

# Canadian Anesthesiologists' Society

## ANNUAL REPORT FOR 2016



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## **REPORT OF THE PRESIDENT**

*Dr Douglas DuVal, FRCPC*

I am pleased to report that 2016 was a successful year in which the Canadian Anesthesiologists' Society (CAS) built upon fresh foundations, continued to promote recent new initiatives, and commendably maintained its core functions while preparing for future growth and improvement.

This was the first full year that the Society operated under the management of Executive Director Debra Thomson, who joined CAS late in 2015. She has completed a review of our office operations, making several process improvements, and received approval from the Board of Directors to proceed with her recommended restructuring plan, which intends to effectively align human resources with CAS priorities, emphasizing excellence in service to our members. Debra has also demonstrated that she is an effective fiscal manager devoted to responsible stewardship of members' fees. Over the course of the year she, in concert with CAS Treasurer Dr François Gobeil and others, has contributed to virtual elimination of the 2016 CAS budgeted deficit, and a return to operational balance which had been anticipated to be a two to three-year project. Growth in CAS membership has also been a priority for Debra and the CAS, and significant increase in the number of our members is a goal for 2017.

The CAS joined Choosing Wisely Canada (CWC) in 2015 as the national specialty society for anesthesiology, and established the CAS CWC committee. Each society was asked to develop an initial list of "Five Things Clinicians and Patients Should Question", identifying commonly utilized investigations and treatments unsupported by evidence of benefit, and possibly causing unintended harm. This initiative was spearheaded within CAS by Drs Patricia Houston, Susan O'Leary, Gregory Bryson and Duminda Wijeysondera. In 2016, the leadership of the CAS CWC committee was passed on to Dr Kyle Kirkham. Dr Kirkham is now working with the national Choosing Wisely campaign, and has assembled a network of Canadian anesthesiology "leads", and is pursuing the development of educational resources to assist Canadian anesthesiologists in the implementation of our Choosing Wisely recommendations.

Also in 2015, the CAS entered into an agreement with the Australian and New Zealand Tripartite Anesthetic Data Committee (ANZTADC) to use its web-based Anesthesia Incident Reporting System (webAIRS), as a "platform" upon which to adapt a Canadian Anesthesia Incident Reporting System (CAIRS). Dr Scott Beattie agreed to act as Medical Director of this project, and, throughout 2016, with the support of CAS, he has been working on software modifications and data storage issues, with a view to initiating a pilot project and proposed national launch of CAIRS in 2017.

Through the Committee on the Anesthesia Care Team (COACT), chaired by Dr Susan O'Leary, the CAS has been working closely with representatives from several essential organizations to define and develop the role of Anesthesia Assistants (AA) nationally. In 2016, the AA Workgroup issued a validated National Competency Framework in Anesthesia Assistance, and established an inter-professional accreditation process for AA education programs, and also an inter-professional AA Certification Exam Committee.

The Federal Budget tabled on March 22, 2016 contained provisions that will adversely affect incorporated physicians who practise within group medical structures. For anesthesiologists, this situation is particularly prevalent in academic settings. CAS acted in concert with the Canadian Medical Association, which led a vigorous advocacy effort on behalf of all Canadian physicians, seeking exemption. The engagement and response from anesthesiologists over several months was gratifying, but regrettably, in late December 2016, it was announced that this political lobby effort had failed. On another advocacy front, the issue of episodic drug shortages has been a concern of CAS members at least as far back as 2009 and has engaged CAS Presidents with federal politicians since 2011. In February 2015, the then Federal Minister of Health announced imminent requirement for mandatory reporting of anticipated drug shortages, but with the change of government later that year, implementation evidently had not occurred. In 2016, I sent two more letters in my capacity as CAS President to the Federal Minister of Health, Dr Jane Philpott, expressing our continuing concern with respect to pharmaceutical supply disruptions, and the lack of mandatory reporting.

The CAS Annual Meeting (AM) is the focal point of our calendar. The AM in Vancouver, British Columbia in June 2016 was a success in virtually all respects. The venue was spectacular, attendance was high (almost 1,000 registrants), and the deficit was low (the AM has for several years been budgeted and operated at a deficit, as a benefit to CAS members). In addition to the educational and social benefits afforded to our members, the AM is an important opportunity to recognize the contributions and achievements of our colleagues. Honoured in 2016 were Dr Michael Bourque (Clinical Practitioner Award), Dr Gordon Whatley (Clinical Teacher Award), Dr Joel Hamstra (Dr John Bradley Young Educator Award), Dr Richard Hall (Research Recognition Award), Dr Angela Enright (Emeritus Membership Award) and Dr Donald Miller (Gold Medal). In addition, six cash awards totaling \$120,000 were presented on behalf of the Canadian Anesthesia Research Foundation, as well as many other awards for Best Papers, oral presentations in the Richard Knill and Resident's competitions, and medical student prizes.

In 2012, a CAS Annual Meeting Working Group was initiated under co-chairs Drs Susan O'Leary and Daniel Bainbridge, with the express purpose of improving the quality of Continuing Professional Development (CPD) at the AM. The success of Drs O'Leary and Bainbridge, along with Dr Peter MacDougall and the support of Ms Jane Tipping, was recognized by the Royal College of Physicians and Surgeons of Canada through the granting of its 2016 Accredited CPD Provider Innovation Award for "Improving Education Delivery and Optimizing Credit: the Framework for Competence by Design (CBD) for CPD".

The CAS was extremely well represented at the World Congress of Anesthesiology in Hong Kong, August 28 – September 2, 2016, hosted by The Society of Anaesthetists of Hong Kong, on behalf of the World Federation of Societies of Anesthesiologists (WFSA). Leading up to this meeting, several members of CAS had been selected for positions with the WFSA. These included Dr Pierre Fiset (second term on Council), Dr Davy Cheng, (Chair, Scientific Affairs Committee), Dr Beverley Orser, (Safety and Quality of Practice Committee), Dr David McKnight, (Constitution Committee), Dr Dylan Bould, (Education Committee), Dr David Rosen, (Pediatric Anesthesia Committee), Dr Jason McVicar, (Pain Relief Committee), Dr Ronald George, (Obstetric Anesthesia Committee), and Dr Gregory Klar (Publications

Committee). All these members were nominated by the CAS, in its role as a component society of the WFSA.

## REPORT OF THE TREASURER

*Dr François Gobeil, FRCPC*

### Treasurer's Report 2016

The Canadian Anesthesiologists' Society (CAS) financial statements are divided into three business areas: the Society's administration (CAS), the Annual Meeting (AM) and the *Canadian Journal of Anesthesia* (CJA).

As of December 31, 2016, the CAS has \$2,879,375 in assets and \$1,203,809 in liabilities. Included in the total asset value was an investment portfolio of \$1,706,755 that generated a return of 1.176% in 2016.

The general table below gives an overview of the Society's financial situation (Table 1).

**Table 1**

	2015 (millions)				2016 (millions)			
	AM	CAS	CJA	TOTAL	AM	CAS	CJA	TOTAL
<b>Revenues</b>	0.948	1.191	0.657	2.797	1.185	1.103	0.639	2.926
<b>Expenses</b>	1.321	0.911	0.685	2.917	1.239	0.843	0.661	2.743
<b>Surplus (deficit)</b>	(0.372)	0.280	(0.028)	(0.120)	(0.055)	0.259	(0.022)	0.182

### Annual Meeting (AM)

The AM Committee's outstanding work has paid off. The high overall attendance for our meeting in Vancouver, combined with excellent cost control, resulted in substantial reduction in the deficit. Although the goal is not to generate profit, with the industry trend of decreasing sponsorship revenue and ever-increasing costs, it is crucial to find revenue growth and expense reduction opportunities. Additional factors that contributed to the success of 2016 include newly introduced pre-conference workshops and increased hotel incentive.

### Society's Administration (CAS)

The CAS component, although fragile, always generates a positive balance. Revenue is slightly lower in 2016 mainly due to a decrease in membership, but fortunately it is offset by budgeted expenses not incurred in HR, administration, and Committee and Board activities. With respect to investments, while following our capital protection policy for a not-for-profit organization, we depend on the volatile market performance.

***Canadian Journal of Anesthesia (Journal)***

A source of exposure for the Society, the *CJA* must consistently deal with the ups and downs of print media and still depends on royalties. It is the second main source of deficit. Even though the deficit largely remains below the budget projection, royalties in 2016 are slightly lower than in 2015. Fortunately, a favourable exchange rate and spending cutbacks resulted in a relatively stable global picture. However, the work initiated last year by the Finance Committee must continue, while keeping in mind that the agreement with Springer is to be renewed in 2018.

**Conclusion**

I am happy to announce that our 2016 financial results are extremely positive. We met our 2018 balanced budget goal sooner than planned and even surpassed it with a surplus in 2016. This is an obvious contrast to the 2015 deficit and the anticipated 2016 deficit. The success of the 2016 Annual Meeting in Vancouver combined with overall tight cost controls led to this turnaround.

This positive outcome is a result of everybody's exemplary contribution. I especially want to emphasize the work of Executive Director, Debra Thomson; Controller, Iris Li; Annual Meeting Committee Chair, Dr Daniel Bainbridge; and, *Canadian Journal of Anesthesia* Editor-in-Chief, Dr Hilary Grocott. I also want to thank all Finance Committee members and Board members chaired by Dr Douglas DuVal and all the Society's staff.

It is indeed a time for celebration. However, the budget remains fragile and as the Treasurer, I encourage us to be cautious. The goal is to always attain a balanced budget. We have to stay vigilant and keep up our efforts to maintain revenue and monitor expense levels.

## REPORT OF THE EDITOR-IN-CHIEF

*Canadian Journal of Anesthesia*  
*Dr Hilary Grocott, FRCPC*

### **CJA MISSION STATEMENT:**

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

### **Overview**

This report outlines the progress of the *Canadian Journal of Anesthesia/Journal canadien d'anesthésie (CJA)* over the course of the past year and will address some of the key points in the *Journal's* progress. It also reflects the progress of the *Journal* in the fourth year of my term as Editor-in-Chief. Highlights of this year's editorial contents, *Journal* usage and other metrics, as well as our online development, will be described.

