Annual reports provide us with an opportunity to reflect on the accomplishments of the past year. In 2012, the COS Board of Directors, councils, committees and staff continued to drive change in the following major areas.

Financial and General Management

- We successfully balanced the budget for a third consecutive year with contributions to reserves year over year. We continue to closely monitor budgets and to look for every opportunity to increase revenues and cut expenses.

- Following a rigorous process, we moved our investments to ScotiaMcLeod in January 2012. The Investment Committee met three times in 2012, and our sound investment policy serves to guide COS.

- Our work at COS is governed by a Performance Management System, whereby outputs and outcomes are measured against key objectives and deliverables.

- Industry partner sponsorship revenues for our Annual Meeting have increased steadily over the past three years.

Continuing Professional Development

- The COS Annual Meeting is the focal point of our continuing professional development (CPD) activities. More than 1,500 delegates attended our June 2012 meeting in Toronto for four days of workshops, research presentations, plenary sessions, surgical skills transfer courses and networking.

- As requested by the Royal College of Physicians and Surgeons of Canada (RCPSC), an accreditation interim report was submitted in early January 2012, with the final re-accreditation process scheduled to occur in spring of 2013. COS is working hard to maintain its status as an accredited provider of CPD.

- The Maintenance of Certification (MOC) committee is currently prioritizing needs and is developing projects in the areas of online CPD based on the COS diabetic retinopathy and glaucoma guidelines.

- COS is continuing to explore opportunities to work with industry partners to expand the scope and number of CPD activities based on member needs. We have co-developed programs with two new partners: Alcon and University of Toronto. Co-developed programs will be an additional source of revenue for COS.

- The 2012 Sally Letson Symposium was a tremendous success with 794 registrants, including 328 ophthalmologists, in attendance. COS provides the Secretariat for this meeting.

- COS recently co-developed the Annual Glaucoma Meeting with Alcon, which was held January 31 to February 2, 2013. This marked the first time this meeting was approved for credit.

- The inaugural Canadian Retina Society national meeting was co-developed with COS and held from March 7–10, 2013 in Banff, Alberta.

- There have been tremendous improvements to the COS Annual Meeting over the past three years, including increased number of invited speakers to enhance the quality of the scientific program and the reputation of the meeting, improved online CPD evaluation resulting in a 50% response rate, and enhanced and expanded skills transfer courses to meet learning needs and offer Section 3 MOC credits. The Women in Ophthalmology symposium was another new initiative created to promote mentorship and camaraderie among women in ophthalmology.

Canadian Journal of Ophthalmology

- We navigated the successful transition of our scientific journal, the Canadian Journal of Ophthalmology (CJO) to an outside publisher, Elsevier. We expect this partnership to enhance the COS and CJO, and increase the global impact of Canadian ophthalmological research and expertise.

- For the first time in several years, the CJO posted a small surplus at 2012 year end.

- We received an estimated 647 submissions in 2012, compared with 575 in 2011, an increase of almost 13%. Manuscript turnaround times were reduced to an average
of 46 days overall for 2012 and 18.3 days in December 2012. The manuscript acceptance rate in 2012 was approximately 33%.

• The CJO (Elsevier) website is continuously monitored and upgraded. A sponsored Table of Contents was approved and is ready to circulate.

• We will be exploring opportunities to link CPD modules to CJO content to increase opportunities for Section 3 MOC credits.

Clinical Practice Guidelines

• The Canadian Ophthalmological Society Evidence-based Clinical Practice Guidelines for the Management of Diabetic Retinopathy were published online with the Executive Summary printed in the CJO in April 2012. The guidelines were widely distributed at the 2012 COS Annual Meeting and specific educational sessions on the guidelines were held.

• A meetings grant from Canadian Institutes of Health Research (CIHR) supported our efforts to initiate a systematic approach to the dissemination of guidelines at the postgraduate and CPD levels in faculties of medicine, using the COS guideline on diabetic retinopathy as a case study. A workshop in April 2012 brought together COS leaders in guideline development and evaluation, and university-based CPD leaders and experts in guideline implementation science and knowledge translation.

• A comprehensive dissemination/uptake strategy for the COS clinical practice guidelines on diabetic retinopathy was developed. As part of this plan, a new patient brochure entitled Diabetes and Your Eyes was produced.

