

# ANNUAL REPORT 2012

## President's Message

I am excited to share with you some key accomplishments and initiatives within the Canadian Association of Gastroenterology (CAG) over the past year.

The CAG Consensus Guidelines on Safety and Quality Indicators in Endoscopy were published in January, the culmination of several years' work that continues to generate follow-up publications, such as Indicators of Safety Compromise in Gastrointestinal Endoscopy, and partnerships with the Canadian Partnership Against Cancer (CPAC) and Accreditation Canada. Several more consensus-related manuscripts are under development for publication later this year.

Many of our members participated this spring in our third study of wait times for gastroenterology consultations and procedures – the Survey of Access to GastroEnterology (SAGE). Data were gathered from nearly 200 gastroenterologists who submitted information on approximately 2,000 patient interactions within the health system. While it was disconcerting to learn that patients are now waiting 30 days longer than they were in 2005 – a trend all involved parties must work together to address – CAG was recognized by the Wait Time Alliance (WTA) as being “a source of robust information for our expanded focus on wait times”, with SAGE data comprising the WTA's June 2012 Report Card. CAG issued a news release to complement that of the WTA, resulting in more than 30 articles in the media across the country. SAGE data also backed CAG's press release supporting the Ontario Association of Gastroenterology when they opposed the Ontario government's overhaul of fee structures for medical procedures.

Beyond data gathering and reporting, CAG has also been recognized for a second consecutive year for its innovation in advancing physician education. In the autumn of 2011 the Association was presented with a Royal College of Physicians and Surgeons (RCPSC) Accredited Continuing Professional Development (CPD) Innovation Award for its colonoscopy practice audit. In the fall of 2012 CAG will again receive this award, this time for the educational portal (ePortal) for physicians. A wealth of new information has been and continues to be added to the ePortal and members are encouraged to take advantage of this excellent learning opportunity to keep current with clinical practice developments.

Looking to 2013 and beyond there will be additional educational programs forthcoming for members. A number of consensus reports, position statements and physician practice audits are in the planning stages. Canadian Digestive Diseases Week (CDDW), the premier gastroenterology educational event in Canada, will be held in beautiful Victoria in 2013, and we hope you will join us at this exciting venue.

In the area of research we look forward to publishing with the Canadian Institutes of Health Research (CIHR) a summary of the productivity and accomplishments of fellows and grantees of the CAG/CIHR/Industry Research Program during the period of 2000-2008.

I encourage you to follow these developments and keep abreast of other CAG initiatives through the website ([www.cag-acg.org](http://www.cag-acg.org)).

Sincerely,



Dan Sadowski, MD, FRCPC, ABIM



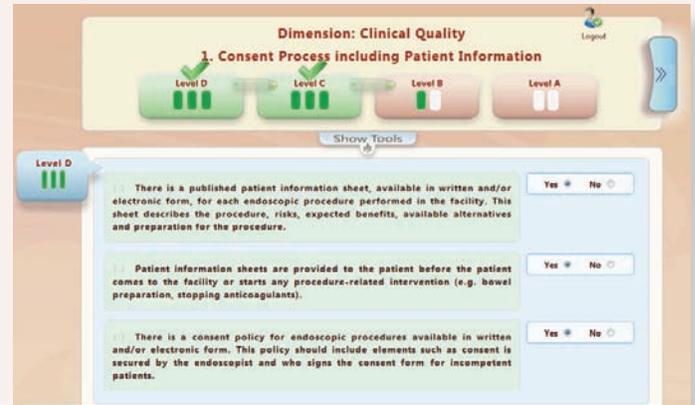
Dan Sadowski  
CAG President

*“CAG was recognized by the WTA as being ‘a source of robust information for our expanded focus on wait times’ with SAGE data comprising the WTA’s June 2012 Report Card”*

## The Past 12 Months in Review

### GRS-Canada Website Launched

Formerly hosted through an arm of the U.K. Global Rating Scale (GRS) website, Canada developed and launched its own GRS website to support quality, patient-centred endoscopy in October 2011. The site currently consists of a streamlined data entry system and basic reporting features, with enhanced reporting to be available later this year. This includes providing graphical reporting of data collected in past years via the U.K. system, as well as a library of educational materials to support endoscopy quality improvements.



