2018 CAG NEEDS ASSESSMENT SURVEY

Quick Overview: Educational Topic Findings

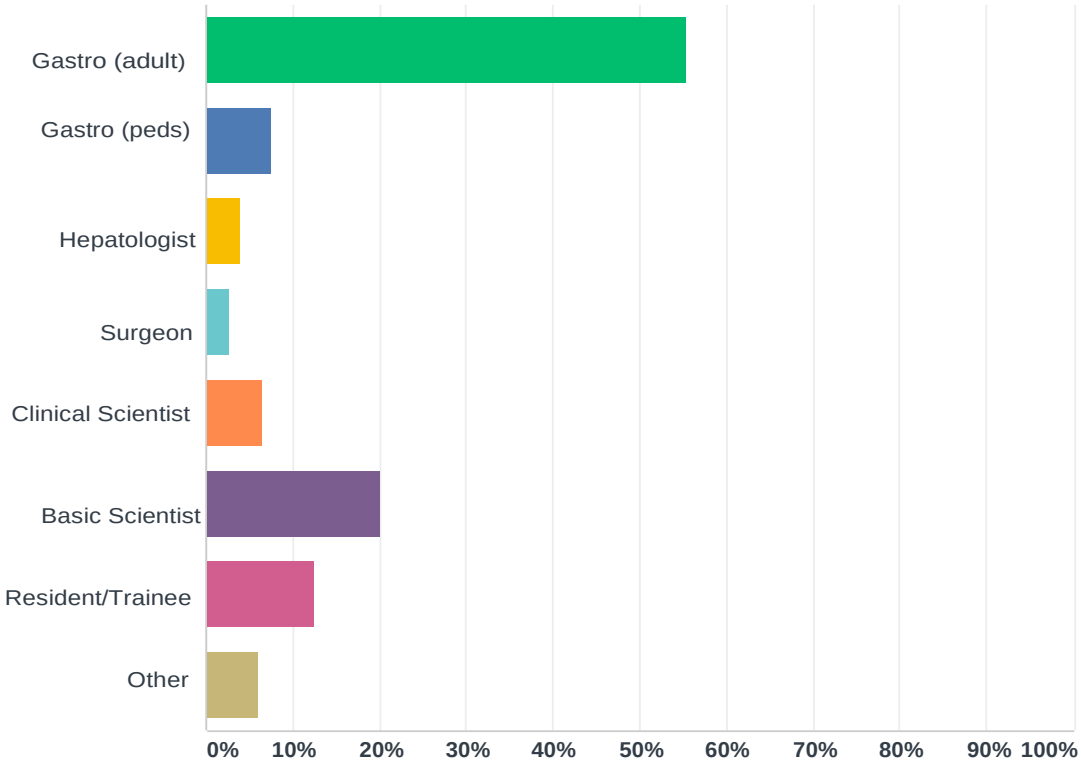
The online 2018 Needs Assessment survey was programmed through SurveyMonkey and a personalized request to complete the questionnaire was emailed to CAG members on March 15th and again on March 22nd. As of April 1, 2018 a total of 248 respondents had completed the survey demographics, of which **236** went on to rate potential educational topics. For potential educational topics respondents were asked to indicate their level of interest for **46** topics on a five-point scale ranging from 'No interest' to 'Very interested'.

*The table below summarizes the top picks (**percent that selected 'Very interested'**) for the major respondent subgroups*

Respondents	1st Choice (% very interested)	2nd Choice (% very interested)	3rd Choice (% very interested)	4th Choice (% very interested)	5th Choice (% very interested)
Gastroenterologists - Adult (n=130)	**Endoscopic techniques & therapeutics**: management (polypectomy (51.5%)	**Crohn's & Ulcerative Colitis**: Therapeutics, Tx of complications, fistulas etc; (47.7%)	**Hands-on stations for endoscopic skills** (39.2%)	**IBD**: Pathogenesis, genetics, etiology; **Alternative approaches to management** (e.g. cannabis) (each topic 30.0%)	**Pancreatitis & pancreatic diseases** (29.2%)
Gastroenterologists - Pediatric (n=19)	**Pediatric Liver Diseases** (57.9%)	**Crohn's & Ulcerative Colitis**: Therapeutics, Tx of complications, fistulas, etc. (47.4%)	**Celiac Disease**: Dx, management, complications, new therapies; **Malabsorption**: Dx & management; **IBD**: Pathogenesis, genetics, etiology (each topic 42.1%)	**Dyspepsia & upper GI functional disorders** (36.8%)	**Esophageal & upper GI motility disorders; Chronic diarrhea**: Dx & management; **Nutrition**: **assessmen**t in specific disease states; **Nutrition: management; Hands-on stations for endoscopic skills; Endoscopic techniques & therapeutics:** management (polypectomy) (each topic 31.6%)
Teaching hospital based (n=146)	**Crohn's & Ulcerative Colitis**: therapeutics, Tx of complications, fistulas etc; (46.6%)	**Endoscopic techniques & therapeutics**: management (polypectomy) (41.8%)	**IBD:** Pathogenesis, genetics, etiology (38.4%)	**Hands-on stations for endoscopic skills** (34.9%)	**Pancreatitis & pancreatic diseases** (28.8%)
Community hospital based (n=51)	**Crohn's & Ulcerative Colitis**: therapeutics, Tx of complications, fistulas etc; **Endoscopic techniques & therapeutics**: management (polypectomy) (each 52.9%)	**Hands-on stations for endoscopic skills** (43.1%)	**NAFLD; Chronic diarrhea**: Dx & management (each topic 39.2%)	**Celiac disease:** Dx, management, complications, new therapies; **IBD:** Pathogenesis, genetics, etiology (each topic 37.2%)	**Diseases of the gallbladder & biliary tract** (33.3%)
Basic Scientist (n=49)	**IBD**: Pathogenesis, genetics, etiology (53.1%)	**Crohn's & Ulcerative Colitis**: Therapeutics, Tx of complications, fistulas etc. (36.7%)	**GI Oncology;** (26.5%)	**Lower functional bowel disorders** (IBS); **Approach to GI infections** (C.difficile & other pathogens) (each 24.5%)	**Celiac disease:** Dx, management, complications, new therapies (20.4%)
Trainees (n=30)	**Hands-on stations for endoscopic skills; Endoscopic techniques & therapeutics**: management (polypectomy) (each 60.0%)	**Crohn's & Ulcerative Colitis**: Therapeutics, Tx of complications,fistulas, etc. (56.7%)	**Endoscopy: EUS** (53.3%)	**Endoscopy: ERCP; Endoscopy: Advanced modalities** (e.g. double balloon, PDT etc.) (each topic 50.0%)	**IBD**: Pathogenesis, genetics, etiology (46.7%)

Q3 **Specialty**

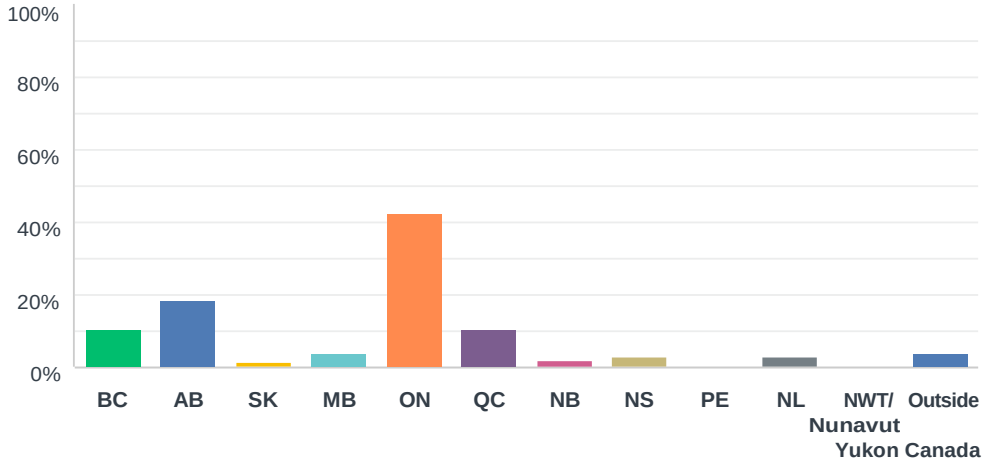
Answered: 249 Skipped: 0



ANSWER CHOICES	RESPONSES	
Gastroenterologist (adult)	**55.42%**	138
Gastroenterologist (pediatrics)	**7.63%**	19
Hepatologist	**4.02%**	10
Surgeon	**2.81%**	7
Clinical Scientist	**6.43%**	16
Basic Scientist	**20.08%**	50
Resident/Trainee	**12.45%**	31
Other	**6.02%**	15
Total Respondents**: 249**		

