

Report from the Canadian Association of Gastroenterology Board

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Canadian Association
of Gastroenterology

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On behalf of the Canadian Association of Gastroenterology (CAG) Board, I am pleased to provide you with this report summarizing the activities and directions of the organization on behalf of its members. It is an honour to participate in the affairs of the organization and interact with groups and individuals from across the country dedicated to advancing science and care in the field of digestive health and disease. This is a challenging time in medicine, and the organization has been working hard to enhance the benefits, programs and services available to its members. The goal is to provide the highest level of services possible to meet your needs.

GOVERNANCE

Currently, the organization is in a sound financial situation. It is not, however, immune to the recent global financial circumstances. The financial report is posted on the members' only section of the CAG Web site (www.cag-acg.org) and was presented at the annual general meeting (AGM) on February 28, 2009. It is essential to maintain focus and balance in the organization. To this end, and as discussed at previous AGMs, the CAG has conducted a comprehensive review of the organizational structure resulting in updated bylaws and governance policies. The process has included input from the membership and various partners, and been aided by consultation with experts familiar with principles and legalities for the governance and operation of not for profit organizations. I am grateful for the input and dedication of the many people who have contributed to the process. The new model is expected to sustain and streamline the operations of the CAG for years to come. The changes provide the organization with greater flexibility to meet the needs of its members and will allow for ongoing feedback and modification of the organization's operations without time-consuming changes to the bylaws. Members have been sent information regarding the proposed changes and the proposed model is available for review on the CAG Web site. I encourage you to review the information and provide input. The new governance model was addressed at the 2009 AGM. Once the renewed governance is formally adopted by the membership, significant effort will be invested to ensure the implementation plans are successful to support the mission, vision and values of the organization.

STRATEGIC PLANNING

The most recent five-year strategic plan was completed in 2004 (1). It is now time to chart the future course for the CAG by initiating a process to engage the membership, current and past

leaders, partners and affiliated societies to develop a strategic plan to sustain the organization for the coming years. During the current calendar year, the aim is to create a far-reaching plan that clarifies the vision of the organization and establishes the goals and priorities to achieve the desired outcomes of the membership. I anticipate that the organization's high standards of scientific and educational integrity will be further enhanced and that financial sustainability will be a restraint in the delivery of all mission-based activities. I encourage you to participate in the process as it evolves.

RESEARCH

Meaningful research often takes time and requires ongoing support to advance the field of gastroenterology and ultimately lead to improvements in patient care. The CAG has an established relationship with the Canadian Institutes of Health Research (CIHR), which has led to millions of dollars being invested in the first-class gastroenterology research performed in Canada during the past 15 years. The CAG merit-based research fellowship program remains unparalleled in Canada. All grant application reviews are rigorously and meticulously done to ensure compliance with CIHR standards. Details regarding the awards made by the Research committee were recently presented by Dr Stephen Vanner, Chair of the Research Committee (2).

The CAG will continue to advocate for and develop research infrastructure to support ongoing digestive health research programs. Industry and external stakeholder partnerships have played a valuable role in supporting research programs to date. They will continue, but are constrained in keeping with the current economic times. We are grateful for their support. The organization is looking forward to continued growth and partnership with CIHR, and particularly the Institutes of Nutrition, Metabolism and Diabetes (INMD), the Institute at CIHR that oversees gastroenterology. In the coming months, meetings will be held with the INMD to further develop and fine-tune the CAG-CIHR Research Program. The goal is to have the full program available and launched in the spring of 2009 and to maintain our standard application deadline of October 15th.

CANADIAN DIGESTIVE HEALTH FOUNDATION

There is a critical need for additional secure funding streams to support high quality national gastroenterology research programs. To this end, the CAG has made a significant effort and

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financial commitment to revitalize the Canadian Digestive Health Foundation (CDHF). The CDHF was established in 1994 and formally reorganized as the Foundation of the CAG in 2008. Dr Richard Fedorak was appointed as President and is leading a committed team with significant energy, expertise and enthusiasm to increase the profile of digestive health and disease in Canada (3). In addition to raising awareness about digestive health and disease and raising funds to support gastroenterology research, the Foundation provides valuable public educational programs. Support for the Foundation from the CAG membership is crucial to ensure its success. Demonstration of internal organizational support and belief in its Foundation is a critical factor when approaching other organizations and individuals for philanthropic support. We need your support. I encourage you to make a generous donation to the CDHF (www.cdhf.ca) to increase the profile of digestive health and fund more research than ever before. Gifts are tax deductible.

EDUCATION

There are several ongoing and new initiatives in development that highlight the CAG's commitment to medical education at all levels.

Canadian Digestive Diseases Week (CDDW) 2009 including the 5th annual CASL Winter Meeting developed in collaboration with the Canadian Association for the Study of the Liver was held on February 27 to March 2, 2009 in Banff, Alberta. This meeting remains a cornerstone for the CAG's educational programs. The implementation committee, co-chaired by Drs David Morgan and Winnie Wong, worked hard to ensure a high-quality scientific meeting with the opportunity to showcase research and clinical developments while allowing time for social interaction and networking. This year, the three-day, multitopic program included internationally renowned faculty using a variety of learning formats that was of value to scientists, trainees and clinicians. The program content was developed on the basis of a needs assessment survey that had an excellent response rate with broad input from the membership (4). We were honoured to have Dr Daniel Podolovsky present the Richard D McKenna Memorial Lecture. The annual Gastroenterology Residents In Training and Scholars programs held in conjunction with the meeting provided ongoing support and opportunities for trainees in the field. These programs assist and enable specialty training programs to continue to attract the best and the brightest to the fields of gastroenterology and hepatology.

