CANADIAN OPHTHALMOLOGICAL SOCIETY

ANNUAL REPORT



COS is committed to highlighting the skill and innovation that ophthalmologists bring as the medical specialists of the eye healthcare team.

MESSAGE FROM THE PRESIDENT AND EXECUTIVE DIRECTOR/CEO

COS is the recognized medical authority on eye and vision care in Canada and the go-to resource for government, the media, the public, as well as other eye and healthcare providers. Annual reports provide us with an opportunity to reflect on the accomplishments of the past year.

In late 2013/2014, COS undertook a five-year strategic planning exercise to ensure careful alignment of goals and objectives with available resources. The process included extensive member consultation, a number of key informant interviews, a membership survey, a staff strategic planning session and a Board and staff retreat. The strategic plan identified six key strategic directions: Financial Resource Management; Governance; Education; Membership; Advocacy; and Communications and Media Relations. All our resources and efforts are aligned to ensure that we are meeting/exceeding expectations and deliverables within each of the strategic pillars. As the responsible steward of member dollars, ensuring the effective, transparent and responsible use of resources is a top priority for COS. Using a performance management system, outputs and outcomes in each area are measured against key strategic objectives and deliverables.

FINANCIAL RESOURCE MANAGEMENT

- o COS achieved a balanced budget for the eighth year in a row, with contributions to reserves. Over the course of the last several years, COS has continued to diversify its revenue streams.
- Ties with industry were strengthened, as our partners in the pharmaceutical and medical device sectors continued to support

our activities with higher levels of educational grants. In particular, co-developed accredited symposia held in conjunction with our annual scientific meeting were an important source of income for COS.

GOVERNANCE

- The Council on Advocacy was created in 2016 under the leadership of Chair, Dr. Phil Hooper. The Council has since been engaging with the provinces, the subspecialty societies and the academic community to become the unified voice for ophthalmology in Canada on key issues and communications.
- o COS has been working with each subspecialty society president and executive to determine if each subspecialty society wishes to be a "committee" of COS and thus be protected under the COS umbrella (specifically, through all of its insurance programs) or if they wish to incorporate, but still remain linked to COS. All wish to remain linked to COS, and terms of reference have been drafted.
- The COS Board of Directors held a strategic planning session in the spring of 2017 to determine how best to support all of its subspecialty societies. The COS Board decided that COS would provide a wide range of "premium services" to all of its provinces,



Guillermo Rocha, MD, FRCSC, FACS PRESIDENT



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

FINANCIAL STATEMENTS

January 1, 2017 to December 31, 2017

COS successfully balanced the budget for the eighth consecutive year with contributions to reserves year over year. Complete financial statements and the auditor's report for the 2017 fiscal year are available to any COS member upon request.

subspecialty societies and the academic community. This is in keeping with COS's vision to continue to add relevance and value to these key internal stakeholder groups.

 At the June 2017 Annual General Meeting, Dr. Yvonne Buys was elected President-Elect.

EDUCATION

- o The COS Annual Meeting, our flagship continuing professional development (CPD) program, was held in Montreal, Quebec and featured 18 renowned Canadian and international keynote speakers and brought together over 1,500 participants—a record attendance. The Annual Meeting included four days of research presentations, plenary sessions, workshops and networking activities.
- At the Annual Meeting, COS also hosted seven Surgical Skills Transfer Courses on topics in cornea (SLET), glaucoma (MIGS), anterior vitrectomy, botulinum toxin, strabismus and scleral-fixated intraocular lens implants. These hands-on wet labs were physician-developed and physician-led accredited Section 3 Simulation activities.
- COS co-developed the highly successful Canadian Retina Society (CRS) Meeting in March 2017 in Whistler, British Columbia.
- COS partnered with the Sally Letson Foundation and the University of Ottawa Eye Institute to co-develop and deliver the 2017 Sally Letson Symposium, Ocular Trauma Update: Advances in Imaging and Treatment, which attracted approximately 600 delegates.
- As an accredited CPD Provider of the Royal College of Physicians and Surgeons of Canada (RCPSC), COS

