

Canadian Association
of Gastroenterology



L'Association Canadienne
de Gastroentérologie

Annual Report 2011

President's Message

Looking back, the year 2010-2011 might best be summarized as one of partnerships for the Canadian Association of Gastroenterology (CAG).

This is particularly true of CAG's many projects promoting quality in gastroenterology. The GRS-Canada – a simple web-based tool to assess how well endoscopy unit personnel provide a patient-centred service – was developed to streamline and 'Canadianize' the U.K. GRS (Global Rating Scale). In the Colonoscopy Practice Audit endoscopists answer questions related to patients undergoing colonoscopy in the endoscopy suite at the point of care on smartphone, BlackBerry, iPhone or computer. Via a secure login endoscopists can immediately review their data online and compare them with national results. Together the GRS and practice audit comprise CAG's Quality Program – Endoscopy (QP-E), which is financed in part by the Canadian Partnership Against Cancer (CPAC). The Canadian Society of Gastroenterology Nurses and Associates and its members have been indispensable partners and we are appreciative of their strong support on all quality projects. The Consensus on Safety and Quality in Endoscopy, which brought together a multidisciplinary group of national and international experts to develop 23 statements addressing quality service, was also supported by CPAC.

CAG is also pleased with its collaborations related to education and research. The Royal College of Physicians and Surgeons of Canada (RCPSC) was so impressed with the colonoscopy practice audit that it presented the Association with a 2011 innovation award and has provided funding for phase two of the practice audit. For 2012, renewed research support from our industry partners has grown to 14 fellowships/grants, ten resident research awards, and 14 summer studentships.

Collaboration will continue to be key as CAG looks to forthcoming projects. In 2012 CAG will again conduct its cross-Canada Survey of Access to GastroEnterology (SAGE) to re-sample wait times for specialist consultation and procedures, in co-operation with the provincial gastroenterology societies. The 2008 SAGE data were instrumental in gaining CAG a seat at the Wait Time Alliance table. With SAGE 2012 we will provide Canadians and Canadian healthcare professionals with important findings on whether access to digestive health care is improving, worsening or remains the same. CAG has established a dialogue with Accreditation Canada and hopes to work with them further in 2012.

A crucial element of all successful partnerships is appropriate and timely interaction between all parties. In this regard the Association, with the input of its members and stakeholders, conducted a thorough analysis of CAG's strengths and areas for improvement, producing a comprehensive communications plan. Work has already begun and members may look forward to some exciting initiatives and information as this rolls out in 2012.

I encourage you to keep abreast of these and other exciting development on the CAG website at www.cag-acg.org.

Sincerely,



Dave Morgan, MD, FRCPC, MSc



Dave Morgan
CAG President

*"The year
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Gastroenterology"*

The Past 12 Months in Review

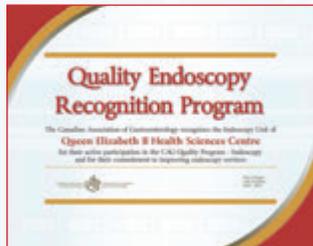
Accreditor Status Renewal and RCPSC Innovation Award

Since 2001 CAG has been the national body approved by the RCPSC to accredit gastroenterological continuing professional development (CPD) activities. Accreditor status must be renewed with the RCPSC every five years; in late 2010 CAG was granted its third term as an accreditor of Section 1 (group learning activity) credit.

In addition, the Royal College selected CAG to receive one of three 2011 Accredited CPD Provider Innovation Awards for CAG's colonoscopy practice audit, a component of the QP-E. The review committee was impressed with this innovative educational tool which not only enhances lifelong learning strategies of gastroenterologists and other endoscopists but also contributes to the improvement of patient outcomes by addressing the issue of patient wait times.

Quality Endoscopy Recognition Program

Ensuring that Canadians receive the highest quality of digestive endoscopic care is a priority of the Association. As leaders in quality endoscopy, CAG engaged a national steering committee to develop the QP-E. The QP-E consists of two related arms; a simple and short web-based practice audit tool which allows endoscopists to perform baseline and repeat assessment, and the GRS-Canada, a comprehensive Web-based tool to assess patient-centred quality care. CAG is pleased to acknowledge the 20 endoscopy teams across the country who participated in the QP-E by presenting them with the Quality Endoscopy Recognition Award.



