



CANADIAN ANESTHESIOLOGISTS' SOCIETY



ANNUAL
REPORT
2015

TABLE OF CONTENTS

Report of the President	3
Report of the Treasurer	4
Report of the Editor-in-Chief - <i>Canadian Journal of Anesthesia</i>	6

Committee Reports

Local Arrangements (Ottawa) Sub-committee	9
Scientific Affairs Sub-committee	9
Annual Meeting	10
Archives and Artifacts	11
Committee on Anesthesia Care Team	11
Continuing Education and Professional Development	12
CPD Modules Sub-committee	13
Ethics	13
Medical Economics/Physician Resources	14
Patient Safety	15
Standards	16

Section Reports

Ambulatory Anesthesia	17
Canadian Pediatric Anesthesia Society	17
Cardiovascular and Thoracic	18
Chronic Pain Management	18
Critical Care Medicine	19
Neuroanesthesia	19
Obstetric	20
Perioperative Medicine	20
Residents	21

Other Reports

Association of Canadian University Departments of Anesthesia	23
Canadian Anesthesia Research Foundation	25
Canadian Anesthesiologists' Society International Education Foundation	25
Royal College of Physicians and Surgeons of Canada Specialty Committee in Anesthesiology	27

CAS Board of Directors, National Office Staff Team and Committees

Section Executives	31
<i>Canadian Journal of Anesthesia</i>	31
2015 Financial Statements	31



REPORT OF THE PRESIDENT

Dr Susan O'Leary, FRCPC

2015 was a busy year for the CAS. I would like to start with a welcome to Ms Debra Thomson as new Executive Director. Debra follows Mr Stanley Mandarich who left CAS after eight years as Executive Director and was instrumental for so much of the Society successes during that time. Debra brings her experience from other not-for-profit organizations, and we anticipate continued growth and expansion under Debra's leadership. I must also acknowledge the hard work and dedication of the CAS office staff during this year, and I personally would like to thank Ms Randa Fares, Ms Pamela Santa Ana, Ms Temi Adewumi and Ms Iris Li for their efforts and contribution.

The Society has continued with its usual business, worked on current initiatives, and taken on new and exciting projects. We have committed to focus on the needs and benefits of members, and know members value the *Canadian Journal of Anesthesia (CJA)*, the Annual Meeting and the Guidelines. As we revisit our member value proposition, we recognize our duty to be fiscally responsible and, to that end, we have undertaken a re-evaluation of the CAS budgeting processes and financial management.

A detailed description of the past year at CAS is beyond this brief report. To summarize, the key Society work as noted above is the *CJA*, the Annual Meeting and the Guidelines. I would like to highlight some specific initiatives.

In the past couple of years, we have worked with Choosing Wisely® Canada to release the Top 5 CAS Choosing Wisely® Recommendations. Choosing Wisely® Canada has garnered widespread support in Canada, and CAS is likewise building on its work.

The Canadian Anesthesia Incident Reporting System (CAIRS) will soon be released for input of information by Canadian anesthesiologists. Building a database of Canadian anesthesia information will provide evidence and direction to improve the quality and safety of anesthesia practice.

Physician-assisted death has generated significant discussion among Canadians including Canadian anesthesiologists. Both the Ethics Committee and the *CJA* have brought forward thoughts from the anesthesia standpoint, and we anticipate ongoing discussions on this topic.

Education continues to be front and center for our Society. Recognizing the importance of delivering excellent education, the Continuing Education and Professional Development Committee has raised the bar with innovative MoCert Section 3 credits and other education programs. I am particularly proud of the work of our Society in this area. In addition, we are partnering with the College of Family Physicians of Canada for the provision of education to Family Practice anesthesiologists. We believe that as the anesthesia specialty society, we are equipped to provide expert education to various groups of anesthesia provider partners.

Similarly, the Committee on Anesthesia Care Team (COACT), has effectively collaborated with the Canadian Society of Respiratory Therapists and nursing affiliates for the advancement of the Anesthesia Assistant training and certification. I must acknowledge Dr. Patricia Houston for her commitment to this process as Chair of COACT.

Our affiliation with the Association of Canadian University Departments of Anesthesia (ACUDA) is strong, with many shared goals and objectives for the training of our future anesthesiologists and via our ties with the academic centers.

The scope of the CAS both nationally and internationally has expanded in recent years. The Divisional Forum facilitates communication and the caliber of educational events, advocacy and engagement is evident across the country. Valuable partnerships have developed with anesthesia colleagues from the US, UK, Europe and Australia. We see the international collaborations in research, education, and in the *CJA*.

It has been my honour and pleasure to serve as CAS President, and I look forward to continuing with the work of the Society. I have many colleagues, friends and my family to thank every day.

REPORT OF THE TREASURER

Dr François Gobeil, FRCPC



As you know, the CAS financial statements are mainly composed of three parts, namely the Society's administration (CAS), the Annual Meeting (AM) and the *Canadian Journal of Anesthesia (Journal)*.

As of December 31, 2015, the Canadian Anesthesiologists' Society's total asset value was \$2,393,164, with liabilities of \$905,014. Included in the total asset value was an investment portfolio of \$1,693,244 that generated a return of 1.779% in 2015.

Once again this year, the general table below gives an overview of the Society's financial situation (Table 1).

Table 1

	2014 (Millions)				2013 (Millions)			
	AM	CAS	CJA	Total	AM	CAS	CJA	Total
Income	0.948	1.191↑	0.657	2.796	1.084	1.195	0.572	2.32
Expense	1.320	0.911↓	0.685	2.917	1.352	0.983	0.633	2.50
Income (loss)	(0.372)	0.280	(0.028)	(0.121)	(0.268)	0.212	(0.062)	(0.117)

Annual Meeting (AM)

Despite the AM Committee's outstanding work and a constant effort to offer high-quality continuous medical education, the Annual Meeting has generated deficits in recent years. Even if the AM's first objective is not to generate profits for the Society, the ongoing decrease in sponsors, combined with ever-increasing costs, makes this situation almost inevitable. However, an analysis of the past few years, excluding the Calgary catastrophe in 2013, still shows a growing concern for expense management. The year 2015 is one example of this: overall revenues were less than budgeted, though partially offset by reduced expenses, still resulted in a sizable deficit.

Society Administration (CAS)

The CAS stream continues to generate a positive net income. This net income, however, remains precarious with relatively stable revenues, despite a slight increase of expenses, which remained below budget. Even though the net income is still positive, this precarious situation is reflected in the budget for 2016 with the budgeted net income reduced significantly. The Finance Committee is taking the initiative and closely monitoring this situation.

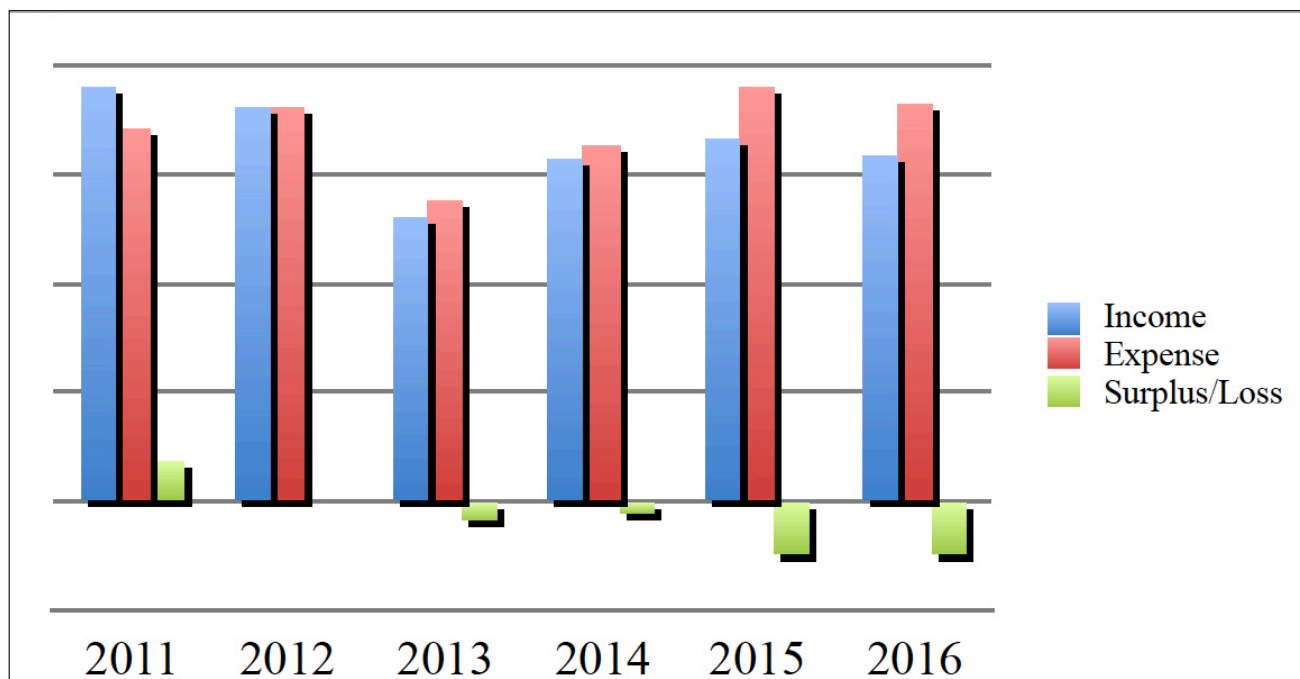
Canadian Journal of Anesthesia (CJA)

The Society's source of recognition, the *Journal*, ranks in the top league but still must cope with the problems of paper media. The *Journal* remains dependent on royalties and sponsors' revenues and is the second source of deficits after the Annual Meeting. The gap between expenses and revenues continues to increase year after year. Despite the year-over-year stability when looking at 2014 and 2015, the deficit situation still justifies an expense review.