Q4 **Your location:**

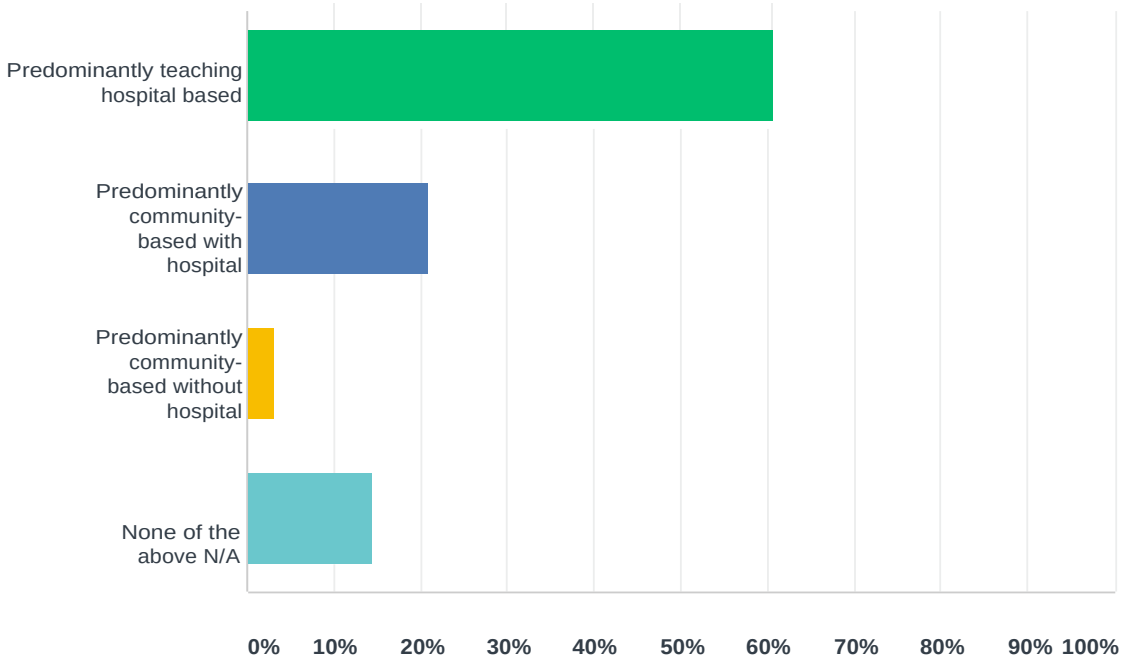
Answered: 249 Skipped: 0



ANSWER CHOICES	RESPONSES	
BC	**10.44%**	26
AB	**18.47%**	46
SK	**1.61%**	4
MB	**4.02%**	10
ON	**42.57%**	106
QC	**10.44%**	26
NB	**2.01%**	5
NS	**2.81%**	7
PE	**0.40%**	1
NL	**3.21%**	8
NWT/Nunavut/Yukon	**0.00%**	0
Outside Canada	**4.02%**	10
TOTAL		**249**

Q5 **Affiliation**

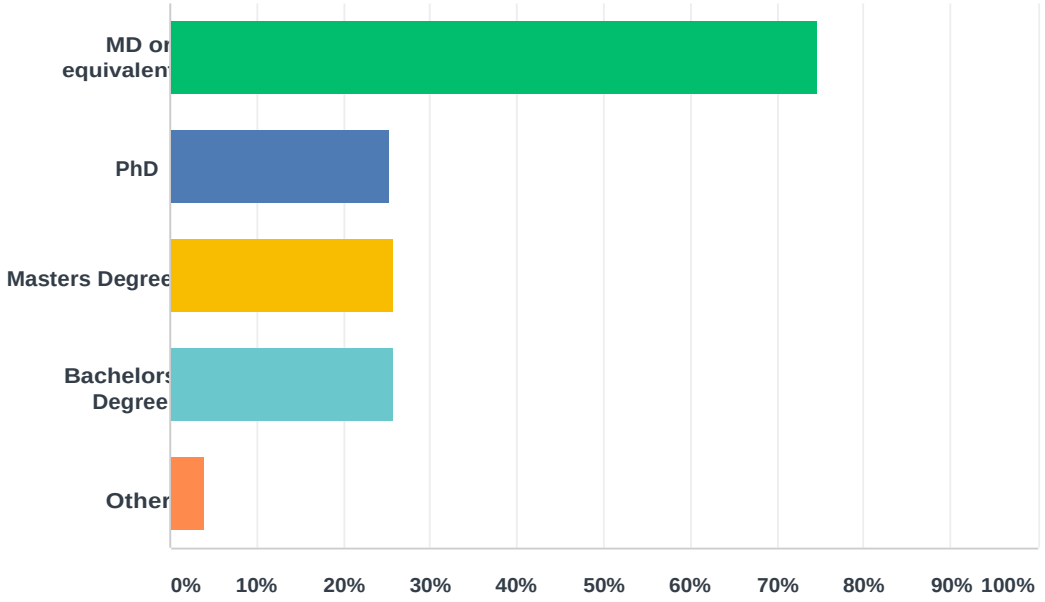
Answered: 248 Skipped: 1



ANSWER CHOICES	RESPONSES	
Predominantly teaching hospital based	**61.29%**	152
Predominantly community-based with hospital privileges	**20.97%**	52
Predominantly community-based without hospital privileges	**3.23%**	8
None of the above/not applicable	**14.52%**	36
TOTAL		**248**

Q6 **Education** (check all that apply)

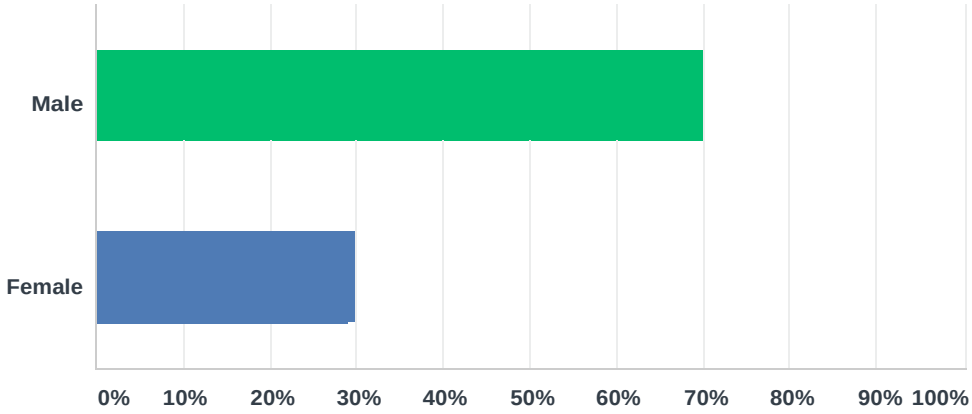
Answered: 248 Skipped: 1



ANSWER CHOICES	RESPONSES	
MD or equivalent	**74.60%**	185
PhD	**25.40%**	63
Masters Degree	**25.81%**	64
Bachelors Degree	**25.81%**	64
Other	**4.03%**	10
Total Respondents**: 248**		

Q7 **Sex**

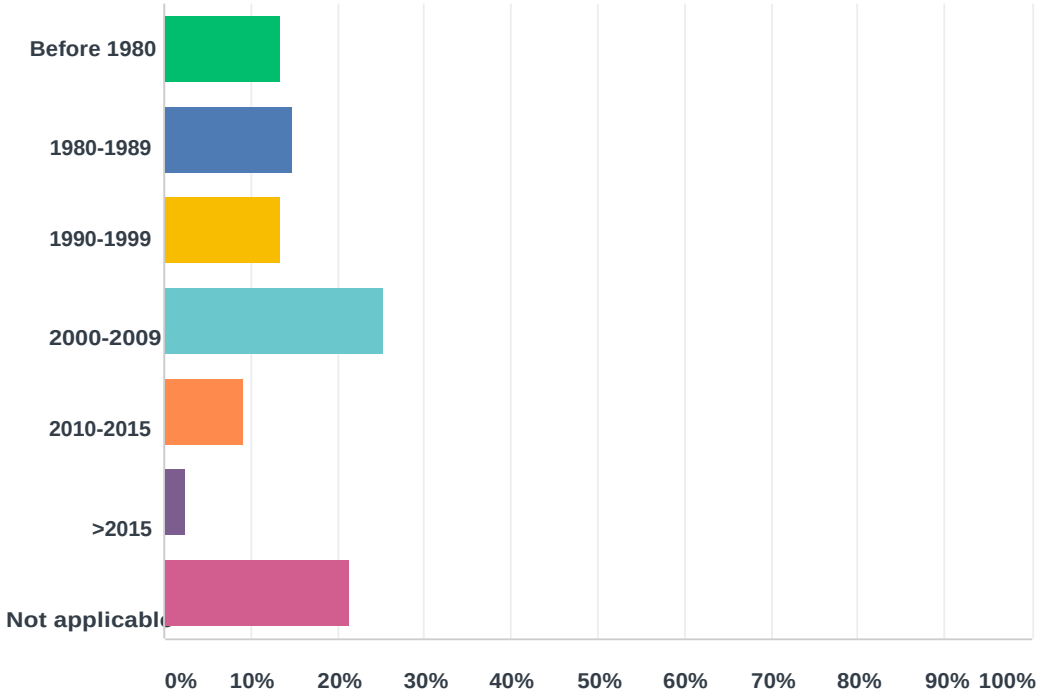
Answered: 248 Skipped: 1



ANSWER CHOICES	RESPONSES	
Male	**70.97%**	176
Female	**29.03%**	72
TOTAL		**248**

