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Colleagues and Fellow CAGS Members,

I vividly remember the call when I was first approached to be CAGS President. There was an excessively long pause as I wondered whether I heard it right and questioned if I was called by mistake. Then I reassured myself…no, it must have been intended for me because it takes a certain amount of concentration to dial my number to discuss my upcoming roles and responsibilities…at some point during the conversation Debrah Wirtzfeld would have realized she meant to call someone else.

Immediately I looked up a formidable list of very accomplished past presidents. This was quite a humbling moment: each of them had their own defining qualities and a unique vision. Through leadership and inspiration, they shaped our understanding and practice of surgery with innovations in research, advocacy, education, excellence in clinical care. It is what CAGS represents and what CAGS is.

Maybe what struck me most about this list was how I knew many of them personally and many had acted as my mentors. A profound respect and admiration for their clinical abilities, their passion for their craft and their contributions had influenced my own motivations to pursue general surgery as a career.

There was a common thread among these men and women whom I was now succeeding. Generosity and altruism are amongst these core values. It is this unselfish attitude that is central to effective leadership. It is what one immediately sees in Morad Hameed, a true visionary who challenged our concepts of surgery through innovation and creativity. And in our immediate past president, thoughtful and eloquent David Urbach, who advanced our understanding of the importance of health services research, quality and the guiding principles of stewardship.

It’s important to respect and understand our past, as it informs our present and future as we move forward.

But I realized that surgery represents more than one individual and it is above all a community. This is its enduring allure. And it occurred to me that then the strength of CAGS does not really rely on its presidents at all. Identifying the value of collaborative leadership, is integral to our success. Helen Keller said, “alone we can do so little, together we can do so much”. Herein lies our true strengths. Over the summer, I spoke to our committee chairs, and it was immediately clear how their work and ideas were moving forward our vision for Canadian Surgery.
This year, CAGS will invest in its efforts to protect endoscopy training for our residents and surgeons, helping to protect access to this vital resource for our patients. While sub-specialization may challenge the notion of what a general surgeon is, acute care surgery is something common to all of us. We need to continue to advocate for proper, timely access to surgical services for patients in remote areas of the country. Our commitment to research and quality elevates our standards for our patients and communities.

Providing robust educational resources for our surgeons and residents in maintaining and enhancing competence is also paramount. Residency training in surgery is transitioning to focus on competency-based education and with this, we look further to how we transition our residents into practice. CAGS is poised to take the lead in planning the surgical workforce strategically and responsibly while ensuring that we meet the needs of our population.

Throughout the last two years while serving on the board, I have focused on broadening educational resources for our residents and practicing surgeons to add value for continuing professional development. The theme of how we acquire competency and expertise is especially important in surgical training this year as we implement new training methods dedicated to enhancing learning processes. This supports surgical skills and abilities to evolve throughout training and continue into practice.

The plans and projects we set out will hopefully continue to move things forward in a strategic way so that there are real results that benefit our members. But the direction CAGS needs to go in this year is actually really up to you, our robust, integrated network of surgeons across the country who with one voice, can ensure we continue to be purpose-driven to meet the challenges of our practice and the communities we serve. I am looking forward to accomplishing this together.

Sincerely,

Paola Fata
Dr. Paola Fata
CAGS President
A message from the Executive Director

Since moving into this role, I have had the pleasure and privilege to work with numerous board and committee members, each dedicating countless hours to help advance the varied and important projects within our organization. Without the support of our volunteers, CAGS would not be able to deliver on many of our organizational goals. It should be recognized that the contributions made by CAGS volunteers will be instrumental in our continued success.

In the fall of 2018, our member survey was distributed. The goals of the survey were threefold: to understand our current performance with respect to member value, identify areas for improvement, and enhance what we are doing well. The survey results not only informed our stated goals, but also allowed us to identify specific groups within our membership that may need more of our support. Our member feedback informed future plans for improvement and advancement. We have listened carefully and are prepared to act on your feedback.

The execution of another successful CSF reminded me of the strength of our network and the collective voice in General Surgery that we must leverage to our advantage and use to continue to advocate on behalf of our profession. The diverse geographical nature of our country presents varied practice patterns and with those variations come challenges in training and resource allocations.

