The goal was to gather patient data via physicians that would provide a snapshot of the total amount of time Canadians are waiting to see specialist physicians and then serve as a baseline for potential subsequent assessments.

Among the possible outcomes from the referral by the family physician, the study found median wait times of:

- 85 days where the specialist decides to treat the patient;
- 224 days for all other outcomes.
- 268 days for all other outcomes.
- 329 days where further investigation is ordered; and
- 201 days where the patient is referred back to the family physician.

In the next five years, 66% think that wait times in their health region will increase, 5% think that wait times for chronic pain have increased, 10% think that wait times decreased and 37% think that wait times will stay the same.

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For this year’s report card, the WTA wished to report on total wait times for a chronic pain patient group. A survey was conducted in February of 2009.

Overall in a survey window of three weeks in February of 2009:

- 1,189 specialist physicians were surveyed on their views of wait times in Canada – response rate of 14.6%;
- 44% of patients with chronic pain wait longer than 18 weeks, the maximum allowable target time set by England’s National Health Service for referral by family doctor to the day of treatment.
- 106 days is the median wait time experienced by patients with chronic pain from GP/family physician referral to treatment, procedure or diagnostics. These data served as a baseline for potential subsequent assessments.

To date, the following speakers have been confirmed:

- Dr Beverly Orser, Professor of Anesthesia & Physiology, University of Toronto. Dr Orser has initiated several programs to reduce medication error and will speak as part of the Royal College Lecture series.
- Dr Rick Mercer, Canada’s leading political satirist and comedian, is joining us that evening!

Known as “Canada’s Unofficial Opposition”, Rick is known for his trademark rants, hilarious fake newscasts, commercial parodies and comic encounters with famous Canadians. He talks with refreshing candour and is able to spin hilarity from the people and things that are embedded in our national consciousness.

Born in St. John’s, Newfoundland, Rick is a Gemini-winning television host, actor and writer who has starred on This Hour Has 22 Minutes, Made in Canada, and Rick Mercer’s Talking to Americans, which was watched by millions and remains the highest-rated comedy special in Canadian history. He is also the author of two national bestseller books, Streeters and The Rick Mercer Report: The Book.

Rick is guaranteed to entertain and amuse his CAS audience.

Program Highlights

On the Agenda: Patient Safety and Airway Management

The 2011 Annual Meeting theme is patient safety and the plenary session will focus on three areas: difficult airway management, airway management in an obstetric setting and pediatric airway management.

To date, the following speakers have been confirmed:

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Continued on page 3
CAS Research Program Now Open – Until January 7, 2011

The online submission web site of the CAS 2011 Research Program, Operating Grants and Career Scientist Award is now live. All applications must be submitted using the CAS Online Submission web site and the deadline for submissions is Friday, January 7, 2011 at 16:00 ET.

Research Grants and Awards

• CAS Career Scientist Award in Anesthesia (2011 – 2012)

  Biennial Award: Please note that, in the future, this award will only be offered every second year. The next opportunity to apply after 2011 will be in 2013.

• New Investigator Operating Grants:
  o Abbott Laboratories New Investigator Award in Anesthesia
  o Baxter Corporation Canadian Research Award in Anesthesia
  o Canadian Anesthesiologists’ Society Research Award

• Subspecialty Operating Grants:
  o Dr Earl Wynands/Fresenius Kabi Research Award
  o Dr R A Gordon Patient Safety Research Award
  o CAS/GE Healthcare Canada Research Award in Perioperative Imaging
  o CAS Research Award in Neuroanesthesia in memory of Adrienne Cheng
  o Canadian Research Award in Pain and/or Regional Anesthesia

• Residents’ Research Grant:
  o CAS/Vitaid Residents’ Research Grant

For more information, go to: www.cas.ca/English/Awards-and-Grants

Safety Alert FROM THE CHIEF CORONER OF ONTARIO

CAS has received a letter from the Chief Coroner of Ontario asking that members be informed of the risks of barotrauma associated with the use of an Airway Exchange Catheter (AEC) and Endotracheal Ventilation Catheter (ETVC). The maximum gas flow rates while using these devices should not exceed 1 – 2 litres/min or an inspiratory pressure of 25 PSI. The letter can be viewed as a Safety Alert on the CAS web site (go to Resources/Patient Safety/Safety Alerts) at [http://www.cas.ca/English/Page/Files/109_coroner_letter.pdf].

