

Canadian
Ophthalmological
Society

annual report 2013



Canadian Ophthalmological Society
Société canadienne d'ophtalmologie

EYE PHYSICIANS AND SURGEONS OF CANADA | MÉDECINS ET CHIRURGIENS OPHTALMOLOGISTES DU CANADA



MESSAGE FROM THE PRESIDENT AND EXECUTIVE DIRECTOR/CEO

Annual reports provide us with an opportunity to reflect on the accomplishments of the past year. In 2013, the COS Board of Directors, councils, committees and staff continued to drive change in the following major areas. Our work at COS is governed by a Performance Management System, whereby outputs and outcomes are measured against key objectives and deliverables.

Financial and General Management

- We successfully balanced the budget for a fourth consecutive year with contributions to reserves year over year. Complete financial statements and the auditor's report for the 2013 fiscal year are available to any COS member upon request. We continue to closely monitor budgets and to look for every opportunity to increase revenues and cut expenses.
- Industry partner sponsorship revenues in the form of educational grants for our Annual Meeting have increased steadily over the past four years.
- Under the new *Canada Not-For-Profit Corporations Act*, new By-Laws have been drafted, which will be presented for approval at the 2014 Annual General Meeting.
- In the fall of 2013, we undertook a strategic planning process and conducted a membership survey. The 5-year Strategic Priorities, Strategic Directions and Intended Outcomes were tabled at the November 2013 Board meeting with a view that the plan would be operational by September 2014.

Continuing Professional Development

- We continued to expand our CPD activities. The 2013 Annual Meeting in Montreal exceeded all expectations. It featured 18 international speakers and brought together close to 1,500 participants, including 754 physician delegates, for four days of workshops, research presentations, plenary sessions, surgical skills transfer courses (wet-labs) and networking.
- 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.
- The Maintenance of Certification (MOC) committee is researching online continuing medical education platforms in the hope of soon being able to expand online opportunities for members to collect Section 3 MOC credits.
- 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 our industry partners within RCPSC guidelines and to provide valuable learning for our members. COS co-developed two accredited symposia with industry at the Canadian Retina Society (CRS) Meeting in Whistler, BC. 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.

- COS increased the number of programs it accredited, including the World Glaucoma Congress in July 2013, and continues to work with regional partners to develop and approve physician-led meetings.
- 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.

Canadian Journal of Ophthalmology

- Dr. Ike Ahmed (University of Toronto) and Dr. Mili Roy (University of Toronto/University of Manitoba) have joined the Editorial Board as Cataract Section Editor and Uveitis Section Editor, respectively. *CJO*

The Canadian Ophthalmological Society is the principal, national voice for ophthalmology in Canada and the recognized authority on eye and vision care. Our mission is to assure the provision of optimal eye care for all Canadians by promoting excellence in ophthalmology and by providing services to support our members in practice. COS is an affiliate of the Canadian Medical Association and an accredited provider of continuing professional development, as recognized by the Royal College of Physicians and Surgeons of Canada. COS works to improve eye and vision care standards for all Canadians through the work of its Board of Directors, councils and committees and through ties with national and international ophthalmological and eye care organizations. Our membership includes over 900 ophthalmologists and 200 ophthalmology residents.

also welcomed Dr. Rohit Varma (Epidemiology—Los Angeles, California) and Dr. Daniel Morris (Oculoplastics—Cardiff, Wales) as the newest members of the *CJO* International Advisory Board. We are working to further develop our reviewer database and encourage younger ophthalmologists to contribute to the journal as reviewers and/or editors.

- For the first time in several years, the *CJO* is now revenue neutral. Increased revenues from print advertising and the development of online products are anticipated for 2014.
- The *CJO* published a well-received special issue on Microperimetry in October 2013, guest edited by Dr. Samuel N. Markowitz. A special issue is planned for October 2014 on the 53rd Annual Walter Wright Day (Glaucoma Management Review Course), guest edited by Dr. Yvonne Buys and Dr. Neeru Gupta.
- 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. Manuscript turnaround times averaged 47 days in 2013 and just over 28 days for the first 2 months of 2014. The manuscript acceptance rate in 2013 was approximately 30%.

- The *CJO* (Elsevier) website is continuously monitored and upgraded. A sponsored electronic Table of Contents is distributed just prior to the publication of each issue. Banner advertising for the *CJO* website has been secured and the *CJO* and Elsevier are continuing to explore opportunities for generating revenue through electronic journal products.
- In 2014, the *CJO* will be developing CME content to increase opportunities for Section 3 MOC credits derived from journal articles.

