



Semi-Annual Report - Fall 2014
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1. Governmental Activities

Over the past 18 months, COS mobilized physician leadership to address concerns regarding patient safety. COS has worked with the Royal College of Physicians and Surgeons of Canada (RCPSC), the Canadian Medical Association (CMA), the College of Family Physicians of Canada (CFPC), all of the Provincial and Territorial Medical Associations (PTMAs), all of the professional associations of eye physicians and surgeons across the country and many national specialty societies (NSSs) to pass a motion at the CMA General Council (GC) in August 2013 calling for the establishment of collaborative, multi-disciplinary eye health councils in each province. The Canadian Association of Radiologists, the Canadian Paediatric Society, the Canadian Association of General Surgeons, the Canadian Association of Pathologists, the Canadian Society of Plastic Surgeons, and the Canadian Association of Emergency Physicians all share a common concern regarding expanded scopes of practice and they are very pleased with COS' leadership on this front.

The "eye health council" is a mechanism to ensure patient safety and the appropriate utilization of resources. The Eye Health Council of Ontario (EHCO), for example, includes representation from ophthalmology, optometry, family practice, their regulatory bodies, their professional associations, the academic communities and representatives from government. Every decision is made with the patient's best interests in mind.

COS supports inter-professional collaboration and works well with optometry on issues such as the co-management of glaucoma. It is not about 'protecting turf' but protecting patient safety. The COS' position on this issue is consistent with the Canadian Medical Association's policy, specifically "Achieving Patient-Centred Collaborative Care" (2008). COS encourages that any changes to the scope of practice for allied health professionals occur only in the presence of a defined, transparent evaluation process that is based on clinical criteria and protects patient safety.

As part of its disposition for motions passed at the Canadian Medical Association's General Council, the President of the CMA wrote to the Provincial and Territorial Ministries of Health in January 2014 to signal its support of Eye Health Councils. In addition, the Co-Chair of the Eye Health Council of Ontario and COS Past-President, Dr. Sherif El-Defrawy, addressed the Specialist Forum in February 2014. The Specialist Forum brings together 60 National Specialty Societies, including the RCPSC, the CMA and the CFPC.

As a result of this work, COS has begun a number of other multidisciplinary initiatives:

- COS collaborated with the College of Family Physicians of Canada (CFPC) to develop a ½ day educational session for Family and Emergency Physicians in June at our 2014 Annual Meeting in Halifax.

- A pediatric ophthalmologist led an educational session at the Canadian Paediatric Society's 2014 Annual Meeting in Montréal.
- COS is developing a Primary Care supplement to the *Canadian Journal of Ophthalmology*, for family and emergency physicians.

These kinds of alignments and partnerships with other NSSs are critical to ensure patient safety, promote high quality and fiscally responsible patient care, and the appropriate utilization of resources.

In terms of governmental activities, in response to announcements that were made by the Minister of Health of Alberta on April 29, 2014, the Immediate Past-President of the COS, Dr. Paul Rafuse, and the President of the Eye Physicians and Surgeons of Alberta, Dr. Kenneth Romanchuk, met with the Alberta Minister of Health on June 9, 2014 in Edmonton, Alberta. The Alberta Health Minister announced the approval of the following amendments of the Optometrists Profession Regulation:

- Authorize optometrists to prescribe *Schedule 1* oral and topical drugs for the examination, assessment, measurement, diagnosis, treatment, management and correction of disorders of the human visual system, the eye and its associated structures;
- Subject to the Alberta College of Optometrists (ACO) developing clear protocols regarding when optometrists must co-manage glaucoma patients with an ophthalmologist, delete subsection 12(3) of the Optometrists Profession Regulation, thereby removing the requirement for co-management with an ophthalmologist;
- Authorize optometrists to order and apply ultrasound within the practice of optometry;
- Support optometrists ordering laboratory tests necessary for the examination, diagnosis, treatment and management of diseases affecting the human visual system, the eye and associated structures.

Regarding the proposal to order CT scans, MRIs and X-rays for the examination, diagnosis, treatment or management of foreign bodies in the eye, as well as the proposal to perform minor non-intraocular surgical procedures, order injectable drugs, perform injections required to perform surgical procedures and authorization to perform therapeutic optometric laser procedures, the Minister announced that more analysis and consideration of these issues are required before he can consider supporting these interventions.