The CAS Standards Committee will consider the Coroner’s request to develop guidelines for the use of these devices, including maximum gas flow rates.
• Dr Orlando Hung, Professor of Anesthesia, Surgery and Pharmacology at Dalhousie University, Medical Director of Research in the Department of Anesthesia and a staff anesthesiologist at the QEII Health Sciences Centre. Dr Hung’s areas of clinical research and interest include airway management, clinical pharmacology and drug delivery systems.

• Dr Holly Muir, Chief, Women’s Anesthesiology and Vice Chair, Clinical Operations, DukeHealth, Durham, NC. Dr Muir’s principal area of interest is obstetric anesthesia.

• Dr Chris Soder, Chief, Department of Critical Care – Anesthesia, IWK Health Centre.

Social Program
It won’t be all business! There will be a CARF Fun Run along the waterfront and ideas for an excursion outside the city are under consideration. Watch for details!

Francophone Day
Francophone Day was a success last year and we are repeating it again in 2011. We are looking forward to a half day’s worth of presentations.

CAS IS NOW ON TWITTER!
Get your updates on CAS events in real time. CAS is now using Twitter to keep its members informed. We invite you to follow at http://www.twitter.com/CASUpdate.

CAS Web Site News
The new CAS web site has been online since mid-October and in that time we have had numerous visits from CAS members. We hope you have been able to take advantage of new features such as the search function and the single login system. Content additions are ongoing and we are making efforts to make the site more relevant to member needs.

Events Calendar
A key feature of the site is the Events calendar, which includes events from all over the world. We hope it becomes a tool in your professional education.

This tool is useful for finding various events over several months. To access events, visit the calendar at: http://www.cas.ca/English/Attractions/BrowseEvents.aspx

As an example, information about the CAS IEF/Dalhousie Global Outreach course can be found in the Events calendar. The event will take place in Halifax from May 21 to 25, 2011. You can:

• Search for the event by going to the main Events Calendar page and selecting May 2011

OR

• Use the advanced search tool at: [http://www.cas.ca/English/Attractions/AdvancedEventSearch.aspx](http://www.cas.ca/English/Attractions/AdvancedEventSearch.aspx)

Using this tool, you can find information by:

Keyword enter: CAS IEF, Dalhousie, course or conference

City: select Halifax

Date: enter May 1 to May 31

Access to Canadian Journal of Anesthesia
http://www.cas.ca/Members/Access-to-Canadian-Journal-of-Anesthesia (you will need to sign in to the Members’ Portal first)

Abstracts
The 2010 Abstracts are now available at SpringerLink.com. They are listed as Supplement 1 / June 2010.

How to find the Supplement
Once on SpringerLink.com, in the left-hand Contemporary Content column, scroll past all of the prior 2010 volumes until you get to Supplement 1 / June 2010.
New CPD module:
Locating the epidural space in obstetric patients: ultrasound a useful tool (December 2010)

Also available
• Management of sleep apnea in adults - functional algorithms for the perioperative period (September 2010)
• Anesthetic management for pediatric strabismus surgery (June 2010)
• Ultrasound guidance for internal jugular vein cannulation (May 2010)
• Perioperative pain management in the patient treated with opioids (December 2009)
• Management of the anticipated difficult airway - A systematic approach (September 2009)
• Optimizing preoxygenation in adults (June 2009)

How to access the modules
Instructions can be found on the Canadian Anesthesiologists’ Society web site at: http://www.cas.ca/Members/CPD-Online

Successful completion of the self-assessment program will entitle readers to claim 4 hours of continuing professional development (CPD) under section 3 of CPD options, for a total of 8 maintenance of certification credits. Section 3 hours are not limited to a maximum number of credits per five-year period.