Advocacy

- A recent membership survey (response rate 21.4%) revealed the primary reason respondents belong to COS is the annual scientific meeting (70%), followed by CPD activities, loyalty, *CJO*, networking, clinical practice guidelines and advocacy. Interestingly, while advocacy ranked the lowest of the options provided, 68% of respondents said advocacy was "very important" or "important." When asked to indicate items the COS should start doing, "Take a more active role in government advocacy" ranked second of four options behind "Be involved in developing online CPD for credit."
- COS mobilized physician leadership to pass a motion at the Canadian Medical Association (CMA) General Council (GC) in Calgary in August 2013, recommending the



Paul Rafuse, PhD, MD, FRCS
PRESIDENT

establishment of eye health councils in each province as a mechanism to promote collaborative care and ensure patient safety. The Eye Health Council of Ontario (EHCO), for example, includes representation from ophthalmology, optometry, family practice, the regulatory bodies, the professional associations, the academic communities and government. Every decision is made with the patient's best interests in mind. The intent of the motion was that we, and a selection of our medical and surgical colleagues, as well as optometry, collaborate on eye care-related issues. It was tremendously gratifying to see this motion pass without a single dissenting voice. Collaborations, such as these, will

secure COS's position as central to the greater medical community. The CMA collaborated with COS to write tailored letters to Provincial and Territorial Health Ministries to signal its support for eye health councils.

- The development of eye health councils is also being supported by the RCPSC. The President and CEO of the RCPSC wrote to the Alberta Minister of Health in May 2013 to express their concerns over the proposed expansion of scopes of practice for optometrists in Alberta explaining the risk this would present to patient safety. They suggested that the Alberta Health Minister consider establishing an eye health council in AB. In December 2013, the RCPSC issued a Position Statement on Expanding Scopes of practice (*Ensuring safe, high quality care: Managing evolving scopes of practice of all health professionals*) and cited the EHCO as a successful example of interprofessional, collaborative care. In January 2014, the President of the CMA wrote to the Minister of Health of Alberta, advocating for the establishment of an eye health council in that province.
- COS supports interprofessional collaboration and has vocally advocated for the need for any changes to the scope of practice for allied health professionals to occur only in the presence of a defined, transparent evaluation process that is based on clinical criteria and protects patient safety. Collaborative care models and scopes of practice were the primary theme for the February 2014 Specialist Forum meeting. As such, concerns related to non-surgeons performing or seeking to perform surgical procedures were discussed.

- COS is monitoring health human services and manpower projections. Almost 50% of ophthalmologists in Canada are over the age of 55 and COS is concerned about the unemployment and underemployment of young ophthalmologists. It will be important to monitor the trends in light of the aging population, expanding scopes of practice, the advent of collaborative interprofessional models, and the employment opportunities for young ophthalmologists.
- COS continues to have a strong voice on the Wait Time Alliance, which released its last report card in June 2013. Despite many good intentions and efforts, Canadians are still waiting too long to access health care. In many regions and in many medical specialties and practices, no substantial or sustained progress in reducing waits has been achieved in recent years.
- Jennifer Brunet-Colvey has been nominated Vice-Chair of the CEO Roundtable. This group brings together the CEOs from 60 National Specialty Societies, and the CEOs of the CMA and the RCPSC.

Residents' Program

- Residents and young ophthalmologists are the future of ophthalmology in Canada. Canada has an aging population, with almost 50% of ophthalmologists in the country over the age of 55. As an increasing number of members will retire over the next decade, it will be critical to monitor these trends and to continue to engage our next generation of members/leaders. COS has developed a number of strategies to engage these member segments.

- The Residents' Track was further expanded at the 2013 COS Annual Meeting. A resident serves on the COS Council on CPD in order to provide greater leadership and input into resident sessions at the Annual Meeting. Another resident serves on the COS Council on Provincial Affairs.
- Another successful YO Neighbor! event was held at this year's American Academy of Ophthalmology (AAO) meeting. This is a joint initiative between COS and AAO Young Ophthalmologists/Residents.

Partnership Development

- COS has recently formalized an association with the Canadian Retina Society. The COS and CRS partnership model is working well, with COS managing the CRS annual scientific meeting and its membership drive. Other subspecialty societies have expressed an interest in exploring this possibility.
- COS built substantial stakeholder engagement to pass the recent motion at CMA GC. We connected with the RCPSC, the CMA, College of Family Physicians of Canada (CFPC), all of the Provincial and Territorial Medical Associations, all of the eye physicians and surgeons associations across the country and other National Specialty Societies that have a vested interest in this area (for example, 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).



