CANADIAN ANESTHESIOLOGISTS' SOCIETY

# Annual Report 2011

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# REPORT OF THE PRESIDENT

*Dr Richard Chisholm, FRCPC*

### *Drug Shortages*

There were sporadic shortages of drugs used in anesthesia and critical care throughout the year. A letter to the Federal Minister of Health in January resulted in a commitment to initiate voluntary drug shortage reporting by the fall of 2011. CAS had also highlighted sole sourcing of drug contracts as contributing to drug shortages. The possibility of a House of Commons Standing Committee on Health hearing on drug shortages was raised, but dropped with the election call in May. The CAS Board approved collaboration with Dr Rick Hall from Dalhousie University to survey members on drug shortages in late 2011 or early 2012.

In February of 2011, Hospira announced cessation of production of Pentothal for the Canadian market. The reason was concern in Italy (where it was to be produced) of potential for export to the United States for use in lethal injections. Attempts by the Society to find an alternative generic source of Pentothal were unsuccessful.

### *Global Oximetry Project*

The WFSA, partnering with other organizations, has set a goal of making surgery safer in parts of the world where lack of resources currently makes it unsafe. Lifebox was established by the WFSA to deliver a compact robust pulse oximeter and related educational materials to the 77,000 anesthetizing sites in the world that lack this essential monitor.

CAS has taken as its project supporting Rwanda's need for 250 oximeters. As of December, it was anticipated we would exceed the goal set for Rwanda.

### *Physician Resources*

Dr Dale Engen collaborated with CAS on a physician resources survey. This was completed in 2010 and reported in 2011. The previous Engen survey in 2002 had made predictions of significant shortages of anesthesiologists in Canada, uncovering an existing deficit of 228 FTE anesthesiologists in 2002 and projecting an increased need for 560 FTEs by 2007. The 2010 survey found that while an anesthesiology workforce deficit still exists, the results of their study indicate it to be significantly reduced from 2002. The deficit in British Columbia has worsened since 2002.

In British Columbia, relations between the B.C. Anesthesiologists Society (BCAS), the British Columbia Medical Association (BCMA) and the current government have deteriorated. CAS has attempted to inform the BCMA and the Premier of BC of our knowledge of the physician resource and economic issues of anesthesiologists in BC. We attempted to contrast the situation in BC to that in the rest of the country. We suggested mediation or arbitration to bring the parties together and resolve outstanding issues. The response, while courteous, did not accept our suggestions. A threat of job action by BCAS in the spring of 2012 has been announced.

### *NIBP Monitoring*

"The Display of Non-Invasive Blood Pressure (NIBP) Readings during Anesthesia" report, brought forward at the 2011 CIG meeting (in Chicago) by The Association of Anaesthetists of Great Britain and Ireland (AAGBI), had been reviewed by the Chairs of the CAS Patient Safety Committee and the CAS Standards Committee. Both Chairs recommended endorsement in a joint statement and distribution to members and

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manufacturers. The Board has authorized the President to sign this statement on behalf of CAS, although the statement itself is on hold from the AAGBI. Until the necessary software/hardware changes could be made, the statement would not be introduced into the Guidelines.

The report recommends when purchasing monitoring equipment selection of devices that enter an automatic cycling mode by default and that when they are set to manual mode, or automatic mode with measurement intervals longer than five minutes, the numeric values remain displayed for only five minutes, after which they should "blink" (i.e., appear intermittently or disappear altogether).

Manufacturers are encouraged to invest in making this important safety update to their equipment.

### *Clinical Registries and Incident Reporting*

A few years ago, the American Society of Anesthesiologists (ASA) launched its Anesthesia Quality Institute under the direction of Dr Richard Dutton. The mandate is to ensure quality in anesthesia patient care with the collection and dissemination of clinical practice data. At Anesthesiology 2011 in Chicago, some CAS members approached me about CAS initiating a similar endeavor in Canada. The Board has approved exploration of establishing a Canadian Anesthesia Clinical Registry and Outcome Analysis. There are several models in use throughout the world. Dr Scott Beattie and the Patient Safety Committee are involved in these early discussions.

### *Practice Eligibility Route B*

Previously, I reported that CAS and the Association of Canadian University Departments of Anesthesiology (ACUDA) were to discuss with the Royal College of Physicians and Surgeons (RCPSC) their proposed Practice Eligibility Route (PER) B. This would enable certification without examination. The Royal College has acknowledged that the examination in anesthesiology is comprehensive and necessary for all who seek certification in our specialty.

For all PER candidates in the seven major specialties (including anesthesia), only Route A will be available in 2012. However, because of the significant concerns expressed about Route B by the anesthesia community, all anesthesiologists in the PER file who have expressed an interest in the PER will be advised that for the foreseeable future only Route A will be offered for anesthesia PER candidates.

# REPORT OF THE TREASURER

*Dr Susan O'Leary, FRCPC*

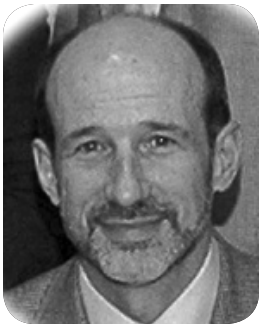
This is a report of the overall financial position of the CAS for 2011. The revenues and expenses of the CAS arise from three main sources: the Society administration, the annual meeting and the *Canadian Journal of Anesthesia* (*CJA*). The overall financial management and reporting integrates all three. The financial statements are available in the 2011 Auditor's Report.

In 2011, CAS total revenues were approximately $3,400,000. Total expenses were approximately $3,100,000 leaving a surplus of revenue over expenses just under $300,000.

The Society's primary sources of administration revenue are membership dues and investment income. Expenses include human resources, various administrative services, meetings, etc. Administrative revenue was slightly higher than anticipated due to better investment returns while expenses declined slightly. Membership numbers remained fairly stable. Annual meeting expenses were $40,000 in excess of revenues. Note that this is less than the projected deficit for the annual meeting. Although the meeting is carefully budgeted, many revenues and costs remain difficult to predict due to the dynamic nature of that event. 2011 was the third year of a five-year contract with Springer Publishing which publishes the *Canadian Journal of Anesthesia*. The royalties provide a stable source of revenue for the Society.

The Canadian Anesthesiologists' Society is a not-for-profit organization. As such, one objective in financial planning is to balance the budget. When a surplus of funds is realized at the end of a year, such as in 2011, 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 Treasurer.



# REPORT OF THE EDITOR-IN-CHIEF

## *CANADIAN JOURNAL OF ANESTHESIA*

*Dr Donald R Miller, FRCPC*

### *Overview*

The *Canadian Journal of Anesthesia* is owned by the Canadian Anesthesiologists' Society and published by Springer Science & Business Media, LLM (New York). The content of the *Journal* is driven by the mission statement: *"Excellence in research and knowledge translation related to the clinical practice of anesthesia, pain management, perioperative medicine and critical care."* Articles are received in either English or French, and articles accepted for publication appear in the language of submission. All articles are peer reviewed, and published articles appear both in print and online. The publishing model is 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 grow. In regards to the readership and the number of authors submitting articles, in 2011, the *Journal* received 749 article submissions from authors in 52 different countries. Two hundred and three articles were published in 12 monthly issues (Can J Anesth 2011; Volume 58) representing 1,326 editorial pages. Article types included invited editorials, reports of original investigations (clinical and basic sciences articles), case reports/case series, review articles, systematic reviews, Continuing Professional Development (CPD) modules, letters to the editor and book reviews. The content of articles, according to the mission statement, spanned the fields of anesthesia, acute and chronic pain, perioperative medicine and critical care. In addition, the *Journal* published the Canadian Anesthesiologists' Society Guidelines to the Practice of Anesthesia 2011 Edition. The February 2011 issue of the *Journal* was a special theme issue devoted to a series of important review articles from international experts on the subject of mechanisms of anesthesia.