Publication of this Continuing Professional Development Program is made possible through unrestricted educational grants from the following industry partners:
Research and scientific progress are the most powerful motors of development but research is only accessible to the richest and most advanced nations and unreachable to developing and emerging countries. Developing countries need teachers to produce specialists but, for a future PhD in the specialty, it appears extremely difficult to be involved in a research program and to be able to publish in international journals. Without access to research and scientific communication, these young teachers, who will have to train numerous specialists for regions where they are dramatically missing, will never reach the required level of knowledge and teaching abilities.

The objectives of the WFSA Scientific Affairs Committee are to help, upon request, the scientific committees of regional, international and world congresses of anesthesia and intensive care to build a program and to select lecturers. The Committee will act as a bridge between different countries to provide clinical and scientific expertise on matters including health care economics, anesthesia organization and evaluation of professional practice.

The Scientific Affairs Committee is constituted of a Chair, Philippe Scherpereel, France, and a co-chair, Rob McDougall, Australia, appointed by the WFSA Executive Committee. Eight members are selected by the chairs, taking into account geographical representation and individual expertise. For the period 2008-2012, the Scientific Affairs Committee members are: Carlos Bonfiglio, Argentina, Chair of the WCA 2012 Scientific Committee, François Clergue, Switzerland, Gastao Duval Neto, Brazil, Fauzia Khan, Pakistan, Yehia Khater, Egypt, Konstantin Lebedinski, Russia, Steven Shafer, USA and Ximin Wu, China.

Since its creation, the Scientific Affairs Committee has tried to reach its objectives despite limited means. WFSA Symposia have taken place at the SAARC Congress on February 7, 2009 in Karachi, Pakistan, the All Africa Congress 2009 in Nairobi, Kenya and the CLASA Congress in Managua in November 2009. In June 2010, the WFSA Symposium held during the Euroanaesthesia Congress in Helsinki on “Prevention of Postoperative Pain” with the participation of Henrik Kehlet, Martin Tramer, Francis Bonnet and chaired by Angela Enright and Philippe Scherpereel, was very successful with more than 400 participants. In September 2010, another WFSA Symposium was held in Moscow on “Safety in Anesthesia” during the Congress of the Russian Federation. Two symposia are in preparation for 2011: one during the Pan Arab meeting in Damascus and the second in Amsterdam during the Euroanaesthesia 2011 on “Anesthesiologist Well-being” with the participation of Gastao Duval Neto from Brazil, Roger Moore, ASA Past-President and Pirjo Lindfors from Finland. These symposia strengthen the links between the WFSA and its regional sections. The first attempts demonstrate that this aim may be reached.

The Scientific Affairs Committee has produced a tool kit on Quality Assurance, Risk Management and Evaluation of Professional Practice for the teachers and the heads of anesthetic departments and services. This tool kit is available on the WFSA web site and will be also distributed as a CD-ROM produced by the WFSA. The tool kit consists mainly of slides to be used for teaching and training simply and practically.

Attaining the objectives of the WFSA Scientific Affairs Committee has been limited until now by a scarcity of funds but, thanks to a grant offered by the President in memory of her husband, the goal of producing the CD-ROM has been achieved. Other donations would allow the Committee to give grants to young researchers from developing countries to permit them to take part in research programs in advanced services and laboratories with a view to publishing original papers in outstanding international journals. The first grant from the Committee brought a Russian colleague from Saint Petersburg to prepare the opening of a centre for the diagnosis of malignant hyperthermia in Russia.

Continued on page 6
Despite its recent creation, the WFSA Scientific Affairs Committee has demonstrated the need for the Federation to have a scientific policy which could be strongly developed in the future. This depends upon the future activities of the WFSA. One important decision would be to move towards an annual or biennial congress whose program would be the responsibility of the Scientific Affairs Committee, enlarged with the help of the existing specialist committees (obstetric, pediatric, etc.). The WFSA has a major role to play in this field, in cooperation with regional sections and national society members, not to compete but to bring a wider offering of scientific communication open to all the countries of the world, especially those in need of a helping hand.