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

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 SpringerOpen™ program. The international exposure and reach of the *Journal* continues to increase. In 2016, 64% of online referrals (and article downloads) were from outside North America, with Asia-Pacific countries and Europe being the regions of the world with the most full text requests from the online *Journal*. In regards to readership and the number of authors submitting articles, in 2016, the *Journal* received 781 article submissions from authors in 20 different countries. Two hundred and fifty articles were published in 12 monthly issues (Can J Anesth 2016; Volume 63). Article types included invited editorials, reports of original investigation, case reports/case series, narrative review articles, systematic reviews, CPD modules, images in anesthesia, and letters to the editor. The content of articles, in accordance with our mission statement, spanned the fields of anesthesia, acute and chronic pain, perioperative medicine and critical care.

### **Usage**

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

The content of the *Journal* is available through direct mail subscription to all CAS members (approximately 1,850). In addition, there were 256 other individual subscriptions and 8,771



institutional library consortia that access the *Journal*. The *Journal* continues to be accessed by an ever-increasing number of other users. The number of full text article requests continues to increase from a total of 402,928 in 2010, to more than 60,000 per month in 2015, and in 2016 reached more than 1.13 million. In terms of full-text article request by geography, 9% of requests originated from Canada, in comparison to 28% of requests originating from the United States. Twenty per cent of requests now come from Asia-Pacific countries, 23% from Europe, and 14% from elsewhere. These data reflect the observation that the *Journal* is truly international in scope.

### ***Production***

There were 250 articles published in 2016, which is comparable to the 230 articles in 2015. The *Journal* continues to achieve a more rapid turnaround time to publication. The average time from submission to decision was 9 days in 2016. The “time to first decision” is an important metric that we are constantly working towards reducing. It is essential to optimizing the author experience. However, at less than two weeks, it is unlikely to improve further. The average production time between receipt of an accepted article at Springer and online first publication also decreased, from 31 days in 2009, compared to 9 days in 2016.

### ***Editorial Content***

The editors continued to be highly selective in 2016 regarding which articles to publish. Manuscript scope, novelty, scientific merit and overall importance are considered. Each issue contains, on average, 2-3 editorials, 6-7 reports of original investigations, 1-2 review articles, regular special articles, continuing professional development modules (4 per year), occasional case report (6-8 per year), correspondence items and book reviews. Although our overall acceptance rate is approximately 35%, the rate varies according to article type. For reports of original investigation, it is closer to 15%, but for invited editorials it is near 100%.

Each January, the ***CAS Guidelines to the Practice of Anesthesia*** are updated. The next update is scheduled for January 2018. Interestingly, the CAS Guidelines continue to be cited on a regular basis and contribute approximately 18-20 citations to our impact factor. They are also downloaded more than 1,000 times per year.

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

February 2014: Patient Safety in Anesthesia and Perioperative Medicine

February 2015: Enhanced Recovery after Surgery (ERAS)

February 2016: Defining Important Outcomes in Perioperative Research

February 2017: The Physician at Risk: Disruption, Burn-Out, Addiction, and Suicide

### ***Updates to the Online Journal***

Our online presence and content continues to be developed by Dr Philip Jones, who serves as Associate Editor. He curates our Twitter feed (@CJA\_Journal), providing links to *Journal* content to our current 4,000+ followers.

Our iPad/iPhone/Android app for the *Journal* was launched in 2013 and continues to be available. Readers also have access to online articles published in both Portable Document

Format (PDF) and HyperText Markup Language (HTML) formats. Electronic versions of metadata related to each article, which includes different forms of supplementary material, are now sent automatically to all relevant bibliographic organizations on the day of online publication.

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

### **Journal Metrics**

The 2015 impact factor (IF) was 2.14. This resulted in a ranking 11 out of the 31 anesthesia journals currently being published in print. The 2016 IF data will be released in July 2017. In addition to traditional metrics (i.e., IF), journals and their content are now also evaluated according to alternative metrics – or so-called *Altmetrics*. For example, of the more than six million articles that had been tracked by Altmetrics, the article “Physical and psychological abuse in Canadian operating rooms” (*Can J Anesth* 2017;64:236-7) ranked in the top 5% of all articles ever tracked by Altmetrics.

## COMMITTEE REPORTS

### LOCAL ARRANGEMENTS (VANCOUVER) SUB-COMMITTEE

*Dr Cynthia Yarnold, FRCPC – Chair*

Vancouver was the proud host of the 2016 CAS Annual Meeting. Held at the truly unique Vancouver Convention Centre, with floor-to-ceiling windows exhibiting the exquisite North Shore Mountains behind the picturesque waters of Burrard Inlet, delegates were treated to the beauty and diversity of this west coast city. The highlight of the meeting was the President's Gala dinner where we were entertained by the comedic styling of Mr. Shawn Mujunder from *This Hour Has 22 Minutes*. To cap off the weekend, participants of the Fun Run for CARF relished the crisp ocean air as they ran along our famous Stanley Park Seawall to the Brockton Point Lighthouse.

### ANNUAL MEETING

*Dr Adriaan Van Rensburg, FRCPC – Chair*

#### *2016 Annual Meeting*

The 2016 CAS Annual Meeting was, by all accounts, a huge success as anesthesiologists from across the country met in Vancouver from June 24-27. The theme of the meeting was “Improving Perioperative Outcomes”, reflecting the ongoing evolution of anesthesia into a specialty focused on patient safety. The number of delegates was up from 2015.

The meeting started with a full-day workshop on perioperative echocardiography. As with all workshops held at the Annual Meeting, Category III credits were awarded, giving three credit hours for every hour of the workshop. The Welcome Reception took place in the Vancouver Convention Centre and the opening speaker, Dr Jacqueline Leung from the University of California, San Francisco, gave an excellent talk entitled “Postoperative Cognitive Dysfunction – Noise or Signals?” There were also talks on physician wellness and health, an update on the Choosing Wisely Canada initiative and an ethics symposium on doctor-assisted dying. The Dr Angela Enright Lecture was given by Dr Francis Chung and entitled “Sleep Apnea, Obesity Hypoventilation Syndrome, Overlap Syndrome: Are We Sleep Walking Into Disaster?”

The 2016 meeting was streamed live over the Internet via GoTo Meeting, allowing members who were unable to travel to Vancouver to participate in one day of presentations. Members were able to view the opening plenary session through the CAS member portal page.

The President's Dinner featured Canada's own Shaun Majumder performing his engaging stand-up routine.

#### *2017 Annual Meeting*

The 2017 CAS Annual Meeting will be held in Niagara Falls, Ontario, and the theme is “Competence by Design – the Future of Education and Assessment in Anesthesiology – from Residency to Retirement”, which is steered by the Section for Education and Simulation in

Anesthesia. Three pre-conference events will be hosted. The highly successful Point of Care Ultrasound workshop hosted in 2016 will be repeated and, in addition to this, there will be a full-day high fidelity simulation day at McMaster University in Hamilton, Ontario. The third pre-conference event will be a leadership/professional development day themed “Negotiation and Conflict Management”.

The official Annual Meeting layout will be more or less the same as in previous years, with the emphasis on a balance between workshops and symposia with plenary lectures. New to the official program this year will be Problem-Based Learning Discussions (PBLDS). The various poster discussions will also showcase the current scientific work being done by members of the Society. The Section representatives have gone to great extent to assimilate world-renown and national experts in putting together a high-caliber program.

***Thank you!***

I would like to recognize and thank Dr Daniel Bainbridge for all the hard work he has done during the past couple of years in putting the CAS Annual Meeting into the healthy situation it finds itself at present. Thank you, Daniel. Also, I would like to express a special thank you to the CAS office staff team under the leadership of CAS Executive Director, Debra Thomson, and the staff at Intertask for all they have done for the Annual Meeting and in supporting me in my new role as Annual Meeting Chair.

**ARCHIVES AND ARTIFACTS**

***Dr Daniel Chartrand, FRCPC – Chair***

In 2016, the Archives and Artifacts (A&A) Committee presented the fifth CAS history symposium during the Annual Meeting in Vancouver. At this symposium, Dr Sandy Kopp, President of the Anesthesia History Association, and Dr Douglas Bacon presented the great importance of the “Anaesthetists’ Travel Club” in developing our specialty in the 1930s and 40s. We should mention that eight of the 17 founding members of the Travel Club were from Canada.

As 2017 will be the 75<sup>th</sup> anniversary of the introduction of curare into anesthetic practice by Professor Harold Griffith, the A&A Committee has planned the annual history symposium on that topic. In 2017, we will also pay a tribute to Dr Griffith with a special editorial in the *Canadian Journal of Anesthesia*. We obviously also hope that Dr Griffith will be inducted to the Canadian Medical Hall of Fame (CMHF) on this 75<sup>th</sup> anniversary. Knowing that the induction to the CMHF may take several years to happen, the A&A Committee has also decided to prepare the documents required in order to propose a second great Canadian anesthesiologist for this honour.

As promised in our 2015 report, we have started to look at the content of our nearly 600 boxes of archives. Historical gems have been found: audiotapes with Dr Wesley Bourne’s last lecture and of Dr Griffith’s interview by Dr Earl Wynands, videotape of Dr Enid Johnson’s interview at Dalhousie University, an unpublished “History of the CAS” by Dr R A Gordon, several oral history transcripts, numerous photos, and many more! These documents have been digitized and

some will be eventually made available on the CAS website and/or presented at the 2018 Annual Meeting in Montreal.

As 2018 will be the CAS' 75<sup>th</sup> anniversary, we have already started to prepare a special exhibit of some artifacts and an audiovisual presentation. On top of a very special 75<sup>th</sup> anniversary CAS History Symposium, we would also like to propose a visit of several historical sites linked with some of our greatest pioneers.

Once again, I encourage all of you to send us your questions and suggestions about the history of Canadian anesthesia. Finally, I would like to thank the members of the A&A Committee – without them none of this would have been possible.

## **CAS CHOOSING WISELY COMMITTEE**

*Dr Kyle Kirkham, FRCPC – Chair*

The CAS Choosing Wisely Committee turned its focus in 2016 from the creation and dissemination of our list of five recommendations to supporting CAS members in local implementation. The Committee expanded its membership by bringing on board representatives from each of the provincial divisions. The goal of this representation is to provide context, advice, and resources to highlight local challenges faced when institutions look to quality improvement projects and implementation efforts for Choosing Wisely.

