CANADIAN ANESTHESIOLOGISTS' SOCIETY

ANNUAL REPORT 2014

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REPORT OF THE PRESIDENT

Dr Susan O'Leary, FRCPC

I am so fortunate to start my first year as president with several major CAS initiatives underway. I wish to thank Dr Patricia Houston for her foresight and leadership in these initiatives during her presidency. As well, none of the work we do would happen without the expertise and dedication of the CAS office staff. Mr Stanley Mandarich and his team working "behind the scenes" support me, the Board of Directors and indeed the members. Of course the members truly are the Society. It is a pleasure and privilege to work with and for you. I've been quite fortunate this year to attend regional meetings from Baddeck, Nova Scotia to Vancouver, British Columbia, and to meet Canadian anesthesiologists from coast to coast. The quality of education and the commitment to excellence in patient care are evident at every meeting. And I must add that I've enjoyed warm welcomes and wonderful hospitality.

CanAIRS

The development of CanAIRS, an Anesthesia Critical Incident reporting system, is ready for the launch of the pilot project. A Memorandum of Understanding with the Australian New Zealand Tripartite Data Committee is being prepared, and Dr Scott Beattie, Medical Director, will head the initiative at the University Health Network, which will host the pilot. This web-based system is designed as a voluntary anonymous reporting mechanism for critical or adverse events. The data collection includes basic and statistical information and – importantly – a narrative description of incident details. We anticipate following the pilot with the launch of a national reporting platform. Analysis of the pooled data will provide valuable information on Canadian anesthesia practice, which is expected to be useful for many purposes, from the development of standards of practice and guidelines to research and education.

Improving the Quality of Patient Care

Improving quality of patient care is a common multi-disciplinary goal. I attended the BC Surgical Quality Action Network Meeting in Vancouver, along with other national stakeholders interested in improving surgical patient care. NSQIP – the National Surgical Quality Improvement Program – provides for data collection in many Canadian hospitals. Many anesthesia departments contribute to this program. CAS will work with the Royal College and other groups to take a collaborative approach to improving the quality of patient care.

Choosing Wisely Canada

The Choosing Wisely Canada (CWC) survey is complete and results would have been released by the time of this report. The CAS is one of 60+ societies and groups that have participated in the Choosing Wisely Canada initiative. Choosing Wisely is a campaign to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and support physician efforts to help patients make smart and effective choices to ensure high-quality care.

At the 2015 CAS Annual Meeting, I will be hosting a session with a panel of expert Canadian anesthesiologists to present the CAS CWC survey. Your top five items that anesthesiologists and patients should question will be showcased at this interactive education session. Thank you for your input into the direction of better patient care.

Reporting of Drug Shortages

In 2014, CAS continued to monitor developments with the drug shortages reporting initiative, which had started with former CAS President, Dr Richard Chisholm expressing in a January 2011 letter to the Federal Minister of Health concerns about CAS members' reports of shortages of propofol and other resuscitation drugs. In early 2012, Dr Chisholm appeared (via teleconference) before the House of Commons Standing Committee on Health and gave a powerful address.

On February 7, 2014, then President, Dr Patricia Houston, made a presentation on the problem of drug shortages to the Specialist Forum of the Canadian Medical Association (CMA). This presentation had an impact, and led to the creation by the CMA Board of Directors of a Drug Shortages Working Group in June 2014.

I was very pleased when Dr Douglas DuVal, Vice President, agreed to lead the ongoing drug shortage work. Dr DuVal resides in federal Minister of Health, Rona Ambrose's Edmonton-Spruce Grove constituency and was able arrange a one-on-one meeting with her on August 20, 2014 through the CMA MD-MP contact program. At the time, Minister Ambrose indicated the government's work had already wrapped up, and she anticipated that the requirement would be forthcoming.

Great progress continued to be made, along with CAS' continued advocacy activities for processes that will be helpful in minimizing the impact of drug supply disruptions when they occur.

Educational Opportunities for Members

The delivery of education for members remains a priority for your national specialty society. Each year we endeavour to find out what members want and need. Surveys and feedback from the Annual Meeting and other programs are valuable sources of information to assess and determine your educational priorities. Last year, we introduced workshops that provided participants with a Section 3 MOC credit. The Royal College of Physicians and Surgeons of Canada (RCPSC) MOC program will require 25% credit from Section 3 as we each start a new cycle. In fact, CAS is a leader in several areas of continuing education and professional development, and the provision of Section 3 credits is just one example. We have also ensured sessions at the Annual Meeting have moderators, thereby providing presenters with an opportunity for individual education as educators and to avail themselves of feedback from peer observers as a form of reflective learning.

I am also pleased to report that the CAS is partnering with the Royal College to integrate the CAS app for ease of MOC credit transfer. The Annual Meeting Working Group (in collaboration with the CEPD Committee and the Annual Meeting Committee) continue to introduce positive change and innovation into the Annual Meeting education.

Member Engagement is Important!

Front and center in my mind is that CAS is an organization of the members and for the members. Good communication is essential. You may have noticed informative email bulletins leading up to the Annual Meeting. Posts on Facebook and tweets via Twitter are a two-way communication means and I encourage our members to participate. I'm following many of you as well as many anesthesia groups and related organizations on Twitter. It's important for us to be involved and current, and a good example is the recent social media blitz about the possible restriction of use of ketamine in developing countries. This is an excellent example of the power of social media in connecting individuals and groups for a collective cause. I encourage CAS members to join in social media in a respectful and professional manner.

Social media is just one way to engage in your Society. There are many dedicated volunteers who serve on committees and associated groups on behalf of the interests of our members. I wish to acknowledge those anesthesiologists, general and family practice anesthetists, anesthesia assistants, nurses, respiratory therapists and others who diligently give of their time and energy to the Society. A big "thanks" to executive members – Dr Patricia Houston, Dr Douglas DuVal, Dr Salvatore Spadafora and Dr François Gobeil – for their work and guidance this year. To close, I would like to congratulate Dr Joanne Douglas on receiving the Order of Canada this year. Dr Douglas exemplifies those qualities as a physician and person I admire and for which I aspire.

REPORT OF THE TREASURER

Dr François Gobeil, FRCPC

As the new Treasurer, it is my pleasure to report the state of the Canadian Anesthesiologists' Society's finances. As you are well aware, the organization's income and expenses relate to three different areas, namely the Society's administration (CAS), the Annual Meeting (AM) and the *Canadian Journal of Anesthesia* (*CJA*). The financial statements reflect the integration of these three business segments.

As of December 31 2014, the CAS' total assets were $2,594,607, liabilities were $1,035,856, and net assets were $1,558,751. Short-term investments accounted for $1,627,242 of total assets.

To facilitate the reading and understanding of this report, below is a summary table of income and expenses for all sectors compared to financial year 2013 (Table 1).

Table 1

	2014 (in Millions)				2013 (in Millions)			
	AM	**CAS**	***CJA***	**Total**	**AM**	**CAS**	***CJA***	**Total**
Income	1.08↑	1.20↑	0.57↓	2.85↑	0.28	1.12	0.93	2.32
Expense	1.35↑	0.99↓	0.63↑	2.97↑	0.84	1.05	0.62	2.50
Income (loss)	(0.27)	0.21	(0.06)	(0.12)	(0.56)	0.07	0.31	(0.18)

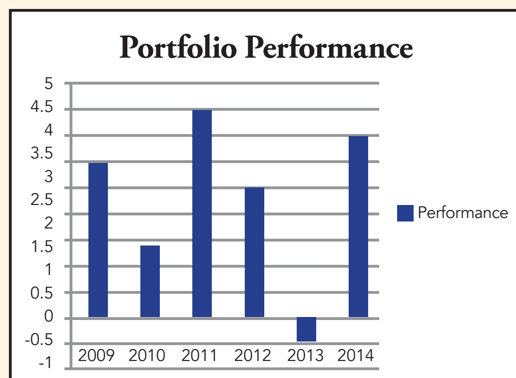
Annual Meeting (AM)

As you can see, despite the loss incurred in 2013 following the cancellation of the Annual Meeting in Calgary, the AM Committee managed to balance expenses and income as well as to maintain expenses at a lower level than previous meetings ($1.5 M and $1.7M in 2011 and 2012 respectively), as the 50% reduction of deficit shows. In 2015, the advent of a new player, Intertask, combined with the central location of the Meeting in Ottawa, should help us in meeting our budget.

Society Administration (CAS)

A slight increase in revenue, due mainly to the improvement of financial markets (Figure 1) and a reduction in costs, have resulted in a surplus exceeding $200,000. The reduction in costs is largely due to (1) administrative costs, specifically related to accounting fees, reduced over 2013, and (2) human resources and less salaries in 2014 due to this being a recruitment year with more part-time positions. Income related to membership represents 90% of the total income.

Figure 1



Canadian Journal of Anesthesia (CJA)

Following the expiration of the old contract with Springer, revenues were slightly lower whereas higher royalties were previously guaranteed. Springer's revenues have been stabilizing over the years and, to our evaluation, they are unlikely to see any significant increase in the near future. The top three revenue generating areas for the *Journal* are advertising, print subscription and consortia.

Despite a slight increase in expenses compared to 2013, mainly related to the nomination of a new Board of Directors, these remain lower than budgeted.

Overall, the financial results of the Canadian Anesthesiologists' Society reflect healthy financial management. It goes without saying that shifting financial markets and natural catastrophes such as the 2013 flood in Calgary bear unfortunate consequences. Adding to that is the increasing cost of expenses and staff stabilization within the Society.

Despite being a not-for-profit organization dedicated to our members, we still have to carefully manage the Society's finances and we should be worried by the anticipated deficit as well as that of the past two years. Consequently, the Board of Directors will seek to reactivate the Finance Committee which, as in many organizations, was an integral part of the Board. We nevertheless remain optimistic: compared to our good 2011 and 2012 years both in terms of revenues and expenses, our finances remain at similar levels.