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Earl Wynands Lecture Gift Announced

Dr Joyce A Wahr  
Board Chair, Society of Cardiovascular Anesthesiologists (SCA) Foundation

The Canadian Anesthesiologists’ Society’s CVT Section has an Earl Wynands Fund. The CVT section has decided to use these funds to support the SCA Foundation Earl Wynands Lecture, starting with the 2011 lecture.

This collaboration has been in the discussion stages since the inception of the SCA Foundation. Dr Jamie Ramsay has been working to make this a reality and, with the help of Dr Peter Slinger, we have finalized the details to have the Canadian members of the SCA (and CAS) involved in honouring Earl Wynands and his significant contributions to cardiac anesthesia. Dr Wynands dedicated his career to furthering the advancement of knowledge and education in cardiac anesthesia, and was a beloved mentor and teacher as well as an international leader. He served as President of both the Society of Cardiovascular Anesthesiologists and the Canadian Anesthesiologists’ Society.

The 2011 Earl Wynands Lecture will be held on Sunday, May 2, 2011 from 0800 – 0900 at the 2011 SCA Annual Meeting in Savannah, Georgia. The topic, “Is it Possible to Create a New Heart?” will be presented by Dr Doris Taylor. Dr Taylor is the Director of the Center for Cardiovascular Repair at the University of Minnesota Academic Health Center. She gained international recognition by developing a process called whole-organ decellularization and creating a beating heart in the laboratory.

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Checklist Action Series from the Canadian Patient Safety Institute

The Wave 3 – Checklist Action Series is a three-month online initiative to help organizations implement a surgical checklist.

Who should join? Teams at all stages (thinking about it, started or active implementation)

Schedule: January – May 2011

For more information: Contact: info@saferhealthcarenow.ca or visit: www.saferhealthcarenow.ca
To achieve the Canadian Journal of Anesthesia’s (CJA) mission in “excellence in research and knowledge translation in anesthesia, pain, perioperative medicine and critical care” requires a commitment to readers from the editors, the editorial board and the publisher to be in touch with the “customer”.

In October 2010, the CJA sought feedback from its subscribers in a comprehensive online survey. Developed by the CJA’s senior editorial team, it was first tested with a small group of readers by using Survey Monkey (an online survey tool). Following are some high-level results:

- 11.3% responded (2,441 individuals invited to participate on three occasions)
- 71.5% read the print version
- Average reading time per week: 33 minutes
- Majority read one-quarter to one-half of the articles in each issue
- Readers look to CJA for updates in a number of areas with the top three areas cited as:
  - Guidelines to the practice of anesthesia
  - Airway management updates
  - Perioperative medicine

- Review articles, systematic reviews and editorials are the most useful aspects of the Journal.
- When asked how important CJA and other medical journals are in meeting their professional needs, CJA ranked at the top of the list, followed by Anesthesia and Analgesia, and Anesthesiology.
- Suggested changes to the CJA to better meet readers’ needs, detailed feedback included online versus print, Continuing Professional Development Modules, the quality of existing content and suggestions for future content.

The survey results have provided a wealth of information on which CJA can rely upon as it continues to fulfill its important mission.

Winners of the Readership Survey Draw
The CJA thanks all who participated in the readership survey. Three lucky winners in the draw of eligible participants each received an iPod Touch:

Dr Eric Auger, Saint-Eustache, QC
Dr Timothy Rosser, Regina, SK
Allison Stasiuk, medical student, Winnipeg, MB
Drive with four winter tires and save 5% on your car insurance with The Personal.

Play it safe and save!

It’s a fact. Driving with four winter tires improves traction and reduces your braking distance. And now - it even saves you money on your car insurance!

Our winter tire discount is just the tip of the iceberg. With The Personal, you also benefit from customized coverage, 24/7 emergency claims assistance, student rates, multi-vehicle discount and more.

Drive safer through the winter... save through the years.

The 5% winter tire discount is applied to your car insurance premium, all year round.*

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* Certain conditions apply. The premiums shown are for illustrative purposes only and do not represent an actual insurance offer.

Get your quote now!