One of the most important projects I have worked on to date has seen the culmination of many months of work with the CAGS rural surgery committee in partnership with CIHI and the Royal College of Physicians and Surgeons of Canada. Defining the scope of general surgical practice in Canada will allow us to better understand population general surgical needs so that educational standards and workforce planning can be aligned. The manuscript has been written and is pending publication in the CJS. Our hope is, that this work will help define the issues faced in delivery and access to surgical care in rural and remote parts of Canada and aid in addressing important solutions to these challenges.

Diversity is an important part of the surgical landscape and we remain committed to advancing this within our organization and within our specialty. The newly anointed Women in Surgery Committee (WiSC) aims to enable women surgeons of all ages and practice types to develop their individual potential as professionals; promote an environment that fosters inclusion, respect, and success; develop, encourage and advance women surgeons as leaders; and provide a forum and networking opportunities to enhance women’s surgical career satisfaction and support career advancement. A mentorship program has begun and will launch at CSF In Montreal!

The job of leading an organization that represents some of the most educated and important physicians is one that should not be taken lightly. I look forward to working with you over the coming year to advance our goals.

Sincerely,

Dawn Wilson, Executive Director
About Us

The Canadian Association of General Surgeons represents over 1200 general surgeons and 550 resident trainees across Canada. Established in 1977, we are a not for profit organization dedicated to training and professional development for our members. As the national voice for General Surgery in Canada we also advocate on behalf of our members for manpower issues, training and research.

Our Mission, Vision and Values

In September 2016, the CAGS Board of Directors met to discuss the vision and values of the Association. Our vision statement reflects the commitment of Canadian general surgeons and CAGS to clinical excellence, and to principles of universal access and equity.

CAGS MISSION

To empower General Surgeons to improve patients’ lives through advocacy, education and research.

CAGS VISION

EXCELLENCE IN GENERAL SURGICAL CARE FOR ALL

The vision statement is associated with 4 pillars, which provide a framework for action in pursuit of the vision.

PATIENT CARE | ADVOCACY | RESEARCH | EDUCATION

In the fall of 2018, a CAGS member survey was undertaken to evaluate the effectiveness of CAGS in delivering on its mission and vision and its overall member value proposition. Some common themes emerged in the survey results that will be used to form the basis of a longer-term plan to inform the key priorities and areas of focus for CAGS over the next two fiscal years.
Four key themes and their priorities are listed below. These themes align with our organizational pillars.
MEMBER SURVEY RESULTS

Overview
This report provides a summary of the results of the Canadian Association of General Surgeons (CAGS) 2018 Membership Survey and highlights opportunities for the association to improve their members’ experience and to increase their relevance within Canada’s general surgical community.

Methodology
An invitation to complete the CAGS 2018 Membership Survey was sent via email to 1927 people representing the CAGS email communication list on October 26, 2018, with follow up reminders on November 3 and November 16. The survey was closed on November 30. The questionnaire was conducted online using the SurveyMonkey survey platform and was also made available on the CAGS website and via the newsletter. Upon completion of the survey participants were directed to a draw ballot allowing them to enter to win an Air Canada Lounge pass valid for one year. The incentive was advertised in the cover email. A total of 335 people completed the survey representing a response rate of 29% which is considered an above average response rate. Note that not all respondents completed the survey through to the final question; however, partial responses were retained for analysis as the questions were independent of each other and any responses provided were deemed valuable member insight. This report summarizes the responses generated by the survey.

Main Findings
CAGS was found to have a geographically diverse membership, with the most represented provinces being Ontario (35%), British Columbia (16%), and Quebec (14%). Young members and those currently in training were well-represented (i.e., 35% were age 25-35 years), with a distinct shift toward a higher proportion of females among younger age groups (e.g., 54% females among those age 25-35 versus 16% among those age 47-60 years). Though a relatively small proportion reported providing any locum coverage (9%), nearly one quarter indicated they may consider doing so in the future.

Teaching and university hospitals were the most represented practice settings, although this varied by province. This may reflect the underlying distribution of surgeons in these settings but may also suggest opportunities to reach new members in underrepresented areas. Fellows, residents, and practicing surgeons in general surgery represented a combined 68% of respondents; 25% reported being a practicing general surgeon with a subspeciality. Rurally-based and geographically remote practitioners represented approximately 6% and 3% of members, respectively. The preferences in continuing professional development (CPD) activities varied by geographical region and urbanicity, reflecting expected differences in practice patterns and needs of these members. Specifically, rural and remote respondents were more likely to consider remote or online delivery important for participation.