- accredited 22 Section 1 Group Learning activities, six Section 3 Simulation activities and one Section 3 Self-Assessment activity under the Maintenance of Certification (MOC) Program.
- o COS continued to explore opportunities to work with industry partners and ophthalmology subspecialties to expand the scope and number of CPD activities based on member needs. Stand-alone co-developed accredited programs offered valuable opportunities to work with industry within RCPSC accreditation guidelines. COS co-developed two accredited symposia with industry at the 2017 CRS Meeting and two at the 2017 COS Annual Meeting; the INSIGHT Program (co-developed with Allergan) delivered 11 events (seven cornea modules and four glaucoma modules), reaching approximately 115 physicians; and COS codeveloped two accredited CPD activities with the Canadian Cataract Institute (Managing Cataract and IOL Cases and Cataract Surgery in 3D), as well as Retina Case Conference Canada 2017.
- COS launched the online module An Approach to Open-Angle Glaucoma, an accredited Section 3 Self-Assessment Program that was developed in collaboration with the Canadian Glaucoma Society and Memorial University Professional Development and Conferencing Services.
- COS embarked on a multifaceted co-developed program focusing on dry eye disease, entitled ENVISION. This program includes a webinar series, a Section 3 chart audit brochure, an educational module to be delivered across Canada, and an interactive game. COS is co-developing these initiatives with Shire Pharma ULC.



Skills transfer courses at the COS Annual Meeting provide intensive instruction leading to new knowledge and/or skills.



Jill Thompson Photography

- The COS Council on CPD held

 a strategic planning session in
 the fall of 2017 during which five
 strategic priorities were identified:
 accreditation and human capital;
 competency-based CPD; expanding
 CanMEDS roles in CPD delivery;
 COS Annual Meeting and Exhibition;
 and a Practice Resource Centre.
- o In 2017, under the skillful leadership of Editor-in-Chief, Dr. Phil Hooper, the Canadian Journal of Ophthalmology (CJO) received 1,008 manuscript submissions—an increase of 13.6% from 2016. The rejection rate was 72.4%, and CJO's impact factor increased from 1.46 in 2015 to 1.543 in 2016.
- CJO also ran a pilot project in 2017 to automatically transfer CME credits to RCPSC on behalf of its Canadian reviewers. The pilot project was successful and CJO will be pleased to offer this new service to its Canadian reviewers every year.

MEMBERSHIP

- o In 2017, COS had 1,178 members, an increase from the 1,097 members in 2016.
- Engagement of residents and young ophthalmologists is critical to the future of the Society and COS highly values its 224 resident members. COS established its



Julian Haber Photography

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strong residents' program, includes residents on the Annual Meeting Planning Committee, and provides numerous benefits to residents and young ophthalmologists, including a half-day symposium at the Annual Meeting and a webpage, which includes information on resident events, research initiatives, fellowships and job opportunities.

 The number of female ophthalmologists in Canada has continued to increase year over year.

MEMBERSHIP SURVEY

o In May 2017, a membership survey was circulated via email to COS members. Of the 278 members who responded to the survey (23.6%), most (70%) were in full-time practice, 10% were practising part-time, 4% were semiretired and 4% were fully retired. Highlights of the survey responses are presented below, and the full report is available at the COS website (under the COS Membership tab).

Programs and Services

o The most commonly selected reasons for being a COS member were the Annual Scientific Meeting (71%), followed by CPD activities (67%) and loyalty (55%). Almost half of respondents indicated the CJO (48%), followed by clinical practice guidelines (44%) and opportunities

for networking (38%). Nevertheless, virtually all services offered by COS were deemed important by the majority of respondents.

o When asked what additional activities COS should offer, 72% wished that COS would take a more active role in advocacy, including raising awareness amongst the public and other stakeholder groups about the skills and training of ophthalmologists, as well as safe-guarding against scope-creep from optometry. Sixty-two percent also indicated that COS should be actively involved in developing online CPD activities for credit.

Advocacy and Lobbying

- Respondents were asked to rank the three key priorities of the Council on Advocacy in order of importance.
 Respondents prioritized the initiatives in this order:
- Creating infrastructure at the provincial level to assist with advocacy and government lobbying activities;
- A three-year public awareness campaign to raise awareness about the skill and innovation of ophthalmologists through a patientled media campaign; and
- 3. The formation of eye health councils (interprofessional

collaborative working groups including ophthalmology, optometry, opticians, family medicine and their respective regulatory bodies and provincial governments).

Continuing Professional Development

- o When asked to think about the next few years, over half of respondents anticipated seeing increases in glaucoma (56%), age-related macular degeneration (ARMD) (55%), diabetic retinopathy (DR) (52%), and cataract surgery (51%). Not surprisingly, therefore, respondents indicated that they need more CPD around glaucoma (41%), ARMD (37%) and DR (36%). The greatest number, however, indicated that further CPD is needed in general medicine as it applies to ophthalmology (49%) and neuro-ophthalmology (44%).
- o When asked about what is important or very important to them with respect to CPD, about 90% of respondents indicated new drugs and/or drug therapies (92%), difficult clinical problems (91%), and new diagnostic approaches and equipment (90%). Almost as many (88%) also indicated that common clinical problems were important. Beyond direct clinical CPD learning, many respondents felt there would also be a benefit to learning more about continuous quality improvement, integrating research

and evidence into their practices, and fostering positive work/life balance, with the latter being the most frequently noted challenge.