Led by Dr Alaa Rostom, the Education Committee has invested considerable time and energy and made significant strides in implementing an education portal for educational events and credits. This on-line program, to be accessed through the recently renewed CAG Web site, will allow members to review guidelines and educational programs, including sessions from CDDW, at their convenience. Lectures from CDDW were recorded and will be packaged with pre- and postsession questions to strengthen the learning experience. It will also provide an opportunity for members to complete personal learning projects based on the on-line sessions they view and from individual results obtained from the CAG quality assurance programs. Increasingly, provincial licensing authorities, hospitals and the Royal College of Physicians and Surgeons are raising the requirements for new and renewed licensure, credentialing and certification. The education portal will provide increased opportunities for practice audit, self-evaluation and personal learning projects to help members meet these requirements. On-line group discussions and case presentations

with an expert moderator and a repository of important articles and guidelines will also be featured on the Web site portal. This should prove to be a valuable source of information to assist clinical members providing care in a system that is stretched to the limits. A cardinal rule is to carefully keep track of everything you do. The education portal will also assist you in doing this by tracking the time spent with each learning activity to enable the efficient creation of accurate annual reports.

CLINICAL AFFAIRS

Dr Dan Sadowski, Chair of the Clinical Affairs Committee, has directed the development of clinical practice guidelines that enhance health care delivery and outcomes. Recent guidelines created by consensus conferences supported by the CAG include gastrointestinal bleeding, Crohn's disease and nonsteroidal anti-inflammatory drugs. Consensus conferences on celiac disease and ulcerative colitis will be held in 2010 and a commitment has been made to renew the previously developed colorectal cancer screening guidelines (5). Several endoscopy-related manuscripts addressing credentialing requirements have been developed and published during the past year (6-9).

There is general agreement that continual improvement of health care delivery and quality is an important goal. Given the significant existing differences in standards across the country, the course to accomplishing the goal is debatable. The CAG is committed to maintaining a leadership role and working with provincial organizations in the development of national gastroenterology quality measures to enhance the delivery of gastroenterology health care. An important component of this is the active role the organization is taking in the development of endoscopy quality assurance initiatives that provide members with an opportunity to monitor the quality of their endoscopy unit and personal endoscopy performance in comparison with their peers and the published literature in real time. This will also generate national data that can be used to improve the reporting process and develop future quality initiatives. To date, more than 20 centres across the country have registered to participate in the Endoscopy Quality Initiative project (www.cag-acg.org/about/special-projects/endoscopyqualityinitiative.aspx). I encourage all endoscopy units and gastroenterologists to participate. Incremental quality improvement will be to everyone's benefit and will enable the development of metrics that are meaningful, practical and understandable, and impact care delivery positively.

In partnership with the provincial gastroenterology associations, the CAG completed the Survey of Access to GastroEnterology (SAGE) in November 2008, to update the national dataset of wait times for access to digestive disease consultation and endoscopy (www.cag-acg.org/about/special-projects/sageprogram.aspx) (10). The survey was a tremendous success with more than 200 physician participants and representation from all regions of the country. The SAGE results and their correlation to the 2005 Practice Audit in Gastroenterology Wait Times and Consensus Targets were presented at CDDW 2009 (11,12). This will provide valuable information to the CAG, CDHF and provincial organizations to continue to lobby to increase the profile of gastroenterology and advocate for further resources to enhance patient care. The organization's expertise and valuable contribution in this area has been recognized by the inclusion of the CAG as a partner in the federally sponsored National Wait Time Alliance. The CAG also presented an overview of the SAGE program to all National Specialty Societies at the January 2009 Canadian Medical Association affiliate meeting.

ADVOCACY

During the past five years, the CAG has taken a greater role in advocating for digestive health care, research and educational resources. Continued growth and future success in this area requires the development of enhanced relationships, practice and research information, and collaborative work with our Foundation, provincial associations, partners and affiliated organizations. Working together, we will be more successful in an ever growing and increasingly complex medical system. Current and growing federal and provincial budgetary issues may make it difficult for governments to address the pressing health care delivery, research and training needs.

COMMUNICATIONS

The Communications Committee is chaired by Dr Craig Render, and is responsible for ongoing communication activities including the CAG Web site. *The Canadian Journal of Gastroenterology*, under the leadership of Dr Paul Adams, has grown and flourished. As testament to the dedication and commitment of the editorial board there has been a steady increase in the impact factor of the *Journal*. I would like to acknowledge and congratulate them on their results. The Communications Committee will be spearheading the process for advertisement and selection of the next Editor-in-Chief of *The Canadian Journal of Gastroenterology*. Informal feedback from the membership regarding the redesigned CAG Web site has been very positive. Further development of the Web site will

be used to facilitate enhanced communication with the membership and in building the education portal.

I encourage you to actively participate in and continue to support the organization. Whether it is donating your time and expertise to the CAG or CDHF, or providing financial support to CDHF, there is both a need and an opportunity for you to play an important role to advocate for, mentor and support the greater good for digestive health care delivery, research, education and training. As a growing organization, we have the ability to impact digestive health care delivery. Broad representation from across the country will strengthen the organization and enhance our ability to provide additional benefits to the membership. Should you have any questions or comments regarding the organization, please contact me or any member of the Board.

ACKNOWLEDGEMENTS: Significant gains have been achieved by the CAG during the past years and I believe we are well positioned to meet the challenges in the years to come. The CAG is a very diverse organization reflecting the constituencies it serves. Ultimately, the strength of the organization is its people. I would like to acknowledge the office staff, including Paul Sinclair, Sandra Daniels, Louise Hope and Palma Colacino who provide excellent support for the organization, and those members who have provided their time and energy to the Board and committees to advance the goals of the CAG in support of its members and the people they care for.

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