

Canadian Anesthesiologists' Society

ANNUAL REPORT FOR 2019



TABLE OF CONTENTS

Report of the President
Report of the Treasurer
Report of the Editor-in-Chief – *Canadian Journal of Anesthesia*

Committee Reports

Annual Meeting
Archives and Artifacts
Committee on the Anesthesia Care Team
Continuing Education and Professional Development
Ethics
Quality and Patient Safety
Research Advisory
Scientific Affairs
Standards

Section Reports

Ambulatory
Anesthesia Assistants
Cardiovascular and Thoracic
Chronic Pain
Critical Care Medicine
Education and Simulation in Anesthesia
Hospital Chiefs of Anesthesia
Neuroanesthesia
Obstetrics
Perioperative Medicine
Residents

Other Reports

Association of Canadian University Departments of Anesthesia (ACUDA)
Canadian Anesthesia Research Foundation (CARF)
Canadian Anesthetic Incident Reporting System (CAIRS) Management Committee
Canadian Anesthesiologists' Society International Education Foundation (CASIEF)
Royal College of Physicians and Surgeons of Canada Specialty Committee in Anesthesiology

CAS Board of Directors
Office Staff
Standing Committees
Section Executive Members
Sub-Committees

2019 Financial Statements

REPORT OF THE PRESIDENT

Dr Daniel Bainbridge, FRCPC

COVID-19 has had a big impact on the Society in both positive and negative ways. The most undesirable effect was the cancellation of the 2020 Annual Meeting scheduled for Halifax. Financially, this has led to a loss of several hundred thousand dollars, owing mainly to human resource costs (office staff and venue events planning company). The loss related to the convention centre and hotel was minor. There was, as part of the cost mitigation, an agreement to hold the 2022 meeting in Halifax. The in-person meeting was converted to an online webinar, an expanded version of that which the CAS has been hosting for all Annual Meetings since 2015.

The positive effect from COVID-19 for the Society has been an increase in member engagement related to the series of five webinars (with attendance ranging from 300-1200 individuals) and they have been generally well-received. We have also created an online presence with our approach to intubation for patients with COVID-19: a resource page, a wellness page, along with our ethical guidance for PPE shortages and, more recently, our guidance for safe handling of drugs during the drug shortages currently occurring in Canada and our position statement on restarting operating rooms. Many of these initiatives were made possible through the support of members and the office staff.

We are currently completing the search for the new Editor-in-Chief at the *Journal* and will have hopefully announced the successful candidate prior to the Board meeting. We also advertised for the position of annual meeting chair and will also report on that position at the Board meeting. I have been in frequent discussions (six teleconferences to date) with the drug shortages division of Health Canada, and we will likely continue to see an increase in the number of drug suppliers, many without standardized labels or dosing. We will continue to communicate to members about any significant information we learn from these meetings.

This is my final report as President of the Society, as my term ends on August 31. I would like to thank everyone in the office over these past two years, along with the members of the Executive Committee and the Board. I would like to officially welcome Dr Dolores McKeen into her role as President starting September 1.

REPORT OF THE TREASURER

Dr James Kim, FRCPC

I am pleased to report that our 2019 financial results are again positive. The CAS financial reports are divided into three business areas: the Annual Meeting (AM), CAS Administration (CAS), and the *Canadian Journal of Anesthesia* (CJA).

As of December 31, 2019, the CAS has \$3,895,060 in assets and \$1,440,228 in liabilities. Included in the total asset value was an investment portfolio of \$1,796,419.

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

Table 1

	2019 (thousands)				2018 (thousands)			
	AM	CAS	CJA	TOTAL	AM	CAS	CJA	TOTAL
Revenues	1034	1277	641	2952	1173	1339	634	3146
Expenses	1229	1067	501	2797	1237	1053	539	2804
Surplus (Deficit)	(195)	210	140.5	155	(64)	286	95	316

Annual Meeting

Thanks to the AM Committee's outstanding work, the 2019 AM had a small deficit slightly bigger than the one from 2018. The AM attendance in Calgary (2019) was lower than Montreal (2018) with much higher sponsorship and exhibit revenues. Costs were maintained to around the same level as 2018 with tight controls. Although the goal for the AM is not to generate profit, but to break even, with the industry trend of decreasing sponsorship revenue and ever-increasing costs, it is crucial to find revenue growth and expense reduction opportunities.

CAS Administration

The CAS component has successfully managed to gain a positive balance. Revenue is lower in 2019 mainly due to a decrease in membership, increase in investment income, career postings and education co-development projects have made up for some of the deficiency. Expense levels remain similar to 2018 with new projects implemented including the new website. With respect to investments, while following our capital protection policy for a not-for-profit organization, we depend on the volatile market. In 2019, the return was over 7%, which is very good considering our conservative portfolio allocations.

Canadian Journal of Anesthesia (Journal)

As a main source of exposure for the Society, the *Journal* must consistently deal with the ups and downs of print media and still depends on royalties. Thanks to the hard work of Dr Hilary Grocott, the Editor-in-Chief, and the Editorial Board, the *Journal* successfully turned around financially and generated another surplus in 2019. The surplus is a result of the Editorial Board hitting targets set by our publisher, reduced cost in HR and Board expenses, and the message sent out to encourage our members to switch to electronic journal access only. We must look for new and creative ways to grow revenue and reduce expenses to sustain the healthy financial state of the *Journal*.

Conclusion

The CAS had another successful year financially. The CAS has maintained a surplus position and is building a healthy reserve for the Society. The success of the 2019 Annual Meeting in Calgary, the *CJA* hitting and surpassing targets, combined with overall cost controls, led to this turnaround.

This positive outcome is a result of everyone's exemplary contribution. I especially want to emphasize the work of Executive Director, Debra Thomson; Director, Finance, HR & IT, Iris Li; Annual Meeting Committee Chair, Dr Adriaan Van Rensburg; and, *Canadian Journal of Anesthesia* Editor-in-Chief, Dr Hilary Grocott. I also want to thank all Finance Committee members and Board members, chaired by Dr Bainbridge, and the CAS staff team.

It is indeed a time for celebration sprinkled with a few notes of caution. The Society's financial state remains fragile and, as the Treasurer, I encourage cautions. The *CJA* budget will be under pressure over the next few years as we transition to the next Editor-in-Chief. The 2020 CAS Annual Meeting switching to a virtual platform will have a negative impact on the organization's finances. The investments under the new investment policy have held up well so far, but there is much uncertainty in the market for the coming year. The Society exists to serve its members. Thus, we must remain relevant and we must continue to attract new members, especially those new to the profession. The goal is to always attain a balanced budget. With this in mind, we have to stay vigilant and keep up our efforts to maintain revenue and monitor expense levels.

REPORT OF THE CJA EDITOR-IN-CHIEF

Canadian Journal of Anesthesia
Dr Hilary Grocott, FRCPC

CJA MISSION STATEMENT:

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

Overview

The *Canadian Journal of Anesthesia* is the official journal of the Canadian Anesthesiologists' Society (CAS) and the Canadian Critical Care Society (CCCS). This report will address some of the key points in the *Journal's* progress over the past year. Highlights of this year's editorial contents, *Journal* data and metrics, our continuing online development, and editorial board activities will be introduced for further discussion.

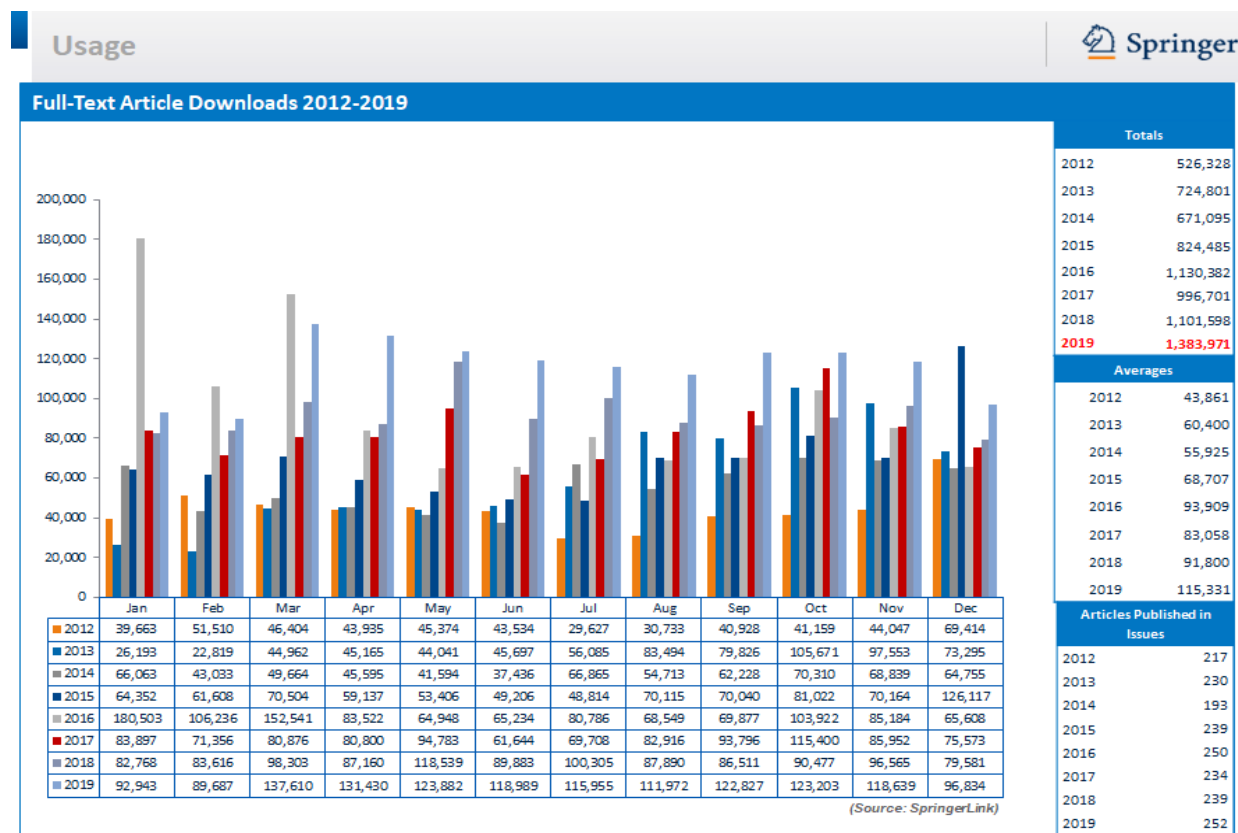
Now in my 7th (and final) year as Editor-in-Chief (EIC) of the *Canadian Journal of Anesthesia/ Journal canadien d'anesthésie* (CJA), this report represents the progress of the CJA since the last report to the CAS in June of 2019, and to the CAS' board of directors in November 2019. Some of the 2019 data metrics (such as the 2019 impact factor) will not be available until at least the 2nd quarter of 2020 (and potentially further delayed due to COVID-19 related factors).

Key Facts

- Submissions: **962 in 2019** (850 in 2018)
- Published articles: **251 in 2019** (237 in 2018)
- Acceptance rate: **31% in 2018** (31% in 2017)
- Time from submission to first decision: **12 days in 2018** (13 days in 2017)
- Time from submission to final decision: **61 days in 2018** (95 in 2017)
- Time from acceptance to Online first: **12 days in 2018** (12 in 2017)
- Usage: **1,101,598 (91,800 monthly average) full-text downloads in 2018**
- **2018 Impact Factor – 3.374** (2017 IF – 3.377)

Usage

The content of the *Journal* is available through direct subscription to all CAS and CCCS members. In addition, there were 8,771 institutional library consortia that access the *Journal*. The *Journal* continues to be accessed by an ever-increasing number of other users. In 2019, we averaged 91,800 downloads per month. In terms of full-text article request by geography, 9% of requests originated from Canada in 2019, in comparison to 29% of requests originating from the United States. Twenty-five per cent of requests now come from Asia-Pacific countries, 22% from Europe, and 15% from elsewhere. These data reflect the international in scope of the *Journal*.



Production

There were 251 articles published in 2019 as compared to the 237 articles published in 2018. This reflects an increase in the number of letters, original investigations, as well as our new content feature in *Reflections*. The *Journal* continues to achieve a more rapid turnaround time to publication. The average production time between receipt at Springer and online first publication was 12 days in 2019. This is a key metric that is important to encourage repeat author submissions.

Editorial Content

The editors remained highly selective in 2019 in regard to choosing which articles were published according to their novelty, scientific merit, and overall importance. Each issue contains, on average, 2-3 editorials, 5-6 reports of original investigations, 1-2 review articles, reflections (see below), continuing professional development modules (3-4 per year), occasional case reports (5-6 per year), correspondence items and book reviews.

Reflections – a new category of manuscript that has been added to our content - are writings that represent a mix of personal perspectives, much in the manner of an opinion-editorial (op-ed). It is hoped that they will be of general interest to a broad range of readers, and also help our impact factor.

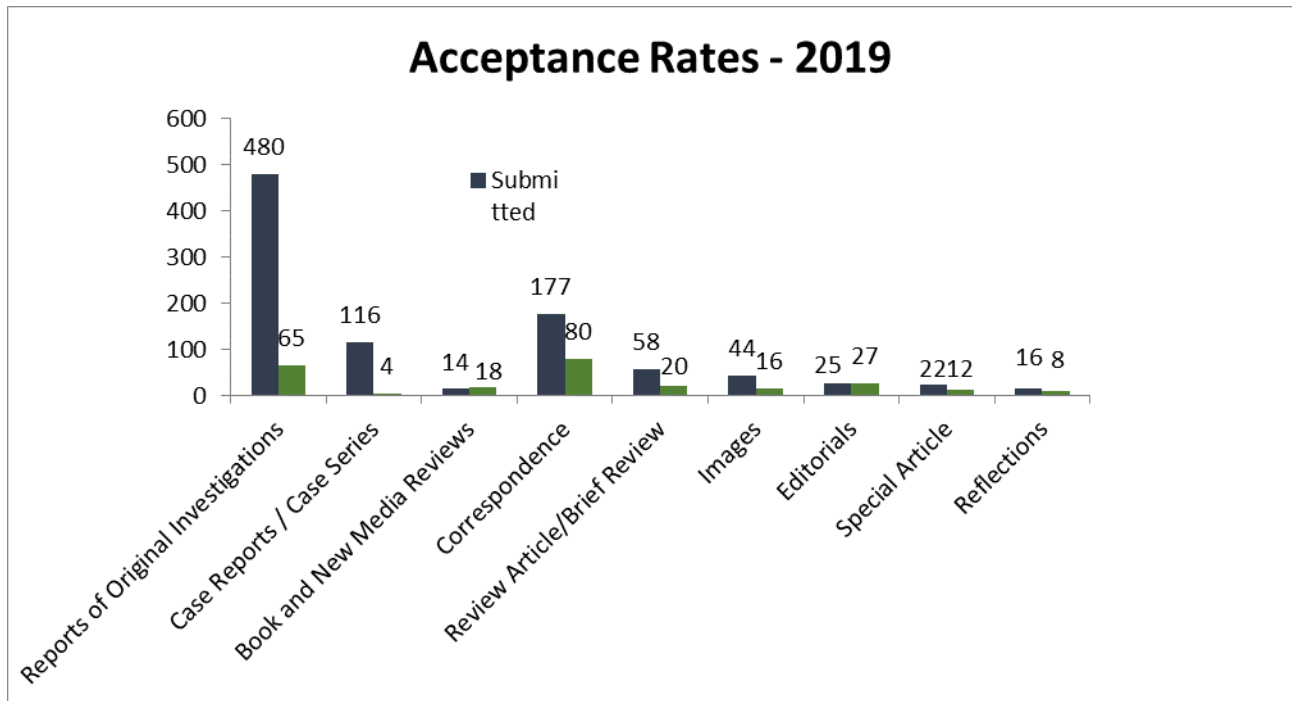
Images in Anesthesia – has now changed to “**Images**” to better reflect the combined critical care and anesthesia content.