Dr. Rafuse and Dr. Romanchuk asked the Minister to consider establishing a Strategic Clinical Network in Alberta (similar to the eye health council model) as a mechanism to ensure patient safety and the appropriate utilization of resources. The Minister agreed to work with the COS and the Eye Physicians and Surgeons of Alberta on this front.

COS is very grateful for the support it receives from the American Academy of Ophthalmology with respect to our efforts to rationalize and coordinate eye care with optometry.

2. Socioeconomic Activities

- COS was represented at the RCPSC National Specialty Societies Human Resources for Health Dialogue and Specialty Medicine Summit, which focused on physician employment. Key trends and solutions to physician employment challenges were explored. Ensuring the right mix, the right number and the right geographical distribution of ophthalmologists in Canada is paramount.
- COS was also represented at the National Summit on the Future of Medical Education in Canada.
- COS serves as an active member of the Wait Time Alliance whose annual report card grades provinces and territories on wait times for benchmarked medical procedures in five priority areas, including sight restoration. COS has maintained a strong national voice in this area and has been instrumental in shaping the WTA's focus on patient care.

3. Public Service Activities and EyeCare America Activities

- COS continues to maintain close ties with the Canadian National Institute for the Blind (CNIB) and Foundation Fighting Blindness.
- COS promoted the profession in the media by responding to hundreds of media requests.

4. Membership Activities

- COS undertook a Strategic Planning process in 2013. The COS 5-year Strategic Priorities, Strategic Directions and Intended Outcomes will set the course for the upcoming years. Our efforts and resources will be devoted to achieving identified goals in the following six areas: governance; financial resource management; education; advocacy; membership; and communications and media relations.
- As part of its Strategic Planning, COS undertook a Membership Survey in 2013. Members were asked about the perceived importance of various proposed initiatives in terms of adding value to COS membership. Respondents identified the following as most important: CPD based on clinical practice (71%), followed by supporting a strong residents' program, providing web-based learning and playing a leadership role regarding under-/unemployment.
- COS publishes a peer-reviewed scientific journal, *The Canadian Journal of Ophthalmology*, six (6) times annually. In 2011, the *Canadian Journal of Ophthalmology* (CJO) transitioned to an outside publisher, Elsevier. This partnership is enhancing COS and the CJO, and increasing the global impact of Canadian ophthalmological research and expertise. The journal received 730 submissions in 2013, compared with 647 in 2012, an increase of 13%. Manuscript submissions have increased by over 25% since Elsevier became the journal's publisher.
- A new Clinical Resource Centre on AMD was launched on the CJO website.
- Engagement of residents and Young Ophthalmologists is critical to the future of the Society. COS established a strong residents' program and residents serve on the Annual Meeting Planning Committee and on the Council on Provincial Affairs (CPA). COS provides a number of benefits to residents. For the first time, a reception for Young Ophthalmologists was held at our June 2014 Annual Meeting.
- Another successful YO Neighbor! event was held at last year's AAO meeting. This is a joint initiative between COS and AAO Young Ophthalmologists/Residents.
- COS organized its 3rd annual *Women in Ophthalmology* educational breakfast at this year's Annual Meeting; the number of female ophthalmologists in Canada has continued to increase year over year.
- COS has developed a number of strategies to ensure: 1. membership retention; 2. membership conversion; 3. membership acquisition; and 4. membership recovery.