Website Improvements

The CAG website has been updated, in keeping with the latest standards and functionality. We have also taken this opportunity to reorganize portions of the site to better serve our members.

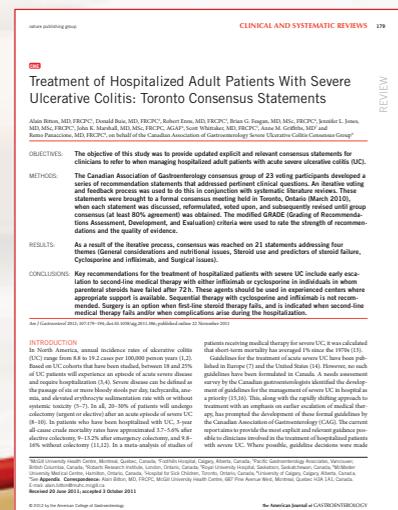
Publications from CAG Consensus Conferences

Severe Ulcerative Colitis

In follow up to the 2010 consensus conference, the manuscript on the management of severe ulcerative colitis was published in the American Journal of Gastroenterology (2011 Nov 22 [Epub ahead of print]).

Safety and Quality Indicators in Endoscopy

The manuscript from the Consensus Conference on Safety and Quality in Endoscopy was accepted for publication by the Canadian Journal of Gastroenterology. The CAG would like to thank the Canadian Partnership Against Cancer whose funding made the consensus possible.



Current and Upcoming Initiatives

Supplementary Manuscripts from the Consensus on Safety and Quality in Endoscopy

Following publication of the main paper, additional manuscripts prepared by the working groups of the CAG Consensus on Safety and Quality Indicators in Endoscopy will be submitted for publication. These supplementary manuscripts are planned to address issues such as safety indicators for endoscopy, patient perceptions of endoscopy and the new GRS-Canada for endoscopy.



CAG's 50th Anniversary

It is fitting that Canadian Digestive Diseases Week (CDDW), the annual scientific meeting of the Association, will be held in Montréal in 2012, the city in which the Association was founded 50 years prior. A number of events are planned at CDDW to celebrate CAG's 50th anniversary.

SAGE 2012

As the SAGE survey of wait times for digestive and liver disease consultation and procedures was first conducted in late 2008 an updated snapshot of wait times is due. SAGE will be repeated in April of 2012.



Educational Portal (ePortal) – New Look and Content

The CAG ePortal is the gateway to members' online continuing CPD learning opportunities. Members can log in and link to sessions of interest from previous CDDW meetings and regional meetings. The site includes pre- and post-tests, accreditation information, discussion forums, many other educational tools and the ability to automatically collect and track Maintenance of Certification credits. Watch for a new look to, and significant additional content on, the ePortal in early 2012 including a large number of CDDW presentations.



2012 Research Program

CAG is appreciative of the increased support for research from our partners. In July 2012 12 new fellowships, two grants, ten resident research awards, and 14 summer studentships will be initiated, thanks to industry and the CIHR. CAG has also re-introduced its workshop grant.

Discussions with Accreditation Canada

The Association is pleased to be in a dialogue with Accreditation Canada and to have provided them with an article for their Qmentum Quarterly publication on the QP-E (see <http://www.cag-acg.org/special-projects/quality-in-gastroenterology/publications-and-presentations>).

