



CANADIAN ANESTHESIOLOGISTS' SOCIETY

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**ANNUAL  
REPORT  
2013**

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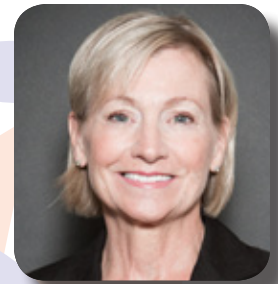
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# REPORT OF THE PRESIDENT

*Dr Patricia Houston, FRCPC*



The past year has been both tumultuous and tremendous for the Canadian Anesthesiologists Society (CAS). The cancellation of the Annual Meeting in Calgary in June 2013 due to the flooding disaster was a trial for all CAS members and especially so for the office and the Annual Meeting Planning Committee. I want to thank Mr Stan Mandarich, our Executive Director, who did an amazing job of facilitating the communications and operations associated with the cancellation. All of the CAS office staff worked diligently overtime to sort through the logistical nightmare. Thank you to all of the CAS members who left their registration fees with the Society and to all others who waited patiently for the return of their monies. Although the cancellation has led to a significant cost to the Society, our finances remain very positive to help us move forward with our ongoing mandate.

The Annual Meeting Working Group, led by Vice-President, Dr Susan O'Leary and Annual Meeting Chair, Dr Daniel Bainbridge, has introduced many significant changes to the management of and approach to education at our Annual Meeting. I know the 2014 meeting in St John's will be both enlightening and fun. The theme is "Celebrating 60 Years of Publication: the CJA Diamond Jubilee". The new meeting app developed in collaboration with the Royal College of Physicians and Surgeons will allow better personalized management of meeting attendance, evaluation of the meeting to inform our planning for the future, and submission of CME activities to the Royal College for Maintenance of Certification credits.

## **Canadian Journal of Anesthesia**

In 2014, the *Canadian Journal of Anesthesia* will celebrate its Diamond Jubilee. The *Journal* has a long and successful history. Beginning with the *Journal's* founding editor, Dr Roderick Gordon, and continuing through its transitions in leadership under Drs Craig, Bevan, Hardy and Miller, the *Journal* has remained centered on our Society's mission.

The *Journal* has a rich history of serving the anesthesia and scientific communities as well as its own anesthesia society. I would like to thank Don Miller for his passion and commitment to the success of the *Journal* over the past ten years. He has led the transformation of the *Journal* and garnered international recognition in the anesthesia scientific community.

I am delighted with the appointment of Dr Hilary Grocott as the new Editor-in-Chief. Hilary has a very clear vision of

the future of the *Journal* and the support from the Board of Directors to move it forward. He will be making changes to the editorial board, recruiting new statistical support, broadening the role of the *Journal* as an educator for both continuing education and for resident education, and enhancing its social media presence. It will be an exciting journey and I am confident Hilary and the *Journal* will be an outstanding success.

I have spent the last year developing some new areas of advocacy for the Society. We have entered into a discussion with the Australian Society of Anaesthetists, the New Zealand Society of Anaesthetists and the Australian & New Zealand College of Anaesthetists to develop a collaborative Anesthesia Incident Reporting System for Canada – CanAIRS – based upon the platform they have developed in the webAIRS project. This would allow for site-specific yet anonymous reporting of incidents across Canada to help us improve our provision of care and to benchmark with international practices.

We are also engaged in the Canadian "Choosing Wisely" campaign. Choosing Wisely Canada is a campaign to help physicians and patients engage in conversations about unnecessary tests, treatments and procedures, and support physician efforts to help patients make smart and effective choices to ensure high quality care. The campaign aims to encourage and empower physicians to assimilate, evaluate, and implement the ever-increasing amount of evidence on current best practice. The campaign also supports the equally important role of patient education and the need to dispel the false notion that "more care is better care".

Choosing Wisely Canada is modeled after the hugely successful Choosing Wisely® campaign in the United States. Initiated and coordinated by the ABIM Foundation, 60 medical societies have to date joined the campaign to develop Top 5 lists of tests and treatments physicians and patients should question – things for which there is strong evidence of overuse, waste, or even harm to patients. Under the leadership of Dr Wendy Levinson and the Canadian Medical Association (CMA), in partnership with various national medical specialty societies, Choosing Wisely Canada will release the initial wave of recommendations on April 2, 2014. Upon Board of Directors' approval, the CAS plans to join in the second wave of specialty societies to make recommendations in this important national and international initiative.

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## Drug Shortages

Shortages of anesthetic drugs have been reported in the international literature for over a decade and are a priority concern both in Canada and worldwide. Shortages have been associated with life-threatening illnesses. During the 2010 propofol shortage in the United States, contamination of propofol single-use vials used inappropriately for multiple patients led to an outbreak of Hepatitis C infection and the need for over 40,000 patients to be tested for potential infection.

I had the opportunity to present on the crisis in drug supply management in Canada and its effect on Canadian anesthesiologists at the Specialist Forum meeting of the CMA. Information presented included the results of the survey done by Dr Richard Hall and colleagues.<sup>1</sup> Sixty-six percent of the Canadian anesthesiologists who responded to the survey described a shortage of one or more anesthesia or critical care drugs. Changes in anesthetic practice resulting from drug shortages were common: 586 (49%) of respondents felt that they had been forced to administer an inferior anesthetic, 361 (30%) reported administering medications with which they were unfamiliar, and 92 anesthesiologists (7.8%) witnessed a drug error.

Drug shortages continue to have a negative impact on anesthetic management, patient safety and physician well-being. At the Specialists Forum, there was unanimous support for a motion that I put forward calling on the CMA to lobby the federal, provincial and territorial governments for improvement in drug supply management, which would include the need for mandatory reporting of discontinuation or disruption in drug production by pharmaceutical companies. It is my hope that the CMA will respond to the call from the Specialist Forum to strongly advocate for changes to ensure that solutions are found to this widespread and serious issue.

## In Appreciation

It has been a pleasure to serve the Society and its members this year as President. I would like to thank Mr Stan Mandarich and the CAS office staff for their unfailing support to the Society, and the members of the CAS Executive Committee, Dr Susan O'Leary, Dr Sal Spadafora, Dr Doug DuVal and Dr Rick Chisholm, who have provided me with sage guidance and wise counsel over the past year.

<sup>1</sup> Reference: Drug shortages in Canadian anesthesia: a national survey. Richard Hall, MD, Gregory L. Bryson, MD, Gordon Flowerdew, ScD, David Neilipovitz, MD, Agnieszka Grabowski-Comeau, RN, Alexis F. Turgeon, MD, for the Canadian Perioperative Anesthesia Clinical Trials Group. *Can J Anesth* (2013) 60:539–551

# REPORT OF THE TREASURER

## Dr Douglas B DuVal, FRCPC



The year 2013 was monumental for the province of Alberta and for the Canadian Anesthesiologists' Society (CAS), as the worst flooding in Alberta's history forced evacuation of Calgary's Telus Convention Centre and much of the downtown core on June 21, which was to have been the opening day of the Society's Annual Meeting. The inevitable cancellation of the entire CAS Annual Meeting was unprecedented, breaking a continuous string of Annual Meetings dating back to 1944. (In 1960 in Toronto, and in 2000 in Montreal, the CAS hosted the World Congress of Anesthesiologists, in place of a regular Annual Meeting).

What would be the financial impact to our Society of the forced cancellation of a completely planned and ready-to-go Annual Meeting? Of course, we would have preferred never to have had to learn the answer to that question, as it is not difficult to imagine that such a circumstance could deliver a devastating hit to our bottom line. In fact, however, it is with some equanimity that I am able to report that for the year ended December 31, 2013, the auditor's Statement of Operations records a deficit of income relative to expenses (prior to the \$5,000 annual allocation to the equipment replacement fund) of \$175,000, in a year in which the CAS had budgeted for a deficit of \$100,000.

As a not-for profit organization, the CAS regards its Annual Meeting as a membership benefit, rather than as a revenue-generating enterprise. In 2013, the Annual Meeting was planned and budgeted at a net cost to the Society of \$450,000, based on projected revenues of \$1.24 million and expenses of \$1.69 million. Cancellation of the meeting resulted in a loss of budgeted revenue from registration, workshops, social events, sponsorships and exhibits in excess of \$1 million, which was only partially offset by reductions in expenses. Facility rental charges for the Telus Convention Centre were fully refunded, but some exhibit costs and program costs (audio visual, speakers, workshops and abstract management), collectively in excess of \$100,000, were not recoverable. As well, and more importantly, we do not recover the "year round" CAS internal staffing and administrative costs devoted to the Annual Meeting, as well as the substantial costs of External Management (contracted professional conference management services) over the many months of planning the event prior to its cancellation, which taken together amounted to \$555,000.