The one-year journal Impact Factor (IF), which is an independent measure of mean journal citation frequency, remains stable (2009 IF = 2.306; 2010 IF = 2.18; data for 2011 not available at the time of this report).

From an editorial perspective, there is a continuing effort to enhance the accuracy and clarity of scientific reporting for the benefit of our readers and the scientific record. Adoption of standardized reporting guidelines for reports of randomized controlled trials, systematic reviews and observational studies, and detailed statistical reviews, have continued to augment the peer review process and the quality and transparency of published articles.

Finally, given the complexities and competitiveness of the scientific and medical publishing industry, it remains an important achievement that the *Journal's* financial position is very stable. The *Journal* continues to generate revenues in excess of expenses for the Canadian Anesthesiologists' Society. In the fall of 2011, the Editorial Board recommended to the Society that a new Research Award be established though *Journal* funds, and directed to the Canadian Anesthesia Research Foundation (CARF). In the spring of 2012, the Canadian Journal of Anesthesia Research Award was established.

### *Editorial Content*

The editors remain highly selective in regards to which articles are published according to their overall novelty, scientific merit and overall importance. The *Journal* published 12 issues in 2011, with the same number of issues planned for 2012. Each issue apart from the February theme issue contains, on average, 2–3 editorials, 4–6 reports of original investigations, one report of a laboratory investigation, in addition to review articles, special articles, Continuing Professional Development (CPD) modules, perioperative hemodynamic

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rounds, book reports and correspondence items. Looking ahead, the *Journal* will continue to publish updates of the CAS Guidelines to the Practice of Anesthesia in January each year, in addition to special "theme issues" every February.

### *Usage*

The *Journal* continues to be accessed by an ever-increasing number of users. The number of full text hits increased dramatically from 243,981 in 2009 to 402,928 in 2010, to 574,963 full text hits in 2011 — exceeding a 200% increase in the past two years alone. When considering the full-text article request by content age, 7% of requests were from the year 2011, whereas the majority of requests (54%) were from the online archives, years 1997–2010. In terms of full-text article request by geography, 9% of requests originated from Canada in 2011 in comparison to 27% of requests originating from the United States. Twenty-nine per cent of requests now come from Asia-Pacific countries, 28% from Europe, and 5% from elsewhere. These data reflect the observation that the *Journal* is now truly international in scope.

### *Production*

There were 203 articles published in 2011 as compared to the 190 articles in 2010. This production included 1,326 pages published in 2011 (including supplement) compared to 1,375 pages published in 2010 (including supplement). 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 23.1 days in 2010 and 21.7 days in 2011. For Continuing Professional Development (CPD) modules, there are instructions on how to complete the questions and obtain credits, with a link to a case scenario. Articles are clearly marked as CPD article in both print and online, and also in the Table of Contents. The CPD modules continued to be issued at a rate of four per year in 2011, and the same number is planned for 2012.

### *Focus on Faster Editorial Peer Review and Rapid Publication*

Authors submitting articles to the *Journal* have naturally come to expect rapid turn-around times. In response, by minimizing delays in determining which articles advance to external review and by reducing the requested time for reviews, and by having a better tracking system to follow up on late reviews, the average time from submission to "first decision" (*review lag time*) has now been reduced to three weeks (20.9 days). The time from submission to final acceptance of published articles usually requires 6–12 weeks, and occasionally longer, taking into consideration time for revisions and re-assessments. An important feature for the *Journal* is our capacity with Springer 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 (*publication lag time*).

### *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 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. We are now able to publish more color images, simulations, and additional electronic supplementary material (ESM) to be posted online, for dynamic article types such as the Perioperative Hemodynamic Rounds section.

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

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

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Authors include important statements on editorial policy related to rules of authorship, originality, and requirements of ethical conduct of research.

Cases of isolated and serial scientific and ethical misconduct continue to be identified in the anesthesia literature, and the *Journal* is not immune to these cases. In 2011, the *Journal* retracted five article authored by Dr Joachim Boldt *et al.*, which were published during the years 2000-2003. Separate retraction notices for these five articles appeared in the September 2011 issue of the *Journal*. These were just 5 of 88 articles which appeared in an Editors' Joint Statement published on the website of 18 journals in March 2011. The retraction of the articles took place after it had been confirmed that the identified studies were conducted without Institutional Review Board (IRB) approval, which meant that the research was unethical, and furthermore that the IRB approval for the research was misrepresented in the published articles. The articles were retracted as a result of internal investigations at the clinic in Germany where Dr Boldt worked for over two decades. The implications of these retractions will take years to resolve fully. Much of this research involved clinical trials related to hydroxyethyl starches (HES). Retraction of further articles related to ongoing investigations of suspected scientific misconduct is anticipated.

The procedures to review suspected scientific misconduct, and actions required by the Editor-in-Chief and the publisher, involve a long and difficult process. The *Journal*'s editorial team remains steadfast in our ongoing commitment to ensuring the integrity of the scientific record.

## Canadian Journal of Anesthesia

***MISSION STATEMENT: "Excellence in research and knowledge translation in anesthesia, pain, perioperative medicine, and critical care"***

# COMMITTEE REPORTS

## ANNUAL MEETING

*Dr William Splinter, FRCPC — Chair*

### *Revised Terms of Reference*

With Board approval given in July 2011, the Annual Meeting Committee's Terms of Reference were changed to enhance communication between the committee members and to establish a process for deciding on the theme for each annual meeting.

### *2011 Annual Meeting*

The Annual Meeting Committee worked diligently to organize the 2011 CAS Annual Meeting in Toronto. Throughout the planning process, the continued support and diligence of the Committee members, along with the Local Arrangement Committee and the Congress Canada team, were invaluable in preparing for the event.

### *Registration*

A total of 1,071 delegates registered for the 2011 Annual Meeting, with a total meeting attendance of 1,652 (including attending partners and exhibitors).

***Francophone Day*** was ably coordinated by Dr Marie-Josée Nadeau and included one workshop on Saturday and one on Sunday, as well as two symposia on Sunday. Overall, the French-only sessions were very popular and the Committee will work on an expanded program for 2012 in Quebec City.

### *Residents' Program*

The Residents' Day Program was well supported in 2011, and feedback was quite positive. The Program's intent is to facilitate communication and interaction between Canadian Residents and to establish a forum for organizing effective Resident representation in CAS.

### *Product Theatres & Satellite Symposia*

Launched in 2010, the Product Theatres had one presentation and three Satellite Symposia in 2011.

### *Use of i-clickers and Other Technology*

Dr Martin Van Der Vyver (CEPD Chair) and Ms Jane Tipping, our educational consultant, conducted an informative workshop on how to use i-clickers.

Overall, i-clickers were offered in 26 sessions in 2011, which represents an increase from 2010. The Committee continues to explore new tools and applications to ensure greater interaction between the audience and the speaker.

### *Rick Mercer at the President's Dinner*

A highlight of the President's Dinner was a highly entertaining presentation by CBC's Rick Mercer.