Thanks to our dedicated team, now complete with the arrivals of Ms Iris Li, financial controller, and Ms Janiba Saho, executive assistant, as well the infallible support of our Executive Director, Mr Stanley Mandarich and, of course, the loyal support of the Executive Committee, Drs O'Leary, Duval, Houston and Spadafora. We are confident in our abilities in facing the Society's future challenges.

REPORT OF THE EDITOR-IN-CHIEF

Canadian Journal of Anesthesia
Dr Hilary Grocott, FRCPC

CJA Mission Statement:

"Excellence in research and knowledge translation in anesthesia, pain, perioperative medicine, and critical care"

Overview

This report represents the progress of the Canadian Journal of Anesthesia after having completed my first year as Editor-in-Chief of the *Canadian Journal of Anesthesia/Journal canadien d'anesthésie (CJA)*. This report will address some of the key points in the progress the Journal in this first year of my tenure. Highlights of this year's editorial contents, *Journal* data and metrics, our online development, and editorial board activities will be described.

It has been a year filled with discovery, hard work, multi-faceted expectation, and immense satisfaction having been involved with the editorial board, our affiliate Society's board and members, our readers, and most importantly, the authors of the scientific and educational content of the *Journal.* I can easily say that the workload has far-exceeded what I thought were already very realistic (if not excessive) expectations when I took over this position from my much accomplished predecessor, Dr Donald Miller. Thankfully, the satisfaction that I've received thus far in being so heavily immersed in the *Journal* has similarly been exceeded.

The *CJA* is owned by the Canadian Anesthesiologists' Society (CAS) and is published by Springer Science & Business Media, LLM (New York). Articles are received (and published after peer-review) in either English or French, with articles accepted for publication appearing in the original language of submission. Translations of all abstracts, editorials and continuing professional development (CPD) modules are also published. Published articles appear in print, as well as online.

The publishing model continues to be subscription-based, although authors are able to pay a fee to retain copyright of individual articles, under the Creative Commons Licence and the publisher's Open Choice™ program. The international exposure and reach of the *Journal* continues to increase. In 2014, 63% of online referrals were from outside North America, with Asia-Pacific countries and Europe being the regions of the world with the most full text requests from the online journal. In regards to readership and the number of authors submitting articles, in 2014, the *Journal* received 684 article submissions (compared to 679 in 2013) from authors in 52 different countries. One hundred and ninety-three articles were published in 12 monthly issues (Can J Anesth 2014; Volume 61) representing 1,140 editorial pages. Article types included invited editorials, reports of original investigations (clinical and basic sciences articles), case reports/case series, review articles, systematic reviews, CPD modules and letters to the editor. The content of articles, according to the mission statement, spanned the fields of anesthesia, acute and chronic pain, perioperative medicine and critical care.

Usage

The content of the *Journal* is available through direct mail subscription to all CAS members. In addition, there were 371 other individual subscriptions and 8,580 institutional library consortia that access the *Journal.* The *Journal* continues to be accessed by an ever-increasing number of other users. The number of full text article requests increased dramatically from 402,928 in 2010 to 724,401 in 2013. In terms of full-text article requests by geography, 9% of requests originated from Canada in 2013, in comparison to 28% of requests originating from the United States. Twenty per cent of requests now come from Asia-Pacific countries, 23% from Europe, and 14% from elsewhere. These data reflect the observation that the *Journal* is truly international in scope.

Production

There were 193 articles published in 2014 as compared to the 210 articles in 2013. The *Journal* continues to achieve a more rapid turnaround time to publication. The average production time between receipt at Springer and online first publication decreased from 31 days in 2009, compared to 21.4 days in 2014. The average time from submission to decision was 18.2 days in 2014.

Article Retractions

Cases of isolated and serial scientific and ethical misconduct continue to be identified in the anesthesia literature. The procedures to review suspected scientific misconduct, and actions required by the Editor-in-Chief and the publisher, involve a long and difficult process. Whereas 33 articles were retracted in 2012 for articles dating back as far as 1990, there were no retractions in 2014, nor were there pending investigations of suspected ethical or scientific misconduct of CJA articles in 2014. However, as with the growing number of retractions that are increasingly reported, we continuously are reviewing our own content and policies to police for misconduct that might lead to future retractions.

The *Journal's* Conflict of Interest (CoI) Policy

The *Journal* has a Conflict of Interest and Publishing Integrity Policy Statement. The principles of this document conform to the general principles for integrity of scientific publishing of the international Committee on Publication Ethics (COPE), of which the *Journal* is a member. The *Journal's* Instructions for Authors include important statements on editorial policy related to rules of authorship, originality, and requirements of ethical conduct of research.

Editorial Content

Content of the *CJA* can be accessed electronically through a number of indexed sources including: Science Citation Index, Science Citation Index Expanded (SciSearch), *Journal* Citation Reports/Science Edition, PubMed/Medline, SCOPUS, EMBASE, Google Scholar, Biological Abstracts, BIOSIS, CINAHL, Current Contents/ Life Sciences, Current Contents/ Clinical Medicine, EMCare, Mosby yearbooks, OCLC, PASCAL, SCImago, Summon by Serial Solutions. Editorial Content

The editors remained highly selective in 2014 in regards to choosing which articles were published according to their novelty, scientific merit and overall importance. Each issue contains, on average, two to three editorials, six to seven reports of original investigations, one to two review articles, regular special articles, continuing professional development modules (four per year), occasional case report (eight to 10 per year), correspondence items and book reviews.

Each January, the *CAS Guidelines to the Practice of Anesthesia* is updated. The next update is scheduled for January 2016. Interestingly, the *CAS Guidelines* continue to be cited on a regular basis and contribute approximately 18-20 citations to our impact factor.

As part of our Diamond Jubilee, throughout 2014 we featured special articles from our archives. Twenty-two past articles were highlighted through invited commentary provided to add perspective, and frequently renewed relevance, to the featured special content.

We continue to publish annual "Theme Issues". Past theme issues, and those in planning include:

February 2012: **Mechanisms of Anesthesia**

February 2013: **Innovation in Education in Anesthesia**

February 2014: **Patient Safety in Anesthesia and Perioperative Medicine**

February 2015: **Enhanced Recovery after Surgery (ERAS)**

February 2016: **Defining Important Outcomes in Perioperative Research**

Special articles to note for 2014 in the *Journal* included our response to the West African Ebola crisis where we published two articles related to this. Interestingly, we were not the only anesthesia journal to address this issue, as *Anesthesia & Analgesia* published its own Ebola review article on December 30, 2014. Ours was published on November 6, 2014.

REVIEW ARTICLE/BRIEF REVIEW

Ebola virus disease: an update for anesthesiologists and intensivists

La maladie à virus Ebola: mise à jour pour les anesthésiologistes et intensivistes

Duane J. Funk, MD • Anand Kumar, MD

Recieved: 11 September 2014 / Accepted: 17 October 2014
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EDITORIALS

Ebola and the *Journal's* response to "the most severe acute health emergency seen in modern times"

Hillary P. Grocott, MD

Recieved: 15 October 2014 / Accepted: 17 October 2014
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Updates to the Online *Journal*

Our online presence and content continues to be developed; Dr Philip Jones has served this past year as our *online presence* editor. He continuously curates our Twitter feed providing links to *Journal* content to our current 441 followers. Our first Tweet was on November 23, 2013. In the first year of its existence, over 250 Tweets from the *CJA* reached 12,215 followers.

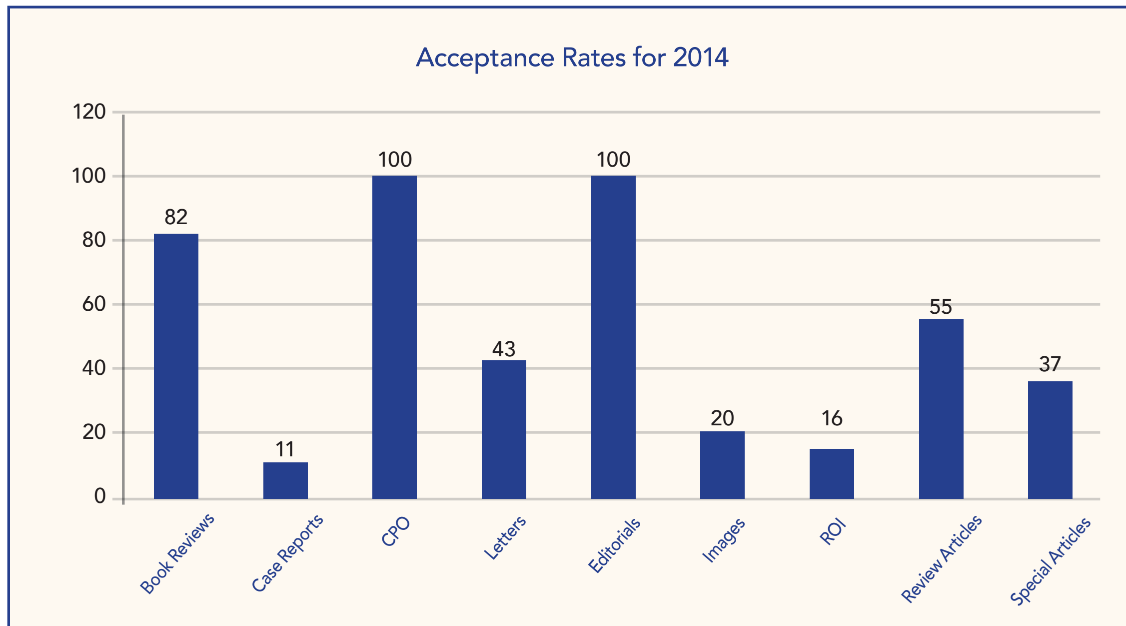
Our iPad/iPhone/Android app for the *Journal* was launched in 2013 and continues to be available. Readers also have access to online articles published in both Portable Document Format (PDF) and HyperText Markup Language (HTML) formats. Electronic versions of metadata related to each article, which includes different forms of supplementary material, are now sent automatically to all relevant bibliographic organizations on the day of online publication.

