

2013 MEMBERSHIP SURVEY

Canadian Anesthesiologists Society

May 2013



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INTRODUCTION

STUDY BACKGROUND

- ❑ Given that the ultimate reason for any association's existence is to satisfy the needs of its members, the Canadian Anesthesiologists' Society (CAS) concluded in 2012 that an understanding of member satisfaction was necessary. To gain this understanding, CAS undertook a survey of its members, the results of which will inform the future planning activities of the association.
- ❑ As a first step in this project, the Association Resource Centre Inc. conducted a series of in-depth interviews with a cross-section of CAS members. The purpose was to obtain their candid views on the role and desired priorities for CAS, as well as to get a basic understanding of the issues they face and their needs going forward.
- ❑ The results of these interviews, together with feedback from CAS served as the basis for determining the questions that were asked in the questionnaire that was sent to all CAS members.
- ❑ This report provides a summary and analysis of the survey responses.

PURPOSE AND OBJECTIVES

- ❑ The purpose of the Membership Survey is to gain insight into how members feel about their association, what it has accomplished and what its priorities and direction should be in the future.

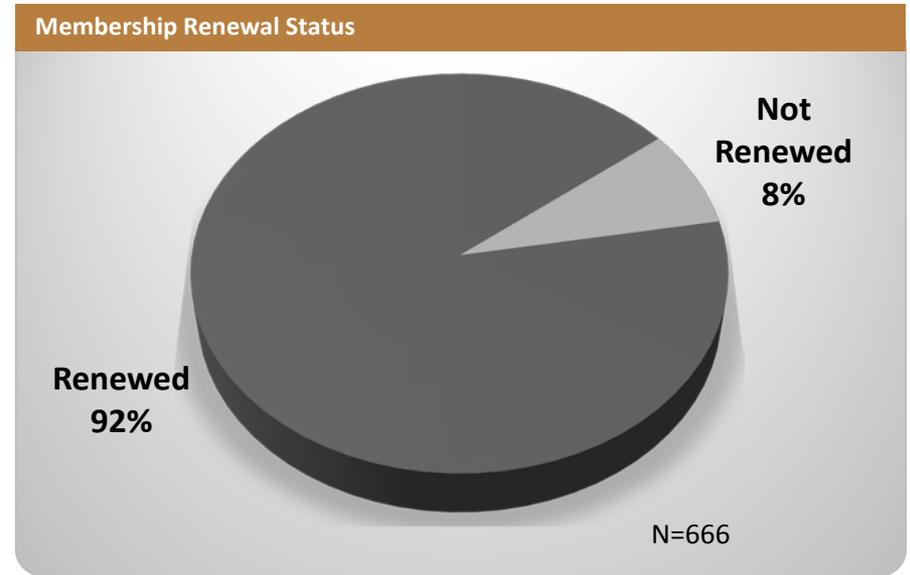
- ❑ The specific research objectives are as follows:
 - To determine how satisfied members are with CAS;
 - To assess the importance of key issues facing the industry;
 - To assess where members want CAS to focus its resources; and,
 - To determine differences in attitudes among different member segments.

- ❑ The Membership Survey was sent to all current members (as of March 2013) for whom CAS had an email address. In all, 2,924 CAS members were invited to participate in the survey in March 2013. Six hundred and sixty-six (666) responses had been received by the cut-off date for an overall response rate of 23%. The response rate is good for an organization of CAS' size.
- ❑ Results from the sample of 666 are considered to be accurate to within $\pm 3.4\%$ nineteen times out of twenty (95% confidence interval). More details on the margin of error can be found in *Appendix I*.
- ❑ The results have been weighted by membership category and region to more accurately reflect the true distribution of CAS members. Weighting the results removes much of the sampling bias, thereby making the results truly representative of the full membership.
- ❑ Differences between sub-groups are only presented where they are statistically significant and relevant.

RESPONDENT PROFILE

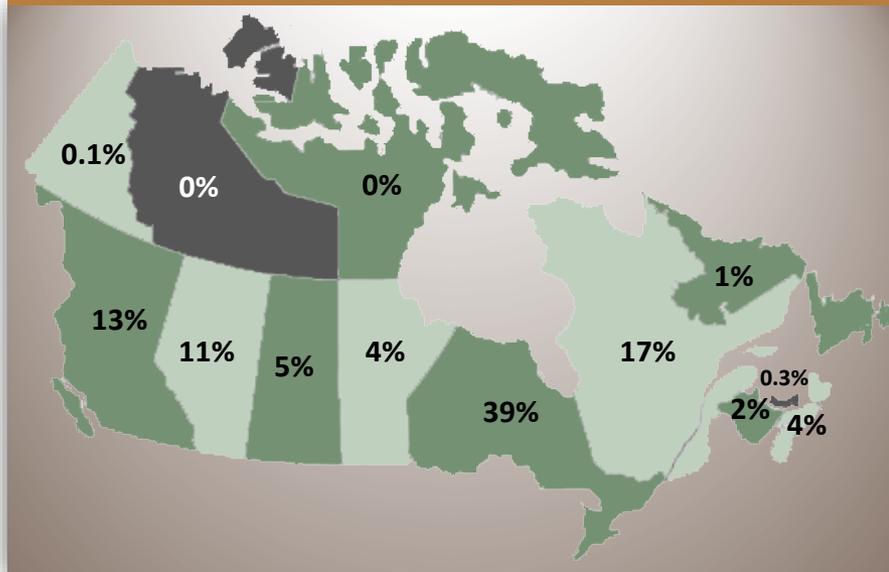
RESPONDENT PROFILE

- ❑ The tables on the next page present a summary of the demographic characteristics of the respondents to help provide context to the results in the report.
- ❑ In addition to the demographics collected in the survey, the respondent's renewal status was merged in from CAS' member database. As seen in the accompanying exhibit, over nine in ten respondents (92%) had renewed their membership.
- ❑ The results for all questions presented in this report are compared across the various demographics to check for differences in opinion among the various member segments.



RESPONDENT PROFILE (CONT'D)

Region (N=666)



Personal Details

Gender (N=622)

Male	72%
Female	28%

Age (N=626)

Under 25	0.3%
25-34	19%
35-44	26%
45-54	24%
55-64	22%
65-74	7%
Over 74	3%

Membership Profile

Professional Activity (N=629)

Specialist Anesthesiologist - academic hospital	41%
Specialist Anesthesiologist - community hospital	30%
Resident	16%
Retired	4%
Family Practice Anesthetist	4%
Anesthesia Assistant	3%
Other	2%

Work Setting (N=626)

University/teaching hospital	61%
Other hospital/healthcare facility	30%
Retired	4%
Private practice	3%
Other	2%

Community Size (N=604)

Rural (population of less than 50,000)	7%
Semi-urban (population of 50,000 to 100,000)	9%
Small city (population of 100,001 to 500,000)	28%
Large city (population of 500,001 to 1,000,000)	17%
Major city (population of greater than 1,000,000)	39%

Member Category (N=666)

Active	62%
Resident-Canadian	21%
Associate	8%
Other	9%

Length of Membership (N=628)

Less than one year	6%
1 to 2 Years	7%
3 to 5 Years	19%
6 to 10 Years	15%
11 to 20 Years	18%
More than 20 Years	35%

SATISFACTION LEVELS

OVERVIEW OF SATISFACTION RESEARCH

- ❑ What satisfaction score needs to be achieved before an association can say its members are satisfied? The answer is, it depends on the association. For some associations, it is simply not possible to achieve over 70% no matter how well they perform, while for others, 70% may be considered low. For this reason, it is important to consider the nature and dynamics of the association when interpreting satisfaction scores.
- ❑ Another important point about member satisfaction is that it is nearly impossible to ever achieve a 100% satisfaction rating. The reason for this is two-fold: First, an association cannot be all things to all people which means that no matter what it does, there will always be some members who are dissatisfied. The second reason is that, from a psychological standpoint, members may not want to award a score of 100% as it means that there is no room to improve. In other words, while your association may be doing an excellent job, members want their association to continue progressing.
- ❑ To properly assess satisfaction requires tracking it over time to see how it changes while keeping in mind what the association has done to try to improve its performance.

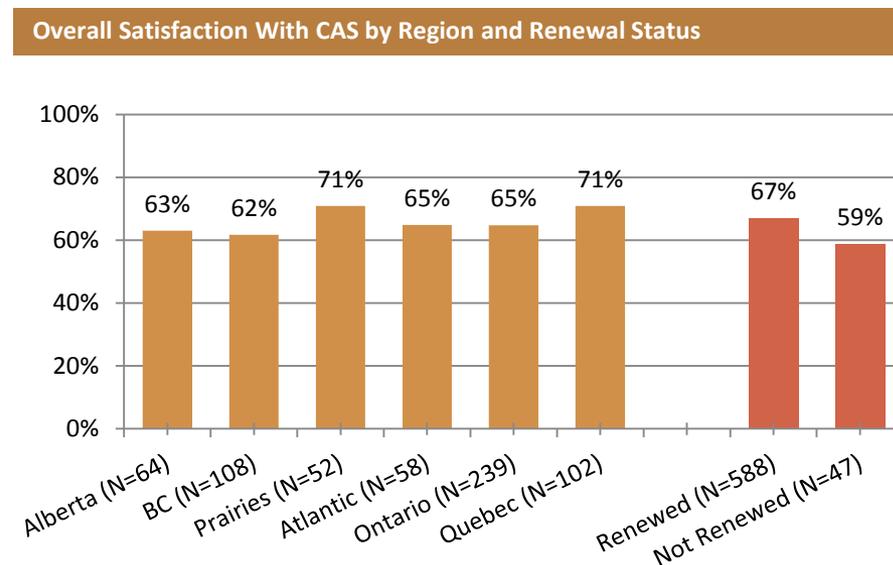
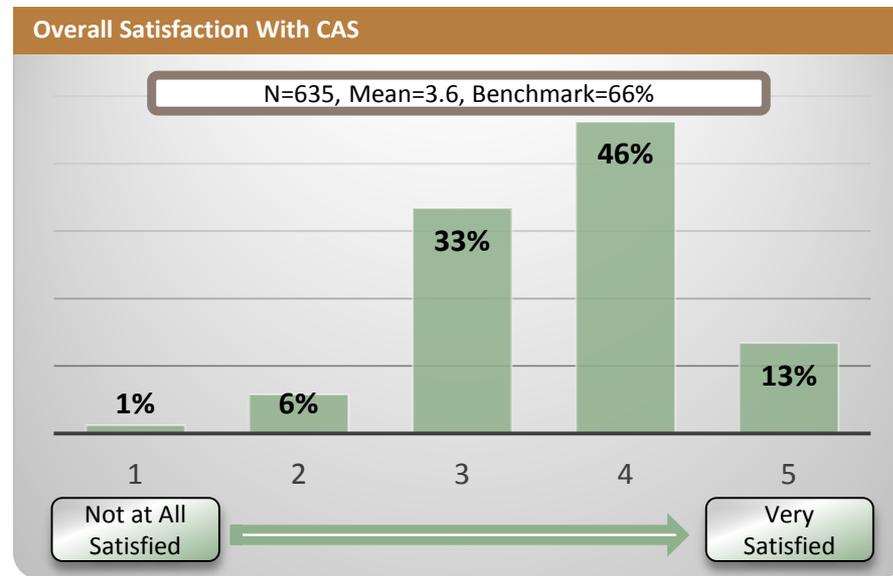
OVERVIEW OF SATISFACTION RESEARCH

- ❑ The Association Resource Centre Inc. has conducted over 50 studies similar to this one for more than 40 different associations, including several professional associations. Based on that experience, we have developed a good sense of what different ratings mean in different organizations. The following table summarizes the terminology we use to describe different ratings in this report. The choice of terminology is based on our extensive experience in conducting satisfaction work in the not-for-profit sector.
- ❑ *It should be noted that comparisons to other associations ARC has worked with are anecdotal. Direct comparisons cannot be made because of a difference in the scales used.*

Satisfaction Benchmark Reference Table		
Satisfaction Terminology Used	Percent Rating	Score on 10 Point Scale
Fail	0% to 46%	1.0 to 2.8
Borderline	47% to 55%	2.9 to 3.2
Marginal Satisfaction	56% to 64%	3.3 to 3.5
Reasonably Satisfied	65% to 69%	3.6 to 3.7
Very Satisfied	70% to 74%	3.8 to 3.9
Extremely Satisfied or Excellence	75% to 100%	4.0 to 5.0

OVERALL SATISFACTION WITH CAS

- Overall member satisfaction with CAS is reasonable. More specifically, a significant majority of members (79%) awarded a rating between 3 and 4 out of 5. Importantly, relatively few (7%) members awarded a negative rating (1 to 2 out of 5).
- The mean rating of 3.6 out of 5 translates into a benchmark satisfaction score of 66% (refer to *Appendix II* for detailed calculation). Based on our past experience with other professional associations, particularly those in the medical community, this rating suggests while members are generally satisfied that the association is on the right track, many feel the association has several key areas to work on.
- Compared to other professional associations, satisfaction with CAS is on par with the average.
- Regionally, satisfaction is highest in the prairie and Quebec regions. In both cases, members are “very” satisfied with CAS. Satisfaction is marginal to reasonable in other regions.
- Not surprisingly, satisfaction is considerably higher among those who have already renewed their membership than those who have not. While it is possible they may still renew, the results indicate that CAS is not meeting their expectations.



