

# Southeastern Ontario Academic Medical Organization

## Annual Report

### 2008 – 2009

**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 2009



**2008 – 2009  
SEAMO Annual Report**



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## **INTRODUCTION**

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 another agreement to extend the *2005 Funding Agreement* in April 2008. While continuing the alternative funding of the Centre that began in 1994 July the extension, Amending Agreement No.2, includes an Accountability Framework, Phase III funds, and base funding amendments to go beyond the 2008 – 2009 fiscal year.

This *2008 - 2009 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 2008 – 2009**

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**Key Management Achievements**

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- Extended the amended 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

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**Key Clinical Achievements**

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- 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

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**Key Research Achievements**

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- Maintained an environment of inquiry
- Supported internal peer-reviewed competitions to allocate innovation and endowed research funds

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**Key Education Achievements**

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

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## Key Management Achievements

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**Extension of Amended 2005 Funding Agreement**

SEAMO worked with the MOHLTC to prepare an amended extension that would bring SEAMO into compliance with the requirements for AHSC AFP funding for the 2008 – 2009 fiscal period. The 2008 April 1 Amending Agreement provided for SEAMO's inclusion in the allocation of the AHSC funds distributed by the MOHLTC.

**Continued iterative refinement of physician human resources plan**

As in the past, 2008 – 2009 physician 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 ongoing refinement of the physician human resources plan for the hospitals of Kingston and Queen's University included SEAMO-funded academic physicians in:

- Anaesthesiology (2 converted from FFS)
- Emergency Medicine (4 SEAMO and 2 part-time)
- Family Medicine (2 SEAMO and 2 part-time)
- Medicine – Infectious Diseases (1 new and 1 replacement)
- Medicine – Neurology (1 replacement)
- Obstetrics and Gynaecology (1 position to be converted)
- Psychiatry (2 replacements)
- Surgery – General / Oncology (1 replacement)

In addition a replacement non-SEAMO-funded position in Medicine - Nephrology and a replacement FFS Surgery – Orthopaedic position were filled during the year. There are also ongoing efforts to recruit a second thoracic surgeon for the Centre.

It has been noted that 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.

**Maintained and improved reporting of clinical activity to MOH**

Recognizing the importance of the Ministry use of the OHIP billing data, SEAMO continued to support clinical members' billing through the Central Billing Office during the 2008 – 2009 fiscal year. This support included identification of missed billing opportunities for Departments and assistance in preparing documents to ensure valid claims were accepted and paid by OHIP.

SEAMO further encouraged complete encounter (shadow billing) reporting by mandating the billing data as one of the primary measures of clinical activity to be used for internal accountability purposes. Nevertheless, some problems with comprehensive capture of claims persist.

**Supported use and continued refinement of internal system of accountability**

A milestone was reached during the fiscal period when SEAMO utilized the internal accountability system it has been developing / refining. While the need for continued refinement is acknowledged by all, the principles developed by the Advisory Committee on Departmental Deliverables and data from the internal system of accountability were used to inform the distribution of Phase III AHSC funding to clinical departments in the fall of 2008. SEAMO was able to allocate funding based on measures of departmental activities in the clinical, academic and research domains. Work on improving the comprehensive and reliability of available data of the internal accountability system continued throughout the year.

**Maintained and enhanced regional initiatives**

Queen's School of Medicine Regional Education has been successful in increasing clinical teaching throughout Southeastern Ontario over the past four years. Along with Family Medicine, the Regional Education initiative has developed and maintained 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 - 2009**

	<b>2005-2006</b>	<b>2006-2007</b>	<b>2007-2008</b>	<b>2008-2009</b>
Learner Months	505.25	670.66	751.625	802
Overall change in Learner Months		<b>+32.7%</b>	<b>+ 12.1%</b>	<b>+ 6.7%</b>
Undergrad Medical Students		+ 1.3%	+ 8.96%	- 10.5%
Royal College Trainees		+ 59.6%	+ 88.33%	+ 28.5%
Family Medicine Trainees		+41.2%	- 4.71%	+ 2.7%

Each month approximately 75 learners complete School of Medicine rotations in our regional community hospitals of Southeastern Ontario. Connectivity to their home base in Kingston is provided 24/7 by learner specific pagers, electronic access to their course material and electronic access to Bracken Library. Web pages are provided for Regional Education <http://meds.queensu.ca/regionaled>, MedTech <https://meds.queensu.ca/courses>, Bracken Library <http://library.queensu.ca/webmed>, and Medical Departments and Programs within the Faculty of Health Sciences <http://healthsci.queensu.ca>.

Regional Education has participated collaboratively with Rural Ontario Medical Program (ROMP) and Eastern Regional Medical Education Program (ERMED) in the arrangements for clinical rotations in Central and Eastern Ontario. 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. Currently Regional Education maintains 10 (2-bedroom apartments), 2 (4-bedroom townhouses) & 2 (3-bedroom houses) in Southeastern Ontario to accommodate 34 learners per month. The department of Family Medicine also maintains accommodations in Picton, Belleville, Peterborough, Oshawa, Port Perry and Markham.

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, Emergency Medicine, Obstetrics & Gynaecology, Paediatrics, Pathology and Surgery. The Regional Education office now operates a separate Videoconferencing Bridge for the majority of it's educational videoconferencing presentations.

Within the past 2 years the Regional Education office has renewed and initiated “Affiliation Agreements” for all community teaching sites as well as ensuring that all teaching preceptors hold Queen’s appointments. There are presently over 200 regional clinical instructors in our faculty.

With a substantial proportion of its teaching already being done outside of Kingston, the Department of Family Medicine has decided to proceed along the road that a number of other medical schools have embarked, and actively develop sites where a complete program in Family Medicine can be achieved in a single centre while meeting the accreditation standards of the Queen’s Program and The College of Family Physicians of Canada. Active discussions have been underway and construction will shortly start, so that ‘satellite’ programs will open in Belleville and in Peterborough on July 1, 2010. Oshawa will come on stream on July 1, 2012. When fully operational, they will allow for a 40% increase in the size of the Queen’s Family Medicine Post Grad residency program.

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## Key Clinical Achievements

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

While 2008 – 2009 was a fiscally challenging period for the vast majority of the province, SEAMO face additional pressures resulting from the exceptional situation facing the centre's acute care hospital.