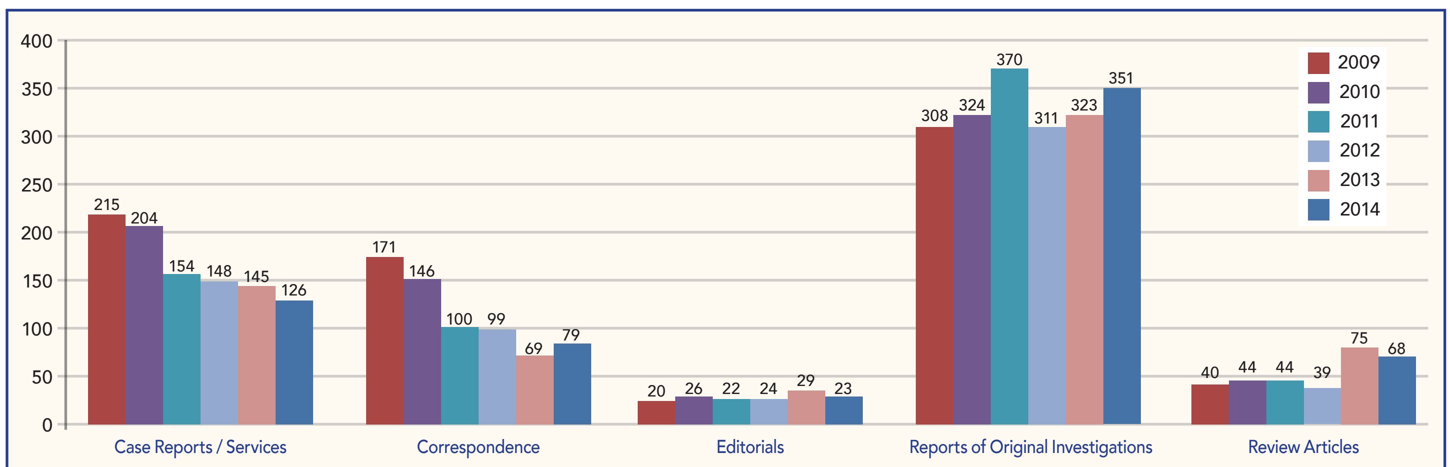
The *Journal* is available online via SpringerLink™ and has enhanced the online *Journal* with functionalities and innovative new features such as semantic analysis of documents and "look inside" preview capability to allow readers to view and browse the content of any document without having to download it first. The eTOCs (electronic Table of Contents) are sent monthly to every member of the CAS. We have received positive feedback since this feature was launched.

Journal Data and Metrics

Six hundred and eighty-nine submissions were considered for peer review in 2014. Our overall 28% acceptance rate resulted in 193 published articles

The following figures represent our acceptance rates by article type.





The 2013 impact factor (IF) represents a 20% increase from 2012, and is the highest IF in the *Journal's* history. This resulted in a *Journal* ranking 10 out of the 30 anesthesia journals currently being published. The 2014 IF data will be released in July 2015.

In addition to traditional metrics (i.e., IF), journals and their content are now also evaluated according to alternative metric – or so-called Altmetrics.

For example, of the 2,712,066 articles that had been tracked by Altmetrics in 2014, this article ("Unusual difficult airway due to the presence of a large facial foreign body" http://link.springer.com/article/10.1007/s12630-014-0249-z) ranked in the 99th centile, and in the top 5% of all articles ever tracked by Altmetrics. In addition, it was the top-mentioned article for any anesthesia journal in 2014.

Editorial Board

Several new Editorial Board members replaced outgoing members ending their terms in 2013. Dr Dylan Bould (University of Ottawa), Dr Ronald George (Dalhousie University), and Dr Thomas Mutter (University of Manitoba) are the new Canadian board members in 2014. Dr George Mashour is our new international board member also joining in 2014.

With these additions to replace Board members ending their terms in 2013, and the recent resignation by Dr Patricia Morley-Forster, we currently have two Canadian Board positions open and one international position open. The senior Editorial Board is actively discussing these positions. In addition, we have added Dr Frank Dexter (University of Iowa) as a guest editor (statistics). With this, he filled one of our two statistical editor positions and replaced Dr Paul Hebert who finished his term as guest editor.

Both of our Associate editors, Drs Beattie and Mazer, finished their terms as of December 31, 2014. Dr Philip Jones (Western) and Dr Steve Backman (McGill) have joined as the new Associate Editors.

COMMITTEE REPORTS

Local Arrangements (St John's) Subcommittee

Dr Angela Ridi, FRCPC – Chair

2014 was a special year for CAS, as we celebrated 60 years of our Society's Journal. Delegates were welcomed to sunny St John's, Newfoundland for three days packed with scientific sessions, and plenty of social occasions. From the plenary session highlighting the history of our Journal, to rocking the house with Alan Doyle and everything in between, delegates made time to attend sessions pertaining to particular interests, as well as immerse themselves in Newfoundland culture. Many enjoyed the Fun Run around Quidi Vidi Lake, while others took in tours of local highlights, including Cape Spear (the most easterly point in North America), Signal Hill, whale watching and, of course, viewing the huge iceberg at the mouth of St John's harbour! Those lucky enough to have tickets to the sold-out President's Dinner enjoyed a delicious local meal and world-class entertainment. It certainly was a meeting to remember!

Scientific Affairs Subcommittee

Dr Robin Cox, FRCPC – Chair

Abstract Submissions for the 2015 Annual Meeting
The breakdown of submissions was as follows:

ALL SUBMISSIONS

	Abstracts	Case Reports	Total Submissions
Total Submissions Received	172	29	201
Rejected - Quality	12	2	0
Rejected - Anonymity	4	0	0
Rejected - Ethics/Consent	0	0	0
Withdrawn	2	0	0
Total Submissions Accepted	154	27	181

RESIDENT SUBMISSIONS

	Abstracts	Case Reports	Total Submissions
Total Submissions Received	46	7	53
Rejected - Quality	4	0	4
Rejected - Anonymity	0	0	0
Withdrawn	0	0	0
Total Submissions Accepted	42	7	49

SUBMISSIONS BY COUNTRY

Country	Accepted	Withdrawn	Rejected	Total
Canada	153	2	13	168
Brazil	4	0	0	4
China	0	0	1	1
Columbia	1	0	0	1
Germany	0	0	1	1
Haiti	1	0	0	1
India	3	0	1	4
Iran	3	0	0	3
Ireland	1	0	0	1
Japan	1	0	0	1
Pakistan	1	0	0	1
Saudi Arabia	1	0	0	1
Spain	5	0	0	5
United Kingdom	1	0	0	1
United States	6	0	2	8
Total	***181***	***2***	***18***	***201***

Compared with the 2014 meeting, there was a significant increase in the number of submissions to the 2015 meeting, 201 versus 138 for St John's. In addition, there was a modest increase in submissions from non-Canadian countries. The distribution of abstracts, case reports, and Resident submissions for 2015 remained much the same. There were no Technical Booth submissions this year. There was an overall rejection rate of 7% for low scientific quality, with scores < 50/100. Abstracts were scored by four reviewers from the Scientific Affairs Committee, and case reports by two reviewers. There were no rejections on the basis of ethical concerns, such as patient consent, which was encouraging. The number of rejections for breaching the anonymity requirements was only four (from just three authors), much fewer than last year, which showed that the new submission process was successful. Electronic posters will be used in Ottawa for the poster discussion sessions, and hard copy posters for the poster display sessions. We are exploring ways that the poster displays will entail some interaction with members of the appropriate Section and/or the Scientific Affairs Committee. Poster displays will therefore be arranged by section/topic.

At the time of writing this report, we are investigating the possibility of multiple slides for the poster discussion sessions, as the single slide format was found to be sub-optimal in 2014. As in previous years, there may be fewer abstracts presented at the meeting than those accepted due to a failure of the author to register and pay for the registration fees.

Archives and Artifacts Committee
Dr Brendan Finucane, FRCPC – Chair

Two thousand and fourteen was quite a productive year for the Committee. In addition to the Committee's face-to-face meeting in St John's, two teleconferences were convened during 2014, one in February and a second one in October.

The Committee now has eight active members with representation from across the country, and also has Resident representation.

We convened the third symposium celebrating the history of anesthesia in Canada in St John's, Newfoundland in June 2014. Drs Roger Maltby and John Wade gave excellent presentations. We have planned a similar symposium for Ottawa in 2015 and Dr Joanne Douglas has organised this session. There are two speakers: Dr David Stewart will present the history of pediatric anesthesia in Canada, and Dr Diane Biehl will give a presentation on the history of obstetric anesthesia in Canada.

The budget for the coming year has been reviewed and there are no major expenditures expected.

The website has been updated and we have made considerable progress on the update of the CAS Chronology project. A number of the Past Presidents have either submitted reports or have been interviewed about important events that had occurred during their terms of office as President of the CAS.

We have transferred a significant number of CAS artifacts to the Canadian Science and Technology Museum in Ottawa, where they will be properly preserved. The museum is temporarily closed for renovations and will reopen in 2016. We are also in the process of transferring some additional artifacts to the Museum of Health Care in Kingston and this transfer is expected to be completed shortly.

The final item I would like to report on is the Committee's goal to have Dr Harold Griffith inducted into the Canadian Medical Hall of Fame. The Committee is working on a team approach to this important task and the process is well under way.

This completes my report on behalf of the Archives and Artifacts Committee for 2014. Once again, I would like to acknowledge the hard work of the Committee members during the past year.

Committee On Anesthesia Care Team
[Formerly the Allied Health Committee, it was renamed in June 2014.]
Dr Homer Yang, FRCPC – Chair

This is my last report as Chair of the COACT. Foremost, I would like to thank the CAS for the opportunity to have chaired this important committee. It has been both a pleasure and an honour.