1-888-476-8737
thepersonal.com/cas

Call From the Scene, 24/7
Should the unexpected happen, we’re just a phone call away. If you’re in a car accident anywhere in North America, call us and we’ll help you arrange for transportation and repairs. We care!
Each year, the CAS Standards Committee reviews the Guidelines to the Practice of Anesthesia and proposes updates to reflect changes in current anesthesia practice or to clarify the meaning of the document.

For 2011, four specific areas were addressed by the committee and approved by the CAS board of directors:

Privileges in Anesthesia: Many international medical graduates have specialist training in anesthesia in programs which have not been accredited by the Royal College, but they have been approved by the local (provincial) regulatory bodies to practice as specialist physicians. While the CAS believes that Canadian Royal College certification is the gold standard for specialist anesthesia recognition, we must accept that other training has been and will be accepted. We have changed the Guidelines to reflect this but to recommend that such training should be “equivalent to the Canadian standard”.

Privileges in Anesthesia: In describing what an anesthesiologist needs to be able to do, the statements describing areas of knowledge and technical skills have not changed significantly from when originally drafted some 40 years ago. It is very apparent that non-technical skills – such as those addressed in the CanMEDS roles – are essential to the successful practice of anesthesia. We have described those roles in this section, utilizing the terminology of the “ANTS” (anesthesia non-technical skills) developed by Dr Rhona Flin and her colleagues at the University of Aberdeen (see references) as these were developed specifically for anesthesia; the implementation of these roles and terminology is evolving in the education and clinical spheres and may require revision over time.

Ancillary Help: The introduction of “Anesthesia Assistants” and their important roles are now established; the information in the Guidelines was repetitive and has been edited and clarified.

The Anesthetic Period: The CAS is clear that the principle of “one patient, one anesthesiologist” is our standard of care for significant interventions, but that in practice this has been modified when very minimal levels of intervention, or simple monitored care, are undertaken, and sometimes one anesthesiologist is supervising other caregivers. We have recognized and emphasized that this practice is acceptable only when minimal sedation is administered and have defined this with the adoption of the “Modified Ramsay Sedation Scale” as the terminology for use in this practice.

The Standards Committee has developed a Position Paper on Procedural Sedation to define sedation and provide care guidelines for anesthesiologists providing this service. This will be implemented as an appendix to the Guidelines.

The document, Appendix 4: Guidelines, Standards, and Other Official Statements Available on the Internet, was reviewed to ensure that all Internet links remain active and accurate, and an additional link was added. This Appendix provides resources to members needing guidance which is not provided in our own Guidelines; contributions from members are solicited to ensure this document is accurate and as comprehensive as possible.

References:
“CARF is one of my causes, please make it one of yours. Donate today at www.anesthesia.org/carf.”

Dr. David Ansley
Clinical Professor,
University of British Columbia

Our profession deserves a firm foundation

Canadian Anesthesia Research Foundation
www.anesthesia.org/carf
Propofol Shortage

There is anecdotal evidence of a short supply of Propofol in some hospitals across Canada. CAS is attempting to determine through external parties whether or not the supply status meets the definition of a drug shortage.

Annual Meeting Planning

CAS has developed an orientation package for all members of the Annual Meeting Committee. This package is mostly focused on Section Chairs. Tutorials will be provided for all who wish to submit session proposals to our online system.

Many members of the AMC, and in particular Section representatives, felt that CAS is not offering adequate speaker benefits. The board adopted a revision to our speaker reimbursement package. Of note, speakers who receive an honorarium will be able to donate the payment to the CAS foundations (CARF and CAS IEF).

Stop Smoking for Safer Surgery

Members of the Executive Committee have reviewed materials from Ontario and Alberta. Information on smoking cessation prior to surgery will be posted to the public area of the CAS web site. Further information for anesthesiologists will be developed and posted on the members’ site.

Helsinki Declaration

The CAS board of directors endorsed the Helsinki Declaration on Patient Safety in Anesthesiology of the European Board of Anesthesiology (EBA) and European Society of Anesthesiology (ESA). All institutions providing perioperative anesthesia to patients in Europe are asked to comply with the minimum standards of monitoring recommended by the EBA both in operating theatres and recovery areas. Progress in Europe will be monitored annually in implementing the declaration, which emphasizes the key role of anesthesiology in promoting safe perioperative care.