Q8 **Year of medical school graduation**

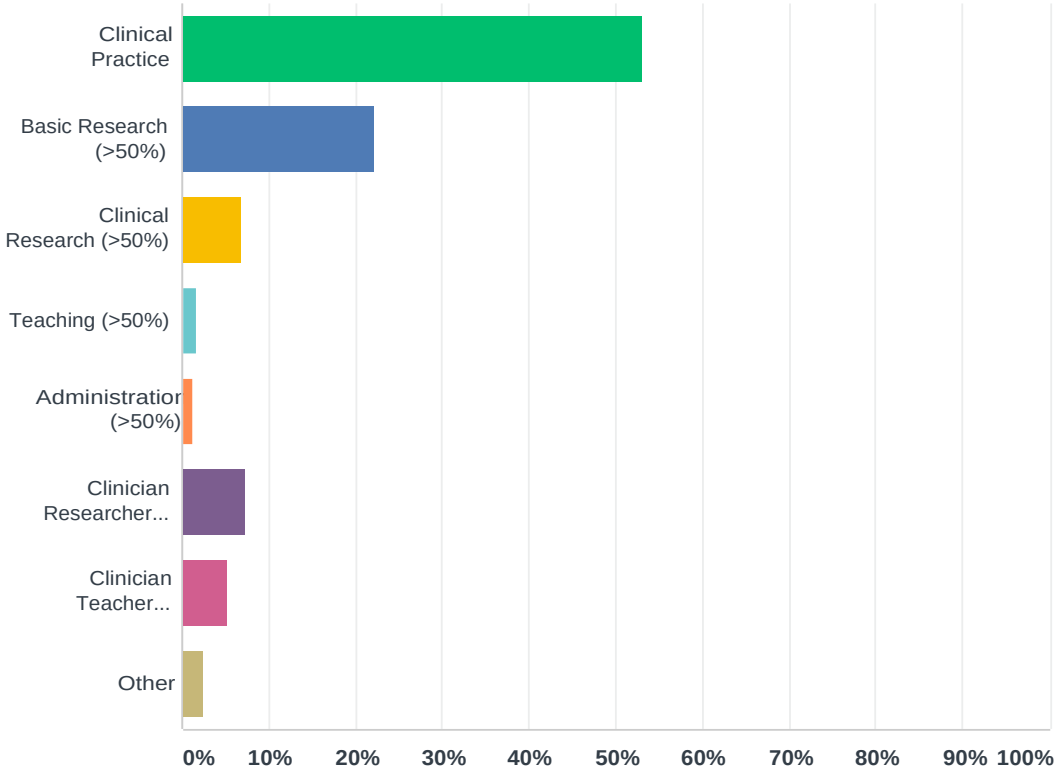
Answered: 248 Skipped: 1



ANSWER CHOICES	RESPONSES	
Before 1980	13.31%	33
1980-1989	14.92%	37
1990-1999	13.31%	33
2000-2009	25.40%	63
2010-2015	9.27%	23
>2015	2.42%	6
Not applicable	21.37%	53
TOTAL		248

Q9 **In which category do you spend most of your time?** (check only one)

Answered: 248 Skipped: 1

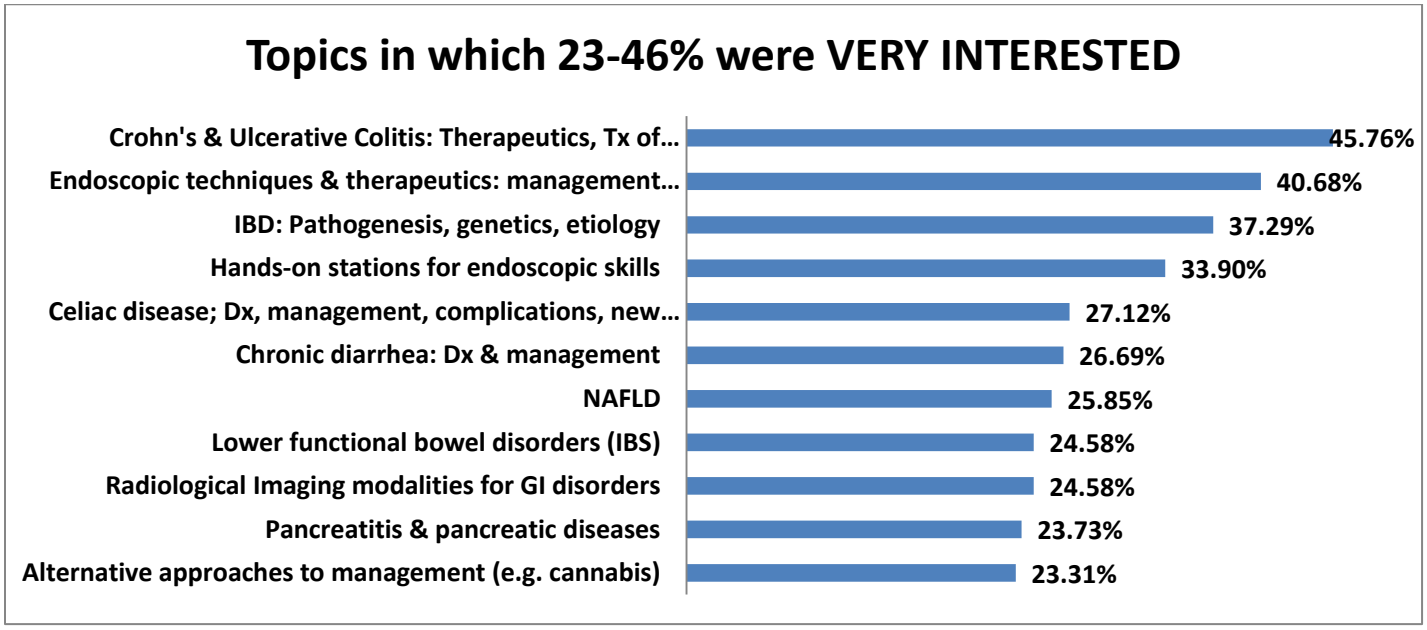


ANSWER CHOICES	RESPONSES	
Clinical Practice	**53.23%**	132
Basic Research (>50%)	**22.18%**	55
Clinical Research (>50%)	**6.85%**	17
Teaching (>50%)	**1.61%**	4
Administration (>50%)	**1.21%**	3
Clinician Researcher (research <=50%)	**7.26%**	18
Clinician Teacher (teaching <=50%)	**5.24%**	13
Other	**2.42%**	6
TOTAL		**248**

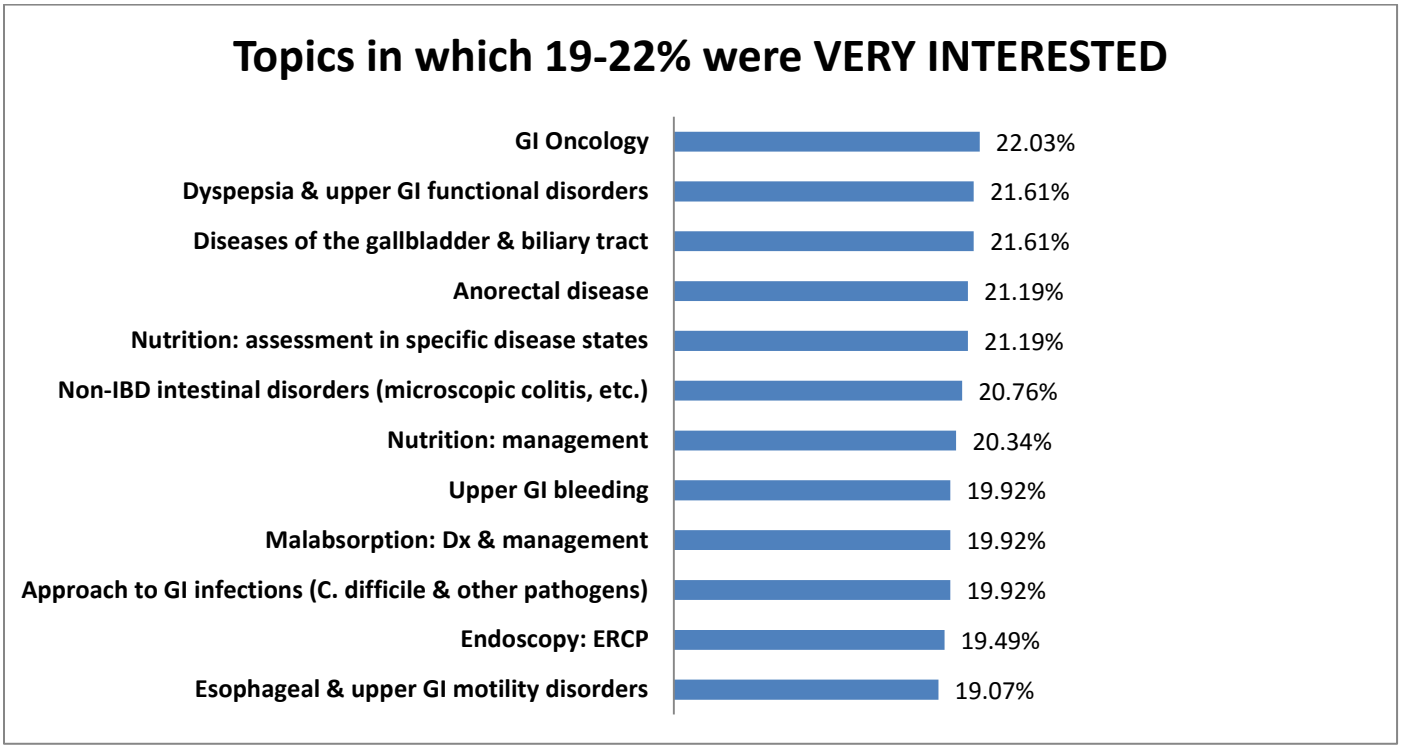
Q10 **Please indicate how strongly you would like to see an educational event on each topic listed below:**