Almost 50% of ophthalmologists in Canada are over the age of 55. COS will monitor ophthalmology employment trends in light of the aging population, expanding scopes of practice, the advent of collaborative interprofessional models, and the employment opportunities for young ophthalmologists.

- COS is working with CFPC on developing a half-day educational session for family physicians at the COS 2014 Annual Meeting. In addition, a pediatric ophthalmologist will lead an educational session at the Canadian Paediatric Society's 2014 Annual Meeting in Montreal. These kinds of alignments and partnerships with other National Specialty Societies are critical to ensuring patient safety, and promoting high-quality and fiscally responsible patient care and the appropriate utilization of resources.
- 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 and following guidelines established by RCPSC 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, Pan-American Association of Ophthalmology, its provincial associations, its subspecialty groups, CMA, RCPSC, Joint Commission on Allied Health Personnel in Ophthalmology, other National Specialty Societies, other national non-profit health organizations, Canadian Blood Services, and

federal government agencies and departments (Health Canada, Canadian Institutes of Health Research, etc.).

Membership Program

- The recent membership survey 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.

What's Ahead for COS?

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.

We will continue to explore ways to increase the value of COS membership for individual members (for example, in the form of educational opportunities), and for the profession as a whole (for example, advocating for eye health councils and monitoring human resource and employment trends).



Jennifer Brunet-Colvey, MA
(Medical Sociology)
EXECUTIVE DIRECTOR/CEO

COS could not fulfill its mandate without its dedicated staff and the tireless efforts of our many volunteers, who give of their valuable time to improve eye care for all Canadians and to advocate for their ophthalmology colleagues.

We look forward to continuing to work with our members to strengthen the ophthalmology healthcare community in Canada.

BOARD OF DIRECTORS 2013/2014

Paul Rafuse, MD, President

Allan Slomovic, MD, President-Elect

James Whelan, MD, Secretary

Geoff Williams, MD, Treasurer

Andrew Budning, MD, Chair, Council on Provincial Affairs

Mona Harissi-Dagher, MD, Board Liaison, Resident Affairs

Yvonne Buys, MD, Chair, Council on Continuing Professional Development/ Annual Meeting Planning Committee

Jennifer Brunet-Colvey, MA, Executive Director/CEO

COUNCILS, COMMITTEES AND THEIR CHAIRS 2013/2014

Nominating Committee:

François Codère, MD

Council on Provincial Affairs:

Andrew Budning, MD

Council on Continuing Professional Development/Annual Meeting Planning Committee:

Yvonne Buys, MD

Maintenance of Certification Committee:

Colin Mann, MD

CJO Editorial Board:

Phil Hooper, MD, Editor-in-Chief

Vision Standards for Driving Committee:

Martin ten Hove, MD

Eye Bank Committee:

Guillermo Rocha, MD

Clinical Practice Guideline Steering Committee:

Walter Delperio, MD

KEY PARTNERS/LIAISONS

Association of Canadian University Professors in Ophthalmology (ACUPO) (including chairs and program directors): Steven Gilberg, MD, Chair

American Academy of Ophthalmology (AAO): Paul Rafuse, MD

Canadian Medical Association (CMA): Geoff Williams, MD

International Federation of Ophthalmological Societies: E. Rand Simpson, MD

Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO): Sherif El-Defrawy, MD

Pan-American Association of Ophthalmology (PAAO): Allan Slomovic, MD

Royal College of Physicians and Surgeons Specialty Committee in Ophthalmology: Christopher Seamone, MD

AFFILIATED SOCIETIES AND SPECIAL INTEREST GROUPS

Atlantic Provinces Ophthalmological Society (APOS)

Canadian Association of Pediatric Ophthalmology

Canadian Cornea, External Disease & Refractive Surgery Society

Canadian Glaucoma Society

Canadian Neuro-ophthalmology Society

Canadian Ophthalmic Pathology Society

Canadian Ophthalmological Residents Society

Canadian Retina Society

Canadian Society for International and Public Health Ophthalmology

Canadian Society of Oculoplastic & Reconstructive Surgery

Canadian Uveitis Society

Comprehensive Ophthalmology

ALLIED HEALTH

Canadian Orthoptic Society

Canadian Society of Ophthalmic Medical Personnel

Canadian Society of Ophthalmic Registered Nurses

STAFF TEAM

Jennifer Brunet-Colvey, Executive Director/CEO

Rita Afeltra, Executive Assistant and Membership Services

Joyce Davis, Accountant (part-time)

Susan Gemmell, Managing Editor, *Canadian Journal of Ophthalmology*

Gertrud Jeewanjee, Manager, National Conferences and Special Projects

Mahogany L. Jones, Manager, Continuing Professional Development



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.