In 2013, a survey of Anesthesia Assistant (AA) funding, roles, and future steps was conducted by the CAS in conjunction with the Ontario Section of Anesthesia. The survey was in two parts, surveying the anesthesia chiefs across Canada, and the AA within and outside the CAS Section of AA. The initial report was presented to the Board in Dec 2013, and the final report in Jun 2014. At a phone conference in March 2014, with the input of the then President of CAS, it was agreed that the definition of roles and responsibilities of AA would be COACT's primary focus. This was further confirmed at the Jun 2014 meeting of COACT.

To address the roles and responsibilities for AA, and to address the National Alliance stance on anesthesia monitoring, a draft revision of Appendix 5 of the CAS Standards was circulated in November 2014 to COACT and a reminder sent in Jan 2015. The draft has also been sent to the Chair of Standards Committee who is a member of COACT. This document will undergo further revision and editing to be ready for publication with the 2016 Standards.

In Feb 2015, The Canadian Society of Clinical Perfusion contacted me and, "would like to establish a direct link with you to discuss the possibility of working together to reach some common objectives." This will be pursued further in the future as the potential process for regulation and accreditation of AA's is defined.

Again, it has been my pleasure to serve the CAS. I have outlined the two issues not completed during my tenure, namely: the revised Appendix 5 of the CAS Standards, and our response to the Perfusionists.

Continuing Education And Professional Development Committee

Dr Peter MacDougall, FRCPC – Chair

As in 2014, the past year marks a number of significant events for the Continuing Education and Professional Development (CEPD) Committee. As all committees and members of the CAS found, the Annual Meeting in St John's was very successful, and a number of significant changes have been instituted to the Annual Meeting.

CEPD Needs Assessment

The CEPD needs assessment was carried out in May 2014. The survey demonstrated that members have a high degree of satisfaction with the CEPD offerings of the Society and that the membership feels that the offerings are very relevant to them. Members feel that the educational offerings are highly appropriate to their learning needs, and the survey also provides much needed information on the learning topics, modes of learning and the formats for the members. This information will provide the backbone for development of ongoing learning initiatives in the Society.

Programs Accredited in 2014

The CEPD Committee accredits CME activities for Section 1 and Section 3 Royal College MOC credit. In 2014, eight events were accredited for Section 1 credit. Eight events were accredited for Section 3 credit and one is currently under review.

Changes to the Annual Meeting

The Annual Meeting in St John's was, overall, successful despite the geographic challenges posed by the meeting sites. A number of new initiatives were added to the meeting this year, including electronic programs available by app, a beta test of a web-based audience response system, as well as peer observation, which was introduced as an option for speakers to receive feedback and education on their presentation, and moderator training. CME credit was offered for the participants in both initiatives; however, uptake was lower than expected. The final initiative was the adaptation of workshops to meet the criteria for Section 3 credit. We are committed to developing these initiatives and they will be continued for the 2015 Annual Meeting in Ottawa. The lessons learned from 2014 will provide valuable assistance in improving them.

Online CPD Committee

A new subcommittee of the CEPD, the Online CPD Subcommittee, was proposed in January 2013 and officially inaugurated at the Annual Meeting in St John's. The Subcommittee will report through the CEPD Committee.

Annual Meeting Working Group (AMWG)

A small (six-member) ad hoc working group was struck at the November 2013 Executive meeting to oversee the Annual Meeting planning and implementation. This group consisted of the CAS President, Vice-President, Annual Meeting Committee Chair, CEPD Committee Chair, Education Consultant and the Executive Director. Members met approximately monthly to plan the Annual Meeting and to implement the new initiatives. The AMWG has now become formalized and is chaired by the CEPD Committee Chair. The Committee is meeting regularly in preparation for the 2015 Annual Meeting in Ottawa.

Strategic Planning

A strategic planning meeting was held on November 21, 2014 and a number of key strategic initiatives were discussed. Plans were made to continue to move these initiatives forward. Among the items discussed were the CEPD mission and vision statements, as follows:

Vision:

Promoting excellence in patient care through innovative, relevant professional development

Mission:

To lead the development, implementation and accreditation of innovative CPD for anesthesia and perioperative care providers

The CEPD Committee will vote on the mission and vision statements at the 2015 Annual Meeting.

CPD Modules Planning Subcommittee
Dr Pierre Drolet, FRCPC – Chair

Subcommittee members: Dr Pierre Drolet (Chair), Dr François Donati, Dr Patricia Houston, Dr Peter MacDougall, Dr Audrey Peng, Dr Andrew Weiss
Staff: Mr Stanley Mandarich, Ms Jane Tipping

It was in June 2014, during the first meeting of the subcommittee since the appointment of Dr Drolet as Chair following Dr Donati's tenure, that the motion to re-name the subcommittee as CPD Modules Planning Subcommittee was formally introduced.

During 2014, the *Canadian Journal of Anesthesia* published four CPD modules on topics that had previously been endorsed by subcommittee members:

- *Cesarean Delivery Under General Anesthesia* by *S Lesage*
- *Bedside Clinical and Ultrasound-based Approaches to the Management of Hemodynamic Instability - Part I: Focus on the Clinical Approach* by *A Denault, A Vegas, C Royse*
- *Bedside Clinical and Ultrasound-based Approaches to Hemodynamic Instability - Part II: Bedside Ultrasound in Hemodynamic Shock* by *A Vegas, A Denault, C Royse*
- *Step-by-step Clinical Management of One-lung Ventilation* by *CL Brassard, J Lohser, F Donati, JS Bussières*

Members of the subcommittee also agreed that the following topics and authors would be welcome additions to the CPD modules series for 2015 and 2016:

- *Reversal of Warfarin Anticoagulation for Urgent Surgical Procedures* by *R Curtis, J Van Vlymen*
- *Managing the Difficult Pediatric Airway* by *C Karsli*
- *Preventing Chronic Postoperative Pain: a Practical Approach* by *P Richebé*
- *Preventing and Managing Local Anesthetic Systemic Toxicity* by *KJ Chin*

Feedback from the majority of CPD modules subscribers was quite positive. Most of the issues raised related to specific opinions expressed by the CPD modules' authors or technical problems.

The Royal College of Physicians and Surgeons of Canada currently accredits the CPD modules under section 3 of its Maintenance of Certification (MOC) program. Discussions regarding the pros and cons of pursuing other certifications by other CEPD accreditation bodies should take place in 2015.

Ethics Committee
Dr Ian Herrick, FRCPC – Chair

On behalf of the members of the Ethics Committee, I am pleased to provide the following report for the period January – December 2014.

Dr Richard Hall stepped down as Chair of the Ethics Committee following the meeting on June 15. He was thanked wholeheartedly for his eight years of service to the CAS and the Ethics Committee. Dr Ian Herrick succeeded Dr Hall as Chair.

The Ethics Committee arranged a symposium session for the 2014 CAS Annual Meeting held on June 15 in St John's. The session was titled "Ethical Issues and Physician Wellness" and was moderated by Dr Robin Cox. Panelists included Dr Cheryl Mack, University of Alberta; Dr Martin Talbot, University of Montreal; and Dr Janet Wright, College of Physicians and Surgeons of Alberta. The session was well attended and generated considerable audience discussion.

The Committee met on June 15, 2014 and discussed potential topics for an anticipated symposium session to be held during the Annual Meeting in June 2015. A number of topics were considered and the Committee ultimately chose to explore "Ethical Decision-making and the Complex Patient." The session will be moderated by Dr Cheryl Mack (member CAS Ethics Committee) and will explore, using frail, elderly patients undergoing TAVI and TEVAR procedures, as an example to guide discussion about the ethical and evidentiary obligations involved in providing care for palliative and curative procedures for these challenging patients in our anesthetic practice.

The Committee also considered the shifting landscape surrounding end-of-life care and assisted suicide in view of the recent Supreme Court decision in the Rasouli case and the introduction of Bill 52 in Quebec. At the time (prior to the Supreme Court decision in Carter v. Canada), it was agreed that it would be helpful to clarify whether the Society has a position on physician involvement in assisted suicide and/or if this is a CMA issue, as it is national in scope and unclear at present what role, if any, anesthesiologists would provide. The Committee agreed to consider the issue further at the next meeting.

Medical Economics/Physician Resources Committee

Dr James Kim, FRCPC – Co-Chair
Dr Douglas DuVal, FRCPC – Co-Chair

The first meeting of the newly-amalgamated Medical Economics/Physician Resources Committee took place on June 14, 2014 in St John's, Newfoundland. Previously, these two component foci had been sub-served by separate committees. The new committee did not meet in 2013, as a consequence of the forced cancellation of the Annual Meeting due to the flooding of downtown Calgary, but the last committee update may be found on page 11 of the 2013 CAS Annual Report at: https://www.cas.ca/Members/Page/Files/129_CAS_Annual%20Report_2013.pdf

At the June 2014 committee meeting, Terms of Reference (TOR) for the combined committee were adopted, which blended elements of the TORs of the old component committees. An important new specification is that each provincial Division will be represented by "at least one, and up to two" members, in recognition both of the broad mandate of this committee, and also of the large size of some Divisions.

Physician Resources

On the physician resources front, the Committee heard from Dr Dale Engen with respect to the evolution of the Canadian anesthesia manpower picture, as captured in his 2002 and 2010 surveys. These surveys indicated that in 2010, there was still a deficit of anesthesiologists, but that this had improved in most areas of the country (exception B.C.) since 2002. It was observed by Dr Richard Chisholm, former chair of the Physician Resources Committee, that there had been intent to repeat such surveys, with the support of CAS, at approximately five-year intervals.

Dr Jeremy Pridham, Discipline Chair of Anesthesia at Memorial University of Newfoundland, representing the Association of Canadian University Departments of Anesthesia (ACUDA), reported the results of a 2012 survey of ACUDA chairs with respect to projected anesthesiology employment opportunities in academic centres. Such opportunities, relatively few currently, were predicted to increase progressively over the next three – five years as senior anesthesiologists in academic centres retire. The ACUDA chairs' survey is intended to be a recurring exercise.

Dr Michael Sullivan, chair of the Specialty Committee in Anesthesiology of the Royal College of Physicians and Surgeons of Canada (RCPSC) reported that the RCPSC had recently created a Physician Resource Planning Task Force (PRPTF). Dr Sullivan opined on the importance of a national approach to manpower planning, and the importance of CAS for anesthesiologist-specific data collection and analysis.