Answered: 236 Skipped: 13

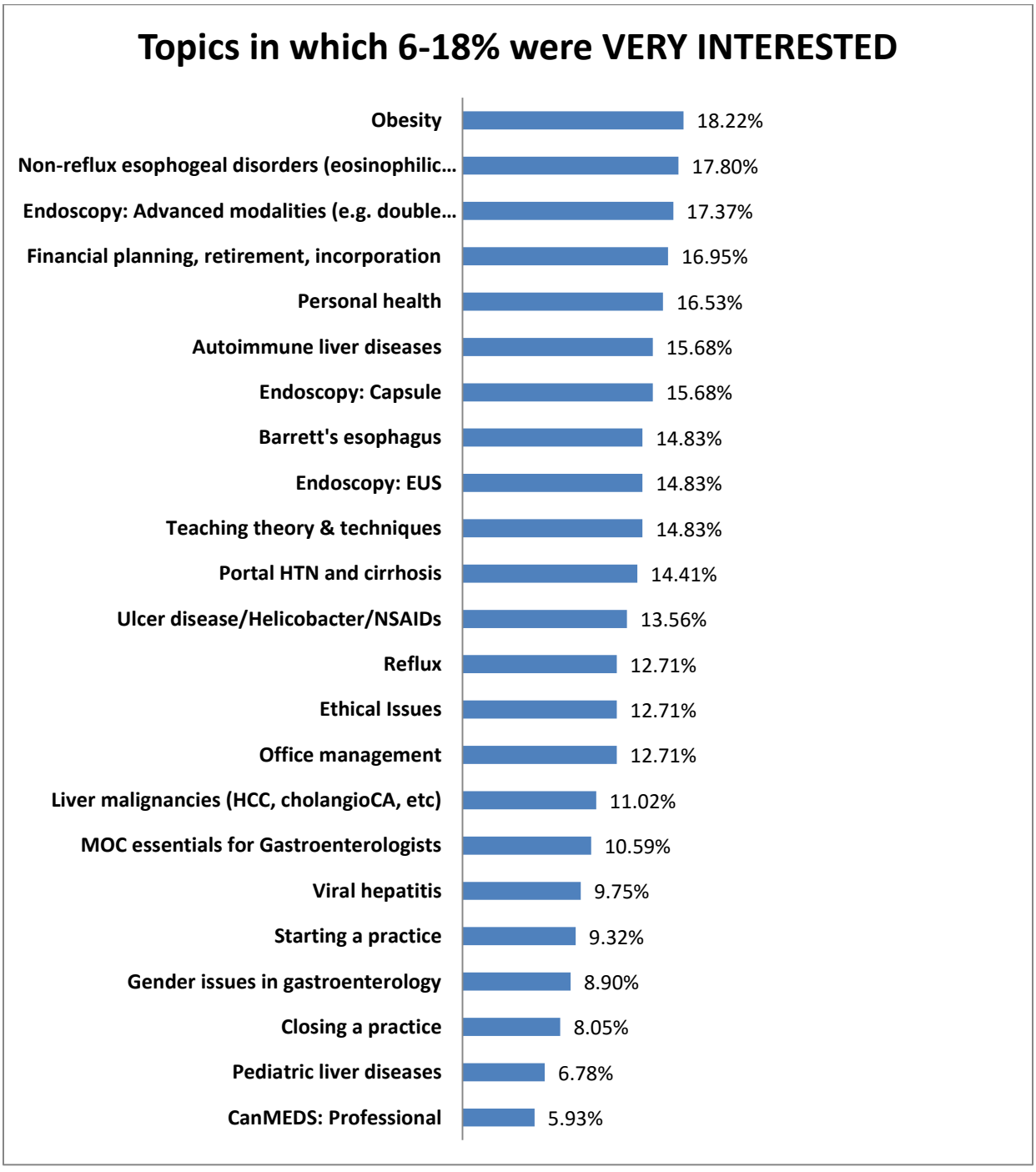
*Summary of only those educational event topics rated VERY INTERESTED – for **all** ratings see pages 13,14)*



*The **11** **HIGHEST** rated topics (above)*



Answered: 236 Skipped: 13



*Please note: The liver related topics were answered by majority of CAG luminal respondents

Q12 **Optional: List one or two OTHER topics that you would like to see covered. Please DO NOT repeat topics listed above**

Answered: 85 Skipped: 164

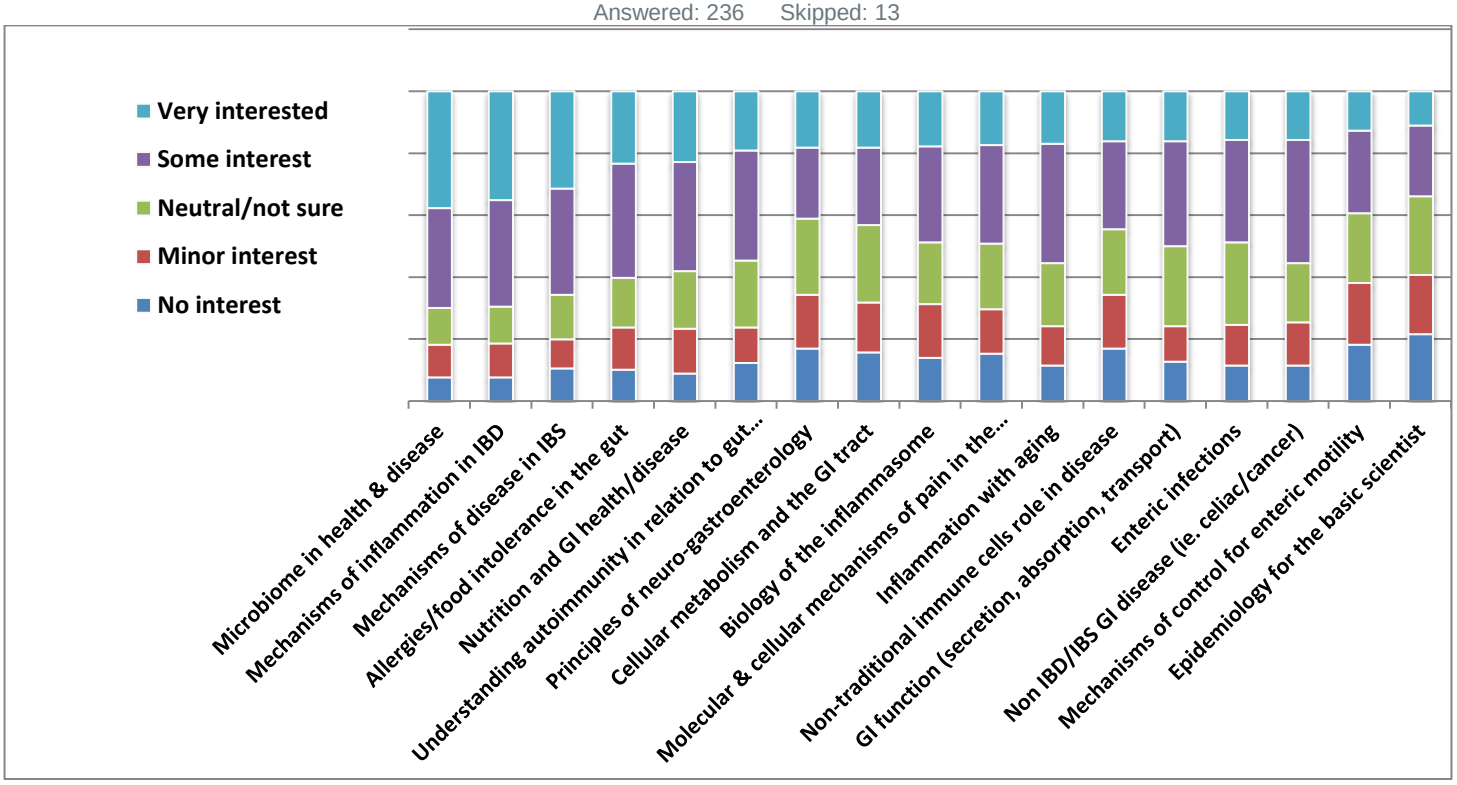
(For the COMPLETE alphabetical list of ALL OTHER suggested topics please see APPENDIX A)