Despite enormous cost pressures, ongoing alternative level of care issues, and resulting operating room cancellations in the Centre's acute care hospital, SEAMO continued to address the region's health care needs while educating a growing student body during fiscal 2008 – 2009. Table 2 shows that SEAMO continued to provide care for the region and educational experiences for the students. However, the data also indicates the impact of the hospital's focus to reduce expenditures while maintaining patient services. Along with mandated changes in the national/provincial collection of data, the hospitals need to satisfy, rather than exceed, data collection standards have markedly impacted reporting.

As in the previous two *Annual Reports*, there are to limitations to available data. First, the measure of 'clinic visits' for the 2008 – 2009 *Report* was again limited to the patient registration data of two hospitals (Kingston General and Hotel Dieu Hospitals). Secondly, 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 both Providence Care sites, 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. Further restrictions are noted this year for reporting Day Procedure and KRCC visits.

The hospital partners' no longer collect data for procedural work performed in a clinic setting. Historically this procedural work had been qualified as day procedure and captured in the NCRS data. Thus, some of the almost 7,000 increase in clinic visits not only represents increased ambulatory visits, but also account for the almost 2,000 fewer Day Procedure discharges.

Nor does the hospital collect information on Kingston Regional Cancer Centre visits that do not involve either radiation or chemotherapy treatments. As a result, no assumptions can be made about the 7,000 fewer captured visits to the KRCC clinics.

**Table 2: Volume of Care Episodes by Venue**

	2004-05	2005-06	2006-07	2007-08	2008-09
Inpatient Discharges	14,808	13,983	13,383	12,800	13,053
Day Procedure Discharges	15,606	16,356	17,744	17,465	15,669
Emergency Room Discharges	81,879	82,540	82,673	85,319	86,575
Clinic Visits	158,526	164,496	166,301	168,415	175,101
OBS Walk-In Assessments, Maternal / Fetal Investigations	6,348	6,389	7,337	8,071	8,862
KRCC Clinic Visits§		5,920	9,156	9,380	2,485
Dialysis Visits	35,992	38,398	42,119	38,162	39,296

**Note:** Clinic visits include Children's Outpatient Clinic and are from the KGH-HDH hospital patient registration systems. These do not include clinic visits that happen outside of the KGH and HDH walls nor do they include other than FAPC maternal/fetal ambulatory assessments. All data is from the SEAMO / IA&D hospital database and is limited to SEAMO-funded clinician activity.

§ The hospitals application of strict rules for defining day procedures resulted in the exclusion of some procedural visits. The marked decrease in the number of SEAMO KRCC visits is a result of CIHI's mandate to limit the collection of CCO data to data on treatments only. Thus all consults, assessments and follow-up visits are no longer measured

Not only did the overall volume of care provided increase 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 Ambulatory Visits by SEOHSC Region**

	2004-05	2005-06	2006-07	2007-08	2008-09
Local	79.3%	77.7%	77.6%	78.9%	82.0%
East of Region	4.0%	4.4%	4.4%	4.2%	4.3%
West of Region	14.2%	15.1%	15.3%	14.1%	11.4%
Beyond Region	2.6%	2.8%	2.7%	2.7%	2.3%

The geographic distribution of patients varies by care venue but overall 18% of the ambulatory care patients come 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\***

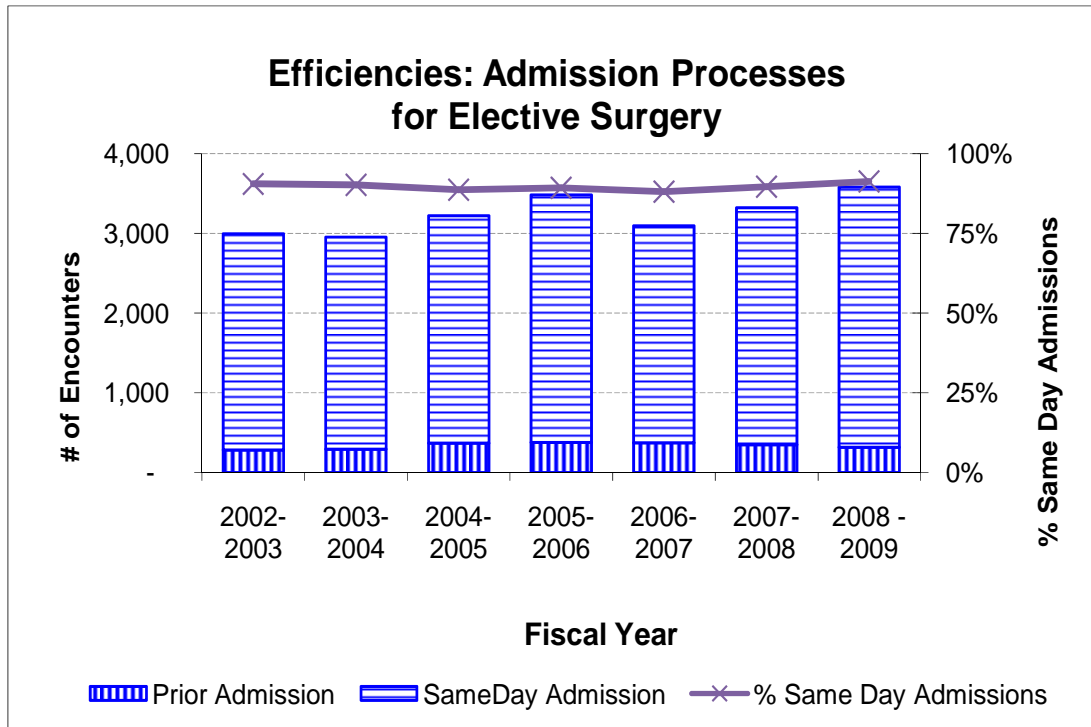
		2005 – 2006	2006 – 2007	2007 – 2008	2008– 2009 Funded Level	2008– 2009
<b>Cardiac Care</b>	Surgery (all cases)	564	502	586	586	595
	AICDs	141	118	141	159	173
	Catheterizations	3,058	2,973	2,923	3,200	3,031
<b>Interventional Cardiology</b>	PTCA	1,276	1,358	1,154	1,600	1,084
	Coronary Stent Procedures	1,185	1,246	1,027		1,014
	Coronary Stent Device Implants	1,879	1,968	1,626		1,762
	Electrophysiological Studies	141	149	221	175	274
	Ablations	114	124	200	170	238
<b>Permanent Pacemakers</b>	New	163	189	229	255	237
	Replacements	78	84	90		111
<b>Abciximab</b>		1,069	1,096	580		964
<b>End Stage Renal Disease</b>		65,150	66,742	64,194		65,420
<b>Hip and Knee (Elective)</b>	Hip Replacement	358	317	305	361	346
	Hip Revision	59	46	52	86	62
	Knee Replacement	390	285	340	326	420
	Knee Revision	49	52	53	61	48
<b>Transplants Kidney</b>		20	11	30	28	10
<b>Trauma (includes adult only)</b>		134	161	167	128	176
<b>Regional Geriatric Program</b>	Outreach Assessments	387	349	345		338
	Acute Care Consults		3,383	3,390		3,215
<b>Genetics (Cytogenetics)</b>	Prenatal (CVS or AF)	128	137	133		130
	Cancer	1057	953	2,110		1,970
	Other non-Cancer	507	414	356		395
<b>HIV / AIDS</b>		1,571	1,636			
<b>Cancer Care</b>	Inpatient	654	583	733		235
	Outpatient	10,537	9,972	10,003		10,972
<b>New Chemotherapy Drugs</b>	Antineo Plasties	4,071,758	4,583,456	4,552,064		5,575,191