Overall, the 2016 budget is set at almost exactly the same expense levels as 2015, but the evolution of the Society's finances over the last few years continues to be a concern (Figure 1). As mentioned last year, the reactivation of the Finance Committee called for the launch of a financial review, aiming at a balanced budget for 2018, with impacts starting to be seen as early as 2017.

For now, it is not intended to make any changes to member contributions, even if the other main sources of revenues, which are royalties, exhibits and sponsors, are decreasing. The Finance Committee remains confident and is ready to address this challenge while ensuring quality services to members. In addition, the Committee will actively work with the Executive Committee and the Board to make sure all the proposed initiatives are integrated with a process of establishing strategic directions for the Society this fall. The main focus remains to be adding value for the CAS members.

Figure 1



Finally, I want to thank our Controller, Ms Iris Li, for her valuable help, as well as the Society's support staff and our new Executive Director, Ms Debra Thomson, in addition to the active involvement of all members of the Executive Committee.

REPORT OF THE EDITOR-IN-CHIEF

Canadian Journal of Anesthesia
Dr Hilary Grocott, FRCPC



CJA Mission Statement:

“Excellence in research and knowledge translation related to the clinical practice of anesthesia, pain management, perioperative medicine and critical care.”

Overview

This report outlines the progress of the *Canadian Journal of Anesthesia/Journal canadien d'anesthésie (CJA)* over the course of the past year and will address some of the key points in the *Journal's* progress. Highlights of this year's editorial contents, *Journal* data and metrics, our online development, and editorial board activities will be described.

The *CJA* is owned by the Canadian Anesthesiologists' Society and is published by Springer Science & Business Media, LLM (New York). Articles are received (and published after peerreview) 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 2015, 64% 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 2015, the *Journal* received 795 article submissions (a significant increase from the 684 in 2014) from authors in 52 different countries. Two hundred and thirty articles were published in 12 monthly issues (Can J Anesth 2015; Volume 62) representing 1,364 editorial pages. Article types included invited editorials, reports of original investigation, case reports/case series, narrative 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 (approximately 1,900). In addition, there were 295 other individual subscriptions and 8,140 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 a total of 402,928 in 2010, to more than 60,000 per month in 2015. In terms of full-text article request by geography, 9% of requests originated from Canada, 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 230 articles published in 2015 as compared to the 193 articles in 2014. 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 16 days in 2015. The “time to first decision” is an important metric that we are constantly working towards reducing. It is essential to optimizing the author experience.

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 was only one retraction in 2015 and it was related to the well-publicized Fuji et al retractions from 2012. There are currently no pending investigations of suspected ethical or scientific misconduct of *CJA* articles in 2015, though we remain vigilant. Indeed, as with the growing number of retractions that are increasingly reported, we are continuously reviewing our own content to police for misconduct that might lead to future retractions.

The *Journal's* Conflict of Interest (Col) 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, and Summon by Serial Solutions.

The editors remained highly selective in 2015 in regards to choosing which articles were published according to their novelty, scientific merit and overall importance. Each issue contains, on average, 2-3 editorials, 6-7 reports of original investigations, 1-2 review articles, regular special articles, continuing professional development modules (4 per year), occasional case reports (8-10 per year), correspondence items, and book reviews. Although our overall acceptance rate is approximately 33%, the rate varies according to article type. For reports of original investigation, it is closer to 15%, but for editorials it is near 100%.

Each January, the *CAS Guidelines to the Practice of Anesthesia* are updated. The next update is scheduled for January 2017. Interestingly, the CAS Guidelines continue to be cited on a regular basis and contribute approximately 18-20 citations to our impact factor.

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

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**

Updates to the Online *Journal*

Our online presence and content continues to be developed by Dr Philip Jones, who serves as Associate Editor. He curates our Twitter feed (@CJA_Journal), providing links to journal content to our current 3,200 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 Metrics

The 2014 impact factor (IF) increased from 2013 and at 2.5 is the highest IF in the *Journal*'s history. This resulted in a *Journal* ranking 11 out of the 31 anesthesia journals currently being published. The 2015 IF data will be released in July 2016.

In addition to traditional metrics (i.e., IF), journals and their content are now also evaluated according to alternative metrics – 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 percentile, 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 in 2015 replaced outgoing members ending their terms in 2014. New additions to the 29-person editorial board in 2015 include Dr Matthew Chan from Hong Kong, and Dr Sheila Riaza and Dr Mrinalini Balki from Toronto. We currently have two international member openings and two domestic openings.



COMMITTEE REPORTS

Local Arrangements (Ottawa) Sub-committee

Dr Tammy Barrows, FRCPC – Chair

The Canadian Anesthesiologists' Society welcomed delegates from across the country to Ottawa for the CAS Annual Meeting in June. Mother Nature smiled upon us and gave us four days of beautiful weather, allowing delegates to see our Nation's Capital at its best. We were delighted to share our parks, museums, jazz festival and bustling Byward Market. Our opening reception brought a touch of magic, a hint of artistry and a sampling of Ottawa's best food. The sold-out President's Dinner was a tremendous success as we enjoyed the comedic stylings of Andre-Philippe Gagnon with Parliament Hill as the backdrop to the evening. The CARF run along the historic Rideau Canal completed the weekend as delegates and their families come out for the annual event.

Scientific Affairs Sub-committee

Dr Timothy Turkstra, FRCPC – Chair

For the 2016 Annual Meeting, there were 199 submissions, comparable to 201 in Ottawa (and 138 in St John's). The majority (~90%) of the submissions originated in Canada, with the remainder not concentrated in any geographic area. The distribution of abstracts, case reports, and resident submissions remained much the same. Unlike last year, there was one Technical Booth submission, which was accepted. There was an overall rejection rate of 8% for low scientific quality. Abstracts and case reports were scored by four to eight reviewers from the Scientific Affairs Sub-committee. There were seven rejections on the basis of ethical concerns, such as patient consent. There were four failures in anonymity; we will be reviewing the acceptance process to see if there are any other steps we can take to reduce this. Electronic posters will be used in Vancouver for the poster discussion sessions, and hard copy posters for the poster display sessions. Poster displays will be arranged by section/topic.

For 2017, we will be shortening the review process to allow more time for applicants and reduce the time between submission and presentation for authors.

It was noted this year that several submissions from the developing world did not meet the standards for acceptance, but there was the perception amongst several reviewers that the research was not necessarily poorly done, and that with writing assistance, the abstracts could be brought "up to snuff". We are investigating offering the assistance of several volunteer members of the Scientific Affairs Sub-committee to work with such authors next year as a service to these anesthesiologists. This process will take place before the abstract acceptance process begins.

As in previous years, there may be fewer abstracts presented at the meeting than those accepted due to failure of the author(s) to attend the conference.

Origin of Submissions

Country	# of submissions
Canada	175
Alberta	14
British Columbia	22
Manitoba	15
Newfoundland & Labrador	5
Nova Scotia	8
Ontario	88
Quebec	15
Saskatchewan	8
Congo	3
India	5
Japan	1
Korea	2
New Zealand	1
Singapore	2
South Korea	3
United Kingdom	1
United States	7

Annual Meeting

Dr Daniel Bainbridge, FRCPC – Chair

The 2015 Annual Meeting was overall a success with over 850 delegates attending the meeting in Ottawa. This was the second year that the meeting app was available; however, this year the app was linked with the Royal College and allowed direct submission of credits. This addition helped boost our evaluation response rates well over 50%. Of those responding, 60% rated the meeting as “excellent” or “very good”.

This was also the first year the meeting used Poll Everywhere as an audience response system; many will be familiar with this program and it was well received. This was also the first year that the CAS meeting was broadcast as a webinar. The aim for broadcasting the meeting as a webinar is to allow easier access to the meeting, appreciating the geographic and time constraints many anesthesiologists face. The webinar will be available again on Saturday this year with a small fee to cover the webinar costs.

Workshops again were accredited for Section 3 credits, and this should make completing Section 3 credits easier for anesthesiologists, as it is now mandatory for 25 credits in Section 3 for this cycle.

Although not entirely visible to the audience, we again ran peer observers and moderator training for speakers and moderators at this year’s meeting. Peer observation is an evaluation method to provide feedback on an individual’s teaching methods (not on speaker content) and was started in 2014 with the aim to improve speaking skills. In general, the feedback for this program has been positive and individuals agreeing to be observed can receive Section 3 credit. The moderator training is an online learning module through the CAS and Knowledge Direct, which is a selfdirected online learning course that helps to improve the moderator’s skills. The aim of both of these initiatives is to improve the attendees’ experience at the meeting by raising the bar for both speakers and moderators.