Key reported benefits of CAGS membership were the Canadian Surgery Forum (CSF) and other networking-related benefits, which were especially important among early-career members. Other important benefits were reduced journal subscription and publication fees, Evidence Based Reviews in Surgery (EBRS), the CAGS Exam for Residents, and CPD opportunities. Research-related benefits did not appear to be as important for CAGS members. Though CAGS publications had relatively wide reach, some members reported not receiving a copy of the e-newsletter or the ROSCOE magazine, suggesting opportunities to expand their reach.
Most respondents (61%) agreed that CAGS membership delivers value for money, translating into a vast majority who plan to renew their membership (89.4%). The respective 12% and 27% who reported not planning to renew or being unsure about renewal represent opportunities to improve the value of CAGS for its members. Apart from new CPD delivery formats and more relevant programming, members also expressed interest in new opportunities for networking, mentorship, and member discounts.

**Conclusions**

CAGS has a diverse membership that reflects Canada’s vast geography. CAGS delivers good value for its membership fees and fosters high member retention, according to the majority of respondents. The Canadian Surgery Forum (CSF) remains a key pillar of CAGS, though members also benefit from CPD and other educational opportunities and publications. Future opportunities to expand the reach and value of member benefits include better tailoring CPD to meet the needs of specific member groups, providing networking opportunities beyond CSF, particularly to improve engagement with community colleagues, and exploring the use of technology for CPD delivery.
Governance

This past year at CAGS, we have undergone some significant changes to ensure we continue to be relevant and responsible to our members. In February 2019, the Board of Directors undertook an extensive analysis of our governance to adopt a renewed governing model that fosters growth for our organization and is driven by the diverse needs of our members. Working with the Portage Group, the CAGS Board participated in a workshop to examine our current structure and consider improvements.

EXECUTIVE COMMITTEE

Chaired by the CAGS President, the Executive Committee leads the Board in establishing priorities, setting agendas and carrying out important representational and/or official work of the organization between meetings. The Executive also act as official spokespersons when required.
CAGS Board of Directors 2018/19

CAGS EXECUTIVE COMMITTEE

President – Dr. Paola Fata
President Elect – Dr. Mark Walsh
President Elect Secundus – Dr. Sean Cleary
Past President – Dr. David Urbach
Secretary-Treasurer – Dr. Brent Zabolotny

CAGS COMMITTEE CHAIRS

CAGS committees are the cornerstone of our organization. Without the work of our many volunteers, much of what we do could not be accomplished!

Clinical Practice Committee –
Dr. Noah Switzer

Continuing Professional Development Committee –
Dr. Shiva Jayaraman

Nominating Committee –
Dr. David Urbach

Membership Committee –
Dr. Neil Parry

Postgraduate Education Committee –
Dr. Michael Ott

2019 CSF Program Committee –
Dr. Shahzeer Karmali and Dr. Adam Meneghetti

Research Committee –
Dr. Alice Wei

Residents’ Committee –
Dr. Wanda Marini and Dr. Laura Baker

Exam Committee –
Dr. Paola Fata and Dr. Brock Vair

Professionalism Committee –
Dr. Samuel Bugis

Minimally Invasive Surgery (MIS) Committee –
Dr. Shahzeer Karmali and Dr. Adam Meneghetti

Acute Care Surgery Committee –
Dr. Kelly Vogt

Global Surgery Committee –
Dr. Vanessa Fawcett

Rural Surgery Committee –
Dr. Peter Miles

REPRESENTATIVES OF THE PROVINCES

British Columbia/Yukon – Dr. Stephen Hiscock
Alberta/NWT – Vacant
Saskatchewan – Dr. Michael Harington
Manitoba – Dr. Sarah Steigerwald
Ontario – Dr. Kevin Lefebvre
Québec – Dr. Julie Tousignant
New Brunswick – Dr. Phillip Smith
Nova Scotia – Dr. Jon Enright
Newfoundland & Labrador – Dr. Peggy Tuttle
Prince Edward Island – Dr. Patrick McCrea
WELLNESS INITIATIVES

Physician health has been identified as a key area of concern. In the CMA 2017 national Physician Health Survey, results indicated that more than one in four physicians and residents reported high levels of burnout. 82% of physicians and residents reported high resilience; 34% of physicians and residents screened positive for depression; 81% of physicians and residents surveyed said they were aware of physician health program services available to them, yet only 15% had accessed them. CAGS is committed to the health and well-being of its members and to address these issues launched the Surgeon Well-Being program in Spring 2019. The well being index is a validated screening tool that provides an opportunity for members to better understand their overall well-being and identify areas of risk compared to physicians and residents across the nation. Access to local and national resources will also be targeted to individual member based on their results. The tool is 100% anonymous—member information and scores are private and individual scores will not be shared with anyone, including CAGS. This program has been delivered with the grateful support of MD Financial.