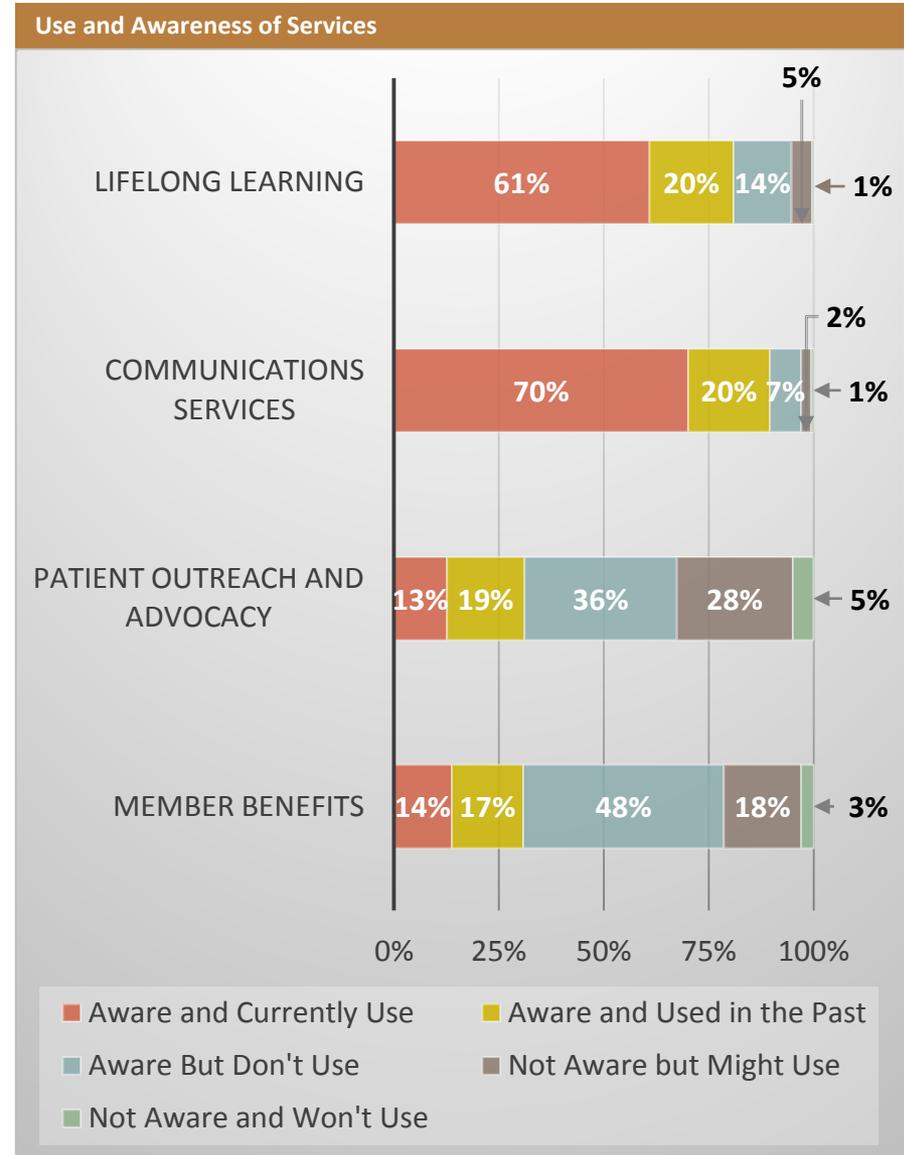
OVERALL SATISFACTION WITH CAS (CONT'D)

Subgroup Differences in Overall Satisfaction

- Member Type*: Satisfaction is slightly higher among members who are not part of the active segment.
- Professional Activity*: The highest level of overall satisfaction is among those who are not specialized anesthesiologists or residents.
- Work Setting*: Satisfaction is considerably higher among members working outside of universities and hospitals.
- Community Size*: Interestingly, satisfaction is highest in large cities (500,000 to 1 million people), but lowest in major cities (over 1 million people).
- Age*: After the age of 45, satisfaction increases with age.
- Gender*: Female members are somewhat more satisfied with CAS than their male counterparts.

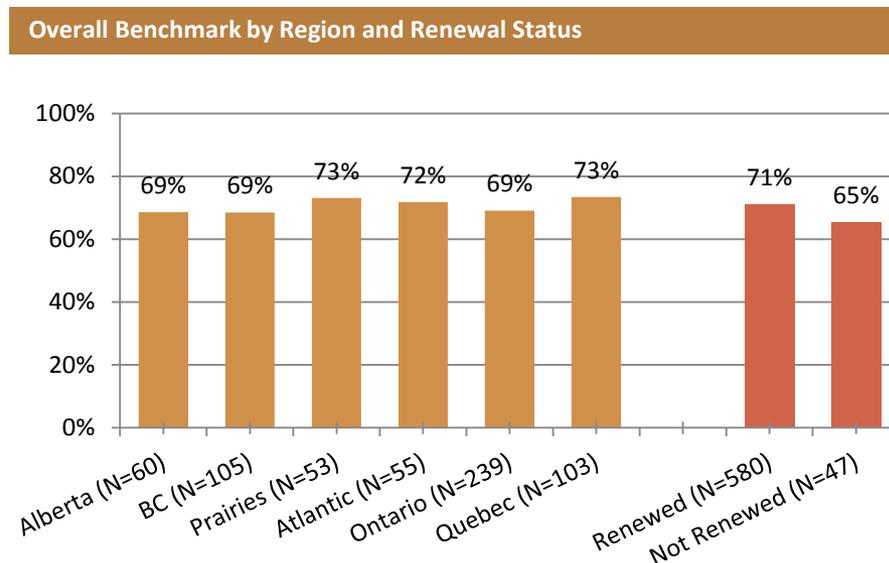
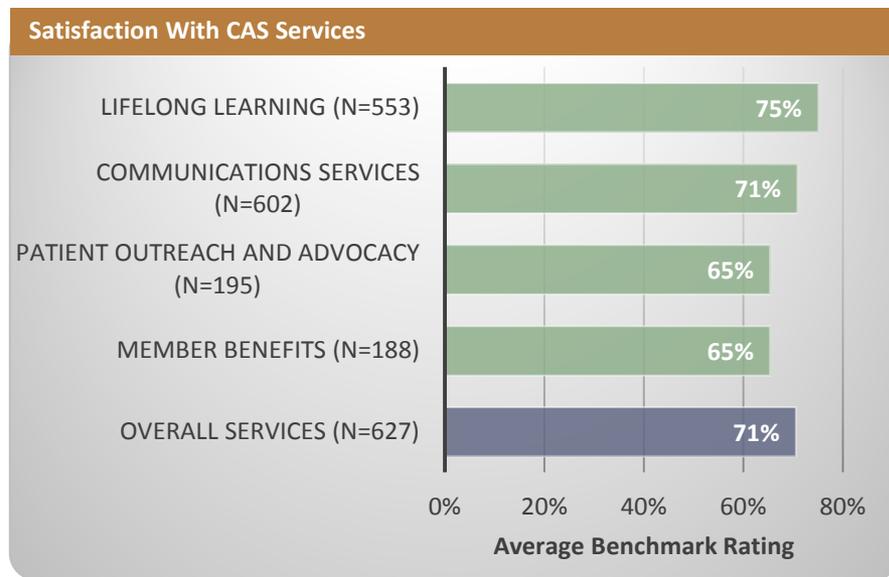
USE OF SERVICES BY CAS MEMBERS

- ❑ For the purpose of the survey, CAS' services were grouped into four broad categories. The survey asked respondents to indicate whether they were aware of and use services in the four categories. The results are summarized graphically in the accompanying chart.
- ❑ CAS service offerings clearly fall into two distinct groups – used and not used. Usage is higher for CAS communications services with a significant 70% of members currently using one or more and a further 20% have done so in the past. Lifelong learning (education) services are also widely used with 61% currently using and 20% having used in the past. Penetration for these services is very high.
- ❑ At the other end of the spectrum, only less than one-third of members have ever used the patient outreach and advocacy services (32%) or member benefits (31%). While not alarmingly high, part of the reason behind the low penetration for these services is the significant portion of members who are not aware that these services (33% and 21%, respectively) even exist.
- ❑ The results suggest a need to re-examine the low penetration components of CAS' offering. In some cases, low penetration may be justified because services only apply to a select group of members. On the other hand, if low penetration is not justified then the question is whether the issue is poor communication or low value in the service.



SATISFACTION WITH CAS SERVICES

- ❑ Members were asked to rate their level of satisfaction with the four groups of services offered by CAS. Members were only asked to rate the service groups they actually use.
- ❑ The results show that those who use the services are quite satisfied with them, as evidenced by the 'very satisfied' average benchmark rating of 71%. As with overall satisfaction, this is consistent with other professional organizations. In fact, association services tend to be rated quite well by users in most organizations. As with CAS, scores typically fall in the "very satisfied" category.
- ❑ The highest satisfaction is for CAS' lifelong learning (education) programs at 75%. With satisfaction sitting just in "excellence" territory, CAS is clearly performing well in this key service area.
- ❑ CAS' communications services also rated well, but not as high as education. At 71%, members are "very" satisfied with the communications services, but feel there is some room to improve.
- ❑ The lesser used service areas, patient outreach and advocacy and member benefits, both received modest ratings at 65%. The lower level of satisfaction could be part of the reason for the lower usage ratings. The results for these two service areas suggest some investigation is warranted to ensure they are delivering at an appropriate level.
- ❑ While the overall rating does not vary significantly from region to region, it is worth noting that patient outreach and advocacy is rated highest in the Atlantic region and lowest in Alberta. Communications services were rated highest in Quebec.
- ❑ Renewed members general expressed higher satisfaction with services than non-renewed members.



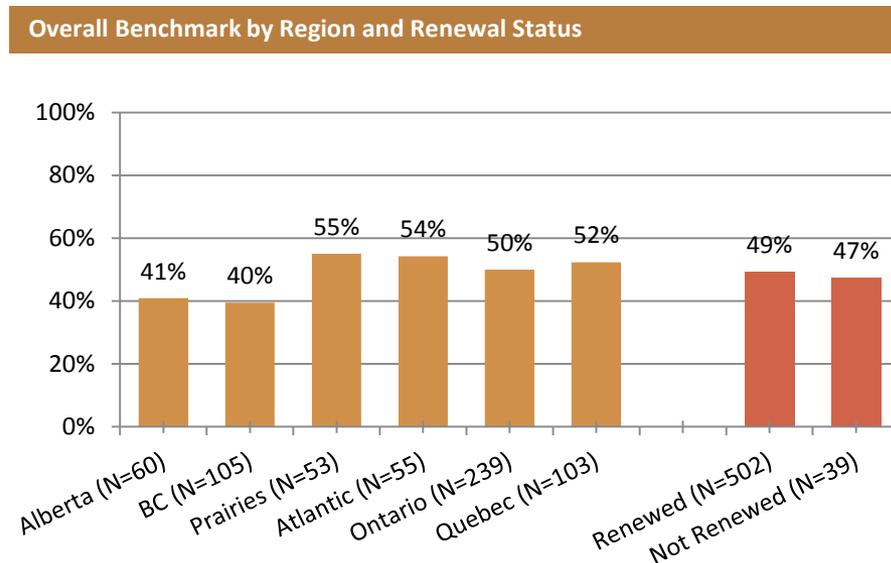
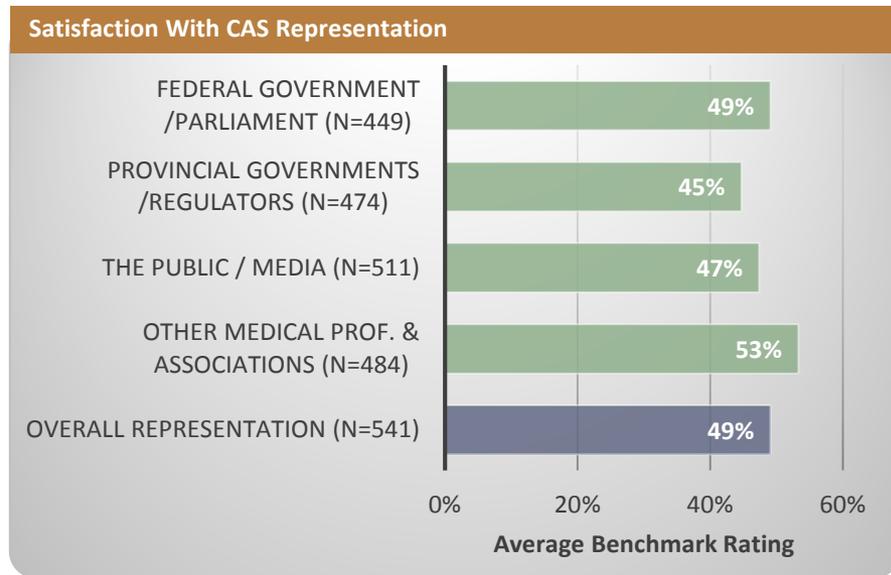
SATISFACTION WITH CAS SERVICES (CONT'D)

Subgroup Differences for CAS Services

- Professional Activity*: Members who are not specialists or residents tend to be more satisfied than others with CAS services.
- Work Setting*: Those outside the university and/or hospital setting tend to be more satisfied with CAS services.
- Community Size*: As with overall satisfaction, the overall rating for services is lowest in major cities.
- Gender*: Overall service satisfaction is higher among female members.