PAST-PRESIDENTS

2010-2012	François Codère, MD (Quebec)	1980	Gordon S. Harris, MD (British Columbia)	1959	A. Lloyd Morgan, MD (Ontario)
2008-2010	Lorne Bellan, MD (Manitoba)	1979	Sean B. Murphy, MD (Quebec)	1958	John V. Nicholls, MD (Quebec)
2006-2008	Alan Cruess, MD (Nova Scotia)	1978	John H. Quigley, MD (Nova Scotia)	1957	John A. McLean, MD (British Columbia)
2004-2006	Sherif El-Defrawy, MD (Ontario)	1977	John D. Parker, MD (Ontario)	1956	Henri Pichette, MD (Quebec)
2002-2004	Duncan Anderson, MD (British Columbia)	1976	Jean M. de Margerie, MD (Quebec)	1955	Percy B. MacFarlane, MD (Ontario)
2000-2002	Susan Lindley, MD (Quebec)	1975	Stephen M. Drance, MD (British Columbia)	1954	Mark R. Marshall, MD (Alberta)
1998-2000	Daniel O'Brien, MD (Nova Scotia)	1974	J. Page Harshman, MD (Ontario)	1953	Kenneth B. Johnston, MD (Quebec)
1996-1998	Patricia K. Teal, MD (Ontario)	1973	Charles Dyson, MD (Ontario)	1952	A.E. MacDonald, MD (Ontario)
1994-1996	Frank V. Buffam, MD (British Columbia)	1972	William M.G. Wilson, MD (British Columbia)	1951	G. Stewart Ramsey, MD (Quebec)
1992-1994	Raymond LeBlanc, MD (Nova Scotia)	1971	J. Clem McCulloch, MD (Ontario)	1950	Roger F. Nicholls, MD (Alberta)
1992	D. Lorenzetti, MD (Quebec)	1970	Michel Mathieu, MD (Quebec)	1949	Jules Brault, MD (Quebec)
1991	Ide Dubé, MD (Quebec)	1969	R. Gordon C. Kelly, MD (Ontario)	1948	Robert J.P. McCulloch, MD (Ontario)
1990	Rand Simpson, MD (Ontario)	1968	John S. Crawford, MD (Ontario)	1947	John A. MacMillan, MD (Quebec)
1989	Ralph Schneider, MD (Saskatchewan)	1967	Robert E. Smart, MD (Ontario)	1946	Walter W. Wright, MD (Ontario)
1988	J.S.F. Richards, MD (British Columbia)	1966	Donald M. MacRae, MD (Nova Scotia)	1945	Wilbert G. Fraser, MD (Ontario)
1987	Harold Stein, MD (Ontario)	1965	Alfred J. Elliot, MD (British Columbia)	1944	Robert E. Mathers, MD (Nova Scotia)
1986	John Valberg, MD (Ontario)	1964	J.A. René Charbonneau, MD (Quebec)	1943	Colin A. Campbell, MD (Ontario)
1985	Alain Rousseau, MD (Quebec)	1963	Harry M. Macrae, MD (Ontario)	1942	Frederick T. Tooke, MD (Quebec)
1984	Rod Morgan, MD (Alberta)	1962	Robert M. Ramsay, MD (Manitoba)	1941	Joseph Vaillancourt, MD (Quebec)
1983	A.T. Laxdal, MD (British Columbia)	1961	Benjamin Alexander, MD (Quebec)	1940	William H. Lowry, MD (Ontario)
1982	Roch Gagnon, MD (Quebec)	1960	Norman L. Elvin, MD (Manitoba)	1938-1939	William G.M. Byers, MD (Quebec)
1981	C.B. Mortimer, MD (Ontario)				

Financial Statements

January 1, 2013 to December 31, 2013

COS successfully balanced the budget for a fourth consecutive year with contributions to reserves year over year. Complete financial statements and the auditor's report for the 2013 fiscal year are available to any COS member upon request.

COS gives its members access to the latest information on ophthalmology research, surgical skills through courses at the Annual Meeting and Exhibition (special rates), the *Canadian Journal of Ophthalmology* (free print and online subscription), *Perspectives* (online newsletter) and much more.



For more information, please contact:

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