

Canadian Anesthesiologists' Society



ANNUAL ORGANIZATIONAL REPORT 2020

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REPORT OF THE PRESIDENT

Dr Dolores McKeen, MD FRCPC MSc CCPE

The past year has been eventful for CAS. I would like to thank our members, the Executive Committee, the Board of Directors, staff, and volunteers for their continued dedication to our organization, as we fought through an unprecedentedly difficult time.

I began my term as President of CAS in September of 2020, taking over for my colleague Dr Daniel Bainbridge. I would like to thank him and outgoing past-President Dr Douglas Duvall for their guidance and commitment to CAS. I would like to also welcome Dr Lucie Filteau, who was elected Vice-President of CAS in June 2020.

CAS Virtual Annual Meeting, Advocacy, Physician Wellness and Other Business

The first virtual version of the CAS Annual Meeting was held on June 20-21. Put together by our dedicated staff and volunteers, and with a short turnaround, the meeting was a success. The scientific program was diverse and well received by our delegates. 2020 was an active year for CAS advocacy, with several position statements released on a wide variety of important topics in the anesthesia profession.

Starting in June, CAS released a statement on the [reinstitution of elective operations following COVID-19](#). Here we recognized the importance of maintaining the safety of all patients and the health care team during increasing surgical volumes in our hospitals. CAS also released a [proclamation of black anti-racism and solidarity](#), where we endorsed our organizational dedication to the importance of black physician and patient rights. CAS also outlined its position on [medical substitutions due to shortages, in an emergency safety bulletin](#).

In autumn of 2020, CAS continued its advocacy with a [statement on the lack of evidence that epidural pain relief during labour causing autism spectrum disorder](#). Working closely with our obstetric anesthesia physician members, we summarized the minimal risks associated with epidural anesthesia and the onset of autism in children. In December, we advocated on the importance of [physician shielding during the pandemic](#) and the [importance of prioritizing COVID-19 vaccines for anesthesia professionals](#).

To the start the new year, we welcomed Dr Stephan Schwarz as new CJA editor, while at the same time bidding farewell to long-time editor Dr Hilary Grocott. CAS also stated its position [on Certified Registered Nurse Anesthetists \(CRNAs\)](#). In summary, we acknowledge that licensed practical nurses have important roles and make significant contributions in supporting patients through their surgical journey while working with surgeons, anesthesiologists, and other regulated health care professions. However, CRNAs cannot replace current anesthesia providers and provide adequate perioperative anesthesia delivery. This is an ongoing issue.

Throughout the past year, there has been a collective organizational focus on the importance of physician wellness, something always important in our profession but particularly crucial during

the COVID-19 pandemic. In conjunction with the Physician Wellness Committee and Chair Dr Saroo Sharda, CAS has supported several [key physician resources and initiatives](#). This movement culminated in a [Wellness Workshop](#) on February 6, which was well attended and received by our members. We plan on expanding these kind of virtual support events, in physician wellness and other fields, in the coming year.

In October, I was also thrilled to be part of [Nova Scotia's first all-female transplant surgery team](#). It is believed to be the first of its kind in Canada! We aim to continue to push forward these kind of barrier breaking events, with the help of our members and the [Diversity, Equity & Inclusion Committee](#).

This year has also seen the expansion of our [online education platform](#), and two new Continuing Professional Development (CPD) modules. In March, we launched “The incidence, risk, presentation, pathophysiology, treatment, and effects of perioperative acute kidney injury.” In May, we launched “Tranexamic acid: current use in obstetrics, major orthopedic, and trauma surgery.”

CAS Operational Structure Changes and Updates

I would like to thank Debra Thomson, CAS Executive Director for overseeing the National Office moved from its established Eglinton location in Toronto, to a virtual setting at the start of 2021. This was a difficult decision but has proven timely, successful, and financially astute. The office setting change allowed for our national office staff to work safely from their homes, while continuing their dedication and commitment to CAS members. We also welcomed two new staff members in 2020. Kamilla Molnar serves as the new Director of Finance, Human Resources and IT, taking over for long time CAS stalwart Iris Li (who left in July). Erin Vanderstelt rounds out the office staff in the new role of Manager, Membership Engagement and Growth, focusing on increasing the member experience at CAS. Finally, Administration and Finance Assistant Ana Kanwal welcomed a new baby into her family in the summer of 2020, Suzanne!

REPORT OF THE TREASURER

Dr James Kim, FRCPC

I am pleased to report that our 2020 financial results are again positive despite the COVID-19 pandemic. Highlights such as the government Wage Subsidy, investment gains and financial strain of the Annual Meeting are discussed below. 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, 2020, the CAS has \$3,777,002 in assets and \$1,138,690 in liabilities. Included in the total asset value was an investment portfolio of \$1,931,167.

Table 1

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

	2020 (thousands)				2019 (thousands)			
	AM	CAS	CJA	TOTAL	AM	CAS	CJA	TOTAL
Revenues	14	1206	666	1886	1034	1277	641	2952
Expenses	407	837	473	1717	1229	1067	501	2797
Surplus (Deficit)	(393)	369	193	169	(195)	210	140	155

Annual Meeting

As a result of the pandemic, the in-person Annual Meeting was been canceled and most of the registration and sponsorship revenue had to be refunded or deferred to next year.

Consequently, the 2020 AM had a large deficit, significantly bigger than the one from 2019.

Though the Committee made every possible attempt to mitigate the losses or defer the prepaid bookings for the following year, there were been direct expenses that could not be avoided. In-person meetings are preferable for a number of reasons , however, the duration and impact of the pandemic cannot be determined at this time.

CAS Administration

CAS Administration successfully managed to gain a positive balance that is significantly larger than last year's despite the circumstances. Revenue remained close to projections, and expense levels are lower than last year. CAS was eligible to receive the Canada Emergency Wage Subsidy throughout the fiscal year and there was less travel and other activities that led to significant cost savings. The combination of these factors helped CAS achieve a net income that is better than last year. Staff has been working from home since the beginning of the pandemic and will continue to do so.

Canadian Journal of Anesthesia (Journal)

The *Journal* has done very well this year, hanks to the diligence of Dr Hilary Grocott, Editor-in-Chief, and the Editorial Board, resulting in another surplus in 2020. 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 are looking forward to welcoming the incoming Editor-in-Chief, Dr Stephan Schwarz.

Conclusion

The Society had another successful financial year which is a significant achievement considering the circumstances. CAS and the CJA have both maintained their surplus position and are building a healthy reserve for the Society.

This positive outcome is a result of exemplary contributions. I especially want to emphasize the work of Executive Director, Debra Thomson and her dedicated team; the 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 the CAS Board of Directors, chaired by Dr Dolores McKeen.

As we look back at our accomplishments and reflect on our successes and achievements, we look forward to opportunities and challenges that lie ahead in an ever-changing world. The Society's financial position remains stable; however, as the Treasurer, I encourage caution. The *CJA* budget will be under pressure over the next few years as we transition to the new Editor-in-Chief. The 2021 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 years. 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. With this in mind, we must stay vigilant and keep up our efforts to maintain revenue and monitor expense levels to safeguard the Society's assets.

REPORT OF THE CJA EDITOR-IN-CHIEF

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

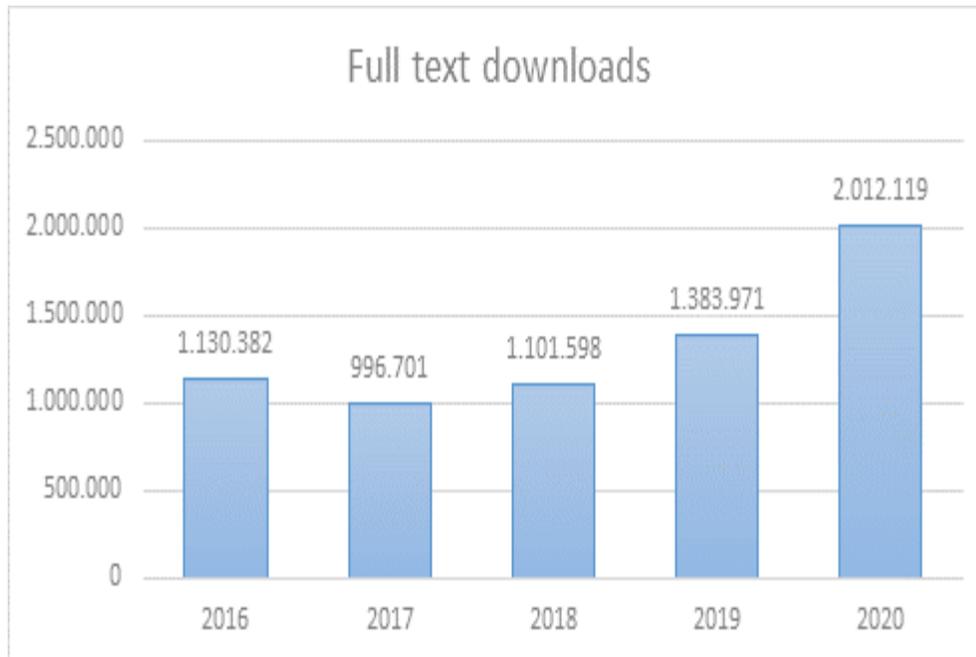
The *Canadian Journal of Anesthesia* is the official journal of the Canadian Anesthesiologists' Society (CAS) and the Canadian Critical Care Society (CCCS). This is my final report as Editor-in-Chief of the *Journal*, bringing an end to my 12-year term on the editorial board, the last seven of which I served as Editor-in-Chief (EIC). Herein, I will address some of the key points in the *Journal's* progress over the past year. Many of the metrics in this 2020 report reflect data for 2019, as some 2020 data will not be available until after the report is submitted (May 2021).

Key Facts

- Submissions: **1,335 in 2020** (962 in 2019)
- Published articles: **340 in 2020** (277 in 2019)
- Acceptance rate: **26% in 2020** (currently 30% in 2019)
- Time from submission to first decision: **12 days in 2020** (14 days in 2019)
- Time from submission to final accept decision: **82 days in 2020** (currently 110 days in 2019)
- Usage: **2,012,119 full-text downloads in 2020** (1,383,971 in 2019)
- **2019 Impact Factor – 3.779** (2018 IF – 3.374)

Usage

The content of the *Journal* is available through direct subscription to all CCCS and CAS members. In addition, there are 8,700 institutional library consortia that access the *Journal*. The *Journal* continues to be accessed by an ever-increasing number of other users. In 2020, we averaged >165,000 downloads per month. In terms of full-text article request by geography, 11% of requests originated from Canada in 2020, in comparison to 25% of requests originating from the United States. Twenty-five per cent of requests now come from Asia-Pacific countries, 22% from Europe, and 16% from elsewhere. These data continue to reflect the international in scope of the *Journal*.



Production

There were 340 articles published in 2020 as compared to the 277 articles published in 2019. 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 2020. This is a key metric that is important to encourage repeat author submissions.

Editorial Content

The editors remained highly selective in 2020 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, continuing professional development modules (3-4 per year), occasional case reports (5-6 per year), correspondence items, and book reviews.

