

Annual Report to the Board of the Canadian Association of General Surgeons

Postgraduate Education Committee

Chaired by: Paola Fata

1. Ongoing Committee Activities for 2011 that have supported the CAGS vision, mission and objectives:

- **16 Hour Call Arbitration Ruling**

The committee expressed concern to the Specialty Committee regarding the training of general surgery residents in view of the arbitration decision in Quebec (see attached letter). We continue to evaluate how to deliver surgical education in this context (see SCORE below). At this meeting, the committee will review in detail composite schedules of the proposed changes in Quebec, in an effort to prepare for what may permeate across the country.

- **SCORE Curriculum**

After extensive negotiations with Dr. Richard Bell, and the SCORE committee, it was agreed that in addition to being available in Canada, SCORE would be offered to programs at similar cost to US Programs (now 100\$ per resident instead of 200\$)

The majority of Canadian programs have subscribed to this and the Committee plans to have a Webinar at each participating site, and will invite Dr. Mary Klingensmith to the PD retreat to run through its capacity in person.

- **Postgraduate Surgical Education**

- i. Members of the committee continue to share methods of teaching and evaluation of CanMeds Competencies. We are currently working collectively on a CanMeds Competencies project, starting with the current state of surgical education in Canada, followed by a needs assessment and a password-protected wiki in the form of a toolbox to see how competencies are being taught and evaluated across the country.
- ii. Program Directors have agreed to continue to dedicate an afternoon of the PD retreat for question generation for the Royal College Examination.
- iii. Instruction of the less specifically taught competencies (e.g. manager, health advocacy) will be addressed through implementing ongoing workshops (possibly at CAGS) and standardized curriculum available to all residents across the country.

- **Life After General Surgery Training**

We are looking at designing ways to formalize workshops for residents in their last year of training to help their transition to setting up and managing a practice, considerations which are not specifically addressed within their training.

We have also collaborated with Dr. Decker regarding an employment survey conducted nationally, results to be revealed and discussed at this meeting in London.

- **Accreditation Status**

Our committee has expressed significant concern over unexpected accreditation status following Royal College Accreditation. Our concerns have been highlighted to the Specialty Chair, and as a group, we would like the process to be more transparent and formalized further. The introduction of in-person pre-survey visits has also been discussed and supported.

- **Acute Care Surgery**

The committee has finalized and distributed both junior and senior goals and objectives for acute care surgery. We have shared ideas and education materials/ curricula aimed at improving the ACS curriculum nationally.

- **Resident attrition**

The committee has an ongoing database in place to examine rates of attrition in general surgery residency as well as motivations behind loss to other specialties.

- **Ongoing Courses and Programs**

- i. CAGS Review Course**

The committee supports the Review Course and instituting speakers from across the country as well as prior review of the topics.

- ii. EBRs**

This committee supports the continued use of the EBRs as an invaluable tool for the education of our residents.

- iii. FLS and FES Programs**

Our postgrad education committee supports this initiative as it necessary to meet the new ABS requirements as well. We would like to see the development of FES as a means to improve the endoscopic training of surgery residents across the country.

2. Recommendations to the CAGS board that will assist the committee in performing and achieving its goals in the future

The committee would like CAGS as an organization to assist in the forecast of what the needs are for general surgery in the future and whether it is possible to advertise available positions across the country on its website. The Postgrad committee has a serious concern that we may be over-volumed and graduating too many residents. The committee is also concern over a perceived lack of academic surgery careers and our ability to provide adequate career counseling in this respect.

This year, the CAGS Postgrad Committee is exploring the possibility of a project involving global surgery initiatives, extending humanitarian and educational initiatives in under-resourced areas.

3. Long term Goals

The committee's mission is to support Canadian Programs training surgical residents, improving the quality of their education through sharing innovative learning strategies (SCORE, SPICE and CRASH for example) and sharing of educational resources.

This year, the CAGS Postgrad Committee is exploring the possibility of a project involving global surgery initiatives, extending humanitarian and educational initiatives in under-resourced areas and Universities. We hope this will be an ongoing project for the coming years.