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**

SEAMO-funded physicians continued to maximize the number of health care services they could provide in 2008 – 2009. They accomplished this 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 2008 – 2009. 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

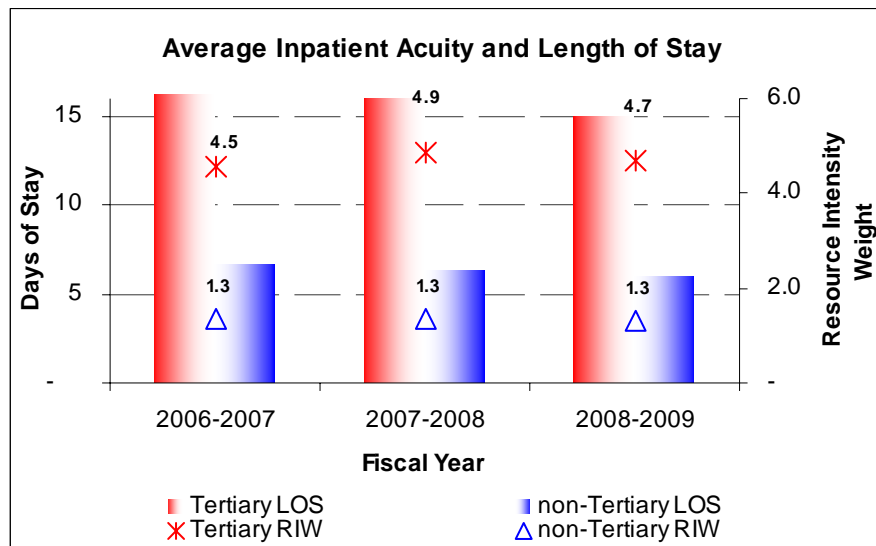
	2004 - 05	2005 - 06	2006 - 07	2007 - 08	2008 - 09
Local	91.4%	90.7%	90.0%	91.9%	93.8%
East of Region	82.4%	84.8%	78.6%	86.9%	86.6%
West of Region	83.8%	85.5%	85.1%	84.9%	86.9%
Beyond Region	77.1%	84.4%	80.4%	78.7%	81.0%

The high proportion of “same day admissions” for elective patients from the immediate and from the ‘extended’ catchment region saw either increases or was maintained for each geographic region.

SEAMO-funded physicians continued their work to maintain or decrease the average length of inpatients stays wherever possible. Despite a further 0.5% reduction in the number of alternate level of care (ALC) patient stays, the total length of stay for these patients actually increased by 14%. An increase in the total number of ALC bed days is influenced more by community resources (specifically long term and comprehensive continuing care beds) than patient care practices. However, it presents challenges to SEAMO physicians when trying to schedule care requiring inpatient stays.

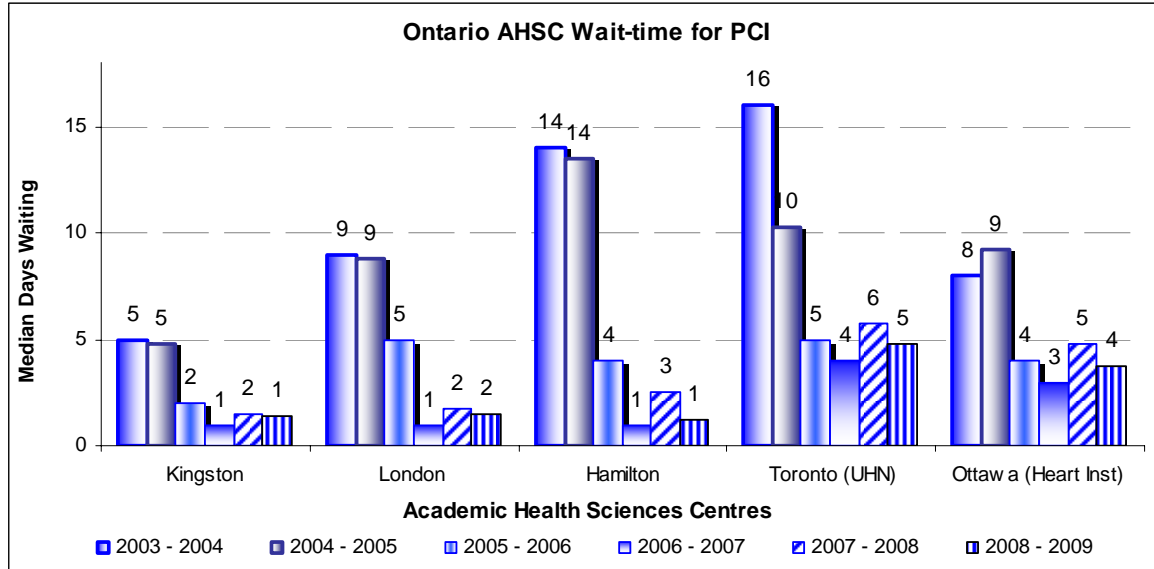
The average length of stay (LOS) for acute care non-tertiary care patients continued to decrease slightly in 2008 - 2009. In addition the average LOS for tertiary patients (excluding births) was decreased by a full day during the year while the inpatient acuity for tertiary patients was relatively steady (Figure 2).