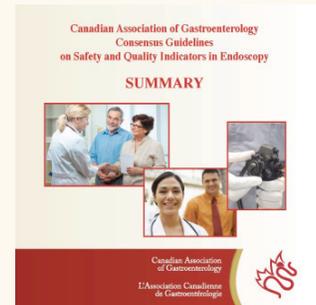
### CAG Communications Plan

One of the overarching goals of CAG's 2010-2015 strategic plan is "to expand communication as a core competency that is supported by expertise, tailored to a diverse digestive health services constituency, and delivered via multiple media." To address this goal CAG engaged consultants to develop a formal communication plan. After distillation and prioritization of a long list of initiatives the Board has identified 19 short-term (1-6 months), 16 mid-term (6-18 months) and 9 long-term (18-36 months) communication goals which it is in the process of implementing in a step-wise approach.

### Press Release – Quality and Safety in Endoscopy

With publication of the CAG Consensus Guidelines on Safety and Quality Indicators in Endoscopy (Can J Gastroenterol 2012;26(1):17-31) the Association issued a press release on January 23 and created a short summary of the guidelines as a tool for endoscopy unit personnel. The press release, consensus paper and consensus summary can be found at:

<http://www.cag-acg.org/press-media/news-release-january-20-2012>



### Survey of Access to GastroEnterology (SAGE) 2012

SAGE 2012, the third of three wait time surveys conducted by CAG since 2005, was undertaken during April and reported in a June 19 press release that was included in the WTA 2012 Report Card. Data show that total wait times for Canadians, considering all gastroenterology indications, have increased from 2005 to 2012 and are now 30 days longer than they were in 2005. Some key findings include:

- The target wait time for a person seeking colonoscopy screening is 60 days. Currently, the total wait time (defined as the time from family physician referral to specialist procedure) is 279 days.
- The target wait time for a person with a positive stool blood test (screening test for colon cancer and followed up by colonoscopy), to have a colonoscopy is 60 days. Currently, the total wait time is 105 days.
- The target wait time for a person seeking diagnosis with a high likelihood of severe inflammatory bowel disease (IBD) is 14 days. Currently, the total wait time is 126 days.

For more information please visit: <http://www.cag-acg.org/press-media/news-release-june-19-2012>

### Endoscopy Unit Survey

In late 2011/early 2012 CAG approached over 500 hospitals and clinics across the country to request their participation in a survey of endoscopic practices. Thus far almost 200 sites have responded and surveys continue to trickle in. In addition to providing a useful map of endoscopy in Canada and amalgamated data on practices, the Association is now able to support these units with tools to assist with quality assurance efforts, such as the recently published consensus guidelines on quality and safety in endoscopy.

## Current and Upcoming Initiatives

### RCPSC Innovation Award – ePortal

Last autumn CAG was presented with a RCPSC innovation award for the colonoscopy practice audit, a tool that enhances learning for endoscopists and contributes data on patient wait times.

In 2012 the Association will again be presented with an Accredited CPD Provider Innovation Award, this time for its educational portal (ePortal) for physicians. The ePortal allows members to review specific topic areas, view highly rated CDDW lectures, perform self assessments, access key resource materials such as clinical practice guidelines, all while recording credits to meet their maintenance of certification requirements.



### Supplementary Manuscripts from the Consensus on Safety and Quality in Endoscopy

The first supplementary manuscript from the CAG Consensus on Safety and Quality Indicators in Endoscopy – Indicators of Safety Compromise in Gastrointestinal Endoscopy – was published in February (Can J Gastroenterol 2012;26(2):71-8). Look for an article on the GRS-Canada to be submitted for publication later this year.

### Report on CAG/Industry/CIHR Research Program

Further to the 2003 publication of CAG's research program (Can J Gastroenterol 2003;17(7):437-9) the Association and CIHR are pleased to be collaborating on a follow-up report of the research accomplishments of the program during the 2000-2008 funding period. To date, the program has supported over 400 researchers to the tune of more than \$26 million.



