



CANADIAN ANESTHESIOLOGISTS' SOCIETY

Annual Report 2010

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REPORT OF THE PRESIDENT

Dr Richard Chisholm, FRCPC



Drug Shortages

In late 2009, Propofol was in short supply due to quality and production issues. Subsequent surveys conducted in 2010 revealed that the Propofol supply was once again adequate. The time and effort involved in ascertaining the security of the supply of Propofol seems excessive and prolonged. The fact that this drug is supplied by a single source, combined with the diminished supply of Pentothal, is worrisome. Reviewing the experience of colleagues in the United States that track and deal with drug shortages was a stimulus to try and change how drug shortages are monitored in Canada. CAS plans to contact federal and provincial health ministries concerning drug shortages and the lack of a monitoring system. A coalition of concerned health groups has formed to advocate for members and patients about drug shortages and lack of supply surveillance in Canada.

Anesthesia Assistants

The National Educational Framework for Anesthesia Assistants has now been endorsed by ACUDA, CAS, the Canadian Society of Respiratory Therapists (CSRT), and the National Association of PeriAnesthesia Nurses of Canada (NAPANc). This document's intent is to provide a foundation for curriculum development as well as a resource to further develop the growing profession. In the future, the document may form the basis for the development of a competency profile for anesthesia assistants and the development of a national accreditation process.

Physician Resources

Informal discussions give the impression that the human resource crisis in anesthesiology in Canada is not as severe as it was only a few years ago. The last formal survey of HHR in anesthesia in Canada was done in 2002. The CAS has collaborated with Dr Dale Engen, from Queen's University, to survey all site chiefs of anesthesia in Canadian hospitals. We want to get some idea of where we now stand and where we will be in five years. The plan is to repeat this survey regularly. The initial emailing of the survey occurred in early December. The results will be presented in abstract form at the Annual Meeting in Toronto in June 2011.

ACUDA Management Committee

A newly enhanced relationship now exists between ACUDA and the CAS, with the CAS President sitting as a voting member on the Management Committee. Similarly, the CAS has proposed a bylaw amendment that identifies the ACUDA President as a full voting member of the CAS Board of Directors and that will be presented to the membership at the June CAS AGM in Toronto.

One issue of common interest to CAS and ACUDA is the Royal College of Physicians and Surgeons' initiative to offer a pathway to certification that does not involve an examination. It is known as Practice Eligibility Route B. ACUDA, CAS and other interested parties have notified RCPSC of our disagreement with this initiative.

Pain Medicine

Pain Medicine was approved as a subspecialty of anesthesiology at the Royal College, October 2010 Council meeting. The CAS is recognized as a specialty society in pain management in addition to the Canadian Pain Society. The Royal College Working Group on Pain Medicine is chaired by Dr Patricia Morley-Forster with Dr Catherine Smyth as the CAS observer.

Royal College Lecture

This lecture at the Annual Meeting will be renamed in 2012 to honor an outstanding Canadian anesthesiologist. The name will be reviewed at five-year intervals to ensure it stays current and meaningful for the members. In 2012, the lecture will be named for Dr Angela Enright.



REPORT OF THE TREASURER

Dr Susan O'Leary, FRCPC



This is a report of the overall financial position of the CAS in 2010. The revenues and expenses of the CAS arise from three main sources: the Society Administration, the Annual Meeting and the *Canadian Journal of Anesthesia* (CJA). The overall financial management and reporting integrates all three, as one area is dependent on the other. More detail is available in the 2010 Auditor's Report.

In 2010, CAS total revenues were approximately \$3,200,000. Total expenses came in just under this with the surplus of revenue over expenses in excess of \$250,000.

The Society's primary sources of administration revenue are membership dues and investment income. Expenses include human resources, various administrative services, meetings, committees and office costs. In 2010, the number of members grew more than predicted and therefore so did the membership revenue. Likewise, annual meeting attendance was up and so was the revenue. Springer Publishing publishes the *Canadian Journal of Anesthesia*. This partnership has proven to be a success as the royalties now provide a significant source of revenue for the Society. On the expense side, the Society and the *Journal* expenses are in line with that budgeted for 2010. The Annual Meeting expenses were more than budgeted, however the increase in meeting revenues helps to mitigate this and the cost overrun is acceptable. The complexity of organization of the CAS Annual Meeting has increased as the size of the meeting has grown. The CAS now contracts with Congress Canada to carry out the organizational function. The Brown Group, which works on a commission basis, secures sponsors for the meeting. They are successful despite recent corporate fiscal restraint. The office continues to have a significant role producing the Scientific Program, doing the local arrangements, and providing various support staff functions to Congress Canada.

The Canadian Anesthesiologists' Society is a not-for-profit organization. The budget is designed to break even or realize a small profit. In 2010, for several reasons, the surplus of funds was beyond that expected. When this occurs, careful consideration is given to the best use of these funds for the benefit of the membership. I wish to thank the CAS office staff for their help and guidance. I truly appreciate the support of the executive and board. It is a privilege to serve the Canadian Anesthesiologists' Society as its Treasurer.

REPORT OF THE EDITOR-IN-CHIEF

Dr Donald R Miller, FRCPC



Canadian Journal of Anesthesia

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

Overview

The international exposure and reach of the *Journal* continues to broaden considerably, with articles received in 2010 from 50 different countries. The one-year Impact Factor (IF), which reflects the mean journal citation frequency, continues to rise, albeit gradually (2008 IF = 2.05; 2009 IF = 2.306; 2010 IF data not available at the time of preparing this report). In 2010, there were 190 articles published in 12 monthly issues (Can J Anesth 2010; Volume 57) representing 1375 editorial pages. The content of these articles, according to the mission statement, spanned the fields of anesthesia, acute and chronic pain, peri-operative medicine and critical care. In addition, and new for 2010, the Editorial Board recognized the importance to the readership of publishing selected practice guidelines and standards. For the first time in its history, the *Journal* published the Canadian Anesthesiologists’ Society Guidelines to the Practice of Anesthesia (January, 2010).

Editorial workflow continues to be streamlined with web-based manuscript submission system using Editorial Manager™. There has been enhanced editorial focus on improving the accuracy and clarity of scientific reporting. Adoption of standardized reporting guidelines for reports of randomized controlled trials, systematic reviews and observational studies, and detailed statistical reviews, have continued to enhance the peer review process and quality and transparency of published articles.

It is an important achievement that the *Journal’s* financial position remains very stable.

Editorial Content

The editors are increasingly selective in choosing articles based upon their overall novelty, scientific merit and overall importance. While the number of submissions continues to increase, the acceptance rate is currently 25% (2010 data YTD for all article types). The *Journal* published 12 issues in 2010, with the same number of issues planned for 2011. The *Journal* also published the CAS-endorsed Guidelines 2010, as well as standards from the WFSA. Looking ahead, the *Journal* will be publishing special “theme issues”.

