



THE BLUEPRINT

A multiyear policy strategy
Canadian Association of General Surgeons | January 2017

CAGS PRESIDENT'S MESSAGE 2017

In its 40 years, the Canadian Association of General Surgeons has built a truly phenomenal record of achievement. The Association has linked general surgeons across the country in clinical and academic pursuits; created a united community; educated generations of surgeons, residents and medical students; and provided a forum for the exchange of ideas. Today, these achievements have merged with new opportunities that have given CAGS the potential to facilitate new transformational changes in Canadian surgery.

VISION

In September 2016, the CAGS Board of Directors met to discuss the vision and values of the Association. The discussion was the culmination of a process of consultation that included the work of a CAGS Visioning Task Force, chaired by Dr. Sean Cleary, and that was informed by a national survey of Canadian surgeons. The vision statement, which will continue to be updated at regular intervals, reflects the commitment of Canadian general surgeons and CAGS to clinical excellence, and to principles of universal access and equity. The vision statement is associated with 4 pillars, which provide a framework for action in pursuit of the vision. The CAGS Committee structure reflects the new vision and the organizational framework provided by the pillars.

Vision Excellence in general surgical care for all

Mission: To empower general surgeons to improve patients' lives through advocacy, education, and research

Pillars: The vision will be realized through steady commitment to development and innovation in the following areas:

Patient care | Education | Advocacy | Research

Success in each of these areas will depend on the articulation of policy, and a focus on this agenda over many years, beyond the term of any 1 president or executive committee. This document is intended to be an initial approach to the CAGS vision and is designed to adjust and evolve as our specialty community moves forward.

A MULTIYEAR POLICY STRATEGY

The shared values, idealism, innovation, dynamism, and resourcefulness of Canadian surgeons are highlighted, year after year, at the Canadian Surgery Forum (CSF). The energy, curiosity and passion for surgery seen at this meeting is, perhaps, unrivaled by that at any other meeting. The increasing success of the Forum highlights the potential for CAGS to serve as a year-round, powerful network for the advancement of the care of surgical patients across Canada and around the world. CAGS is in a better position than at any time in history to address some of the challenges that confront our specialty. These include:

1. The establishment, measurement, and reporting of quality metrics in general surgery, including endoscopy.
2. The promotion of emergency general surgery as a new field and a common platform of our specialty, with tremendous potential to improve the quality and value of Canadian healthcare and Canadian population health.
3. The creation of innovative education and evaluation strategies that harness the expertise of Canadian surgical education scholars, and that advance the practice of general surgery in all disciplines.
4. Tailoring Canadian surgical training to population and workforce needs.
5. The optimization of access to high-quality surgical care for rural, remote, and vulnerable populations in Canada.
6. The creation of productive and sustainable partnerships in global surgery.
7. The successful support of surgical research and knowledge translation in an environment of diminishing academic support from conventional funding organizations.

This letter summarizes key themes on which a multi-year strategy for CAGS leadership could be based. It serves as a starting point for discussion and exploration for one of Canada's most influential and promising surgical organizations.

CAGS AS A DYNAMIC NETWORK

Perhaps the most important identity of CAGS is that it is a dynamic network that has the potential to harness the collective imagination and effort of Canadian surgeons and residents to drive meaningful and sustainable initiatives across the diverse spectrum of surgical endeavor.

Health care is in the midst of an information-driven transformation. In *The Innovator's Prescription*, Christensen describes the phenomenon of disruptive innovation in health care as moving through 3 overlapping stages: solution shops, value added process models, and facilitated networks. **Facilitated networks** are technology-enabled networks or communities with the capability of exchanging information and identifying precise solutions to complex problems by leveraging data and forging specific partnerships. As a facilitated network, CAGS has the potential to be a catalyst and a conduit for the collection and dissemination of data, and the flow of best practices across the Canadian surgical landscape, precisely where they are needed most to drive positive change. The real world infrastructure for virtual networks in Canadian surgery will be provided by a redesigned CAGS website, and by an active and vigorous CAGS Foundation.

A redesigned CAGS website

The CAGS website has been a home for this network for several years. However, advances in web design, mobile information technology, and social media, have created new opportunities for networking that have remained largely unexplored. This year, CAGS has modernized its website once again, in an attempt to make it a more vital forum for Canadian surgical initiatives. The new website will support specific networking initiatives, including those in quality improvement, acute care surgery, population health, and global surgery. The creation of surgical networks in all of these areas will be supported by a visualization technique that will use interactive national maps to portray areas of surgical activity, and to identify opportunities for transnational collaboration. In other words, the CAGS website will include a series of maps of Canada that identify and promote clinical and academic activity at a glance. The website also has the potential to be used more effectively to organize and track membership, to support members' professional needs, to promote surgical education, to facilitate social interaction, to raise awareness of surgical issues, and to raise money for important surgical causes.