ADVOCACY

- o In March 2017, COS worked with Dr. Simon Holland to send out a series of member communications after a spike in toxic anterior segment syndrome (TASS) cases. Information included guidance from the American Academy of Ophthalmology (AAO) and the American Society of Cataract and Refractive Surgery on sterilization processes, as well as an updated reporting form and information on the COS website. At the 2017 COS Annual Meeting, Dr. Holland was recognized for his outstanding work in this area, and COS continues to work with him to manage this issue.
- o On March 24, 2017, COS convened a meeting, facilitated by Dr. W. Bruce Jackson, of ophthalmologists and basic scientists from British Columbia, Ontario, Nova Scotia and Quebec to conduct a SWOT (strengths, weaknesses, opportunities, threats) analysis of the comprehensive vision rehabilitation (CVR) programs in their respective provinces. The goal of this meeting was to draft recommendations for CVR in Canada. The draft recommendations were reviewed by the COS Board of Directors in November 2017 and a plan is being formulated under the leadership of Dr. Mark Bona
- On May 9, 2017, COS launched its first public awareness campaign, See The Possibilities, in honour

- of National Vision Health Month (May). The goal of this three-year campaign is to help educate Canadians about eye health and the important role ophthalmologists play in eye healthcare. Year One of the campaign reached more than 640,000 Canadians and generated 33 media hits in outlets that reached 10 million people, and blog and social media content that reached over 600,000 online readers. Year Two of the campaign is already under way and will include more patient testimonials and patient videos, the launch of the See The Possibilities Facebook and Instagram channels to expand content for online consumption, and much more.
- o COS held its first formal Council on Advocacy meeting at the 2017 COS Annual Meeting and Exhibition. The Council brings together representatives from each province, subspecialty society and the academic community to discuss advocacy issues facing the profession of ophthalmology, with the goal of taking a more proactive approach. The Council will continue to meet four times a year to discuss issues of importance to the profession.
- On August 1, 2017, COS submitted a joint response from COS, the Canadian Association of Emergency Physicians and the Canadian Association of Optometrists (CAO) to the Provincial Drug Shortage Task Force and Health Canada regarding the fluorescein strip shortage. In September, COS received written confirmation

- that Health Canada was working with Dioptic Pharmaceuticals on the implementation of Terms and Conditions to their Establishment License that would allow for the continued import and release of Diofluor strips, provided specific conditions are met. On November 29, 2017, INNOVA Medical Ophthalmics and Dioptic Pharmaceuticals confirmed that production of fluorescein strips was anticipated to resume in mid-December 2017 for availability in early 2018. Since that time, INNOVA Medical Ophthalmics and Dioptic Pharmaceuticals have updated the status of Diofluor Strips production and their anticipated ship date to mid-March 2018. To help address similar drug shortages in the future, or even discontinuation of drugs, COS has appointed COS Board member Dr. Jamie Taylor to lead this work on behalf of COS.
- On September 18, 2017, the COS Board of Directors voted in favour of creating an Advocacy and Public Awareness Fund. Each member may voluntarily contribute \$700 at the time of their membership renewal, with members who do contribute receiving a \$100 discount on their 2018 Annual Meeting registration fee. This decision was based on the most recent COS Membership Survey that indicated that members want more COS involvement in advocacy initiatives. The monies gathered from the Advocacy and Public Awareness Fund, along with a significant investment from COS, will be used to support initiatives related to key advocacy and public awareness priorities. These priorities include, but are not limited to, the continuation of the See The Possibilities public awareness campaign, ongoing meetings with key contacts within the federal government, an

COS is the recognized and "go-to" authority on eye care and vision care.

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Advocacy Toolkit, convening a Rapid Response Team for specific advocacy and lobbying issues that affect our provinces and subspecialty societies, working with the Conference Board of Canada to produce a *Value of Ophthalmology* document, and much more. For more information on how to contribute to the Advocacy and Public Awareness Fund, please visit the Advocacy section of the COS website.