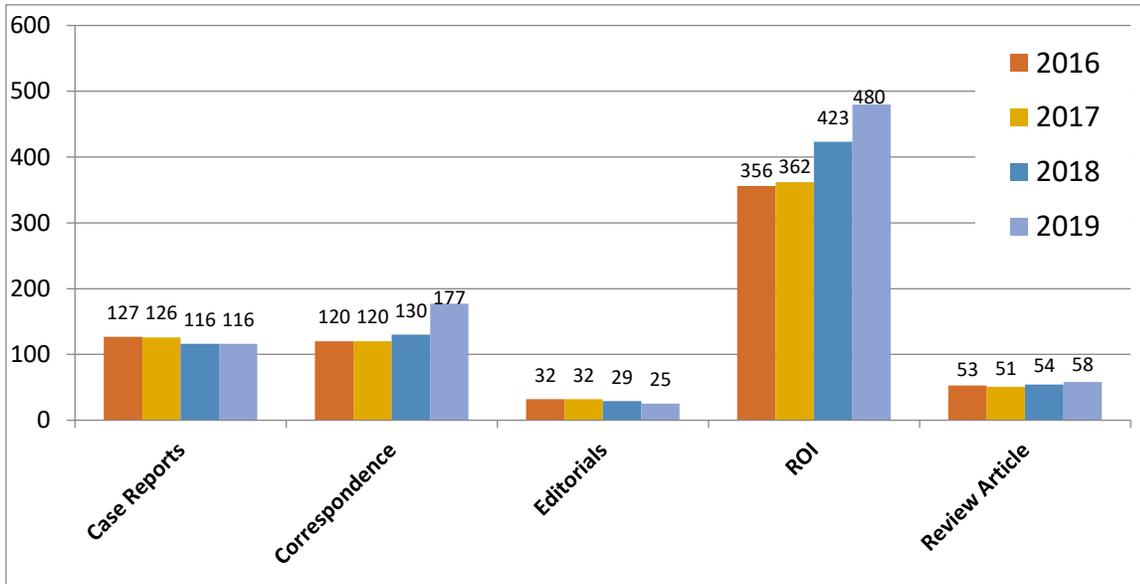
Critical Care Content

Approximately 8% (108 of 1,335 submissions in 2020, to date) of the reports of original investigations are related to critical care-themed studies. This content is growing and the CCCS relationship continues to be an important one to foster.

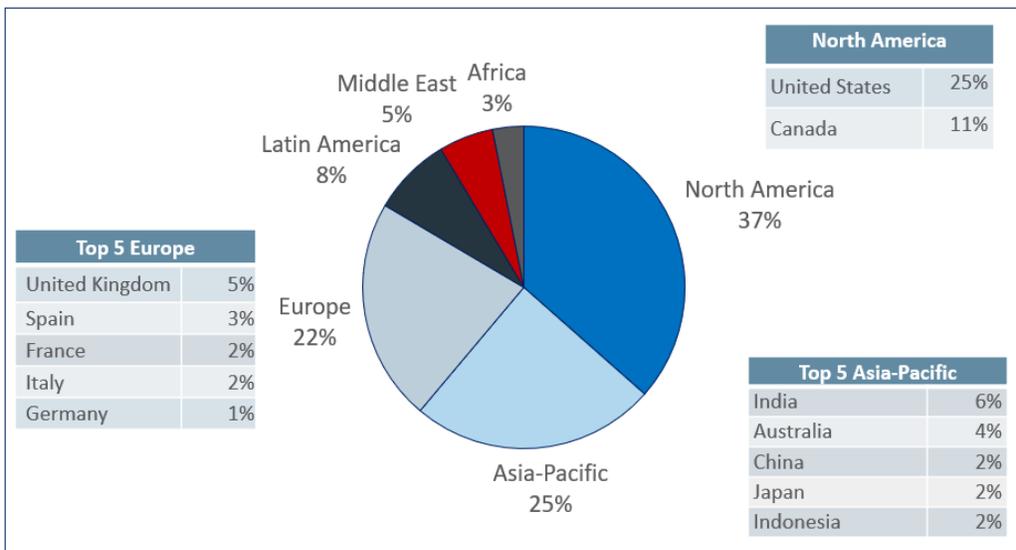
Journal Data and Metrics

Overall, there were 1,335 submissions considered for peer-review in 2020. This is the largest number of annual submissions in the *Journal's* history. The overall acceptance rate was approximately 26%.

Submissions by article type:

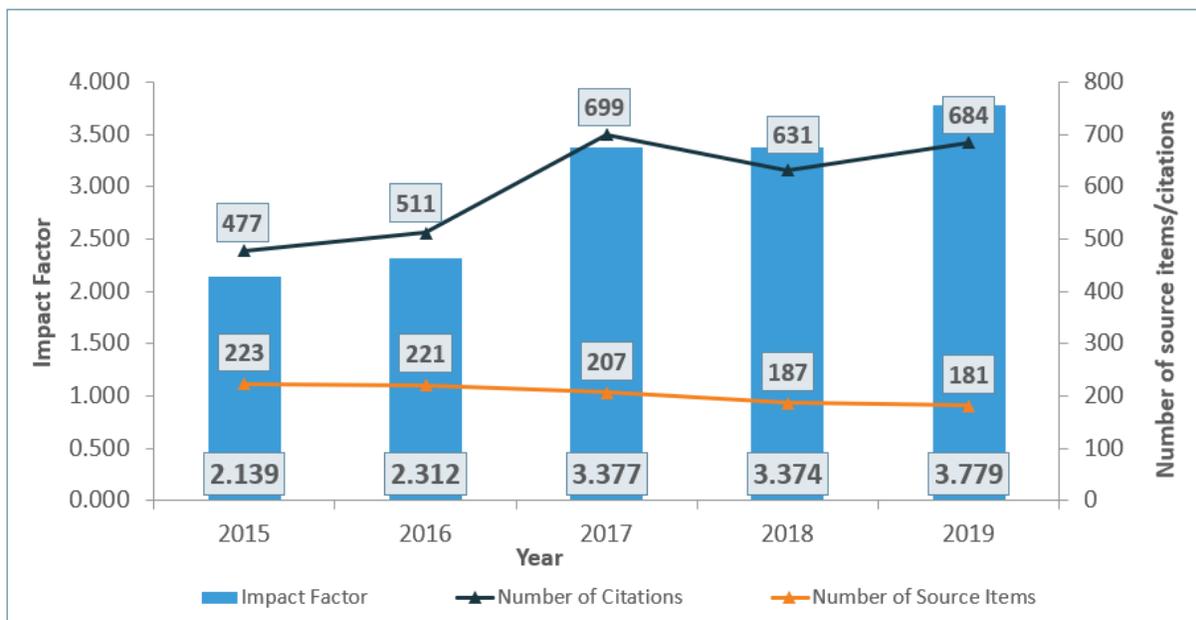


Readership



Source: Google Analytics data on Google Big Query

Impact Factor Analysis



2019 Journal Citation Report: Anesthesiology

Top 20 journals in the category Anesthesiology and the rank of *Canadian Journal of Anesthesia/Journal canadien d'anesthési*

Rank	Abbreviated Journal Title	Publisher	Total Cites	Impact Factor	IF without Journal Self Cites	5-Year Impact Factor
1	ANESTHESIOLOGY	LIPPINCOTT WILLIAMS & WILKINS	27,752	7.067	6.461	6.820
2	REGION ANESTH PAIN M	BMJ PUBLISHING GROUP	5,942	7.015	5.852	5.987
3	BRIT J ANAESTH	ELSEVIER SCI LTD	21,894	6.880	5.925	6.932
4	J CLIN ANESTH	ELSEVIER SCIENCE INC	4,858	6.039	5.118	3.391
5	ANAESTHESIA	WILEY	10,476	5.739	4.258	5.175
6	PAIN	LIPPINCOTT WILLIAMS & WILKINS	37,753	5.483	4.923	6.474
7	EUR J ANAESTH	LIPPINCOTT WILLIAMS & WILKINS	4,378	4.500	3.994	4.211
8	ANESTH ANALG	LIPPINCOTT WILLIAMS & WILKINS	26,554	4.305	3.827	4.123
9	CAN J ANESTH	SPRINGER	5,678	3.779	3.050	3.278
10	EUR J PAIN	WILEY	7,579	3.492	3.202	3.445
11	PAIN PHYSICIAN	AM SOC INTERVENTIONAL PAIN PHYSICIANS	4,529	3.251	2.611	3.214
12	J NEUROSURG ANESTH	LIPPINCOTT WILLIAMS & WILKINS	1,608	2.928	2.120	2.469
13	CLIN J PAIN	LIPPINCOTT WILLIAMS & WILKINS	6,956	2.893	2.763	3.480
14	PERIOPER MED-LONDON	BMC	220	2.740	2.680	
15	ANAESTH CRIT CARE PA	ELSEVIER FRANCE-EDITIONS SCIENTIFIQUES MEDICALES ELSEVIER	709	2.707	2.325	2.502
16	PAIN MED	OXFORD UNIV PRESS	7,432	2.513	2.260	3.101
17	MINERVA ANESTESIOLOGIA	EDIZIONI MINERVA MEDICA	2,771	2.498	1.614	2.243
18	PEDIATR ANESTH	WILEY	5,196	2.311	1.983	2.358
19	CURR OPIN ANESTHESIO	LIPPINCOTT WILLIAMS & WILKINS	2,866	2.276	2.190	2.409
20	J CARDIOTHOR VASC AN	W B SAUNDERS CO-ELSEVIER INC	5,371	2.258	1.418	1.873

JCR Year: 2019 CRITICAL CARE MEDICINE					
Rank	Full Journal Title	Journal Impact Factor	Rank	Full Journal Title	Journal Impact Factor
1	LANCET RESPIRATORY MEDICINE	25.094	19	ANAESTHESIA CRITICAL CARE & PAIN MEDICINE	2.707
2	INTENSIVE CARE MEDICINE	17.679	20	JOURNAL OF CRITICAL CARE	2.685
3	AMERICAN JOURNAL OF RESPIRATORY AND CRITICAL CARE MEDICINE	17.452	21	MINERVA ANESTESIOLOGICA	2.498
4	CHEST	8.308	22	CRITICAL CARE AND RESUSCITATION	2.493
5	CRITICAL CARE MEDICINE	7.414	23	MEDICINA INTENSIVA	2.363
6	CRITICAL CARE	6.407	24	AUSTRALIAN CRITICAL CARE	2.214
7	RESUSCITATION	4.215	25	INJURY-INTERNATIONAL JOURNAL OF THE CARE OF THE INJURED	2.106
8	ANNALS OF INTENSIVE CARE	4.124	26	AMERICAN JOURNAL OF CRITICAL CARE	2.105
9	CRITICAL CARE CLINICS	3.804	27	BURNS	2.066
10	JOURNAL OF NEUROTRAUMA	3.793	27	RESPIRATORY CARE	2.066
	CANADIAN JOURNAL OF ANESTHESIA	3.779	29	SEMINARS IN RESPIRATORY AND CRITICAL CARE MEDICINE	2.028
11	HUMAN GENE THERAPY CLINICAL DEVELOPMENT	3.611	30	ANAESTHESIA AND INTENSIVE CARE	1.539
12	JOURNAL OF TRAUMA AND ACUTE CARE SURGERY	3.381	31	JOURNAL OF BURN CARE & RESEARCH	1.533
13	JOURNAL OF INTENSIVE CARE MEDICINE	3.142	32	CRITICAL CARE NURSE	1.484
14	JOURNAL OF INTENSIVE CARE	3.103	33	THERAPEUTIC HYPOTHERMIA AND TEMPERATURE MANAGEMENT	1.176
15	SHOCK	2.960	34	JOURNAL OF TRAUMA NURSING	0.875
16	CURRENT OPINION IN CRITICAL CARE	2.920	35	ANASTHESIOLOGIE & INTENSIVMEDIZIN	0.840
17	PEDIATRIC CRITICAL CARE MEDICINE	2.854	36	ANASTHESIOLOGIE INTENSIVMEDIZIN NOTFALLMEDIZIN SCHMERZTHERAPIE	0.531
18	NEUROCRITICAL CARE	2.720			

Updates to the Journal's online presence

Our online content and other social media presence continues to evolve with Dr Ron George serving as our *online presence* editor. Dr George expanded our social media reach by cultivating an Instagram presence.