Critical Care Content – due to limitations in the Editorial Manager search functions, it is difficult to get exact data for the number of critical care-specific articles that were submitted to the *Journal*. However, approximately 5% (46 of 962 submissions) of the reports of original investigations are reported by critical care-themed studies. This content is growing and the CCCS link continues to be an important one to foster.

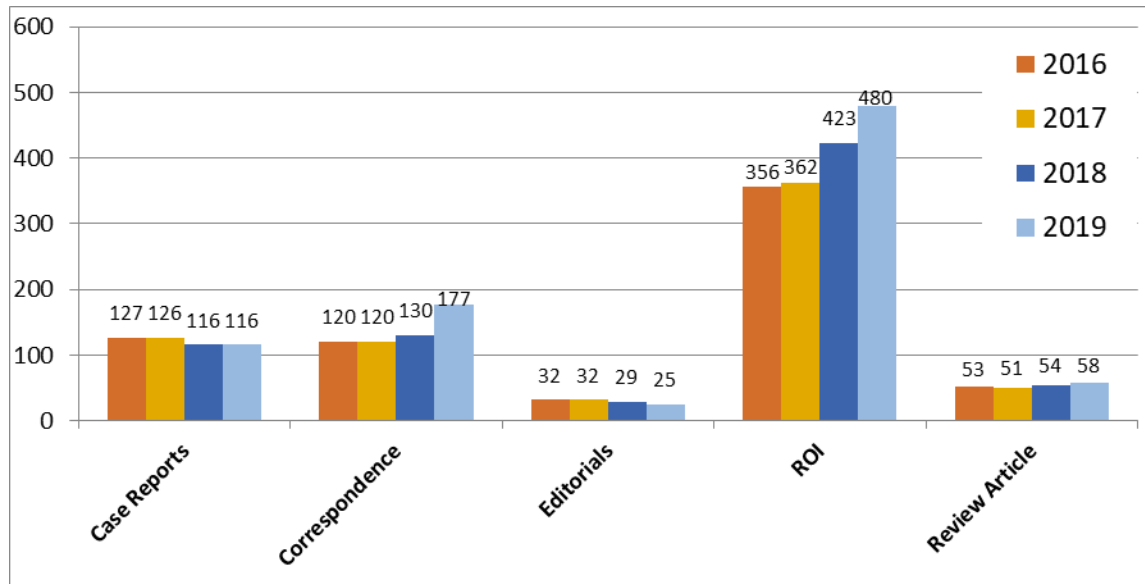
Journal Data and Metrics

Overall, there were 962 submissions were considered for peer-review in 2019. The overall acceptance rate was approximately 31%. The *Journal* is currently on track to reach well over 1,000 submissions in **2020**.


The following figures represent our acceptance rates by article type:

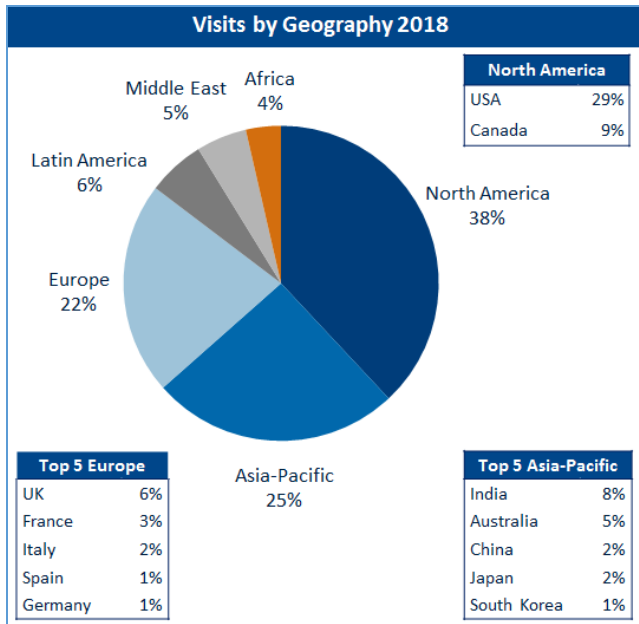


Submissions by article type:

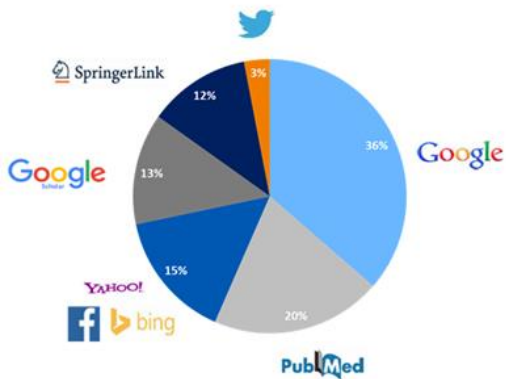


Impact Factor Analysis

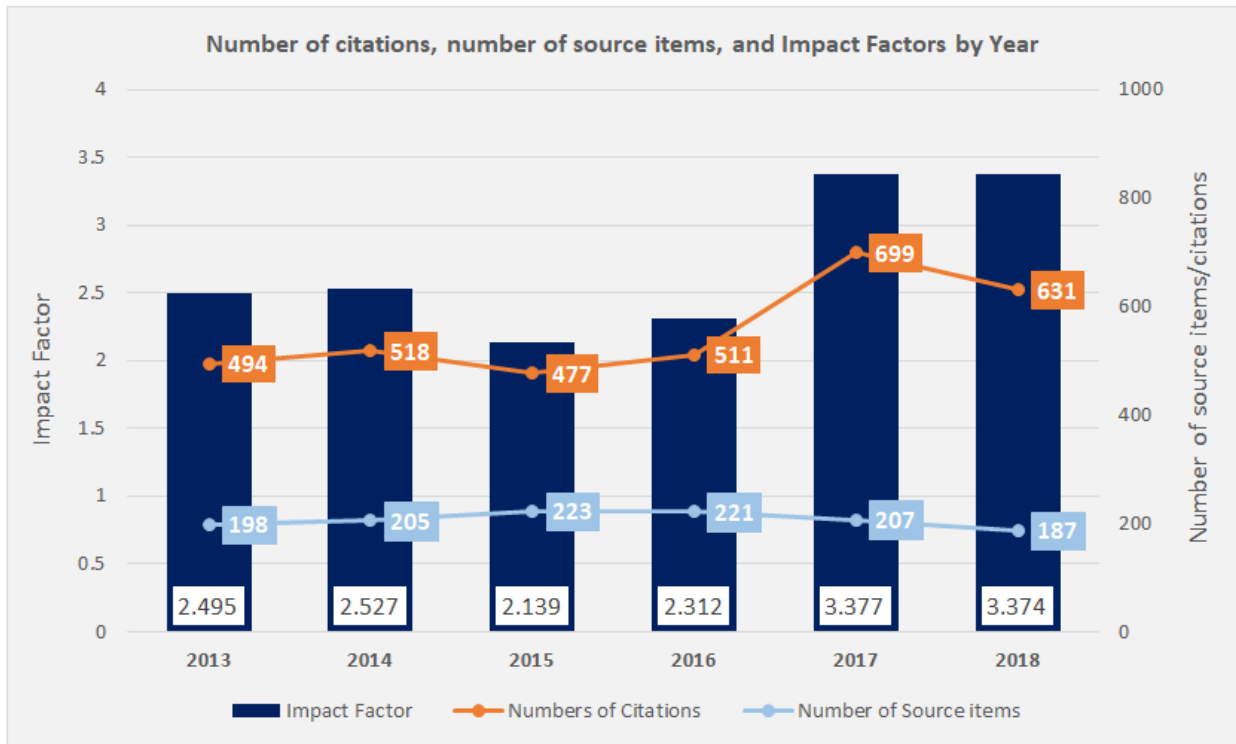
Impact 



Visitor Referrals 2018



SpringerLink = Direct Traffic. It includes every visit for which no referrer information was passed on, such as bookmark traffic, typed URLs, and word-of-mouth initiated traffic such as links in e-mails or instant messaging programs



2018 Journal Citation Report: Anesthesiology

Rank	Full Journal Title	Total Cites	Impact Factor	Impact Factor without Self Cites
1	Anesthesiology	28,896	6.523	6.065
2	British Journal of Anaesthesia	20,435	6.499	5.573
3	Anaesthesia	10,098	5.431	3.893
4	European Journal Of Anaesthesiology	4,097	3.958	3.295
5	Anesthesia And Analgesia	26,298	3.463	2.93
6	International Journal Of Obstetric Anesthesia	1,681	3.404	2.73
7	Canadian Journal of Anesthesia	5,595	3.374	2.928
8	Journal Of Neurosurgical Anesthesiology	1,607	3.238	2.071
9	Minerva Anestesiologica	2,589	2.693	1.688
10	Current Opinion in Anesthesiology	2,722	2.581	2.348
11	Journal of Clinical Monitoring and Computing	1,605	2.45	1.692
12	Pediatric Anesthesia	4,953	2.389	2.007
13	Acta Anaesthesiologica Scandinavica	7,065	2.27	2.149
14	Journal of Clinical Anesthesia	3,442	1.818	1.36
15	BMC Anesthesiology	1,238	1.788	1.732
16	Anaesthesia and Intensive Care	2,730	1.702	1.539
17	Journal of Cardiothoracic and Vascular Anesthesia	4,179	1.574	1.212
18	Journal of Anesthesia	2,111	1.454	1.319
19	Schmerz	816	1.215	0.909
20	Anaesthesist	1,359	0.995	0.694

2018 Journal Citation Report: Critical Care Medicine

Rank	Full Journal Title	Total Cites	Impact Factor
1	Lancet Respiratory Medicine	7,600	22.992
2	Intensive Care Medicine	22,631	18.967
3	American Journal of Respiratory and Critical Care Medicine	63,074	16.494
4	Chest	50,453	9.657
5	Critical Care Medicine	40,207	6.971
6	Critical Care	23,511	6.959
7	Resuscitation	13,942	4.572
8	Annals of Intensive Care	2,184	3.931
9	Journal of Neurotrauma	14,754	3.754
10	Journal of Trauma and Acute Care Surgery	8,770	3.377
11	Canadian Journal of Anesthesia	5,595	3.374
12	Shock	7,638	3.083
13	Neurocritical Care	4,070	2.892
14	Journal of Intensive Care Medicine	1,566	2.873
15	Minerva Anestesiologica	2,851	2.84
16	Pediatric Critical Care Medicine	6,375	2.798
17	Journal of Critical Care	6,236	2.783
18	Human Gene Therapy Clinical Development	302	2.778
19	Critical Care Clinics	1,705	2.744
20	Current Opinion in Critical Care	3,133	2.54

Updates to the Journal's Online Presence

With the most recent CAS membership renewal process, the CAS website now offers members the ability to receive the *Journal* electronically or in print. Thus far, approximately 93% of members have elected to receive the electronic copy only. This is in addition to the electronic format that is currently offered to CCCS members.

Our online content and other social media presence continue to evolve with Dr. Ron George serving as our *online presence* editor. In addition to his work optimizing our online presence, Dr. George also manages our visual abstract production. These are disseminated via Twitter on a regular basis.

Social media platforms, such as Twitter are becoming social utilities, providing meaningful professional and social benefits. To take advantage of these benefits CJA must be part of the conversation. The modern approach to staying informed and disseminating valuable anesthesia content includes engagement in social media. This medium is becoming an accepted venue for discussion among physicians, researchers, and professional groups including patients.

The *Journal* continues to have a vibrant presence on social media. Our presence on Twitter grows on average by 120 new followers each month with over 8,400 current followers. The *Journal* makes roughly 120 thousand impressions each month - an impression is the most common analytic of social media, representing a tally of all the times a Tweet has been seen. The number of impressions speaks to our use of graphics in our communications strategy, specifically our monthly visual abstract. Springer supports our social media strategy, regularly posting our feeds on their account and providing monthly altmetric attention scores of our top manuscripts. This allows us to amplify our reach and impressions.

This year we have also launched the *Journal* onto a second social media platform, Instagram. This platform is the fastest growing social media platform among young adults. Our following on this platform is growing steadily. Social media could be a continued area of growth for the *Journal* and aligning it with the CAS' own strategies will benefit both groups.

Other Non-Impact Factor Metrics

In addition to traditional metrics (e.g., IF), journals and their content are now also evaluated according to alternative metrics – or so-called *Altmetrics*.

Our publisher uses Altmetric to measure attention to our articles. Altmetrics are an aggregate of multiple data sources derived mostly from news stories, tweets, Facebook pages, blog posts, and Mendeley readers. Altmetric measures immediacy and attention for the article as well as non-academic engagement. The *Journal* recognizes the opportunity to share interesting and exceptional articles via social media.

The figure below demonstrates an example of the *CJA*'s top articles aggregated by Altmetric scores.