Usage

The *Journal* continues to improve in usage. In 2009, the *Journal* received 243,981 full text hits and in 2010 the *Journal* received 402,928 full text hits — a 65% increase over the previous year. The number of people registered to receive Electronic Table of Content (eTOC) alerts for *CJA* grew from 456 in January 2010 to 747 in January 2011. The top most-requested article from January – August 2010 was “Treatment of Complex Regional Pain Syndrome; A Review of the Evidence” by Tran, Duong, Bertini and Finalyson published in Vol 57, NO. 2, 2010.

The paper published in 2010 that received the most citations in 2010 was “Extracorporeal Lung Support for Patients who had Severe Respiratory Failure Secondary to Influenza (H1N1) 2009 Infection in Canada” by Ayoub, Lavallée, and Denault.

Production

The *Journal* has achieved a much quicker turnaround time to publication. The average production time decreased from 31 days in 2009 to 23 days in 2010.

Readership Survey 2010

Achieving the *Journal’s* mission requires a commitment to readers and ensuring that the Editors, Editorial Board and the Publisher remain in touch with the “customer”. It is with that thought in mind that the *Journal* sought out the opinions of

see next page ...



CJA subscribers in October of 2010 by way of a comprehensive online survey that was developed by the *Journal's* senior editorial team and tested amongst a small cohort of readers. The survey was run online using SurveyMonkey and, of the 2,441 individuals invited to participate, 275 (11.3%) responded. A large majority, 71.5%, read the print version.

While readers look to *CJA* for updates in a number of areas, the top three areas cited were: guidelines to the practice of anesthesia, airway management updates and peri-operative medicine. Readers find review articles, systematic reviews and editorials the most useful aspects of the *Journal*.

Respondents were asked to identify any changes they would make to *CJA* to better meet their needs. Many provided detailed responses such as online versus print, Continuing Professional Development Modules, quality of existing content and suggestions for future content. The summary data has resulted into a wealth of information *CJA* can rely upon as it continues to fulfil its important mission.

Focus on Faster Editorial Peer Review and Rapid Publication

Authors submitting articles to the *Journal* have naturally come to expect rapid turnaround times. The average time from submission to “first decision” (*review lag time*) has now been reduced to 19.3 days. The time from submission to final acceptance of published articles usually requires 6 – 12 weeks, taking into consideration time for revisions and re-assessments. An important enhancement for the *Journal* has been the new capacity to publish each article online within 4 – 6 weeks after acceptance of the final version, and up to eight weeks ahead of the printed version. The proprietary Online First™ system offers an accelerated publishing track on SpringerLink™ where the online journal is now hosted. Approximately 3% of authors choose this option, with a gradual increase in uptake.

Updates to the Online Journal

Readers have access to online articles published in both Portable Document Format (PDF) and HyperText Markup Language (HTML) formats. The electronic versions of related metadata, which includes different forms of supplementary material related to each article, are now sent automatically to all relevant bibliographic organizations on the day of the online publication. A redesign of SpringerLink™ has enhanced the online *Journal* with functionalities and innovative new features to allow readers to view and browse the content of any document without having to download it first. We are now able to publish more color images, simulations, and additional electronic supplementary material (ESM) to be posted online.

The Journal's Conflict of Interest (COI) Policy and Ethical Conduct of Research

The *Journal* has established and posted online its Conflict of Interest and Publishing Integrity Policy Statement. The principles of this document conform with the general principles for integrity of scientific publishing which are advanced by the International Committee on Publication Ethics (COPE). The *Journal's* Instructions for Authors includes important statements on editorial policy related to rules of authorship, originality, and requirements of ethical conduct of research.

Regrettably, cases of scientific and ethical misconduct continue to be identified in the anesthesia literature, and the *Journal* is not immune to these cases. Retraction of several articles is anticipated in 2011 as a result of ongoing investigations. The procedures to review suspected scientific misconduct, and actions required by the Editor-in-Chief and the Publisher, a long and difficult process, are now clearly defined for the *Journal*.

Committee Reports

ANNUAL MEETING

Dr William Splinter, FRCPC — Chair

It has been a pleasure to work with pretty much the same team as last year. The continuity is very much appreciated.

Orientation Package – has been developed for all members of the Annual Meeting Committee. We have provided tutorials for all who wish to submit proposals to our on-line system.

Speaker Reimbursement – has been revised. The Committee agreed that, going forward, speakers will be allowed to allocate their honorarium to CAS foundations (CARF or CAS IEF).

Francophone Day was launched in 2010. The Committee agreed to have a Francophone Track in 2011 with an expanded Francophone Day in 2012 in Quebec City.

Residents' Program

Dr Tracy Kok and her committee organized a solid Residents' Day Program. For the first time, a Fellowship Fair was included as well as a Residents' Reception.

Product Theatres & Satellite Symposia

2010 was the first year for Product Theatres in the Exhibit Hall. There were three presentations, and a fourth one cancelled by the sponsor. There were four Satellite Symposia.

Abstract Review Program

Once again, the web-based product (Abstract Central, Scholar One) was used. Two hundred and sixty abstracts were received. Two hundred and eleven were accepted and presented via 21 Poster Sessions.

2010 CAS Annual Meeting in Montreal

A total of 1,313 delegates registered. Total meeting attendance (including attending partners and exhibitors) was 1,877. Once again, the services of Congress Canada were retaining for meeting planning and registration and, for the first time, collection of the equipment needed for workshops.

Evaluations

The evaluations' results were collated and summarized and distributed to all speakers, moderators and members of the Annual Meeting Committee. A summary of evaluation comments and results was undertaken by our educational consultant, Ms Jane Tipping. The report is used by all for future planning.

i-clickers in Sessions

Dr Martin van der Vyver (CEPD Chair) and Ms Tipping continued to work with speakers to trial some well-established educational tools at the Annual Meeting and methods to ensure greater interaction between the audience and the speaker.

Accreditation

This was the first year that American attendees could access CME through a Royal College Accredited Meeting. Therefore we did not require separate IARS accreditation.

Succession Planning

Dr Daniel Bainbridge has taken over as Scientific Affairs Sub-Committee Chair. He will continue in that role for two years. Also, for 2011/12 he will assume a new role as vice-Chair for the Annual Meeting Committee.

CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT (CEPD)

Dr Martin van der Vyver, FRCPC — Chair

I am pleased to report the following activities pertaining to the CEPD Committee.