ACCELERATING MINIMALLY INVASIVE COLORECTAL SURGERY IN CANADA (MIS)

Although rates of elective laparoscopic colectomy increased significantly in Canada in the last decade following the publication of randomized trials, there is still room for improvement. Substantial variation in use of laparoscopic colectomy exists across the country. In the past prior initiatives to improve education in laparoscopic colon resection have had limited impact. CAGS is working to develop innovative strategies to enhance continuing surgical education and ensure equal access to the benefits of laparoscopic colectomy for all Canadians.

TRAIN THE TRAINER PROGRAM

Barriers to the adoption of MIS include health economics, patient advocacy and physician training. To address physician training, CAGS is developing a broad, multi-faceted strategy to enhance MIS colorectal surgery by training Canadian surgeons for better patient outcomes. The Lapco model uses a curriculum of training and mentorship developed by the National laparoscopic colorectal surgery using certified proctors. The Lapco model aims to shorten the learning curve whilst minimizing patient morbidity & mortality.

The Lapco model uses a set-dialogue-closure framework which will convey learner-focused educational strategies and techniques for procedure skill transfer.

Under leadership of Dr. Sean Cleary, in February of 2019 the first six Surgeon trainers were trained and subsequently were certified to conduct a continuum educational training program (e.g. preceptorship, proctorship). September 2019 will see our first Masterclass course with ten surgeons enrolled to begin the training pathway.

THE CAGS EXAM

The CAGS Exam is delivered annually to all General Surgery Programs across Canada under the leadership of Drs. Brock Vair and Paola Fata. The CAGS examination is a formative assessment tool for residents and program directors that can be used to modify teaching and learning activities throughout residency.
The goals of the exam are to:

1. Improve learning processes
2. Provide specific feedback to residents and Program Directors facilitating modification of learning activities and clinical experiences with a focus on identified clinical deficiencies
3. Identify or remediate group or individual learners
4. Move the focus away from achieving passing grades to improving specific learning processes
5. Improve residents’ metacognitive awareness of how they learn
6. Permit ongoing assessment for fine-tuning of instruction and resident focus on progress

The improved Exam has been widely praised and well received with enhanced opportunity to identify trends across programs and possible gaps in training. It has become a valuable resource for Program Directors and is now considered formative for the Royal College Examinations.

ENDOSCOPY TRAINING

Under the leadership of Dr. Mark Walsh, the CAGS endoscopy taskforce has focused on identifying additional training pathways for general surgeons helping to advance access to important training resources. Since 2018, 25 surgeons have had access to sponsored advanced endoscopy teaching training through these efforts.

A NATIONAL QUALITY IMPROVEMENT STRATEGY

With leadership from Dr. David Urbach, CAGS has put forth important recommendations as to the development of a national quality improvement strategy.

The Canadian Association of General Surgeons (CAGS) Board of Directors hosted a symposium to develop a Canadian strategy for surgical quality and safety at the February 24, 2018 mid-term meeting. The participants included CAGS Executive Officers, representatives of the provincial general surgery associations, CAGS committee chairs, resident representatives, and invited guests. The purpose of the symposium was to explore jurisdictional perspectives and projects focused on surgical quality improvement, including provincial initiatives such as the American College of Surgeons National Surgical Quality Improvement Program (NSQIP) as well as national initiatives, such as those undertaken by the Canadian Patient Safety Institute (CPSI) and the Canadian Medical Protective Association (CMPA). The session blended scientific and policy points of view with the aim of identifying resources, strategic initiatives and products to plan an Canadian framework for surgical quality improvement. Six recommendations were made:

1. A Canadian Quality Improvement Strategy for surgery is needed
2. Quality improvement requires continuous, active and intentional effort
3. Outcome measurement alone will not drive improvement
4. Increased focus on standardization and process improvement is necessary
5. New large electronic medical record (EMR) systems pose challenges in Canadian hospitals
6. Surgeons in remote and rural hospitals must be engaged using tailored approaches

The recommendations have been submitted for publication to the Canadian Journal of Surgery. CAGS is well positioned to adopt these recommendations as part of a national strategy.
Committee Activities

Resident Committee

The resident committee is extremely active, offering many ways to support and enhance the resident experience for all general surgery residents across Canada.