The Committee has been working closely with the national Choosing Wisely Canada campaign to highlight the CAS recommendations and the work that many members are doing locally in this area. This partnership is also contributing to the development of reporting resources that CAS members will be able to access to follow pre-operative investigation rates over time. Both the Canadian Institute for Health Innovation nationally and Health Quality Ontario are developing these resources, which will be reported in 2017.

We are working with our provincial representatives to identify examples of institutions that have successfully implemented the list of five recommendations and bring together resources, including policy wording, medical directives, and order sets, which can be used as examples for others interested in moving their local projects forward. These resources should be available in 2017 on the CAS members' website.

## **COMMITTEE ON ANESTHESIA CARE TEAM (COACT)**

*Dr Susan O'Leary, FRCPC – Chair*

The focus of COACT (Committee on Anesthesia Care Team) in the past year has been the development of a process for national certification for Anesthesia Assistants (AA).

The AA Inter-professional Exam Committee was created, and includes six individuals who bring the perspective from didactic and clinical AA education, regional perspective, and the perspective from each profession (nurses, clinical assistants, respiratory therapist, and anesthesiologist) as well as one to two individuals with experience in the examination item

writing process.

The following individuals make up this Inter-professional Committee:

- Dr Claire Middleton – perspective from anesthesiology
- Wendy So – perspective from RN – AA
- Jessie Cox – perspective from RT – AA
- Christiane Ménard – AA Exam Committee administrator
- Faylene Funk – perspective from AA clinical assistants and exam development
- Participants from the Canadian Board of Respiratory Care (CBRC)
- Danny Veniott – Chair, CBRC Exam Committee
- Julie Brown – Chair, CBRC

The Committee is taking a two-step approach to the exam development. First, a preliminary two-day meeting to be held in Toronto in February 2017 will focus on discussions on the process of developing exam questions, what type of questions are required, and a preliminary review of some draft questions. Second, a three-day meeting will be held in either April or June that will focus exclusively on the development of questions for the first AA national exam. The target date for exam implementation is September 2018.

## **CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT**

*Dr Jordan Tarshis, FRCPC – Chair*

In November 2016, Dr Peter MacDougall ended his term as Chair of the Continuing Education and Professional Development (CEPD) Committee and the position was assumed by Dr Jordan Tarshis. Dr MacDougall was an energetic leader and his work helped move the Society's CEPD efforts forward. Much effort was put into improving the Annual Meeting, and the CAS was the recipient of the 2016 Royal College of Physicians and Surgeons of Canada (RCPSC) CEPD Innovation Award for the Annual Meeting for Improving Education Delivery and Optimizing Credit: The Framework for CBD for CPD.

*Many thanks to Jane Tipping, the long-standing professional educator of the CAS. Jane was instrumental in the changes leading to this award, and continues to be leader and resource for the Society.*

### *Annual Meeting*

The Annual Meeting continues to evolve and improve. Efforts have been made to improve the quality of all speakers by developing online training modules for moderators and providing peer review feedback for speakers. A new online module to help leaders of problem-based learning sessions optimize the process of their sessions is being developed. The Society recognizes that while quality content remains essential to the success of the Annual Meeting, there is always room for improvement in all our teaching skills. We will continue to put efforts into this area, with the goal of improving the experience of attendees. For those who can't attend, the option of registering for an interactive webcast of key lectures will continue.

### ***CAS as an Accredited CPD Provider***

The Society is accredited by the RCPSC to be a CPD provider. This means that the Society can accept applications and approve CEPD activities for Section 1 or Section 3 maintenance of certification credits. There is a modest cost for this service, and the details and applications can be found on the CAS website under the heading “Accredit Your Meeting”.

### ***Changes to the RCPSC MOC System***

“Beginning with new (or next) MOC cycles starting on or after January 1, 2014, all Fellows and MOC Program participants will be required to complete a minimum of 25 credits in each section of the MOC Program during their new five-year MOC cycle. The annual minimum of 40 credits and a cycle overall minimum of 400 credits are still applicable” (direct quote from the RCPSC website).

The implications of this change mean that Section 3 credits are now mandatory. The Society is committed to helping its members obtain Section 3 credits and will continue to increase these educational opportunities. Current offerings include CPD modules in the *Canadian Journal of Anesthesia*, workshops at the Annual Meeting, online moderator training curriculum and, at upcoming annual meetings, a pre-conference simulation-based education day, as well as an interactive conflict management course.

## **CPD MODULES SUB-COMMITTEE**

***Dr A Stephane Lambert, FRCPC – Chair and CPD Editor***

Sub-committee members: Dr A Stephane Lambert (Chair), Dr Jordan Tarshis, Dr Douglas. DuVal, Dr Hilary Grocott, Dr May-Sann Yee, Dr Alexander Poulton  
Staff: Ms Jane Tipping, Ms Carolyn Gillis

The CPD Modules Sub-committee met in Vancouver in June 2016 at the Annual Meeting of the Society. The CPD Editor reported to the committee that, during 2016, the *Canadian Journal of Anesthesia (Journal)* published three CPD Modules on topics previously approved by the committee:

- *Local Anesthetic Toxicity, by Chin et al*
- *Update on the Prone Position, by Craen et al*
- *Hypertensive Diseases of Pregnancy, by McKeen et al*

The Sub-committee also approved the following topics for publication in 2017 – 2018:

- *The Impaired Anesthesiologist: What you should know about Substance Abuse*
- *Managing the Perioperative Patient on Direct Oral Anticoagulants*
- *Massive Hemorrhage and Transfusion in the Operating Room*
- *Point of Care Ultrasound*

The Chair also reported that, in response to a request by the *Canadian Journal of Anesthesia*, the American Board of Anesthesiology formally agreed to directly recognize Royal College of Physicians and Surgeons of Canada Maintenance of Certification credits, so its diplomates will not have to go through the American Medical Association to convert credits, and assume the

costs associated with the conversion. This will facilitate access to the *CJA's* CPD Modules by non-CAS members from the US and will hopefully promote interest in the *Journal* and the Society across the border.

## **ETHICS**

***Dr Ian Herrick, FRCPC – Chair***

On behalf of the members of the Ethics Committee, I am pleased to provide the following report for the period January – December 2016.

The Ethics Committee hosted the 2016 Ethics Symposium on June 26, 2016 on the topic of “Medical Assistance in Dying in Canada – Where Do We Stand?” The session was moderated by Dr Douglas DuVal who was joined by three expert panelists, Dr Jeff Blackmer (VP Medical Professionalism, CMA), Dr Trevor Theman (Registrar, Alberta College of Physicians and Surgeons) and Professor Jocelyn Downie (Dalhousie University, Faculties of Law and Medicine). Our panelists provided a very insightful and informative session that was well-attended and generated considerable participant interest and discussion.

Additional contributions by committee members to the national discussion pertaining to medical assistance in dying were made independently by Dr Cheryl Mack and Dr Ian Herrick, who contributed editorials on this topic to the *Canadian Journal of Anesthesia* (Mack C, Leier B. Brokering Trust: estimating the cost of physician-assisted death. *Can J Anesth* 2016;63:252-255; Herrick I. Physician-assisted death in Canada: an imminent reality. *Can J Anesth* 2016;63:241-245).

One committee meeting was held in 2016; the annual meeting was held on June 26, 2016 in Vancouver. Several members concluded their terms of appointment to the committee. The contributions of Drs Phil Jones, Stephan Schwarz and Dale Engen, who completed six-year terms, and Dr Gilles Plourde, who completed three years on the committee, were gratefully acknowledged. Dr David McKnight was welcomed to the Committee as the Executive Liaison. Dr Blackmer, CMA - VP Medical Professionalism, joined the committee meeting as a guest for an informal discussion of current key issues related to the implementation of Medical Assistance in Dying (MAiD) in Canada. Considerable discussion ensued and focused on practice issues that were likely to arise in the coming months.

Potential topics for the 2017 Ethics Symposium were explored. After broad discussion, members agreed on the topic of the ethical issues associated with the use of social media in health care. Dr McKnight agreed to serve as moderator and several potential speakers/panelists were discussed.

## **MEDICAL ECONOMICS/PHYSICIAN RESOURCES**

***Dr Jean-François Courval, FRCPC – Co-Chair***

***Dr Eric Goldszmidt, FRCPC – Co-Chair***

The Medical Economics/Physician Resource Committee met on June 25, 2016 in Vancouver during the CAS Annual Meeting. During the meeting, the co-chairs announced the need to



transition out of their roles. The Committee nominated and approved Drs Courval and Goldszmidt to succeed them.

The 2016 Medical Economics/Physician Resource survey was discussed. The new format (real-time, cumulative, on-line survey) was used again to the satisfaction of all members.

Economic circumstances across the country vary with some provinces still seeing small year-over-year increases to their funding pools whereas others are frozen or actually reduced. The overall mood is one of austerity as all provincial governments continue to wrestle with their health care budgets.

Taxation issues were raised. The 2016 federal budget limits multiplication of the small business deduction and requires it to be shared by incorporated physicians who practise in partnerships and corporations. Lobbying efforts by the CAS and the Canadian Medical Association (CMA), as well as several groups from across the country, were unsuccessful in seeking an exemption for physicians. This tax is felt to unfairly target many academic physicians who will be seeking to reorganize themselves where possible to preserve these deductions. Other taxation issues that were flagged included isolated instances where the Canada Revenue Agency (CRA) might consider on-call contracts to be evidence of an employer-employee relationship between physicians and a health authority, and a case where CRA suggested that on-call payments constituted a supply to the hospital and HST would be payable. Finally SR&ED (scientific research and experimental development) tax credits, which some academic physicians or groups claim are being questioned by the CRA, are resulting in several years' worth of claims being held up.

With respect to manpower, physician numbers have been increasing annually across Canada since the early 2000s faster than the population growth rate. CMA data indicates that we are graduating more anesthesiologists than are retiring. The Association of Canadian University Departments of Anesthesia (ACUDA) chairs are less optimistic about hiring now and over the next 3-5 years than they were last year. They noted that approximately 30% of staff is over age 55 years but it is difficult to forecast potential HR deficiencies and anticipated hires in the next 3-5 years. The Royal College reports that the 2011-15 "no job placement" rate for newly-certified anesthesiologists was 16.20%, as opposed to the corresponding figure for all specialties at 14.65%.