Re-accreditation with Royal College of Physicians and Surgeons of Canada

In order to maintain our current status as an accreditor, we have submitted an action plan to the Royal College. This document outlines the actions the CAS will take in order to adhere to all standards set by the Royal College of Physicians and Surgeons of Canada.

Annual Meeting

With the support of educational consultant, Jane Tipping, we have tried to optimize the learning experience for those attending the annual meeting. The use of *i-clickers*, popular with speakers and attendees, was expanded from 2009. We also provided speaker education in the form of a "tip sheet" on how to improve interactivity in educational sessions. The educational "climate" of the annual meeting was also evaluated by the educational consultant and the results have been fed forward to the Annual Meeting Committee.

CPD Resources and Other Resources on the CAS Website

A number of CPD resources has been placed on the newly revamped CAS website. A section for faculty development has been created and is being populated



with valuable resources for presenters and teachers at all levels. The events calendar on the website has been updated in order to make it more user-friendly.

Educational Events

A total of seven educational events has been accredited by the CEPD Committee in 2010.

ETHICS

Dr Richard I Hall, FRCPC — Chair

In 2010, the Ethics Committee expanded its membership. Current members are Dr David McKnight - University of Toronto, Dr Tom Coonan - Dalhousie University, Dr Philip Jones - University of Western Ontario, Dr Robin Cox - University of Calgary, Dr Stephan Schwarz - University of British Columbia, Dr Dale Engen - Queen's University and Dr Richard Hall - Dalhousie University as Chair.

We have had input into the issue of Disclosure of Conflicts of Interest – particularly as it relates to Educational Events sponsored by the CAS.

We are awaiting comment from stakeholders concerning the revision to the CAS Guidelines for the Conduct of Research.

We are working on a Code of Conduct for Sponsors at meetings organized by the CAS.

MEDICAL ECONOMICS

Dr Shane Sheppard, FRCPC — Chair

The Medical Economics Committee of the CAS met at the Annual Meeting in Montreal to discuss economic issues around the country. The results of a 20-question survey were discussed as well as other issues brought forth by provincial reps. We had representation from all provinces except Newfoundland. Most provinces still earn the majority of their income via FFS billings but PEI and several large departments are on AFPs. All provinces except Alberta have billable items in addition to the anesthetic. The common ones are invasive monitors, axial and regional blocks, post-op pain control and a variety of factors associated with increased anesthetic risk. Evening and weekend cases are paid at 25% to 70% more while the night rate varies from a 50% to 150% premium.

The amount of billable time in an eight-hour day varies from 6.5 hours in New Brunswick to “over” eight hours in Nova Scotia. There is very little non-billable time in most provinces. Cancelled cases are not compensated in most provinces but are counted as time worked in AFPs. There are some isolated agreements to compensate anesthesiologists for cases cancelled due to a lack of beds. Workload numbers show that most people work pre-call

but not post-call. A typical weeknight in larger centres will have eight hours of added cases and the weekend will be 10-20 hours of work per day. Payments for being on call without working vary from \$142 per night to over \$680.

Teaching is paid from zero to around \$20 per hour in FFS systems. Administrative time is often paid at slightly less than clinical earnings. AFPs pay the same rate for clinical work, teaching or administration. Average earnings per hour range from \$150 to \$215. Uninsured work done is billed at \$300 per hour in some provinces and \$400 per hour in several others. Most people surveyed work 44 weeks per year and earn from \$325,000 to \$500,000.

Dr Sheppard's second term as Chair has expired and a new Chair will be chosen for 2011.

MEMBERSHIP SERVICES

Dr Richard Bergstrom, FRCPC — Chair

The CAS Membership Services Committee promotes membership growth and advises the CAS Board of Directors on membership policies and practices. The Committee also reviews nominations for the Membership Honour Awards and recommends recipients to the CAS Board of Directors for Gold Medal, Clinical Practitioner Award, Clinical Teacher Award and the John Bradley Young Educator Award as well as Emeritus membership in the Society.

The Committee has recommended Dr John Price of Fredericton, NB receive Emeritus Membership in 2011. To be eligible for Emeritus Membership, the nominee will have been an Active Member of the Society in practice for 30 years or more, nominated by two Active Members and supported by the Division.

The “Application for Emeritus Membership” for Dr Price was included in the notice of annual business meeting of members of the Canadian Anesthesiologists' Society to be officially ratified by the membership at the Annual Business Meeting on Sunday, June 26, 2011.

During 2010, the Committee reviewed the guidelines for the Gold Medal and re-affirmed that the Medal may be awarded to any individual and therefore allow non-CAS members to be eligible for the prize.

By the end of 2010, plans were well under way for the 2011 renewal year with a vigorous revamping of membership communication including new communication pieces, targeted communication, better log in to the renewal website and a new Membership Card.

PATIENT SAFETY

Dr Pam Morgan, FRCPC — Chair

The Patient Safety Committee has been involved with a number of issues including the Safer Healthcare Now Initiative, the Surgical Safety Checklist (SSC), the Medication Safety Checklist and the National Curriculum Framework for Patient Safety (the Patient Safety Competencies project) in collaboration with the Royal College.

On the CAS website, safety alerts are posted and the audio portion of the Patient Safety Symposium, recorded at the annual meeting, can be downloaded. Unfortunately, the 2010 Patient Safety Symposium was not recorded so it cannot be found on the website.

The Ian White Award for Best Patient Safety abstract went to Dr James Paul from McMaster University in Hamilton for his presentation entitled: Acute Pain Safety Study: The Impact of Root Cause Analysis.

Halifax 10 was held in Halifax, Nova Scotia from October 21 – 23 and will be the final Halifax meeting. Thanks again to Dr Jan Davies for all her work with respect to the organization of these meetings.

We are very pleased with the excellent presentations at the 2010 Patient Safety Symposium and the interesting and stimulating discussion that followed. The symposium was entitled: We Know What We Want, But How Do We Get It? Navigating the Difficult Seas. The following speakers made wonderful presentations and included:

Dr Gilles Chiniara, Anesthesia
Laval University
Quebec City, QC

Dr Joy Dobson, Anesthesia
University of Saskatchewan
Regina, SK

Dr Kathleen Sutcliffe, Stephen M Ross School of Business
University of Michigan
Ann Arbor, MI

Dr Beverley Orser, a founding member of the Patient Safety Committee, resigned from the Committee this year. The Patient Safety Committee appreciates her tireless commitment to patient safety in this country.

RESEARCH ADVISORY

Dr Neal Badner, FRCPC — Chair

The Research Advisory Committee adjudicates the competitions under the CAS Research Program and reviews nominations for the CAS Research Recognition Award, and recommends recipients to the CAS Board of Directors.