### *Evaluations*

Each year, feedback from Annual Meeting attendees is collated, summarized and distributed to all speakers, moderators and members of the Annual Meeting Committee. The attendees provide us with constructive comments and "food for thought" in how we organize future annual meetings. Two examples from 2011 that are being implemented in 2012 are streamlining the overall program and events to three days and offering delegate pre-registration for breakout sessions.

## ARCHIVES AND ARTIFACTS

*Dr Brendan Finucane, FRCPC — Chair*

One of the most pressing issues facing the Committee is finding a future home for archives and artifacts accumulated by the Society over many years. We have a huge collection of documents relating to Society matters and these are stored in more than a 100 boxes at Iron Mountain. The cost of storing these documents is a continual drain on the Society's resources. We need to scrutinize these documents, triage the contents and dispose of those documents that do not need to be archived and make a plan for the future.

We have accession sheets for all known artifacts. We need to identify museums that may have an interest in each artifact and then distribute them to the various museums. Clearly, all of these actions generate enormous time and expense. The CAS Board has agreed to come up with a new business plan to deal with these important issues in the future.

One of the important goals of the Committee is to promote the Committee and the important role it plays in the Society. We have done this by presenting a slide show at the Annual Meeting

for the past two years, showing of some of the important artifacts the Society has accumulated over the years.

During this past year, we have made plans to present our first Symposium at the Annual Meeting in Quebec City. The title of the Symposium is: Remembering the Past – History of Anesthesia in Canada.

## CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

*Dr Martin Van Der Vyver, FRCPC – Chair*

### *1. Accreditation*

#### *1.1 Re-accreditation of CAS as an Accredited CPD Provider*

An action plan and a second interim report were submitted to the Royal College of Physicians and Surgeons of Canada (RCPSC) in December 2010. The end of the current cycle is June 2014 and the CAS is on track to adhere to comply with all standards set by the RCPSC.

#### *1.2 Events Accredited by the CAS*

The number of section 1 educational events accredited by the CAS has increased from seven in 2010 to eleven in 2011. The SEE (self-education and education program) developed and administered by the ASA has been accredited in section 3 (assessment). All anesthesiologists (members and non-members alike) who submit credits to the RCPSC will thus be able to earn section 3 credits by completing these online modules.

### *2. Bi-annual Needs Assessment*

The CAS-ACUDA Needs assessment was conducted from December 2010 to February 2011. The results and summary of Ms Jane Tipping (educational consultant to the CAS) have been circulated to the Board of Directors, Annual Meeting Committee and Section chairs to assist them in aligning content and format of educational events with perceived needs of CAS members.

### *3. Faculty Development Initiatives*

The use of i-Clickers was again encouraged during the Annual Meeting in 2011, and the number of sessions that used i-Clickers in 2011 was 25 compared to 10 in 2010. Assistance in the form of a one-to-one consultation with the educational consultant was offered to the speakers. A workshop on optimal use of audience response systems was presented by Dr Van Der Vyver and Ms Tipping. They also presented a second workshop on advanced PowerPoint skills.

### *4. Innovation Award*

The CAS has received one of three 2011 Royal College Accredited CPD Provider Innovation Awards for CAS' Session Tracker.

### *5. Terms of Reference*

The CAS board of directors has approved a change in the terms of reference of the Continuing Education and Professional Development Committee in order to bring the current scope of activities in alignment with the terms of reference.

### *6. New Members on the Committee*

We welcome Dr Peter McDougall as the new representative of the eastern provinces as well as Dr Peter Cino who will be representing the Family Practice Anesthetists.

### *7. Other*

A combined meeting with the ACUDA CPD Committee was held on Friday before the CAS Annual Meeting. Members from ACUDA were encouraged to develop more web-based resources for the larger community of Canadian anesthesiologists.

## ETHICS

*Dr Richard Hall, FRCPC — Chair*

### *Membership:*

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
Dr Richard Hall – Dalhousie University (Chair)

In 2011 – 2012, the Ethics Committee was engaged in advice to the Board concerning industry support for a sponsored lecture. We also saw the publication of the **Guidelines on the Ethics of Clinical Research in Anesthesia** in the ***Canadian Journal of Anesthesia***, which was sponsored by this Committee.

We are awaiting response from the Board regarding our document on ***The Code of Conduct for***

***Sponsors at the Canadian Anesthesiologist's Annual Meeting***. It has been distributed to various stakeholders, including the Brown Group, for comment and response. We have contributed to the content of the Annual Meeting.

## MEDICAL ECONOMICS

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

The Medical Economics Committee of the CAS is responsible for "providing the CAS Board of Directors with information and advice regarding provincial health care plans, Divisional negotiations, fee and payment schedules, and other considerations which influence the economics of anesthesia practice."

The Committee met in Toronto in June 2011 in conjunction with the CAS Annual Meeting. Nine provinces were represented. The summarized results of the CAS Economics Survey 2011 were presented. This survey is an enhancement and expansion (to 31 questions) of the 20-question Economics Survey which was introduced by Dr Shane Sheppard in 2010.

Results of the 2011 Economics Survey have been compiled and distributed to provincial economics representatives. An overview of the data obtained in the 2011 survey follows:

- Proportions of provincial anesthesiologists funded exclusively by Alternate Funding Plan (AFP) or contract ranged from 0% to 75%, with an interprovincial average of 20%.
- Of anesthesiologists not funded exclusively by AFP or contract, over 80% of income is publicly–funded Fee for Service (FFS), except in three provinces, where the proportion ranges from 40 to 80%. Non-FFS income includes WCB (0-10%), private (0-5%), and sessional/other (0-30%).
- "Retainers" and Guaranteed Daily Incomes are rare in most provinces, but in one province most anesthesiologists are on a mixed payment system with a fixed daily retainer, to which a percentage of daily FFS billings is added.
- Premiums paid on after-hours work for evenings are 15-50%, weekends 25-70%, nights 50-150% and statutory holidays 25-100%.
- Items which are payable in at least half of the provinces as enhancements to the anesthetic fee include age premiums (premature/neonatal/infant/pediatric/geriatric > 70), invasive monitoring (arterial line/central line/PA catheter), obesity (high BMI), controlled hypotension, epidurals, nerve blocks, neuraxial opiates, high risk/ASA IV, regional catheters, PCA/post-op pain management, prone position, and intraoperative TEE. A minority of provinces has other items payable including awake airway, bronchoscopy, cardiopulmonary bypass, hypothermia/circulatory arrest, MH susceptibility, lung isolation, resuscitation, sitting position, STAT case, weight less than 2.5 kg/5 kg/10 kg, age 3 – 8, spinal cord integrity monitoring, retrobulbar block, and N-G tube insertion.
- While most provinces do not usually have significant non-billable time between cases, one province estimates an average of 1.5 hours per day, and two others estimate 30 – 60 minutes per day of non-billable time.
- Compensation for cancelled cases or cancelled entire days is uncommon and variable in amount.
- On-call pay ranges from $140.39 to $592.60 per 24 hours. One province receives $722 on-call overnight if no Fee for Service (FFS) work is done, but the on-call stipend is withdrawn if there is any FFS income.
- Financial compensation for teaching and administrative work is quite variable across the country, ranging from nothing to the same hourly rate as is paid for clinical activity, under Alternate Funding Plans.
- A spectrum of other financial benefits unrelated to patient care is provided by each province, to a greater or lesser extent.
- CME (Continuing Medical Education) reimbursements varied within a range of $350 per day to $7,000 annually (median $3,250 annually).
- CMPA (Canadian Medical Protective Association) fee reimbursements varied from none (two provinces) to partial (six provinces), to full (two provinces).
- RRSP contributions are reportedly made on behalf of anesthesiologists in two provinces in the amounts of $4,000 and $5,500 annually.
- "Retention Benefits" (i.e., a lump sum paid annually to physicians based upon their years of service) were reported by two provinces.
- Parental leave benefit was available in four provinces; amounts, where specified, were $700 to $1,000 per week up to 17 weeks.
- Other benefits reported by at least one province were: rural bonuses, health, dental, life, and disability benefits, and funds for medical administrative development or teaching skills/faculty development.