• COS and the Canadian Glaucoma Society are co-developing an online program based on the COS clinical practice guidelines on glaucoma using case examples. More programs will be explored for 2013 based on the results from our needs assessment.

• A post-evaluation of the COS glaucoma guidelines is being conducted with funding from COS.

Advocacy

• The Council on Provincial Affairs (CPA) works closely with the provincial governments. COS provided advocacy support to the Eye Physicians and Surgeons Association of Alberta (EPSAA), as optometrists in that province seek expansion of their scope of practice to include independent management of glaucoma, new prescribing and diagnostic imaging ordering privileges, and the right to perform eyelid surgery and intraocular laser surgery. COS responded to the optometrists’ proposal to Alberta Health and Wellness in a detailed document explaining the patient risks and the lack of cost benefit.
COS was among those stakeholders who supported the Bill C-313, an Act to amend the Food and Drugs Act (non-corrective contact lenses) that gained Royal Assent in December 2012. The new federal regulation to classify non-corrective contact lenses as medical devices will provide a solid foundation for updating wording at the provincial regulatory level. COS will work with its CPA to determine next steps.

The COS Vision Standards for Driving Committee reviewed the CMA Driver’s Guide: Determining Medical Fitness to Operate Motor Vehicles, 8th Edition.

COS worked with Health Canada to include health warnings on cigarette packages to stress the link between smoking and age-related macular degeneration. These health warnings are now appearing on cigarette packages.

COS continues to liaise with Canadian Blood Services (CBS) on the design of an integrated interprovincial system for cornea and tissue donations and transplantation in Canada. We are collaborating with CBS on a media campaign to increase cornea donations in Canada.

COS continues to have a strong voice on the Wait Time Alliance and CMA Specialist Forum.

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.

Residents’ Program

The Residents’ Track was further expanded at the 2012 COS Annual Meeting. A member of the Canadian Ophthalmological Residents Society (CORS) Executive Committee serves on the COS Council on CPD in order to provide greater leadership and input into resident sessions at the Annual Meeting. Another member of CORS Executive Committee serves on the COS CPA.

A YO Neighbor! event was held at this year’s AAO meeting. This is a joint initiative between COS and AAO Young Ophthalmologists/Residents.

Partnership Development

Ties with industry have been strengthened. We will continue to maintain the highest ethical standards and follow guidelines established by RCPSC, and to provide stewardship and accountability to industry for unrestricted grants received.

ScotiaMcLeod sponsored the 2012 Annual Meeting Fun Run T-shirts ($2,500). This was our first corporate sponsor outside of the eye industry.

COS continues to strengthen ties with international ophthalmological societies including the International Council of Ophthalmology (ICO), AAO, Pan-American Association of Ophthalmology (PAAO), its provincial associations, its subspecialty groups, CMA, RCPSC, Joint Commission on Allied Health Personnel in Ophthalmology (JCAHPO), other National Specialty Societies (NSS), other national non-profit health organizations, CBS, and federal government agencies and departments (Health Canada, CIHR, etc.).

COS Brand and Foundation

As part of our 75th anniversary, we undertook a rebranding exercise to position the skill and innovation ophthalmologists bring as the medical leaders of the vision care team. A new tagline—“Eye Physicians and Surgeons of Canada”—logo, and website (featuring a bold, contemporary design that redefines the COS brand) were unveiled. A strategic communications action plan was also developed.

The COS Foundation’s by-laws were approved by Industry Canada and the COS Foundation received registered charitable status in July 2012. The Foundation’s first Annual General Meeting was held on January 8, 2013.

Membership Program

A membership recruitment campaign was implemented in January 2012. Efforts have also focused on membership renewal/retention and reacquisition of lapsed members.

What’s Next for COS?

COS is first and foremost an educational organization whose objective is to assist members in delivering the highest quality care to patients. In 2012, many facets of the Canadian healthcare system were challenged. While the economy and jobs are top of mind for many people, healthcare still remains a top priority for most. With the signing of the 2014 Health Accord just around the corner, now is the time to think about what matters most and how we as an organization can continue to deliver excellent educational programs and services. As such, COS will continue to focus on its key priorities: member services, CPD and health policy advocacy.
With the signing of the 2014 Health Accord just around the corner, now is the time to think about what matters most and how we as an organization can continue to deliver excellent educational programs and services.