SATISFACTION WITH CAS' REPRESENTATION OF MEMBERS' INTERESTS

- ❑ Members clearly feel that CAS needs to improve in representing their interests to external stakeholder groups. At 49% overall satisfaction, members awarded CAS a 'borderline' grade on this benchmark.
- ❑ While there is some variation in the rating for representation to the different stakeholder groups, none were rated particularly high. Representation to other medical professions and associations was highest at 53%.
- ❑ It is important to note that because it is often one of the main reasons why members join associations in the first place (particularly professional associations), ratings for representation of member interests are typically quite a bit lower than ratings on other attributes. In our experience, low scores in this area tend to be caused by one of two things: Either the association is not achieving results relative to what members want or expect; or, the association is achieving results but the members are not aware of what is happening. In either case, the low score on this attribute should be seen as a wake-up call for CAS.
- ❑ As mentioned above, it is not uncommon for representation to be poorly ranked; however, it should be noted that the CAS rating is well below the average among professional associations we have worked with.
- ❑ Satisfaction with representation to all groups, and in particular provincial governments/regulators is much lower in the west (Alberta and BC) compared to other regions.
- ❑ There is no significant difference between those who renewed and those who did not.



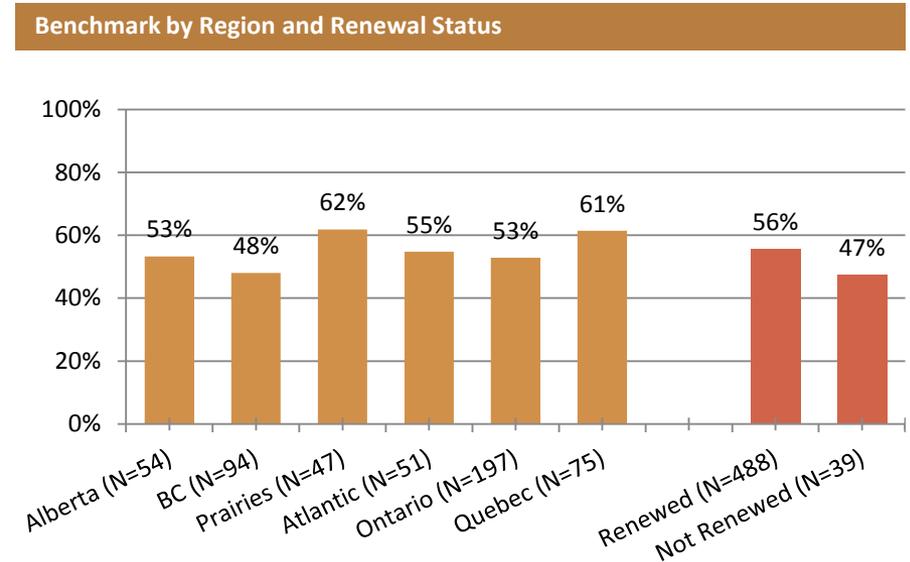
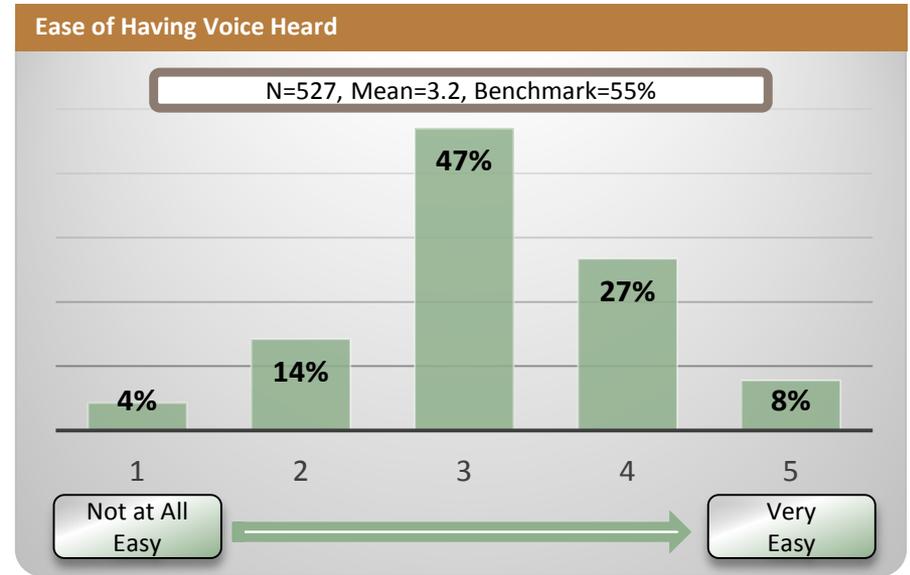
SATISFACTION WITH CAS' REPRESENTATION OF MEMBERS' INTERESTS (CONT'D)

Subgroup Differences for Representation

- ❑ *Member Type*: Satisfaction with representation, particularly to provincial governments/regulators and the public/media is lower among those in the active segment.
- ❑ *Professional Activity*: Residents and other non-specialists awarded higher ratings to CAS' ability to represent members other than specialist members.
- ❑ *Work Setting*: Once again, satisfaction is higher outside the university and hospital setting.
- ❑ *Community Size*: The bigger the community, the higher the level of satisfaction with representation. The exception is major cities where satisfaction is considerably lower than in smaller communities.
- ❑ *Length of Membership*: New members (less than 2 years) and long time members (more than 20 years) expressed slightly higher satisfaction with representation than others.
- ❑ *Age*: Members aged 35 to 54 tend to be the least satisfied with CAS representation efforts.

EASE OF HAVING VOICE HEARD

- ❑ When it comes to allowing members to be heard, CAS slides just into the 'marginal' category where member satisfaction is concerned. The benchmark rating of 55% translates to a benchmark average of 3.2 which is just into positive territory.
- ❑ Most of the ratings sit near the 'middle of the road' with almost half (47%) of respondents awarding a 3 out of 5.
- ❑ This benchmark indicates a possible need for CAS to open the upward lines of communication to make it easy for members to voice their opinions. Continuing to provide regular opportunities, such as this membership survey, for members to provide input, using that input to drive planning activities and then communicating back to members how their input is being used on an ongoing basis is a process many ARC clients follow in order to improve scores in this area and across other satisfaction benchmarks. Making sure members are aware of the channels available to them to provide input is also a key to success on this important attribute.
- ❑ That said, it should be noted that it is more challenging for larger organizations such as CAS (over 3,000 members) to achieve good ratings in this area when compared to smaller organizations.
- ❑ Members in the regions with the highest satisfaction (Prairies and Quebec) are also more likely to feel it is easy to have their voices heard, though the marks are still not very high. All other regions are borderline.
- ❑ Those who have not renewed actually awarded a failing grade to the ease of having their voice heard at CAS.



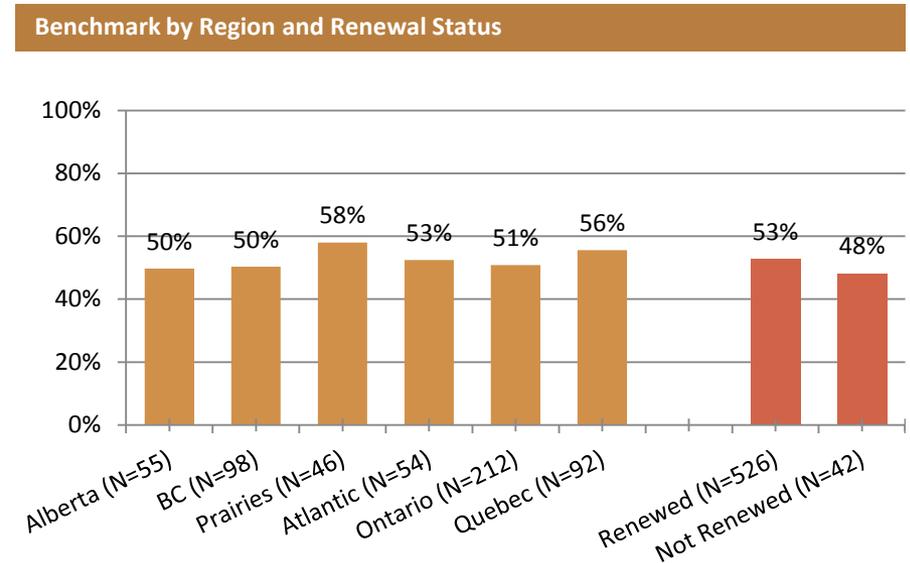
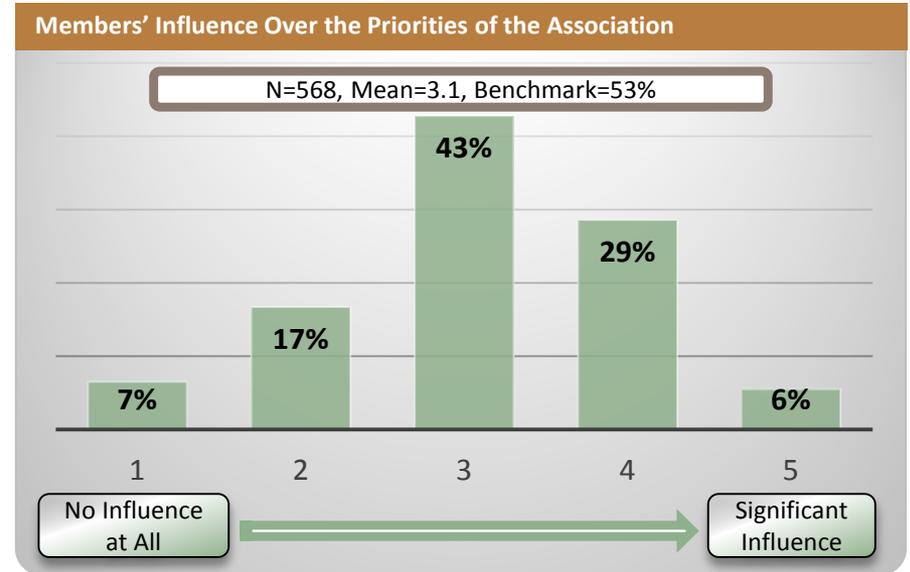
EASE OF HAVING VOICE HEARD (CONT'D)

Subgroup Differences in Ease of Having Voice Heard

- ❑ *Member Type*: Members outside the active groups find it slightly easier to have their voice heard than members in the active segment.
- ❑ *Work Setting*: Those working in universities and/or hospitals find it harder to have their voice heard than other members.
- ❑ *Community Size*: Again, satisfaction with the ease of having one's voice heard is lowest in major cities (over 1 million people).
- ❑ *Length of Membership*: Satisfaction with the ease of having your voice heard by CAS is lowest among those who have been members for 6 to 10 years and highest among the newest (less than 2 years) and oldest (more than 20 years) members.
- ❑ *Age*: While satisfaction with ease of having one's voice heard is generally consistent across age groups, those over 65 awarded higher than average marks.