CAGS Foundation

CAGS is in the process of rebranding its Canadian Surgical Research Fund. The new Canadian General Surgery Foundation is committed to a proactive approach to personal and public fundraising. We are hopeful that a new CAGS facilitated network concept may be able to draw more direct links between funding sources and high priority and high reward opportunities in general surgery, and create momentum for capacity building, not only for surgical research, but also initiatives in leadership, advocacy, quality improvement, education, and global and public health.

This year, as in other years, the network approach has been applied across CAGS pillars by a phenomenally dynamic group of committee chairs, provincial representatives, CAGS members, and Canadian general surgeons and surgical residents.

PATIENT CARE

Even small, incremental improvements in the processes and quality of care in general surgery, if implemented at the population level, could result in huge benefits in societal health. A **CAGS Quality Improvement Network** could serve as a central resource of surgical quality improvement (QI) strategies for emerging systems of surgical care across the country and as a platform for the dissemination of best practices. Such a network could help to establish surveillance and measurement standards for national comparisons of surgical process and outcomes. This work has already begun. This year, the **CAGS Acute Care Surgery Committee**, chaired by **Dr. Sandy Widder**, launched a series of studies examining the scope and breadth of emergency general surgery (EGS) in Canada, and has begun a process to define measures of quality in EGS. Incidentally, this year, the CAGS ACS Committee also merged with the Research Committee of the **Trauma Association of Canada**, for a unified and consistent approach to education and research in trauma and acute care surgery. Next year, during the presidency of **Dr. David Urbach**, a global thought leader in QI and health services research, CAGS will work with healthcare institutions and QI organizations to explore and expand our understanding of the current surgical quality landscape in Canada.

This year, the **CAGS Endoscopy Committee**, chaired by **Drs. Mark Walsh** and **Tony Gomes**, defined a strong agenda to promote high quality and sustainable surgical endoscopy in Canada. Among the many activities of the Committee, was the creation of the **Joint Endoscopy Task Force (JETF)**, which is jointly chaired by **Dr. Chris Vinden** and members of the Canadian Association of Gastroenterology (CAG). The JETF has sparked unprecedented dialogue between CAGS and CAG, and has defined common ground and areas for collaboration between the organizations, which is great. The CAGS-CAG JETF plan to work together to define standards for endoscopy education and to create clinical practice guidelines. CAGS has also signed an agreement to partner with CAG on the **Skills Enhancement for Endoscopy (SEE) Program**, which allows CAGS Members to receive a discounted enrolment fee to take this influential course. Many surgeons completed the SEE Course in recent months.

ADVOCACY

At the heart of CAGS Vision Statement, “Excellence in surgical care for all”, are the concepts of surgical excellence and access. These concepts drive all of CAGS’ initiatives in surgeon and patient advocacy. CAGS surgeons have been powerful advocates for the optimization of access to surgical care by vulnerable populations, including those in rural, remote and global communities. CAGS surgeons are in a strong position to bring sophisticated health systems knowledge and advances in communication technologies to, at last, address longstanding disparities in access to surgical care.

The **CAGS Rural Surgery Committee**, chaired by **Dr. Peter Miles**, has had a phenomenally productive year, leading robust discussions and healthy debates at CAGS and beyond, about how to improve access to high quality surgical care in rural, remote and vulnerable populations. The Committee is developing a close data sharing partnership with the Royal College and the Canadian Institute for Health Information to bring some much needed data to discussions of human resources and training to support our rural and remote populations. The Committee is also exploring the feasibility of building a **National Locum Registry** to facilitate surgeon movement to communities where they are needed. In addition to these efforts, the Committee will host a **Rural Surgery Summit** on September 14th in conjunction with the CSF where all key stakeholders will be present including the **College of Family Practitioners of Canada (CFPC)**, the **Society of Obstetricians and Gynecologists of Canada (SOGC)**, and the **Canadian Anesthesiology Society (CAS)** to explore innovative ways to increase the reach of high quality surgical care, including the creation of hub and spoke clinical and education networks. All are welcome to attend and you can register at the same time that you register for the CSF.