Summary of suggestions for topics that address CanMEDS roles *other than* Medical Expert:

- 360 Evaluation
- Access to care
- Advice for residents interested in starting a research career
- Approach to functional disorders, ie pyschological support
- Billing efficiency
- CAG approved standardized informed consent for endoscopic procedures:what MUST be said and documented
- Cognitive behavioural therapy in gastroenterology
- Competence by Design
- Doctor wellbeing and health
- Ending a physician-patient relationship
- Ethics/Integrity of practice: doing procedures for money and very little else. How can we control this?
- Feedback
- Health services utilization
- How to educate referring physicians who send their patients for QUICK scopes before they refer to you for a clinical answer
- Legal responsibilities dealing with difficult patients
- Physician burnout
- Physicians with disabilities (burnout, damage/pain from doing procedures, where and who to give support and options without a union to support us, etc
- Politicians - why they put down health care and MDs
- Teaching endoscopy
- Technology in patient management and communication
- Time management

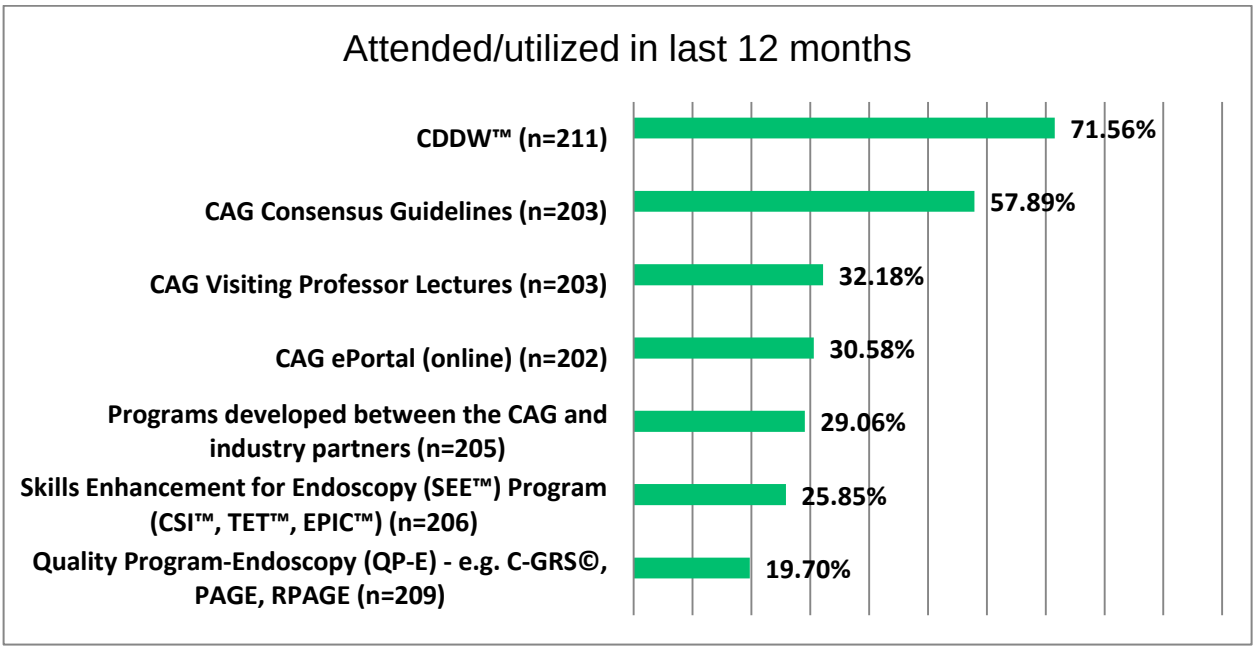
Q11 **For the content of a <u>BASIC SCIENCE</u> educational session, please indicate how strongly you would like to see each topic below addressed**

Answered: 236 Skipped: 13



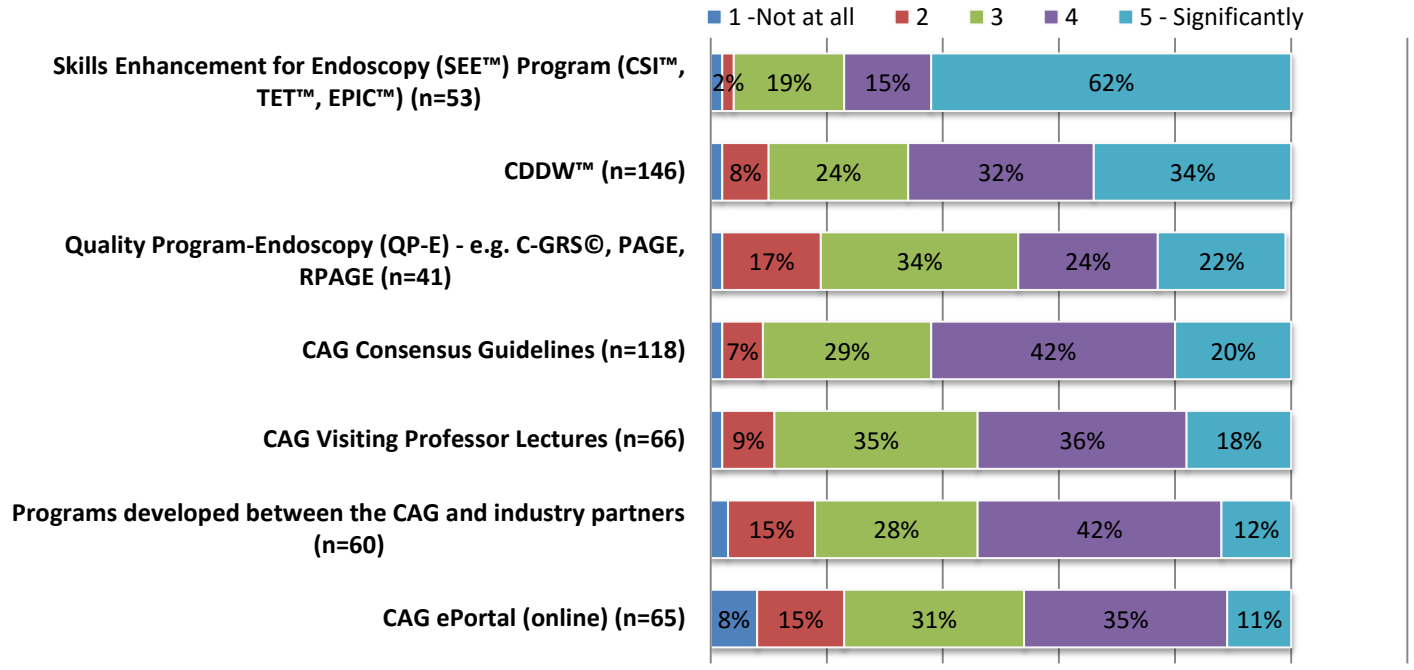
*(Sorted by highest rating of **Very interested** from **left** to right)*

Q13 **Please indicate <u>all</u> CAG continuing professional development (CPD) programs/tools/events that you have used/participated in <u>over the past year</u>**