**Figure 2: Average RIW and LOS**



Along with maintaining exemplary median and average wait-times for percutaneous coronary intervention (PCI, includes angioplasty), the rate at which SEAMO-funded physicians perform these procedures on an *ad hoc* basis (94%) continues to exemplify the efficient and appropriate clinical practices in the SEOHSC. Figure 3 presents the average median wait times for Ontario AHSCs.

**Figure 3: Median Wait-times for Percutaneous Coronary Intervention<sup>1</sup>**



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 (Table 6).

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

	2004 - 2005	2005 - 2006	2006 - 2007	2007 - 2008	2008 - 2009
SEOHSC Volume	1,161	1,292	1,379	1,374	1,111
SEOHSC <i>Ad Hoc</i> Rate	81%	87%	86%	79%	94%
Provincial <i>Ad Hoc</i> Rate	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 physicians accomplished this by maintaining efficient practice patterns in the face of the ongoing budgetary challenges facing the SEAMO member hospitals. The mounting pressures facing the hospitals

<sup>1</sup> Data for 2003-2004 through 2007-2008 from CCN website August 2008; 2008-2009 data from MOH Wait-times website ([http://www.health.gov.on.ca/transformation/wait\\_times/providers/wt\\_pro\\_mn.html#](http://www.health.gov.on.ca/transformation/wait_times/providers/wt_pro_mn.html#)) Oct 2009 .

however are becoming increasingly threatening to SEAMO's ability to maintain this level of care.

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## Key Research Achievements

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### 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. In keeping with the reporting change implemented in the 2007 – 2008 Annual Report, the 2008 – 2009 Annual Report reports the dollars actually distributed to researchers' accounts and thus SEAMO is unable to trend collaborative research initiatives.

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

	Fiscal Year		
	2006-07	2007-08	2008-09
CIHR	\$4,618,403	\$3,611,680	\$3,761,346
Other Major PR	\$2,016,824	\$1,598,945	\$1,323,078
Other PR	\$3,538,082	\$3,433,831	\$2,367,524
Industry/CT	\$7,053,449	\$5,100,889	\$4,280,573
Other	\$429,583	\$338,070	\$1,474,731
<b>Grand Total</b>	<b>\$17,656,340</b>	<b>\$14,083,416</b>	<b>\$13,207,252</b>

SEAMO saw a small decrease in the value of the successful research initiatives during 2008 - 2009. Despite the \$0.8m decrease, SEAMO researchers were able to slightly increase their CIHR funding for clinical researchers at Queen's during the year. They also brought in \$1m more in funding from 'other' sources. The increased competition for funding challenges SEAMO to review the research strategy for clinical researchers to ensure continued high quality support of the Centre's scholarly mission.

### Supported internal peer-reviewed competitions to allocate Innovation and Endowed Funds

As part of the AHSC AFP Project ("Phase III"), SEAMO received Innovation Funding to support research in the development of new and innovative practices in health care delivery. A total of eight new research projects received \$0.74m in one year funding as a result of the peer-review competition that SEAMO established. An additional \$0.24m was allocated for second year funding.

The projects that were awarded innovation funding were:

1. The Use of Upper Extremity Joint Analysis in the care of the Orthopedic patient
2. A Clinical Decision to Exclude Acute Coronary Syndrome in Emergency Medicine
3. Measuring Objective Changes in the Physical, Psychological, and Radiographic Status of Patients awaiting Hip or Knee Surgery
4. PERFORMANCE Enhancement of the Canadian Nutritional Guidelines in a Tailored Implementation Strategy: the PERFECTIS Study
5. Promoting Evidence-Based Asthma Care and Knowledge Translation (PEACKT): Southeastern Ontario Asthma Care
6. Improving efficiencies of patient flow in the context of new PAIRO work hour restrictions: impact of Discharge Planners on Inpatient Medical Teams
7. Development and validation processes to optimize inpatient colonoscopy efficiency and thereby decrease hospital length of stay
8. The Development, Implementation and Evaluation of a Pacemaker/iCD Pre-Implementation Wait List Management System and Post Implantation Patient Tracking System

Furthermore, through a competition process the Clinical Teachers' Association of Queen's University awarded almost \$100 thousand of an Endowed Fund they had established to support and further research projects of SEAMO members. The six projects that received support from the endowed fund in 2008 – 2009 were:

1. Reverse electrical atrial remodelling induced by CPAP in patients with severe sleep apnea
2. Risk of adverse events following co-prescription of oral and ocular beta-blockers
3. The impact of vitamin K supplementation on three biomarkers of vitamin K status in hemodialysis patients
4. Randomized clinical trial in the surgical treatment of basal cell carcinoma of the eyelid; surgical excision with frozen section vs permanent section margin control
5. Use of molecular changes in populations of commensal gut bacteria as an early biomarker of *c. difficile* disease in ICU patients
6. Non-invasive assessment of cardiac electrophysiology using contemporary acquisition and signal processing techniques

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**Key Education Achievements**


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

In the midst of resource and physical restructuring of our partner teaching hospitals each and every postgraduate medical program at Queen's remained in full compliance with accreditation standards. In addition the majority of the postgraduate positions at Queen's School of Medicine were filled by the second iteration of the first round of the CaRMs Match (Table 8). In fact, other than the University of Toronto which filled every position, Queen's boasted the lowest (0.9%) vacancy rate in the province after the second iteration.

**Table 8: Summary of Vacancies  
by Medical School & Discipline, 2009 R-1 Match 1<sup>st</sup> Iteration  
and 2<sup>nd</sup> Iteration Summary**

Discipline	Ottawa	Queen's	Toronto	McMaster	N. On	Western	Total
Total Positions (Quota)	182	108	369	181	47	170	1057
Cardiac Surgery				1		1	2
Community Medicine		1		2	2		5
Family Medicine					4	6	10
General Surgery	1			1	3		
Internal Medicine	4	8				5	17
Laboratory Medicine	2	1		4			7
Medical Genetics	1						1
Neurology				1		2	3
Neuropathology						1	1
Neurosurgery	1					1	2
Nuclear Medicine						1	1
Obstetrics & Gynecology	1						1
Paediatrics		1			1		2
Physical Med & Rehab				2			2
Psychiatry	3	2					5
<b>Total Vacancies</b>	<b>13</b>	<b>13</b>	<b>0</b>	<b>11</b>	<b>10</b>	<b>17</b>	<b>64</b>
<b>% Vacancies</b>	<b>7.1%</b>	<b>12.0%</b>	<b>0.0%</b>	<b>6.1%</b>	<b>21.3%</b>	<b>10.0%</b>	<b>6.1%</b>
<b>Unfilled Vacancies after 2nd Iteration</b>	<b>3</b>	<b>1</b>	<b>0</b>	<b>4</b>	<b>1</b>	<b>4</b>	<b>13</b>
<b>% Positions Unfilled</b>	<b>1.6%</b>	<b>0.9%</b>	<b>0.0%</b>	<b>2.2%</b>	<b>2.1%</b>	<b>2.4%</b>	<b>1.2%</b>

Queen's Undergraduate Medical Education Program graduating class led the nation in the LMCC examinations and continued to excel in the CaRMS Match by generally matched to their first choice of discipline in the first round of the CaRMs Match (Table 9).