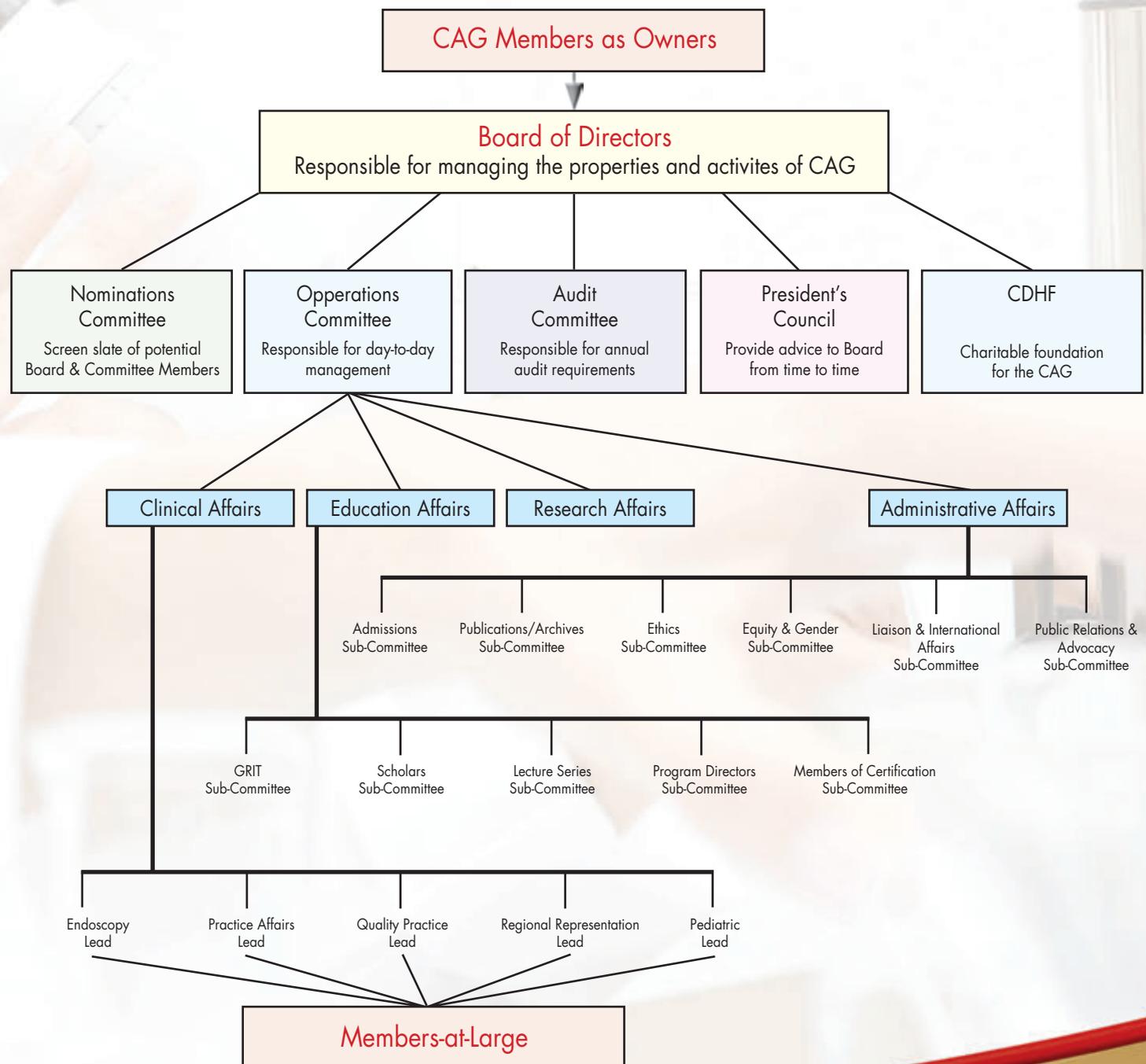


Canadian Association of Gastroenterology

Organizational Structure

The mandate of the Board of Directors is to chart the strategic direction of the Association while day-to-day management has been delegated to the Operations Committee and its four portfolios. The Nominations and Audit Committee fill essential administrative roles while the President's Council provides the Board with guidance based on the experience and wisdom of past leadership. Finally, the Canadian Digestive Health Foundation (CDHF), as CAG's charitable foundation, also reports to the Board.

CAG Structure



Canadian Association of Gastroenterology

Board of Directors

The board directs the overall course of the organization through quarterly teleconferences and twice-yearly board meetings. The mandate of the Board includes developing policies, monitoring operations, identifying and managing risk and the financial position of the Association, establishing members dues, electing officers, and appointing committees.

Like the various committees and sub-committees the board does not receive payment for service, despite the significant amount of time invested. The Board welcomes your comments and suggestions which you may forward via the national office (general@cag-acg.org).