	2014	2015	2016	2017	2018	2019
News Stories	1	10	14	156	195	62
Tweets	1,308	1,792	3,585	6,987	10,085	13,239
Facebook posts	43	53	117	103	89	99
Blog Posts	6	13	20	24	34	32
Google+ posts	4	20	22	12	22	11
Videos			1	4	6	7
Other		6	20	23	407	24
Total	1,362	1,894	3,782	7,309	10,832	13,474

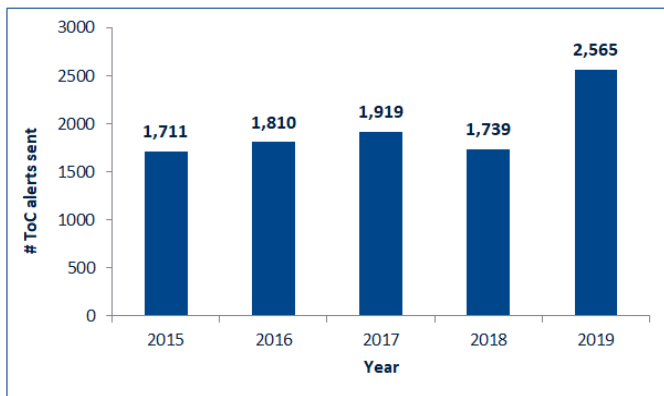


Our iPad/iPhone/Android app for the *Journal* was launched in 2013 and continues to be available. Readers also have access to online articles published in both Portable Document Format (PDF) and HyperText Markup Language (HTML) formats. Electronic versions of metadata related to each article, which includes different forms of supplementary material, are now sent automatically to all relevant bibliographic organizations on the day of online publication.

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

Table of Contents (ToC) Alerts

- The ToC Alerts inform readers when a new issue is available online. Customers can easily register for this free service on the journal's homepage. The email contains direct links to the articles and if the registered ToC Alerts subscribers have access through their institutions, they can link directly to the papers. Nonsubscribers to the journal have access to the abstract and may purchase individual articles.
- Readers can easily sign up for the ToC Alerts, by using the *One-click Sign-up*: your exclusive link: <http://springer.com/tocsubscription/12630>
Copy and paste your exclusive link to your website, newsletters and social media accounts.



The Society sends Springer a list of members who are happy to receive alerts, hence the sudden rise in alerts sent.

Editorial Board Personnel

As with any large editorial board, there have been continual changes to the makeup of the CJA board with several editorial board members having been recently added. We were pleased to recruit a new international member, Dr. Virendra Arya, from the Postgraduate Institute of Medical Education and Research in Chandigarh, India. Also serving as a new international board member is Dr. Ron George, who relocated from Dalhousie University to the University of California at San Francisco. He will continue to serve as our online presence/social media editor, though now as one of our six international board members. We plan to recruit one additional international board member as part of an incentive program in place with our publisher, Springer. Three additional board members who joined the editorial board in 2019 include Dr. Alana Flexman (University of British Columbia) who in addition has been serving as associate editor since May 2020, Dr. Ruth Graham (University of Manitoba), and Dr. Daniel McIsaac (University of Ottawa). After 6 years of service as an associate editor, Dr. Steven Backman stepped down from the board in March of 2020. We expect to have additional changes in editorial board membership in 2020, with several members completing their 9-year terms later in the year.

It should be noted that the editorial board has filled its positions by highly qualified and respected academicians. We are pleased to note that we have significantly expanded our board's diversity, and now have approximately 25% women representatives on the editorial board.

CJA and COVID-19

Just as it has impacted our collective personal and professional lives, the current COVID-19 pandemic has had a significant impact on the *Journal* as well. As of May 25th, the *Journal* has received over 140 COVID-19 related submissions of which 51 have been published. These articles have already been downloaded over 200,000 times, and even more importantly, have been widely cited more than 150 times.

CJA Editor-in-Chief Search

Now in my final year as Editor-in-Chief (EIC), the CAS executive are well into the search process for a new EIC. Applications closed on March 15, 2020, interviews have been conducted, and the incoming EIC should be identified shortly. I will remain in a transition role, as needed, into part of 2021.

COMMITTEE REPORTS

ANNUAL MEETING

Dr Adriaan Van Rensburg, FRCPC – Chair

The 2019 Annual Meeting was held in Calgary. It was heart-warming being able to go back to Calgary after the 2013 Annual Meeting in Calgary was cancelled last minute due to the devastating flood. The Alberta members also embraced the meeting in their home province having the highest provincial attendance for the meeting. Thank you to our Alberta members for supporting the meeting so well. Thank you very much to Dr Cassidy who lead the local arrangements and made CAS feel so welcome in Calgary.

Dr Patricia Houston gave a very inspirational Angela Enright Lecture on Diversity, Equity and Inclusion. The Opening Lecture was very well received where Dr Kate Leslie from Melbourne in Australia gave a very complete overview of monitoring the depth of anesthesia and outcomes from that.

Great efforts were made over the last couple of years and we continued to increase audience participation and interaction across all sessions. The PBLDs were very well received as was the webinar, which showed a slightly higher attendance than previous years.

If meeting registration and attendance could be used as a metric, the 2019 Annual Meeting was a very successful meeting with 2019 attendance being on par for years when the Annual Meeting does not happen in one of the three big cities (Vancouver, Montreal, and Toronto)

The satisfaction of attendees with the overall program was very well documented in the formal feedback and evaluations as well as in personal feedback to staff and executive members. Both attendees and speakers were very complimentary of the process and logistical aspects of how the annual meeting is put forward. In this regard, I would like to recognize and thank the members of the Annual Meeting Working Group and the Annual Meeting committee for all the hard work they have done making the Annual Meeting so successful in a modern era. Also, I would like to express a special “thank you” to the CAS office staff team under the leadership of CAS Executive Director, Ms Debra Thomson, Ms Amanda Cormier, and the staff at Intertask, for all they have done for the Annual Meeting. A special thank you to Dr Jordan Tarshis and Ms Cristina Mita for their efforts on improving the CME goals and details for the Annual Meeting.

During the months after the June 2019 Annual Meeting, planning has been going on for the 2020 CAS Annual Meeting in Halifax.

ARCHIVES AND ARTIFACTS

Dr Daniel Chartrand, FRCPC – Chair

During the last year, Dr Derek Dillane once again put together a very interesting history symposium for the Annual Meeting. He lined up Dr John Wade who talked about William Webster, author of the first anesthesia textbook in Canada, and Dr George Bause, deputy editor of the *Canadian Journal of Anesthesia*, who talked about Canada's first recipient of a master's degree in anesthesia, Dr James M Clyde. Dr Derek Dillane talked about Dr John Aldridge, the first Chair of Anesthesia at the University of Alberta in Edmonton and Western University.

While still hoping that Dr Harold Griffith and Dr John Wade will be inducted to the Canadian Medical Hall of Fame, we are very happy to report that, as a result of a proposal from the *Canadian Anesthesiologists' Society* (CAS), Dr Wade has become a Member of the Order of Canada. Here is the citation at the time (November 18, 2019) of his Order of Canada award ceremony:

John Wade has made significant contributions to medical education and practice in Canada. Professor and dean emeritus at the University of Manitoba, he has held varied and distinguished leadership roles in medicine, academia and government throughout a career spanning more than 50 years. An anesthesiologist by training and practice, he has advocated for increased focus on patient safety and quality improvement in health care in both the academic and professional realms. Notably, he was the founding chair of the Canadian Patient Safety Institute.

Congratulations Dr Wade!

As an on-going project, the Archives and Artifacts Committee was still investigating the content of several hundred boxes of archives and artifacts and we hope to share with you their historical content in the newsletter and on the website.

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

COMMITTEE ON ANESTHESIA CARE TEAM (COACT)

Dr Claire Middleton – Chair

Committee Members: Dr Mohammed Ahmed (ACUDA)
Dr Daniel Bainbridge (CAS President)
Mr Jared Campbell (Chair CAS AA Section)
Ms Jessie Cox
Ms Carolyn McCoy (CSRT)
Dr Claire Middleton (Chair)
Ms Mary Robertson
Ms Mandeep Thandi
Ms Teri Tryon
Ms Shannon Kidd (NAPANC)*
Ms Daphne Hallsworth (NAPANC)*
Ms Lana Pipper (NAPANC)*
(* *co-representatives*)

Positions vacant: *ORNAC representative*
Resident representative
Representative from Quebec

The past year saw further consolidation of the work to formalize the role of Anesthesia Assistants in terms of the national examination, program accreditation, and the eligibility criteria for the Certified Clinical Anesthesia Assistant designation.

National Anesthesia Assistant Examination

The second sitting of the national Anesthesia Assistant (AA) examination took place on October 28, 2019. As before, the examination was available at multiple sites across the country using a platform hosted by a company called Yardstick and was offered by the Canadian Society of Respiratory Therapists (CSRT) through the Canadian Board for Respiratory Care (CBRC). There were 38 candidates, and all were successful. The Interprofessional Anesthesia Assistant Exam Committee was originally formed in 2017 and, in response to the need to expand the question bank, the group had planned a three-day retreat in May 2020 to work on new content.

Unfortunately, this had to be postponed indefinitely because of COVID-related travel restrictions and social distancing requirements. The composition of the committee reflects a variety of geographical and professional backgrounds, as follows:

- Jessie Cox, RRT and CCAA, St John's, Newfoundland
- Faylene Funk, Anesthesia Clinical Assistant, advisor on examination question development, Winnipeg, Manitoba

- Dr Claire Middleton, CAS representative, Medical Director, Anesthesia Assistant Program and the Michener Institute of Education at University Health Network (UHN), staff anesthesiologist at UHN, Toronto, Ontario
- John Patton, Clinical Instructor, Anesthesia Assistant Program at Thompson Rivers University, British Columbia
- Wendy So, RN, CCAA, UHN, Toronto, Ontario
- Paul Williams, Clinical Instructor and Coordinator, Anesthesia Assistant Program, Fanshawe College, London, Ontario

The current date for the next sitting of the examination is October 26, 2020 and the window to register for the examination is July 16 – August 19, 2020, but these dates may be revised depending on the pandemic restrictions.

Program Accreditation

AA educational programs are accredited through the CSRT and the national examination is now only available to graduates of accredited AA programs. After a program has made a successful written application for provisional accreditation, a three-member accreditation team (usually consisting of Ms Carolyn McCoy, Director of Accreditation and Professional Practice Services for the CSRT, a staff anesthesiologist, and a Certified Clinical Anesthesia Assistant) makes a site visit to determine eligibility for full accreditation. So far, one program (Michener Institute for Education at UHN in Toronto) has full accreditation status and three others (Thompson Rivers University (BC), Vancouver General Hospital (BC), and Fanshawe College (Ontario)) have accreditation with conditions (please refer to the CSRT website (www.csrt.com) for further details). Anesthesiologists with a relevant background are encouraged to become involved with this process to ensure that the CAS has ongoing input and insight into program accreditation.

Certified Clinical Anesthesia Assistant Designation

The Certified Clinical Anesthesia Assistant (CCAA) designation is offered through the CSRT to individuals from a variety of professional backgrounds (RN, RT, etc.) who meet the appropriate criteria, which now include graduating from an accredited educational program and passing the national examination. There are currently 489 CCAs across the country. Evidence of ongoing professional development and education is required to maintain the designation, and every year a random audit of 10% of CCAs is conducted to ensure compliance with this requirement. All of the audited individuals last year successfully completed the audit.

In addition to the above, the Committee was asked by the CAS Executive to provide input to the revision of the CAS Position Statement on AAs. A draft revision was prepared by Dr Claire Middleton and presented to the Committee during the CAS Annual Meeting in Calgary; it was passed unanimously. It was then forwarded to Dr Greg Dobson for further input prior to being presented to the Executive. The Committee also worked on a revised Terms of Reference (ToR) for COACT using the new template that the CAS is now using for all committees. Again, after online discussions prior to the meeting in Calgary, the draft version was approved unanimously and will be forwarded to the CAS Executive for approval. While discussing the revision of the

ToR, the Committee agreed that wide representation is essential in capturing all the geographical areas of Canada, as well as broad representation from all relevant stakeholders. Efforts will be undertaken to invite new members and fill the existing vacancies prior to our next meeting. Because of the restrictions imposed by the pandemic, the meeting will be virtual, but we look forward to getting together nonetheless.

CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

Dr May-Sann Yee, FRCPC – Chair

In October 2019, Dr Jordan Tarshis ended his term as Chair of the CEPD Committee and the Chair position was assumed by Dr May-Sann Yee.

CAS Accreditation Provider Status Review

Under Dr Tarshis's exemplary leadership, the Royal College renewed the accreditation status of the CAS to a maximum eight-year term. There are three partially adherent standards requiring action plan submission to the Royal College due on June 1, 2020.

The partially adherent RC standards include:

1. CPD mission/vision statement. Last strategic planning meeting in 2014, another strategic planning meeting scheduled for 2020. SMART objectives & measuring impact on the mission and details about implementation are outstanding requirements.
2. Operations. Creation of a budget that allocates sufficient financial resources. Lacking recruitment and retention strategy for volunteers and paid staff.
3. Privacy Policy. Need to consider implementing policy and procedures for individuals and groups that participate in their CPD activities.

An action plan was submitted.

NOTE: CAS received a response from the Royal College on June 10, 2020, confirming that the submitted action plan successfully responded to all standards, and CAS does not need to submit anything further until 2021. This is a very positive result.

CEPD Strategic Planning

Planning for the 2020 CEPD Strategic Planning meeting is now underway. Due to the COVID-19 pandemic, the meeting will now take place on a virtual platform. Originally scheduled for June at the 2020 Annual Meeting, the meeting will now be re-scheduled for late 2020 or 2021, with Royal College approval.

The initial cohort of residents in the new competency-by design curriculum will start independent practice in 2022 and new developments in CEPD over the next two years will require consultation with experienced educational personnel. Education is one of the CAS pillars.

The Royal College (RC) and FRMAC have recommended that CPD provider groups include experts in medical education. And, according to the RC standards from our most recent accreditation, the CPD program must include a budget that allocates sufficient financial resources. Working with an educational consultant has been a benefit for CAS in the past, and the CEPD Committee strongly suggests that the retention of this supporting role is critical to the success of the committee in the future.

CEPD Accreditation Program

In 2019, CAS reviewed 19 accreditation applications, and submitted 47 activities to the Royal College to be uploaded to MAINPORT. Of these:

- 12 were **Section 1** – Group learning (i.e., conference, workshop)
- 32 were **Section 3** – Self-assessment program (SAP)
- 3 were **Section 3** – Simulation-based activity (SIM)

In total, we accredited 69.75 hours of Section 1 activities and over 231 hours of Section 3 activities. The applications came from 11 organizations, including CAS and the *Canadian Journal of Anesthesia*. Eight of these organizations had a lead CAS member on the planning committee.

Program Fees:

The spectrum of Section 3 applications ranging from one-day workshops to multi-day, multi-track conferences incur variable time demands on the accreditation team. A review of the fee structure should be considered. Currently, the Section 1 application fee is \$500/\$750 (member/non-member) and the Section 3 application fee is \$1,000/\$1,500 (member/non-member). The CEPD accreditation team will consider options to scale the application fees, for Section 3 in particular.