Plans for an updated Canadian Anesthesia Human Resources and Anesthesia Assistants' Survey run by Dr Dale Engen of Queen's University, Kingston, ON are underway.

## **PATIENT SAFETY**

*Dr Claude Laflamme, FRCPC – Chair*

The CAS Patient Safety Committee is relentlessly collaborating with a variety of national organizations to achieve its mission to improving peri-operative safety for all Canadians.

### ***2016 CAS Annual Meeting***

On June 25, 2016, the “Dr John Wade - CPSI Patient Safety Symposium” was a great success. Dr Janet Nuth from Canadian Medical Protective Association (CMPA), Dr Jordan Hudson and Mr Wrae Hill delivered an informative and practical symposium on handover of care.

### ***Canadian Patient Safety Institute***

In 2016, members of the CAS Patient Safety Committee continued to be actively engaged moving forward Canadian Patient Safety Institute (CPSI) national strategic initiatives. This year, lots of effort was invested in advancing best practices such as Enhanced Recovery After Surgery. CAS worked closely with the CPSI and surgical, nursing and health allies' national associations to foster a multi-disciplinary approach to peri-operative Quality Improvement. For this initiative, partners such as CMPA, the Royal College of Physicians and Surgeons of Canada, Canada Health Infoway (CHI), provincial Health Quality Councils, Accreditation Canada, and others also joined the group of clinicians. This unprecedented global partnership led to an official Canadian alliance dedicated to enhancing surgical safety. Furthermore, Patient Safety Education, Teamwork and Communication working groups also made significant progress.

### ***CAIRS***

Dr Daniel Chartrand is currently representing the CAS Patient Safety Committee on the CAIRS committee.

### ***Collaboration with the CAS Standard Committee***

The peri-operative hypothermia proposed standard has been revised and re-submitted to the CAS executive for approval.

### ***Anesthesiologists' Carbon Footprint***

A focus group lead by Dr Stephan Malherbe is currently reviewing the literature to inform the CAS on actions that should be taken to reduce the negative impact our practice has on the environment.

## **RESEARCH ADVISORY**

### ***Dr Dolores McKeen, FRCPC – Chair***

The Research Advisory Committee is comprised of 30-35 CAS members that include myself as Chair, Dr Gregory Bryson, Vice Chair, Dr Hilary Grocott, representing the *Canadian Journal of Anesthesia*, Editor, Dr Adriaan Van Rensburg, Chair of the Annual Meeting Committee, a Resident member and at least one representative from each Canadian University Department of Anesthesia, who serve for three-year terms.

The Research Advisory Committee is responsible for:

- Advising the CAS Board on the promotion of anesthesia research in Canada;
- Adjudicating such competitions and administering such research programs as are established by the CAS Board;
- Overseeing the administration of all awards, fellowships and grants offered by the Society for research activities; and

- Maintaining a watching brief on medical research in Canada to ensure that the Society remains responsive to trends and initiatives as they develop.

We are pleased to report that we continue to receive a large number of funding applications for CAS research grants every year. We received a total of 30 submissions for the 2016 CAS research awards. Each application was reviewed by three members of the Research Advisory Committee and subsequently adjudicated at the annual Research Grant Standing Sub-Committee meeting to nominate deserving recipients for each award. The high quality of these grant submissions is testimony to the health of anesthesia research in Canada, and we are grateful to both the applicants and the reviewers for their efforts to advance the creation and dissemination of new knowledge related to our specialty.

The CAS Research Advisory Committee also wishes to thank those individuals and groups whose generous donations to the Canadian Anesthesia Research Foundation (CARF) have made the Canadian Anesthesiologists' Society 2016 Research Program possible. In particular, we would like to acknowledge the support of Medtronic and Ontario's Anesthesiologists.

### Research Program, Operating Grants and Career Scientist Award: 2016 Recipients

#### New Investigator Award

**Canadian Anesthesiologists' Society Research Award** \$30,000

*Dr Sinziana Avramescu*

Sunnybrook Health Sciences Centre, University of Toronto, Toronto, ON

*Targeting  $\alpha 5GABA_A$ Rs to treat cognitive dysfunction after mild traumatic brain injury*

#### Subspecialty Awards

**CAS Research Award in Neuroanesthesia in memory of Adrienne Cheng** \$10,000

*Dr Philippe Richebé*

Hôpital Maisonneuve Rosemont, University of Montreal, Montreal, QC

*Evaluation of the combined intraoperative depth of analgesia (NoL) and depth of anesthesia (BIS) monitoring on the patients' recovery and safety after surgery:*

*A Pilot Study.*

**Dr Earl Wynands Research Award in Cardiovascular Anesthesia** \$30,000

*Dr Keyvan Karkouti*

University Health Network, University of Toronto, Toronto, ON

*Hyperbaric Oxygen Therapy for Cardiac Surgery-Associated Acute Kidney Injury: A First-in-Human Pilot Study*

#### Open Award

**Dr R A Gordon Research Award for Innovation in Patient Safety** \$37,680

*Dr Zeev Friedman*

Mount Sinai Hospital, University of Toronto, Toronto, ON

*Simulation Based Competency Assessment in Anesthesia*

### Residents' Research Award

#### Ontario's Anesthesiologists - CAS Residents' Research Grant

\$10,000

*Dr Terri Sun*

University of British Columbia, Vancouver, BC

*A usability and feasibility evaluation of Panda, a smartphone application designed to support post-operative pain management at home*

### SCIENTIFIC AFFAIRS

#### *Dr Timothy Turkstra, FRCPC – Chair*

For the 2016 Annual Meeting in Vancouver, BC, there were 199 submissions, comparable to 201 in Ottawa and 138 in St John's. The majority (~90%) of the submissions originated in Canada, with the remainder not concentrated in any geographic area. The distribution of abstracts, case reports, and Resident submissions remained much the same. For the first time with the new rules, there was one Technical Booth submission, which was accepted. There was an overall rejection rate of 8% for inadequate scientific quality. Abstracts and case reports were scored by four to eight reviewers from the Scientific Affairs Committee. There were seven rejections on the basis of ethical concerns, such as patient consent. There were four failures in anonymity; for 2017, we are trialing a new process for submissions without ethics or blinding correctly clarified. Electronic posters were used for the poster discussion sessions, and hard copy posters for the poster display sessions. Poster displays were arranged by section/topic.

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

It was noted in 2016 that several submissions from the developing world did not meet the standards for acceptance, but there was the perception amongst several reviewers that the research was not necessarily poorly done, and that with writing assistance, the abstracts could be brought "up to snuff". For 2017, we will offer the assistance of several volunteer members of the Scientific Affairs Committee to work with such authors as a service to these anesthesiologists. This process will take place before the abstract acceptance process begins.

#### Origin of Submissions

<b>Canada</b>	<b>175</b>
Alberta	14
British Columbia	22
Manitoba	15
Newfoundland & Labrador	5
Nova Scotia	8
Ontario	88
Quebec	15
Saskatchewan	8

Congo	3
India	5
Japan	1
Korea	2
New Zealand	1
Singapore	2
South Korea	3
United Kingdom	1
United States	7

## STANDARDS

### *Dr Gregory Dobson, FRCPC – Chair*

The Standards Committee had an exciting year in 2016. We meet in person annually at the CAS Annual Meeting and have several teleconferences throughout the year. Committee membership includes the current Chair, the CAS President as an ex-officio member, the Chair of the CAS Patient Safety Committee, a corresponding member with the Canadian Medical Protective Association, an appointed Anesthesia resident member who holds a two-year term, and several members from across the country. We strive for wide and equal representation nationally, and members typically hold a three-year term with an option for a one-year extension. We are actively recruiting new members at the present time to fill some recent vacancies.

The Committee's primary responsibility relates to being custodians of the CAS *Guidelines to the Practice of Anesthesia*, a living document that reaches worldwide circulation. As such, we review available literature, other practice guidelines, and respond to CAS member questions and suggestions in an effort to put forward proposals for *Guideline* changes annually. It is a collaborative process that involves achieving consensus with Committee members for the proposed changes and then seeking approval from the CAS Board of Directors. In 2016, we put forth several proposals for the 2017 edition and we achieved approval for a major change for the 2017 edition. For the eighth consecutive year, the Guidelines were published within the pages of the January 2017 edition of the *Canadian Journal of Anesthesia*, including an accompanying editorial to explain the rationale for the changes. The change related to the strengthening of our position related to the use of real-time ultrasound during the placement of internal jugular central venous catheters. It is now strongly recommended that ultrasound be used routinely for this procedure to improve patient safety.

In recognition of the large number of proposals for changes to the 2017 Guidelines, the CAS Executive graciously invited the Standards Committee Chair to attend the November 2016 CAS Board meeting in Toronto. The goal was to achieve early approval for a large number of proposals for the 2018 edition of the *Guidelines*. It was a very successful meeting and the Standards Committee was extremely grateful for the opportunity.

Proposed *Guidelines* changes for 2018 touch on several areas:

- Quality Improvement and patient outcome monitoring

- Cognitive aids for critical perioperative emergencies
- Minimizing pre-operative testing for low-risk surgery
- Focus on supporting maintenance of perioperative normothermia
- Structure and protocol for transfer of accountability/handovers
- Safe, vigilant practice, including monitoring, with neuromuscular blocking drugs
- Advancing the use of capnography in PACU
- Promoting the use of monitoring during patient transport

The Standards Committee supports a symposium at the CAS Annual Meeting. In 2016 in Vancouver, we organized a session titled “Advanced Medical Technology and Equipment Training for Anesthesiologists”. It was well-attended and generated active discussion. It was acknowledged that we need to partner with industry and improve online and hands-on training to make it easier for physicians to learn new equipment and technology and to use it safely, including the opportunity for CME credits. I feel we increased awareness of the importance of this issue.

The Standards Committee receives numerous questions and queries that relate to interpretation of our *Guidelines* and, occasionally, inquiries that are not addressed in the *Guidelines*. We publish the queries and our replies on the CAS website for education of our members. In 2016, we received a large number of queries related to the Anesthesia Care Team (ACT). In response to that, the theme of our 2017 Annual Meeting Symposium will be the ACT and the partnership and relationship that is evolving between anesthesia physicians and Anesthesia Assistants.