President, 2010-2012
David G Morgan, MD, FRCPC, MSc
Associate Professor of Medicine
McMaster University
Hamilton, Ontario



President Elect, 2010-2012
Dan Sadowski, MD, FRCPC, ABIM
Assistant Professor of Medicine
University of Alberta
Edmonton, Alberta



Past President, 2010-2012
Ronald J Bridges, MD, FRCPC
Professor of Medicine
University of Calgary
Calgary, Alberta



VP Treasurer, 2006-2012
Derek M McKay, PhD
Canada Research Chair in Intestinal
Immunophysiology in Health and
Disease, University of Calgary
Calgary, Alberta



VP Secretary, 2007-2012
E Jan Irvine, MD, FRCPC, MSc
Professor of Medicine
University of Toronto
Toronto, Ontario

Canadian Association of Gastroenterology

Committees

CAG Members as Owners

Board of Directors

Responsible for managing the properties and activities of CAG

Nominations Committee

Screen slate of potential Board & Committee Members

Operations Committee

Responsible for day-to-day management

Audit Committee

Responsible for annual audit requirements

President's Council

Provide advice to Board from time to time

CDHF

Charitable foundation for the CAG

Clinical Affairs

Education Affairs

Research Affairs

Administrative Affairs



Nominations Committee
Chair: E Jan Irvine



Operations Committee
Chair: Paul Sinclair
Executive Director, CAG



Audit Committee
Chair: Derek M McKay, PhD



President's Council
Chair: David G Morgan



Canadian Digestive Health Foundation (CDHF)
President: Richard Fedorak



VP Clinical Affairs
Rob Enns
University of British Columbia



VP Research Affairs
Andre Buret
University of Calgary



VP Education Affairs
Craig Render
Kelowna



VP Administrative Affairs
Carlo Fallone
McGill University

Canadian Association of Gastroenterology

Clinical Affairs

With gastroenterologists and their trainees comprising the largest group within the membership, Clinical Affairs is at the core of the Association. Clinical Affairs and its Leads enhance CAG's ability to respond quickly to the concerns of practitioners, such as lobbying governmental agencies for additional funding of new medications, new interventions, and new screening protocols.



Endoscopy

Represents CAG on matters relating to endoscopy and promotes competence and training in the field, including development of credentialing guidelines in endoscopic procedures.

Practice Affairs

Provides a forum to address issues relevant to clinical members of CAG including ongoing training, knowledge dissemination, practice-related issues and consensus guidelines.

Quality Practice

Directs initiatives related to quality assessment relevant to endoscopic and clinical practice.

Regional Representation

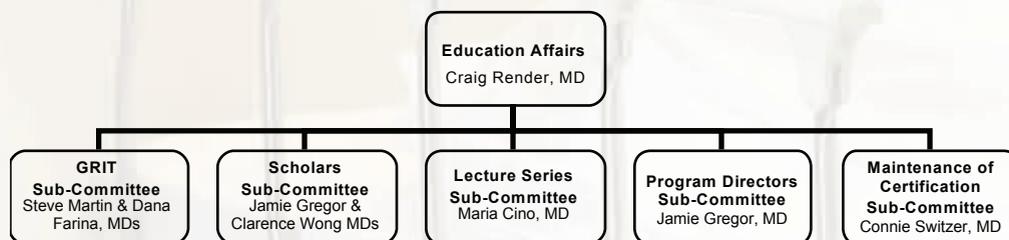
Serves as a channel of communication between CAG and provincial/regional gastroenterology associations.

Pediatric

Represents the interests of pediatric gastroenterologists and researchers.

Education Affairs

Professional education has long remained a priority and strength of CAG – a strategic planning survey showed that members rate CDDW as the most important service provided by the Association. Given the scope and importance of its activities, Education Affairs is divided into several sub-committees, each with a specific mandate.



Gastroenterology Residents-in-Training (GRIT) Course

A high-caliber, internationally-recognized, annual training program for gastroenterology/hepatology residents held in association with CDDW.

Scholars' Program

Annual course preceding CDDW that encourages medical students, and internal medicine residents to consider a career in gastroenterology/hepatology.

Lecture Series

Monthly national videoconference with presentations from national and international experts.

Program Directors

Elected via a process established by the RCPSC, with the mandate of overseeing the standardization and maintenance of the quality of gastroenterology training programs in Canada.

Maintenance of Certification

Reviews and approves submissions for Section 1 RCPSC accreditation of educational events.

Canadian Association of Gastroenterology

Research Affairs

In contrast to Clinical, Education and Administrative Affairs, Research Affairs encompasses only one committee chaired by VP Research Affairs, Andre Buret PhD, but is responsible for overseeing a number of key initiatives.