In 2010, the CAS Research Grants, Career Scientist and Residents' Awards program provided \$307,500 (including matching funds) for 10 awards and grants.

This funding was made possible through generous donations from individuals and groups to the Canadian Anesthesia Research Foundation (CARF) and through support from our corporate sponsors, Abbott Laboratories Ltd., Baxter Corporation, Bayer, GE Healthcare Canada, Fresenius Kabi Canada, Vitaid Ltd., and the Canadian Patient Safety Institute, as well as the support of the CAS Neuroanesthesia and Regional Anesthesia and Acute Pain Sections. This funding supported operating grants offered as open awards to new investigators as well as targeted awards to established investigators for neuroanesthesia, cardiovascular anesthesia, pain and regional anesthesia, peri-operative imaging and patient safety-specific studies. We were also able to offer operating grant support for individuals in their residency training with the CAS/Vitaid Residents' Research Award.

In addition to operating grants, our program included a pure salary support award: the CAS/Abbott Laboratories Ltd. Career Scientist Award. This provided partial salary support over two years to fund a minimum of two days per week of protected research time. The Career Scientist Award required the corresponding university to make a commitment to the individual by providing matching funds and guaranteeing protected research time.

We received 29 high-quality applications for these awards. Each application was reviewed by two corresponding and one core Committee members. Core members of the Committee then reviewed all applications and discussed them at the adjudication meeting before recommending deserving recipients for each of the 10 grants and awards. It is due to the commitment of these Committee members that we were able to discern which proposals were worthy of our funding.

STANDARDS

Dr Richard N 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 (CMPA), 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 2011" were published for the second consecutive year as a document in the pages of the



Canadian Journal of Anesthesia in the January 2011 issue: this continues to serve to enhance the availability of the Guidelines to our members and others. Subsequent review with the publisher identified minor formatting changes that will be necessary for subsequent years, but overall the process was felt to be very satisfactory.

The changes to the Guidelines accepted for 2011 incorporated modifications to recognize non-technical aspects of anesthesia expertise, modifications to clarify the role of anesthesia assistants, and the introduction of the Ramsay Sedation Scale to the discussion of sedation practices. In addition, the document titled “Procedural Sedation in Anesthesia Care” was presented to the board for approval.

For 2011/12, the Committee has been continuing to work to develop a position paper on peri-operative management of implanted electrical devices in a combined committee with the Canadian Heart Rhythm Society: we expect completion of this document in this year. Involvement with the continuing development

of Canadian and international standards through the Canadian Standards Association and the International Standards Organization has been emphasized. Other recurring issues remain of concern: these issues include physician fatigue and reasonable hours of work, and issues regarding “professionalism”. The Chair responds to a number of questions over the year about various issues. One such issue was that of the hazards of the use of the common luer connector in a variety of distinct and different connections, which has both real and potential problems for error: this has been well recognized internationally and a committee of the ISO to develop connector standards for distinct uses has active Canadian representation. As previously, 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.



Section Reports

AMBULATORY

Dr Ian McConachie, FRCPC — Chair

The Ambulatory Anesthesia Section contributed fully to the program of the CAS Annual Meeting in 2010 in Montreal, QC. The Refresher Course lecture on the subject of “Postoperative Recovery after Ambulatory Anesthesia and Surgery” was given by Dr Jean Wong from Toronto, ON.

The Ambulatory Section Breakfast meeting included a presentation given by Dr Ian McConachie from London, ON entitled “Nitrous Oxide: Who’s laughing now?” This presentation covered the history of nitrous oxide with emphasis on some non-medical uses and abuses and effects on the environment. Recent controversies with regard to cardiac effects and neurotoxicity were also covered and the question was asked “would we miss nitrous oxide?”

The Section needs “new blood”. I would like to encourage members of the Society to join the Section if they are interested in helping develop ambulatory anesthesia in Canada.

ANESTHESIA ASSISTANTS

Patrick Nellis, RRT — Chair

Now into the second full year of activities, the Anesthesia Assistants Section has grown its Executive to include Paula King (Vice-Chair, Kingston) and Richard Suozzi (Treasurer, Toronto). We have enjoyed the opportunity to again organize conference activities for Anesthesia Assistants at the 2011 CAS Annual Meeting. This year’s theme relates to procedural sedation, a significant part of the practice of many Anesthesia Assistants. We are grateful to Dr Paul Tumber for speaking to us on advanced procedural sedation strategies. We also wanted to have an opportunity for peer-to-peer discussion so we have organized a case discussion series presented by Anesthesia Assistants based on challenging cases they have encountered in their practice.

We have also explored an opportunity to establish Anesthesia Assistants Section content within the CAS website. This will be a goal to address in the upcoming year. A national competency profile for Anesthesia Assistants is evolving and the Section looks forward to contributing to and providing feedback on this document. Your input and participation in the Anesthesia Assistants Section is encouraged. Please contact any of the Section executive with ideas and feedback.

CARDIOVASCULAR AND THORACIC (CVT)

Dr Richard I Hall, FRCPC — Chair

This year we have been active on several fronts:

- We have developed the CVT Section and sponsored events for the CAS Annual General Meeting, including selection of speakers, organization of Symposium and Workshops and review of scientific abstracts.
- We have continued to be involved in the PACT initiative, which has had two meetings, developed the Steering Committee, published an Editorial in the *CJA* and are actively engaged in the development of protocols.
- We have developed, in collaboration with the Society of Cardiovascular Anesthesiologists, the Earl Wynands Lectureship to be presented for the first time in 2011 at the SCA Annual Meeting.
- We have re-established links to the Canadian Cardiovascular Society. This effort is being spearheaded by Surita Sidhu from the University of Alberta at Edmonton. An executive position has been created to foster this relationship.
- The Perioperative Echocardiography Group has expanded its mandate to a broader application in view of the expanded role of Echo in non-cardiac anesthesia under the leadership of Dr Robert Chen from the University of Toronto.
- This year is the year for executive renewal and the position of Secretary is open for election. There are currently four candidates vying for the position. Dr André Denault will assume the position of Chair in June.

EDUCATION AND SIMULATION IN ANESTHESIA (SESA)

Dr Viren Naik, FRCPC — Chair

The Education in Anesthesia Section saw growth in 2010:

- SESA Executive remained unchanged: Chair (Viren Naik), Simulation Rep (Jordan Tarshis), Postgraduate Rep (Peter Moliner), Undergrad Rep (Lindsay Patterson), and Member-at-Large (Lucie Filteau).
- SESA membership grew

SESA continued to have a strong presence at the 2010 Annual Meeting and recruited international speakers outside the specialty to address its members:

- Annual Luncheon Address delivered by Dr Jason Frank (Associate Director Education – Royal College of Physicians and Surgeons of Canada)
- A defining lecture on the CanMEDS from Dr Jason Frank
- Involvement and guidance in the program for Residents’ Day
- Workshop on Simulation Debriefing
- Faculty Development on Improving Lectures



- Annual Poster Session with awarded prize

Future directions for SESA continue to be:

- Inviting international leaders in education and simulation as guest speakers
- Increased involvement in faculty development
- Increased recognition and inclusion of all “scholarship in education” projects in the Annual Poster Session.