We will build upon the COS brand, raise our profile as the recognized “go to” resource on vision-related issues and strengthen health policy advocacy by providing support to provincial associations as needed. As a National Specialty Society, COS speaks for its members and works with other organizations both nationally and internationally to influence health policy. By strengthening relationships with our subspecialty and affiliated societies we, in turn, strengthen our voice on ophthalmology-related issues. We will also leverage our expertise to advocate for patient safety and improved outcomes at all levels of government.

We will need to continue to work with optometry in a constructive and coordinated fashion to best serve the needs of our patients. Many ophthalmologists and optometrists already have good working relationships. The scopes of our professions will evolve and it is critical that we collaborate and regularly convene with provincial health ministries to develop and deliver eye care in the safest and most cost-effective ways. The Eye Health Council of Ontario is an excellent model for doing just that and the COS Board will encourage Alberta, and other provinces, to consider setting up a similar panel of expert representatives from the medical and optometric groups, as well as the government.

Residents are the future of ophthalmology care in Canada, and are an essential part of our membership. They bring fresh ideas and perspectives that support the growth of our Society. Ongoing discussions regarding Human Resources for Health will continue with RCPSC and CMA and other stakeholders, including strategies to better align resident positions and societal needs, support a pan-Canadian workforce observatory, support a coordinated needs-based projection approach to inform workforce decision-making, and support the Future of Medical Education in Canada Postgraduate (FMEC PG) Project recommendations to ensure the right mix, number and distribution of physicians.

We are expanding web-based services for our members in our next phase of the COS website development. COS committees will soon have password-protected access to all of their documents.

The new Canada Not-for-profit Corporations Act will require us to update our existing documents including by-laws. A committee has been created to review and revise these in time for ratification at the Annual General Meeting in 2014.

In this era of fiscal challenges, partnership development will be key. We are actively fostering such partnerships with RCPSC, CMA, the Canadian academic ophthalmological community, national and international ophthalmological societies, the federal government, and industry.

COS is looking into the possibility of creating a sponsored online resource centre (developed from content related to the COS clinical practice guidelines on diabetic retinopathy) and we will explore other ways to expand the content over time.

The COS Annual Meeting and Exhibition will continue to be a focal point of our CPD activities. An exceptional program will be offered at the 2013 Annual Meeting in Montreal, and planning for the 2014 meeting in Halifax is already well underway. E-learning and web-based learning for CPD credit have been clearly identified as a need by our membership, and we will continue to pursue opportunities in these areas.

Jennifer Brunet-Colvey, MA
EXECUTIVE DIRECTOR/CEO

The 5th World Glaucoma Congress will be held in Vancouver from July 17–20, 2013. The program is in the process of being accredited by COS.

COS will be undertaking a strategic planning process in 2013 to ensure careful alignment of goals and objectives with available resources. The effective, transparent and responsible use of resources will continue to remain a top priority for us as we strive to find efficiencies in all of our activities.

We will encourage members and our supporters to donate to the COS Foundation to support the advancement of ophthalmology in Canada.

COS could not fulfill its mandate without 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.
COS BOARD OF DIRECTORS
2012/2013
Paul Rafuse, MD, President
François Codère, MD, Past-President
David Maberley, MD, Secretary
Yvonne Buys, MD, Treasurer
Andrew Budning, MD, Chair, Council on Provincial Affairs
Mona Harissi-Dagher, MD, Board Liaison from Canadian Ophthalmological Residents Society
Allan Slomovic, MD, Chair, Council on Continuing Professional Development
Jennifer Brunet-Colvey, MA, Executive Director/CEO

2012/2013 COUNCILS, COMMITTEES AND THEIR CHAIRS
Nominating Committee: François Codère, MD
Council on Provincial Affairs: Andrew Budning, MD
Council on Continuing Professional Development/Annual Meeting and Exhibition: Allan Slomovic, MD
Canadian Ophthalmological Residents Society Committee: Mona Harissi-Dagher, 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 Delpero, MD

KEY PARTNERS/LIAISON
Association of Canadian University Professors in Ophthalmo-logy (ACUPO) (including chairs and program directors): Sherif El-Defrawy, MD, Chair
American Academy of Ophthalmology (AAO): Paul Rafuse, MD
Canadian Medical Association (CMA): Yvonne Buys, 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): Paul Rafuse, 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
Inika Anderson, Manager, Continuing Professional Development
Joyce Davis, Accountant (part-time)
Susan Gemmell, Managing Editor, Canadian Journal of Ophthalmology (part-time)
Gertrude Jeewanjee, Manager, National Conferences and Special Projects