### Forthcoming Guidelines/Consensus Statements

A number of areas of clinical practice are being delved into in order to develop clinical practice guidelines. These include:

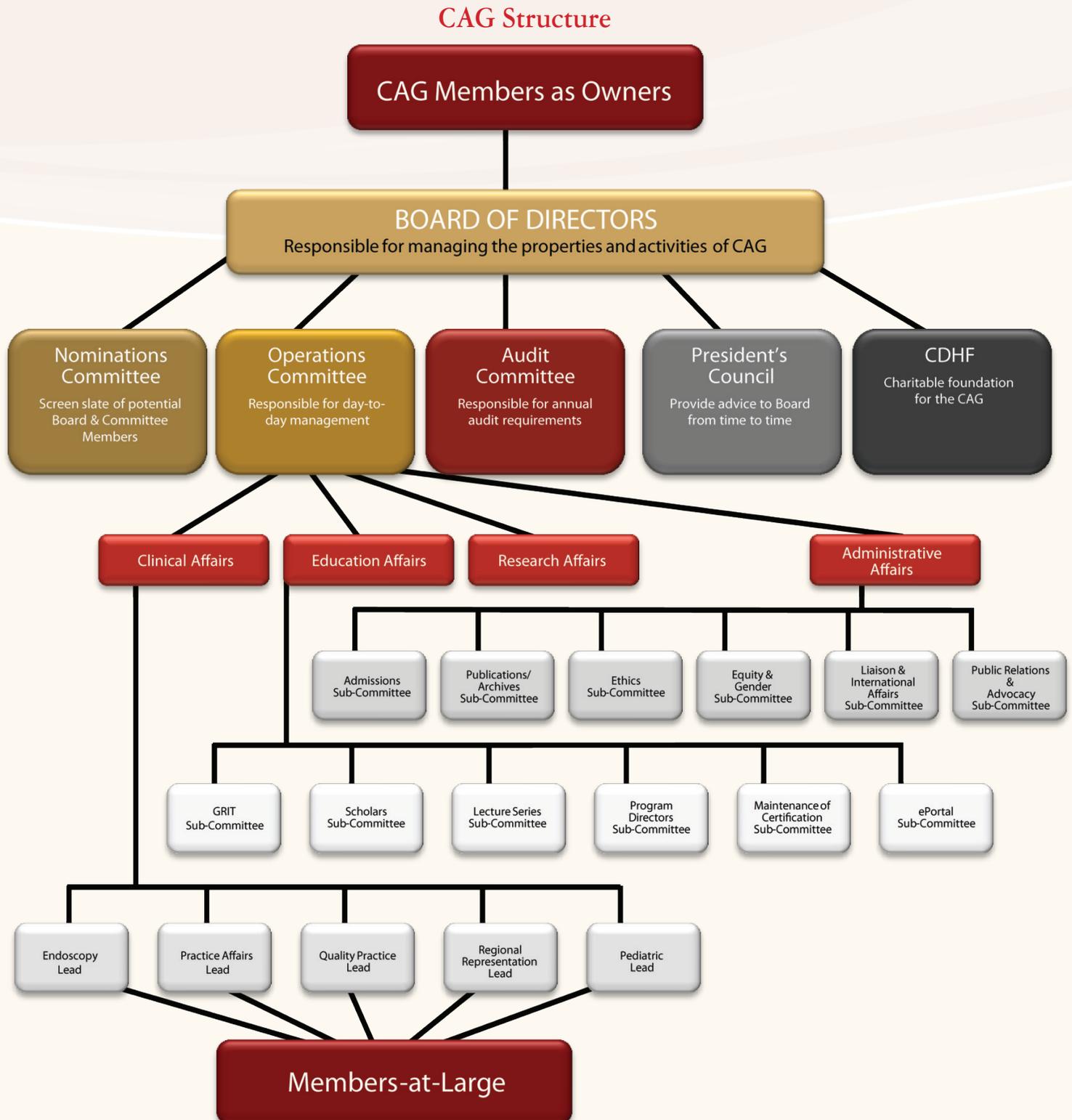
- Dysphagia
- Inflammatory bowel disease and thromboembolism
- Quality and safety in pediatric endoscopy
- Screening in individuals at high risk for colorectal cancer
- Use of capsule endoscopy
- Endoscopic ultrasound
- *Helicobacter pylori*
- Barrett's esophagus

### Discussions with International Partners

The CAG liaises with our international colleagues including the American Gastroenterological Association (AGA), American College of Gastroenterology (ACG) and United European Gastroenterology (UEG). This has resulted in collaborative efforts including, for example, CAG accrediting the AGA DDSEP educational program in order to make this excellent program available to Canadian gastroenterologists so that they may claim RCPSC credits. The CAG has also initiated discussion surrounding collaboration in the development of clinical practice guidelines with an aim to facilitate guideline development which optimizes resources in topic areas of mutual interest.