CEPD Initiatives:

A new test-enhanced learning (TEL) pilot project for Section 3 credits at the Annual Meeting was discussed and recruitment of speakers by Dr Van Rensburg resulted in five volunteers. This project and others are currently on hold due to the COVID-19 pandemic and will be revisited and revived for the 2021 annual meeting.

Committee Membership

Thank you to Alex Poulton for his contributions as the resident member on the committee. Alex's term will be ending in July 2020 and the office has reached out to the residents' section for a new member. We also thank Dr Bishop Darcy, who stepped down from the committee in December 2019.

The last CAS CEPD teleconference was in January 2020. There is another teleconference scheduled for June 2020.

ETHICS

Dr Cheryl Mack, FRCPC – Chair

On behalf of the Ethics Committee, I am pleased to submit this report for the period of January – December 2019.

The Ethics Committee held its annual meeting on June 23. At this meeting, members reviewed the feedback from the symposium held the day before. Plans were made for the next symposium to be held in June 2020. The Committee also reviewed the draft revision of the CAS guidelines entitled “Peri-Operative Status of ‘Do Not Resuscitate’ (DNR) Orders and Other Directives Regarding Treatment”. The draft was prepared by Drs Cheryl Mack and Miriam Mottiar.

The Committee was pleased to welcome a new member this year – Dr Vit Gunka, an obstetric anesthesiologist at the BC Women's Hospital and Health Centre.

We are still currently trying to recruit a resident member for our committee.

The Committee hosted the 2019 Ethics Symposium entitled “First Do No Harm: The Ethical Role of the Anesthesiologist in the Opioid Crisis”. The moderator was Andrew Major from St John's, NL. Panelists for this symposium were Hance Clarke and Daniel Buchman from Toronto, ON and Rebecca Haines-Saah, from Calgary, AB. For this session, we also had a community member who spoke about the opioid crisis from the perspective of a family member. Kym Porter from the advocate group *Moms Stop the Harm* helped put the patient context into our session. The session had its emotionally-charged moments. The session was well-attended and the audience participation in the Q&A session was excellent.

For the 2020 Annual Meeting, our committee had selected a topic dealing with ethics and physician mental health. Dr Miriam Mottiar (University of Ottawa) was to be the moderator. Due to COVID-19 and the move to a virtual format, this session has been postponed to 2021. Dr Mottiar has agreed to be the moderator for the future session. Speakers will likely have to change, and the Committee will keep organizers updated with these changes as we finalize our panelists.

Committee work completed during this past year includes an updating of the 2002 CAS guideline entitled “Peri-Operative Status of ‘Do Not Resuscitate’ (DNR) Orders and Other Directives Regarding Treatment”. The finished document has now been uploaded to the website. Also completed was an update and revision of the terms of reference (ToR) for the Ethics Committee. The draft revision was submitted to the executive in the fall of 2019.

QUALITY AND PATIENT SAFETY COMMITTEE

Dr Lucie Filteau FRCPC – Chair

Committee Name Change

In recognition of the importance of quality initiatives in the delivery of safe anesthesia care, the Committee recommended changing its name from Patient Safety Committee to Quality and Patient Safety Committee. This recommendation was approved by the CAS Executive Committee.

Enhanced Recovery Canada

This major national initiative, aimed at improving the quality of perioperative care, has involved a number of partners including the CAS, Canadian Patient Safety Institute (CPSI), the Canadian Medical Protective Association (CMPA), the Royal College of Physicians and Surgeons of Canada (RCPSC), Canada Health Infoway (CHI), provincial Health Quality Councils, and Accreditation Canada, among others.

Dr Claude Laflamme has represented the CAS and led this initiative with the CPSI. ERAS material for colorectal surgery (for both patients and providers) was completed in January 2019 and posted under Enhanced Recovery Canada (ERC) on the CPSI website. This material included a multilingual patient education video. Since April 2019, seven teams across Canada have embarked on an ERC implementation program, facilitated by the CPSI. This program includes coaching, site visits, data collection, and more. Development of ERAS pathways for gynecology and hip/knee replacements is ongoing (expected completion Fall 2020). A fluid management CME module is also being developed in collaboration with the RCPSC.

2019 Annual Meeting

Two sessions were developed for the Annual Meeting. The John Wade Patient Safety Symposium “*The Opioid Crisis: What Role Does Perioperative Medicine Play and How Can We Address It?*” was delivered by Drs Hance Clark and David Juurlink. The Patient Safety Workshop “*Challenges in Change Management: Modifying Opioid Handling Behaviours in the Operating Room.*” was facilitated by Dr Lucie Filteau. Both sessions were well-attended and well-received by attendees.

Patient Safety Abstracts Review - Ian White Patient Safety Award

The process by which abstracts are received and scored by the Quality and Patient Safety Committee was reviewed in 2018 and recommendations were made to the Scientific Committee. This was approved for implementation during the Spring 2019 review. The process, which included a pre-screening for abstract appropriateness (for the category of patient safety) prior to scoring by the Committee, went smoothly. The Committee plans to keep this screening step for

the 2020 abstract review. As well, a guide was developed to assist reviewers in assigning scores, which was well appreciated by Committee members.

Quality and Safety Education

The Quality and Patient Safety Committee initiated the development of a national QPS Education Working Group to develop a residency program curriculum in quality and safety. This collaboration is being supported by the Association of Canadian University Departments of Anesthesia (ACUDA) and the group's first meeting took place in June 2019. The group has 21 members, representing most academic centers across Canada. Initial plans are to collect data on the current state of quality/safety curricula across the country.

Committee Collaboration

The Quality and Patient Safety Committee values its representation on both the CAS Standards Committee and the Canadian Anesthetic Incident Reporting System Committee (CAIRS) and plans to continue with this active collaboration.

RESEARCH ADVISORY COMMITTEE

Dr Gregory L Bryson, FRCPC, MSc – Chair

The Canadian Anesthesiologists' Society (CAS) Research Advisory Committee (RAC) is comprised of 35 CAS members that include Dr Gregory Bryson (Chair), Dr Etienne de Médecis (Vice Chair), Dr Hilary Grocott (Editor-in-Chief of the *Canadian Journal of Anesthesia*), Dr Adriaan Van Rensburg (Annual Meeting Committee Chair), and Dr Janny Ke (Resident member).

The RAC oversees the CAS Research Awards Program of behalf of CAS. The Committee recommends the allocation of Operating Grants and the Career Scientist Award with funds raised by the Canadian Anesthesia Research Fund (CARF) and the generous sponsorship of CAS sections and industry partners. The 2019 program offered five operating grants: one for residents, two for new investigators, and two open awards for which all investigators were eligible. In 2019, we were fortunate that CARF was able to offer the CAS Career Scientist Award for a second consecutive year. The CAS Career Scientist is a salary award, matched by the applicant's own department, to fund protected research time for a period of two years.

The grant application period closed in January 2019 with 30 proposals submitted. Three members of the RAC, including a member of the Research Grant Standing Subcommittee, reviewed each of the 29 eligible applications. The Standing Subcommittee met in Toronto on April 5 to adjudicate all applications and scores. The RAC was pleased to recommend the following investigators and their projects for the 2019 awards:

Ontario's Anesthesiologists - CAS Residents' Research Grant

Simon Feng, University of Ottawa – Department of Anesthesia and Pain Medicine/Ottawa Hospital Research Institute

Derivation and external validation of a mortality risk prediction model for older patients having emergency general surgery

Canadian Anesthesiologists Society Research Award for New Investigators

Karim Ladha, University of Toronto – Department of Anesthesia/University Health Network – Toronto General Hospital

Passing it Along: Quantifying the Diversion of Prescription Opioids Using Large Administrative Databases

Dr Earl Wynands Research Award for New Investigators

Jason McVicar, University of Ottawa Faculty of Medicine – Anesthesiology/Ottawa Hospital Research Institute

Perioperative Outcomes for Nunavut Inuit

Dr R A Gordon Research Award

Davinia Withington, Montreal Children's Hospital – Pediatric Anesthesia/McGill University Health Center Research Institute

Does prolonged sedation during mechanical ventilation for acute respiratory illness affect neurodevelopment in previously healthy infants? The PICU Follow-Up Neurodevelopment (PICU-FUN) Study

CAS Research Award in memory of Adrienne Cheng

Angela Jerath, Sunnybrook Health Sciences Centre/Sunnybrook Research Institute

Post-operative complications in adult cardiac surgery: Impact on patient and health system outcomes.

Career Scientist Award

Dr Mandeep Singh, University of Toronto, Toronto, ON

TRANslating sleep health into QUaLity of recovery (TRANQUiL) Study: A multi-centre prospective cohort study of sleep health and activity measures predicting meaningful and patient-centric outcomes following non-cardiac surgeries

The RAC would like to draw the attention of CAS leadership to several issues raised in this year's committee business.

The RAC usually has the privilege of selecting the annual Research Recognition Award. We were saddened to have no applications to adjudicate in 2019. We encourage CAS Section Leads and ACUDA Chairs to nominate worthy researchers for this prestigious award.

To follow up on 2018's commitment to equity and diversity in our research program, I evaluated the gender of applicants and award winners over the preceding 10 years (2010-19). In that time, women submitted 87 of 340 (25.6%) applications and won 17 of 75 (22.7%) awards. While women were awarded in roughly the proportions in which they applied, women researchers were under-represented relative to numbers in Canadian anesthesia (roughly 33%, <https://www.cma.ca/sites/default/files/2019-01/anesthesiology-e.pdf>). The RAC encourages CAS and ACUDA to explore reasons for this disparity and evaluate barriers to women who wish to pursue a career in science.

2019 also saw the Canadian Perioperative Anesthesia Clinical Trials (PACT) Group host a summit meeting to discuss the future of Canadian anesthesia research. Held before the Lower and Upper Canada Anesthesia Symposium in Montreal (February 2020), this meeting brought researchers, ACUDA Chairs, and other stakeholders together in plenary and breakout discussion groups. Dr Eric Jacobsohn presented a summary of the meeting to the RAC at our annual meeting in June. Broader self-investment in researchers and their teams was promoted as essential to the future of anesthesia as both a scientific discipline and a profession.

The RAC is frequently asked about a geographic disparity among our award winners. We evaluated geographic representation among the same 340 applications and 75 award winners in the 2010-19 period. Results are shown in the following table, and the number of ACUDA departments per region are shown [in brackets]:

Region	Applications (%)	Awards (%)
West [5]	59 (17.3)	16 (21.3)
Ontario [6]	212 (62.4)	50 (66.7)
Quebec [4]	53 (15.6)	7 (9.3)
Maritimes [2]	16 (4.7)	2 (2.7)

As with gender, regions were awarded in roughly the proportions in which they applied. The RAC asks CAS and ACUDA what factors might be driving or inhibiting research activity in different regions across the country.

The RAC looks forward to encouraging knowledge creation in Canadian anesthesia, perioperative care, and patient safety.

SCIENTIFIC AFFAIRS

Dr Timothy Turkstra, FRCPC – Chair

The Scientific Affairs Committee reviews submitted scientific content for the Annual Meeting.

For the 2019 Annual Meeting in Calgary, AB, there were just over 150 scientific abstract submissions, comparable to previous years. The majority of the submissions originated in Canada, with the remainder not concentrated in any geographic area. The distribution of abstracts, case reports, and resident submissions remained much the same as previous years. There were no Technical Booth submissions. Abstracts and case reports were scored by four to six reviewers from the Scientific Affairs Committee; there was an overall scientific quality acceptance rate of ~85%. Electronic posters were presented on large-screen TVs for the category abstract discussion sessions; where the number accepted exceeded available time for a category, lower ranked abstracts were presented as hard copy posters in the poster display sessions adjacent to the exhibitor area.

As with 2018, we again used the compressed review process to maximize time for applicants and reduce the time between submission and presentation for authors with late-breaking research. Many thanks to the Committee members for their time commitments and prioritizing this. Although we did not observe a significant increase in the number of submissions, we intend to continue the revised schedule going forward, similar to other meetings.

It was noted in 2015 and 2016 that many abstract submissions from the developing world did not meet the standards for acceptance, but there was the perception amongst several reviewers that the research had merit. In lieu of reducing the acceptance criteria for submissions from these locations, which could be considered counterproductive in terms of providing quality education for attendees, Scientific Affairs Committee members formally volunteered their assistance to work with such authors. One author group took advantage of this in 2017 and two more in 2018. While the abstracts were still not of sufficient quality for acceptance, we remain hopeful and will continue and review the process after the 2020 submissions.

STANDARDS

Dr Gregory Dobson, FRCPC – Chair

The CAS Committee on Standards was established to monitor and evaluate current international standards, guidelines and best practice for the practice of anesthesiology through systematic literature review. We then ensure that the *CAS Guidelines to the Practice of Anesthesia* are updated and improved annually, consistent with new developments in practice, technology and patient safety. We also work closely and cooperatively with the CAS Quality and Patient Safety Committee.

Our committee membership philosophy continues to strive for wide national and sub-specialty representation, diversity and inclusion as reflected in our Terms of Reference. We did have some membership changes during 2019. The 2019 membership included:

- Dr Gregory Dobson, Halifax, Chair
- Dr Lucie Filteau, Ottawa, Patient Safety Chair
- Dr Petrus Swart, Vancouver
- Dr Lorraine Chow, Calgary
- Dr Heather Hurdle, Calgary
- Dr. Robert Milkovich, Ontario,
- Dr Michel-Antoine Perrault, Sherbrooke
- Dr Kathryn Sparrow, St. John's
- Dr Michael Wong, Halifax, outgoing resident member
- Dr George Wang, Calgary, incoming resident member
- Dr Daniel Bainbridge, CAS Executive Liaison
- Ms Debra Thomson, Executive Director

We said goodbye to Dr Alana Flexman, Dr David McKnight (Executive Liaison), Dr Matt Kurrek, Dr Claude Laflamme, and Dr. Michael Wong as they moved on to new challenges. The Standards Committee wishes to sincerely thank them all for their valuable service and commitment to improving patient care and safety during their terms on the Committee. I wish to say a particularly personal thank you to both Dr Matt Kurrek, who was invaluable to me as chair with his enthusiastic support and advice, and to Dr David McKnight for his assistance with the challenges of writing and editing the guideline proposals.