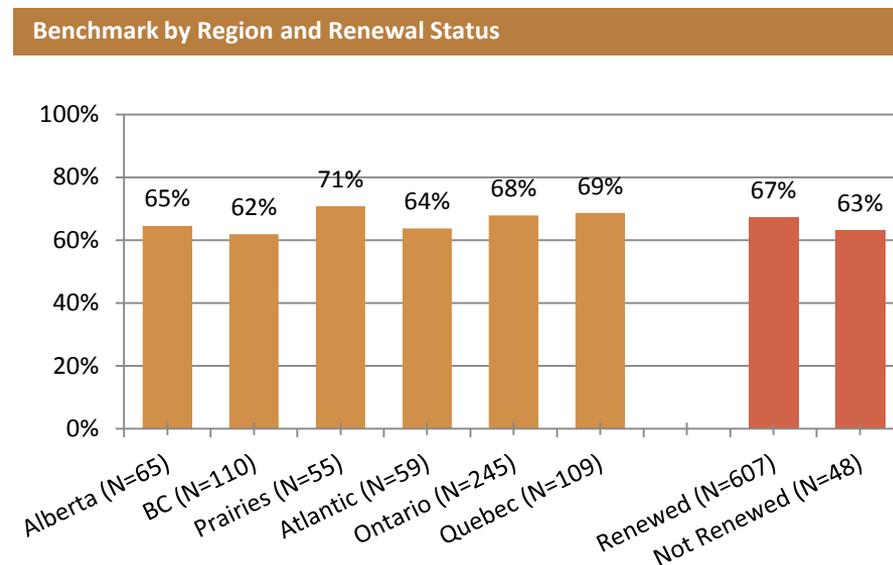
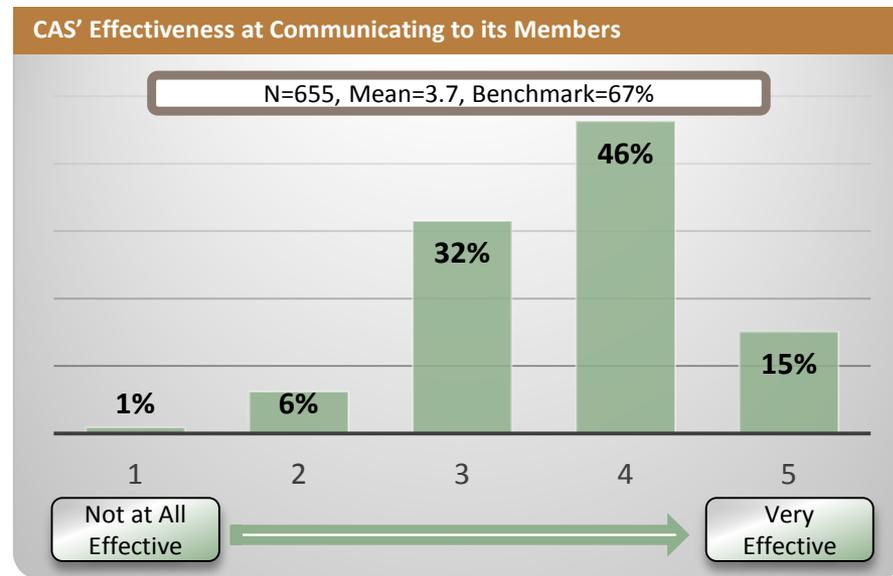
MEMBERS' INFLUENCE OVER THE PRIORITIES OF THE ASSOCIATION

- ❑ With a 'borderline' benchmark of 53%, members' sense that they can influence the direction and priorities of the association is also a red flag for the CAS. At an average rating of just 3.1, members clearly do not have a strong sense that their views impact the decision-making process and subsequently question the degree to which the association is member-driven.
- ❑ Importantly, a significant quarter of members (24%) awarded negative ratings to the association in this area.
- ❑ As is the case with the previous benchmark (Ease of being heard), not only providing members with the opportunity to contribute input, but using that input to drive the agenda of the association and, importantly, communicating back to members how you are turning their vision of the association into a reality is a critical piece of the puzzle when it comes to turning many of these marks around.
- ❑ Again, it is the two regions where overall satisfaction is highest (Prairies and Quebec) where members also feel they have the greatest level of influence. This helps illustrate the connection between member input and satisfaction.
- ❑ There are no significant differences among renewal status. Differences among other subgroups include:
 - *Member Type*: The active segment expressed lower satisfaction.
 - *Work Setting*: Satisfaction is again higher outside the university and/or hospital setting.
 - *Community Size*: Satisfaction with the level of influence increases with community size up to large cities before dropping significantly for those in major cities.
 - *Length of Membership*: While still not high, members of less than two years awarded the highest marks for the degree of member influence.
 - *Gender*: Perceived level of influence is slightly higher among female members.



CAS' EFFECTIVENESS AT COMMUNICATING TO ITS MEMBERS

- ❑ As became evident in member ratings of the association's services, communication is clearly one of CAS' stronger points. Members awarded the association a benchmark rating of 67% in this area, indicating that members are reasonably 'satisfied' with CAS' performance on this attribute.
- ❑ With 61% awarding a 4 out of 5 or better, there is a large portion of members that feel CAS does a very good job in this area. However, there is considerable room to grow. The rating indicates that CAS is on par with the average for other organizations.
- ❑ Despite having strong marks in its communications, it is important to note that while members are generally content with the association's performance in this area, this is not to say that CAS is always communicating about the 'right' things. A good communications strategy will communicate the right information in an effective manner. Specifically, information on how member input is being used to drive the strategy and what the association is accomplishing for its members usually leads to higher ratings in all areas. This study does not assess the extent to which CAS communicates the right information.
- ❑ In addition to the Prairies and Quebec, Ontario also awarded higher marks than other regions to CAS communications effectiveness.



CAS' EFFECTIVENESS AT COMMUNICATING TO ITS MEMBERS (CONT'D)

Subgroup Differences in Effectiveness of Communications

- Member Type*: Members in the active segment awarded considerably lower marks to CAS communications effectiveness than others.
- Professional Activity*: Ratings for communications effectiveness are in excellence territory for those who are not specialists or residents.
- Age*: Effectiveness of communications is rated fairly consistently up to age 65 where it jumps significantly.
- Gender*: Males awarded lower marks than females.

BENCHMARK SATISFACTION RATINGS

- ❑ The overall benchmark satisfaction rating is calculated by taking the average of the benchmark scores on each of the key satisfaction ratings. For the services and representation satisfaction ratings, the benchmark is the weighted average for all items measured.
- ❑ The overall benchmark satisfaction rating of 60% indicates that members are ‘marginally’ satisfied with their association and that it has a great deal of room to improve. Anecdotally, this benchmark is slightly lower than the average we have seen across all of the associations we have worked with; however, it is important to note that this rating is more or less on par with the average we tend to see in professional associations.
- ❑ The areas that require the most focus moving forward for CAS are clearly member influence, representation of member needs and ease of being heard.
- ❑ In contrast, CAS is performing well in the services it provides and is reasonably effective with its communications. The association is on the right track in these important areas.
- ❑ When asked to indicate the one thing CAS could do to improve satisfaction, members overwhelmingly gave answers related to improving the representation of the profession.
- ❑ A complete list of open ended comments can be found in *Appendix III*. Specific key themes are listed under the chart on the right.

Summary of Benchmarks

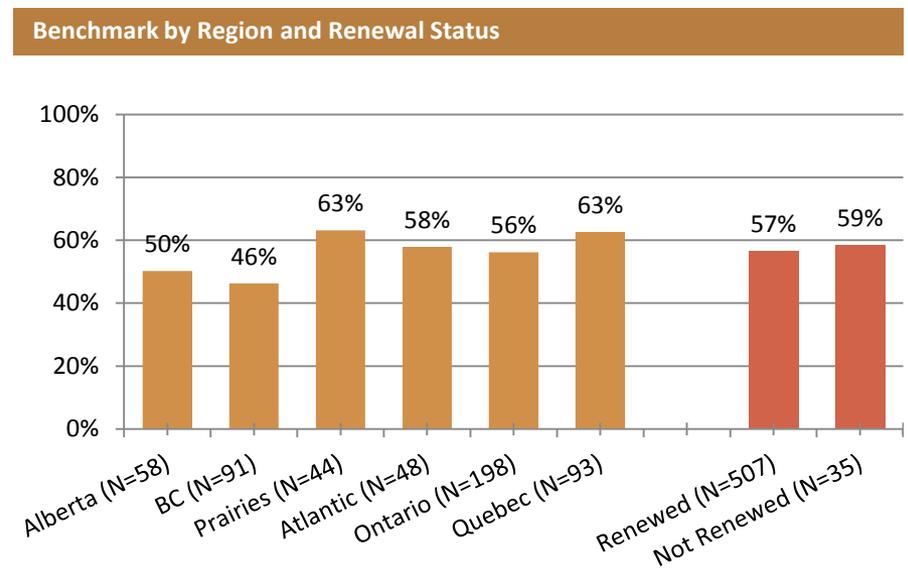
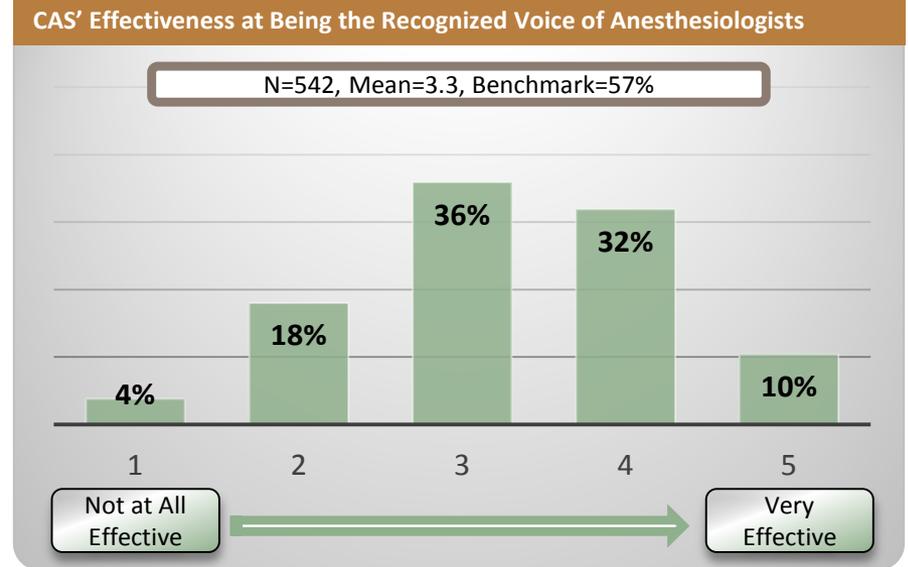
	Benchmark
Overall Satisfaction With CAS	66%
Overall Services	71%
Overall Representation	49%
Ease of Having Voice Heard	55%
Member Influence	53%
Effectiveness of Communications	67%
Overall Benchmark Satisfaction Rating	60%

Key Themes From Comments Regarding Improving Satisfaction

- Help address regional remuneration disparities across regions
- Better representation and advocacy of member interests to federal and provincial government on a variety of issues.
- Improve public knowledge of what we do.
- Improve representation/raise profile of anesthesiologists to the public, media, employers and other medical bodies.
- Do a better job of being the recognized voice of the profession.
- Be more visible.
- Better, more timely communication.
- Improve the quality of the conference and make it less expensive.

CAS' EFFECTIVENESS AT BEING THE RECOGNIZED VOICE OF ANESTHESIOLOGISTS IN CANADA

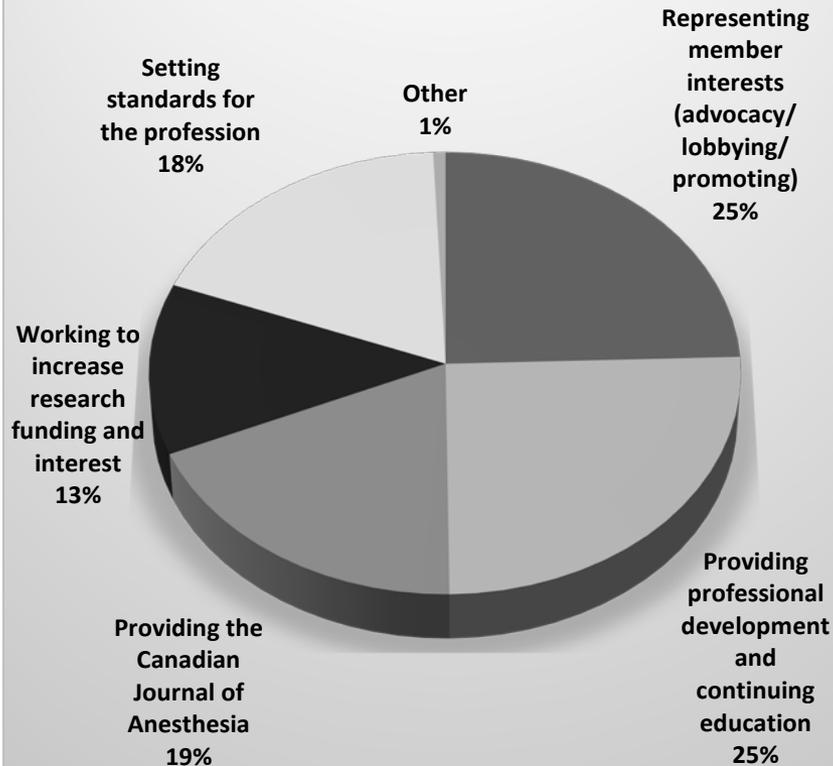
- ❑ With an average rating of 3.3 out of 5, members feel there is a ways to go before CAS is effective at being the recognized voice of anesthesiologists in Canada. While a significant majority (78%) provided ratings on the positive end of the scale, just 10% awarded full marks on this attribute, suggesting there is considerable room to improve.
- ❑ As mentioned in previously, communication can play an important role in influencing scores in this area. In examining this issue, it is important to consider not only what CAS is actually doing to be the recognized voice for its members, but also how it is communicating back to its members about its actions, as well as the results it is achieving.
- ❑ Given the results thus far in the report, it is not surprising that members in the prairie and Quebec regions tended to award CAS a higher grade for its effectiveness at being the recognized voice than in other regions.
- ❑ Other subgroup differences are as follow:
 - *Work Setting*: Consistent with other results, ratings for CAS' effectiveness at being the recognized voice for anesthesiologists is considerably higher outside the hospital and university work setting.
 - *Community Size*: Effectiveness at being the recognized voice is rated lowest by those in major cities.
 - *Age*: After age 35, ratings increase with age.
 - *Gender*: Ratings were higher among female members.