## 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.



## Board of Directors

The Board directs the overall course of the organization through quarterly teleconferences and twice-yearly 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](mailto:general@cag-acg.org)).



**President, 2012-2014**  
**Dan Sadowski, MD, FRCPC, ABIM**  
Associate Professor of Medicine  
University of Alberta  
Edmonton, Alberta



**President Elect, 2012-2014**  
**Derek M McKay, PhD**  
Canada Research Chair in Intestinal  
Immunophysiology in Health and Disease,  
University of Calgary  
Calgary, Alberta



**Past President, 2012-2014**  
**Dave Morgan, MD, FRCPC, MSc**  
Associate Professor of Medicine  
McMaster University  
Hamilton, Ontario



**VP Treasurer, 2012-2017**  
**Wallace MacNaughton, PhD**  
Professor of Physiology and Pharmacology  
University of Calgary  
Calgary, Alberta



**VP Secretary, 2012-2017**  
**Nicola L. Jones, MD, PhD, FRCPC**  
Professor of Pediatrics  
University of Toronto  
Toronto, Ontario

Committees





Nominations Committee  
Chair: Nicola Jones



Operations Committee  
Chair: Paul Sinclair  
Executive Director, CAG



Audit Committee  
Chair: Wallace MacNaughton



Canadian Digestive Health Foundation (CDHF)  
President: Richard Fedorak



President's Council  
Chair: Dan Sadowski



VP Clinical Affairs  
Rob Enns  
University of British Columbia



VP Education Affairs  
Craig Render  
Kelowna



VP Research Affairs  
Andre Buret  
University of Calgary



VP Administrative Affairs  
Carlo Fallone  
McGill University

## Clinical Affairs

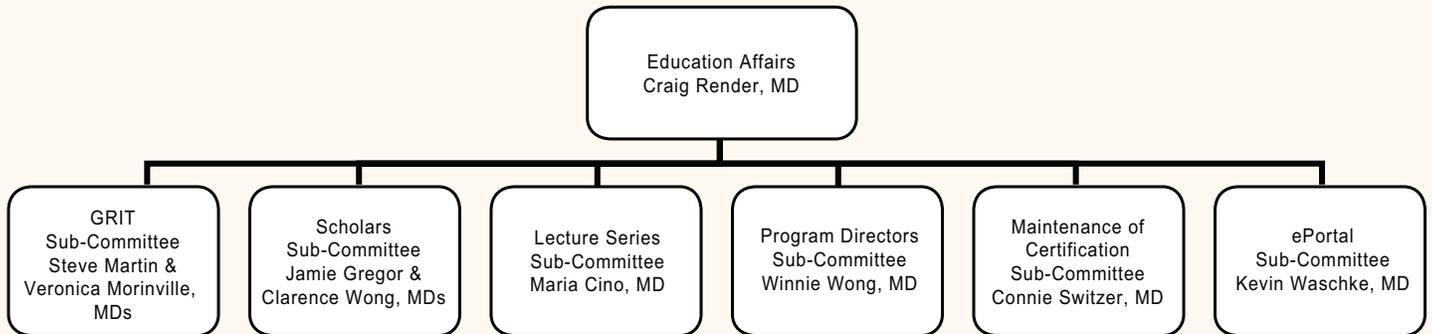
With gastroenterologists and their trainees comprising the largest group within the membership, Clinical Affairs is at the core of the Association. Clinical Affairs and its Leads enhance CAG's ability to respond quickly to the concerns of practitioners, such as lobbying governmental agencies for additional 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.
ePortal	Online CPD learning for members which includes a variety of tools and the ability to automatically collect and track Maintenance of Certification credits.