CDDW

Research Affairs reviews the more than 300 abstracts submitted to the CDDW scientific conference, and plans the basic science symposia and paper and poster sessions.

CAG/CIHR/Industry Research Program

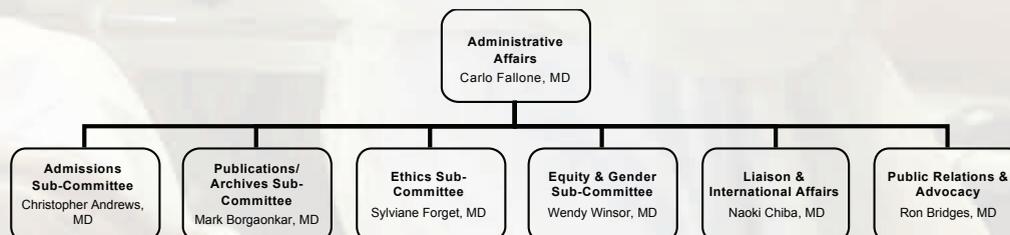
The CAG/CIHR/Industry Research Program is the pride of CAG, its industry partners, and CIHR, providing one to three years of funding to junior clinicians and PhD scientists studying gastrointestinal health and disease. In the first ten years of the program 87 young researchers were supported, to the tune of more than \$8.7 million (Can J Gastroenterol 2003;17(7):437-9).

Research Topics in Gastrointestinal Disease

Since 2001 Research Topics has been an annual event where basic science and clinical trainees, including Masters and PhD students, gastroenterology residents, and postdoctoral fellows, come to present their research and meet and liaise with fellow students and faculty. Research Affairs reviews the 40 abstract submissions and organizes the scientific program. In 2012 the meeting will precede CDDW in Montréal.

Administrative Affairs

The administrative aspects of CAG are some of the most critical, supporting the structure and ensuring the viability and growth of the organization. The six sub-committees that comprise Administrative Affairs reflect the Association's philosophy of accountability, transparency and effective communication.



Admissions

Encourages membership and reviews/approves applications for membership from qualified professionals.

Publications/Archives

Responsible for all CAG publications including the website. Oversees the Archivist, who maintains the organization's records/history, and advises the editor of the CAG journal.

Ethics

Establishes/updates guidelines for ethical standards in patient care, research, education, and industry interaction, and increases understanding of biomedical ethics in gastroenterology.

Equity & Gender

Identifies important issues related to gender and visible minorities for discussion and action.

Liaison & International Affairs

Networks with national and international organizations and promotes the interests of CAG with other societies.

Public Relations & Advocacy

Responsible for CAG's advocacy and PR issues/programs; provides rapid response to media requests; liaises with regional representatives to facilitate advocacy at the government and hospital levels.

Canadian Association of Gastroenterology

National Office

We invite you to drop by the home of the CAG National Office - 1540 Cornwall Road in Oakville. National office staff includes (from top to bottom) executive director Paul Sinclair, manager Sandra Daniels, project coordinator Louise Hope and office administrator, Palma Colacino.



1540 Cornwall Road
Oakville, Ontario



What Does the CAG National Office Do?

The national office works with board members and committees to support initiatives and achieve the goals of the Association. Central to the organization is the executive director, whose roles involve chairing the Operations Committee, advising the Board, strategic planning and fundraising, and overseeing office staff and activities. National office responsibilities may roughly be divided into six broad categories as shown in the figure at right and described below.



CDDW/Education

For the 2011 CDDW and Annual CASL Winter meeting 273 accepted abstracts were sorted and laid out for the final program, and office staff liaised with the approximately 200 speakers and co-chairs to solidify the program. The staff works behind the scenes to direct the conference planner and manage details on a weekly basis between the kickoff of planning each spring and the close of meeting finances the following May.

As a RCPSC-approved national provider of accredited gastroenterological education CAG annually accredits many local meetings. In addition, RCPSC co-developed events – in which CAG works with industry to develop the educational program – have become increasingly popular. Coordinating these many educational programs demands significant time from national office staff and the members of the Maintenance of Certification Sub-Committee.

Research

In 2011, eight fellowships or grants of predominantly two years duration (24 funding years) were awarded. The executive director liaises with government agencies such as CIHR and our research sponsors, and oversees the over 35 ongoing fellowships, grants and studentships.