Social media platforms, such as Twitter and Instagram are 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 approximately 50-100 new followers each month with over 11,000 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.

Other Non-Impact Factor Metrics

In addition to traditional metrics (e.g., impact factor), journals and their content are 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.

Canadian Anesthesiologists' Society
Annual Report 2020

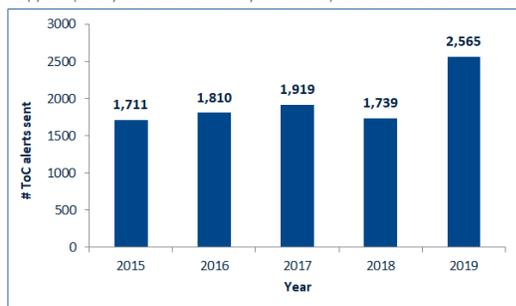
	2014	2015	2016	2017	2018	2019
News Stories	1	10	14	156	195	62
Tweets	1,308	1,792	3,585	6,987	10,085	13,239
Facebook posts	43	53	117	103	89	99
Blog Posts	6	13	20	24	34	32
Google+ posts	4	20	22	12	22	11
Videos			1	4	6	7
Other		6	20	23	407	24
Total	1,362	1,894	3,782	7,309	10,832	13,474



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. Our most recent editorial board additions include Dr Kathryn Sparrow (Memorial University) and Dr Karsten Bartels (University of Colorado).

After six years of service as an associate editor, Dr Steven Backman stepped down in March of 2020. In addition, Dr Alexis Turgeon from University of Laval finished a nine-year term on the board.

CJA and COVID-19

Just as it has impacted our collective personal and professional lives, the COVID-19 pandemic has had a significant impact on the *Journal* as well. As of November 1, 2020, the *Journal* received over 260 COVID-19 related submissions of which 75 have been published. These articles have been downloaded over 700,000 times, and even more importantly, have been widely cited almost 1,000 times. The surge of COVID-19-related submissions has required a large amount of additional work in order to meet the rapid peer review deadline of 24 hours and 48 hours to issue the first editorial decision. The board and reviewers have responded to this challenge and are to be commended.

CJA Editor-in-Chief Transition

Dr Stephan Schwarz began his term as Editor-in-Chief on January 1, 2021, and I am pleased to report that the transition of EIC activities was smooth and will continue throughout the first two quarters of 2021. Dr Schwartz has been actively engaged with continued editorial board membership changes, including the appointment of new associate editors and a new Deputy Editor-in-Chief. It is with great confidence that I finish my term as Editor-in-Chief, knowing that the *Journal* is in the best position it has been in its history, and has an incoming Editor-in-Chief with a clear vision and plan to continue the growth of the *Journal*.

As I wrote in my final editorial, published in the December 2020 issue of the *Journal*, my involvement with the *Journal* has been one of the most professionally rewarding aspects of my career. It has been filled with both challenges, and many rewards. Indeed, some of these rewards were unanticipated, and the personal growth and knowledge that I gained in reviewing these >6,000 manuscripts over these years has grown my own scientific base and expanded my clinical practice. I have been privileged over these years to work with a talented editorial board that has been incredibly responsive, particularly this year to the increasing demands of the substantial growth of the *Journal*. Indeed, the nearly doubling of the submissions over the last seven years is something that I am particularly pleased with, as it has been reflected in the growing international stature of the *Journal*, and our ability to continually attract a higher quality of authored manuscripts. It has been a privilege to have a front row seat to observe some of the progress that has been seen in our specialty, and the collaboration with authors to help communicate their important scientific messages has been particularly rewarding. Indeed, one of my goals upon beginning the position as Editor-in-Chief was to foster this collaborative spirit. I have also been particularly satisfied with the ability to deliver a journal that has consistently had a surplus budget in challenging times when revenues from publishers are continually eroded.

Although my time as Editor-in-Chief has seen significant expansion of the editorial board, and increased diversity, I am also confident that this growth of the editorial board and further diversity will continue under the tenure of Dr Schwarz.

Canadian Anesthesiologists' Society
Annual Report 2020

In summary, it has been a privilege and honour to serve the *Journal* and its component Society and as Editor-in-Chief – I will be forever grateful for having had the opportunity to serve.



Respectfully submitted,

Hilary P. Grocott, M.D.
Editor-in-Chief (2014-2020)
Canadian Journal of Anesthesia
May 2021

COMMITTEE REPORTS

ANNUAL MEETING

Dr Adriaan Van Rensburg, FRCPC – Chair

Early 2020 as the COVID-19 pandemic spread across Europe and into North America it was evident that our lives will be different. Social and physical distancing became the norm, and any congregation of people was prohibited in Canada. A full in person CAS annual meeting was in place to be held in Halifax. Numerous members had already registered for the meeting. With less than 10 weeks to the Annual Meeting date an alternative solution was brought into place. The Annual Meeting and all the logistical aspects had to be cancelled and the CAS had its first virtual annual meeting.

A two-day virtual meeting on the original dates with a single track was successfully put in place. At the time of the meeting virtual meetings and conferences were well engraved into our day-to-day living. It was heartwarming to see dedicated CAS members support this effort and more than 500 hundred members attended the sessions over the weekend. Well-known and respected Lieutenant General Roméo Dallaire presented an inspirational message, very much in touch with the COVID-19 crisis, our members were facing at the time and are still facing. As the meeting was a single track, we could allocate unopposed sessions to our Residents research and Richard Knill research competitions, showcasing our members and resident's quality research. Having these 2 sessions unopposed drew applause from both our academic and non-academic members.

A sincere appreciation and congratulations to the CAS President at the time, Dr Bainbridge, and CAS Executive Director, Debra Thomson and her CAS team for their vision and support during a very difficult time for our members to experience a very successful CAS 2020 Annual Meeting.

ARCHIVES AND ARTIFACTS

Dr Daniel Chartrand, FRCPC – Chair

The Archives and Artifacts (A&A) Committee, with the help of CAS staff, prepared a nomination package for the induction of Dr John Wade to the Canadian Medical Hall of Fame in early 2020. Later, due to the COVID-19 pandemic, most activities of the Archives & Artifacts Committee had to be unfortunately put on hold.

Considering that the annual History Symposium was cancelled in 2020, we are planning to have a virtual symposium in 2021. As an on-going project, Dr David McKnight was planning to investigate the content of several hundred boxes of archives and artifacts. However, it became impossible to continue and in light of the CAS office closing, all artifacts and historical documents were sent back to storage after proper identification.

On a more positive side, Dr Michael Wong is planning to create a “History Corner” in the CAS Newsletter. This will give us an opportunity to present about historical events and some of our great predecessors. Furthermore, using old photos, we may also quiz you about CAS’ history.

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

COMMITTEE ON ANESTHESIA CARE TEAM (COACT)

Dr Claire Middleton – Chair

Committee Members:

Dr Mohammed Ahmed (ACUDA)
Dr Arun Anand
Mr Jared Campbell (Chair CAS AA Section)
Mr Adam Gillis
Ms Devany Holzwarth (NAPANC)*
Ms Carolyn McCoy (CSRT)
Dr Dolores McKeen (CAS President)
Dr Claire Middleton (Chair)
Dr Susan O'Leary (Past Chair)
Ms Mandeep Thandi
Ms Teri Tryon
Ms Lana Piper (NAPANC)*
Dr Marcus Salvatori
Debra Thomson
Ms Teri Tryon
(* co-representatives)

Positions vacant:

ORNAC representative
Resident representative
Representative from Quebec

This has been another extraordinary year for all members of the health care team and again, we can be very proud of the interprofessional collaboration that has enabled all members of the Anesthesia Care Team to provide the best possible care in very difficult circumstances. From redeployment to ICU and medical floors, to serving together across our hospitals as part

of COVID intubation teams, from staffing vaccination clinics to critical administrative and planning roles, all the members of the ACT have showcased the huge contributions that our skill sets allow us to make in ways that are often underappreciated outside the OR setting.

Although we had no formal meetings this year, COACT has been able to work virtually to complete several projects. Together with Dr Greg Dobson of the CAS Standards Committee, we have revised and updated the CAS Position Paper on Anesthesia Assistants to reflect the tremendous progress that has been made in the profession since the last iteration. The national examination, formal program accreditation and the creation of the Certified Clinical Anesthesia Assistant designation were all made possible by the publication of the National Competency Framework for Anesthesia Assistance in 2016 and anesthesia assistants now have a very sound professional foundation. We have also been in correspondence with Dr Dobson as

he has shared with COACT some of the enquiries that he has had to field about the appropriate use of AAs on behalf of the CAS Standards Committee. We have also incorporated the CAS Appendix on Diversity into the Terms of Reference for COACT which were revised last year.

Some of us were able to attend the **Anesthesia Care and Pain Medicine in Rural and Remote Canada Symposium** which was held virtually on November 20-21st 2020. After seeing the vital role that Family Practice Anesthesiologists (FPA) play in many of our communities, the committee felt that it would be helpful to invite an FPA to join COACT and we are in process of finding a representative with the help of Dr Rob Milkovich CCFP (FPA). I am delighted to report that we also have three other new additions to the committee: Dr Arun Anand is an anesthesiologist at the Moncton Hospital in New Brunswick, Mr Adam Gillis RRT, CCAA is the Health Services Manager of Anesthesia Services and Department of Clinical Perfusion Services at the QEII Hospital in Halifax and Dr Marcus Salvatori is an anesthesiologist at the UHN in Toronto. We extend our thanks Jessie Cox and Mary Robertson, who have completed their terms on COACT after many years of service and I am also very grateful to several of our members who have chosen to extend their terms.

The next few years are likely to be very eventful as we try to deal with the huge surgical backlog of cases left in the wake of the pandemic and also try to optimize access to anesthesia services across the country. Several COACT members have expressed their concern at the prospect of the independent deployment of nurse anesthetists in British Columbia, and we support the CAS Executive as they formulate a collective response. We have also joined with the Canadian Society of Respiratory Therapists (Dr Andrew West, CEO, Ms Carolyn McCoy, Director of Accreditation and Professional Services, Mr Rob Bryant, Chair CCAA Network) in responding to a particularly inflammatory and misleading letter published in the Canadian Medical Association Journal (J Booth, Anesthesia assistants – a failed solution since 2005, CMAJ, 192(41), E1216) The full text of our joint reply is at <https://www.cmaj.ca/content/192/41/E1216/tab-e-letters>

The national AA examination was held on October 26, 2020 and 15 of the candidates were successful. All successful candidates applied to the CSRT for CCAA status. There are currently 509 CCAAs across the country, although 22 have failed to meet the ongoing maintenance criteria so they will lose the designation and will be required to apply to the CSRT Board and complete an eligibility audit prior to reinstatement. The next exam will take place on October 25, 2021. Dr Claire Middleton will be stepping down as the COACT representative on the interprofessional examination committee, and her term as Chair of COACT is also coming to an end, so at our next meeting we will be looking for volunteers to fill both roles.