The Annual Meeting expenditures categorized as "Registrant Costs", including registration services, printing/photocopying, accreditation/evaluation, translation/proofreading and credit card costs were partially offset by withholding 15% of the registrants' basic registration fee. The remaining 85% of the

basic registration, as well as all fees for "ticketed" workshops and social events were refunded to registrants. The 15% withhold amounted to \$78,000, compared with the total "Registrant Costs" of \$142,000.

It should be noted that, prior to processing the registrants' refunds, less 15% of the basic fee referenced above, it was suggested that registrants consider forgoing their refund, thereby donating their registration fees to CAS. The Society Executive gratefully acknowledges the generosity of 115 registrants who did so, collectively donating \$95,000. Similar benevolence was demonstrated on the part of some exhibitors, who voluntarily left CAS with revenue which would otherwise have been refunded.

The final net cost of the 2013 "meeting that never was" turned out to be \$564,000, or \$114,000 over budget. Without the donated and withheld portions of registration fees described above, and insurance proceeds of approximately \$55,000, both of these numbers would have been higher by \$228,00.

Aside from the Annual Meeting, the other budgeted components of CAS operations are the Canadian Journal of Anesthesia and the Canadian Anesthesiologists' Society Administration. In 2013, financial performance in these areas was relatively uneventful.

The *Canadian Journal of Anesthesia* (CJA) posted royalty, advertising and sponsorship revenue as budgeted, and overall expenses were under budget. Net income for CJA in 2013 was \$309,000, exceeding the budgeted \$238,000

The Canadian Anesthesiologists' Society Administration derives virtually all of its income from Membership dues, which were marginally less than budgeted, however expenses on Committees and Board, Human Resources and Administration were also under budget. Net income in this area of operations was \$75,000.

As previously noted, the aggregate results from all three areas of CAS operations, CAS Administration, Canadian Journal of Anesthesia and CAS Annual Meeting is a deficit of \$180,000, as compared with a budgeted deficit of \$105,000.

Under the leadership of the CAS Executive Director, Mr. Stanley Mandarich, the CAS office staff have performed most admirably during an extraordinary year, and they are to be congratulated. I continue to be grateful for their counsel and expertise, and remain honored to be associated with our venerable CAS executive Drs. Houston, O'Leary and Spadafora, as well as with a sterling Board of Directors, representing all provincial divisions as well as other essential constituencies.

# 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 is 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 in anesthesia, pain, 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 continues to be subscription-based, although authors are able to pay a fee to retain copyright of individual articles, under the Creative Commons Licence and the publisher's Open Choice™ program.

The international exposure and reach of the *Journal* continue to increase. In 2013, 58% of online referrals were from outside North America, and Asia-Pacific countries and South America were the regions of the world of most rapid growth for the online journal. In regards to readership and the number of authors submitting articles, in 2013, the *Journal* received 679 article submissions from authors in 52 different countries. Two hundred and ten articles were published in 12 monthly issues (*Can J Anesth* 2013; Volume 60) representing 1,287 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 and letters to the editor. The content of articles, according to the mission statement, spanned the fields of anesthesia, acute and chronic pain, perioperative medicine and critical care. In addition, the *Journal* published the *Canadian Anesthesiologists' Society Guidelines to the Practice of Anesthesia - 2013 Edition*. The February 2013 issue of the *Journal* was a special theme issue devoted to a series of important review articles from international experts on the subject of *Perioperative Patient Safety*.

### Canadian Journal of Anesthesia Journal Citation Reports Rank by IF: Anesthesiology

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, 2011 IF = 2.346; 2012 IF = 2.23).

CJA Rankings compared to other anesthesia journals:

- 2012: 15 out of 29 Journals (52%)
- 2011: 10 out of 28 Journals (36%)
- 2010: 13 out of 26 Journals (50%)
- 2009: 10 out of 25 Journals (40%)
- 2008: 10 out of 22 Journals (45%)

### CJA Indexing

The *CJA* is currently indexed in: Science Citation Index, Science Citation Index Expanded (SciSearch), Journal Citation Reports/Science Edition, PubMed/Medline, SCOPUS, EMBASE, Google Scholar, Biological Abstracts, BIOSIS, CINAHL, Current Contents/ Life Sciences, Current Contents/Clinical Medicine, EMCare, Mosby yearbooks, OCLC, PASCAL, SCImago, Summon by Serial Solutions.

### Editorial Content

The editors remained highly selective in 2013 in regards to choosing which articles were published according to their novelty, scientific merit and overall importance. The *Journal* published 12 issues in 2013, with the same number of issues planned for 2014. 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 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.

### Citation Alert for Journal Authors and eTOC Alerts for Readers

Working through the *CJA*/Springer partnership with CrossRef.org, corresponding authors are now alerted automatically as soon as their paper is cited in another journal. Authors may also use their "My Springer" account and opt to receive weekly, monthly or annual alerts listing all citations in one email. The Citation Alert further enhances the *CJA* automated, yet personalized, email communication. Subscribers who sign up for the program and all members of the Canadian Anesthesiologists' Society now receive electronic table of contents (eTOC) alerts monthly. This service has received very positive feedback.

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## New and Optimized SpringerLink Platform

The platform SpringerLink ([link.springer.com](http://link.springer.com)) was re-engineered by the publisher with a focus on improving the user experience based on three principles: speed, simplicity, and optimization. After more than 18 months of development, SpringerLink had received a total makeover that will continue to change the way Springer brings its content to students, researchers and librarians. While its back-end construction and clean design are dramatically improved, the real headline is the way content is found and used.

## Open Access Policy

The *Journal* continues to provide opportunity for Open Access (OA) publishing through the Open Choice® program of Springer. There is a fee of \$3,000 US for each article published as Open Access, however, the fee is waived within the traditional publishing framework whereby the authors transfer copyright to the publisher. There is a new Open Access (OA) policy of Research Councils UK and Wellcome trust, effective April 1, 2013 – the [Gold OA policy](#) (publication paid for via APC). The government, Wellcome Trust and RCUK have made and will make gold OA funds available. Both funders insist that open access articles are published under the Creative Commons Attribution (CC BY) license. Springer and CJA are fully compliant.

## Usage

The *Journal* continues to be accessed by an ever-increasing number of users. The number of full text article requests increased dramatically from 243,981 in 2009, to 402,928 in 2010, then to 574,963 and 526,328 full text article requests in 2011 and 2012, respectively. In terms of full-text article request by geography, 10% of requests originated from Canada in 2011, in comparison to 31% of requests originating from the United States. Twenty per cent of requests now come from Asia-Pacific countries, 26% from Europe, and 9% from elsewhere. These data reflect the observation that the *Journal* is truly international in scope.

## Production

There were 210 articles published in 2013 as compared to the 203 articles in 2012. The *Journal* continues to achieve a more rapid turnaround time to publication. The average production time between receipt at Springer and online first publication decreased from 31 days in 2009, compared to 21.7 days in 2011, 20.8 days in 2012 and 17.6 days in 2013.

## CJA - Continuing Professional Development Modules

Four Continuing Professional Development (CPD) modules were published in 2013, the same number as in 2012, for

a total of 27 since the inception of the program in 2005. Readers are eligible to receive 12 credits from Section 3 Royal College credits by completing the case scenario and associated multiple choice questions accessible on a web-based platform. The CPD modules are published in both English and French. In 2013, the Society selected Knowledge Direct®, a firm expert in web-based education, to develop an improved platform for the CPD modules. Transitioning to the new system was completed successfully in 2013, and the Canadian Anesthesiologists' Society is now the accrediting body for the CPD modules, having recently assumed this responsibility from the previous accreditation provider, University of Montreal.

## Focus on Faster Editorial Peer Review and Rapid Publication

Authors submitting articles to the *Journal* have naturally come to expect rapid turnaround 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. 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*).

There is a [Journal Author Satisfaction Program](#), set up to optimize the journal publishing process from the authors' perspective. Authors rank the following three metrics to be most important when deciding to submit a manuscript to a particular journal: 1) quality of peer review; 2) the journal's reputation; and 3) speed of publication. Amongst respondents, 84% of authors are either very satisfied or satisfied with the peer review, and 96% of respondents would consider submitting their article to the CJA in the future.

## 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. There are more colour images, simulations, and additional electronic supplementary material (ESM) to be posted online for dynamic article types such as the Perioperative Hemodynamic Rounds section.