The Committee had a very productive year in 2019. We had our annual face-to-face meeting at the June CAS Meeting in Calgary and finalized several important *Guidelines* update proposals and welcomed some new members. We also conducted several teleconferences throughout the year. Several important changes were approved by the CAS Board and included in the *CAS Guideline Revised Edition 2019* released in January 2019 and reflected our work through 2018. The new process and timelines for presenting proposals and achieving CAS Board approval for *Guidelines* changes that were initiated in 2017 continue to work very well. Approval was achieved for publication of the following new and revised content for the *2019 Edition*:

- Improving the effectiveness of cognitive aids for use during perioperative emergencies utilizing team simulation
 - Co-operation with pharmacy and hospital administration to develop and enforce policies aimed at minimizing controlled medication (e.g., opioids) diversion into the hands of unauthorized personnel
 - Consideration of low total gas flow anesthesia techniques to minimize the global warming potential of waste inhalational anesthetic agents
 - Ensuring that the appropriate equipment is readily available for use during the resuscitation of infants and children wherever they may be required
 - Emphasizing the importance of the availability of infusion pump equipment with appropriate limits and enabled alarms for the delivery of intravenous medication during anesthesia care

- Minimizing preoperative investigations for asymptomatic patients having low-risk surgery and newly updated reasonable indications for preoperative laboratory investigations for higher-risk patients having higher-risk surgery
- Increasing awareness within our specialty of a new design of connector for neuraxial infusion applications (e.g., NRFit) that has been adopted by the international standards organization (ISO) as a new standard intended to replace Luer connectors
- A comprehensively updated *Appendix 6: Procedural Sedation* requiring some complementary changes to terminology (related to procedural sedation) in the Guidelines
- The requirement for capnography for patients receiving both moderate and deep procedural sedation and the recommendation that it be considered for all levels of sedation
- Clarification of the requirements for capnography in post-anesthesia care units (see accompanying editorial commentary) and a new recommendation for its use in unconscious patients with in situ supraglottic devices
- Emphasizing the importance of the continuous monitoring of patients throughout the intraoperative, transport, and postoperative phases of care when clinically indicated.

To complement new content contained in the release of the *Revised Edition 2019*, we organized a learning session at the Calgary CAS meeting entitled, “Beyond the Statistics – How One Canadian Anesthesiologist Survived Opioid Addiction”. We were delighted to have Dr Saifee Rashid from Alberta as our guest speaker as we explored the tragedy of workplace addiction in anesthesia through the bravery and openness of a colleague of Dr Rashid who is a survivor. The session was well-attended and reviewed, and we plan to follow up the theme of controlled substance safety, management and diversion at upcoming meetings.

During 2019, the Committee worked hard in developing several new proposals for the *Revised Edition 2020*. The proposals address several key areas with the view to achieving approval and to have them published in the *2020 edition*:

- Strengthening the guidelines related to the handling of controlled substances and minimizing diversion with much more specific recommendations
- An update to fasting guidelines with more clarity including recommendations for clear fluids in pediatric patients, patients in active labour and also pre-medication for Caesarean delivery
- An entirely new section *5.2 Airway Management* to emphasize the importance of management of the difficult and failed airway to patient safety. The Committee plans to develop this section further in subsequent Guideline editions
- The recommendation for the use of neuromuscular monitoring when neuromuscular blocking agents are administered has been strengthened from “should” to “must” be utilized
- Neuromuscular blockade monitors are now considered “required” equipment when previously they were “exclusively available” when neuromuscular blocking agents are used
- Recommendations under section *5.7 Records* have been made more specific, including recommending the recording of capnography for patients with a supraglottic device, of any unexpected or adverse events, and a recommendation encouraging consideration of the use of electronic anesthesia information management systems (AIMS) where resources permit

- An update to section 7.2 relates to the delivery of continuous epidural infusions, programmed intermittent epidural bolus and patient controlled epidural analgesia for maintenance of regional anesthesia in labour
- *Appendix 1: Canadian Standards Association Standards for Equipment* underwent an update in cooperation with the CSA Group
- *Appendix 4: Guidelines, Standards and other Official Statements Available on the Internet* will have an improved and more user-friendly organization including clickable links directly to the web resources.

The Standards Committee receives a significant number of queries and questions annually related to interpretation of our *Guidelines*, including challenges to our position or the evidence to support our recommendations. We welcome them. The excellent and sometimes difficult questions we receive highlight how widely read and important these documents are to anesthesiologists and administrators in Canada and around the world in striving to support the practice of the safest possible anesthesia. We reply to all queries even when we may not have a satisfactory answer. They also help us focus on areas of the *Guidelines* that may be vague, in need of revision, or are completely absent. Important queries and our replies are accessible through a link on the CAS website.

Looking forward to 2020/21 and beyond, we plan to continue to further update and improve the *Guidelines* such as, in cooperation with COACT, to revise the *Appendix 5: CAS Position Paper on Anesthesia Assistants*, to address physician health and wellness, patient positioning, out of OR/offsite anesthesia care, and medication safety more broadly than just controlled substances. We plan to add new members to the Committee and to transition our guideline development process into one that is more rigorous and consistent with modern evidence-based guideline development models (e.g., AGREE II).

SECTION REPORTS

AMBULATORY

Dr Mahesh Nagappa – Chair

The Ambulatory Section Executive is currently composed of the Chair, Dr Mahesh Nagappa and the Vice-Chair, Dr Mandeep Singh. The immediate Past Chair is Dr David Wong, who continues to provide advice on section affairs.

The Annual Meeting in Calgary in June 2019 was very successful with good attendance and participation in the Ambulatory Section's sessions. International speakers from the USA joined Canadian faculties in our programs.

Professor BobbieJean Sweitzer, Vice President of the Society of Anesthesia and Ambulatory Care (Chicago), delivered an outstanding lecture on “perioperative cardiac assessment and optimization of the ambulatory surgical patients” and Professor Peter Slinger (Toronto) provided a continued lecture on the “perioperative management of ambulatory surgical patients with COPD/Asthma”. Professor Sweitzer delivered her second lecture on “ambulatory surgical patients with significant lung disease – can we make a difference?”

The “ambulatory abstract session” had an enthusiastic discussion moderated by Dr Mahesh Nagappa. The session had seven abstracts (including a network met-analysis) and nearly 40 members participated in the discussion for around 90 minutes. We also encouraged members to submit the abstract next year by awarding the “CAS best ambulatory abstract award”.

The finances are stable. As of December 31, 2019, we have an equity of CAD \$54,890.43. We welcome members to actively participate in our Section.

ANESTHESIA ASSISTANTS

Mr. Jared Campbell – Chair

Ms Mandeep “Mandy” Thandi – Vice-Chair

Ms Jessie Cox – Treasurer

Ms Deanne Enciso – Secretary

Provincial Representatives

Ms. Laura Noble, Toronto, ON

Ms Rinko DeVito, Toronto, ON

Members-at-Large

Mr. Jeffrey Clow, Ottawa, ON

Mr. Marco Zaccagnini, Montreal, QB

The Section for Anesthesia Assistants (AA) continues to slowly grow and remain active. The Section has sustained stable membership throughout the last few years. We have had a very few changes to our AA Executive Board.

AA has consistent members and the finances are stable. We welcome members to actively participate in our Section. Unfortunately, we rely on a face-to-face meeting every year to meet and greet new members and hear about different practices across Canada. We have limited participation otherwise. Perhaps within the new climate of COVID, this will give us some new direction and incentive to become proactive.

CARDIOVASCULAR AND THORACIC

Dr Surita Sidhu – Chair

Dr Summer Syed – Vice-Chair

Dr Diem Tran, Secretary/Treasurer

Dr Caroline Goyer, Member-at-Large

Dr Nicole Webb, Member-at-Large

The Cardiovascular and Thoracic Section (CVT) had a successful 2019 Annual Meeting in Calgary. CVT Section members were involved in teaching the pre-conference workshops on Perioperative Point of Care Ultrasound. Dr Rob Chen repeated his popular PBLD on “Getting the Most Out of an Echo Report”. Dr Jean-Sebastien Leon delivered an exceptional lecture on the state of robotics in cardiac surgery. The joint Section event with the Critical Care Section highlighted the contribution of clinical trials to the fields of cardiovascular anesthesia and critical care medicine.

Dr. Summer Syed moderated “Challenging Cases in Cardiovascular and Thoracic Anesthesia” and the number and caliber of cases submitted made for an animated discussion. The joint session with the Obstetrics Section was very well attended. Drs Jonathan Windram and Marie-

Louise Meng delivered an excellent symposium on the parturient with cardiac disease as well as anesthetic considerations for obstetric procedures in these patients.

The symposium on the patient with adult congenital cardiac disease was very well attended. Drs Jonathan Windram, Annette Vegas, and Jane Heggie discussed common congenital cardiac lesions, non-cardiac surgery in the patient with adult congenital cardiac disease, and presented cases on this topic.

The CVT Section also established a social media presence on Twitter (@cas_cvt) and has garnered over 170 followers. The Section would like to encourage members to use Twitter to suggest topics for future meetings, as well as to deliver feedback to the Executive so we can better serve our members.

Both membership and the Section's financial health is stable.

Both Section and Executive members will again be involved in both the PACT (Perioperative Anesthesia Clinical Trials) meeting as well as teaching the 2021 pre-conference POCUS workshops. The 2021 Annual Meeting in Quebec City will include PBLDs on echocardiography, the use of TEG/ROTEM in the management of perioperative hemorrhage, and perioperative delirium/cognitive dysfunction. Perioperative Management of Cardiac Implantable Electronic Devices will be the topic of the New Frontiers in Cardiovascular and Thoracic Anesthesia Session. The Section event will address Ethical Dilemmas in Cardiac Surgical Patients, include an overview of medical ethics, and provide a framework to deconstruct challenging cases. The planned endovascular aneurysm repair symposium will be replaced by a session pertaining to COVID-19 and will be finalized within the next months. Submissions to the Challenging Cases in Cardiovascular and Thoracic Anesthesia will again be solicited.

Of note, the Section is providing funding until at least 2025 in support of the Earl Wynands annual lecture at the Society of Cardiovascular Anesthesiologists' annual meeting. In addition, the Section will be supporting the Canadian Anesthesia Research Foundation (CARF) with a \$5,000 annual grant for the next three years.

CHRONIC PAIN

Dr Peter MacDougall, FRCPC – Chair

The Chronic Pain Section continues to be active. Planning for the 2020 Annual Meeting went well and a full slate of speakers was identified. Two key topics are highlighted: perioperative management of indwelling devices and substance use disorders. On the former topic, we planned for a 90-minute session with Dr Lutz Weise (Neurosurgery) and Dr Mojgan Hodaie and Dr Ehtesham Baig discussing issues with stimulators, pumps, and other devices. On the latter topic, we planned for Dr Wip Lamba (Psychiatry and Substance Use Disorders) to host a problem-based learning discussion (PBLD) on SUD Management in the Peri-Operative Period. Dr Veronique Brulotte, Dr Kirsten Pirot, and Dr Wip Lamba will provide a panel discussion on

Management of Substance Use Disorders. Dr Akash Goel, lead author on the new perioperative buprenorphine guidelines, will be the guest speaker at our section event.

In addition to the plans for the Annual Meeting, the Section is developing a new scholarship for trainees. The scholarship, tentatively set for \$2,000, will be awarded annually. A committee is in the works to develop criteria for the scholarship.

Finally, the Section will undergo a leadership change in 2020. Dr MacDougall will complete his term as Chair and will be replaced by Dr David Flamer, and Dr Ehtesham Baig will assume the role of Vice Chair. The other executive roles will be announced at the 2020 Annual Meeting.

CRITICAL CARE MEDICINE

Dr Faisal Siddiqui, FRCPC – Co-Chair

Dr Tristan Alie, FRCPC – Co-Chair

The Critical Care Medicine Section includes 87 CAS members from across the country with an interest in the critical care aspects of our profession.

Over the past year, the Critical Care Section held three sessions at the CAS Annual Meeting. Dr Tristan Alie presented a small group problem-based learning session on Management of Perioperative Sepsis with a full room of participants. The Critical Care Update included three lectures. Dr Scott Brudney presented on “ICU Sedation: What is the State of the Art?” Dr Tristan Alie presented on “Select topics in Mechanical Ventilation”. Dr Faisal Siddiqui presented on “Management of Massive Haemorrhage”.

In addition to these sessions, in combination with the Cardiovascular and Thoracic Section, a pro-con debate was held on the topic of “The Contribution of Clinical Trials to Anesthesiology”. This co-section event allowed for sharing of ideas on the state of our clinical trials and how they have informed improvements in Cardiovascular and Critical Care.

In June 2020, with the switch to a virtual meeting, the CAS Annual meeting program is yet to be finalized but we look forward to offering further education to members of our Section and the specialty through problem-based learning sessions and didactic lectures. We look forward to the challenges of the new format and will do our best to meet the needs of our profession and our patients.

EDUCATION AND SIMULATION IN ANESTHESIA

Dr. Rakesh Sondkoppam – Chair

The Section for Education and Simulation in Anesthesia (SESA) continues to remain active with 125 members. In June 2017, Dr Peter Ramon-Moliner transitioned SESA’s chair position to Dr Fahad Alam. Since then, we have expanded our executive to include Dr Gianni Lorello in the

role of Vice-Chair for the Section, Dr Jason Taam as Treasurer, Dr Jennifer Vergel De Dios as member-at-large and Dr Robyn Doucet as ACUDA representative.

This year, the Section was excited to offer a new Section event looking at maintaining physical safety, ergonomics in the OR and transitioning back to practice after injury for anesthesiologists with Drs Tristan Dumbarton, Shawn Hicks, and Andrew Tyrrell leading an interactive discussion on Preventing and Recovering from Physical Injury in the Workplace; an Anesthesiologist's Perspective". Furthermore, the Section was hosting a panel on "Discrimination in Medicine; Implications, Responsibility and a Call to Action". This panel consisting of faculty including Drs Saroo Sharda, Miriam Mottiar, Lisa Richardson and Mamta Gautam. This would shed light on a very important yet seldom discussed issue.

Given the exceptional events this year, SESA's program has been postponed until 2021 and the Annual Meeting in Quebec City. The Section has also started to work on new initiatives such as the possibility of awarding an Education and Innovation Grant to help support initiatives in the areas of research in education, curriculum development, and simulation. We look forward to working with the CAS in making this a reality for the benefit of our Section members, and connecting with everyone and colleagues next year!

HOSPITAL CHIEFS OF ANESTHESIA

Dr Pascal Labrecque, FRCPC

Dr Colin McCartney, FRCPC

Dr Susan O'Leary, FRCPC

2019 was the first official meeting of the Hospital Chiefs of Anesthesia in Calgary, Alberta during the CAS Annual Meeting. The 2018 informal meeting set the stage for the creation of the Section with support from chiefs across the country. It was recognized that the chiefs of Anesthesia Departments in Canada desire a national forum for communication, a platform to share resources, and for support of peers.