The committee heard from its Quebec representation about the detailed manner in which anesthesiologists there use computerized data analysis and extrapolation in order to predict current and long-term human resource needs and trends. Projections of surplus or deficit of anesthesiologists are used to influence decisions with respect to the numbers of Residents in training. The software used for this purpose is owned by the Association des anesthésiologistes du Quebec (AAQ).

In general discussion, the view was expressed that it would be beneficial to have a national system, similar to that used in Quebec, to analyze demographic information in order to calculate and predict anesthesiologist supply needs. It was pointed out, however, that demographic "needs" may not necessarily translate into actual anesthesiologist "jobs", owing to the vagaries of provincial funding for essential infrastructure (ORs, beds and equipment) and human resources (nurses and others). Perhaps demographic projections are an effective tool in Quebec because the government of Quebec is relatively responsive to population-based needs assessments.

Medical Economics

Three new questions were added to the Medical Economics survey in 2014.

The first of these asked for a description of the basic mechanism or "formula" used in each province to calculate fee-for-service anesthetic fees. Virtually all provinces have, as a primary or alternative fee calculation, a time-based fee, which varies with respect to whether "front-end loading" units are added, and whether and how an "escalating" value for time is applied for longer cases. Some provinces employ multiple "levels" of time-based fees, reflecting the intensity of the anesthetic. Quebec pays a flat daily basic stipend to which case-based fees are added. Alberta has a flat "listed" anesthetic benefit for each surgical procedure, and alternatively two levels of time-based fees, which may be billed in preference to the listed benefit when the time-based fee is greater. In addition to the basic formulae for calculation of anesthetic fees, provinces may add a variable assortment of fee modifiers for such things as special techniques, invasive monitoring, patient acuity, extremes of age, etc., as well as premiums for evening, night, weekend and holiday work.

The second new question asked whether a routine pre-anesthetic assessment (as distinct from a formal consultation) was included in the anesthetic fee or billable separately. In the majority of provinces, this assessment is included, but Quebec reported additional billable fees for a preoperative chart review or a patient visit.

The third new question asked whether or not provincial representatives feel that their anesthetic fee schedules contain provisions which function as incentives to increase efficiency and productivity. Approximately one-half of the provinces feel that they have no such incentives, while others feel that they have some efficiency and productivity rewards in the form of front-end loading of fees, and, in British Columbia, a minimum anesthetic fee introduced in 2011. Alberta has a minimum anesthetic fee, as well as a listed anesthetic benefit for each procedure, which will exceed time-based fees in high-turnover ORs, and Quebec reports the introduction of a specific modifier to ensure increased productivity.

In addition, three "Physician Resources" questions had been added to the Medical Economics survey in 2013, and were repeated in 2014, regarding divisional representatives' perceptions of provincial manpower needs (academic, community and rural), estimated numbers of anesthesiologists anticipated to be hired over the current year, and anticipated numbers of anesthesiologists retiring over the next five years. In general, these impressions suggest relatively few current needs and anticipated hiring, with increasing needs over the next few years. Quebec is an exception, where it is anticipated that there will be a surplus of graduates over the next five years relative to retirements and available positions, and therefore a continuing practitioner oversupply situation. In stark contrast is British Columbia, where severe shortages of specialist anesthesiologists persist, and this is expected to worsen with retirements.

There were relatively insignificant changes reported in the majority of the Medical Economics Survey questions (summarized in the 2013 Annual Report: https://www.cas.ca/Members/Page/Files/129_CAS_Annual%20Report_2013.pdf . Approximately one-half of provinces reported relatively minor fee increases. Quebec is in the midst of a significant multiple-year increase. Ontario's anesthesia fees have been cut back by 0.5%. Other provinces were in negotiation or awaiting confirmation of agreements at the time of the survey.

At the Divisional Forum held in Toronto on November 22, 2014, it became apparent that recent significant increases in Canadian Medical Protective Association (CMPA) fees were a potential cause for concern. This led to a late 2014 supplementary Medical Economics/Physician Resources survey of Divisional Representatives, specifically about this issue. Although the survey response was less than 100%, it was notable that "out-of pocket" CMPA payments required of anesthesiologists in British Columbia and New Brunswick increased by $3,151 and $3,544 respectively, or approximately 110% from a year ago. Anesthesiologists in those provinces, as well as Ontario, now pay in excess of $6,000 in "out-of-pocket" CMPA fees. An additional concern is that the large increases in CMPA fees will result in increased costs to provincial governments, which subsidize these fees in accordance with negotiated agreements with provincial medical associations. These increased costs are liable to be "factored in" to future negotiated agreements.

Membership Services Committee
Dr Patricia Houston, FRCPC — Chair

The CAS Membership Services Committee has a mandate to develop and improve the services provided to our members by the CAS and ensure that the CAS is valued for its commitment to its members, the profession and society.

CAS Membership Honour Awards 2015
We're looking for EXCELLENT Anesthesiologists

The call for nominations was launched in July 2014 with an email to all CAS members, a full-page advertisement in the September issue of the Canadian Journal of Anesthesia and a special letter from the Chair of the Committee to ensure that we had a fulsome engagement of our members in nominating appropriate and deserving individuals. Eligible nominations were received in all categories and an electronic vote was conducted by the Committee. The 2015 CAS Membership Honour Award winners were presented and approved at the 2014 November Board of Directors' meeting.

Recognition Event for Newly Certified Anesthesiologists

A recognition lunch for the newly certified anesthesiologists and their families was held at the 2014 Annual Meeting. Although not well attended, it was felt to be of value to those new certificants who were able to participate. A survey was done of both those who were invited and attended and those who were invited but did not attend. It was felt that more communication with regards to the event was needed, including placing it on the meeting program. The Committee agreed that the event should be held in Ottawa and then, dependent upon the attendance, a decision taken as to whether this event is seen to be meaningful to new certificants and to our members.

Membership Goals

One of the unmet membership goals identified in the 2013 membership survey was the development of guidelines/information sheets for patients. With the commitment of the CAS to the Choosing Wisely Canada (CWC) initiative, it is expected that there will be patient education tools developed in conjunction with CWC to better meet the identified needs and expectations of our patients.

There is a need to engage more members in the Membership Committee with a view to a succession plan for the position of chair. A communication will be sent to Board members to seek their input and advice as to how best to approach this issue.

Patient Safety Committee

Dr Daniel Chartrand, FRCPC – Chair

Once again in 2014, the CAS Patient Safety Committee interacted with several organizations. Here is a brief report of some of our last year's activities.

2014 CAS Annual Meeting

The inaugural "Dr John Wade – CPS Patient Safety Symposium" was a great success. Dr Wade, a pioneer of patient safety and the first Chair of the Canadian Patient Safety Institute (CPSI) Board, was the first speaker of this symposium named in his honour. He was followed by Dr Alan Merry, who is another internationally renowned "patient safety champion". Both lectures were greatly appreciated by the audience.

Dr Merry was also asked to give the 2014 Dr Angela Enright Lecture. Once again, while mentioning Dr Enright's numerous achievements at the international level, Dr Merry gave us an inspiring lecture on worldwide patient safety initiatives.

Canadian Patient Safety Institute

The CAS was invited to help with planning and to participate in the CPSI "National Surgical Care Safety Summit" in March 2014. In June, the CAS was also invited to participate to the CPSI/Institute for Safe Medication Practices (ISMP Canada) "National Medication Safety Summit". Following these summits, CPSI has established action plans for surgical (peri-operative) care safety and medication safety. Of course, the CAS has been identified as a key partner for many of the initiatives of these CPSI action plans.

Patient safety education is one of these new initiatives and, once again, the CAS has been invited to participate to the CPSI "National Patient Safety Education Roundtable". In fact, the CAS was the only national organization of specialist physicians invited to this roundtable and was well represented by Dr Daniel Chartrand (Chair, Patient Safety Committee), Dr Claude Laflamme (Incoming Chair) and Mr Stanley Mandarich (CAS Executive Director). Many other new initiatives will be activated in 2015 and we will keep you informed.

Institute for Safe Medication Practices

In 2014, the CAS Patient Safety Committee participated in the "Expert Advisory Panel on Drug Labeling and Packaging". In 2015, after final revision of its draft document by the Expert Advisory Panel, Health Canada should publish its "Good Label and Package Practices Guide" for the pharmaceutical industry. Only one national organization of specialist physicians participated in this initiative of Health Canada and ISMP (Canada) and it is the CAS. Another proof of our long-standing implication in medication safety!

Other Initiatives

In 2014, the CAS Patient Safety Committee remained involved in several committees (i.e., Accreditation Canada, Royal College's ASPIRE program, Canadian Standards Association). As the CAS is also a partner of the Anesthesia Patient Safety Foundation (APSF), CAS members can access the APSF newsletter via the CAS website. Finally, many safety alerts from ISMP (Canada) are also posted on the CAS website.

Standards Committee
Dr Richard Merchant, FRCPC – Chair

The Standards Committee meets yearly at the Annual Meeting and by teleconference as required. The Committee consists of the Chair, the CAS President ex officio, the Chair of the Patient Safety Committee, a corresponding member from the Canadian Medical Protective Association, CAS staff, and a representative group of CAS members from the regions. The Committee examines and updates the Guidelines as necessary, and answers questions from members and others in regards to standards of anesthesia care.

The "CAS Guidelines to the Practice of Anesthesia (Revised Edition 2015)" was published for the sixth consecutive year as a document within the pages of the *Canadian Journal of Anesthesia* in the January 2015 issue, together with an editorial highlighting the changes in the document. This year, the Guidelines continued with the highlighting of the current changes with shaded text to enable members to better appreciate the new changes, as had been the practice some years ago. The document is also available to the public via the CAS website.