### Article Retractions 2012-13

Cases of isolated and serial scientific and ethical misconduct continue to be identified in the anesthesia literature. The procedures to review suspected scientific misconduct, and actions required by the Editor-in-Chief and the publisher, involve a long and difficult process. Whereas 33 articles were retracted in 2012, for articles dating back as far as 1990, there were no retractions in 2013, nor are there pending investigations of suspected ethical or scientific misconduct of CJA articles, at the present time.

### The Journal's Conflict of Interest (COI) Policy

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

### Transitioning of Editors - 2013

The second and final term of Dr Donald Miller concluded in December 2013. In January 2014, following an extensive search, Dr Hilary Grocott (Department of Anesthesia, University of Manitoba) was appointed by the Society for a five-year term, as the *Journal's* sixth Editor-in-Chief. The new Deputy Editor and members of the Senior Editorial Team and Editorial board were announced by Dr Grocott in January 2014.

None of the accomplishments of the past nine years would have been possible without such a remarkable team of expert and dedicated editors, board members (former

and present), guest reviewers, and dedicated authors with their precious manuscripts. I especially thank Dr François Donati, who has been a superb Deputy Editor-in-Chief and Section Editor for Continuing Professional Development features of the *Journal*. Dr Donati stepped down from his role in December 2013. I have been very grateful for the sage advice and expertise of our two Associate Editors, Dr David Mazer and Dr Scott Beattie, who have brought immeasurable expertise in critical care medicine, cardiac anesthesia and outcomes-based research to the *Journal*. I sincerely thank our biostatistician, Dr Penelope Brasher, for her dedication, wise counsel, and for her remarkably insightful statistical reviews that go to the core of ensuring accurate and transparent scientific reporting. I extend my very sincere thanks to our board members: Drs Steven Backman, Andrew Baker, Gregory Bryson, Davy Cheng, Mark Crawford, Alain Deschamps, Pierre Drolet, Hilary Grocott, Gregory Hare, Keyvan Karkouti, Bradley Kerr, Etienne de Médecis, Alan Merry, Patricia Morley-Forster, Roanne Preston, Benoit Plaud, Robert Sladen, Ban Tsui and Alexis Turgeon. I also acknowledge and thank our Guest Editors, Drs Paul Hébert, Dr Adrian Gelb and David Moher for their advice over the years. To our many Guest Reviewers (a list of over 200!), I extend a very special thanks for being such an important aspect of our peer review system - past, present and future. I also owe a world of thanks to our Editorial Assistant, Ms Carolyn Gillis, and to our Copy Editor, Ms Pamela Kartzali, Translator, Ms. Jennifer Stroude, and Advertising Manager, Mr. Neil Hutton – thank you. I also take this opportunity to recognize and thank our remarkable team at Springer, and especially Ms Antoinette Cimino and Ms Janice Weaver.

It has been a tremendous honour and privilege to have served as the *Journal's* fifth Editor-in-Chief. I extend my very best wishes to Dr Grocott and the editorial team for every success in further enhancing the *Journal's* relevance to our readership, though our vision and mission: "*Excellence in research and knowledge translation in anesthesia, pain, perioperative medicine and critical care.*" Thank you.



# COMMITTEE REPORTS

## ALLIED HEALTH PROFESSIONS

**Dr Homer Yang, FRCPC – Chair**

The Allied Health Professions Committee is charged with the mandate of liaising and overseeing “health professionals who participate in the delivery of anesthesia services and care”, and making recommendations to the CAS Board of Directors. With a number of changes on the training and deployment of Anesthesia Assistants (AAs) across Canada in recent years, the Allied Health Professions Committee worked collaboratively with the Canadian Society of Respiratory Therapy (CSRT), the National Association of PeriAnesthesia Nurses Canada (NAPANc), and the Canadian Nurses Association (CNA) to develop the “Foundation Knowledge for Anesthesia Assistants”, with endorsement from those organizations in 2009. Since then, various college and university programs training anesthesia assistants (AAs) have aligned their training programs to comply with the document.

In 2013, the CSRT Executive Committee invited the Chair of the CAS Allied Health Professions Committee for a meeting to discuss future directions of the AA program. A very productive meeting took place. It was agreed that close collaboration would benefit both organizations.

A survey of the Chiefs of Anesthesia as well as the AAs across the country was also conducted. The Committee would like to express sincere appreciation to all those who participated in the survey. From the Chiefs’ survey: clear guidelines about the roles and duties of AAs, standardized training, building an anesthesia care team model, developing a certification program for AAs, and defining a funding model were the top five priorities identified. From the AAs’ survey: the top priorities are standardized training, compensation, establishing an organizing body for the profession, clear guidelines about the roles and duties of AAs, and building an anesthesia care team model. The Committee will be analyzing the results and developing strategic plans based on the survey.

## ANNUAL MEETING

**Dr Daniel Bainbridge, FRCPC — Chair**

### **2013 Annual Meeting**

The Annual Meeting Committee (AMC) worked diligently to organize the 2013 CAS Annual Meeting in Calgary. Unfortunately, due to flooding and a power outage that affected the entire downtown core, the meeting was cancelled. A truly historic event as this was the first meeting in the history of the CAS to be cancelled. Several planned improvements for the 2013 meeting will be implemented at the 2014 meeting in St John’s

(including meeting-wide Wi-Fi and timing lights). Despite the cancellation, I would like to acknowledge the hard work and dedication of the Annual Meeting Committee, Scientific Affairs Subcommittee and the Local Arrangements Committee.

## ANNUAL MEETING WORKING GROUP

**Dr Susan O’Leary, FRCPC – Co-Chair**  
**Dr Daniel Bainbridge, FRCPC – Co-Chair**

The Annual Meeting Working Group (AMWG) was convened and charged with looking for ways to improve the delegate and speaker experience at the Annual Meeting. The Group’s first face-to-face meeting took place at the December 2012 CAS Board of Directors’ Retreat and the Group met again on November 16, 2013. The following individuals participated in the 2013 meeting:

Dr Susan O’Leary, Vice President  
Dr Neethia (Mark) Arsiradam  
Dr Daniel Bainbridge, Annual Meeting Chair  
Dr Peter MacDougall, CEPD Chair  
Dr Gregory Hare  
Dr Thomas A Johnson  
Dr Marie-Josée Nadeau  
Dr Martin Van Der Vyver  
Dr Audrey Peng (via correspondence)  
Dr Elizabeth Miller, Resident Representative  
Ms Jane Tipping, Educational Consultant  
Ms Temi Adewumi, CAS Staff  
Mr Charles Stil, CAS Staff  
Ms Andrea Szametz

We are pleased to report that both meetings were hugely productive and the participants generated many ideas worth investigation and consideration. Specifically, the intent is to attract delegates to the Annual Meeting and deliver on their expectations. CAS wants to be at the forefront of continual improvement in several areas: relevant programming and educational content, leading-edge technology and tools to enhance the learning experience, and providing an overall productive experience through a strong scientific and a welcoming social program.

### **Initial Activities**

The AMWG reiterated the importance for CAS to listen to and act upon member feedback from past Annual Meetings. A review of member feedback was undertaken to determine priorities and action, and some “must haves” from the 2012 meeting included:

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- Relevance: meeting members' educational and social expectations
- Networking opportunities: social and professional
- Accreditation: ensuring Royal College accreditation standards
- Engaging content to meet both the educational needs and interests of attendees
- Speaker profiles: local, national and international experts
- Accessing Annual Meeting materials: various and up-to-date formats before, during and after the meeting
- Location! Location! Location!

Even though the 2013 Annual Meeting was cancelled, numerous improvements were ready for on-site implementation in Calgary:

- Regular pre-Annual Meeting email blasts to members on topics such as high profile speakers and sessions, social program highlights and "must see" local attractions
- Enhanced accessibility to *Daily Slate*, the daily electronic newsletter introduced in Quebec City in 2012
- Wider use of and greater engagement in Facebook, Twitter and other social media as a method of communication
- A new and more economical meeting app.

### Ready for 2014

The AMWG identified strategies and associated action steps that it believes are realistic and achievable in St John's.

On the learning side, specific targets include:

- Engaging delegates through:
  - Enhanced interactivity such as i-Clickers and smartphones
  - Offering a more streamlined program with less concurrent sessions to enable delegates to maximize their learning opportunities and not be disappointed with multiple scheduling conflicts
  - Workshops that provide participants with Section 3 credits for the Royal College Maintenance of Certification program
  - Aiming to have a moderator in all sessions to optimize speaker/audience communication
  - Connecting the content of the meeting and the evaluations to maintain a continual feedback loop to meet the learning needs of the members
- Preparing speakers to a higher level:
  - More pre-meeting guidance on their preparation for and delivery of their presentation
  - Ensuring they are diligent in allowing sufficient time for questions/answers at the end of their session
  - Enhancing their professional educational skills in interactive learning techniques and increasing their skills in using educational technology
  - Optional peer observation for those looking to improve their presentation skills

### Beyond 2014

The AMWG also started looking ahead to 2016. The list is long and includes a vision to move to the use of multi-media modes to access the meeting, new formatting changes to sessions, increased use of electronic interactivity (including a website to encourage interactions) and a more robust (electronic) needs assessment tool.