HHR Survey

CAS has signed a Memorandum of Understanding (MOU) with Dr Dale Engen, as the lead agency, to collaborate on a study of anesthesia human resources in Canada. Dr Engen is an Assistant Professor at Queen’s University who published a similar study on Canadian anesthesia resources in 2005.

CAS has collected many email addresses of hospital chiefs of anesthesia across Canada that will be used for the study. The target completion of the work is June 2011.

Residents

Dr Asim Alam of the University of Toronto continues for a second year as the Residents’ Representative to the Board. Dr Tracy Kok of Dalhousie also continues for a second year as Residents’ Section Chair, and Dr Fahad Alam of the University of Toronto was elected to replace Dr Jason McVicar of Queen’s as the Section Vice-Chair. A sponsored Residents’ Reception will be held for a second year at the 2011 CAS Annual Meeting, and the Fellowship Fair at Residents’ Day will be expanded and will incorporate a simulation activity in 2011. A Web site sub-committee is in the process of detailing the components they would like on the new CAS web site.

Governance

A benchmark survey was conducted to look at board composition with several other large Canadian specialty societies and other anesthesia societies belonging to the Common Issues Group. Geographic representation on the board is still the norm in Canadian specialty societies, although not every society offers a board position to each and every province. The CIG partners confirmed that anesthesia sub-specialties are not directly represented with seats on the society board.

The Executive Committee has recommended that the board continue to offer each provincial Division one seat on the board of directors; however the Divisions were reminded that the
bylaws currently permit Divisions to amalgamate with each other and smaller Divisions were encouraged to consider this option. The board will be asked to approve a bylaw amendment whereby the Division Representatives would continue to be nominated locally but elected by the members at the Society’s Annual Business Meeting.

The provincial Divisions will also be given a forum to meet and share common issues outside of board meetings. The CAS Sections will not be invited to join the board of directors; a governance document has been circulated to them as a means of strengthening their internal operating structures.

FINAL NATIONAL EDUCATIONAL FRAMEWORK FOR ANESTHESIA ASSISTANTS DOCUMENT RELEASED

As previously reported in Anesthesia News (July 2010), the goal of the CAS Task Force on Anesthesia Assistants was to establish the basic knowledge requirements to be used by all programs across Canada. The final document, National Educational Framework for Anesthesia Assistants, has now been endorsed by ACUDA, CAS, the Canadian Society of Respiratory Therapists (CSRT), and the National Association of Peri-Anesthesia Nurses of Canada (NAPANC).

The intention of this document is to provide a foundation for curriculum development as well as a resource to further develop the growing profession. Basic information includes:

- Educational institutions in the development of the curricula for Anesthesia Assistants;
- Career path development;
- The depth and scope of the training required to enter the role of Anesthesia Assistant;
- Development of performance standards and/or performance appraisal tools;
- Retraining needs for individuals to allow job mobility within the field;
- Evaluation of out-of-province credentials for Anesthesia Assistants; and
- Evaluation of prior learning experiences for Anesthesia Assistants.

In the future, the document may form the basis for the development of a competency profile for Anesthesia Assistants and the development of a national accreditation process.

Members can access the document in the CAS Members’ Area of the CAS web site, under Position Papers.

Canadian Public Drug Plan Ranks in the Bottom Third of OECD Countries

The annual Rx&D International Report on Access to Medicines 2009-10 (IRAM) concludes that Canada ranks 23rd out of 29 OECD countries in terms of public plan coverage of new medicines. Now in its fourth year, IRAM is the world’s most comprehensive look at patient access and public coverage of new medicines within Canada and how we compare to other OECD countries. The IRAM Report examines patient access to and public coverage of 150 innovative prescription medicines, including 33 cancer drugs and 117 medicines for a range of other diseases.

The Report was undertaken for Rx&D by Wyatt Health Management. Data was collected from public sources and then validated with public drug plan officials. To view the report, please visit www.patientscomefirst.ca.