- On November 4, 2017, the COS Board approved the joint COS CAO position statement on the Effects of Electronic Screens on Children's Vision and Recommendations for Safe Use. The development of this position statement was jointly led by Dr. Christine Law (COS) and Zay Khan, OD (CAO) and provides evidenced-based recommendations on the safe use of electronic screens for children. COS also conducted media relations around the release of the joint position statement during Digital Health Week, resulting in interviews and articles in Today's Parent, City Parent, Inside Toronto, Huffington Post Quebec, La Presse and 680News Radio.
- On November 5, 2017, key physician leaders from COS met with elected officials from CAO to discuss future areas of collaboration. Topics of discussion included the joint Clinical Practice Guideline for the Periodic Eye Examination in Canada (0–5 years), referral pathways and delivery models of care by population growth.
- In December 2017, COS completed Chapter 1 of the COS

- Advocacy Toolkit: How to Work with Government.
- OCOS continues to work closely with AAO, including regular calls with key physician leaders, including Drs. David Parke, Dan Briceland and Michael Brennan to discuss issues of importance, including advocacy. Also, COS Council on Advocacy representative Dr. Andrew Budning has been officially appointed as COS's Liaison to AAO. He was invited to present on COS Advocacy Initiatives at the November 12, 2017 AAO Fall Council Meeting. COS would like to congratulate Dr. Ken Roberts for his acceptance into the AAO Leadership Development Program.

ADVOCACY SUPPORT FOR SUBSPECIALTY SOCIETIES

o In September 2017, COS collaborated with the Canadian Glaucoma Society (CGS) on a widespread stakeholder consultation process by the Canadian Agency for Drugs and Technologies in Health (CADTH) regarding micro-invasive or minimally invasive glaucoma surgery (MIGS). In addition to key physician leaders from CGS, CADTH interviewed representatives from the provincial eye physician and surgeons' associations, key clinicians and allied health professionals. In parallel with CADTH's review, COS and CGS created a joint position statement entitled Micro-invasive or Minimally Invasive Glaucoma Surgery. Both societies support new and innovative technologies within ophthalmology and will continue to monitor this evolving area of practice and update this position paper as

- needed. Special thanks to Drs. Catherine Birt, Jamie Taylor, Hady Saheb and Cindy Hutnik from CGS for their exceptional leadership on this front. Thank you as well to Drs. Guillermo Rocha, Yvonne Buys and Colin Mann from COS. CADTH considers CGS and COS as key stakeholders and as the recognized medical and surgical experts in this space.
- COS continues to engage representatives from each of the subspecialty societies through the COS Council on Advocacy, the Annual Meeting Planning Committee and as physician media spokespeople for the See The Possibilities public awareness campaign

ADVOCACY SUPPORT FOR OUR PROVINCES

- o British Columbia: As of June 2017, COS began providing support to the BC Society of Eye Physicians and Surgeons (BCSEPS) regarding proposed cataract fee cuts in the province. BCSEPS is continuing to work with the Tariff Committee of the Doctors of BC (BC Medical Association). COS has assisted in this process by sharing key information from AAO to assist with negotiations. Special thanks to Drs. Dhar Dhanda, Briar Sexton, Chris Pollock and Ms. Melanie Ross for their dedicated work on this issue.
- Alberta: Based on their interest in setting up an eye health council, the Eye Physicians and Surgeons Association of Alberta and the College of Opticians of Alberta are liaising with the provincial government.
- Manitoba: On March 18, 2017, the provincial section of ophthalmology established themselves as the Eye Physicians and Surgeons of

- Manitoba (EPSOM) in order to create a more formal advocacy infrastructure in that province.
 Chaired by Dr. Jennifer Rahman, EPSOM will be working on behalf of patients and ophthalmologists to help guide discussions on eye health in Manitoba.
- o On October 31, 2017, Dr. Guillermo Rocha and EPSOM liaised with Progressive Conservative (PC) MLA Reg Helwer regarding the government's rejection, without any stakeholder consultation, of a proposed private Member's bill that would have made all people in the province organ donors unless they specifically requested not to be (presumed consent). After a phone call from and a letter sent by Dr. Rocha to MLA Helwer, as well as correspondence with NDP Opposition Leader Andrew Swan and additional pressure from other stakeholders, the PC government decided to form a Standing Committee to review organ and tissue donation in Manitoba. EPSOM has been invited to be part of the consultation process on this proposal in 2018.
- o Ontario: On September 28, 2017, the story of Catt Gallinger, an Ottawa woman who suffered severe eye complications following a scleral tattoo, went viral. COS and the Eye Physicians and Surgeons of Ontario (EPSO) responded to media interview requests from Global News National, CTV, CBC National and Canadian Press regarding the case. The woman's