In 2016, the Standards Committee embarked on a major revision of our Appendix 6 on Procedural Sedation. We have agreed on a final draft and it will be presented to the CAS Board at the 2017 Annual Meeting with a view to achieving approval for publication on the CAS website to coincide with the publication of the 2018 edition of the *Guidelines*.

The Standards Committee collaborates closely with the CAS Patient Safety Committee, and we are grateful for their engagement in our activities and the ideas that they bring forward relating to the *Guidelines*.

## SECTION REPORTS

### AMBULATORY

*Dr David Wong, FRCPC – Chair*

The Ambulatory Section executive is currently composed of the Chair (Dr David Wong) and the Vice-Chair (Dr Mahesh Nagappa). We wish to thank Dr Jean Wong, Immediate Past-Chair, for her outstanding leadership and contributions to the Section.

The Annual Meeting in Vancouver in June 2016 was very successful with good attendance and participation in the Ambulatory Section sessions. The Ambulatory Section program included topical and practical areas in management of patients undergoing ambulatory surgery.

Dr Jacqueline Leung, Professor at UCSF, presented refresher course lectures entitled “Postoperative cognitive dysfunction - noise or signals?” and “Anesthetic considerations for the older patients undergoing ambulatory Surgery.” Both lectures provided excellent evidence-based material, practical guidance, and timely material highly relevant to our practice. Dr David Wong, Professor, University of Toronto, presented a case discussion entitled “What should I do with a patient with high cardiac risk undergoing ambulatory surgery?” The 2014 ACC/AHA guidelines for cardiovascular evaluation and National Surgical Quality Improvement Program risk calculator were reviewed and potential strategies for perioperative risk reduction discussed. Dr Frances Chung, Professor, University of Toronto, presented the Dr Angela Enright Lecture on “Sleep apnea, obesity hypoventilation syndrome, overlap syndrome: Are we sleepwalking into disaster?” Dr Chung shared her expertise on sleep disordered breathing and the outstanding lecture was well-received.

The Ambulatory Section has 90 members. The finances are stable. We welcome members to actively participate in our Section.

### CANADIAN PEDIATRIC ANESTHESIA SOCIETY

*Dr David Rosen, FRCPC – Chair*

The 2016 Canadian Pediatric Anesthesia Society (CPAS) Board comprised: Dr David Rosen (Chair, Ottawa), Dr Jeremy Luntley (Vice Chair, Calgary), Dr Simon Whyte (Immediate Past Chair, Montreal), Dr Katherine Taylor (Secretary, Toronto), Dr Koto Furue (Treasurer, Montreal), Dr Clyde Matava (Communications Officer, Toronto), Dr Desigen Reddy (Scientific Committee Chair, Hamilton), and Dr Papu Nath (Member at Large, Montreal).

The 2016 CPAS Scientific Committee comprised Dr Desigen Reddy (Chair), Dr Conor McDonnell (Toronto), Dr Jonathon Gamble (Saskatoon), and Dr David Rosen (Ottawa). The Board and Scientific Committee co-opted Dr Clyde Matava as the Chair of the local organizing committee of the 2017 CPAS meeting to be held in Toronto.

CPAS had another busy year organizing educational content for the 2016 CAS meeting and for

the 2016 CPAS meeting.

The 2016 Annual Meeting of the Canadian Pediatric Anesthesia Society was held at the Banff Park Lodge in Banff, Alberta from September 30 – October 2, 2016, with Dr Robin Cox acting as chair of the local organizing committee. Themes of the meeting included: pediatric trauma, pediatric regional anesthesia, quality improvement, and neurotoxicity. As well, there was a session on general pediatric anesthesia issues. Professor Adrian Bosenberg from Seattle Children's Hospital presented the keynote address on "Pediatric Anesthesia around the Globe". Overall, 24 speakers contributed to the program, including faculty from eight Canadian centers, as well as one each from the USA and the UK. Six anesthesiologists acted as session moderators.

Ninety-two individuals registered for the meeting, including some trainees, and this was considered an excellent turnout for this meeting. Twenty-four abstracts were accepted for presentation – the best 10 were presented as an oral competition and the remainder was poster presentations. Dr Desigen Reddy and the CPAS Scientific Affairs Committee reviewed and judged the abstracts. The winner of the oral competition was Dr Clyde Matava from the Hospital for Sick Children, Toronto, for his paper entitled: "A low cost 3D printed flexible bronchial tree models to teach techniques for single lung ventilation in infants and children: a pilot study". Three industry partners provided support and exhibits, namely Abbvie, Masimo, and Merck. With this support and the generous waiving of honoraria by Canadian anesthesiologist speakers, the meeting was able to be held without a financial deficit. Meeting evaluations were analyzed and showed high scores in all domains. The 2017 CPAS meeting will be held in Toronto, ON, and the 2018 meeting in Halifax, NS.

The website [www.pediatricanesthesia.ca](http://www.pediatricanesthesia.ca) is working well. Our Twitter following continues to grow both in number and geographical distribution – we can be followed @PedsAnesthesia. We also have a recently developed app available for download called myCPAS.

We continue to work with our colleagues both at home and internationally to provide the voice of pediatric anesthesia in Canada. A collaboration of societies of pediatric anesthesia is emerging, allowing for great potential for the advancement of research and education within our subspecialty.

The issues surrounding safety of anesthesia and the developing brain are still at the forefront of clinical and research interests. CPAS is a signatory to the SmartTots Consensus Statement on the use of anesthetic and sedative drugs in infants and toddlers. Our Board recently provided a position statement in response to the new Food and Drug Administration warning about the use of anesthetic drugs in young children and pregnant women. This statement can be found on our website. We have endorsed the recent best practice document for the management of neonates with Congenital Diaphragmatic Hernia produced by the Canadian Pediatric Surgery Network.

We look forward to contributing at the 2017 CAS Annual Meeting in Niagara Falls and to continue to represent the voice of pediatric anesthesia in Canada.



## **CARDIOVASCULAR AND THORACIC**

*Dr A Stephane Lambert, FRCPC – Chair*

The Section had a successful Annual Meeting in Vancouver, under the theme of “Improving Perioperative Outcomes”, and with an excellent update on perioperative anticoagulation management and a symposium on long-term perioperative outcomes after cardiac surgery. The popular “Best Imaging Cases of the Year” also allowed fellows and young faculty from across Canada to showcase their best cases of the year.

In 2016, the new Executive of the Section renewed its commitment to engage its members through better interactions and communications. To that end, the CVT newsletter was revived after a two-year hiatus. The Section also conducted a survey of its members and the feedback will help to set priorities and direction for the future of the Section. Finally, the Section is exploring ways to make better use of on-line forums and social media to foster exchanges between its members from coast to coast.

Looking outward, the Section plans to continue to have a positive impact on the practice and the teaching of CVT anesthesia across the country. In collaboration with the fellowship program directors, the Section continued its efforts to have the Royal College of Physicians and Surgeons of Canada formally recognize cardiac anesthesia and perioperative TEE as an area of focused competence.

Membership was stable at about 150 members and the Section's financial health is good. The Section renewed its commitment to sponsor the annual Earl Wynands Lecture at the Society of Cardiovascular Anesthesiologists (USA) for three more years. This lecture honours the legacy of a great Canadian anesthesiologist, showcases the contributions of Canadians to the field of cardiovascular anesthesia, and helps to maintain the visibility of the CVT Section of the CAS south of the border.

The 2017 Annual Meeting in Niagara Falls will see the return of the popular CVT Pro-Con Debate, a symposium on the ever-controversial issue of fluid management in cardiac anesthesia, and an update on percutaneous mitral valve procedures. A 3D-TEE off-line analysis workshop and Problem-based Learning Discussion (PBLD) sessions will complete the program.

## **CRITICAL CARE MEDICINE**

*Dr Duane Funk, FRCPC – Chair*

The Critical Care Medicine Section had another productive meeting at the CAS 2016 Annual Meeting. We had a very well-attended symposium that included a diverse group of speakers including Dr Brian Kavanagh (University of Toronto), Dr Tobias Witter (Dalhousie University), and Dr Ahmed Hegazy (Western University). The talks were well-attended and received good reviews from participants.

We also partnered with our colleagues in Peri-operative Medicine in Cardiac Anesthesia to hold a one-day pre-conference workshop on peri-operative ultrasound and echocardiography. This

event was a great success and members of the Critical Care Medicine Section enjoyed participating as preceptors for this workshop. We look forward to these kinds of collaborative educational efforts in the future.

The Critical Care Medicine Section also sponsored a best poster display at the research day. Congratulations to Dr Erin Bruce from Calgary who took home the prize for her paper entitled “Does Elevated Peri-operative Lactate Translate into Poor Outcomes?” We will sponsor another best paper this year.

Membership in the Section remained stable and our financial position is good. We look forward to another successful year of lectures at the 2017 Annual Meeting.

## **EDUCATION AND SIMULATION IN ANESTHESIA**

*Dr Peter Moliner, FRCPC – Co-Chair*

*Dr Jordan Tarshis, FRCPC – Co-Chair*

The Section for Education and Simulation in Anesthesia (SESA) continues to be an active Section with interested membership that numbered 120 in 2016. The sessions organized at the Annual Meeting have good attendance and evaluations, largely driven by the significant changes to residency education in Canada, specifically the move to competency-based medical education (CBME). The Royal College version of CBME is called “Competency by Design” (CBD) and was the subject of the Annual Symposium held at the CAS Annual Meeting in Vancouver in 2016, as well as being the theme of the 2017 Annual Meeting in Niagara Falls.

The next step is to increase the opportunities for Canadian anesthesiology care providers to participate in simulation-based continuing education programs. A pre-conference simulation education day has been organized for the 2017 CAS Annual Meeting, which marks the first opportunity for all members of the anesthesia community to participate in high fidelity simulation thanks to many dedicated and dynamic Canadian simulation experts. This day will hopefully become a regular feature of future meetings.

SESA members have also been involved with the updated CBD curriculum of Royal College training in anesthesiology. Many members have been involved in the CaNASC (Canadian National Assessment Simulation Curriculum) project, which grew from the recognition by program directors and SESA leaders of the value of standardizing key training scenarios across Canada. This has now been formally recognized by the Royal College specialty committee and forms part of residency training requirements.