Some of their initiatives this year involved the sale of CAGS branded, NIKE clothing to raise funds for other initiatives, which also cross-promoted CAGS membership. The committee continues to promote resident activity in Scrub Caps off and Resident research profiles. A symposium at CSF will focus on resident fatigue and fatigue-related events amongst Canadian general surgery residents.

Acute Care Surgery Committee

The development of Dynamic Practice Guidelines for General Surgery in the form of the Acute Care Surgery Textbook has been a valuable resource from the ACS committee.

This educational resource links an emerging surgical discipline with a strong national network of acute care surgeons, to bring evidence-based protocols to the front lines of EGS practice.

The Canadian Association of General Surgeons Acute Care Surgery Committee is excited to bring the expertise and consensus of acute care surgeons from across Canada into a set of dynamic clinical practice guidelines.

The Guidelines are meant to be simple to use, up to date with current evidence, and with pearls of wisdom from content experts across the country. They are visually stimulating with graphics and links that allow the user to connect to other sites and literature as needed. Most of all, they reflect only a first step toward deeper understanding of EGS practice and optimization of the performance of EGS systems. They are dynamic and are built to change as science and fresh insights push the boundaries of EGS knowledge and practice.

Rural Surgery Committee

The committee has built on its previous work from the inaugural Rural Surgery Summit in 2017 to develop a consensus paper describing the scope and practice patterns of General Surgery in Canada. This important paper was written in partnership with CIHI and the Royal College and is pending publication in the Canadian Journal of Surgery.

Further, the committee is working on broad strategies to set up mentorship for surgeons in practice transitioning out and trainees transitioning in who are interested in rural surgery. It is hoped that setting up these important connections will begin to solve employment challenges and encourage entry into rural practice. An inaugural Rural Surgery Award named in honour of Dr. G. William N. Fitzgerald will be handed out at CSF in September.

Clinical Practice Committee

The mission of the newly invigorated clinical practice committee focuses on the “patient care”, and “education” pillars of CAGS. The committee aims to provide high yield, practice relevant content updates to CAGS members, in-line with current literature and evolving standards of care.

New in 2019 has been the addition of sub-specialty practice updates – Bimonthly, easy to read, topical updates in general surgery sub-specialties aimed at reviewing new literature, current controversies, and practice relevant recommendations to the Canadian general surgeon. Colorectal and Bariatric Surgery have been released this year.

CAGS TV continues to be refined. A website-based multimedia resource available to members in all stages of their careers providing educational video clips of surgical procedures and approaches.
Women in Surgery Committee (new)

The Women in Surgery Committee has been active this year setting up its first mentorship program. The mentorship program offers early-career female surgeons and senior residents the opportunity to develop a mentorship relationship with an established surgeon.

The objective of the Mentorship Program is to promote career-related and personal growth of young female surgeons through a one-year mentorship starting from the Canadian Surgery Forum meeting in September 2019. Eleven mentee-mentor matches are planned.

Areas of Mentorship:
- Research
- Work-life balance
- Obtaining fellowship and/or employment
- Transition to practice
- Clinical practice development
- Career development
- Leadership development

Research Committee

The CAGS research committee has been active again in promoting research in general surgery with several initiatives aimed at enriching the research environment for young researchers and trainees. The annual resident research retreat will take place at the CSF, and aims to promote research interests for trainees and provide networking opportunities and exposure to senior faculty.

The CAGS Think Tank was reintroduced for 2019. The Think Tank event will strengthen research and innovation networks, link people to new ideas and to mentorship, and inspire young surgeons to continue to innovate. We believe that this type of recognition would provide a boost as dynamic surgical careers begin to launch, and could spark lifelong interactions between promising Canadian surgeons and CAGS.

The research committee also continues to oversee the administration of the CAGS annual operating grant which gave out two awards this year each for $10,000. A record number of submissions were received this year.