## 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

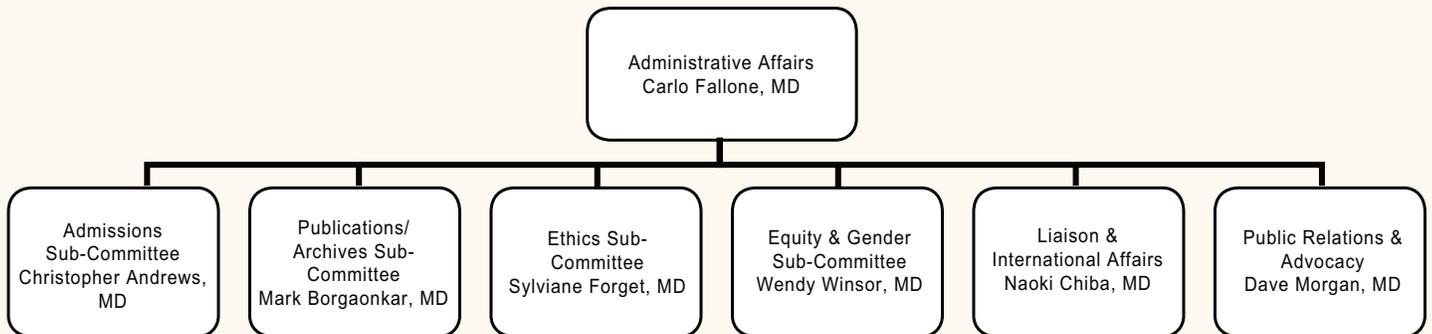
The CAG/CIHR/Industry Research Program is the pride of CAG, its industry partners, and CIHR, providing one to three years of funding to junior clinicians and PhD scientists studying gastrointestinal health and disease. In the first ten years of the program 87 young researchers were supported, to the 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 together for a weekend 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 2013 the meeting will precede CDDW in Victoria.

## 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.

## National Office

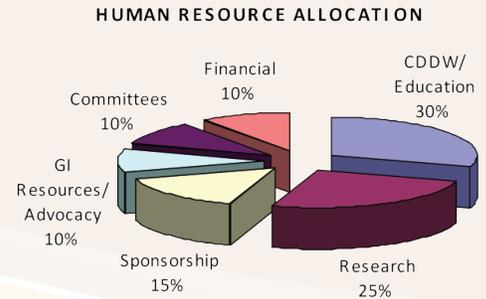
We invite you to drop by the home of the CAG National Office - 1540 Cornwall Road in Oakville. National office staff includes (from top to bottom) executive director Paul Sinclair, senior manager Sandra Daniels, manager-CPD Louise Hope, associate manager-CPD Janet Rochemont, and office administrator 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 the right and described below.



#### CDDW/Education

For the 2012 CDDW and Annual CASL Winter meeting 330 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 kick-off 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 2012, fifteen fellowships and two grants (approximately 30 funding years) were awarded. The executive director liaises with government agencies such as CIHR and our research sponsors, and oversees the over 40 ongoing fellowships, grants and trainee research awards.



#### Sponsorship

Since the CDDW is run as a minimal profit event, funds to run the Association are raised through corporate sponsorship. In 2012 12 companies, including six BENEFACTOR sponsors, support CAG.



#### Gastroenterology Resources/Advocacy

The office coordinates activities related to CAG's digestive healthcare initiatives which in 2012 included the Quality Program–Endoscopy, the CAG Consensus on Safety and Quality Indicators in Endoscopy and SAGE 2012.

#### 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 \$2.2 million in revenue in the 2011/2012 financial period.

## Annual Scientific Meeting

CANADIAN DIGESTIVE DISEASES WEEK

March 1 – 4, 2013

Fairmont Empress Hotel & Victoria Conference Centre, Victoria, British Columbia



CAG and the Canadian Association for the Study of the Liver (CASL) look forward to welcoming you to the joint 2013 CDDW and Annual CASL Winter Meeting in Victoria. Drs Derek McKay and Eberhard Renner 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. In 2014 the conference will be held in Toronto. This year over 1,000 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

### 2012 CORPORATE SPONSORS

#### **BENEFACTORS**

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

#### **PARTNERS**

Merck Canada Inc.  
Aptalis Canada  
Ferring Pharmaceuticals  
Bristol-Myers Squibb Canada  
Vantage Endoscopy

#### **SUPPORTERS**

Shire Canada Inc.

**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 fellowship and grant dollar committed by corporate partners CIHR provides matching funds. CAG would like to thank Abbott, Aptalis, the Crohn's and Colitis Foundation of Canada, Shire, Takeda, and Warner Chilcott 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 2012.