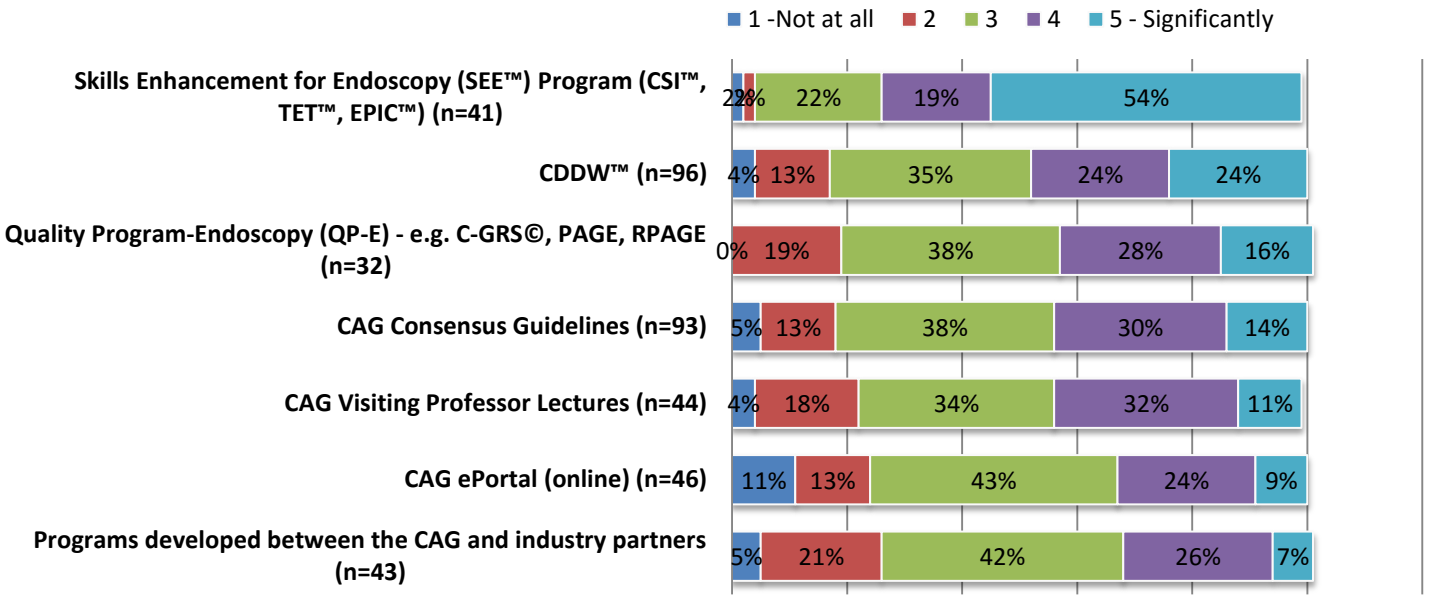
(n= number of respondents for each program/tool/event)

Rate how much participation **INCREASED your KNOWLEDGE**



(n= number of respondents who participated and chose to answer this question regarding each program/tool/event. Reponse was not mandatory.)

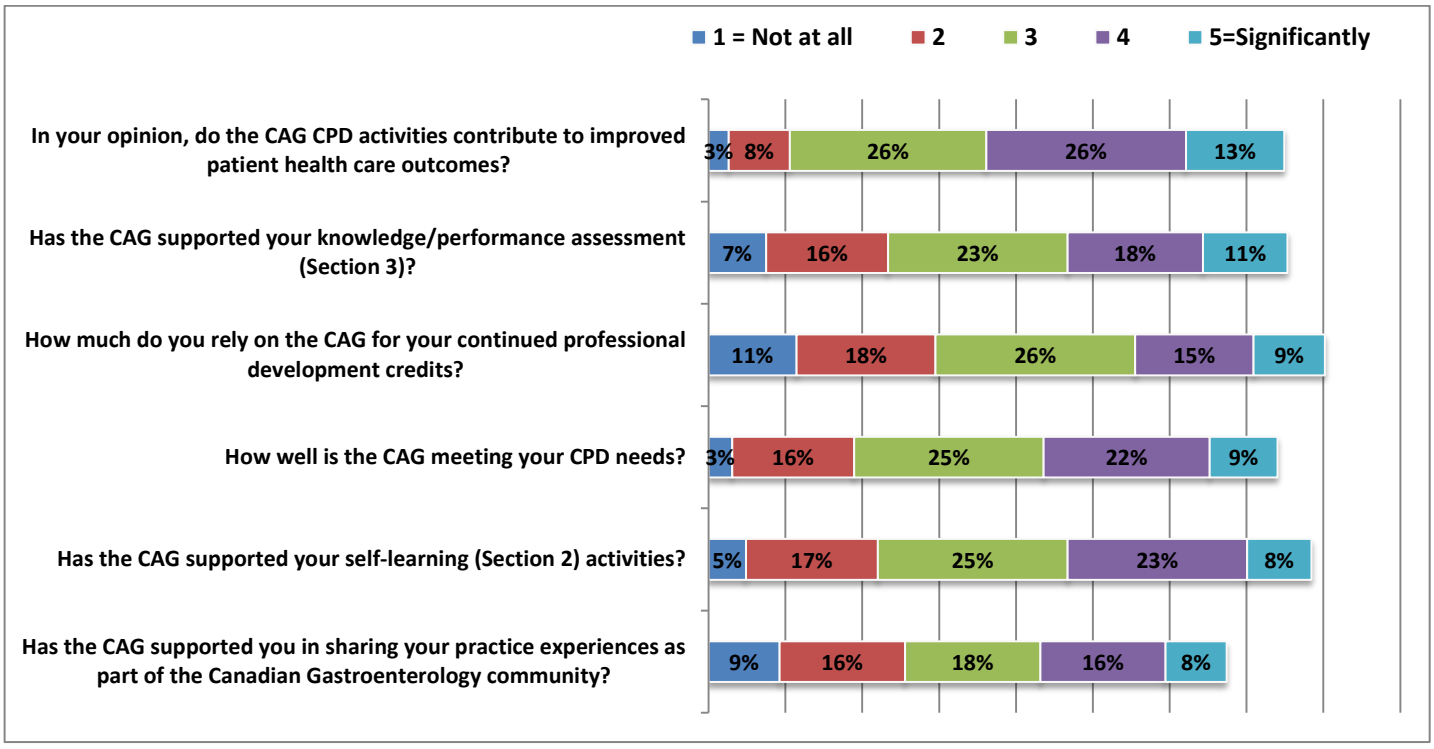
Rate how much participation **CHANGED your PRACTICE**



(n= number of respondents who participated and chose to answer this question regarding each program/tool/event. Reponse was not mandatory.)

Q 14. **Using the 5-point scale please answer each of the following questions**

Answered: 227 Skipped



Q 10. **Please indicate how strongly you would like to see an educational event on each topic listed below**

Answered: 236 Skipped: 13

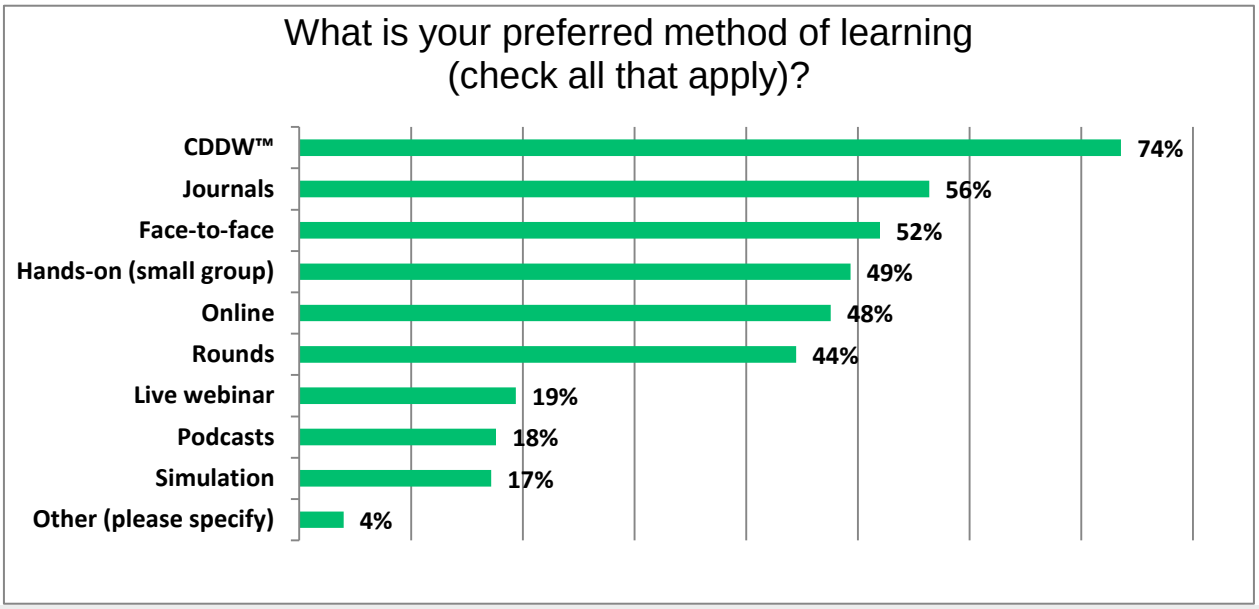
Listed from greatest percentage "Very Interested" to least percentage "Very Interested"