Plans for the 2016 meeting in Vancouver are nearly complete. The theme for 2016’s meeting is “Improving Perioperative Outcomes” and is being steered by the Neuroanesthesia and Ambulatory Sections. The 2016 meeting will again have three concurrent sessions, plus workshops, including a pre-conference workshop for the first time. Planning for the 2017 meeting, to be held in Niagara Falls, will begin shortly.

A special thank you to all involved in planning the 2015 Annual Meeting, including members of the Annual Meeting Committee, members of the Annual Meeting Working Group, the CAS office staff, the Executive Committee and the team from Intertask.



Archives and Artifacts

Dr Daniel Chartrand, FRCPC – Chair

In June 2015, the Committee members had a face-to-face meeting in Ottawa during the Annual Meeting. A teleconference was also convened in October. After many years of exceptional leadership, Dr Brendan Finucane stepped down in June and I am now trying to replace him as Chair of the Committee. Fortunately for me, I can still count on the support of Dr Finucane and of the other eight members of the Committee. Of course, I must also acknowledge the great support provided to the Committee by the CAS office staff.

In June, we had our fourth symposium celebrating the history of anesthesia in Canada. Organized by Dr Joanne Douglas, this symposium was dedicated to the history of pediatric and obstetric anesthesia. Dr David Stewart and Dr Diane Biehl gave excellent presentations. For 2016, Dr Derek Dillane will be organizing our fifth symposium.

The website has been updated and I encourage all CAS members not only to visit it but also to suggest to us documents, photos or videos that could be eventually added to the website. We are already planning to add more reports and interviews of the CAS Past Presidents who will tell us about the important events that had occurred during their terms of office. In order for the website to become the “virtual museum” of the history of Canadian anesthesia, we also need your suggestions.

In 2014, most of the CAS artifacts were transferred to the Canadian Science and Technology Museum in Ottawa and to the Museum of Health Care in Kingston. In 2015, we have started to plan how to handle the CAS archives (nearly 600 boxes of them) in order to find the historical treasures they contain. The original historical documents will be preserved preciously but they will also be digitized and some will be available on the website.

Finally, the Committee is still hoping that Dr Harold Griffith will be inducted into the Canadian Medical Hall of Fame in 2016.

This completes my report on behalf of the Archives and Artifacts Committee for 2015. Once again, I encourage all of you to send us your questions and suggestions about the history of Canadian anesthesia.

Committee on Anesthesia Care Teams

Dr Patricia Houston, FRCPC – Chair

I have represented the Committee on Anesthesia Care Teams (COACT) on a Canadian Society of Respiratory Therapists (CSRT)-led working group that is moving forward with a plan to develop and implement a national process for Anesthesia Assistants (AA) certification and for accreditation of the educational institutions that offer or will offer AA education programs.

This Committee met in September 2015. It has representation from the CSRT, CAS, ACUDA and from both nursing and RT practising AAs. A project map with timelines was approved, as was the hiring of an external education consultant to validate a national competency profile and develop an examination matrix for AAs. Both the CAS and ACUDA will provide continuing input and advice as this process moves forward to ensure that it is collaborative and inclusive of all appropriate health care professionals. The CSRT-led working group has developed and sent out a survey tool to the AAs across Canada to determine a national competency framework for AAs. This work is being supported by ProExamination Service, a company with significant experience in credentialing services. The results of the survey tool will be collated and reviewed by a meeting of the entire group over two days in early June 2016, at which time it is expected that consensus will be reached for the competency framework. This will be used to both move the certification/examination process and the accreditation of academic institutions which offer an AA program going forward.

Continuing Education and Professional Development

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. The CEPD Committee implemented a number of changes this year at the Annual Meeting in order to optimize the educational experience for members. Planning is underway for the 2016 Annual Meeting in Vancouver and changes will be evident there as well.

Programs Accredited in 2015

The CEPD Committee accredits CME activities for Section 1 and Section 3 Royal College Maintenance of Certification (MOC) credit. In 2015, eight events were accredited for Section 1 credit. Eight events were accredited for Section 3 credit.

New to the Annual Meeting

The 2015 Annual Meeting in Ottawa was successful and included some changes from pilot programs run in 2014. The meeting was officially paperless, with the program available as an app again this year. Printed programs were not normally available. As noted in the educators' report, the web-based audience response system was again included in several sessions this year. The advantage of this system is two-fold: 1) it is more cost-effective than renting a stand-alone audience response system, and 2) information gathered in response to questions from the speaker can be saved and used as part of a non-perceived needs assessment. The system worked well but it is clear that education for the speakers and the audience is necessary to optimize the experience and the data obtained from the use of the technology.

The 2015 meeting marked the pilot of using a web-based system (GoToMeeting™) to provide remote access to some of the sessions. The interactive program allows practitioners to take part in sessions remotely. This service was offered free of charge as a pilot with the intention of promoting it for 2016 and generating revenue through fees for its use. Reviews indicated that it was a positive addition to the Annual Meeting.

Peer observation was introduced in 2014 as an option for speakers to receive feedback, and education on their presentation and moderator training was offered. It was expanded this year. Seventy speakers agreed to take part in peer observation. While there were some minor organizational issues surrounding the program, it was successful and will be included again in the 2016 Annual Meeting. Section 3 credit was available to the speakers and Section 2 credit was available to the observers. Plans are underway to provide online faculty development for the peer observers in advance of the 2016 Annual Meeting. It is anticipated that the faculty development will be eligible for Section 3 credit.

Training for moderators was another initiative developed for the 2015 Annual Meeting. Materials for the moderators were made available on the CAS website with pre- and postquestionnaires. Completion of the moderator training was eligible for Section 3 credit. Reviews were positive, and the online training will be updated for the 2016 Annual Meeting.

Online CPD Committee

The Online CPD Committee met at the 2015 Annual Meeting. The members continue to communicate by email to develop and approve new topics for the online CPD for the *Journal*.

Annual Meeting Working Group (AMWG)

The AMWG continues to meet regularly to ensure development of new initiatives for the Annual Meeting. Membership now includes representation from the CAS office and Intertask.

CPD Modules Sub-committee

Dr A Stéphane Lambert, FRCPC – Chair

Subcommittee members: Dr A Stéphane Lambert (incoming chair), Dr Pierre Drolet, (outgoing Chair), Dr Hilary Grocott, Dr Peter MacDougall, Dr May Sann-Yee, Dr Susan O’Leary, Dr Andrew Weiss

Staff: Ms Temi Adewumi, Ms Jane Tipping, Ms Carolyn Gillis

The CPD Modules Sub-committee met in Ottawa in June 2015 at the Annual Meeting of the Society. Dr Drolet announced that he was stepping down as the *Canadian Journal of Anesthesia’s* CPD Editor. He introduced Dr Lambert as the new CPD Editor and the new Chair of this committee.

During 2015, the *Canadian Journal of Anesthesia* published three CPD Modules on topics that had previously been approved by the committee:

- *Reversal of Warfarin Anticoagulation for Urgent Surgical Procedures, by Curtis et al*
- *Managing the Challenging Pediatric Airway, by Karsli et al*
- *Potential Strategies for Preventing Chronic Postoperative Pain: A Practical Approach, by Richebé et al.*

The committee reiterated its support for the topics that will be covered in 2016:

- *Local Anesthetic Systemic Toxicity, by Chin et al*
- *Update on the Prone Position, by Craen et al*
- *Preeclampsia, by McKeen et al*
- *Anesthesia for Paraplegic and Quadriplegic Patients, by Lalu et al.*

Finally, the members of the Sub-committee gave a mandate to the new CPD Editor to formally explore the possibility of obtaining accreditation for the CPD Modules from the American Board of Anesthesiologists. After preliminary inquiries by Dr Drolet, it was felt that accreditation in Europe will not be pursued any further at this time. The Royal College of Physicians and Surgeons of Canada currently accredits the CPD Modules under Section 3 of its Maintenance of Certification (MOC) program.

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 2015.

Two meetings were held in 2015: a teleconference held on April 27 and the annual meeting of the Committee held on June 21 in Ottawa. The teleconference was focused on an update of plans and progress in relation to the symposium to be held at the CAS Annual Meeting in June and preparatory work for the Committee meeting to be held following the symposium. At the meeting held on June 21, Committee members reviewed potential topics for the 2016 symposium. A number of potential options were discussed and the Committee concluded that, in light of the recent Supreme Court decision in *Carter vs. Canada*, the topic of physician-assisted death would be both topical and informative for members of the Society. Dr Douglas DuVal agreed to consider moderating the session and a number of potential panelists were also considered.

The Committee also discussed whether a recommendation should be advanced to the CAS Board of Directors regarding the development of a formal position for the Society in relation to the issue of physician-assisted death. After considerable discussion, the Committee concluded that the Canadian Medical Association was actively engaged nationally on behalf of all physicians. While it was important for the Society to monitor legislative progress, an independent position was not warranted at this time. Dr Herrick agreed to take this recommendation forward to the Board of Directors for consideration.