The **CAGS Global Surgery Committee**, led by **Dr. Vanessa Fawcett**, has been working hard this year to create a national network for global health advocacy. The Committee is working on a national environmental scan of Canadian global surgery activities to explore opportunities for synergy, and to create a virtual global surgery forum on the CAGS website. The Committee has also forged a strong bilateral partnership with the **College of Surgeons of East, Central and Southern Africa (COSECSA)** to collaborate on surgical education initiatives in Canada and Africa. Some of this work will be presented at an exciting joint Trauma Association of Canada / CAGS Global Surgery Committee CSF Symposium on global surgery preparedness in September. It is a must attend session for surgeons with an interest in the future of global surgery.

CAGS is also excited to announce that it will convene an inaugural **CAGS-CAUS General Surgery Leadership Retreat** at the CSF, which will bring together chiefs of university divisions of general surgery from across the country to discuss opportunities for clinical and academic

collaboration, and advocacy priorities in Canadian general surgery. The retreat will be co-chaired by **Drs. Liane Feldman and Ken Leslie**.

EDUCATION

Education is a central aspect of the CAGS mission, and to ensure the educational programs CAGS develops are of the highest quality, it maintains its status as an **accredited educational provider of the Royal College of Physicians and Surgeons of Canada**. CAGS offers all members a variety of ways to achieve their **Mainport CME Credits** via on-line programming and in person at various accredited programs throughout the year, or at the **Canadian Surgery Forum (CSF)**.

This year's CSF Program and venue will astonish participants. The theme for the meeting, **sustainability** (personal, career, global, environmental), will be explored at numerous plenary sessions and outside activities. There will be new cross-disciplinary scientific sessions, as well as joint courses, and new sessions on innovation, social media, and rural and global surgery. There will also be a party for **CAGS 40th birthday** on September 14th (with an open mic night) and a party for the launch of a new magazine, **ROSCOE**, that celebrates some of Canada's greatest surgical visionaries.

CAGS education initiatives will have a strong on line presence this year, with the re-launch of a new and improved **Evidence Based Reviews in Surgery (EBRS)**, and a new **Dynamic Practice Guidelines for Emergency General Surgery** electronic textbook. Both of these will go live in time for the CSF. Already this year, CAGS launched a new, digital **CAGS Exam**, thanks to the tireless efforts of **Drs. Paola Fata and Brock Vair**. All general surgery residents took this formative exam, with all new questions and rigorous and specific performance metrics, on computers across the country, for the first time in February 2017. The new format will enable future exams to use multi media visualizations, including graphics, videos, and maybe even some interactive scenarios! Next year's exam will take place during the week of February 5th to 9th.

Most importantly, the **CAGS Residents' Committee** continued to be a driving force in the organization, raising its profile at the Board meetings, pursuing a robust, survey-based strategy, creating frameworks for mentorship and citizenship, spotlighting the achievements of our residents, and sending members to represent residents at other committees, to name a few things.

RESEARCH

This year, the **CAGS Research Committee**, under the leadership of **Dr. Alice Wei**, has taken bold steps to increase its scope as a national research network. In addition to organizing the Residents' Research Retreat to spotlight the academic achievements of our residents, and administering the CAGS Research Awards as it always does, the Committee is partnering with a new group, the **Canadian Association of Chairs of Surgical Research**, to run 2 symposia to explore both the process and results of surgical research, and to link young surgical investigators with mentors from across the country. The Committee has also organized a new **Surgical Innovation Award** that will honour early career surgical investigators and innovators from across the country, and bring them together for a half-day of disruptive innovation!

As I sign off this letter, my first and only communication with our great national network, it is a couple of hours before my day on trauma call begins. I know that many of you are awake as well, and it is fun and inspiring to contemplate the spectrum of surgical activity – general surgeons leading their teams, amazing all night cases, trauma activations and stat ORs, the 12th consult of the night, jubilant or heartbreaking family meetings, grant deadlines – that is going on right now. It is a privilege of a lifetime to be a general surgeon, and that I get to send this update of what all of you are up to. I know this letter doesn't even begin to scratch the surface of what is being accomplished, day in and day out by general surgeons across the country, but I do hope that it provides a glimpse of what we might accomplish together, as a national community of surgeons. I believe that Canadian general surgeons are superbly trained, strong advocates, pragmatic leaders, idealists, visionary thinkers and kindred spirits. Surgeons around the world admire our training and our capacity to make a difference, and with good reason. Your work within and outside CAGS is awe-inspiring, as is the potential of all of our joint efforts.

I look forward to seeing you in Victoria at the CSF, and to celebrating CAGS' past, present and future accomplishments with you.