	No interest	Minor interest	Neutral/not sure	Some interest	**Very interested**
1. Crohn's & Ulcerative Colitis: Therapeutics, Tx of complications,fistulas, etc.	5.08%	8.05%	11.02%	30.08%	45.76%
2. Endoscopic techniques & therapeutics: management (polypectomy)	17.80%	5.51%	10.59%	25.42%	40.68%
3. IBD: Pathogenesis, genetics, etiology	5.93%	11.86%	17.37%	27.54%	37.29%
4. Hands-on stations for endoscopic skills	19.49%	8.90%	12.71%	25.00%	33.90%
5. Celiac disease; Dx, management, complications, new therapies	6.78%	8.47%	13.98%	43.64%	27.12%
6. Chronic diarrhea: Dx & management	10.17%	10.59%	15.68%	36.86%	26.69%
7. NAFLD	16.95%	13.56%	18.22%	25.42%	25.85%
8. Lower functional bowel disorders (IBS)	9.32%	8.47%	14.41%	43.22%	24.58%
9. Radiological Imaging modalities for GI disorders	12.29%	12.71%	13.56%	36.86%	24.58%
10. Pancreatitis & pancreatic diseases	11.02%	16.10%	15.25%	33.90%	23.73%

	No interest	Minor interest	Neutral/not sure	Some interest	**Very interested**
11. Alternative approaches to management (e.g. cannabis)	11.86%	11.86%	19.07%	33.90%	23.31%
12. GI Oncology	11.86%	19.07%	17.80%	29.24%	22.03%
13. Dyspepsia & upper GI functional disorders	14.83%	14.41%	16.53%	32.63%	21.61%
14. Diseases of the gallbladder & biliary tract	14.83%	19.07%	17.37%	27.12%	21.61%
15. Anorectal disease	16.95%	17.80%	11.02%	33.05%	21.19%
16. Nutrition: assessment in specific disease states	9.75%	10.59%	18.22%	40.25%	21.19%
17. Non-IBD intestinal disorders (microscopic colitis, etc.)	7.20%	11.86%	17.80%	42.37%	20.76%
18. Nutrition: management	11.86%	12.71%	15.68%	39.41%	20.34%
19. Upper GI bleeding	13.56%	12.71%	16.95%	36.86%	19.92%
20. Malabsorption: Dx & management	11.86%	14.41%	11.44%	42.37%	19.92%
21. Approach to GI infections (C. difficile & other pathogens)	8.05%	8.90%	21.19%	41.95%	19.92%
22. Endoscopy: ERCP	34.75%	16.95%	18.22%	10.59%	19.49%
23. Esophageal & upper GI motility disorders	10.59%	19.07%	12.71%	38.56%	19.07%
24. Obesity	10.17%	17.37%	22.03%	32.20%	18.22%
25. Non-reflux esophogeal disorders (eosinophilic esophagitis, etc.)	11.44%	16.95%	15.68%	38.14%	17.80%
26. Endoscopy: Advanced modalities (e.g. double balloon, PDT, etc.)	25.00%	17.80%	17.80%	22.03%	17.37%
27. Financial planning, retirement, incorporation	29.24%	14.41%	16.53%	22.88%	16.95%
28. Personal health	23.73%	17.37%	20.34%	22.03%	16.53%
29. Autoimmune liver diseases	20.76%	16.53%	19.49%	27.54%	15.68%
30. Endoscopy: Capsule	24.58%	17.80%	21.19%	20.76%	15.68%
31. Barrett's esophagus	13.56%	17.80%	23.31%	30.51%	14.83%
32. Endoscopy: EUS	35.59%	18.22%	19.49%	11.86%	14.83%
33. Teaching theory & techniques	19.07%	21.19%	21.19%	23.73%	14.83%
34. Portal HTN and cirrhosis	20.34%	15.25%	17.80%	32.20%	14.41%
35. Ulcer disease/Helicobacter/NSAIDs	13.56%	21.19%	21.61%	30.08%	13.56%
36. Reflux	15.68%	22.03%	23.31%	26.27%	12.71%
37. Ethical Issues	16.10%	15.25%	27.12%	28.81%	12.71%
38. Office management	32.20%	14.83%	18.22%	22.03%	12.71%
39. Liver malignancies (HCC, cholangioCA, etc)	23.73%	25.00%	18.64%	21.61%	11.02%
40. MOC essentials for Gastroenterologists	29.66%	16.10%	17.80%	25.85%	10.59%
41. Viral hepatitis	25.00%	25.00%	19.92%	20.34%	9.75%
42. Starting a practice	52.12%	16.53%	11.02%	11.02%	9.32%
43. Gender issues in gastroenterology	27.54%	20.76%	27.54%	15.25%	8.90%
44. Closing a practice	43.64%	16.53%	15.68%	16.10%	8.05%
45. Pediatric liver diseases	49.15%	24.15%	11.44%	8.47%	6.78%
46. CanMEDS: Professional	35.17%	15.68%	20.76%	22.46%	5.93%

Q15 **What is your preferred method of learning** (check all that apply)?

Answered: 227 Skipped: 22



	OTHER (PLEASE SPECIFY)
1	Large meetings ddw, Ecco
2	Textbooks
3	a CAG podcast would be AMAZING
4	On-line community of practice
5	DDW
6	Meetings
7	Industry reps
8	DDW postgraduate course
9	DDW

Executive Summary of CAG CPD Strengths and Weaknesses

CAG CPD Strengths include:

- Broad range of educational opportunities
- Well-organized
- Leader in CPD
- SEE™, CDDW™, CPGs and ePortal are all valued

CAG CPD Weaknesses include:

- Luminal GI and hepatology groups should be reintegrated
- Not enough basic science content
- Recurring topics and speakers
- CPGs and CAG programs are not well advertised or promoted

(For **ALL** comments regarding Strengths and Weaknesses, please refer to APPENDIX B and C)

APPENDIX A Q12 **OTHER topics that you would like to see covered**

360 Evaluation
Access to care
Acute liver failure
Advanced resection techniques for early GI neoplasia
Advice for residents interested in starting a research career
Ancient GI microbiome
Animal models to study IBD
antibiotic resistance
anticoagulation management
Approach to functional disorders, ie pyschological support
approach to/advanced treatments for fecal incontinence
Asking research questions in clinical practice
autoantibodies
Autonomic control of GI functions
Billing efficiency
Biological in IBD
biomarkers in IBD
CAG approved standardized informed consent for endoscopic procedures:what MUST be said and documented
Cancer
Caring of the liver transplant patient
Cognitive behavioural therapy in gastroenterology
Colorectal cancer screening
Competence by Design - need to include this - GI is on list for this in 2019
Competency based medical education
CRC screening at a population level
Current treatment for Gi cancers we diagnose
Dealing with clinical situations which don't fit the guidelines
Diet and inflammation
Doctor wellbeing and health
Ending a physician-patient relationship
Enterocyte functions
enteroendocrine
Epigenetics -role in GI disease
epithelial interactions in GI disease - The rôle of mesenchymal
ESD
ESD
Ethics/Integrity of practice: doing procedures for money and very little else. How can we control this?
EUS therapeutics
Exercise and Cancer
Exercise and GIT
Familial risk of pancreatic cancer - who, when & how to screen
Fatty liver post-liver transplant
fecal microbial transplantation
Fecal microbiota transplant
Feedback
fibrosis and intestinal remodelling in IBD
FMT review of future potential
Function and mechanisms of cannabinoids in IBD + IBS
Gastric cancer treatment surg/med
gastrovascular abnormality
genetics
GI toxicology
GI tract microscopy
GI Tract related pain
Gut-Brain Axis
Gut-brain axis
health services utilization
Helicobacter pylori mechanism of pathogenesis

APPENDIX A OTHER Topics continued

Herbs and spices in IBD and IBS

Hereditary cancer syndromes
high resolution manometry

How to educate referring physicians who send their patients for QUICK scopes before they refer to you for a clinical answer

How to protect the patient - implementation of procedural training competency across specialities/subspecialities

Ibd
ibd dysplasia/colitis-associated neoplasm

Immune cell-microbiota cross-talk

Immunometabolism in IBD

Infections in IBD - CMV and CDI

Innate host defenses

innate lymphoid cells

Intestinal epithelium

Intestinal growth

investigator initiated clinical trials

Involvement of the enteric nervous system in GI diseases

legal responsibilities dealing with difficult patients

Liver transplant & alcohol

Lower hi bleed

Management of chronic abdominal pain

Management of chronic nausea

Management of IBS

Maternal Health and GI Disease (i.e. IBD)

Management of chronic abdominal pain

Management of chronic nausea

Management of IBS

Maternal Health and GI Disease (i.e. IBD)

mechanisms of action of antibody-based biologics

mechanisms of disease in peptic ulcers

Mechanisms of NASH

Metabolomics of IBD

Metatranscriptomics of IBD

microbiome and colorectal cancer/polyps

mitochondria and disease

MRI and motility

mucosal responses to stress and injury

multichannel intraluminal impedance-pH monitoring

NAFLD

Necrotizing enterocolitis

Neuoendocrine tumors

Neuroendocrine tumours epidemiology, diagnosis, mgmt

Neuro-Immune interactions

Neuromodulation of GI disorders

New concepts in epithelial barrier and repair

New experimental approaches - organoids, imaging, molecular biology ("omics")