The Ethics Committee hosted an ethics symposium at the CAS Annual Meeting on June 21, 2015 entitled “Ethical Decision-making and the Complex Patient”. The symposium welcomed Drs Daniel McIsaac (Ottawa) and Michael Moon (Edmonton) as presenters. The well-attended session and discussion was moderated by Dr Cheryl Mack (Edmonton) and explored ethical obligations involved in providing perioperative care for frail and medically-complex patients. TAVI and TEVAR procedures were used as examples to guide discussion.

Medical Economics/Physician Resources

Dr James Kim, FRCPC – Co-Chair

Dr Douglas DuVal, FRCPC – Co-Chair

The Medical Economics/Physician Resources Committee met on June 20, 2015 in Ottawa in conjunction with the CAS Annual Meeting.

The 2015 Medical Economics and Physician Resources Survey was discussed. Its new format has been well-received. Economic austerity seems to be prevalent in most Divisions. British Columbia continues to have relatively low anesthesia fees, associated with a significant ongoing shortage of specialist anesthesiologists. Other Divisions had in recent years been experiencing a “tightening” of their manpower situations, with limited employment opportunities in community and academic institutions. Canadian statistics, however, indicate that 40% of Canadian anesthesiologists are over 55 years of age, and increasing retirements now suggest a returning trend towards anesthesiologist recruitment. Anesthesiology positions tend to be less available in Quebec, where their distribution is controlled by funding authorities.

Dr Jeremy Pridham, Discipline Chair of Anesthesia at Memorial University of Newfoundland, representing the Association of Canadian University Departments of Anesthesia (ACUDA), confirmed that, based on results of an annual human resources survey of ACUDA Chairs, recruitment to academic departments is anticipated to increase over the next few years.

Dr Michael Sullivan, representing the Anesthesia Specialty Committee of the Royal College of Physicians and Surgeons of Canada, reported that the proportion of newly-licensed anesthesiologists in Canada who are newly-certified Canadian trainees appears to be declining relative to internationally-trained anesthesiologists.

Dr Patricia Houston, chair of the CAS Committee on the Anesthesia Care Teams (COACT) reported on the progress being made toward national accreditation of Anesthesia Assistant training programs, as well as a national certification process for Anesthesia Assistants.

Dr Dale Engen had been invited to attend the committee meeting as a guest. He reported on plans for a proposed new iteration of a Canadian Anesthesia Human Resource and Anesthesia Assistant Survey, which is anticipated in 2016.

In 2015, two Divisions (British Columbia and New Brunswick) saw their “out of pocket” Canadian Medical Protective Association (CMPA) fees increase by over 100%. Anesthesiologists in British Columbia, New Brunswick and Ontario now pay in excess of \$6,000 annually in CMPA fees. This is a cause for concern and is being monitored.



Patient Safety

Dr Claude Laflamme, FRCPC - Chair

The CAS Patient Safety Committee is collaborating with a variety of national organizations to achieve its mission to improve perioperative safety for all patients.

2015 CAS Annual Meeting

On June 20, 2015, the “Dr John Wade – CPSI Patient Safety Symposium” was a great success. Two leaders of the CanMEDS 2015 and ASPIRE program, Dr Brian Wong and Dr Sherissa Microys, delivered a great interactive symposium entitled “Patient Safety in CanMeds 2015: ASPIRE to Give Safer Healthcare Now!”

Canadian Patient Safety Institute

The three-year partnership agreement between the CAS and the Canadian Patient Safety Institute (CPSI) has been reviewed and submitted to CPSI for renewal.

In 2015, members of the CAS Patient Safety Committee were actively engaged in moving forward CPSI national initiatives such as patient safety education, surgical care safety, medication safety, and teamwork and communication. The CAS Patient Safety Committee is well positioned to influence the future direction of surgical care safety in Canada. Indeed, Dr. Claude Laflamme co-leads this national initiative.

In October 2015, Dr Susan O’Leary and Dr Claude Laflamme, CPSI representative on the Patient Safety Committee, attended the inaugural meeting to discuss a potential “Canadian Surgical Coalition”. The Royal College of Physicians and Surgeons of Canada, CPSI and National Surgical Quality Improvement Program (NSQIP) representatives lead the discussion.

Institute for Safe Medication Practices

Dr Daniel Chartrand attended Institute for Safe Medication Practices (ISMP) meetings on “Drug Labeling and Packaging” as well as “Principles for the Application of TALLman Lettering in Canada”, aimed at reducing the risk of drug errors.

Collaboration with the CAS Standards Committee

Perioperative hypothermia has been recognized as an important contributor to poor surgical outcomes. The high prevalence of perioperative hypothermia, which is preventable in most of the cases, prompted the CAS Patient Safety Committee to work with the CAS Standards Committee to find a mechanism to improve perioperative temperature monitoring and management.



Standards Committee

Dr Gregory R Dobson, FRCPC – Chair

The Standards Committee meets yearly at the CAS Annual Meeting and has several teleconferences through the year. 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 (CMPA), an anesthesia resident member, and wide national representation through members from across the country.

In 2015, the Chair position was passed from Dr Richard Merchant to Dr Gregory Dobson. The Committee and the CAS acknowledge the tremendous dedication and leadership that Dr Merchant demonstrated during his time as chair. Dr Dobson has benefited greatly from his counsel and presence on the Committee as Past Chair for the past year. Two individuals have agreed to have their names put forward as potential new members and this will be discussed at the 2016 Annual Meeting.

The Committee's primary responsibility is to annually review and update the *Guidelines to the Practice of Anesthesia*. Changes and additions that are agreed upon by the Committee appear in the *Guidelines* in the next calendar year. The Committee also responds in writing to frequent queries from the CAS membership, as well as other allied health professionals, with respect to interpretation of the *Guidelines*, and also to answer questions about practice standards that are not clearly addressed in the *Guidelines*. These queries often help guide the Committee in new directions and in future discussions. In recognition of the fact that the Guidelines cannot address every possible practice guideline issue, the CAS has posted and regularly updates an Appendix #4, which lists other resources, standards and international guidelines to clinical practice.

Appendix #5 (Position Paper on Anesthesia Assistants) underwent extensive revision for 2016 as a result of work done by the Committee on the Anesthesia Care Teams (COACT). One of the most common queries to the Standards Committee relates to the evolving role of the Anesthesia Assistant.

The CAS *Guidelines to the Practice of Anesthesia* (Revised Edition 2016) was published for the seventh consecutive year in the *Canadian Journal of Anesthesia* in the January 2016 edition. It is accompanied by an editorial from the Committee discussing the rationale and the evidence for the changes. New or revised sections in the Guidelines are marked by shaded text in the document to draw attention to them and to help members to better appreciate any changes. The document is also available to the public via the CAS website at no cost.

The changes to the 2016 Guidelines were related to several areas including:

- Oxygen supplies for patient transport
- Pre-operative laboratory testing recommendations
- Pre-operative fasting policies
- Risk disclosure to patients and its documentation
- Capnography for intubated/deeply sedated patients postoperatively
- Training anesthesiologists on the use of advanced medical technology.

The Standards Committee organizes a session at the CAS Annual Meeting. The 2015 session was a panel discussion entitled "The Aging Anesthesiologist", and it was well-attended and wellreceived by participants. It has led to an increased awareness of the issue and prompted further discussions and dialogue about how the specialty should address this important issue.

Involvement with the continuing development of Canadian and international standards through the Canadian Standards Association (CSA) and the International Standards Organization (ISO) has been continued with services provided by a number of volunteer CAS members. The CAS and the Standards Committee highly value the time and commitment of these individuals.

Currently the Committee is working on changes and additions for the 2017 Guidelines. Areas under consideration include:

- Specific recommendations to comply with the Choosing Wisely® Canada initiative
- Perioperative temperature control and maintenance of normothermia
- The use and monitoring of neuromuscular blocking drugs
- Quality assurance and performance assessment
- Training and documentation of competency for the use of advanced medical technology – the next steps.

SECTION REPORTS

Ambulatory Anesthesia

Dr Jean Wong, FRCPC – Chair

The Ambulatory Section executive is currently composed of the Chair (Dr Jean Wong) and the Vice-Chair (Dr David Wong). Our Section also contributes to other committees of the CAS.

The Annual Meeting in Ottawa in 2015 was very successful with good attendance and participation in the Ambulatory Section sessions. The Ambulatory Section program included topical and practical areas in management of patients undergoing ambulatory surgery. A symposium on the risks of managing patients with sleep disordered breathing and who are on opioids featured experts in sleep breathing disorders (Dr Anthony Doufas and Dr Matthias Eikermann) and a representative from the Canadian Medical Protective Association (CMPA) (Dr Liette Beauregard). The Ambulatory Breakfast session featured two speakers: Dr Matthias Eikermann, and Dr LeGrande-Westfall who presented stimulating talks on the risks of using muscle relaxants in ambulatory surgery and managing medico-legal situations. Dr Doufas also presented the refresher course entitled “Perioperative Risk in the Ambulatory Surgical Patient with Sleep-disordered Breathing”. Dr Atul Prabhu presented an excellent case discussion entitled “My Ambulatory Surgical Patient is on Dabigatran: An Update on New Oral Anticoagulants”, and it was a well-received and stimulated discussion. We welcome other members to actively participate in our Section.