The Economics Survey is being repeated in 2012, with very few changes.

## 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.

***Emeritus Member*** – The Committee has recommended Dr David Bevan and Dr Joan Bevan of Huntsville, Ontario receive Emeritus Membership in 2012. The "Application for Emeritus Membership" for Drs Bevan 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 17, 2012.

***Honour Awards*** – During 2011, the Committee reviewed the guidelines for the CAS Membership Honour Awards and implemented basic changes to streamline the nominations process and standardize its implementation.

***Member Types*** – The Committee also reviewed CAS member types in relation to students, pain medicine sub-specialty and semi-retired practitioners. It was decided that existing member types are adequate and no change was introduced. In light of Pain Medicine being approved as a sub-specialty of anesthesiology by the Royal College, the Committee reviewed the definitions and requirements of the CAS membership types in relation to this change. It was concluded that an anesthesiologist who also has pain medicine specialty/sub-specialty is covered under the Active Member type; those who are not anesthesiologists but practice pain medicine are covered under the definition of an Associate Member.

***Membership Renewal*** – During the 2011 renewal year, a vigorous revamping of membership communication took place. The changes included new communication pieces, targeted communi-cation, better log in to the renewal website and a new Membership Card. A survey was also sent to all members who did not renew their membership for 2011.

## PATIENT SAFETY

*Dr Daniel Chartrand, FRCPC — Chair*

The Patient Safety Committee has been interacting with the Canadian Patient Safety Institute (CPSI), the Institute for Safe Medication Practices Canada (ISMP) and the Perioperative Safety Committee of the Canadian Standards Association (CSA). It has been involved with a number of issues including the Canadian Pharmaceutical Bar Coding Project, which is now officially supported by the CAS.

On the CAS website, safety alerts are posted and links are provided for the Anesthesia Patient Safety Foundation (APSF) newsletter and the websites of the CPSI and ISMP Canada. The slides and the audio portion of the 2011 Patient Safety Symposium can also be downloaded. This Symposium was chaired by Dr Pamela Morgan and was entitled "*Out-of-hospital Anesthesia: Gold Mine or Land Mine?*" Dr Sunil Gupta (Chair, Reportable Incident Review Committee, College of Physicians and Surgeons of Alberta), Dr Bobbie Sweitzer (Department of Anesthesia and Critical Care, University of Chicago) and Dr Matt Kurrek (Department of Anesthesia, University of Toronto) made wonderful presentations.

The Ian White Award for the Best Patient Safety abstract went to Dr Ludwik Fedorko from the Toronto General Hospital for his presentation entitled *"Avoidance of Drug Errors by Point-of-Care Barcoding"*. This research project was also supported by the CPSI.

After five years as Chair, Dr Pamela Morgan has stepped down but will remain a very active member of the Committee. We thank her for her tireless involvement in advancing Patient Safety within the CAS Community. The 2012 Patient Safety Symposium will be entitled *"Working and Learning as a Team to Improve Patient Safety"*.

## 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 2011, the CAS Research Grants, Career Scientist and Residents' Awards program provided $303,079

(including matching funds) for eleven awards and grants recipients.

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, Fresenius Kabi Canada, GE Healthcare Canada, Smiths Medical Canada Ltd. and Vitaid Ltd., as well as the support of the CAS Neuroanesthesia Section. We are pleased that Abbott, Baxter, Fresenius Kabi and LMA-Vitaid have continued their support for the 2012 awards.

This funding supported ten operating grants of which three were offered as open awards to new investigators and six targeted grants to established investigators for neuroanesthesia, cardiovascular anesthesia, pain and regional anesthesia, perioperative imaging and patient safety-specific studies. With the CAS/Vitaid Residents' Research Grant, we were also able to offer operating grant support for individuals in their residency training.

In addition to the ten operating grants, our program included the CAS Career Scientist Award in Anesthesia which 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. With the matching contribution from the recipient's institution, the CAS award of $60,000 represents a total award of $120,000 over two years.

In 2011, we received 39 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 awards. It is due to the commitment of these Committee members that we were able to discern which proposals were worthy of our funding.

## SCIENTIFIC AFFAIRS SUB-COMMITTEE

*Dr Daniel Bainbridge, FRCPC — Chair*

### *Abstract Submissions for 2012*

The breakdown of abstracts is as follows:

| CATEGORY | TOTAL | ACCEPTED | REMOVED |
|---|---|---|---|
| Abstracts | 134 | 121 | 13 |
| Residents | 50 | 43 | 7 |
| Case Reports | 34 | 22 | 12 |
| **TOTAL** | **218** | **186** | **32** |

| COUNTRY | TOTAL | ACCEPTED | REMOVED |
|---|---|---|---|
| Canada | 192 | 170 | 22 |
| China | 1 | 0 | 1 |
| India | 3 | 3 | 0 |
| Iran | 5 | 3 | 2 |
| Ireland | 3 | 1 | 2 |
| Italy | 1 | 0 | 1 |
| Japan | 1 | 0 | 1 |
| Saudia Arabia | 3 | 1 | 2 |
| Singapore | 1 | 1 | 0 |
| USA | 8 | 7 | 1 |
| **TOTAL** | **218** | **186** | **32** |

Abstracts were removed for ethics, lack of blinding or low scores. The majority were removed because of low scores from reviewers.

### *Funding*

Submissions that indicated funding from CARF: 9 (all accepted)

Submissions that indicated funding from other sources: 41 (2 not accepted)

As in past years, we have had to remove abstracts because of a failure to register and pay registration fees:

Accepted abstracts: 183 (3 withdrew)
Registered and paid: 149
Registered but not paid: 6 (4 poster displays/2 poster discussions)
Not registered at all: 28 (15 poster displays/15 poster discussions)

## 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, CAS staff, and a representative group of CAS members from the regions. Three Canadian anesthesiologists joined the Committee: Dr Shaun Stacey of Foothills Hospital/ University of Calgary, Dr Barton Theissen of Memorial University and Dr Gregory Dobson of Dalhousie University. As well, Dr Jennifer Vergel de Dios from the University of Western Ontario has joined as a Resident representative. 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 2012" were published for the third consecutive year as a document within the pages of the *Canadian Journal of Anesthesia* in the January 2012 issue (*Merchant R. et al. Guidelines to the Practice of Anesthesia Revised Edition 2012. Can J Anesth 2012; 59 (1): 63-102):* this continues to serve to enhance the availability of the Guidelines to our members and others.

The changes to the Guidelines accepted for 2012 incorporated a number of modifications as listed below.