### In Appreciation

Having the support and enthusiasm of many people has framed the AMWG's challenges as exciting and feasible. We wish to extend thanks and appreciation to Dr Martin Van Der Vyver for his leadership in initiating educational reform and for being an important contributor to the educational resource development process. Ms Jane Tipping, educational consultant, has continued to guide us effectively, and CAS staff members, Mr Stan Mandarich, Ms Temi Adewumi and Mr Charles Stil, have been ably delivering on action items "behind-the-scenes".

## ARCHIVES AND ARTIFACTS

### Dr Brendan Finucane – Chair

Two thousand and thirteen was quite a productive year for the Archives and Artifacts committee. The Committee continues to work on a number of initiatives including updating the website, organizing symposia, and addressing the ongoing need to preserve our archives and artifacts.

The face-to-face meeting scheduled for Calgary in June 2013 was postponed, as was the Symposium. The Committee convened a teleconference on August 13, 2013 during which we made plans for the ensuing year. The Committee made a decision to donate a significant portion of Canadian anesthesia artifacts to the Canadian Science and Technology Museum (CSTM) in Ottawa. The Committee is confident that CSTM will accept this donation, which will be a huge step forward towards protecting these important Canadian anesthesia artifacts.

The Committee planned a Symposium for the 2014 meeting in St John's. Both Drs Wade and Maltby agreed to give the presentations, originally scheduled for Calgary, in St John's.

With the help of staff members from the CAS office, we have made great progress on the website. We now have 16 Important Contributors listed on the website and plan to continue adding to this list on a regular basis.

We are also doing our best to update the CAS Chronology and hope to have it completely updated for 2018.

We encourage the Executive, the Board of Directors, past officers of the Society and the members to send in their suggestions about updating the list of Important Contributors and the CAS Chronology.

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In summary, the Committee has made some significant progress towards preserving the heritage of Canadian anesthesia. As Chair of the Committee, I would like to thank the Committee members and the CAS staff for their valuable assistance during 2013.

## CONTINUING FORMATION AND PROFESSIONAL DEVELOPMENT

**Dr Peter MacDougall, FRCPC – Chair**

The past year marks a number of significant events for the Continuing Education Professional Development Committee (CEPD). As all committees and members of the CAS, the unexpected cancellation of the Annual Meeting in Calgary had an impact on our committee. Our committee was unable to come together at the Annual Meeting and some decisions were therefore deferred. Having said that, the committee has forged ahead and some significant achievements made.

### **Changes in Leadership**

The past year marked a change in committee leadership. As of September 1, 2013, the position of chair was handed from Dr Martin Van der Vyver to Dr Peter MacDougall. Dr Martin Van der Vyver has set a high standard for the work of the committee over the time of his leadership. He led the committee through the last Royal College accreditation and laid the groundwork for the 2013 accreditation with his work on non-perceived needs assessments. He has provided a solid framework for future CEPD development.

### **Programs Accredited in 2013**

The CAS CEPD Committee accredits CME activities for Section 1 and Section 3 Royal College Maintenance of Certification (MOC) credits. In 2013, 11 events were accredited for Section 1 credit. Seven events were accredited for Section 3 credit. These included three events for the CAS Annual Meeting in Calgary, three *Canadian Journal of Anesthesia* exercises and one problem-based workshop.

### **Accreditation**

The CAS, as a specialist organization, is accredited by the Royal College of Physicians and Surgeons of Canada to accredit educational events and materials. This accreditation must be renewed every four years. Our accreditation renewal application was submitted in December 2013. This application constitutes a considerable investment in time and resources from the CEPD Committee and the CAS. Preliminary review of the application by the Royal College was very favourable. The Royal College was particularly impressed with the non-perceived needs assessment work of Dr Van der Vyver. The final review and report from the Royal College is pending.

### **Online CPD Committee**

A new subcommittee of the CEPD, the Online CPD

Subcommittee, was proposed in January 2013. It is proposed that this subcommittee be responsible for oversight of online CPD modules through the *Canadian Journal of Anesthesia* and any other online CPD activities developed by the CAS. Unfortunately, the subcommittee development has been stalled due to the loss of the Calgary Annual Meeting. Identification of members and chair, reporting structure and terms of reference will be brought to the CEPD Committee annual meeting in St John's for approval. The inaugural meeting of the Online CPD Subcommittee will take place in St John's.

### **Annual Meeting Section 3 Credit**

The Royal College has announced changes to the MOC rules starting in 2014. The 75% rule which limited the amount of CME credit allowed in each section has been removed in order to encourage engagement in multiple learning strategies. In addition, starting in 2014, the Royal College MOC program will require a minimum of 25 credits in each MOC section. It is suggested that all members of the CAS who are Fellows of the Royal College review the requirements at [http://www.royalcollege.ca/portal/page/portal/rc/members/moc/moc\\_program](http://www.royalcollege.ca/portal/page/portal/rc/members/moc/moc_program). These changes have informed the changes that the Annual Meeting Committee and the CEPD Committee will be bringing to the accreditation for the Annual Meeting. The CEPD Committee and the Annual Meeting Committee have been working together to maximize the CME credit available in all three sections at the Annual Meeting.

In 2014, Annual Meeting workshops will be accredited for Section 3 credit where applicable. In addition, there will be speaker and moderator observation and feedback available. Participation in the observation and feedback will be eligible for Section 3 credit.

## ETHICS

**Dr Richard Hall, FRCPC – Chair**

On behalf of:  
Dr Stephan Schwarz  
Dr Dale Engen  
Dr Alexandra Florea  
Dr Philip Jones

On behalf of the members of the Ethics Committee I wish to provide our Annual Report to the Board of Directors. As we did not meet in June 2013, this report is a recap of the previous two years. We have participated in the development of an ethics session at the Annual Meeting, spearheaded by Dr Robin Cox. We anticipate having the opportunity to do so again next year. We continue to provide advice to the Board and Executive as requested.

As this is my last meeting as the Chair, I wish to thank the Board for the opportunity to serve.

## MEDICAL ECONOMICS/ PHYSICIAN RESOURCES

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

The Canadian Anesthesiologists' Society (CAS) committees on Medical Economics and Physician Resources have existed as two separate entities as recently as 2012. It has since been decided that these two committees should be merged into a single committee on Medical Economics/Physician Resources. The inaugural meeting of this new committee had been scheduled to take place in Calgary in June 2013, but this, of course, was unfortunately cancelled along with the entire CAS Annual Meeting. The inaugural meeting of this committee has therefore been rescheduled to June 14, 2014 in St John's, NF.

The Physician Resources Committee, under the auspices of CAS, has in the past collaborated with Dr Dale Engen on Physician Resources surveys. The most recent survey was completed in 2010 and reported in 2011. The 2010 survey found that, while an anesthesiology workforce deficit appeared to exist, the deficit was generally significantly reduced from the previous Engen survey in 2002, which had predicted significant shortages of anesthesiologists in Canada. The exception was in British Columbia, where the deficit of anesthesiologists reported in the 2010 survey had actually worsened since 2002. More recently, concerns about employment prospects among many specialist physicians have prompted a 2013 employment study by the Royal College of Physicians and Surgeons of Canada. In addition, the Association of Canadian University Departments of Anesthesia has surveyed Canadian academic chairs of anesthesiology and also successful candidates in the 2011 Royal College anesthesiology certification exams with respect to the current climate for recruitment and employment of specialist anesthesiologists.

The Committee on Medical Economics last met on June 16, 2012 in Quebec City, in conjunction with the Annual Meeting of the CAS, and the report of that meeting can be found on page 10 of the CAS 2012 Annual Report: [https://www.cas.ca/Members/Page/Files/129\\_CAS%20Annual%20Report%202012.pdf](https://www.cas.ca/Members/Page/Files/129_CAS%20Annual%20Report%202012.pdf)

Representatives from seven provinces provided updated responses in the 2013 CAS Economics Survey.

An estimated average of 20% (range: 0 - 75%) of Canadian anesthesiologists are funded by contract or Alternate Funding Plan (AFP), as opposed to Fee for Service (FFS) funding or other payment mechanisms (WCB/private/sessional, blended, etc.). Approximately one-half of provinces have some form of "retainer" guarantee, under very limited circumstances.