Canadian Pediatric Anesthesia Society

Dr Simon Whyte, FRCPC – Chair

The 2015 Canadian Pediatric Anesthesia Society (CPAS) Board comprised myself (Chair, Vancouver), Dr David Rosen (Vice-Chair, Ottawa), Dr Davinia Withington (Immediate Past Chair, Montreal), Dr Natalie Buu (Secretary, Montreal), Dr Koto Furue (Treasurer, Montreal), Dr Clyde Matava (Communications, Toronto), Dr Desigen Reddy (Scientific Committee Chair, Hamilton), and Dr Sarah Stevens (Member-at-Large, Halifax).

The 2015 CPAS Scientific Committee comprised Dr Desigen Reddy (Chair), Dr Conor McDonnell (Toronto), Dr Jonathon Gamble (Saskatoon) and myself.

The Board and Scientific Committee co-opted Dr Robin Cox as the Chair of the local organizing committee of the 2016 CPAS meeting to be held in Banff, and established the principle that future local CPAS meeting organizers should be similarly co-opted until the relevant meeting is concluded.

CPAS had another busy year organizing educational content for the 2015 CAS meeting in Ottawa, and for the 2015 CPAS meeting in Toronto. The latter focused on aspects of the pediatric airway, while in Ottawa we discussed pediatric fluid management, performance metrics, and practice-changing publications. Preparations for 2016 are already at an advanced stage.

On the administrative front, CPAS completed its transition to independent banking and accounting, and launched its new website www.pediatricanesthesia.ca. We now have web-based membership and conference registration, and have introduced tiers of CPAS membership for overseas colleagues, trainees interested in pediatric anesthesia, and allied health professionals such as Anesthesia Assistants. These benefits, along with discounted access to the journal *Pediatric Anesthesia*, will become available to CPAS members in 2016. Our Twitter following continues to grow both in number and geographical distribution – we can be followed @PedsAnesthesia.

2015 brought the publication of an updated Consensus Statement on Use of Anesthesia and Sedation in Infants and Children by the SmartTOTS Consortium, which can be read in full on our website. CPAS was one of many groups invited to consult on this and subsequently endorsed the finalised version. There are also helpful FAQs for parents and for health care providers on our website.

As always, I must thank my Board member colleagues for reliable advice and support during 2015 – CPAS is very much run by a cohesive team. We look forward to contributing at the CAS Annual Meeting in Vancouver and to continuing to represent the voice of pediatric anesthesia in Canada.

Cardiovascular and Thoracic

Dr Blair Kent, FRCPC – Chair

In 2015, the Cardiovascular and Thoracic (CVT) Section joined forces with CANCARE (Canadian Cardiovascular Critical Care Society) to co-sponsor the CVT Symposium at last year's Annual Meeting in Ottawa. This collaboration enabled the Section to attract world-class speakers and researchers who were able to share their work on delirium and cognitive dysfunction following cardiac surgery/anesthesia (in keeping with the overall "Anesthesia and the Brain" meeting theme). The meeting also featured a debate on GA versus sedation for patients undergoing TAVI procedures, the ever popular "Imaging Cases of the Year", "Offline" 3D TEE Analysis, and a seminar on "Consciousness Monitoring in Cardiac Anesthesia".

Membership in the Section is stable, but we are always looking to attract new members who are involved in providing care for patients undergoing cardiovascular/thoracic procedures, but may not be Section members. There were no changes in the Section Executive in 2015. The Section's financial status is healthy and, as such, we are able to fund a number of awards (best CVT poster) and the Dr Earl Wynands Lecture at the CAS Annual Meeting.

Thanks to Dr Ivan Iglesias (and the CVT Program Directors across the country), a proposal was submitted to the Royal College of Physicians and Surgeons of Canada for a "Diploma on Cardiac Anesthesiology and Perioperative Transesophageal Echocardiography". The goal is to have a national standard for the education of fellows in cardiac anesthesia and TEE Fellowship programs. This process is still in its early stages and hopefully we will have more information shortly.

The Vancouver meeting will be a busy time for the CVT Section. We have attempted to tailor our educational sessions around this year's theme of "Improving Perioperative Outcomes". Speakers from across the country and around the world will be sharing their expertise and insights on improving outcomes in patients undergoing CVT surgeries. Topics will include updates on perioperative anticoagulation management, a workshop on one lung/selective ventilation, improving patient safety in cardiothoracic anesthesia, a symposium on long-term outcomes following cardiac surgery, and the always popular "Best Imaging Cases of the Year" competition.

Chronic Pain Management

Dr Collin Clarke, FRCPC – Chair

Over the last several years, the Chronic Pain Management Section has been attempting to meet the needs of our members while at the same time reaching out to provide chronic pain knowledge to general anesthesia providers. Last year, at the Annual Meeting in Ottawa, we provided two exciting and informative lectures that were exceptionally well-attended. Dr Dwight Moulin spoke to the revised Canadian Pain Society guidelines for the management of neuropathic pain, for which he was the lead author. In addition, internationally renowned researcher, Dr Philippe Richebé, gave a talk highlighting his laboratory research on the development of chronic pain in a surgical model. As we move forward to this year, we are yet again striving to meet the needs of our members by providing a lecture on opioid-induced hyperalgesia in addition to a review of the new changes to the DSM-V. Furthermore, we have reformatted the ultrasound workshop to focus more upon musculoskeletal assessment and intervention. We are looking forward to the upcoming meeting and have arranged a collaborative session with the RCMP for our Section event.

Critical Care Medicine

Dr Duane Funk, FRCPC – Chair

The Critical Care Medicine Section meets every year at the CAS Annual Meeting. At the 2015 meeting in Ottawa, we had two sessions. The first was a critical care update for anesthesiologists, and we had several speakers who provided excellent talks on topics of relevance to the practising anesthesiologist.

Dr Shawn Hicks from Ottawa gave a very important talk on ventilator-induced lung injury and the importance of ventilator strategies in the OR to reduce this common problem. Dr Edgar Hockman also gave a presentation on the role of perioperative echocardiography and, finally, there was a presentation on the latest research and treatment for septic shock. The talks were well-attended and received good reviews from participants.

The Section held a breakfast session on the (diminishing) role of anesthesiologists in the provision of critical care in the ICU setting. There are fewer anesthesiologists who go on to do fellowships in critical care, and fewer anesthesiologists are incorporating work in the ICU as part of their practice. Discussion focused around strategies to reverse this trend. Mentoring of trainees in anesthesia and making the specialty more visible were promoted as ways to improve our numbers.

At this year's CAS Annual Meeting, we will be partnering with our colleagues in perioperative medicine and cardiac anesthesia to hold a one-day pre-conference workshop on perioperative ultrasound and echocardiography. We will also be part of a roundtable discussion on standards of training for anesthesiologists who want to perform perioperative transthoracic echocardiography.

We also have another critical care update for the anesthesiologist planned for this year's meeting with talks from Dr Brian Kavanagh (University of Toronto), Dr Tobias Witter (Dalhousie University), and Dr Ahmed Hegazy (Western University).

Dr Fasial Siddiqui (University of Manitoba) has accepted the role as Co-Chair for the Section. We would like to thank Dr Dave Neilipovitz from the University of Ottawa for his time as Co-Chair of the Section. Going forward, we hope to form stronger ties with the Society of Critical Care Anesthesiologists in the United States.

Neuroanesthesia

Dr Timothy Turkstra, FRCPC – Chair

The Neuroanesthesia Section of the CAS continues to be one of the smaller sections, with the current membership at 63 members.

The current executive consists of:

Chair: Dr Timothy Turkstra, FRCPC

Vice-Chair: Dr Marie-Hélène Tremblay, FRCPC

Secretary/Treasurer: Dr Alana Flexman, FRCPC

Past Chair: Dr Cynthia Henderson, FRCPC

The main activities of the Section involve arranging sessions for the Annual Meeting, as well as contributing to other committees of the CAS. We are also reviewing options for sub-specialty fellowship certification. The meeting in 2015 was very successful and the sessions were wellattended, especially the final session by Dr Beverly Orser summarizing available knowledge on the mechanisms of anesthesia. The breakfast debate over dexmedetomidine versus propofol for awake craniotomy cases was entertaining and informative.

We continue to support the annual Best Paper Award in Neuroanesthesia.

Obstetric

Dr Ronald George, FRCPC – Chair

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

The 2015 Annual Meeting in Ottawa was a great success with large crowds at the Obstetric Anesthesia sessions. We enjoyed an excellent Complex Parturient Symposium featuring our guest obstetric anesthesiologist, Dr Roshan Fernando, from University College London, adding some European flare. He was joined by Dr Darine El-Chaar, a local obstetrician from the Ottawa Hospital. Their discussion of neurological pathology in mothers led to some great conversations and possibly shifted some people's practice. The neuraxial ultrasound workshop led by Dr Jose Carvalho was another big success. Our traditional OB luncheon became a breakfast debate between Dr Fernando and our own Dr Christian Loubert. The two debated the routine use of opioids for GA cesarean deliveries. No winner was declared but we all left more informed of the choices. This year in Vancouver, we will have the pleasure of Dr Brendan Carvalho from Stanford University joining us to share his extensive experience.