WHERE MEMBERS WANT CAS TO FOCUS EFFORTS

ALLOCATION OF RESOURCES

Percent of Resources Assigned



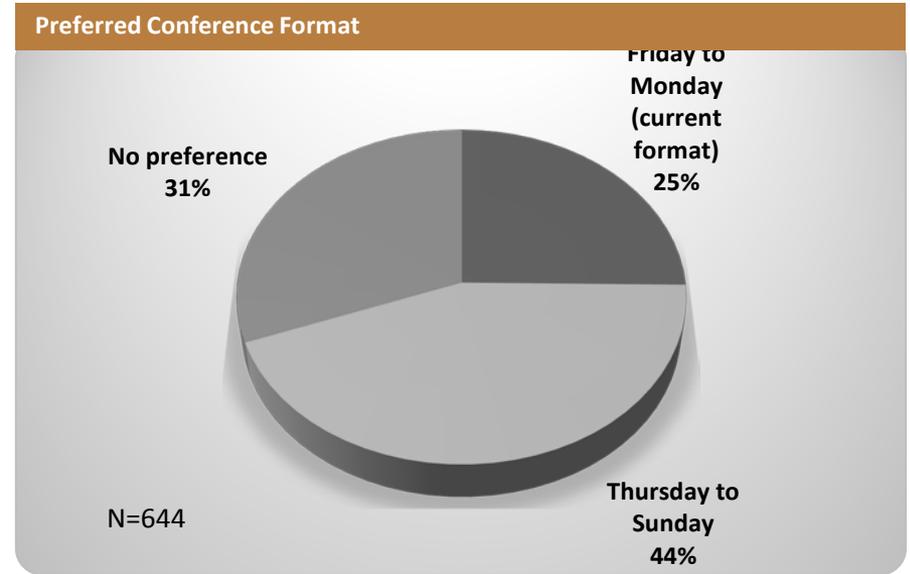
N=564

- ❑ Not surprisingly, providing professional development and continuing education is one of the top two areas members would like CAS to focus on. On average, members would assign one quarter (25%) of CAS resources to this area. This is also the service area that received the highest satisfaction scores.
- ❑ The other top focus is representing member interests. Again, members would allocate 25% of CAS resources to this area. The significant resources members would assign to this area highlights the concern for CAS given the low ratings received.
- ❑ Providing the CJA (19%) and setting standards (18%) are next with each area receiving just under one-fifth of the resources. Working to increase funding is also an important area, but at only 13% of resources on average, it is very much secondary to other tasks.
- ❑ It should be noted that the results should not be viewed as the definitive way in how members would like resources divided. Rather, they should be viewed as a weighted ranking. In other words, representing member interests (25%) is almost twice as important as working to increase research finding (13%).
- ❑ Subgroup differences include:
 - *Region*: Members from BC assigned the highest share of resources of any region to representing member interests. The share is lowest in Quebec.
 - *Professional Activity*: Residents and specialists in community hospitals assigned a higher weight than others to representing member interests.
 - *Age*: The weight assigned to representing members declines with age.

MEMBER PREFERENCES

CONFERENCE PREFERENCE

- ❑ Results suggest that the conference should switch from its current format (Friday to Monday) to a Thursday to Sunday conference. A significant 44% selected this format while a further 31% don't have a reference.
- ❑ Only one-quarter of members prefer the current format.



- ☐ Members were asked to identify what, if any, services they would like to see CAS add to its offering. A detailed list can be found in *Appendix III*. Following is a summary of the key trends that surfaced from their comments:
- Develop a CJA mobile app
 - Provide access to a benefits program (i.e., dental, vision, medical, group pension, group life insurance, etc.)
 - Provide more and/or better CPD
 - Online education
 - Guidelines/information sheets for patients

CONCLUSIONS

CONCLUSIONS

- ❑ CAS' overall benchmark satisfaction rating of 60% indicates that members are 'marginally' satisfied with their association. The message from members is that while the association is performing well on some fronts, there are some key areas for improvement.
- ❑ CAS is doing a better job in meeting member expectations in the Prairie and Quebec regions. Satisfaction in most areas is significantly higher in these regions.
- ❑ Satisfaction is lower among those in the trenches. Specialist anesthesiologists and residents, as well as those working in hospitals or universities awarded lower ratings in most areas compared to those in other segments. This is an area that CAS may want to explore.
- ❑ CAS is performing well in the services it provides and, to a lesser extent, in the effectiveness of its communications and should continue its efforts in these key areas.
- ❑ In contrast, scores were low on members' sense that the association represents their needs, that they can influence CAS' direction and priorities, and that it is easy for them to be heard by CAS. Importantly, representing member interests is clearly very important to members as a significant number mentioned it as a way to improve their satisfaction.
- ❑ While this membership survey is a great start in involving members in the decision-making process, **it is important that CAS continue to provide ongoing opportunities for members to provide input.** ARC clients that have raised the bar in this area provide multiple channels for members to provide feedback on areas such as programs, services, policy, issues and strategic objectives. These channels can include town halls, member focus groups, board member road shows, interviews, and other regular ongoing input mechanisms.

CONCLUSIONS (CONT'D)

- ❑ This survey did not measure the extent to which members receive enough information to know what CAS is doing, but the signs suggest a knowledge gap. In our experience, **when organizations use member input to drive its planning, whether it be at a strategic, policy or program level, it is critical that the association communicate back to members that they have been heard and that CAS is taking concrete steps to improve based on their needs**. Following this practice will undoubtedly help raise satisfaction in all areas.
- ❑ Finally, **keeping members up-to-date with regular updates or 'report cards' on how CAS is performing relative to the goals it has set is an important way to show members that CAS means business when it comes to engaging its members.**
- ❑ Through their allocation of resources and their general comments, members clearly identified the two key priority areas where CAS should focus its efforts. **Top priorities in the eyes of members are delivering quality education and representing the interests of members to key stakeholders.** These are areas where CAS needs to excel if it is to raise satisfaction.
- ❑ On the whole, CAS has received a moderately positive report card from its members. Members have used this survey to articulate quite clearly that while the association is doing well in some areas, it has some hard work ahead if it is to get into sync with their needs and priorities.
- ❑ The information in this report can serve as a springboard to help CAS do just that. The members have spoken; it is now up to CAS to show that it has listened to what they said and to develop the appropriate strategies for moving forward.

APPENDIX I: SAMPLE ERROR OF TOLERANCE

SAMPLE ERROR OF TOLERANCE

WHERE PERCENTAGES SHOWN IS:						
	1% or 99%	10% or 90%	20% or 80%	30% or 70%	40% or 60%	50% or 50%
N=						
50	2.8	8.3	11.1	12.7	13.6	13.9
125	1.7	5.2	6.9	7.9	8.4	8.6
200	1.3	4.0	5.4	6.2	6.6	6.7
275	1.1	3.4	4.5	5.2	5.5	5.6
350	1.0	3.0	3.9	4.5	4.8	4.9
425	0.9	2.6	3.5	4.0	4.3	4.4
500	0.8	2.4	3.2	3.7	3.9	4.0
575	0.7	2.2	2.9	3.4	3.6	3.7
650	0.7	2.0	2.7	3.1	3.3	3.4
<i>666</i>	<i>0.7</i>	<i>2.0</i>	<i>2.7</i>	<i>3.1</i>	<i>3.3</i>	<i>3.4</i>

Explanation:

If x% (across the top) of survey respondents provided the same response to a question, it would be considered accurate, 19 times out of twenty (95% confidence level) to within $\pm y\%$ depending upon the sample size (down the side). For example, if the sample size is 500 and 20% of respondents indicate an issue is "very important", then it is estimated that between 16.8% and 23.2% (3.2% margin of error) of the actual population would rate the issue as "very important".

APPENDIX II: CALCULATION OF BENCHMARK RATINGS

CALCULATION OF BENCHMARK RATINGS

Conversion of Means

- ❑ The questions in which means are used to calculate the benchmark satisfaction ratings are on a scale of one to seven. In order to calculate a percentage rating, it is necessary to have a zero starting point. This can be accomplished by shifting the scale to a 0 to 6 scale (i.e., subtract 1 from both the scale and the mean). The percentage can now be calculated as follows:

Example: In question 1 of the survey , the mean is 3.6 (on a scale of 1 to 5). Subtracting 1 gives a new mean of 2.6 (on a scale of 0 to 4). To calculate the satisfaction rating, divide 2.6 by 4. This gives a satisfaction rating of 66%.

APPENDIX III: VERBATIM COMMENTS

Q9: MOST IMPORTANT ACTION TO IMPROVE SATISFACTION

- Promote more remuneration equality thus helping reduce manpower move between provinces.
- support training and upgrading GPAs
- Educate people as to what our job entails and how important it is
- Successfully lobby for us in B.C. vis a vis our government.
- Annual meeting cost is to significant
- Be outspoken and lobby governments/media to highlight anesthesia issues in Canada
- Establish formal links with provincial medical associations (E.g. the OMA in Ontario).
- Promoting the specialty within medicine, at the Government level, and to the public
- Steer anesthesiology towards a path of clinical and research excellence. Help our profession evolve to prevent us from being irrelevant and stuck in the past.
- One frustration have is the meeting. It is expensive and very often all of the tracks are simultaneous, so we miss valuable subspecialty information.
- More actively engaged with public and press
- 1. Improve the quality of the meeting 2. Advocate for anesthesia assistants
- Lower the conference fee
- provide stronger representation for anesthesiologists at the provincial level
- More publicity re shortage of anesthesia providers, possible change by Royal College in certification requirements for foreign grad applicants
- More clinically relevant papers in CAS journal. Currently publishes a lot of uninteresting and trivial papers
- Greater public awareness of what we do
- Get more involved in clinical practice. Less involved with University Departments.
- Advocate for specialty with the hospital systems; as a largely hospital based specialty, we have no input from our professional body on standards, technology etc.
- Help provincial societies in their struggles with local health authorities
- Better and more frequent communication (e.g. email, but not too often!) about issues being dealt with by the Board.
- I am a family physician who does anesthesia, and I feel the CAS could do more to support FPA's. We have a very important role in rural communities, but need the support of our fellowship colleagues to provide safe effective service.
- look at the workplace dynamics. stop killing rats and enter the human domain
- Protect he profession from erosion by other paramedical staff taking over our jobs. Stop the incestuous awarding of gold medals to undeserving and people who have destroyed the profession by using and promoting false data.
- Become more vocal at a local level in the press
- Communication of current issues to members.

Q9: MOST IMPORTANT ACTION TO IMPROVE SATISFACTION (CONT'D)

- Work to obtain greater public recognition of our profession
- bigger public presence for anesthesiologists in Canada
- better communication
- Reduce the annual fee, much higher than my other associations
- run a good annual meeting
- Establish a presence and perception at Federal and Provincial level of the pivotal importance of anesthesia in the provision of health care
- More on line help with self-assessment activities for CPD
- I am a BC anaesthetist. I would like to see some help even if only indirect, in our endeavor to improve our working conditions in this province.
- Continue to improve the annual meeting and the regional societies.
- Take a more political role
- More help with mocomp
- patient education and awareness of risk
- Maintain current excellent levels of professional education, international presence through education, and public advocacy for the specialty.
- Greater visibility? (Difficult to define further).
- Continuer dans la meme voie , congrès, journal, sensibilisation auprès du public, modules de d.p.c.
- The Journal lacks scientific importance. It has lagged the last couple of years to the point it is now a throw away. Heck even the editors publish in other journals rather than their own! S clearly the journal
- become political advocates for anesthesia profile
- Lower the cost of the annual meeting to members.
- recognition of years of service to the community & funding for long term service
- Improve the format of the CPD module. It is very difficult to navigate through springer to get to the module. I have so far given up trying to get through springer and the CAS website to get to the CPD modules
- Be more political.
- accountability for annual fees and how the money is allocated
- To represent the members and not be so swayed by concerns of special interest groups
- Help to emphasize to government the importance of having dedicated anesthesia assistants.
- Augmenter les congres et la formation decentralisee
- Speak out publicly on issues affecting anesthesiologists across Canada e.g. drug shortages, anesthesiologist shortages, need for anesthesia assistants in every province

Q9: MOST IMPORTANT ACTION TO IMPROVE SATISFACTION (CONT'D)