- ophthalmologist, Dr. Setareh Ziai of Ottawa, acted as a spokesperson and provided her expert opinion to the media on this topic. EPSO's Chair Dr. Jordan Cheskes and Past Chair Dr. Kylen McReelis wrote a letter to Ontario Minister of Health and Long-Term Care (MOHLTC) Eric Hoskins that was delivered to him on Saturday, September 30, 2017. COS coordinated discussions between Dr. Ziai and researchers for the Ontario government, educating them on the process of scleral tattooing.
- o On October 31, 2017, EPSO met with MPP Soo Wong and senior policy advisors for MOHTLC to discuss legislation regarding eye tattoos. On November 16, Drs. Cheskes and McReelis presented to the Standing Committee on General Governance at Queen's Park petitioning an amendment to Bill 160, which would prohibit an unregulated individual from performing an eye tattoo or eye jewelry implant. The response to the petition was positive and unanimous. The amendment has since been accepted by the Ontario government, effectively banning the practice of scleral tattooing in the province.
- New Brunswick: Dr. Ken Roberts continues to work with government on an eye health council.
- Prince Edward Island: COS
 continues to support the creation
 of provincial eye health councils.
 On March 17, 2017, Drs. Guy

Boswall and Jerry O'Hanley met with Dr. Kim Critchley, PEI Deputy Minister of Health and Wellness, to discuss the creation of an eye health council or similar interprofessional working group.

COMMUNICATIONS AND MEDIA RELATIONS

- Eye and vision health continued to be topics of interest for Canadian media. COS responded to hundreds of requests from the media, and several COS members were featured in prominent, top-tier media outlets, including CTV, CBC, Global, The Globe and Mail, National Post, Best Health, Canadian Living, AMI Media Inc., Zoomer magazine and more. Between February 2016 and February 2017, COS garnered 213 million media impressions. This increase is largely due to the See The Possibilities public awareness campaign.
- o For the second consecutive year, the COS Annual Meeting welcomed Accessible Media Inc. (AMI). AMI is a not-for-profit multimedia organization serving more than five million Canadians who are blind, partially sighted, hearing impaired, mobility or print restricted. They conducted 12 onsite interviews, as well as captured footage of the Surgical Skills Transfer Courses and promoted the COS national See The Possibilities campaign.
- COS participated in AAO's Contact Lens Health Week, August 21–25, 2017. The ultimate goal was to encourage healthy contact lens wear and care habits.
- In the spring of 2017, Executive
 Director/CEO Jennifer Brunet Colvey presented at Essilor
 Canada's Country Management
 Team Meeting. Twenty-six business
 heads were in attendance. The

The COS Council on Advocacy has been engaging with the provinces, the subspecialty societies and the academic community to become the unified voice for ophthalmology in Canada on key issues and communications.



purpose of the meeting was to provide a brief overview of COS programs and initiatives and to discuss opportunities for future collaboration.

PARTNERSHIP WITH THE CANADIAN DERMATOLOGY ASSOCIATION

o On June 8, 2017, COS, in partnership with the Canadian Dermatology Association (CDA), officially launched The Sunglasses Project. The objective of the campaign is to educate Canadians about the harmful effects of ultraviolet radiation (UVR) from the sun's rays on the eyes and the skin around the eyes. COS and CDA hope that, through this campaign, every Canadian will become aware of the eye health risks associated with UVR exposure and take steps to protect themselves, their families and their loved ones. The message is simple: When outside, protect your eyes. The announcement was timed to coincide with Sun Awareness Week in early June, a time when consumers and the media take a particular interest in sun protection in advance of the warmer summer months. The program received support in the form of an educational grant from Essilor Canada/Transitions Optical. The campaign is also a precursor to the formal launch of the COS/CDA Product Recognition program.

SPECIAL PROJECTS

- Proposed CRS Area of Focused Competence (AFC) designation in Medical and Surgical Retina. On January 10, 2017, COS was asked by RCPSC to provide feedback on CRS's proposed AFC designation in Medical and Surgical Retina. Because COS represents the interests of all of ophthalmology, COS undertook a limited survey in January and February 2017, in advance of RCPSC's February 23 deadline. Because of the feedback limitations of RCPSC's survey tool, COS could only survey a limited number of key stakeholder groups, including the COS Board, the subspecialty presidents and the provincial presidents. COS was under the impression that the entire academic community (ACUPO and the Program Directors) had been consulted by CRS.
 - o As part of its role as a convener of key stakeholders, COS provided CRS with the opportunity to consult the wider membership at the COS Annual Meeting: On June 15, 2017, CRS presented to the COS Board of Directors, and COS convened a special meeting of the academic chairs (ACUPO) and subspecialty society presidents where CRS had the opportunity to present on the proposed AFC designation. On June 16, 2017, CRS also presented