Our Section continues to be fiscally responsible in the 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 the development of Canadian Obstetric Anesthesia Guidelines. The executive currently consists of Drs Ronald George (Chair), Giselle Villar (Vice-Chair), Pamela Angle (Past-Chair) and Clarita Margarido (Secretary-elect). We have Dr Roanne Preston joining us as a member-at-large for the Vancouver meeting. This year, we will be seeking members-at-large from the next two CAS meetings to join the executive to assist with planning. Additionally, this year we will be seeking a new member of the executive as we rotate and thank Dr Angle for her hard work over the years as she steps away from the executive. If you are interested in being an active member of the Obstetric Anesthesia Section of the CAS, please contact Dr George (rbgeorge@dal.ca). We are looking forward to this year's CAS Annual Meeting in Vancouver.

Perioperative Medicine

Dr Gregory Bryson, FRCPC – Chair

The Perioperative Medicine Section continues to advance a broad vision of anesthesiology that extends well beyond the operating room.

In 2015, Perioperative Section Chair, Dr Gregory Bryson, and Secretary, Dr Duminda Wijeyesundara, co-chaired the Canadian Anesthesiologists' Society – Choosing Wisely® Canada (CAS-CWC) campaign. The goal of CWC is “to help clinicians and patients engage in conversations about unnecessary tests and treatments and make smart and effective choices to ensure high-quality care.” CAS-CWC surveyed CAS members to determine those interventions in perioperative care that could be reconsidered. The results of the CAS-CWC survey and the evidence supporting our Top 5 Recommendations were presented at the 2015 Canadian Anesthesiologists' Society Annual Meeting in Ottawa and released on the CWC website on September 17. Please review our recommendation to reduce low value perioperative care at <http://www.choosingwiselycanada.org/recommendations/anesthesiology/>.

Looking ahead, we encourage you to attend our CAS-CWC Symposium on Saturday June 25, 2016 in Vancouver.

In keeping with the theme of rational use of health resources, the Section awarded the 2015's Best Perioperative Medicine paper to Dr Thomas Mutter for his study entitled “Effect of a Regional Guideline on Unnecessary Preoperative Lab Tests”. Congratulations!

Turning from resources to technology, Section Vice-President Dr Massimiliano Meineri coordinated a series of superb workshops at the 2015 Annual Meeting that focused on pulmonary and gastric ultrasound. Point-of-care ultrasound has undoubtedly “arrived” in perioperative medicine, and Dr Meineri and colleagues from the CVT and Critical Care sections look forward to hosting a full-day course of multi-system sonography ahead of the CAS Annual Meeting on Friday June 24, 2016. Come to Vancouver early, and you'll be glad you did.

The 2015 Annual Meeting also saw excellent symposia and Section events that covered the perioperative management of heart failure, cardiopulmonary exercise testing, and monitoring of CNS function. The breadth of content in the curriculum reflects the diverse interests of our Section members.

It has been an exciting time for the Perioperative Medicine Section and I regret that my two-year tenure as your Chair will draw to a close in Vancouver. I am pleased that Drs Meineri and Wijeyesundara will be stepping up to Chair and Vice-President, respectively. We are seeking nominations for a new Secretary. Please contact me at glbryson@toh.ca if you are interested in joining the team.

We look forward to engaging Section members in shaping the future of perioperative care in Canada and around the world.

Residents

Dr Elizabeth Miller – Chair

The CAS Residents' Section has had another exciting year promoting resident initiatives and in planning for our CAS annual meeting, this year in Vancouver, BC!

CAS Annual Meeting 2016

Based on feedback from a survey of the Canadian anesthesia residents, the Residents' Section has planned a great series of social and academic events for the upcoming CAS meeting in Vancouver. Our resident social event will be held at Mahoney and Sons on June 24. Our academic events include the much-requested and appreciated lecture by Dr Sandra Katsiris, Chief Examiner of the Royal College of Physicians and Surgeons of Canada, about Royal College examination preparation. We are lucky to have Dr Robert Chen, Cardiac Anesthesia, Ottawa Heart Institute, to speak to us about point-of-care ultrasound training, careers and application in the perioperative setting.

Finally, we are planning a Fellowship Fair again in 2016, which will include a Virtual Fellowship Fair on the CAS mobile app, as well as an in-person fellowship fair at the CAS Annual Meeting. The participation of the fellowship program directors and coordinators in this event is much appreciated by our group of residents!



CAS Board of Directors

Dr Kaitlin Duncan (PGY3, University of Ottawa) and Dr Curtis Nickel (PGY3, Queen's University) were our Board of Directors' representatives this year.

Dr Duncan attended the Board meetings as our voting member.

CAS International Education Foundation (CAS IEF)

The Residents' Section has worked to promote the CAS IEF initiatives to our residents through our new CAS IEF webpage. Dr Tristan Dumbarton (PGY4, Dalhousie University), our resident representative to CAS IEF, has worked to promote CAS IEF initiatives and programs to residents. He was one of five Canadian residents who took the opportunity for an elective in Rwanda to help develop sustainable anesthesia there through simulation and teaching. CAS IEF global health electives are available, for those interested. CAS IEF Resident Webpage: <http://casresidents.tumblr.com>

Choosing Wisely® Canada

In order to engage residents in the Choosing Wisely® Canada (CWC) campaign, the CAS Residents' Section created a Residents' Section Choosing Wisely® Committee to help promote the CWC initiatives and to assist in creating educational materials about the campaign for patients and residents. The committee is under the leadership of Dr Gita Raghavan (PGY4, Queen's University). Residents' Section CWC website: <http://casresidents.tumblr.com/choosingwisely>.

Resources for Residents

The Residents' Section was committed this year to update our website, and to make it a place where information could be shared. A survey was sent to our members, and we were able to gather a list of the best apps and resources for a Canadian anesthesia resident. This year, we have also included in our website more information about fellowship opportunities, resident research, and international elective activities. Tumblr: <http://casresidents.tumblr.com>

Collaboration with Other Resident Societies

The Residents' Section welcomed a member of the Australian Society of Anaesthetists to our CAS meeting events in Ottawa. As our Chair, I had the opportunity to attend the American Society of Anesthesiologists' meeting and Resident Delegate meeting in San Diego. As a result of these meetings, we have been initiating communication with the other resident councils and hope to collaborate with these groups in the future. We hope that these connections can be helpful to all anesthesia residents for sharing of resources and ideas, and to engage residents in anesthesia issues world-wide.

Social Media

The CAS Residents' Section has kept members engaged through our social media accounts:

Twitter: <https://twitter.com/CASresidents>

Facebook: <https://www.facebook.com/CASresidents/>

Residents' Section Members

Thank you to our committed team of Residents' Section members!

Executive:

Chair:

CAS Board Representative

CAS Board Representative

Elizabeth Miller

Kaitlin Duncan

Curtis Nickel

University Representatives:

University of British Columbia

University of Alberta

University of Calgary

University of Saskatchewan

University of Manitoba

University of Ottawa

Queen's University

University of Toronto

McMaster University

Western University

McGill University

Université de Montréal

Université de Sherbrooke

Université Laval

Dalhousie University

Memorial University of Newfoundland

Northern Ontario School of Medicine

Choosing Wisely® Canada Residents' Section

Chris Nixon-Giles

Jason Vaz

Paul Dawson

Catherine Lacny

Ravi Jayas

Isaac Miao

Navroop Sandhu

Asad Siddiqui

Sean Middleton

Caitlin Gallagher

Stephen Yang

Danny Mireault

Marie-Chantal Dubois

David Jessop

Amelie Pelland

Sarah Tierney

Melanie Brulotte

Gita Raghavan

CAS Committee Representatives:

CAS Committee on Anesthesia Care Teams (COACT)

CAS Annual Meeting Committee

CAS International Education Foundation

CAS Continuing Education and Professional Development

CAS Ethics Committee

CAS Medical Economic/Physician Resources Committee

CAS Patient Safety Committee

CAS Research Advisory Committee

CAS Standards Committee

CAS Finance Committee

CAS Archives & Artifacts Committee

Jessica Jiang

Elizabeth Miller

Tristan Dumbarton

Andrew Weiss

Margaret Casey

Kitt Turney

Karim Abdulla

Thomas Kim

Matthew Chong

Fady Ebrahim

Bernice Duan

OTHER REPORTS

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 sub-committees 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. 2015 was a “mid-term” year meaning that the Executive will rotate in June of 2016. The Executive is currently comprised of these members:

- President (Dr Michael 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)

Sub-committees elect a chair from within their ranks.