Section leaders have noted a steady increase in the quality and quantity of projects in education and simulation submitted for presentation at the Annual Meeting and poster discussions have been well-attended.

The Section welcomes input from members and the anesthesia community in finding new projects concerning anesthesia teaching.

## NEUROANESTHESIA

*Chair: Dr Marie-Hélène Tremblay, FRCPC*

The Neuroanesthesia Section of the CAS continues to be one of the smaller Sections, with the current membership at 68 members.

### **The current executive consists of:**

Chair: Dr Marie-Hélène Tremblay, FRCPC  
Vice-Chair: Dr Alana Flexman, FRCPC  
Secretary/Treasurer: Dr Venkat Raghavan Lakshmikumar, FRCPC  
Past Chair: Dr Timothy Turkstra, FRCPC

The main activities of the Section involve arranging sessions for the Annual Meeting, as well as contributing to other committees of the CAS. We are also developing links with the Society for Neuroscience in Anesthesiology and Critical Care (SNACC) to publicize conferences related to neuroanesthesia that will be held during the Annual Meeting. The meeting in 2016 was very successful and the sessions were well-attended, especially the symposium on “How to Monitor your Brain: Flow or Metabolism”, which was given by Dr John Murkin and Dr Donald Griesdale. The Neuroanesthesia Section event about the neuro-radiologist and anesthesiologist perspective on thrombectomy for acute cerebral stroke, a subject of debate, was very entertaining and informative.

We continue to support the Best Paper Award in Neuroanesthesia. We are looking forward to the 2017 CAS Annual Meeting in Niagara Falls.

## OBSTETRIC

*Dr Giselle Villar, FRCPC – Chair*

The Obstetric Anesthesia Section continues to grow in membership size, now with 136 members. Our goal is to provide an update for anesthesiologists who perform anesthesia for low- or high-risk obstetric patients, as well as an opportunity for the members of different parts of Canada to network and exchange experiences and opinions on current related topics.

The Executive Board, as of June 2016, consists of:

- Dr Giselle Villar, Chair, Vancouver
- Dr Clarita Margarido, Vice-chair, Toronto
- Dr Valerie Zaphiratos, Secretary-elect, Montreal
- Dr Ron George, Past-chair, Halifax
- New members-at-large, who joined to collaborate with us on the upcoming Niagara Falls meeting, are Drs Daniel Cordovani and Bruno Borges from Hamilton, Ontario

Regarding our financial status, as of December 2016, the OB Anesthesia Section had a surplus of equity in comparison with the previous year. We continue to support the annual Best Paper Award in Obstetric Anesthesia.

At the 2016 Annual Meeting in Vancouver, we had another successful series of events. We had the participation of Dr Brendan Carvalho from Stanford University and current President of the Society of Obstetric Anesthesia and Perinatology (SOAP), who presented an excellent lecture on “Strategies to Optimize Cesarean Section Analgesia”. The Complex Parturient Symposium was on “HELLP Syndrome and the Management of Hypertensive Disorders of Pregnancy”, presented by a panel consisting of Dr Brendan Carvalho, Dr Haley Bos (an obstetrician from Victoria, BC) as well as Dr Wee-Shian Chan (local Internal Medicine physician with focus on high risk parturients). Dr Villar and Dr Margarido presented an “Evidence-based Interactive Conversation on Postpartum Haemorrhage” and discussed different massive transfusion protocols utilized in different high-risk Canadian centers.

Our poster discussion was also very well-attended with participants and authors from diverse Canadian universities. We continue to secure high-caliber speakers and, in 2017 in Niagara Falls, our international guest will be Dr Lisa Leffert from Harvard University and who is currently the 2<sup>nd</sup> Vice-president of the Society of Obstetric Anesthesia and Perinatology (SOAP). Once again, we will offer the popular obstetric neuraxial ultrasound workshop led by Dr Jose Carvalho from Toronto, as well as two Problem-Based Learning Discussion sessions. We hope to include more interactive activities in our program in the future, such as debates, discussions, or obstetric-focused simulation scenarios. We look forward to a great meeting in beautiful Niagara Falls.

## **PERIOPERATIVE MEDICINE**

*Dr Massimiliano Meineri – Chair*

The scope of perioperative medicine is constantly expanding and the Section is thriving to face new challenges. The Perioperative Medicine Section vice and previous chairs, Drs Duminda Wijeyesindera and Gregory Bryson, continue to co-chair the Canadian Anesthesiologists' Society - Choosing Wisely Canada campaign.

<http://www.choosingwiselycanada.org/recommendations/anesthesiology/> We invite you to attend a featured Choosing Wisely Canada symposium focusing on the progress of current initiatives and new areas of development at our CAS Annual Meeting in Niagara Falls in June 2017.

The Perioperative Medicine Section Chair, Dr Massimiliano Meineri, in collaboration with the Cardiovascular and Thoracic (CVT) Section and the Critical Care Medicine Section lead the first Canadian Point of Care Ultrasound course at the 2016 CAS Annual Meeting in Vancouver. The course covered all perioperative applications of point of care ultrasound, was attended by 50 anesthesiologists from across the country, and sold out three weeks in advance. The course will be offered again in Niagara Falls on Friday, June 23, 2017.

Dr Massimiliano Meineri, together with the support of the past Chair, Dr Gregory Bryson, Dr Daniel Bainbridge and Dr Ramiro Arellano, is leading a Canadian Consensus of Experts to define guidelines in perioperative point of care ultrasound. The guidelines are to be released later this year and a highlight of the guidelines will be presented at the CAS Annual Meeting in Niagara Falls.

The Section and, in particular, the Vice Chair, Dr Duminda Wijesundera, has endorsed the upcoming multi-disciplinary perioperative conference that will be taking place in Toronto in June. The Section is still looking for a new Section Secretary to serve for a year and step up as Vice Chair. Any Section members who are interested can contact [Massimiliano.meineri@uhn.ca](mailto:Massimiliano.meineri@uhn.ca).

We look forward to meeting all members at the Annual Meeting, getting their input on how to move perioperative medicine forward, and meeting individual needs.

## **REGIONAL AND ACUTE PAIN**

*Dr Ki Jinn Chin, FRCPC – Chair*

This year marked the end of Dr Derek Dillane's (Edmonton) two-year term as Chair of the Regional Anesthesia and Acute Pain Section, and we thank him for his contributions to the continued success of the Section during this time. Dr Dillane was succeeded by Dr Ki Jinn Chin (Toronto), with Dr Kwesi Kwofie (Halifax) assuming the position of Deputy Chair. Other members of the Executive Committee include Dr Shalini Dhir (London), Dr Marie-Josée Nadeau (Quebec City), and Dr Kyle Kirkham (Toronto) as the newly-appointed Treasurer of the Section.

The 2016 Annual Meeting in Vancouver saw some important changes to the regional anesthesia educational program. The Section recognizes that the practice of ultrasound-guided regional anesthesia has reached a point where many of the members of the CAS have mastered the basic techniques of regional anesthesia of the upper and lower limbs; yet there also remains a need for educational offerings catering to members who wish to attain this core competency.

To this end, we organized two workshops focusing on “Essential Blocks for the Non-specialist in Regional Anesthesia” and two other workshops focusing on more advanced and novel blocks of the thoracic and abdominal wall. These were well-received and we plan to continue this format going forward. The Section was also fortunate to have two internationally-renowned experts in regional anesthesia, Drs Sandy Kopp (Mayo Clinic) and Dr Santhanam Suresh (University of Chicago), provide their perspective on current areas of controversies in our sub-specialty.

Regional anesthesia continues to be an area of intense clinical research and new discoveries, and the Section is committed to ensuring that the topics at the upcoming 2017 Annual Meeting in Niagara Falls reflect this, while still catering to the clinical needs of the general community anesthesiologist. The educational program will include a look at how regional anesthesia can impact broader patient outcomes, how best to learn (and teach) the core skills of regional anesthesia, as well as provide an introduction to new developments including novel block techniques and the perioperative use of ultrasound. We thank our 130-odd members for their support and look forward to another fruitful year ahead for the Section.

## **RESIDENTS**

### ***Dr Kaitlin Duncan – Chair***

The CAS Residents' Section is well underway in promoting Resident initiatives and planning for the CAS Annual Meeting to be held in June 2017 in Niagara Falls, Ontario.

### **CAS Residents' Section Executive**

#### ***Board of Directors***

Dr Kaitlin Duncan (PGY4, University of Ottawa) and Dr Curtis Nickel (PGY4, Queen's University) are the Board of Directors' resident representatives this year.

#### ***Residents' Section Executive***

Dr Jason Vaz (PGY4, University of Alberta) and Dr Janny Ke (PGY2, Dalhousie University) are new members to the CAS Residents' Section Executive.

#### ***CAS Annual Meeting 2017***

With the goal of building each year on the events of prior years, we are planning an exciting line-up for the Residents' Section events. Organization for our Resident social event is underway with the help of a committed team of Residents' Section members. Our academic events will include the much-requested lecture by the Chief Examiner, presented by Dr Rolf Gronas, Chief Examiner of the Royal College of Physicians and Surgeons of Canada. With the rise of Competency-Based Medical Education, Dr Gronas will be addressing "What's new in the Royal College" as well as important tips for examination preparation, followed by a lively panel discussion on airway management in the trauma bay, with personal experience and opinions from three expert airway panelists: Drs Anil Patel, Adam Law and Andre Van Zundert. Finally, we have a growing number of both Residents and fellowship representatives from across the country who will be participating in our annual Fellowship Fair, with the option of online access through our website for those who cannot attend in person.

#### ***Simulation Olympics 2017***

The Residents' Section is working hard to organize a new event, which will be held for the first time during the 2017 CAS Annual Meeting. We are excited to announce the first annual Resident Simulation Olympics, an amazing opportunity for Resident teams to compete head-to-head in high-fidelity anesthesia resuscitation scenarios with faculty judges from across the country. The excitement will take place in the Annual Meeting Exhibit Hall, with the opportunity to win cash prizes and bragging rights. We are hugely grateful to the Annual Meeting Committee for its support – and to our sponsors, the Kingston Resuscitation Institute and Queen's Clinical Simulation Centre – for their generosity in supporting this event!

