



CANADIAN ANESTHESIOLOGISTS' SOCIETY  
SOCIÉTÉ CANADIENNE DES ANESTHÉSIOLOGISTES

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## **Hospital Chiefs of Anesthesia Section Meeting**

June 22, 2019 - 16:15pm

Doll/Herald Room, Hyatt Regency Calgary, AB

### **Members Present:**

Dr Susan O'Leary – Hamilton Health Services, Hamilton  
Dr Colin McCartney – The Ottawa Hospital, Ottawa  
Dr Pascal Labrecque – Chu de Quebec, Quebec City  
Dr Dolores McKeen – Obstetric, Department of Anesthesia, IWK Health Centre  
Dr Janice Chisholm – QEII Health Sciences Centre - Halifax  
Dr Kerry Carter – Alberta Children's Hospital, Calgary  
Dr Chris Sims – Rockyview General Hospital, Calgary  
Dr John Murdoch – Everett Chalmers Hospital, Fredericton  
Dr Pierre Fiset – Clinique AGM, Montreal  
Dr Jason McVicar – University of Ottawa Riverside Site, Ottawa  
Dr Tomas Vanhelder – Hamilton General Hospital, Hamilton  
Dr Stephane Lambert – University of Ottawa Heart Institute, Ottawa  
Dr Sean Hollingworth – Medicine Hat South Zone Alberta, Medicine Hat  
Dr Ramiro Arellano – Kingston Health Sciences Centre, Kingston  
Dr Robert Doyle – Valley Regional Hospital, Kentville (NS)  
Dr Simon Ash – Western Health, Newfoundland  
Dr Tom Cull – Vernon Jubilee Hospital, Vernon, BC  
Dr Thomas Schricker – McGill, Montreal, Department of Anesthesia  
Dr William Sischek – St Joseph's Healthcare, Toronto  
Dr Atul Prabhu – University of Toronto, Toronto  
Dr Keyvan Karkouti – UHN, Toronto  
Dr Feisal Mohamedali – Royal Columbian Hospital/Fraser Health, New Westminster, BC

### **CAS**

Dr Daniel Bainbridge, CAS President  
Ms Debra Thomson, CAS Executive Director  
Mr Mack Chabelski, Membership Engagement Coordinator - Minutes

### **Item 1 Welcome and Approval of Agenda**

Dr O'Leary called the meeting to order and welcomed all participants. Dr Bainbridge brought greetings on behalf of the CAS Board of Directors and noted that this section will go a long way to increasing member engagement with this previously underrepresented group. He also noted that the Section will have expanding resources and interactivity on the new CAS website. The goal of the Section is the continued awareness of Anesthesia Chiefs issues in Canada, and CAS is pleased to support these new endeavours. Dr O'Leary thanked Dr Bainbridge, adding that the Chiefs Terms of Reference will be approved at the CAS Board meeting on June 25.

**Item 2 Approval of Minutes**

The minutes of the June 23, 2018 meeting in Montreal were approved.

**Item 3 Introduction of the Attendees**

Everyone at the meeting introduced themselves, outlining their role and location (see attendance on page one for detailed breakdown).

**Item 4 Section Business**Survey Review and Challenges

The group discussed the results from the survey sent out prior to the Annual Meeting. Dr O'Leary noted that the point of the survey was to draw a general idea of the issues facing Chiefs of Anesthesia in Canada. This information will help to determine the Anesthesia Chiefs landscape in Canada. Dr McCartney outlined that one of the biggest issues was recruitment and hiring of anesthesiologists. Most Chiefs in Canada have a job description and about half of the Chiefs have a contract. In some cases, both the job description and contract did not accurately reflect the Chiefs role. Contract clarification and administrative support was the focus of a lot of write-in questions in the survey.

The biggest challenges faced by Canadian Hospital Chiefs of Anesthesia were summarized. These challenges included roles, adequate compensation, administrative support, staffing, a positive work-life balance, physician burnout, hospital funding, budgets and physician performance review. Dr. Ash discussed how physician behavior is an ongoing issue in some departments, and there is little training on how to deal with tough situations between physicians and Chiefs. Dr Labrecque outlined that a balance between clinical and administrative duties would be key, and in the current employment climate was difficult to find. He added that in most cases, only half of a Chiefs' day per week is dedicated to administrative duties as many hospitals were understaffed.

It was suggested that collaboration with the Canadian Medical Association (CMA) be considered. The CMA may be helpful to create a generic document of the duties and responsibilities of a Chief of Anesthesia and/or contract and contract negotiations. Dr Vanhelder reported that there are beneficial leadership courses available to anesthesiologists that could help Chiefs in their daily tasks. Some courses are offered by the CMA, OMA etc. Dr Fiset added that training workshops at future CAS Annual Meeting would be beneficial. These workshops and sessions could draw on experts in various medical fields, and tailor content towards Canadian anesthesiologists and Chiefs specifically. Dr McCartney agreed, adding that it was good to have a base of support from the CAS and the Section of Hospital Chiefs of Anesthesia specifically. He added the section could help with advocacy for the Chiefs, particularly related to reporting structure, job offers and remuneration for Chiefs. Dr Murdoch added that anesthesia has a very important role in all perioperative services, so proper guidelines and improving physician happiness will be beneficial. Dr McCartney and Dr Sischek suggested having readily available legal advice and mentoring available to Chiefs. The group agreed that the new CAS website will be a great link for resources for Chiefs.

Steps moving forward

Dr O'Leary said that to move the section forward and create appropriate resources and agendas, members will be asked to provide their location, departmental structure, affiliation, formal departmental bylaws and department sizes. Dr Labrecque said this information would be key in

creating a map of anesthesia for Chiefs, which will guide the section in the future. The CAS will support the Chiefs in creating this map over the next few months. In addition, CAS will help the section in creating an interactive resource for Chiefs on the new website. This communication and its implementation will be discussed by Dr O'Leary and the CAS national office post Annual Meeting.

How can the Chiefs of Anesthesia Section Support its Members?

Chief leadership in the field of anesthesia, why each member stepped into the role, and what keeps them there will be the focus of future section and CAS support. The group discussed what they liked about the role of Chief at their respective hospital sites. Several members of the group mentioned the leadership and mentorship benefits of the role, while others liked the challenge and higher remuneration.

Dr McCartney asked the group if they enjoyed the Annual Meeting Chiefs discussion, and if they found value in it. The consensus was that the discussion had been positive, and there had been progress made in building a group for the current and future generations of Canadian Chiefs of Anesthesia. It was agreed that establishing concrete guidelines will create the basis for future Chiefs and provide leadership opportunities for current Chiefs. Dr Murdoch said that these guidelines will help build towards a stronger collective future for all Chiefs and for the field of anesthesia. Dr Hollingsworth suggested that a Hospital Chiefs Section may influence residents early in their careers to learn about or take on administrative roles.

**Item 5 Adjournment and Next Steps**

Dr O'Leary thanked everyone for attending the meeting. She noted that the Section was expected to be ratified by the CAS Board of Directors at their upcoming meeting. Following that an email will be sent out during the summer with updates and will include details on future work and information on joining the section.