The Annual General Meeting of ACUDA occurs in June in advance of the CAS Annual Meeting and took place on June 19, 2015 in Ottawa. The Annual Meeting day is composed of three parts:

- An Educational Plenary from 0800-1200 hrs
- Sub-committee meetings from 1200-1500 hrs
- Annual General Meeting of ACUDA from 1500-1700 hrs

The Chair of Anesthesia of the hosting city arranges a dinner for the ACUDA members on the Friday evening.

Headlines of the Report:

- 1 Incoming and Outgoing Chairs
- 2 ACUDA Plenary – June 2015
- 3 GPA/FPA Program Directors Meet at ACUDA
- 4 CBRE Launching
- 5 AA Matters
- 6 PACT Matures
- 7 New Chair Specialty Committee

The following is a summary of the above headlines:

- 1 **Incoming and Outgoing Chairs:** Dr Michael Murphy has resigned as Chair at the University of Alberta to be replaced in the interim by Dr Saifee Rashiq, pending a chair search. Dr Roanne Preston assumes the position of President; Dr Davy Cheng remains as Past President and a new Vice President will be named. Dr Moliner remains as Secretary-Treasurer. Dr Preston will assume the ACUDA position on the CAS Board. Dr Natalie Albert, Co-Chair with Dr Jean Beaubien will represent the University of Laval at ACUDA Management.
- 2 **ACUDA Plenary 2015 and 2016:** The ACUDA Plenary in June 2015 addressed competency-based education and evaluation. Chaired by Dr Viren Naik of the University of Ottawa, presenters included Drs Craig Campbell from the Royal College of Physicians and Surgeons of Canada, Chris Hudson of the University of Ottawa and Mr Wade Hillier from the College of Physicians and Surgeons of Ontario. The ACUDA Plenary in Vancouver is on the topic of “Anesthesia Involvement in Undergraduate Medical Education” and will be chaired by Dr Eric Jacobsohn, the Chair at the University of Manitoba. These educational programs are 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 and the Canadian Anesthesiologists’ Society.
- 3 **GPA/FPA Program Directors Meet at ACUDA:** The relationship between the General Practice Anesthesia/Family Practice Anesthesia program directors and Royal College Program Directors continues to mature in a positive way. The GPA/FPA Program Directors joined the Education Committee meeting in Ottawa and are slated to do the same in Vancouver.
- 4 **Competency-based Residency Education Launches in Ottawa:** Ottawa introduced its Competency-based Residency Education format for the incoming Royal College resident class of 2015. Dalhousie is slated to do the same in 2016 and the remaining 15 RC residency programs in 2017. Chairs and program directors are actively engaged in planning for that start-up and the financial/time commitments that will be needed.
- 5 **Anesthesia Assistants:** The CAS and the CSRT Collaborative working group is close to agreeing on the scope of practice for AAs in Canada. This will lead to the creation of a CSRT/CAS-led national examination and subsequently an accreditation process for AA training programs. ACUDA has been represented on this working committee by Dr Michael Murphy. Dr Yvette Godard from the University of Ottawa has been nominated as a replacement for Dr Murphy.
- 6 **Research:** Perioperative Anesthesia Clinical Trials Group (PACT): Dr Rick Hall reported on the PACT Group meeting held in Ottawa on January 28, 2016. PACT has published its first RCT. Challenges now for PACT are locating a successor for Dr Hall as PACT Chair, and the establishment of a stable financial base as it enters a new phase of growth. In the proposed future model, the new Chair will get “in kind” support from their institution and the secretariat will remain at Dalhousie. Among the challenges is to change the perception that PACT only runs randomized clinical trials. PACT also mentors developing researchers and is engaged in the production of systematic reviews.
- 7 **Chair, Anesthesiology Specialty Committee:** CAS, ACUDA and the Royal College of Physicians and Surgeons of Canada have welcomed Dr Hélène Pellerin from the University of Laval as Chair of the Specialty Committee.

Canadian Anesthesia Research Foundation

Dr Doreen Yee, FRCPC – Chair

In 2015, the Canadian Anesthesia Research Foundation (CARF) celebrated its 30th year as the CAS Research Award Program's funding partner. In total, eight awards were funded and CARF contributed a total of \$100,000 to CAS Research Award winners, including \$90,000 to fully fund both the CAS Career Scientist Award in Anesthesia and the CAS Research Award.

CARF's new partner, Covidien (now Medtronic), generously contributed \$80,000 to support several awards. The CAS Research Award in Neuroanesthesia - *in memory of Adrienne Cheng*, the Dr Earl Wynands Research Award, and the Dr RA Gordon Research Award were fully funded by Medtronic, and the New Investigator Research Award was co-funded by Medtronic and CARF.

In addition, the *Canadian Journal of Anesthesia* funded the Canadian Journal of Anesthesia Research Award and, for its third year, Ontario's Anesthesiologists funded the Ontario's Anesthesiologists – CAS Residents' Research Grant.

At the Annual Meeting, the CARF Research Lecture was given by a previous award winner, Dr Ron George, an obstetrical anesthesiologist from Dalhousie University in Halifax. His talk entitled "Pain of Childbirth: Implications and Future Directions" was well-attended and wellreceived.

The CARF investment portfolio had returns of 2.47% in 2015 compared with 7.61% in 2014. CARF's investment assets were worth \$1.87 million, down slightly from 2014 due to the funding of awards mentioned above. CAS continues to contribute \$20,000 to CARF's endowment annually, which is now worth \$160,000 (principal only). The interest generated from this fund has been used towards the awards. The total CARF endowment is worth approximately \$1.64 million as of the end of 2015.

Highlights of CARF's fundraising activities included another generous contribution of \$80,000 from Medtronic as well as \$10,000 from AbbVie to fund 2016 CAS Research Awards. Our annual fundraising drive to the CAS membership resulted in a slight increase over 2014. At the CAS Annual Meeting, the Lego Anesthesia Machine, expertly built and generously donated by Dr Lucie Fiteau of The Ottawa Hospital, was raffled off and raised over \$2,000, and the CARF Fun Run raised \$1,200. The wine basket raffle at the Ontario Section meeting raised over \$1,000. Thank you to all who supported CARF in 2015!

Dr Donald Miller, who joined the CARF Board earlier in the year, has accepted the position of Vice-Chair.

Our new Director of Development, Emily MacKinnon, attended the CAS Annual Meeting for the first time in Ottawa, along with Bruce Craig, who was kind enough to attend for his final meeting. It was extremely useful having the two of them present to bridge the changeover. Emily has been working on developing a strategic fundraising plan as well as a new website for CARF.

Canadian Anesthesiologists' Society International Education Foundation

Dr Dylan Bould, FRCPC – Chair

Dr Dylan Bould succeeded Dr Brendan Finucane as Chair of the Canadian Anesthesiologists' Society International Education Foundation (CAS IEF) in October 2015. CAS IEF thanks Brendan for his guidance and leadership over a busy period of growth in our programs, and he leaves the Board of Trustees after many years of service. There has been expansion of the Board and we welcome three new members: Dr Greg Silverman (Toronto), Dr Jennifer Szerb (Halifax) and Dr Greg Klar (Vancouver). Plans are well underway for the addition of several further members of the Board in 2016.

In June 2015, we had a very successful one-day strategic planning meeting in Ottawa – a first for CAS IEF – and developed a plan for our vision of "safe anesthesia and perioperative care globally". CAS IEF had been presented with several opportunities for partnerships aligned with our mission to "collaborate with partners to build capacity for safe, sustainable anesthesia and perioperative care globally through education, knowledge translation, and advocacy". We decided to focus on four core programs in Rwanda, Burkina Faso, Ethiopia and Guyana. Another key strategic goal identified was to improve CAS IEF engagement with the anesthesia community, and we have since developed a social media presence and are in the process of redeveloping a CAS IEF website. We also decided a key strategic focus is effective and efficient administration, including an administrative and governance structure, improving funding, and prioritizing program monitoring and evaluation. We are in the process of reviewing our governance structure and have signed a Memorandum of Understanding to partner with the Canadian Medical Foundation for the purposes of CAS IEF fundraising.

Our partnership in Rwanda is now in its 10th year, also in collaboration with the American Society of Anesthesiologists (ASA) Global Health Outreach Committee. This program goes from strength to strength and, over this time, CAS IEF has sent around 100 volunteers to teach anesthesia in Rwanda. Seven Rwandan senior anesthesia residents have completed electives in Canada since 2010. The effect of this has been to increase the number of staff anesthesiologists in Rwanda more than threefold since 2006, with by far the majority of graduates of the program remaining in the country. The potential benefit of locally trained physician anesthesiologists is hard to quantify, but goes far beyond the thousands of patients that they will care for directly. CAS IEF is now focusing on mentoring graduates of the program to be the educators and leaders of the specialty and to create Rwandan solutions for improving perioperative care in Rwanda. A celebration of this program will be the focus on the CAS IEF Symposium at the CAS Annual Meeting, and also of the CAS IEF fundraising dinner the same night, where Will Ferguson, the celebrated author of “Road Trip Rwanda”, will be our guest speaker.