CONTINUING EDUCATION AND PROFESSIONAL DEVELOPMENT

Cristina Mita, CAS Manager, Education and Policy

CEPD Committee Staff Liaison

Accreditation Activity

The start of the COVID-19 Pandemic in March 2020 saw all Canadian CPD providers having to cancel, postpone or completely transform their programs and adapt them to a virtual setting. As an immediate reaction, scheduled events had to be cancelled and we had two external accreditation applications that were withdrawn.

All CPD efforts were quickly redirected to preparing the medical workforce to deal with the pandemic and address the many unknown factors. In recognition of the unprecedented situation, the Royal College temporarily streamlined the accreditation process so that COVID-19 related activities could be approved and disseminated quickly. As a result, Section 1 and 3 COVID-19 related activities could be approved with a reduced application package consisting of a checklist signed by the physician responsible for overseeing the content development and a summary of the evaluation forms for the activity. This allowance remains in place until the federal government lifts pandemic-related measures.

Moreover, as approved by the Royal College, CAS could temporarily grant retroactive accreditation for COVID-19 activities that took place between January 1, 2020 and April 22, 2020 and met all the requirements in the self-approval checklist.

In total, we accredited eight COVID-19 related activities, six through the retroactive process and two through the simplified process. Of these, five were CAS webinars addressing the following topics: PPE and self-protective measures for anesthesiologists, airway management & COVID-19 Disease, COVID-19 diagnosis and ventilator management strategies, physician wellness during the COVID-19 pandemic and resuming elective procedures.

The Royal College also decided to waive the traditional 40-credit minimum requirement for 2020, allowing physicians to focus on emerging pandemic priorities and taking care of themselves. Together with the shift to a virtual setting, this impacted the number of accreditation applications we have received in 2020. Our CEPD reviewers accredited seven non-COVID-19 activities – five Section 1 and two Section 3 SAP. Two of the Section 1 applications and both Section 3 applications were for CAS activities.

As expected, the accreditation revenue was significantly reduced compared to the previous year.

	2019	2020
Accreditation revenue	\$14,500	\$ 1750

Number of completed applications	19	15 – 8 COVID-19 related, 7 regular activities
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CPD Provider Status

In May 2020 CAS submitted an Action Plan to the Royal College, addressing the three partially adherent standards identified in the 2019 reaccreditation as a CPD provider. The Royal College has confirmed that our plan successfully responds to all standards, and our next Interim Report is due no later than June 1, 2022.

CPD Strategic Planning

The CEPD Committee had planned a strategic planning meeting for 2020. Unfortunately, due to the pandemic, the meeting has been postponed for the foreseeable future. However, work has been done towards clarifying roles, responsibilities, and processes for CPD development and accreditation. This will serve as the basis for future planning, together with an educational needs assessment survey scheduled for 2021.

Committee Meetings and Membership

The Committee met two times in 2020, in January and June. The resident representative, Dr Alexander Poulton stepped down in the Summer when he became a certified anesthesiologist, and Dr Hilary Grocott stepped down in December when he ended his term as Editor-in-Chief for the *Canadian Journal of Anesthesia*. Dr May-Sann Yee stepped down as Chair in December for personal reasons. We would like to thank them all for the time dedicated to our Committee and their support, wishing them all the best in their future projects. We are actively seeking a new CEPD Committee Chair.

DIVERSITY, EQUITY AND INCLUSION

Dr Gianni Lorello, FRCPC – Chair

The CAS Diversity, Equity and Inclusion Committee was formed November 2019 after having previously been a Working Group. At present, the committee is chaired by Dr Gianni R. Lorello, Vice-Chair Dr Miriam Mottiar, and has nine members. The committee's mandate is to support CAS in creating an organization that places the principles of equity, diversity, inclusion, and belonging at the centre of every decision it makes. The Committee is working to expand its reach within CAS and is working with other Committees and Sections to offer guidance on issues of equity, diversity, and inclusion.

Please see the CAS and ACUDA joint statement on Diversity and Inclusion here:

https://www.cas.ca/CASAssets/Documents/About-Us/CAS_ACUDA_DI_Statement_FINAL.pdf

Gianni Lorello, Chair
Miriam Mottiar, Vice Chair

PHYSICIAN WELLNESS

Dr Saroo Sharda, MBChB MMed FRCPC – Chair

Committee Members:

Anita Chakravarti, Vice Chair
Fahad Alam
Sukhjeewan Basran
Tumul Chowdhury
Chris Durr
Claudia Gomez
Vit Gunka
Mika Hamilton
Jennifer Klinck
Judy Marois
Allana Munro
Brittany Prevost
Nicole Quigley
Mandeep Singh
Hamed Umedaly
Anne Wong

The physician wellness committee is the newest of all the CAS committees with a mandate to support practices that encourage anesthesia physician wellbeing and health, while also addressing the increasing rates of burnout in our specialty.

The need for more formalized work in this area was highlighted after a wellness panel I participated on at the CAS annual meeting in Calgary. There was overwhelmingly positive feedback after the panel, as well as feedback regarding the need to pay more attention to anesthesia physician wellness. I approached CAS leadership about forming a wellness committee.

Shortly after the committee was struck, COVID-19 hit. The wellness committee mobilized rapidly and hosted a webinar on April 5, 2020 with guest speakers, Dr Mamta Gautam (psychiatrist specializing in physician health), Dr Anita Chakravarti (Vice Chair Wellness Committee and mindfulness practitioner), Mr Ted Bober (director of clinical services at Physician Health Program, Ontario Medical Association) and myself (Chair physician wellness committee and narrative medicine facilitator). This event was accredited for section 1 credits. With over 300 attendees and extremely positive feedback, we went on to organize our second event of the year, peer support training.

Feedback from the webinar, as well as informal feedback from members, was that peer support was much needed during the pandemic, and anesthesiologists wished to be appropriately trained. We secured expert trainer, Patti McCord, and held a virtual one-day workshop on October 24, 2020. Anesthesiologists attended from around the country, and we also live tweeted pearls from the session. The event was accredited for Section 3 credits. Feedback was again, overwhelmingly positive, and a desire to learn more about peer support was gleaned. Participants received a certificate of attendance.

Our third event, held on February 6, 2021, built on the theme of peer support. Three experts, all of whom have built successful peer support programs in their institutions, Dr Bryan Bohman (anesthesiologist Stanford University), Dr Andrea Lum (radiologist, University of Western Ontario) and Dr Jonathon Sam (pediatrician, Halton Healthcare), outlined their strategies for building successful peer support programs in academic and community settings. Interactive breakout rooms then followed, as well as an interactive Q & A, where participants had the opportunity to ask questions re building their own peer support programs. Informal networking also occurred, whereby anesthesiologists with an interest in wellness, were able to create connections and relationships with one another.

Feedback from the event included comments such as:

“Excellent workshop and hopefully other resources can be made available to help support physicians who wish to take program ideas back to their institutions.”

“What an amazing workshop, so well chaired with generative discussions and memorable poems.”

“Great workshop: Engaging and insightful.”

Our focus for 2021 is to build out our research work (led by Dr Mandeep Singh) and to embed the results of this work into our CAS Standards. I am collaborating with Dr Gregory Dobson regarding this, and our first research project is underway.

I am proud of the depth and breadth of work we have been able to achieve as a committee in a short time, and am particularly grateful to Vice Chair Anita Chakravarti for her expertise and support in this work.

QUALITY AND PATIENT SAFETY COMMITTEE

Dr Lucie Filteau FRCPC – Chair

2020 Annual Meeting

The pandemic resulted in a switch to a scaled down, virtual annual meeting. The QPSC was delighted that the John Wade Patient Safety Symposium made the cut. The session, entitled “Leveraging the Learning Healthcare System-Lessons Learned” was presented by Drs Conor McDonnell and Susan Moffat-Bruce and moderated by Dr Lucie Filteau. The session was well attended and very well received. Sadly, with the change to a virtual meeting format, the Safety Workshop had to be cancelled but we look forward to holding this session at our next in person annual meeting.

Patient Safety Abstracts Review - Ian White Patient Safety Award

With the emergence of the pandemic in March, cancellation of the Ian White Patient Safety Award was considered (to avoid overburdening the committee members). Several QPSC members generously volunteered to step up and score the abstracts, so in the end we were able to award the prize. The winning abstract was submitted by Dr Jason Chui: “A Novel Approach for Assessment of the Efficacy of Somatosensory Evoked Potentials for Detection of Peripheral Nerve Injury: A proof-of-concept study.”

Educational Opportunities in Quality and Safety

The Committee created a helpful resource list for CAS members looking for further training in Quality and Safety. It can be found on the QPSC Committee’s page on the CAS website: (<https://www.cas.ca/en/about-cas/committees/quality-and-patient-safety/qps-training-and-certification-opportunities>).

Committee Collaboration

The QPSC has benefitted significantly from its close relationship with the Standards Committee. Wanting to increase its opportunities for collaborative activities, the QPSC invited the Chairs of the CAIRS and Physician Wellness Committees to become QPSC members. These offers were enthusiastically accepted and the ToR have been updated to reflect these strengthened relationships.

EDI/Representation

The QPSC has continued its ongoing commitment to enhance diversity in its membership, as well as in its chosen speakers for educational events.

Succession Planning

Dr Filteau's 3 year term is soon coming to an end and Dr Conor McDonnell has been chosen to take on the position of QPSC Chair. He has already started transitioning into this role and will officially start his term in the Fall of 2021.

RESEARCH ADVISORY COMMITTEE

Dr Gregory L Bryson, FRCPC MSc – Chair

The Canadian Anesthesiologists' Society (CAS) Research Advisory Committee (RAC) is composed of CAS members from across the country that include Dr Gregory Bryson (Chair), Dr Philip Jones (Vice Chair), Dr Hilary Grocott (Editor-in-Chief of the Canadian Journal of Anesthesia), Dr Adriaan Van Rensburg (Annual Meeting Committee Chair) and Dr Colin Suen (Resident member). Dr Jones replaced Dr Étienne de Médicis whom the committee thanks for his years of service.

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 donors. The 2020 program offered five operating grants: one for residents, two for new investigators, and two open awards for which all investigators were eligible. The CAS Career Scientist Award is offered in alternating years and was not awarded in the 2020 application cycle.

The grant application period closed in January 2020 with 29 proposals submitted and each of the 26 eligible applications was reviewed by three committee members. Due to the COVID pandemic, the Grant Standing Subcommittee met by videoconference to adjudicate applications, scores, and recommend winners of each award. The RAC was pleased to recommend the following investigators and their projects for the 2020 awards:

Ontario Anesthesiologists – CAS Residents' Research Grant.