5. Annual Meeting and Educational Activities

- COS continued to expand its CPD activities. The COS Annual Meeting, its flagship CPD program, continues to exceed all expectations. The 2014 Annual Meeting in Halifax featured 17 international speakers and brought together over 1,300 participants for four days of workshops, research presentations, plenary sessions, surgical skills transfer courses (wert-labs) and networking.
- The Maintenance of Certification (MOC) committee prioritized educational needs. COS is developing projects in the areas of online CPD.
- COS prepared and submitted its re-accreditation report to the RCPSC in the spring of 2013. COS is proud that it received the highest marks in its 2013 Royal College of Physicians and Surgeons of Canada (RCPSC) accreditation report. Our CPD accreditation standards were deemed fully "adherent" or "exemplary" in all eight standards and the RCPSC has asked COS to share its work with other National Specialty Societies.
- COS recently learned that it has received one of three **2014 Royal College Accredited CPD Provider Innovation Awards** for its Surgical Skills Transfer Courses. This award recognizes accredited Continuing Professional Development (CPD) providers for their innovative educational and administrative policies, processes, resources and tools. The award will be presented to the COS on September 29, 2014, during the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons' joint 6th National CPD Accreditation Conference in Toronto, Canada. COS President, Dr. Allan Slomovic, will give a presentation on the Surgical Skills Transfer courses at this conference; Dr. Slomovic led the development of these courses at the COS.

- COS increased the number of programs it accredited, including the World Glaucoma Congress held in July 2013, and continues to work with regional partners to develop and approve physician-led meetings.
- COS co-developed another highly successful scientific meeting with the Canadian Retina Society (CRS) in February 2014. The scientific program will complement the retina track at the COS Annual Meeting.
- COS partners with the University of Ottawa Eye Institute to organize the annual Sally Letson Symposium. Over 500 delegates attended this meeting in September 2013. The next Symposium is scheduled for September 18-21, 2014.
- COS is continuing to explore opportunities to work with industry partners to expand the scope and number of CPD activities based on member needs. Stand-alone co-developed accredited programs and co-developed accredited symposia that are offered in conjunction with COS-accredited meetings offer valuable opportunities to work with industry within Royal College accreditation guidelines. COS co-developed two accredited symposia with industry at the Canadian Retina Society meeting and another at our Annual Meeting in Halifax. These educational offerings complemented the fully accredited scientific program. COS is also co-developing the INSIGHT program (for Cornea and Glaucoma) and exploring co-developing an online program on CANMEDS' roles with l'Université de Montréal.

6. Other Activities (not mentioned elsewhere)

- Under the new Canada Not-For-Profit Corporations Act, new By-Laws were approved by the COS membership on June 5, 2014.
- The Executive Director/CEO of the COS, Jennifer Brunet-Colvey, has been nominated Vice-Chair of the CEO Roundtable. This group brings together the CEOs from 60 National Specialty Societies, including the CEOs of the CMA, the RCPSC and the CFPC.
- Ties with industry have been strengthened, as our partners in the pharmaceutical and medical device sectors continue to support our activities with higher levels of educational grants. The COS is committed to maintaining the highest ethical standards, following guidelines established by the Royal College of Physicians and Surgeons, and provide stewardship and accountability to industry for educational grants received.
- COS continued to foster strong ties with international ophthalmological societies including the International Council of Ophthalmology, AAO and PAAO. Close liaison continues with its provincial associations, its subspecialty groups, CMA, RCPSC, JCAHPO, other National Specialty Societies, the federal government and provincial governments.
- The work of COS is governed by a performance management system; this tool allows us to evaluate and assess how we are performing against our strategic goals.

7. Major Initiatives for the Year

COS will continue to focus on its key priorities: member services, continuing professional development (CPD) and health policy advocacy. Specifically:

- COS will move forward with the implementation of its 5-year Strategic Plan, including restructuring some of its committees to better meet the needs of members.
- The COS Annual Meeting (scheduled for June 2015 in Victoria, BC) will continue to be the focal point for CPD activities.
- The *Canadian Journal of Ophthalmology* will be creating a Primary Care supplement (for Family and Emergency Physicians) and will be developing CME content to increase opportunities for Section 3 MOC credits derived from journal articles.
- COS will explore e-learning and web-based learning programs for CPD credit (e.g. sponsored online resource centres).
- With the Canadian Retina Society (CRS), COS will co-develop the 3rd CRS scientific meeting in February 2015.
- COS will expand educational opportunities at the CRS and at the COS annual meeting by providing co-developed accredited symposia.
- COS will forge new partnerships with key stakeholders to enhance patient care by building valuable and relevant CPD activities.
- COS will continue to strengthen relationships with subspecialty societies and with provincial associations.

- COS will enhance its ability to respond to inquiries from the public and media with additional staffing for Communications, Media Relations and Public Affairs.

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