Global Surgery Committee

The CAGS global surgery committee continued to strengthen ties with COSECSA (College of Surgeons of Central, East and South Africa) by sharing information from the CAGS Exam and continued overseas visits by our Surgeons. CAGS has had a longstanding relationship with the Guyanese surgical residency program, with a number of surgeons providing mentoring visits over the years. Web based tutorial sessions are a recent initiative using 'Zoom,' an online video conference platform. These tutorials continue daily under a scheduled curriculum:

1. Resident-prepared didactic presentation on a topic, with the facilitator commenting/asking questions
2. Facilitator-prepared case-based teaching

Plans to expand fundraising to support increased overseas visits will be a focus moving forward.

Program Committee

The Canadian Surgery Forum continues to be the premier destination for surgical education in Canada. The program format was streamlined for the 2019 year with all programming placed into "tracks" by each society, and new shared symposia drawing on collective overlap in subject matter. Further, the addition of dedicated time for satellite symposia has proven valuable to partners with robust sign up and enhanced revenue opportunity for the CSF.
The CSF soiree has a renewed focus this year by bringing all six partners and supplies together in one evening for the first time.

A new wellness lounge will place emphasis on physician health and wellness and CAGS initiatives to support this our member surgeons. The addition of Braindates as an enhanced tool for meeting and collaboration is also new in 2019.

Post-Graduate Education Committee

Comprised of all CAGS Program Directors the committee has placed emphasis this year on creating guidelines for fellowship applications that have been shared across Canada.

“The Canadian Association of General Surgeons Postgraduate Education Committee does not support the requirement of sharing in-training assessment data for the purposes of surgical fellowship application and discourages all training institutions within Canada from making this a requirement for fellowship application”.

The committee also worked on sharing of 5th year study policies across programs, and a statement from CAGS regarding exam results and rotation evaluations being used in fellowship training applications

We also set a goal of defining what we thought were the important aspects of a general surgery training program and what should and should not be funded. To that end a survey of all programs has been distributed with results to follow into 2019 and 2020.

Choosing Wisely Committee

The CAGS choosing wisely recommendations were reviewed and CAGS was represented at the Choosing Wisely National Meeting in May of 2019. Key priorities are to ensure our recommendations are evidence based and relevant to CAGS members and disseminated broadly. Activity will be focused around three key areas:

— How to make future recommendations;
— Strategies as to increasing awareness of Choosing Wisely and the recommendations being made;
— Embedding more Choosing Wisely content into future CSF activity.

Continuing Professional Development Committee

CAGS continues to be a Royal College accredited provider of continuing professional development and a resource for many partner surgical associations. Many conferences, workshops and rounds were accredited by CAGS in the past year, providing a source of revenue for the association. Enhanced opportunities for CPD are being considered in the form of SEA Courses (CME opportunities in resort type destinations combining CME credits with vacation time), and the development of enduring education beyond the annual conference. A pilot project to introduce critical thinking modules was implemented to positive feedback from the test group. A library of cases intended to test a surgeon’s ability to make critical decisions is aimed for completion by the end of 2019. The addition of valuable new resources to develop an endoscopy training video and MIS hands on courses were also introduced in 2019.
Other Initiatives

Stakeholder relations
CAGS actively participated in several committees, working groups and partner meetings and initiatives. Our core initiatives are listed below but show the depth of our involvement across a broad spectrum of projects across Canada.

Pan-Canadian Physician Opioid Collaborative in partnership with the College of Family Physicians of Canada

The collaborative aims to
Seek and provide feedback about their own current and planned activities
Serve as a sounding board for organizations interested in supporting best physician practices in opioid prescribing and management of opioid use disorder
Assist each other and credible external parties in the promotion and dissemination of information about practice tools, education resources and networking initiatives and;
Identify gaps in opioid-related education and practice resources for physicians and strategize on how to address these gaps.

A working group of General Surgeons and ESS Physicians
This group was convened to address rural surgical practice and the integration of family physicians with Essential Surgical Skills (ESS) uptraining into networked models of care in rural and remote areas of Canada. Participants included:
College of Family Physicians of Canada:
CFPC Enhanced Skills Surgery Committee:
Society of Obstetricians and Gynecologists of Canada
Royal College of Physicians and Surgeons of Canada; and
Society of Rural Physicians of Canada

Canadian Partnership Against Cancer
CAGS is an active participant in a new working group who is committed to developing a Canadian Strategy for Cancer control and contributing to the shared vision, mission and goals for a new network, the Canadian Network of Surgical Associations for Cancer Care.

