Isotalo, Phillip A		6
LeBrun, David P		14
Lillicrap, David P		23
Ludwin, Samuel K		32
Manley, Paul N		35
Rapson, Dilys A		14
Rossiter, John P		14
Rowlands, Caroline		13
SenGupta, Sandip		20
Shepherd, Lois E		19
Tron, Victor		<1
Young, Iain D		21
Zoutman, Dick E		17

**SEAMO Funded Clinical Teachers
2008 January 01**

Doctor	Billing Number	Years of Service in SEOHSC
Physical Med. & Rehabilitation - GFT		
Bagg, Stephen D		18
Faris, Matthew		16
Shanks, Gavin L		36
Smith, Karen M		14
Wee, Joy Yen May		6
PM&R Non-GFT		
Bates, Laurel A		3
Kennedy, Louis J		18
Psychiatry - GFT		
du Toit, Regina M		2
Elliott, Deborah L		4
Flynn, Leslie V		27
Jokic, Rozica		4
Jones-Hiscock, C		7
LeClair, J Kenneth		8
Leverette, John S		34
Lowe, Alan D		1
Marin, Alina		<1
Milev, Roumen		6
Oyewumi, L Kola		9
Roberts, Nasreen		9
van Zyl, Louis T		8
Woogh, Carolyn M		30
Surgery - GFT		
Cardiothoracic Surgery		
Hamilton, G Andrew		8
Petsikas, Dimitri		13
Reid, Kenneth R		13
Ropchan, Glorianne		18

**SEAMO Funded Clinical Teachers
2008 January 01**

Doctor	Billing Number	Years of Service in SEOHSC
General Surgery		
Belliveau, Paul J		8
Drover, John W		14
George, Ralph		6
Jain, Minto K		8
Jalink, Diederick W		11
Jones, Sarah		3
MacDonald, P Hugh		19
Mercer, C Dale		23
Walker, G Ross		19
Neurosurgery		
Ellis, Peter Mills		15
Pokrupa, Ronald		6
Saunders, Fraser W		30
Orthopaedic Surgery		
Borschneck, Daniel P		12
Campbell, Aaron R		2
Davidson, Lindsay K		16
Harrison, Mark M		14
Pichora, David R		22
Rudan, John F		20
Yen, David		18
Plastic Surgery		
Davidson, John S D		19
Watkins, J Frederick		8
Watters, Conrad		3
Vascular Surgery		
Brown, Peter M		26
Zelt, David T		17
Urology - GFT		
Beiko, Darren		4
Kawakami, Jun		2
Nickel, J Curtis		25
Siemens, D Robert		8
Steele, Stephen		1
Wilson, James WL		25
Urology Non-GFT		
Leonard, Michael P		8
Morales, Alvaro		36