Premiums on Fee for Service range from 15% to 150% for

cases done on evenings, weekends, nights and statutory holidays.

More than half of the provinces provide for additional FFS compensation for extremes of age, ASA IV/high-risk patients, invasive monitoring (insertion of central, arterial and pulmonary arterial lines), awake airway/bronchoscopy, transesophageal echocardiography, placement of thoracic and lumbar epidurals, nerve blocks, regional/pain catheters, and use of neuraxial opiates, PCA, post-op pain management, and prone position.

Approximately one-half of provinces provide incremental FFS compensation for elevated BMI, deliberate hypotension and resuscitation.

A minority of provinces compensate additionally for cardiopulmonary bypass, profound hypothermia/circulatory arrest, malignant hyperthermia susceptibility, lung isolation, sitting position, STAT case and weight < 2500 gm.

A majority of provinces provide at least some compensation for cancelled cases, but most provide no compensation for cancelled whole days.

All provinces provide some compensation for being "on call".

Estimated average vacation is 6.2 weeks per year and CME leave is 1.5 weeks per year for full-time anesthesiologists.

Compensation for teaching and administrative activities is each provided in all but one province.

CMPA reimbursements range from zero to full. CME rebates are similarly variable. RRSP contributions are provided by two provinces.

Overall, five provinces reported increases to their Fee for Service schedules in 2013, with a median increase of 2.5%.

## 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.

A series of three new membership ads were placed in the January, February and March issues of the *Canadian Journal of Anesthesia* (CJA).



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## CONGRATULATIONS FÉLICITATIONS

### Recognition Event for Newly Certified Anesthesiologists

The Committee supported a Recognition Event for anesthesiologists certified over the last two years. With the cancellation of the 2013 Annual Meeting, the inaugural event will take place in St John's in June 2014. A Congratulations ad with a list of anesthesiologists certified in 2011-2012 was placed in the June issue of the CJA.



### CAS Membership Honour Awards 2013

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 reviewed all eligible nominations for the 2013 Membership Honour Awards. In considering the nominations, the Membership Services Committee conducted an electronic vote and recommended deserving recipients who were all approved by the CAS Board of Directors.



By the end of 2013, plans were well underway for the 2014 award year. The theme of "In Search of Excellence" was repeated in an ad that appeared in the September issue of the *Canadian Journal of Anesthesia*.

## PATIENT SAFETY

### Dr Daniel Chartrand, FRCPC – Chair

In 2013, the CAS Patient Safety Committee interacted with several organizations and investigated the possibility of creating a Canadian anesthesia registry. Here is a brief report of some of our last year's activities:

### Canadian Patient Safety Institute (CPSI)

The CAS has been a partner of the CPSI for more than ten years. Following the renewal of our partnership agreement, it was decided to rename our annual Patient Safety Symposium in honour of Dr John Wade, anesthesiologist, "Patient Safety Champion", and first Chair of the CPSI Board. The inaugural Dr John Wade - CPSI Patient Safety Symposium was planned for our 2013 Annual Meeting, which was unfortunately cancelled following the catastrophic floods in Calgary. We are very happy to announce that Dr Alan Merry, an internationally renowned patient safety expert, is available once again and will be speaking at the inaugural Dr John Wade -

CPSI Patient Safety Symposium on June 14, 2014, in St John's, Newfoundland.

CPSI has identified "Surgical Care Safety" as one of the four clinical priority areas of its new five-year business plan. As a CPSI partner, we have been invited to be part of the Planning Advisory Council for the CPSI National Surgical Care Safety Summit (March 26, 2014 in Toronto). During this Summit, over 30 national organizations involved with perioperative care safety will discuss and help establish the CPSI "Surgical Care Safety" priorities for the next five years. We will keep you informed on how the CAS will be able to participate in these new CPSI initiatives.

### Institute for Safe Medication Practices (ISMP (Canada))

For many years, Dr Beverley Orser has been our champion for safe medication practices and the CAS has been supporting many ISMP (Canada) initiatives such as bar coding. In 2013, we participated on the ISMP (and Health Canada) Expert Advisory Panel to develop a guide to support the design and testing of safe health products' labels and packages.

Despite our efforts, drug labeling and packaging may, unfortunately, still remain a safety issue for awhile. At the hospital level, good teamwork between anesthesiologists and pharmacists remains essential in order to develop protocols and strategies which will prevent medication errors. At the national level, the current drug shortage problem is partly responsible for the multiple different and confounding labels and packages found in the medication drawers of our anesthesia carts. CAS President, Dr Patricia Houston, has been actively participating on the Drug Shortage Consortium, which will hopefully convince the government to take action in order to solve the drug shortages issue.

### Canadian Standards Association (CSA)

The CSA is another of our long-standing partners. In 2013, Dr Steven Dain has continued to lead many CSA/ISO committees and several other members of the CAS Standards and Patient Safety Committees have also been involved in the revision of the CSA/ISO standards and the development of new standards. A long list of standards applicable to anesthesia and perioperative safety can be found as an appendix to the CAS "Guidelines to the Practice of Anesthesia". Some of the CSA standards will also be incorporated in the Accreditation Canada standards.

### Accreditation Canada

In 2012, we were invited to participate in the creation of new accreditation standards for "Independent Medical and Surgical Facilities". In 2013, Accreditation Canada invited us to participate in the revision of its standards for surgical services. After completing a national consultation, Accreditation Canada has recently published these new standards for "Perioperative Services and Invasive Procedures", which is merging two previous sets of standards – Surgical Care Services and Operating

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Rooms – into one. Knowing the importance of the accreditation process for improving the quality of care and patient safety in our hospitals, we hope to continue our interactions with Accreditation Canada.

### Other Initiatives

The CAS is also a partner of the Anesthesia Patient Safety Foundation (APSF) and CAS members can access the APSF newsletter via the CAS website. Many safety alerts from ISMP (Canada) are also posted on the CAS website.

## SCIENTIFIC AFFAIRS SUBCOMMITTEE

**Dr Robin Cox, FRCPC – Chair**

### Abstract Submissions for the 2014 Annual Meeting

The breakdown of submissions was as follows:

CATEGORY	TOTAL	ACCEPTED	REJECTED
Abstracts	111	102	9
Case Reports	26*	20*	6
Technical Booths	1	1	0
<b>TOTAL</b>	<b>138*</b>	<b>123*</b>	<b>15</b>
Residents	37	32	5

COUNTRY	TOTAL	ACCEPTED	REJECTED
Canada	128*	118*	10
Ethiopia	1	0	1
Ireland	2	2	0
Korea	2	1	1
USA	5	2	3
<b>TOTAL</b>	<b>138*</b>	<b>123*</b>	<b>15</b>

\* Data includes one accepted case report withdrawn by author

FUNDING	TOTAL	ACCEPTED	REJECTED
None	108	93	15
CARF	3	3	0
Other CAS	4	4	0
Other Funding	21	21	0
Unidentified Funding	1	1	0
<b>TOTAL</b>	<b>137</b>	<b>122</b>	<b>15</b>

Compared with the 2013 meeting, there was a 9% decline in the number of submissions to the 2014 Annual Meeting; the reasons for this are unclear. Some Sections submitted significantly fewer abstracts than in 2013. The distribution of abstracts, case reports, and resident submissions for 2014 remained much the same. As in 2013, there was one submission in the category of Technical Booth. Fifteen submissions were rejected for lack of anonymity, lack of consent, or lack of ethical approval. No submissions were rejected on the basis of low reviewer scores, suggesting that the quality

of submissions has increased somewhat. The overall acceptance rate for abstracts was unchanged from the previous year. One accepted abstract was withdrawn by the author at the time of writing this report. All funded submissions were accepted. Electronic posters will be used in St John's for the poster discussion sessions; hard copy posters for the poster display sessions. A decision was made this year to use the CAS and the *Canadian Journal of Anesthesia* websites for access to the abstracts rather than printing an abstract booklet, which was felt to be redundant. As in previous years, there may be fewer abstracts presented at the meeting than those accepted due to a failure of the author to register and pay for the registration fees. To reduce the number of rejections for failure to comply with the submission guidelines, it is planned to have increased functionality of the submission website next year. In this way, prior to submitting, authors will be reminded of the requirements and asked to confirm that they have complied.

## 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. 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 2014)" was published for the fifth consecutive year as a document within the pages of the *Canadian Journal of Anesthesia* in the January 2014 issue, together with an editorial highlighting changes in the document. The "Guidelines" this year also highlighted the current changes with shaded text to enable members to better appreciate the new changes, as had been the practice some years ago. The document is also available to the public via the CAS website.