The changes to the Guidelines accepted for 2015 incorporated only one modification: this addresses the potential for tracheal injury secondary to endotracheal tube cuff pressure. Such pressure can be measured with a cuff pressure manometer and this instrument is now defined as required to be "immediately available" to anesthesiologists. This change, although apparently rather simple, has generated a number of questions from members enquiring about implementation, perhaps demonstrating the impact of the Guidelines on clinical practice.

Involvement with the continuing development of Canadian and international standards through the Canadian Standards Association and the International Standards Organization has been continued with services provided by a number of volunteer CAS members, whose contributions are recognized.

The Chair responds to a number of questions over the year about various issues. The Committee continues to recognize that the CAS does not have the resources to develop guidelines on all possible topics and thus has maintained "Appendix 4" in which it has listed resources available from other organizations on a variety of topics to which members can refer for answers to specific questions on anesthesia care.

Some turnover of membership within the committee is anticipated as terms come due; the two new members who have volunteered to serve on the committee include Dr Lorraine Chow (Calgary, Foothills Hospital, OB anesthesia) and Dr Patrick Sullivan (Ottawa, Ottawa Civic Hospital, widely experienced).

SECTION REPORTS

Ambulatory Anesthesia
Dr Jean Wong, FRCPC – Chair

At the CAS Annual Meeting in St John's, Newfoundland in 2014, the Ambulatory Anesthesia Section presented a thought-provoking program including controversial and challenging areas in the management of patients undergoing ambulatory surgery. The risk factors, optimal airway and perioperative management of obese patients undergoing ambulatory surgery, and the complexity of bariatric surgery were discussed in a symposium that featured Dr Frances Chung from Toronto, Dr David Wong from Toronto, and Dr Lorraine LeGrande Westfall from Ottawa. The suitability of patients with sleep disordered breathing for ambulatory surgery was discussed in the refresher course presented by Dr Frances Chung. The Ambulatory Breakfast session featured two speakers: Dr Edwin Seet from Singapore, and Dr LeGrande Westfall. The nuances and role of different supraglottic airway devices and medico-legal matters with airway management were discussed. The Ross C Terrell Lecture was presented by Dr Misha Perouansky from Wisconsin. He discussed some of the recent changes in the paradigm framing anesthesia research.

Cardiovascular and Thoracic
Dr Blair Kent, FRCPC – Chair

The Cardiovascular and Thoracic (CVT) Section continues to be one of the largest Sections of the CAS. Many of the 151 members were able to join with their colleagues to enjoy the wonderful hospitality and fantastic educational sessions at the 2014 Annual Meeting in St John's Newfoundland. Sessions included "Controversies in Transfusion", "Ultrasound Resuscitation for Beginners", "TEE for TAVI", the "FOCUSed Cardiac Ultrasound", and the always popular "Best TEE Cases of the Year". A concerted effort was made to coordinate the timing of these sessions with the Peri-operative Section sessions to avoid running concurrent sessions so that members could maximize their educational experience. The cancellation of the Calgary Annual Meeting and the move of Dr Hilary Grocott to Editor-in-Chief of the *Canadian Journal of Anesthesia* led to a realignment of the Section Executive in Newfoundland.

CVT Section Executive

President: Dr Blaine Kent, FRCPC

Vice President: Dr Stephane Lambert, FRCPC

Secretary/Treasurer: Dr Surita Sidhu, FRCPC

CCS Liaison: Dr Antoine Rochon, FRCPC

Past President: Dr Hilary Grocott, FRCPC

The Section continues to support a prize for the best poster at the Annual Meeting, and the Dr Earl Wynands Lecture at the SCA. We are in a healthy financial situation, and continue to look for opportunities to promote the work of the Section both at the Annual Meeting and through new educational opportunities for Fellows.

We very much took the theme of "Anesthesia and the Brain" to heart (pun fully intended) for the upcoming meeting in Ottawa. We have tried to tailor many of our sessions, seminars, and lectures on how anesthesia impacts the brains of patients undergoing cardiothoracic surgery. We are very excited about co-sponsoring the CVT Symposium with CANCARE (Canadian Cardiovascular Critical Care Society) on Perioperative Delirium in CVT surgery with several internationally recognized speakers. Other sessions include "Consciousness Monitoring in Cardiac Anesthesia" and a debate on "GA vs Sedation for Improving Outcomes in TAVI" at the Section breakfast. We will be offering a workshop on improving skills and techniques for Offline 3D TEE analysis and the annual favorite of "Cases of the Year" will be back featuring a number of unusual cases and the imaging information that helped solve the problem or guide therapy.

Education and Simulation in Anesthesia
Dr Jordan Tarshis, FRCPC – Chair

Education and Simulation in Anesthesia (SESA) is a younger Section of the CAS and, as of the end of 2014, has 84 members. Many of these members are local and national leaders in education, simulation and educational administration, and we encourage more of the CAS membership to join! The current executive is composed of Chair (Dr Jordan Tarshis), Past Chair (Dr Viren Naik), and two members-at-large (Dr Peter Moliner and Ms Agnes Ryzynski).

The activities of the Section revolve mostly around arranging sessions for the Annual Meeting, as well as contributing to other committees of the CAS. The meeting in 2014 was very successful and the sessions were well attended. The lunch debate regarding the pros and cons of widespread adoption of competency-based education curriculum was standing room only, with great audience engagement. This topic will continue to be a priority for educators across the country and the Section is happy to foster discussion, debate, and promotion of best practices as this curriculum is rolled out across the country.

The Section also has representation on the CPD Committee, and will continue to be active within the CAS to promote high quality educational curriculum in all aspects of the Society's work.

Obstetric
Dr Ronald George, FRCPC – Chair

The Obstetric Anesthesia Section continues to be an active group within the Canadian Anesthesiologists' Society, hoping to maintain and grow our collegial membership.

The 2014 Annual Meeting in St John's was a big success with great crowds at the Obstetric Anesthesia sessions. We enjoyed an excellent Complex Parturient Symposium featuring our guest obstetric anesthesiologist, Dr Paloma Toledo from Northwestern University. She was joined by Drs Jillian Coolen (MFM) and Andrée Sansregret (OB) to discuss the complex
bleeding parturient and multidisciplinary education to help us deal with this all too common scenario. The neuraxial ultrasound workshop led by Dr Jose Carvalho was another big success. Our OB luncheon featured a lively debate between Dr Toledo and our own Dr Alison McArthur. In Ottawa, we will have the pleasure of having Dr Roshan Fernando from London, UK join us to share his experience.

Our Section continues to be fiscally responsible in management of its finances, with the balance continuing to grow. We continue to support the annual Best Paper Award in Obstetric Anesthesia ($1,000). The Section is lending financial support to development of Canadian Obstetric Anesthesia Guidelines and the Executive currently consists of Drs Ronald George (Chair), Giselle Villar (Vice-Chair), Pamela Angle (Past-Chair) and Clarita Margarido (Secretary-elect).

We have Drs Rob Jee and Roanne Preston joining us as members-at-large for upcoming meeting sites. This year we will be seeking a member-at-large from the Niagara Falls region to join the executive to assist with planning of CAS 2017. If you are interested in being an active member of the Obstetric Anesthesia Section of the CAS, please don't hesitate to contact Dr George (rbgeorge@dal.ca).

Residents
Dr Jaclyn Gilbert – Chair

This year welcomed the addition of a Resident representative from the Northern Ontario School of Medicine to the CAS Residents Section. All Canadian anesthesia programs are now represented through the CAS, with the following Resident members:

Chair:	**Jaclyn Gilbert, McMaster University**
Vice-Chair:	**Elizabeth Miller, University of Ottawa**
CAS Board Representative:	**Elizabeth Miller, University of Ottawa**
University of British Columbia:	**Chris Nixon-Giles**
University of Alberta:	**Jalal Nanji**
University of Calgary:	**Lindsay McMillan**
University of Saskatchewan:	**Ian Chan**
University of Manitoba:	**Ravi Jayas**
University of Ottawa:	**Isaac Miao**
Queen's University:	**Julie Zalan**
University of Toronto:	**Garrett Benson**
McMaster University:	**Sean Middleton**
Western University:	**Will Schultz**
McGill University:	**Stephen Yang**
Université de Montréal:	**Danny Mireault**
Université de Sherbrooke:	**Marie-Chantal Dubois**
Université Laval:	**Catherine Cournoyer**
Dalhousie University:	**Amelie Pelland**
Memorial University of Newfoundland:	**Erica Stone**
Northern Ontario School of Medicine:	**Melanie Brulotte**

Residents are also actively involved in CAS subcommittees, with every Resident subcommittee position filled and interest spreading beyond available positions.

For this year's Residents Section, we surveyed all Canadian anesthesia Residents regarding their interest for sessions and speakers. Based on this feedback, we have organized the popular annual report from the Chief Examiner for anesthesia for the Royal College, followed by a session by world renowned thoracic anesthesiologist, Dr Peter Slinger, entitled "Lung Isolation Strategies in Thoracic Surgery". These sessions look to be both interactive and rewarding for Residents.
One of the larger undertakings for the upcoming CAS Annual Meeting has been the organization of a Fellowship Fair following the two didactic sessions. Responses to our national survey indicated that career planning is important to Residents, and a Fellowship Fair would provide the opportunity for Residents to gather information about fellowship opportunities in Canada, as well as network with representatives from the fellowship programs. We expect that, given Ottawa's accessibility for many Residents, the Resident turnout for next year's conference will be high, facilitating an engaging Fellowship Fair.

The Fellowship Fair will complement online fellowship material available on our CAS Residents' Section on the website. This includes frequently asked fellowship questions answered by fellowship directors from the majority of Canadian fellowships, as well as an online forum where Residents can post questions to fellowship directors. These online initiatives offer an opportunity for Residents who are unable to attend the CAS Annual Meeting to actively participate in the fellowship activities surrounding the conference, and will be incorporated into the CAS meeting app to expand exposure.

Following in last year's successful Resident social night where Residents were "screeched in" at a lively pub in Newfoundland, the Resident group in Ottawa is organizing this year's Resident social event. The social event brings together Residents from across Canada to foster a sense of community and shared experiences.