CAS IEF has cautiously continued to work in Burkina Faso, including a trip in March 2016 to teach the SAFE obstetrics course and provide LifeBox oximeters, despite a tragic terrorist attack in a hotel in Ouagadougou in January 2016. Train-the-trainers courses in Burkina have now created a group of educators who are planning to now teach other SAFE obstetrics courses across the country, and graduates of the Burkina LifeBox course have been training health care providers in neighboring Niger.

We are working towards a formal CAS IEF partnership with Addis Ababa University in Ethiopia as well as the Toronto Addis Ababa Academic Collaboration (TAAAC). The existing Toronto- Addis anesthesia partnership has been in existence for over four years, but is scaling up the number of Ethiopian anesthesia residents. CAS IEF aims to support this program by providing visiting faculty and our expertise in partnerships to build capacity for safe anesthesia care in lowresource settings.

CAS IEF is also committed to another new partnership with the University of Guyana, McMaster University and the ASA to support the new anesthesia residency program in Georgetown, Guyana. This partnership will follow a similar model to our Rwanda program, with visiting faculty from both Canada and the US, as well as placements for Guyanese anesthesia residents at McMaster, to learn competencies that cannot be readily taught in Georgetown.

In summary, the last year has seen much growth in our programs and activities, with an expanded and invigorated Board of Trustees and new clarity in our strategic goals. This seems particularly timely in view of an increasing focus on anesthesia and perioperative care, including the Lancet Commission on Global Surgery and the recent World Health Assembly resolution WHA68.15 - Strengthening Emergency and Essential Surgical Care and Anaesthesia as a Component of Universal Health Coverage (both 2015). We are confident that the next year will bring real progress towards our vision of safe anesthesia and perioperative care globally.

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 of Physicians and Surgeons of Canada (RC) and their role is to advise on specialty-specific content 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.

A New Chair July 2016

Dr Hélène Pellerin will begin her term as Chair of the Specialty Committee in Anesthesiology RCPSC. Hélène is an anesthesiologist at l'Université Laval. Hélène has been a long-time member of the SC and has provided tremendous leadership in the Competence by Design (CBD) working group. We are fortunate to have her in this leadership position.

GP/FP Anesthesia

Work continues at the College of Family Physicians of Canada (CFPC) on the development of a competency-based curriculum. The Association of Canadian University Departments of Anesthesia (ACUDA) Education and RC Specialty Committee members are participating in this work.

The CAS has established a task force with ACUDA and RC representation to provide information and recommendations to the CAS Board of Directors regarding GP/FP anesthesia in Canada. The CAS task group met with the RC and the CFPC to request intercollegiate cooperation to harmonize competency descriptions and assessments. We have also requested consideration of interchangeability of MOC credits in anesthesiology.

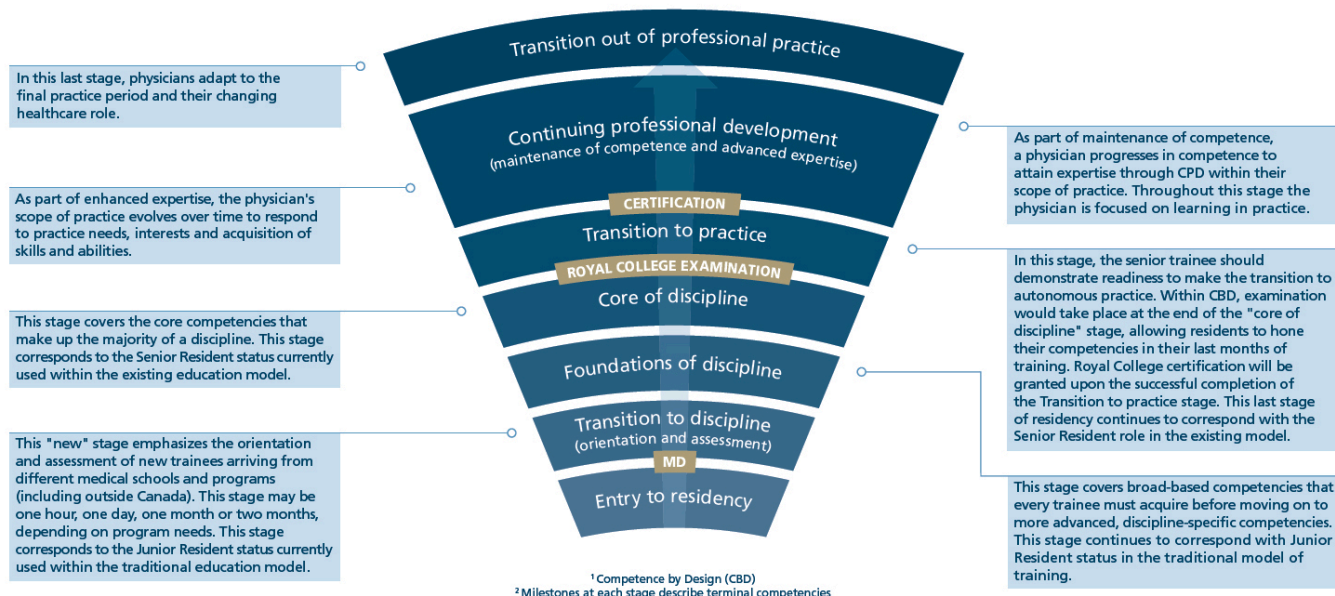
Competence by Design (CBD)

About 10 years ago, the Future of Medical Education in Canada (FMEC) – a project funded by Health Canada – began work “meant to lead to a medical education system that can better meet the needs of Canadians both now and in the future.” The Association of Faculties of Medicine of Canada (AFMC) and the three certifying colleges (CFPC, CMQ and the RCPSC) lead this work. In 2010, they produced a report on undergraduate medical education, FMEC-MD, and in 2012 they produced a report on postgraduate medical education, FMEC-PG. <https://www.afmc.ca/future-of-medical-education-in-canada/>.

The AFMC and the certifying Colleges have endorsed the reports and work has begun on the transformation of the Canadian medical education system towards competency-based medical education (CBME) and competency-based lifelong learning. This is part of a significant worldwide trend toward CBME. While CBME refers to a number of general concepts, its implementation in different jurisdictions varies. The Royal College has branded its version of CBME – Competence by Design (CBD).

CBD^{1,2} Competence Continuum

By introducing a competency-based medical education model to resident training and specialty practice, the CBD initiative will break down specialist education into a series of integrated stages — starting at transition to discipline and moving through practice. The CBD Competence Continuum provides a quick look at the new stages which begin upon entry into a discipline-specific residency following the attainment of the MD designation.



Useful further information regarding CBD can be found at the RC website: <http://www.royalcollege.ca/portal/page/portal/rc/resources/cbme>

Launch Delayed from 2016 to 2017

The Royal College has begun work on CBD by rolling it out across its specialties and sub-specialties over the next 8-10 years. The RC has responded to significant concerns expressed by the medical schools regarding their ability to support the launch of CBD in two specialties (otolaryngology head and neck surgery and medical oncology) in July 2016. Issues regarding information systems were also significant for some schools. Launch for CBD is now planned for July 2017.

Anesthesiology Launch Scheduled for 2017

July 1, 2017 is the current scheduled date for the introduction of a competency-based medical education (CBME) curriculum in anesthesiology across Canada. Two of our universities (Dalhousie and Ottawa) will have already pioneered a CBME-based curriculum by July 2017 and we are continuing to benefit from their experience. Over time, the curriculum at these two universities will join the common national curriculum. Although time is a resource and not a requirement in competency-based medical education, the practicalities of scheduling and service will require time-based scheduling. There will be greater flexibility at the local level to accomplish the curriculum. Anesthesiology will continue to be planned as a five-year training program.

Final Remarks

This is my last annual report to you as Chair of the Specialty Committee. I consider myself very fortunate to have held this position in such “interesting times”. I am indebted, deeply indebted, to my colleagues on the Specialty Committee, Drs Clinton Wong, Eric Sutherland, Melanie Jaeger, Guylaine Seguin, Narendra Vakharia and Hélène Pellerin for their counsel and leadership. Anesthesiologists across Canada have been well represented by these physicians who have volunteered their time, knowledge and skill to work at the Royal College for our specialty.

Our training programs across the country are healthy. They are lead by a vibrant, committed group of Program Directors and supported by some exceptional administrative assistants. Thank you to all of you who include teaching (in all of its forms, including participating as a learner) as part of your professional practice.

Our Examination Committee has grown to more than 60 examiners and an uncounted number of corresponding members. I am grateful to Drs Sandra Katsiris and Martin Lessard who have provided such passionate leadership for the Exam Committee through times of significant change. Our examination and the process of exam development are a model at the Royal College.

Finally, I have had the great good fortune to occupy this role in propitious times. Cooperation, concordance and mutual respect among the three legs (the national specialty society – CAS, the academic leadership – ACUDA, and the RC Specialty Committee) of the stool required to support our specialty has been exceptional. It has been a privilege and a pleasure to work with Drs Davy Cheng, Mike Murphy, Rick Chisholm, Patricia Houston and Susan O’Leary. Coherence among the three legs of the stool creates the conditions for collective problemsolving, real shared leadership, and a bright future for anesthesiology as a specialty.



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as at December 31, 2015

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