1. Equipment and Anesthetizing locations rewrite
2. Patient Monitoring (page 82, column 2, paragraph 8: The following is required…):
   a. Change: Capnography, when endotracheal tubes or laryngeal masks are inserted
   b. To: Capnography for general anesthesia and sedation (RSS 4-6)
3. Appendix 6: Position Paper on Procedural Sedation: page 90, column 2, paragraph 2:
   a. Change: In specific circumstances where light (RSS 1-4) sedation is administered
   b. To: In specific circumstances where light (RSS 1-3) sedation is administered
4. Position Paper on Anesthesia Assistants (Appendix 5): Changes as proposed by the Allied Health Professions Committee with the term "Scope of Practice" replaced by "roles and responsibilities".
5. Appendix 3: Pre-anesthetic Checklist. We adopted a modernized and simplified replacement.

In addition, the Board accepted as a position paper of the Society a document entitled "Canadian Cardiovascular Society/Canadian Anesthesiologists' Society Position Statement on the Perioperative Management of Patients with Pacemakers, Implantable Defibrillators, and Neurostimulating Devices". With some minor modifications, this was published jointly in the *Canadian Journal of Anesthesia* and the *Canadian Journal of Cardiology: Healey JS, Merchant R, Simpson C, et al. Society position statement : Canadian Cardiovascular Society/Canadian Anesthesiologists' Society/ Canadian Heart Rhythm Society joint position statement on the perioperative management of patients with implanted pacemakers, defibrillators, and neurostimulating devices. Can J Anesth 2012; 59 (4): 394-407.*

For 2012, issues include changes to the Guidelines on the wording of "agent-specific vaporizer" filling, and some changes to preoperative testing recommendations, the requirement for EKG monitoring, and respiratory monitoring using capnometry. Dr Steven Dain and others continue involvement with the continuing development of Canadian and international standards through the Canadian Standards Association and the International Standards Organization. Other recurring issues remain of concern: these issues include physician fatigue and reasonable hours of work, updating guidelines on obstetric anesthesia, and acute/ postoperative pain management issues.

A contentious issue is the co-sponsorship of the CAS and the Committee on guidelines drafted and sponsored by other member groups. This issue arose in 2011 with the Airway Interest Group and these members elected to continue their work without formal CAS sponsorship. Another group of members interested in perioperative (non-cardiac) echocardiography is also interested in this process.

The Chair responds to a number of questions over the year about various issues, though this was a quiet year in this regard. One previous issue is with respect to 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. This topic appears nearer to resolution at the international level, though work remains to be done.

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 ANESTHESIA

*Dr Jean Wong, FRCPC — Chair*

In 2011, the Ambulatory Anesthesia Section of the CAS contributed an interesting and diverse program at the CAS Annual Meeting in Toronto, Ontario. The Symposium – "Smoking, and Anesthesia: "Making 'Quit' Happen" – featured speakers Dr Frances Chung from Toronto, ON, Dr Barry Finegan from Edmonton AB, Dr John Oyston from Toronto, ON and Dr David Warner from Rochester, MN. Reasons for why anesthesiologists can help patients quit smoking and resources for how anesthesiologists can help patients quit smoking preoperatively were discussed. The refresher course – "Top 10 Respiratory Anesthesia Practices that Drive Me Crazy" – was presented by Dr David Warner and well received.

The Ambulatory Breakfast session: "Colonoscopy: working where the sun don't shine" was given by Dr Ian McConachie and Dr Christopher Harle. The case discussion – "Oh Sweet Mystery of Life: Diabetes Management in Ambulatory Patients" – was presented by Dr Ian McConachie from London, ON. Guidelines and management of diabetes in ambulatory patients was discussed. The case discussion – "Is that a Painkiller?" – was presented by Dr Edwin Seet from Singapore. The analgesic role and potential of dexamethsasone and melatonin in ambulatory surgery were also presented.

The Ambulatory Section thanks Dr Ian McConachie for his leadership as Chair for the past three years and Dr Jean Wong, Toronto, ON, has assumed the position of Chair.

## ANESTHESIA ASSISTANTS

*Jeff Kobe — Chair*

Now into the third year, the Anesthesia Assistants Section Executive continues to work at promoting our emerging profession. Working with the Allied Health Committee, we hope to better gauge the utilization of AAs across the country and support endeavours towards educational and practice standards.

Our Section's focus at the 2012 CAS Annual Meeting will be on out-of-OR anesthesia, a significant part of the practice of many Anesthesia Assistants and an area that provides particular challenges. We are grateful to Drs Dale Engen and Krishna Raghavendran for agreeing to speak during our lecture series. Mark Ratz, an Anesthesia Clinical Assistant from Winnipeg will also be presenting on sedation considerations and strategies in the OSA (obstructive sleep apnea) patient.

In the coming year, the Executive's goals aim to expand membership in the Section. We will be developing Anesthesia Assistant content for the CAS website and invite suggestions. Your input and participation is strongly encouraged. Please contact any of the Section Executive with ideas and feedback.

## CANADIAN PEDIATRIC ANESTHESIA SOCIETY (CPAS)

*Dr Marie-Josée Crowe — Chair*

As in previous years, CPAS organized the content of two scientific meetings in 2011. We contributed fully to the pediatric content of the CAS Annual Meeting with five successful sessions. Our fall meeting included one theme on pediatric anesthesia needs, including anesthesia assistants, and half a day on ongoing research activities. Thanks to our organizing committee, it also was a successful event.

We renewed our scientific committee in 2011 with the arrival of Drs Dominic Cave, Simon Whyte and Gail Wong. We still have the possibility to add another person to this active committee. Members are welcome to communicate with us for details.

Section growth now allows us to consider giving a Best Paper Award at the CAS Annual Meeting. It will be given for the first time at the 2012 meeting.

Our website and, most importantly, our mailing list allowed discussions and problem-solving issues to be circulated between members. This service is a rapidly growing activity.

Members are welcome to contact the Executive to suggest topics for future meetings or suggestions to contribute to the growth and organization of pediatric anesthesia across the country.

## SECTION ON EDUCATION AND SIMULATION IN ANESTHESIA (SESA)

*Dr Zeev Friedman — Chair*

### *SESA Membership and Board Structure*

- The SESA Executive structure has changed

this year in accordance with the CAS recommendations, as well as including a non-anesthesiologist member-at-large as part of its inter-professional educational goals: Chair (Zeev Friedman), Immediate Past Chair (Viren Naik), Incoming Chair (Jordan Tarshis) and Member-at-Large (Agnes Ryzynski). Agnes is an RRT and the Simulation Centre Coordinator at the Sunnybrook Canadian Simulation Centre.
- SESA membership reached 102 members in 2011.

### *SESA at the CAS Annual Meeting*

- The Annual Luncheon address was delivered by Dr Brian Hodges, Vice President, Education, University Health Network, University of Toronto: "Anesthesia Residency: Can it be Completed in 3 Years? Exploring Competency-based Medical Education".
- An offsite Interactive Learning Workshop was held at the Allan Waters' Family Patient Simulation Centre.
- Faculty development lectures: "Anesthesia in the 21st Century: Getting the Most out of your iPad/iPhone Devices".
- The annual Education and Simulation Poster Session with awarded prize.

### *Future Directions for SESA*

- Increasing the exposure of the Section at the CAS meeting. For 2013, we plan on introducing Simwars – an interactive simulation competition that allows teams of clinical providers to compete against each other on simulated patient encounters in front of a large audience.
- Recruiting out-of-specialty simulation and education.
- Increased involvement in faculty development.