NEUROANESTHESIA

Dr Hélène Pellerin, FRCPC — Chair

In 2010, the Neuroanesthesia Section of the CAS proposed an interesting and diversified program at the CAS Annual Meeting in Montreal. The Refresher Course lecture, an update on spinal surgery, was given by Dr Jeremy Lieberman from UCSF in San Francisco, California.

Two case discussions on specific neuroanesthetic challenges were presented: Dr Rosemary Craen from the University of Western Ontario in London presented on awake craniotomy and Dr Joanne Guay from the Université de Montréal presented on carotid endarterectomy. During our Section Luncheon, we had the opportunity to listen to two other great speakers: Dr Christian Werner from Mainz, Germany discussed the effectiveness and usefulness of central nervous system monitors and Dr Hilary Grocott from the University of Manitoba in Winnipeg presented an update on postoperative cognitive dysfunction.

The Section, in conjunction with CARF, supports a research grant in neuroanesthesia: the Canadian Anesthesiologists’ Society Research Award in Neuroanesthesia *in memory of Adrienne Cheng*.

The Section’s web page is still in the process of being developed. With the new portal of the CAS website, it should be live in the near future. Members of the Section are always welcome to contact the executive to share suggestions for topics for future meetings or suggestions to contribute to the development of the Section.

OBSTETRIC

Dr Raouf Wahba, FRCPC — Chair

The Section of Obstetric Anesthesia continued with its contribution to the annual meeting. The 2010 Annual Meeting program for Obstetric Anesthesia was very well received. The 2011 Annual Meeting renews our commitment to provide a program that addresses the needs and interests of the delegates. This year’s program includes two workshops. The first workshop will be chaired by Dr José Carvalho – “Ultrasound for Epidural” – for the third year in a row. The second workshop is presented by Dr Pamela Angle – “Education and Simulation in Anesthesia”. The refresher course this year is presented by Dr Jill Mhyre from the University

of Michigan – “Maternal Cardiac Arrest on Labour and Delivery”. The topic of “eating in active labour” will be debated by Dr Jill Mhyre and Dr Roanne Preston.

We are very excited with the opportunity to contribute to the OB section of the new website. We will have a chance to discuss our contribution to the website during our next Section meeting.

I am pleased to report that the Section enjoys a healthy financial status, thanks to our membership base that reached 119 members this year. The success of the OB segments of the annual meeting has also contributed to our good financial status. With healthy financial status, the Section of OB Anesthesia looks forward to expand its role in advancement of obstetric anesthesia and maternal fetal safety.

PERI-OPERATIVE MEDICINE

Dr Peter T Choi, FRCPC — Chair

The CAS Peri-operative Medicine Section was formed in 2002 to promote best practices in the peri-operative optimization and management of patients undergoing surgery. The membership numbered 95 members in 2010. The 2010 executive included Dr David Wong (Past Chair), Dr Peter Choi (Chair) and Dr Mike McMullen (Secretary/Treasurer). Activities were focused on the Annual Meeting, when the Section hosted the following:

- Transplant seminar: Non-transplant emergency surgery on a patient on a transplant waiting list [Case Discussion]
- Peri-operative management of the patient with pulmonary hypertension and RV failure [Refresher Course]
- Patient safety and outcomes – the European perspective [Refresher Course]
- Modern control systems for anesthesia – present state of development: from research to clinical routine [Symposium]
- Critical care developments of importance to the clinical anesthesiologist [Symposium]
- Postoperative analgesia – re-examining the evidence after retraction of falsified data [Panel Discussion & Luncheon]

As of the third quarter, the equity in the Peri-operative Medicine Section was \$26,061.87.

REGIONAL ANESTHESIA AND ACUTE PAIN

Dr Andrew Sawka, FRCPC — Chair

2010 was another successful year for the CAS Section of Regional Anesthesia and Acute Pain. The highlight of the year was of course the annual meeting in Montreal. The Section of Regional Anesthesia Program included both a French and English language program in conjunction with the Association des anesthésiologistes du Québec.

This program was very successful with many speakers presenting in both languages. The Section would like to thank all visiting speakers including Xavier Capdevilla, Herve Bouaziz, Michael Gofeld and Stephan Schwarz.

We were also able to include both beginner and advanced ultrasound guided regional anesthesia workshops in both official languages. The regional anesthesia workshops were generally fully subscribed well in advance of the conference and were rated very highly by delegates. The Section remains highly committed to educating the anesthesia community in general about these now common techniques and will continue to provide these workshops at the annual meeting.

Financially the Section has continued to do very well primarily because of the significant increase in the number of members of the Section of Regional Anesthesia and Acute Pain. We have also benefitted from a well-attended program at the CAS. Unfortunately, we have lost the corporate support associated with the annual CARF award presented in the category of acute pain and regional anesthesia. The Section has agreed to support this award for 2010 with the goal of ultimately finding a corporate partner to sponsor this award.

Finally the executive met in Montreal during the CAS annual meeting. The Section formalized the executive and

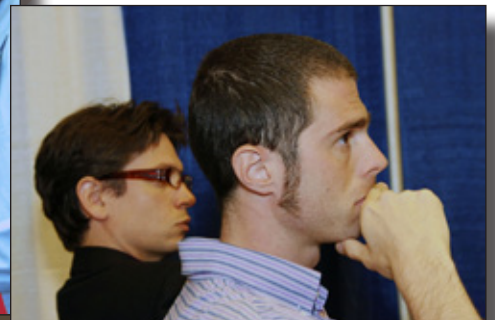
made preliminary plans for an exciting program for the 2011 meeting in Toronto.

RESIDENTS

Dr Tracy Kok — Chair

Last year, our Resident's Day in Montreal was very successful with our first-ever fellowship fair in partnership with ACUDA, including a Residents' Business Meeting and popular Resident social event at the W Hotel. We received great feedback from the Residents and hope to use it to improve this year's day in Toronto. This year's theme will be "Anesthesia - the Future is Now" and will feature speakers such as Dr Orlando Hung, Dr Pierre Fiset and Dr Peter Slinger. We will continue to have the fellowship fair and the Residents' social event and hope to organize a simulation workshop for the Residents as well.