Royal College Specialty Workforce Collaborative
CAGS is an ongoing participant in the SWC. The formation of a collaborative was proposed during the 2017 HRH Dialogue to support national specialty societies (NSS) and other organizations to advance medical workforce research and proactively address workforce-related challenges. The outcomes-oriented program was designed to advance action in the following areas:
— Enhancing the relevance and standards of health workforce data
— Advancing full-time equivalent (FTE) methodologies
— Expanding and building on needs-based planning
— Exploring solutions related to employment for newly-certified specialists
— Additional
  1. advancing effective workforce research methodologies and metrics
  2. identifying and addressing the health needs of populations
  3. identifying and integrating system factors into workforce planning
Royal College Working Group on Access to Specialty Care in Rural and Remote Communities

The Working Group is advisory to the Royal College’s Fellowship Affairs Committee (FAC) and will be a solutions-oriented group that will develop and address recommendations for improving access to specialty care in underserved areas (specifically, rural and remote communities) in Canada.

Partnership Development

Over the course of 2018/19 fundraising and partner relations has remained in constant focus. Partnerships contribute invaluable funds to support educational and other initiatives for the organization. Some of the new partner initiatives included:

ADVISORY BOARDS

The role of the board is to provide insight, scientific direction, and expertise. CAGS members are recognized experts in General Surgery from leading academic and medical institutions. CAGS members participated in advisory boards with Pendopharm and Panther Medical.

Advanced Endoscopy Training

PENDOPHARM

As part of a broader strategy to improve access to endoscopy training for General Surgeons, CAGS has run successfully SEE™ TET Courses in September 2018 and May 2019. The Train-the-Endoscopy-Trainer (TET) courses, are led by SEE™ Certified Faculty. The courses are designed for teachers of endoscopy, with specific aims to improve teaching skills and procedural conscious competence needed to teach endoscopy. Funding to support the course registration fees was provided exclusively by Pendopharm.

OLYMPUS

To build on the goals of the SEE™ program, CAGS is also developing a training video to support our efforts to improve access to endoscopy training resources. Funding to create a training video has been donated by Olympus to support this effort.

Minimally Invasive Surgery (MIS)

MEDTRONIC

Although rates of elective laparoscopic colectomy increased significantly in Canada in the last decade following the publication of randomized trials, there is still room for improvement. Substantial variation in use of laparoscopic colectomy exists across the country. In the past, prior initiatives to improve education in laparoscopic colon resection have had limited impact. CAGS is working to develop innovative strategies to enhance continuing surgical education and ensure equal access to the benefits of laparoscopic colectomy for all Canadians.

With the support of Medtronic a program to support MIS training was launched in February of 2019 when the first six MIS trainers were taught. A masters colectomy course will follow this September.

EIDO HEALTHCARE

EIDO Healthcare is a United Kingdom based company that provides as one of its services a library of Patient Information Leaflets (PIL) that assist in the informed consent process prior to surgery. The Intent of this service is to improve patient communication and manage patient expectations. A secondary benefit is to reduce the potential of litigation and lawsuits.

This partnership has seen the formation of an editorial board who will oversee the adaptation of a library of over 100 treatment specific informed consent patient information documents for general surgery.
Other Activity

CAGS committees participated in over 300 hours of teleconferences, meetings and face to face discussions! This is a huge amount of volunteer time dedicated to supporting our Association!
Awards and Grants

CAGS is proud to support research in General Surgery and as such gives out two operating grants annually through its foundation: The Canadian General Surgery Foundation. The 2018 recipients of the grants were:

1. Dr. Michele Benier, supervisor Dr. Saima Hassan
   Project: The role of PARP inhibition in estrogen receptor-positive and estrogen receptor-negative breast cancer $10,000

2. Dr. Tulin Cil
   Project: THE EMPRESS TRIAL: THE EFFECT OF MENTAL PRACTICE AND REHEARSAL ON EMOTION, STRESS AND SURGICAL SKILLS $10,000

2018 Teaching Award Recipients

The Annual CAGS Teaching Awards are presented each year at the Canadian Surgery Forum. The awards recipients are selected based on demonstrated teaching excellence. Each program may develop their own criteria by which to make the selection. Programs may consider faculty evaluations of resident teaching, student evaluations of resident teaching and selection by other residents in the program.