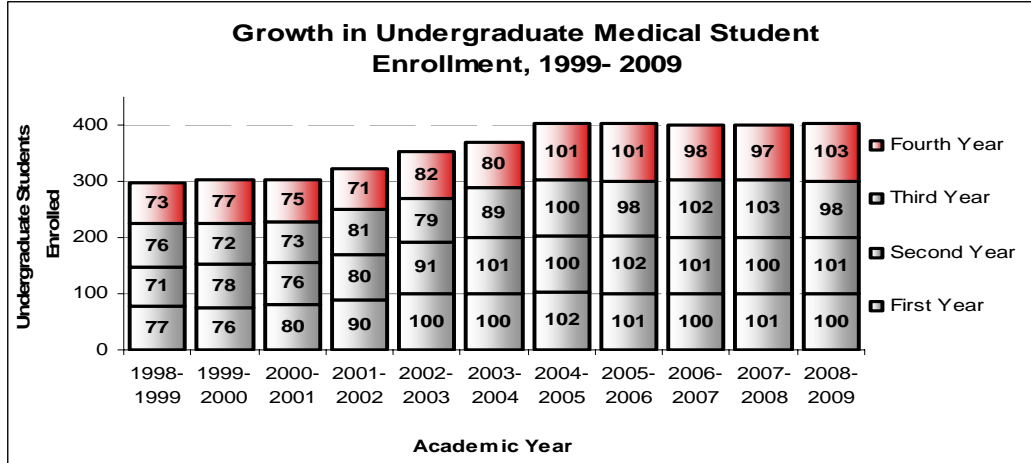
**Table 9 - Current Canadian Graduates Match Results  
by Choice Discipline and Medical School 2009 Match First Iteration**

Medical School	Canadian Graduates	1st Choice Rank List	%	2nd Choice Rank List	3rd Choice Rank List	4th Choice Rank List	5th Choice Rank List	Not Matched
Ottawa	145	140	97%	5				
Queen's	97	88	91%	9				
Toronto	196	181	92%	12	3			
McMaster	142	137	96%	5				
Northern	55	53	96%	1	1			
Western	131	125	95%	4	2			
<b>Total</b>	<b>766</b>	<b>724</b>	<b>95%</b>	<b>36</b>	<b>6</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>%</b>		<b>95%</b>		<b>5%</b>	<b>1%</b>	<b>0%</b>	<b>0%</b>	<b>0%</b>

**Continued supporting the MOHLTC mandate to increase Ontario's physician resource pool**

Over the past 10 years the Queen's Medical School has expanded the undergraduate enrolment. The along with complying with 100% of the accreditation standards for the Undergraduate Medical Education program, Queen's successful in maintaining the expansion of the School for the 2008 – 2009 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 - 2009**



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 - 2009**

Academic Year	FTE PG Trainees	Cumulative Growth				
		1 yr	2 yr	3 yr	4 yr	5yr
2008 - 2009 <sup>2</sup>	367	7%	13%	13%	19%	21%
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 7% during the last year while it continues to contribute to the provision of high quality of medical education.

<sup>2</sup> Excludes 16 FTE Clinical Fellows, 1 FTE PEAP and 10.2 FTE on Medical / Parental leave

**(b) NOTIONAL ALLOCATION PLAN**

Presentation of the Notional Allocation Plan is limited to the version of the *2008 – 2009 Annual Report* that SEAMO provides to the Ministry of Health – Long Term Care.

**(c) SEAMO OPERATING BUDGET**

The 2008 – 2009 SEAMO operating budget approved by SEAMO Governors in 2008 May is presented in Appendix 1. The table includes the budget details for the 2008 – 2009 year along with the previous two years.

**(d) SEAMO FUNDED CLINICAL TEACHERS**

Appendix 2 contains the 2009 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 402 undergraduate medical students for the 2008 – 2009 academic year. Distribution of the students was relatively even between the years of study, with 100 first and 103 fourth year students (Table 11).

**Table 11: Undergraduate Medical Student Enrolment, 2000- 2009**

	2000-2001	2001-2002	2002-2003	2003-2004	2004-2005	2005-2006	2006-2007	2007-2008	2008-2009	Cumulative Growth
First Year	80	90	100	100	102	101	100	101	100	26%
Second Year	76	80	91	101	100	102	101	100	101	33%
Third Year	73	81	79	89	100	98	102	103	98	34%
Fourth Year	75	71	82	80	101	101	98	97	103	37%
<b>Total Undergraduate Enrolment</b>	<b>304</b>	<b>322</b>	<b>352</b>	<b>370</b>	<b>403</b>	<b>402</b>	<b>401</b>	<b>401</b>	<b>402</b>	<b>32%</b>

During the 2008 – 2009 academic year there were 393 full-time equivalent (FTE) post graduate trainees in Queen's School of Medicine (Table 12). While higher than the FTE reported previously, this number includes trainees registered in the Pre-Enrolment Assessment Program, Clinical Fellows and 10.2 FTE on medical/parental leave of absence.