- Provide ready links to provincial representatives.
- Advocate for anesthesiologists in BC
- More national standard setting for clinical practice. Eg. Clinical records in OR Leadership in controversial issues eg. OSA More educational value to annual meeting
- Board often swayed by special interest groups rather than doing what is appropriate for all members.
- Continue to enhance the CPD value of the annual meeting
- Communiquer clairement en français et faire mieux connaître le guide d'exercice auprès des autorités.
- Etre proactive sur les questions touchants les soins anesthésiologiques auprès des autorités gouvernementales
- the membership dues is way too high for the member benefits offered as compared to other anesthesia societies; members need to know why the fees are so high
- Take over from, or offer an alternative to the Royal College for the annual CME tracking process for anesthesiologists. The Royal College does in NO way represent my or Anesthesiologists interests and concerns.
- Ongoing manpower stats in each province ie numbers of full and part time / staffing shortages etc (could be part of the membership renewal form)
- Devenir un vrai interlocuteur avec les instances gouvernementales qui comptent en santé au Canada, à savoir, les gouvernements provinciaux.
- Réduire les frais d'inscription aux congrès.
- Cont learning modules
- Get more unity on issues between provincial divisions. We have unity on Standards and they are great. The more unified we are the better it will be.
- improve the situation in BC
- Consult with the members more widely about guidelines. The sedation guidelines seem to have been written by people who don't sedate and have no idea how it works.
- Provide more recognition for retired anesthesiologists who are still interested in developments of specialty . Free registration for "anesthesia practice "courses is one of examples .
- I am retired but I am still very interested in the society. The society should keep issues alive better eg Drug shortages, also media coverage of annual meeting and regional meetings.
- Need a higher media profile to influence decisions being made by governments and other NGOs affecting us. For instance the drug shortage in Anesthesia is totally shameful and we should never be put in that position!
- I do not know who in the CAS speaks for anesthesiologists in Canada. (If anyone, it should be an anesthesiologist and not a salaried, non-anesthesiologist employee of the CAS.)
- Better (more timely, more complete) electronic communications. For example - send an email advising the current Newsletter is available on-line.
- Continue political activity at the Provincial level

Q9: MOST IMPORTANT ACTION TO IMPROVE SATISFACTION (CONT'D)

- Public presence, involvement in the larger forum of medical politics.
- Work towards balance remuneration for anesthesiologists across the whole country.
- reduce membership fee
- improve quality of annual meeting in terms of organization of relevant topics and material
- Improve public awareness
- Advocate, on a national level, maximum number of consecutive hours of on call duty and bring it into modern times. The CAS silence on this important issue is deafening.
- Increase eCME. Annual meeting too costly in time, money and fragmented to be of great CME value
- Better annual meeting at REASONABLE cost. More CME meetings during the year.
- Improve the quality of the annual meeting and clinical relevance of the CJA
- pris du congrès devrait diminuer
- Advocate to raise awareness of what it is we do to the public and various levels of government
- "Educate the public what we are -physicians and not technicians -who are highly skilled and trained to look after them."
- communication to members and others
- More Canadian guidelines.
- More communication about fee negotiations in each province. So, just whatever did happen in British Columbia anyway?
- get involved with provincial bodies who are fighting for better representation at that level. There appears to be a disconnect with the national body and it's support for the BC counterpart.
- Better liaison with provincial organizations regarding fee schedules, work-related issues (manpower, working conditions, recognition by other specialties and hospital admin, recognition by John Q Public.
- Have an identified individual in my city or district that acted as a conduit between me and the CAS, a bit like an MP
- better value for annual meeting
- Assist the BCAS with legal action against BC government, BCMA and the health authorities. The autonomy of the BC College of physicians and surgeons is being sidelined and health authorities (gov.) are seizing power.
- plus de DPC en ligne
- Start selling our specialty. We need to raise our profile. Be seen as physicians, leaders and experts. We suffer from our profile and our under appreciated. This by far must be the focus of the CAS.
- I think an easy to navigate and reliable web site is essential for members communication. In the past I have had difficulty registering for the CAS annual meeting on this site.
- Better support to standing of profession

Q9: MOST IMPORTANT ACTION TO IMPROVE SATISFACTION (CONT'D)

- Decrease cost: feel that for cost doesn't get me much
- a more unified and definite direction in medicine as a whole; promote our credibility, our voice and vital role in medicine with both our surgical and medial colleagues and the public
- Augmenter sa représentation auprès des instances gouvernementales et dans la création des lignes de conduites (guidelines) dans des situations contentieuses pour les anesthésistes
- Improve the CAS Annual Meeting. It is very expensive and does not provide enough CME credits compared to many other conferences I have attended in Canada.
- I personally find that the internet is an excellent resource for continuing education. What I find difficult is the many portals and access points available, all requiring different degrees of log-ins and costs.
- Help anesthesiologists in negotiations with provincial government fee schedules, especially when under the threat of a 30% fee reduction.
- Be more visibly active in advocating for anesthesiologists with both governments and public. Currently anes under attack from our provincial government with no counter media presence.
- Maintain current national guidelines
- Améliorer la reconnaissance de la profession auprès du public et des décideurs
- push awareness of anesthesia services with federal and Provincial govts. eg pushing to get MH testing included in Provincial billing
- Support the role of GP anesthetists in providing people with access to anesthetic care in rural communities through addressing issues specific to rural practice and CME modules that are appropriate for rural based practice.
- Recognition/support for rural GPAs
- revue canadienne d'anesthésie offerte à temps (plutôt que 2 mois + tard depuis changement éditeur)
- Help maintain standards of anesthetic care with looming manpower shortages (and a push from the provinces to lower standards). We need the CAS to be stronger and more present at the provincial level where the need exists.
- Continue to seek membership opinion on important issues and strongly uphold those views at both national and local levels.
- Raise profile of Anesthesiology as a specialty physician practice in Canada
- public awareness of role
- (1) Correct significant existing inter- and intraprovincial remuneration disparities (2) Vastly improve anesthesia research funding
- Make website more accessible, be more proactive innPR with public, most people don't even think we are Doctors!! Make the CJA available for ipad not just web based.
- Continue to improve the profile of anesthesia amongst the other medical specialities.
- Public awareness of the essential service that the anesthesiologist provides to the public.
- More public advocacy for the specialty of anesthesiology.

Q9: MOST IMPORTANT ACTION TO IMPROVE SATISFACTION (CONT'D)

- formation medicale continue
- Reduce cost of annual meeting
- Be more involved in standards enforcement at the provincial level.
- Take ownership of non-board certified anaesthesiologists and represent our interests actively including taking our billing issues on as section issues, rather than leaving us to fend for ourselves with the family practice section.
- More media presence
- Programme de reconnaissance des surspécialité-fellowship auprès des agences gouvernementales provinciales au niveau de la rémunération.
- Améliorer la convivialité de l'accès aux modules d'auto-apprentissage
- CME programs
- Better and more informative website
- Improve speakers at annual meeting. Quebec had some disappointing presenters.
- Increase public awareness regarding all that we do. Our recent patient survey indicated that @10% of patients did not realize anesthesiologists were physicians. I am constantly educating patients on what we do and what our role is.
- rendre l'accès au journal canadien d'anesthésie convivial... à chaque fois que j'essaie d'avoir accès au journal online pour les modules de formation continue, c'est un processus complexe qui échoue régulièrement..
- Plus de visibilité
- Speak up more to the public. I couldn't hear anybody from the CAS during the negotiations between OMA and the MOH.
- Make fast progress using apps for the website and journal, including direct feedback to questions that can be raised on an ongoing basis. More help with provincial meetings earlier and awareness of the help that us available.
- Have full time advocates and public relations
- Commission some anesthesiologists with creative writing talent to submit some pieces about anesthesia/perioperative care to major Canadian newspapers. This is the best way to obtain public advocacy - make the public understand what we do and why it is important
- offer more to those not in larger university centers
- improve 1) communication. 2) access to journal/CME/newsletters 3) quality of research projects that are funded
- Raise profile of anesthesia and related issues with the public and policy makers. Lobby for better protection against drug shortages.
- Be more visible to the public (via the media) as well as to other medical bodies/organizations in Canada. Our profession needs PR and image makeover!
- Improve support to foster collaborative national efforts such as a Patient Safety and adverse events registry.
- public awareness
- Advocate for anesthesia as an essential, highly skilled specialty

Q9: MOST IMPORTANT ACTION TO IMPROVE SATISFACTION (CONT'D)

- Last year Ontario's provincial government made cuts to physicians and Anesthesia was heavily targeted. Would have like to have seen a voice from CAS to support us
- Better grassroots involvement. The CAS seems a club of people from academic medical centres that meet once a year.
- Take a more proactive role on alternative anesthesia care providers, in order to define their incorporation into care on the anesthesiologists agenda. Instead, CAS has taken a defensive stance of absolute rejection and other stakeholders
- Advocate with public and the government on the importance of our roles within the system. We are under-appreciated and under-valued, in large part because we do not have a strong national voice.
- Involve family practice anesthesiologists more.
- Stronger provincial representatives
- improve the CAS annual meeting as much as possible
- Advocate more for the Anesthesiologists in British Columbia
- Better value for money at the CAS conference. I'd like to attend this conference but it is one of the most expensive ones around.
- The CJA needs to be an app with easier access to the CPD modules through the app.
- teach people in the public what an anesthesiologist does and why they are important.
- Public and governmental awareness and outreach programs for our specialty.
- Advocate for our profession that has been beaten down by Provincial Colleges, Provincial Health Ministries and Regional Health Authorities.
- promote importance of anesthesiologists in modern medicine
- at least 60% of all patient do not know that anesthesiologists are physicians, they think we are technicians or nurses: remedy this perception, please.
- Plus de visibilité
- Promote/advantage membership subscriptions in the society by adding a significant premium to the Annual Meeting fee.
- More accessibility for members to contact other members
- Have a better less expensive annual meeting. Advocate for it's members more at a federal, provincial and general public levels.
- Be more inclusive of all who practice (not diminish the contributions of non-fellowship anaesthetists).
- Stronger voice in the importance of anesthesiologist and discouraging nurse anesthetists as the BC government wants to move in this direction
- National support efforts when one province "aggressively attacks" their anesthesiologist's.
- Raise level of awareness re. the profession in Canada
- Better communication techniques with the members.
- more PR
- Reduce CAS annual meeting cost. Easily the most expensive national anaesthesia meeting anywhere (compare to the IARS for example); always in an unnecessarily high end conference venue, with ridiculously expensive registration, accommodation & lots of extras

Q9: MOST IMPORTANT ACTION TO IMPROVE SATISFACTION (CONT'D)

- Public Relations. Better Voice provincially and federally. Improved website and interface
- Stress our per-operative roles to the public as well as to those concerned with quality improvement. Things like pain management, respiratory/cardiovascular/fluid management, emphasizing outcomes and building in measurement.
- Advocating for anesthesiologists across the country. For example, there are major issues being ignored in BC that could affect anesthesiologists across Canada.
- Offrir la gratuité pour le congrès annuel aux anesthésiologistes et résidents qui présentent lors d'ateliers sans être rémunéré et pour lesquels les participants payent un montant substantiel à la SCA
- The CAS could act to assist the BCAS in its ongoing battle with the health authorities and the BCMA
- Continue and expand CPD programming.
- Media advocacy
- Help improve relativity with regards to income with other specialties through schedule of benefits changes
- Better communicate the role of the anesthesiologist in perioperative care
- Continuing medical learning & education
- Stronger advocacy for the profession at the provincial level
- The annual meeting is too costly and the selection of lectures/lecturers is too routine/local.
- être plus visible sur les différentes plateformes
- Publier un journal canadien d'anesthésie de haute qualité
- Needs to increase the public's and other health professionals awareness of our specialty and its importance
- Decrease membership fees
- Guidelines, representation to the public, conferences.
- More add campaigns and public awareness of anesthesiologists should be a major emphasis of the CAS. The public needs to know what we do and how important it is for us. This is the only way to garner the security of our speciality.
- promote/encourage role of preoperative physician
- Raise profile and public awareness of anesthesiologists.
- More politically active
- Be more obvious about outreach: ? letters to CMAJ about areas that affect anesthesiology or surgical patients. Should we have formal involvement in NSQIP?
- Preserve operating room time/services in the face of provincial budget deficits. OR time is the first thing that they seem to cut.
- Provide affordable comprehensive dental insurance
- Improve profile of anesthesiology to provincial bodies and the public; provide guidance and support to members on boosting academic anesthesiology. Consider providing free access to CAS-funded research personnel for methodological
- No effective support with BC anesthesiologist fight over. Manpower shortages and. Legal lawsuits over work stoppages

Q9: MOST IMPORTANT ACTION TO IMPROVE SATISFACTION (CONT'D)