## NEUROANESTHESIA

*Dr Cynthia Henderson, FRCPC — Chair*

In 2011, the Neuroanesthesia Section of the CAS increased to 70 members. The Executive consisted of Dr Cynthia Henderson (Chair, Vancouver), Dr Timothy Turkstra (Vice-Chair, London) and Dr Marie-Helene Tremblay (Secretary, Quebec City). Dr Hélène Pellerin (Quebec City) continued to assist the section as Past Chair.

At the CAS Annual Meeting in Toronto, the Neuroanestheia Section carried a full schedule. Dr Timothy Turkstra presented an interactive case discussion on "Neuroemergencies in the Recovery Room". Dr Andrew Baker presented a refresher course on "Perioperative Sodium Homeostasis". A lively discussion took place between intensivist Dr Andrew Baker, anesthesiologist Dr Melinda Davis and surgeon Dr Christopher Wallace during the Neuroanesthesia Luncheon Update in the management of stroke. The top Neuroanesthesia Articles of the Year were presented by Dr Alexis Turgeon and Dr David Archer. The ever-popular Transcranial Doppler Workshop: Overview and Hands-On was co-chaired by Dr Robert Chen and Dr Andrea Rigamonti.

In 2011, the Neuroanesthesia Section, in conjunction with CARF, continued to support a research grant in Neuroanestheisa: The CAS Research Award in Neuroanesthesia, *in memory of Adrienne Cheng.* Unfortunately, this may not be sustainable without further contributions.

The Executive of the Neuroanesthesia Section sent letters to Hospira, the federal Minister of Health and the Quebec Minister of Health regarding the implications of the loss of thiopental (Pentothal), to no avail.

I would like to encourage all of those with any interest whatsoever in neuroanesthesia (after all, the brain is the target end organ for anesthesia) to become a member of the Neuroanesthesia Section of the CAS. You may wonder what you receive for your fees – it allows us to continue to recruit excellent speakers for our annual national meeting and supports research in neuroanesthesia. Thank you!

## PERI-OPERATIVE MEDICINE

*Dr Peter Choi, FRCPC — Chair*

The Perioperative Section consisted of 82 members this year. Terms of reference for our Executive were formalized this year and elections were held. We thank Dr Michael McMullen (Kingston) for his years of contribution on the Executive. Dr Ashraf Fayad (Ottawa) and Dr Heather McDonald (Winnipeg) joined the Executive as the Vice-Chair and Treasurer-Secretary respectively. I am delighted with our Section's closer collaboration with the CVT Section to coordinate CME activities in areas important to both of our Sections. At the Annual Meeting, our Section held two Refresher Courses and our Section luncheon.

## REGIONAL AND ACUTE PAIN

*Dr Shalini Dhir, FRCPC — Chair*

The Regional and Acute Pain Section continues to have a strong presence in the CAS Annual Meeting in

2011 in Toronto. International speakers were invited to address its members:

- Dr Terese Horlocker spoke on newer anticoagulants
- Important refresher course lectures were given by Dr Asokumar Bhuvanedran about COX 2 inhibitors and development of chronic pain
- Our Canadian talent included:
  - Dr Orlando Hung who spoke on his research on novel vehicles for analgesic delivery
  - Dr Colin McCartney who spoke on making regional anesthesia work
  - Dr Ian Gilron who spoke on his research in pain management of opioid tolerant patient
  - Dr Geoff Bellingham who spoke on clinical management of opioid-tolerant patient
  - Dr Anahi Perlas who reviewed top regional anesthesia papers of 2010
  - Dr Jennifer Szerb and Dr Derek Dillane who had a very interesting debate on whether single shot or continuous catheters were best for orthopedic surgery
- The Section luncheon was a big success with presentations from Professor Vincent Chan who spoke on evidence in favour of ultrasound guidance in regional anesthesia, Professor Sugantha Ganapathy who spoke on newer developments in ultrasound technology and community input from Dr Kirit Patel who spoke on how to get regional anesthesia started in community practice.

Our workshops continue to be very popular and revenue efficient. The basic and advanced upper and lower limbs as well as torso workshops were all sold out very early in the year. This year, we were able to hold basic workshops in French as well. The annual poster session with awarded prize was a successful endeavour.

Like previous years, we have done well financially. This is due to an increase in Section membership as well as workshop attendance. The membership has grown to 129 at present. Unfortunately, we were unable to find a corporate sponsor for the annual research grant. However, the Section decided to keep supporting the annual Best Paper Award with a sum of $500 (Cdn).

We have formalized the Section Executive, which will now consist of the Chair for a period of two years and who will be assisted by the Vice Chair, Past Chair and the educational advisor. It was decided that the Vice Chair would be the Chair-elect. The Executive consists of Chair (Shalini Dhir), Vice Chair (Marie-Josée Nadeau), Past Chair (Andrew Sawka) and educational advisor (Sugantha Ganapathy). The Section needs a Treasurer. The Section Executives met informally in Toronto and preliminary plans for the 2012 Annual Meeting were discussed.

## RESIDENTS

*Dr Rueben Eng — Chair*

Over the past year, the Residents' Section has sought to broaden its representation both within the CAS as well as across the country. The Section was asked to provide a Resident representative to every committee of the CAS, and this was accomplished. We welcomed our first representative from the University of Sherbrooke, and we hope to also find a representative from the University of Montreal next year.

The primary issues facing the majority of Residents across the country include the proposed changes to Resident duty hours, as well as the employability of graduates upon the completion of residency. To that end, this year's Residents' Day will focus on the evolving nature of post-graduate anesthesia education in Canada. We look forward to a presentation from the Chief Examiners that will examine the perceived increase in failure rates on the Royal College exam, as well as an overview of the role of simulation in anesthesia education, and possibly assessment in the future. We will also participate in a roundtable discussion concerning the implementation and consequences of altered Resident duty hours. Finally, we will also explore the anesthesiologist resource landscape across the country, and how this might impact anesthesia education.

We decided to forgo a dedicated Residents' Day given the high cost of the event to individual Residents in the previous year. It is our desire that by incorporating the "Resident Track" at the Annual Meeting (at no further cost), more Residents will be encouraged to participate in the Section's sessions.

As we look to the future, we will continue to explore the balance between the number of Residents enrolled in anesthesia training programs across the country and the number of positions of employment for graduates of residency programs. Another area of interest is that of the role of technology for Anesthesia Residents; though Internet and mobile technology are rapidly evolving domains, their optimal employment within anesthesia residency continues to be a challenge for many Residents.

# Other Reports

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

*Dr Davy Cheng, FRCPC — President, ACUDA*

ACUDA draws its membership from the 16 Canadian University Departments of Anesthesia. Five committees, the Management Committee and four sub-committees of 16 members each (one from each University Department), constitute the "membership" (80 total members). The committees are:

- Management Committee (Chairs)
- 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:

- President (Dr Davy Cheng, University of Western Ontario)
- Vice President (Dr Mike Murphy, University of Alberta)
- Secretary-Treasurer (Dr Joel Parlow, Queen's University)
- Past President (Dr Dave Campbell, University of Saskatchewan)

Each of the other subcommittees elects a Chair from within their ranks.