## (ii). Postgraduate Trainees

Table 12: Queen's University FTE Residents / Fellows, July 2008 - June 2009

Postgraduate Program	PEAP / PAR	PGY 1	PGY 2	PGY 3	PGY 4	PGY 5	PGY 6	Clinical / Research Fellow / SAP	Grand Total
Anesthesiology		4	4	7	6	3		0.2	24
Critical Care Medicine					1		2	1	4
Emergency Medicine	0.2	4	3	4	2	2		1	16
Family Medicine / Care of the Elderly				1					1
Family Medicine		49	44						93
Family Medicine / Anesthesia				2					2
Family Medicine / Emergency Medicine				8					8
Family Medicine / Enhanced Skills				2					2
Family Medicine / Special Rural				0.2					0.2
Family Medicine / Special Skills				0.3					0.3
Family Medicine / Women's Health				0.3					0.3
Cardiology					2	2	2	2	8
Gastroenterology / Internal Medicine					2	2			4
General Internal Medicine / Internal Medicine					1			1	2
Hematology / Internal Medicine					2	1			3
Internal Medicine		17	16	15					48
Nephrology / Internal Medicine					1	2			3
Neurology		1	1	1	1	1			5
Palliative Medicine / Internal Medicine	0.1							1	1
Respiratory Medicine / Internal Medicine					2	3		1	6
Rheumatology / Internal Medicine					0.4	1			1
Pediatrics		6	5	5	5				20
Anatomical Pathology			3	3		3		1	10
Laboratory Medicine		3							3
Obstetrics & Gynecology		3	3	3	3	3			15
Ophthalmology		2	2	2	2	2		1	11
Physical Medicine and Rehabilitation		1							1
Psychiatry	0.2	6	6	4	5	3		2	25
General Surgery		4	4	4	3	3		1	19
Orthopedic Surgery	0.2	4	3	3	3	2		4	19
Urology		1	1	1	1	1			5
Medical Oncology	0.3				2	1			4
Radiation Oncology		2	2	4	2				10
Community Medicine		2	1		1	1			4
Diagnostic Radiology		3	3	3	3	3			15
<b>Total</b>	<b>1</b>	<b>111</b>	<b>101</b>	<b>71</b>	<b>51</b>	<b>38</b>	<b>4</b>	<b>16</b>	<b>393</b>

NOTE: Includes 10 FTE on parental / medical leave of absence.

**(f) CONTINUING MEDICAL EDUCATION**

During fiscal 2008 – 2009 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 2008 - March 2009**

	Credits/ Hours	Registrants	Total Contact Hours	# of Events
Campus/Kingston	221	1,802	11,606	32
Outreach	56	151	310	13
Distant	3	99	248	7
Electronic/Online	133	314	4,928	22
<b>TOTAL</b>	<b>412</b>	<b>2,366</b>	<b>17,091</b>	<b>74</b>

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, 2008 - 2009**

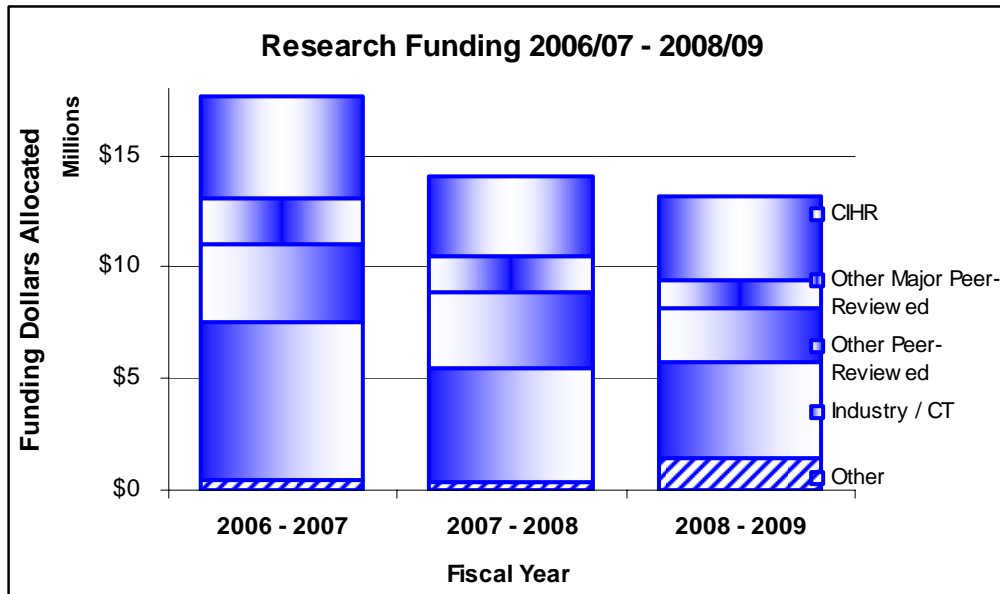
	Respondents	% "Yes"
Reporting that learning objectives were met	331	98%
Reporting identified changes they will make to their practice	285	93%
Reporting that the teaching methods were effective	328	99%

Queen's Faculty Development program, that provides educational programs for faculty members, continued to be active during the 2008 – 2009 fiscal year. The Faculty Development Office offered 41 events (116 credit hours) to a combined total of 437 registrants.

**(g) SEAMO RESEARCH ACTIVITY**

SEAMO physicians worked to maintain their activity in research. The data show (Figure 5) however that there has been a reduction in the value of overall research funding received by SEAMO clinical researchers in the Centre.

**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 124 unique articles published by SEAMO clinicians during calendar 2008 (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	2008	2006	2007	2008
Anaesthesiology	6	4	8	14	6	10
Emergency Medicine	5	5	5	14	11	26
Family Medicine	5	5	10	2	8	8
Medicine	53	51	50	78	36	89
Obstetrics & Gynecology	1	10	1	26	17	10
Ophthalmology	1	2	3	7	3	9
Otolaryngology	3		2		1	1
Paediatrics	3	1	3	8	7	8
Pathology	6	1	9	31	19	33
Physical Med & Rehab	2	1	4	2	3	
Psychiatry	9	2	5	12	12	7
Surgery	2	9	4	11	14	21
Urology	11	10	20	13	9	13
<b>Total Publications</b>	<b>107</b>	<b>101</b>	<b>124</b>			

**(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 with the closure of the Rideau Regional Centre in Smiths Falls. Other Family Medicine outreach activities include taking referrals for procedures, pessary fittings and obstetrics for community colleagues to increase access to care. The Department of Family Medicine also provides an anticoagulation program for its patients as well as acupuncture, nutrition services, social work and pharmacological expertise.

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 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. The Division

also provides remote in-home services to individuals with cardiac rhythm devices. This service checks pacemakers and ICDs for patients who are too far or infirm to travel to the hospital clinic. Through a formal partnership with the Kawartha Pacemaker Clinic the Arrhythmia Service provides two full-day outreach clinics a month along with technical backup and consult expertise for implant device approximately 4,500 patients in the area.

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. Furthermore the Division of Infectious Diseases provides support to the CCAC sponsored home IV therapy programs for patients on Home IV Antibiotics. This service saves significant in-patient resources for the SEO Region by eliminating the need for in-hospital care.