Dr Colin Suen. Department of Anesthesiology and Pain Medicine, University of Toronto. Postoperative high flow nasal cannula versus continuous positive airway pressure for patients with obstructive sleep apnea undergoing cardiovascular surgery: a pilot study.

New Investigator Awards

Canadian Anesthesiologists' Society Research Award

Dr Mandeep Singh. Department of Anesthesiology and Pain Medicine, University of Toronto and Toronto Western Hospital. Measurement of patient-reported outcomes and sleep health domains in the patients undergoing non-cardiac surgeries, for the TRANslating sleep health into QUaLity of recovery (TRANQUiL) program: A feasibility study.

Dr Earl Wynands Research Award

Dr Jacobo Moreno Garijo. Department of Anesthesiology and Pain Medicine, University of Toronto and Toronto General Hospital. Nurse-performed lung ultrasound versus chest radiography for detection of pneumothorax after mediastinal drainage removal post cardiac surgery.

Open Research Awards

Dr R A Gordon Research Award

Dr Gregory Hare. Department of Anesthesiology and Pain Medicine, University of Toronto and St Michael's Hospital. Adaptive Metabolic Changes in Cardiac Myocyte Metabolism Contribute to Enhanced Myocardial Performance in Translational Rodent Models of Acute Anemia.

CAS Research Award in Memory of Adrienne Cheng

Dr Anahi Perlas. Department of Anesthesiology and Pain Medicine, University of Toronto and the Toronto Western Hospital. Do standard preoperative fasting guidelines ensure an "empty" stomach in diabetic patients? A cross-sectional comparative study.

The pandemic also prompted the Canadian Anesthesiologists' Society (CAS) and the Canadian Anesthesia Research Foundation (CARF) to offer a unique funding opportunity to evaluate the impact of the coronavirus disease (COVID-19) pandemic on the health and safety of health care workers. A call for proposals closed May 29, 2020 and the RAC again reviewed, scored and adjudicated 19 submitted and eligible proposals. Congratulations to our winners:

Dr Janet Martin, Department of Anesthesia and Perioperative Medicine, Western University. COVID-19 Infections, Complications and Deaths in Perioperative Physicians and Surgical Patients.

Dr Ana Sjaus, Department of Anesthesia, Pain Management and Perioperative Medicine, Dalhousie University. Preliminary evaluation of a novel airborne pathogen containment device; reduction of ambient contamination during aerosol generating medical procedures.

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

Regrettably, for the second consecutive year the RAC received no nominations for the CAS Research Recognition Award. We encourage CAS members and Section Leads to nominate a deserving researcher for this award.

As noted above, 3 of 29 submitted applications were ineligible for the 2020 research awards competition. In each case, the applicant was ineligible because their membership in the CAS was inadequate. The Terms of Reference for CAS Research awards state "The applicant must be a CAS member in good standing in the year prior to the award year, at the time of grant application, and must remain a member in good standing during the tenure of the award." The RAC asks Board members and ACUDA Chairs emphasize the importance of CAS membership among their researchers.

The RAC would like to highlight the concentration of this year's CAS Research Awards at the University of Toronto. As reported in the June 2020 issue of CAS Anesthesia News, 12 of 29 (41%) of applications were submitted by investigators from uToronto. With four other Ontario universities submitting 7 additional proposals, nearly 66% of all 2020 applications originated in Ontario. The RAC assures the Board that the adjudication process was as unbiased as possible and asks ACUDA departments across the country to encourage their researchers to participate in this important CAS program.

Finally, the RAC would also like to take this opportunity to thank Dr Jim Beckstead whose generous donation to CARF will be incorporated into a new award. The RAC and CARF will work together with Dr Beckstead to create an award that befits his generosity and interests.

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

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. The Committee ensures that the *CAS Guidelines to the Practice of Anesthesia* and its appendices and position statements are updated and improved annually consistent with new developments in practice, technology and patient safety. We support learning and knowledge translation of best practice through publications and presentations. 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 subspecialty representation, as well as diversity and inclusion as dictated in our Terms of Reference and by the CAS. We underwent some membership changes during 2020:

Dr Gregory Dobson, Nova Scotia, Chair
Dr Lucie Filteau, Ontario, Quality and Patient Safety Chair
Dr Lorraine Chow, Alberta
Dr Rob Milkovich, FPA, Ontario
Dr Kathryn Sparrow, Newfoundland
Dr George Wang, Alberta, incoming resident member
Dr Andrew Mine, Nova Scotia
Dr Ian McIntyre, Manitoba
Dr Giuseppe Fuda, Quebec

Our committee said farewell to Dr Heather Hurdle, Dr Michel-Antoine Perrault, and Dr Michael Wong (resident member) in 2020. We wish to sincerely thank them for their valuable service and to wish them all the best in future endeavors.

The committee had a very productive year in 2020 despite the challenges imposed by the COVID-19 pandemic. We had teleconferences but were unable to have annual face-to-face meetings at the June CAS Meeting that was scheduled for Halifax. Several important changes were approved by CAS' Board and included in the *CAS Guideline Revised Edition 2020* released in the CJA and on the CAS website in January 2020 that reflected our work through 2019. We wish to give special thanks to the CAS Executive and Board for working cooperatively with us modifying the usual process for Guideline approval in the absence of being able to present our proposals to Board in person. We would also like to sincerely thank the staff at the *Canadian Journal of Anesthesia (CJA)* for being flexible with us to achieve smooth publication of the *CAS Guidelines -revised edition 2020* in the *Journal*. I wish to personally thank Ms. Carolyn Gillis and the outgoing Editor in Chief Dr Hilary Grocott for the enormous support and patience they have always offered our committee.

Approval was achieved for publication of the following new and revised content for the *Guidelines Revised Edition 2020*:

- 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 premedication for Cesarean 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 the 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.

We had made plans to complement the new content contained in the release of the *Revised Edition 2020* related to the issue of opioids and opioid stewardship. Dr Christopher Harle had graciously offered to prepare a presentation in cooperation with Standards to be delivered in June 2020 in Halifax. It was to be titled “Operating Room Narcotic Stewardship and the Opioid Crisis – we can do better”. Although we were unable to include it for the 2020 online meeting, we hope to present it in the future.

During 2020 the Committee worked hard developing several new proposals for the *Revised Edition 2021*. The proposals address several key areas with the view to achieving approval and to have them published in the *2021 edition*. Areas of attention will include:

- Additional general recommendations related to anesthesia medication safety and error prevention, under section 3.1 Responsibilities of the Healthcare Facility, that expand on recommendations introduced in the 2020 Revised Edition that were specific to safety and diversion prevention for controlled medications (e.g. opioids)
- The addition of Brain Natriuretic Peptide (BNP/NT-pro BNP) as a preoperative investigation to be considered for patients with, or at risk for, significant cardiovascular disease.
- A revision to the section 4.2 Fasting Guidelines to clarify the role of H2 Receptor blockers in the management of patients presenting for Cesarean delivery (see accompanying editorial)
- An entirely new section 5.7 Patient Positioning to address the critical importance of meticulous planning, execution, and rechecking of positioning for patient safety.
- A minor but important change related to the requirements for documentation of initial vital signs in PACU necessitated by the expanding implementation of Anesthesia Information Management Systems
- The recommendation that during patient transport and in PACU, if patients with in situ endotracheal tubes require supplemental oxygen, that it should only be administered utilizing devices approved for that application to reduce the risk barotrauma
- Extensive revision to section 9.0, now called Guidelines for Practice of Anesthesia in Remote Locations, addressing the delivery of anesthesia care in remote locations both within and outside of a hospital facility. An important recommendation is that anesthesia staff should have appropriately trained anesthesia support personnel (e.g. Anesthesia Assistant) present or immediately available to assist them.
- Appendix 5: Position Paper on Anesthesia Assistants will have been significantly revised in cooperation with the CAS Committee on the Anesthesia Care Team

The Standards Committee receives a significant number of queries and questions annually related to interpretation of our *Guidelines*, including challenges to our positions 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 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. We are currently receiving several inquiries focused on patient safety and patient selection related to the delivery of anesthesia care in remote locations in particular out-of-hospital facilities as demand for anesthesia services in these locations grows rapidly. We plan to continue to review the best available recommendations and to improve the specificity of the CAS Guidelines in this important area.

Looking forward to 2021 and beyond, we plan to continue to further update and improve the Guidelines in areas such as: Physician/Provider Health and Wellness, enhanced content related

to human factor enablers during airway management, an update to both the acute pain management and obstetrical regional anesthesia sections and environmental sustainability. We plan to search for new members to join the committee and create a chair succession plan. We wish 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). Knowledge translation is critically important so a review of our effectiveness as a committee and promoting best practice will be undertaken.

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 since 2019. The Past Chair is Dr David Wong, who continues to provide advice on sectional affairs.

The in-person Annual Meeting in Quebec in June 2020 was cancelled due to the COVID-19 pandemic. This was replaced by the virtual Annual Meeting with the limited number of slots for virtual presentation. In the initial in-person meeting, we had invited international speakers from USA to join our Canadian faculties in Ambulatory programs, but it was cancelled due to COVID-19 pandemic.

Professor Girish Joshi, Texas, past president of the society of anesthesia and ambulatory care, was invited to deliver a lecture on “Outpatient total hip and knee arthroplasty – How do we get there?”; while Dr Marc Hamilton from Atlanta was invited to deliver a lecture on “Same-Day Discharge for Hip and Knee Replacement procedure - Achievable? How We Do It Routinely?”. However, both lectures were subsequently cancelled, we hope to deliver these lectures in our future meetings.

The “ambulatory abstract session” had an enthusiastic participation. We encourage to submit the abstract in coming year by awarding the “CAS best ambulatory abstract award”.

The finances are stable. As of 31st March 2021, we have a stable equity. We welcome members to actively participate in our Section.

ANESTHESIA ASSISTANTS

Mr Jared Campbell – Chair

The Section for Anesthesia Assistants (AA) continues to remain somewhat stable. We haven't been the most active of sections; however hopefully 2021 will be different and AA's will start becoming more involved nationally.

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. The lack of a face to face conference has decreased our membership. I feel the lack of travel has caused many previous members to not renew their membership with CAS and the AA section. Perhaps within the new climate of COVID, this will give us some new direction and incentive to become proactive.

The Section has had a few changes over 2020 including a few new members to our AA executive. The chapters finances are also stable.

CARDIOVASCULAR AND THORACIC

Dr Surita Sidhu – Chair

The Cardiovascular and Thoracic Section (CVT) has helped to plan an exciting 2021 Virtual Annual Meeting! CVT Section members will once again be involved in moderating and presenting the sessions and ensuring the meeting is a success. We would like to thank all of our members and colleagues for working so hard during this pandemic, keeping all of our hospitals running, and looking after so many challenging patients in these very demanding times! We encourage all of you to stay safe, and look after yourselves and your colleagues during these difficult times.

We are looking forward to hearing about the experiences of Dr Natalia Ivascu, Professor of Clinical Anesthesiology and Medical Ethics from New York, and Dr Michele Mondino, the Director of the Department of Cardiovascular and Thoracic Anesthesia, from Milan, Italy as they share their experience with COVID-19 and the need for resilience during the pandemic.

With frequently limited resources we have all been challenged to prioritize resources and make determinations about the appropriateness of therapy. In a separate panel session, Dr's Tomas VanHelder and Kate Duncan will be presenting ethically challenging cases. Dr Ivascu will help give a framework to this discussion using the guidelines of ethical decision-making. This should prove a lively discussion and we are attempting to leave lots of time for discussion.