#### ***Choosing Wisely Canada***

In recognition of the importance of the Choosing Wisely Canada (CWC) campaign, Dr Gita Raghavan (Queen's University) has led the CAS Residents' Section Choosing Wisely Committee in promoting CWC initiatives and working on identifying opportunities for Resident engagement with the CWC.

***Social Media & Website***

We continue to promote the CAS Residents' Section on various social media platforms including Facebook and Twitter. This past year, we have focused on developing our new website ([www.casresidents.ca](http://www.casresidents.ca)), which includes a searchable database of Fellowship Program information, and we hope to begin broadening our focus to include Resident accomplishments in research, global health, and more!

***International Collaboration***

This past year, we welcomed a representative from the Australian Society of Anaesthetists to our CAS meeting events in Vancouver, BC. As well, our former chair, Dr Elizabeth Miller, attended the American Society of Anesthesiologists' meeting in San Diego as a Resident Delegate in October 2016. We hope to continue this collaboration and build on the ideas, resources, and opportunities this cross-border cooperation can provide.

## OTHER REPORTS

### ASSOCIATION OF CANADIAN UNIVERSITY DEPARTMENTS OF ANESTHESIA

*Dr Roanne Preston, FRCPC – President, ACUDA*

The Association of Canadian University Departments of Anesthesia (ACUDA) draws its membership from the 17 Canadian University Departments of Anesthesia. There are six committees – the Management Committee and five sub-committees. Four of the sub-committees are derived from the university departments with 17 members each (one representative from each University Department) and constitute the “membership” (~85 total members). The committees are:

- Management Committee (Chairs)
- Postgraduate Education Committee – called simply the “Education Committee” by some (Residency Program Directors)
- Undergraduate Medical Education Committee
- Continuing Education and Professional Development Committee (CEPD)
- Research Committee
- Perioperative Anesthesia Clinical Trials Group (PACT): this is a new sub-committee of ACUDA and derives its leadership and membership differently

The ACUDA Executive is drawn from the Management Committee membership, each position serving a two-year term. The Executive had some changes in June 2016 that were not mid-rotation due to the resignation of the President. The Executive is currently comprised of these members:

- President: Dr Roanne Preston, University of British Columbia
- Vice President: Dr Jeremy Pridham, Memorial University
- Secretary Treasurer: Dr Peter Moliner, U Sherbrooke
- Past President: Dr Davy Cheng, Western University

Sub-committees elect a chair from within their ranks.

ACUDA's Annual General Meeting occurs in June in advance of the CAS Annual Meeting and took place on June 24, 2016 in Vancouver. The Annual Meeting day is composed of three parts:

1. An Educational Plenary from 0800-1200
2. Sub-committee meetings from 1200-1500
3. ACUDA's Annual General Meeting from 1500-1700

#### **Report Headings:**

- 1) **Incoming and Outgoing Chairs**
- 2) **ACUDA Plenary June 2016**
- 3) **Competency by Design (CBD) for Anesthesiology Resident Training Programs**
- 4) **Federal Tax Change: Multiplication of Small Business Deduction**
- 5) **Research: PACT Changes**



**6) Pain Medicine Residency**

**7) Interaction with Royal College regarding a Written Exam Study Guide**

Following is a summary of the above headings:

- 1) Incoming and Outgoing Chairs:** Dr Mike Murphy resigned as Chair at the University of Alberta to be replaced in the interim by Dr Saifee Rashiq, pending a chair search. Dr Roanne Preston assumes the position of President; Dr Davy Cheng remains Past President, and Dr Jeremy Pridham has become the new Vice President. Dr Moliner remains as Secretary-Treasurer until June 2017, at which time Dr Colin McCartney from the University of Ottawa has agreed to take on the position. There will be several other Chairs finishing their final terms in the upcoming year: Dr Jacobsohn finished in Manitoba in July and has been replaced by Dr Chris Christodoulou, and Drs Campbell and Kavanagh will be completing their terms in 2017.
- 2) ACUDA Plenary 2016:** The ACUDA Plenary in June 2016 addressed “Anesthesia Involvement in Undergraduate Medical Education” and was chaired by Dr Eric Jacobsohn. It was an interesting session, as it raised awareness of how little anesthesia contributes to undergraduate medical education across the country, despite anesthesia faculty comprising ~6% of most university medical faculty. The conversation will continue at some of next year’s planned academic sessions at the CAS Annual Meeting.
- 3) Competency by Design (CBD):** The progress of CBD was presented as it has now been in operation in Ottawa for one year, and Halifax will be starting on July 1. The Chairs were requested to stress the importance of establishing competency committees to their Vice-Deans. The project is going forward expectantly as scheduled for all other anesthesia programs to start July 2017. Members of ACUDA expressed their concerns with respect to realism, resources, timing, faculty development, and faculty preparedness for the CBD project. A letter was sent to the Royal College expressing the Chairs’ concerns about CBD. The Royal College replied to the letter sent by the ACUDA Chairs, essentially stating that post-graduate deans are aware of the increased need for resources in the first couple of years of CBD, but after that the expectation is that program costs will be no different than at present. In addition, the Royal College assured ACUDA that program evaluation by the Royal College will be an intrinsic part of the process of conversion to CBD. The Royal College Deputy CEO will attend the February 2017 ACUDA Management Committee meeting to be held in Ottawa to discuss more fully the issues about CBD.
- 4) Federal Tax Change:** ACUDA was asked by Dr Paul Tenenbein to sign a letter regarding the federal tax change that will affect academic anesthesiology practices across the country, most notably in Ontario where the academic funding plan has encouraged practice partnerships. After much discussion, it was decided that, as this proposed tax change affects a significant number of our affiliated large clinical-academic practices, ACUDA chairs would sign a group letter addressed to the federal Minister of Finance.
- 5) Research: Perioperative Anesthesia Clinical Trials Group (PACT):** Dr Eric Jacobsohn has replaced Dr Rick Hall as chair of PACT. It was suggested to name a lecture at the CAS in

Dr Hall's honour. Dr Hall presented and submitted the budget. The group is active with three new projects and it is on budget. Focus has been on improving visibility. The secretariat of PACT will likely remain at Dalhousie with Heather Butler remaining as coordinator but this needs to be discussed with Dr Romesh Shukla.

- 6) **Pain Medicine Residency (PMR):** Dr Ian Beauprie, the Royal College specialty committee chair for PMR was invited to present to ACUDA Management. Among the points discussed was the need to preserve the anesthesia component of this new residency program, the source of fellows, and the creation of an Affiliate status for non-FRCPC fellows. Dr Beauprie also requested ACUDA consider having PMR as a sub-committee of ACUDA; this needs to be discussed in more detail, given that the PMR curriculum is very much not anesthesia-specific. This is to be on the Winter Meeting 2017 agenda.
- 7) **Royal College re: Written Exam Study Guide:** ACUDA had written to the CEO of the Royal College in May requesting that a written exam guide to aid non-Canadian graduates to prepare for the RCPSC anesthesia exam be provided by the College, as at present a two-tier system exists for exam applicants – those in Canadian residency training programs have access to informal study guides created by prior residents, which international trainees do not and this creates a significant additional disadvantage to their likelihood of exam success. Dr Ken Harris, Royal College Executive Director, Office of Specialty Education and Deputy CEO, attended by teleconference. Dr Harris acknowledged that there is a problem but that release of large amounts of prior exam content is prohibited by current Royal College by-laws. He was open to increasing the amount of material made available to exam candidates, but it would not include the prior year's questions. A written answer to the ACUDA letter followed, and Dr Harris indicated a willingness to continue the discussion. The project, Practice Eligible Route to Fellowship, was suggested as a component of the solution, although at present Canadian anesthesiologists have rejected that solution.

At the CAS 2017 Annual Meeting, ACUDA will hold another symposium for the general audience. It will be on "Return on Investment in Anesthesia Research; Knowledge Translation, Clinical Impact and Engaging the Anesthesia community". In addition, we will be contributing to the Education and Technology section.

Finally, there is a note of need to improve the understanding of who ACUDA is among CAS members. It became apparent at the June 2016 Annual Meeting that there are many, including CAS staff, who have no idea what ACUDA is or what we do!

## **CANADIAN ANESTHESIA RESEARCH FOUNDATION**

*Dr Doreen Yee, FRCPC – Chair*

In 2016, the Canadian Anesthesia Research Foundation (CARF) celebrated its 31<sup>st</sup> year as the CAS Research Award Program's funding partner. In total, five awards were funded and CARF contributed a total of \$120,000 to CAS Research Award winners.

CARF's lead sponsor, Medtronic, generously contributed \$80,000 to support three awards. **The CAS Research Award in Neuroanesthesia in memory of Adrienne Cheng**, the **Dr Earl Wynands Research Award** and the **Dr R A Gordon Research Award** were fully funded by Medtronic. Medtronic also confirmed their support for the same three awards for 2017. In addition, CARF and Ontario's Anesthesiologists' funded the **Canadian Anesthesiologists' Society Research Award** and the **CAS Resident's Research Grant**, totaling \$40,000.

At the Annual Meeting, the CARF Research Lecture was given by previous award winner, Dr Keyvan Karkouti, who is a professor of Anesthesia at the University of Toronto. His talk titled "*Improving the Management of Coagulation in Cardiac Surgery*" was well-attended and received.

On November 20, 2016, CARF held its second Board Retreat at the Intercontinental Yorkville in Toronto. Mr Rob Peacock, from Peacock Philanthropic Counsel Inc., directed the meeting and covered topics such as trends in philanthropy, CAS member survey results, and a donor Q&A panel with Dr Davy Cheng. The retreat provided CARF with an excellent strategic fundraising plan moving forward.

At the end of 2016, the CARF investment portfolio had \$2,061,006 in equity compared to \$2,000,722 in 2015. CAS continues to contribute \$20,000 to CARF's endowment annually, which is now worth \$180,000 (principal only). The interest generated from this fund has been used towards the awards. CAS member donations in 2016 totaled over \$84,000 compared to \$64,000 in 2015. Raffle ticket sales at both the CAS Annual Meeting and the Ontario Anesthesia Meeting collected a combined \$760 and the Fun Run for CARF raised \$1,400.