- to the COS membership at the COS Annual General Meeting.
- An editorial appeared in the June 2017 issue of *CJO*.
- o A small committee was established by ACUPO and the Royal College Nucleus Committee in Ophthalmology to seek legal counsel from the Canadian Medical Protective Association on this issue. The goal is to ensure that general ophthalmologists who do not carry the AFC designation will be allowed to practise within their full scope of practice.
- o Further discussions were held at the November 4, 2017 Royal College Specialty Committee in Ophthalmology meeting. A letter of non-support from this committee was sent to RCPSC in late 2017, which represented a change from the previously espoused letter of support from the Royal College Specialty Committee in Ophthalmology. The RCPSC Committee on Specialties will be determining if the recent letter of non-support from the Royal College Specialty Committee in Ophthalmology constitutes a veto.
- Vision Bill of Rights (Diabetes). COS worked with The Angiogenesis Foundation as part of a global alliance of more than 30 vision and patient advocacy groups to create the world's first Vision Bill of Rights for the diabetes community. This unique collaboration united vision and diabetes groups around the common focus of vision preservation within the diabetes community. The goal of the Vision Bill of Rights is to raise awareness among susceptible patient populations that diabetesrelated vision loss is a serious threat, yet often preventable with proper

- screening, early detection, lifestyle modifications and access to effective treatments. Special thanks to Dr. Michael Brent for reviewing and providing his input to this project.
- o DR Patient Brochure. In November 2017, COS successfully launched Ontario's new patient-focused DR patient brochure through the Ontario Telemedicine Network (OTN) to all Local Health Integration Networks (LHINs), and to 7,000 general practitioners with an interest in diabetes via the November 2017 issue of CJO. The brochure was developed under the leadership of COS, with collaboration from CRS, CAO, Diabetes Canada, EPSO, OTN, CNIB and the Foundation Fighting Blindness. Special thanks to Drs. Bernie Hurley (Chair), Tom Sheidow, Phil Hooper and Michael Brent.
- National Continuing Medical Education Program for Family Physicians. COS worked with a multidisciplinary planning committee, including ophthalmologists and family physicians (FPs), to develop a program entitled Update on Diabetes and the Eye for the Primary Care Provider, which was certified by the College of Family Physicians of Canada for 1.5 Mainpro+ credits. This initiative aims to assist FPs in diagnosing, referring and encouraging ongoing monitoring of the eyes of patients with diabetes. The program was first delivered in November at the Ontario College of Family Physicians Annual Scientific Assembly and will continue to be delivered across Canada throughout 2018 by an ophthalmologist and FP. The program received support in the form of an educational grant from Bayer.
- International Ties. Internationally, we strengthened our ties with AAO, the International Council of

Ophthalmology, the Pan-American Association of Ophthalmology (PAAO), and the Joint Commission on Allied Health Personnel in Ophthalmology. Building on the success of sending a candidate to the AAO Leadership Development Program (LDP) every second year, COS is exploring the possibility of sending a candidate to the PAAO LDP every year. A formal process has been developed to select a potential candidate for the Class of 2019. COS will have a special symposium at the 2018 World Ophthalmology Congress in Barcelona, entitled Light, Sound and Imagination in Canadian Ophthalmology. Participants will be treated to an array of Canadian innovation and applications of ultrasound and wavefront technology, presented by Drs. Rand Simpson, Guillermo Rocha, George Beiko, Raymond Stein and Catherine Birt. COS will also be organizing an annual joint symposium with the French Society of Ophthalmology beginning in Quebec City in 2019.

WHAT'S AHEAD FOR COS?

- COS's goal is to be the unified voice for ophthalmology in Canada. We are working hard to engage all of our provinces, subspecialty societies and the academic community to ensure that we speak as one unified voice for ophthalmology in Canada and to continue to position ophthalmology as the recognized medical and surgical leaders of the eye and vision care team.
- COS will continue to move forward with the implementation of its Fiveyear Strategic Plan.
- The COS Annual Meeting will continue to be the focal point for CPD activities.
- COS is committed to maintaining the highest ethical standards,

- following guidelines established by RCPSC. COS is working on its application to renew its status as an accredited CPD Provider with RCPSC, which is due for submission April 30, 2018.
- COS, CRS, the Canadian Uveitis
 Society and AbbVie are collaborating
 on a co-developed accredited
 symposium on June 1, 2018
 during the COS Annual Meeting
 entitled "Non-infectious uveitis:
 What's best for my patient—local
 or systemic treatment?"
- COS will also deliver another codeveloped accredited symposium with Alcon on June 2, 2018 during the COS Annual Meeting, entitled "CSI: Cataract Surgery Investigation."
- COS will continue the roll-out of the ENVISION program on dry eye disease across Canada.
- COS will continue to roll out the national CME program for FPs around diagnosing, referring and encouraging ongoing monitoring of the eyes of patients with diabetes.
- COS must embrace RCPSC's
 Competence by Design by 2019. This will require widespread stakeholder engagement in the process to ensure that the ophthalmology community is fully on board with the new direction.
- o CJO will continue to make changes to improve the reviewer experience and to recognize the valuable work that reviewers contribute to CJO every year. In June 2018, Dr. Phil Hooper will be stepping down as Editor-in-Chief and will be replaced by Dr. Varun Chaudhary, who will continue the tradition of publishing original, peer-reviewed ophthalmology and vision science articles for a uniquely Canadian audience. Dr. Chaudhary has been

