

# Report from the Canadian Association of Gastroenterology Governing Board

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Canadian Association  
of Gastroenterology

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To provide members with a continuing view to the directions of the Canadian Association of Gastroenterology (CAG) Governing Board and its committees, we are pleased to provide a short summary in the form of the present News Page. Decisions and key initiatives from board meetings – held twice annually, in the late autumn and in February, at Canadian Digestive Diseases Week (CDDW) – will be presented here. Here is a look at the major projects underway.

## CLINICAL AFFAIRS

Includes the Endoscopy, Hepatobiliary/Transplant, Liaison, Pediatrics, Practice Affairs and Regional Representation committees.

### Endoscopy Quality Initiative

Launched in October 2007 by the Endoscopy Quality Initiative Steering Committee (D Armstrong, R Hollingworth, C Dubé, D MacIntosh, C Cabrera), the quality program is now running at 18 sites across Canada, with another nine poised to begin. The Endoscopy Quality Initiative is composed of two elements:

- the Global Rating Scale, which measures quality in endoscopy and is based on the well-established United Kingdom program led by Dr Roland Valori; and
- a smartphone-based practice audit that focuses on outpatient wait times for colonoscopy and quality of the preparation.

As of May 13, 2008, data on 498 colonoscopies have been collected. We invite you to visit the reporting site to view the aggregate national results at <http://cag.medicalconsensus.org/> (username: cagdemo; password: cag). Please note that 'My Data' on the demo site are fictitious.

### Credentialing publications

In recent months, five credentialing manuscripts have been published related to:

- general concepts on credentialing guidelines for endoscopic privileges (*Can J Gastroenterol* 2007;21:797-801);

- colonoscopy (*Can J Gastroenterol* 2008;22:17-22);
- flexible sigmoidoscopy (*Can J Gastroenterol* 2008;22:115-9);
- esophagogastroduodenoscopy (*Can J Gastroenterol* 2008;22:349-54); and
- endoscopic retrograde cholangiopancreatography (*Can J Gastroenterol* 2008;22:547-51).

In addition, one more credentialing paper – endoscopic ultrasound – has been submitted for publication.

### Position statements

Given questions from physicians and patients on the use of proton pump inhibitors and the associated increased risk of hip fractures, a position statement was prepared by Drs Paul Moayyedi and Ann Cranney (Rheumatology and Geriatric Medicine, University of Ottawa, Ottawa, Ontario), and has been accepted by *The American Journal of Gastroenterology* for publication.

A position statement on propofol use for sedation in endoscopy has recently been published (*Can J Gastroenterol* 2008;22:457-9).

### Consensus on the use of biological therapy in Crohn's disease

A manuscript from the Biological Therapy in Crohn's Disease Consensus, held at CDDW 2008, is being prepared and is intended to be published later this year.

### Gastrointestinal bleeding consensus

The CAG is very proud to be taking the lead administrative and management role in the International Consensus on Upper Gastrointestinal Bleeding along with the American Society for Gastrointestinal Endoscopy, the European Association for Gastroenterology and Endoscopy, and the Asian Pacific Society for Digestive Endoscopy. This initiative is being led by an international steering committee (Alan Barkun – Canada, Ernst Kuipers – the Netherlands, Marc Bardou – France, Joseph Sung – Hong Kong) and includes 35 international experts. The Consensus is underway, with a final meeting to be held surrounding United European Gastroenterology Week 2008.

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## EDUCATION AFFAIRS

Includes the Maintenance of Certification, Residents' Videoconference, the Gastroenterology Residents-in-Training (GRIT) course and Scholars' Programs, Program Directors, and the e-Learning and Technology Committees.

### Planning for CDDW 2009

The Implementation Committee for 2009 CDDW/Fifth Annual Canadian Association for the Study of the Liver Winter Meeting held its first meeting in early May, to review feedback from 2008 and set the template for the next year's conference. The core program is now set for Friday, February 27, to Monday, March 2, with the GRIT course (February 24 to 27) and the Scholars' Program (February 25 to 27) to be held directly before.