CONGRATULATIONS TO THE 2018 RECIPIENTS

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<tr>
<th>SCHOOL</th>
<th>TEACHING AWARD RECIPIENTS</th>
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<tr>
<td>McGill</td>
<td>Phil Vourtzoumis, Yaseen Al Lawati</td>
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<td>Sherbrooke</td>
<td>Catherine Gauthier</td>
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<tr>
<td>McMaster</td>
<td>Alisha Fernandes</td>
</tr>
<tr>
<td>NOSM</td>
<td>Emily Mitic</td>
</tr>
<tr>
<td>Ottawa</td>
<td>Melissa Hanson</td>
</tr>
<tr>
<td>Manitoba</td>
<td>Lisa Findlay-Shirras</td>
</tr>
<tr>
<td>Vancouver</td>
<td>Joseph Margolick</td>
</tr>
</tbody>
</table>
# Financials

**THE CANADIAN ASSOCIATION OF GENERAL SURGEONS - L’ASSOCIATION CANADIENNE DES CHIRURGIENS GÉNÉRAUX**

**SUMMARY OF STATEMENTS OF FINANCIAL POSITION AND OPERATIONS**

**YEAR ENDED DECEMBER 31, 2018**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CURRENT ASSETS</strong></td>
<td>$1,148,548</td>
<td>$1,028,487</td>
</tr>
<tr>
<td><strong>OTHER ASSETS</strong></td>
<td>9,638</td>
<td>21,785</td>
</tr>
<tr>
<td><strong>TOTAL ASSETS</strong></td>
<td>$1,158,186</td>
<td>$1,050,272</td>
</tr>
<tr>
<td><strong>CURRENT LIABILITIES</strong></td>
<td>$278,582</td>
<td>$138,462</td>
</tr>
<tr>
<td><strong>NET ASSETS</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Fund - unrestricted</td>
<td>431,234</td>
<td>563,329</td>
</tr>
<tr>
<td>Examination Fund - internally restricted</td>
<td>446,572</td>
<td>346,683</td>
</tr>
<tr>
<td>Canadian Surgery Forum - externally restricted</td>
<td>1,798</td>
<td>1,798</td>
</tr>
<tr>
<td><strong>TOTAL LIABILITIES AND NET ASSETS</strong></td>
<td>$1,158,186</td>
<td>$1,050,272</td>
</tr>
</tbody>
</table>

**REVENUES (GENERAL AND EXAMINATION FUNDS)**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Membership fees</td>
<td>140,670</td>
<td>76,950</td>
</tr>
<tr>
<td>Examination fees</td>
<td>113,002</td>
<td>118,137</td>
</tr>
<tr>
<td>Grants</td>
<td>41,234</td>
<td>25,923</td>
</tr>
<tr>
<td>CSF distribution</td>
<td>13,076</td>
<td>52,467</td>
</tr>
<tr>
<td>Magazine, newsletter, interest and miscellaneous</td>
<td>585,392</td>
<td>573,117</td>
</tr>
<tr>
<td><strong>REVENUES</strong></td>
<td>$277,410</td>
<td>$299,640</td>
</tr>
</tbody>
</table>

**EXPENSES (GENERAL AND EXAMINATION FUNDS)**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management services</td>
<td>101,634</td>
<td>96,421</td>
</tr>
<tr>
<td>Meetings</td>
<td>65,000</td>
<td>70,000</td>
</tr>
<tr>
<td>EBRS</td>
<td>51,333</td>
<td>52,161</td>
</tr>
<tr>
<td>Magazine</td>
<td>39,812</td>
<td>39,524</td>
</tr>
<tr>
<td>Examination</td>
<td>27,907</td>
<td>13,755</td>
</tr>
<tr>
<td>Consulting fees</td>
<td>19,725</td>
<td>23,350</td>
</tr>
<tr>
<td>Journal</td>
<td>16,725</td>
<td>19,293</td>
</tr>
<tr>
<td>Amortization of intangible assets</td>
<td>13,845</td>
<td>10,146</td>
</tr>
<tr>
<td>Rent and miscellaneous</td>
<td>8,191</td>
<td>9,692</td>
</tr>
<tr>
<td>Bank charges</td>
<td>31,759</td>
<td>73,414</td>
</tr>
<tr>
<td>Other expenses</td>
<td>617,598</td>
<td>606,741</td>
</tr>
<tr>
<td><strong>EXPENSES</strong></td>
<td>$241,667</td>
<td>198,985</td>
</tr>
</tbody>
</table>

**NET EXPENSES**

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2017</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>NET EXPENSES</strong></td>
<td>$(32,206)</td>
<td>$(33,624)</td>
</tr>
</tbody>
</table>