We have an excellent PBLD planned by Dr Thomas Varughese on using TEG to guide transfusion and an update on how to manage novel cardiac devices in the perioperative period presented by Dr Soori Sivakumaran. We also have leaders from thrombosis (Dr James Douketis) and ASRA (Dr Sandra Kopp) presenting on guiding principles in the era of DOACs. Please mark your calendars and we look forward to 'seeing' everyone in June!

The CVT Section also established a social media presence on Twitter (@cas_cvt) and has garnered over 200 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.

The Section's financial health is stable although we have had a slight drop off in membership (from 150 to 127). Please encourage your colleagues to join the CVT section as we are all stronger together!

Both Section and Executive members are fully engaged in PACT (Perioperative Anesthesia Clinical Trials) once again, and we are all looking forward to an in-person meeting in 2022 so we can run live workshops and network together again!

Canadian Anesthesiologists' Society
Annual Report 2020

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. This year's presentation was given by Dr Hilary Grocott and was entitled "Standing on the Shoulders of Giants: And Other Implications for Research and Progress in Cardiac Anesthesia". It was an excellent lecture by Dr Grocott, we are very proud that he represented us by giving the presentation at the SCA! In addition, the section will be supporting the Canadian Anesthesia Research Foundation (CARF) with a \$5000 annual grant for the next two years.

Dr Diem Tran – Vice Chair

Dr Tarit Saha – Secretary/Treasurer

Dr Marelise Kruger-Footit, Member-at-Large

Dr Geoff Zbitnew, Member-at-Large

CRITICAL CARE MEDICINE

Dr Faisal Siddiqui, FRCPC – Co-Chair

Dr Tristan Alie, FRCPC – Co-Chair

The Critical Care Medicine Section includes 70 CAS members from across the country with an interest or role providing critical care management of patients.

In 2020, the Annual Meeting was converted to a virtual meeting causing changes in the sessions that the Critical Care Section could provide. As such, we had a small footprint on the schedule. In 2021 we plan on continuing the Critical Care Medicine Update including management of patients after return of spontaneous circulation and an approach to long-term sedation as required in Critical Care.

The Critical Care Medicine Section will also be supporting resident research by providing an award in the resident competition for the best poster in the field of Critical Care.

With the pandemic causing disruptions across all provinces, the need for critical care competent physicians has never been more acute. Anesthesiologists across Canada have stepped into roles to support the care of critically ill patients and our skill set provides us with the tools necessary to care for these complex patients. We hope that this continues to encourage anesthesiologists to engage in critical care patient management when required and look to our CAS section to help provide additional education opportunities.

ENVIRONMENTAL SUSTAINABILITY

Dr Rakesh V Sondekoppam – Chair

Dr Timur Ozelsel DESA - Vice Chair

The environmental sustainability section executive consists of Dr Rakesh Sondekoppam (Chair, Edmonton), Timur Ozelsel (Vice Chair, Edmonton), Vivian Ip (Secretary-Treasurer, Edmonton). As Dr Sondekoppam will be completing his term as chair in June of 2021, we will be seeking a new Secretary-Treasurer as Dr Ozelsel transitions to being Chair and Dr Ip transitions to being Vice-Chair. The Section currently has 52 members with its membership growing every year and its finances are healthy.

We had to cancel our section events for the CAS Annual Meeting in 2020 due to the COVID pandemic but we are hoping to have an exciting scientific program at the upcoming CAS Annual Meeting this year with eminent speakers like Jodi Sherman, Andrea McNeil and Timur Ozelsel delivering talks at the upcoming event. Additionally, we plan to conduct a CME event later this year with the theme of environmental sustainability in healthcare and discuss with the CAS executive board to provide a best of the meeting abstract and best paper award for environmental sustainability in perioperative arena. We will continue to support anesthesiologists, advocacy groups and other organizations working on the environmental sustainability initiatives of perioperative arena. The finances are stable. We welcome members to actively participate in our Section and we look forward to interacting with our colleagues in the coming year.

NEUROANESTHESIA

Dr Jason Chui, FRCPC - Chair

The Neuroanesthesia Section executive comprised: Dr Jason Chui (Chair, London), Dr Tumul Chowdhury (Vice Chair, Toronto), Dr Melinda Davis (Secretary/Treasurer, Calgary), and Dr Alana Flexman (Past Chair, Vancouver). Dr Melinda Davis joined as the newest member of our executive in July 2020. The Neuroanesthesia Section continues to have stable membership with currently 69 members and the finances are healthy.

The Neuroanesthesia Section organised a virtual Meeting amid the pandemic, featured as a free webinar for CAS NeuroAnesthesia section members, which took place on Thursday, June 18, 2020. The aims of the virtual meeting were to encourage scientific discussion about the “current challenges in managing neurosurgical patients during pandemic” and to maintain communication amongst section members during this difficult time. Despite the difficulty and limitations of the virtual setting, we are very pleased with the outcome and the participation of our section members. Dr Tumul Chowdhury moderated this session. Dr Alana Flexman presented a comprehensive overview on ‘Neurological manifestations of COVID patients’ highlighting various pathophysiological process, followed by Dr Jason Chui who provided in-depth overview of ‘Anesthesia for spine surgery in COVID pandemic’. Thereafter, Dr Venkatraghavan presented his talk on ‘Anesthesia for mechanical thrombectomy in COVID pandemic’ discussing the changes of practices during COVID pandemic. In addition, several practical challenges during pandemic were discussed amongst the panel and the audience. Last but not least, Dr Melinda Davis presented an interesting talk on the impact of COVID pandemic on educational training of fellows and residents.

We continue to support neuroanesthesia research in Canada, including the Top Abstract Award in Neuroanesthesia at CAS meeting. Congratulations to the 2021 winner of the Top Neuroanesthesia Abstract, Dr Sandy Bae and colleagues, Western University for her abstract entitled “The Efficacy of Perioperative Pharmacological and Regional Pain Interventions in Adult Spine Surgery: A Network Meta-Analysis and Systematic Review of Randomized Controlled Trials.”

The Neuroanesthesia Section has been actively collaborating with other neuroanesthesia societies. Our section, Society for Neuroscience in Anesthesiology and Critical Care (SNACC), the Journal of Neurosurgical Anesthesiology (JNA) co-hosted a Twitter journal club on 12th January, 2021 over a 24-hour period. The event was featured as a free ‘open-to-all’ online forum on Twitter to facilitate scientific and clinical discussion and to advance perioperative neuroscience amidst COVID pandemic. The event has invited all members from the CAS Neuroanesthesia Section, SNACC, and the readers of JNA. In this Twitter Journal club, we have discussed a Journal of Neurosurgical Anesthesiology Editor’s Choice article from the January 2021 issue, “Patient-specific ICP Epidemiologic Thresholds in Adult Traumatic Brain Injury: A CENTER-TBI Validation Study.” Questions were posted every six hours to stimulate discussion

about the article. Anesthesiologists, neuro-intensivists and neurosurgeons in different time-zones around the world have tweeted their comments and sent “likes’ for their favourite tweets. There were great discussions around individualized brain monitoring technique, individualized and epidemiological intracranial hypertension threshold, and difference of institutional protocol.

Our section members continue to have an international presence in the neuroanesthesia community and contribute in the SNACC and JNA. Dr Alana Flexman serves as the Vice President for Education and Scientific Affairs, Dr Jason Chui is involved in Clinical Affair Committee, and Dr Tumul Chowdhury is involved with Trainee Engagement Committee. Dr Alana Flexman serves as the Associate Editor in JNA, and Drs Jason Chui serves as the Editorial Board members of JNA.

During COVID, we have gained plenty of experience in organizing and delivering teaching in a virtual format. Our section would like to promote education in Neuroscience and Neuroanesthesia at the national level. The plan is to host regular rounds on a variety of topics in Neuroanesthesia to allow sharing of experiences across the country and build a more collegial Neuroanesthesia society in Canada. The Neuroanesthesia executives have reached out the Program Directors of Neuroanesthesia in the country and received good responses for participation. We are looking forward to organizing our first regular virtual round in Autumn this year.

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.

CAS Neuroanesthesia Executives

- **Jason Chui, Chair**
- **Tumul Chowdhury, Vice Chair**
- **Melinda Davis, Secretary and Treasurer**
- **Alana Flexman, Past Chair / Social Media**

OBSTETRICS

Dr Valerie Zaphiratos, FRCPC – Chair

The Executive Board (as of June 2020 and to the present) 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).

With the decision of CAS to move to a virtual meeting for June 2020, we were very pleased that Dr Ron George (San Francisco, US) represented the Obstetric section with a virtual presentation on “What’s new in Obstetric Anesthesia: A comprehensive review of the top articles in our field”. The presentation was moderated by Dr Wesley Edwards (Ottawa).

Shortly after the beginning of the pandemic, Dr Ron George formed a WhatsApp COVID CAS OB Anesthesia group with 20 Canadian Obstetric Anesthesiologists representing their centres across Canada. The administrators of this group include Dr Zaphiratos (OB section Chair) and Dr Edwards (OB section Vice-chair). Exchange on this virtual group has been beneficial with pertinent, collegial and engaging discussions. In the late fall of 2020, the group name was changed to CAS OB group as discussions broadened to include issues unrelated to the pandemic. Such a platform has been requested in past years at the CAS OB section business meeting and due to the pandemic, this initiative became a reality. The support and expertise of this virtual group of Obstetric Anesthesia leaders has been essential during these difficult times.

Among the discussion on the CAS OB WhatsApp group, the idea of having a national Canadian website to help inform the public regarding labour analgesia and anesthesia was born. Dr Katie Seligman (Vancouver, formerly of New Mexico, US) had already created such a website (www.thepainlesspush.com) and has agreed to have it become the official CAS website for information on labour analgesia and anesthesia. Work on the website is underway with a CAS OB section sub-committee to ensure its content reflects the reality of Canadian practice. We are awaiting confirmation of CAS endorsement of the website.

CAS OB section membership remained fairly stable with 142 members and the Section's financial health is very stable.

For the CAS 2021 virtual meeting, the CAS OB section panel discussion: “Pregnancy, Birth, and COVID-19 in Canada: what are the lessons learned?” will take place on Saturday June 12th. The panel will feature Obstetric Anesthesiologist, Dr Paul Wiczorek (Jewish General hospital, Montreal) who has extensive experience managing COVID-19 obstetric patients, Dr Darine El-Chaâr (Ottawa), Obstetrician with specific expertise on COVID-19 obstetric patients, and Dr Véronique Morin (Montreal and Nunavik), specialized in public health who will discuss management of the COVID-19 pandemic. In addition, the CAS OB section will offer a virtual PBLD on post-partum hemorrhage led by Dr Wesley Edwards.

PERIOPERATIVE MEDICINE

Dr Tom Mutter, MSc FRCPC – Chair

The Perioperative Medicine Section Executive includes Dr Tom Mutter (Chair, Winnipeg), Dr Duminda Wijesundera (Past Chair, Toronto), and Dr Angela Jerath (Vice-Chair, Toronto). The Section currently has 127 members and its finances are healthy. The Section continues to support the Best Paper Award in Perioperative Medicine at the CAS Annual Meeting.