Following the 2019 Section meeting, a plan for the development of resources included the following:

- Creating an accessible, online resource hub for Canadian Chiefs, including a forum for free discussion and exchange of resources or information. This is currently in development on the member-only page of the CAS website (launch in early 2020).
- Creating templates to help comprehend department structure and governance within hospitals
- Outlining negotiation employment strategies for Chiefs and other anesthesia leaders
- Developing CAS Annual Meeting activities and workshops, including topics related to organizational leadership and effective staff management, and providing speakers to lead these sessions (in development)
- Mapping of Anesthesia Departments across Canada

The Terms of Reference were defined. A list of chiefs across Canada was compiled and a generic job description posted to the website. A discussion forum is pending with the launch of the new CAS website.

NEUROANESTHESIA

Dr Alana Flexman, FRCPC – Chair

The Neuroanesthesia Section executive comprised: Dr Alana Flexman (Chair, Vancouver), Dr Jason Chui (Vice-Chair), Dr Tumul Chowdhury (Secretary/Treasurer), and Dr Marie-Hélène Tremblay (Past-Chair, Québec). Dr Tumul Chowdhury joined as the newest member of our executive in June 2019. The Neuroanesthesia Section continues to have stable membership with currently 71 members, and the finances are healthy.

We continue to support neuroanesthesia research in Canada, including the Top Abstract Award in Neuroanesthesia. Congratulations to the 2019 winner of the Top Neuroanesthesia Abstract, Dr Lakshmikumar Venkat Raghavan, for his abstract entitled “Heart Rate Variability Predicts Post Induction Hypotension in Patients with Cervical Myelopathy”.

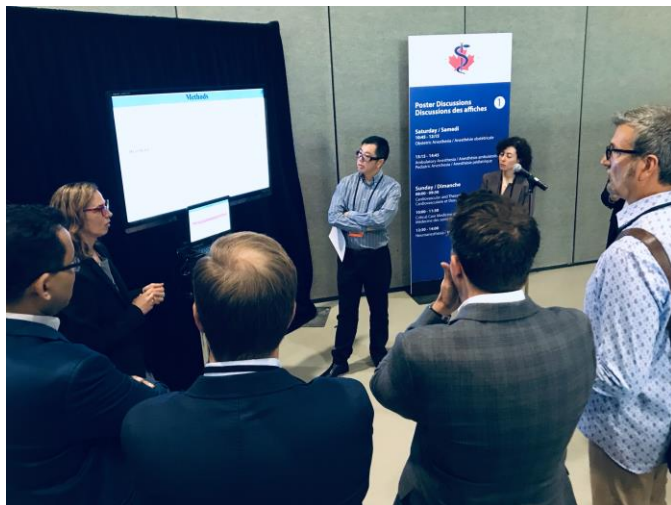
The Neuroanesthesia Section had a successful Annual Meeting in Calgary in June 2019 with excellent speakers, both national and international. Dr Karen Domino from the University of Washington presented an excellent refresher lecture on perioperative neurological injury (see photo). We were pleased to welcome Dr Martin Smith, Editor-in-Chief of the *Journal of Neurosurgical Anesthesiology* (University College of London), Dr Laura Hemmer (Northwestern University), and spine surgeon, Dr Brian Kwon (University of British Columbia), for a well-received panel on acute spinal cord injury. Our Section event featured neurologist, Dr Simer Bal (University of Calgary), neuro-interventionalist, Dr Mayank Goyal (University of Calgary), and Dr Melinda Davis (University of Calgary), for an excellent discussion on endovascular management of acute ischemic stroke. Dr Tumul Chowdhury gave an update from the neuroanesthesia literature, and we had two great PBLs on pregnant patients with intracranial aneurysms (Dr Sandy Kisilevsky (University of British Columbia), with Dr Wes Edwards from the Obstetrics Section, and difficult ventilation in the prone spine patient (Dr Rudy Noppens, Western University).

Our CAS Section members continue to have an international presence in the neuroanesthesia community and are actively involved with other neuroanesthesia societies. Several members are involved with the Society for Neuroscience in Anesthesiology and Critical Care (SNACC). Dr Alana Flexman serves as the Secretary-Treasurer, and Dr Tumul Chowdhury is involved with Trainee Engagement Committee. Dr Jason Chui (with co-investigator, Dr Rosemary Craen) was awarded the Top Clinical Abstract at the SNACC Annual Meeting in September 2019 and serves on the Clinical Affairs Committee. Dr Joseph Fisher presented an excellent lecture on “Going off the Rails: What Happens to CBF during GA and Why” (see photo). Dr Alexandra Kisilevsky served as a moderator at the poster session. In addition, Dr Lakshmikumar Venkat Raghavan, Dr Tumul Chowdhury, and Dr Alana Flexman attended and presented at the Indian Society for

Neuroscience in Anesthesiology and Critical Care (ISNACC) in Chennai, India in January 2020 (see photo).

For the first time, the CAS Neuroanesthesia Section co-sponsored an abstract travel award with SNACC for a medical student, resident, graduate student, clinical fellow or post-doctoral fellow to present their research at the SNACC annual meeting. Our first award went to Dr Thomas Kim, FRCPC, who recently completed a neuroanesthesia fellowship at Northwestern University (see photo).

We updated our website with content (<https://www.cas.ca/en/about-cas/sections/neuroanesthesia>) and will continue to work towards developing content for our members. Members can follow us on Twitter for interesting articles and updates @cas_neuro.



Dr Jason Chui moderating a neuroanesthesia poster session at the CAS Annual Meeting.



Dr Jason Chui with invited speaker Dr Karen Domino (University of Washington) at the CAS Annual Meeting.



Dr Thomas Kim, Dr Alana Flexman, and Dr Alexandra Kisilevsky at the SNACC abstract session in 2019. Dr Kim was awarded the first joint CAS-SNACC Abstract Travel Award.



Dr Tumul Chowdhury presenting at the ISNACC Annual Meeting in Chennai, India.

OBSTETRICS

Dr Valerie Zaphiratos, FRCPC – Chair

The Executive Board (as of June 2020) consists of Dr Valerie Zaphiratos (Chair, Montreal), Dr Wesley Edwards (Vice-Chair, Ottawa), Dr Lorraine Chow (Secretary/Treasurer, Calgary), Dr Clarita Margarido (Past Chair, Toronto), and Dr Allana Munro (Member-at-Large, Halifax).

The 2019 Annual Meeting in Calgary was very successful for the Obstetrics Section. Dr Marie-Louise Meng from Columbia University, NY is double fellowship-trained in obstetric anesthesia and cardiothoracic anesthesia and was a clear choice to present on cardiac disease in pregnancy at the Annual Meeting in a Symposium with Dr Jonathan Windram, cardiologist. Dr Meng also spoke on “what’s new in obstetric anesthesia”, presenting studies and information that has changed clinical practice. Dr Meng delivered engaging, knowledgeable, and interesting presentations.

The Obstetric Section also facilitated three problem-based learning discussions (PBLDs). Dr Chow (Calgary) facilitated a case discussion on a patient with deep vein thrombosis, severe mitral stenosis and pulmonary hypertension planned for cesarean delivery. Dr Villar (Vancouver) discussed how to troubleshoot epidural analgesia, and finally, the Obstetric Section had a joint problem-based learning discussion (PBLD) with neuroanesthesia hosted by Dr Edwards (obstetric anesthesia, Ottawa) and Dr Kisilevsky (neuroanesthesia) on the pregnant patient with an intracranial aneurysm. The Annual Meeting was rounded out with a fantastic presentation by Dr Mrinalini Balki (Toronto), a renowned Canadian obstetric anesthesiologist on cardiac arrest in pregnancy. Finally, an entertaining and informative pro/con debate regarding the superiority or non-inferiority of carbetocin took place between Dr Zaphiratos (pro, Montreal) and Dr McKeen (con, Halifax).

Membership remained fairly stable with 155 members and the Section's financial health is stable.

Due to the COVID-19 pandemic, our plans for the Annual Meeting in Halifax 2020 have been cancelled. Our international guest speaker was to be Dr Nuala Lucas, a renowned obstetric anesthesiologist from the United Kingdom, and she was to present on broadening the role of anesthesiologists in maternity care in a multi-disciplinary symposium with Dr Ripley (Obstetrician, Halifax). In addition, Dr Lucas was to present on “Mechanisms and Implications of High Spinals” just before the annual Obstetric Section business meeting. Our Annual Meeting in Halifax 2020 was to be rounded out with an “Ask the Experts” panel with Dr Zaphiratos (breastfeeding and anesthesia, Montreal), Dr Edwards (maternal morbidity and mortality, Ottawa), and Dr Sharda (team communication, London, ON), as well as three PBLDs with Dr Sjaus (cardiac echo for the parturient, Halifax, NS), Dr George (social media, San Francisco, US), and Dr Munro (labour analgesia and obstetric outcomes, Halifax, NS).

With the decision of the CAS to move to a virtual meeting for June 2020, we are pleased that Dr George (San Francisco, US) will represent the Obstetric Section with a virtual presentation on “What’s New in Obstetric Anesthesia: A comprehensive review of the top articles in our field”.

PERIOPERATIVE MEDICINE

Dr Duminda N Wijeyesundera, FRCPC – Chair

The Perioperative Medicine Section Executive includes Dr Duminda Wijeyesundera (Chair, Toronto), Dr Tom Mutter (Vice-Chair, Winnipeg), and Dr Andy Shaw (Secretary-Treasurer, Edmonton). As Dr Wijeyesundera will complete his term as Chair in June 2020, we will be seeking a new Secretary-Treasurer as Dr Mutter transitions to being Chair and Dr Shaw transitions to being Vice-Chair. The Section currently has 129 members and its finances are healthy. The Section continues to support the *Best Paper Award in Perioperative Medicine*.

The Perioperative Medicine Section had a very successful Annual Meeting in Calgary in June 2019 with excellent speakers, both from anesthesiology and other medical specialties. These very well-attended sessions covered a range of issues relevant to perioperative medicine, including pre-operative cardiac risk evaluation, perioperative blood management, care of the frail elderly patient, and post-operative delirium.

RESIDENTS

Dr Naheed Jivraj – Chair

Section Executive:

Dr Rabail Chaudhry, Vice-Chair
Dr Andrew Suen, Vice-Chair
Dr Roland Xu, Treasurer
Dr Raman Sohi, Simulation Olympics
Dr Simon Feng, Simulation Olympics
Dr Maria Salman, Board Representative

Vivien Hu, Fellowship and Career Fair

OUR MANDATE

- Creating a connected community of Canadian anesthesiology residents
- Representing Canadian anesthesiology residents to the CAS
- Delivering programming relevant to anesthesiology residents

HIGHLIGHTS

Our team of residents from across Canada has been active in promoting resident engagement in the CAS. Many initiatives to enable this engagement were planned for the CAS Annual Meeting this year:

- A diverse group of speakers hailing from across Canada and the United States
- Encouraging resident attendance at the CAS Annual Meeting through an expanded bursary fund. We offered four valued at \$500 each.
- We planned the continuation of the CAS Resident Mentorship Program. As the program was initiated earlier in the year, registration was included in the CAS Annual Meeting registration. Furthermore, discussion for a virtual/online mentorship program was suggested for the subsequent year.

EVENTS FOR RESIDENTS PLANNED FOR THE CAS ANNUAL MEETING

The following events were planned for the 2020 CAS Annual Meeting. It is our hope to implement these events in 2021.

Residents' Social x CARF: We planned an event in collaboration with CARF at the Alexander Keith's Brewery. This was to enable formal and informal mentorship for residents and greater awareness for CARF among residents.

CAS Residents' Simulation Olympics Competition: The 4th Annual CAS Resident Simulation Olympics was planned to take place on Saturday, June 20 at the CAS Conference in Halifax, NS. Resident teams from across the country would compete head-to-head through critical event simulation for cash prizes with a total of \$5,000.

Speaker Series: We planned to offer the following programming specifically aimed at our resident audience:

- "Becoming a Champion for Change in Anesthesiology" (Dr Ali Abbass, Unity Health)
- "Neuro-Anesthesiology Review Fun Quiz" (Dr Shobana Rajan and Dr Tumul Chowdury)
- "Burnout in Anesthesiology Practices: Realities and Remedies" (Dr Amy Vinson, Boston Children's Hospital)
- "An Innovator's Guide to Anesthesiology" (Dr Michael Schmidt, Dr Orlando Hung, and Dr Joseph Fisher)

- Annual Residents' Section business meeting (facilitated by Dr Claire Allen and Dr Soniya Sharma, Co-Chairs, CAS Residents' Section, and Dr Rohan Kothari, Resident Representative, CAS Board of Directors)

Mentorship Program: In light of last year's success with the mentorship program, we planned to offer it once again this year. This initiative was meant to foster country-wide mentoring relationships to help residents in their career development. We will continue to assess the success of the program through surveys. It is our hope that we will be able to implement this outside of the conference in the coming months.

OTHER REPORTS

ASSOCIATION OF CANADIAN UNIVERSITY DEPARTMENTS OF ANESTHESIA (ACUDA)

Dr Roanne Preston, FRCPC – President, ACUDA

The ACUDA Executive is currently comprised of these members:

- President: Dr Roanne Preston, University of British Columbia
- Vice President: Dr Colin McCartney, University of Ottawa
- Secretary Treasurer: Dr Andrew Shaw, University of Alberta
- Past President: unfilled due to resignations of Chairs

The Annual General Meeting of ACUDA occurs in June in advance of the CAS Annual Meeting and took place on June 14, 2019 in Calgary AB. The Annual Meeting day is composed of three parts:

1. An Educational Plenary from 0700-1100 hours
2. Subcommittee meetings from 1100-1500 hours
3. The Annual General Meeting of ACUDA from 1500-1600 hours

Report Headings:

- 1) Incoming and outgoing Chairs**
- 2) ACUDA Plenary June 2018**
- 3) Competency by Design (CBD) for Anesthesiology Resident Training Programs**
- 4) Research**
- 5) Pain Medicine Residency**
- 6) Global Health Subcommittee**
- 7) Anesthesia HR**
- 8) Finances**

The following are a summary of the above headlines:

1) Incoming and Outgoing Chairs: Dr Michael Bautista has replaced Dr Jeremy Pridham at Memorial University, Dr Ramiro Arellano is now chair at Queen's University, and Dr Janice Chisholm is the new chair at Dalhousie University.