### On-line educational portal

To meet the diverse educational needs of the membership, the CAG e-Learning and Technology Committee is developing an educational portal to allow members to participate in Web-based continuing professional development activities. The e-portal site will contain a wealth of material recorded during CDDW meetings and other educational events, and will be available later this year.

## ADMINISTRATION

### Update on CAG Governing Board restructuring

A detailed proposal on restructuring the Association – to meet changing needs and streamline operations – is nearing finalization. The CAG executive will meet with a consultant with expertise in governance of not-for-profit organizations on May 30 and 31, with the intent of bringing forward a final proposal at the 2009 Annual General Meeting.

### Human Resource Planning Project publications

Findings from the Human Resource Planning Project, specifically wait times for gastroenterology care and specialist resources across Canada, have been published.

- Access to specialist gastroenterology care in Canada: The Practice Audit in Gastroenterology (PAGE) Wait Times Program. *Can J Gastroenterol* 2008;22:155-60.
- Access to specialist gastroenterology care in Canada: Comparison of wait times and consensus targets. *Can J Gastroenterol* 2008;22:161-7.
- Who provides gastrointestinal endoscopy in Canada? *Can J Gastroenterol* 2007;21:843-6.

### Update of the Human Resource Project and wait time data

The initial Human Resource Project, devised and spearheaded by Dr Des Leddin, succeeded in earning the CAG a place on the national Wait Time Alliance. The board has approved a continuation of the project to provide an updated snapshot on wait times and available specialists in Canada, which Dr Leddin will once again lead. More details will be forthcoming regarding a wait time 'census week' or 'census day' during autumn 2008 to collect data from a large number of practices while minimizing the required time and effort.

### International Congress of Endoscopy

The Organisation Mondiale d'Endoscopie Digestive has invited the CAG to become a member of the core planning group for the International Congress of Endoscopy 2011. This congress is

a one-time celebration of the 50th anniversary of the beginnings of endoscopy as a separate international specialty, to be held in Los Angeles, California, USA, from September 10 to 15, 2011. The CAG will explore this opportunity further with the Organisation Mondiale d'Endoscopie Digestive in May.

## RESEARCH AFFAIRS

### New Latin American studentship

In addition to the existing CAG summer studentships, a new annual Latin American studentship has been approved by the board. The intent is to provide a training opportunity for young prospective scientists from developing countries and to enhance relationships with gastroenterology societies in other parts of the world.

### CAG/Canadian Institutes of Health Research/Industry Research program

The board would like to acknowledge the 2008 funding opportunities made possible by our industry partners and the Canadian Institutes of Health Research (CIHR). Recipients will be formally announced later this year when final approval is received from the office of the Federal Minister of Health.

### CAG/CIHR/Industry Fellowships:

CAG/AstraZeneca Research Initiative Awards  
– two-year term with a potential third year (2)

CAG/Crohn's & Colitis Foundation of Canada (CCFC)  
Fellowships – two-year term (3)

CAG/Abbott Inflammatory Bowel Disease (IBD)  
Fellowships – two-year term (2)

CAG/Axcan Fellowship – two-year term (1)

CAG/Bristol-Myers Squibb Fellowship (liver-related)  
– two-year term (1)

CAG/Pentax Therapeutic Endoscopic Research Fellowship  
– two-year term (1)

CAG/Schering Fellowship – one-year term (1)

CAG/Ferring IBD Fellowship – one-year term (1)

### CAG/CIHR/Industry Fellow-to-Faculty Transition Awards:

CAG/CCFC Transition Award – four-year term (1)

CAG/AstraZeneca Transition Award – three-year term (1)

CAG/UCB IBD Transition Award – three-year term (1)

### CAG/CIHR Operating Grants:

CAG/AstraZeneca Operating Grants (3)

CAG/Abbott *Helicobacter pylori* and Motility Operating  
Grant (1)

CAG/Abbott IBD Operating Grant (1)

CAG/Olympus Endoscopic Research Operating Grant (1)

CAG/Shire IBD Operating Grant (1)

(awards are for one year with potential for a one-year renewal)

### CAG/CIHR New Investigator Establishment Grant:

CAG/Nycomed New Investigator Establishment Grant  
– two-year term (1)



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