Sponsorship

Since the CDDW is run as a minimal profit event, funds to run the Association are raised through corporate sponsorship. In 2011 14 companies, including six BENEFACTOR sponsors, support CAG.

Gastroenterology Resources/Advocacy

The office coordinates behind-the-scenes activities related to CAG's digestive healthcare initiatives which in 2011 included the Quality Program-Endoscopy and the CAG Consensus on Safety and Quality Indicators in Endoscopy.

Committees

The national office provides continuous guidance and support to board members and their committees and projects, and plays an active role in 40 on-site meetings (board, committees, sponsors, etc.) held during the week of CDDW.

Financial

Strategic planning and fundraising efforts of the executive, executive director, and VP Treasurer have succeeded in raising \$2.9 million in revenue in the 2009/2010 financial period

Annual Scientific Meeting

CANADIAN DIGESTIVE DISEASES WEEK
and the
ANNUAL CASL WINTER MEETING

February 24 – 27, 2012
Fairmont Queen Elizabeth, Montréal, Québec

Canadian
Digestive
Diseases
Week

2012



CAG and the Canadian Association for the Study of the Liver (CASL) look forward to welcoming you to the joint 2012 CDDW and Annual CASL Winter Meeting in Montréal. Drs Dan Sadowski and Kevork Peltekian are co-chairs of the Implementation Committee and are supported by a CAG and CASL core program committee in creating the scientific program.

The combined conference showcases the best of Canadian gastroenterology and hepatology research, and provides a venue for colleagues to meet. Future venues include Victoria in 2013 and Toronto in 2014. This year almost 900 delegates attended the conference.

Trademark annual sessions include:

Richard D McKenna Memorial Lecture – Named after the founder of the Association, this prestigious lecture serves as the traditional kick-off to CDDW and features an international leader in the area.

CASL Gold Medal Lecture – Recognizes physicians and scientists who have significantly advanced the field of liver research.

Research Excellence Award Lecture – Honours an outstanding Canadian researcher and CAG member.

Education Excellence Award Lecture – Honours outstanding national or international educational contributions from a CAG member.

Postgraduate Course: Advances in Gastroenterology and Hepatology – For this course presenters mine the literature from recent years and review the key developments and papers clinicians need to know.

Symposia – A number of basic and clinical science symposia are held on topics of interest as identified by members in the annual needs assessment survey.

Breakfast with the Experts – Overwhelmingly popular since their introduction in 2003 these small group sessions provide interactive time with leaders in the field.

Small Group Sessions – Following a similar interactive format as Breakfast with the Experts, small group sessions have been enthusiastically attended.

Canadian Association of Gastroenterology Sponsorship

2011 CORPORATE SPONSORS

BENEFACTORS

Abbott Canada
Janssen Inc.
Olympus Canada Inc.
AstraZeneca Canada Inc.
Pentax Canada Inc.
Takeda Canada, Inc.

PARTNERS

Aptalis Pharma
Ferring Pharmaceuticals
Nycomed Canada Inc.
Baxter Corporation
Procter & Gamble Inc.

SUPPORTERS

Shire Canada Inc.
AMT Endoscopy
Boston Scientific Ltd.

CAG would like to recognize and thank our Corporate Sponsors as listed above. Corporate sponsorship provides funding which is essential for the day-to-day operations, inclusive of national office expenses and support for orphan programs not funded by other sources.

Research

The CAG/CIHR Industry Research Program provides research funding to promising young pre-clinical and clinical scientists working in gastrointestinal health and disease. For each dollar committed by corporate partners CIHR provides matching funds. CAG would like to thank Abbott, Aptalis, the Crohn's and Colitis Foundation of Canada, Ferring, Warner-Chilcott, Janssen, Shire, Nycomed and Takeda for their vision in growing gastroenterology and gastrointestinal research in Canada.

CDDW

Canadian Digestive Diseases Week is the annual educational event of CAG, and one that would not be possible without financing from our partners. Partners may choose from various sponsorship options including basic science and clinical symposia, small group breakfast sessions, paper and poster sessions, the prestigious McKenna lecture, research and education award lectures and the postgraduate course. The Association would like to thank all the sponsors of CDDW 2011.