2) ACUDA Plenary 2019: The ACUDA Plenary in June 2019 addressed "Canadian Anesthesiology HR Planning – Needs, and How FPAs, IMGs and Anesthesia Care Teams are Part of the Solution."

Speakers were Dr Mateen Raazi, chair in Saskatchewan, who has been running surveys on Canadian anesthesia human resource issues in the past year; Dr Beverly Orser who spoke to the issues around anesthesia in rural/remote Canada, and Dr Roanne Preston who addressed integrating IMGs into Canadian anesthesia practice. Out of the plenary came ongoing work on

capturing more specifics about the HR situation in Canada, working with the Royal College again on IMG examination challenges, and working to re-invigorate the relationship between the CAS and FPAs. It became clear at the plenary that the Royal College is unaware of the anesthesiology human resources challenges in Canada and, in fact, a recent survey published by the Royal College implied there was a surfeit of FRCPC anesthesiologists.

In the fall of 2019, our Specialty Committee chair, Dr H  l  ne Pellerin, organized two videoconferences with the Royal College to discuss and plan around our human resources concerns as well as the proposed change to how IMGs will obtain certification (the loss of "trusted jurisdictions" in the Royal College framework for certification).

3) Competency by Design (CBD): CBD is now in year 3 for the majority of universities, and overall is working well. The lack of support for the additional costs associated with the training is being universally unmet by faculties of medicine, and the Royal College website infrastructure is not reliable. Most universities are having to find/create their own solutions.

4) Research: Perioperative Anesthesia Clinical Trials Group (PACT): PACT is working hard to change the culture around supporting clinical anesthesia research in Canada. There was a one-day symposium/retreat just prior to the LUCAS meeting on February 1, 2019 to facilitate chairs' attendance.

5) Pain Medicine Residency: There has been agreement that Pain Medicine Residency should be represented at ACUDA however a decision about creating a new sub-committee has not been made.

6) Global Health Subcommittee: Dr Joel Parlow had proposed the creation of an ACUDA sub-committee devoted to global health work, in order to provide central data and encourage improved collaborations. This was approved by the Management Committee in 2018, and requires voting by the entire ACUDA membership before final approval; however, provisionally this sub-committee was approved and will meet annually.

7) Anesthesia HR: Several different sub-topics within this broad category to be addressed:

- a. Ongoing national data collection led by Dr Mateen Raazi.
- b. More detailed human resources forecasting needed for Ontario as it does not have a defined method as does Quebec, which also has multiple residency programs. Smaller provinces are better able to track data and make requests regarding residency program positions.
- c. IMG support and better integration into the anesthesia community, especially for those not in academic centres. Ongoing dialogue with the Royal College regarding plans for changes to how IMGs get certified.
- d. Integration of AAs into anesthetic practice more uniformly across the country. There are now national standards and a national examination, but there are significant differences in how AAs are used as part of the anesthesia care team.

8) Finances: ACUDA is a not-for-profit corporation. Annual fees are gathered from each of the 17 university departments to support the Annual Meeting requirements. A current surplus of

funds has been partially used to support Dr Dolores McKeen's CIHR research project and options available to do similarly in the future. The Resident LogBook project, which took substantial investment to develop and trademarked by ACUDA is no longer needed in Canada because of CBD and international uptake is not what it was projected to be.

The plan for the 2020 CAS Annual Meeting was to hold a symposium on how the *Canadian Journal of Anesthesia*, CAS and ACUDA should support academic anesthesia in Canada.

Because of the in-person meeting cancellation due to COVID-19, this topic will instead be used in 2021. ACUDA will be holding a half-day virtual meeting in June 2020 to fulfill its obligations as a not-for-profit corporation, and for planning purposes.

Dr Colin McCartney will assume the position of ACUDA President in June 2020; Dr Andrew Shaw the position of Vice-President; and Dr Roanne Preston the position of Past-President. A new Secretary-Treasurer will be determined at the virtual meeting. All positions will be ratified at the General meeting.

CANADIAN ANESTHESIA RESEARCH FOUNDATION (CARF)

Dr Doreen Yee, FRCPC – Chair

In 2019, the Canadian Anesthesia Research Foundation (CARF) celebrated its 34th year as the CAS Research Award Program's funding partner. In total, five awards were funded and a total of \$200,000 was awarded to CAS Research Award winners. The awards – along with their corresponding sponsors and winners – are below:

- **CAS Research Award in memory of Adrienne Cheng** - \$10,000; sponsored by CARF and awarded to Dr Angela Jerath
- **Canadian Anesthesiologists' Society Research Award** - \$30,000; sponsored by CARF and awarded to Dr Karim Ladha
- **Dr R A Gordon Research Award**- \$20,000; sponsored by CARF and awarded to Dr Davinia Withington
- **CAS Residents' Research Grant** - \$10,000; sponsored by the Ontario's Anesthesiologists and awarded to Dr Simon Feng
- **Dr Earl Wynands Research Award**; \$10,000; sponsored by CARF and awarded to Dr Jason McVicar
- **CAS Career Scientist Award in Anesthesia**; \$120,000; \$60,000 sponsored by CARF (\$60,000 is matched by the recipient's institution) and awarded to Dr Mandeep Singh

The 6th Annual CARF Research Lecture was given on June 23 by 2014 CARF award winner, Dr Alana Flexman, who is a Clinical Assistant Professor at the University of British Columbia. Her talk entitled "*Clinical Outcomes in Neuroanesthesia: Leveraging Big Data to Answer Big Questions*" was well-received. This year's CARF Fun Run route around the Calgary waterfront was enjoyed by many and raised over \$2,000.

On June 21 during the Annual General Meeting, CARF launched a capital campaign called CHANGE 4 CARF at the CARF @ CRAFT fundraising gala. CHANGE 4 CARF is an ambitious five-year campaign where monies raised will build a fund to fully support the Career Scientist Award annually. This event was merged with the Residents' social event, and over 200 guests attended the fundraiser. By December 31 2019, over \$40,000 was raised towards CHANGE 4 CARF. Jarislowsky Fraser, CARF's financial advisor, also donated \$5,000 towards the campaign.

CARF launched several new donation options in 2019 including on-line monthly giving, and increased marketing and communications efforts. A website update was implemented in early 2019, and a quarterly e-newsletter was initiated.

There was a decrease of sponsorship money in 2019, due to the loss of funding from Medtronic, which had donated \$40,000 towards the Earl Wynands Research Award in 2018 but was unable to continue their support. Due to this, CARF had to internally fund this award. There was a significant market adjustment in the last quarter of 2018, but the portfolio had recovered during the first 4 months of 2019.

At the end of Q4 2019, the CARF investment portfolio had \$2,403,134.73 in liabilities and equity. Also, the CAS continues to contribute \$20,000 towards the endowment fund each year, which now totals \$240,000. In 2016, CARF was pleased to receive a three-year commitment from BC, which is now up to \$15,000 and will be used towards a BCAS Award in Perioperative Medicine. The total number of donations received from CAS members jumped considerably, due to the CHANGE 4 CARF campaign and monthly giving, from \$67,477.08 (January – December 2018) to \$108,338.46 (January – December 2019).

Thank you to all who supported CARF in 2019.

CANADIAN ANESTHETIC INCIDENT REPORTING SYSTEM (CAIRS) MANAGEMENT COMMITTEE

Dr Kathryn A Sparrow, FRCPC – Chair

This 2019 Annual Report outlines the progress of the Canadian Anesthetic Incident Reporting System (CAIRS) *Management Committee*. This report reflects on the progress made over the past year. I am pleased to report on behalf of the CAIRS Management Committee.

The CAIRS system is an anonymous program that can be incorporated into hospital systems to assist anesthesiologists to report, evaluate, and receive information regarding anesthetic incidents. The CAIRS Management Committee had an in-person meeting at the 2019 CAS Annual Meeting in addition to productive meetings between the Chair and Medical Director, Dr Scott Beattie.

Overview of Current Incidents

The system has been running since March 15, 2018 with close to 100 reported incidents. The Chair and CAIRS Medical Director will be preparing to complete a report to members, which will highlight interesting cases and themes associated with patient safety incidents.

Visiting Professors

Dr Beattie was invited to present on CAIRS and incident reporting frameworks at the University of Toronto Department of Anesthesiology and Pain Medicine, McGill University Department of Anesthesia, and McMaster University Department of Anesthesia. Dr Sparrow was invited to present on CAIRS and the creation of a culture of safety at University of Manitoba Department of Anesthesiology, Perioperative and Pain Medicine, Queen's University Department of Anesthesiology and Perioperative Medicine, and Memorial University of Newfoundland Discipline of Anesthesia.

COVID-19 Incident Reporting Centre

Recognizing that CAS has the critical role of supporting members in their care of patients and the Canadian health care community, the CAIRS team created a comprehensive, simplified data capture tool specifically for COVID-19 events, and the COVID-19 Incident Reporting Centre (<https://covid19.cairs.ca/>). Our objective is to determine the impact of critical patient safety incidents during COVID-19 care in Canada, and to better prepare for future pandemics or crisis scenarios. Successful translation of incident reporting to improvement measures will contribute to safer COVID-19 care.

Tranexamic Acid Release

CAIRS released a report via the CAS website and *CAS Anesthesia News* in February 2020 to alert anesthesia care team members to the increasing risk of inadvertent intrathecal injection of tranexamic acid. The CAIRS Management Committee urged all members to review a recent Institute of Safe Medical Practice (ISMP) warning and current recommendations for prevention of this patient safety incident.

PACT Presentation

Dr Beattie presented an abstract, *Canadian Anesthesia Incident Reporting Outcome Study: (CAIROS)*, at the Canadian Perioperative Anesthesia Clinical Trials (PACT) meeting on January 31, 2020 in Ottawa, ON. The objective of this prospective cohort study will be to determine the impact of critical patient safety incidents on adverse patient outcomes. Next steps include creation of a steering committee, recruitment of centres, and funding options.

CAIRS Hospital Trials – Interested Facilities

All Canadian hospitals are invited to participate in a local system trial. Led by Dr Beattie, software will facilitate local data collection and analysis. Feedback would be facilitated by the

Management Committee via local CAIRS administrators. Interested sites should contact Dr Beattie, Dr Sparrow or Ms Debra Thomson directly. Institutional or local databases would allow institutions direct access to their data and allow for national analysis.

Presidents' Symposium at CAS Annual Meeting

The support of CAS President, Dr Daniel Bainbridge, has been crucial to the success and promotion of CAIRS. This was reflected by the President at the CAIRS Symposium at the 2019 CAS Annual Meeting. International experts, Drs Karen Domino, Martin Culwick, and Scott Beattie provided an international perspective on incident reporting systems, data assessment, and how incident reporting systems help to improve and inform anesthetic care delivery.

Dr Lisa A Calder, Director of Medical Care Analytics, Canadian Medical Protective Association, was scheduled to present at the 2020 CAS Annual Meeting CAIRS Symposium. As the meeting has been rescheduled due to the COVID-19 pandemic, we look forward to her presentation – “How to Effectively Gather Data, Learn from It and Enhance a Culture of Safety” – at the 2021 Annual Meeting.

CAIRS Promotion

Over the next year, the Management Committee will be working primarily on promotion of CAIRS by working with ACUDA, the National Chiefs Section, Quality and Patient Safety Committee and local Quality Improvement directors. CAIRS updates and articles to *Anesthesia News* will help to promote and make CAIRS relevant to the CAS membership.

CANADIAN ANESTHESIOLOGISTS' SOCIETY INTERNATIONAL EDUCATION FOUNDATION (CASIEF)

Dr Dylan Bould, FRCPC – Chair

Board of Trustees

Many thanks to Dr Greg Silverman who has left the CASIEF Board of Trustees. He joined the CASIEF Board in 2015 as the lead for the partnership with Addis Ababa. Thanks also to Dr Joel Hamstra, who has left the CASIEF Board after a very successful three-year term, leading our new partnership with Guyana. Finally, thanks also to Dr Jennifer Szerb, who for five years was our CASIEF fundraising lead, and an enthusiastic volunteer in both Rwanda and Guyana. All three of these Board members made invaluable contributions to CASIEF, and all three are very much missed by our partners in Ethiopia and Guyana, where they are spoken of with so much respect and fondness.

Welcome to Dr Ashleigh Farrell, of the Northern Ontario School of Medicine (NOSM), who is our new lead for the Guyana partnership; to Dr Hilary MacCormick, of Dalhousie University; Dr Saifee Rashiq, of the University of Alberta; and to Dr Talia Ryan, University of Calgary, who is a new resident Board member.

This will also be my last year as CASIEF chair, and I will be handing over to Dr Joel Parlow, of Queen's University.

CASIEF Videos

We are extremely grateful to the CAS for helping to fund promotional and fundraising videos for CASIEF. Progress for these videos has been very good, with film being shot on location in Ethiopia and Rwanda in January 2020 by Martin Pupp and his team. The three videos are now in post-production, and waiting for the final voiceover by Bruce Cockburn. We anticipate launching these videos in the fall of 2020 as part of a fundraising campaign for Ethiopia.

Finances

At the end of 2019, the state of the CASIEF finances was close to the planned level in the 2019 budget. Income levels were on target at \$140,000. There was a significant increase in spending on the Ethiopia Program, which is now our biggest program in terms of volunteer time. One specific new expense has been the Ethiopia Anesthesia Development Program (EADP) Global Health Fellow program which began in August 2019. In addition, the series of CASIEF promotional videos, although generously co-funded by the CAS, represented a significant one-off outlay. Overall, grants to the Ethiopia Program accounted for \$93,000, with total expenses of \$250,000 across all program. The final closing equity figure of \$122,000 (subsequently revised down by approximately \$10,000 as delayed payments were accounted for) was more than budgeted. The net spending was approximately \$110,000.

The 2020 budget again planned for a significant expense on the Ethiopia Program, and a dedicated fundraising campaign was in the final planning stages, with a relatively conservative target for 2020 of at least \$50,000. Reaching that target would have resulted in an expected net spending of \$50,000 and a closing equity of approximately \$70,000. There was a back-up option to cut back on expenses in Ethiopia in the second half of 2020 if the fund-raising campaign did not look like it was meeting our target. Ultimately, due to the unfortunate effects of the COVID-19 pandemic, scaling back has happened anyway. Since March 2020, all volunteer and fellow programs have been paused and expenses on travel and accommodation have been reduced to almost zero. We have had small ongoing expenses to cover commitments to local support staff and leases on accommodation (which are now being finalised) and some funds have been diverted to help source PPE for our colleagues in Ethiopia. Projections for the short-term future are challenging, in terms of both activities and fundraising, but when we are able to resume activities, we anticipate requiring significant fundraising to allow resuming support of our partnerships.