In the abbreviated 2020 virtual meeting, the section offered a well received session on prehabilitation and the role of geriatric consultation for older surgical patients. For the 2021 virtual meeting, the section is offering sessions with accomplished Canadian and international speakers. Topics include iron deficiency anemia in the perioperative period and the assessment and management of surgical patients with cerebrovascular disease and cognitive impairment.

The Section Executive is currently seeking a member to fill the role of Secretary-Treasurer. Interested applicants and members with ideas for section activities should approach Dr Tom Mutter through anesthesia@cas.ca.

REGIONAL AND ACUTE PAIN

Dr Patrick Wong – Chair

It has been a year of transition for the Regional and Acute Pain section executive team, with Dr Kwesi Kwofie stepping down in June 2020, and succeeded by Dr Patrick Wong. Dr Vishal Uppal became the new vice chair at the same time.

We made a significant change in our executive team composition this year by adding two new positions – secretary and section engagement officer. Our hope is that by expanding the executive team, the section leadership will get more input, which will help us better meet the needs of the section members. After soliciting for applicants, Drs Ushma Shah and Vivian Ip have joined the executive team in these new positions starting spring 2021.

To meet our goal of member engagement, the executive team has committed to creating our periodic section newsletter. We have decided to distribute this to all CAS members rather than just members of our section. Hopefully this will pique the interest of more Canadian anesthesiologists in the field of regional anesthesia and acute pain. The first newsletter came out in Dec 2020, and we plan to have another one out prior to the Annual Meeting.

Traditionally, our section delivered on our education mandate at the CAS Annual Meetings via lectures, section events and hands-on workshops. The virtual format for this year's Annual Meeting has really limited our section's presence (most importantly the lack of hands-on workshop this year). Nevertheless we have selected a few really relevant topics to be presented at the Annual Meeting, along with a PBLD session. Finally, we are also in the process of developing a regional anesthesia focused learning module for the CAS website, to further enhance our education offering.

Dr Vishal Uppal – Vice Chair

Dr Ushma Shah – Secretary

Dr Vivian Ip – Section Engagement Officer

Dr Kwesi Kwofie – Ex Chair

RESIDENTS

Dr Rabail Chaudhry – Chair

Section Executive:

Safia Nazarali, Vice-Chair
Micheal Szpejda, Vice-Chair
Mellisa Liu, Finance Officer
Maria Salman, Board Representative
Lauren Riehm, Communications Officer
Adam Hsieh, Wellness Officer
Samuel Jensen, Resident Engagement Representative

Our Mandate

1. Creating a connected community of Canadian anesthesiology residents
2. Representing Canadian anesthesiology residents to the CAS
3. Delivering programming relevant to anesthesiology residents

Highlights

Our team of residents from across Canada has been active in promoting resident engagement in CAS. Many initiatives to enable this engagement were planned for this year including but not limited to the CAS Annual Meeting:

- The CAS Residents Executive Council was restructured to include three new engagement positions: wellness officer (represented this year by Dr Adam Hsieh), communications officer (represented by Dr Lauren Riehm), and the resident engagement representative position (represented by Dr Samuel Jensen).
- Re-engagement of CAS University Representatives was initiated, and surveys were utilized to understand engagement needs and expectations of residents across the nation.
- Developed a collaborative agenda for resident engagement and wellness with the CAS Wellness Committee. These initiatives are under discussion and will be implemented for the upcoming year.
- The communications officer role is dedicated to enhancing our communication with residents using social media platforms. A progressive plan of utilizing social media to improve resident engagement is in place and will continue over the upcoming year.
- For the CAS Annual Meeting, a diverse group of speakers from Canada and the United States were organized to deliver a program relevant to residents and fellows.

- To encourage resident attendance at the CAS Annual Meeting we utilized our budget to design and distribute scrub hats with the CAS logo for residents across the nation that are registered to attend.
- We planned the continuation of the CAS Resident Mentorship Program. As the meeting would be held virtually, we have re-designed the format for mentorship matching and a Virtual/Online Mentorship program was suggested for the subsequent year.

EVENTS FOR RESIDENTS PLANNED FOR THE CAS ANNUAL MEETING

The following events are planned for the 2021 CAS Annual Meeting.

- 1. Speaker Series** We planned to offer the following programming specifically aimed at our resident audience:
 - “Individual Interventions Not Enough to Alleviate Burnout” (Dr Amy Vinson, Boston Children’s Hospital)
 - “Lead: Careers Beyond Academia” (Dr Tariq Esmail, Dr Jesse Goldmacher, and Dr Soniya Sharma)
- 2. Mentorship Program:** Considering previous 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.

We look forward to a successful CAS Annual Meeting in June. This a challenging year, but it was once again a pleasure to serve CAS.

The Executive Council
CAS Residents Section

OTHER REPORTS

ASSOCIATION OF CANADIAN UNIVERSITY DEPARTMENTS OF ANESTHESIA (ACUDA)

Dr Colin McCartney, MBChB PhD FRCA FCARCSI FRCPC – President, ACUDA

The ACUDA Executive is currently comprised of the following members:

- President: Dr Colin McCartney, University of Ottawa
- Vice-President: Dr Mateen Raazi, University of Saskatchewan
- Secretary-Treasurer: Dr Michael Bautista, Memorial University of Newfoundland
- Past-President: Dr Roanne Preston, University of British Columbia

The Annual General Meeting of ACUDA typically occurs in June in advance of the CAS Annual Meeting. Because of the in-person CAS meeting cancellation due to COVID-19, both meetings took place virtually this year. ACUDA held a half-day virtual meeting on June 26, 2020 for planning purposes and to fulfill its obligations as a not-for-profit corporation. Subcommittee meetings were also held virtually so the Annual Meeting day was composed of two parts:

1. ACUDA Management Committee meeting from 1000-1300 ET
2. ACUDA Annual General Meeting from 1330-1430 ET

Dr Colin McCartney assumed the position of ACUDA President; Dr Mateen Raazi the position of Vice-President; Dr Michael Bautista the position of Secretary-Treasurer; and Dr Roanne Preston the position of Past-President. All positions were ratified at the Annual General Meeting.

Report Headings:

- 1) Incoming and outgoing Chairs**
- 2) ACUDA Plenary June 2020**
- 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 Derek Dillane has replaced Dr Andrew Shaw as Chair at the University of Alberta.

2) ACUDA Plenary 2020: 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.

3) Competency by Design (CBD): CBD is now in year 3 for the majority of universities, and overall is working well. The additional costs associated with CBD training are not being consistently or reliably met by faculties of medicine, and the Royal College web-based CBD 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. Dr Eric Jacobsohn is stepping down at the end of the academic year and ACUDA is currently in process of seeking a new PACT committee chair.

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 required voting by the entire ACUDA membership before final approval, which occurred at the June 2020 Annual General Meeting. In the meantime, the sub-committee had been provisionally approved to start meeting on an annual basis.

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.
- e. A threat by the government of British Columbia to introduce CRNAs is ongoing but recent updates from BC suggest that the key leaders in this process have now stepped down. CAS and ACUDA remain actively engaged in opposing this very inflammatory action.

- f. The need to continue to engage and work with our family practice anesthesia colleagues remains an important issue in order to further address the anesthesia human resources crisis, especially in more rural and remote communities in Canada. Several members of ACUDA attended and contributed to the Anesthesia Care and Pain Medicine in Rural and Remote Regions of Canada Symposium on November 20th and 21st, 2020 organised by Dr Beverley Orser and Ruth Wilson from University of Toronto.

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.

CANADIAN ANESTHESIA RESEARCH FOUNDATION (CARF)

Dr Doreen Yee, FRCPC MBA – Chair

In 2020 The Canadian Anesthesia Research Foundation (CARF) celebrated its 35th year as the CAS Research Award Program's funding partner. In total, seven awards were funded – including two new COVID-19 Research Awards - and a total of \$120,000 was awarded to CAS Research Award winners. CARF and the RAC were instrumental in implementing the two new research awards which would focus solely on the impacts of COVID-19 on healthcare workers. 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 Anahi Perlas
- Canadian Anesthesiologists' Society Research Award - \$30,000; sponsored by CARF and awarded to Dr Mandeep Singh
- Dr R A Gordon Research Award- \$20,000; sponsored by CARF and awarded to Dr Gregory Hare
- CAS Residents' Research Grant - \$10,000; sponsored by the Ontario's Anesthesiologists and awarded to Dr Colin Suen
- Dr Earl Wynands Research Award; \$10,000; sponsored by CARF and awarded to Dr Jacobo Moreno Garijo
- COVID-19 Research Award - \$20,000; partially sponsored by Pfizer and awarded to Dr Janet Martin
- COVID-19 Research Award - \$20,000; partially sponsored by Jarislowky Fraser and awarded to Dr Ana Sjaus

CARF received a sizeable donation of over \$200,000 in stocks from Dr James Beckstead, who served as a Treasurer for CAS for 5 years. The gift, which was received in early 2020, will be allocated towards an endowment fund. Details surrounding the donation will be finalized and confirmed in 2021.

On June 21, 2019 during the AGM, CARF launched a capital campaign called CHANGE 4 CARF at the CARF @ CRAFT fundraising gala. In its second year of the four-year campaign that supports the Career Scientist Award, CARF had received over \$80,000 in pledges from CAS members, with over half of that amount realized by Q4. Over \$10,000 of donations towards the campaign were raised via online monthly giving on 'Canada Helps' in 2020.

CARF received \$25,000 in sponsorship support towards the 2020 Research Awards Program including \$10,000 from Pfizer, \$10,000 from Ontario's Anesthesiologists and \$5,000 from Jarislowky Fraser.

In October 2020, CARF collaborated with Pfizer on a video about the projects that Pfizer supported during the pandemic. The video included a video testimonial from CARF about the details and impact of their donation towards the COVID-19 Research Awards and healthcare workers. Dr Janet Martin, recipient of one of the COVID-19 Research Awards, also provided a

testimonial to Pfizer about the impact of their financial support.

In Q4 of 2020, the CARF investment portfolio had \$2,617,540 in liabilities and equity compared to \$2,327,466.95 in Q4 of 2019. Also, the CAS continues to contribute \$20,000 towards the endowment fund each year, which now totals \$260,000. The total amount of donations received from CAS members were down, due to the cancellation of the AGM in Halifax and CHANGE 4 CARF in-person fundraising event. In Q4, the total amount of general donations was \$61,691.30 compared to \$81,948.11 in Q4 2019. However, there has been an 8.7% rate of return over the course of 2019 and 2020 since Jarislowsky Fraser took over the CARF portfolio.

Thank you to all that supported CARF in 2020.

CANADIAN ANESTHESIOLOGISTS' SOCIETY INTERNATIONAL EDUCATION FOUNDATION (CASIEF)



CASIEF

Canadian Anesthesiologists' Society
International Education Foundation
Fondation d'éducation internationale de la
Société canadienne des anesthésiologistes

Dr Dylan Bould, FRCPC – Chair

As we end another fiscal year, the COVID-19 pandemic has continued to take a toll on our ability to provide in-person anesthesiology residency training in our partner countries of Guyana, Rwanda, and Ethiopia. Despite this, CASIEF has continued to work with our partners through the pandemic, as they have courageously responded to COVID, while also managing their existing need for obstetric, trauma and surgical care. However, these challenges have provided us with the unique opportunity to examine our practices and pivot to a remote mentoring model. Through this shift, we were able to maintain momentum and continue to nurture the development of anesthesia residency programs from a distance. This is a testament to the commitment and passion of our donors, partners, and volunteers. Further, we were also able to shift our priorities to meet the needs of our partners to support them through the pandemic by offering directed teaching sessions related to anesthesia and specific treatment of COVID-19. We were also able to meet some of their PPE needs by assisting with sourcing protective gear so they can continue to provide safe anesthesia residency education during the pandemic.