COS could not fulfill its mandate without its dedicated staff and the tireless efforts of our many volunteers who give their valuable time to improve eye care for all Canadians and to advocate for the profession. We look forward to continuing strengthen the eye care community in Canada.

 COS will continue its work with CAO to finalize the joint Clinical Practice Guideline for the Periodic Eye Examination in Canada (0–5 years).

working in tandem with Dr. Hooper to ensure a seamless transition.

 COS will work with CDA to raise awareness of the importance of sun protection for the eyes and the risks of sun damage to the eyes. This program is laying the groundwork for the COS and CDA Product Recognition Program.

Throughout 2018, the CJO series Innovation in Ophthalmology will showcase the important and innovative ophthalmology research in which Canadian researchers are engaged.

 COS will continue to work with its partners to address key areas of advocacy including: expanding scopes of practice for optometry; Human Resources for Health; and strategies that will help enhance patient care for specific patient populations, such as seniors.

- COS will move forward with the implementation of its Advocacy plan—including Year Two of See The Possibilities public awareness campaign; ongoing meetings with key contacts within the federal government; Chapter Two of the Advocacy Toolkit: How to Work with Media; a Rapid Response Team for specific advocacy and
- o COS will be creating a Physician Practice Resource Centre, redeveloping the COS website and continuing to build out the See The Possibilities website.

lobbying issues that affect our

provinces and subspecialty societies;

working with the Conference Board

of Canada to produce a Value of

Ophthalmology document; an Advocacy 101 session at the COS

Annual Meeting; supporting the

development of an infrastructure and an eye health council in each

province to ensure that COS is the

ophthalmology in Canada and the

leading medical authority on eye

and vision care; and much more.

recognized "go-to" resource for

- o COS will continue to engage its membership in new and innovative ways to ensure that the organization remains nimble, relevant and responsive to the needs of its members.

BOARD OF DIRECTORS 2016/2017

Guillermo Rocha, MD, President

Jamie Taylor, MD, Secretary

Amin Kherani, MD, Treasurer

Colin Mann, MD, Chair, Council on Continuing Professional Development/ Maintenance of Certification Committee

Phil Hooper, MD, Chair, Council on Advocacy

Mona Harissi-Dagher, MD, Board Liaison, Resident Affairs and Young Ophthalmologists

Yvonne Buys, MD, Chair, Annual Meeting

COUNCILS, COMMITTEES AND THEIR CHAIRS 2016/2017

Nominating Committee:

Allan Slomovic, MD

Council on Advocacy: Phil Hooper, MD

Annual Meeting: Yvonne Buys, MD

Council on Continuing Professional Development: Colin Mann, MD

Maintenance of Certification: Colin Mann, MD

CJO Editorial Board: Phil Hooper, MD, Editor-in-Chief

Board Liaison, Residents and Young Ophthalmologists: Mona Harissi-Dagher, MD

Digital Technology Online Learning: Jonathan Wong, MD

Eye Bank Committee: Patricia Laughrea, MD

Clinical Practice Guideline on the Periodic Eye Examination: Walter Delpero, MD

KEY PARTNERS/LIAISONS

Association of Canadian University Professors in Ophthalmology (including chairs and program directors): Len Levin, MD, Chair

American Academy of Ophthalmology: Andrew Budning, MD

International Council of Ophthalmology: E. Rand Simpson, MD

Pan-American Association of Ophthalmology: Allan Slomovic, MD

Royal College of Physicians and Surgeons Specialty Committee in Ophthalmology: Frederick Mikelberg, MD

AFFILIATED SOCIETIES AND SPECIAL INTEREST GROUPS

Atlantic Provinces Ophthalmological Society

Canadian Association of Pediatric Ophthalmology and Strabismus

Canadian Cornea, External Disease & Refractive Surgery Society

Canadian Glaucoma Society

Canadian Neuro-ophthalmology Society

Canadian Ophthalmic Pathology Society

Canadian Retina Society

Canadian Society for International and Public Health Ophthalmology

Canadian Society of Oculoplastic Surgeons

Canadian Uveitis Society

Cataract Surgery

Council of Canadian Ophthalmology Residents

Ocular Regenerative Medicine Society

Vision Rehabilitation

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, Manager, Membership and Meeting Logistics