Not only is the Residents Section involved in planning the CAS Annual Meeting, numerous Resident engagement initiatives have been continued from the success of previous years. We have continued to profile Residents involved in research on our website as a venue to inspire other Residents to pursue research, as well as offer a contact person for those interested in research. Similarly, Residents involved in international electives are also featured, and the photographs from their experiences are always well received. We have created a dedicated webmaster position this year to promote a greater online presence.

We hope to continue to have every program represented in the Residents Section next year and look forward to 2015-2016!

Facebook: www.facebook.com/CASresidents
Tumblr: www.casresidents.tumblr.com
Twitter: @casresidents
Email: casresidents@gmail.com

Association of Canadian University Departments of Anesthesia

Dr Michael Murphy, FRCPC – President, ACUDA

The Association of Canadian University Departments of Anesthesia (ACUDA) draws its membership from the 17 Canadian university departments of anesthesia. Five committees, the Management Committee and four subcommittees of 17 members each (one from each university department), constitute the "membership" (~85 total members). The committees are:

- Management Committee (Chairs)
- Postgraduate Education Committee – called simply the "Education Committee" by some (Residency Program Directors)
- Undergraduate Medical Education Committee
- Continuing Education and Professional Development Committee (CEPD)
- Research Committee

The ACUDA Executive is drawn from the Management Committee membership, each position serving a two-year term. This was the two-year anniversary meaning that Dr David Campbell (Chair, University of Saskatchewan) rotated out following a nine-year tenure on the Executive. Dr Peter Moliner (Chair, University of Sherbrooke) gracefully accepted the nomination as the Secretary Treasurer. The Executive now is composed of these members:

- President (Dr Mike Murphy, University of Alberta)
- Vice President (Dr Roanne Preston, University of British Columbia)
- Secretary Treasurer (Dr Peter Moliner, University of Sherbrooke)
- Past President (Dr Davy Cheng, Western University)

Headlines of the Report:

1. Incoming and Outgoing Chairs
2. ACUDA Plenary – June 2014
3. Resident Log Book
4. ACUDA and CAGA
5. Royal College Residency in Pain Medicine
6. PACT leads to publications
7. Vice Chair Specialty Committee identified

The following is a summary of the above headlines:

1. **Incoming and Outgoing Chairs:**
   - Université de Montréal: farewell to Dr Pierre Fiset and welcome to Dr Pierre Beaulieu
   - University of Ottawa: farewell to Dr Donald Miller (Acting) and welcome to Dr Colin McCartney
   - University of Calgary: farewell to Dr Craig Pearce (Acting) and welcome to Dr Gary Dobson

2. **ACUDA Plenary – June 2014:** The ACUDA Plenary in June 2014 addressed the Addicted Anesthesiologist and awarded three hours of CAS CME Credit Hours as an Accredited Group Learning Activity (Section 1) as defined by the Maintenance of Certification program of The Royal College of Physicians and Surgeons of Canada (Royal College) and the Canadian Anesthesiologists' Society. The Plenary for the Annual Meeting of ACUDA on June 19, 2015 in Ottawa will be on Competency-based Education and Evaluation.

3. **Resident Log Book (RLB):** ACUDA went through the exercise of becoming incorporated in 2010 and 2011. The incorporation was approved by the ACUDA membership at its June 2011 Annual Meeting in Toronto. Incorporation was necessary to permit ACUDA to participate as an owner of the Resident Log Book (RLB), the development of which ACUDA supported financially, and to enable ACUDA to engage in the business of marketing and selling the product along with CISSEC, a private corporation that has performed the programming for the RLB over its 10-year gestation.

The Resident Log Book is a tool that provides the Resident with personal information to measure their progress during training. Aggregate data permits comparison of the training experience between and among programs leading to the development of Canadian Training Standards. At its November 2011 meeting, the Royal College Specialty Committee for Anesthesiology decided that completion of the Resident Log Book will be mandatory in Canadian anesthesia training programs beginning July 1, 2012. Completion of the Resident Log Book will be incorporated into the B Standards of Accreditation. ACUDA supports this position taken by the Royal College Specialty Committee.

An agreement between CISSEC and the Royal College for other training programs in Canada and perhaps to be used in the Royal College endeavours overseas is in the works currently.

4 **ACUDA and CAGA:** CAGA stands for "Collaborative Advisory Group for General and Family Practice Anesthesia" (FPA or General Practice Anesthesia-GPA). ACUDA has appointed Dr Mike Cummings from Queens University as its representative to CAGA. ACUDA and CAGA have identified several issues of common interest:

ACUDA members have pledged to work with CAGA to establish the objectives of training and curricula for training and for the maintenance of competency of GPAs. They have also agreed to work in a consultative fashion with respect to developing a Practice Eligibility Route for FPAs (anesthesia is one of several Certificates of Special Competency recognized by the CCFP).

That GPA Program Directors be fully vested members of University Department of Anesthesia Education Committees and that these Program Directors be GPAs when possible. FPA-PDs participated in the ACUDA Education Committee meeting in St John's as they are in Ottawa for the upcoming meeting in June 2015.

5 **Royal College Residency Training Program in Pain Medicine:** Now formally approved and accepting Residents in a couple of programs (Western University, University of Ottawa) in Canada.

6 **Research: Perioperative Anesthesia Clinical Trials Group (PACT):** Dr Rick Hall provided a summary of PACT activities this past year at the ACUDA Management Committee Annual meeting in St John's: two Canadian Institutes of Health Research trials, two publications, 20 active trials. Dr Hall mentioned the possibility of an editorial on the PACT in the coming year. ACUDA recognized Dr Hall's leadership, and the leadership provided by Dalhousie University.

7 **Chair, Anesthesiology Specialty Committee:** CAS, ACUDA and the Royal College have welcomed Dr Hélène Pellerin from the Université de Laval as Vice Chair of the Specialty Committee.

Canadian Anesthesia Research Foundation

Dr Doreen Yee, FRCPC – Chair

In 2014, the Canadian Anesthesia Research Foundation (CARF) was able to offer seven awards, directly funded the CAS Research Award, co-funded three awards including the Dr R A Gordon Research award in conjunction with Abbvie; the Dr Earl Wynands Award, in conjunction with the CVT Section; and the CAS Research Award in Neuroanesthesia *in memory of Adrienne Cheng* in conjunction with Bayer. The Foundation has directly contributed $75,000 towards awards. In addition, the Resident Research Award, newly funded by the Ontario's Anesthesiologists, was given out for the first time.

The CARF investment portfolio had returns of 7.83% in 2014 (compared with 11.14% in 2013, 6.1% in 2012, and 1.3% in 2011). Total CARF Investment assets were worth $1.92M compared with $1.85M in 2013. The Society continues in its annual $20K contribution to the CARF endowment, which is now worth $140K principle only, and $146K including investment income and gain. This helps ensure the sustainability and future growth of the Foundation. Member donations were similar to last year.

Fundraising activities at the CAS Annual Meeting in St John's raised over $8,500 with the hockey sponsorship from Abbvie, Fun Run and OR hat sales. The locally- themed OR hat sales (a limited edition!), featuring a tartan pattern as well as puffins, were a big hit, and contributed significantly to this endeavour. Thanks go to Drs Ann Casey and Sue O'Leary!

This past year, we were fortunate to have a corporate sponsor step forward with an $80,000 contribution towards the 2015 Awards Program. Covidien will support some of our existing awards that align well with their priority areas and values. The company's clinical focus on monitoring and innovation in patient safety endeavours is well aligned with the core goals of our specialty.

Together with Dr David Mazer, Chair of the CAS Research Committee, we arrived at mutually agreeable arrangements to have the following awards supported by the company.

1. Our highest value and most prestigious open award that is given out annually:
$40,000 for the **Dr R A Gordon Research Award for Innovation in Patient Safety**
Supported by Covidien
Dr Gordon was Past-President of the CAS, as well as a founding editor of our *Journal*, among other notable accomplishments in Canadian anesthesia.

2. Our most prestigious sub-specialty award:
$30,000 for the **Dr Earl Wynands Award in Cardiovascular Anesthesia**
Supported by Covidien
This award is for projects related to cardiovascular and/or thoracic anesthesia.
Dr Wynands is globally accepted as one of the fathers of cardiac anesthesia, and nationally acclaimed as one of the pioneers of Canadian anesthesia. He started his career at McGill University, then moved to the University of Ottawa to become Chair, and has since been appointed as an Officer of the Order of Canada for his accomplishments.

3. Our other sub-specialty award:
$10,000 for the **CAS Research Award in Neuroanesthesia** ***in memory of Adrienne Cheng***
Supported by Covidien
This award is for projects in neuroanesthesia and/or neurocritical care.

CARF looks forward to a continuing working partnership with Covidien.

Canadian Anesthesiologists' Society International Education Foundation

Dr Brendan Finucane, FRCPC – Chair

Dr Brendan Finucane succeeded Dr Francesco Carli as Chair of the Canadian Anesthesiologists' Society International Education Foundation (CAS IEF) in July 2014. We had two additions to the Board of Trustees in 2014: Ms Kerri Hornby from industry (Masimo) and Dr André Bernard from Dalhousie University.

The Program in Rwanda has gone from strength to strength, and we now have objective data showing how successful that Program has been. In addition to the regular teaching duties of our volunteers in Rwanda, we have also organised a number of SAFE courses and "Teach the Teacher" courses there.

In addition to the face-to-face meeting of the CAS IEF Board in St John's, we had several teleconferences during October, November and December 2014 as we considered applications to the Department of Foreign Affairs and Trade Development (DFATD) for funding to support potential missions in Burkina Faso and Tanzania.

We recently entered into a partnership with the Canadian Network for International Surgery (CNIS) and are part of a grant application to the DFATD to teach SAFE obstetrics and pediatrics in three cities in Tanzania annually for the ensuing five years. If and when the grant is approved, we will start recruiting volunteer teachers for this new program, which we anticipate will begin in 2016.