Programs

Ethiopia – Addis Ababa University

This year saw a significant expansion in our level of support provided to the physician anesthesia training program at Addis Ababa University (AAU). In addition to an increase in the number of short-term visiting faculty (overseas anesthesiologists typically visiting for periods of 2-4 weeks), we were able to launch our Global Health Fellow (GHF) Program in partnership with the UK-based Global Anaesthesia Development Project (GADP). In August 2019, our first GHFs arrived in Addis Ababa for their six-month posts. Having a continuous presence of committed staff on the ground enabled us to initiate longer term educational and QI projects that would have been very difficult or impossible if relying only on an intermittent presence and remote support.

We were able to launch a weekly SIM session for new first year anesthesia residents, incorporating the VAST (Vital Anesthesia Simulation Training) Foundations curriculum. This year-long curriculum is designed to develop technical and non-technical skills, including communication and crisis-resource management and has proved very popular with the cohort of new residents. Our GHFs were able to help the AAU Anesthesiology department develop and commence a system for adverse clinical incident reporting, overcoming significant technology hurdles and getting “buy-in” at all levels, from junior resident to staff anesthesiologists. The data from this reporting system are due to be presented at an academic day in June, COVID-19 restrictions permitting.

In the period from June 2019 to March 2020, we organised and supported two courses in Addis Ababa. The INSPIRE leadership course in November 2019 and the VAST instructors course in January 2020 both involved international faculty with a strong East African presence and were very well received. In addition, we were able to sponsor two local staff from AAU to attend training courses in Halifax in Canada and Stirling in Scotland. Reports on these visits were extremely positive and further trips were planned.

Ethiopia – Haramaya University

Most regions of Ethiopia, a country of 115,000,000 people, lack facilities with trained specialist anesthesiologists. In 2019, Queen’s University Faculty of Health Sciences and the Royal College of Physicians and Surgeons of Canada signed an agreement with Haramaya University (Harar, Eastern Ethiopia) to assist in the development of three residency programs: Anesthesiology, Emergency Medicine and Oncology. Due to our extensive experience in similar projects and our current program in Addis Ababa, Queen’s invited CASIEF to partner in the Anesthesiology residency program in Haramaya. In February 2020, two recent graduates of the Addis Ababa University anesthesia residency started a new anesthesiology department at Haramaya. We have supported these anesthesiologists both during their residency in Addis Ababa, but also with leadership training in Ethiopia and with a one-month fellowship in the UK, and with ongoing mentorship.

A residency program, supported by Queen's, RCPSC and CASIEF, will begin to accept residents in 2021. A new 1,000 bed hospital is currently under construction, which will ultimately house the anesthesiology department and residency program. Volunteer teaching faculty will be recruited from across Canada by Queen's, the RCPSC and CASIEF. Housing for visiting faculty will be provided by Haramaya. CASIEF will also facilitate cross-rotations of staff and residents between Haramaya and Addis Ababa Universities.

Rwanda

The Rwanda-CASIEF/ASAGHO partnership continued with a new focus on supporting local faculty development and in sub-specialty training. The residency program continues to thrive with 40 residents in the program. Support for local research has been a huge success with the new Acute Care Operational Research (ACOR) program, led by Dr Marcel Durieux and largely held online and by video conference calls. In partnership with CASIEF, Dr Gaston Nyirigira hosted yet another successful ZeroPain conference in Butare. Plans for ICU clerkships for medical students through the University of Global Health Equity were finalized and we hope will be implemented after the COVID-19 pandemic.

Guyana

The CASIEF-ASAGHO partnership in Guyana celebrated some significant successes in 2019/2020. Dr Dorette Husbands completed her Masters of Medicine in Anesthesia (four-year) and Dr Shonette Boyer completed the Diploma (two-year) program. In total, there were nine volunteers from CASIEF/ASAGHO who travelled to Guyana in 2019/2020.

Burkina Faso

We supported Dr Bertille Ki in visiting South Africa for the Global Initiative for Children's Surgery (GICS), but have not had any in-country volunteers due to ongoing security concerns in Burkina Faso.

COVID

The current COVID-19 pandemic has affected all of us and our work, and of course it has had a huge effect on both CASIEF activities through our partnerships, and also the lives and work of our partners in Rwanda, Ethiopia, Guyana, and Burkina Faso. We have had to stop all in-country activities, and we are striving to support our partners from a distance, both with their educational mission and their response to COVID-19.

As of May 28, Ethiopia has had 731 cases of COVID and six deaths. There have been no confirmed COVID-19 cases requiring ICU at the Tikur Anbessa Specialist Hospital (TASH), and no infections of any staff members. Rwanda has had 346 confirmed cases, but no deaths. Guyana has had 139 confirmed cases and 11 deaths. Burkina Faso has had 845 confirmed cases, and 53 deaths. Although these numbers are far lower than what we have seen in Canada, it is difficult to

predict what the future holds and our partners are striving to be as prepared as they can be for a potential ramp-up in numbers of cases.

Since March, we have been trying to support our partners in their response to COVID. We have been providing remote educational support through webinars and other e-learning. Lack of travel has facilitated the development of a new [Global Anesthesia and Critical Care Learning Resource Center](#). This resource is now focused on hosting COVID-19 materials and fundamentals of Critical Care, plans to build courses on Regional, Pediatrics, Obstetrics, Pain, and other relevant content are underway. Using the highly interactive platform to host quizzes, videos, references, and external resource links, on May 6, 2020 we held our first joint webinar case discussion in partnership with the University of Rwanda, which included participants from Anesthesia, Critical Care, and Emergency Medicine. Chat functions allowed greater engagement, and discussion and distance real-time mentorship becomes closer to a reality.

In addition, we are doing our best to help our partners source and manufacture PPE in anticipation of a worsening situation. This has included shipping 1,000 n95 masks to Ethiopia, helping our partners investigate alternative evidence-based PPE, including home-made alternatives.

We plan to return to in-country activities when possible, but until that point will support our partners from a distance as best as we can. It is unclear when return to travel will be safe or feasible, and a priority for us is to ensure that we do not risk bringing COVID from high-incidence high-resource contexts, such as Canada and the US, to low-incidence low-resource contexts.

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

Dr Hélène Pellerin, FRCPC – Chair

Specialty Committees (SC) are established for every specialty and subspecialty recognized by the Royal College of Physicians and Surgeons of Canada (RCPSC). Their role is to advise on specialty-specific content issues (e.g. standards, credentials, assessment, and accreditation). Membership of the Specialty Committee in Anesthesiology consists of a Chair, a Vice Chair, a representative from each of the five regions in Canada, the French and English co-Chairs of the Examination Board, and the Program directors from each of the 17 accredited Canadian Anesthesiology Training Programs.

Competence by Design

Competence by Design (CBD), the Royal College's initiative to introduce competency-based medical education into specialty education in Canada is in its third year of implementation. The revision of the Entrustable Professional Activities (EPAs) was completed in June 2019 and a new set of EPAs for all stages of training has been implemented on July 1. A second iteration of the

list of EPAs for Anesthesiology was written and the number of EPAs has gone from 88 to 49. The new set of EPAs seems to be appreciated and the feedback received to date is positive. The next challenge related to CBD will be to implement and use efficiently work-based assessment tools and ensure competence committee are reliable and effective.

Royal College Comprehensive Objective Examination in Anesthesiology

The Examination Board in Anesthesiology is proactive in maintaining high standards of quality and robustness regarding the final exams. In 2019, the format of the oral exam has changed: there are now 10 scenarios each presented to the candidates by one examiner. The information on the Royal College website on the format of the comprehensive objective examination in Anesthesiology was updated and sample MCQ and SAQ questions and sample oral scenarios are presented.

Anesthesiology Workforce

Manpower in anesthesiology is an important concern throughout Canada. The Specialty Committee and the Royal College are working in collaboration with the Association of Canadian University Departments of Anesthesia (ACUDA and CAS to identify options and alternatives to face the upcoming shortage in anesthesiologists. Discussions are ongoing. The roles of FRCPC Anesthesiologists, IMG Anesthesiologists, Family Practice Anesthetists and Anesthesia Assistants are being defined and we all need to work collaboratively to ensure the best medical care in anesthesiology for all Canadians.

Route to Certification

The different routes to certification are under review. The jurisdictional route is going to close and alternative routes are being discussed. Currently, it is planned that all routes will end with the oral examinations before certification. The written and the oral examinations will be two separate components, as it will be with CBD.

Canadian Residency Accreditation System

The Canadian Residency Accreditation System is being reformed. CanERA (Canadian Excellence in Residency Accreditation) is the new system of residency accreditation. It was developed through a partnership between the three accrediting residency colleges in Canada: Royal College of Physicians and Surgeons of Canada (RCPSC), College of Family Physicians of Canada (CFPC) and Collège des médecins du Québec (CMQ). The new standards were fully implemented in July 2019. With this reform, a digital accreditation management system (CanAMS) has been introduced. For more information, visit the CanRAC website - www.canrac.ca.

Royal College International (RCI)

Royal College International provides customized international educational products and services to improve medical education around the globe. RCI works with partners around the world and helps in improving their health systems. This is mainly done by sharing the expertise in post-graduate medical training, faculty development, and assessment practices. Throughout the past years, there have been increasing developments and collaborations. Currently, there are seven international accredited institutions and an accreditation process for international programs is in place. There is no international program accredited yet and no anesthesiology program under review.

CAS Board of Directors, Office Staff, Standing Committees, Section Executive Members, as at December 31, 2019

Executive Committee

President: Dr Daniel Bainbridge, London, ON
Vice-President: Dr Dolores McKeen, Halifax, NS
Secretary: Dr Andrew Nice, Saint John, NB
Treasurer: Dr James Kim, North Vancouver, BC
Past President: Dr Douglas DuVal, Edmonton, AB
Executive Director: Debra Thomson, Toronto, ON

Divisional Representatives

Newfoundland & Labrador: Dr Angela Ridi, St. John's, NL
Prince Edward Island: Dr Jean-Yves Dubois, Charlottetown, PE
Nova Scotia: Dr Dennis Drapeau, Halifax, NS
New Brunswick: Dr John Murdoch, Fredericton, NB
Quebec: Dr Giuseppe Fuda, St-Laurent, QC
Ontario: Dr Monica Olsen, Toronto, ON
Manitoba: Dr Jennifer Plester, Winnipeg, MB
Saskatchewan: Dr Mateen Raazi (Interim), Saskatoon, SK
Alberta: Dr Saifee Rashid, Edmonton, AB
British Columbia: Dr Jennifer Whittingham, Kelowna, BC

Ex-officio Member

ACUDA President: Dr Roanne Preston, Vancouver, BC

Resident Representative

Dr Maria Salman, Toronto, ON

Executive Director

Ms Debra Thomson

Invited Guests

CARF Chair: Dr Doreen Yee, Toronto, ON
CASIEF Chair: Dr Dylan Bould, Ottawa, ON
CJA Editor-in-Chief: Dr Hilary Grocott, Winnipeg, MB
RCPSA Representative: Dr H el ene Pellerin, Qu ebec, QC

OFFICE STAFF

The national office staff list is as follows and can also be found online here:

<https://www.cas.ca/en/about-cas/national-office/who-we-are>

Debra Thomson – Executive Director
Iris Li – Director, Finance, Human Resources & IT
Amanda Cormier – Director, Communications, Education and Events
Cristina Mita – Manager, Education and Policy
Athisaya Satgururajah – Executive Office Coordinator
Mack Chabelski – Communications and Engagement Coordinator
Angela Chen - Membership and Database Coordinator
Ana Kanwal - Administrative & Finance Assistant
Carolyn Gillis - *CJA* Editorial Assistant (Montreal)

STANDING COMMITTEES

Annual Meeting

Chair: Dr Adriaan Van Rensburg, Toronto, ON

Scientific Affairs (Annual Meeting Sub-Committee)

Chair: Dr Tim Turkstra, London, ON

Archives and Artifacts

Chair: Dr Daniel Chartrand, Montreal, QC

CAIRS (Canadian Anesthesia Internet Reporting System Committee)

Chair: Dr Kathryn Sparrow, St. John's, NL

CAS Choosing Wisely Canada

Chair: Dr Kyle Kirkham, Toronto, ON

COACT (Committee on Anesthesia Care Team)

Chair: Dr Claire Middleton, Toronto, ON

Continuing Education and Professional Development

Chair: Dr May-Sann Yee, Newmarket, ON

CPD Modules Sub-Committee (CEPD Sub-Committee)

Chair: Dr Adriaan Van Rensburg, Toronto, ON

Diversity, Equity and Inclusion Working Group

Chair: Dr Dolores McKeen, Halifax, NS

Ethics

Chair: Dr Cheryl Mack, Edmonton, AB

Finance

Chair: Dr James Kim, Vancouver, BC

Medical Economics/Physician Resources

Co-Chair: Dr Jean-François Courval, Dorval, QC

Co-Chair: Dr Eric Goldszmidt, Toronto, ON

Nominations

Chair: Dr Douglas DuVal, Edmonton, AB

Physician Wellness

Chair: Dr Saroo Sharda, Oakville, ON

Quality and Patient Safety

Chair: Dr Lucie Filteau, Ottawa, ON

Research Advisory

Chair: Dr Gregory Bryson, Ottawa, ON

Grant Standing Sub-Committee (Research Advisory Sub-Committee)

Chair: Dr Gregory Bryson, Ottawa, ON

Standards

Chair: Dr Gregory Dobson, Halifax, NS

SECTION EXECUTIVE MEMBERS

Ambulatory

Chair: Dr Mahesh Nagappa

Anesthesia Assistants

Chair: Dr Jared Campbell

Cardiovascular and Thoracic (CVT)

Chair: Dr Surita Sidhu

Chronic Pain

Chair: Dr David Flamer

Critical Care Medicine

Chair: Dr Faissal Siddiqui

Education and Simulation in Anesthesia (SESA)

Chair: Dr Fahad Alam

Hospital Chiefs of Anesthesia

Co-Chair: Dr Susan O'Leary

Co-Chair: Dr Pascal Labrecque

Co-Chair: Dr Colin McCartney

Neuroanesthesia

Chair: Dr Alana Flexman

Obstetric

Chair: Dr Clarita Margarido

Pediatric

Chair: Dr Clyde Matava

Peri-operative Medicine

Chair: Dr Duminda Wijesundera

Regional and Acute Pain

Chair: Dr Kwesi Kwofie

Residents

Chair: Dr Naheed Jivraj

Section for Environmental Sustainability

Chair: Dr Rakesh Sondekoppam

2019 Financial Statements

For access to the full version of the audited financial statements, please visit the Members Only area of the CAS website: www.cas.ca