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](http://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 is also exploring opportunities to establish regular telemedicine services to Family Health Teams in 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. The Division of Rheumatology serves the northern population through Weeneebayko General Hospital in Moose Factory and at the Moosonee Clinic, Rheumatology clinics have also been established in Napanee. The Division of 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 16: Clinical Outreach Sites, 2008 – 2009

Clinical Specialty	Location.													
	Belleville	Brockville	Coburg	Cornwall	Kingston Area <sup>3</sup>	Napanee	Oshawa	Peterborough	Picton	Sharbot Lake	Perth\Smiths Falls	Trenton	Moose Factory	Other
Anaesthesiology													X	
Family Medicine					X						X			
Medicine														
Cardiology <sup>4</sup>	X	X				X		X			X	X		
Gastroenterology	X	X				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 <sup>5</sup>					X									
Rheumatology						X					X		X	
Obstetrics & Gynaecology		X					X						X	X
Oncology <sup>6</sup>	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														
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. In

<sup>3</sup> 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)

<sup>4</sup> access to cardiac catheterization and pacemakers was expanded for the reported areas with the implementation of the ‘same-day’ repatriation program

<sup>5</sup> Program

<sup>6</sup> 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

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, 2008 – 2009

Level of Study and Clinical Specialty	Location.												
	Belleville	Brockville	Kingston Area <sup>=</sup>	Napanee	Oshawa	Ottawa	Peterborough	Picton	Sharbot Lake	Perth\Smiths Falls	Toronto	Moose Factory	Other
<b>Postgraduate Medicine</b>													
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
<b>Undergraduate Medicine<sup>=</sup></b>	X	X	X					X				X	X

<sup>=</sup> 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)

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

## APPENDICES

## **SEAMO Operating Budget Summary**

Presentation of SEAMO's Operating Budget Summary is limited to the version of the *2008 – 2009 Annual Report* that SEAMO provides to the Ministry of Health – Long Term Care.

**SEAMO Funded Clinical Teachers  
2009 January 01**

Doctor	Billing Number	Years of Service in SEOHSC
<b>Anaesthesiology - GFT</b>		
Arellano, Ramiro		4
Ashbury, Edwin L		22
Burjorjee, Jessica E.		2
Cain, John Patrick		12
Cummings, Michael		4
Duggan, Scott		4
Engen, Dale		4
Fleming, Melinda		7
Froese, Alison B		27
Gilron, Ian P		9
Goldstein, David H		10
Haley, Susan L		9
Henry, Richard		14
Jaeger, Melanie		9
Mark, David		14
McMullen, Michael C		1
Milne, Brian		28
Murdoch, John		7
Parlow, Joel		16
Patterson, Lindsey J		10
Saha, Tarit K		3
Seegobin, Ronald		19
Shelley, E Stevenson		30
Simchison, Brian L		5
Strum, David P		9
Turner, Kim E		12
van Vlymen, Janet M		10
Wang, Louie		16
Zamora, Jorge E		9
<b>Anaesthesiology Non-GFT</b>		
Kenny, Paul		5
Pietak, Stanley		36
Rooney, Rachel AD		4
<b>Critical Care Non-GFT</b>		
Amaro, Justine		4
Cameron, Mary		5
Foxcroft, Laura		4
Peckham, Kenneth		8
Rahmani, Armita		6
Samis, Andrew		6

**SEAMO Funded Clinical Teachers  
2009 January 01**

Doctor	Billing Number	Years of Service in SEOHSC
<b>Emergency Medicine - GFT</b>		
Ball, Ian M		<1
Blouin, Danielle		7
Brison, Robert J		26
Carpenter, Jenn L		5
Cleghorn, Graham E		3
Crawford, Frances		7
Dagnone, J D		2
Dagnone, L Eugene		37
Dungey, Paul E		7
Edwards, R Ken F		24
Graham, Karen		7
Howes, Daniel W		7
Jones, Gordon R		20
Landine, James K		1
McGraw, Robert		13
Messenger, DW		1
Murray, Heather		7
Newbigging, Joseph		2
O'Brien, Terrence O		19
O'Connor, H Michael		27
Rang, Louise		5
Rapin, John M		34
Reed, Andrew		5
Sivilotti, Marco LA		7
Taylor, Murray F		35
Walker, David MC		33
<b>Emergency Medicine Non-GFT</b>		
Cload, Bruce, WA		<1
Montalvo, Max		5
White, Stephen F		9
Spotswood, Wayne J		35

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Doctor	Billing Number	Years of Service in SEOHSC
<b>Family Medicine - GFT</b>		
Barber, DTS		1
Birtwhistle, Richard V		27
Brown, Glenn		1
Casson, R Ian		19
Green, Michael E		6
Hall-Brown, Karen P		1
Henry, Willa J		2
Hodgetts, P Geoffrey		19
Hurst, David W		1
Leung, KC Lawrence		1
Lu, Dianne J		<1
MacDonald, Susan E		23
Moore, Kieran		5
Phillips, Susan P		19
Schultz, Karen A		7
Sempowski, Ian P		10
Sylvester, Michael		<1
Vakil, Catherine		4
Verma, Sarita		15
Wilson, C Ruth		19
<b>Family Medicine Non-GFT</b>		
Fuller, Barbara E.		<1
Gower, Sarah K		<1
Griffiths, Jane		5
Rosser, Walter		7
MacPherson, David		1
McKinnon, Laura E		3
<b>Medicine - GFT</b>		
<b>Cardiology</b>		
Abdollah, Hoshiar		28
Baranchuck,, Adrian		2
LaHaye, Stephen		9
McCans, John L		10
O'Reilly, Michael G		1
Redfearn, Damian P		4
Sanfilippo, Anthony J		20
Simpson, CS		10
<b>Endocrinology</b>		
Houlden, Robyn L		18
Hudson, Robert W		26