The changes to the Guidelines accepted for 2014 incorporated a number of modifications as listed below:

1. Specific comments with respect to subspecialty pediatric anesthesia were inserted in appropriate places throughout the document. These changes were developed in concert with the Pediatric Anesthesia Section of the CAS.
2. With respect to the pre-anesthetic period, a statement reinforcing the importance of acknowledging or developing "Advance Care Directives" was included.
3. A statement with respect to "fitness to practice", emphasizing that anesthesia departments must undertake best practices to ensure that members are

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physically and mentally fit to provide optimal patient care, was developed and included in the Guidelines.

Involvement with the continuing development of Canadian and international standards through the Canadian Standards Association and the International Standards Organization has been continued with service provided. The Chair responds to a number of questions over the year about various issues. The Committee continues to recognize that the CAS does not have the resources to develop guidelines on all possible topics and thus has maintained "Appendix 4" in which it has listed resources available from other organizations on a variety of topics to which members can refer for answers to specific questions on anesthesia care.

## WEB SERVICES

**Dr Salvatore Spadafora, FRCPC – Interim Chair**

### Update for 2013

#### Social Media

- The CAS Facebook page has been used in conjunction with the Twitter account to publicize *What's New* at CAS.
- Twitter and Facebook were instrumental during the Calgary flood for communicating with members about the status of the meeting. We encourage more members to follow CAS on both sites.

#### Mobile site:

The CAS website now has a mobile option for members who use smartphones/tablets.

#### Website Statistics

Statistics from the website are as follows:

- Over 2013, the site recorded 129,086 visits, of which 43,441 were unique (or first-time visitors)
- Among the top 10 pages:
  - Member portal
  - Side effects of anesthesia page
  - Annual Meeting page
  - *Canadian Journal of Anesthesia*
  - Guidelines
  - Upcoming meetings

# Section Reports

## ANESTHESIA ASSISTANTS

### **Mark Ratz, Chair**

In 2012, the membership of the Anesthesia Assistants Section of the CAS was 45. The latest report indicates our current membership is at 46. This is a modest number comparatively to other Sections; however, we are a relatively new Section within the CAS and represent a small portion of professionals contributing to the delivery of anesthesia nation-wide. Our goal is to continue our Section's growth over time as our profession does the same.

Our Executive consists of Mr Jeff Kobe (Past Chair – Winnipeg), Mr Jared Campbell (Secretary – Winnipeg) and Mr Mark Ratz (Chair – Winnipeg). We have vacant Executive positions and clearly a geographic stronghold in Manitoba. Moving forward, our Section's goal is to improve national representation to the Executive in addition to filling vacancies. I would like to thank Mr Jeff Kobe (Past Chair) for his years of dedication and hard work in the development of our Section and will continue to look to him for guidance during my tenure.

We are looking forward to this year's meeting. We have some great topics to present and are excited to have Dr Faisal Siddiqui as our Section's guest speaker.

Our contribution to the delivery of anesthesia has been an engaging topic this year across the country. Our profession is at an exciting time now.

## NEUROANESTHESIA

### **Dr Cynthia Henderson, FRCPC – Chair**

In 2013, there were 71 members in the Neuroanesthesia Section of the CAS. The executive consisted of Dr Cynthia Henderson (Chair, Vancouver), Dr Timothy Turkstra (Vice-Chair, London), and Dr Marie-Hélène Tremblay (Secretary, Quebec City). Dr Hélène Pellerin (Quebec City) assisted the Section as Past Chair and we greatly appreciated the advice and support that we received from many other experienced neuroanesthesiologists across Canada.

The Neuroanesthesia Section, in conjunction with CARF, continued to support a research grant in neuroanesthesia: The CAS Research Award in Neuroanesthesia *in memory of Adrienne Cheng*. The winner for 2013 was Dr Stephan Schwarz from the University of British Columbia for the research project entitled "Thalamic mechanisms of pregabalin in fibromyalgia and chronic pain: Effects on the hyperpolarization-activated mixed cationic pacemaker current". Regrettably this award may not be sustainable in the future without ongoing contributions.

Unfortunately, the Canadian Anesthesiologists' Society's Annual Meeting to be held in Calgary in June 2013 had to be cancelled due to the terrible flooding. Our hearts went out to all of those affected. As a result, the Neuroanesthesia Section Executive continued in their current roles for another year even though their terms were up.

Fortunately, many of the same lectures will be presented in St John's, Newfoundland at the next CAS Annual Meeting in June 2014. We look forward to hearing from Dr Adrian Gelb on the Ideal Neuroanesthetic, including the neuroanesthesia potential of some of our newer agents; Dr Marie-Hélène Tremblay on the interesting concept of Neuroaxial Anesthesia in a Patient with an Intracranial Lesion, which was previously considered a contraindication; and Dr Alexis Turgeon and Dr Shawn Hicks on several aspects of Resuscitation of the Brain.

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!

## OBSTETRIC

### **Dr Ronald George, FRCPC – Chair**

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

The unfortunate events during the 2013 Annual Meeting in Calgary have not stymied our planning for the 2014 meeting, which we hope will be a huge success in St John's. We hope to have big success with great crowds at the Obstetric Anesthesia sessions. At this upcoming Meeting, we are lucky to have some of the planned 2013 speakers join us. We have an excellent Complex Parturient Symposium featuring our guest obstetric anesthesiologist, Dr Paloma Toledo from Northwestern University. She will be joined by Drs Jillian Coolen (MFM) and Andrée Sansregret (OB) to discuss the complex bleeding parturient and multi-disciplinary education to help us deal with this all too common scenario. We will also have our neuraxial ultrasound workshop back, led by Dr Jose Carvalho, and a number of refresher course lectures from our guest anesthesiologist and members of our CAS OB Section. The luncheon will spotlight a lively debate between Dr Toledo and our own Dr Alison McArthur.

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Our Section continues to be fiscally responsible in the management of its finances, with the balance continuing to grow. We continue to support the annual Best Paper Award in Obstetric Anesthesia (\$1,000). The Section is lending financial support to development of Canadian Obstetric Anesthesia Guidelines. This initiative is led by Drs Alison McArthur from the University of Toronto and Ronald B George from Dalhousie University. Our working group just completed a meeting in Toronto and we will highlight this work and seek input from attendees at this year's CAS Annual Meeting.

The Executive currently consists of Drs Ronald George (Chair), Giselle Villar (Vice-Chair), Pamela Angle (Past-Chair) and Clarita Margarido (Secretary-elect). This will be Dr George's first meeting to Chair and we will be seeking members-at-large to join the Executive to assist with planning of CAS 2015 & 2016 in Ottawa and Vancouver. If you are interested in being an active member of the Obstetric Anesthesia Section of the CAS, please don't hesitate to contact Dr George ([rbgeorge@dal.ca](mailto:rbgeorge@dal.ca)). We are looking forward to this year's CAS Annual Meeting in Newfoundland.

## PERI-OPERATIVE MEDICINE

### **Dr Heather McDonald, FRCPC – Chair**

Vice-Chair: Dr Gregory Bryson  
Secretary/Treasurer: Dr Massimiliano Meineri  
Past President: Dr Ashraf Fayad

The Peri-operative Medicine Section continues to grow, comprised of 94 members this year, despite the unfortunate cancellation of the 2013 CAS meeting in Calgary due to flooding. The scientific program has been organized in close collaboration with the CVT Section, with every effort made to preserve the hard work and efforts of both the Section executive and previously planned speakers in the upcoming meeting.

There is increasing interest in peri-operative medicine in the anesthesia community with a concomitant increase in research and educational opportunities. Several of our members participate in the Peri-operative Anesthesia Clinical Trials group to facilitate collaborative research projects in this important area. The Section also continues to support research by providing an award for the best peri-operative paper submitted to the 2014 meeting.

At this year's meeting, Dr Heather McDonald will be stepping down, and Dr Gregory Bryson will assume the chair and Dr Massimiliano Meineri will be Vice-Chair. A call for nominations will be sent out for the position of Secretary/Treasurer prior to the meeting.

## REGIONAL AND ACUTE PAIN

### **Dr Marie-Josée Nadeau, FRCPC — Chair**

The main activity of the Regional and Acute Pain Section continues to be the CAS Annual Meeting. We were all saddened by the events in Calgary last June and some of us had to evacuate the city on Friday morning. We thank all speakers who agreed to present in Calgary and were not able to do it, and we know that is a huge amount of work to prepare a presentation. We send a special thanks to all of our invited international speakers, specifically Dr Donal Buggy, who came from Ireland and had to fly back home on the same day as his arrival. Unfortunately, we were not able to plan the same sessions again for 2014.