Maxine Colvey, Coordinator, Continuing Professional Development

Joyce Davis, Bookkeeper/Accountant (part-time)

Gail Faddies, Governance Coordinator

Christine Friske, Coordinator, Meeting Logistics and Exhibits

Caitlin Hubbard-McLeod, Administrative Assistant (part-time)

Rosalind O'Connell, Manager, Communications and Public Affairs

Suzanne Purkis, Managing Editor, Canadian Journal of Ophthalmology (part-time)

Cheryl Ripley, Manager, Continuing Professional Development

Courtny Vaz, Coordinator, Communications and Public Affairs



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	2014–2016	Allan Slomovic, MD (Ontario)	1982	Roch Gagnon, MD (Quebec)	1960	Norman L. Elvin, MD (Manitoba)
	2012–2014	Paul Rafuse, MD (Nova Scotia)	1981	C.B. Mortimer, MD (Ontario)	1959	A. Lloyd Morgan, MD (Ontario)
	2010–2012	François Codère, MD (Quebec)	1980	Gordon S. Harris, MD (British Columbia)	1958	John V. Nicholls, MD (Quebec)
	2008–2010	Lorne Bellan, MD (Manitoba)	1979	Sean B. Murphy, MD (Quebec)	1957	John A. McLean, MD (British Columbia)
	2006–2008	Alan Cruess, MD (Nova Scotia)	1978	John H. Quigley, MD (Nova Scotia)	1956	Henri Pichette, MD (Quebec)
	2004–2006	Sherif El-Defrawy, MD (Ontario)	1977	John D. Parker, MD (Ontario)	1955	Percy B. MacFarlane, MD (Ontario)
	2002–2004	Duncan Anderson, MD (British Columbia)	1976	Jean M. de Margerie, MD (Quebec)	1954	Mark R. Marshall, MD (Alberta)
	2000–2002	Susan Lindley, MD (Quebec)	1975	Stephen M. Drance, MD (British Columbia)	1953	Kenneth B. Johnston, MD (Quebec)
	1998–2000	Daniel O'Brien, MD (Nova Scotia)	1974	J. Page Harshman, MD (Ontario)	1952	A.E. MacDonald, MD (Ontario)
	1996–1998	Patricia K. Teal, MD (Ontario)	1973	Charles Dyson, MD (Ontario)	1951	G. Stewart Ramsey, MD (Quebec)
	1994–1996	Frank V. Buffam, MD (British Columbia)	1972	William M.G. Wilson, MD (British Columbia)	1950	Roger F. Nicholls, MD (Alberta)
	1992–1994	Raymond LeBlanc, MD (Nova Scotia)	1971	J. Clem McCulloch, MD (Ontario)	1949	Jules Brault, MD (Quebec)
	1992	D. Lorenzetti, MD (Quebec)	1970	Michel Mathieu, MD (Quebec)	1948	Robert J.P. McCulloch, MD (Ontario)
	1991	lde Dubé, MD (Quebec)	1969	R. Gordon C. Kelly, MD (Ontario)	1947	John A. MacMillan, MD (Quebec)
	1990	Rand Simpson, MD (Ontario)	1968	John S. Crawford, MD (Ontario)	1946	Walter W. Wright, MD (Ontario)
	1989	Ralph Schneider, MD (Saskatchewan)	1967	Robert E. Smart, MD (Ontario)	1945	Wilbert G. Fraser, MD (Ontario)
	1988	J.S.F. Richards, MD (British Columbia)	1966	Donald M. MacRae, MD (Nova Scotia)	1944	Robert E. Mathers, MD (Nova Scotia)
	1987	Harold Stein, MD (Ontario)	1965	Alfred J. Elliot, MD (British Columbia)	1943	Colin A. Campbell, MD (Ontario)
	1986	John Valberg, MD (Ontario)	1964	J.A. René Charbonneau, MD (Quebec)	1942	Frederick T. Tooke, MD (Quebec)
	1985	Alain Rousseau, MD (Quebec)	1963	Harry M. Macrae, MD (Ontario)	1941	Joseph Vaillancourt, MD (Quebec)
	1984	Rod Morgan, MD (Alberta)	1962	Robert M. Ramsay, MD (Manitoba)	1940	William H. Lowry, MD (Ontario)
	1983	A.T. Laxdal, MD (British Columbia)	1961	Benjamin Alexander, MD (Quebec)	1938–1939	William G.M. Byers, MD (Quebec)

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