- 1) Longer annual meeting. it is hard to travel across the country for only a few days of CME. 2) Promote anesthesiologist focused echocardiography and equipment procurement by hospital anesthesia departments.
- Become the voice, face and mind of the specialty in Canada, the last bastion of publicly funded medicine!
- Lend logistical support to provincial divisions (esp small provinces/territories) to host regional meetings.
- Fair contract negotiations with moh
- Lead the membership in genuine maintenance of competence
- Make the CAS annual meeting better and reduce membership fees. You don't get much for what you pay for.
- Set strict standards on training and practice - protect patients from undertrained practitioners - Guidelines on GPA's/non specialist practice.
- provide a centralised collection of guidelines and updates to be accessible electronically
- Better representation of early career/residents.
- more communication
- 1-Communication with the government . 2-Public recognition of Anesthesiologists.
- More frequent Continuing Professional Development/education sources
- améliorer notre sentiment d'appartenance à la sac
- Accessibility to Anesthesiologists by reducing CAS membership fees , which makes services reasonable
- Des informations ciblées pour les résidents.
- représentation au niveau politique. formation continue (banque de données ,sites comme USA)
- Se réunir avec les autres specialites et discuter de protocoles. Ex : jusqu'a maintenant on n'a pas de protocoles concernant l'operation chez un patient qui a un trouble de coagulation.
- Site Internet plus interactif
- Be a more vocal and effective advocate for the specialty especially in the public and political arenas
- become more proactive encouraging fair and equitable remuneration to Anesthesiologists across the country Without our after-hours income our remuneration would be pathetic
- Replace the CPSO as the organization to maintain standard of practice and licenser
- MORE REPRESENTATION OF ANESTHESIA AS A PROFESSION IN THE PUBLIC, OTHER MEDICAL SPECIALITIES. INCREASE JOB APPLICATIONS FOR ANESTHESIA VIA CAS WEBSITE
- Continue with such a high level of lectures and workshops at the annual meeting.
- Improve public knowledge of our specialty. This will be critical in the future to protect our specialty as health care budgets are scaled back.
- More communication
- More communication as to its activities

Q9: MOST IMPORTANT ACTION TO IMPROVE SATISFACTION (CONT'D)

- Help improve the image of the anesthesiologist within the medical and public communities
- Improve the quality of the CJA.
- communicate individual CPD with CAS to provincial colleges or create an easy database for us to fill those (and other CPD) in so that we can send it to the colleges
- Provide every member with a subscription to CJA.
- Work towards a greater public profile.
- Have a stronger presence as a leading organization shaping peri operative care (and the website sucks)
- Communication
- Better self-promotion and promotion of the profession.
- Greater voice in the public and among various medical disciplines
- Work in the recognition of training throughout the country, specifically for foreign trainees anesthesiologists
- Website design making it easy to access services provided to members
- Take a more active role in the regulation and standardization of education of anesthesiologists like the colleges of anesthesia do in the UK and Australia.
- moyen de pression pour les PREM dans les établissements hospitaliers
- Let us know what you are doing
- Answer to all my emails.
- more engagement with anesthesiologists without canadian fellowship
- etablissement de lignes directrices specifiques, précises et objectives en différents domaines (obstétrique, locorégionale etc...), le tout sans aucun biais ni rapport avec l'industrie
- Volet pour résidents
- Better web service
- More member support services.
- LOOK AT ANESTHESIA SERVICES SUCH AS ANESTHESIA ASSISTANT CREERE
- Advocate for anesthesia working conditions
- Qu'elle soit plus représentative et qu'elle acquies une assurance pour leur membre plus complète tel assurance médicaments et dentaire
- "Have a more definite voice of where we stand as anesthesia assistants.As well, to recognize certain anesthesia assistant courses that are available."
- Continue to support role of fellowship trained anesthesiologists vs intrusion of AA and /or nurse anesthetist concept in Canada
- Se réunir aux associations provinciales
- Family Practice Anesthesia representation

Q9: MOST IMPORTANT ACTION TO IMPROVE SATISFACTION (CONT'D)

- Leave scope of practice issues to the provincial regulatory bodies
- Better resident involvement
- Broadcast the profession's importance/role to the public
- reduce the price for the annual meeting.
- Fellowship programs
- Have a targeted info session on the CAS for residents.
- Keep CRNAs out of Canada.
- More communication with residents
- To improve communication with The Royal college of physicians and surgeons Canada.
- Links to important guidelines not in Canada ie. ASRA etc.
- Would be nice to have 12 continuing development modules a year in the CJA.
- Provincial government Anesthetics fees negotiations
- Etre plus visible? Je n'avais aucune idee de mon appartenance a cette association! (Je suis R1 d'ANR)
- Incorporate Anesthesia Assistants more into the membership contents.
- envois systématique d'invitations à la cotisation pour les anesthésiologistes nouvellement installé .
- Improved program at annual meeting(not a lot of value for the cost)
- More collegiality, need fresh blood
- Get engaged in securing appropriate remuneration and a requirement for Canadian training at the FRCPC level to work in Canada. Abolish GP anesthesia.
- Closer ties to the provincial anesthesia societies. Improve the flow of information across the provinces. Awareness of provincial concerns. Why is BC anesthesia fee schedule the lowest of all regions in Canada, despite the cost of living?
- Advocate more strongly for anesthesiologist groups in trouble because of misguided government policies eg BC anesthesiologists high cost of living and fees far behind the rest of Canada -
- Spend less time and resources on creating and handing out recognition awards.
- Better, more effective communication
- Greater visibility in residency programmes; "taxation" on fees for supporting anesthesia research & education
- Provide membership benefits as with OMA
- Improve profile of anesthesia within the medical profession at large and with the public
- Improve profile of the specialty
- Stand up to the Ministers of Health when they don't value us as in the BC MOH saying that we could be replaced by nurse anesthetists.

Q9: MOST IMPORTANT ACTION TO IMPROVE SATISFACTION (CONT'D)

- Reduce Membership Fees for longstanding members of the Society; e.g. after 25 years.
- Greater public recognition
- Take an interest in Anesthesia Clinical Assistants - help develop a national training program & standards
- raise awareness of the importance of our role as perioperative specialists-we are not technicians and can't be replaced by one!!
- Support provincial anesthesiologists interests at the provincial government level
- Be more visible, vocal. We play a very important role, but it seems no one knows. We're punching well below our weight!
- list-serve/chat sites on line where members could discuss issues, both clinical and member oriented. i.e. I envision members having the option of signing up for separate forums on such things as OB controversies, pain management issues, etc
- I am happily retired after being an active member for about 42 years. I have been an emeritus member since 2006. It's all good.
- Continue to speak for us and continue to educate the public so they know how essential we are to Canadian Healthcare.
- Push hard to ensure that the Royal College does not devalue a Canadian specialty fellowship by allowing alternate routes to qualification.
- communication.
- Campagne de promotion de la profession pan canadienne avec les associations affiliées
- Improve telephone access to admin staff. Auto teller is not ideal.
- speak out against anesthesia assistants
- Il y a TOUJOURS place à l'amélioration MAIS le travail actuel est très bien fait.... Rien à redire.
- Greater public profile. Has the CAS responded to Dr. Jack Kitts promotion in the Ottawa Citizen of an American model for the delivery of anesthesia services with 1 anesthesiologist supervising 4 to 5 technicians in operating rooms at The Ottawa Hospital.
- Be proactive and actually represent its members and patients instead of its executive
- The CAS should LEAD! CAS could have such an impact IF they only took important issues on, such a national anesthesia EPR (leading to some important Canadian-led data in anesthesia), National Trials (yes, they give a few cents to PACT!!!
- Be much more active regarding the need for Anesthesia Assistants to be present in all ORs for all cases.
- Higher public profile? It may be higher than I am aware...
- Uniformiser la pratique au Canada
- Sharply contain cost of operation and decrease Annual Meeting Cost for members
- Media campaign to enhance the image of anesthesiologists in Canada. I think that many patients do not see us as doctors or specialists.
- I am not aware of what CAS does to speak for anesthesiologists in Canada with government, college, etc. Info might be there, I have not seen/do not access.
- 1. compare and publish a billing basket across the country 2. national manpower planning publication 3. start a pension fund!

Q9: MOST IMPORTANT ACTION TO IMPROVE SATISFACTION (CONT'D)

- when working in remoter area, hard to feel connected to a bigger organization, often hard to get to the meetings, newsletter helps, maybe more frequent newsletters, maybe short podcast...
- Change the leadership: Totally stale, and needs to be refreshed. Like most Canadian Medical organizations, controlled by a few academics that cannot interact with the real world of politicians, philanthropists, influence makers.
- At the moment I would like them to provide an iPad app (like Anesthesiology) for the journal, newsletters Practice guidelines etc.
- Improve public image of anesthesiologists, somewhat like the American Society attempts to do.
- Accept the role of FPA

Q11: NEW SERVICE SUGGESTIONS

- More activity in job location and promotion.
- CASJ app for iPhone/iPad
- CAJ app
- summaries of important recent articles in various anesthesia journals would be nice
- Patient safety
- Develop good manuals on resuscitation, use of emergency equipment e.g. defibrillators etc., , /new drugs & techniques, etc. Could be charged for AT COST if necessary.
- I think the CAS should consider have an associate membership fee which is significantly less than the full membership fee for FPA's who only do anesthesia part time.
- the workplace conflict. the financial forecasts. the employment law. safety regulations applied to the operating room for the worker. the centralisation of power to the university. the centralisation of care to the specialties.
- More CPD
- Phone advice for anesthesia related matter: Examples: Phone advice re anesthesia related matter: Ex: 1. Difficult anesthesia cases 2. Difficult work related issues such as difficult anesthesiologists or surgeons
- Canadian journal app. Facilitate CME with the royal college
- life & disability insurance services not associated with provincial plans.
- Better more accessible CPD. Support across all provinces to anesthesiologists
- Extended health and dental
- Increased CPD modules, I've done all the ones on the website LONG ago!
- Links to on-line learning sources provided by university CME departments etc.
- Standardized anesthetic record thru out the province or Canada
- lower membership dues or explain to members why the dues are so high
- tracking annual CME credits
- More online learning. Perhaps notification of best articles in non anesthesia publications
- I think the Newsletter should be offers in paper format for those who want it.
- Job market
- Recognition for retired "non VIP" anesthesiologists
- On line continuing education modules with Royal College accreditation
- ASA is rich enough to be integrally involved in the political life of it's members. If there is an opportunity here, for instance to act more potently on behalf of BC's anaesthetists, it should be grasped with both hands

Q11: NEW SERVICE SUGGESTIONS (CONT'D)

- retirement planning. financial planning for residents
- Annual or semi-annual "best of the world literature on (whatever)" list of articles and abstracts to guide literature review and reading--could make about 12 topics and then once a month you would have a guided reading list.
- eCME, distance learning,
- Regional CME meetings
- Encourage publications especially letters to the editors. Clinical applications
- Guidelines to patients
- improved on-line education
- The annual meeting should be earlier in June. The last weekend in June is a very challenging time to get away.
- How about a guide as to how the rest of the country can bill for out of province Quebec patients?
- Type de formation, tels que ACE ou SEE, offert par ASA
- guide qui pourrait ressembler au guide de pratique sur certaine pathologie(apnée du sommeil,nausé et vo)
- National strategies on successful promotion of our speciality with info on how regions have dealt with provincial governments' trespasses anesthesia health care delivery
- Tools or aids to raise our profile e.g. posters, videos, etc.
- Audit, quality assurance
- mentor programs that give non-teaching hospital anesthesiologist an opportunity to work at teaching centers for periods to maintain essential skills; opportunities for simulator experience to update and maintain skills
- Coordonner un service de placement pour les anesthésistes (que ce soit pan-canadien seulement au début puis s'élargir pour incorporer les ÉU, et autres pays dans lesquels les anesthésistes canadiens peuvent oeuvrer.
- Free online access to a wide variety of anesthesia journals.
- Une plus grande connection avec d'autres associations d'anesthésiologistes (ex: ASA, SFAR,...)
- Periodic articles that address rural anesthetic practice
- offrir sur le site web des vidéos conférences de présentations du congrès annuel de la SCA ou autres congrès pertinents (provincial par exemple)
- More assistance for new graduates to find the optimal position to begin their professional careers
- Patient information sheets - e.g.. Getting an epidural?
- Service mobile. Activités de développement professionnelle plus conviviale sur le web
- Increased attention/airtime (at annual meeting, in journal) for anesthesiologists who are formally involved in local patient safety initiatives to share their experiences nationally.
- CME live events (webcasts or in person) to reach members in remote locations

Q11: NEW SERVICE SUGGESTIONS (CONT'D)

- Accès à des plateaux de simulation (techniques, gestion de crise)
- Case logging and archiving
- Online video workshops on ultrasound for regional anesthesia and IV access and focused assessed Transthoracic echocardiography
- Day-long courses on specific topics e.g. airway management; ultrasound workshops. They can be held centrally or at different locations around the country.
- the CAS could make guidelines like the ASA/DAS etc. that are beyond what equipment should be available for a case! How about anti-coagulation for regional, what should be included in consent for regional anesthesia or difficult airway guidelines?
- A patient outcomes registry on specific topics which collates adverse events from a Canadian standpoint. For example, an anonymous error registry, regional anesthesia complications registry, trauma outcomes, etc.
- The CAS should have more satellite meetings in local cities.
- Guidelines
- CAS OB anesthesia guidelines
- low literacy handouts for patients to read before surgery. e.g. Grade 3 level - no kidding, that has been the level assessed by other educational experts regarding some of our patient population (rural northwest BC)
- Confidential support/help for people looking to find a new place to practice.
- online courses on ultrasound, echo and diploma programs in quality control, statistics etc...
- More lobbying at a federal and provincial level.
- Suggested (in the beautifully vague way that the Standards suggests without making it mandatory) templates for such things as Anaesthetic record, setup of pre-op clinic, pre-op checklist, etc.
- Patient safety alerts - similar to the APSF newsletters
- CJA app for reading journals on mobile devices
- "If available, online access to QI software or group licences"
- Un blog où les anesthésiologistes pourraient communiquer entre eux afin de partager des informations de façon informelle
- Accès à d'autres ressources anesthésiques
- More member benefits
- more CPD modules
- lien et abonnement avec l'ASA
- More frequent CPD modules, better topics and organize conferences.
- Employment help for new grads
- Anesthesia specific "up to date" education/came tracking service.