The bylaw document outlining the formal structure of the Resident's Section has been completed and approved and will be available on the CAS website shortly. The Resident's Section of the website is being renovated and we hope to include a calendar with upcoming events, top anesthesia articles to read during residency, study aids and a discussion forum. This year, we hope the Resident's Section will be more active in participating in discussions regarding issues that are important to Residents nationwide.



Reports From Other Organizations

REPORT OF THE ASSOCIATION OF CANADIAN UNIVERSITY DEPARTMENTS OF ANESTHESIA (ACUDA)

Dr David C Campbell, FRCPC — ACUDA President

- ACUDA membership includes representation from every University Department on each of the following Committees: Management Committee (Committee of all University Department Heads); Research Committee; Postgraduate Medical Education Committee; Undergraduate Medical Education Committee; and the Continuing Education and Professional Development Committee. Of importance, membership on these various Committees is not restricted to “Academics” or University Faculty appointees, but includes a large number of “Generalists” or Community Faculty members. Consequently, ACUDA draws from a large cross-section of our Society’s membership providing a national forum for extensive information transfer amongst those actively engaged in moving our Society’s academic mission forward.
- ACUDA Bylaws were revised and approved by the membership. Importantly, the Bylaws reflect that the CAS President, who was previously an invited member to the ACUDA Management Committee’s (Committee of University Department Heads) biannual meetings, is now officially recognized as an Officer and Voting member of the Management Committee. ACUDA is extremely pleased that the CAS Board has reciprocated by passing a motion at the June 2010 Board meeting to amend the Society’s Bylaws to officially recognize and instate the ACUDA President as a Voting member of the CAS Board of Directors. This motion will be presented to the entire CAS membership for discussion and, hopefully, approval at the Society’s Annual General meeting in June 2011. Both of these significant changes is hoped to further improve communication and strengthen the relationship between the entire ACUDA organization and the CAS Board of Directors as, together, we move our anesthesia community forward.
- This past year, both the ACUDA and CAS Presidents and respective Boards were made aware of a Royal College initiative to implement a Practice Eligibility Route (PER) to specialist FRCPC credentialing that would preclude the necessity to successfully pass the current Royal College of Physicians and Surgeons of Canada (RCPS) Anesthesia examinations. Communication with RCPS officials indicated that their intention is to create a PER for International Medical Graduates (IMGs) who have been granted “specialist” status by provincial Medical Regulatory Authorities (MRAs) as means to secure the

specialist designation “FRCPC”. However, both the ACUDA and CAS Presidents have made in very clear (in writing) that, although both support alternative routes to “eligibility” for IMGs to sit the RCPS Anesthesia examinations, no candidate shall be granted the designation - FRCPC - without successfully passing the RCPS examinations. Central to our argument is the fact that the RCPS Anesthesia examinations (both written and oral) are “foundational” knowledge-level examinations and not “subspecialty” knowledge-level examinations. Our Society and Association have been very careful not to put forth any argument that may be misinterpreted or perceived as either being anything but supportive of our IMG colleagues. Discussions continue, but our resolve is unwavering and we remain united in our convictions.

- ACUDA is very supportive of the CAS Board’s initiative to undertake a national Anesthesia Human Resource review as it had been some time since the results of the 1999 ACUDA study using the Workforce Planning Model (Eva Ryten - Director of Research, Association of Canadian Medical Colleges - results published in the *CJA*). ACUDA was pleased to be consulted regarding the data collection fields of the survey as pertains to 1) a growth in service demands which may be new or previously neglected due to a lack of human resources; 2) increased pressures from their respective Ministries to address surgical waitlist issues; and 3) significant increases in the number of medical learners (both UGME and PGME learners) and the impact on both University and Community faculty. Further, ACUDA has raised concerns which impact HR planning including delayed retirements due to the recent economic downturn, decrease in the need for 24-hour call (or longer than 24-hour call) resulting in the need for more human resources, as well as a desire of new graduates to work part-time (i.e., < 5 days per week). ACUDA’s Executive Committee has been very supportive of the CAS initiative and is very much looking forward to the results.
- The plenary session of the 2011 ACUDA AGM will focus on the future of Medical Education entitled: “Anesthesia Education in 2020 - The Millennium Generation”. Four guest speakers have been invited to present the following topics: Future of Postgraduate Education in Canada (Dr Sarita Verma); Implications of OpenAnesthesia.org for Education (Dr Edward Nemergut); *CJA* and the Future of Continuing Professional Learning (Dr Donald Miller, Editor-in-Chief, *CJA*); and The Rising Publication Bar (Dr Steven Shafer, Editor-in-Chief, *A&A*). An invitation has been extended to all members of the CAS Board of Directors to join in this important plenary session.
- ACUDA and the CAS Board are very much aligned with

a vision of ensuring that Anesthesia Assistants have a very tightly controlled and well-defined intraoperative role. To ensure continuity of this ongoing process, the immediate past President of ACUDA (Dr Yang) has agreed to continue to represent ACUDA and work jointly with our Society on the Anesthesia Assistants Task Force, together with CSRT, CAS and NAPANc. It is most disappointing that the NARTRB has not endorsed the document and has been excluded from the Task Force process.

- At the January 2011 ACUDA Management Committee meeting, a motion to endorse the “Helsinki Declaration on Patient Safety in Anesthesiology” document created by the European Society of Anaesthesiology was accepted and unanimously passed. Passage of such a motion is in alignment with the motion that was passed by the CAS Board of Directors at the October 2010 meeting. Of note, the Department of Anesthesiology, Perioperative Medicine and Pain Management at the University of Saskatchewan also passed a similar motion of endorsement.
- The Canadian Perioperative Anesthesiology Clinical Trial group’s inaugural meeting on June 25, 2010 was a resounding success. The CPACT group reaffirmed its intention is to provide a process to bring together Canadian Anesthesiologist Researchers Committee with a goal to support “Canadian” researchers in all aspects of study development including submission to major funding agencies for support. A CPACT Steering Committee was formed and its members have had regular communication throughout the past year. The CPACT group will be meeting again on June 23, the day prior to the ACUDA AGM.
- Due to the success and extremely positive feedback from attendees, the second (annual) Fellowship Fair for Residents has been organized during the Resident Day at the upcoming CAS meeting on June 24. Representation from approximately 10 of the Canadian University Departments of Anesthesia that currently offer subspecialty Fellowships is expected.
- The ACUDA Executive Committee was informed that the RCPSC has recently mandated that, by 2012, tagging a sponsor to an “educational” event will no longer be permitted. All sponsor (pharmaceutical and industry) support must be unrestricted and not included in the title of a lecture or mention of any direct support specific to the educational event. This will have significant impact on the sponsorship for educational activities associated with our University Departments as well as the CAS annual meeting. To highlight the extent of the RCPSC’s conviction, the “CAS Royal College Lecture” will have to remove “Royal College” from the lecture title resulting in the CAS Board of Directors having to review potential new titles for this prestigious Society lecture.