New surgical techniques for GI

Non-celiac gluten/wheat sensitivity

Non-opioid pain management

NSAID induced disease of GI

Nutrient sensing by the gut

Obesity

Pain management in severe IBS

paliative care in end of life GI disorders

pancreatic cancer

Pathobionts in IBD

pathogenesis of pancreatic cancer

Pediatric and Transition Care

pediatric liver transplant

Perianal Crohn’s disease

Physician burnout

Physicians with disabilities (burnout, damage/pain from doing procedures, where and who to give support and options without a union to support us, etc

APPENDIX A OTHER Topics continued

Politicians - why they put down health care and MDs
Positioning of Biologics in IBD
PREGANCY AND LIVER DISEASE
PREGNACY AND IBD
psychiatric comorbidities in chronic GI diseases
Quality improvement in colonsocopy, colon cancer screening and increasing ADR
Radiation treatment and GSi disease
Refractory Ascites/ Peritoneo-vesical shunt
Refractory Celiac disease
signaling in GI cancer
Stem cell biology
stem cells
Stem cells in the gut and potential therapies
Tansition of care in IBD
Teaching endosscopy
Techniques of colonoscopy
Technology in patient management and communication
The role of gastroenterologist in the management of Parkinson's (as a symposium)
Therapeutic applications of EUS
Therapeutic endoscopy
Time management
TPN related topics
Ultrasound and motility
Workup/management of chronic abdominal pain

APPENDIX B

Q17 **Please comment on a strength of the CAG's CPD activities**

Answered: 61 Skipped: 188

#	RESPONSES
1	SEE program is excellent
2	Excellent speakers brought in from other countries.
3	Practical, particularly with hand-on courses and CAG reviews of major meetings
4	There are regular updates.
5	Last CDDW was below average
6	Clinically relevant.
7	No Comment
8	It is an Evolving Process
9	CAG seeks out the best educators in Canada, and this helps foster excellent programs.
10	na
11	As a basic science researched, I do not require CPD credits but the sessions I did attend gave me greater understanding into the challenges physicians see in the clinic.
12	Well organized
13	The GI topics leading up to CDDW is a great way to discuss your research as well as others and creates collaboration.
14	N/A
15	Informative activities Good organization
16	Quality, enthousiasm
17	Provides a number of different options
18	Usually well organized and focused and not too long -
19	Evidence based. Well planned
20	N/A
21	Available on line, somewhat easy to watch and learn
22	Having only attended CDDW my commentary is limited, but it was a very comprehensive, engaging, and fun conference that I look forward to attending year after year!
23	Well organized, quality, without bias.
24	Quality of CDDW very good
25	Up to date, information reliable, opportunity to network with other GIs impt for me in small center
26	CAG's CPD activities are truly outstanding
27	SEE program was very educational and enlightening. I recommend it to all my colleagues
28	Being able to watch things online at a convenient time.
29	Continuously revisited to ensure alignment with the CAG members' goals.
30	Well organized. Accessible.
31	CAG has been a leader in CPD development in Canada.
32	A few good events for basic science trainees (e..g Gi topics, CDDW)

APPENDIX B

Strengths of CAG CPD Activities continued

33	Broad range of educational opportunities meeting multiple sections of MOC requirements and my personal needs
34	What is provided was good
35	Various options for learning re: on-line, self-assessment, conference, etc
36	Easily available
37	wide variety of opportunities using different modalities
38	diverse, comprehensive CDDW programming
39	Hands on courses
40	The online CME on the website is great. As section 3 credits are hard to obtain, any further programs would be great
41	Nothing strikes me
42	I make a point to go to CDDW on an annual basis (this one in 2018 was missed only because of health reasons as I was rear ended in a car accident) because it allows me the best way to see colleagues (I am a solo practitioner in the community) and to see what devices are available at present and in the near future. I also go to as many lectures as I can as it is a great deal of information in one spot.
43	N/A
44	No comment as I have not used them.
45	good overall menu
46	Overall, very well organized.
47	Inclusive. Easy digital access
48	Innovative. Self assessment programs are both effective and very helpful for MOCOMP.
49	The consensus statements over the last few years have all been excellent
50	Consistency
51	I strongly enjoyed going to CDDW as a Master's student, the lectures were quite informative.
52	Evidence based
52	Well done
53	The online portal is easy to access and use
54	CDDW was very informative
55	Significantly influenced my understanding and practice
56	CDDW very well organized and executed
57	One of the most developed CPD accreditation programs in Canada
58	SEE is a very well run program
59	I
60	I am new to CAG and very much like and support their mission.
61	.

APPENDIX C

Q18 **Please comment on a weakness of the CAG's CPD activities**

Answered: 58 Skipped: 191

#	RESPONSES
1	Location of meeting in Banff is an obstacle to attendance even for physicians in Western Canada
2	Must improve poster sessions. not at the end of the day. Ask for posters to up all day
3	There is little opportunity for larger involvement in learning activities (i.e. with the development of programs, or learning materials). The goal of learning is to also teach. These opportunities are limited to few individuals.
4	The website is old and difficult to navigate. CDDW is organized in cities such as Banff that are often difficult to reach. Why not Vancouver or other cities where you can just fly ? Some CAG guidelines are extremely old and is no longer applicable in clinical practice. We need updated guidelines in many areas, to name a few: IBD, IBS management, etc.
5	Need to re-integrate luminal GI and hepatoloogy groups in the the annual CDDW
6	No Comment
7	None, This is an evolving Process
8	Not enough focus on specialty endoscopy (EUS/ERCP etc.)
9	na
10	Many of the CPD activities and sessions (at CDDW 2018) were directed toward residents and physicians. There was only a single basic science CPD session (intestinal fibrosis) and it would be of benefit to include more basic science CPD sessions.
11	Provide training sessions for basic scientists on different topics
12	Not enough basic science at CDDW, too many clinical talks.
13	N/A
14	None
15	Activities seem somewhat weighted according to industry inputs - eg what 'mab are we trying out today? over: what's new in potential cheap IBD management, such as worms and other earthy possibilities?
16	Need more accredited self learning modules
17	Insufficient pediatric content/focus
18	N/A
19	More interactive activities
20	Intermittent, traditional (non-innovative), sometimes repetitive but this is improving.
21	Wish there were more opportunities, or perhaps mini conferences in each province
22	Last CDDW spent too much time on paediatrics. I missed having CASL as part of it
23	No weaknesses identified
24	I don't know if it's just me but I wish the resource online were maybe a bit easier to access. Eg. apps or podcasts.
25	There is an opportunity to develop interactive clinical education activities.
26	Split from CASL is a BIG WEAKNESS. Need to get back together - not a good message to trainees.
27	Input from the 'silent' non-participants - what can CAG do to engage them?
28	Mostly geared towards gastroenterologist.

APPENDIX C
Weaknesses of CAG CPD Activities continued

29	None noted
30	Cddw small talk sessions are organized in the manner that interesting topics occur in the same time and cannot be attended. Big lectures are less educational then small group topucs
31	need more awareness of on-line CPD activities
32	Not engaged by all gastroenterologist . Hepatology not engaged
33	Hard to serve pediatric as well as adult GIs
34	Advertising their CPD activities to the GI community at large. Also, CDDW needs to feature topics more relevant to daily clinical GI practice. I find it is mostly geared towards diversifying the educational experience of GI fellows, or at times, too heavy on the basic sciences. As a busy practicing GI in a community and teaching facility, I strive to get a general review of most areas in GI when I attend a conference for a few days. The topics typically presented each year I find are more concentrated on the interests of the conference organizers or the keynote visiting professors. If CDDW featured an AGA postgrad type course review, there would be much more attendees faithfully attending the conference yearly.
35	I was very disappointed in cddw this year. The divorce from CASL has to be resolved as the majority of liver care in this country outside of only a few major centres is still provided by GI. The over representation of pediatric issues was a poor substitute. I will not attend in future if this continues in the future
36	not promoted as a mission
37	Same themes in meetings with same speakers
38	Focus has shifted way too much on IBD and biologics.
39	Unless one is in academia or on a board at CAG, one can tend to forget all the guidelines that CAG has, for eg., and reach out to other avenues like “Up to Date”. They are not advertised well when they come on line.
40	N/A
41	No comments
42	there are recurring themes that are not of particular interest
43	None
44	Engagement of members.
45	Would like even more practice audit/self assessment programs
46	More research-oriented lectures at CDDW?
47	Faculty too often the same
48	not enough informations
49	The guideline library is very poorly organized and difficult to navigate. Dividing the topics into upper GI and lower GI is too broad. It should be broken up into more specific categories such as IBD, colon cancer screening, etc.
50	too extensive
51	Expensive accommodation
52	Other activities perhaps less emphasized and advertized
53	More cutting edge topics (artificial intelligence, eHealth, future of clinician-researchers) and less CME reviews
54	Lack of coordination with CASL
55	Only attended SEE, and no obvious weakness.
56	I
57	No weaknesses note so far.
58	