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Doctor	Billing Number	Years of Service in SEOHSC
<b>Gastroenterology</b>		
Beyak, Michael J		2
Depew, William T		31
Hookey, Lawrence		3
Louw, Jacob A		7
Paterson, William G		23
Ropeleski, Mark J		5
Vanner, Stephen		21
<b>General Internal Medicine</b>		
Heyland, Daren K		13
Kovacs, Katherine		12
Muscedere, John		5
<b>Geriatric Medicine</b>		
Frank, Christopher		15
Garcia, Angela		11
Gill, Sudeep S		5
Puxty, John AH		20
<b>Haematology</b>		
James, Paula		5
Lee, David H		11
Matthews, John H		19
Swain, Gordon J		4
<b>Infectious Disease</b>		
Evans, Gerald A		18
Martinez-Cajas, Jorge		<1
Wobeser, Wendy L		7
<b>Nephrology</b>		
Holland, David C		15
Iliescu, Eduard A		14
Morton, A Ross		19
Pilkey, Rachel M		7
Toffelmire, Edwin B		21
White, Christine A		4
Yeates, Karen E		5
<b>Neurology</b>		
Brunet, Donald G		28
Jin, Albert Y		<1
Melanson, Michel		10
Pari, Giovanna		7
Spiller, Allison E		5
<b>Palliative Care</b>		
Dudgeon, Deborah J		12
Shadd, Joshua D		4
Viola, Raymond A		5

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Doctor	Billing Number	Years of Service in SEOHSC
<b>Respirology</b>		
D'Arsigny, Christine		11
Fitzpatrick, Michael		11
Forkert, Lutz		26
Lougheed, M Diane		15
Moffatt, Susan L		25
Munt, Peter W		34
ODonnell, Denis E		20
Parker, Christopher		2
<b>Rheumatology</b>		
Averns, Henry L		2
Dwosh, Isaac L		33
Towheed, Tanveer		13
<b>Obstetrics and Gynecology - GFT</b>		
Braithwaite, Nicholas		1
Bryson, SC Peter		20
Chamberlain, Susan		9
Davies, Gregory AL		12
Francis, Julie_Ann		<1
Froats, T (Brockville)		6
		7
Jamieson, Mary Ann		13
Jeffrey, John F		16
Johnston, Shawna L		12
McGrath, Michael J		32
Nicholson, Jennifer (Brockville)		2
Novak, R (Brockville)		5
O'Neill, J Peter		7
Palerme, Stephanie		5
Reid, Robert L		27
Smith, Graeme N		10
Tessier, Julie		7
Thomas, Richard P		5
<b>Obstetrics and Gynaecology Non-GFT</b>		
Low, James A		43
<b>Ophthalmology - GFT</b>		
Arthur, Brian W		5
Baxter, Stephanie		4
Campbell, Robert J		2
El-Defrawy, Sherif		4
Kratky, Valdimir		3
Sharma, Sanjay		14
ten Hove, Martin W		14

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Doctor	Billing Number	Years of Service in SEOHSC
<b>Otolaryngology - GFT</b>		
Hall, Stephen F		28
Hollins, Russell		9
MacNaughton, Don		20
Tan, Andre		13
<b>Otolaryngology Non-GFT</b>		
Zeitouni, Anthony		4
<b>Paediatrics - GFT</b>		
Alsaati, Basem Z		3
Armour, Christine M		<1
Clarke, Maxine C W		15
Connelly, Robert J		10
Dow, Kimberley E		28
Flavin, Michael P		21
Justinich, CJ		6
MacDonald, E Athen		28
MacKenzie, Jennifer		13
Stidham, Gregory		<1
Onyett, A Heather		21
Samdup, Dawa		1
Silva, Marianna		13
Smith, R Garth		12
Smythe, John		19
Tsai, Ellen		9
Van Wylick, Richard		10
<b>Pathology - GFT</b>		
Boag, Alexander H		16
Childs, Timothy		7
Farmer, Patricia L		2
Hurlbut, David J		15
Isotalo, Phillip A		7
LeBrun, David P		15
Lillicrap, David P		24
Ludwin, Samuel K		33
Manley, Paul N		36
Newell, Kenneth J		<1
Rapson, Dilys A		15
Rossiter, John P		15
SenGupta, Sandip		21
Shepherd, Lois E		20
Tron, Victor		1
Young, Iain D		22
Zoutman, Dick E		18
<b>Pathology - non-GFT</b>		
Rowlands, Caroline		14

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Doctor	Billing Number	Years of Service in SEOHSC
<b>Physical Med. &amp; Rehabilitation - GFT</b>		
Bagg, Stephen D		19
Faris, Matthew		17
Ruggles, David JM		<1
Shanks, Gavin L		37
Smith, Karen M		15
Wee, Joy Yen May		7
<b>PM&amp;R Non-GFT</b>		
Bates, Laurel A		4
Beck, William J		<1
Brown, Robyn J		<1
Milner, Richard G		<1
Kennedy, Louis J		19
Priestnitz, Alisha A		<1
Yates, Stephen K		<1
<b>Psychiatry - GFT</b>		
Burley, H Joseph		<1
Elliott, Deborah L		5
Flynn, Leslie V		28
Jokic, Rozica		5
LeClair, J Kenneth		9
Leverette, John S		35
Marin, Alina		1
Milev, Roumen		7
Oyewumi, L Kola		10
Roberts, Nasreen		10
van Zyl, Louis T		9
Vartic-Iftene, Felicia		<1
Woogh, Carolyn M		31
<b>Surgery - GFT</b>		
<b>Cardiothoracic Surgery</b>		
Hamilton, G Andrew		9
Petsikas, Dimitri		14
Reid, Kenneth R		14
Ropchan, Glorianne		19
<b>General Surgery</b>		
Belliveau, Paul J		9
Drover, John W		15
Engel, C Jay		<1
Jain, Minto K		9
Jalink, Diederick W		12
Jones, Sarah		4

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Doctor	Billing Number	Years of Service in SEOHSC
MacDonald, P Hugh		20
Mercer, C Dale		24
Walker, G Ross		20
<b>Neurosurgery</b>		
Ellis, Peter Mills		16
Pokrupa, Ronald		7
Saunders, Fraser W		31
<b>Orthopaedic Surgery</b>		
Borschneck, Daniel		13
Campbell, Aaron R		3
Davidson, Lindsay K		17
Harrison, Mark M		15
Pichora, David R		23
Rudan, John F		21
Yen, David		19
<b>Plastic Surgery</b>		
Davidson, John S D		20
Watkins, J Frederick		9
Watters, Conrad		4
<b>Vascular Surgery</b>		
Brown, Peter M		27
Zelt, David T		18
<b>Urology - GFT</b>		
Beiko, Darren		5
Kawakami, Jun		3
Nickel, J Curtis		26
Siemens, D Robert		9
Steele, Stephen		2
Wilson, James WL		26
<b>Urology Non-GFT</b>		
Leonard, Michael P		9
Morales, Alvaro		37