- The new “Sedation” guidelines were approved at the June 2010 CAS board meeting and a motion passed to have these guidelines established as an appendix of the CAS Guidelines, which were distributed to all members of the ACUDA Management Committee.
- All University Department Heads were provided with a PDF copy of the letter received from the Ontario coroner with an expectation that this would be distributed to all members of the ACUDA Chairman’s respective Departments.
- ACUDA is very appreciative of the CAS Board of Directors’ decision to permit ACUDA to utilize the CAS head office as the “official” mailing address for ACUDA. This became necessary as ACUDA has been required to incorporate as a non-profit organization to facilitate the ownership of the Resident’s Log Book.
- The ACUDA website: ACUDA is extremely grateful to the CAS Board of Directors for agreeing to host the ACUDA site within the CAS website. Further, it is very much appreciated that easy access has been made available with an icon on the CAS website’s front page. Importantly, many important historical ACUDA documents are now safely housed within the site.

Finally, in this my final report to the CAS Board of Directors as ACUDA President, I sincerely thank CAS Presidents Drs Fiset and Chisholm, the members of the Board of Directors as well as the CAS office staff for graciously welcoming me over the past two years. I truly believe that we have moved our organizations to a level of understanding and cooperativeness seldom seen in the past and that, importantly, we have established inclusive governance policies and procedures to align our organizations that will ensure this wonderful relationship endures for the benefit of the members of our Society. Thank you for this opportunity to serve.

REPORT OF THE CANADIAN ANESTHESIOLOGISTS’ SOCIETY INTERNATIONAL EDUCATION FOUNDATION (CAS IEF)

Dr Franco Carli, FRCPC — Chair

The major event of 2010 was the reunion of CAS IEF friends, volunteers and donors at the annual CAS meeting in Montreal to express our gratitude to all those who have contributed actively to the success of CAS IEF missions throughout the years. Over 100 people joined in the celebrations at the McGill Faculty Club. Representatives from Nepal and Rwanda and past chairs of CAS IEF were invited. Several past and present CAS executives attended the ceremony together with representatives of the Canadian Association of General Surgeons and the Canadian Association of Pathologists. The keynote speaker of the evening was Stephanie Nolen, a well-known *Globe & Mail* reporter.



We also took this opportunity to showcase the film “Ikinya”*. Patricia Livingston and her filmmaker husband, Brian Guns, did a wonderful job of capturing the essence of the CAS IEF project in Rwanda.

*Ikinya (pronunciation: EE-key-nyah means “a single step”) Contact a CAS IEF Trustee if you are interested in viewing the film.

Rwanda

Dr Patricia Livingston, CAS IEF Trustee, has collaborated with Dr Theo, Program Director in Rwanda, to ensure volunteers are prepared well in advance for Rwanda and their part in presenting the curriculum. In 2010, we had 11 staff volunteers and eight residents. The Minister of Health and the Rector of the University have expressed their desire to continue the Canadian partnership and appreciated the assistance CAS IEF has given in establishing a new surgical mission in collaboration with the Canadian Association of General Surgeons.

Accommodation for volunteers in Rwanda is provided by the University. It is a well-secured and comfortable three-bedroom apartment in a popular area of Kigali and can accommodate the staff volunteer, the Resident and either a pain nurse or biomedical technician.

Our two first Rwandan Residents, Drs Bona and Paulin, who spent six months at Dalhousie in the first part of 2010, have passed the national specialty exam and are now staff anesthesiologists at the Centre Hospitalo Universitaire de Kigali. CAS IEF is very grateful to the anesthesia department of Dalhousie University for its generous support.

Thanks to the generous donation of the Louise and Alan Edwards Foundation (Montreal), CAS IEF was able to bring Ms Perpetua, a Kigali pain nurse, to McGill for three months of educational and clinical activities related to pain management.

During her stay, Ms Perpetua was trained in various aspects of acute, chronic, cancer adult and pediatric pain management. Hopefully, this effort will facilitate the work of our Canadian volunteer pain nurses when they go to Rwanda. The pain program promoted by CAS IEF has been well received by Rwandan physicians and nurses and its development is promising.

Other activities

1. CAS IEF has continued to support the third edition of the Canadian course on Anesthesia for Challenging Environments organized by the Dalhousie University Department of Anesthesia. The course was well attended. CAS IEF is very grateful to Dr Tom Coonan, a member of the CAS IEF board and the Department of Anesthesia at Dalhousie and who dedicates a great deal of time to make this course a success.
2. CAS IEF continued to assist the WFSA in the preparation of an education mission in West Bank, which will start in 2011.

3. CAS IEF continued to support the annual meeting of the Nepalese Anesthesia Society.
4. CAS IEF lost Patrick Enright, husband of Angela, and Dale Morrison of Halifax in 2010. Both Patrick and Dale were very attached to our Rwandan mission and dedicated many hours of their time to the success of this initiative. They will be missed.

Donations

A very large number of donations was received in 2010. CAS IEF wishes to thank all the donors for their generosity as these funds help us to conduct the Rwandan medical mission successfully.

REPORT OF THE CANADIAN ANESTHESIA RESEARCH FOUNDATION (CARF)

Dr Doreen Yee, FRCPC — Chair

The CARF Board welcomed some new members in 2010: Drs David Archer (Alberta), Pascal Labrecque (Québec) and Dolores McKeen (Nova Scotia). Our thanks go to Drs Tom Coonan (Nova Scotia), Gilles Plourde (Québec) and Brendan Finucane (Alberta) for their terms of service.

The gradual return of the economy and the market has helped the CARF portfolio recover its original value from 2008. Our Investment Policy Statement (IPS) of 50% Fixed Income, 30% Canadian and 20% Global Equity cushioned against dramatic decreases, but has also resulted in a more gradual recovery than an aggressive (riskier) IPS.

The Awards program has been carried by CARF's ongoing donations instead of the interest that should result from the endowment. Industry support continues to be a challenge, given the budget cuts most companies are facing. The number of potential donor companies continues to shrink as mergers appear to be the strategy of these times.

