

Perspectives

COS Executive Director Hubert Drouin To Retire After Annual Meeting

How will be retiring from the COS on September 30, 2009. Over the past 17 years—a period of significant technological change and unprecedented scrutiny of the Canadian healthcare system—Hubert has provided strategic team leadership to several Boards of Directors, Councils and Committees.

The Board gratefully acknowledges and recognizes Hubert's many contributions to all facets of the COS. His consummate professionalism and people skills have been invaluable in a role that demands interaction and collaboration with the COS membership, a knowledgeable staff, many related national medical associations, senior government officials and industry representatives. For those of us lucky enough to work directly with Hubert, we have had the privilege of working with someone whom we could always trust to put the interests of the membership and the specialty at the forefront of every decision. If the membership at large simply sees a Society that functions smoothly, this is also a testament to Hubert, who makes it look easy.

Special Edition • March 2009

A professional consulting firm has commenced the search for a new executive director as we usher in a new era for the Society. We thank Hubert for being the mainstay of our Society over these many years and for laying the solid foundation upon which his successor can build. We will take a more formal opportunity in the future to wish him much success, happiness and health in his retirement.

Update on recent initiatives

couple of years ago the COS Board set a strategic goal to raise the profile of the COS with federal and provincial governments, the medical community and the public. I want to briefly update you on several of the initiatives we have been working on this year to pursue that goal.

We continue to be a leader in the Wait Time Alliance(WTA). The recent WTA Ipsos Reed survey is intended to keep inappropriately long wait times on the public agenda. Look for press releases about the long waits in multiple disciplines in the coming months as the data are collated. I want to thank all of you who took the time to participate in this important effort for our patients.

Last month each Provincial Section of Ophthalmology chair and I wrote to their Provincial Health Ministers about the effects of Routine Notification and Request (RNR) legislation. We wrote to urge provinces without this legislation to enact it because of the evidence published (*Can J Ophthalmol.* 2009;44:31-5) showing that it shortened wait times for cornea transplants. We also wrote to provinces that had enacted the legislation to compliment them. This sparked the idea of monitoring the CJO for articles that have potential political implications to be used as a basis for ongoing dialogue with governments.

The COS joined with the CNIB in commissioning a report on the cost of visual impairment in Canada. This is an area where information is sadly lacking and yet is so necessary to motivate governments

Please note that the COS annual

of officers will be a breakfast

prior to the start of the day's

scientific program.

meeting at 7:00 AM on Monday,

business meeting and the election

June 22 for one hour duration just

to rank this as a priority. Dr. Alan Cruess will present the highlights of this study as the Baker Lecturer at our upcoming annual meeting in Toronto.

The COS is also participating with the National Coalition on Vision Health (mem-

bers include the Canadian Association of Optometrists, the Canadian Opticians Association, the CNIB and the Foundation Fighting Blindness, and various vision research organizations) in an environmental scan of vision health and vision loss in the provinces and territories. This project was awarded full funding of \$328,000 by the Public Health Agency of Canada and will run over the next year, culminating in a conference reviewing the findings in the fall. Finally, a lot of time has been spent over the last few months dealing with the TASS epidemic we experienced related to intraocular Avastin injections. Fortunately, the outbreak was short-lived and there have not been any reports of new attacks for several months. Dr. Simon Holland and his team deserve a major vote of thanks for all

> of the hours spent on this. This issue led to significant interaction with Health Canada; our efforts were directed towards encouraging them to aid in the investigation of this complication of an off-label use of a medication and not to attempt to ban its off-label usage. Happily, we were able to convince them,

but unfortunately we still have not been able to identify the specific cause of the outbreak. Investigations are ongoing.

I look forward to seeing all of you in Toronto where I would be happy to discuss these issues and other COS initiatives with you.

Lorne D Bellan, MD, FRCSC President, Canadian Ophthalmological Society