We have planned to have three speakers for the annual CAS IEF Symposium in Ottawa in June 2015, and are also planning a one-day CAS IEF Board retreat in Ottawa on June 22.

Plans are well under way to expand the Board by three or four new members in the near future.

Dr Alezandre Dauphin will represent CAS IEF as part of a team joining the World Federation Of Societies of Anaesthesiologists and the American Society of Anesthesiologists' Global Humanitarian Outreach to visit Haiti in March 2015 to assess and advise on anesthesia matters there.

This is a summary of the most important activities of CAS IEF during calendar year 2014.

Canadian Pediatric Anesthesia Society

Dr Simon Whyte – President

The Canadian Pediatric Anesthesia Society (CPAS), whilst functionally synonymous with the Pediatric Section of the CAS, is a legally incorporated not-for-profit organization that has been in existence for 10 years. The CPAS Board comprises the Chair (Dr S Whyte), Past Chair (Dr D Withington), Vice-Chair (Dr D Rosen), Secretary (Dr N Buu), Treasurer (Dr K Furue) and Communications Officer (Dr C Matava), as well as a member at large (Dr S Stevens) and the co-opted Chair of the Scientific Committee (Dr D Reddy).

The year of 2014 has been a year of successes, succession and change planning.

Success came in the form of well-attended and received pediatric sessions at the CAS Annual Meeting in St John's and a superb joint Fall meeting in Montreal, between CPAS and our UK equivalent, the Association of Anaesthetists of Great Britain & Ireland (APAGBI). Some 20 friends and colleagues from across the pond joined over 100 Canadian specialist pediatric anesthesiologists from across the country to discuss hot topics (neurotoxicity, mitochondrial disease) and old chestnuts (out of OR sedation; pain management), difficult cases and difficult politics. Please visit http://www.pediatricanesthesia.ca/events/news/ for a full account of the meeting.

A less exciting success, but one of great importance, was that CPAS updated its bylaws in 2014 to bring them into line with new legislation for not-for-profit corporations. This was an expensive and labour-intensive task, but also gave us the opportunity to reflect on the Society's direction over the 10 years since its inception, and to consider its desired trajectory over the coming years.

Although many of the changes to the bylaws are technical in nature, one is fundamental. The old bylaws allowed the theoretical ability to join CPAS without being a CAS member, in practice there was no mechanism for this to occur. The new bylaws make it clear that standalone membership will become possible and this will be a goal of my two-year term of office. We expect that the overwhelming majority of our existing 120 members will continue to be CAS members as well, but we want to encourage international colleagues, trainees and allied health professionals to join the ranks of CPAS members if they wish. The Board will be working on enhancing CPAS membership benefits over the coming months and years.

Succession took the form of Dr Simon Whyte (Vancouver, BC) taking over as President from Dr Davinia Withington (Montreal, QC), as she completed her two-year term of office in September and became Immediate Past President. Dr Withington continues to be an elected Board Member of CPAS. Dr David Rosen (Ottawa, ON) was elected to the position of Vice-President. Drs Natalie Buu (Secretary; Montreal, QC), Koto Furue (Treasurer, Montreal, QC), Clyde Matava (Communications; Toronto, ON) and Sarah Stevens (Member at Large; Halifax, NS) continue in their elected roles.

Another important change for CPAS is the complete overhaul of our website. Phase 1 is complete; we anticipate expanding website functionality over the coming months. Details of all matters germane to Canadian pediatric anesthesia will begin to appear on the enhanced website at http://www.pediatricanesthesia.ca. CPAS can be followed on the Twitter handle @PedsAnesthesia, where we currently have over 2,300 followers from over 80 countries.

CPAS has been consulted on and responded to the pending updated SmartTOTS Advisory Statement on provision of anesthesia to children in light of neurotoxicity concerns. We also corresponded with the journal *Pediatrics,* which published a controversial study of post-operative analgesia strategies for adenotonsillectomy.

From a financial perspective, change is also afoot in that, at the behest of the CAS, CPAS has now established a banking and accounting framework that is independent of the CAS. CAS continues to offer considerable back-office support to CPAS, and the Boards of both organizations enjoy good working relations with each other. Thanks to the success of the 2014 CPAS-APAGBI joint meeting, CPAS finances are in good health.

I have only been Chair of the CPAS Board for the last quarter of the 2014 year – a huge amount of this past year's success is due to the leadership of our now Past President, Dr Davinia Withington, and to the excellent team work of the CPAS Board – my thanks go to all of them for their help and support, which I know I am very fortunate to be able to count upon.

Royal College of Physicians and Surgeons of Canada Specialty Committee in Anesthesiology

Dr Michael Sullivan, FRCPC – Chair

Specialty Committees (SC) are established for every specialty and subspecialty recognized by the Royal College (RC) and their role is to advise on specialty-specific current issues (e.g., standards, credentials, evaluation and accreditation). Membership of the Specialty Committee in Anesthesiology consists of a Chair, a Vice Chair, a representative from each of the five Regions in Canada, the French and English co-Chairs of the Examination Board, and the Program Directors from each of the accredited Canadian Anesthesia Training Programs.

This certainly is a period of significant activity for the SC in Anesthesiology. I will highlight several of the areas, with links for further information in some of the categories.

Competence by Design

The Royal College is committed to migrating its current time-based training model to one which is focused more explicitly on the attainment of competencies across the CanMEDS domains over the course of a physician's practice lifetime from training to retirement http://www.royalcollege.ca/portal/page/portal/rc/resources/cbme . This enormous undertaking grew out of the review of post-graduate medical education and is elaborated in a series of white papers called Competence by Design (CBD) http://www.royalcollege.ca/portal/page/portal/rc/advocacy/educational_initiatives/competence_by_design. Anesthesiology will be an early adopter specialty in this project. Already at the University of Ottawa, a Competence by Design residency program has been developed for intake in July 2015. This will be one of a handful of competency-based training programs in the world.

There is a tremendous amount of learning and work to be done by the anesthesiology community over the next several years. The SC in Anesthesiology will begin work with the Royal College in May 2015 to develop Specialty-specific milestones and write the Competency Training Requirements for the Specialty. Over the next decade, I anticipate CBD concepts will influence the Maintenance of Certification Program for Fellows in practice.

CanMEDS 2015

In concert with the elaboration of CBD, the CanMEDS framework will be updated for 2015 http://www.royalcollege.ca/portal/page/portal/rc/canmeds/canmeds2015. The Royal College has produced a final draft framework and milestones, which are available for comment.

Canadian National Anesthesia Simulation Curriculum (CanNASC)

The SC has received a report regarding the development of a national simulation curriculum. This is conceptualized as a set of common scenarios which would be used to deliver elements of the national curriculum uniquely suited to be taught and evaluated using simulation. The task force has piloted its first scenario this academic year to a cohort of senior Residents at all Canadian training programs.

Pain Medicine

Dr Patricia Morley-Forster and a group of dedicated pain medicine physicians (many of them anesthesiologists) have done remarkable work to birth the new anesthesiology subspecialty of pain medicine. More work is ahead as programs are accredited and funded residency positions are allocated to pain medicine trainees.

The Royal College does not "grandparent" current practising subspecialists when a new subspecialty is created. Some of the physicians instrumental in the development of the new subspecialty will receive a Founder designation. Access to an FRCPC in pain medicine for Fellows currently practising pain medicine will be via a practice eligibility route. http://www.royalcollege.ca/portal/page/portal/rc/credentials/start/routes/practice_eligibility_route_subspecialists

Practice Eligibility Route (PER) – Anesthesiology

The Practice Eligibility Route to certification is a route to RC certification in anesthesiology available to physicians who are practising specialty anesthesiology in Canada who, in most cases, do not have access to certification except by completing the entire (five-year) training program. Details about the process and eligibility are available at http://www.royalcollege.ca/portal/page/portal/rc/credentials/start/routes/practice_eligibility_route_specialists. In anesthesiology only Route A and successful completion of the entire PER process, followed by the Comprehensive Examination in Anesthesiology (our traditional end-of-training examination), is available as a route to certification. The Specialty Committee has reviewed and approved some candidates based on a review of their training and scope of practice. Review of new applicants will take place annually. Psychiatry has begun to develop a Route B (in practice assessment) option for candidates in their specialty.

GP/FP Anesthesia

Academic family medicine at the College of Family Physicians of Canada (CFPC) has announced a plan to award a certificate of added competence (CAC) in family practice anesthesia beginning this calendar year. Two members of the Specialty Committee (Dr Clinton Wong representing the SC and Dr Michael Cummings representing ACUDA Education) are members of the CFPC Competence Project – Working Group on FP – Anesthesia. This is a complex topic and will require thoughtful support from the Canadian anesthesia community. The CAS Board has approved a Task Force on the topic of GP/FP anesthesia.

CAS Recognition Ceremony for New Anesthesiologists

At the June 2014 Annual Meeting, the inaugural (postponed from 2013) CAS Recognition Ceremony for New Anesthesiologists took place in St John's. It is hoped that training programs, new anesthesiologists and the national anesthesia community, represented by the CAS, will use this forum to celebrate and welcome newly certified anesthesiologists into our speciality.

Areas of Focused Competence (AFC) – Diplomas

The CV section of the CAS has chosen to explore the opportunity presented by a new category of recognition at the RC http://www.royalcollege.ca/portal/page/portal/rc/credentials/discipline_recognition/afc_program

AFC diploma programs are defined as follows:

- Typically 1-2 years of additional training, but competency-based
- Built upon training in a broader discipline
- Supported within the existing Specialty Committee of the primary discipline (unless one does not already exist)
- Assessed through summative portfolio
- Training programs accredited by the Royal College (C Standards)
- A separate annual dues fee and Maintenance of Certificate (MOC) requirements

Successful completion of the program will afford the trainee the designation DRCPSC (Diplomate – RCPSC). Since the inception of the AFC diploma program, 14 Areas of Focused Competence have been recognized. Adult Cardiac Anesthesiology and Perioperative Transesophageal Echocardiography would be the first Anesthesiology AFC. Anesthesiologists are eligible for entry into several of the current AFCs.

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