This year we have had the opportunity to retain a consultant to help us review CASIEF's structure and strategic initiatives. They have completed wide virtual interviews with program leads, board members and overseas partners from each program. A facilitated strategic planning retreat is taking place on June 5, 2021, coinciding with the timing of Dr Joel Parlow assuming the role of CASIEF Chair, and Dr Dylan Bould moving into the role of Past Chair. Future growth, board restructuring, program development and fundraising will be on the agenda.

This year, we have completed four CASIEF videos, created by documentary producer Martin Pupp, to spearhead our promotional and fundraising campaign. We have retained a designer to assist us with our re-branding, including a new logo (above), and a newly designed website (in progress). We hope these initiatives will help us focus on increasing donor support, so we can continue to promote and ensure safe anesthesia care, advocacy, and education in low-to-middle-income countries.

In some ways, the new fiscal year provides us with renewed hope for our partners who have showed tremendous strength and resiliency through the COVID-19 pandemic. Our goal this year is to raise \$250,000, and the same next year. In addition to remote support, we need to get our volunteers and global health fellows back in Ethiopia, Rwanda and Guyana. With our help training frontline healthcare professionals, they can stop preventable deaths from childbirth, unnecessary disability in children and untreated suffering from pain.

CASIEF Programs

Rwanda:

COVID-19 impacted Rwanda along with the rest of the world, bringing in-person CASIEF operations to a halt in early 2020. Fortunately, Rwanda has fared well during the pandemic. The number of new confirmed cases hit its peak Jan 30, 2021 at 27.25 per one million people. Country-wide there have been just over 26,000 confirmed cases, however, this is likely an underestimate due to low testing rates. Although many healthcare workers are vaccinated, vaccination rates for the population have stalled at 2.7% for now.

We are using this period of disruption to in-person support to reassess and refocus the role of CASIEF volunteers in Rwanda. Ana Crawford (Stanford) has handed over the role of CASIEF Rwanda Lead to Jon Bailey (Dalhousie). We want to thank her for her leadership and ongoing support of education in LMIC settings.

A survey of 22 CASIEF volunteers was done to gauge interest in involvement before and after international travel can resume. Twenty had volunteered in Rwanda previously, with 11 having volunteered 3 or more times. At the time of the survey, 15 respondents were not permitted to travel international with another 3 being unsure. Fifteen would be interested in remote education including interactive tutorials (10), pre-recorded presentations (7), practice oral exams (9), case-based discussions (10), and live webinars (3). Many would be interested in longitudinal programs, such as regularly scheduled sessions (5) and mentorship (12). Unfortunately, planning has been complicated due to the current absence of a program director and a recent change in Department Head for anesthesiology.

Guyana:

COVID-19 continues to affect our ability to provide in-person site visits to Guyana, however, we hope to return to in-person volunteer visits in 2022. Remote mentoring has been going well over the past year, with CASIEF and ASA-GHO hosting weekly remote teaching sessions. Focus for the upcoming year will be to continue to solicit feedback from our partners and volunteers to improve our programming as we work towards volunteer placements in January. Dr Ashleigh Farrell has assumed the role of Lead of the Guyana program, with Joel Hamstra continues to provide excellent support.

Ethiopia:

Our efforts have focused on building momentum with our partnership with Black Lion Hospital and Addis Ababa University in Ethiopia, with Julian Barnbrook continuing as CASIEF Lead. Remote teaching has been done in partnership with Queen's University and TAAAC, hosting regularly scheduled sessions facilitated by CASIEF volunteers or members of our partner institutions. Our fundraising efforts for this fiscal year will be directed to making our Ethiopian partnership more robust, including commencing in-person volunteer visits while implementing the same collaborative model that we have in our other partner countries. We are hoping to gradually resume in-person teaching in Addis, starting with Global Health fellows this fall, depending of course on the COVID situation in Ethiopia at that time.

This year has seen the launch of our latest partnership, led by Joel Parlow, in conjunction with Haramaya University in Harar, Ethiopia, Queen's University and the Royal College of Physicians and Surgeons of Canada. In 2020, a new Department of Anesthesiology was created at Haramaya with the first two permanent anesthesiologists. Recently, three new staff have started, and the first anesthesiology residency program has begun, with four residents. Our partners at Queen's have begun weekly virtual core program lectures, with other virtual initiatives to be provided by Queen's and CASIEF volunteers. Future plans include pooling resources between the Black Lion and Haramaya programs, including Canadian volunteers in Ethiopia once in-person travel recommences in 2022.

Burkina Faso:

We have continued contact with our partners in Burkina Faso, under the leadership of Dr Gregory Klar. In person visits were curtailed several years ago due to the unstable security situation involving foreigners, but virtual teaching and limited in person courses have occurred, as well as a visit to Canada by a BF faculty member. We hope to continue to provide assistance to this program during and after the COVID-19 pandemic.

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.

Membership of the Specialty Committee in Anesthesiology

In July, with the valuable input from ACUDA Management and CAS. Dr Michael Cummings, from Queen's University was nominated in-coming chair of the Specialty Committee in Anesthesiology. He will become chair in July 2021.

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 fourth year of implementation. The second iteration of the list of Entrustable Professional Activities (EPAs) has been in use by all programs since July 2019. The new set of EPAs encompasses 49 EPAs and they are much more practical and usable by programs. 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. Toward this end, a group bringing together the Competence Committee Chairs of all programs was formed in 2020 to provide a platform for collaboration among programs and to ensure standardization of the process of work-based assessment and evaluation in the Canadian Anesthesiology programs.

Also, an agreement on overlap of training and assessment of EPAs was made between Anesthesiology and Critical Care Medicine meaning training in Critical Care Medicine will continue to be available to Anesthesiology residents toward the end or after the training in Anesthesiology.

National Curriculum

The third edition of the National Curriculum for Canadian Anesthesiology Residency was finalized in early 2020. The new edition was published on the Royal College website (Anesthesiology – information by discipline webpage) on July 1, 2020. The French translation has been available since early 2021. The National Curriculum describes the knowledge, competencies and skills that are expected of a physician entering practice as a specialist anesthesiologist in Canada. It reflects the knowledge and competencies a resident should have following the completion of an accredited Canadian Anesthesiology residency training program.

A special thank you to Dr Michael Cummings, Dr Mark Levine and Dr Mateen Raazi for their tremendous contributions to this new edition. Thank you to all volunteers from each Canadian Anesthesiology program that contributed to the revision.

Royal College Comprehensive Objective Examination in Anesthesiology

With the World Health Organization's declaration of a COVID-19 pandemic and the rapidly evolving situation in Canada, the Royal College made the decision to postpone spring 2020 exams to the fall and to cancel the applied component (oral exams). Therefore, the written examination in Anesthesiology was held at the end of August 2020 and results were communicated to candidates mid-October.

For the 2021 certification examination, the Royal College has decided to deliver all written and applied exams online. For candidate wishing to use Royal College onsite hardware and software support, there will be 17 exam centres across Canada (individual hotel rooms).

Anesthesiology Workforce

Human resources in Anesthesiology is an important concern throughout Canada. The Specialty Committee and the Royal College are working in collaboration with ACUDA and CAS to identify options and alternatives to face the upcoming shortage in Anesthesiologists. Avenues to increase human resources in Anesthesiology are complex and most must be considered within a medium timeframe.

The number of residency training positions in the Anesthesiology programs have increased in the recent years. Between 2017 and 2019, the number of residency positions for Canadian Medical Graduates (CMG) has increased from 99 to 110 (+11) and the number of residency positions for International Medical Graduates (IMG) has increased from 9 to 11 (+2). 2017 was the year with the lowest residency quota (108) since 2013 (119). In 2020, the number of residency positions was 115. There has been no vacant position in residency training for at least the past three years.

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. Discussions are ongoing.

Route to Certification

The different routes to certification were reviewed in the past year at the Royal College. As of today, the previous routes to certification are all available in their "original format". The Jurisdiction Approved route is intended to close but no date has been determined.

The Practice Eligibility Route (PER) is a route for Internationally trained physicians already licensed. This route has been divided in two branches: one for physicians already practicing in Canada and the other for physicians not working in Canada. The major change within this route

is the access to the exam prior to working in Canada. To enter the PER route, IMGs need to have 3 years of practice in any jurisdiction and training deemed equivalent to Royal College training as assessed by credentials unit. Upon review and approval of their file, they will be eligible to the Anesthesiology Royal College examination. The written and oral exams will be two separate components (effective as of Fall 2021 – 1st CBD cohort) and success at the written exam will be mandatory to sit the orals. Having completed the certification exams might facilitate the obtention of a license to practice in Canada for the IMG working abroad. The certification in Anesthesiology would be granted following 2 years of practice in Canada and after an assessment of the practice.

The draft of a new Practice Ready Assessment (PRA) route to certification for International Anesthesiologists completing a fellowship training in a Canadian University has been approved. This route allows a University Department to offer a path to certification to IMGs completing a fellowship training at their institution. To allow exam eligibility, the candidate would have to go through a local evaluation pathway with work-based assessment tools including the EPAs and review of the assessments by local Competence Committee. The Anesthesiology Departments were invited to participate in a pilot project for this route to certification. There are at least two Departments who have showed great interest.

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 have been fully implemented in July 2019.

CAS Board of Directors, Office Staff, Standing Committees, Section Executive Members, as at December 31, 2020

Executive Committee

President: Dr Dolores McKeen, Halifax, NS
Vice-President: Dr Lucie Filteau, Ottawa, ON
Secretary: Dr Andrew Nice, Saint John, NB
Treasurer: Dr James Kim, North Vancouver, BC
Past President: Dr Daniel Bainbridge, London, ON
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 Rashiq, Edmonton, AB
British Columbia: Dr Jennifer Whittingham, Kelowna, BC

Ex-officio Member

ACUDA President: Dr Colin McCartney, 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
RCPSC Representative: Dr H el ene Pellerin, Qu ebec, QC

National Office Team

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

Kamilla Molnar – Director, Finance, Human Resources & IT

Amanda Cormier – Director, Communications, Membership, Education and Events

Cristina Mita – Manager, Education and Policy

Erin Vanderstelt – Manager, Membership Engagement & Growth

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

Dr May-Sann Yee stepped down in December 2020. The position is currently vacant.

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 Daniel Bainbridge, London, ON

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 Summer Syed

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 Jason Chui

Obstetric

Chair: Dr Valerie Zaphiratos

Pediatric

Chair: Dr Katherine Taylor

Peri-operative Medicine

Chair: Dr Thomas Mutter

Regional and Acute Pain

Chair: Dr Patrick Wong

Residents

Chair: Dr Rabail Chaudhry

Section for Environmental Sustainability

Chair: Dr Rakesh Sondekoppam

2020 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