CARF's new Director of Development, Katherine Palumbo, started in May 2016 and attended the CAS Annual Meeting for the first time in Vancouver, and the Ontario Anesthesia Meeting in the Blue Mountains. Katherine worked with a graphic designer in designing and producing content for the new website ([www.mycarf.ca](http://www.mycarf.ca)) that was launched in October 2016. CARF is also now present on social media channels (Facebook, Twitter, and Instagram).

Thank you to all who supported CARF in 2016!

## **CANADIAN ANESTHESIOLOGISTS' SOCIETY INTERNATIONAL EDUCATION FOUNDATION (CASIEF)**

***Dr Dylan Bould, FRCPC – Chair***

There has been expansion of the Board of Trustees and we welcome three new members: Michelle Murray (Halifax), Dr Louis-Pierre Poulin (Montréal) and Dr Jason McVicar (Vancouver). We have also had some restructuring of the Board with the creation of two new posts: Treasurer (Dr André Bernard, Halifax) and Secretary (Dr Jason McVicar). Due to changes with the relationship between the Canadian Medical Foundation (CMF) and its parent organization, the Canadian Medical Association (CMA), CASIEF elected to terminate its partnership with the CMF.

Dr Jennifer Szerb leads our new fundraising sub-committee. There have been fundraising events for CASIEF at the CAS Annual Meeting as well as at the Dalhousie University Department of Anesthesia, and at the Lower and Upper Canada Anesthesia Symposium (LUCAS). We have received generous sponsorship from industry, including Massimo and Scotiabank. We have also received support from the American Society of Anesthesiologists, the New York School of Regional Anesthesia, and the European Society of Regional Anaesthesia. Our total income in 2016 was \$151,094, up from \$81,966 in 2015.

We have launched a new CASIEF website: <https://casief.ca/>. It includes information about our foundation, a link to donate through the CAS website, an online application for prospective volunteers, and a blog. We have also started a social media presence with a Facebook page, which can be found at <https://www.facebook.com/anesthesiaoverseas/>. Our Twitter account (@CAS\_IEF) is growing, with 647 followers. We will release an inaugural annual newsletter at the 2017 CAS Annual Meeting, and plan more regular electronic updates about our work to “collaborate with partners to build capacity for safe, sustainable anesthesia and perioperative care globally through education, knowledge translation, and advocacy”.

Our partnership in Rwanda is now in its 11<sup>th</sup> year, also in collaboration with the American Society of Anesthesiologists (ASA) Global Health Outreach committee. This program goes from strength to strength and, over this time, CASIEF has sent around 100 volunteers to teach anesthesia in Rwanda. Seven Rwandan senior anesthesia residents have completed electives in Canada since 2010. The effect of this has been to increase the number of staff anesthesiologists in Rwanda more than threefold since 2006, with by far the majority of graduates of the program remaining in the country. The potential benefit of locally trained physician anesthesiologists is hard to quantify, but goes far beyond the thousands of patients that they will care for directly. CASIEF is now focusing on mentoring graduates of the program to be the educators and leaders of the specialty, and to create Rwandan solutions for improving perioperative care in Rwanda.

The CASIEF-Addis Ababa University Partnership continues despite the disengagement of the Toronto Addis Ababa Academic Collaboration (TAAAC) from anesthesiology. There is a huge need for anesthesia training in Ethiopia and the Black Lion Hospital has 20 new PGY1 residents this year but few local faculty to train them. The Ethiopian government has identified the need for 350 new anesthesiologists to be trained over the next five years. CASIEF aims to build this partnership by increasing the external support that we provide to anesthesia training in Addis. There are many other partners working in anesthesia training in Ethiopia, often with little coordination between groups, and a key goal for us is to work with other international partners to provide more organized and coherent support together.

CASIEF has signed a Memorandum of Understanding with the University of Guyana, McMaster University and the ASA to support the new anesthesia residency program in Georgetown, Guyana. This partnership is a similar model to our Rwanda program, with visiting faculty from Canada and the United States, as well as placements for Guyanese anesthesia residents at McMaster, to learn competencies that cannot be readily taught in Georgetown. We plan to grow this program over the coming years to match the demand for anesthesia training in Guyana, and are actively looking for volunteers for both the Guyana and the Ethiopia programs.

In summary, the last year has seen further growth in our programs and activities, with an expanded Board of Trustees. We are actively looking for volunteers for exceptional opportunities to visit Guyana and Ethiopia and to contribute to real change to surgical and anesthesia care in those countries, by training the future leaders of anesthesia and patient safety where the need is greatest.

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

*Dr H  l  ne Pellerin, FRCPC – Chair*

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

### ***New Chair and New Regions Representatives***

Dr Michael (Mike) Sullivan ended his term as Chair of the Specialty Committee in Anesthesiology on June 30 and Dr H  l  ne Pellerin, anesthesiologist from Universit   Laval, has taken the position. As we are in a period of significant activity, it was thought that continuity in the membership of our committee would be a great asset. Therefore, Mike is still on the Specialty Committee as Past Chair and he can share his knowledge, insights, and guidance. He is also the RCPSC representative on the Canadian Anesthesiologists' Society (CAS) CEPD Committee. In addition, the SC welcomed two new Region representatives: Dr Frederick Baxter, Region 3 (Ontario and Nunavut) and Dr Peter Collins, Region 5 (New Brunswick, Nova Scotia, Prince Edward Island, and Newfoundland and Labrador). Terms of the other Region representatives were renewed: Dr Clinton Wong, Region 1 (British Columbia, Alberta, Yukon Territory, and the Northwest Territories), Dr Eric Sutherland, Region 2 (Saskatchewan and Manitoba) and Dr Guylaine S  guin, Region 4 (Qu  bec).

### ***Competence by Design***

Competence by Design (CBD) is the Royal College's initiative to introduce Competency-Based Medical Education (CBME) into specialty education in Canada. CBD organizes residency training into stages and defines markers for teaching and learning. The competence continuum divides the residency into four distinct stages: Transition to discipline, Foundations of discipline, Core of discipline and Transition to practice. At each stage, there are specific milestones and Entrustable Professional Activities (EPA). An EPA is a key task of a discipline that an individual can be trusted to perform once sufficient competence has been demonstrated. Eighty-seven EPAs have been defined for the anesthesiology residency program. Milestones are the abilities expected of a resident. To progress in their training, residents must demonstrate achievement of all competencies of a stage.

They are expected to master the EPAs of each stage. Theoretically, the residents could move from one rotation to the other upon achievement of the EPAs. However, the Royal College recognizes that time plays an important role in medical education and in organization of our programs and there is no intent to shorten or lengthen residency training. **Anesthesiology will remain a five-year training program.** The Royal College has developed a hybrid model of CBME that emphasizes achieving and demonstrating competence within a specific training timeframe.

A major change brought by CBD is the assessment structure. With CBD, the assessment of the progress of the residents will take a more systematic approach. Providing regular feedback and coaching will be key components of teaching and assessing.

Over the past year, the Royal College and Postgraduate Deans have worked collaboratively and established a dialogue about CBD and its implementation. Both groups came to an agreement and they agreed on the launch of CBD for the first disciplines on July 1, 2017. As an early adopter specialty, the Specialty Committee in Anesthesiology has been highly involved for almost two years in the development of the specific standards for CBD in Anesthesiology. Anesthesiology will be one of the two specialties launching a Competence by Design residency program across all Canadian programs in July 2017.

Two of our programs are pioneering CBME under the Fundamental Innovations in Residency Education (FIRE) mechanism. Ottawa implemented a unique CBME residency training program in July 2015. Dalhousie started CBME training in July 2016 and the Dalhousie CBME program is closely tied to the national CBD program.

As CBD will be implemented in residency training, continuous professional development (CPD) will soon be transitioning to a competency-based model. This should help physicians to focus on the learning activities relevant to their practice. A representative of the CAS CEPD Committee has participated in all anesthesiology CBD workshops and this has set the table for a strong collaboration. The National Specialty Society will be an integral partner in CBD especially as it pertains to anesthesiologists in practice.

This change in medical education is a great opportunity for scholarship and practice improvement. The implications for practising physicians are significant. Our position as an early adopter will afford us the chance to set the scholarship agenda for specialists nationally and the anesthesia community internationally. To gain more knowledge about CBD, visit the Royal College website ([www.royalcollege.ca/cbd](http://www.royalcollege.ca/cbd)).

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

The CanNASC group has developed and implemented a curriculum of standardized high-fidelity simulation scenarios, including a standardized assessment methodology, addressing high risk/low frequency events and key events in anesthesiology. Successful completion of five simulation-based assessments using the CanNASC methodology will be part of the certification requirements for residents beginning their residency in July 2017.

***GP/FP Anesthesia***

This remains an important topic in Canadian anesthesiology. Collaboration and communication between RCPSC, the College of Family Physicians Canada, CAS, and the Association of Canadian University Departments of Anesthesia is of utmost importance. The Working Group on the Assessment of Competence in Family Practice Anesthesia includes a representative of the Specialty Committee in Anesthesiology. This group is working on the harmonization of the definitions of competence in Anesthesiology as both Colleges (RCPSC and CFPC) are transitioning to competency-based medical education. As the Working Group nears completion of this project, the alignment of assessment tools between FP-A programs and Royal College Anesthesiology programs will be the next challenge.

***Practice Eligibility Route to Certification for Specialists (PER)***

The PER is a route to certification for internationally-trained physicians who are already licensed and practising as specialists in Canada. Certification can be granted following credentials review, including a scope of practice review, maintenance of certification, and examination (route A) or practice-based assessment (route B). PER route A has been available for several years. In the near future, there is no intention to open PER route B in Anesthesiology.

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Corresponding Member  
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Corresponding Member  
Corresponding Member  
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Corresponding Member  
Corresponding Member  
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Alain Deschamps

Shalini Dhir

George Djaiani

Naveen Eipe

Dale Engen

Ashraf Fayad

Alana Flexman

Zeev Friedman

Duane Funk

Ron George

Susan Goobie

Ferrante Gragasin

Cynthia Henderson

Blaine Kent

Clarita Margarido

Ian McConachie

Dolores Madeline McKeen

Peter Moliner

Gilles Plourde

Summer Syed

Jennifer Szerb

Katherine Taylor

Andrea Todd

Marie-Hélène Tremblay  
Jesaja Van Den Heever  
Adriaan Van Rensburg  
Jean Wong

## **2016 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](http://www.cas.ca)