A survey was sent to all members during the winter and only a few members have responded. It is important for the Section Executive to know your opinions and needs, and please do not hesitate to contact us to share your thoughts.

The Section still needs interested members who would like to get involved in the Section's affairs. Please contact us for details and tell us about your interests.

The Section Executive met via video conference a few times during the winter and preliminary plans for the 2014 Annual Meeting were discussed.

## RESIDENTS

### **Dr Andrew Weiss – Chair**

The Residents' Section returned with all anesthesia programs represented by a resident and our resident representatives include the following individuals:

Chair: Andrew Weiss (University of Manitoba)  
Vice-Chair: Jaclyn Gilbert (McMaster University)  
CAS Board Representative: Elizabeth Miller (University of Ottawa)  
University of British Columbia: Paul Zakus  
University of Alberta: Kelsey Rutten  
University of Calgary: Meghan O'Connell  
University of Saskatchewan: Ian Chan  
University of Ottawa: Sarika Mann  
Queen's University: Vanessa Sweet  
University of Toronto: Tyler Fraser  
Western University: Melissa Chin  
McGill University: Ken Mast  
Université de Montréal: LouisPierre Poulin  
Université de Sherbrooke: Étienne StLouis  
Université Laval: Catherine Cournoyer  
Dalhousie University: Amélie Pelland  
Memorial University: Kathryn Sparrow

Since last year's Annual Meeting was cancelled due to Calgary's flooding, we have rolled over presentations that were to have been presented at that time because of significant interest expressed in a pre-conference survey

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of anesthesia residents. This year's sessions will be the perennially popular presentation from the Royal College's Anesthesiology Chief Examiner and a second session that aims to explore novel fellowships and practice patterns within institutions and across Canada titled "Anesthesia in the Academic, Community and Peri-operative Settings".

We are also planning the residents' social for the Annual Meeting. Kathryn Sparrow (Memorial University) is in charge of organizing the event that will occur on the Friday night. It promises to be a great time to meet other residents in a relaxed atmosphere with some snacks and drinks.

Due to the smaller, more remote nature of this year's Annual Meeting, we are organizing a virtual fellowship fair that should help to broaden the scope of the fair's impact to programs and residents who are not able to attend the Annual Meeting to make it a "win-win" for residents and fellowship programs across Canada. We anticipate that next year we will have co-incident live and virtual fellowship fairs.

The Anesthesia Residents' Section has also been active in surveying fellowship intentions and future practice and research plans of Canadian anesthesia residents.

A web-based survey was distributed to all Canadian anesthesiology residents and we received a response rate of 45%. The results of this survey will be presented as a poster presentation at the upcoming CAS Annual Meeting.

On our website, you can see the feature "Where in the World is...?" where we interview anesthesia residents who have done international electives. We hope to do the same with residents involved in research. Please nominate a resident you would like to commend or introduce to us for these features. Also, we have a Facebook page where you can learn about relevant and interesting updates and be sure to follow us on Twitter.

We hope to continue to have every program represented in the Residents' Section next year and look forward to 2014-2015!

Facebook: [www.facebook.com/CASresidents](http://www.facebook.com/CASresidents)

Tumblr: [www.casresidents.tumblr.com](http://www.casresidents.tumblr.com)

Twitter: [@casresidents](https://twitter.com/casresidents)

Email: [casresidents@gmail.com](mailto:casresidents@gmail.com)

# Other Reports

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

**Dr Davy Cheng, FRCPC – President, ACUDA**

ACUDA Executives (Board of Directors): President (Dr Davy Cheng, Western), President-Elect (Dr Mike Murphy, Alberta), Secretary/Treasurer (Dr Roanne Preston, BC), Past President (Dr David Campbell, Saskatchewan)

1. Officers/ Board of Directors: Due to the cancellation of the CAS and ACUDA June 2013 Annual Meetings, the ACUDA Executive members remain the same for 2013-2014 as above. At the end of the 2014 Annual Meeting in St John's NL, the new 2014-2016 Executive team will be tabled for election: President (Dr Mike Murphy), Vice-President (Dr Roanne Preston), Secretary/Treasurer (accepting nomination), and Past President (Dr Davy Cheng).

2. ACUDA held its 2014 annual Winter Meeting of the Management Committee in conjunction with the University of Ottawa's Department of Anesthesiology Winterlude Symposium in Ottawa, rather than at the Sheraton Airport Hotel in Toronto. It was deemed to be a tremendous success with the hospitality shown by Dr Don Miller (Ottawa) and his team (Dr Naveen Eipe). The success of this ACUDA Winter Meeting in terms of networking and coupling with scientific CME with the Ottawa Winterlude Meeting is reflected in the unanimous decision by the membership of the ACUDA Management Committee to hold the 2015 Winter Meeting in Ottawa again (February 1, 2015) to coincide with the University of Ottawa Department of Anesthesiology Winterlude Symposium (January 31 and February 1, 2015).

3. Dr Homer Yang (Past Chair, Ottawa) was honoured by the ACUDA Management Committee with a special certificate to recognize his long-standing years of leadership and devotion to ACUDA business.

4. CAS St John's ACUDA Plenary Session: the Plenary Session that was scheduled for Calgary on the topic of "Addiction and Anesthesia" will be repeated in St John's on Friday, June 13, 2014. All speakers scheduled for last year have agreed to come to St John's (Drs Kaufman, Wright and McNicol).

5. Professionalism and Disruptive Behaviors in the OR: Dr Eric Jacobsohn (Manitoba) presented a survey and study on this very topical issue and was asked to report back regularly as this study is introduced on an international stage.

6. Multi-disciplinary Pain Specialty Certification – Royal College of Physicians and Surgeons of Canada (RCPSC): Dr Patricia Morley-Forster (Western), Dr Catherine Smyth

(Ottawa), ACUDA, the Canadian Anesthesiologists' Society, and the Canadian Pain Society lobbied successfully with the Royal College. Now this training program is hosted by Departments of Anesthesia (same principle as Critical Care Medicine hosted in the Department of Medicine). First intake of residents is in July 2014.

7. Resident Log-Book (RLB): It was reported by Dr Cheng and Dr Mike Cummings that ACUDA, in collaboration with the software company, CISSEC, has successfully been selected by the Royal College to further develop the RLB template into a log-book for all specialties at the Royal College.

8. ACUDA HR/Career Planning: A recent RCPSC Specialty Un-Employment Report: A few specialties such as cardiac surgery (100%), Nuclear Medicine (57%), Radiation Oncology (52%), and Critical Care Medicine (22.7%) were reported. The long-term hiring outlook for academic anesthesiologists varies from bad to fair to good (1-3 years bad, 3-5 years better, >5 years good) in a survey presented by Dr Jeremy Pridham (Memorial). In job placement settings, 36% of graduating anesthesia resident respondents had positions in academic practice and 56% in community practice. The Hours of Workload, on-calls duty, and job satisfaction were also discussed.

9. Competency-Based Medical Education (CBME): It was reported by Dr Viren Naik that the RCPSC has mandated that all specialty training programs move to CBME. The University of Ottawa has declared that it will implement its program in 2015 in conjunction with the new CanMEDS framework. Fundamental to this change, and recognizing that the current examination is a poor indicator of competency, "outcome-based measures" will become the cornerstone for identifying competency. The University of Ottawa has targeted a training duration of four years, though some trainees may meet all competencies sooner or later. Dr Naik identified the intensity of evaluation (7-9 times more evaluation) in the new curriculum and speculated that this may be associated with increased costs. In preparing to launch its CBME in 2015, the University of Ottawa has taken the National Curriculum prepared by the Program Directors nationally over the past half-decade (mapped to the Residency Training Requirements) and identified some 27 Competency domains called Entrustable Professional Activities (EPAs) or Milestones. Discussion ensued that suggested the 17 training programs divide these EPAs among themselves to spread the workload in terms of curriculum development. We also committed to a meeting of the chairs with the program directors in our Annual Meeting time slot to discuss this further.