Q11: NEW SERVICE SUGGESTIONS (CONT'D)

- Affordable, comprehensive medical/dental insurance to members similar to the one provided by Manulife to Ontario residents.
- Become the common platform for accreditation, licensure, certification, malpractice insurance and recertification, i.e. become the portal for the Royal College, CPSO, CMPA and University for Anesthesiology.
- Ensure reliable free wireless internet access at meeting sites.
- Canadian standards setting
- Revalidation. Assist members to understand how they compare to an acceptable standard and where they should focus their continuing education.
- there should be another newsletter to be mailed dedicated to rural practice ! ???
- Banque de données nord-américaines et mondiales des possibilités d'éducation médicale continue
- Ca doit etre 2 congres par annee , des cours de workshops aussi a d'autres periodes. Ameliorer comment chercher par mot cle
- Stop publishing guidelines to anesthesia unless they are evidence based
- Applications IOS et android pour les soins direct aux patients
- Job applications
- Easy links/apps for learned societies and journals
- quarterly supplement with update guidelines, high impact reviews, major journal articles
- Didn't search, but I think if we have job positions posted on the CAS web site, that will be great.
- Interactive learning tools specific to residents.
- Financial Services, retirement planning and advice
- Free online access to journals & text books
- "Standardized educational curriculum (not just a document but the actual modules and progress tests) so that the education is uniform and resources can be focused on other things"
- publications régulières et à jour de guidelines dans différents domaines, comme le fait la SFAR en France
- RAS
- Assurance médicaments et dentaire
- Gather nationwide anesthesia data
- More CME
- Assistance with a creation of a separate branch of membership for Anesthesia Assistants.
- "E-learning modules and other CME activities, guidelines for obstetrical anesthesia"
- Pan-Canadian Quality Assurance development
- On line access to CAS conference.

Q11: NEW SERVICE SUGGESTIONS (CONT'D)

- review/outline of key articles published in other journals
- more came options online
- Closed claims analysis, case presentations, short cases in newsletter monthly if feasible.
- More CPD
- extensive group life insurance policies
- Améliorer la qualité des textes dans la revue: Clinical Review
- I would like to see a regularly published document which informs members of exec activities. This would include exec priorities.
- MOCOMP smartphone app. Canadian anesthesia blogs.
- Supporting one Winter Meeting on each side of the country
- pension fund!!!!
- Maybe CAS news/ information displayed as a brief heading and a click here button for full article to help keep up to feel more connected but spare some time. For the on line CPD modules, clicking on bolded references would bring up article. Key note speaker
- Our CPD credits, and all anesthesia organizations in Canada (including in QUEBEC!!!) should automatically, electronically, to the RCPSC Mainport CPD program, to automate CME credit histories for us.
- Either our own CPD or link to the ASA CPD which is more extensive and detailed.

Q23: GENERAL COMMENTS

- We need to help anesthesiologists understand that our profession needs to evolve.
- No. CAS does a good job with CJA and the annual meeting but profile in other areas lacking
- I am concerned that the value of our specialty is being eroded. The Royal College has suggested that streamlining IMG's and requiring a different level of proof of competence is a way of dealing with the shortage of anesthesia providers.
- More update on human resource issues
- thank you for granting me a voice
- CAS meetings are now a commercial venture geared towards academics when majority of the anesthesia services are in fact provided by community anesthesiologists. GP anesthesiologists should be phased out.
- CAS is for those who work in the academia
- CAS seems at the moment to be in search of a role. Economic = provincial societies. Academic = ACUDA. I like the idea of paralleling RCPSC re national standards, but lots of overlap with ACUDA.
- What is needed is leadership to produce surveys of large scale but limited duration like the UK NAP 1-4. Secondly there is more to Canada than Ontario.
- Healthcare workers like the idea of having databases, with collections of lots of information. But without having a specific question to answer, then collecting information is simply 'collecting information'. In ad
- Is there already US data available that we could access?
- Monumental task from a cost and technology integration point of view.
- I have just retired from a community general hospital practice.
- Lots of room for improvement in patient safety
- While I have been a member for 25 years I have decided to not renew my membership. The CAS has become less relevant-witness the national meeting and the Journal. They are mere shadows of their former selves.
- again the membership dues is too high
- Last year's CAS meeting was not successful due to the change informal. Hopefully this year's will be better. Nevertheless I think a Thursday-Sunday format would be better. The presentations etc should not be scheduled on the last day.
- Keep up the good work and expand media coverage
- Please ensure involvement of community based anesthesiologists and not exclusively academic practitioners
- Most of the 'action' (particularly related to fee schedules and other basic economic aspects of clinical practice) happens at the provincial level. The CAS needs to focus on what is 'left over' - Journal, research support, CME for its members, etc..
- The CAS does a great job - keep it up!
- This was refreshing! Thank you

Q23: GENERAL COMMENTS (CONT'D)

- CAS does not do much to interest retired members
- Your annual CME meeting has really deteriorated in quality, and is more expensive and of much poorer quality than the annual ASA CME meeting. Some of your speakers just repeat the same lectures year after year!
- National database should not just be a catalogue of cock ups. It should be without prejudice to the practitioner, and should ideally include all Canadian anesthetics
- The CAS needs to publish national (Canadian) guidelines on clinical practise, e.g. sleep apnea
- nice initiative
- I agree strongly with a national patient data registry, but it has to be anonymous and easy to report to increase clinicians' likelihood of participation.
- The CAS annual meeting has turned into a 'stale', overblown event that is very expensive compared to the ASA meeting. There is not enough Canadian, scientific content to warrant holding this meeting annually. I suggest to move to a bi-annual format.
- It has been hard to wave the flag of the CAS when many see it dissociated from the average anesthetist. The CAS needs to decide on its purpose. It can continue with education and research but suggest these become sub-committees.
- When the CAS doesn't reply to emails, this does not build a healthy relationship with its members
- CJA app with improved access to CPD modules. Lower the price of your meeting.
- instituting a national database would make the current cost of CAS better value
- Can you please define what a "national patient safety registry/database" entails? The term is quite vague to me. What parameters would you be looking at exactly?
- déjà formulés précédemment
- CAS needs to be more present on a political level, and more assertive in making the public aware of our role.
- Thank you for the opportunity to comment and participate in these important issues.
- Think it is important to improve quality of Journal, improve impact factor.
- I think that this is a very worthwhile endeavour! We are miles away from the level of organization seen in the aviation industry (in terms of critical incident analysis, recommendations and standard setting). This is a step in the right direction.
- CAS needs to be more proactive in advocating for the profession / specialty.
- Would like to see a National effort to join MPOG and NACOR
- The CAS needs a higher profile. Recent RCPSC innovations may be a helpful guide.
- Bcp plus difficile d'avoir accès à un congrès annuel qui est réparti sur 2 semaines au niveau de la distribution de congés d'hôpital... Accès au journal canadien en ligne compliqué, notamment pour compléter les modules de formation continue.
- The CAS needs to be more inclusive of all anesthesia providers in Canada, specialist, GP, urban, regional, remote.
- Very happy to see the CAS moving in a more dynamic role with regard to patient safety.

Q23: GENERAL COMMENTS (CONT'D)

- Currently, the cost of being a member of the CAS and attending the annual meeting (approximately \$2000 total, not including airfare and accommodation) is becoming a cost prohibitive. We need to look into making the CAS more economical.
- As a lecturer/workshop facilitator for several CAS annual meetings, I think that our registration should be discounted for ALL the days of the meeting, and not just the day of lecture/workshop.
- The idea of a national registry is very intriguing. I have reservations about the length of time it would require if there is not the money and support to do it effectively and in a timely manner.
- membership fees are too high
- Your on line CME material is very good and I use it, but find parts of the website don't seem to function very well - or the instructions are confusing.
- The National registry should be a combined anesthesia/Surgical/Admin-Nursing database
- The CAS annual meeting is too expensive and generally lacks the quality of other annual meetings such as the ASA. I think there could be significant cost savings if breakfast, lunch and snacks weren't included.
- I think that the CAS has a lot to offer. Yet in my circle of acquaintances, only 1 in 5 or so belong.
- Can we get only the electronic version of the Canadian Anesthesia Journal. This will save paper and resources for us and you. I throw away the paper version.
- CAS meetings/ Congresses need to be more attractive with more interesting clinical subjects, topics and objective. The decline in the attendance by the members is due to failure of CAS to generate new and attractive clinical topics in the congresses.
- A little shake up and new and younger faces in the management of CAS, that does not mean the young guns with big papers, but maybe young people with visions.
- The CAS makes a very small footprint for the amount of money it charges for membership. When I compare it to its equivalent UK body, the AAGBI, its output is woeful. The website contains little useful information to practising anaesthetists.
- "Congrès pourrait durer 3 jours et se serait suffisant."
- Until we have electronic medical records in BC, I think it will be difficult to organize a Patient Safety Database, but I do think it is important.
- This is an obvious goal for the future: whether it can be accomplished without widespread implementation of AIMS technologies is not clear to me.
- Thank You for this opportunity
- 1- more efficient, smaller, practice-related CAS meeting. more affordable as well. 2- provide comprehensive affordable medical/dental insurance. check Manulife group plan offered to Ontario residents through PAIRO.
- Please fix the annual meeting before it becomes extinct. Use the ACUDA to strengthen the University Departments. Keep all sub specialty groups under the CAS umbrella and focus on unity in diversity
- I regularly participate in the CPD modules that appear in CJA, and continue to be astounded that few of my colleagues do. I am spreading the word. Don't know how else to increase awareness of this- info already in several formats now.
- Please try to reduce CAS membership fees. Why not organise CAS annual meetings at smaller provincial capitals ??? e.g. : Fredericton

Q23: GENERAL COMMENTS (CONT'D)

- The Quebec Annual meeting was excellent. The workshops I attended were well organized, relevant. The didactic talks were of a high quality - difficult to choose, of course, as some ran simultaneously.
- centraliser les données pertinentes pour la sécurité des patients est forcément un facteur bénéfique pour l'étude de l'amélioration de la sécurité des patients
- I would gladly participate in the Task Force but I am nearing retirement and my services would be of limited value
- I believe a national patient safety registry would greatly help our profession and our specialty.
- I would like to see the quality of the CJA improve. But I feel that my perceived lack of quality of the journal is part of a larger, endemic problem with poor quality research in the field not only of anaesthesia but medicine in general.
- Really need national standards. I've seen too many inadequately trained practitioners working beyond their ability/training and harming patients. The lack of specialists, especially in BC, has resulted in a dumbing down of our speciality.
- Interest in the CAS starts during training. If the CAS would like new members, they should make the entrance fees more affordable for students/residents.
- I think only so much can be accomplished by a "society" I think it maybe time to move towards independence through recognition as a college and certifying body overseen by the royal college.
- I value all aspects of my membership and fellowship with country wide colleagues .
- I like the way this is going (nationwide data collection).
- I don't see a big role for CAS compared to ASA
- À date, je suis très satisfaite des services offerts.
- Decrease the membership fee
- I would like to advocate for the need of more content related to Anesthesia Assistants.
- Cheapen the format of the journal, i.e. like the BMJ or Lancet etc. Spending money on a glossy delivery seems such a waste of money.
- Stop increasing the membership dues EVERY year
- CAS is doing good job, overall
- National database is a great idea.
- no anesthesia assistants
- The database would be expensive to establish and properly maintain. Could it be piggybacked onto the American program?
- Base de données est une excellente initiative.
- I think we need some leadership on the issues of 1) practitioners with blood-borne communicable diseases, (defining what the CAS calls a risk-prone procedure, and whether anesthesia involves ANY),
- It is good to note (as a retiree) the progress being made in emphasizing patient safety
- Thanks for the opportunity to give feedback.

Q23: GENERAL COMMENTS (CONT'D)

- Look hard at some of the energy and efforts that the Provincial Societies are approaching the defense and promotion of anaesthesia and follow their lead.
- The profession needs to increase its public profile. This has not changed in the 20 years I've been in practice despite the change in terminology to anesthesiology and other minor initiatives.
- keep trying!
- We need to work with American and European databases, and make them interchangeable, so that we can benchmark ourselves against them, and show that we also have our own `Excellence`
- Thanks for the opportunity to participate