In order to ensure that COS remains member-centric, we will be undertaking a strategic planning process that will include a membership survey.
PAST-PRESIDENTS

2010–2012  François Codère, MD (Quebec)
2008–2010  Lorne Bellan, MD (Manitoba)
2006–2008  Alan Cruess, MD (Nova Scotia)
2004–2006  Sherif El-Defrawy, MD (Ontario)
2002–2004  Duncan Anderson, MD (British Columbia)
2000–2002  Susan Lindley, MD (Quebec)
1996–1998  Patricia K. Teal, MD (Ontario)
1994–1996  Frank V. Buffam, MD (British Columbia)
1992  D. Lorenzetti, MD (Quebec)
1991  Ide Dubé, MD (Quebec)
1990  Rand Simpson, MD (Ontario)
1989  Ralph Schneider, MD (Saskatchewan)
1988  J.S.F. Richards, MD (British Columbia)
1987  Harold Stein, MD (Ontario)
1986  John Valberg, MD (Ontario)
1985  Alain Rousseau, MD (Quebec)
1984  Rod Morgan, MD (Alberta)
1983  A.T. Laxdal, MD (British Columbia)
1982  Roch Gagnon, MD (Quebec)
1981  C.B. Mortimer, MD (Ontario)

1980  Gordon S. Harris, MD (British Columbia)
1979  Sean B. Murphy, MD (Quebec)
1978  John H. Quigley, MD (Nova Scotia)
1977  John D. Parker, MD (Ontario)
1976  Jean M. de Margerie, MD (British Columbia)
1975  Stephen M. Drance, MD (British Columbia)
1974  J. Page Harshman, MD (Ontario)
1973  Charles Dyson, MD (Ontario)
1972  William M.G. Wilson, MD (British Columbia)
1971  J. Clem McCulloch, MD (Ontario)
1970  Michel Mathieu, MD (Quebec)
1969  R. Gordon C. Kelly, MD (Ontario)
1968  John S. Crawford, MD (Ontario)
1967  Robert E. Smart, MD (Ontario)
1966  Donald M. MacRae, MD (Nova Scotia)
1965  Alfred J. Elliot, MD (British Columbia)
1964  J.A. René Charbonneau, MD (Quebec)
1963  Harry M. Macrae, MD (Ontario)
1962  Robert M. Ramsay, MD (Manitoba)
1961  Benjamin Alexander, MD (Quebec)
1960  Norman L. Elvin, MD (Manitoba)
1959  A. Lloyd Morgan, MD (Ontario)
1958  John V. Nicholls, MD (Quebec)
1957  John A. McLean, MD (British Columbia)
1956  Henri Pichette, MD (Quebec)
1955  Percy B. MacFarlane, MD (Ontario)
1954  Mark R. Marshall, MD (Alberta)
1953  Kenneth B. Johnston, MD (Quebec)
1952  A.E. MacDonald, MD (Ontario)
1951  G. Stewart Ramsey, MD (Quebec)
1950  Roger F. Nicholls, MD (Alberta)
1949  Jules Brault, MD (Quebec)
1948  Robert J.P. McCulloch, MD (Ontario)
1947  John A. MacMillan, MD (Quebec)
1946  Walter W. Wright, MD (Ontario)
1945  Wilbert G. Fraser, MD (Ontario)
1944  Robert E. Mathers, MD (Nova Scotia)
1943  Colin A. Campbell, MD (Ontario)
1942  Frederick T. Tooke, MD (Quebec)
1941  Joseph Vaillancourt, MD (Quebec)
1940  William H. Lowry, MD (Ontario)
1938–1939  William G.M. Byers, MD (Quebec)

annual report 2012
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 latest in clinical practice guidelines, the Canadian Journal of Ophthalmology (free print and online subscription), Perspectives (online newsletter) and much more.

Financial Statements
January 1, 2012 to December 31, 2012

Complete financial statements and the auditor’s report for the 2012 fiscal year are available to any COS member upon request.

## SUMMARY OF OPERATIONS

<table>
<thead>
<tr>
<th>Revenue</th>
<th>$1,510,654</th>
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<tbody>
<tr>
<td>Expenses</td>
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</tbody>
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Revenue over Expenses
$70,504

For more information, please contact:

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