10. CEPD and the MOC Program Update: As reported by Dr Craig Campbell (Director of CDP, RCPSC) who made

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several points regarding MOC: (1) The 300-hour ceiling per five years has been removed; (2) Starting with new cycles, a minimum of 25 credits must be recorded in each section OVER FIVE YEARS; and (3) Residents can join as affiliates and can transfer a maximum of 25 credits into each of the three sections in their first five-year cycle. The intent is to educate the resident in the MOC system and the need for lifelong learning.

a) The future of MOC holds: (1) A Competency-Based Learning model for MOC (e.g., "Milestones"; "Affirmation of Clinical Competence"); (2) Greater focus on assessment (e.g., the role of performance data, external measures of performance). This requires an expansion of evaluation tools in Section 3; and (3) Expanded "e-portfolio" (i.e., Mainport): starts at the beginning of residency and ends at retirement. It will include the capacity to accommodate the bulk transfer of approved activities accumulated in another database to Mainport and other tools to record activities (e.g., PubMed).

b) The development of a competency-based model will embrace several competency-based education strategies such as: (1) The translation of generic learning objectives to specialty specific objectives; (2) Contribution to an evolving CPD curriculum; and (3) Specialty-specific scope of practice objectives.

11. Critical Care Proposal to RCPSC: Reported by Dr Brian Kavanagh that anesthesia has historically occupied a leadership position in critical care medicine as having been the specialty that founded it. There are now several pathways to specialty training in critical care through anesthesia, internal medicine, surgery, emergency medicine and pediatrics. All of this is presented as a preamble to a motion by the Specialty Committee in Critical Care to eliminate the possibility of double counting. In principle, this seems like a good thing unless your route to CCM is through any specialty other than internal medicine, as it unfairly favours internal medicine over the other specialties. The ACUDA chairs will voice our concerns to the RCPSC through channels established by the RCPSC for comment.

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

*Dr Francesco Carli, FRCPC – Chair*

### *Rwanda*

We are grateful to the many people who support anesthesia training in Rwanda. In 2013, 11 Canadian staff anesthesiologist volunteers and three Canadian anesthesia residents taught in Rwanda. The Department of Anesthesia at Dalhousie University continued its strong commitment to the Rwanda program by sending many staff and residents and receiving Rwandan

residents for further training. Our American colleagues from the American Society of Anesthesiologists Global Humanitarian Outreach (ASAGHO) supported the program by sending three anesthesiologists and three residents to teach in Rwanda.

A major highlight of the year was the SAFE (Safer Anesthesia From Education) Obstetric Anesthesia course in Rwanda. Maternal mortality is very high in Rwanda and the SAFE course provides knowledge and skills for better obstetric anesthesia care in challenging rural district hospitals. The initial SAFE course was run in January 2013 and attended by 116 anesthesia nurses (representing about half of the anesthesia providers in Rwanda). A second course followed in November 2013 for an additional 32 participants (anesthesia nurses, obstetric nurses, midwives and surgeons). Financial support for these courses was provided by donations to CAS IEF with additional support from the Canadian International Development Agency (CIDA) and the World Federation of Societies of Anaesthesiologists (WFSA).

In June 2013, four Rwandan residents graduated and they are now working at teaching hospitals in Rwanda. Another 10 residents continued to study in the CAS IEF-supported anesthesia residency program. Two residents spent four months at Dalhousie for further training. Fellowships were facilitated in ICU and obstetrics for junior staff. More and more, the Rwandan staff are involved in the teaching and supervision of the residents in training.

Over the years of teaching in Rwanda, it became obvious that trainees needed to practice both discrete skills and management of complex emergencies without risking harm to patients. From that need, Canadian and Rwandan partners collaborated to build a centre for simulation and skills training in Kigali, Rwanda. This centre opened in February 2013 and saw over 2,200 learning encounters, from nurses, medical students, and residents from multiple disciplines in its first year of operation.

Support for anesthesia resident education, the SAFE Obstetric Anesthesia Course and the simulation and skills centre are all important components of strengthening anesthesia services in Rwanda.

### *Global Oximeter Project*

The Lifebox appeal launched by CAS IEF and the Canadian Anesthesiologists' Society concluded in 2011, and sufficient funds were raised to purchase more pulse oximetry kits which, beside Rwanda, were sent in Nepal and Burkina Faso. A total of 100 pulse oximeters were distributed to rural Nepalese hospitals along with 100 pediatric probes, and 117 oximetry kits along with 117 neonatal probes to be used in operating rooms in Burkina Faso.

### *Global Outreach Course*

The sixth Global outreach course was offered for the first time in the US and well attended. The course will return to Canada next year.

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

### *Dr Doreen Yee, FRCPC – Chair*

This year, the Canadian Anesthesia Research Foundation (CARF) was able to offer nine awards, including the two-year Career Scientist Award again. CARF will now directly fund two full awards, and co-funds the R A Gordon Patient Safety Award.

The CARF investment portfolio had returns of 11.14% in 2013 (compared to 6.1% in 2012, 1.3% in 2011 and 8.2% in 2010). Total CARF assets were worth \$1.375M 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.

Dr Doug Craig, one of CARF's early Board members and who returned to provide sage advice (financial and otherwise!) after his retirement two years ago, stepped down last year. We thank him for donating his valuable "retirement time" to CARF. His knowledge and experience were a valuable resource to the CARF Board after his retirement from clinical practice.

The CAS Residents' Research Grant has been supported by Vitaid for many years. However, the company was sold to Teleflex a few years ago and its priorities have changed, resulting in a funding gap. Fortunately, the Ontario Division, also known as the Ontario's Anesthesiologists (OA), stepped up and offered to fund this grant to the tune of \$10,000 annually. OA believes in the need to invest in the future of Canadian anesthesia research endeavours, our Canadian anesthesia residents.

Member donations were slightly down this year (\$4,000 less), as well as the number of members donating (13 less), although we are pleased to report that a dozen members are now "Patron" donors (\$1,000 or more)! There were also almost two dozen "Leader" donors (\$500-\$999). Future endeavours include increasing the number of donors within the Society.

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

### *Dr Michael Sullivan, FRCPC – Chair*

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 (SC) 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, and the

Program Directors from each of the accredited Canadian Anesthesia Training Programs.

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

### **Competency-Based Medical Education (CBME)**

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

There is a tremendous amount of learning and work to be done by the academic anesthesiology community over the next several years. Over the coming academic year, the SC will be working with ACUDA to develop specialty-specific milestones.

### **CanMEDS 2015**

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

### **Canadian National Anesthesia Simulation Curriculum (CanNASC)**

The SC has received a report regarding the development of a national simulation curriculum. This is conceptualized as a set of common scenarios which would be used to deliver elements of the National curriculum uniquely suited to be taught using simulation. The task force has piloted its first scenario this academic year.

### **Pain Medicine**

Dr Patricia Morley-Forster and a group of dedicated Pain Medicine physicians (many of them anesthesiologists) have done remarkable work to birth the new anesthesiology subspecialty of Pain Medicine. More work is ahead as programs are accredited and funded residency positions are allocated to Pain Medicine trainees. The first CARMS match has taken place with intake of the first cohort of Pain Medicine subspecialty trainees in July 2014.

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The Royal College does not “grandparent” current practicing subspecialists when a new subspecialty is created. Some of the physicians instrumental in the development of the new subspecialty will receive a Founder designation. Access to an FRCPC in Pain Medicine for fellows currently practicing Pain Medicine will be via a practice eligibility route [http://www.royalcollege.ca/portal/page/portal/rc/credentials/start/routes/practice\\_eligibility\\_route\\_subspecialists](http://www.royalcollege.ca/portal/page/portal/rc/credentials/start/routes/practice_eligibility_route_subspecialists).

### **Practice Eligibility Route (PER) – Anesthesiology**

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

### **GP/FP Anesthesia**

Academic family medicine at the College of Family Physicians of Canada (CFPC) wishes to develop a certificate of added competence (CAC) in family practice anesthesia. Two members of the Specialty Committee (Dr Clinton Wong representing the SC and Dr Michael Cummings representing ACUDA Education) are members of the CFPC Competence Project – Working Group on FP – Anesthesia. This is a complex topic and will require thoughtful support from the Canadian anesthesia community.

### **CAS Recognition Ceremony for New Anesthesiologists**

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

### **Areas of Focused Competence (AFC) – Diplomas**

The CV Section of the CAS has chosen to explore the opportunity presented by a new category of recognition at the RC [http://www.royalcollege.ca/portal/page/portal/rc/credentials/discipline\\_recognition/afc\\_program](http://www.royalcollege.ca/portal/page/portal/rc/credentials/discipline_recognition/afc_program).

AFC diploma programs are defined as follows:

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

Successful completion of the program will afford the trainee the designation DRCPSC (Diplomate – RCPSC). Since the inception of the AFC diploma program, 13 Areas of Focused Competence have been recognized. Adult Cardiac Anesthesiology and Perioperative Transesophageal Echocardiography would be the first Anesthesiology AFC. Anesthesiologists are eligible for entry into several of the current AFCs.

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as at December 31, 2013

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# Canadian Journal of Anesthesia

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