Over the past year, the following activities have occupied ACUDA:

### *ACUDA Plenary*

The ACUDA Plenary for 2012 will deal with *Anesthesia Safety and Quality*. Dr Richard Dutton of the Anesthesia Quality Institute (AQI) based in Baltimore, MD will lead off the discussion with a session titled "The ASA Perspective on Patient Safety and Quality of Care in Anesthesia". Dr Ian Herrick will discuss "Performance Metrics and Patient Outcomes Impacting Anesthesia Care", followed by Dr Dave Goldstein's presentation on "The Challenge of Implementation of Health and Anesthesia Informatics" and Dr Rick Chisholm will wrap up the session. Similar to last year, ACUDA has applied to the CAS for three hours of credit 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.

### *Resident Log Book (RLB)*

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

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

### *Drug Shortages*

ACUDA worked with Dr Rick Hall and Dr Rick Chisholm, the President of the CAS, to produce an editorial for the *Canadian Journal of Anesthesia* to be released in June of 2012 on this very important topic. ACUDA supports the CAS in its efforts to ensure that systems are put into place (statutory, regulatory, purchasing, distribution or otherwise) by governments, provincial authorities and industry to protect the supply of medications and other medical supplies required to permit the current high quality and safe care that Canadian anesthesiologists provide to patients.

### *Anesthesia Human Resources*

ACUDA recognizes that the current Residents

finishing their residency programs may have trouble finding positions in academic and urban departments of anesthesia. The Management Committee at its winter meeting in Jan 2012 articulated that job entitlement in academic centers is not realistic as Chairs and Departments see themselves in a 'buyers market'. Further, they counseled that Residents would be well advised to look at ways of positioning themselves early in their residency to determine what additional training they would need to get to make themselves better candidates for scarce academic positions. The point was made that it was too late in year 4 or 5 to do so. Finally, graduates would be well advised to look at non-academic center opportunities.

### *ACUDA and CAGA*

CAGA stands for "Collaborative Advisory Group for General and Family Practice Anesthesia" (FPA or General Practice Anesthesia-GPA). ACUDA and CAGA have identified several issues of common interest:

1. ACUDA members have pledged to work with CAGA to establish the objectives of training and curricula for training and for the maintenance of competency of GPAs.
2. That GPA Program Directors be fully vested members of University Department of Anesthesia Education Committees and that these Program Directors be GPAs when possible.
3. That distributed learning is an important method of delivering MOCOMP to the GPA practitioners. Additionally, offerings targeted to the GPA audience be imbedded in the CAS meeting each year.

### *Royal College Areas of Focused Competence*

It was generally felt by ACUDA Management that diplomas of this sort would be an evolutionary process likely led by CAS sections (i.e., grass roots kind of process) as opposed to a volitional effort by ACUDA. The Chair of the Royal College Specialty Committee, Dr Mike Sullivan, made the point that these diploma initiatives would need to embrace a competency-based approach rather than be duration or examination-based, and that curricula would be national in scope (rather than university by university).

### *National Curriculum for Residency Education*

ACUDA Postgraduate Education Committee completed the herculean task of articulating a national curriculum for residency training in 2011. With respect to the curriculum, ACUDA Management speculated that an additional challenge for the Specialty Committee is to articulate the meaning of the term "intrinsic roles of the specialist". ACUDA went on to speculate that attitudes, conduct and behaviors expected of the consultant anesthesiologist are encompassed by this term. It is unclear at this point how these are taught, and more importantly evaluated. ACUDA Management recognizes that the RLB will not address this "competency", and suggested that the FITER remain an important testament to achievement in this domain.

The document is currently in English. The RC has accepted ACUDA's offer to look at a 50/50 split on the costs of translation of this important document from English into French. The process is expected to take some time.

### *Northern Ontario School of Medicine (NOSM)*

NOSM and ACUDA are exploring the expansion of ACUDA from 16 members to 17 with the addition of NOSM. This topic is to be addressed at the June meeting of ACUDA Management.

### *Research*

The Research Committee has engaged in the following activities this year:

1. Resident research training**:** At the spring meeting, the Committee reviewed the University of Saskatchewan online research methodology course. This course is now mandatory for all PGY-1 Anesthesia Residents at McMaster. It's a three-credit, graduate-level course that covers the basics of research methodology over 13 weeks. The course information is presented online and there are six assignments to complete and a final project, which is a research proposal. The course also teaches about ethics and how to develop a professional CV.
2. Perioperative Anesthesia Clinical Trials (PACT): Patterned after the Canadian Critical Care Trials Network, funded in part by ACUDA member departments and based at Dalhousie (Dr Rick Hall), PACT continues to grow and engage an ever-widening circle of interest. To find out more about this initiative, contact the Chair, Dr Rick Hall, at CanadianPact@gmail.com. Details can be found on the website: http://canadianpact.ca. Also, read the on-line editorial in the Canadian Journal of Anesthesia at http://springerlink.com/content/97403nu20773p811.

### *(Postgraduate) Education Committee*

The following issues have been debated by the Education Committee and ACUDA Management this past year:

1. Duty Hour Restrictions: The Quebec Residency programs and some other programs have adopted a 16-hour duty limit. Issues related to the duration of Residency training, the advantage of competency based education and the RLB, and coverage of clinical services were discussed by ACUDA Management.
2. Data: CaRMS Match in 2012: 102 Canadian positions/8 IMG; 137 new graduates coming for the exam in 2012 plus 15 in Family Medicine; no military positions in 2012.

### *Continuing Education and Professional Development Committee*

This is a relatively new committee for ACUDA, but is becoming very active as individual academic departments engage more fully in supporting the educational needs of our colleagues. The CEPD committee plans to canvass each academic program to:

1. Identify CEPD activities they are engaged in
2. Get opinions regarding the new MOC Process
3. Identify CEPD activities targeted to GPAs (if any)
4. Explore the feasibility of a four-hour ACLS certification program for practicing anesthesiologists
5. Identify barriers to access to simulation training for practicing anesthesiologists (attitudes, distance, access to machines, etc.)

### *Undergraduate Medical Education*

Attracting the best and brightest medical students to anesthesia continues to be an abiding interest of the Undergrad Committee. Engaging the students early on about anesthesia as a career with a goal of having those with an interest taking on an anesthesia clinical rotation (mandatory or elective) before the CaRMS decision is the focus. The importance of web-based anesthesia information for undergraduate medical students was identified. Another focus is the education of the undergraduate in things "anesthetic": airway management, preoperative assessment, resuscitation, pain management, patient safety, and fluids / transfusion.

I sincerely thank Dr Rick Chisholm and the members of the CAS Board of Directors, as well as the CAS office staff, for their gracious welcome and substantial assistance this past year.

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

*Dr Francesco Carli, FRCPC — Chair*

The major event of 2011 was the Lifebox appeal in conjunction with the CAS to collect 250 oximeters for the Rwandan operating rooms. The appeal was launched at the June meeting of the CAS in Toronto and, by the end of the year, a total of funds to purchase 237 oximeters was collected. Many, many offers came from individual anesthesiologists and from various departments of anesthesia across the country.

The CAS IEF symposium on education was very well attended and this was followed by the CAS IEF dinner at St Andrew's Club in downtown Toronto. Dr Alison Froese was the invited speaker.

### *Rwanda*

In 2011, we had 11 staff volunteers (mostly Canadians) and eight Residents. The Minister of Health and the Rector of the University have expressed their desire to continue the educational partnership with CAS IEF. Many of these volunteers were returning for the second or third time. The overall impression of these volunteers was positive, as they saw major improvements over time.