The number of awards given out has remained at 10 (2009 and 2010), yet still decreased from 2007 when 13 awards were given out. The events of the last few years have taught us that dependence on industry awards is risky. CARF has undertaken the complete funding of the two-year Career Scientist Award, which will initially be offered every two years instead of annually, as a way to ensure the sustainability of this major award. This was also done in order to test the financial feasibility of this endeavour, as well as stimulate competition for excellent applications. CARF will also continue to fully support the CAS Research Award (\$30,000 for new investigators), which was the first one to be given out when the CAS Awards Program began in 1985. As well, CARF will continue to help out the Sections with matching funds for subspecialty awards as necessary.

Although membership donations have increased slightly, less than 20% of the membership donates directly. We were fortunate (and thankful) that the organizers of the

2010 Great Fluid Debate donated the proceeds from this meeting to CARF. The CARF hockey tournament at last year's meeting in Montreal also raised \$10,000 from corporate sponsors.

New partnerships that are more reliable are being explored in an attempt to increase the number of awards for the future.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS OF CANADA SPECIALTY COMMITTEE IN ANESTHESIOLOGY

Dr Michael Sullivan , FRCPC — RCPSC Representative

Specialty Committees are established for every specialty and subspecialty recognized by the Royal College 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 representative from each of the five Regions in Canada, the French and English co-Chairs of the Examination Board, the Program Directors from each of the accredited Canadian anesthesia training programs and an observer who is the Program Director at the Northern Ontario School of Medicine.

The Royal College has outlined its Vision, Mission and Strategic Priorities in *FOCUS 2020, its strategic plan* (<http://rcpsc.medical.org/publications/english-strat.pdf>). The Specialty Committee has been active in several of the initiatives that have resulted from the strategic plan.

Future of Medical Education in Canada – Postgraduate (FMEC-PG) Project

In early February, the Royal College submitted a series of white papers to the Future of Medical Education in Canada – Postgraduate (FMEC-PG) project steering committee. These white papers reflect the work of the Office of Education and volunteer Fellows and health system professionals in identifying the current issues in Canadian medical education and identifying several recommendations.

The preliminary recommendations reveal a number of challenges in contemporary post-graduate medical education (PGME), such as the complexity of the current system and ongoing resource imperatives, as well as highlighting its strengths to build upon, such as its global reputation for high-quality training, graduate performance and innovations in Canadian medical education.

Taking these factors into consideration, the draft white papers chart a course for the future by recommending three overarching policy directions:

- *Re-thinking the current system of teaching and assessment:* Canadian PGME should move towards a restructuring of the PGME and Continuing Professional Development

(CPD) interface, and to the acceptance of “hybrid” time- and competency-based models of assessment and residency education.

- *System considerations:* there is a need to ensure that residency curriculum matches societal needs, emphasizes the fundamental principles of generalism and is supportive of both faculty and patient needs.
- *Transformation of the Royal College's role in medical education:* the Royal College should continue to transition from a certification body to a “physician competence organization” to ensure it supports multiple niches in medical education, including lifelong learning, faculty development and physician assessment.

Over the next six months, the Royal College will continue to contribute to the FMEC-PG project and to refine its white papers' recommendations to shape the future vision for the Office of Education and the Royal College.

The Royal College White Papers are now posted on the Royal College website at: <http://rcpsc.medical.org/residency/fmec/index.php>. Please feel free to provide feedback on the white paper series. You may direct comments or questions to the Educational Strategy, Innovations and Development Unit at educationstrategy@royalcollege.ca.

One of the areas of particular interest to the anesthesia community will be the vertical integration of practice and lifelong learning in specialties such as ours, which have a General Practice and an RCPSC stream.

Practice Eligibility Route (PER) to Certification

Many of you will have had some information on this topic. The 13 Medical Regulatory Authorities (Colleges) in Canada are individually responsible for licensing physicians to practice medicine in each jurisdiction. Recent changes in legislation regarding interprovincial trade have required that a license granted in one jurisdiction must be honoured in all of them. This is a welcome improvement in portability for all of us. It has focused attention on the group of physicians who are licensed to practice as specialists and do not have RCPSC certification. From an anesthesia perspective, these colleagues provide service in a variety of practice settings with a significant contribution in smaller communities. Some are CAS members; some have a long history of valuable service to their communities. Last year, the Royal College acknowledged that access to certification is not possible for many of these individuals by the currently available routes.

In February 2010, the Royal College Council approved the Practice Eligibility Route (PER) for specialists, with the aim of removing barriers to certification for qualified individuals already practicing specialty medicine in Canada, while maintaining standards to ensure that patients receive quality, safe care.



The first phase of the PER was launched in mid-October 2010. Specialists currently practicing in Canada without Royal College credentials were sent a letter from their provincial medical regulatory authority informing them of the program, and asking them to return an “expression of interest” form to the Royal College as a request for enrollment. The initial response to the communication has been extensive and encouraging. It is expected that the first candidates will start the mandatory requirement of two years of continuing professional development in 2011. The gathering of documentation and deployment of practice review tools for the credentials component of the program will begin in early 2011.

It is anticipated that some candidates will complete the assessment component in 2012 in a limited number of specialties, either through the certification examinations or context-based assessments; however, it will take a couple of years to phase in assessments for all Royal College disciplines.

Anesthesia has been asked to participate early in this process because there is a significant number of anesthesiologists that might be affected. The CAS Board, ACUDA and the Specialty Committee have all provided vigorous feedback regarding the PER process. Dr Ken Harris, Director of Education at the RCPSC, has been very receptive and is determined to work with the anesthesia leadership to find a solution which is appropriate for the individual physicians, the medical regulatory authorities, the RCPSC and the anesthesia community.

Pain Medicine

During their meeting in October 2010, the Royal College Council recognized pain medicine as a new subspecialty. Proposed as a two-year discipline concerned with the treatment of individuals afflicted with chronic and acute pain, pain medicine will accept eligible Residents from multiple specialties, including anesthesiology, neurology, rheumatology, physical medicine and rehabilitation, emergency medicine, psychiatry, pediatrics and neurosurgery.

Pain medicine represents a unique body of knowledge in which training with dedicated exposure in multidisciplinary pain management is already being provided across the country, albeit without national standards. The recognition of pain medicine is intended to address this, by providing objectives of training and specialty training requirements for programs concerned with specialization in the knowledge and clinical skills needed to treat individuals afflicted with chronic and acute pain.

Areas of Focused Competence (Diploma) Program

The Royal College has recognized three new categories of discipline recognition: Foundations; Special Interest Groups of Medical Activity (SIGMAs); and Areas of Focused Competence (Diploma) Programs. The Areas of Focused Competence (Diploma) Programs would lead to a DRCPSC (diplomateRCPSC) designation and may be of interest to some areas of subspecialty anesthesia practice. The CAS Board has asked me to work with the appropriate Section Chairs to determine if there is interest and value in implementing this category of recognition into our post-certification and international fellowship training.

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