As part of the CAS IEF program, two Rwandan senior Residents, Drs Christian and Theonest, spent six months at Dalhousie in the first part of 2011, where they received further anesthesia training. CAS IEF is very grateful to the Department of Anesthesia at Dalhousie University for the staff dedication to teaching these two Residents. It is hoped that in the years to come other departments will host visitors.

Thanks to the financial support of the Louise and Alan Edwards Foundation (Montreal), CAS IEF continues to send pain nurses to Rwanda to pursue educational and clinical activities related to pain management. With the collaboration of the CAS IEF volunteers, the pain program is now well established.

### *Other Activities*

1. CAS IEF remains actively involved in the organization of the fourth edition of the Canadian course on Anesthesia for Challenging Environments organized in conjunction with the Dalhousie University's Department of Anesthesia. The 2011

course was again 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 continues to dedicate a great deal of time to make this course a success.

2. CAS IEF has assisted the WFSA in the new anesthesia education mission in West Bank, which started in January 2011. A total of seven volunteers from all over the world have spent one month each. The format is similar to the one used in Rwanda. The WFSA is grateful to Dr Brendan Finucane, member of the CAS IEF Board of Trustees, who has assisted in the preparation of the anesthesia curriculum. The educational mission has been well received by the Dean of Medicine and the Minister of Health. Four Canadians were among the volunteers.

3. In the spring of 2011, CAS IEF was approached by some faculty members of the Department of Anesthesia at McMaster University who have been considering an educational mission in Guyana. At the CAS IEF Board meeting in June, a unanimous decision was taken to consider this request and to set up a fact-finding visit to determine the needs. Dr Alezandre Dauphina from McMaster went to Guyana in the fall of 2011 together with some anesthesia faculty of McMaster and some representatives of the Canadian Association of General Surgery (CAGS). There was a unanimous agreement to support this new endeavour; however, it is necessary to know what steps are being taken by McMaster.

4. CAS IEF continued to support the annual meeting of the Nepalese Anesthesia Society by sending one Canadian speaker.

### *Donations*

Generous donations were received in 2011 to support the CAS IEF educational activities and in response to the Lifebox appeal. CAS IEF wishes to thank all the donors for their outmost generosity as these funds help us to conduct the Rwandan medical mission successfully and allow Rwandan patients to benefit.

## REPORT OF THE CANADIAN ANESTHESIA RESEARCH FOUNDATION (CARF)

*Dr Doreen Yee, FRCPC — Chair, CARF Board of Directors*

The past year has been one of ongoing restructuring for the Foundation. For the first time in eight years, we did not offer a Career Scientist Award for 2012, which has been traditionally a two to three-year award. Abbott Laboratories and Bristol Myers Squibb supported two and three-year Career Scientist Awards for eight and three years respectively. A commitment to multi-year grants has its challenges in these economic times for any company when most are setting budgets annually. CARF assumed the entire funding of the two-year Career Scientist Award starting in 2011, and initially would be giving it out every second year. We are grateful for the continued loyalty of some of our industry supporters, including Abbott Laboratories, Baxter, Fresenius Kabi and Vitaid. Merck has also continued its support, despite the fact they currently have no product for anesthesia.

The CARF investment portfolio only had returns of 1.3% last year, as compared with 8.2% in 2010. Total CARF assets were worth $1.37M, compared with $1.22M in 2010. The Society has been very helpful in building up the CARF endowment in the past four years, with an annual donation of $20,000. This helps ensure the sustainability and future growth of the Foundation.

Some attempts were made to search out new partnerships for funding with provincial sections, university departments and the CAS Sections. Most of these have been unsuccessful to date because of the lack of funds and other competing priorities. Member donations have remained fairly constant for the last two years.

Michael Koshowski stepped down from our CARF Board after 20 years of service. One of the longest-serving members of the Board, Michael was present in the early days of CARF as an industry representative from Ohmeda. He has provided invaluable assistance throughout the years. Dr Doug Craig, another one of CARF's early Board members, has returned as a valuable resource to the CARF Board after his retirement from clinical practice.

Dr Donald Miller, our *CJA* Editor-in-Chief came up with the innovative idea of donating some of the *Journal* profits to support an annual award of $30,000. This was unanimously and enthusiastically supported by all. The name and terms of reference of the award will be finalized in 2012 with plans to give out the first award in 2013.

## 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 (https://rcpsc.medical.org/about/documents/rc_stratplan2011_e.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 – Post Graduate (FMEC-PNG) Project*

The FMEC-PG final report was released in March 2012. The 10 recommendations aimed to prepare the Canadian Post Graduate Medical Education System for the century ahead. I invite you to review the report and the recommendations at http://www.afmc.ca/future-of-medical-education-in-canada/.

### *Resident Duty Hours*

The RCPSC will lead a National Steering Committee on Resident Duty Hours. The purpose of the committee is to develop a pan-Canadian consensus on Resident duty hours. A recent (June 2011) decision by a Quebec arbitrator ruled that 24-hour duty hours (on call shifts) pose a danger to a Resident's health (and therefore violate the Charter of Rights and Freedoms) and that on call shifts cannot exceed 16 hours. Changes in Resident duty hours will impact both the education and service components of Residents' lives and impact our current health service delivery model.

### *Drug Shortages*

The CAS has provided significant leadership on the drug shortage issue in Canada. With the input and assistance of the CAS, the RCPSC has developed a report on Canada's Drug Shortage http://www.royalcollege.ca/shared/documents/advocacy/canada_drug_shortage_e.pdf which has been widely circulated at the Federal and Provincial levels.

### *Practice Eligibility Route (PER) to Certification*

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. http://rcpsc.medical.org/residency/certification/per_e.php

Entry to the PER process requires an evaluation of the scope of practice by the Specialty Committee. Essentially the scope of practice must be sufficiently brought to allow a determination of competence as a specialist through an evaluation of practice. Highly sub-specialized or very limited scopes of practice will not allow this type of evaluation.

There are three elements to the PER process:

1. Credentials review
2. Multisource feedback similar to the Physician Achievement Review now in use in Alberta and Nova Scotia
3. Assessment, either through the traditional summative comprehensive objective examination in Anesthesiology (Route A) or a context-based practice assessment/exam conducted by peers assessors appointed by the Royal College (Route B).

The anesthesia community has supported moving ahead with Route A. Some other specialties will pilot Route B and we will have the opportunity to review the results.

Anesthesiology currently has the highest number of scopes of practice (27) for review this spring.

### *Pain Medicine*

Pain medicine is multi-disciplinary sub-specialty sponsored by the primary specialty of Anesthesiology. The working group on Pain Medicine is completing the sub-specialty documents required for training and accreditation. If all goes according to plan it may be possible to have the intake of the first cohort of trainees in July of 2013.

### *Palliative Medicine*

The specialty of Palliative Medicine is historically a con-joint program between the Royal College of Physicians and Surgeons and the Canadian College of Family Practice. The Canadian Society of Palliative Care Physicians has now sponsored an application to the RCPSC for recognition of a two year sub-specialty in Palliative Medicine. Anesthesiology is one of the proposed based specialties and thus an entry route to the new proposed sub-specialty. The proposed sub-specialty in Palliative Medicine will now proceed to the consultation phase.

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## as at December 31, 2011

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## 2011 Financial Statements

For access to the full version of the audited financial statements, please visit the Members Only area of the CAS website: www.cas.ca

*On Leave